

## Notice of Meeting

# Adults and Health Select Committee

**Date & time**

Thursday, 16  
February 2023 at  
10.00 am

**Place**

Council Chamber,  
Woodhatch Place

**Contact**

Omid Nouri, Scrutiny  
Officer  
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**Chief Executive**

Joanna Killian

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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 Omid Nouri, Scrutiny Officer on 07977 595 687.**

### Elected Members

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

### Independent Representatives:

Borough Councillor Neil Houston (Elmbridge Borough Council), Borough Councillor Abby King (Runnymede Borough Council) and District Councillor Charlotte Swann (Tandridge District Council)

## TERMS OF REFERENCE

- Statutory health scrutiny
- Adult Social Care (including safeguarding)
- Health integration and devolution
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board
- Future local delivery model and strategic commissioning

## AGENDA

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

**Purpose of the item:** To report any apologies for absence and substitutions.

### 2 MINUTES OF THE PREVIOUS MEETING: 6 DECEMBER 2022

(Pages 5  
- 38)

**Purpose of the item:** To agree the minutes of the previous meeting of the Adults and Health Select Committee as a true and accurate record of proceedings.

### 3 DECLARATIONS OF INTEREST

**Purpose of the item:** 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

**Purpose of the item:** To receive any questions or petitions.

#### NOTES:

1. The deadline for Members' questions is 12:00pm four working days before the meeting (*Friday, 10 February 2023*).
2. The deadline for public questions is seven days before the meeting (*Thursday, 9 February 2023*).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### 5 ACCESS TO NHS DENTAL SERVICES IN SURREY

(Pages  
39 - 66)

**Purpose of the item:** To advise the Committee of the current position

regarding access to NHS Dental services in the county and actions being taken to improve access.

**6 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH** (Pages 67 - 144)

**Purpose of the item:** To provide an update to Adults and Health Select Committee and the Children, Families, Lifelong Learning & Culture Select Committee on Children's emotional wellbeing and mental health (EWMH) and the services provided in Surrey.

**7 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 145 - 182)

**Purpose of the item:** For the Select Committee to review the attached recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.

**8 DATE OF THE NEXT MEETING**

The next public meeting of the committee will be held on Thursday, 13 April 2023 at 10:00am.

**Joanna Killian  
Chief Executive**

Published: Tuesday, 7 February 2023

**MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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*Thank you for your co-operation*

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**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 6 December 2022 at .

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 16 February 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)

**45/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Cllr Chris Farr and Cllr Rebecca Jennings-Evans.

**46/22 MINUTES OF THE PREVIOUS MEETING: 5 OCTOBER 2022 [Item 2]**

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

**47/22 DECLARATIONS OF INTEREST [Item 3]**

Trefor Hogg declared a personal interest as a community representative for Frimley Health and Care Integrated Care System.

**48/22 QUESTIONS AND PETITIONS [Item 4]**

None received.

**49/22 SCRUTINY OF 2023/24 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2027/28 [Item 5]**

**Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Anna D'Alessandro – Director of Finance, Corporate and Commercial

Rachel Wigley – Director of Finance, Insight and Performance

Nicola Kilvington – Director of Corporate Strategy and Policy

Wil House – Strategic Finance Business Partner for Adult Social Care and Public Service Reform

Jonathan Lillistone – Director of Integrated Commissioning

Rachel Crossley – Joint Executive Director for Public Service Reform

Ruth Hutchinson – Director of Public Health

Maria Millwood – Board Director, Healthwatch Surrey

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

1. The Cabinet Member provided some opening remarks, noting the added investment into Adult Social Care (ASC) nationally and that the Council were embracing new forms of technology, as well as partnership working to mitigate the impact of increased demand and pressures on the directorate.
2. The Director of Finance (Corporate and Commercial) presented summary slides (Annex 1) on the corporate financial position. The draft budget had assumed an additional £15 million funding for ASC; however, the exact amount would not be known until the Local Government Finance Settlement which was expected on 21 December 2022. The Director explained four key options that could be utilised to close the budgetary gap and if alternative measures were utilised, there would be an alternative scrutiny process in January 2023.
3. In reference to slides on the capital programme, the Chairman asked whether there was any indication of what could be shifted. The Director (Corporate and Commercial) explained that the full capital programme was affordable, but they asked directorates to look at whether programmes were deliverable as well. The Chairman asked whether the programmes were RAG-rated. The Director explained that the programmes were monitored in-year and there was an assumption that they were all deliverable when set.
4. A Member asked how the plans for extra care housing were impacted by inflation rates. The Director of Integrated Commissioning explained that the current model of delivery was a design build finance operate model secured through a competitive tender process. Therefore, the risk of managing inflation was passed over to the delivery partner in the contract.

5. A Member queried how confident the witnesses were that residents understood the true cost of ASC and how that message was being communicated to residents. The Cabinet Member explained that he did not think that residents fully understand the role of ASC and as Cabinet Member, this was something that he wanted to change. As it was the largest area of spend in the budget, it was important to educate residents. There had been positive feedback from public engagement in past years towards spend on ASC. The Director of Integrated Commissioning shared that the consultation on the budget last year illustrated strong support for prioritisation spend on ASC and the pandemic had brought that into sharper focus. The Chairman noted that the economic climate had changed significantly since the consultation in 2021. The Director of Finance (Insight and Performance) explained that the Council conducted a cost-of-living survey in August 2022 which supported the feedback received previously. The Director of Corporate Strategy and Policy added that there could be greater support to focus on supporting vulnerable residents in the challenging climate.
  
6. The Director of Integrated Commissioning presented slides on ASC, highlighting the focus on changing the model of care to encourage independence. It was noted that the Care Quality Commission (CQC) were introducing inspections on ASC departments and there was a strong focus on the digital offer provided to service users. Workforce was an area of key focus, as well as recognition of carers and the role they played in the system. The Strategic Finance Business Partner presented slides on the ASC budgetary position which showed that pressures exceeded efficiencies considerably. It was announced that there would be funding for discharge to assess (D2A), but it was yet to be confirmed how much of the national funding the Council would receive.
  
7. The Joint Executive Director presented slides on Public Service Reform (PSR), explaining that the directorate focused on reducing health inequalities, enabling communities to make healthy choices, and prevention. The Director of Public Health explained that public health (PH) spending made up the majority of the PSR budget. There was set criteria of the PH grant which was ringfenced and therefore, had to be spent on certain services. Through PH services, the Council worked to protect residents from clinical diseases and environmental hazards. The bulk of PH funding was spent on commissioned services which demonstrated value for money. The Strategic Finance Business Partner added that the corporate financial position did not impact the PSR budget, due to the ringfencing of the grant. This position

could change in the future. An assumption had been made that the grant would increase.

8. A Member asked to receive greater insight into the process of how the budget figures were devised. The Director of Finance (Insight and Performance) explained that finance officers worked with directorates from March 2022, with the budget envelope approach taken. Funding opportunities were explored, and pressures were matched against likely efficiencies and funding. An assumption of a 1.99% council tax increase was also taken. Core planning assumptions were utilised, whereby officers costed for things that could affect the environment for local government. Finance officers worked alongside colleagues in policy and performance to understand the impact of policy changes and figures were iterated throughout the process. The top two effects on the budget for the next financial year (2023/24) were inflation and increased demand. Several routes of mitigation had been explored, but reserves would only be used for one-off pieces of work. The Director of Corporate Strategy and Policy added that horizon scanning for national context was completed on a quarterly basis and fed into the core planning assumptions.
9. The Director of Finance (Corporate and Commercial) explained that 50% of the pressures were inflation-related and there had been significant increase in pressures compared to previous years. There was a £20 million contingency to mitigate against specific risks which would be used if required. The Joint Executive Director added that the senior leadership team challenged each other in terms of directorate budgets and noted that planning assumptions had been accurate in previous years. It would be useful to have the settlement early and longer-term horizon scanning from central government.
10. A Member asked whether the in-depth research was reaching all demographics within the Council. The Director of Corporate Strategy and Policy explained that that used a research agency which reached out to residents to complete the survey. The survey was statistically representative of Surrey's adult population as they had 1,087 responses using a representative sample. The focus groups were also recruited to represent different demographics, however, due to the smaller numbers, they were not statistically representative. There were some communities that agencies did not reach and usually do not want to partake in research. The Council had completed some research to reach out to groups with protected characteristics on public services in Surrey more broadly. The Member was not convinced that 1,087 respondents was enough to say that there was confidence that residents' priorities aligned with the



Council's. The Director of Corporate Strategy and Policy explained that it was a benchmark used across the country and in market research. It has been proven that beyond 1,100 responses, the results did not vary much. The Cabinet Member added that engagement with residents rested both with councillors and with officers. Some services needed to be provided regardless of whether residents supported the use of funding. The Director of Integrated Commissioning explained that the Council worked actively with provider networks and the Surrey Care Association. The funding reforms had begun discussions about the differences between the NHS and ASC.

11. In response to current engagement on the draft budget, the Director of Corporate Strategy and Policy shared that there was a survey currently live which had taken the budget proposals and described the split for the directorates by percentage for an average band D council taxpayer. There were also questions on ways to close the budget gap. The survey was open to anyone and thus, it would not be statistically representative. The results would be included in the final budget papers.
12. A Member asked about further efficiencies that could be considered to address the remaining budget gap. The Strategic Finance Business Partner explained that one method would be planning for a lower level of demand and price inflation to close the gap.
13. A Member asked in what respects the pandemic was still impacting the Council's budgeting. The Director of Finance (Insight and Performance) explained that the Council continued to see demand for services at a high level and this had not dropped off. This was also having an impact on income levels from services receiving a lower revenue. The Strategic Finance Business Partner added that the level of need in general had increased, especially in terms of the average cost of a care package. The Director of Public Health explained that there was extra resource during the pandemic through the covid outbreak management fund which was ending at the end of the financial year, although demand was continuing. The Chairman asked about support for the D2A process which started in the pandemic. The Director of Integrated Commissioning explained that ASC and the NHS jointly commissioned home-based care and residential care to ease the discharge process.
14. The Board Director of Healthwatch Surrey asked about the equality impact assessment (EIA) and whether it highlighted any risks for those with protected characteristics, vulnerable groups,

and priority populations, as well as any mitigations taken. The Director of Corporate Strategy and Policy explained that the directorates' EIAs were brought together around November and early December and the cumulative impacts were reported by finance. The report would be appended to the final budget reports to Cabinet and Council.

15. In response to a question on pay inflation, the Strategic Finance Business Partner explained that the level of pay inflation for council staff was subject to full council decision. The estimated pay inflation was in line with assumptions for other directorates but would need to be reviewed. The Member asked about the figures being used currently. The Director of Finance (Insight and Performance) explained that it was still being discussed with unions, however, they were trying to reach a decision to keep it within the envelope. The Director of Finance (Corporate and Commercial) added that an overall 5% increase for the next financial year was being considered and how it would be divided was yet to be decided.

16. A Member queried the efficiency for Section 117 (Mental Health Act 1983) at a time when mental health demand was increasing following the pandemic. The Strategic Finance Business Partner explained that the efficiency related to joint funding from the NHS for individuals discharged with Section 117 aftercare. The ongoing care should be funded 50/50 between the NHS and the Council and there were some cases at the moment whereby the Council was wholly funding. There was an ongoing review to look into such cases which was why it was rated amber. The member asked how many cases were being reviewed. The Strategic Finance Business Partner responded that it was around 120 cases, and the intention was to reach agreement in the current financial year (2022/23).

17. A Member asked about the £20 million of efficiencies and how they would manifest themselves through the services provided to residents. The Director of Integrated Commissioning explained that a large amount of this would come from the closure of care homes, due to operating costs coming to an end.

18. The Chairman asked about the efficiencies related to learning disabilities and autism (LD&A) regarding the in-house provision, day services, and transport services. The Director of Integrated Commissioning explained that those who required transport would continue to receive it. In terms of the in-house services, the key change was the deregistration of two care homes, which would become supported independent living accommodation.

The efficiency related to day services involved progressing with the transformation of Surrey Choices' offering. For those who still needed a centre to visit, this was included in the model. As there were fewer people attending day centres, there was less need for transport, however, the offer would always be calibrated to the assessed level of need. The Chairman raised the issue of long waiting lists. The Director of Integrated Commissioning confirmed that ASC teams had capacity for reviews but would look into NHS waiting lists. The Strategic Finance Business Partner added that at the point of putting the budget together, the negotiations over in-house services with YMCA and CQC were ongoing, but they had since progressed more positively. The efficiency around the reablement service was about utilising staff more productively through a new rostering system, which was since operational.

19. A Member enquired about the efficiency regarding the front door redesign. The Strategic Finance Business Partner explained that one aspect was about supporting people when they leave hospital through reablement services, rehabilitation services, and the D2A model. The other aspect was about supporting people's needs that come from the community, such as, effective support at the beginning of their care pathway. They were not cuts to services, rather the method of meeting needs would cost less. The Director of Integrated Commissioning added that it was about digitising the offer and linked to the broader goal of prevention and early intervention. It also incorporated social prescribing and was connected to the wider work of the Council. The Chairman asked about the funding for social prescribing. The Director explained it came from PH and Surrey Heartlands ICS.

20. In response to a question on how the D2A process worked in practice, the Director of Integrated Commissioning explained that there were a range of options available, with a focus on getting people home. The Director was confident they were working on the right things, but they did learn lessons from cases that went wrong. The Chairman asked if the witnesses were happy with the financial co-operation. The Strategic Finance Business Partner explained that the Council and NHS partners worked closely on D2A and met weekly to plan together. There had been an announcement of £500 million for the coming financial year (2022/23), which had been extended for the next two years. The Cabinet Member added that there was a collaborative feeling that the Council could work better with the NHS on this. Following the Fuller stocktake, the Chief Executive of Surrey Heartlands ICS was willing to make the funding happen. The Member asked whether care homes would be paid less. The Director of Integrated Commissioning explained that it was not about paying

care homes less, rather it was about pricing consistency of purchasing care and agreeing small scale blocks.

21. A Member asked about the percentage of agency staff. The Strategic Finance Business Partner explained that within ASC there were a small number of agency social workers (27 FTEs out of 264 FTEs at the end of November 2022). The Chairman asked whether agency workers were consistently employed and the impact on attrition rates. The Cabinet Member explained that benchmarking showed that the Council paid social workers at a good level compared to other local authorities. It was important to make the role more attractive and work on career pathways to improve retention. The Chairman noted the impact of high house prices in Surrey. The Director of Integrated Commissioning explained that there was a strong focus on the external workforce, as a lot of services were commissioned from the independent sector. The pay grades compared to other sectors remained a challenge and a discussion remained around supporting providers to float money down to employees. A Member asked about the future use of care homes and the Director explained that no decision had been made yet on the future use of the sites being closed down.
22. Responding to a question on the potential of the PH grant becoming unringfenced, the Director of Public Health explained that the position was currently unclear, but it could be part of wider plans for local government reform around 2025/26. The focus on preventative services and reducing health inequalities would be maintained, but there would be greater flexibility if it was not ringfenced.
23. A Member asked about any potential for the PH funding formula to change. The Director of Public Health responded that there had been slight adjustments over the last 10 years and the service would continually assess the health needs of the population and prioritise accordingly.
24. A Member asked whether there was any prospect of permanent funding for PSR staff working on data insights and supporting broader integration. The Joint Executive Director explained that there was a prospect. They would put together business cases for the roles, as it was still on the agenda.

**Actions/requests for further information:**

1. The Director of Integrated Commissioning to provide information on waiting lists for learning disability and autism reviews.

2. The Strategic Finance Business Partner to provide further information on the new rostering system for learning disability and autism staff.
3. A written update on the work of social prescribing to be provided from all partners.
4. The Director of Integrated Commissioning to provide a written update on the stability of the workforce and the rate of turnover.

## **Recommendations**

### *Adult Social Care:*

1. That the Accommodation with Care & Support Strategy is allocated sufficient budgetary resources for the delivery of Extra Care and Supported Independent Living facilities to remain on schedule.
2. That sufficient budgetary plans and resources are in place to effectively support Discharge-to-Assess processes.

### *Adult Social Care and Public Service Reform:*

3. That there is a coordinated approach between in-house, day services, and transport services for Learning Disabilities and Autism, and for this to be used toward determining pressures and efficiencies for this area.
4. That findings from Equality Impact Assessments are included in the draft budget reports provided to Select Committees by December 2023.

*The meeting paused at 12:33pm. The meeting recommenced at 12:42pm.*

## **50/22 ASC COMPLAINTS APRIL - SEPTEMBER 2022 [Item 6]**

### **Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Liz Uliasz – Chief Operating Officer, Adult Social Care

Kathryn Pyper – Chief of Staff, Adult Social Care

Maria Millwood – Board Director, Healthwatch Surrey

Yasmin Broome – Involvement Lead, Surrey Coalition of Disabled

People

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

1. A Member asked how officers were ensuring that ASC colleagues learnt from complaints that were upheld by the Ombudsman. The Chief Operating Officer explained that all complaints were monitored, and they aimed to respond within 20 days. The complainant would be contacted if the process would need to take longer. Team managers, area directors, and senior managers had oversight of complaints. There were lunch and learn sessions, whereby learnings from complaints were shared with teams. Trends and issues of complaints were also monitored. The Council would always promote the option for a complainant to go to the Ombudsman if not satisfied with the outcome.
2. The Chairman asked about the training offer and how much of it was mandatory. The Chief Operating Officer shared that she was the workforce lead in her new role and was going to go through the current training offer and decide what should be mandatory. The training offer would sit within the academy, and it would be much clearer. Attendance at training was tracked, however, managers could be firmer when staff do not attend.
3. A Member asked how ASC was working with other directorates and external partners to understand the nature of complaints and improve services accordingly. The Chief Operating Officer explained that the customer relations manager was part of a Southeast network and an Integrated Care System Network. The Chief of Staff added that internally they worked with colleagues in other customer relations teams, as there were often joint complaints.

*Cllr Robert Evans and Cllr Abby King left the meeting at 12:58pm.*

4. In response to a question on improving the timeliness of assessment processes, the Chief Operating Officer explained that they did not currently measure timeliness, as assessment could start later for a range of reasons and strength-based approach assessments would take longer. There were gaps in some teams. The Member asked if the process was being standardised. The Chief Operating Officer shared that it was part of the integration agenda and still needed to be done. The Chairman noted that the streamlining of record systems should have already happened. The Chief Operating Officer explained that it was a national issue and the Cabinet Member added that the tech was there, but the issue was around confidence from partners around the risks of wider access.

*Cllr Frank Kelly left the meeting at 1:05pm.*

5. A Member asked about urgent cases. The Chief Operating Officer explained that all Member and MP enquires were monitored and counted as formal complaints. They would be sent to the area director to deal with directly and Member enquires would be copied in. The Chief Operating Officer filtered the complaints which went to the Executive Director. The Cabinet Member noted that this method bypasses all other routes and responses were provided quickly.
6. A Member asked about how issues of concern were recorded, and the Chairman noted that this had been raised on multiple occasions. The Cabinet Member explained that the Executive Director for Customer and Communities was working on this work with her team. The Chief of Staff added that the Head of Resources (ASC) was leading on a piece of work on the digital front door which encompassed this. There was also a briefing set up for the Committee Members on 18 January 2023 to discuss this in greater detail.
7. In response to a question on supporting individuals with complex needs to make complaints, the Chief Operating Officer explained that advocacy providers were utilised to support people. This could be a Care Act advocate or a capacity advocate. Easy read versions were also provided for complaints documentation and Healthwatch Surrey feedback themes and patterns which reviews of the process were based on.
8. A Member noted that there were significantly fewer complaints from carers and asked how ASC were ensuring that carers had a true voice. The Board Director of Healthwatch Surrey asked how their insights could be included in the report going forward and their role in assisting to raise awareness for carers. The Chief Operating Officer responded that they were happy to include insight and feedback into the report. The Chief of Staff explained that they met with the lead for carers and established an action plan. They would approach Healthwatch to involve them in the process going forward.
9. The Chairman asked how complaints could be considered closed if they remained subject to a safeguarding enquiry. The Chief of Staff explained that in those cases, the safeguarding issue was prioritised. In the past, the complaint would be left open, but it would make the process long. Thus, it was decided to close the complaint and exhaust the safeguarding issue, and then check that the complaint had been addressed. The Chairman raised that such cases should not be recorded as

resolved outside of the process if the enquiry was still ongoing. The Chief Operating Officer responded that they would look into differentiating the recording for such cases.

10. The Involvement Lead at Surrey Coalition of Disabled People queried why similar complaints kept arising and why lessons learnt from their study in collaboration with the Council on direct payments had not been implemented. The Chief Operating Officer responded that they would work on this outside of the meeting.
11. A Member asked how complaints made on social media were monitored. The Chief of Staff explained that the Council's corporate communications team monitored such complaints, and they would go to the customer relations team, but would be flagged to ASC colleagues. It was important to establish whether a complaint was genuine or vexatious.
12. A Member asked about the advantages and disadvantages of resolving a complaint outside of the complaints procedure. The Chief of Staff explained that often verbal complaints could be responded to quickly and were quite straightforward or complaints were taken forward as a safeguarding enquiry instead. The complaints were still tracked, however, there was no formal investigation or response in the same way. The statutory guidelines allowed for this and the CQC encouraged this approach.
13. In response to a question on learning from other local authorities' management of complaints, the Chief of Staff explained that the complaints manager heard about other experiences when meeting as part of the networks. The Chief Operating Officer regularly met with Healthwatch to receive their feedback and also looked at Ombudsman reports and comparator. They were also a part of the Association of Directors of Adult Social Services.
14. The Board Director asked about the impact on service users from changes made following complaints. The Chief of Staff explained that the impact on the individual would be dealt with locally. The Chief Operating Officer added that they looked at learning from trends and broad issues. In future reports, they could include examples of changes in practice.

**Actions/requests for further information:**



1. The Chief Operating Officer to share the revised training offer and academy once formulated.
2. A breakdown of trends and data over the last few months regarding complaints made on social media to be provided.

### **Recommendations**

*Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care:*

1. That frontline Adult Social Care Staff are receiving adequate mandatory and consistent training on improving staff conduct and attitude, and that training and staff conduct, including that of partner organisations, are routinely monitored, with consequences put in place for unacceptable failures to attend such mandatory training.
2. That further progress is made toward increasing the timeliness of assessment processes.
3. That Issues of Concern are more effectively recorded, including through exploring technological avenues to do so; and that these are also utilised to improve Adult Social Care Services.

*Cllr Neil Houston left the meeting at 1:50pm.*

*The meeting paused at 1:50pm. The meeting recommenced at 2:08pm.*

## **51/22 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22 [Item 7]**

### **Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Liz Uliasz – Chief Operating Officer, Adult Social Care

Sarah McDermott – Surrey Safeguarding Adults Board Manager

Simon Turpitt – Surrey Safeguarding Adults Board Independent Chair

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

1. A Member asked about the nature of safeguarding training available for healthcare practitioners. The Independent Chair explained that all statutory agencies had a requirement for mandatory safeguarding training. There was a document containing the levels of training and what was expected which was checked monthly. Within GP practices, there was a named GP for safeguarding, who was responsible for ensuring that staff have access to safeguarding training. The training was

also inspected by the CQC. Training had been delivered by webinar for GPs and this had resulted in greater participation, with the resources accessible at any time. In other organisations, there was a combination of face-to-face and virtual training offerings.

2. A Member queried the safeguarding training offer for ASC staff specifically. The Chief Operating Officer explained that there was mandatory training for all staff and specialist training was mandatory for those conducting safeguarding enquiries. This was delivered internally which means it can be monitored. Learnings from serious safeguarding reviews and homicide reviews were also fed into training. There was quarterly reporting to the Board and the leadership team at the Council on performance. The Chairman asked what happened if staff did not attend training. The Chief Operating Officer explained that this was reported to the manager, and they would attend at a different date.
3. In response to a question on raising the profile on unpaid carers and the impact that fatigue could have on cases of neglect, the Independent Chair explained that there was a focus on supporting carers in discussions with ASC. It was crucial to raise awareness of understanding the stress that carers are placed under. Sometimes carers worried that by voicing concerns, they could lose care over a loved one, thus, it was essential to support them in a way that makes them feel empowered.
4. A Member asked about work undertaken to raise awareness of safeguarding amongst residents, especially those who were isolated. The Independent Chair shared examples of a presentation in a shopping centre, information on the radio and on social media for national safeguarding week. There was also information in contact points, such as, hospitals, libraries, and GP practices. There was a misunderstanding of the meaning of the word, in the context of adults compared to children. The Board had established a Task and Finish Group to look into engaging with harder to reach communities. Members raised the issue of language barriers to accessing services. The Independent Chair shared that there were leaflets in different languages, however, the uptake of these were low. The Board Manager added that the Boards nationally had been looking into getting software to create more engaging resources beyond leaflets, such as YouTube videos, with subtitles in a variety of languages and British Sign Language. Google translate had been added to the website of the Board as well.

5. The Chairman asked about raising awareness of financial abuse and organisational abuse. The Independent Chair explained that the Board worked closely with trading standards to highlight issues of financial abuse. It was challenging as individuals were getting more sophisticated with this type of abuse; however, people were becoming more aware of it. The Department of Work and Pensions sat on the Board and helped in this area. In terms of organisational abuse, the Independent Chair explained that figures in this area had always been high. There needed to be a better breakdown in recording to understand it more effectively. There was a group focusing on this area.
6. A Member asked whether safeguarding had improved for homeless individuals in Surrey. The Independent Chair emphasised that the Board's work was specifically around adults with care and support needs, not the entire adult population. The Board Manager sat on the steering group for homelessness, which kept the Board involved in the conversation. It was a challenging area that involved other systems primarily if an individual did not have care and support needs.
7. In response to a question on safeguarding within prisons, the Independent Chair explained that this responsibility sat with the Ministry of Justice. The Board worked with the prison group to support them with their safeguarding training. If an individual had care and support needs, the Board would need to be aware of them once they leave prison.
8. A Member asked for further information on self-neglect. The Chief Operating Officer explained that it could occur due to a number of reasons, including poor mental health, learning disabilities and autism, and trauma. It was not taken down the safeguarding route, rather, ASC staff would try to put the correct support in place to improve their situation. There was now a Hoarding Protocol within the Council to improve support in that area. The Independent Chair added that there would be a safeguarding adults review if an individual died as a result of hoarding.
9. A Member enquired about increasing joined up working with partners. The Independent Chair explained that learnings came out of reviews and were actioned by the relevant people involved. They would then share the learnings with other organisations. There was better working between agencies than previously, for example, voluntary representatives sat on the

Board. Moving forward, the learnings from reviews would also be shared with the Committee.

10. A Member enquired into the working relationship with Surrey Safeguarding Children Partnership (SSCP). The Independent Chair shared that he worked closely with SSCP and there was a children's services representative on the Surrey Safeguarding Adults Board. He also had bi-weekly conversations with the Chair of SSCP. The Independent Chair noted the importance of differentiating between transition (moving from children's services to ASC and making sure the dialogue started early on) and transitional (those who did not meet the criteria of safeguarding provision as an adult but were vulnerable and ensuring similar support was available). There was a conference taking place next year (2023) on transitional safeguarding.

11. In response to a question on embedding safeguarding principles into the Integrated Care Systems, the Independent Chair explained that the Chair of the Integrated Care Board and Mental Health System Delivery Board met regularly with the Independent Chair and the Chair of SSCP. The ICB was trying to be more safeguarding aware and not leave any gaps when transitioning to a new strategy.

12. The Chairman asked about the issues raised in the report by St Catherine's Hospice and Clarion House. The Independent Chair noted the difficulties when issues crossed county borders, especially with Clarion as a national company. The Board Manager explained that the Multi-Agency Safeguarding Hub delivered a webinar to agencies to feedback on safeguarding concerns, but it may not always be appropriate if an agency was not directly involved in a case.

**Actions/requests for further information:**

1. Surrey Safeguarding Adults Board to provide more information on the Group looking into organisational abuse.

**Recommendations**

*Surrey County Council Adult Social Care Leads & Surrey Safeguarding Adult's Board:*

1. That Adult Social Care service users and Adult Social Care frontline staff, are continuing to receive adequate Adult Safeguarding reassurances and support, and to raise awareness of such support available.

2. Formulate a concerted multi-agency plan to raise awareness of the various aspects of Safeguarding, and to help residents understand the distinction between Children's and Adult's Safeguarding.
3. To collate data and insights from member agencies into Safeguarding training provision, and for this to be incorporated into future Surrey Safeguarding Adult Board reports.
4. That a concerted effort is undertaken alongside Surrey Heartlands and Frimley Integrated Care Systems, to further raise awareness of Safeguarding issues and the support available.

**52/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]**

**Key points raised in the discussion:**

1. None received.

**53/22 DATE OF THE NEXT MEETING [Item 9]**

The Select Committee noted that its next meeting held on Thursday, 16 February 2023.

Meeting ended at: 3.12 pm

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**Chairman**





# Overall Surrey County Council position

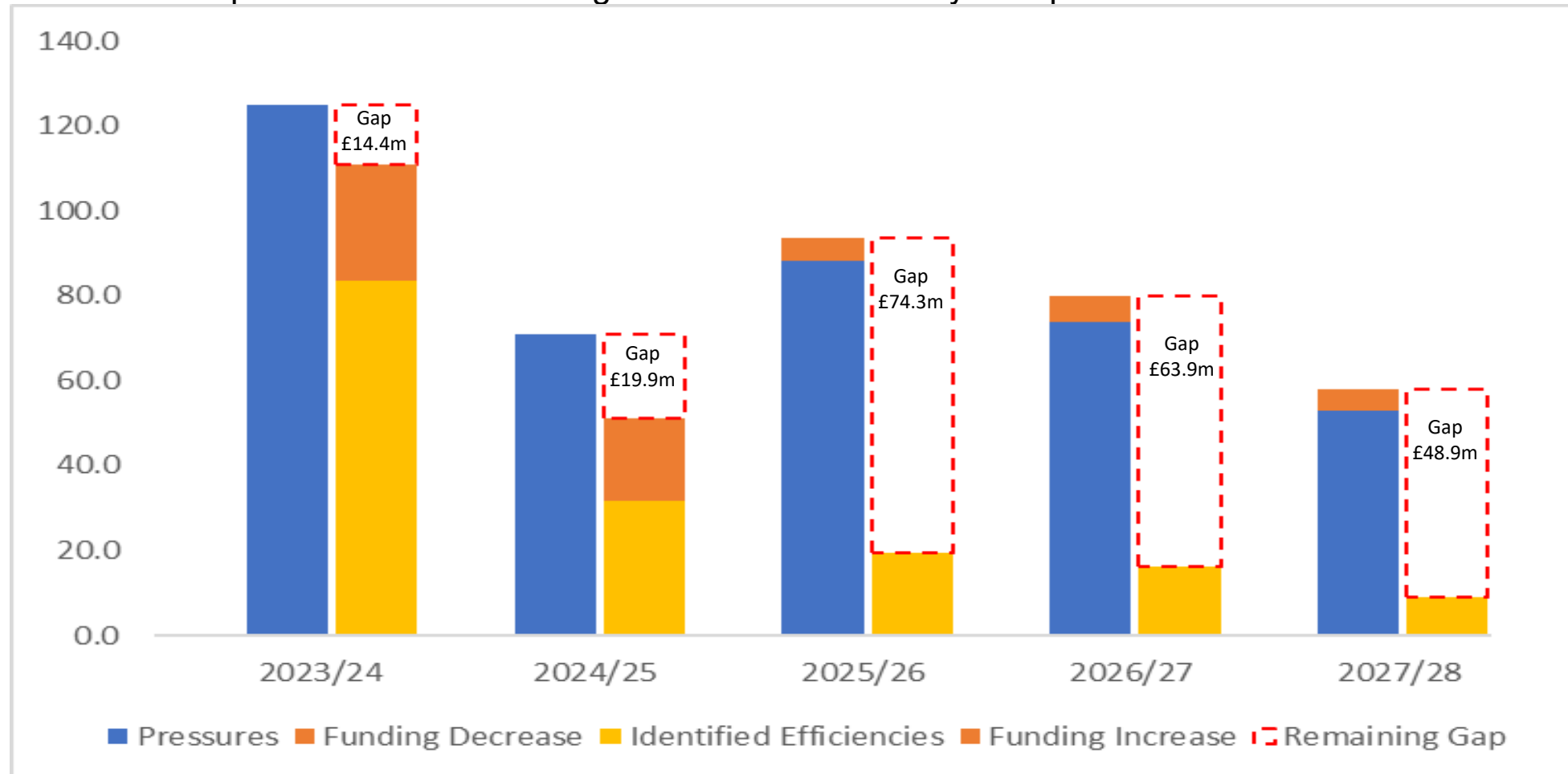


**SURREY**  
COUNTY COUNCIL



# 2023-28 Medium Term Financial Position

- Directorates are tasked with costing the core planning assumptions and developing Directorate scenarios to arrive at pressures and efficiencies for the MTFs from 2023/24 to 2027/28 to include alongside the Draft Budget
- Draft estimates of likely funding over the medium-term from Council Tax, Business Rates and Government Grants have been developed – these will need to be updated for funding announcements expected in December.
- **There is an estimated budget gap of £221m by 2027/28.** The gap widens from 2025/26 as a result of the estimated impact of both Fair Funding Reforms and the delayed implementation of ASC Reforms



# Options to close the Draft Budget Gap of £14.4m

## Additional Government Funding

- Significant uncertainty over Government funding both for 2023/24 and into the medium term
- Autumn Statement provided indication of additional funding for ASC and Education, no certainty on amounts until December Local Government Settlement

## Identification of Additional Efficiencies

- Directorates continue to look for further deliverable efficiencies.
- List of 'alternative measures' developed which would likely result in service delivery reductions - would be required if no further funding was identified

## Use of Reserves

- Worked hard to re-build depleted reserve levels to improve financial resilience
- Current level of reserves is considered appropriate given assessment of the risk environment
- Any use of reserves should be for one-off expenditure rather than to meet ongoing budgetary pressures.

## Increase Council Tax

- Current budget assumptions are a 1.99% increase, based on historical referendum level
- Autumn Statement announced ability for Councils to raise CT by up to 3% per year from April 2023 and an additional 2% ASC Precept
- Any increase equates to c£8m for every 1% rise

# Draft Capital Programme 2023 - 2028

- The draft capital programme for 2023/24 – 2027/28 equates to £1.9bn - £1.1bn approved programme and an additional £0.8bn in the pipeline.
- The programme is deemed affordable and while it represents an increase in the revenue borrowing costs both in absolute terms and as a % of the net revenue budget (to c8% by 2027/28), it brings us in line with other similar sized authorities.
- The impact of inflation on schemes has led to a number of programmes needing to re-scale / value engineer proposals to ensure affordability within pipeline budget envelopes.
- These will need continued focus as we approach the final budget setting stage and throughout 2023/24 to ensure the impact is mitigated.
- The capital programme cannot continue to increase at this rate in perpetuity. If we continued to invest at these levels then the revenue pressure would become unsustainable and unaffordable.
- Therefore, from **2026/27 a 'cap' on unfunded borrowing of £40m per annum** has been recommended. This is currently achieved in the Draft programme proposed, but needs to be maintained between the draft and final budget iterations.
- A review of profiling of capital schemes to ensure deliverability will be undertaken before the Final Budget is presented to Cabinet in January 2023 and Full Council in February 2023.



# Directorate Positions

- **Adult Social Care**
- **Public Service Reform (incl Public Health)**

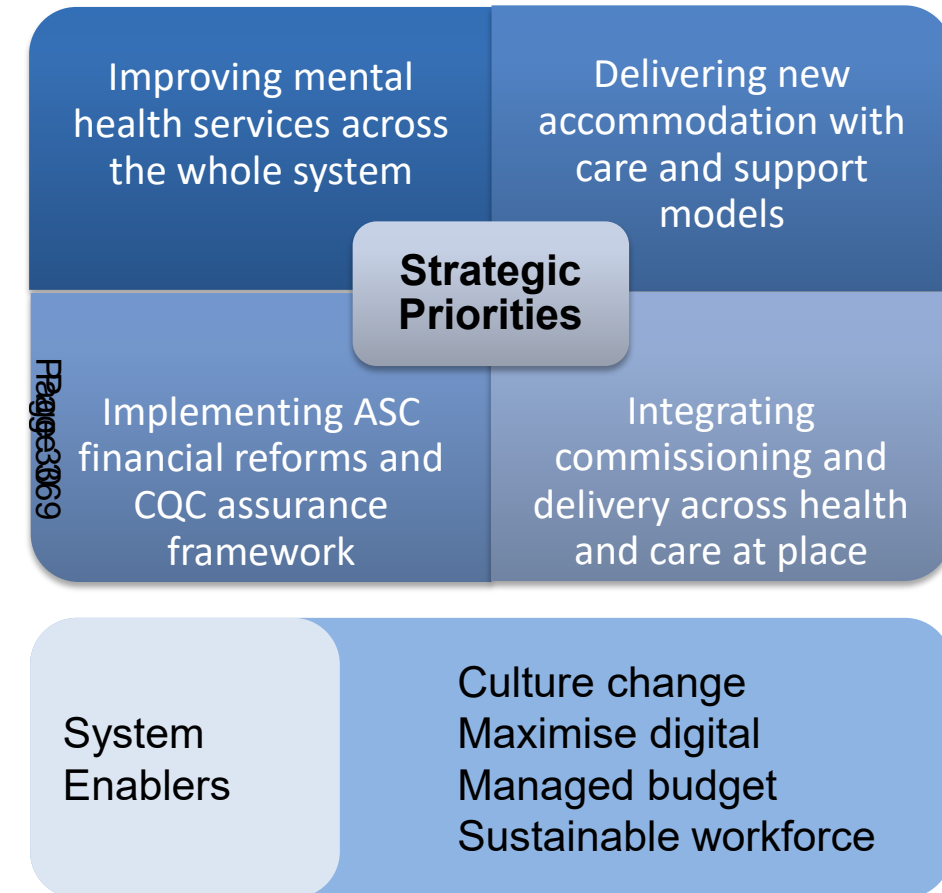


# Adult Social Care



# Summary of Services Provided by Adult Social Care

Adult Social Care's (ASC) vision is to **promote people's independence and wellbeing**, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control



Adult Social Care (ASC) provides advice and information, assessment, care and support services for people aged 18+ with:

- **Physical and Sensory Disabilities** (1,717 people with a funded care package at the end of October 2022).
- **Learning Disabilities and Autism** (3,565 people with a funded care package at the end of October 2022).
- **Mental Health** needs (641 people with a funded care package at the end of October 2022).
- and for frail **Older People** (5,925 people with a funded care package at the end of October 2022).

Taking into account the advice and information ASC provides to people who do not require a funded care package, there were 20,888 open cases across all care groups at the end of October 2022.

ASC also provides support to over 30,000 **unpaid carers** who play a vital role in the care system. There are a range of information, advice and support services provided to carers through a series of contracts & grants with the voluntary and third sector as well as support provided directly by the council or jointly with the NHS in the form of a direct payment, a carers prescription or replacement care.

# 2023-28 MTFS Budget Summary for Adult Social Care

Adults Social Care							
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
	£m	£m	£m	£m	£m	£m	£m
Brought forward budget	401.7	401.7	434.5	458.6	493.6	531.8	
Pressures		52.6	38.2	45.5	48.1	29.5	<b>213.9</b>
Identified efficiencies		(19.8)	(14.1)	(10.5)	(9.9)	(2.9)	<b>(57.2)</b>
<b>Total budget requirement</b>		<b>434.5</b>	<b>458.6</b>	<b>493.6</b>	<b>531.8</b>	<b>558.4</b>	
Change in Directorate net budget requirement		32.8	24.1	35.1	38.2	26.6	<b>156.7</b>
Opening funding		401.7	410.2	413.8	407.2	401.3	
Share of funding change and borrowing costs		8.5	3.6	(6.6)	(6.0)	(4.1)	<b>(4.6)</b>
<b>Funding for Year (Budget Envelope)</b>		<b>410.2</b>	<b>413.8</b>	<b>407.2</b>	<b>401.3</b>	<b>397.1</b>	
<b>Year on Year - reductions still to find</b>		<b>24.2</b>	<b>20.5</b>	<b>41.6</b>	<b>44.2</b>	<b>30.7</b>	<b>161.3</b>
Overall Reductions still to find		24.2	44.7	86.4	130.5	161.3	

ASC's 2023/24 Draft Budget and 2023-28 MTFS presents an incredibly challenging financial outlook.

The 2023/24 requirement budgets for pressures of almost £53m. Over half of this pressure relates to high level of care package and contract inflation in the context of the wider economic climate, cost of living crisis and ASC sector workforce challenges. Other key pressures include higher than budgeted levels of care package expenditure in 2022/23 expected to carry over into 2023/24, demand increases, pay inflation and pressures related to Discharge to Assess from Surrey's hospitals.

Continued substantial inflation and demand pressures are forecast from 2024/25 onwards together with the latest mid-point estimated funding gap for the proposed ASC charging reforms of £14m in 2025/26 rising to £33m in 2026/27.

A very challenging set of efficiency proposals is included in budget plans. The scale of efficiencies and cost mitigation achieved in previous years and broader system pressures makes it harder to achieve further savings in the years ahead.

This combined position equates to a gap of £24m in 2023/24 rising to £161m in 2027/28 compared to current estimated available corporate funding. Some difficult decisions will need to be made to close this gap if further funding is not forthcoming.



# Summary of Budgeted Pressures

Pressure	2023/24 £m	Total MTFS £m
Higher than budgeted care package expenditure in 2022/23 expected to carry forward into 2023/24	7.4	7.4
Pay inflation and other staffing pressures	6.3	16.7
Price inflation (care packages and contracts & grants)	27.5	108.3
Care package demand	6.0	35.0
Community equipment demand	0.1	1.0
Pressures related to the ongoing impact of the unwinding of national funding for Discharge to Assess (D2A) which ended on 31 <sup>st</sup> March 2022	5.3	5.3
Liberty Protection Safeguards	Nil*	7.2
Net funding pressure for Adult Social Care Charging and Fair Cost of Care reforms	Nil**	33.0
<b>Total budgeted pressures</b>	<b>52.6</b>	<b>213.9</b>

\* Unclear if and when previously proposed new legislation for Liberty Protection Safeguards will come into effect. Assumed for budget planning purposes that this will not be until at least 2024/25.

\*\* The draft budget reflects the delay to October 2025 of the implementation of the ASC charging reforms announced in the 17<sup>th</sup> November 2022 fiscal statement.





# Planned Efficiencies

Group	Efficiency	2023/24 £m	Total MTFS £m	RAG
1 Strengths based practice & demand management	Front door redesign & Strengths based Discharge to Assess model to reduce long term care from hospital discharge	(2.9)	(18.5)	A
	Strengths based care package reviews - Older People	(0.4)	(0.4)	A
	Strengths based care package reviews - Physical & Sensory Disabilities	(0.3)	(0.3)	A
	Strengths based care package reviews - Learning Disabilities & Autism	(0.4)	(2.0)	A
	Strengths based care package reviews - Mental Health	(0.1)	(0.1)	A
	Consistent practice for supporting people with more complex needs	(0.3)	(0.6)	A
2 Changing models of care	Remodel Learning Disabilities & Autism day support services	(0.8)	(1.9)	A
	Strategic shift from Learning Disability / Autism residential care to independent living	(0.4)	(0.9)	A
	Expand affordable Extra Care Housing county-wide offer for Older People		(1.7)	G
	Review and remodel transport arrangements to and from ASC care settings	(0.1)	(0.4)	A
3 Purchasing care cost effectively	Improved purchasing of Older People nursing/residential placements	(1.2)	(6.5)	A
	Maximise usage of block contract residential beds	(0.8)	(0.8)	A
	Improved purchasing of Home Based Care packages	(0.5)	(1.3)	A
	Improved purchasing of Learning Disability & Autism 65+ residential care	(0.2)	(1.0)	A
4 In-house provision	Review of Older People in-house services	(7.6)	(11.4)	G
	Review of Learning Disability in-house services	(0.5)	(0.6)	R
	Maximise cost effectiveness of in-house provided Reablement services	(0.8)	(0.9)	R
5 S117 & CHC related	Apply joint S117 funding policy to all ASC funded clients with S117 Aftercare	(1.3)	(1.3)	A
	Ensure appropriate Continuing Health Care funding	(0.8)	(4.2)	A
6 Twin Track	Making the most of our contracts	(0.5)	(2.1)	A
	Maximising our income	(0.1)	(0.3)	A
<b>Total budgeted efficiencies</b>		<b>(19.8)</b>	<b>(57.2)</b>	



# Draft Capital Programme

Adult Social Care has a small proposed Capital Programme that it manages directly totalling £8m over 5 years:

Project	2023/24 £m	Total MTFS £m
Capitalised community equipment	1.5	7.5
Minor ASC in-house capital improvements	0.1	0.4
<b>Total proposed ASC capital expenditure</b>	<b>1.6</b>	<b>7.9</b>

However, ASC's **Accommodation with Care & Support programme** has ambitious strategic objectives to develop new accommodation services to support Surrey residents including:

- Building 725 units of affordable **Extra Care Housing (ECH)** on SCC owned land by 2030.
- Commissioning 500 new units of **Supported Independent Living** accommodation (SIL) for **people with a Learning Disability or Autism** across Surrey. This ambition will partly be met by using SCC owned land for new accommodation.
- **Short breaks respite** accommodation for **people with a Learning Disability or Autism** across Surrey.
- **Specialist supported independent living** accommodation services for people with **Mental Health** conditions.

The delivery of this ambitious and exciting agenda will involve SCC committing substantial capital resources.

SCC's Cabinet has already approved:

- The development of Extra Care Housing on 6 SCC owned sites on a Design, Build, Finance and Operate (DBFO) basis with up to £21m of SCC capital expenditure approved if required and additionally £3m of feasibility funding to explore the suitability ECH on other SCC owned sites.
- The development of Supported Independent Living (SIL) for people with a Learning Disability or Autism at 3 SCC owned sites on a direct delivery basis with an approved capital budget of £25m across all sites.

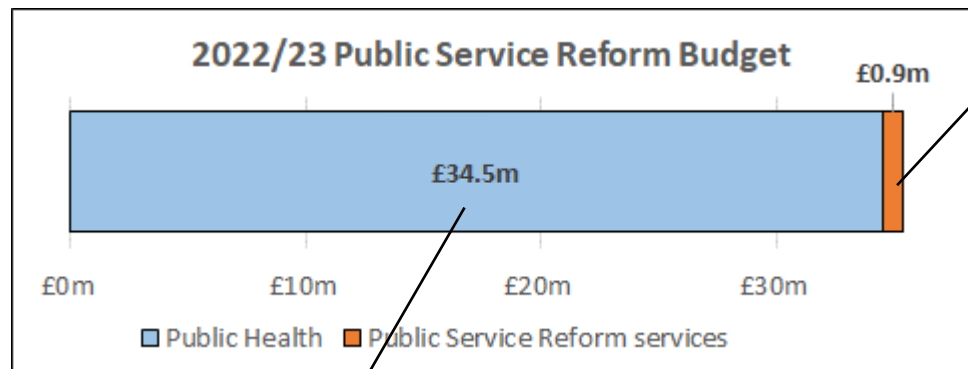
Work continues at pace on potential sites for further Extra Care Housing, primarily for older people, Supported Independent Living for people with a Learning Disability or Autism and Mental Health accommodation, as well as two potential sites for short breaks respite accommodation for people with a learning disability or autism.



# Public Service Reform (including Public Health)



# Summary of Services Provided by Public Service Reform



The **wider Public Service Reform (PSR) directorate** includes a range of jointly funded services that are accountable to both Surrey County Council and Surrey Heartlands Integrated Care System and focus on driving the continuous improvement of a public service model that **supports the delivery of our integrated health and social care strategies**.

This **includes the Insights and Analytics unit** which is bringing together research & analytics across a range of functions within SCC (Public Health, population insight and surveys and research) and Surrey Heartlands Integrated Care Board (business analytics and population health management PHM).

The **Public Health (PH)** service improves and protects the health and wellbeing of people living and working in Surrey. It achieves this by:

- Providing **public health intelligence and evidence** to enable decisions based on people's need and what is effective.
- Providing **specialist public health expertise and advice to NHS commissioners** to support them in improving the health of their population through prevention and through effective commissioning
- **Improving health** through partnership working, policy development, behaviour change and the commissioning of health improvement services for all ages which are **targeted to those at risk of health inequalities**
- Working with partners to protect Surrey residents from **communicable diseases and environmental hazards**
- Providing oversight and support in the review, development and delivery of the **Surrey Health and Wellbeing (HWB) Strategy**

The PH service commissions a range of services centred on key PH priorities including:

- Healthy lifestyle services including stop smoking, weight management and mental health;
- 0-19 services including health visitors and school nurses;
- Substance misuse services relating to drugs and alcohol;
- Sexual health services including contraception and genitourinary medicine (GUM).
- NHS health checks.

The services commissioned by PH are **all preventative in approach and targeted at reducing health inequalities**.

This is one of the Council's key strategic aims and an overall ambition of **Surrey's Health and Wellbeing strategy**.

# 2023-28 MTFs Budget Summary for Public Service Reform

Public Service Reform							
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
	£m	£m	£m	£m	£m	£m	£m
Brought forward budget	34.4	34.4	34.4	34.4	34.5	34.5	
Pressures		0.1	0.0	0.0	0.0	0.0	0.2
Identified efficiencies		0.0	0.0	0.0	0.0	0.0	0.0
<b>Total budget requirement</b>		<b>34.4</b>	<b>34.4</b>	<b>34.5</b>	<b>34.5</b>	<b>34.5</b>	
Change in Directorate net budget requirement		0.1	0.0	0.0	0.0	0.0	0.2
Opening funding		34.4	34.4	34.4	33.8	33.3	
Share of funding change and borrowing costs		0.0	0.0	(0.6)	(0.5)	(0.4)	(1.4)
<b>Funding for Year (Budget Envelope)</b>		<b>34.4</b>	<b>34.4</b>	<b>33.8</b>	<b>33.3</b>	<b>33.0</b>	
<b>Year on Year - reductions still to find</b>		<b>0.0</b>	<b>0.0</b>	<b>0.6</b>	<b>0.5</b>	<b>0.4</b>	<b>1.6</b>
Overall Reductions still to find		0.0	0.1	0.6	1.2	1.6	

Public Service Reform is showing a balanced budget position in 2023/24 and is very near balanced in 2024/25.

This is based on the assumption that cost pressures resulting from pay inflation and contract inflation can be contained within modest budgeted increases to Public Health grant funding in the next two years.

There are risks that pressures could emerge for some contracts, most notably related to potential cost increases linked to the NHS Agenda for Change pay award which affects some Public Health contracts.

The current MTFs planning assumption is that the Public Health grant may become unringfenced as part of wider local government funding reform from 2025/26. If that happens the Public Health service budget would be required to contribute to corporate efficiencies in the same way as all other services that are not funded by ringfenced grants. This will need to be kept under close review as more information about funding reforms emerges.

# Summary of Budgeted Pressures

Pressure	2023/24 £m	Total MTFS £m
Pay inflation	0.2	0.9
Non-pay contract inflation	1.0	3.8
Assumed increase to Surrey's Public Health grant in future years	(1.2)	(4.6)
<b>Total budgeted pressures</b>	<b>0.1</b>	<b>0.2</b>

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The small net pressure shown above relates to pay inflation for base budget funded Public Service Reform staff as it is assumed all Public Health pressures will be contained within modest budgeted increases to Public Health grant funding.

Public Health grant funding is not typically announced until after the Council has set its Final Budget (e.g. Surrey's 2022/23 PH grant value wasn't confirmed until March 2022). The PH budget plan will therefore likely need to be reviewed after the Final Budget has been approved by Full Council in February when Surrey's 2023/24 PH grant value is confirmed.

**ADULTS AND HEALTH SELECT COMMITTEE**

16 February 2023

**Access to NHS Dental services in Surrey**

**Purpose of report:** To advise the Committee of the current position regarding access to NHS Dental services in the county and actions being taken to improve access.

**1. Introduction**

- 1.1 Access to NHS Dentistry has been one of the key challenges facing the NHS over the last 20 years, both in primary care and for referral services.
- 1.2 National programmes to improve access to primary care services and reduce waiting times in hospital in the first decade of the 21<sup>st</sup> century proved successful, but both have been under significant pressure in recent years and have been severely impacted by the coronavirus pandemic.
- 1.3 This paper provides some general information and intelligence to support understanding of dental services commissioning and contracting, outlines the impact of recent events upon services, and describes the recovery process and changes to commissioning arrangements for NHS dental services which took effect in July 2022.

**2. Commissioning arrangements for NHS Dental services**

- 2.1 NHS England acted as the commissioner of NHS Dental services in the period 2013 following the implementation of the 2012 Health and Social Care Act.
- 2.2 On 1 July 2022 Integrated Care Boards (ICBs) were established. In some areas (the South-East and Greater Manchester) some ICBs agreed to act as pathfinders to take on delegated commissioning responsibility for the commissioning of Pharmacy, Optometry and Dental (POD) services whilst the local authorities retained responsibility for the commissioning of dental public health services.

- 2.3 The Surrey Heartlands and Frimley ICBs took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry for the county of Surrey. The Frimley ICB covers Surrey Heath and the Farnham part of the Waverley Local Authority (plus North-East Hampshire and Berkshire East). The Surrey Heartlands ICB covers the rest of Surrey.
- 2.4 Delegation to the Integrated Care Boards (ICBs) has an explicit intent and ambition to improve health outcomes for their whole population by empowering ICBs to integrate services and enabling decisions to be taken as close as possible to their residents. The ICBs are working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieving better access to dental care and advice.
- 2.5 The ICB will discharge its responsibility for dental commissioning alongside officers who continue to be funded and employed by NHS England who provide operational leadership within ICB governance structures.
- 2.6 At present there is a Delegation Agreement and MOU between NHSE and the respective ICBs in the SE region that describes the accountabilities and responsibilities of the ICBs subject to delegation and separate to the reserved functions that have been retained by NHSE.
- 2.7 The existing teams and staff employed via the NHSE POD Team continue to perform their roles as subject matter experts (SMEs) with contracts managers, and commissioning managers in the form of a “Hub Team” model, engaging and working alongside the ICB teams to impart knowledge, learning and guidance and enact the transactions and forward work-plan with the ICB Teams to ensure efficiencies are created and maintained by working under a single Operating Model.
- 2.8 Decision making rests with each ICB who meet monthly as Committees in Common (CiC) to support collective review and aligned decision making where this is appropriate and support streamlining of information and intelligence sharing and collective use of SMEs.
- 2.9 This model is transitional and supports understanding and continuity whilst systems work together on the development of a new Operating Model to protect and optimally apply the knowledge and resources across Regional and Local Teams. This is in support of the key aspiration for delegation to ICBs which is to avail of the opportunities brought about through local collaboration and integration with partners across the ICS and the bringing together of Primary and Community care providers to work together to share local data and intelligence and shape plans for the future commissioning and delivery of both preventive and treatment services within each place. Thus,



enabling seamless pathways which provide a more holistic approach and support residents to access and experience more joined up care, with an increased focus on addressing inequalities and achieving improved access to dental care and advice.

- 2.10 Local intelligence can help identify key groups and vulnerable populations and Places could choose to focus on homeless communities, care home residents or young children and jointly develop the significant opportunities that exist by including oral health as part of a wider prevention agenda; for example, dental decay cannot occur without sugar, and sugar reduction should form part of healthy weight and diabetes programmes.
- 2.11 There are further possibilities for using dental practices to support a broader health promotion agenda, particularly lifestyle issues. Dental practitioners are well-placed to start conversations about healthy eating, smoking and alcohol consumption as all of these are linked to oral health. Through the integration of dental providers into the primary care networks, there could be opportunities for dental care services not only to consider the oral health implications but also to refer people to appropriate services – such as weight management and smoking cessation, which in turn may have broader health benefits.
- 2.12 By way of example: In Surrey Heartlands we are presently in discussions with a Consultant in Special Care Dentistry to review options for collaborative working with partners from the ICS to support the vulnerable with high levels of frailty and comorbidities, that are being admitted to hospital, and who are experiencing very poor oral health including severe dry mouth, poor oral hygiene, severe decay, and gums disease. Good oral care helps keep people free from pain – especially important for those who have communication difficulties and may find it difficult to alert others to where it hurts. For those with chronic conditions, good oral care can help make sure they can take the medicines they need to prolong health. Good oral health can also reduce the risk of malnutrition, which is thought to affect around 1.3 million older people. Furthermore, it can reduce the risk of acquiring aspiration pneumonia, particularly in residential settings. Many people are often in their last year of life and these conditions can lead to people becoming frailer and can be fatal.
- 2.13 In addition to the training initiative aimed at improving the oral health of hospitalised adult patients, the intention is to collaborate with the dental teams from primary care to extend the training to colleagues working in the Care Home setting too.
- 2.14 Oral health promotion and oral health surveys became the responsibility of local authorities in 2013 and consequently NHS England/ICB do not commission community preventive programmes or epidemiological surveys.

2.15 The LA has an important statutory responsibility for surveillance in assessing local oral health needs and commissioning evidence based, oral health programmes appropriate to those needs. Local authorities have an obligation to improve health and reduce inequalities in their populations and this includes oral health.

### 3. Oral Health in Surrey

**3.1 Tooth decay** remains the leading reason for hospitals admissions among 5 to 9-year-olds in England. Tooth decay and gum disease are two of the most common diseases in the world in adults. Tooth decay doesn't occur in people who don't consume sugar and reducing both the amount and frequency of sugar consumed reduces the risk.

**3.2 Gum disease** is caused by bacteria in plaque gradually destroying the gums and bones around teeth leading to tooth loss. People who smoke are far more likely to suffer from gum disease. People who brush twice a day with a fluoride toothpaste are less likely to suffer from tooth decay or gum disease.

**3.3 Oral Cancer** research suggests that more than 60 out of 100 (more than 60%) of mouth and throat cancers in the UK are caused by smoking and around 30 out of 100 (30%) are caused by drinking alcohol. The combination of smoking and alcohol use increases the risk of oral cancer further, and poor diet is another risk factor.

**3.4** The recommended time between dental 'check-ups' is between 3 months and 2 years depending on risk factors for oral disease. Dentists check for early signs of decay, gum disease, oral cancer, and other abnormalities so people who don't attend often have more severe disease.

**3.5 Children** who live in deprived areas are far more likely to suffer from tooth decay than children in less deprived areas. This is mainly due to differences in sugar consumption, tooth-brushing habits, and dental attendance. In addition to pain, toothache can cause children to stop eating and sleeping, and reduces concentration and/or school attendance. All these effects can increase existing inequalities between children in the most and least deprived areas. Dental Decay is the most common reason for 6 -10-year-olds to be admitted to hospital in England.

**3.6 Older people** are far more likely to have lost teeth due to gum disease and dental decay. This is because gum disease increases with age, and fluoride (which protects teeth from decay) only became widely used in the UK in the 1970's.

3.6.1 The oral health of people in care homes was the subject of a national Care Quality Commission (CQC) report, *Smiling matters: Oral Health Care In Care Homes*.

Older people in care homes are particularly at risk of oral pain and disease because:

- People needing residential care are often less able to brush their teeth effectively and there is variation in how well care staff provide toothbrushing.
- People in care homes often increase the frequency and amount of sugar in their diet, and tooth loss/pain can make it more difficult to eat nutritious food.
- Access to dental services for people in care homes is highly variable, and dentists are limited in the amount of dental surgery (extractions etc.) they can provide outside of CQC regulated practices.

**3.7 The influence of ethnicity on oral health** People from non-White groups have poorer oral health overall than people in White groups. However, deprivation is the key factor for poor oral health and people in non-White groups are more likely to live in more deprived areas.

In contrast with most health inequalities, when the effects of deprivation are removed, people from non-White groups in England were found to have better oral health than people in White groups. The differences could be partially explained by reported differences in dietary sugar.

**3.8 Other priority groups** People with Severe Mental Illness are estimated to be 2.8 times more likely to have lost all their teeth compared with the general community.

3.8.1 National and international research, summarised by the UK Health Security Agency, shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may often be unaware of dental problems and may be reliant on their carers/paid supporters for oral care and initiating dental visits. Supporters are often inadequately trained for this and may not see oral care as a priority

3.8.2 Evidence consistently shows that people with learning disabilities have:

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels

- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry.

3.8.3 Adults with Learning Disabilities are identified from the GP records and an annual health check is carried out which includes oral health questions and if necessary, the practitioner will signpost to an appropriate dental service.

3.8.4 People in prison are likely to have worse oral health yet have less experience of using dental services prior to sentence.

### 3.9 Oral Health in Surrey

3.9.1 Data is collected on the number of children being admitted to hospital for dental decay. This gives an indication of the areas where severe decay is more common. The highest proportion of 6 -10-year-olds having dental extractions needing to be admitted to hospital for dental decay is in Spelthorne (0.9%), followed by Runnymede (0.7%). This is almost always for extractions of decayed teeth under General Anaesthetic. Waverley and Elmbridge had the lowest proportion (0.3%). The highest in England is Doncaster where 2.8% of all 0–19-year-olds needed to be admitted to hospital for dental decay.

#### **Finished Consultant Episodes (single admissions to hospital) as % of Population with caries (decay) as the primary diagnosis)**

LA Name	Age 0-5yrs	Age 6-10yrs	Age 11-14yrs	Age 15-19yrs	Total 0-19yrs
Elmbridge	0.1%	0.3%	*	*	0.2%
Epsom and Ewell	0.2%	0.4%	*	*	0.2%
Guildford	0.2%	0.5%	0.1%	*	0.2%
Mole Valley	0.2%	0.4%	*	*	0.2%
Reigate and Banstead	0.2%	0.5%	0.1%	*	0.2%
Runnymede	0.3%	0.7%	*	*	0.3%

LA Name	Age 0-5yrs	Age 6-10yrs	Age 11-14yrs	Age 15-19yrs	Total 0-19yrs
Spelthorne	0.3%	0.9%	0.3%	*	0.4%
Surrey Heath	0.2%	0.4%	*	*	0.2%
Tandridge	0.4%	0.5%	*	*	0.3%
Waverley	0.1%	0.3%	*	*	0.1%
Woking	0.3%	0.5%	*	*	0.2%

3.9.2 Because dental decay is so strongly linked with deprivation, deprivation data gives a far more localised indication of where there is increased dental decay in children. Many targeted oral health programmes in England are focussed on the most deprived 5% or 10% of areas in England but none of these areas is in Surrey.

*N.B. Data on the proportion of children with dental decay is not regularly collected in Surrey currently.*

3.9.3 **Oral cancer** - between 2017 and 2019 in Surrey, 4.2 people per 100,000 died of oral cancer. This is lower than the rate for England (4.7) and very slightly higher than the rate for the Southeast (4.1). See Table 2 below. The actual numbers of people who died of oral cancer varies in Districts and Boroughs between 5 and 29 and the numbers are too small to make useful comparisons. The table shows that for every 100,000 people in Surrey, 14.5 people were diagnosed (registered) with oral cancer between 2017 and 2019. This is slightly lower than the rate for England (15.0) and the South-East (14.1). The dental decay data ('dmft' – or 'decayed, missing and filled teeth') is not available in Surrey.

**Table 2: Oral Cancer Deaths per 100,000 Population**

Period	Surrey				South East	England
	Count	Value	95% Lower CI	95% Lower CI		
2008-10	80	2.6	2.1	3.3	3.2	3.9

Period	Surrey				South East	England
	Count	Value	95% Lower CI	95% Lower CI		
2009-11	105	3.4	2.8	4.1	3.6	4.0
2010-12	131	4.1	3.5	4.9	3.8	4.0
2011-13	146	4.5	3.8	5.3	3.8	4.1
2012-14	137	4.2	3.5	4.9	3.9	4.3
2013-15	123	3.7	3.0	4.4	3.8	4.4
2014-16	129	3.8	3.2	4.5	4.0	4.6
2015-17	137	4.0	3.3	4.7	4.1	4.6
2016-18	153	4.4	3.8	5.2	4.2	4.7
2017-19	145	4.2	3.5	4.9	4.1	4.7

## 4. NHS Dental services in Surrey

**4.1 Primary Care** Primary and community dental services are commissioned via national contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts. These contracts were implemented in England and Wales on 1<sup>st</sup> April 2006.

**4.2** Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed, planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

**4.3** Patients are not registered with practices, as with GP (General Medical Services) but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs. There is only guarantee of continued access to treatment at the same practice whilst you are undergoing a course of treatment.

Details of practices providing NHS dental care can be found on:

<https://www.nhs.uk/service-search/find-a-dentist>

**4.4** NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

**4.5** Dental surgeries have a set capacity of NHS dental provision under their contract and many of them do not have capacity to take on new patients onto the practice NHS list. A dental practice will maintain a list of 'regular attendees' and they may also maintain a waiting list for patients who have contacted the surgery for an appointment. However, as there is no obligation under the terms of the GDS/PDS contract for this information to be reported to the Commissioning Authority, there is no data available that can be shared regarding waiting times for access to NHS Primary Care Dental Services.

**4.6** In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most 'urgent' treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends, and bank holidays. Urgent dental care *can* be accessed via the practice normally attended by a patient or via NHS 111.
- **Orthodontics** - these services are based in 'primary care' but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Community Dental Service** – a service for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. The providers of these service also provide out of hours dental care for the county.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.
- **Tier 2 Oral Surgery** (more complex extractions) and **Restorative** (Root canal, treatment of gum disease and dentures) – provide more complex treatments than in primary care but do not require treatment in hospital.

**The tables below detail NHS Dental services available in Surrey**

**4.7 Primary Care services:**

Service	Number	Units of Activity	Contract value	Funding per head (Surrey) Popn: 1,196,236	Funding per head (South-East)
GDS contracts	161	1,318,995	£38.4m	£29.11	£37.21

*Expenditure on primary care services per head is lower than the South-East average mainly because the % of the population accessing primary care services is below the South-East average; 37.07% of the Surrey Heartlands population v 40.09% for the South-East.*

**4.8 Orthodontics**

Service	Number	Units of Activity	Contract value	Funding per head (Surrey) Popn: 1,196,236	Funding per head (South-East)
PDS contracts (Surrey)	17	107,636	£6.65m	£5.56	£5.03

*Expenditure is roughly in line with the South-East average following the re-procurement of the time limited PDS contracts in 2019. There are a small number of General Dental Service primary care providers with non-time limited GDS contracts with higher unit prices that fell out of scope of the 2019 re-procurement.*



#### 4.9 Referral services

Service	Number	Units of Activity	Contract value	Funding per head (Surrey) Popn: 1,196,236	Funding per head (South-East)
Community Dental Services	2		£5.2m	£4.35	£4.48
Hospital services	4		£14.7m	£12.28	£11.25
Tier 2 Oral Surgery services	14		£555k	£0.46	£1.25

*Expenditure on Community Dental services is in line with the South-East average. Expenditure on community-based tier 2 services is lower than the South-East average with a correspondingly higher spend on hospital services.*

*Current commissioning arrangements for Community Dental Services are under review and opportunities to strengthen community-based alternatives to hospital are under consideration for tier 2 Oral Surgery and Restorative services.*

### **5. Impact of the coronavirus pandemic on Dental services**

5.1 NHS dental practices were closed for face-to-face appointments for a significant period with the onset of the COVID-19 pandemic. Following this, enhanced infection control procedures were in place until 2022 which drastically reduced the number of patients practices were able to see. These enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity. This reduced access to services and increased waiting times for treatment. The delays in providing treatment have also led to many patients' treatment needs having increased which has meant that in many cases, treatment is taking longer to complete. Service capacity has been very gradually increasing as infection rates have dropped, under strict guidance aimed at keeping patients and staff safe. Primary Care services returned to 100% capacity in July 2022, but a significant backlog of treatments

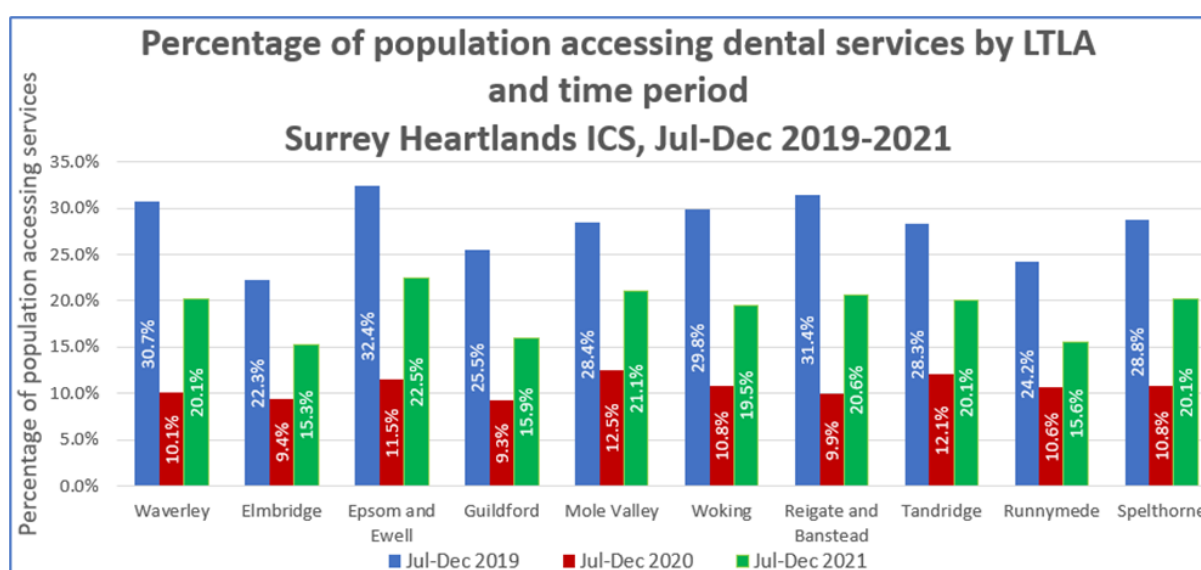
has built up over the 2-year period of reduced capacity. The effects of this are likely to be observed for several years.

- 5.2 The challenge has been the same for all dental services, including hospital services where there has been a growth in the number of patients waiting more than the NHS constitution standard of 18 weeks.
- 5.3 The backlog of care from earlier in the pandemic means that many patients, including those with a regular dentist, have struggled to access routine care. Whilst patients are not registered with dental practices, many patients have historically booked a dental check-up on a 6 monthly basis. The National Institute for Health and Care Excellence (NICE) guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals are between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices.
- 5.4 Practices provide urgent dental care as part of their core service offer to patients. However, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change daily dependent upon the number of patients seeking urgent care. This may require patients to travel further to access care.
- 5.5 The most recent data pre-dating COVID-19 (Jul-Dec 2019) gives the percentage of adults and of 0-17s accessing NHS dental services in that period. Information on the 0-17s group is more useful as there are fewer 0-17s who chose to use private dental services. In Jul-Dec 2019, an average of 48.4% of 0–17-year-olds in Surrey accessed NHS dental services. In Woking, 49.9% of 0-17s accessed NHS dental services in this period, but access was lower than the South East average in all other Surrey Districts and Boroughs. The lowest was in Mole Valley (40.3 %). The figure for Spelthorne, the most deprived area in Surrey, was 46.5% and this was the fourth highest figure in Surrey. The figures suggest that access to NHS dental services in Surrey was not a source of inequalities in this period in Surrey.
- 5.6 Comparing access to NHS dental services in Jul-Dec 21 with the same period for 2019 is useful in reviewing the 'recovery' of districts and boroughs in Surrey from the COVID-19 pandemic in terms of dental access:
- An average of 30.3% of 0-17s in the South East saw an NHS dentist in Jul-Dec 2021.
  - In Surrey, the value was higher for all districts and boroughs in Surrey than the South East average.
  - In Jul-Dec 2019, Woking was the only area in Surrey with a higher figure than the South-East average.

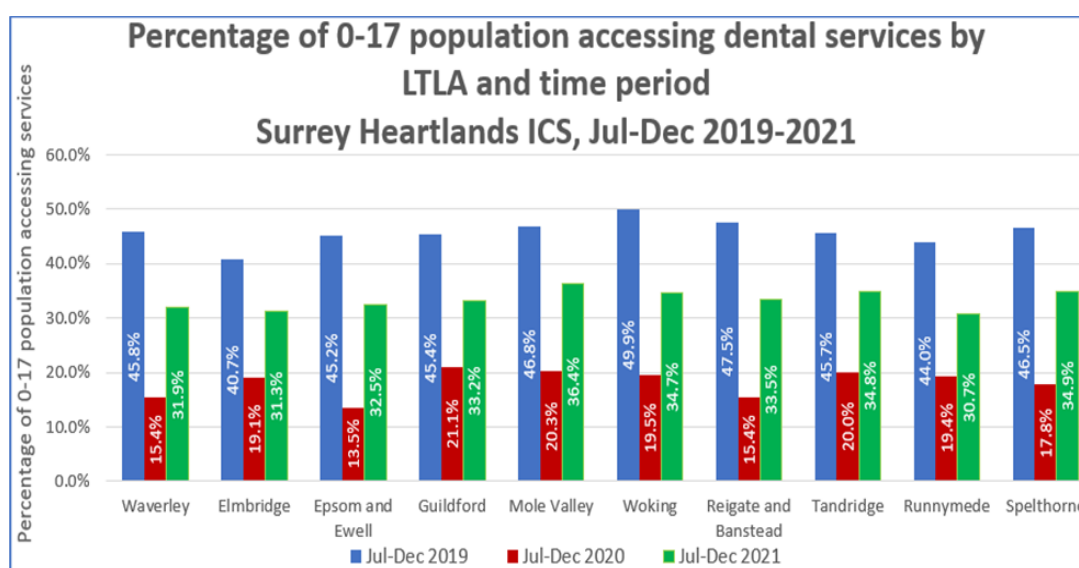
In terms of inequalities:

- The highest percentage of 0-17s accessing NHS dental services in Jul-Dec 2021 was in Surrey Heath (37.2 %).
- The lowest was in Runnymede (30.8%).

5.7 There is some evidence that recovery in terms of access to NHS dental services has been slower in the most deprived areas. This likely reflects differences in 'health literacy'. Unlike GPs, anyone is free to choose where they see an NHS dentist. With limited access to NHS dental services, it is likely that people in less deprived areas have been more able to identify where appointments are available, and to travel further for appointments if needed.



Notes: local authorities are arranged from least to most deprived (IMD).



Source: ONS mid-year population estimates (2019 and 2020) and Business Services Authority. Jan - June 2020 excluded due to co-occurrence with first national lockdown

5.8 Access has been particularly challenging for patients who have not attended a local NHS practice in recent years. This may be because they have recently moved to the area or choose not to attend regularly. In order to help to address this, additional funding was offered to all practices in the South East region in December 2020 to provide sessions outside normal contracted hours for patients who did not have a regular dentist and had an urgent need to receive dental treatment.

5.9 The graphs shown above at 5.7 provide an illustration by Lower Tier Local Authority (LTLA) of the percentage of population accessing dental services for the period July 2019 to December 2021. Accepting that there are small specific areas of deprivation across the county, the list at Appendix A drills down further and provides the Lower Super Output Areas in Surrey that these wards encompass with their respective Index of Multiple Deprivation Ranking – the lower being the more deprived.

5.10 There are 5 practices in Surrey, detailed below, that currently have the staffing levels to safely undertake additional sessions for urgent care, specifically for patients that would be new to the practice.

- Sunbury Dental Practice, 145 Green Street, Sunbury-on-Thames, Surrey, TW16 6QL, tel: 01932 783208
- Parkside Dental Surgery, Goldsworth Park Health Centre, Denton Way, Woking, Surrey, GU21 3LQ, tel: 01483 766355
- Together Dental, Hamsey Green, Limpsfield Road, Warlingham, Surrey, CR6 9RH, tel: 01883 627764
- Cromwell Dental Practice, 1 Cromwell Road, Walton On Thames, Surrey, KT12 3NL, tel: 01932 269199
- Synergy Pyrford Dental Centre Unit 10/11 Marshall Parade, Woking, Surrey, GU22 8SW tel: 01932 352333

These practices deliver a total of 49 hours of additional access per week.

These services can either be contacted directly or via NHS 111.

5.11 The offer of funding additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established. Should any patient need urgent dental care, or they have been able to access temporary urgent care and still require further treatment to stabilise their oral health or need dental treatment before undergoing certain medical or surgical procedures or be a Looked After Child they will be able to contact one of the above practices to obtain treatment. This relates to urgent need, which remains the priority while the backlog of routine care is addressed, and these practices may not be able to provide routine care for patients that do not have an urgent clinical need.

5.12 Whilst access to primary care is showing signs of improvement there remain on-going challenges re access to primary care services.

- Following the Transitional Provisions Order 2005, the existing NHS dental contractors had an automatic right to an NHS dental services contract. This came into effect from April 2006 and the majority of GDS dental contracts once issued continue in perpetuity. For this reason, most dental services are in areas that the market has chosen and not necessarily the areas of greatest need.
- Prior to the pandemic many practices were unable to deliver full contract provision for a variety of reasons, mainly due to challenges with recruitment, and so there has been historic under delivery which has been further exacerbated due to the pandemic as described at 5.1 of this report.
- Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are either leaving the NHS or opting not to join at the start of their career.

The Dentists and practices are citing a number of reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the dental contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

5.13 So far in 2022-23 6 practices in Surrey have handed back their contracts, totalling 43,136 UDAs. Arrangements are being made to replace this activity on a temporary basis before seeking to find permanent new replacements via a procurement process.

5.14 The situation in Surrey reflects the national position. For many years work has been ongoing by the Department of Health and Social Care alongside the Office of the Chief Dental Officer to understand the challenges with the dental contract. In 2022 the first significant Contract Reforms to the contract were introduced since its introduction in 2006. The changes start to address many of the

challenges voiced by frontline dental teams during the engagement period and will make a real difference to patients with a shift in the emphasis of financial reward, and the re-orientation of clinical activity to those patients who need it most, with a focus on improving access to NHS dental care and support for the dental teams. The changes will increase NHS capacity by;

- allowing payment for higher levels of performance,
- increasing payments for more complex treatments,
- issuing updated advice about recall intervals for patient check-ups,
- supporting the use of more skill mix and,
- providing more information to patients about access to NHS services.

These measures are a first phase of a programme designed to support patient access and improve oral health.

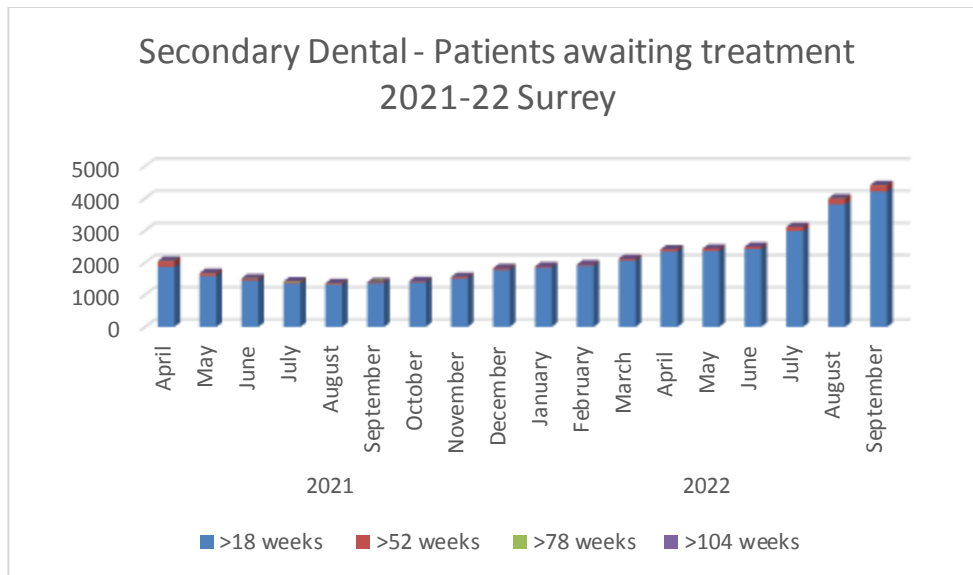
5.15 The Planning and Operational Guidance for 2023-24 states that the NHS:

***Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels***

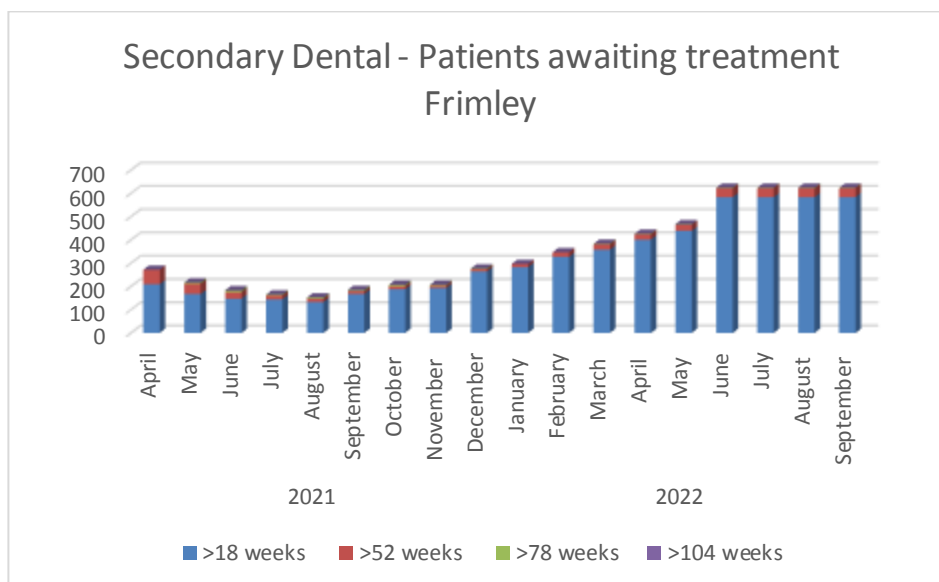
Across the South-East, there are discussions about ‘flexing’ Dentists’ contracts during 2023 to provide more capacity to help those patients who have struggled to achieve access. This will be done by reducing the activity targets they are required to achieve and using that capacity to provide access sessions for new patients as described at 5.10 and 5.11. This will provide more time for the Dentists to meet the greater treatment needs likely to be presented. The aim is to test this approach over the year to see it meets the objective to improve access. It will also start to look at whether this model can then be applied to improve the oral health of patients more likely to have greater oral health needs.

5.16 There has been a similar impact for referral services with increased waiting times for treatment and backlogs of referrals that need to be addressed. Hospital services have targets to eliminate the number of patients waiting more than 104 weeks by July 2022 and those waiting more than 78 weeks by March 2023.

5.17 Surrey Heartlands ICB - The graph below reports on progress for the Trusts located in the Surrey Heartlands area (Ashford and St Peter’s NHS Foundation Trust; Royal Surrey County Hospital NHS Foundation Trust and the Surrey and Sussex Healthcare NHS Trust). The national target in terms of no patients waiting more than 104 weeks has been achieved. Good progress was made in reducing the number of patients waiting more than 18 weeks in the period April to November 2021, but the numbers have been climbing since then.



5.18 Frimley ICB - The Frimley Health NHS Foundation Trust is located within the Frimley ICB area which includes the provision of services for patients living in the parts of the ICB that fall within Surrey. It has also achieved the national target of no patients waiting more than 104 weeks for treatment but has similar challenges in terms of the number of patients waiting more than 18 weeks for treatment. The Trust has also had IT issues regarding data capture following changes made at the Trust, which it aims to resolve shortly.



5.19 The Planning and Operational Guidance for 2023-24 states that the NHS should:

## ***Eliminate waits of over 65 weeks for elective care by March 2024***

Community Dental Services are provided by the Surrey and Sussex NHS Healthcare Trust for East Surrey (covering Reigate and Banstead and Tandridge) and HCRG Care Community Services Ltd who cover the rest of Surrey, including the parts of the county that fall within the Frimley ICB. They provide care for vulnerable patients, such as adults with learning disabilities and children. Restoration and Re-set funding has been invested into the HCRG service for the period up to 31<sup>st</sup> March 2023. This has helped reduce the number of patients waiting for treatment in clinic.

5.20 The Planning and Operational Guidance for 2023-24 states the NHS should:

### ***Continue to address health inequalities and deliver on the Core20PLUS5 approach***

The Core20PLUS5 targets are about reducing health inequalities for children and young people and include a specific reference to oral health in terms of addressing 'the backlog for tooth extractions in hospitals for under 10s'.

There are community-based tier 2 service for Oral Surgery in Surrey Heartlands designed to provide treatment for patients whose needs are too complex to treat in primary care but who don't need to go to hospital.

## **6. Conclusions**

6.1 The Coronavirus pandemic has had a significant impact on NHS Dental services both for patient and dental service providers. The pandemic has created a significant backlog in terms of waiting times for treatment in primary care and for referral services. Service providers have had to introduce new arrangements to ensure safe treatment for patients and are having to address the impact for their workforce. Some practices have decided that the provision of NHS services is no longer viable for them and have left the NHS. National contract changes have been introduced in late 2022 to try to address these concerns and local action is being taken to seek to improve access, particularly for people who have struggled to find a way into the dental system.

6.2 Access to NHS services has been improving since early 2022, but access does remain an on-going challenge and it is likely that more NHS practices are considering whether to remain within the system. The section below details the actions being undertaken to support recovery from the pandemic. They will need on-going review to assess their effectiveness both in improving access and maintaining NHS provision.



## 7. Next steps

- Engagement with our local population, partners, and stakeholders to develop a Surrey Dental Improvement Strategy with a focus on priority groups and targeted access to oral health improvement programmes
- Maintain Additional Access sessions and review approach required in to 2023-24
- Continue to monitor access to primary care dental services with the aim of maintaining improvements in access
- Implement national dental contract changes at local level taking effect during 2022-23
- Review impact of Restoration and Re-set investment and review approach required for 2023-24
- Implement Planning and Operational Guidance in relation to dental services in 2023-24
- Work with the dental profession to consider whether greater flexibilities can be applied locally to the dental contract to facilitate access and support them with workforce challenges
- Implement programme of re-commissioning key referral services to achieve sustainable access and to meet needs of key patient groups, such as children, patients with more complex treatment and management needs and older patients
- Continue to engage with stakeholders such as Healthwatch, supporting them to provide information to patients about access to care
- Work with other stakeholders to strengthen oral health improvement arrangements through contribution to other health improvement programmes and other interventions that may impact such as water fluoridation
- Review challenge of improving children's dental health as part of Core20PLUS5 approach
- Embed and integrate clinical dental voice into wider ICS work on population health improvement and reduction in inequalities

*Surrey Heartlands and Frimley Integrated Care Boards*

## APPENDIX A

### Lower Super Output Areas in Surrey ranked on IMD scores

Lower Super Output Area (ranked on IMD score)	IMD Decile (lower is more deprived)	Electoral Ward/Key Neighbourhoods	District / Borough	Primary Care Network	Health Areas Surrey Heartlands/ (SH) Frimley
1. Reigate / Banstead 008A	2	Hooley, Merstham and Netherne	Reigate and Banstead	Horley	East Surrey (SH)
2. Woking 004F	2	Canalside	Woking	WISE 3	NW Surrey (SH)
3. Guildford 012D	2	Westborough	Guildford	GRIPC	Guildford and Waverley (SH)
4. Guildford 007C	2	Stoke	Guildford	GRIPC	Guildford and Waverley (SH)
5. Spelthorne 001B	3	Stanwell North	Spelthorne	SASSE Network 3	NW Surrey (SH)
6. Mole Valley 011D	3	Holmwoods	Mole Valley	Dorking	Surrey Downs (SH)
7. Reigate / Banstead 005A	3	Tattenham Corner & Preston	Reigate & Banstead	Banstead Healthcare	Surrey Downs (SH)
8. Epsom and Ewell 007A	3	Court	Epsom & Ewell	Epsom	Surrey Downs (SH)
9. Spelthorne 002C	3	Ashford North and Stanwell South	Spelthorne	SASSE Network 3	NW Surrey (SH)
10. Woking 005B	3	Goldsworth Park	Woking	WISE 3	NW Surrey (SH)
11. Runnymede 002F	3	Englefield Green West	Runnymede	Windsor	Windsor and Maidenhead (Frimley)
12. Elmbridge 004B	3	Walton South	Elmbridge	Walton	NW Surrey (SH)
13. Reigate and Banstead 018D	3	Horley Central & South	Reigate and Banstead	Care Collaborative	East Surrey (SH)
14. Waverley 002E	3	Farnham Upper Hale	Waverley	Farnham	North East Hampshire and Farnham (Frimley)
- Spelthorne 001C	3	Stanwell North (already included above)	Spelthorne	SASSE Network 3	NW Surrey (SH)
15. Waverley 010A	3	Godalming Central and Ockford	Waverley	East Waverley	Guildford & Waverley (SH)
16. Runnymede 006D	3	Chertsey St. Ann's	Runnymede	COCO	NW Surrey (SH)
17. Reigate and Banstead 010E	3	Redhill West & Wray Common	Reigate and Banstead	Care Collaborative	East Surrey (SH)
18. Guildford 010C	3	Ash Wharf	Guildford	Surrey Heath	Surrey Heath (Frimley)
19. Elmbridge 008A	4*	Walton North	Elmbridge	Walton	NW Surrey (SH)
20. Elmbridge 017D	4**	Cobham and Downside	Elmbridge	Leatherhead	Surrey Downs (SH)

<b>Lower Super Output Area (ranked on IMD score)</b>	<b>IMD Decile (lower is more deprived)</b>	<b>Electoral Ward/Key Neighbourhoods</b>	<b>District / Borough</b>	<b>Primary Care Network</b>	<b>Health Areas Surrey Heartlands/ (SH) Frimley</b>
21. Surrey Heath 004C	4**	Old Dean	Surrey Heath	Surrey Heath	Surrey Heath (Frimley)

\* Overall IMD decile 4 and in decile 1 (highest 10% nationally) for IMD supplementary index on Income Deprivation Affecting Children

\*\* Overall IMD decile 4 and in decile 1 (highest 10% nationally) for IMD domain Education, Skills and Training.

### **Supplementary Information - Frequently Asked Questions**

#### **1. How do I find an NHS Dentist?**

You can search for an NHS Dentist near you on [Find a dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk)

There is not a registration process with a dentist in the same way as with a GP because you are not bound to a catchment area. You find a dental surgery that's convenient for you, whether it's near your home or work, and phone them to see if there are any appointments available.

Dental surgeries will not always have the capacity to take on new NHS patients. You may have to join the practices waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

Once you find a dental surgery, you may have to fill in a registration form at your first visit, which is just to add you to their patient database. However, this does not mean you have guaranteed access to an NHS dental appointment in the future.

#### **2. How do I access dental emergency and out-of-hours care?**

If you have a regular dentist and require an urgent appointment you should contact your usual dentist in the first instance as some surgeries offer emergency dental slots and will provide care if clinically necessary.

If you do not have a regular dentist or your surgery does not offer emergency slots or you are calling out of hours, you can contact NHS 111, who can put you in touch with an urgent dental service.

#### **3. When should you go to A&E?**

Only visit A&E in serious circumstances, such as severe pain, heavy bleeding, injuries to the face, mouth or teeth

If you're not sure whether you should go to A&E, contact NHS 111, who will be able to advise you.

#### **4. Why are there treatment bands and what does each band cover?**

When you attend the practice, the dentist will carry out an examination and assess what treatment is clinically necessary and discuss the options. You can have the treatment needed to keep your mouth, teeth, and gums healthy and free of pain through the NHS.

Treatments that are not clinically necessary or are cosmetic, for example sport guards and teeth whitening must be paid for privately.

When you are undergoing NHS Dental Treatment, you will only pay one charge even if you need to go to the dentist more than once to complete your course of treatment.

### Band 1 course of treatment

The current charge is £23.80 in England

Treatment covers:

- an examination, diagnosis and care to prevent problems
- if necessary, X-rays, scale and polish and planning for more treatment

### Band 2

The current charge is £65.20 in England

Treatment covers:

- all necessary treatment covered by band 1
- treatment such as fillings, root-canal treatments, or removal of teeth/extractions

### Band 3

The current charge is £282.80 in England and £203.00 in Wales.

Treatment covers:

- all necessary treatment covered by band 1 and 2
- more complicated procedures such as crowns, dentures, or bridges

Read more details regarding the bands in the National Health Service (Dental Charges) Regulations 2005 as per the link below:

[The National Health Service \(Dental Charges\) Regulations 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2005/1024/contents/made)

## 5. Will I have to pay again if I am referred to another dentist?

If your treatment needs are complex, your NHS dentist may need to refer you to another dentist or specialist to complete your treatment. The treatment is still under the NHS but might be at another practice or in a hospital setting. You can also ask to be referred to a Private dentist.

Your dentist will explain why you need to be referred and will complete all the other dental treatment you need.

If you pay for your NHS dental treatment the charge you pay depends on where you are referred to:

If you are referred to another dentist to complete your treatment, you will only have to pay once to the original dentist.

If you are referred for treatment under Sedation, you may have to pay an extra charge to the dentist you are referred to.

If you ask to be referred to a private dentist, you must pay for any NHS Treatment plus the private charge for the treatment carried out by the Private dentist.

## **6. Will I have to pay again if I return to my practice within two months of treatment?**

If you have to go back to your dental practice within two calendar months of completing a course of treatment and need further treatment from the same charge band or lower, you do not have to pay.

For example, if you had a filling last month but need an extraction one month later, you do not have to pay again as both treatments are in the same charge band.

If the additional treatment is in a higher charge band (for example a crown), you must pay in full.

If you did not complete your first course of treatment or if it was for emergency treatment, this does not apply

## **7. Who can have NHS dental treatment?**

If you live permanently in the UK, you can access NHS dental treatment.

## **8. NHS orthodontic treatment**

NHS orthodontic treatment is free for people under the age of 18 who meet the eligibility criteria for treatment.

A rating system called Index of Orthodontic Treatment Need (IOTN) is used to assess your eligibility for NHS treatment.

The IOTN is used to assess the need and eligibility of children under 18 years of age for NHS orthodontic treatment on dental health grounds.

NHS orthodontic care is not usually available for adults, but it may be approved on a case-by-case basis if it's needed for health reasons.

## 9. Who's entitled to free dental care?

If one or more of the criteria listed below applies to you when your treatment starts, you'll be entitled to free NHS dental care.

You're entitled if you are:

- aged under 18, or under 19 and in qualifying full-time education
- pregnant or have had a baby in the previous 12 months
- staying in an NHS hospital and your treatment is carried out by the hospital dentist
- an NHS hospital dental service outpatient – but you may have to pay for your dentures or bridges

You're also entitled if you or your partner – including civil partner – receive, or you're under the age of 20 and the dependant of someone receiving:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- [Universal Credit](#) and meet the criteria

If you're entitled to or named on:

- a valid NHS tax credit exemption certificate – if you do not have a certificate, you can show your award notice; you qualify if you get Child Tax Credits, Working Tax Credits with a disability element (or both), and have an income for tax credit purposes of £15,276 or less
- a valid HC2 certificate

People named on an NHS certificate for partial help with health costs (HC3) may also get help.

You will not be exempt from paying because you receive any of the following:

- Incapacity Benefit
- contribution-based Employment and Support Allowance
- contribution-based Jobseeker's Allowance
- Disability Living Allowance

- Council Tax Benefit
- Housing Benefit
- Pension Credit Savings Credit

Medical conditions do not exempt patients from payment for dental treatment. You'll be asked to evidence written that you do not have to pay for all or part of your NHS treatment. You will also be asked to sign a form to confirm that you do not have to pay.

### **10. Is dental treatment free for pregnant women and women that have had a baby in the last 12 months?**

Pregnant women and women who have had a baby in the last 12 months get free NHS dental treatment. You may have to show proof, such as a [maternity exemption certificate \(MatEx\)](#), a maternity certificate (MATB1), or your baby's birth certificate.

If you gave birth more than 12 months ago, you will not be entitled to free NHS dental treatment. The MatEx only gives exemption from [NHS prescriptions](#).

### **11. When do I tell the dentist that I do not have to pay?**

Tell your dental practice you want NHS treatment when you make an appointment. When you arrive for your appointment, you'll be given a form to fill out – if you do not have to pay, put a cross in the appropriate box.

If you have a valid HC2 certificate or tax credit exemption certificate, write in the certificate number.

If you have a valid HC3 certificate, write in the certificate number and the maximum your certificate says you can pay. You'll pay either what appears on the certificate or the actual charge, whichever is the least.

**Dentists are not responsible for advising patients on exemptions, and it's the patient's responsibility to know if they're exempt.**

You'll need to show proof of your entitlement to help with dental costs. If you are not sure whether you're entitled to help, you must pay. You can claim a refund, but make sure you keep all receipts.

### **12. How can I claim a refund?**

You cannot claim a refund for the cost of private dental treatment or sundry items like toothbrushes on the NHS.



If you had a mixture of NHS and private treatment, you can only get a refund for charges that were part of your NHS treatment.

If you're on a low income and find it difficult to pay the charge, you can apply to the [NHS Low Income Scheme](#).

You can submit a claim for a refund at the same time as you apply to the Low Income Scheme.

Refund claims must be submitted within 3 months of the date on which you paid.

The [NHS Low Income Scheme \(LIS\)](#) may provide partial help with the cost of your dental care for those who do not qualify for full help but still have a low income.

Detailed information is also provided on the [NHS Business Services Authority \(BSA\)](#) website.

The BSA has an [online tool that helps you check to see if you are exempt from NHS charges](#).

Each year, the NHS loses significant funds due to people claiming free or reduced cost dental treatment they weren't entitled to. This directly reduces the money available for core patient care.

The NHS Business Services Authority carry out checks on patient claims. If they cannot confirm during their checks that a patient was entitled to claim free NHS dental treatment or help towards the cost of their dental treatment, they will be sent an enquiry letter asking them to confirm their entitlement.

If they do not respond within 28 days, they'll be sent a Penalty Charge Notice.

No data is available to the NHSE SE Regional Team or the ICB regarding the Penalty Charge Notices as the process is managed by the NHS Business Services Authority.

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## Children and Young People's Emotional Wellbeing and Mental Health. **SURREY** COUNTY COUNCIL

1. This report provides an update to Adults Health Select Committee and the Children, Families, Lifelong Learning & Culture Select Committee on Children's emotional wellbeing and mental health (EWMH) and the services provided in Surrey.
2. Section 1 of the report details the implementation journey of 'Mindworks Surrey.' This provider alliance, which began operation in 2021, provides a range of EWMH services for children and young people (CYP) in Surrey under a contractual arrangement for seven years with the prospect of extending the contract for a further three years. The end of the second year of the contract is approaching.
3. Section 2 then focuses on three priority areas of children's EWMH, as well as the all-age suicide prevention agenda:
  - Prevention
  - Early Intervention
  - Transitions, both to adult social care and school transitions from primary to secondary school. This includes wider partnership work being undertaken in Surrey to prevent suicide and how transitions between services operate as children progress to adulthood
4. Section 3 provides information on the current performance of Mindworks Surrey services, the current position of the transformation programme and the focus of the contract for 2023/24.

### **Section 1: Background on Mindworks Surrey**

5. An independent review of the support and intervention for CYP in need of EWMH services in Surrey took place in October 2018. This highlighted that whilst there was a universal commitment to delivering high quality Child and Adolescent Mental Health Services (CAMHS) in Surrey, this vision was not being achieved. A range of challenges were identified in relation to multi-agency relationships; organisations not working together to provide early help to children and young people; the commissioning arrangements resulting in a complicated pattern of services; CYP and their families having to repeat their story multiple times; and crucially, demand

being higher than predicted. Nationally, demand for these services increased by significantly more than expected and Surrey followed a similar pattern of increased demand.

6. A multi-agency strategy has been co-produced following the review and is due to be published in February 2023. It will set out five priorities to improve the system of EWMH support across Surrey:
  - Early intervention and community support.
  - Collaborative working;
  - Creating a navigable system;
  - Communication with children, young people, and parents/carers; and
  - Improving the environmental design of services so they are more accessible and environmentally friendly to all CYP.
7. These priorities have underpinned the procurement of new EWMH services with a new delivery model, jointly commissioned by Surrey County Council (SCC), Surrey Heartlands ICB and Frimley ICB. The annual contract envelope is £24,114,638, although the total spend in the past year is significantly above this amount, with in the region of £13.7m overspend predicted. SCC, via the Integrated Commissioning Director, operates as the Lead Commissioner on behalf of the partners. The model is underpinned by the THRIVE Framework for System Change<sup>1</sup>. Its main emphasis is on giving children and young people a central voice in decisions about their care. It ensures that across agencies there is a commonly used language based on children's needs rather than thresholds and provides clarity on everyone's contribution to EWMH.
8. The contract for delivery was awarded to Surrey and Borders Partnership NHS Foundation Trust (SABP) as the 'Prime Provider' who work with an alliance of partners. The Alliance Partnership was named by CYP and their families in September 2021 as 'Mindworks Surrey'. Mindworks Surrey comprises:
  - SABP as lead provider.
  - Barnardo's, Learning Space and The National Autistic Society (all as separate providers within the Neurodevelopmental pathway and partners within the Surrey Wellbeing Partnership for early help).
  - The Surrey Wellbeing Partnership (SWP) comprising of Barnardo's, The East to West Trust, The Eikon Charity, Emerge, Learning Space, Leatherhead Youth Project, The Matrix Trust, The National Autistic Society,

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<sup>1</sup> You can see an animation about the innovative approach at:  
<https://www.youtube.com/watch?v=ARAAiEoVpjQ&feature=youtu.be>

Peer Productions, Relate West Surrey, Step by Step Partnership Ltd, Surrey Care Trust and YMCA East Surrey.

- The Tavistock and Portman NHS Foundation Trust, supporting and establishing the ethos and approach to the delivery of THRIVE; and
- Three other providers who support delivery. Kooth<sup>2</sup> is an online support and counselling offer, with different tools to help manage emotions and feeling such as discussion boards, goals tracker tools, journals, and examples of people's shared experiences. Psicon and Helios have enabled added capacity to the Neurodevelopmental services to complete ASD and ADHD diagnosis to CYP on the waiting list.

### **How Mindworks partners work together**

9. Mindworks partners work together to advise, help and support CYP and their families to **THRIVE** through the following services:

- **Access and Advice** – advice, signposting to existing support or passing through to specialist or clinical support.
- **School-Based Needs** – a co-produced model of support for schools, working with Mental Health Support Teams in Schools (MHSTs) as they are rolled out in the county.
- **Building Resilience** – Community Wellbeing Practitioners (CWPs) help to access services in the local community, such as counselling, mentoring or a wellbeing project.
- **CYPs Community Teams** – for young people and families who would benefit from extensive or intensive treatment.
- **Crisis Admission Avoidance** – supports children and young people who present with high-risk behaviour and helps avoid Emergency Department (A&E) attendance or acute hospital admission. This includes a 24/7 Crisis line.
- **Reaching Out** – support for the most isolated and vulnerable children and young people through a multi-agency network
- **Neurodevelopmental Services** – a transformed service model which will reach children and young people and their families who need help earlier.

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<sup>2</sup> Kooth.com is an online service for young people aged 10-18 in Surrey that provides free and confidential counselling services via webchat provided by qualified counsellors

Moving away from a diagnostic dependent offer to a needs-based support offer.

10. The new service which is starting to be delivered by alliance partners Learning Space, Barnardo's, and National Autistic Society along with SABP is providing enhanced support for schools, parents, carers and CYP, including:

- Support in developing a shared understanding of needs'
- Advice and consultation to improve behaviour management
- Brief and intensive treatment and support
- Assessment and diagnosis for ASC/ADHD and other related difficulties
- Support to the professional network around risk
- and group sessions and family interventions

11. Among the services on offer are bespoke training for school staff to help them support children living with neurodevelopmental issues. Training provides staff with greater understanding of autism and ADHD, along with tools to help them manage better and increase their self-confidence. Our aim is to enable a greater understanding of strengths, difficulties and behaviours related to neurodevelopmental needs and how they might be better managed.

## **Section 2: Priorities for EWMH services**

### **Rising demand for EWMH services**

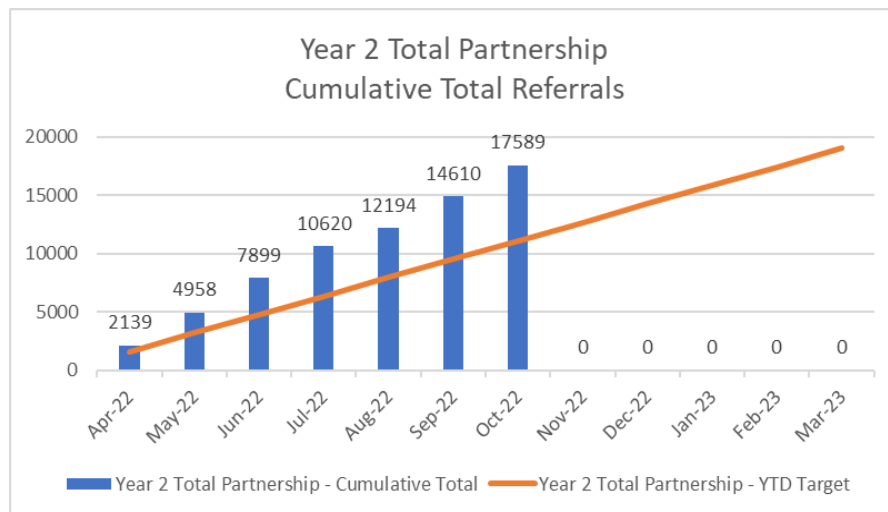
12. Based on the 2021 census, Surrey has a 0 to 24 years population of 349,500 children and young people. New NHS figures have revealed that the number of children referred for NHS mental health treatment nationally rose 39% in a single year, from 839,570 in 2020/21 to 1,169,515 in 2021/22. The data includes children suffering with suicidal ideation, self-harm, depression, or anxiety, and eating disorders, while hospital admissions for eating disorders were up from 4,232 in 2019/20 to 6,079 in 2020/21 and 7,719 in 2021/22. NHS data shows that the Covid-19 pandemic and resulting lockdowns have led to an increase in poor mental health issues for children and young people (CYP). The [Mental Health of Children and Young People in England 2021 \(wave 2\)](#) report by NHS Digital, found that rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%).

13. There has been a continued rise in demand across all services delivered in Surrey and an increase in the level of need of the CYP and families. The total number of referrals into Mindworks from April 2022 to October 2022 is 17,589 referrals. This represents 92% of the full year's contracted referrals (19,074) expected. Across the alliance a variety of intervention packages are provided depending on need

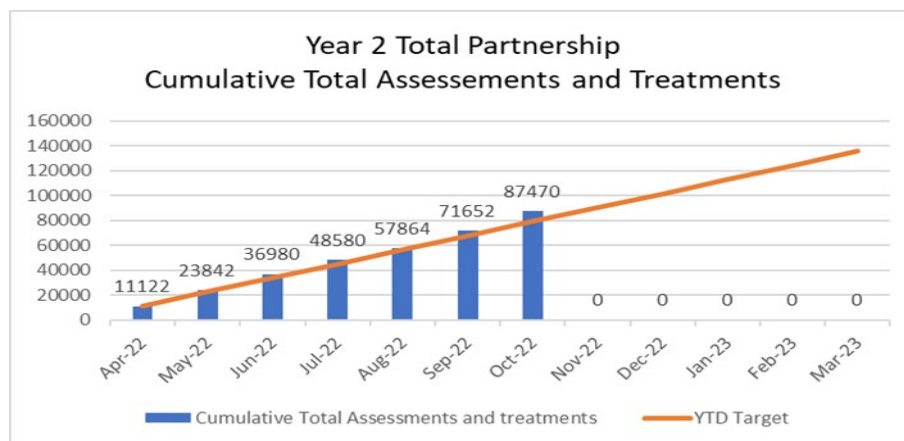
and between April 2022 to October 2022, 87,470 interventions were delivered with an intervention being each time a CYP/ parent/carer was seen in either one to one, groupwork, workshops, and can be online or face to face.

14. This represents 64% of the full year’s contracted activity (135,703) and more in line with contract expectations. Data source: Mindworks Performance Nov 22.

**Figure 1 Year to date 2022/23 Referrals to Mindworks**



**Figure 2 Year to date 2022/23 Activity by Advice & Assessment, Mindworks**



**Prevention**

15. The prevention of poor CYP EWMH is a universal responsibility and a key public health objective in the Surrey Wellbeing Strategy. There is evidence of the effectiveness of universal approaches to improving children and young people’s mental health and wellbeing nationally.

16. Mindworks Surrey contributes to the prevention of poor emotional wellbeing and mental health of children and young people through some of the services delivered. Partners within the SWP such as Eikon, YMCA, Matrix and Peer Productions

deliver school assemblies and use interactive tools like film, surveys and plays to educate CYP on emotional wellbeing and how to self-care and ask for help. In October 2022 Eikon delivered five school assemblies relating to advice and signposting for support for emotional wellbeing and mental health. YMCA's 'Open View' workshops have also delivered thirty-four workshops in ten different schools and youth settings.

17. Peer Productions, a youth-based arts charity in Woking, have been delivering their programme 'Hidden' via the Mindworks offer to CYP in Surrey schools. Hidden is a unique digital Personal Social Health Education (PSHE) and drama resource designed for teachers and students in Years 8 and above. It covers self-worth, self-harm, and mental health. 55% of Children and Young People said the programme made them think about mental health in a different way and 65% felt that they now have greater insight in how to help a friend. 86% of teachers felt the students could relate to the characters.
18. In April 2022, SCC received funding from central government via the Wellbeing for Education Return (WER) programme to provide additional support to state-funded schools and colleges post-Covid. The programme is focussed on helping schools to recognise, understand and respond appropriately to EWMH issues and have the confidence to support their colleagues, children and young people and parents and carers' mental health. This funding enabled eight different training programmes to be made available to all schools and started in May 2022 and will be delivered with a planned evaluation to be completed by March 2023. The training programmes include mental health first aid, suicide prevention, self-harm awareness training, emotion-based school avoidance, extending compassionate schools, bereavement support and whole school approach to building resilience. The partners delivering the training were Mental Health First Aid Foundation Trust, Lucy Rayner Foundation, Papyrus, Jigsaw, Education Psychologists from SCC and Eikon.

### **Surrey Healthy Schools**

19. Surrey Healthy Schools is an entire system, evidence-based approach that provides a universal offer to all educational settings across Surrey and enhanced support for settings that require it. It builds upon strengths to reduce vulnerabilities, applying prevention, intervention, and targeted support to reduce inequalities, promoting positive outcomes for CYP.
20. It is a commitment to promoting personal, social and health development and supports the links between health, behaviour, and achievement. It is not aimed merely at pupils' health or school curriculum development but centres around Surrey's entire system that influences school age children, including school environments and all aspects of school life. Surrey Healthy Schools is based upon effective teaching practice and provides a comprehensive self-evaluation tool for



schools to co-ordinate, develop and improve their provision to support personal development, behaviour, teaching and learning, and leadership and management in line with Ofsted's Inspection Framework, the Surrey 2030 Vision, Health and Wellbeing Strategy and the THRIVE principles which underpin Mindworks Surrey's approach to emotional wellbeing & mental health.

21. In the academic year to date 2022-23, 196 schools engaged with the Surrey Healthy Schools self-evaluation tool and 230 representatives from those schools attended training across these topic areas.
22. A communications and engagement action plan has been developed which details prevention activity and is owned by SCC and SABP communication leads with a link into the Frimley ICS.

### **Early Intervention**

23. CYP and their families consistently fed back through listening events and feedback more was needed to be done to help them earlier, when problems were emerging rather than when they had become entrenched or in crisis. Within Mindworks Surrey services early services are provided and all staff across the Alliance practice early intervention support. The SWP lead the early intervention services in Surrey.
24. SWP employ 22 (not all full time) Community Wellbeing Practitioners (CWPs). They engage and deliver services to CYP and families within local communities. They have a focus on early intervention and supporting CYP as soon as they start to feel they are struggling. Between April 2021 and March 2022, CWP's received 190 external referrals via schools, Access & Advice service, and GP's. Eighty-one percent of these requests were accepted with 153 interventions and 917 scheduled sessions delivered. On average parents & young people wait 6 weeks for assessment and then 2 weeks for sessions to begin. Outcomes of these interventions are measured via a system called goal-based outcomes. 94.5% of CYP achieved positive change across their goal-based outcomes.
25. CWPs are employed by partners within Surrey Wellbeing Partnership that is part of the Mindworks Surrey offer. Early Intervention will support children and young people with emerging and mild to moderate mental health difficulties to improve their emotional wellbeing, resilience, and self-esteem. The focus can be on anxiety, low mood, and behavioural issues such as anger (whatever the cause of these issues including bereavement, divorce, bullying, difficulty coping in school, a neurodevelopmental condition). Support will be via a range of evidence-based interventions including counselling and mentoring and through using strength-based approaches. Sometimes where appropriate this may be signposting to online information or to other sources of help.

26. Figure 3 below illustrates feedback from CYP about the range of support services accessed, and their experience of this offer from the Community Wellbeing Practitioners, in 2022,

**Figure 3 Examples of CWP CYP and families' feedback**



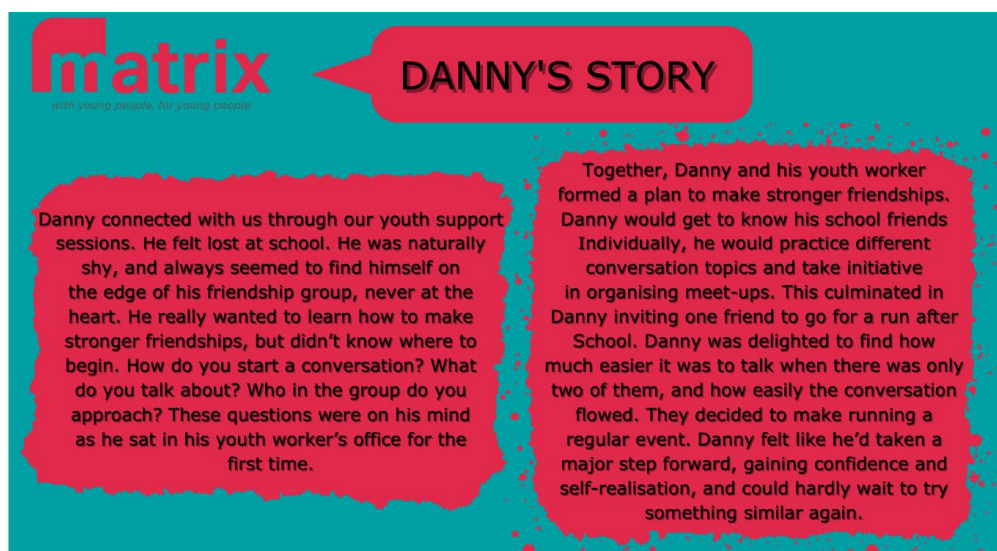
27. Counselling support, both one-to-one and group offers, are delivered by several partners within Mindworks. SABP's Youth Counselling Service offers both face-to-face and virtual counselling to CYP. CYP are offered between 6-12 sessions. Most referrals are via GPs or self-referrals and in the year 2021/22, 1000 referrals were made to the service. Feedback from the evaluation of this service in April 2022 saw 250 CYP respond with over 95% detailing a very good or good experience. However, because of the rising demand for this service the number of sessions offered to CYP is reducing with most offered six sessions. This enables support to be offered to as many CYP as possible.

28. SWP partners also offer counselling support including Step by Step, Relate, YMCA Heads Together, Eikon and Leatherhead Youth Project. This is in the form of one-

to-one and group counselling support. There has been a shift to SWP delivering more groupwork than originally planned as a response to Covid, demand from service users and to provide improved access.

29. The parenting workshops for emotional wellbeing, Autism Spectrum Disorder (ASD), and Attention Deficit Disorder (ADHD), run by National Autistic Society (NAS), Barnardo's and Learning Space, continue to be well attended and have received positive feedback from parents. Year to date have delivered to over 5,000 parents/carers in Surrey within the Neurodevelopmental offer. The waiting lists for some of the ASD and ADHD parenting workshops have increase; this is due to workforce challenges and seasonal variations with some workshops delivered term-time only.
30. As part of the Mindworks offer, SWP deliver mentoring and youth support work to CYP. Mentoring can take place in person or online, at school or in the community. It focuses on identifying and working towards short-term goals, coping strategies and techniques for building self-belief and resilience. This offer is part of the building resilience service. Figure 4 below provides an example of the work delivered by mentoring a CYP named Danny.

**Figure 4 Danny's Story**



31. Separate to the Mindworks contract and important to the delivery of early intervention are:

- CYP Havens: Havens were in place before the current contract was awarded and a refreshed offer went live in 2021. Since then, Havens have shifted their focus from engaging with CYP in crisis, to providing support earlier on, as part of early intervention. However, since re-opening after Covid the numbers of CYP have been lower than expected. There are 2 CYP Havens, Epsom and Guildford, which are open twice a week. Each site has been commissioned to

work with the minimum of 7 CYP per session and by November attendance had reached 40% of the expected levels. Outcomes have been positive with many CYP making improvements against their goals. There is however concern that this offer is not reaching enough CYP or whether this model is meeting the need of CYP. An evaluation has been planned and scheduled for completion by April 2023. A decision will be taken when the evaluation has been completed about the design of this service to ensure it reaches as many children and young people as possible.

- To improve early engagement with CYP and families identified through primary care with an EWMH need, a social prescribing project pilot has been developed and funded in East Surrey. Recruitment has now started for a CYP social prescribing lead and Family Health Coach with the expected start of delivery in Q1 23/24. This will mean that CYP and their families who are identified by primary care to have low mood, low anxiety, social isolation, bereavement issues, and in need of support, will be passed to the CYP Social Prescriber or Family Health Coach. Direct support will then be provided, or a referral made to other local community support that will improve their emotional health and wellbeing.
- Each practitioner is expected to support 15/20 CYP/Families on a full case load at one time and will not only refer / link but support active engagement. This relates to the social prescribing and family health coach role in East Surrey. These are new posts and is the capacity you would anticipate in these roles, the assurance and evaluation process going forward will identify if this is meeting need or if there are capacity issues and will start at the end of the Q1 23/24.

### **More support built around schools**

32. As soon as the contract went live, co-producing a new model of early support with local schools began. The model builds on pilot schemes or newly launched offers trialled in 2019/2020, including the development of Primary Mental Health Workers within the School Based Needs offer and MHST in Surrey Schools (see Appendix 3).
33. The schools-based needs offer is delivered through eleven clusters at district and borough level bringing services for schools together. Each cluster has a team of staff from Mindworks, including a named practitioner as a point of contact who will offer consultation, support, and advice. There are between 27 and 46 schools per cluster. The teams consist of: Primary Mental Health workers, Early Intervention Co-ordinators, Mental Health Support workers, and CWP's. They support children and young people when they begin to feel emotionally or mentally unwell by helping them to build resilience and work with individuals to improve their wellbeing and reduce the chances of problems becoming more serious. Each cluster works

closely with: The 'Reaching Out' Service, emotional wellbeing school nurses, NHS Child and Family Health Surrey, educational psychologists, speech and language Therapists, occupational therapists, and social care.

34. The School Based Needs Team collaborates closely with the Community Learning Disability Service to undertake assessments and consultations and to provide short, focused treatments and support for CYP up to the age of eighteen who have a learning disability. This team has a Primary Mental Health worker who is connected into special schools and alongside the School Based Needs Team. This complements the THRIVE approach – practitioners can access experts or risk management support from specialist teams, whilst working with children and young people directly. This area of operations is being explored for any improvements alongside examining opportunities for the School Based Needs Team to work with children and young people who have neurodiversity and EWMH issues or worries.
35. The School Based Needs and school cluster model within Mindworks has been co-produced and engagement with schools. The team work closely with SCC Education and Lifelong Learning colleagues to synchronise support for schools. There are four reference groups for schools; Primary, Secondary, Specialist and Independent that meet on a quarterly basis to discuss the emotional wellbeing and mental health needs for their child population and school. This is a jointly led meeting between Mindworks, commissioners and schools. You can read more on this in Appendix 3.
36. In Surrey there are currently 9 MHSTs in various stages of implementation. Funding has been secured for an additional 4 MHSTs. The final four teams are due to start their training in September 2023. Once fully trained and staffed the thirteen teams will cover 45% of pupils in Surrey. The source of funding for this is NHSE and Department for Education. The funding does not stretch to cover all areas of Surrey. Those areas with the highest levels of deprivation have been prioritised nationally for the programme.
37. The scheme means that a trained Mental Health Worker will support clusters of schools with a range of offers including guided self-help, Cognitive Behavioural Therapy and building on the Council's 'Healthy Schools Initiative,' supporting schools to develop a whole school approach to EWMH.
38. Between April 2021 to April 2022 Surrey's MHSTs received 221 requests for support. The CYP whose routine outcomes were measured showed 100% of those CYP made progress towards their goals. Headlines from a survey completed nationally from all schools who receive MHST Support (July 2022) showed Surrey performed above regional and national teams on nine out of ten of the themes. You can read more on this in Appendix 3. Feedback from Head Teachers indicate that schools fully engaged with MHST are making fewer referrals to Mindworks than before MHST were operating. There is concern that the current MHST model is not

reaching its ambition of delivering five hundred direct interventions by each MHST and whole school approach support to 7500 CYP within 15 / 20 schools. A Deep Dive has therefore been planned for February 2023 to understand if this is the case and where evidence of impact will be quantified.

39. Funding from NHSE is due to end for the MHST in April 2024. A full schools offer evaluation has been planned to inform the business planning process that will need to be completed to secure ongoing funding. This will be considered at the ICB.

### **Transitions from Primary to Secondary School and into Adulthood**

40. Improving transitions for CYP as they move from primary to secondary school and reach adulthood is a priority for the Surrey children's system. Within the Mindworks offer, support to the primary to secondary transition is via the Community Wellbeing Teams, School-based Needs Teams, and the Mental Health Support Teams.
41. The average age of referral into the MHSTs is 12 years and through a digital support offer 'Kooth,' they can quantify and illustrate that children who are or have transitioned from primary to secondary school tend to use this online service more. Mindworks teams are collectively working together to see how to build more support to respond to this including building family resilience, offering more intervention packages for under tens / primary school and CYP in transition.
42. Our Kooth counselling service offer is an anonymous service for CYP in Surrey. CYP choose what information they provide. We receive quarterly reports on protected characteristics, age, and support needs of the CYP that choose to share this information. We are also able to see their goal-based outcomes and experiences. Appendix – Attached and case study.
43. The Reaching out service works with 16–25-year-olds who are hard to reach or difficult to engage. This has been piloted support for Young People (YP) at 17  $\frac{3}{4}$  to 18  $\frac{1}{4}$  as they transition out of YP Services into Adult Services. A transition checklist has been co-produced with YP and is being piloted which acts as a guide and prompt to areas YP may require support with their transition, which then forms a care plan. YP transitioning to adult services are supported to manage expectations and anxieties about their transition and supported to engage with the new team and coordinator. YP who are transitioning out of services are encouraged to identify goals to help them move forward and link with appropriate services or community activities. They offer individual low intensity Cognitive Behavioural Therapy (CBT) with a senior wellbeing practitioner and a virtual

'Improving Wellbeing' CBT course. They have also worked with recovery colleges<sup>3</sup> and piloted a "virtual transition, online" module.

44. To support the young person to transition to Adult Services, Community Mental Health Recovery Service (CMHRS) allocate a Lead Professional to jointly work with Mindworks to help all involved to understand the young adult's care and support needs. CMHRS Teams have weekly CMHRS Multidisciplinary Team (MDT) meetings and have three standing agenda slots to discuss: Complexity and Risky behaviours, Disengaging clients, and clients for discharge. This ensures strong MDT oversight is exercised and ensures all reasonable steps are taken to engage the person and family before discharge. The allocated Lead Professional is required to inform the person using the services, their GP and when appropriate carer/parent or legal guardian, of this decision in writing with clear guidance on how they may access services in the future should they wish to do so. There is a plan to evaluate the effectiveness of this approach in Q2 2023/24.
45. The National Autistic society (NAS) offer one to one support for autistic CYP aged 16-18 years through school transitions, to identify post sixteen opportunities as well as support them to access these and bridge the existing gap between CYP and adult services. The NAS Coordinator works in partnership with schools, post sixteen settings and post 18 teams to smooth the transition for CYP, as well as addressing specific issues experienced by this cohort (puberty, sex and relationships, gender identity, social acceptance, moving towards independence.) The NAS can signpost 18+ years to young adult social groups (18-25 years) which are based in Guildford and Redhill. These young adult groups meet twice a month and are facilitated by NAS staff. Currently the groups meet once a month on a virtual platform, the individuals can 'check in' with NAS staff and discuss any issues or concerns they may have. The virtual session is structured to provide time to talk and then a group social game or topic of discussion. The second session of the month is face to face, the group will meet in the local community and may access social activities with the support of NAS staff. These activities may include going for a drink, meal, cinema, bowling, snooker hall as well as a structured topic-based sessions, which are chosen by the group attendees. NAS is also able to provide further signposting to their 18+ ASSIST service where individuals can access further one to one support if required and other social activities. In addition, NAS have a further two adult social groups which are based in Guildford and Aldershot that meet once a month and these are aimed at people aged or 25+ years.
46. Surrey's Additional Needs and Inclusion Strategy 2023-2026 includes the Preparing for Adulthood Transformation Programme across the Care, Health and Education system in Surrey. There has been significant system engagement to

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<sup>3</sup> Recovery Colleges in Surrey are designed to support people in their recovery. They help people improve their health and wellbeing through courses on a range of mental and physical health conditions

plan a consistent and clear mental health pathway into adulthood for young people aged 16-25 ensuring a smooth transition process and improved support planning for young people with mental health needs. Twenty case reviews have been completed to understand the journeys and processes that young people experience when accessing MH services. A key deliverable for 23/24 is to develop a new pathway which will include more earlier planning and referrals and a robust training plan to equip all teams in the transition pathway to be able to identify and respond to the EWMH needs of young adults.

### **All-Age Suicide Prevention**

47. Work on the all-age suicide prevention strategy is underway, bringing together a range of work already being undertaken by partners in response to the prevention of suicide. There were fewer deaths by suicide in 2022 than in 2021, but of course even one death by suicide is too many. Theme four of this strategy is dedicated to Children and Young People. An action plan is being developed to guide the next steps for all age Suicide Prevention and will sit alongside Surrey's Children and Young People's Emotional Wellbeing and Mental Health strategy. A Public Health Lead for Children and Young People suicide prevention started in December 2022. This post provides a central focus for the activity and acts as a conduit for Children and Young People suicide prevention across the Surrey system and has started to work closely with leads in emotional wellbeing and mental health and within the all-age suicide prevention work. The Children and Young People's Emotional Wellbeing and Mental Health and Suicide Prevention Partnership will deliver the Children and Young People's Emotional Wellbeing and Mental Health and Suicide Prevention Action Plan. This partnership action plan is overseen by the Children and Young People's Suicide Prevention Oversight Group chaired by the Director of Integrated Commissioning for Children and Director for Safeguarding and Family Resilience.

## **Section 3: Performance of Mindworks Surrey and transformation progress**

### **Governance and performance management of CYP EWMH services**

48. There is a governance structure in place for assurance across performance, quality, and finances of Mindworks contract: illustrated in appendix 4.

49. The first lens of measuring performance and assurance is held with each partner (SABP, SWP, NAS, Learning Space and Barnardo's) by the Performance Lead in SABP (lead partner) who then collates a performance report for the Performance subgroup. The Performance subgroup is chaired by SABP performance lead who facilitates a partnership performance and improvement process looking at individual partners as well as Mindworks as a whole, identifying key actions / risks and mitigations. All partners and commissioners attend



50. A performance report and narrative are presented to the Executive Finance, Contracts, Quality & Performance Committee (EFCQP), summarising key actions and risks / mitigation with identification of any escalations required. Chairing arrangements have been strengthened recently, now co-chaired by the Director for Integrated Children's Commissioning and the CEO of Surrey Wellbeing Partners with contract leads from Commissioning, SCC and Mindworks partners.
51. The Mindworks Alliance regularly reviews the interplay between financial expenditure, demand, and activity. Analysis suggests that the principal driver of higher than planned expenditure is due to increased activity. Where capacity has been increased to respond to higher than planned demand there has also been a price premium. Because agency staff have been employed which costs more than directly employed staff.
52. At the Mindworks Alliance Board the chairs of EFCQP present a summary and raise any key risks for escalation issues to strategic leaders across Mindworks, Surrey ICB, SCC and CYP Voice Experience team – Amplify.
53. Monthly Mindworks performance reports are then produced and presented to wider strategic systems such as the CFLL leadership team (every other month), SCC corporate performance reporting (monthly), Safeguarding Board (once per year), Corporate Parenting Board (twice per year). Risks are escalated monthly to the ICB.
54. We have a view of early intervention activity from the Surrey Wellbeing Partnership that represents ~70% of their activity. We have manually collated data from our Mental Health Support Teams to show access and outcomes. This does not currently include timeliness, which is on the DQIP schedule for improvement.
55. There is a series of reference groups focussing on specific aspects of the services that inform delivery, with school leaders and a multi-disciplinary Safeguarding children's reference group. The Mindworks Alliance Board governance aligns to the Mental Health Improvement Board, the review of mental health services in Surrey and the emergent improvement plan. An Enhanced Improvement, Quality and Performance Group (All Age) has also been set up under the NHS Quality Assurance Framework. The meeting is jointly chaired by the Executive Director for ICB Quality and Multi Professional Leadership and the Executive Joint Director for Adult Social Care & Integrated Commissioning. Governance arrangements have been aligned to ensure activity is synchronised effectively, to promote a 'think family' approach within adult services, to contribute to transitions work and to support the critical role of parents/carers.

## **Current Mindworks Performance**

56. A refreshed approach to managing performance collaboratively across Mindworks Alliance Partnership has been developed since the contract has gone live. Within the contract documentation there are clear expectations about the service standards required. Creating the digital systems and processes required to both collect data, manage performance and translating this into what this means for children and young people has taken a considerable amount of work. There is still further action required to ensure that the data collected by the service deliverers is clear and transparent. This is a priority for commissioners.
57. The governance arrangements are described in point twelve and set out in the appendices. The governance arrangements include commissioners, providers, and service user representation.
58. The Data and Information required to effectively monitor the services has taken time to develop into a sophisticated performance management data set. A risk has been identified and mitigation is in place to support the visibility of the data so that one can see the child's journey through services and impact of service delivery, as well as being able to visualise the data into a report which at present is formulated manually. A data sharing workshop is planned for February 2023, and it is anticipated that final agreements will in place by the end February, leading to Data Quality Improvement Planning into 23/24 to develop the whole view.
59. It is recognised that reporting outcomes and experiences to demonstrate impact is a priority and a new system of collecting outcome data called Goal Based Outcomes has been agreed across the Alliance and will begin to be highlighted collectively as part of the reporting from April 2023.
60. At present, there is a risk relating to data sharing that requires careful consideration and the Alliance Partners are working together to resolve this and on a digital solution to further improve the collection and reporting from April 2023.
61. The improvement of Emotional Wellbeing and Mental Health services is a collaborative effort and as such focusses on a wide range of data that informs on the level of demand for services, how quickly CYP are connecting with help, the capacity of services to meet these needs and what the outcomes for CYP are.
62. The increase in referrals and the complexity of CYP needs has been one reason there are longer waits in all parts of the service than would be desirable or acceptable. NHS standards state that 'Patients have a right to start consultant-led treatment within 18 weeks of referral or request an offer of alternative providers that can start their treatment sooner' (NHS update guidance October 2022). In Surrey, the way in which information is collected means that waiting times are attached to referral and then a waiting time is attached to treatment/ intervention –

taken together they should be no more than 18 weeks for those services that are 'consultant led'. The current data collection system does not enable a systematically produced report on this target and work is underway to enable this to be available by March 2023.

63. November 2022 4,365 CYP are currently waiting for an assessment having been referred to the AAT which operates as the 'front door' for Mindworks Alliance. This is an increase from the year before when there were 1,229 CYP waiting in Oct 2021 and 2,158\* in Mar 2022). However, one reason for this relates to a change in process which means CYP who had previously been discharged while school paperwork was being completed are now included in overall waits. This change to process means that there is a more accurate picture of the number of children waiting.
64. Of the 4,365 CYP currently waiting, more than four out of five are waiting in Access and Advice Teams (AAT) (3,840\*). Of those waiting in AAT, 66% are in the screening stage to begin their Neurodevelopmental (ND) diagnostic journey.
65. **Average waiting time to assessment within SABP Mindworks:** Average waiting time to assessment for those still waiting for their first assessment has increased from 9 weeks (44 working days) in May 2022 to 15 weeks (76 working days) in Oct 2022. The longest waiting times are currently observed in Access & Advice and CYPS Community Teams. CYPS Community Teams has a 40 working day target: whereas currently children are waiting on average for 62 working days.
66. **CYP waiting times to EWMH treatment:** There are currently 441\* CYP waiting for treatment within SABP Mindworks. Numbers steadily hovering between 510\* and 560\* from Dec 2021 (508) to Jun 2022 (564\*), which then followed a gradual decrease until Oct 2022 (450\*). Since the end of the first year, three in five CYP are waiting in CYPS Community Teams (269 CYP). Of the 441\* CYP currently waiting for treatment, three in five CYP (273\*) are waiting less than 30 days. Meanwhile, 17% (74\*) are waiting between 3-6 months, 12% (54\*) are waiting between 6-12 months and 9% (40\*) are waiting over a year.
67. **CYP waiting times to EWMH intervention within SWP:** In October 2022 4,259 CYP had been referred to SWP which is less than had been expected at this point in the year (5415). The interventions provided by SWP are also lower than planned at 35,607 rather than 36,293 by this stage). Average waiting time is 80 days and there are there are 664 CYP waiting for services now. This change in activity reflects challenges with staffing recruitment and backlogs in referral processes. More group work is being conducted in response to this need. SWP staff are also being recruited into the AAT. It is anticipated that this will improve triaging and more appropriate referrals being identified and transferred to SWP by January 23.

68. **For CYP on the ND pathway<sup>4</sup>:** There are 2,572 CYP awaiting ND screening included within AAT data set out above.

- There are currently 1,879\* CYP waiting for an assessment since being referred, which is like the same period in the previous year, (1,821\* in Oct 21) but an improvement from March 22 when there were 2,532\*). (\*SABP data only). The percentage of waiting times for CYP currently waiting in the ND pathway are as follows: 14% under 6 months, 40% between 6 – 12 months and 46% over 12 months.
- Average waiting time for CYP still waiting for their first appointment has gradually increased since Jan 22 (164 working days, i.e., almost 8 months) to 263 working days (i.e., one year) in Oct 22.
- There are currently 629 CYP waiting for diagnosis after assessment. The number of CYP in the waiting lists for diagnosis has been hovering between 600 to 670 in the last year. To date, the breakdown of the CYP waiting in the ND diagnostic pathway is as follows: 41% are waiting over 18 months, 11% are waiting between 12-18 month, 11% are waiting between 6-12 months, 10% are waiting between 3-6 months and 27% are waiting under 3 months.
- Extra capacity has been funded to assess 1400 CYP through Helios and Psicon by March 2023, due to recruitment delays this is now anticipated to be June 2023.

69. The contract expectation is that 100% of CYP complete their diagnostic assessment within 1 year of entering AAT.

### **Neurodivergent (ND) diagnostic pathway**

70. The contract expectation is that 100% of CYP complete their diagnostic assessment within 1 year of entering the Access and Advice Team (AAT).

71. 'Waiting time' for a child waiting for an ND diagnosis is influenced by the overall presenting needs of a child and a clinical decision by SABP on the best approach to engaging with these needs based on best practice evidence. Often children and young people have more complex and co morbid needs and it is important that the assessment process takes full account of the impact of these additional needs. Our clinicians take the necessary time to gain a real and comprehensive insight into the challenges facing the young person and their family and the family and young person benefit from the therapeutic nature of the diagnostic process.

72. The opportunity to transform the ND diagnostic pathway was a key element in the recommissioning in 2020. However, Covid-19 significantly impacted mobilisation

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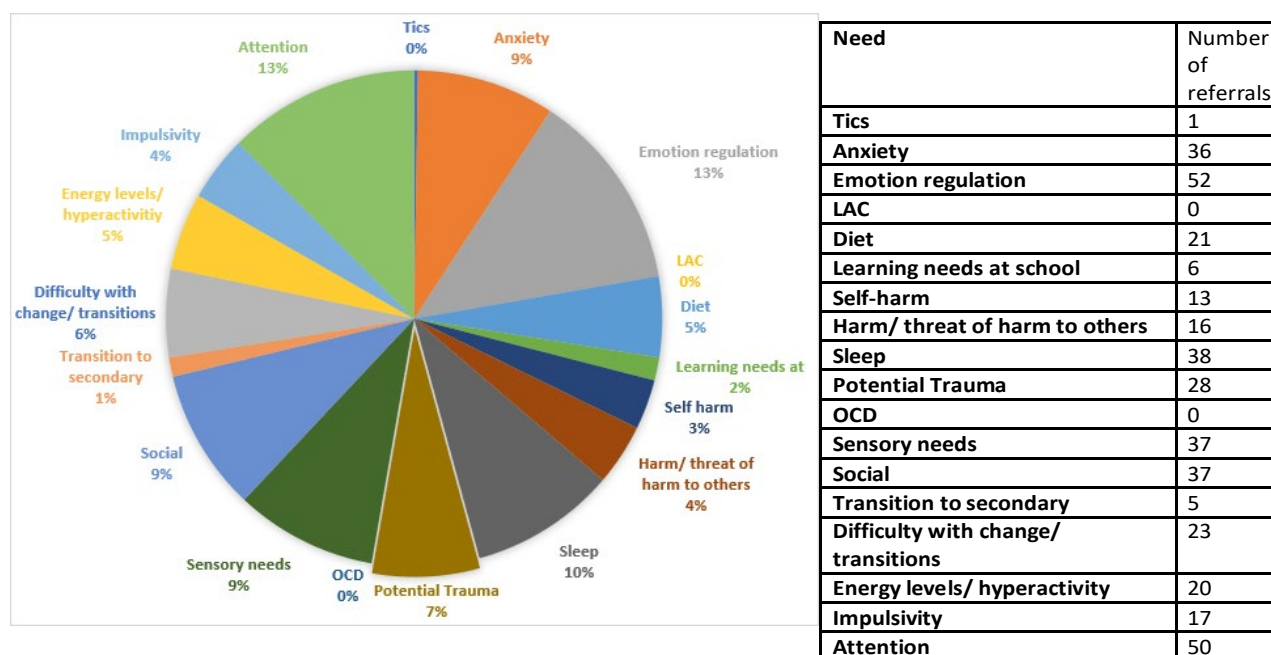
<sup>4</sup> Data from EWMH Monthly Performance Summary Nov 22

of the new pathway together with higher demand than predicted. Post-Covid, a recovery plan that involves collaboration with Additional Needs and Disabilities Transformation Board partners has delivered progress and renewed emphasis on early identification and intensive support for CYP with neuro-developmental needs. The transformation of this pathway requires Surrey All Age Autism Partnership Board strategy partners, schools, and families to work together to support neurodivergent community / school settings, where access to support at the time of need to families / CYP and schools is enabled. The diagnostic pathway will then operate in parallel and not as an ‘enabler’ to timely access to support

73. Figure 1 below presents some of the early evaluation data from the pilot of the new pilot model of care, “Spoke-Assessment of Need” which launched on 31<sup>st</sup> October 2022. The purpose of the pilot was to better understand how CYP needs can be supported earlier to reduce the number of ND referrals received. Teachers and parents collaboratively completed an Assessment of Need form to describe the unmet needs of 115 young people. The form was then submitted to the assessment and triage team, who collaborate with partners to either signpost or support with an intervention to meet this need.

**Figure 1: Summary of Needs present in referrals into ND Spoke**

*Note: This data has been obtained from a sample of 115 Assessment of Need forms between 31/10/2022 and 8/12/2022*



74. Governance arrangements are in place to oversee delivery with regular reporting processes in place to various Boards. (See appendix 1). The Mindworks Alliance Board reports up to the ICB/ various senior boards and is facilitated by:

- Mindworks Operational Group which receives reports from a series of workstream groups, professional advisory group, service user group and User Voice Group (Amplify). The primary focus is on operational delivery.
- Executive Board for Performance, Quality, Data and Finance that is fed by subgroups for performance, Data Quality Improvement Plan (DQIP) and Quality and Finance reports. This group has recently changed arrangements for chairing. It is now co-chaired by the Director for Integrated commissioning (Childrens and All Age Learning Disability and Autism) and the Independent Chair of the Surrey Well-being Partnership.
- The final stages of agreeing the governance relationship for the Neurodiversity Pathway to the Transformation and Additional Needs Board, and All Age Autism Strategy in recognition of this joint priority is in progress. These boards led by Surrey County Council should enhance the Commissioning oversight of these important programmes. This will be in place by Q4 2022/23.

75. There is a series of reference groups focussing on specific aspects of the services that inform delivery, with school leaders and a multi-disciplinary Safeguarding children's reference group. The Mindworks Alliance Board governance aligns to the Mental Health Improvement Board, the review of mental health services in Surrey and the emergent improvement plan.

76. . An Enhanced Improvement, Quality and Performance Group (All Age) has also been set up under the NHS Quality Assurance Framework. The meeting is jointly chaired by the Executive Director for ICB Quality and Multi Professional Leadership and the Executive Joint Director for Adult Social Care & Integrated Commissioning. Governance arrangements have been aligned to ensure activity is synchronised effectively, to promote a 'think family' approach within adult services, to contribute to transitions work and to support the critical role of parents/carers.

77. The need to transform the ND diagnostic pathway was a key element in the recommissioning in 2020. However, this work has not progressed at the pace envisaged for a number of reasons including covid and the significant higher demand than predicted. A recovery plan is in place that is starting to work alongside Children with Additional Needs and Disabilities Transformation Board partners, The transformation of this pathway will require All Age Autism's Strategy partners, schools and families to work together to support neurodivergent community / school settings, to provide direct support at the time of need to families / CYP and schools, to ensure timely access for diagnosis for those in need.

78. Third Sector partners provide support to families who have a CYP awaiting an ASD diagnosis. As of October 2022. Learning Space had 238 CYP waiting for intervention with an average wait of 150 days. Barnardo's had a total of 159 waiting for support and intervention with waits up to and over 60 days. NAS had a total of 165 families waiting for intervention with waits up to and over 60 days. These interventions of course do not remove children from the diagnostic pathway.

79. A dedicated CYP EWMH crisis line was introduced in April 2022. The usage of this has been growing from 134 in April 2022 to 350 calls per month at end of October 2022. This compliments the dedicated Crisis Team who work in partnership with and within Surrey's hospitals and social care when children are experiencing severe mental ill-health.

### **Challenges ahead**

80. The challenges being experienced by Mindworks Surrey services linked in the most part to the level of demand and acuity of CYP and families which is putting a substantial pressure on the specialist and intensive intervention services and all partners. Further work to enhance early intervention and to support CYP in the community to avoid specialist medical services will be a key priority.

81. We are continuing to work on the data we are collating across partners and how we can measure the impact of CYP waiting and the outcomes for those that have accessed support while waiting. It is the case that the link between the increase in waiting times is a function of demand exceeding capacity.

82. CYP waiting to be seen will receive an acknowledgment letter with key contacts and a helpful information leaflet that offers a range of telephone and online services they can access while waiting for treatment.<sup>5</sup>

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<sup>5</sup> This information includes:

- Free mental health crisis support, open 24 hours per day: 0800 915 4644. A professional can provide advice, support, and signposting to a range of community services. The crisis line can be used by those who are already receiving mental health services, and by those who are not.
- Parents and carers struggling with behaviours or difficulties which could be related to a neurodevelopmental need such as Autism or ADHD can use an "Out of Hours Advice line," open from 5pm to 11pm, seven days a week: 0300 222 5755.
- CYP Havens are safe spaces where young people aged 10–18 can talk about worries and mental health in a confidential, friendly, and supportive environment.
- Early Help Hub aims to providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
- Kooth.com is an online service for young people aged 10-18 in Surrey that provides free and confidential counselling services via webchat provided by qualified counsellors.
- There is also a Harm review process for CYP waiting to access services that is RAG rated to support a care plan and manage the level of risk. The below is an example of the harm review process within the Mindworks ND pathway.
- Triaging harm review process for the ND pathway:
- AAT screen all referrals via their service whilst "Spoke" screen risk from the Assessment of Need Form

83. Recruitment and retention of some roles/professions continues to be a challenge difficulty in Surrey. Currently there are a higher number of agency staff within some SABP services and Eikon and Barnardo's have experienced recruitment issues during 2022, although, the position is now improving. Workforce will continue to be a difficulty and a workforce working group for Mindworks has been set up and invited Health Education England to support the development of a joint strategy for workforce.
84. In response to increasing number of referrals and activity, Intensive Support Services increased the workforce numbers to help meet the demand and needs of children and young people. The impact has left SABP in a deficit position making it unsustainable to continue running the Intensive Support service at the current cost. We are working with the Surrey Heartlands ICB, and plans are in place to address the cost pressures and look at how Mindworks may be able to meet the needs of children and young people in other ways through early intervention and support.
85. SABP are working through this challenge as an Alliance and a children's system and remain committed to delivering the Mindworks vision and objectives. However, the impact of the plan is likely to result in the agency workforce in SABP decreasing and children needing clinical intervention may well have to wait longer before an assessment or treatment.
86. To manage this situation further, transformation in the current offer is required. Mindworks partners are collaboratively working together with schools and families to see how a more robust and comprehensive family resilience offer can be developed, offer more intervention packages for under 10's / primary school /CYP in transition, expand the use of groupwork as well as strengthening work collectively with wider partners to have a Surrey wide early intervention support approach and embed THRIVE more firmly so that risk support is available from Mindworks to teams within schools and wider Children's services so they can be confident in their response to risk. How these ideas will be funded has not yet been agreed but one of the avenues to be explored is the new Mental Health Improvement Fund launched this year and funded by Surrey County Council and the Health System.
87. The ND pathway requires radical transformation and change. There has been a pilot delivered in Surrey to explore the impact of responding earlier to neurodiversity by with equipping families and schools with information, skills, and

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- AAT link the Young Person in with CT or Crisis teams, Spoke complete a Riviam form if other needs are identified where risk is high
  - If ND hub and risk are seeing Young Person is rated high, clinician refers to crisis service/ completes a reallocation form for CT. They also present the case in a weekly MDT. As caseloads are over 300 the ND team cannot care coordinate to manage the risk so the priority it to transfer to service that can support.



direct support to meet needs. This pilot took place ( See Point 74 Figure 1) in eight schools alongside the introduction of ND friendly schools – both have delivered benefits. The task of scaling these pilots up and the momentum required to replicate the model across all schools and settings requires close attention and planning.

### **The Digital plan for EWMH services**

88. The digital programme is designed to enable a strategic approach to be taken to support the delivery of the Surrey Children’s Emotional Wellbeing and Mental Health Service contract. A Digital Transformation Oversight Group determine the strategic direction of the digital programme, map priorities, accelerate or pause work where necessary to ensure the programme delivers anticipated benefits and remains within budget The overarching aim of the programme is to support digitally enabled care pathways across the EWMH Alliance. Appendix 8
89. A current priority for the programme is the development of a digital solution to sharing data and information across the Alliance. This will support the Alliance in the provision of needs-based care within a Thrive framework and effective risk management and safeguarding of children and young people. The digital solution being proposed will support the sharing of information beyond the Alliance for the benefit of CYP, carers and the wider health and care system. At the right time this will reduce duplication and support the provision of digital insights to provide performance data and strategically develop and shape services to need.

### **Children, young people, and parents’ continuous participation in the Mindworks Surrey Journey**

90. Mindworks partners remain committed to ensuring that CYP and their families continue to collaborate with them and co-produce the services offer through Mindworks and the transformation journey. Since Mindworks Surrey commenced in April 2021, SABP recruited a young person as an expert by experience who is a paid employee via SABP and sits with the Mindworks Programme Director. The work of Mindworks ‘expert by experience’ has been led by them to form a dedicated CYP shadow Mindworks alliance board named Amplify.
91. Since Amplify launched in October 2021 they have designed, coordinated, and led the one year of Mindworks Surrey event in May 2022 that saw a family wellbeing festival and young people big voices event day with over 250 CYP and families across Surrey attend. Amplify work continues with taking the feedback from the

event and CYP survey to focus on; future events, recruiting more CYP to Amplify with further diversity within the group, transitions into adulthood and supporting schools in continuing to be an emotionally healthy space. A young person as an 'expert by experience' is part of the team as an interim measure whilst permanent recruitment is going ahead.

92. SWP have successfully recruited to a User Voice Practitioner Lead for Mindworks. This postholder will work across all Mindworks partners' user voice groups and Amplify to ensure they are engaging and capturing the views of CYP. They will also lead on drafting an engagement strategy for Mindworks Surrey. Mindworks continue to work closely with Family Voice Surrey to ensure their views and experiences of parents are heard and acted upon in the workstreams
93. The Children and Young Peoples' Emotional Wellbeing and Mental Health (EWMH) Communications Partnership Group is a sub-group of the wider Children and Young Peoples' Emotional Wellbeing & Mental Health, and Suicide Prevention Partnership. The group works in collaboration to deliver strategic communications on EWMH for CYP in Surrey. Appendix 5
94. The purpose of this plan is for all partners to agree objectives, key messages, target audiences, activity, and timings. To then use partner owned channels to help maximise reach and frequency of message. This is not to replace any paid for campaigns that partner agencies have planned but instead to co-ordinate effort.
95. This collaborative effort aides individual partner agencies to develop a co-ordinated approach, amplify their communication campaigns, reduce duplication, and provide clear signposting for CYP and where appropriate, to agree who is the lead partner.
96. The User Voice Participation Team have continued to work with CYP and provide challenge to Mindworks via the action cards. It has recently been agreed that 2 x members of the UVP team will join the MHST to broaden the reach of engagement with CYP from all their schools and form part of the early intervention workstream group to ensure CYP are central to decision making. The UVP workers will ensure there is a focus on the voice of protected groups.
97. Appendix 4 provides examples of direct feedback from children and young people and the response. The UVP Action Cards are a critical mechanism for Mindworks to understand the experience of the services it delivers and to change and enhance these services in response to feedback.

## **Conclusions**

98. Despite the pandemic, there has been considerable progress in mobilising and embedding Mindworks Surrey services. The staff across the Alliance have worked

tirelessly to continue to deliver and transform services. This remains a reflection of the dedication and commitment of the staff working in Mindworks Surrey.

99. There is a national increase in demand and pressure in services with increasing waiting times and staffing recruitment issues. This is evident within Surrey there are more children and young people coming to MindWorks services with higher levels of need and waiting too long. Whilst this report rightly highlights the interventions and work being delivered to address this, the reality is that too many children and young people are not getting the help and support they need in a timely way. This is having a significant impact on their lives and future aspirations. In addition, it is putting strain on partner organisations who are in effect 'doing their best' albeit with training and support, whilst children and young people are waiting for treatment.

100. Acknowledging this current context along with the financial deficit position described earlier requires significant transformation, to bring the contract costs back into balance otherwise managing down the spend will simply result in costs and care being shunted to other organisations in Surrey and worse outcomes for children and young people. Further thought regarding investment to these services and what radical transformation, such as how all schools could receive an offer like MHST that wraps around them and their children, could have influence on the lives of CYP, families and partner organisations. These matters are being explored through the Financial Recovery process overseen by the Surrey ICB.

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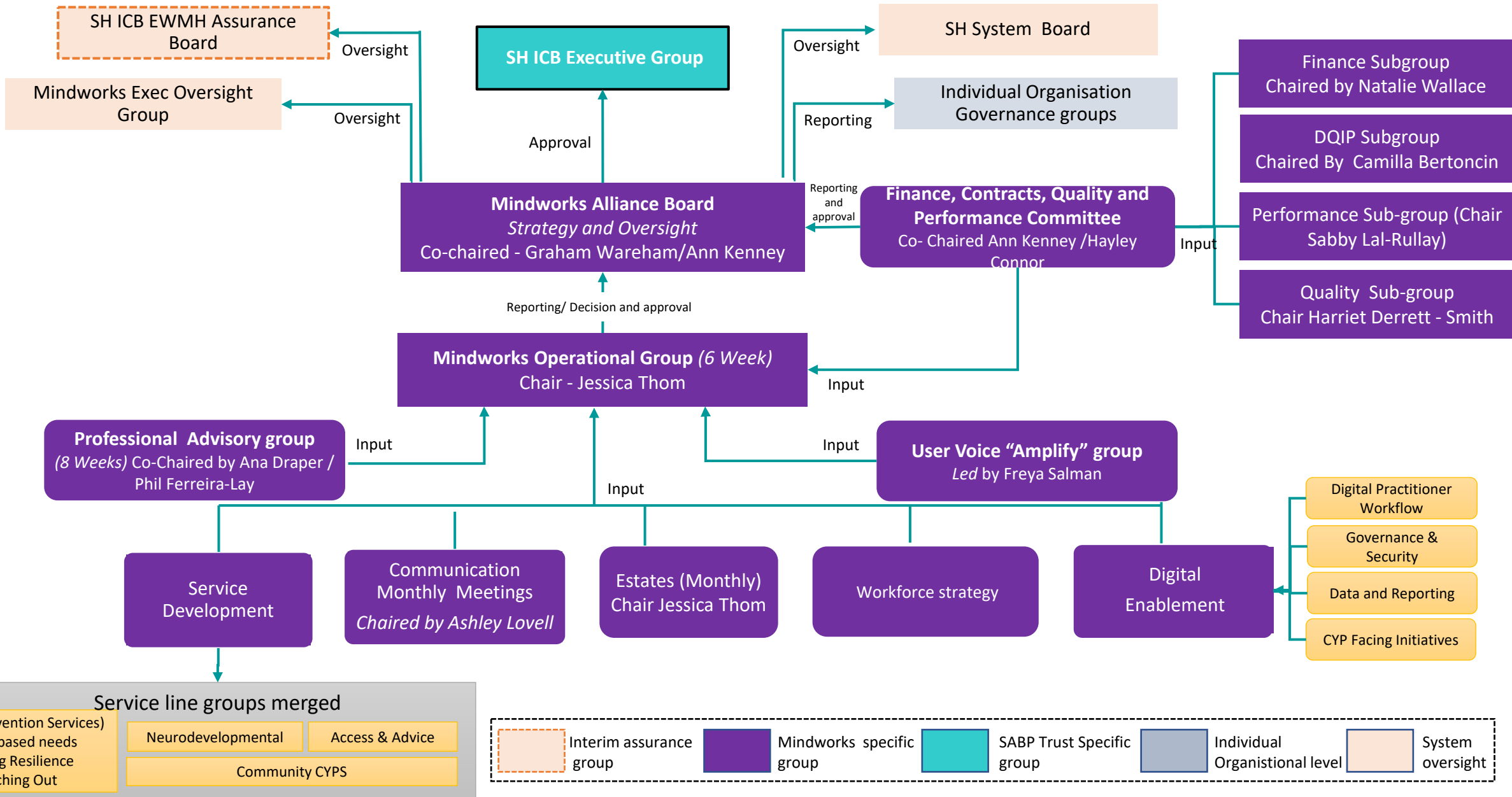
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## **Appendices/supporting information**

1. Mindworks Governance
2. Mindworks Surrey website: [www.mindworks-surrey.org](http://www.mindworks-surrey.org)
3. EWMH Offer to Schools January 2023
4. Emotional Wellbeing and Mental Health Communications for Surrey 2022 -23
5. Surrey Kooth Q3 2022 Report
6. Parental Case Study Dec 2022
7. SABP Mindworks Digital Roadmap 2023/24

# Mindworks Surrey Governance Structure



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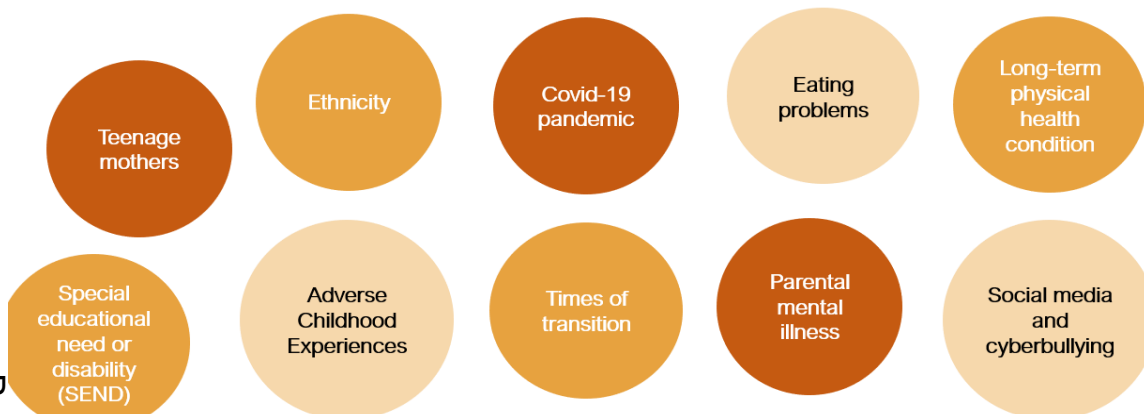
## Mindworks Emotional Health and Wellbeing(EWMH) Offer to schools

Update for District and Boroughs Meeting  
January 2023



# National Picture:

The National Picture section of the strategy helped to highlight some of the key factors that can impact children and young people's emotional wellbeing and mental health. Rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine to one in six, and in 17 to 19 year olds from one in ten to one in six.



# Understanding our CYP's EWMH Landscape in Surrey

## Local Picture:

<b>Population:</b> There is an estimated 349,500 0 to 24 year olds in Surrey based on the 2021 Census.	<b>Looked After Children:</b> The number of children starting to be looked after during the year 2020/21 is up from 374 in 2019/20 to 419. ( <a href="#">GOV</a> )
<b>Ethnicity:</b> 28.8% increase of Non-White British and Mixed/Multiple Ethnicity residents.	<b>Care leavers</b> – As of 31 March 2020, Surrey had 656 care leavers aged 18 to 25. 514 of these were aged 19 to 21, this is below the national average which is 652.
<b>Sexuality:</b> There may be 56,500 people aged 16+ and around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual.	<b>Child Protection Plans:</b> The number of children on a child protection plan has increased from 685 in 2019/20 to 894 in 2020/21.
<b>Gender Identity:</b> There is an estimated 7000+ people in Surrey who experience some degree of gender variance.	<b>EHC Plans/ SEN Support:</b> In 2021/22 the percentage of this in Surrey was 4.6% (national is 4.0%).
<b>Deprivation:</b> Guildford, Reigate and Banstead and Woking are home to some of the highest levels of deprivation in the county (NCMP).	<b>Unaccompanied asylum seekers and refugees</b> Number of children look after on 31 March who were unaccompanied asylum seekers has dropped year on year from 2018/19 (n=114) to 2020/21 (n=78)



# Further Information on the Local Picture:

## Online Safety

- 24% (+4 since 2019) of Primary School pupils said they have received a chat message that scared them or made them upset.
- 35% (+3 since 2019) of Year 6 pupils who have seen images or videos online that upset them.
- 32% (+7 since 2019) Secondary School pupils responded that they have received a hurtful, nasty or scary message online.
- 37% (+12 since 2019) Secondary School pupils said they chat to people online that they don't know in real life.
- 29% (+6% since 2019) of Secondary School pupils responded that someone online who they didn't know has asked to see pictures of them.

## Self-Harm

- There has been a significant increase for 15-19 year olds (820.6 per 100,000) in hospital admissions as a result of self-harm in 2020-21. Whilst this is lower than the regional average (826.4 per 100,000), it is significantly higher than the England average (652.6 per 100,000).
- On a local level, an insight from the 2022 Health Related Behaviour Questionnaire, 8% of secondary pupils responded that they 'usually' or 'always' cut or hurt themselves when they have a problem that worries them or they are feeling stressed.

## Suicide

- The Primary Care Mortality Database recorded 43 suicides between the period 2017 to 2020 for people aged under 25 in Surrey. The majority of these people were between the ages of 18 and 24.

# EWMH Offer: Draft strategic school facing framework linked to EWMH Strategy



## Schools offer:

DfE training is available to support EWMH lead in schools to adopt a whole-school approach to mental health and wellbeing. A whole-school approach involves all parts of the school working together and needs partnership working between senior leaders, teachers and all school staff, as well as parents, carers and the wider community.

Schools promote children and young people's (CYP) social and emotional skills and mental health and wellbeing through the curriculum, PSHE and wider cross-curricular activity

For CYP who are beginning to struggle or are exposed to mounting risks that may challenge and undermine their mental health, accessible and effective in-school help is provided through pastoral support, one to one support, small group work or counselling and support to steer pupils and their families to more specialist mental health support in the local community.

Teams within schools have key functions attached to EWMH, i.e. SENCO / specialist teachers / inclusion teams.

## Together we build the whole school approach (WSA)

Surrey Healthy Schools is based upon effective practice and provides a comprehensive self-evaluation tool for schools to co-ordinate, develop and improve their provision to support personal development, behaviour, teaching and learning, and leadership

Mental health leads in schools can be supported after training, with WSA thinking, development and directed to reference groups to share /learn from each other.

Resources and suggestions to support parents and CYP are available through [Mindworks Surrey \(mindworks-surrey.org\)](http://mindworks-surrey.org)

Working with schools and the wider system to role out i-THRIVE framework.

Comprehensive Training offer via MHST trainer, WER funded training, Public health funded offers, etc.

Team around the school pilot continuing with good engagement from schools and professionals to offer increased support to schools around particular issues of CYP

Each of the 11 District / Boroughs have a cluster of staff that includes a **named practitioner** as a point of contact who will offer consultation, support and advice. There are between 27 and 46 schools per Cluster and each cluster has a multi-disciplinary cluster allocation process (includes Third Sector offers)

Cluster Teams consist of: The Primary Mental Health Teams, the Early Intervention Co-ordinators, the Mental Health Support Teams and the Community Wellbeing Practitioners, using levels of need to prioritise model of delivery and work closely with Specialist Mindworks teams, The 'Reaching Out' Service, Emotional Wellbeing School Nurses, Child and Family Health Surrey, the Educational Psychologists, Speech and Language Therapists, OTs and Social Care

Provide prevention support to CYP when they begin to feel emotionally or mentally unwell by helping them to build resilience.

Early intervention support for CYP, parents, carers, teachers and other professionals identifies and prevents mental ill-health issues like depression and anxiety and helps CYP access the right support at the right time.

Risk support available to clusters from specialist teams to enable CYP to be supported by the adults they have the best relationship with

Provide links with the ND New Hub and spoke model which is being developed to move away from diagnosis and focus on addressing need.

Help schools navigate crisis support (see appendix for crisis support available) and connect with Acutes to ensure a joined approach to safeguarding and wellbeing for CYP

# Surrey ITHRIVE Model

Our alliance of partners and wider partners commissioned by EWMH, will work together to advise, help and support children, young people and their families to **THRIVE** through the following services:

- **access and advice** - advice, signposting to existing support or passing through to specialist or clinical support. Access & Advice Mon-Fri 8am to 8pm Sat 9am to 12pm.
  - CYP Havens: 2 drop-in centres Guildford and Epsom (3.30 pm to 7pm)
  - CYP Haven Virtual service - lines are open Monday to Friday, 3.30pm to 7.00pm, Sunday, 1pm to 4pm
- **school-based needs** - a new model, co-produced with schools, using a cluster model with emphasis in school based support and consultation
  - School support - enhanced support for schools and parents, carers and young people delivered by alliance partners
- **building resilience** - help to access services in the local community, such as counselling, mentoring or wellbeing projects
  - Community-based practitioners connecting with children and families as soon as they feel they are struggling. Mentoring to CYP who have presented in crisis (Emerge). Counselling, Early Intervention Co-ordinators. SWP partnership delivering specified interventions to individuals and groups of young people
- **CYPS Community Teams** - for more complex young people and families who would benefit from extensive or intensive treatment using evidence based interventions –
  - Area based Children and young people's community Teams, Eating Disorders, EIIP, STARS, Learning Disability Team, New Leaf (Children in Care, Post Adoption Service, Care Leavers Service), HOPE Service
- **crisis admission avoidance** - supports children and young people who present with high risk behaviour and helps avoid Emergency Department (A&E) attendance or acute hospital admission
  - Crisis helpline 24/7. Consultation line for acute hospitals 5pm -11pm - 7 days. Children's Crisis Intensive Support Service (CCISS), reduced bed offer (HOPE House), 5pm to 11 pm telephone support and outreach visits for vulnerable CYP at risk (Extended HOPE), Emergency Duty Team Mon-Fri 5pm to 9am (24hrs weekends)
- **reaching out** – support for the most isolated and vulnerable children and young people, such as those at risk of offending, school exclusions, experiencing transitions delivered as a multi-agency network using outreach, groupwork, risk support, mentoring, clinical interventions
- **neurodevelopmental services** – a radically transformed service model which we believe will reach children and young people who need help earlier
  - ND pathway team needs based support and diagnoses, Third Sector partners working with children and families living with neurodevelopmental challenges, including parental support, 1 2 1 for Child and Parents, transition support, parenting sessions, drop-in sessions, stepping up Autism Course (8 weeks) for parents and training for CYP with co-morbidity. ND Helpline 5pm-11pm 365 days



Key principles for system change:

1. **Common Language**
2. **Needs-Led:**
3. **Shared Decision Making:**
4. **Proactive Prevention and Promotion**
5. **Partnership Working:**
6. **Outcome-Informed:**
7. **Reducing Stigma:**
8. **Accessibility:**

# Co-production and Engagement with our schools:

## Reference Group purpose:

- To share understanding about iThrive, the new contract and the alliance with some key groups
- Provide a forum for colleagues from the Alliance to test thinking on operational design of new/revised services and get feedback during the early months of mobilisation
- Partners to share experiences of the offer delivered and work together on solutions.

## The Primary School Reference Group:

- Informed the need to invest in more parental support. Barnardos have been asked to undertake this work and are developing Parent Support Groups, to be rolled out over the coming term
- Build primary school capacity to strengthen the work they are doing on anxiety – plans in place, for example the 'Fantastic FRED Experience', an experiential play approach to supporting children with EWMH needs in primary school settings. This new initiative has already been booked for 220 Surrey schools for the forthcoming school year
- Some SWP partners also provide support to primary schools, which sits outside the Mindworks service - we are continuing to work together to ensure that support is sensibly integrated

## Secondary School: focus 21/22.

- Working in partnership with secondary schools, public Health, SCC, Mindworks and Commissioning to agree the process for safety plans that are created for CYP within crisis, to be shared with schools as part of safeguarding requirements where appropriate or with consent.
- Process agreed with designated safeguarding leads
- Pilot project started October 22 within Epsom Acute and Royal Surrey Hospital Trust. This will be evaluated by Easter and rolled out to all Trusts and all schools.

**The Special Schools:** It was recognised in our special school reference group that these schools needed a new and bespoke emotional wellbeing and mental health offer. As a result, we set up networks for the four different types of school with colleagues from SWP and Educational Psychology

- COIN - Communication and Interaction Needs
- LAN - Learning and Additional Needs
- SEMH - Social and Emotional Mental Health
- SPAN - Severe Learning difficulty

What was the agreed offer:

- Staff support
- Consultation
- Whole School Approach
- Parent workshops and drop ins
- Signposting and Referrals

# Reference Group Dates



## Primary school ref groups:

- 1) Monday 30<sup>th</sup> Jan 4-5
- 2) Monday 6<sup>th</sup> March 4-5
- 3) Monday 24<sup>th</sup> April 4-5
- 4) Monday 12<sup>th</sup> June 4-5

## Special school ref groups:

- 1) Thursday 2<sup>nd</sup> Feb 4-5
- 2) Wednesday 8<sup>th</sup> March 4-5
- 3) Wednesday 26<sup>th</sup> April 4-5
- 4) Wednesday 14<sup>th</sup> June 4-5

## Secondary school ref groups:

- 1) Tuesday 31<sup>st</sup> Jan 4-5
- 2) Tuesday 7<sup>th</sup> March 4-5
- 3) Tuesday 25<sup>th</sup> April 4-5
- 4) Tuesday 13<sup>th</sup> June 4-5

## Independent school ref groups:

- 1) Thursday 9<sup>th</sup> of Feb 3-4
- 2) Thursday 9<sup>th</sup> March 4-5
- 3) Thursday 27<sup>th</sup> April 4-5
- 4) Monday 19<sup>th</sup> June 4-5



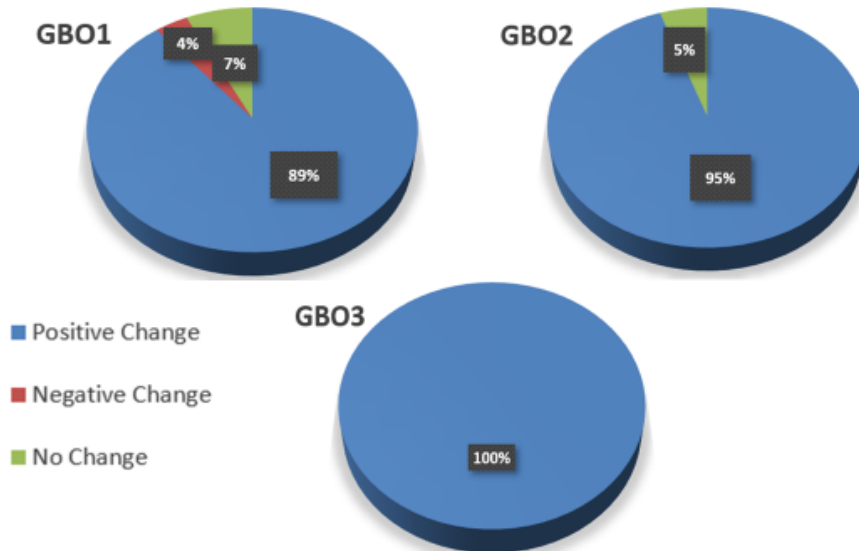
# Building Resilience examples of feedback and outcomes

- SWP have begun using Goal Based Outcomes (GBO) across all partners from September 2022
- Initial results show an overwhelmingly positive response. YMCA figures, for example show:
  - On average, 94% of young people achieved positive change across their goals
- Other experiential feedback is routinely sought and that supports an overwhelmingly positive interaction and benefits of the services



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Community Wellbeing Team  
Goal-Based Outcomes data for 36 clients that completed sessions between July 2022 – Sept 2022



On average,  
94% of  
young people  
achieved  
positive  
change across  
their goals

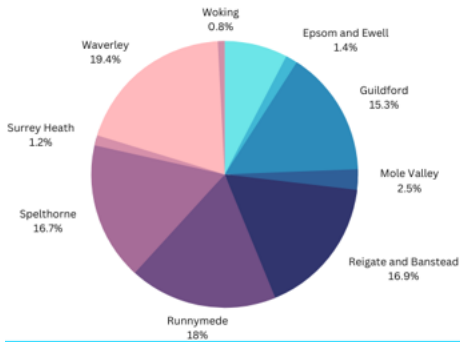


# Example of the difference we are making.

## Year 2 with Surrey Child Wellbeing Practitioners (CWPs)



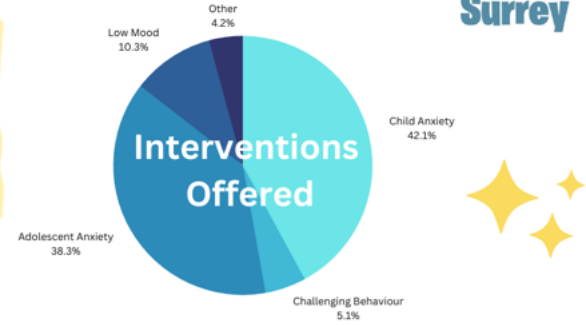
Referrals received from each borough



484 Requests for Support  
292 individuals were offered a 1:1 intervention between April 2021-March 2022

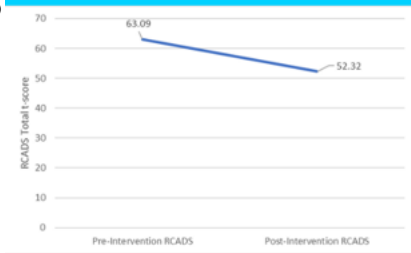


60% of referrals were female; 30% male; 10% other



### What we found...

To monitor progress, CWPs ask young people to complete questionnaires every session as well as at the start and end of the intervention.



Average anxiety and low mood scores reduced from moderate to mild following support from CWPs

### What young people told US...

I am grateful for this support

My CWP adapted strategies based on my interests and life circumstances

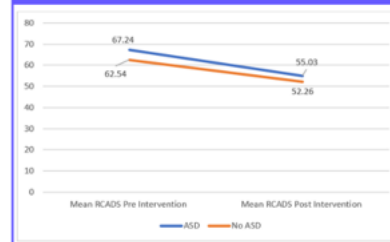
I felt respected and not judged

Helped me to understand myself better

The sessions helped me to feel empowered

### What about those with ASD/ ADHD

Out of the 292 individuals who were offered 1:1 support, 34% of those were diagnosed or waiting to be assessed for ASD and 14% for ADHD.



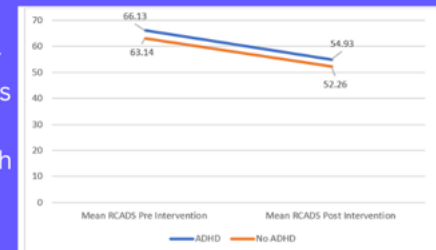
Those with ASD showed higher anxiety & low mood scores before and after sessions compared to those without ASD.

However, those with ASD still showed a reduction in anxiety & low mood scores after having sessions with CWPs.

Significant increase in goal achievement following support from CWPs



A similar effect was found in those with ADHD



# Example of the difference we are making.



## Surrey Heath Mental Health Support Team in Schools



66% female; 32% male  
2% transgender or non-binary

28% had suspected or diagnosed ASD

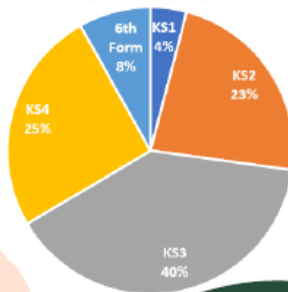
11% had suspected or diagnosed ADHD

Average age of referrals: 12

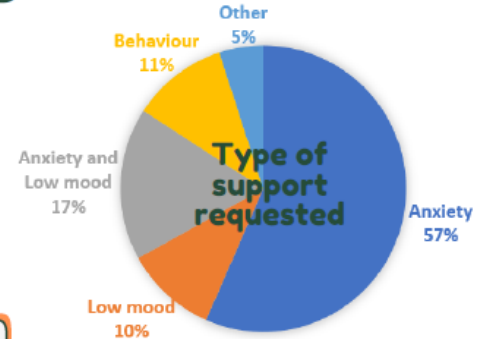


**221 Requests for Support April 2021-April 2022**

### Key Stage at Time of Referral



Senior Clinician Assessments: 42  
EMHP Assessments: 119  
Assessment by other: 2  
Declined an assessment: 12  
Referral not accepted (signposted): 46



### Feedback from People who Completed Interventions

I felt open to speak every session and it helped me

I felt like I was taken seriously and given genuine ways of being helped

It was very relaxed and helped with day to day life

It helped me a lot

### WORKSHOPS

31 workshops for students and 16 workshops for parents covering Low Mood, Anxiety, Friendships and Exam Stress

4 workshops for staff covering Mental Health Awareness and Staff Wellbeing

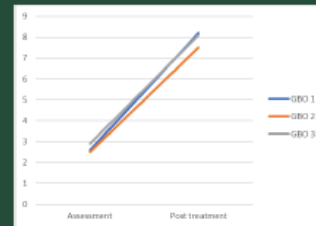


Consultations and advice offered for **270** young people

### Routine Outcome Measures



On average RCADs scores tracking anxiety and depression symptoms decreased by 26% following treatment.



100% of young people made progress towards their goals

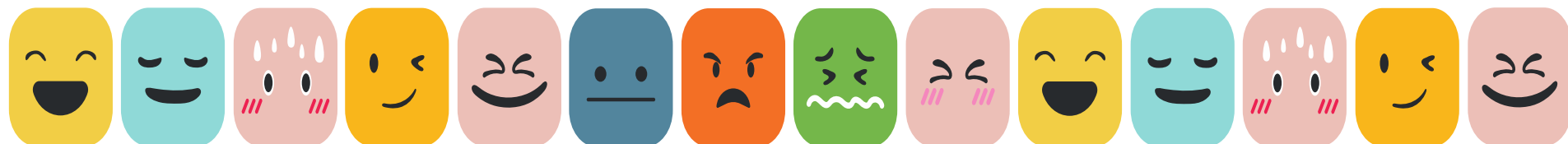


# Experience survey feedback from the schools, as part of MHST

Result headlines from a survey completed nationally from all schools who receive MHST Support. May to July 2022.

Theme	To what extent do you agree or disagree	National	Regional	Surrey
Education Mental Health Practitioners (EMHP) Placements.	Did an Education Mental health Practitioner work with your school/college during their placement year?	59%	62%	91%
Schools suitably informed of EMHPs placements	Your schools felt sufficiently informed and supported by MHST to hosts and support their EMHPs placements,	87%	88%	80%
Receptiveness to suggestions	Your school felt supported to work with the MHST through receptiveness of the MHSTs receptiveness to your input and suggestions	85%	87%	100%
School engagement: visible senior leadership	Your school has senior leaders who are visible to MHST and are committed to making full use of the MHST support offer	93%	95%	100%
Whole School Approach.	You school is clear how the MHST fits into your schools whole school approach to EWMH	89%	86%	100%
Support to pupils	Your school is clear on the support the MHST provides in terms of interventions for CYP	80%	89%	100%
Co-production	Your school has established strong working relationships with MHST	81%	78%	100%
Pupils involvement in delivery	Your school has a mechanism through which pupils / students can be involved in MHST delivery	63%	62%	55%
Impact	The MHST have provided better EWMH for your pupils/students than would otherwise have been available	81%	83%	91%
Co-production	Your school and the MHST work in partnership	85%	80%	100%

MHST Site delivery plans will be informed by the results and plans have begun to bring Surrey User Voice and Participation Team as part of the MHST to address the students involvement improvement required.



## What is working well:

- Launched a new service April 2020, which was post pandemic and with the greatest level of emotional wellbeing need across our CYP population than has ever before been known with growing success.
- The open and transparent processes implemented with schools, focusing on joint problem solving is beginning to create a more trusting relationship.
- Embedded model in district and boroughs means there is close working relationships with community based services. (include prototype working)

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Working strategically with partners on the team around the school, Inclusion Strategy, Suicide Prevention Strategy and collectively identifying schools who may benefit from being approached to explore if extra support would be helpful to develop WSA to EWMH.

- School clusters have named leads working with schools.
- MHST - integrated delivery for WSA with SCC and levels of direct support being provided
- Reference groups are ensuring co-production is central
- The work with secondary schools has resulted in operational procedures being tested from 2 Trusts and local schools enabling safety plans created in crisis to be shared via designated safeguarding leads in schools.
- Starting to see culture changes where there is a recognition of supporting schools to respond to the needs of CYP EWMH rather than all responses being to refer out to 'CAMHs'.
- Working groups focussing on young carers, LGBTQI+, UVP to ensure we have voice in our service

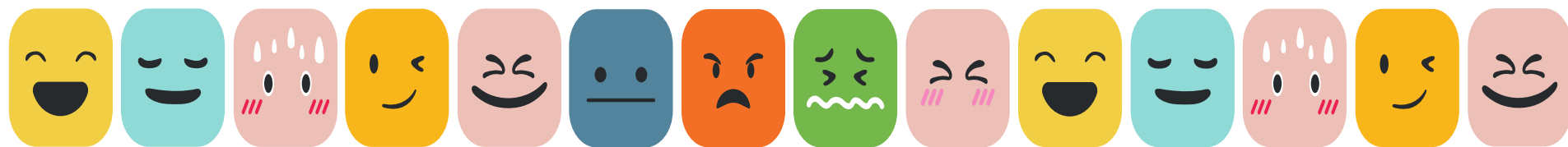
## Areas of development:

- ITHRIVE framework being more explicit across the framework with schools – build implementations stories, engagement in training, improve strategic buy in.
- Strengthen risk support to schools for CYP identified as in EWMH need /crisis.
- Work alongside SWP to connect with community co-ordinators (cluster meetings) and expand the support to primary school aged families.
- Impact on waiting lists within specialist services by reaching CYP and families earlier.
- Increasing CYP being central to decision making
- Evaluate the school based offer and ensure reach to vulnerable /protected groups
- Surrey-wide approach to responding to anxiety and self harm
- Build family resilience / intervention packages for under 10's / primary school and CYP in transition



# Next steps

1. EWMH strategy to be published by December 22 with local transformation plan (NHS requirement) incorporate. This will form the strategic framework for all across Surrey to improve EWMH of our CYP.
2. To formalise the draft school strategy outlined on slide 4
3. To provide easier access to help and support through digital innovations and self-help packages and increase signposting and awareness of what support is available.
4. To continue to work together with schools to have a much stronger focus on early intervention, whole school approach and EWMH support for children and young people embedded in all our schools and colleges: (risk support)
5. MHST Deep Dive and school based needs evaluation.
6. Reference Groups Focus for 22/23:
  - Primary:
  - Secondary: evaluation of the safety plan work and roll out.
  - Special Schools: recruitment and embed new model of working
  - Independent Schools:
7. Whole system approach to supporting CYP affected by anxiety.
8. Increase service user involvement in decision making and influencing service design.
9. To transform the neurodevelopmental pathway and ensure there is a shift from 'disability' to 'diversity' and from diagnosis led to needs led. This is recognition that investment has become skewed to diagnosis rather than support and intervention.
10. To strengthen the developments and plans attached to schools and suicide prevention.
11. Work alongside Surrey Wellbeing Partnership to secure funding to expand the offer to primary schools and Primary Care Networks
12. Connect with social prescribing projects across Surrey aimed at CYP.



# Discussion Themes:

- Normalisation of EWMH being part of peoples lives, and so building confidence in self care and not all issues being a diagnosable issue – reduce stigma and help build Getting Advice and Getting Support.
- Parental Support Value when a CYP is identified within families as having EWMH issue
- How can we strengthen working with D and B Services?
- What are you hearing and how can we work together?
- Any questions on areas for development



# Appendix:

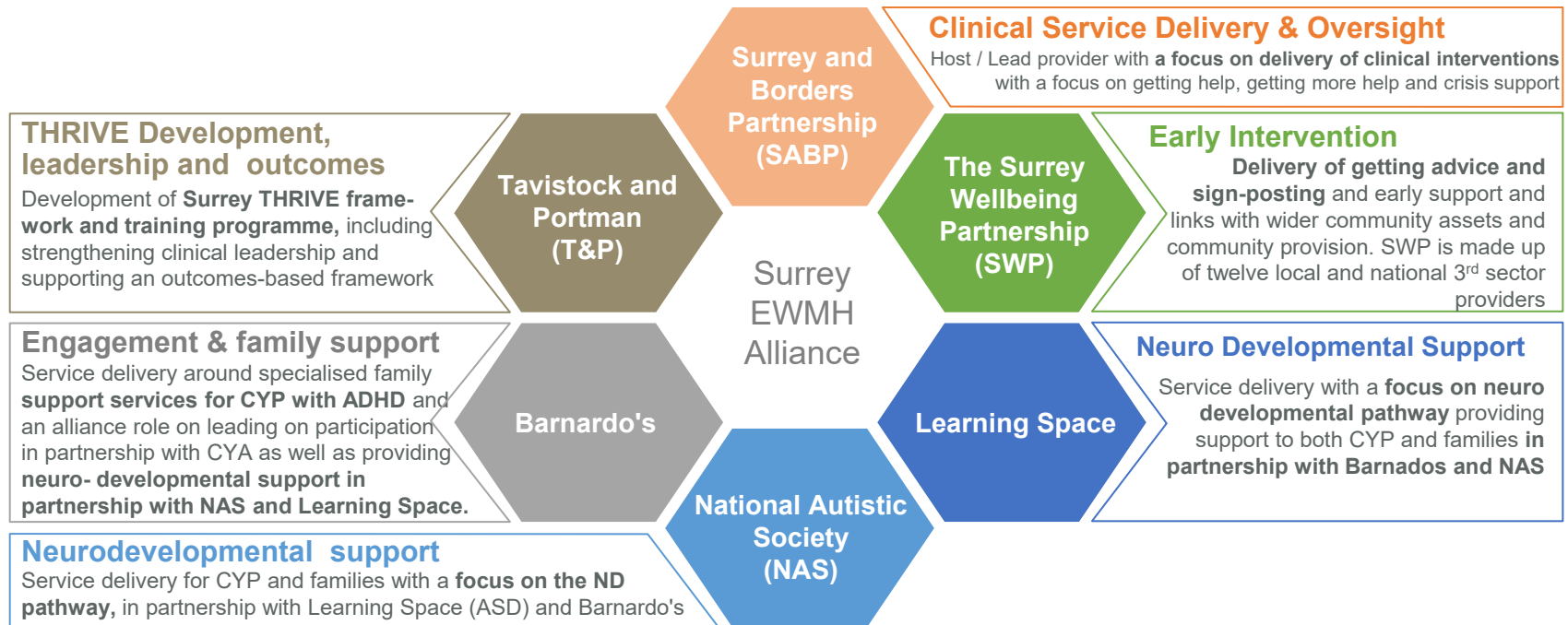


- Mindworks Partners.
- Named practitioners.
- Crisis Support details.



We bring together an Alliance with strong clinical leadership and local and national voluntary sector expertise

*Focussed on improving children and young people's outcomes; we will be open and trusting; ambitious and transformational*



*Clear and determined; strengths-based and collaborative; learning and adapting; and informed by evidence.*

# Timeliness, outcomes and experience All services (ND pathway not included)

Mindwork  
Steps:



## Requests for Support

More CYP are requesting support and accessing assessment, which has resulted in an increase in the number of CYP waiting, and waiting times.

- 4,365\* CYP are currently waiting for an assessment (as of 15/11/22) since being referred (compared to 1,229 in Oct 21). The numbers of CYP in the waiting list has seen a steep increase from 2,158\* in Mar 22 to 4,268\* in Sep 22 (an increase of 446 from previous month). One reason for this is the transfer of all CYP who had previously been discharged while school paper work was being completed. This is not the case now

Of the 4,365\* CYP currently waiting, more than 4 out of 5 are waiting in AAT (3,840\*). Of those waiting in AAT, 66% are in the screening stage to begin their ND diagnostic journey.

Almost half of the total CYP currently waiting (2,102\*) have been waiting for less than 90 days. One in three (1,185\*) are waiting between 3-6 months, one in five (1,031\*) are waiting between 6-12 months and 1% (47\*) are waiting over a year.

Average waiting time to assessment for **those still waiting for the first appointment** has **increased** from one month and a half (44 working days) in May 22 to 3 months and a half (76 working days) in Oct 22.

The longest waiting times are currently observed in **Access & Advice**, and **Community CAMHS**. Community CAMHS has a 40 working days target: whereas currently children are waiting for 62 working days on average.

The average waiting time for **CYP who have been seen for the first appointment** has **decreased** from 45 working days in Sep 22 down to 28 working days in Oct 22

- Surrey Wellbeing Partnership (SWP):** Direct referrals (including community teams and GPs) are 292 in Oct 22, an increase of 45 from the previous month.

## Treatment / Interventions

The increasing demand for EWMH services and longer assessment waits also impacted on the timing CYP are moving onto treatment / direct support.

- There are currently 441\* CYP waiting for treatment . Numbers steadily hovering between 510\* and 560\* from Dec 21 (508) to Jun 22 (564\*), which then followed a gradual decrease until Oct 22 (450\*).

Since the end of the first year, three in five CYP are waiting in Community CAMHS (269 CYP).

- Of the 441\* CYP currently waiting for treatment, three in five CYP (273\*) are waiting less than 30 days. Meanwhile, 17% (74\*) are waiting between 3-6 months, 12% (54\*) are waiting between 6-12 months and 9% (40\*) are waiting over a year.

Average waiting time for **those still waiting for the second appointment** has seen a gradual **decrease** from almost 8 months (171 working days) in Aug 22 to almost 6 months (126 working days) in Oct 22 (a decrease of 24 from the previous month).The service saw a spike in August 22. (the waiting time from request for support to first treatment appointment is max 65 working days)

Average waiting time from assessment to treatment for **those seen** has also seen a gradual **decrease** from just over a month (25 working days) to just under a month (20 working days) in Oct 22 (a decrease of 3 from the previous month).

Longest waiting times observed currently in **Learning Disabilities** (283 working days) and **Community CAMHS** (107 working days).

**Surrey Wellbeing Partnership:** In October 4,259 CYP had been referred (so by month 7, 46% of the contracted referrals had been received and should be 5,415) and the treatment activity level is 35,607 (at month 7 67% of annual position and should be 36,293). Average waiting time is 80 days (there are 664 CYP waiting)

## Discharges

\* SABP data only

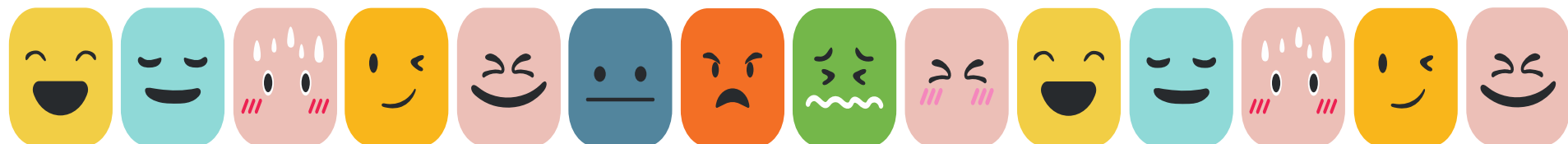
**We currently cannot report on outcomes, Work is in progress to be able to report goal based outcomes across all partners.**

8 teams to date have submitted . This will be available in Nov 22.

- There has been a gradual **decrease** of **SABP** discharges in the last 3 months with Oct 22 at 1,302 discharges (a decrease of 19 since previous month).
- More than half of discharges reported the completion of the diagnostic pathway, whereas the second biggest percentage (14%) of discharges are due to being referred to other speciality/services

# Named Practitioners

	Primary Mental Health Worker (PMHW):	Early Intervention Coordinator (EIC):	Children's Wellbeing practitioner (CWP)	Mental Health Support Team Lead
<b>Guildford</b>	Holly Bloom <a href="mailto:Holly.Bloom@sabp.nhs.uk">Holly.Bloom@sabp.nhs.uk</a>	Mark Nelson	Marie Wheeler	Kerrie Waller – launching January 2023
<b>Waverley</b>	Nikki Brunton Smith <a href="mailto:nicola.brunton-smith@sabp.nhs.uk">nicola.brunton-smith@sabp.nhs.uk</a>	Maristelle Preece	Ella Jarvis	Sandra Hooper – Launching January 2023
<b>Runnymede</b>	Janet Cohen <a href="mailto:Janet.Cohen@sabp.nhs.uk">Janet.Cohen@sabp.nhs.uk</a>	VACANCY	Elzbieta Vitkauskaite	Siobhan Smith – Launching January 2023
<b>Surrey Heath</b>	Caroline Edwards <a href="mailto:Caroline.Edwards@sabp.nhs.uk">Caroline.Edwards@sabp.nhs.uk</a>	Sophie Campbell	Lucy Miller	Laura Smith
<b>Woking</b>	Aimee Arias <a href="mailto:Aimee.Arias@sabp.nhs.uk">Aimee.Arias@sabp.nhs.uk</a>	Clive Biggins Marella Ebsworth Emma Shaw	Stephanie Killgallon Holly Lord	Kerrie Waller - Launching January 2023
<b>Spelthorne</b>	Becky Hepburn <a href="mailto:Rebecca.Hepburn@sabp.nhs.uk">Rebecca.Hepburn@sabp.nhs.uk</a>	Shara Brink Adele Emberton Hollie Mock Jenny Bailey	Susan Sloan	Siobhan Smith
<b>Epsom and Ewell</b>	Rowan Ring <a href="mailto:Rowan.Ring@sabp.nhs.uk">Rowan.Ring@sabp.nhs.uk</a>	Patricia Johnson Angeline Selvmanoharan	Jane Kinder Stephanie Strugnell (Mat leave)	Michael Fern
<b>Elmbridge</b>	Enza Borgia <a href="mailto:Enza.Borgia@sabp.nhs.uk">Enza.Borgia@sabp.nhs.uk</a>	Danica Lake	VACANCY	Susan Kite
<b>Mole Valley</b>	Malcolm Firth <a href="mailto:Malcolm.Firth@sabp.nhs.uk">Malcolm.Firth@sabp.nhs.uk</a> Aimee Arias <a href="mailto:Aimee.Arias@sabp.nhs.uk">Aimee.Arias@sabp.nhs.uk</a>	Sarah Voltz	Sophie Green	Launching January 2024
<b>Redhill, Reigate and Banstead</b>	Emma Schultz <a href="mailto:Emma.Schultz@sabp.nhs.uk">Emma.Schultz@sabp.nhs.uk</a>	Oliver Phillips Angeline Selvamanoharan Gemma Gay (YMCA School Project Officer secondary)	Jo Gaywood	Michael Fern
<b>Tandridge</b>	Katherine Giles <a href="mailto:Katherine.Giles@sabp.nhs.uk">Katherine.Giles@sabp.nhs.uk</a>	Lisa Roberts	Ella Walmsley	Launching January 2024





# How to access support in a crisis: Contact lines, in and out-of-hours

**CYPS Crisis Line** (24-hour telephone support)- Tel: **0800 915 4644** offering support and advice to families and young people in crisis

**Neurodevelopmental Helpline:** offering out of hours support (5pm to 11pm) and advice to families with a child with underlying neurodevelopmental issues: Tel: **0300 222 5755**.

**CYPS Havens-** offering youth focused drop-in support to young people. Please refer to the website for the opening hours of your local centre (<https://www.cyphaven.net>)

## For Out of hours support:

Extended Hope Service Tel: 01483 517878-offering telephone support from 5pm to 11pm for young people and parents where there are concerns regarding a mental health crisis.

## In the event of a medical emergency:

- NHS 111 for non-urgent medical advice
- A&E department for urgent medical care



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## Emotional Wellbeing and Mental Health Communications for Surrey 2022 -23

### **Context**

The Children and Young Peoples' Emotional Wellbeing and Mental Health (EWMH) Communications Partnership Group, works in collaboration to deliver strategic communications on EWMH for CYP in Surrey.

The purpose of this plan is for all partners to agree objectives, key messages, target audiences, activity, and timings. To then use partner owned channels to help maximise reach and frequency of message. This is not to replace any paid for campaigns that partner agencies have planned but instead to co-ordinate effort.

A collaborative effort will help individual partner agencies develop a co-ordinated approach, amplify their communication campaigns, reduce duplication, and provide clear signposting for CYP and where appropriate, to agree who is the lead partner.

### **Objectives**

- 1) To raise awareness of feedback and themes of behaviours that children, young people, parents, and carers are highlighting in relation to emotional wellbeing and mental health
- 2) To communicate and inform children, young people, parents, and carers of EWMH services and the support in Surrey that is available.
- 3) To raise awareness of how children and young people's EWMH will improve through the delivery of a new mental health strategy that will be launched in December 2022.
- 4) To share specific messaging during times of the year when we know there is greater need i.e. exams, returning to school

### **Audiences**

#### **Primary**

- All children and young people living in Surrey (especially those with additional needs and disabilities, looked after children)
- Families and carers of children and young people in Surrey

#### **Secondary**

Professionals who can influence and inform our primary audience

- Schools and education settings (Headteachers, teachers, Mental Health leads, school nurses)
- GPs
- Health visiting teams
- Acute paediatric teams at Surrey's four hospitals
- Staff working within EMWH services
- Professionals who work directly with children and young people
- Third sector: family, youth, children's voluntary groups and charities

#### **Key Messages**

To be defined, however we want the Primary audiences to think, feel and do the following:

	<b>Children/young people</b>	<b>Parent/Carers</b>
<b>Think</b>	I understand why looking after my mental health is important  I understand the importance of self-care and looking after myself.	I understand the importance of self-care when it comes to my child's EWMH  I understand the importance of self-care and looking after myself.

	<p>Everyone has mental health</p> <p>I know where to go if I need help or support</p>	<p>I understand that anyone can have mental health concerns</p> <p>I know how to support my child / young person's EWMH</p> <p>I know where to go if my child needs help or support</p>
<b>Feel</b>	<p>I feel able to reach out for support if I need to.</p> <p>I feel supported by my friends, family and adults in my life when it comes to my wellbeing and mental health</p> <p>I feel confident when talking about my EWMH</p>	<p>I feel informed on what I can do at home to support my child's EWMH</p> <p>I feel confident talking to my child about EWMH</p> <p>I feel knowledgeable about the local services available to my child</p>
<b>Do</b>	<p>I use local resources such as Kooth or the Mindworks website for EWMH advice and available support.</p> <p>I tell a trusted adult if I'm struggling</p> <p>I use the 5pm-11pm everyday Neurodevelopmental helpline if I have or show signs of ADHD or Autism and am struggling</p> <p>If I'm in crisis I call the Mindworks crisis helpline</p>	<p>I use local resources such as Kooth or the Mindworks website for EWMH advice and available support.</p> <p>I encourage activities that are good for my child's EWMH</p> <p>I take my child to the GP if they are struggling</p> <p>I use the 5pm-11pm everyday Neurodevelopmental helpline if my child has ADHD or Autism and we're struggling</p> <p>I call the Mindworks crisis helpline if my child is in crisis</p>

### Strategy

Communications will be delivered through low or no cost activity to help amplify messages on prevention, signposts for support, and key improvements being made for CYP's EWMH.

#### Awareness raising – to meet objective one

Activity will focus on pushing agreed self-care tips and local/national resources through the following channels using existing resources using the iThrive model:

- Mindworks website
- Schools
- Youth groups
- Surrey Youth Voice
- Joint partnership social media campaign – agreed tips over several weeks, to be pushed by all key partners with a consistent approach.

#### Information, signposting to advice – to meet objective two

There are key timings in the year when we need to inform CYP of support and services. These are listed below. 5 key points on each topic with a focus on self-management to be pulled together and hosted either on the Mindworks website or the Surrey Youth Voice website.

- October - Healthy Schools Week, 10<sup>th</sup> world mental health day
- Christmas – support over Christmas, can be a hard time for some
- January blues – how to look after yourself in winter
- January/ February – mock exams – coping with stress
- March
- April – Stress Awareness Month/ Mindworks birthday
- May – Exam stress / Mental Health Awareness Week

- June – Exam stress
- July – Leaving schools / start of Summer holidays
- August - Exam results
- September – Key transition changing school/ starting university
- 

*Outstanding action: To agree most appropriate signpost – Mindworks, Kooth or Every Mind Matters?*

To raise awareness of CYP EWMH strategy

Focused on stakeholder and resident audience. To inform audiences of EMWH as a priority and to inform them of planned improvements in Surrey.

- Press release and social media activity on release of strategy
- CYP EWMH summit to help with launch (just an idea)
- Six months or one year on – video/ activity on what has been delivered

**Implementation**

Activity will be no or low-cost utilising existing communication channels and using in-house resources.

To be agreed:

*SCC will be lead co-ordinator (TBC) using the monthly communication meetings as a status meeting for each partner agency and to co-ordinate work against agreed objectives.*

*Asset creation – how should this be branded?*

Owned channel grid below.

**Budget**

To be confirmed and populated

**Evaluation**

To be evaluated on outputs and outcomes of communication activity.

**Objective one**

Outputs – reach numbers, clickthrough, interactions, downloads, page views

Outcomes - % increase in CYP claiming to adopt behaviours, % of CYP that would recommend campaign messages to friends, % of schools claiming to use resources

**Objective two**

Outputs – reach numbers, clickthrough, interactions, page views

Outcomes - % increase in visits to Mindworks – specific pages, % agreement in knowing where to go for support

**Objective three**

Outputs – reach, clickthrough, page views, document downloads, interactions, shares

Outcomes – Survey stakeholders – % agree with key statements, % agreement would recommend to colleagues

Evaluation tools: Social media analytics, web analytics, resident surveys , UVP annual survey,

Possibility to reach out to Surrey Heartlands Citizens Panel (led by Rich Stockley) to ask questions of them

Channels

Partners	Socials	Websites	Newsletters	Property/ physical	Internal
----------	---------	----------	-------------	-----------------------	----------

Surrey county council	<p>SCC corporate news UVP Libraries Surrey Virtual Schools Surrey Local Offer Family Information Services</p> <p>Next door Surrey Youth Voice @ourvoicesurrey</p>	<p>SCC The Local Offer <a href="#">Surrey Youth Voice - Surrey County Council</a> (<a href="http://surreycc.gov.uk">surreycc.gov.uk</a>)</p>	<p>Schools Bulletin SEND newsletter Early years update Surrey Matters</p>	<p>Maintained schools Libraries Family centres Community hubs Engagement events Surrey Youth Voice projects – participation groups.</p>	<p>Rachael Wardell update SCC Daily Joanna Killian update Social Worker update Surrey Youth Voice Reports</p>
Surrey Heartlands ICS	SH corporate	Surrey Heartlands.org – CYP page	<p>Primary Care newsletter Stakeholder newsletter</p>	<p>GP surgeries Pharmacies ?</p>	<p>Involve – ICS internal newsletter Claire Fuller update Surrey Heartlands Intranet</p>
Surrey and Borders Partnership Trust	SABP corporate & Mindworks Surrey	SABP corporate & Mindworks Surrey	Mindworks e-bulletin	<p>Hospitals – Ash Ward, St Peters, CYPS A&amp;E CYPS Services (eg: school needs team, eating disorders team etc)</p>	<p>Intranet E-bulletin</p>



**kooth**



## Surrey Kooth CYP

### Kooth Quarter 3 2022/23 Insight Report



**NHS**  
Surrey and Borders Partnership  
NHS Foundation Trust



**kooth**



**Surrey and Borders Partnership**  
NHS Foundation Trust

## Contents

Page 1: Summary
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Page 9: Age Comparisons
Page 10: Level of Need
Page 11: Chats & Messaging
Page 12: Community & Content: Creation
Page 13: Community & Content: Views
Page 14: Journals
Page 15: Goals
Page 16: Feedback Questionnaire
Page 17: Signposting & Integration
Page 18: Delivery Hours



Period: 01-Oct-22 to 31-Dec-22

Population: 125000

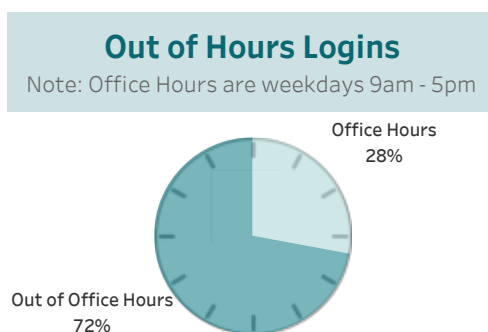
Population Reach (12 months): 2.2%

Note: Totals for No SUs are an aggregate of unique SUs over the period selected.

Registrations	Logins		Chats	
	No Logins	No SUs	No Chats	No SUs
539	4,648	788	263	130

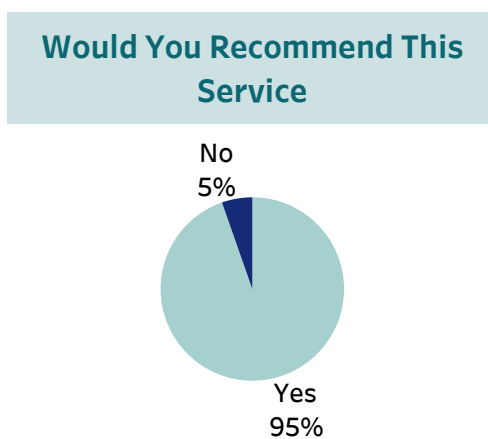
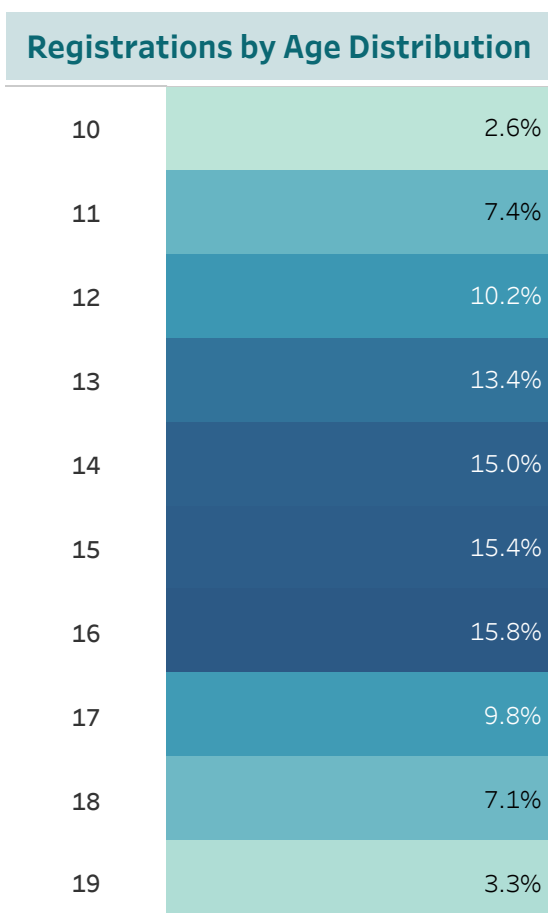
### Registrations by Gender

Female	Male	NonBinary	Other
376	122	39	2



### Messages

No Messages Swapped	No SUs
3,163	631



### Articles Created

No Articles	No SUs
12	10

### Forums Created

No Forums	No SUs
91	57

### Top 3 Heard About

Where new registrants heard of Kooth

Rank	Source	Percentage
1	School	20.1%
2	GP	17.2%
3	School or teacher	10.3%

### Mini-Activities

No Mini Activities	No SUs
41	33

### Journals Created

No Journals	No SUs
748	392

## Summary: 01-Oct-22 to 31-Dec-22

The grand totals of SUs reported in the Summary table is an aggregate of unique users over the period.

	Oct-22	Nov-22	Dec-22	Grand Total
No Registrations	198	197	144	539
SUs	355	345	280	788
No Logins	1,705	1,676	1,267	4,648
Logins per SU	4.8	4.9	4.5	4.7

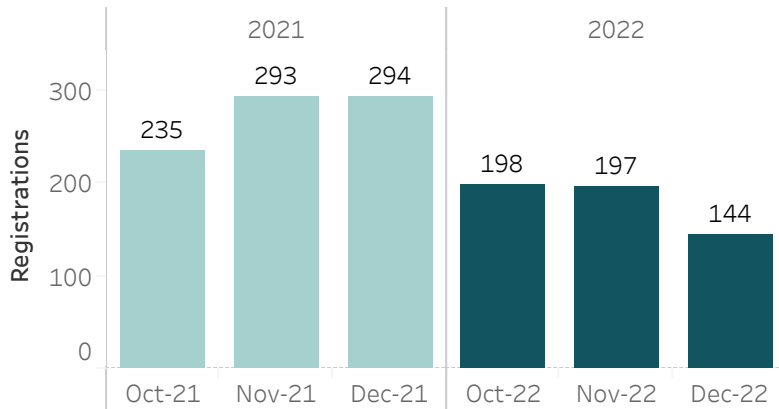
Period: 01-Oct-22 to 31-Dec-22

Population: 125000

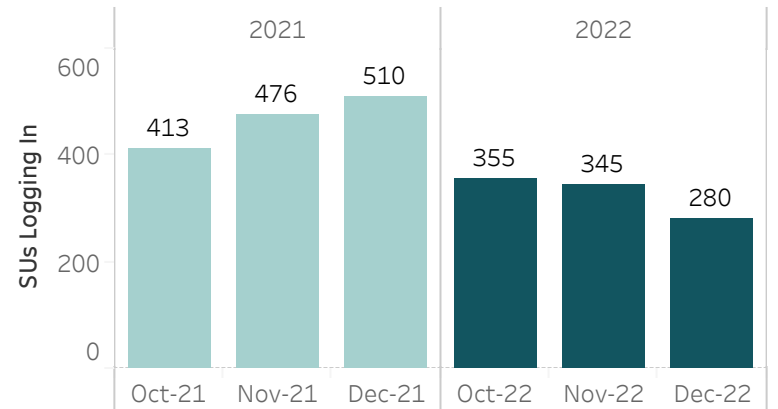
Population Reach (12 months): 2.2%

2021  
2022

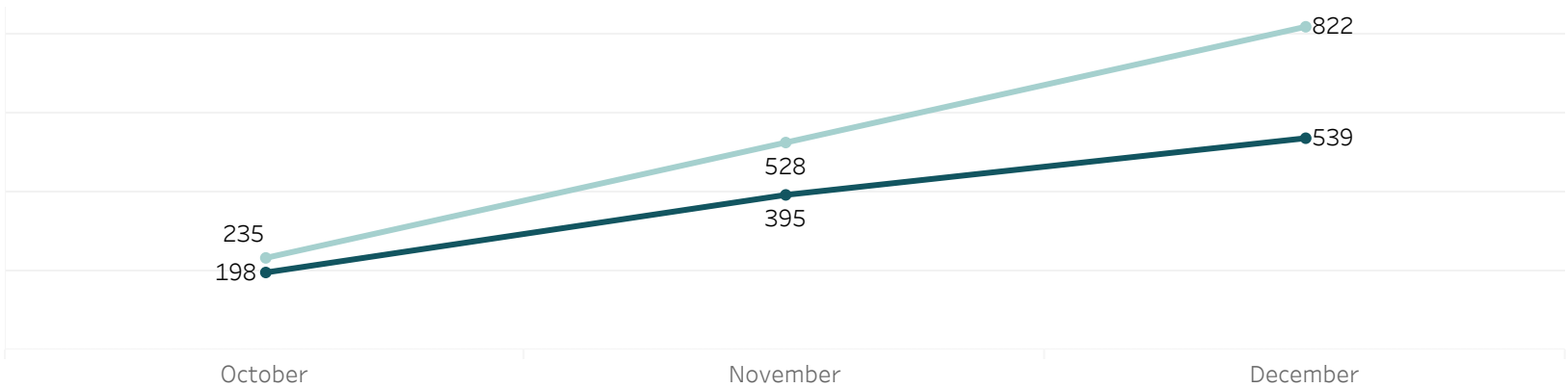
Registrations



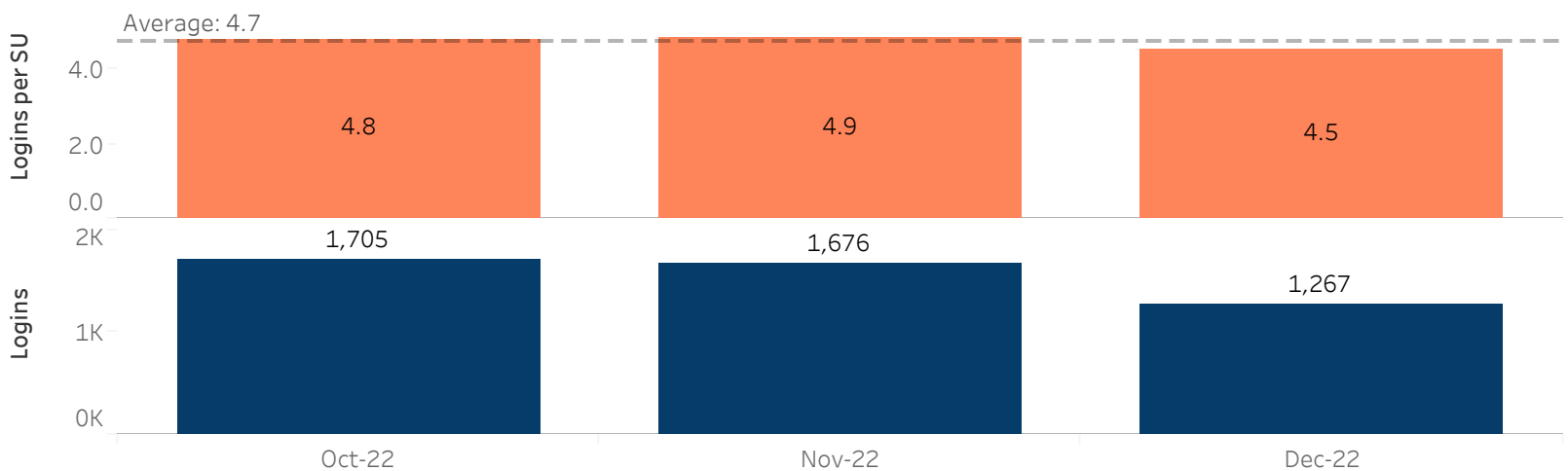
SUs Logging in



Cumulative Registrations in Period: This Year vs. Last Year



Logins



Summary: 01-Oct-22 to 31-Dec-22

The grand totals of SUs reported in the Summary table is an aggregate of unique users over the period.

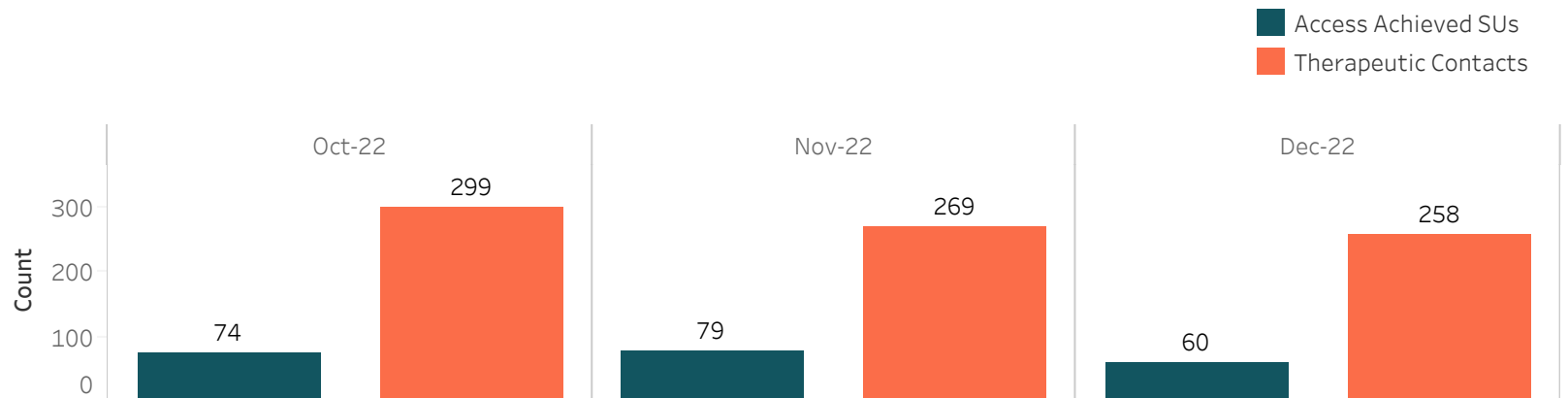
	Oct-22	Nov-22	Dec-22	Grand Total
Nº Registrations	198	197	144	539
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Logins per SU	4.8	4.9	4.5	4.7

**Period: 01-Oct-22 to 31-Dec-22**

**Access Achieved: U18s**

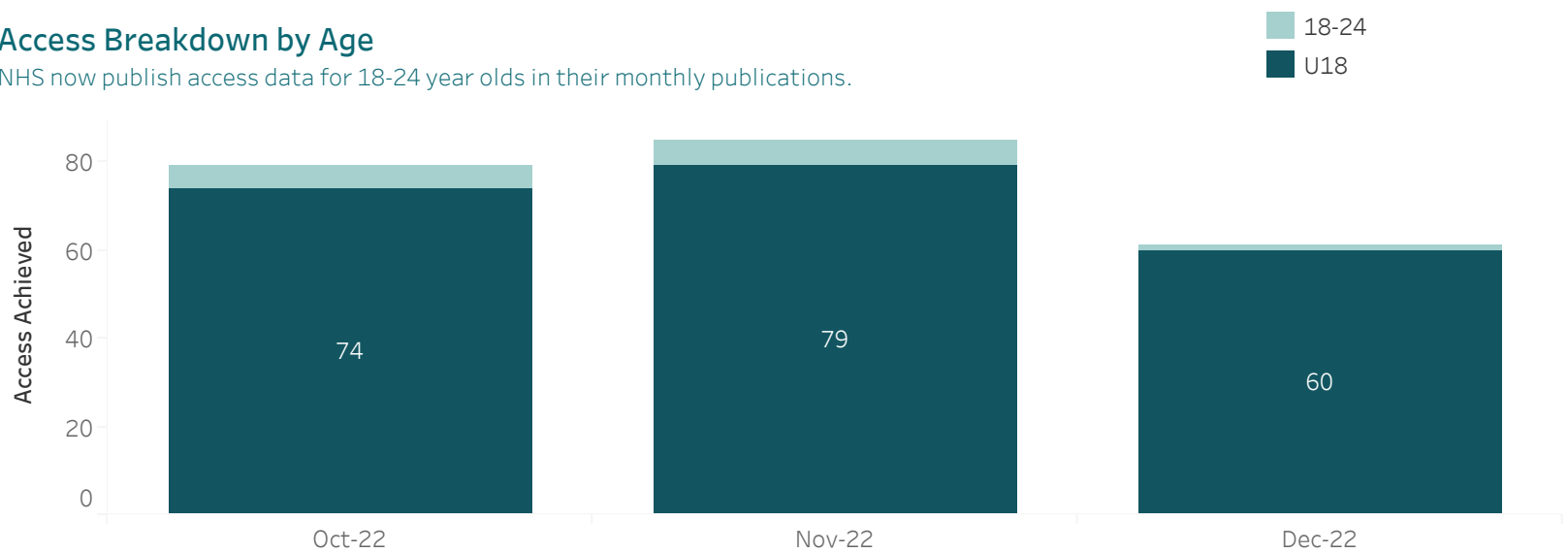
**Access count for MHSDS:** All U18 users achieving their first contact this fiscal year and in the reporting month i.e. if a user achieves access in April 2022 (FY22/23), they cannot be counted as achieving access in any other month in FY22/23 (as per our MHSDS submission).

**Count of MHSDS contacts submission for the reporting month:** All instances of a therapeutic contact in the time period, where contact is defined as either a therapeutic chat or a therapeutic message.



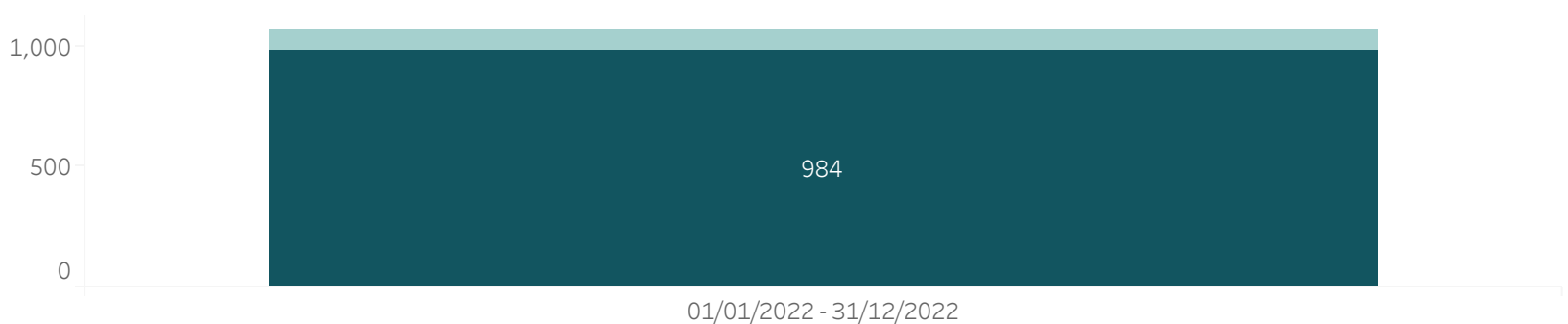
**Access Breakdown by Age**

NHS now publish access data for 18-24 year olds in their monthly publications.



**12 Month Rolling Access by Age**

**12 month rolling count of access including the reporting month:** All users who have achieved access in the last 12 months, up to the end of the time period.

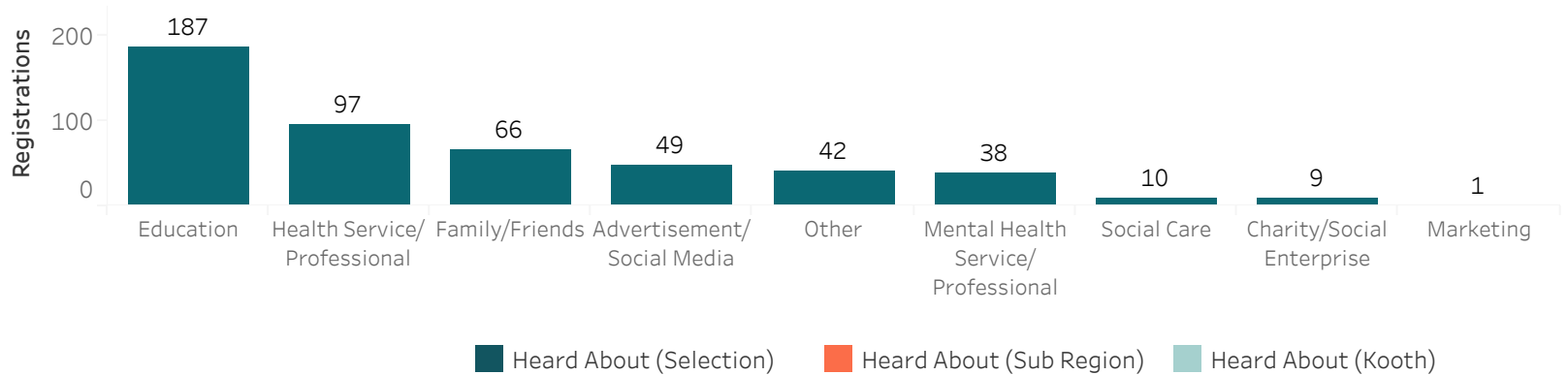


**Summary: 01-Oct-22 to 31-Dec-22**

Age Group at First Contact	October 2022		November 2022		December 2022		Grand Total		
	Access Achieved SUs	Therapeutic Contacts	Access Achieved SUs	Therapeutic Contacts	Access Achieved SUs	Therapeutic Contacts	Access Achieved SUs	Therapeutic Contacts	12M Rolling Access
U18	74	299	79	269	60	258	213	826	984
18-24	5	22	6	13	1	2	12	37	88

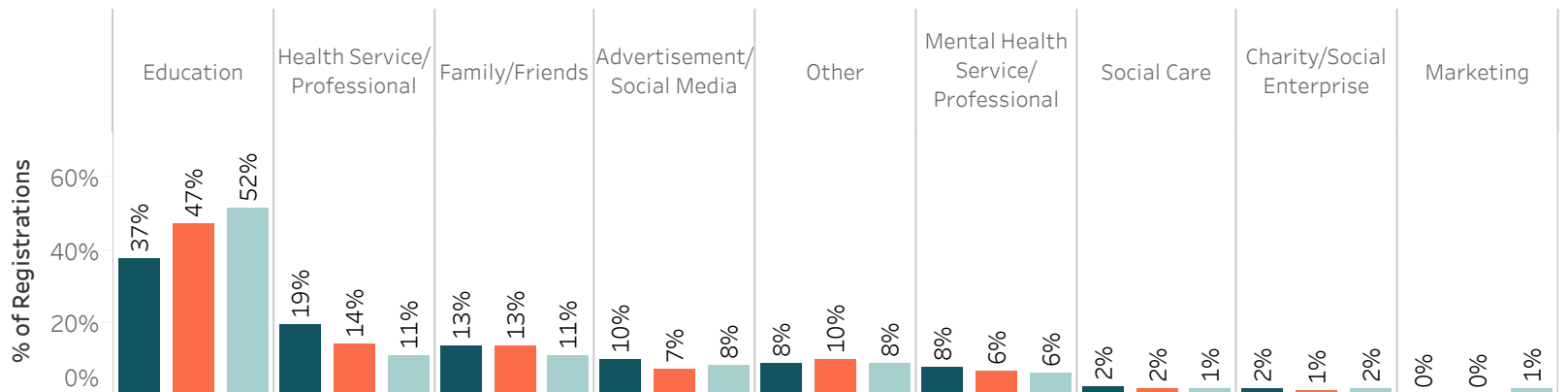
Period: 01-Oct-22 to 31-Dec-22

Registrations: How did you hear about KOOH?



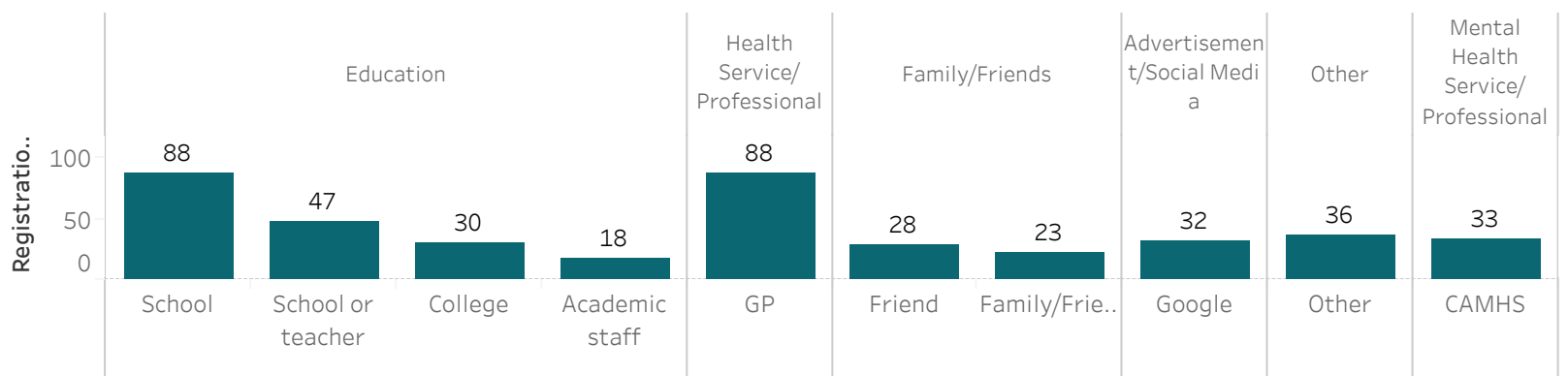
Heard About Comparison

Selection: Surrey Kooth CYP | Sub Region: South East



Registrations: How did you hear about KOOH?

Top 10, Categorized



Summary: 01-Oct-22 to 31-Dec-22

Top 10 Heard About Categories

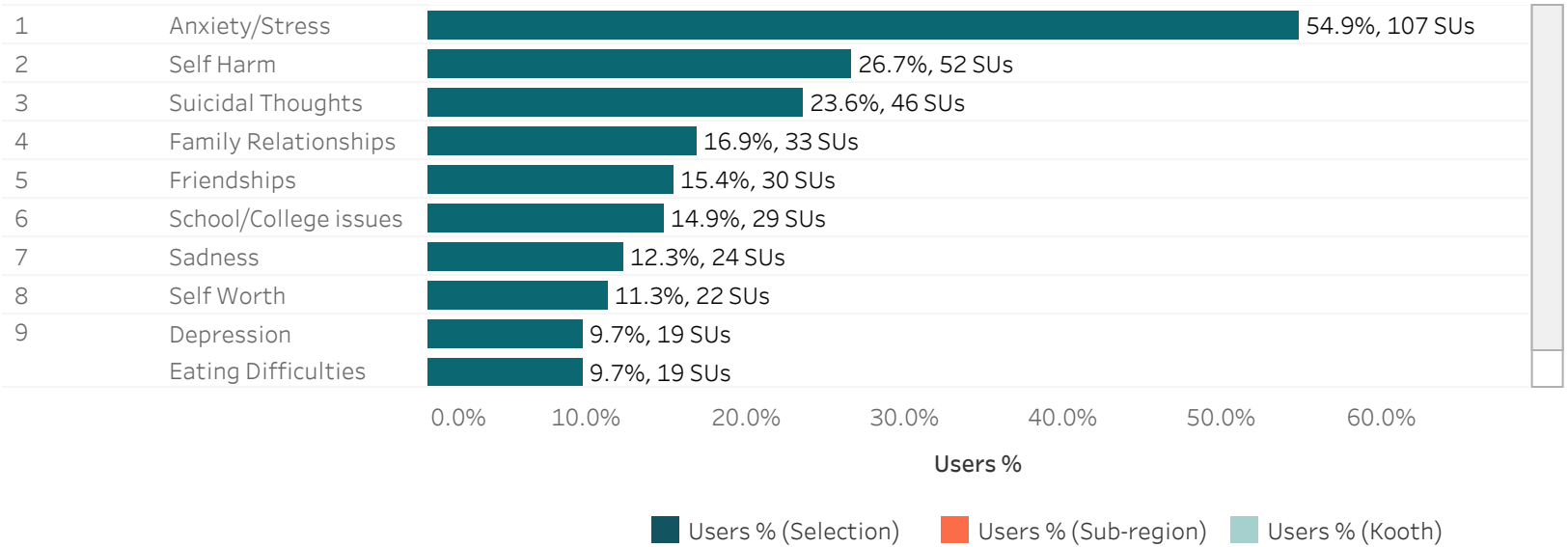
Category	Sub-Category	No Registrations
Education	School	88
	School or teacher	47
	College	30
	Academic staff	18
Health Service/Professional	GP	88
Family/Friends	Friend	28
	Family/Friends	23
Advertisement/Social Media	Google	32
Other	Other	36
Mental Health Service/Professional	CAMHS	33

Period: 01-Oct-22 to 31-Dec-22

### Top 10 Presenting Issues

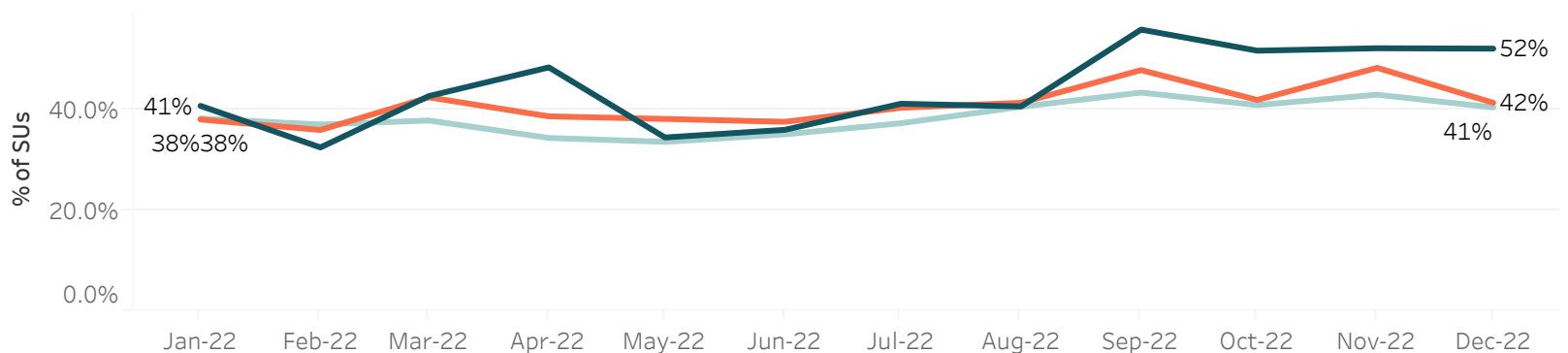
Issues presented during any interaction with the service, including Chats, Messaging and Moderation processes

**Note:** a service user can present with multiple issues in a period and can therefore sit within multiple issue labels, meaning the percentages will not sum to 100%.

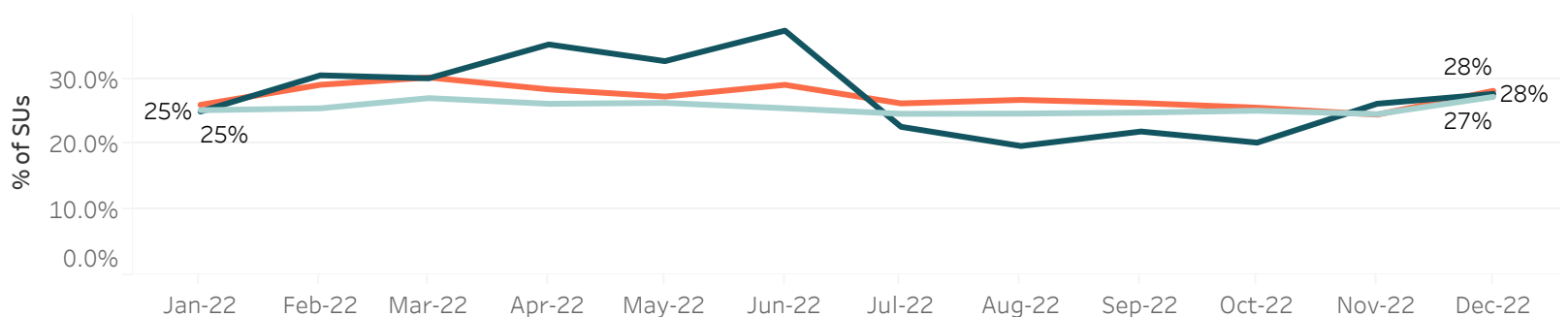


### Selection: Surrey Kooth CYP | Comparative Sub-Region: South East

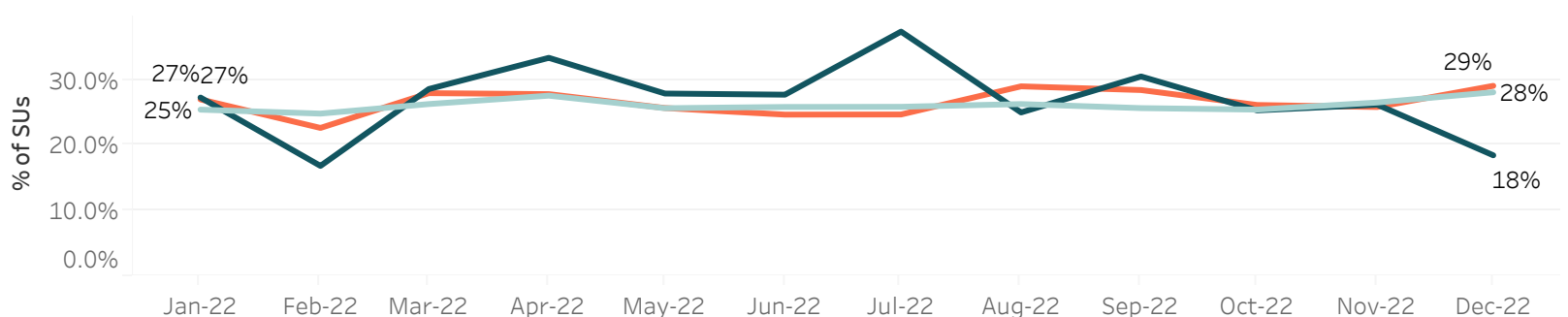
#### Proportion of users presenting with Anxiety/Stress



#### Self Harm



#### Suicidal Thoughts



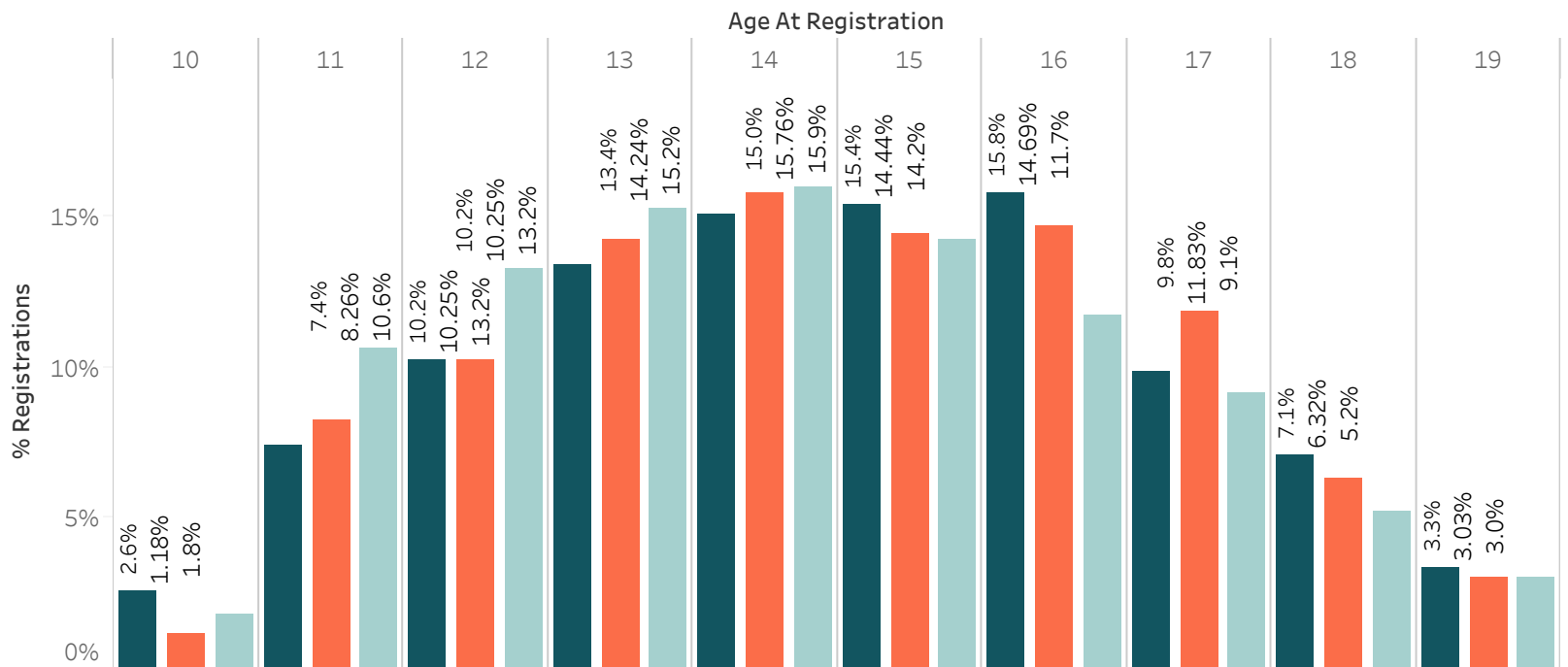
Period: 01-Oct-22 to 31-Dec-22

### Age Breakdown

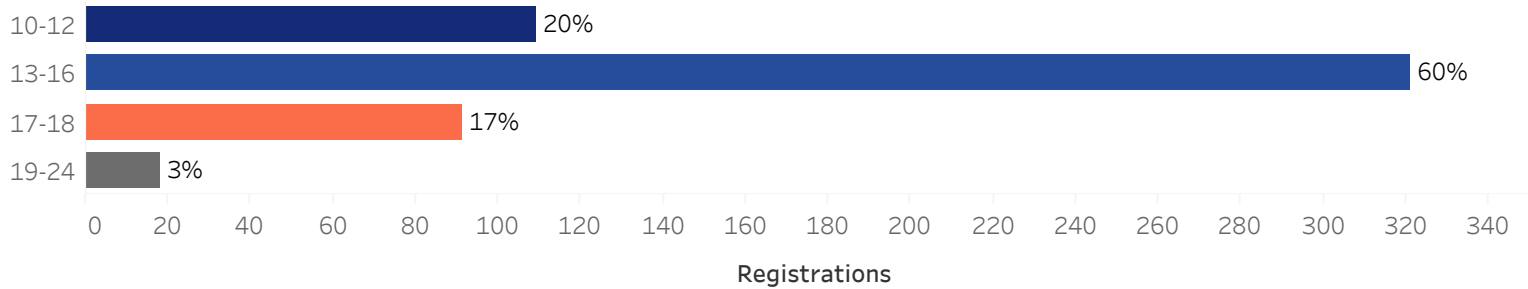
This breakdown compares the age composition in your area to the rest of the service. Note: only comparisons for the age range of your contract will be shown.

- Registrations (Selection)
- Registrations (Sub Region)
- Registrations (Kooth)

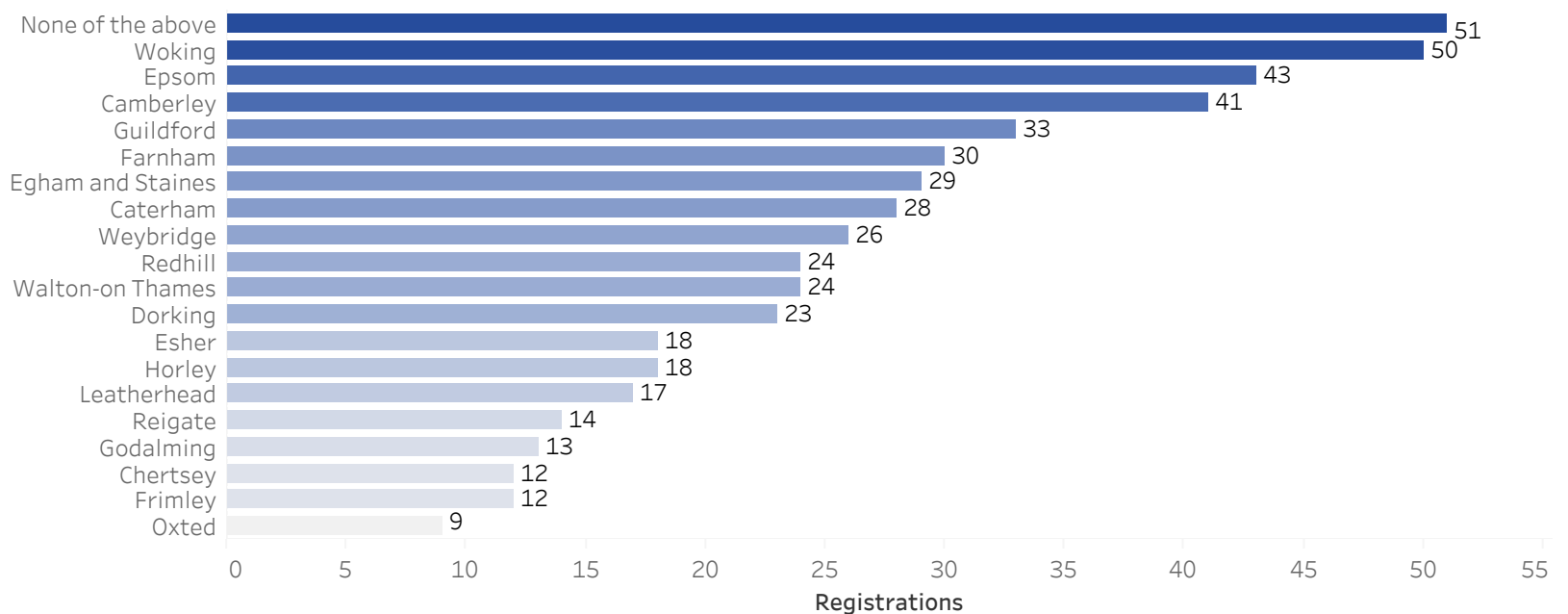
Selection: Surrey Kooth CYP | Sub Region: South East



### Age Group Breakdown



### Top Registrations by Sublocations: Max 20



Period: 01-Oct-22 to 31-Dec-22

Ethnicity Category

- White
- Mixed
- AsianOrAsianBritish
- OtherEthnicGroups
- BlackOrBlackBritish

## Users Logging in By Ethnic Group

Your selection: Surrey Kooth CYP



## Sub Region: South East



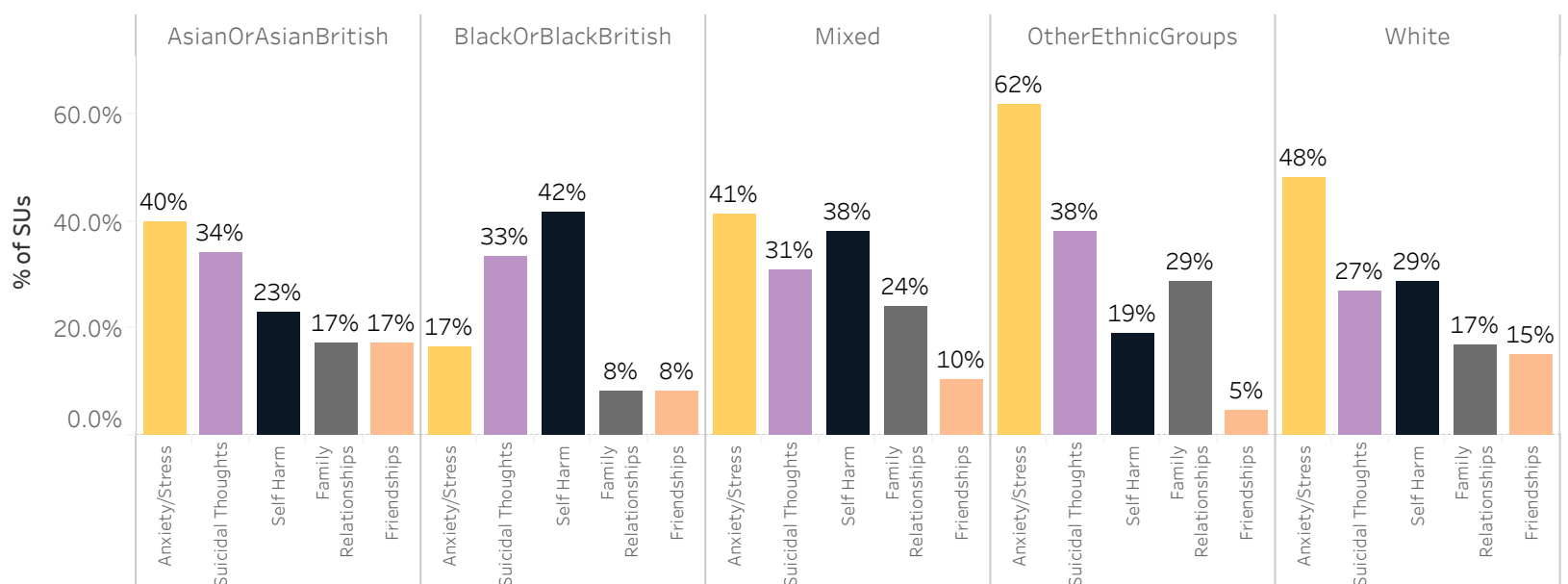
## Service: Kooth



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
% of Total SUs Logging In

## Presenting Issues by Ethnicity : Surrey Kooth CYP

Across the last 12 months



## Summary: 01-Oct-22 to 31-Dec-22

SUs Logging In

	Oct-22		Nov-22		Dec-22		Grand Total	
	SUs	% SUs	SUs	% SUs	SUs	% SUs	SUs	% SUs
Null	1	0%			2	1%	3	0%
AsianOrAsianBritish	23	7%	19	6%	13	5%	46	6%
BlackOrBlackBritish	11	3%	5	2%	5	2%	19	3%
Mixed	27	8%	22	7%	22	8%	56	8%
OtherEthnicGroups	10	3%	14	4%	4	2%	24	3%
White	255	78%	259	81%	220	83%	588	80%
Grand Total	327	100%	319	100%	266	100%	736	100%

Period: 01-Oct-22 to 31-Dec-22

Gender  
■ Female  
■ Male  
■ NonBinary  
■ Other

Users Logging In by Gender

Your selection: Surrey Kooth CYP



Sub Region: South East



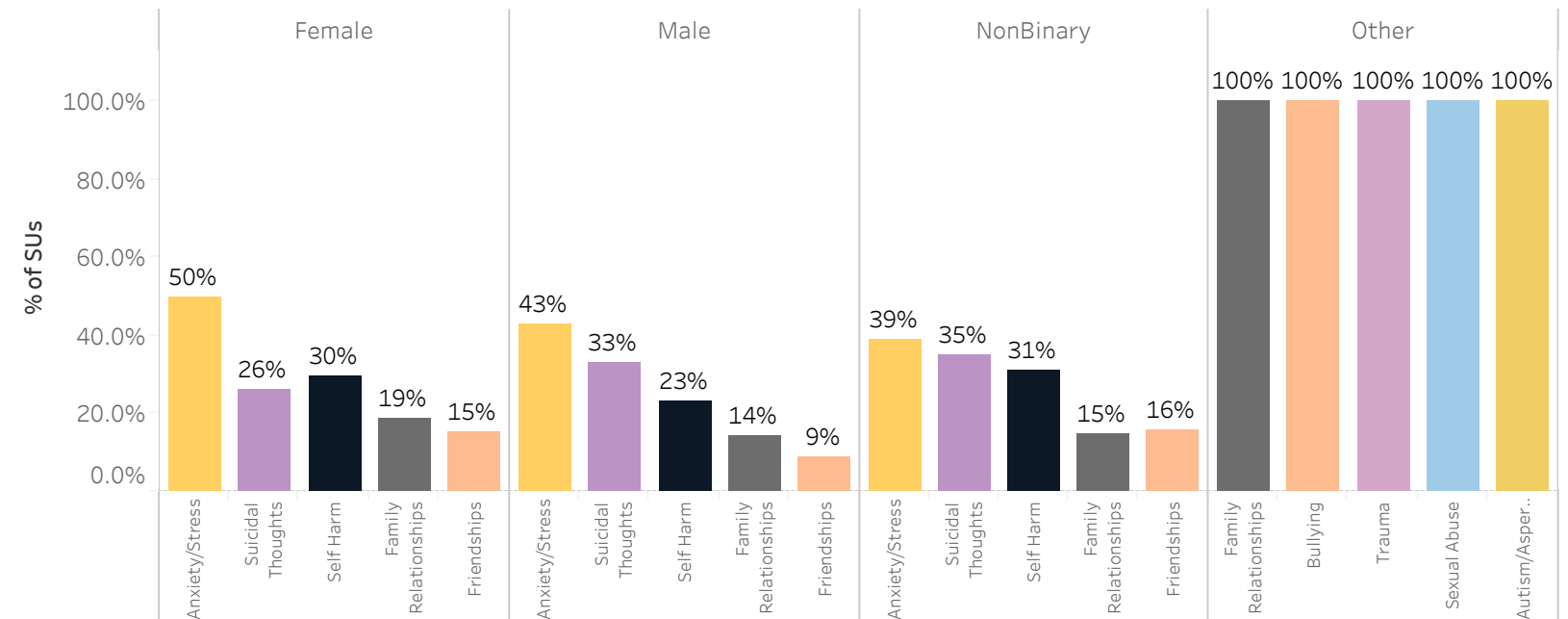
Service: Kooth



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
 % of Total SUs Logging In

Presenting Issues by Gender: Surrey Kooth CYP

Across the last 12 months



Summary: 01-Oct-22 to 31-Dec-22

SUs Logging In

	Oct-22		Nov-22		Dec-22		Grand Total	
	SUs	% SUs	SUs	% SUs	SUs	% SUs	SUs	% SUs
Female	256	72%	252	73%	206	74%	569	72%
Male	70	20%	65	19%	51	18%	158	20%
NonBinary	29	8%	28	8%	21	8%	59	7%
Other					2	1%	2	0%
Grand Total	355	100%	345	100%	280	100%	788	100%



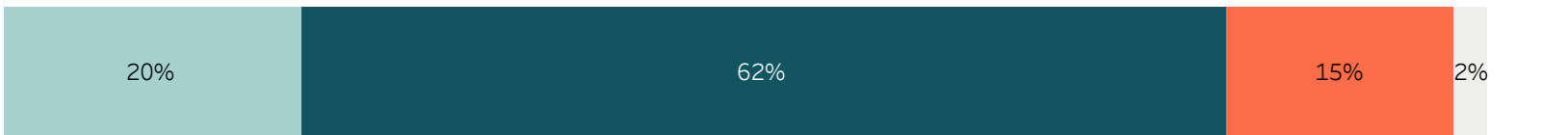
Period: 01-Oct-22 to 31-Dec-22

Age at Registration

- 10-12
- 13-16
- 17-18
- 19-24
- 25+

## Users Logging In by Age Group

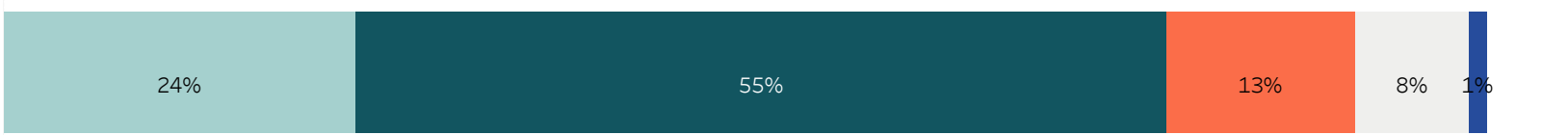
Your selection: Surrey Kooth CYP



Sub Region: South East



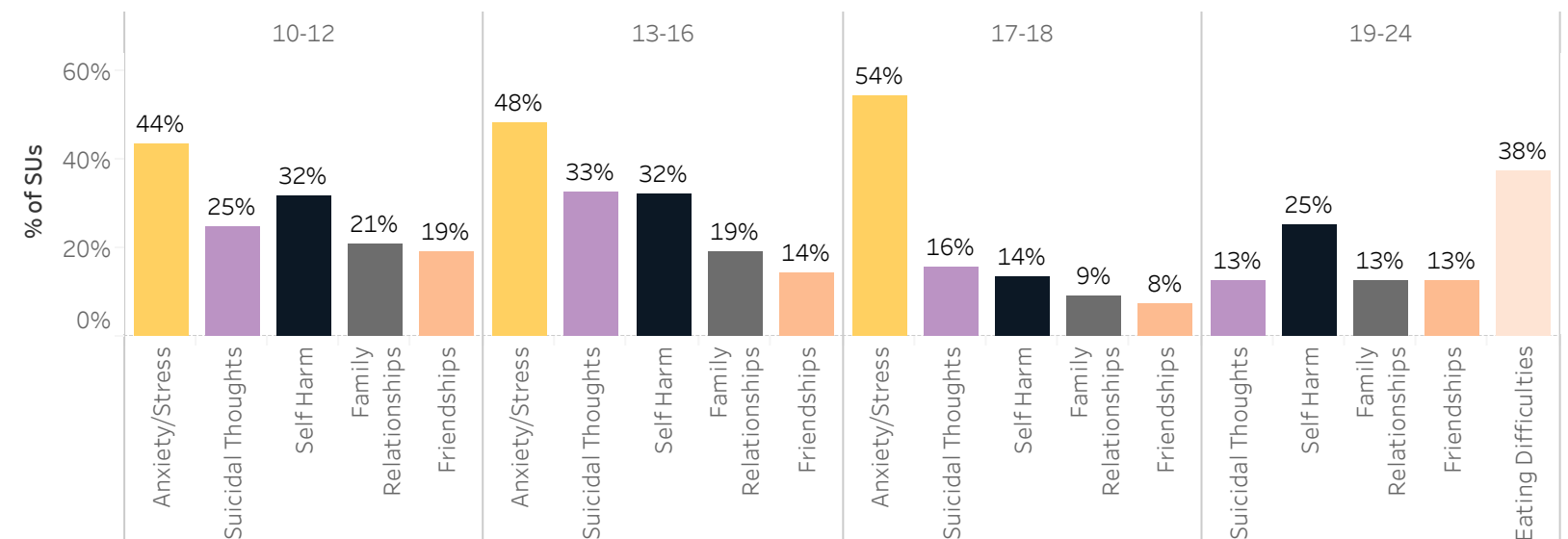
Service: Kooth



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
% of Total SUs Logging In

## Presenting Issues by Age: Surrey Kooth CYP

Across the last 12 months



## Summary: 01-Oct-22 to 31-Dec-22

SUs Logging In

	Oct-22		Nov-22		Dec-22		Grand Total	
	SUs	% SUs	SUs	% SUs	SUs	% SUs	SUs	% SUs
10-12	79	22%	67	19%	49	18%	159	20%
13-16	221	62%	217	63%	189	68%	490	62%
17-18	50	14%	53	15%	37	13%	121	15%
19-24	5	1%	8	2%	5	2%	18	2%
Grand Total	355	100%	345	100%	280	100%	788	100%

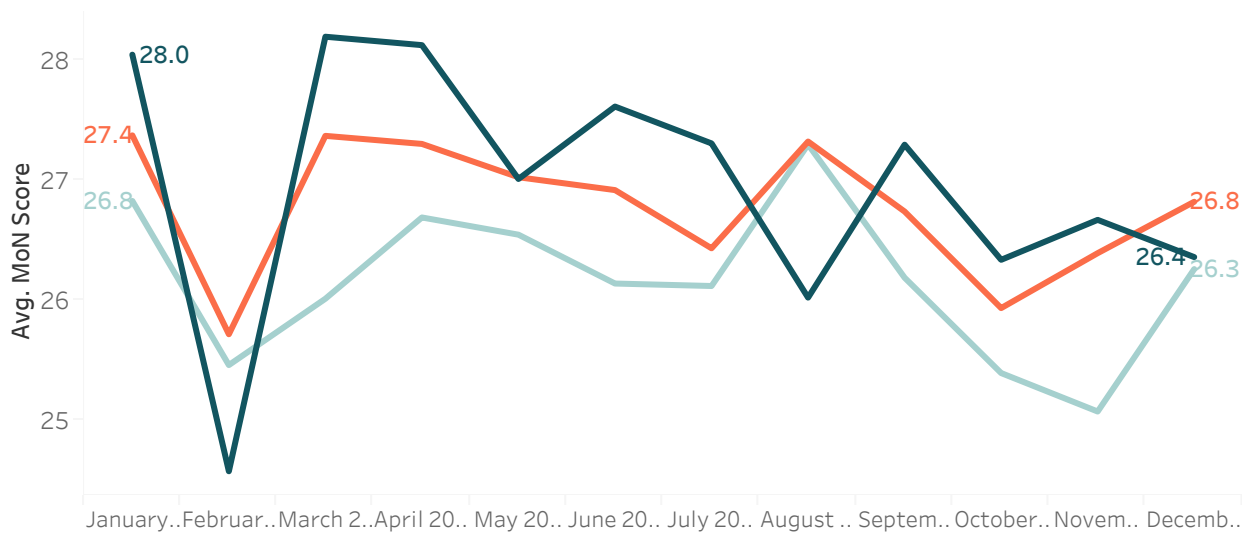
Period: 01-Oct-22 to 31-Dec-22

Measure of Need

Measure of Need (MoN) is the name given to the first CORE instrument/questionnaire administered at the point of registration in the service.

Selection: Surrey Kooth CYP | Sub Region: South East

Avg. MoN Score  
 ■ Avg MoN Score (Selection)  
 ■ Avg MoN Score (Sub-region)  
 ■ Avg MoN Score (Kooth)



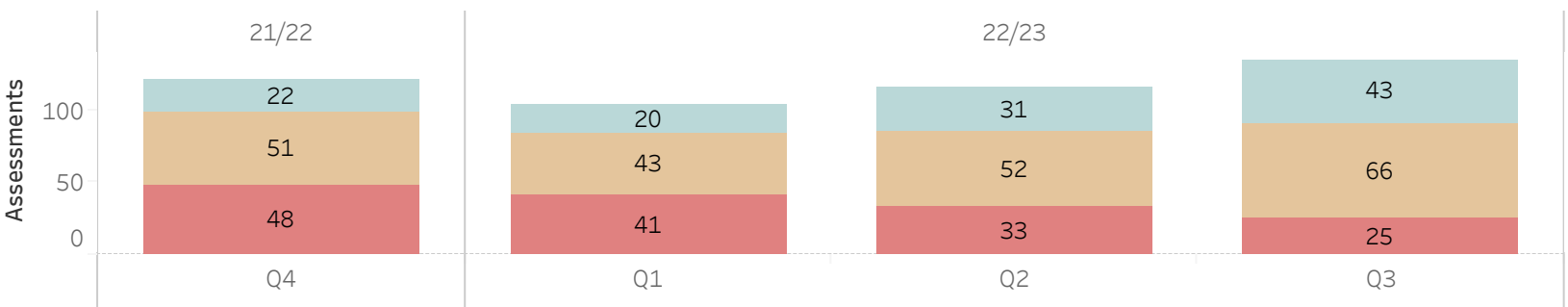
MoN Severe Threshold:  
CORE Score of 25-40

64%

Risk Status

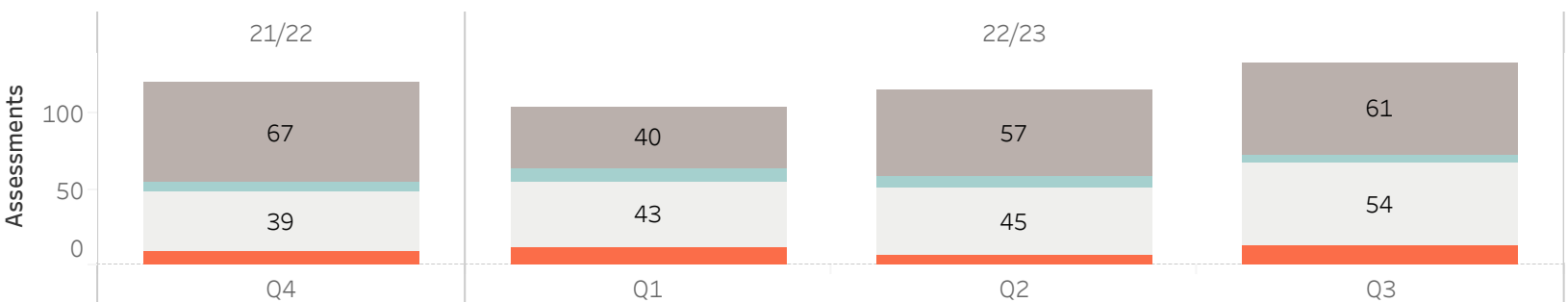
■ Green ■ Amber ■ Red

RAG is a qualitative Red Amber Green assessment of risk and a traffic light system to manage the digital mental health service. It is a measure of perceived risk reported by practitioners within 24 hours of an interaction.



Escalations Graph

■ First Risk ■ De-escalation ■ No Risk Change ■ Escalation



Summary: 01-Oct-22 to 31-Dec-22

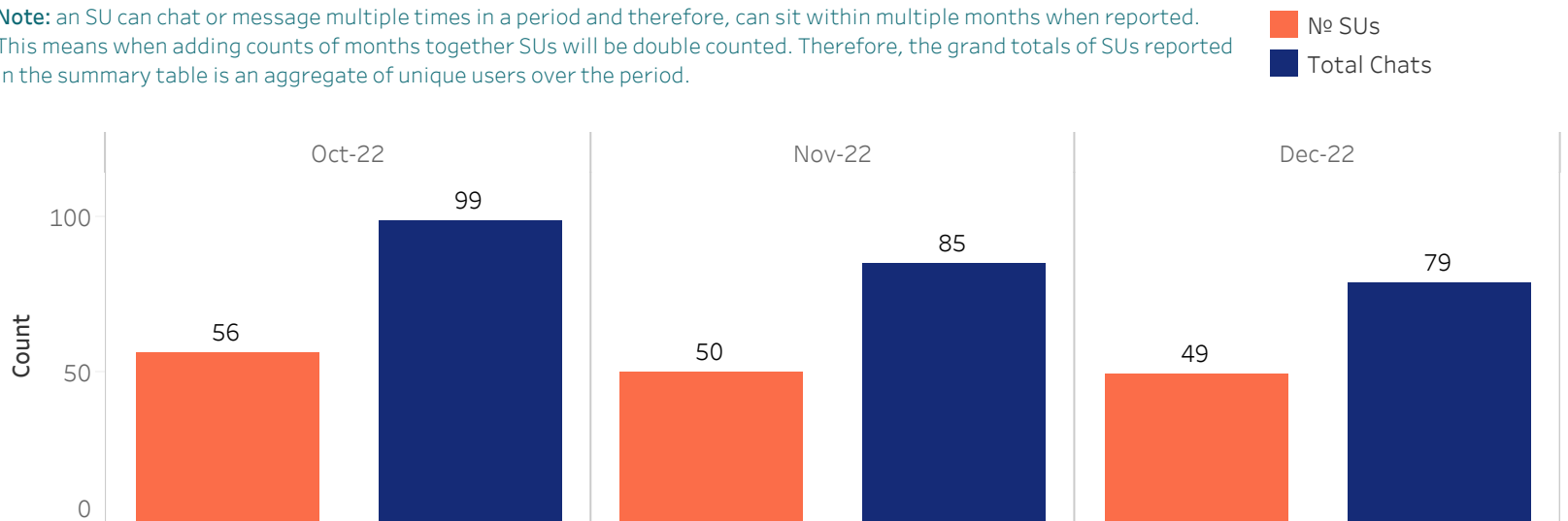
Risk Change	Previous Risk Status	Risk Status	Oct-22	Nov-22	Dec-22	Grand Total
First Risk	Null	Amber	9	9	8	26
		Green	10	9	5	24
		Red	3	5	3	11
		Total	22	23	16	61
De-escalation	Amber	Green	1		2	3
	Red	Amber		1	2	3
	Total	1	1	4	6	
No Risk Change	Green	Green	7	4	5	16
	Amber	Amber	6	13	12	31
	Red	Red	5	1	1	7
	Total	18	18	18	54	
Escalation	Green	Amber		4	2	6
	Amber	Red	1	1	1	3
	Total	1	7	5	13	
Grand Total			42	49	43	134

## Period: 01-Oct-22 to 31-Dec-22

### Chats

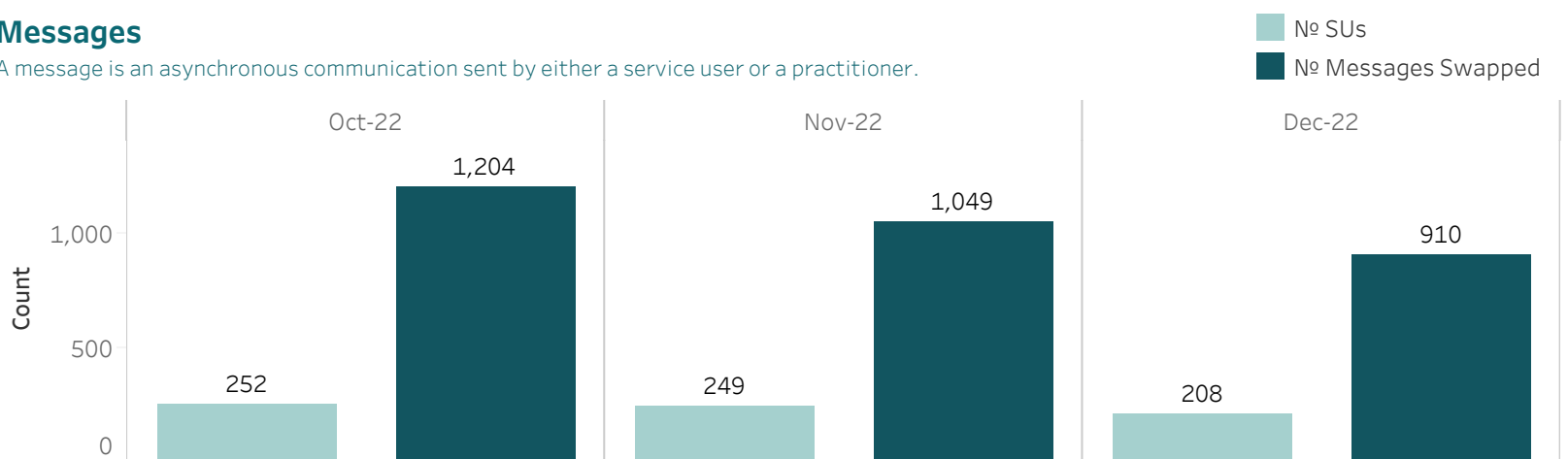
A chat is a internet delivered, live, text-based intervention between a service user and practitioner.

**Note:** an SU can chat or message multiple times in a period and therefore, can sit within multiple months when reported. This means when adding counts of months together SUs will be double counted. Therefore, the grand totals of SUs reported in the summary table is an aggregate of unique users over the period.

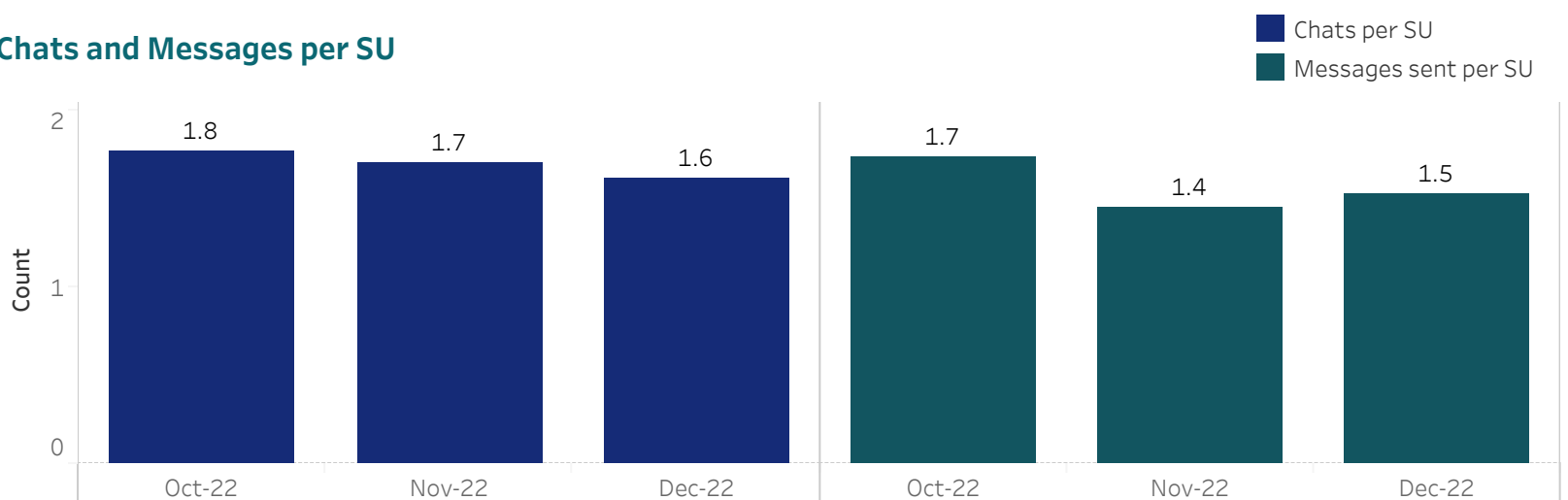


### Messages

A message is an asynchronous communication sent by either a service user or a practitioner.



### Chats and Messages per SU



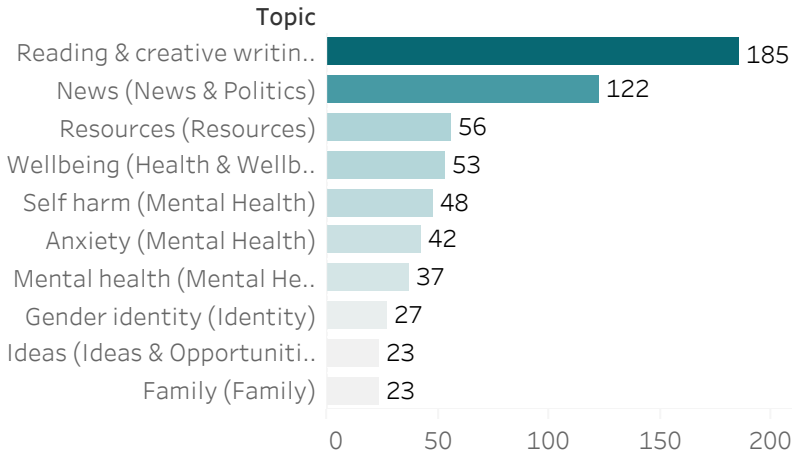
### Summary: 01-Oct-22 to 31-Dec-22

	Oct-22	Nov-22	Dec-22	Grand Total
Nº Chats	99	85	79	263
SUs Chatting	56	50	49	130
Total Messages	1,204	1,049	910	3,163
SUs Messaging	252	249	208	631

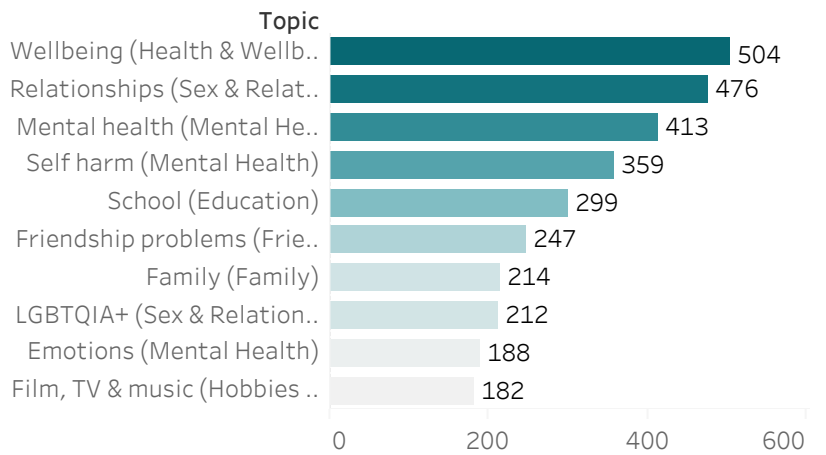
**Period: 01-Oct-22 to 31-Dec-22**

**Note:** an SU can view content multiple times in a period and therefore, can sit within multiple months when reported. This means when adding counts of months together SUs will be double counted. Therefore, the grand totals of SUs reported in the Summary table is an aggregate of unique users over the period.

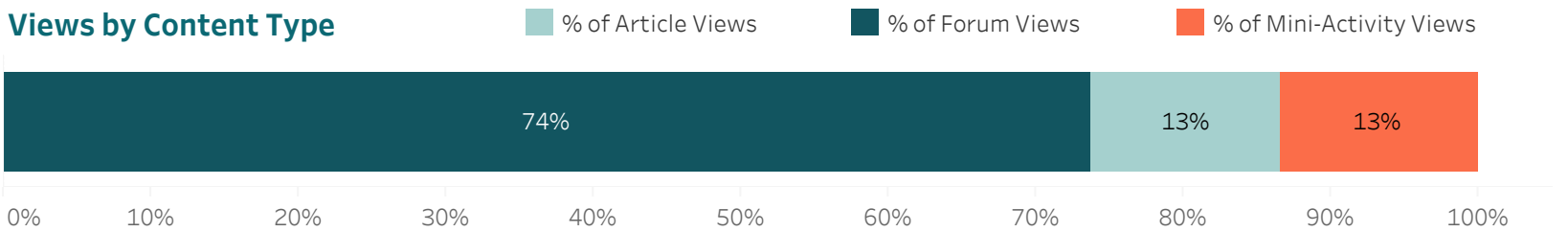
**Most Viewed Articles (Top 10)**



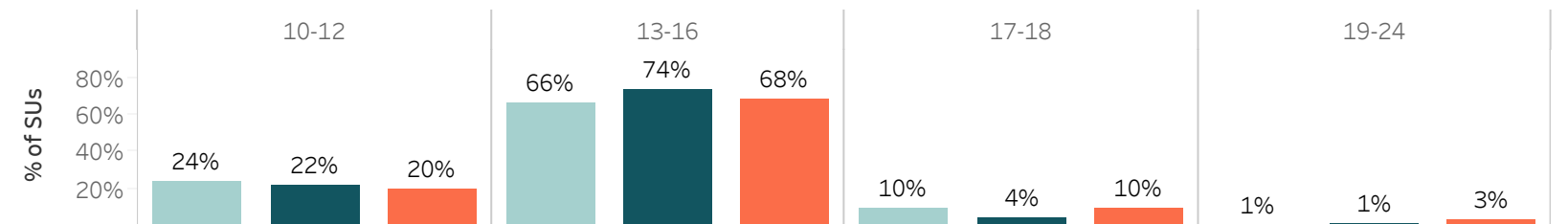
**Most Viewed Forums (Top 10)**



**Views by Content Type**

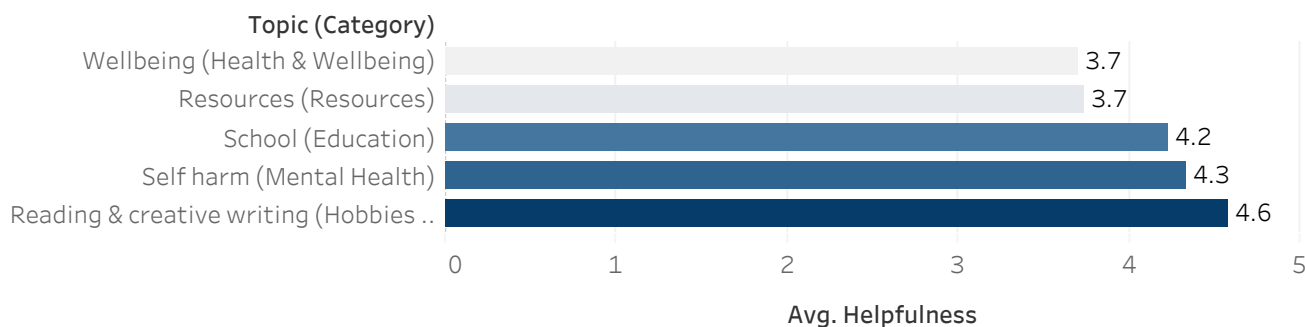


**Content Type by Age**



**Community Measure or Peer Online Community Experience Measure (POCEM)**

POCEM is an Experience measure developed at Kooth. It has been peer reviewed and examined cross-sectionally. It aims to assess the helpfulness and positive or negative experience of the content consumed at that time (forum related) in the platform and understand quality of care within this community.



**% of Users who Found Content Helpful**

i.e. users who scored the content consumed as >= 4

**84%**

**Summary: 01-Oct-22 to 31-Dec-22**

	Oct-22	Nov-22	Dec-22	Grand Total
Article Views	406	340	247	993
Forum Views	2,081	2,716	1,511	6,308
Mini-Activity Views	256	291	188	735
SUs Viewing Content	190	190	134	420

### Period: 01-Oct-22 to 31-Dec-22

We have dedicated moderators who moderate Articles and Live and Offline Forums. Every post is moderated before it goes live on the site. Service Users are able to submit articles, and forum threads. They can also post replies on all of these areas.

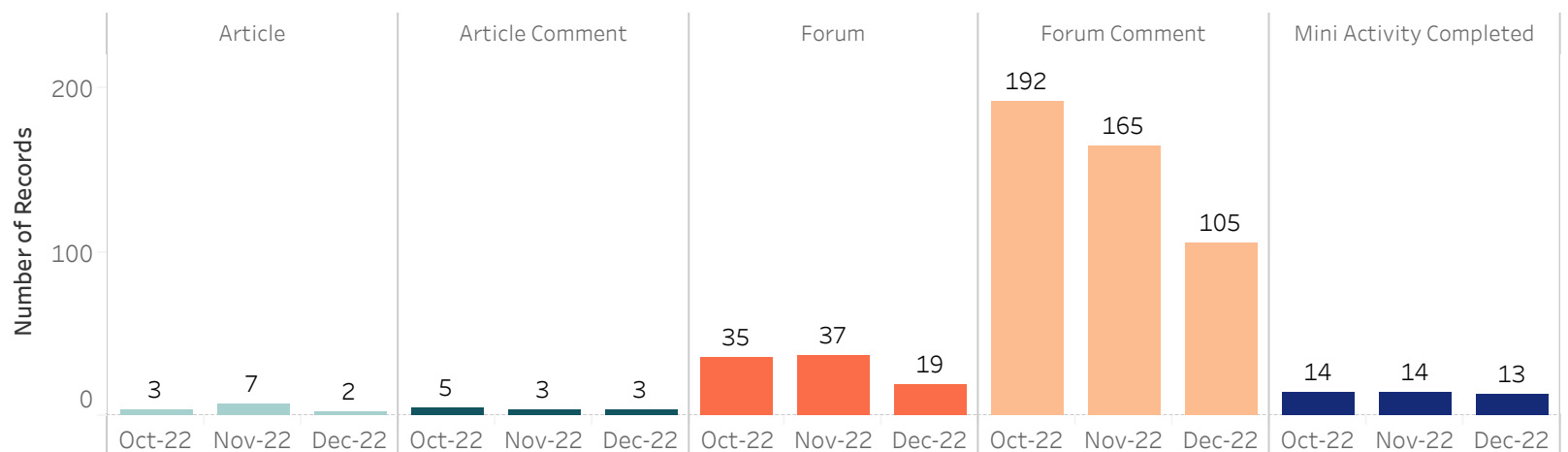
The Live Forums provide an online social and discussion space for its users on a range of differing themes. The Service Users who visit the site are able to drop in on pre-selected and pre-researched topic discussions.

Each night has a worker host directing the topic of discussion and a moderator, who will edit and publish each comment to ensure that the Live Forum is a safe and confidential place to be and that the discussion stays within the remit of the service boundaries. The Live Forums are heavily Service User orientated meaning that whilst a set schedule is in place, Service Users are able to voice their opinions on the topics, some of which have been specifically chosen by them. The Live forums are also archived, allowing the Service User to revisit any topics of interest for tips and advice.

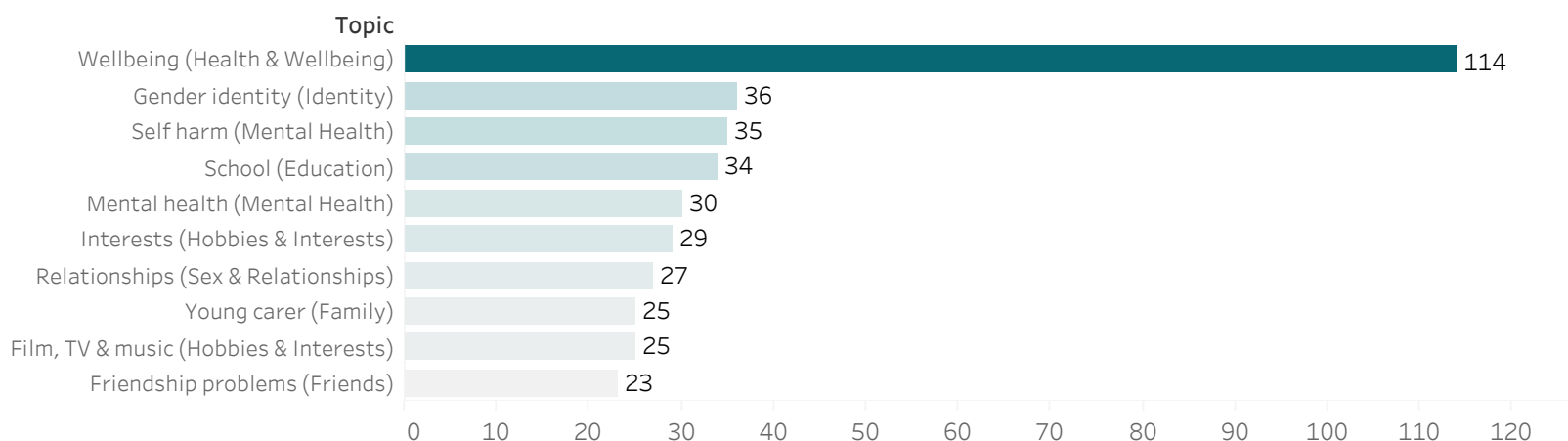
Mini activities are short step-by-step exercises or activities children and young people can engage with.

**Note:** an SU can create content multiple times in a period and therefore, can sit within multiple months when reported. This means when adding counts of months together SUs will be double counted. Therefore, the grand totals of SUs reported in the Summary table is an aggregate of unique users over the period.

### Content Created by Month



### Top 10 Most Commented Forum Topics within the Period



### Summary: 01-Oct-22 to 31-Dec-22

Content Type		Oct-22	Nov-22	Dec-22	Grand Total
Article	Count	3	7	2	12
	SUs	3	5	2	10
Article Comment	Count	10	6	7	23
	SUs	8	4	5	16
Forum	Count	35	37	19	91
	SUs	23	26	17	57
Forum Comment	Count	208	166	109	483
	SUs	48	38	30	99
Live Forum Comment	Count	11	116	22	149
	SUs	3	2	1	4
Mini Activity Completed	Count	14	14	13	41
	SUs	12	12	9	33

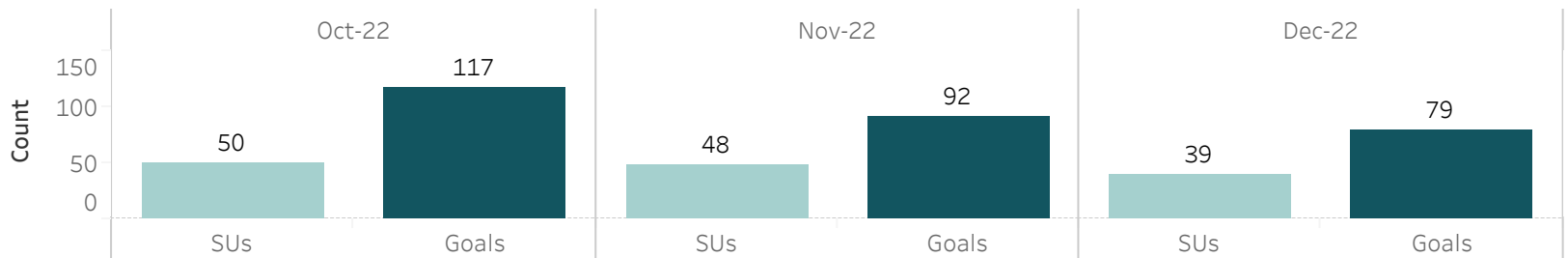
**Period: 01-Oct-22 to 31-Dec-22**

With the help of Professionals, service users set therapeutic goals that can be scored between 0 and 10, and are re-assessed each session.

**Goals by Month**

SUs  
Goals

**Note:** The same goal can be moved in a subsequent month and can therefore exist across multiple months.



**Goals Based Outcomes**

The goal-based outcomes (GBO) tool is a simple and effective method to measure progress and outcomes of an intervention. It grew out of work with children, young people and their families in mental health and emotional well-being settings but can be used in any setting that is change-focused and goal-oriented – including adult and physical health contexts.

If a service user moves a goal by **3 points or more** then this is considered an **achieved 'Goal Based Outcome' (GBO)**.

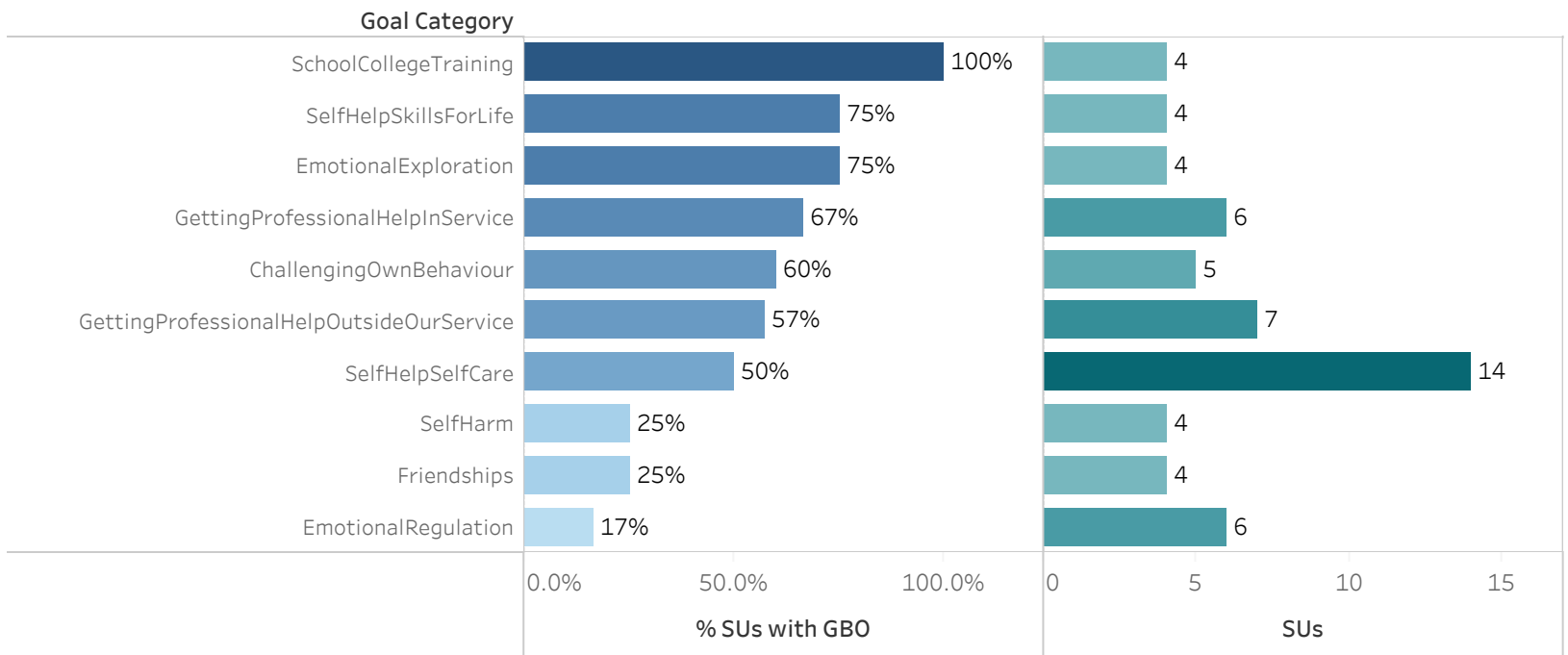
Note: only paired goals, that is, goals created at any point in time that are moved or updated by 3 points or more within a period qualify for goal based outcomes.

**% SUs with GBO**

**58%**

**Top 10 Most Common Goal Categories: Ordered by % GBOs**

This shows the number of Service Users with a new goal created in each category. Service user can have more than one goal.



**Summary: 01-Oct-22 to 31-Dec-22**

	Oct-22	Nov-22	Dec-22	Grand Total
Goals created or updated	117	92	79	288
SUs with Paired Goals	16	17	21	43
SUs with GBO	11	11	11	25
% SUs with GBO	69%	65%	52%	58%
Avg. Goal Score Movement	5.1	4.5	4.2	4.6

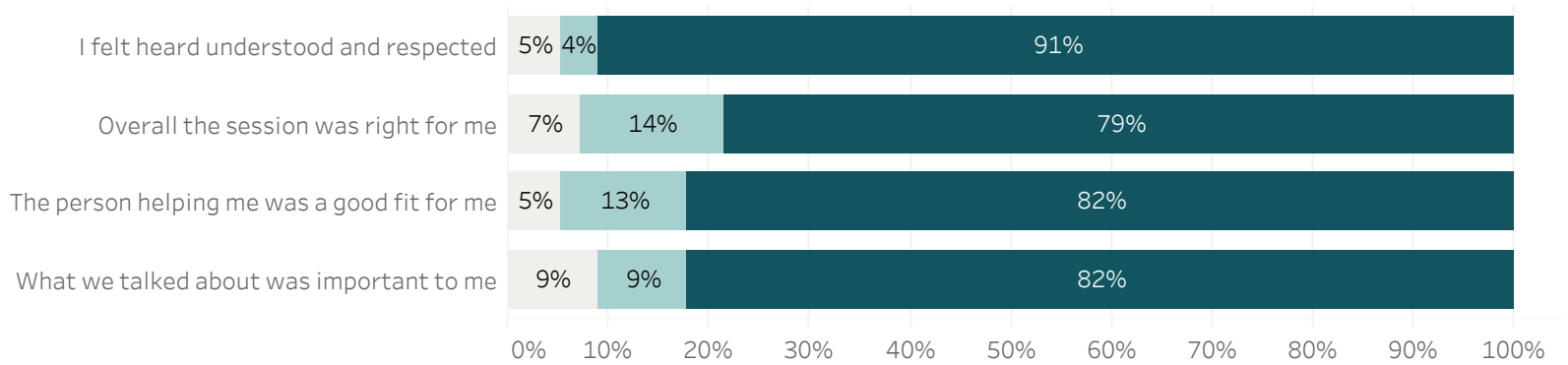
Goal movement analysis includes goals that have moved within the period. The Average Goal Movement shows the average goal score difference from goal creation to the score at the end of the period.

**Period: 01-Oct-22 to 31-Dec-22**

EoS is collated from completed questionnaires that appear at the end of every chat session. It provides some impact statements such as Friend's recommendation Net promoter score. The questions are focused on capturing the effectiveness of the therapeutic alliance. Research shows that Service Users are more likely to achieve positive outcomes when they score the intervention highly.

- A lot
- A little
- Not at all

**224 Unique SUs Provided 56 Responses for Surrey Kooth CYP**



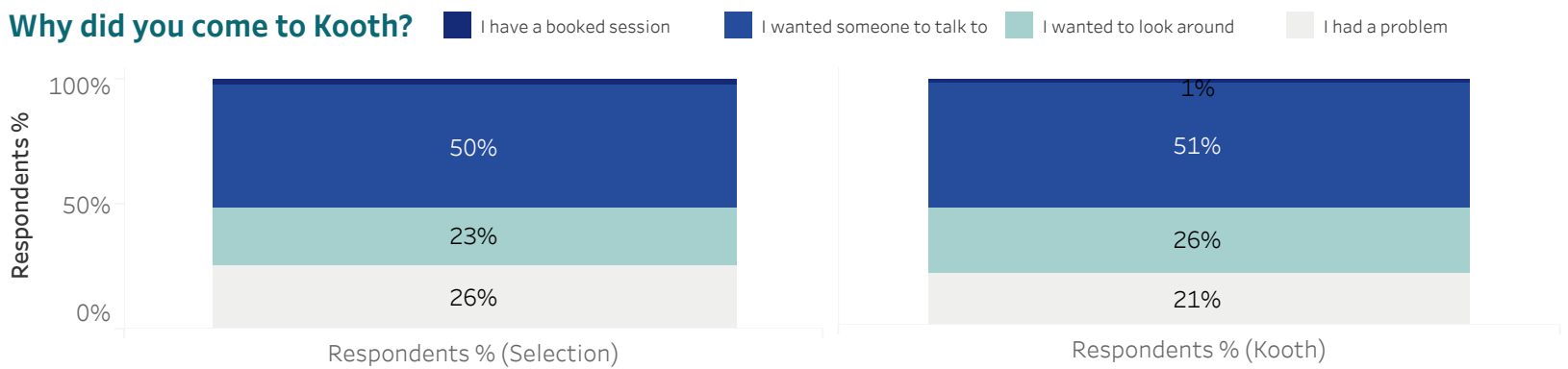
**I would recommend counselling to a friend**



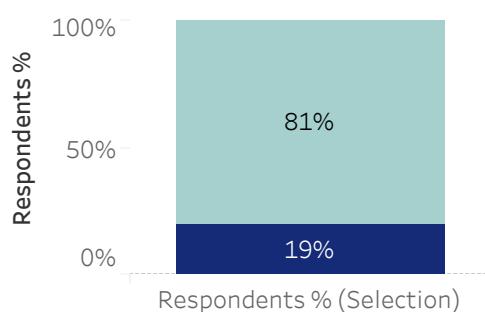
**Homepage Feedback**

This is obtained via a questionnaire that appears on a Service Users' homepage. It asks them why they came, if they found their visit helpful and if they would recommend the service to a friend offers valuable insight into the effectiveness of the service for those Service Users who choose not to access chat.

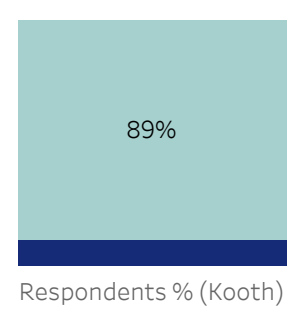
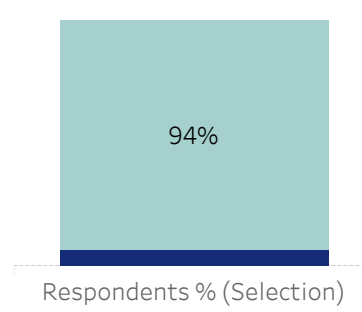
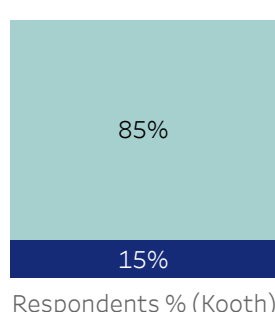
**Why did you come to Kooth?**



**Would you recommend Kooth to a friend?**



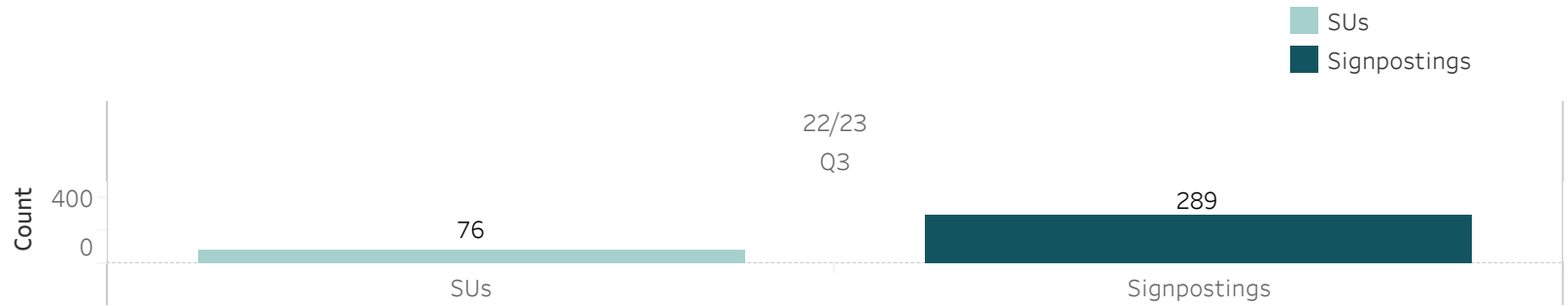
**Did you think Kooth is a useful source of support?**



Period: 01-Oct-22 to 31-Dec-22

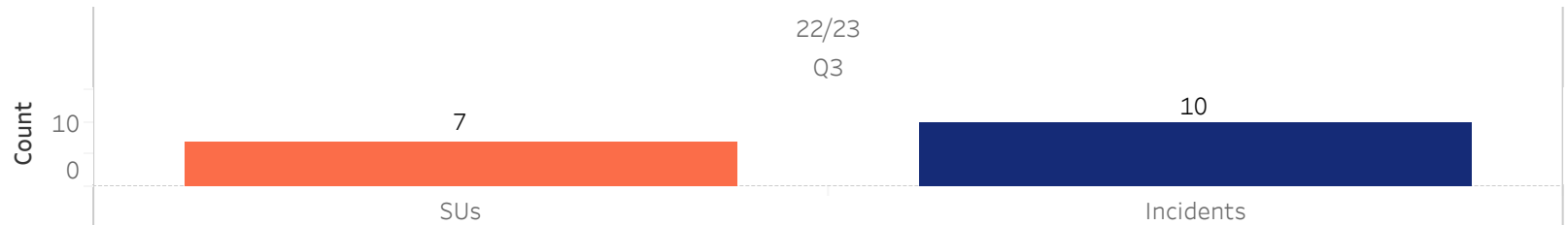
Signpostings

Signpostings are when the practitioner directs the service user to other sources of external support that may help them. This could include crisis signposting to services such as SHOUT or The Samaritans, with contact details so that the SU can contact them for additional support that Kooth may not be able to provide. It could also include signposting to more specific services if the SU needs additional support in a specific area, for example signposting to alcohol support services for someone struggling with alcohol dependency.



Safeguarding Concerns or Incidents

Where there is a concern that a CYP may be at risk of harm, or may have been harmed. This could include things such as disclosures of self-harm or suicidal intent, concerns around exploitation or abuse etc.



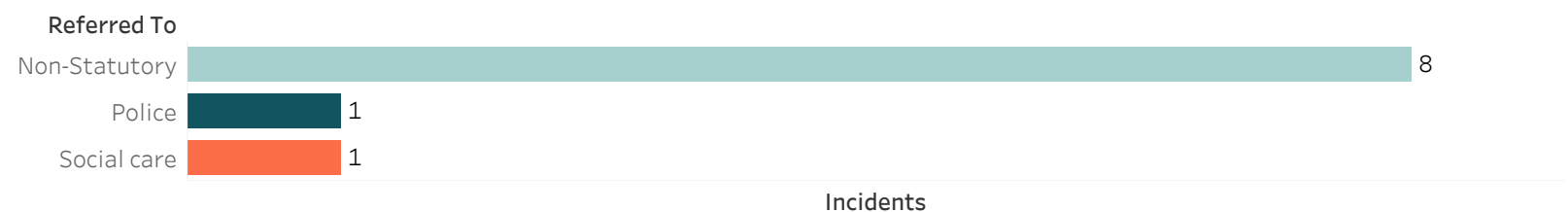
Concern Reason within the Period



External Referrals within the Period

We can make referrals to lots of different external services that may be able to work with a SU. The more common referrals are things like social care, police, CAMHS, housing etc.

**Non statutory:** This could be organisations such as Women’s Aid, Prevent (anti-terrorism), other health referrals, or more localised services that support with areas such as drug and alcohol support, domestic violence support, family support, clubs or work opportunities etc.



Summary: 01-Oct-22 to 31-Dec-22

Signpostings

	Oct-22	Nov-22	Dec-22	Grand Total
Signposted SUs	30	24	27	76
Signpostings	113	80	96	289

Safeguarding

	Oct-22	Nov-22	Dec-22	Grand Total
Safeguarded SUs	2	2	3	7
Safeguarding Incidents	3	2	5	10



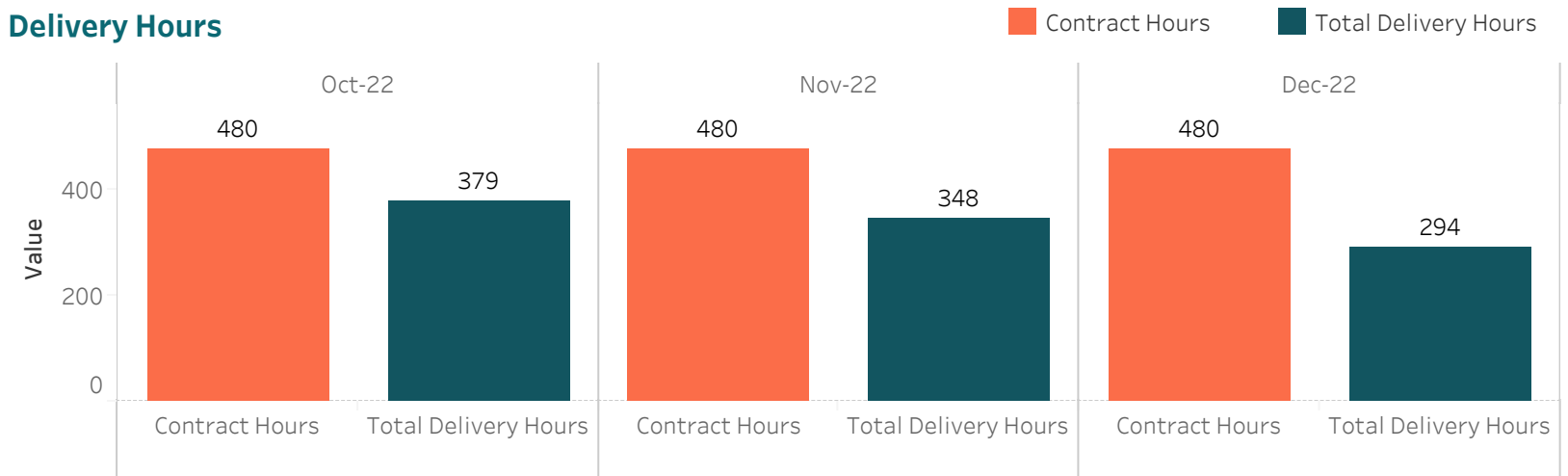
**Period: 01-Oct-22 to 31-Dec-22**

Here we measure the time taken to deliver the activities shown on previous pages. Seasonality and the lifecycle of a contract will have an impact on hours delivered in the quarter which should be considered when comparing actual hours to target.

**Targeted Intervention hours** (formerly Counselling hours) are made up of the time taken to deliver chats, messages and the required support such as time in casenotes and time spent on clinical governance and safeguarding.

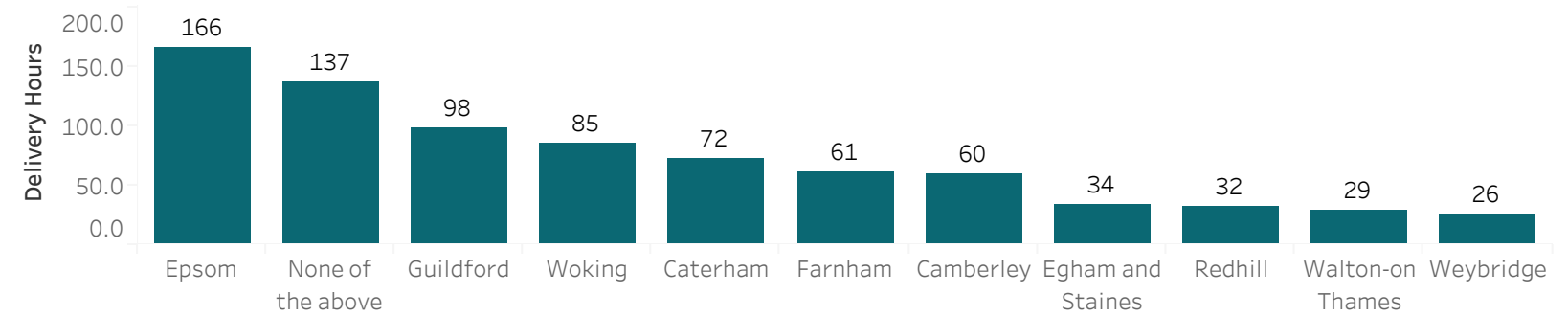
**Community Support hours** (formerly Moderation hours) is defined as time taken to moderate the content and self-directed activity submitted by Service Users in your area, such as comments, forums and article posts as well as journals and self-set goals.

**Delivery Hours**

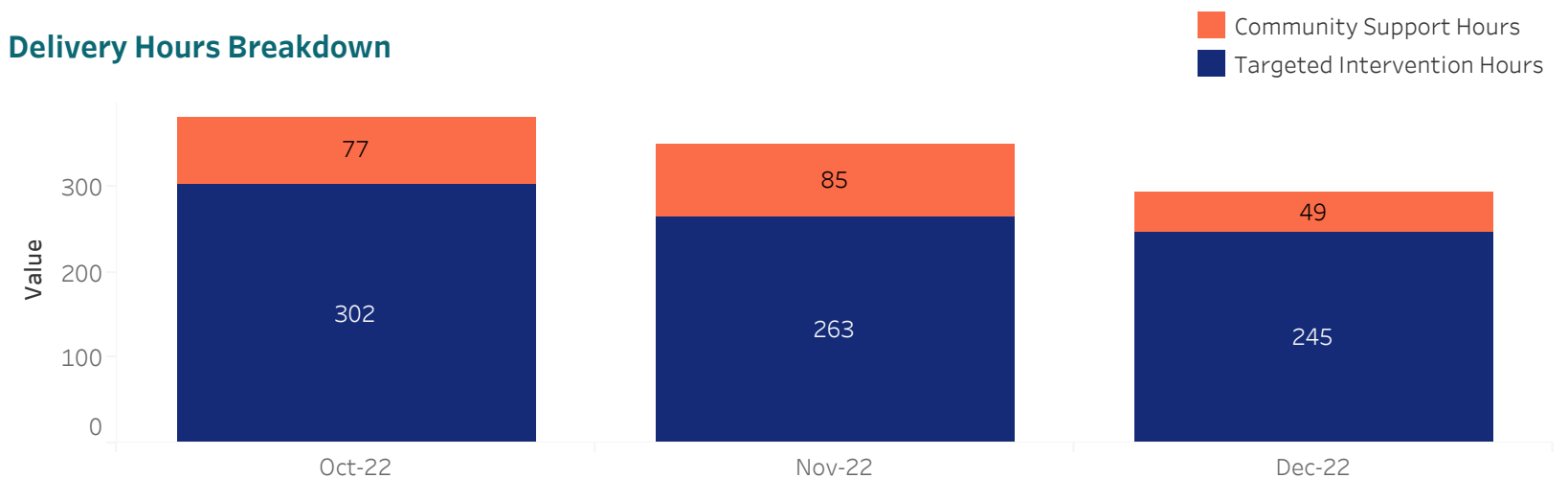


**Delivery Hours by Sublocations**

Max 10



**Delivery Hours Breakdown**



**Summary: 01-Oct-22 to 31-Dec-22**

	Oct-22	Nov-22	Dec-22	Grand Total
Total Delivery Hours	379	348	294	1,021
Contract Hours	480	480	480	1,440
% Performance	79%	73%	61%	71%
Community Support Hours	77	85	49	211
Targeted Intervention Hours	302	263	245	810

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## **Appendix 7: Parental and family Case Study, December 2022.**

### **Collated by Lynne Johnston, Childrens Services Manager, Barnardo's,**

The case study was written by a parent who attended our post diagnostic parenting group – Barnardo's Parent Factor in ADHD (leaflet with details of the group are attached). Both parents (mother and father) attended the 8-week group which ran from twenty-eight. 9.22 – 16.11 22. This was a face to face parenting group in Reigate.

They provided their feedback on 17<sup>th</sup> December 2022.

The mother also shared that she had called the Out of Hours Helpline on 12<sup>th</sup> October 2022 (OOHH service leaflet also attached), and it 'literally' saved her life. She spoke of the 'wonderful way the lady' spoke to her and helped her to 're-frame and understand' her thinking and feelings. She said that it stopped her directing her anger at her son when she was 'really angry' at herself. The ADHD Out of Hours Helpline is run by Barnardo's Surrey Positive Parenting Service team who run the post diagnostic ADHD parenting group that the parents attended – so the strategies and message given to the parent were consistent with the information given on the parenting course.

### **Background**

Issues at the time of starting the course.

Our youngest son was becoming:

- Withdrawn
- Rude
- Troublesome at school
- Isolated
- Disengaged

### **Other factors:**

Both older siblings were away at university, so isolation was increased.

### **As parents we were:**

- Losing hope
- Becoming desperate to change and improve the situation
- Withdrawing from the already fragile relationship with our son
- Becoming increasingly frustrated and angry at our son's behaviour
- Spending a lot of time repairing / replacing / mending / cleaning and clearing up after him

### **On the course we learnt and/or gained an appreciation of:**

1. Responses to poor behaviour "You always get more of what you give the most attention to."
2. How most "simple" activities are quite complicated and because of the complicated nature of the actions, steps are often missed or sometimes the entire activity is given up on by our son – like brushing teeth.

3. Self-esteem and its value to the child and to the parents because of the behavioural aspects it effects.
4. Other peoples' scenarios and how, strategies can be compared
5. The value of the restorative conversation after a confrontation and its importance in behaviour and attitude going forward – for both the parent and child.
6. EHCPs and their value and how to go about getting one for a child.
7. What it is like to have ADHD et al, and so how this affects literally everything.
8. How the child's brain is typically a few years behind the child's physical age. This one simple fact has helped us understand the challenges both historically and in the future.

### **Both during and since the course:**

#### **Our son:**

- NOT everything is perfect – it never will be - everything is better though
- Our son is now engaged with us and is conducting himself with more confidence.
- Behaviour is much more reasonable.
- He is more polite than he used to be and, after some coaching, has been getting into much less trouble at school.

#### **We (The parents) are:** Hopeful – this on its own is a great achievement of the course

- Engaging with our son
- Still annoyed with our son but a lot less so. Frustration and anger have now been reframed for us so that we have a much greater understanding of our son.
- Still spending time dealing with broken items, but this is now easier considering the above reframe.

### **Reflection**

We both thought that the course could be a complete waste of time given we are experienced parents and have already successfully parented an ADD / OCD older sibling . We have been on parenting courses before, but we considered the benefits to be marginal. This course however was worth the wait and the travelling (25 miles each way). I did mention a refresher course every 6 months as most of the parents of ADHD (spectrum) children are somewhere on the spectrum themselves; this would certainly benefit us. The only thing that remains is for us to take the opportunity of thanking the Barnardo's Charity for offering such a course and further, for making it so thought provoking and pertinent. Our instructors were Pam & Louise, and they were brilliant, blending real personal experience with credible, proven strategies and brought the content to life.



2022\_04\_ADHD\_Service\_Leaflet\_Profession

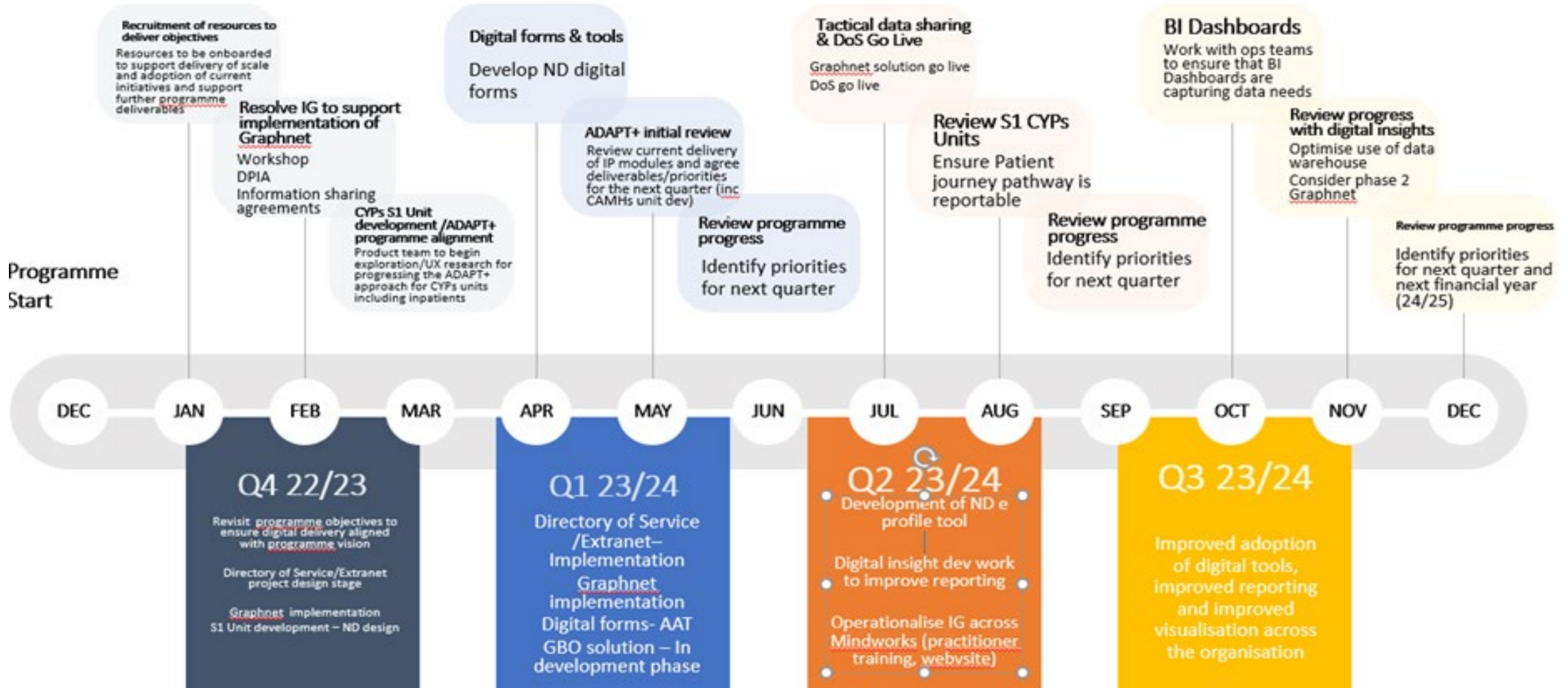


2022.10.31 OOH Leaflet for Parents.doc



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# The roadmap for the digital programme in 2023/24



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ADULTS AND HEALTH SELECT COMMITTEE

16 FEBRUARY 2023



## **ACTIONS AND RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME**

**Purpose of report:** The Select Committee is asked to review its actions and recommendations tracker and forward work programme

### **Recommendation**

That the Select Committee reviews the attached actions and recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.

### **Next steps**

The Select Committee will review its actions and recommendations tracker and forward work programme at each of its meetings.

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### **Report contact**

Omid Nouri, Scrutiny Officer

### **Contact details**

07977 595 687 / [omid.nouri@surreycc.gov.uk](mailto:omid.nouri@surreycc.gov.uk)

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**ADULTS AND HEALTH SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER  
FEBRUARY 2023**

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

<b>KEY</b>			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

**Recommendations**

Meeting	Item	Recommendation	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
3 March 2022	Primary Care Access [Item 7]	<b>AH 8/22:</b> The Select Committee agrees to explore how it can best share information about this work with citizens as and when relevant, helping to promote the associated engagement and co-design activity. The Surrey Heartlands team will link in with the Surrey County Council Communications team to help facilitate this.	Surrey Heartlands Primary Care team and Surrey County Council Communications team	5 April 2022	November 2022	<p>The Surrey Heartlands Primary Care team have confirmed that this work will take place over the next few weeks as part of the wider work around access, and they will be including Surrey County Council in developing communication and engagement plans.</p> <p>The co-design communication and engagement will be focused on the period following the current procurement processes, though there has been lots of patient engagement happening via their practices over the last few months</p>

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						as they have been developing their new enhanced access services.
23 June 2022	All-Age Autism Strategy Review [Item 5]	<b>AH 13/22:</b> For Learning Disabilities and Autism Leads at Surrey County Council to closely work with Surrey Heartlands and Frimley ICSs to ensure that knowledge and consideration of autism is emphasised in EDI training and as well as in EDI principles surrounding staff recruitment and work practices.		N/A	N/A	A response has been circulated to the Members.

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		<b>AH 14/22:</b> For Learning Disabilities and Autism Leads at Surrey County Council and other partners involved in the strategy to adopt a meaningful co-production approach, a shared vision, resourcing and prompt timelines to implement the strategy, given that the success of the strategy will largely rest on being able to collaborate effectively with other partners.		N/A	N/A	A response has been circulated to the Members.
	Mental Health Improvement Programme Stocktake after 12 months [Item 7]	<b>AH 20/22:</b> For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Surrey County Council to continue to campaign for a change in the National Allocation Formula that would accurately reflect some of	Surrey Heartlands, Surrey and Borders Partnership, and Surrey County Council	2 August 2022	December 2022	Response:  We agree with this recommendation, which has the potential to affect funding flows in the longer term. System partners (including SaBP and SCC) have raised issues with the National Allocation Formula in regional and

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		the mental health issues faced by Surrey Residents.				national forums and will continue to do so. We believe that our case will be stronger if we seek the support of other systems who are similarly disadvantaged by the formula, and we will discuss the case for change with them.  We appreciate the support of elected representatives in campaigning and believe that members would have a key role to play in any successful attempt to change the National Allocation Formula.  A meeting will be arranged with the Scrutiny Officer to discuss this work further in due course.
5 October 2022		<b>AH 26/22:</b> For the Head of Resources for Adult Social Care to ensure that further and more	Toni Carney, Head of Resources (ASC)	18 November 2022	December 2022	The officers have been contacted for a response.

**ADULTS AND HEALTH SELECT COMMITTEE  
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Enabling You with Technology [Item 6]	sustainable funding is secured for the Enabling You With Technology Programme, and to provide a future informal briefing to the Adults and Health Select Committee, on any efforts to secure further Funding for the Programme in light of the timelines surrounding existing sources of funding.					
	<b>AH 27/22:</b> For the Head of Resources for Adult Social Care to pursue data capture in order to analyse the implications of a variety of conditions of service users, so as to better tailor provision and gain a more detailed understanding of these conditions and the associated impacts.	Toni Carney, Head of Resources (ASC)	18 November 2022	December 2022	The officers have been contacted for a response.	

**ADULTS AND HEALTH SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER  
FEBRUARY 2023**

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KEY			
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	Mental Health Improvement Plan [Item 7]	<p><b>AH 28/22:</b> For the MHIP Digital and Data Workstream Lead to ensure to increase awareness of the Kooth system, and to ensure that it is increasingly enabling Children and Young People to access appropriate online support for their mental health; and to provide the Adults and Health Select Committee with a future written update on this.</p>	<p>Liz Williams and Kate Barker, Joint Strategic Commissioning Convenors</p> <p>Surrey and Borders Partnership</p>		December 2022	<p><b>Interim response:</b></p> <p>Since our meeting, we have received Kooth’s proposal for contract renewal into 2023/24. As part of the contract renewal process, we will be working with Kooth to increase the awareness of online support available to children and young people in Surrey by maximising the usage of Kooth’s available capacity. This will include exploring how awareness of Kooth’s services can be raised through schools, GPs or other routes. As an example, we have videos for both GPs and for other partner agencies providing them information about the services offered. We will update the committee on progress following the conclusion of the contract renewal process, and after allowing</p>
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**ADULTS AND HEALTH SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER  
FEBRUARY 2023**

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						for a short period of further activity to demonstrate the impact of actions undertaken.
		<b>AH 29/22:</b> For the Joint Executive Director for Adult Social Care and Integrated Commissioning and Surrey and Borders Partnership, to develop a robust process to deal with complaints as well as Issues of Concern regarding mental health services, and to provide a written update to the Adults and Health Select Committee on progress toward this.	Liz Bruce, Joint Executive Director for Adult Social Care and Integrated Commissioning  Surrey and Borders Partnership	18 November 2022	December 2022	The officers are preparing a response.
		<b>AH 30/22:</b> For the Mental Health System Delivery Board to use quantitative and qualitative data to direct the decision making process of the	The Mental Health System Delivery Board	N/A	N/A	A response has been circulated to the Members.

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		Mental Health Improvement Programme; and to update the Adults and Health Select Committee in a future formal meeting, on imminent/ensuing Mental Health System Delivery Board decisions on how to plan the delivery of the Mental Health Improvement Plan, and on what data was utilised to direct these decisions.				
2 November 2022	The Accommodation with Care and Support Strategy Progress Update [Item 5]	<b>AH 36/22:</b> For Accommodation with Care and Support Strategy Leads at Surrey County Council to ensure that Extra Care and Supported Independent Living Accommodation is genuinely affordable in line with welfare benefits for individuals who qualify for such accommodation, and to provide a <b>future written</b>	Accommodation with Care and Support Strategy Leads at Surrey County Council	12 December 2022	12 December 2022	The officers have been contacted for a response.

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		<b>update</b> to the Adults and Health Select Committee on this.				
		<b>AH 37/22:</b> For Accommodation with Care and Support Strategy Leads at Surrey County Council to develop explicit plans on the specific and specialised facilities that will be available within the context of the Extra Care and Supported Independent Living Facilities/sites, and to provide a <b>future written update</b> to the Adults and Health Select Committee on this, including on what is included in the rent and what is chargeable.	Accommodation with Care and Support Strategy Leads at Surrey County Council	12 December 2022	12 December 2022	The officers have been contacted for a response.
	Surrey All Age Mental Health Investment Fund Programme:	<b>AH 38/22:</b> For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to continue to work	The Joint Executive Director for Public Service Reform & the Joint Strategic	N/A	N/A	Response:  We will continue to work with our system partners around the continued investment in the MHIF

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Update on Phasing of Implementation Planning [Item 6]	closely with Frimley Health and Care Integrated Care System and other relevant organisations to participate in funding contributions for the Mental Health Investment Fund.	Commissioning Convenors			and ensure contributions from partner organisations are recognised and appropriate for the geographical reach of the fund. We are taking a paper to HWBB in February which will highlight the scope and spread of the fund and contributions from partners.
	<b>AH 39/22:</b> For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to ensure that the decision-making parameters and priorities of the Mental Health Investment Fund, are closely aligned with priorities determined by the Mental Health Improvement Plan.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	N/A	N/A	Response:  The priorities of the MH improvement plan have been shared with those managing the MHIF to make sure they align and the fund is meeting the needs of those who have been identified as being the highest priority. An update on the fund has been provided to the MH Prevention, Oversight and Delivery Board and we are discussing their role in monitoring the ongoing performance of the grants which

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						have been awarded to ensure continued alignment with system priorities.
		<b>AH 40/22:</b> For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to formulate a focused list of criteria to determine the priorities and geographical spread involved in making parameters for the Mental Health Investment Fund.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	Response:  There is a clear list of criteria which the bids are assessed against and, following the first round of assessment, we will map the geographical spread of the awarded grants to ensure it is appropriate and maintains a good spread across the county. We are also targeting specific areas of need identified from the JSNA and MH improvement plan to ensure the MH priorities of the residents of Surrey are aligned with the MHIF parameters.
		<b>AH 41/22:</b> For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning	The Joint Executive Director for Public Service Reform &	N/A	N/A	Response:  Yes, we recognise that tackling social isolation is a key priority of

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		Convenors to recognise that tackling social isolation is amongst the key priorities of the Mental Health Investment Fund, and that measures are taken to tackle such isolation.	the Joint Strategic Commissioning Convenors			the fund and we are highlighting bids that come in relating to this. Through our networks and relationships across the County (through members, VCSE colleagues and Commissioning colleagues), we will also work to help bids to come through that specifically work in this space to ensure they are being prioritised.
		<b>AH 42/22:</b> For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to provide a <b>report and future update</b> to the Adults and Health Select Committee on progress made on all the above in a <b>formal</b> select committee meeting.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	N/A	N/A	A date to be agreed with the Chairman and Vice-Chairmen.
6 December 2022	Scrutiny of draft budget 2023/34	<b>AH 47/22:</b> That the Accommodation with Care & Support Strategy is allocated	Adult Social Care Leads	N/A	N/A	Response shared with Committee Members.

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and MTFS [Item 5]	sufficient budgetary resources for the delivery of Extra-Care and Supported Independent Living facilities to remain on schedule.				
	<b>AH 48/22:</b> That sufficient budgetary plans and resources are in place to effectively support Discharge-to-Assess processes.	Adult Social Care Leads	N/A	N/A	Response shared with Committee Members.
	<b>AH 49/22:</b> That there is a coordinated approach between in-house, day services, and transport services for Learning Disabilities and Autism, and for this to be used toward determining pressures and efficiencies for this area.	Adult Social Care and Public Service Reform Leads	N/A	N/A	Response shared with Committee Members.
	<b>AH 50/22:</b> That findings from Equality Impact Assessments are included in the draft budget	Finance officers	N/A	N/A	Response shared with Committee Members.

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		reports provided to Select Committees by December 2023.				
	ASC Complaints [Item 6]	<b>AH 51/22:</b> That frontline Adult Social Care Staff are receiving adequate mandatory and consistent training on improving staff conduct and attitude, and that training and staff conduct, including that of partner organisations, are routinely monitored, with consequences put in place for unacceptable failures to attend such mandatory training.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	January 2023	
		<b>AH 52/22:</b> That further progress is made toward increasing the timeliness of assessment processes.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	January 2023	



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Surrey Safeguarding Adults Board Annual Report [Item 7]	<b>AH 53/22:</b> That Issues of Concern are more effectively recorded, including through exploring technological avenues to do so; and that these are also utilised to improve Adult Social Care Services.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	January 2023	
	<b>AH 54/22:</b> That Adult Social Care service users and Adult Social Care frontline staff, are continuing to receive adequate Adult Safeguarding reassurances and support, and to raise awareness of such support available.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2023	
	<b>AH 55/22:</b> Formulate a concerted multi-agency plan to raise awareness of the various aspects of Safeguarding, and to help residents understand the distinction between Children's and Adult's Safeguarding.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2023	

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		<b>AH 56/22:</b> To collate data and insights from member agencies into Safeguarding training provision, and for this to be incorporated into a future report for a formal Adults and Health Select Committee meeting.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2023	
		<b>AH 57/22:</b> That a concerted effort is undertaken alongside Surrey Heartlands and Frimley Integrated Care Systems, to further raise awareness of Safeguarding issues and the support available.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2023	

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**Actions**

Meeting	Item	Action	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
17 December 2020	Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26 [Item 5]	<b>AH 2/20:</b> Democratic Services officers to look into the possibility of organising for Members to visit Learning Disabilities and Autism services (whether remotely or in person).	Scrutiny Officer, Democratic Services Assistant	January 2021	December 2022	These visits are being looked into by officers.
16 December 2021	Scrutiny of 2022/23 Draft Budget and MTFs to 2026/27 [Item 5]	<b>AH 5/21:</b> The Cabinet Member for Adults and Health to feed back to the Select Committee her views and findings of the care home shadowing work she will be undertaking.	Sinead Mooney, Cabinet Member for Adults and Health	January 2022	December 2022	<b><u>Interim update:</u></b> <ul style="list-style-type: none"> <li>Footage captured as part of shadowing visits to three care settings – the Pines (Active Prospects) in Redhill, Ashton Manor Nursing Home in Farnham and the Grange Centre, Bookham.</li> </ul>

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						<ul style="list-style-type: none"> <li>• Witnessed first-hand the compassion, dedication and skill of care workers, leading to a renewed appreciation for the work they do.</li> <li>• Gained insights into person-centred and preventative ways of working which are tailored to people's strengths and aim to foster independence as far as needs allow.</li> <li>• Reinforced our position that the social care workforce needs to be properly supported including through training opportunities, a defined career path and higher wages in the short-term. These staff are the</li> </ul>
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						<p>heart of the social care sector and we need to ensure we have all the tools to encourage people to join and remain part of this workforce.</p> <ul style="list-style-type: none"> <li>The resulting films will aim to celebrate the care sector and highlight the importance of making sure adult social care receives the level of funding it needs. The films will also aim to contribute to social care recruitment goals while also broadening people's understanding of how social care works and how social care budgets are used to support vulnerable people so that no one is left behind.</li> </ul>
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23 June 2022	All-Age Autism Strategy Review [Item 5]	<b>AH 23/22:</b> The Director of Commissioning (CFLL) to provide additional information on annual reviews of EHC Plans.	Hayley Connor, Director – Commissioning, CFLL (SCC)	2 August 2022	December 2022	A response is being prepared.
5 October 2022	Mental Health Improvement Plan [Item 7]	<b>AH 34/22:</b> The Joint Executive Director for Adult Social Care and Integrated Commissioning to provide a further update on the Section 12 app.	Liz Bruce, Joint Executive Director - Adult Social Care and Integrated Commissioning	18 November 2022	December 2022	A response is being prepared.
		<b>AH 35/22:</b> The Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health to provide a written update on how the Fuller Stocktake has influenced the Delivery of the Mental Health Improvement Plan.	Liz Williams, Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health (SCC)	N/A	N/A	The response has been circulated to the Members.

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2 November 2022	The Accommodation with Care and Support Strategy Progress Update [Item 5]	<b>AH 43/22:</b> For Accommodation with Care and Support Strategy Leads at Surrey County Council to organise site visits for Members of the Adults and Health Select Committee to Extra Care and Supported independent Living Sites.	Accommodation with Care and Support Strategy Leads	12 December 2022	12 December 2022	A response has been shared with the Members.
		<b>AH 44/22:</b> For Accommodation with Care and Support Strategy Leads at Surrey County Council to hold a meeting with the Chair and Vice-Chairmen of the Adults and Health Select Committee and the Chairman of the Surrey Carers Partnership Board.	Accommodation with Care and Support Strategy Leads	12 December 2022	12 December 2022	A response has been shared with the Members.
	Surrey All Age Mental Health Investment Fund Programme: Update on	<b>AH 45/22:</b> The Joint Executive Director for Public Service Reform to provide a full list of organisations approached for collaboration on the Mental Health Investment Fund and their responses.	The Joint Executive Director for Public Service Reform	N/A	N/A	The original list of organisations who were approached to consider contributing to the MHIF were: <ul style="list-style-type: none"> <li>• Surrey Heartlands – they agreed to contribute</li> </ul>

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	Phasing of Implementation Planning [Item 6]					<ul style="list-style-type: none"> <li>• Frimley Health and Care ICS – they declined to contribute</li> <li>• Community Foundation Surrey – this was agreed through match funding</li> </ul>
		<b>AH 46/22:</b> To have a discussion with the Chairman & Vice-Chairmen of the Adults and Health Select Committee to agree a future role of the committee in the Allocation Panel of the Mental Health Investment Fund.	The Joint Executive Director for Public Service Reform	12 December 2022	12 December 2022	The officers have been contacted for a response.
6 December 2022	Scrutiny of draft budget 2023/34 and MTFS [Item 5]	<b>AH 58/22:</b> The Director of Integrated Commissioning to provide information on waiting lists for learning disability and autism reviews.	The Director of Integrated Commissioning	N/A	N/A	The Learning Disabilities and Autism (LDA) reviewing figures for annual reviews sits at around 54%. This means 54% of our caseload have had a review or reassessment within the past 12 months. The ASC LDA team continue to work hard to increase



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						the percentage of reviews completed within the past 12 months while ensuring that they also respond to and effectively manage the high volume of safeguarding work. There is also a small, targeted review team who focus on reviewing specific groups of people based on achieving modernising services and supporting the overall delivery of the ASC MTFS targets. All other reviews are prioritised on need, risk and when they are due.
		<b>AH 59/22:</b> The Strategic Finance Business Partner to provide further information on the new rostering system for learning disability and autism staff.	The Strategic Finance Business Partner (ASC)	N/A	N/A	Response shared with Committee Members.

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		<b>AH 60/22:</b> A written update on the work of social prescribing to be provided from all partners.	Health and ASC partners	N/A	N/A	Response shared with Committee Members.
		<b>AH 60/22:</b> The Director of Integrated Commissioning to provide a written update on the stability of the workforce and the rate of turnover.	Director of Integrated Commissioning	N/A	N/A	Response shared with Committee Members.
	ASC Complaints [Item 6]	<b>AH 61/22:</b> The Chief Operating Officer to share the revised training offer and academy once formulated.	Chief Operating Officer	27 January 2023	January 2023	
		<b>AH 62/22:</b> A breakdown of trends and data over the last few months regarding complaints made on social media to be provided.	Chief of Staff (ASC)	27 January 2023	January 2023	

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Surrey Safeguarding Adults Board Annual Report [Item 7]	<b>AH 63/22:</b> Surrey Safeguarding Adults Board to provide more information on the group looking into neglect/acts of omission, which may include organisational abuse.	Surrey Safeguarding Adults Board	27 January 2023	January 2023	
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# Adults and Health Select Committee

## Forward Work Programme 2023

**Adults and Health Select Committee**  
 Chairman: Bernie Muir | Scrutiny Officer: Omid Nouri | Democratic Services Assistant: Emily Beard

Date of Meeting	Type of Scrutiny	Issue for Scrutiny	Purpose	Outcome	Relevant Organisational Priority	Cabinet Member/Lead Officer
<b>13 April 2023</b>	Overview, policy development and review	<b>Access to GPs</b>	At its public meeting on 3 March 2022, the Select Committee received a report from Surrey Heartlands ICS on the current status of accessibility to GPs in Surrey and what was being done to improve patient access. It was agreed that a report would be presented to the Select Committee at a future public meeting to update Members on the progress made in implementing its recommendations.	The Select Committee will review the current status of accessibility to GPs in Surrey and any potential barriers being faced by residents, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality	<p style="text-align: center;">Mark Nuti – Cabinet Member for Adults and Health</p> <p style="text-align: center;">Nikki Mallinder – Director of Primary Care, Surrey Heartlands ICS</p>

	Overview, policy development and review	<b>Community Mental Health Transformation Implementation Review</b>	The Select Committee is to receive an update on the implementation of the Community Mental Health Transformation Programme, as well as information on Individual Placement Support.	The Select Committee will review the progress of the Community Mental Health Transformation Programme, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health  Professor Helen Rostill – Deputy Director, Surrey and Borders Partnership
	Scrutiny	<b>Cancer and Elective Care backlogs</b>	The Select Committee is to receive an update on Surrey Heartlands and Frimley ICS's plans to address backlogs in Cancer diagnosis and treatments, as well as backlogs in elective care.	The Select Committee will review plans in place by Surrey Heartlands and Frimley ICS's to address cancer and elective care backlogs, and will examine the degree to which progress is being made in achieving this, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health
<b>13 June 2023</b>	Overview, policy development and review	<b>Mental Health Improvement Plan</b>	The select committee is to receive a report and update on the delivery of the Mental Health Improvement Programme, as agreed at its public meeting on October 5 <sup>th</sup> 2022.	The select committee will scrutinise and review the implementation of the MHIP, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health  Liz Williams – Joint Strategic Commissioning Convenor (LD&A)  Professor Helen Rostill – Deputy Director, Surrey and Borders Partnership

	Overview, policy development and review	<b>Integrated Care Strategy</b>	The Select Committee is to receive a report/reports outlining the Integrated Care Strategies of both Surrey Heartlands and Frimley ICSs, in light of new statutory guidance for the development of such strategies.	The Select Committee will review and scrutinise the details of the Integrated Care Strategies of both Surrey Heartlands and Frimley, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality.	Mark Nuti – Cabinet Member for Adults and Health  Rachel Crossley – Joint Executive Director for Public Services Reform
	Scrutiny	<b>Report of the Health Inequalities Task Group</b>	The Select Committee is to receive a report on the findings and recommendations of the Committee's Health Inequalities Task Group	The Select Committee will review the report, and discuss the findings and recommendations therein.	Empowering Communities, Tackling Health Inequality.	Angela Goodwin – Chair of the Health Inequalities Task Group  Omid Nouri – Scrutiny Officer (AHSC)
<b>4 October 2023</b>	Scrutiny	<b>Accident &amp; Emergency Waiting times/Pressures.</b>	The Select Committee is to receive a report/reports from Surrey Heartlands and Frimley ICSs detailing some of the pressures and challenges experienced by A & E departments in Surrey's hospitals.	The Select Committee will review and scrutinise plans and measures adopted by Surrey's ICSs to address challenges experienced by Emergency Departments in Hospitals, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality.	Mark Nuti – Cabinet Member for Adults and Health
	Overview, policy development and review	<b>Preparation for Winter Pressures</b>	The Select Committee is to receive a report/reports from Surrey Heartlands ICS, Frimley ICS, and SECAMB outlining the preparations in place for the pressure of the Winter months on Healthcare Services.	The Select Committee will review and scrutinise the preparations for the Winter, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health

	Scrutiny	<b>SECAMB Update</b>	The Select Committee is to receive a report outlining continuing measures being taken by the Ambulance Service to address concerns raised by a recent CQC report, as well as to receive further insights into other key areas affecting the Ambulance Service.	The Select Committee will review and scrutinise the effectiveness of SECAMB's CQC improvement Journey (amongst other insights), making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health
<b>7 December 2023</b>	Scrutiny	<b>Adult Safeguarding in Surrey</b>	The Select Committee will receive a report on Adult Safeguarding policies/practices within Surrey.	The Select Committee will scrutinise the details of Adult Safeguarding policies/practices, and the extent to which these are effective in protecting Adults from abuse.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health  Liz Bruce- Executive Director, Adult Social Care and Integrated Commissioning



		<b>Discharge to Assess Processes</b>	The Select Committee is to receive a report outlining measures taken to improve discharge to assess processes as well as the funding issues therein.	The Select Committee will review and scrutinise the effectiveness discharge to assess processes and measures taken to address funding challenges	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health  Liz Bruce- Executive Director, Adult Social Care and Integrated Commissioning
<b>Items to be scheduled</b>						
<i>(Date)</i>	<i>(Type)</i>	<i>(Issue)</i>	<i>(Purpose)</i>	<i>(Outcome)</i>		<i>(Cabinet Member/Lead Officer)</i>
	Overview, policy development and review	<b>Joint Health and Social Care Dementia Strategy for Surrey (2022-2027)</b>	The Select Committee is to receive a report outlining the progress made on the implementation of the new Joint Health and Social Care Dementia Strategy for Surrey (2022-2027), as agreed at its public meeting on 14 January 2022.	The Select Committee will review and scrutinise the implementation of the Joint Health and Social Care Dementia Strategy for Surrey (2022-2027), making recommendations accordingly.	Empowering communities, tackling health inequality.	Mark Nuti – Cabinet Member for Adults and Health  Jane Bremner – Head of Commissioning (Mental Health), Surrey County Council
	Scrutiny	<b>Reconfiguration of Urgent Care in Surrey Heartlands</b>	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will provide an update on the impact and risks associated with the reconfiguration of Urgent	The Select Committee will scrutinise the programme's preferred options prior to their approval.	Empowering communities, tackling health inequality	Simon Angelides – Programme Director

			Care services in Surrey Heartlands and the preferred options for the proposed changes.			
<b>Task and Finish Groups; Member Reference Groups</b>						
<i>(Dates)</i>	<b>Issue</b>	<b>Purpose</b>	<b>Outcome</b>	<b>Relevant Organisational Priority</b>	<b>Task Group Members</b>	
October 2021 – April 2023	<b>Health Inequalities</b>	For Members of the Task Group to develop an understanding of health inequalities in Surrey, scrutinise the progress being made on tackling these, and	The Task Group will seek to contribute to the reduction of health inequalities being faced by Surrey residents, contribute to the Council’s strategic priority to “drive work across the system to reduce widening health inequalities”, support both the Council and the wider health and social	Tackling Health Inequality	Angela Goodwin (Chairman), Trefor Hogg, Riasat Khan, Carla Morson, Bernie Muir (ex-officio)	

		contribute to the development of future policies.	care system in Surrey to understand how they can address and tackle health inequalities faced by residents, create a shared understanding of barriers being faced by residents with lived experiences of health inequalities, and take an elevated view of services and support available in Surrey by considering individual experiences of those with lived experience of health inequalities and their interactions with different agencies.			
<b>To be received in writing and informal briefing sessions</b>						
<i>(Date)</i>		<i>(Issue)</i>	<i>(Purpose)</i>	<i>(Outcome)</i>		<i>(Cabinet Member/Lead Officer)</i>

## Joint Committees

Time scale of joint Committee	Joint Committee name/structure:	Purpose	Outcome	Relevant organisational priority	Relevant Committee Members
Ongoing	<b>South West London and Surrey Joint Health Overview and Scrutiny Committee</b>	The South West London and Surrey Joint Health Overview and Scrutiny Committee is a joint standing committee formed with representation from the London Borough of Croydon, the Royal Borough of Kingston, the London Borough of Merton, the London Borough of Richmond, Surrey County Council, the London Borough of Sutton and the London Borough of Wandsworth.	The Joint Committee's purpose is to respond to changes in the provision of health and consultations which affect more than one London Borough in the South West London area and/or Surrey.	Empowering communities, tackling health inequality	Bernie Muir, Angela Goodwin, Riasat Khan (substitute)
Ongoing	<b>South West London and Surrey Joint Health Overview and Scrutiny Committee – Improving Healthcare Together 2020-2030 Sub-Committee</b>	In June 2017, Improving Healthcare Together 2020-2030 was launched to review the delivery of acute services at Epsom and St Helier	A sub-committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has	Empowering communities, tackling health inequality	Bernie Muir, Angela Goodwin (substitute)

		<p>University Hospitals NHS Trust (ESTH). ESTH serves patients from across South West London and Surrey, so the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.</p>	<p>been established to scrutinise the Improving Healthcare Together 2020-2030 Programme as it develops.</p>		
<p>Ongoing</p>	<p><b>Hampshire Together Joint Health Overview and Scrutiny Committee</b></p>	<p>On 3 December 2020, the Hampshire Together Joint Health Overview and Scrutiny Committee, comprising representatives from Hampshire County Council and Southampton City Council, was established to review the Hampshire Together programme of work, and Surrey County Council was</p>	<p>The Joint Committee is to scrutinise the Hampshire Together programme of work and associated changes in the provision of health services.</p>	<p>Empowering communities, tackling health inequality</p>	<p>Trefor Hogg, Carla Morson (substitute)</p>

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		invited to attend meetings as a standing observer.			

**Standing Items**

- **Recommendations Tracker and Forward Work Programme:** Monitor Select Committee recommendations and requests, as well as, its forward work programme.