

Notice of Meeting

Adults and Health Select Committee



Date & time	Place	Contact	Interim Chief Executive
Friday, 10 May 2024 at 10.00 am	Woodhatch Place, Reigate, Surrey, RH2 8EU	Sally Baker, Scrutiny Officer Tel: 07813440804 SallyRose.Baker@surreycc.gov.uk	Leigh Whitehouse We're on Twitter: @SCCdemocracy 

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, or email SallyRose.Baker@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Sally Baker, Scrutiny Officer on .

Elected Members

Dennis Booth, Helyn Clack (Vice-Chairman), Robert Evans OBE, Angela Goodwin (Vice-Chairman), David Harmer, Trefor Hogg (Chairman), Rebecca Jennings-Evans, Frank Kelly, Riasat Khan, David Lewis, Ernest Mallet MBE, Michaela Martin and Carla Morson.

Independent Representatives:

District Councillor Paula Keay (Mole Valley District Council) and Borough Councillor Abby King (Runnymede Borough 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 MEETINGS: 7 MARCH 2024

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 (3 May 2024).
2. The deadline for public questions is seven days before the meeting (3 May 2024).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 MINDWORKS

(Pages 5
- 62)

Purpose of the item:

1. The Adult and Health Select Committee have asked for evidence and information on the system wide response to support the needs of Children and Young People (CYP) who may have Autism (ASD) or Attention Deficit Hyperactivity Disorder (ADHD), including details of the Neurodevelopmental (ND) diagnostic pathway provided by Mindworks.
2. Mindworks is an alliance of emotional wellbeing and mental health providers that includes Surrey and Borders NHS Partnership (SABP) as the NHS Trust, Tavistock and Portman leading on system change (i-Thrive in Surrey model described in Appendix 1) and 13 Voluntary and Community Sector (VCS) partners coming together under Surrey Wellbeing Partnership (SWP), of which three VCS partners also provide specific support in the ND pathway. SABP and third sector partners provide support and assessment for ASD and ADHD as part of the ND Pathway for children over six years of age.
3. This report provides an overview of the status of provision and performance. It acknowledges that providers of support are challenged in their ability to provide a comprehensive response as are schools and families, and that change is required within the context of; increased needs and demand, pressure on staff (including those in schools) and families and diminished financial resources across health, local government, and schools.
4. The proposed cultural shift, described in the report, to a social model of support, requires action across the system and continued recognition that there remains considerable work still to be done in meeting the needs of CYP with Autism Spectrum Disorder (ASD) or ADHD. The work detailed within the ND Transformation Plan builds on that of the All-Age Autism Strategy, helping to provide a focus on specific areas for improvement through a needs-led ND pathway.

6 ADULT SAFEGUARDING UPDATE

(Pages
63 - 138)

Purpose of the item: To provide an update on adult social care performance for safeguarding adults.

7 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
139 -
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 10 October 2024 at 10:00am.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

ADULTS AND HEALTH SELECT COMMITTEE

10th May 2024

Children and Young People's Emotional Wellbeing and Mental Health – Mindworks and the Neurodevelopmental Pathway.

Purpose of report:

1. The Adult and Health Select Committee have asked for evidence and information on the system wide response to support the needs of Children and Young People (CYP) who may have Autism (ASD) or Attention Deficit Hyperactivity Disorder (ADHD), including details of the Neurodevelopmental (ND) diagnostic pathway provided by Mindworks.
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Introduction

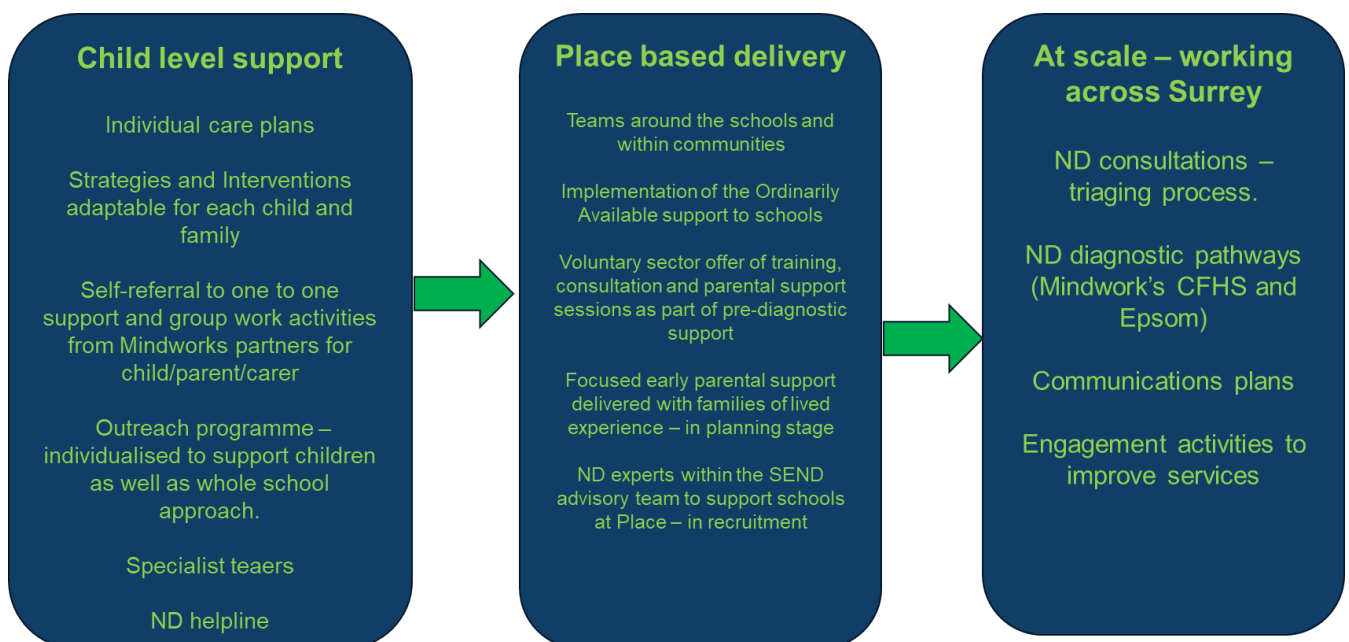
5. Autism (ASD) is a developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviours or interests. People with ASD may also have different ways of learning, moving, or paying attention.
6. ASD is a lifelong developmental condition that can affect many areas of a child or young person's life, and whilst diagnosis can be important for self-identity, there is no formal treatment. The most important form of help and support for Autistic CYP is having access to strategies and interventions that can help a child to manage and reduce some of the difficulties they may experience, alongside building on the strengths and talents that are specific to any one child or young person's autism. Providing support is not something that one organisation or agency can do alone. A child-centred, joined-up approach across education, health and social care is required, recognising that families may need to access support at different stages of the child's journey.
7. ADHD is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. CYP with ADHD, may have difficulty concentrating, hyperactivity and act impulsively. Some may present with difficulties with one or more of these issues and like Autism, ADHD requires a child and a family to implement strategies and interventions alongside their support network including school. Medication is also an important adjunct in the treatment and management of the condition for those young people who have moderate to severe ADHD.
8. Neurodevelopmental demand has increased both locally and nationally. Latest research and NICE Guidance suggest that the prevalence of ASD and ADHD in CYP is up to 2.6 % and 4.6 % respectively. If these figures were applied to Surrey, with 197,000 CYP between 5 and 17 years of age, there would be approximately 5,200 CYP with ASD and 9,000 with ADHD, although we also recognise that some CYP may have both. Either way it is significantly above the current 1% population investment for ND diagnostic services.
9. CYP and their families seek support in meeting their needs early, as well as in relation to assessment and diagnosis. More details of what parents and CYP tell us about their ND needs are provided later in the report in figure 5 and in appendix 2. ASD is the primary need within a third of EHCPs in Surrey and schools are responding to and seeking more support to help CYP. However, there is also a recognition, that CYP needs are changing, and we need to work together to support them within mainstream settings. An example to illustrate this is:

“the breadth and depth of neurodiversity within classroom is different today and we need to work together to create neurodivergent thriving communities” Local Primary School Head.

10. Schools continue to be measured by academic achievement and attendance, and would like to be able to respond differently, but face their own challenges in respect of resources and capacity. Public Sector finances are similarly constrained, and there is pressure to work within those that are available. Many sectors face significant workforce difficulties, and this further contributes to limited access to support and longer waiting times.

11. The result of this is that, despite a range of available support (figure 1), many CYP are waiting for significant periods of time to access ND diagnosis and support. Audits and feedback from our Surrey families confirm that over one third of the CYP referred for ND diagnosis may not have ND needs and may be seeking support which is considered only accessible after a diagnosis or looking for ‘a magic fix’ (quote from a parent).

12. Figure 1:



13. In December 23, the Integrated Commissioning Team identified that due to both demand and capacity, which is exacerbated by the requirement to reduce any overspend and return to the commissioned financial envelope, [Mindworks](#) was at a critical stage of maintaining delivery of the ND pathway. There was a need for immediate action to establish a recovery plan and so [Mindworks](#) was placed into business continuity. Business continuity illustrates, from the ICB’s perspective, the level of concern around the length of time CYP are waiting for support. The same concern was raised across the system as part of the recent Area SEND inspection.

14. The Inspection, in Surrey, complemented the work of the All-Age Autism Strategy but raised the importance of prioritising improvement in assessment and waiting times to support children with ND needs. The challenge is making these improvements and meeting increasing need and demand within currently available finances.

The Mindworks ND pathway, including performance and outcomes.

15. [Mindworks](#), SABP and third sector partners provide support and assessment for ASD and ADHD as part of the ND Pathway for children over six years of age. The current Mindworks pathway is described in appendix 3.
16. Other providers also deliver this service; for children under six years, for the whole of Surrey, this is Children and Family Health Surrey and children living in the boroughs of Mole Valley, Epsom and Ewell, Reigate and Banstead can be supported by Epsom Hospital.
17. Across Mindworks, Surrey's children and families are seeking support through the wide range of available routes and provision. Early intervention partners including SWP, Barnardo's and the National Autistic Society are seeing more demand which reflects that families are telling us they want to be supported sooner.
18. At present the performance arrangements are attached to referrals and activities, which does not provide an understanding of caseloads or numbers of individual CYP/Families supported. (Please note this is being changed in the refresh for year 4).
19. The total contract values in the Mindworks ND pathway are **3,968 referrals and 24,729 activities**. As of Feb 24, month 11 the performance against these targets were: (see appendix 5)
 - **SABP**: Referrals (Demand) is above contracted levels at **4119** referrals received Year To Date (YTD) variance **-150%** Activity: there are data quality issue resulting in separate manual reporting illustrated below in figure 2 and 3.
 - **Barnardo's** Referrals (Demand) is below contracted levels at **1,074** referrals received YTD variance **-2%** Activity is below target at **6,492**. YTD variance **-6%**
 - **National Autistic Society** Referrals (Demand) has exceeded contracted levels at **2,818** referrals received YTD variance **tbc** Activity has exceeded the target at **12,639**. YTD variance **tbc**. This includes non recurrent activity and improvements in reporting are therefore being made to be able to confirm variance
 - **Learning Space** Referrals (Demand) has exceeded contracted levels at **502** referrals received YTD variance **+60%** Activity is above target at **3,827**. YTD variance **+24%**
20. Due to data quality issues, SABP produce the separate reports to support our understanding while they are in business continuity. This enables us to track impact on referrals and caseloads from when the changes were implemented to the screening process.
21. Currently there are 7,670 CYP on the pathway, a reduction from 9,178 (September 2023), the reduction has largely been achieved due to the change and limited access to referral processes at that time. Changes to the screening process, detailed in appendix 3, have meant that those children who were already waiting to be screened have been reviewed more quickly. Figures 2 and 3 below illustrate this point. As anticipated, activity

has increased in the diagnostic assessment and for ADHD medication. We are awaiting confirmation from SABP of the projected impact from the additional investment outlined in Table 1 which is anticipated to be from the beginning May '24.

Figure 2: Mindworks CYP ND pathway reporting, April 2024

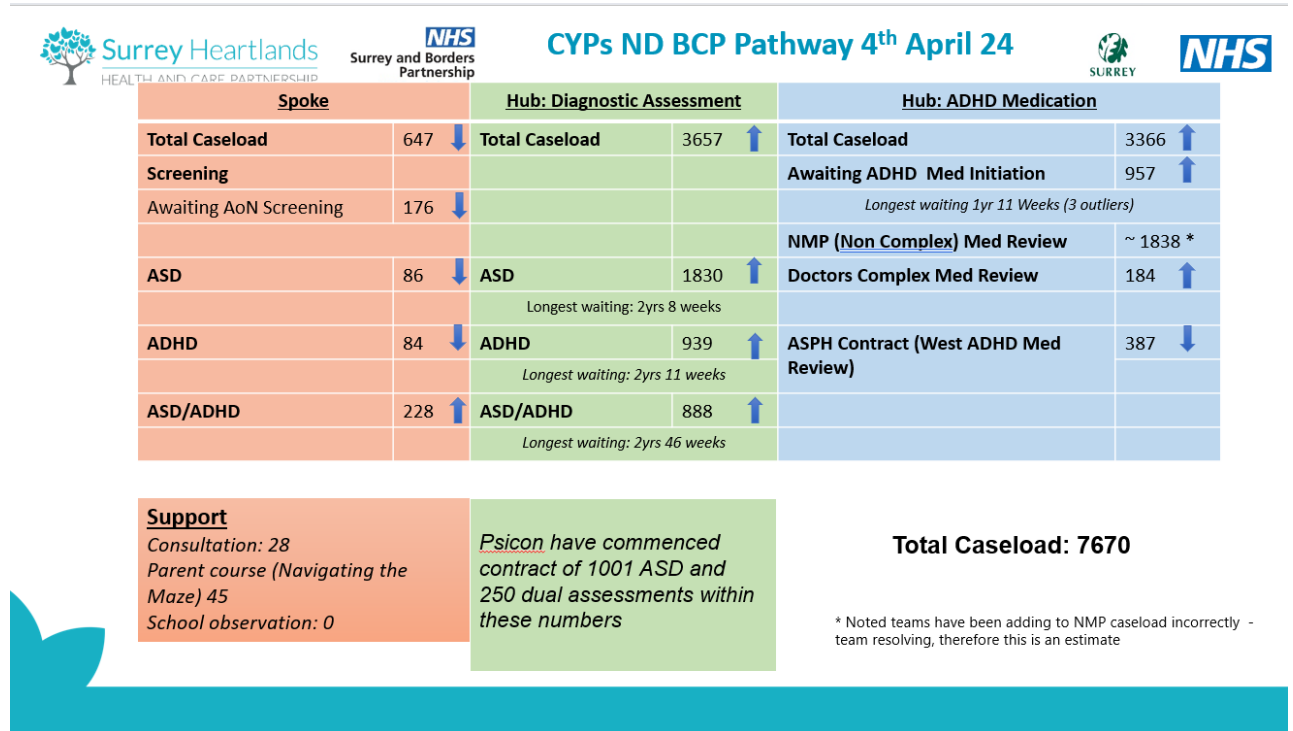
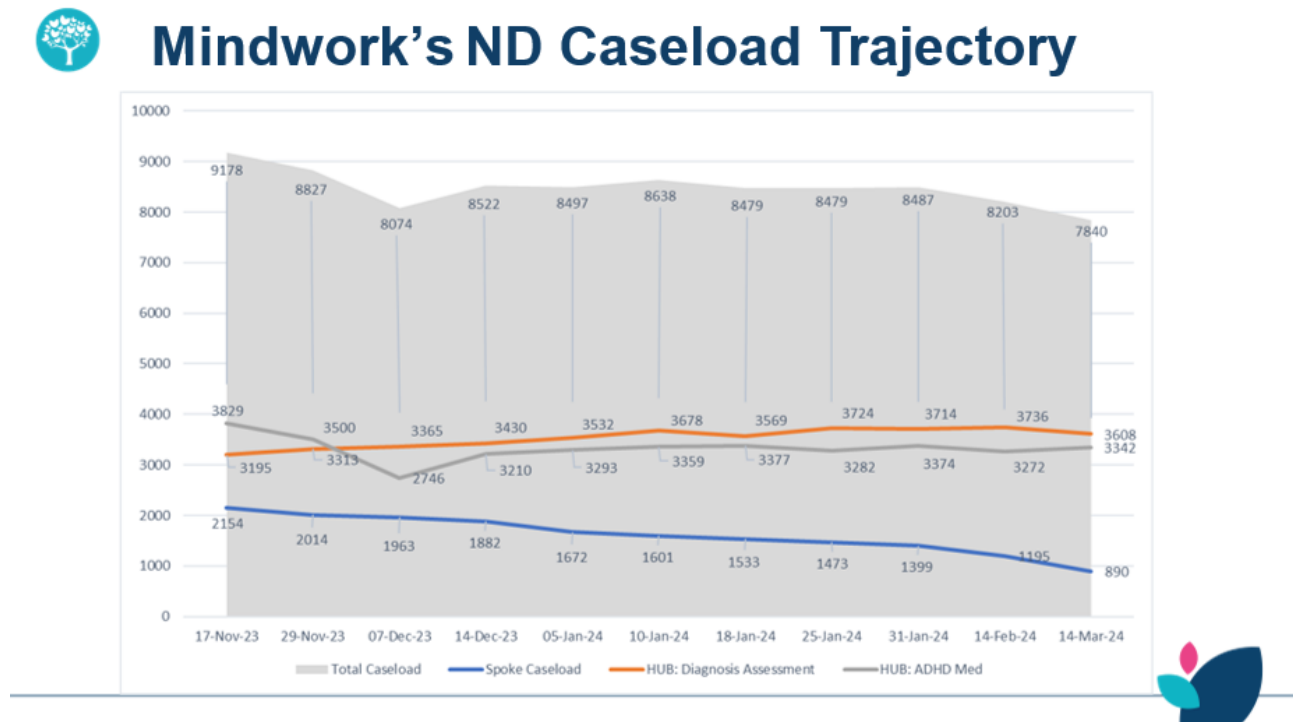


Figure 3: Mindworks ND caseload, March 2024



* There remains data quality issues related to the Mindworks BI dashboard collecting all relevant data for partners and so the SABP performance data above is from the weekly escalation calls.

22. Outcomes Summary: please see appendix 6 for full report.

23. Mindworks and commissioning colleagues attended the Adult and Health Select Committee in February 2023. At that time, the process for the recording and reporting of outcomes was being developed. Mindworks have made progress in this area and have been able to report outcomes across several services, since August 2023, through a strategic outcome framework along with coproduced experience questionnaires.

24. Goal Based Outcomes (GBO) are agreed with the CYP or groups at the outset of their support and reviewed again at the end which enables distance travelled to be measured. Shared decision making in working towards these goals ensures the voice of the CYP is at the heart of the work. This work is key to understanding the effectiveness of the support provided and the experience of CYP/Groups involved.

25. Targets for outcomes are:

- a. 50% of **discharged referrals** have at least one paired outcome.
- b. Of the 50% with at least one paired outcome, 70% of those show an **improvement** in **all** their goals compared to target.

26. Key highlights from Mindworks Q3 Outcomes report are:

- All partners evidence the use of goal-based outcomes (GBO) which demonstrates that CYP are central to decision making about their own care and treatment / interventions, a central principle of working in a Thrive approach and **all** partners are achieving above target for their goal improvement.
- Barnardos were able to evidence GBOs for 60.5% (192/317) of CYP discharged from the support provided in Q3. 89% of these CYP showed an improvement in all their goals.
- National Autistic Society were able to evidence GBO for 100% (23) of CYP discharged from the support provided in Q3. 95.7 % of these CYP showed an improvement in all their goals.
- Learning Space were able to evidence GBO for 100% (52) of CYP discharged from the support provided in Q3. 94% of these CYP showed an improvement in all their goals.
- SABP were able to evidence GBO for 16% (176/1100) of CYP discharged from the support provided in Q3. 84% of these CYP showed an improvement in all their goals. It needs to be noted that a digital solution is now in place for SABP to report outcomes starting Q4, and it is anticipated this will improve the % reporting against discharge.

27. Key highlights from Mindworks Service User Experience Questionnaires are:

- 4.59 out of 5 rated overall experience of support as positive.
- 4.55 out of 5 reported they would recommend the service to a friend.
- SABP's 46 responses to Your View Matters showed that 87% rated the service as good or very good.

28. It is recognised that there is further development to be done in capturing performance, GBOs and Experience Questionnaires across all the Mindworks services. Whilst the refresh of the information, activities and performance (IAPs) for year 4 will improve clarity on reporting, there remains a challenge to achieve the full reporting picture (locally and nationally) with the digital transformation budget being reduced by £1m. This is a risk identified and at present, there is no timeline for mitigation.

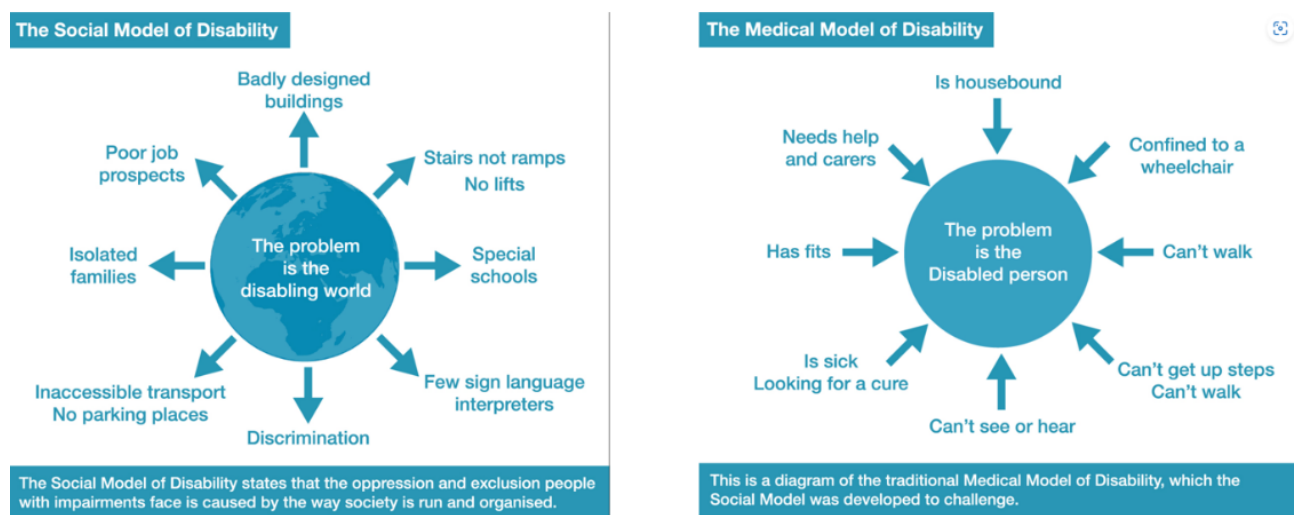
Children and Young People’s Neurodevelopmental Transformational Plan.

29. The scale of cultural change that is required to support the needs of CYP with ND is significant and should not be underestimated.

30. In response to what we are hearing, Surrey’s Inclusion and Additional Needs Partnership Strategy, is ensuring that partners adopt and embed the social model of disability (figure 4), underpinned by strength-based practice, and informed by CYP/ family’s needs. This is our preferred way to support neurodiverse CYP who want to feel welcome, safe, happy, and able to express themselves as they choose in the context in which they live.

Figure 4:

Social Model V Medical Model



31. Schools, families and CYP are a core part of the improvement work. They are part of, and integral to a range of established reference groups, forums, workshops, and surveys. Through these collaborative approaches with CYP, families and schools, we

have brought together key messages and themes (figure 5) which have been central to the development of the ND Transformational Plan (figure 6). This forms the detail behind the action in priority 3.3 of the SEND Inspection improvement plan ([Local Offer](#)) to 'ensure a refined neurodevelopmental pathway encompassing early intervention, support, assessment, and post-diagnosis'.

Figure 5: Summary of messages from CYP and Schools

Children and families tell us	Schools tell us
<ul style="list-style-type: none"> • Rebuild trust by prioritising relationships with families; schools must consider parents' views. • Involve the voices of carers, families, and young people in decision-making as this offers valuable insight. • Set up swift support networks for parents, encouraging open dialogue on sensitive topics. Connecting parents with similar experiences; ensure parent-carer forums actively support knowledge-sharing. • Tackle parents' needs, offer emotional support, and improve collaboration amid a lack of specialised provisions. • Despite the All-Age Autism Strategy, systemic issues endure, leaving parents unheard in critical decisions – more capacity required. • Waiting times reduced. • CYP involved in decision making. 	<ul style="list-style-type: none"> • Schools feel overstretched, under resourced and struggle to provide adequate support despite high pressure from educational bodies to do so. • Schools are reporting concerns in dealing with distressed behaviour. • Some school leaders and SENCOs may lack the training/understanding of neurodiversity and its implications. • The crucial role of school leadership in embracing ND is often overlooked, a culture shift is needed. • A needs-led approach is required but barriers persist in using available resources and Ordinarily Available Provision (OAP), hindering basic reasonable adjustments for neurodiverse students. • Parental support requires personal interaction as parents often receive only website lists following diagnosis. • Primary schools have led a ND survey to identify approaches to work together to support need.

32. Immediate, medium- and longer-term changes are being put in place. Surrey Heartlands ICB has recognised that there are more people on waiting lists who are waiting longer, and this is not acceptable from a quality and safeguarding perspective. The ICB want to limit this from happening as well as ensure focus is maintained on earlier support. A non-recurrent investment (£0.5m) was made, in December 2023, to support the pathway and address some of the current waiting times. SABP have also overspent in this area to increase assessment capacity, focusing initially on those who have been waiting longest and have greater clinical needs. At the same time, underspends in other pathways, have been redirected and a national funding bid have allowed for further investment to be made into this priority area.

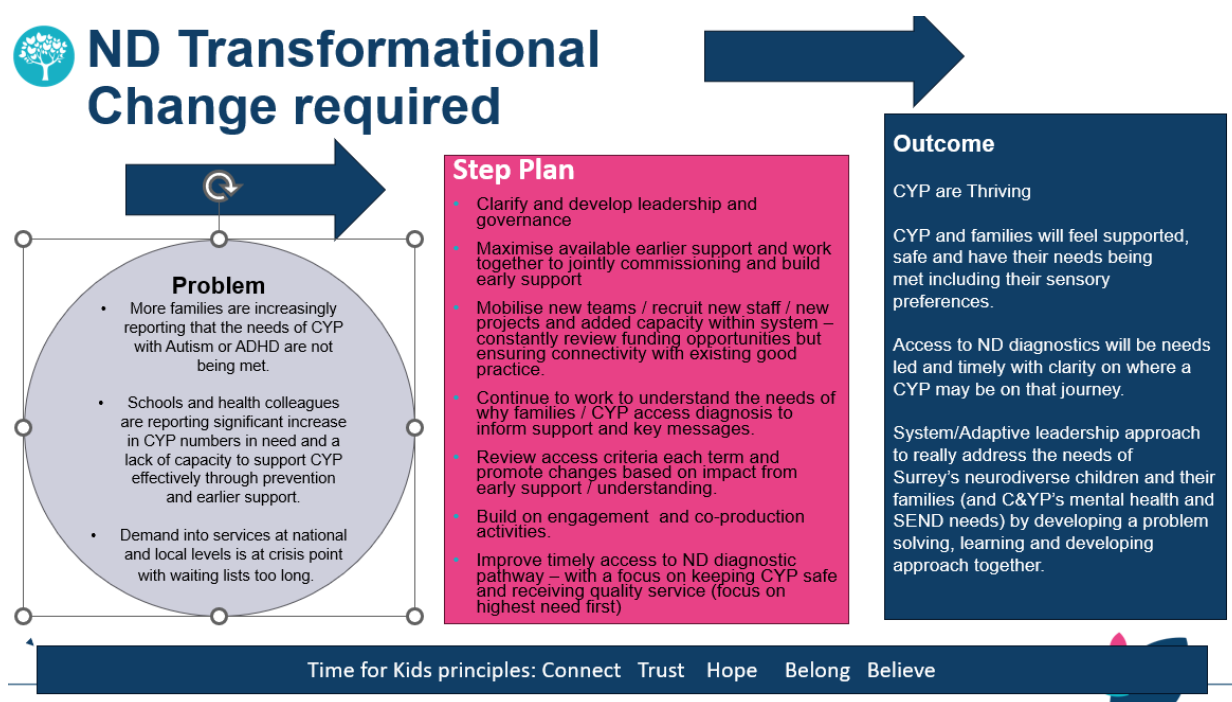
33. Table 1 provides a summary of how the one-off investment has been allocated. Investment areas support short- and longer-term improvement and were prioritised in accordance with risk and demand, as part of the ICB business continuity process.

Table 1: Summary of investments in response to Mindworks business continuity (items 1-3) and wider funding (items 5-6).

	Investment area:	2023/2024
1	Early intervention total investment: 4 x ND Advisors within Learners Single Point of Access (LSPA) Team	£117,000
2	Screening and Access to ND Pathway: recruitment of additional 3 assistant psychologist to support diagnostic assessments	£27,000
4	Diagnostic Pathway: ADHD / ASC / dual. Expand Pscion contract and increase capacity / expertise to move from Autism and ADHD separate hub to a combined diagnostic hub.	£475,000
5	The Mental Health Support Teams (MHST) have invested over an 18 month period extra parental support sessions co-delivered with people with lived experience and named lead in each district and borough	£465,000
6	Implementing Partnership for Inclusion of Neurodiversity in Schools (PINS) for primary schools. (£1.2m additional investment Q4 23/24) PINS local page details in here	£1.2M 24/25

34. Additionally, the ND Transformation Plan is provided in appendix 4, and this describes the wide range of improvement, activities and intended outcomes that have been put in place to drive change and support implementation of a social model of support. Figure 6 below provides a summary of the change required.

Figure 6: Summary of the ND Transformation Change required.



35. Improvement work is not solely relying on additional investment. With clear understanding that children, families and schools require more support, Mindworks have made the following changes to the pathway.

- Joint working with schools is growing and the partnership including Mindworks, education and additional needs colleagues will develop this further. ND experts within the screening and triage team will work alongside SEND professionals to understand the needs of children and ensure onward support, from third sector partners within Mindworks, as well as assessment where required. ND practitioners now work closely with SENCOs via the Consultation approach (described in appendix 3). This includes the ability to use data from schools and referrals to pro-actively direct support, rather than solely schools reaching out for support.
- A series of engagement activities with families and CYP have started, with the aim of consulting on changes and communicating more clearly.
- Parts of the pathway are being digitalised to support quicker screening and diagnostics.
- Further expansion of the VCS offer is planned through the Mental Health Investment Fund allocation (£1.2m over 2 years) which will enable an expansion of SWP provision of early intervention coordinators, who will now expand and provide direct support to all primary schools. This will enable all primary schools to have an identified named lead and access a package of early intervention support that will see improved goal-based outcomes for Emotional, Mental Health and Wellbeing for

both children and parents. These co-ordinators are trained to support CYP with ND enabling equitable access to all in need of early support.

- Mental Health Support Team investment has increased the provision of direct support to families of CYP with autism or ADHD with named leads in each district and borough, providing parent support co-delivered with people with lived experience. This direct provision is via Surrey Wellbeing Partnership.
- All partners across Surrey Wellbeing Partnership have received training to support CYP / families with neurodiversity, to enable access for all to the packages of early support.
- Psicon have been commissioned by SABP to deliver additional autism and ADHD assessments. There are expected to be over 1,400 referrals, currently in the backlog, addressed via this route.

36. An immediate, but short term, response to the challenges within the Mindworks ND pathway has led to more capacity for assessments for those children already waiting. It has also brought together colleagues and partners from different parts of the system to focus on what is required to support the needs of children with autism or ADHD, irrespective of a diagnosis assessment. The preferred social model of support will take time to achieve at a scale sufficient for families and children to feel a difference, however, this longer-term approach is required to ensure CYP can reach their full potential.

Risks and continued challenges:

37. Much focus is placed on the assessment process for Autism and ADHD. However, an area that has grown in concern due to the clinical needs of the children, is where they are waiting for initiation or review of medication for ADHD. This part of the pathway has become more challenged over the last 3-6 months, initially due to availability of medication, and more recently due to workforce capacity.
38. Mindworks are commissioned to support the initiation of ADHD medication for ~600 CYP. As of March 2024, there are currently ~3,342 YP on the ADHD Medication pathway, this includes the ~939 YP waiting for medication initiation, some of whom will be waiting over a year to be seen. Children on the pathway and with medication in place should be reviewed every 6 – 12 months, depending on their needs. Currently, some children are not being reviewed within these timelines and this can impact on their ability to thrive. Key to support this is the development and implementation of a local commissioned service with primary care to discharge CYP on stable medication to primary care for reviews.
39. The unprecedented surge in demand for ADHD diagnosis has happened at such a scale that it stands out as a serious problem, even amid the wider challenges affecting health services. NHS England is **establishing a taskforce** on ADHD to improve understanding of this condition. A wider debate about the role of the NHS in the assessment, diagnosis and treatment of neurodivergent conditions is needed. In a health and care system

where resources are so constrained, a broader response is likely to be required, working with other sectors including education.

40. Detail of the risks, within the health system, associated with the waiting times for support and assessment on the ND pathway is included in appendix 7. They broadly describe the risk and impact of the lengthy waits experienced by many children and young people.
41. The ND improvement plan will further refine these risks to ensure they represent the system challenges and especially those faced by CYP and families. It will provide mitigations, where possible, and ensure escalation when required.

Conclusion

42. Programmes of work that include education, health and local authority partners have been identified to start to change the response across Surrey. A clear communication and engagement plan is being developed to ensure that families and CYP are kept informed of how their needs can be met – with or without the requirement of an ND diagnosis. The plan is in final stages of sign off which is anticipated to be by the end April 2024.
43. Demand and financial recovery within the Mindworks Partnership will be balanced alongside ensuring provision of high quality and safe services. It is recognised that even after obtaining, short-term, system financial support, improvements will not be felt by all of the workforce nor all CYP and families.
44. There are significant pressures on families and CYP, directly attached to supporting the needs of CYP with ASD or ADHD. Achieving improvements in supporting these needs when finance is challenging across the public sector, means we must do things differently. A cultural shift, to a social model of support, is required to respond to those needs earlier, irrespective of whether a diagnosis is sought. The ND transformation plan starts to articulate the steps being taken to implement this model and approach.

Recommendations:

45. In recognition of the changing needs of the population, we recommend the Committee continues to acknowledge and appreciate the impact that the financial, workforce and demand challenges are having on the ability of health, education, and social care to meet the needs of neurodiverse CYP. In turn, this has an impact on CYP and their families and we ask that the committee advocates for developing a social model of support across Surrey.

Next steps:

46. Reporting on the ND improvement plan will take place through the Additional Needs Partnership Board. It is part of the SEND Inspection Improvement Plan and reporting to

the board will support maintaining the partnership approach to change and provide a platform to seek support.

47. Engagement with schools, families and CYP will continue through established networks and groups, providing a place for continual feedback.
48. Oversight on the quality of provision and any associated risks will be monitored through monthly provider oversight meetings.
49. A review of specific services that support CYP with a Learning Disability and or Autism is currently underway and will further shine a light on their needs at time of crisis.
50. The Committee may be interested in the impact on specific groups of CYP, for example, those who are looked after, jointly scoping a piece of work to understand this further could be undertaken.

Report contact

Harriet Derrett-Smith – Associate Director, Integrated Children’s Commissioning
Kerry Clarke – Head of Emotional Wellbeing and Mental health

Contact details

kerry.clarke11@nhs.net

Sources/background papers

[List of all documents used in compiling the report, for example previous reports/minutes, letters, legislation, etc.]

List of appendices

1. i-THRIVE in Surrey
2. User Engagement Summary
- 2a. School Reference Groups and Messages
3. Current delivery and lessons learned
4. ND Transformation Plan
5. Performance data
6. Outcome report
7. ND pathway system risks

THRIVE Framework for systems Change (Wolpert et al, 2019)



Children's and Young Peoples Emotional Wellbeing and Mental Health.

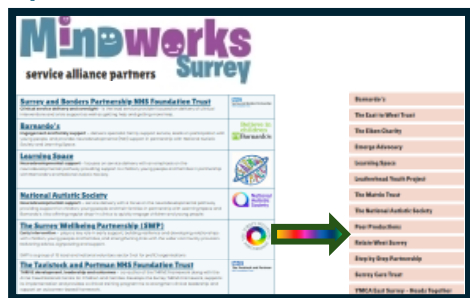
Statement:

Mindworks Surrey brings together strong clinical leadership, statutory NHS expertise and local and national third sector providers to create a partnership across the wider system to transform children's Emotional Wellbeing and Mental Health (EWMH) provision. Mindworks Surrey mirrors recommendations by the NHS Long Term Plan and reflects leading-edge practice.

Goals:

- To embed the THRIVE Framework for systems change (Wolpert et al 2019) as the Surrey delivery vehicle.
- To become a multiagency framework, across health, education, social care and community settings.
- To meet need which is placed based and as early as possible.
- To be able to demonstrate outcomes through the THRIVE principles and to have a learning quality improvement culture at the heart of what we do.

Mindworks Surrey and partners:



Wider Multiagency

Local Authority

Education

Primary Care

Delivery vehicle:

Description of the THRIVE groups



Input offered



The five needs-based groups are distinct in terms of the:

- needs and/or choices of the individuals
- skill mix of professionals required to meet these needs
- resources required to meet the needs and/or choices of people in that group

Future developments:

There is the need to actively work towards full implementation of the THRIVE Framework at a whole systems level, with the following key priorities:

- All staff supporting CYPF are trained in THRIVE like ways of working.
- All outcomes are coherent and embedded together through the THRIVE principles.
- To monitor system wide change and transformation through an agreed outcomes Framework.
- A plan of activities from learning within the system in which new ways of working operationalised.

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Mindworks capturing & responding to User Feedback & Outcomes

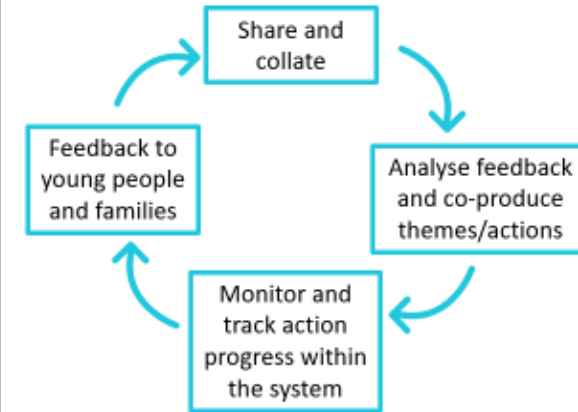
Surrey User Voice and Engagement Coordination Group

Set up in May 2023 – A partnership approach to understand representative voice on CYPF EWMH/ experience of EWMH services which aren't captured on structured questionnaires or outcome tools.

Partners from Mindworks, User Voice Leads (including Surrey CC UV & Participation Team), Family Voice & wider Surrey partners regularly share insights, identify themes and co-produce actions with CYPF which are shared to influence change.

Part of the process built on already existing 'action card' processes in Surrey, used within Surrey's User Voice & Participation team & Family Voice Surrey - If CYPF raise feedback 4 or more times, it creates an action card which requires a system response.

Actions identified by several CYPF are raised via our Quality governance processes.



Outcomes Tools with elements of User Voice

ESQ – 9 Experience of Service Questions asked at the end of support. Co-produced with Amplify, Mindworks Youth Shadow board and 30 young people. Reported Quarterly - 11/13 partners currently reporting – plans in place for remaining 2.

Goal based Outcome's – Shared decision making to set goals for support with CYPF. Distance travelled and a tool for shared decision making (THRIVE principle).

CYP Survey – Annual survey to explore CYPF whole journey of accessing support and how THRIVE like the system is.

Data from all sources is beginning to be triangulated



CYPF raised actions - Current Priorities

1. CYPF would like increased session length & clearer routes of re-accessing support → Contract expectations have been identified. Literature review of optimum session length completed which highlights lack of clarity around what is 'optimal' and depends on need & intervention. Data beginning to emerge on increased complexity of need which is requiring more sessions to meet.

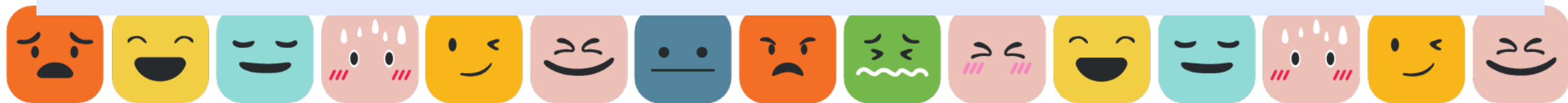
Next steps: Upcoming workshop with commissioners & Mindworks leads to discuss session length & complexity. Task & Finish group to be stepped up to explore and agree Mindworks approach to offering more sessions to ensure clinical safety & consistency.

2. CYPF would like to know how long they may expect to wait → ND wait times added to introduction letters, SABP PALS complaints letters and Mindworks website.

Next steps: Wait times data is available for performance reporting. Recent EFCQP agreement to explore adding average wait time to comms 'what to expect' work with consideration re. language and encouraging access of other resources in the 'interim'.

3. CYPF would like a map of services/Mindworks → Mindworks visual map representation 1st draft complete and will be added to website and used as posters.

Next steps: Engagement due in May to inform final draft with CYP.



5 CYPF Feedback themes progress

Increase ND knowledge (professionals & CYPF)– Progress with increased ND related training for staff (Oliver M) & co-produced webinar series on ND for CYPF. Partnerships for Inclusion of Neurodiversity in Schools (PINS) project to co-produce ND training for 40 primary schools.

‘Waiting well’/Support in the interim – Increased check ins for ND wait list, guidance on accessing private support added to the website, ND strategy & Navigating the maze resources added to website.

Parent/Carer support - Increased comms to share opportunities (HOPE parent/carers workshops has seen increased uptake) and strengthened parent/carers page on website in development. MHST and other teams increased PC support offers.

Session length and re-access challenges – No current re-access policy across Mindworks. Session length progress noted on previous slide.

Navigation - Website updates following engagement in July 23 almost complete. What to expect guide in creation, visual map of Mindworks drafted & pending further engagement with CYP. What is Mindworks description updated for comms campaign to increase understanding of Mindworks.

Neurodevelopmental User Voice

Several of the 5 themes have links to our ND pathway.

Additional action cards for ND include increased use of ‘about me’ profiles to communicate ND needs, increased support during school transitions, alternatives to CBT, measurable standards for schools in supporting children with ND needs.

Progress is being made via the governance processes for user voice which exist in CYP EWMH & Additional Needs & Disabilities & includes additional action cards.

New Young Researchers Project

Coordination led by Surrey CC UVP team & involves Mindworks, Surrey University, Surrey Youth Focus and others to support a group of YP to design & lead their own research project relating to young people’s EWMH. 12 YP recruited, most identify as having a neurodevelopmental need. Currently deciding their research focus, likely links to ND. Recommendations & findings due to be shared Sept/October.

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1. School reference groups

Online groups for staff from Primary, Secondary and Specialist schools to discuss mental health and ND topics. These groups began in January 2023 and run every half term. Current members of the groups are listed below.

Primary Schools (21)	Secondary Schools (11)	Specialist Schools (26)
<ul style="list-style-type: none"> Sandfield Frimley C of E Holy Trinity Pewley Down Hurst Park Scott-Broadwood C of E Hythe Community Maybury Westfield St Francis Wellgrove St John's Broadmere Furzfield New Monument Reigate Parish Bushy Hill St Clements Maybury Audley Wray Common, Merrow C of E 	<ul style="list-style-type: none"> Reigate St Andrews Ravenhill The Beacon Ashcombe Farnham Heath End Woking High Rodborough The Winston Churchill George Abbot Inclusive Education Trust Mat 	<ul style="list-style-type: none"> Foxgorve Manor Mead Walton Leigh Pond Meadow Brooklands Clifton Hill Wishmore Cross Academy Bramley Oak Academy Wallden Woodlands Ridgeway St Dominic's Sunny Down Freemantles Portesbery Westhill Unified Academy Philip Southcote Grafham Grange Carwarden The Park Gosden House Abbey Woodfield Lindenbridge Limpsfield Grange

Key themes we have heard from schools Reference Groups.

Primary Schools

- Staff expressing feeling overwhelmed with ND challenges especially regarding ND referrals.
- Concern over waiting lists for MH/ND support.
- There is a need to enable families to access more support to build resilience.
- It is useful for schools to have a space to share good practice.
- Streamline process of accessing the services available from Mindworks partners.

Secondary Schools

- Support in helping families understand there is a normal level of anxiety for CYP.
- Increase in CYP reporting being unhappy CYP leading to increases in Emotional Based School Non-Attendance, (EBSNA).

Schools would like support with the reintegration of these CYP back into school.

- Increase in ND demand. GPs signpost parents to schools for ND assessment referral without knowing the child well enough.
- Specific cohorts of children who suddenly seem to present with ND e.g., year 9/10 girls.
- Staff are overwhelmed with ND issues as they are not trained to give advice on ND to families.
- Staff not always clear on differences between disordered eating and eating disorders.
- Unmet need in those CYP who have been in crisis and after the 7-day response they are left without any support. CYP who self-harm / suicide ideation appears to be on waiting lists rather than supported.
- Calling for a streamlined process of accessing the services available from Mindworks partners.

Specialist Schools

- Leading on implementing programmes with specialist school dedicated budget. (£40k budget given to schools that resulted from post vacancies aimed at working within special schools).
- Improve joint working between health, social care & Surrey County Council.

ND Reference Group

- There is a desire to focus on CYP and their needs rather than focussing on a diagnostic label only.
- Recommend expanding training to include head teachers and governors to understand ND and move toward a wider culture change around ND.
- Supportive of needs-based approach and families being central.
- Reasonable adjustments are very subjective – this needs to be addressed through training.
- Large cohort of girls with possible ASD struggling with self-harm and suicidal thoughts and school feel they need more support.

2. Primary School Neurodiversity Survey (completed Feb 24)

Schools undertook a survey to gauge the understanding, needs and wants of their community to support children with neurodiverse needs. The findings from this have been presented to the Phase Heads, by two primary heads as part of contribution to developing a joint solution.

A summary of the feedback through this survey is included below.

The top 3 expectations schools have from a child gaining an ND Diagnosis were listed as:-

- 92 % of schools said to gain reassurance for the child.
- 76% said additional support.
- 67% said as a pathway to specialist provision.

Effectiveness of other services/support other than Mindworks

- 48% identified external services such as NAS.
- 42% stated no other services are effective.
- Nearly half felt no external support had much impact – support is insufficient, and staff are stretched to breaking point.

Suggestions to help with Mindworks demand pressures

- Checklist prior to referral – communication for parents that ND diagnosis will not trigger funding or additional resources.
- Support for CYP who are regularly disrupting others.

Impact on schools

- 99% report that a small number of children take all staff time.
- 96% report increased staff anxiety.
- 91% report prevention of teaching and learning.
- External pressures imply schools are NOT inclusive. Job of mainstream school becoming like a specialist setting.

Diagnosis and meeting need

- Surrey County Council is indicating that an ND diagnosis is not required to access specialist provision however, this was not the experience of 42% of the respondents.

Key learning from the school survey

- Schools are doing their best. It seems everything lands back on schools & headteachers to sort. Schools also have all the other children to consider too.
- Schools are on their knees and desperately need help for these children

Next steps with the primary school survey:

- Focused session with the heads and strategic leaders / partners to review the findings and agree resulting actions

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Appendix 2 : Current pathway and lesson's learnt.

1. The pathway for support, onward assessment and medication management delivered by Mindworks is made up from pre and post diagnostic support and assessment for autism and ADHD. The pathway is dependent on engagement from the network of support around a child/young person and their family.
2. The assessment process is in line with clinical best practice and a series of validated clinical tools together with multi-disciplinary team support to enable the identification of a ND diagnosis. The assessment process is tailored to the presentation and circumstances of the child/young person and is sensitive to the range of reasons why a child or young person might present as if they have neurodevelopmental needs. This ensures that other factors such as trauma, behavioural concerns, sleep and learning needs (not an exhaustive list) are identified and addressed through the most appropriate pathway.
3. The neurodevelopmental service has evolved over the last 3 years using quality improvement methodology and with reference to developments in the pathway nationally. The team have engaged with other Trusts (Portsmouth, Durham and Somerset, Kent and Medway amongst others) and learning has been shared and implemented. Nationally systems are moving toward a 'needs-based' approach.
4. In 2022 a revised referral pathway based on need was tested. An unintended consequence was that utilising a 'needs led' approach encouraged referral for a variety of need. The referral pathway also moved to schools (as opposed to via GP's) which offered a route of access for support, after feedback from stakeholders. (Note: GPs have clear communication on this process and remain able to make referrals if a safeguarding risk is identified). An audit of referrals at this time indicated that one third of referrals were inappropriate and there was a lack of evidence that need was being addressed prior to referral.
5. Consequently, demand grew at a rate that could not be matched by existing capacity and financial resource. The number of referrals grew to 40 per day on average, with the highest being 91 referrals in one day. The service is commissioned to reach 10 – 15 referrals per week. In September 2023 it was agreed that Mindworks could not remain in a position of increasing referrals and waiting lists, and that without any significant changes to resourcing the pathway, a further change in process would be needed. It was also recognised that as the term was starting, this enabled the 10-week period, in line with best practice, to support transition (a new school/new school year/ class etc). The approach was designed to assert the importance of understanding the 'needs' of a child/young person and making all reasonable adjustments to consistently respond to need.
6. The Mindworks pathway re-opened on the 1st December 2023 and is currently open to referrals from schools through a screening and consultation process. In line with other areas in the South East, Mindworks is taking a needs-based approach and the service is currently available for CYP with the following needs:

- For children who may be experiencing high levels of distress that impact on their behaviour and ability to participate in school.
 - If schools are supporting children and young people (CYP) whose school attendance is below 70% (this would trigger a safeguarding referral) or if they are home schooled and where CYP have been referred to (or have self-referred to) Early Help and where support has been provided
 - CYP who are already known to mental health and specialist services and whose neurodevelopmental (ND) needs require more urgent intervention.
7. SABP will prioritise CYP within the Mindworks system including Looked After CYP, Children in Care / Post adoptive support, CYP with eating disorders and those within the community specialist services or with complex needs.
 8. Each primary and secondary school can book a one-hour slot per month, which will enable them to consult on two CYP. It is recognised that this is not proportionate to the school population at present and will be the focus of the termly review scheduled for May 24. The neurodevelopmental team are currently offering 30 to 35 consultation slots per week from a team of 4 staff, all of whom are neurodevelopmental therapists.
 - For children and young people who are being home-schooled and **are on** school roll and where the child or young person is **experiencing high levels of distress that is impacting their behaviour and ability to participate in learning**, consultations can be booked by the school.
 - For children and young people who are being home-schooled and **are not** on the school roll and where the child or young person **is experiencing high levels of distress, that is impacting their behaviour and ability to participate in learning**, a half an hour consultation can be booked by parents/carers by calling the Neurodevelopmental team. For these children and young people, a referral to [Early Help](#) must have taken place (self-referral is possible). This information has been communicated to schools, GP's and is available on the Mindworks website for families and others.
 9. Evidence of implementing strategies and interventions is a requirement prior to booking consultations. This is in line with the graduated response/Ordinarily Available Provision approach, promoted as part of improving outcomes for children with additional needs. It has been key to ensure supporting CYP early is within existing guidance for approaches that support settings, practitioners, families and carers to work together to ensure children with additional needs are met at the earliest point., and not seen as a separate process. Typically, implementation of appropriate strategies as detailed on the Mindworks Neurodevelopmental website may include reasonable adjustment in schools, sleep hygiene techniques, nutritional advice and psychosocial education and support to parents through the viewing of the materials/videos available on the site.
 10. The consultations allow schools to discuss the needs of CYP with the team. This ensures children progress to the right support and may include direct entry to the neurodiversity diagnostic pathway. The consultation will also allow for identification of further strategies and resources to be offered while waiting for a diagnosis, referral to the Third Sector support package or added support to strengthen the existing plans in place.

Mindworks, Surrey County Council and VCSE partners are bringing teams together around the school and child, building on established services such as mental health support teams and LSPA team to be able to increase capacity before the screening phase to help meet needs earlier.

11. In addition: Veteran Families: Surrey and Borders Partnership Trust is a Veteran aware healthcare provider. In supporting the children and young people in veteran families services work to not be disadvantaged in accessing appropriate health services; for example if a child is on a waiting list and the family is moving the team will support the transfer of care and, where it is possible to, engage with the new healthcare provider.
12. To Note: Foetal Alcohol Syndrome Disorder, FASD The Neurodevelopmental pathway takes account of CYP who might be presenting with other neurodevelopmental needs including FASD. The team have received training from the national lead on FASD. It is recognised that children looked after have a higher prevalence of FASD. SaBP is commissioned to provide a limited number of diagnostic assessments. Dr Mukherjee, Consultant Psychiatrist is one of the founders for FASD assessments and his advice and consultation is readily given in support of the ND team.

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CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

Area of focus	What	Who	When	Outcome
Leadership and Governance:	To identify and confirm the leadership and governance arrangements to ensure joined up system leadership and the implementation of an Adaptive Learning approach	ICB Lead SCC Lead Mindworks Lead	SCC leader identified April 24. Leadership workshop May 24 Successful Recruitment of Senior Integrated Commissioning Officer	<ul style="list-style-type: none"> Evidence of a System/Adaptive leadership approach in place to address the needs of Surrey’s neurodiverse children and their families (and C&YP’s mental health and SEND needs) by developing a problem solving, learning and developing approach together. Refreshed governance and membership agreed.
Keeping CYP Thriving	Maintenance of up to date, evidence-based strategies and interventions promoted on the Mindworks website.	Mindworks ND team	Reviewed quarterly	<ul style="list-style-type: none"> Evidence of increased usage of the Mindworks website for strategies and intervention. Evidence through evaluation of impact / co-design
	Implementation of the profiling tool to support early identification of need and appropriate strategies (£64k additional investment)	Mindworks and SCC SEND advisory service	Contract in place to develop digital profile tools March 24. Mobilisation and engagement plan agreed by May 24.	<ul style="list-style-type: none"> CYP, Parent / Carers and schools reporting improved confidence in identifying need and identifying effective response Evidence through evaluation of impact / co-design
	Joined up communication plan across Health / Local Authority and Mindworks.	ICB/ SCC/ Mindworks	Establish comms working group from March 24. Schedule of meetings in place by May 24 –	<ul style="list-style-type: none"> Regular communication with key audience Road map of support.

CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

			informed by review cycles. .	<ul style="list-style-type: none"> Evidence of effective communication to address key myths, drivers for demand and clarity of social model (Myth busting communication attached to: receipt of an EHCP, additional support for exams)
As part of providing a clear framework to support ND CYP within school settings, an innovation funded project is in place jointly led by schools and chaired by special school head to develop the top 10 actions, as the framework for what schools would have in place.				
Getting Advice and Getting Help: Early identification and support	Promoting the training and support available to partners and professionals.	All Age Autism Lead for SCC	Ongoing	<ul style="list-style-type: none"> Improved skills and confidence
	Recruiting new ND Advisors, who will provide additional advice and support to school staff around applying and embedding the wide range of ordinarily available and targeted support available across Surrey. (€117k additional investment Q4 23/24)	Learners Single Point of Access and SEND Advice Surrey	Business case and funding secured Dec 23. Recruitment commenced and project start anticipated May 24. Evaluation to inform business case for investment summer 24.	<ul style="list-style-type: none"> Evidence of improved confidence in schools to work directly with schools to support their understanding and knowledge of how to support children and young people who may be neurodivergent. Evidence of a Learning Support Workforce community of practice that promotes needs led ways of working with ND cohorts
	Increased support for families at district and borough level, delivered by experienced Third Sector providers as part of the Mental Health Support Teams offer. (€465k additional investment)	MHST and SWP	Mobilisation and recruitment Feb – March 24. Implementation of delivery plan from April/ May 24 with achievement	<ul style="list-style-type: none"> Named lead in each district and borough recognised by families and schools Evidence of co-designed, co-delivered with parents with lived experience menu of support to improve skills, confidence and building of parental

CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

			of key milestones monitored quarterly.	networks. (aiming that parents can access support within a half a term from identification of need)
	Implementing Partnership for Inclusion of Neurodiversity in Schools (PINS) for primary schools. (£1.2m additional investment Q4 23/24)	Learners Single Point of Access and SEND Advice Surrey / Family Voice / SABP	National pilot secured Dec 23, Programme management team being recruited alongside schools being selected from April 24.	<ul style="list-style-type: none"> • 40 primary schools through national self-evaluation show improvement in supporting CYP • Evidence of co-design with families and CYP.
	To streamline access and ensure relationship approach is central to working with schools and families for early support for ND and EWMH across EWMH Mindworks Alliance offer.	Mindworks Partnership (NAS / Barnardo's/ Learning Space / Eikon and SABP)	ND pre- and post pathway redesign led by Tavistock and Portman to start April 24.	<ul style="list-style-type: none"> • Reported streamlined, improved and transparent access to early support by Mindworks Partners (a move away from individual organisational access) • Evidence of goal-based outcomes against agreed activity plans agreed Q1 24/25. • Digital access in place (tbc due to financial planning pressure)
	To provide consultation sessions enabling screening support when ND need has been identified – may lead to ND diagnosis. (£27k additional investment Q4 23/24)	Mindworks SABP ND Team (Spokes)	Half termly criteria access reviewed in partnership with team around the school. (review equity of offer as well as access criteria) New screening tools introduced to streamline process from January 24.	<ul style="list-style-type: none"> • Increase in assessment capacity of further 5 – 6 assessments per week • Reduction in demand. • Improved access and reduced waiting time for CYP with ND need identified.

CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

			<p>Recruit 3 x new assistant psychologists to the team</p> <p>30 – 35 consultations per week</p> <p>Evaluation completed by May 24.</p>	
<p>As part of links with SEND Improvement strategy :</p> <ul style="list-style-type: none"> • Innovation projects attached to ND friendly schools, transitions, and emotional support (Nurture Work) • Schools’ autism friendly self-evaluation • PDA workshops and system development work • Transitions planning and events. • STIPS support to schools for dysregulated behaviour • Outreach programme <p><i>Added to the action plan will be MHIF ND investment as identified.</i></p>				
<p>Getting More Help and Risk Management.</p>	<p>Demand and capacity review as part of the umbrella of Financial Recovery Planning for Mindworks.</p>	<p>Provider – Mindworks. Commissioners and Safeguarding Leads from ICS</p>	<p>Mindworks monthly contract management arrangements continue.</p> <p>Weekly escalation calls until deemed acceptable position</p> <p>Contract variation for extra capacity to ND</p>	<ul style="list-style-type: none"> • Refresh of SBAR for ICB with details attached to impact / projection and impact options. • Evidence of outcomes from diagnosis for further investment for: Increase support for further: ASPH contract (386 young people), and also support non-complex medication reviews and initiations where caseload is over commissioned activity. Plus further 200 ADHD diagnostic assessments. Planned start date is June

CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

			<ul style="list-style-type: none"> • Team transitioned to a diagnostic assessment hub team rather than separate ASD and ADHD assessment teams.
Establish the Local Commissioned Discharge planning.	Commissioners / Primary Care/ Safeguarding Lead / ICS/ Mindworks	Local Commissioned Service for ADHD CYP discharge in place agreed by the ICS by Q1 24/25. Development of LCS engagement and implementation plan...	<ul style="list-style-type: none"> • Live LCS with primary care from Q2 24/25 • Evidence of SABP Implementation plan being co-designed with primary care colleagues. • Pilot demonstrating improved discharge and outcomes / learning. • Discharged planned and projected for 600 CYP to primary care. • Engagement and recruitment plan to be developed and implemented for primary care – risk of engagement is significant
ADHD Medication management and review.	Provider – Mindworks	Explore additional clinical capacity across wider consultant workforce by May 24. Develop a risk stratification tool and audit caseload of the +900 cases and refresh SBAR for ICB by (TBC)	<ul style="list-style-type: none"> • Medication initiation commenced for CYP on Mindworks caseload who are complex CYP (including New Leaf CYP / CEDs and Community CYP Services). • Communication clear to families and key stakeholders attached to • Mindworks delivering service back to contracted activity and financial balance clearly understood across the system.

CYP Neurodevelopmental Pathway Transformation Action Plan – actions are for key ND transformational priorities.

			<p>Finalise workforce capacity projections / options for delivery based on risks categories with implications on waiting times – implications of risks agreed through ICB governance.</p>	<ul style="list-style-type: none"> • ICB governance reviewed and responded to risks associated with demand and capacity , quality and safeguarding of and financial balance.
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The children and young people's emotional
wellbeing and mental health service

Mindworks Surrey Alliance Performance M11 – February 2024

By Sam Luboff & Clare Shearn

Prepared on 15th March 2024

For Presentation at the April 2024 EFCQP



Demand & Activity - Learning Space

LSp Referrals YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
502	314	60%

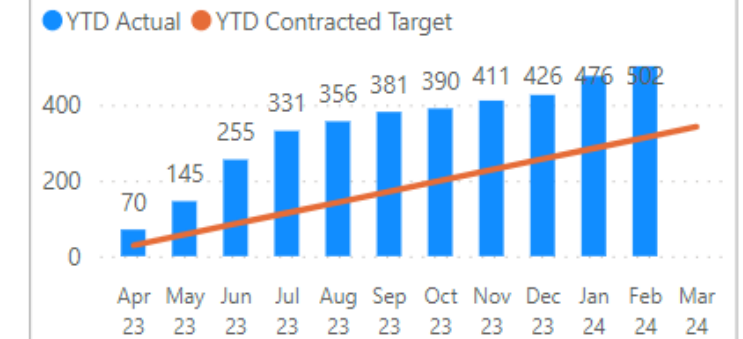
LSp Treatment YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
3827	3082	24%

Referral

Referral	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
AAT	27	38	67	50	21		4	12	9	27	13		268		30
CCT (now IIT)	16	11	13	7							3		50		17
Direct referrals		1	7	11	4	4	2	1	5	18	4		57		13
Internal referrals	9	10				21	2	8		5	5		60		0
Phone and Hub	18	15	23	8			1		1		1		67		0
LSP Total Referrals	70	75	110	76	25	25	9	21	15	50	26		502	314	59

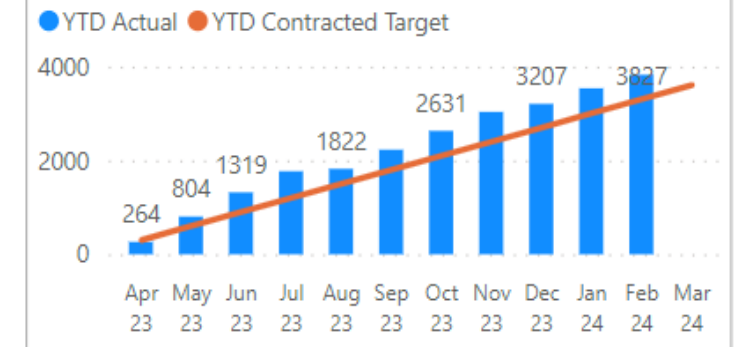
LSp Referral 2023/24



Neurodevelopment Activity by service

Activity	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
Assessment-Individual Face to face-- Neurodevelopmental Assessment Service														222	0
Treatment-Group Face to face--Child	9	51	55	28		21	34	35	4	9	17		263	0	24
Treatment-Group Online-- Neurodevelopmental Service (teacher / parent - adult)	3	37	5	46		4	24	4		7			130	352	26
Treatment-Individual Face to face-- Neurodevelopmental Service	219	393	395	328		333	299	318	145	275	236		2941	2730	359
Treatment-Individual Phone / Skype / Other-- Neurodevelopmental Service	33	59	60	49	52	50	44	48	22	41	35		493	0	52
Treatment Total	264	540	515	451	52	408	401	405	171	332	288		3827	3082	460

LSp Treatment 2023/24



LSP - ND (LSP) Waits

EAST Surrey

Month	Wait time (days)	Waiting List (No. CYPs)
April 2023	42	19
May 2023	29	45
June 2023	54	58
July 2023	48	53
August 2023	69	68
September 2023	65	52
October 2023	72	36
November 2023	72	18
December 2023	72	13
January 2024	55	28
February 2024	70	28

WEST Surrey

Month	Wait time (days)	Waiting List (No. CYPs)
April 2023	202	35
May 2023	96	34
June 2023	96	51
July 2023	77	49
August 2023	98	59
September 2023	99	43
October 2023	108	19
November 2023	108	19
December 2023	108	25
January 2024	22	15
February 2024	23	7

*Wait time as at end of reporting month

LSP Key Messages

Overall

With the imminent termination of the Learning Space contract, it is proving rather difficult to fine tune the level of referrals that we can accept from SABP in the remaining few months of operation. Consequently, the referral rate slowed compared to the previous month although it was still higher than any month in the previous quarter. Once again, the majority of referrals have been for children and young people. Overall the situation is being monitored.

Referrals

- Demand has exceeded contracted levels at **502** referrals received YTD. M11 position YTD Variance **+60%**.
- The referrals total for February is 26 which is very slightly above half of the number of referrals that were taken in the previous month (50). Even so, the number is still above our historical monthly contracted total (20). As in the previous month, the majority were for CYP referrals (20) as opposed to parent/family referrals (6). The parent/family number is lower than previous months but still broadly in line with a trend of single figure monthly referrals. Of the 20 CYP referrals, the split was equal between those directed to our Group service offer and those that were directed to our 1-1 service offer.

Activity

- Activity is at **3,827**. YTD variance **+24%**.
- Total activity for the month was 288 interventions which given that February is a 'short' month was nearly comparable with the number of interventions carried out in the previous month (332). Both this month and the previous month show a considerable increase in activity compared to the end of calendar year 2023. Of the 288 interventions, the vast majority was accounted for by individual face-to-face sessions with CYP (236).

Waiting lists

- Across both our hub locations, waiting lists have stabilised. Specifically in the east of the county the level has remained the same and it has fallen by half in the west of the county. Overall, the total number on our waiting list this month is 35 as opposed to (43) last month. This level of waiting represents the lowest number of individuals on the list in the current financial year.

Waiting times

- The waiting time for commencement of service remains stable and low in the west of the county at 23 days. The waiting time figure in the east of the county has been distorted by a single outlying family who are waiting for a hospital procedure to first take place, and which was abruptly cancelled. The wait time in the east of the county has risen from 55 days to 70 days but, as stated, this is not generally representative. Wait times in the east of the county have remained at the same level for most of the current financial year.

Workforce/Staffing

- No changes to staffing levels were recorded in February.

Demand & Activity - Barnardos

Barnardo's Referrals YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
1074	1100	-2%

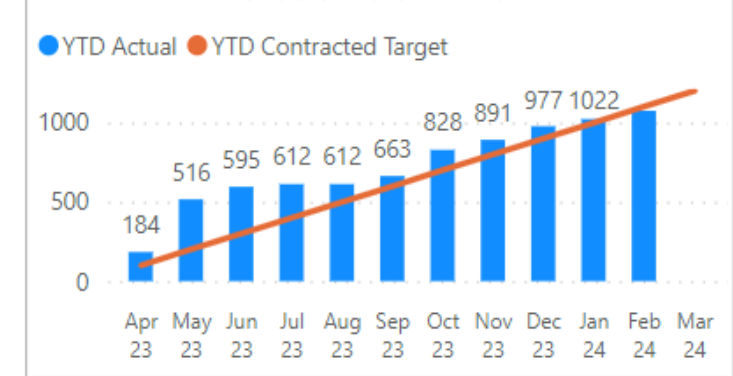
Barnardo's Treatment YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
6492	6884	-6%

Referral

Referral source	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
AAT	164	329	15			3	31		1	10			553		
Direct referrals	18	2				33	123	61	81	32	22		372		
Self-referrals	2	1	64	17		15	11	2	4	3	30		149		
Barnardo's Total Referral	184	332	79	17		51	165	63	86	45	52		1074	1100	206

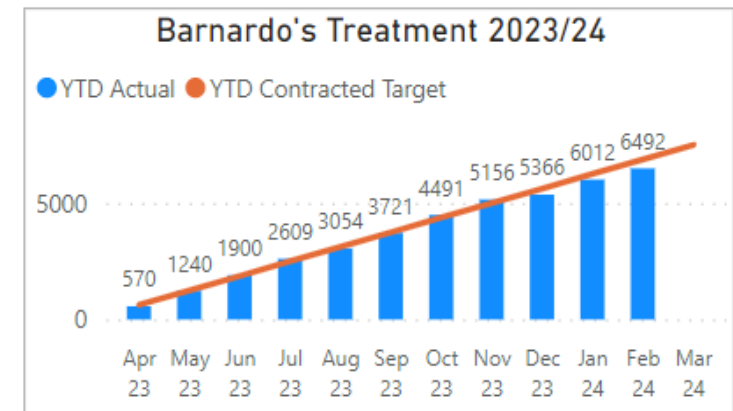
Barnardo's Referral 2023/24



Neurodevelopment Activity by service

Activity	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
Treatment-Individual Face to face--ADHD 1:1 service	6	17	18										41	2475	165
Treatment-Group Face to face--Barnardo's SPPS 6-18 Parenting	476	545	395	537	445	457	560	357	106	312	232		4422	4263	380
Treatment-Group Face to face--Barnardo's Celebrating Children who do it differently	88	108	247	172		210	210	308	104	334	248		2029	147	10
Treatment Total	570	670	660	709	445	667	770	665	210	646	480		6492	6884	555
Treatment-Individual Phone / Skype / Other--Out of hours line	38	31	38	19	19	26	32	33	21	33	20		310	0	0

Barnardo's Treatment 2023/24



Barnardo's Waits

Barnardo's	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Waiting Lists	0	109	0	0	0	6	0	0	37	2	17
Total number of referrals waiting (Caseload)	634	588	616	530	473	235	274	287	352	314	383
Total number of referrals waiting (Celebrating and inspiring school work)	0	364	42	54	43	20	12	18	27	29	45

Waiting Times											
From 1st contact to waiting for a course (SPSS) - Group	301	109	80	0	0	18	50	23	38	23	22
Number of referrals waiting 0-30 working days	15	26	11	0	0	6	36	0	37	6	10
Number of referrals waiting 30-60 working days	0	4	0	0	0	12	11	18	1	13	7
Number of referrals waiting 60-90 working days	1	0	4	0	0	0	3	5	0	4	2
Number of referrals waiting more than 90 working days	285	79	65	0	0	0	0	0	0	0	3
From 1st contact to waiting for Celebrating Children who do it differently - Group	311	459	520	530	473	217	224	264	314	291	361
Number of referrals waiting 0-30 working days	15	40	43	52	47	20	36	12	27	34	54
Number of referrals waiting 30-60 working days	55	14	40	45	62	32	25	18	33	42	41
Number of referrals waiting 60-90 working days	3	41	14	36	43	47	39	47	51	61	64
Number of referrals waiting more than 90 working days	238	364	423	397	321	118	124	187	203	154	202
From 1st contact to ADHD 1:1 session - Individual	22	20	16	0	0	0	0	0	0	0	0
Number of referrals waiting 0-30 working days	5	5	0	0	0	0	0	0	0	0	0
Number of referrals waiting 30-60 working days	8	3	5	0	0	0	0	0	0	0	0
Number of referrals waiting 60-90 working days	6	10	4	0	0	0	0	0	0	0	0
Number of referrals waiting more than 90 working days	3	2	7	0	0	0	0	0	0	0	0



Barnardos Key Messages

Referrals

- Demand is below contracted levels at **1,074** referrals received YTD. M11 position YTD Variance **-2%**.
- **SPPS** - on 1st February Surrey Positive Parenting opened for referrals after a year of being closed. We have shared this news across the Mindworks Alliance. We have had a slow intake of referrals. This has been due to ongoing conversations with AAT and the use of their referral forms. The referrals from SPOKE team has also slowed. You have very minimal amount of referrals from other Mindworks organisations/professionals. We know the demand is there but we are not seeing the referrals come through.
- **Celebrating** - Demand is still high, wait list is still long, and schools have reached out to ask for us to do coffee mornings. The capacity of the Celebrating team is stretched so the Surrey Positive Parenting team have taken on the coffee mornings for some schools. We are seeing a higher number of secondary schools refer in which is good as news is spreading that we are open for both primary and secondary groups.
- **O Helpline** - Our number of calls has been lower in Feb but this is an expected trend with having Feb half term. We often see a decrease in calls during school holidays, there could be many factors but we suggest this is due to families going on holidays, clubs that children attend like football camps might limit stressful situations as the young person is doing something they enjoy, we see a lot of young people staying with other members of the extended family such as grandparents or friends whilst caregivers still work. We are hopeful for an increase in calls in March as we've focussed on advertising throughout the latter part of Feb.

Activity

- Activity is at **6,492**. YTD variance **-6%**.
- **SPPS** - In February we received 35 referrals which included 22 SPOKE, 12 Referrals ND - Direct Request for Support (non - AAT) incl community teams & GP, 1 self-referral. Of these 2 SPOKE referrals and 7 Referrals ND - Direct Request for Support (non - AAT) incl community teams & GP were rejected. In February we offered 462 session, 232 were accepted 230 sessions were declined. Due to the low number of referrals received we were unable to fill all spaces. In February have delivered 3 Post diagnosis groups, 5 Pre diagnosis groups and 1 co-delivery group with NAS and 3 one-to-one sessions each week.
- Consultations with parents outside of a group
- Telephone - 26
- Email -126 Meaningful information sharing with social workers, family support workers, ND team, CSPA
- Telephone conversations - 1
- Email - 3

Barnardos Key Messages

Waiting lists and waiting times-

- **SPPS** - waiting list lower than usual as we have a high number of empty spaces due to a low number of referrals coming in. Celebrating - high waiting list, schools are now booking for Feb 2025 onwards. – The waiting list is lower than usual as we have a high number of empty spaces due to a low number of referrals coming in. Celebrating - high waiting list, schools are now booking for Feb 2025 onwards.

Workforce/Staffing

- **SPPS** - staffing is currently on a full team. We have one member on sick leave.
- **Celebrating** - We are currently a full team. We have received a resignation, one colleague will leave at the end of May. Her resignation stems from how fast-paced the team have to work to meet contracted numbers, this is hard when we have a high number of schools cancelling sessions and children off school meaning our numbers are lower than we'd often like or plan for. The colleague also mentioned capacity for admin time is so stretched. We have another colleague who is reducing their hours at the end of May. This means we are open to a restructure of staff come May. This will allow for another part-time colleague to assist with the running of the groups out in schools. We are also keen to use volunteers within the Celebrating Service in the future.
- **Out of Hours Helpline** - Full staff team but one colleague is on a period of leave. They should return in April.

Highlights (what went well this month)

- Some written feedback from parents who have attended our Surrey Positive Parenting Courses.
- 'I just wanted to say thank you for a brilliantly run course. You made the content interesting and insightful while building a really trusting forum for the parents to share without fear. I am on a similar course for another ND condition and they haven't managed to facilitate that trust and therefore the experience has been very different
- 'Thank you for all of your support and information. You have certainly helped in showing me what I have been doing wrong and given me ideas for approaching things differently
- 'Thank you so much. It has been an incredible course and I have to say that I was sceptical at the beginning.'
- 'It has been fabulous. I've learnt an awful lot.'
- 'Just being with parents and people who understand has been such a pleasure.'
- 'The entire team were fantastic so incredibly supportive and professional. The course was well-organised and informative.
- Another highlight for us is the increase in the requests for coffee mornings from Surrey schools. This is providing a great touch point between the school staff, the families and our teams. We have gone into schools that have been seen by our celebrating team and the Positive Parenting team have offered a high-level introduction to the positive parenting course. During these opportunities we have highlighted how it is not a 'parenting course' but a skills-building course and lots of attendees have appreciated this information due to the connotations around parenting courses.

Lowlights/concerns

- Slow referrals are making booking families onto our April courses hard. We will be starting our courses in April with low numbers which is a shame as we know the demand is there.

Demand & Activity - NAS

NAS Referrals YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
2818	578	388%

NAS Treatment YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
12639	3878	226%

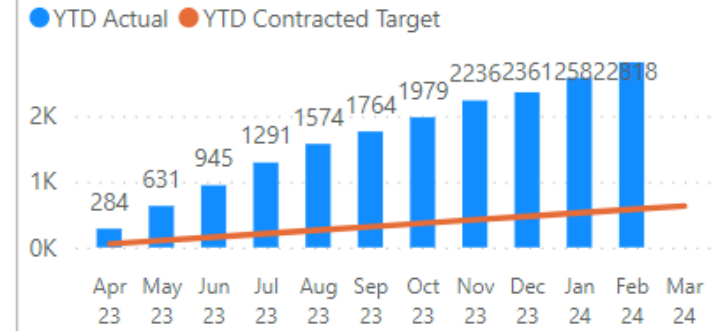
Referral

Referral source	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
AAT	188	220	199	174	126	91	61	95	45	87	116		1402		141
Direct referrals	69	55	71	104	37	58	81	90	48	35	102		750		0
Spoke and Hub	27	72	44	68	120	41	73	72	32	99	18		666		2
NAS Total Referral	284	347	314	346	283	190	215	257	125	221	236		2818	578	143

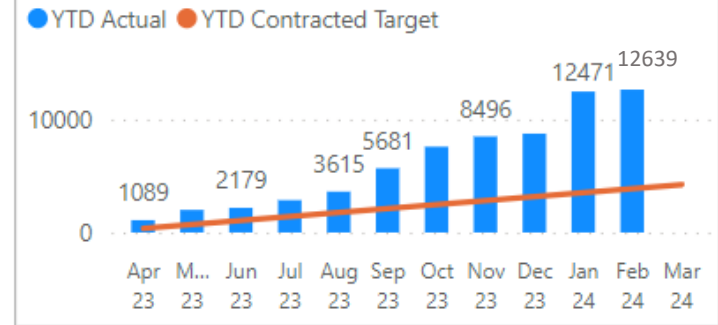
Neurodevelopment Activity by service

Activity	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
Treatment/Intervention-Group Virtual/Facetoface--Neurodevelopmental Service (parent & carer courses)	1040	824	120	616	720	2010	1844	846	212	3636	74		11942	3520	401
Treatment/Intervention-Individual Virtual/Facetoface--Neurodevelopmental Service (Parent & Carer 1:1)	49	80	66	64	36	56	66	59	38	89	94		697	358	35
Treatment Total	1089	904	186	680	756	2066	1910	905	250	3725	168		12639	3878	436
Treatment/Intervention-Individual Facetoface--Neurodevelopmental Service (CYP 1:1)	21	35	44	45	22	55	53	77	11	34	62		459	0	6
Treatment/Intervention-Individual Phone / Skype / Other--Neurodevelopmental Service (Out of hours advice line)	20	27	15	18	17	24	31	23	11	21	25		232	0	0

NAS Referral 2023/24



NAS Treatment 2023/24



NAS Waits

NAS Wait List	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
Total number of referrals waiting (CYP 1:1)	0	4	9	3	11	5	1	12	8	9	23
Total number of referrals waiting (Parent & Carer 1:1)	11	5	17	11	16	33	7	17	14	13	19
Total number of referrals waiting (Parent & Carer courses)		36	54	334	419	362	352	355	320	414	458

Waiting Times	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
From 1st contact to 1:1 CYP Direct work	8	4	9	10	11	7	11	21	8	9	23
Number of referrals waiting 0-30 working days	0	4	4	7	0	2	11	9	6	5	22
Number of referrals waiting 30-60 working days	8	0	5	3	11	5	0	12	2	4	1
Number of referrals waiting 60-90 working days	0	0	0	0	0	0	0	0	0	0	0
Number of referrals waiting more than 90 working days	0	0	0	0	0	0	0	0	0	0	0
From 1st contact to waiting for 1:1 Parent / Carer	7	5	17	19	26	36	20	17	16	13	19
Number of referrals waiting 0-30 working days	7	4	5	8	10	0	13	1	1	5	3
Number of referrals waiting 30-60 working days	0	1	12	11	16	36	7	16	15	8	16
Number of referrals waiting 60-90 working days	0	0	0	0	0	0	0	0	0	0	0
Number of referrals waiting more than 90 working days	0	0	0	0	0	0	0	0	0	0	0
From 1st contact to waiting for Parent / Carer Courses	49	36	54	50	48	51	70	79	35	95	84
Number of referrals waiting 0-30 working days	7	1	1	1	18	21	43	30	18	74	10
Number of referrals waiting 30-60 working days	8	1	0	48	22	30	16	36	17	18	23
Number of referrals waiting 60-90 working days	30	10	31	1	8	0	11	13	0	3	46
Number of referrals waiting more than 90 working days	4	24	22	0	0	0	0	0	0	0	5
Referral to assessment	281	345	314	346	283	189	215	257	125	221	236
Number of referrals waiting 0-30 working days	281	345	314	346	282	189	215	257	125	221	223
Number of referrals waiting 30-60 working days	0	0	0	0	1	0	0	0	0	0	13
Number of referrals waiting 60-90 working days	0	0	0	0	0	0	0	0	0	0	0
Number of referrals waiting more than 90 working days	0	0	0	0	0	0	0	0	0	0	0
Total	345	390	394	425	368	283	316	374	184	338	362



NAS Key Messages

Demand

- Demand has exceeded contracted levels at **2,818** referrals received YTD. M11 position YTD Variance + **388%**
- Direct referrals are increasing from schools, family centres and self-referrals reflecting NAS activity to raise awareness of our service in the community and schools (information sessions, attendance at networking & community events & school training) and the suspension of Spoke pathway. CYP Direct Work referrals have increased quickly but we have now paused referrals for this 6-week intervention because our contract ends March 31st for this work.

Activity

- Activity has exceeded the target of **12,639**. YTD variance +**226%**
- No new 8-week Stepping Up courses starting this month, but January programmes are continuing through Feb. We have been able to deliver higher activity in parent 1:1 support using additional workshop contract staff and expanding functional roles where possible in order to maximise capacity. CYP 1:1 work remained stable.

Waiting lists

- Waiting lists remain stable. We continue to direct P/C 1:1 waitlists to support via specialist workshops, out-of-hours advice live and other signposting while they wait. The CYP waitlist has increased due to a higher number of referrals in February.

Workforce/staffing

- We have one remaining part-time Family Support Co-ordinator post to fill but have not had suitable applicants. The CYP 1:1 practitioner has resigned, but their end date will coincide with the contract ending on 31st March so we will not advertise this post. The remaining CYP 1:1 wait list will need to be managed within the team.

Highlights (what went well this month)

- We have scheduled our first evening 'in-person' Stepping Up 8-week workshop as a trial and are confident this will deliver accessible support for people who work full-time but prefer in-person events. We have added an additional specialist workshop to our portfolio on EBSNA reflecting a growing need in the families we support. We now have specialist workshops on PDA, Autism in Girls, Anxiety, Teens, Transitions, Sleep, Toileting, Carer Wellbeing and workshops specifically for male carers and Grandparents.

Demand & Activity - SWP

EIS (SWP) Referrals YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
8876	8513	4%

EIS (SWP) Treatment YTD 2023/24 Total

Month YTD Total	YTD Contracted Target	YTD % Variance
64448	57033	13%

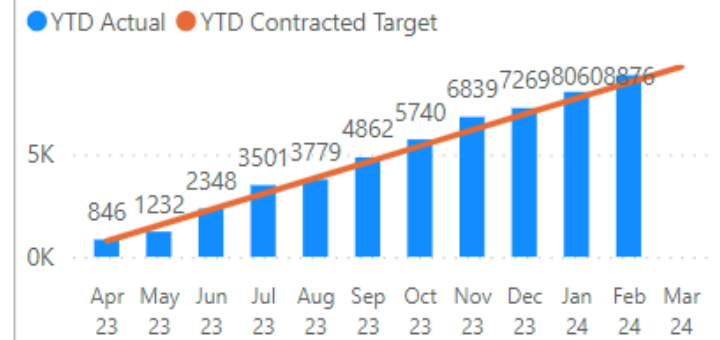
Referral

Referral source	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
AAT	405	66	240	248	188	219	188	253	208	238	313		2566		
Community CAMHS	54	27	24	24	11	14	24	19	14	16	13		240		
Direct referrals	387	293	852	881	79	850	666	827	208	537	490		6070		
EIS (SWP) Total Referral	846	386	1116	1153	278	1083	878	1099	430	791	816		8876	8513	732

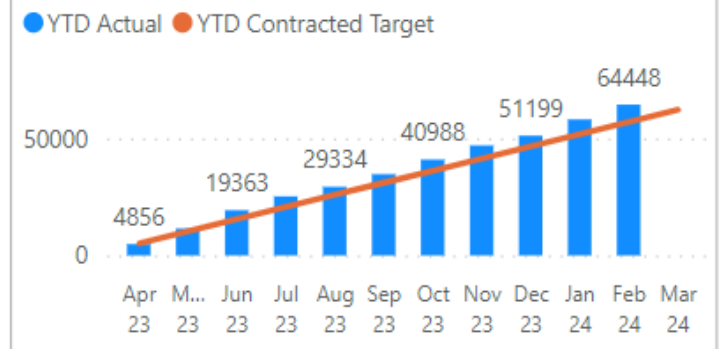
Neurodevelopment Activity by service

Activity	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total	Contracted	22/23 MonthAverage
Treatment-Group --Early Intervention Service	1105	1435	2577	1461	927	1277	1402	2051	827	1930	1453		16445	8155	1083
Treatment-Individual Face to face--Early Intervention Service	3751	5262	5233	4441	3142	4142	4833	3993	3340	5013	4853		48003	15281	0
Treatments-Group --Community CAMHS														642	1083
Treatments-Group --Crisis														5	0
Treatments-Individual Face to face--Community CAMHS														16691	1789
Treatments-Individual Face to face--Crisis														275	53
Treatments-Individual phone/skype/other--Community CAMHS														8345	0
Treatments-Individual phone/skype/other--Early Intervention Service														7640	0
Treatment Total	4856	6697	7810	5902	4069	5419	6235	6044	4167	6943	6306		64448	57033	4008

EIS (SWP) Referral 2023/24



EIS (SWP) Treatment 2023/24



SWP Waits

EIS(SWP) Wait List	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
Total number of referrals waiting	634	892	630	590	521	494	423	405	448	416	417

Waiting Times	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
Assessment	601	854	571	590	503	494	423	405	448	416	417
Number of referrals waiting 0-20 working days	82	149	111	167	115	119	108	108	142	141	140
Number of referrals waiting 20-80 working days	216	305	175	181	245	213	220	218	229	180	167
Number of referrals waiting more than 80 working days	303	400	285	242	143	162	95	79	77	95	110
Treatment	33	38	63	30	18	0	0	0	0	0	0
Number of referrals waiting 0-20 working days	13	13	13	0	18	0	0	0	0	0	0
Number of referrals waiting 20-80 working days	20	25	50	30	0	0	0	0	0	0	0
Number of referrals waiting more than 80 working days	0	0	0	0	0	0	0	0	0	0	0
Total	634	892	634	620	521	494	423	405	448	416	417

SWP Key Messages

Referrals

- Demand is below contracted levels at **8,876** referrals received. M11 position YTD Variance **+4%**.
- Seasonality: SWP continues to deliver to its seasonal expectations, with an increase in both referrals and interventions and activities.
- A&AT work: Ongoing macro-meso-micro challenges are being experienced within the system, and this is having an impact on referrals and referral flow. There is also a risky narrative developing that indicates that all 600 CYP on the routine partner waiting list are being held by SWP practitioners, this is not the case. It is more helpful to think of these CYPs waiting in the routine partner list as “awaiting Mindworks allocation”

Activity

- Activity is at **64,448**. YTD variance **+13%**.
- As expected, activity has followed seasonally expected variations. It is also essential to highlight the incredible services offered under the "Thriving" needs based category, with a total of 14621 opportunities for engagement offered and a total of 137500 thrive-like sessions/activities. The significant increase is due to a focus on the "thrive" like nature of some of our partners offer, which while funded by the Alliance, has not been previously reported.

Waiting lists

- Total number of referrals waiting - the total count across 13 partners for CYP not yet receiving a service. this number continues to decrease and there have been positive steps taken to move CYP waiting times to a more acceptable level. This is ongoing work. SWP is in the process of setting up a working group with partners to better understand and help resolve waiting list challenges within the partnership
- Prepare for waiters over 80 days: the process within the SWP partnership is for individual charities to perform check in/check-up phone calls with their longest waiters to monitor risk and escalation.

CYP Neurodevelopment Service

Progress update

14th March 2024

CYPs ND BCP Pathway 14th March 24

Spoke		Hub: Diagnostic Assessment		Hub: ADHD Medication	
Total Caseload	890 ↓	Total Caseload	3608 ↓	Total Caseload	3342 ↑
Screening				Awaiting ADHD Med Initiation	939 ↑
Awaiting AoN Screening	294 ↓			<i>Longest waiting 1yr 11 Weeks (3 outliers)</i>	
				NMP Less Complex Med Review	~ 1827 *
ASD	92 ↓	ASD	1826 ↓	Doctors Complex Med Review	180 ↑
		<i>Longest waiting: 2yrs 41 weeks</i>			
ADHD	122 ↓	ADHD	906 ↑	ASPH Contract (West ADHD Med Review)	396 ↓
		<i>Longest waiting: 2yrs 8 weeks</i>			
ASD/ADHD	215 ↓	ASD/ADHD	876 ↑		
		<i>Longest waiting: 2yrs 39 weeks</i>			

Support

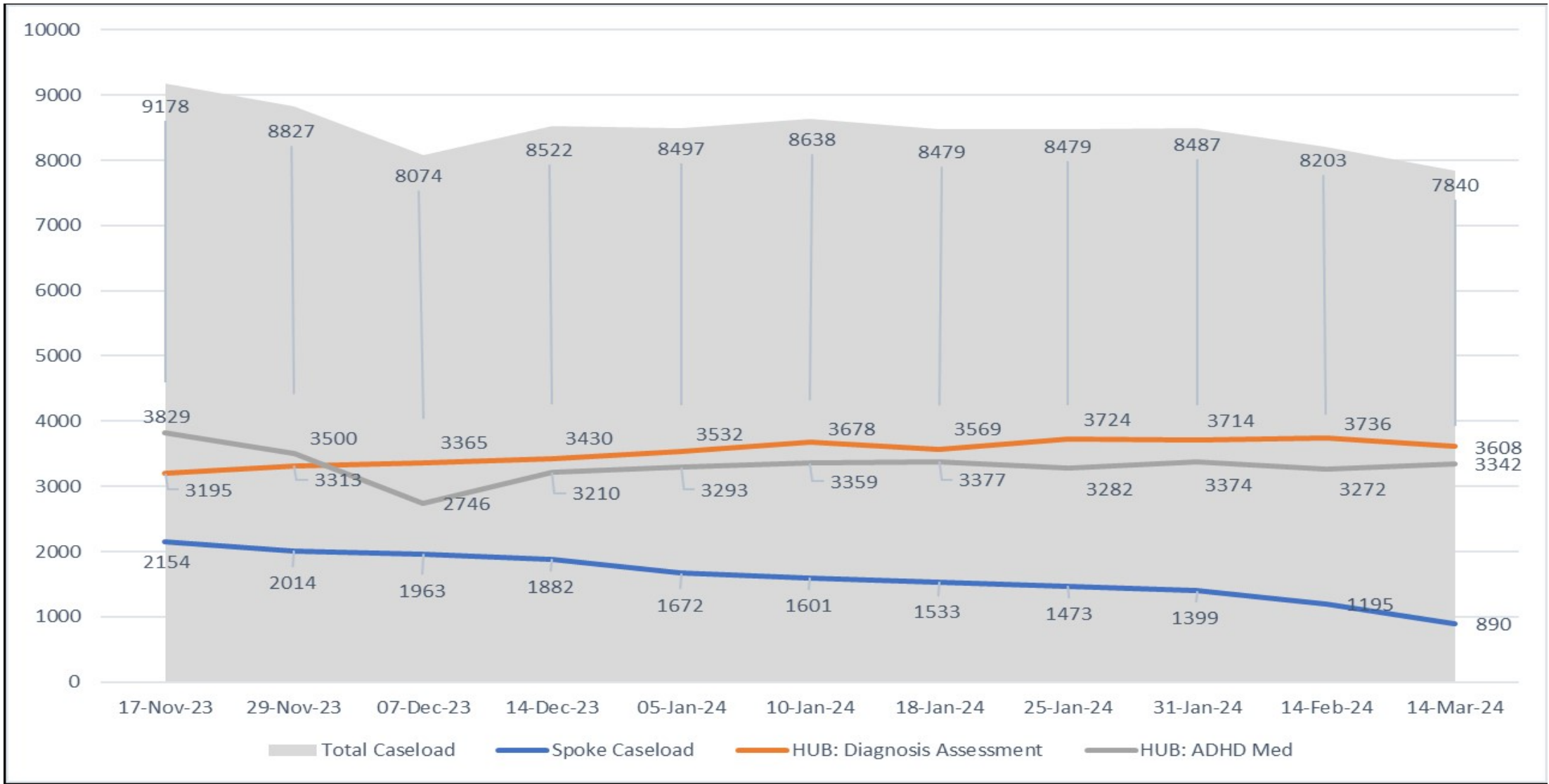
Consultation: 54
Parent course (Navigating the Maze) 111
School observation: 2

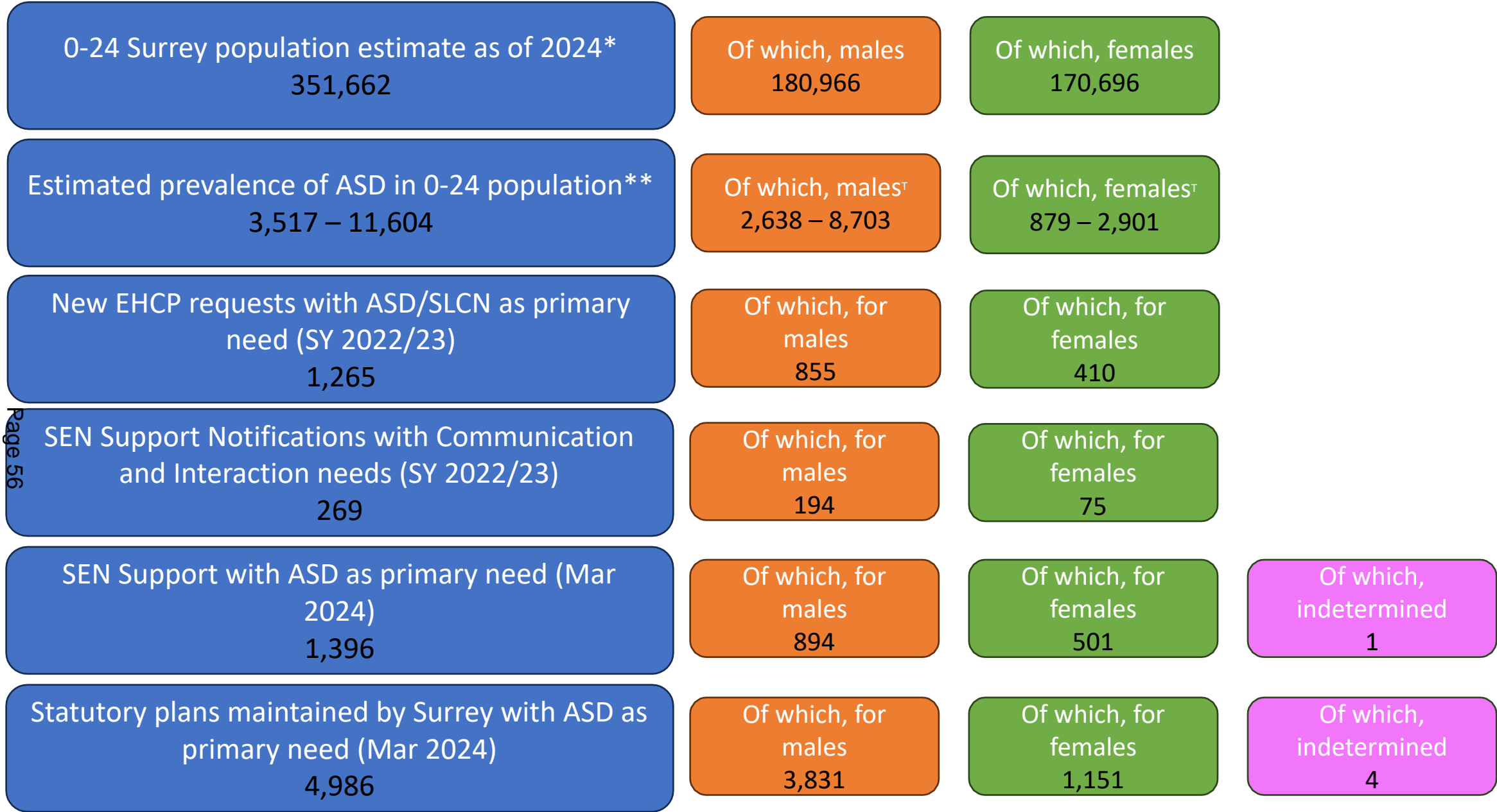
Psicon have commenced contract of 1001 ASD and 250 dual assessments within these numbers

Total Caseload: 7840

* Noted teams have been adding to NMP caseload incorrectly - team resolving, therefore this is an estimate

CYPs ND Trend Data during BCP : 14th March 24





*[Surrey-I population projections](#)

** UK Prevalence of autism is estimated to be between 1% (source: [The national strategy for autistic children, young people and adults: 2021 to 2026](#)) and 3.2-3.3% in individuals aged 10-17 without a co-occurring learning disability (Source: [NHS experimental statistics](#), 2020-21).

^T [Beyond Autism](#) state that ASD is three times more prevalent in boys than in girls

Mindworks Outcomes Summary Report

Mindworks Surrey Outcomes:

Statement:
Reporting is taking place with agreed MDS for both GBO and ESQ with operational implementation plan in place with agreed actions. .

- Goals:**
- To continue to demonstrate distance travelled and SDM with GBO.
 - To be able to demonstrate quarterly improvements of meaningful change.
 - To understand alliance wide CYPF experience of services through MDS ESQ.
 - To focus on strategic indicators with agreed preference data.
 - To deliver on 6-month implementation plan as an alliance.

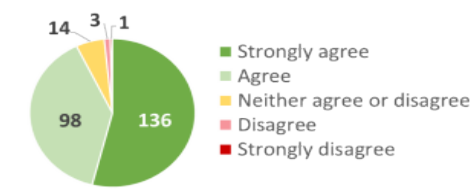
GBO	QUARTER 4		QUARTER 1		QUARTER 2		QUARTER 3	
	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%
The number and % of discharged referrals with paired outcomes that show an improvement in all their goals compared to target. Contractual Target: 70%	791 out of 1056	74.9	639 out of 808	79	610 out of 777	78.5	737 out of 876	84
The number and % of discharged referrals, with paired outcomes by change score. 1. Meaningful Change 2. Improvement 3. No Change 4. Deterioration	487 out of 1056	46.2	436 out of 808	54	360 out of 777	46.3	496 out of 876	57
	302 out of 1056	28.6	203 out of 808	25	250 out of 777	32.2	256 out of 876	29
	155 out of 1056	14.7	95 out of 808	11.8	123 out of 777	15.8	91 out of 876	10
	109 out of 1056	10.3	74 out of 808	9.2	44 out of 777	5.7	33 out of 876	4
The number and % of discharged referrals with at least one paired outcomes. CQUIN Target: 50%	1056 out of 6255 discharges	16.9	808 cases out of 6954 discharges	11.6	777 cases out of 2715 discharges	28.6	876 out of ~1900~ discharges	~45-50~
Average length of referral with paired scores.	8 weeks	-	9 weeks	-	8 weeks	-	5 weeks	-

ESQ for Q3.

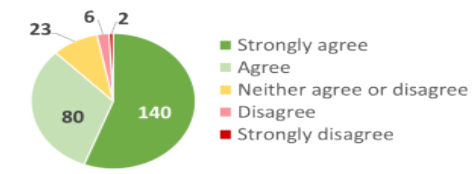
Did you agree goals to work towards -



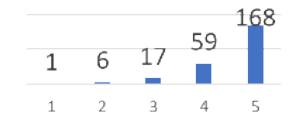
I understood the information given to me -



The support I received met my needs -



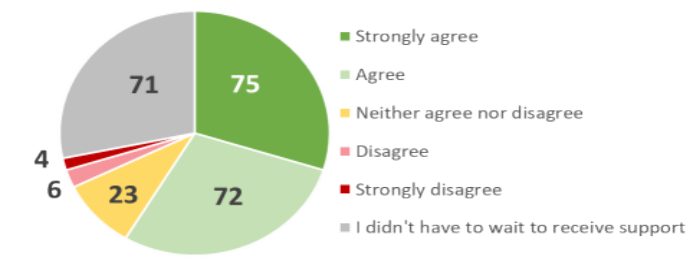
Please rate your overall experience of support - 4.59 / 5



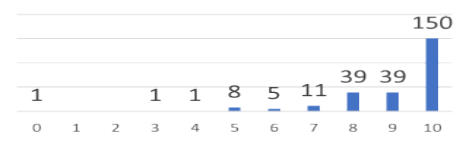
I would recommend support to a friend - 4.55 / 5



I felt supported while waiting for support:



I felt that the things about my wellbeing that matter most to me and my family were listened to - 9.07/10



Future developments: There is a need to report outcomes from a THRIVE perspective as the systemwide delivery framework.

- Develop and agree MDS template within quality sub-group.
- Review and map current reporting taking place.
- Agree with commissioners and partners MDS for THRIVE like ways of working.
- Agree reporting timelines across the alliance.

Mindworks Surrey Outcomes:

Statement:
Reporting is taking place with agreed MDS for both GBO and ESQ with operational implementation plan in place with agreed actions. .

- Goals:**
- To continue to demonstrate distance travelled and SDM with GBO.
 - To be able to demonstrate quarterly improvements of meaningful change.
 - To understand alliance wide CYPF experience of services through MDS ESQ.
 - To focus on strategic indicators with agreed preference data.
 - To deliver on 6-month implementation plan as an alliance.

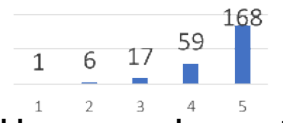
GBO	QUARTER 4		QUARTER 1		QUARTER 2		QUARTER 3	
	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%	Number (* cases out of * cases)	%
Metric								
The number and % of discharged referrals with paired outcomes that show an improvement in all their goals compared to target. Contractual Target: 70%	791 out of 1056	74.9	639 out of 808	79	610 out of 777	78.5	737 out of 876	84
The number and % of discharged referrals, with paired outcomes by change score. 1. Meaningful Change 2. Improvement 3. No Change 4. Deterioration	487 out of 1056	46.2	436 out of 808	54	360 out of 777	46.3	496 out of 876	57
	302 out of 1056	28.6	203 out of 808	25	250 out of 777	32.2	256 out of 876	29
	155 out of 1056	14.7	95 out of 808	11.8	123 out of 777	15.8	91 out of 876	10
	109 out of 1056	10.3	74 out of 808	9.2	44 out of 777	5.7	33 out of 876	4
The number and % of discharged referrals with at least one paired outcomes. CQUIN Target: 50%	1056 out of 6255 discharges	16.9	808 cases out of 6954 discharges	11.6	777 cases out of 2715 discharges	28.6	876 out of ~1900~ discharges	~45 - 50 ~
Average length of referral with paired scores.	8 weeks	-	9 weeks	-	8 weeks	-	5 weeks	-

ESQ for Q3.

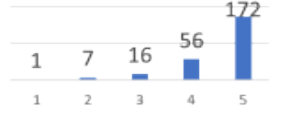
Did you agree goals to work towards -



Please rate your overall experience of support - 4.59 /5

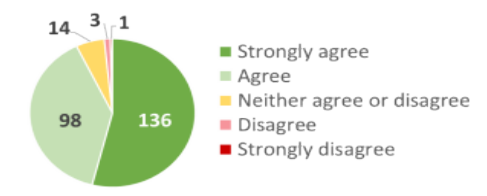


I would recommend support to a friend - 4.55 /5

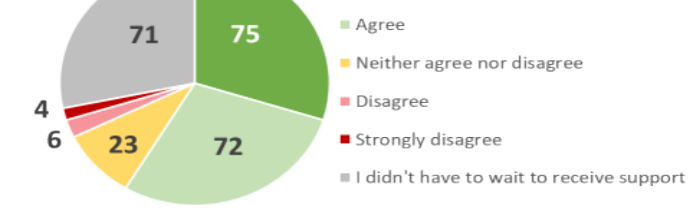


I felt supported while waiting for support:

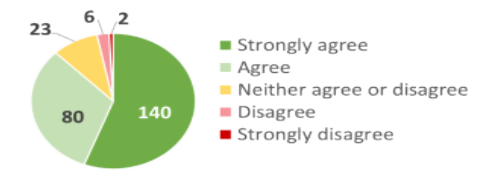
I understood the information given to me -



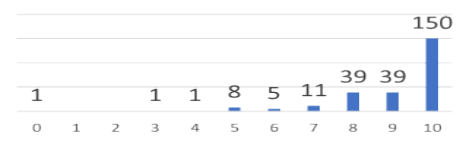
I felt that the things about my wellbeing that matter most to me and my family were listened to - 9.07/10



The support I received met my needs -



I felt that the things about my wellbeing that matter most to me and my family were listened to - 9.07/10



Future developments: There is a need to report outcomes from a THRIVE perspective as the systemwide delivery framework.

- Develop and agree MDS template within quality sub-group.
- Review and map current reporting taking place.
- Agree with commissioners and partners MDS for THRIVE like ways of working.
- Agree reporting timelines across the alliance.

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Title	Description	Potential effect of the risk	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Risk Appetite	T Value	Rating (Target)
CYP ASD waiting time for routine assessments	The number of children waiting for ASD is not reduced.	Children's needs can not be met and crisis may escalate.	The waits for ASD have reduced considerably, however risk stays the same due to continued level of demand and capacity of clinical teams to deliver assessments. Children waiting are reviewed regularly Contracting with on-line assessment company to carry out routine assessments within this pathway some additional funding has been committed but a gap remains. Joint working group across ICB and SCC is in place to align delivery and support under the All Age Autism Strategy.	<p>Gap remains in funding available to see all children waiting for routine ASD.</p> <p>Funding has been found to support additional capacity within the MHT for comorbid children as well as for additional resources from wider provision.</p> <p>Until level of delivery is stabilised there is a repetitive risk that ASD waits may start to increase again.</p> <p>This risk was due to close however this status has now been removed and the risk reopened due to the numbers of children coming through the SPA in the Mindworks contract for an ND/ASD assessment.</p> <p>Full partnership commitment to moving to a different way of working to meet children and families needs earlier.</p>	<p>All Age Emotional Wellbeing and Mental Health Programme Board has oversight of this issue.</p> <p>Mindwork's CRM has now been stood up to support escalation of issues and successes within the contract.</p> <p>Weekly escalation and oversight of business continuity plan now in place. SBAR raised to highlight the issue and seek support in resolution.</p>	Need to raise awareness of the issue within the partnership governance structure for children with additional needs.	15	12	Moderate 5-8	Tolerate	6
EMHWP waiting times - ADHD - CYP	The waiting times for ADHD assessment and also pathway capacity are not resolved.	Children will not be seen in a timely way but also capacity within the pathway will not be realised which in turn impacts upon broader community CAMHS delivery	<p>Project plan in place that details work requirements and decisions to be made regarding changing process for this pathway.</p> <p>Steering group in place across primary care, pharmacy, commissioning and provider. For med reviews.</p> <p>Project group also in place to work on backlog as part of the EMHWP mobilisation infrastructure within SABP/Alliance</p>	<p>BI capacity to deliver understanding of demand and therefore to inform future model. Additional resource has been brought in very recently - awaiting to see impact.</p> <p>Primary care capacity to take on assessments at greater level than currently.</p> <p>Final agreement from primary care to new terms within the revised LCS for ADHD and shared care arrangements</p> <p>No additional mitigations in response to national ADHD medication issue.</p>	This work is part of the Financial Recovery programme for the Mindworks Alliance. There is a recovery board that feeds into the All Age MH and LDA Oversight Board.	- Gaps in controls include pace at which this work has moved forward. This is due to a number of reasons including capacity, understanding the scale of the issue and moving to resolution.	12	12	Moderate 5-8	Treat	9

<p>Children and Young People's Neurodevelopmental Pathway - capacity and capability</p>	<p>if the needs of children being referred for support and assessment for neurodevelopmental needs including ASD and ADHD both within the Mindwork's and children's community health contracts, are not met differently</p>	<p>the waiting list and times will continue to grow. The impact of this will include - delay to support for children and their families, increased pressure on schools and system partners, the system not meeting ambitions and identified improvements for children with additional needs</p>	<ul style="list-style-type: none"> - SBAR raised to detail the issue further and set out actions required. - Weekly escalation call in place with Mindwork's and regular conversation with Children's Community Health Services regarding delivery and associated risks. - Escalation process to QPAC and Triple C for resolution / mitigation and to provide assurance / discuss risks. - Working improvement plan in development both with the providers for internal changes and also within the wider systems. - SBAR has delivered initial scrutiny and supported by additional finance to bring some capacity into pre-assessment and assessment pathways for ASD and ADHD. 	<ul style="list-style-type: none"> - Final agreement on revised ADHD medication review LCS required to help system delivery of change to the pathway. - Further mobilisation of wider system support. This is coming / in process but needs to have impact. 	<ul style="list-style-type: none"> - Escalation meeting in place - All Age Mental Health and LDA Provider Assurance Committee - Quality Assurance and Performance Committee. <p>Update and paper also shared with Children's Strategic Leadership Board</p>	<p>Need to build relationship with the Partnership Additional Needs Strategy Board as the improvements in this pathway relate to the SEND Inspection Action Plan</p>	<p>12</p>	<p>12</p>	<p>Moderate 5-8</p>	<p>Treat</p>	<p>8</p>
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ADULTS AND HEALTH SELECT COMMITTEE

10 May 2024

ADULT SAFEGUARDING UPDATE



Purpose of report: To provide an update on adult social care performance for safeguarding adults.

Introduction:

1. This report sets out Surrey County Council (SCC) adult social care performance in relation to the safeguarding adults duties as set out in the Care Act 2014.
 - 1.1 The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect and introduced new safeguarding duties to Local Authorities. They must lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. They are required to make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect, and they need to find out what action may be needed to safeguard the Adult at Risk.
 - 1.2 Local Authorities must establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
 - 1.3 Local Authorities are required to carry out Safeguarding Adults Reviews when someone with care and support needs dies or suffers serious harm as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
 - 1.4 Local Authorities will also arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
2. This report highlights areas of strength and areas of continuous improvement.
3. It describes our improvement activity in the context of the national picture of increased complexity and demand, which is reflected in our local system.
4. As part of our response to the introduction of the Care Quality Commission (CQC) regulation the report includes a summary of SCC ASC self-assessment against the key quality statements which will be used to assess our compliance with the Care Act 2014.

5. The assessment framework uses the quality statements from the overall single assessment framework. The assessment framework for local authorities comprises 9 quality statements mapped across 4 overall themes. For each theme there are 'I' statements and quality against which we will be assessed:
6. Quality statements are the commitments that local authorities must commit to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care. 'I' statements are what people expect.
7. Theme 3 within each quality statement is 'How the local authority ensures safety within the system' and includes Section 42 safeguarding enquiries, reviews, safe systems, continuity of care.

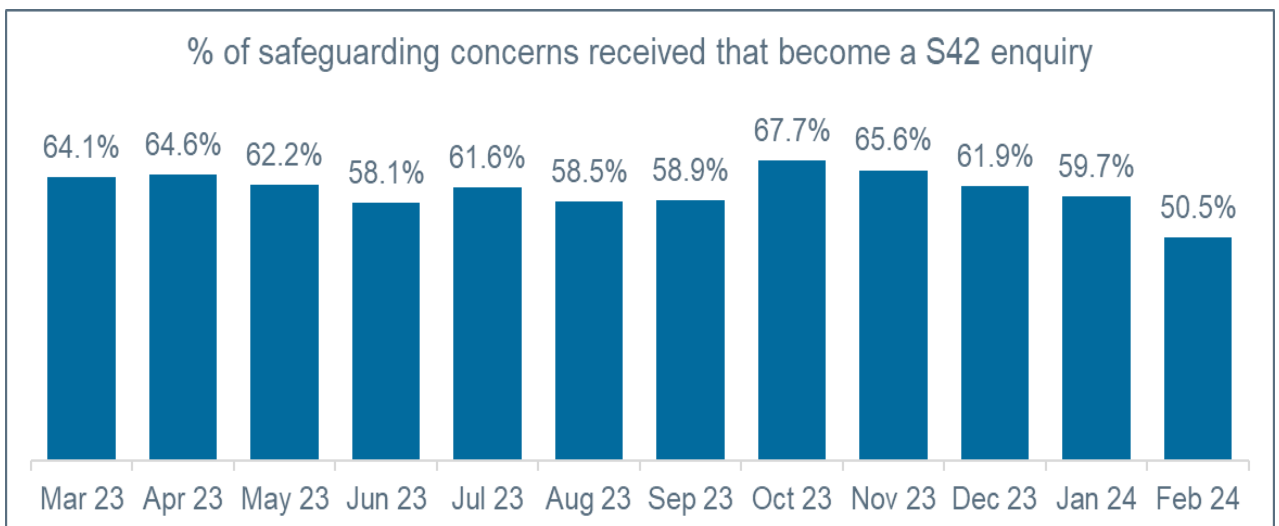
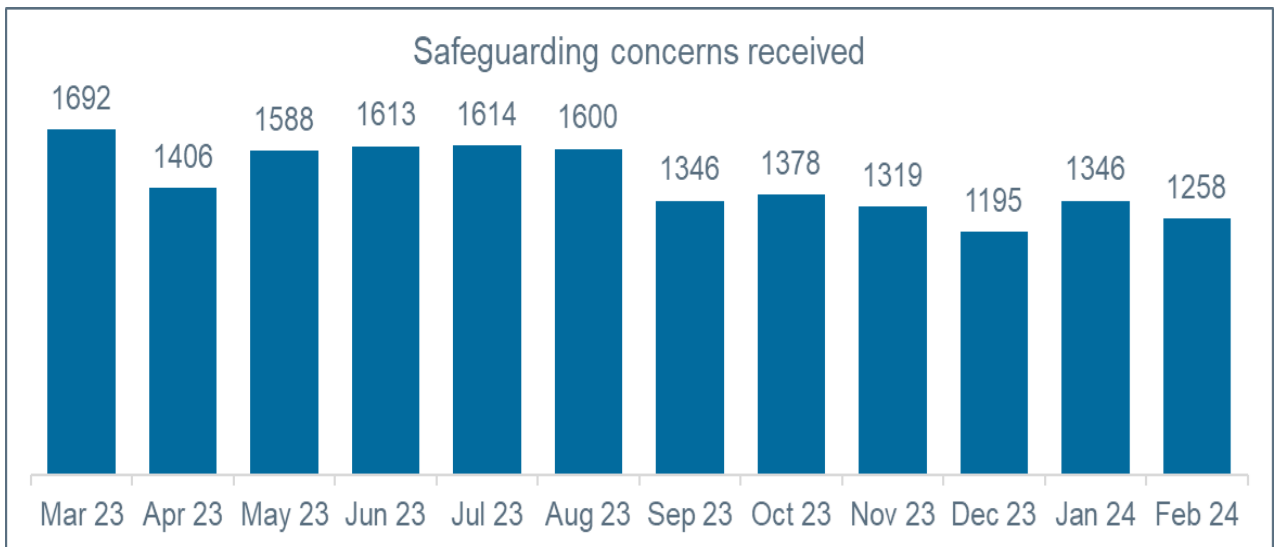
Current Position and challenges

8. We have a good track record in Making Safeguarding Personal with our frontline staff consistently reflecting on people's wishes and supporting them to meet them. This is evidenced through benchmarking data across comparator local authorities,
9. We are an active strategic partner in Surrey's Safeguarding Adults Board. This is an effective multi-agency partnership delivered through a clear co-produced strategy. The Board effectively promotes the importance of safeguarding adults, signs of abuse and referral pathways.
10. We have invested in leadership and capacity for safeguarding adults, quality and assurance reflects our increasing demand and complexity in this area.
11. Providers' business continuity plans are scrutinised as part of onboarding for new contracts and quality assurance is an integral part of the commissioning and procurement process as part of our Provider Support and Intervention Protocol. We adopt a balance between supportive action and provider suspension through a provider concern process, always ensuring decisions are taken to mitigate risk and improve outcomes for people who draw on our services.
12. A new proportionate process for managing safeguarding concerns where a full s42 enquiry is not required was introduced in September 2023 and we manage the immediate risk, ensuring no individual vulnerable to abuse is left at risk. and people feel safe.

13. There has been a reduction in the number of outstanding enquiries - a decrease of 33% from 5,007 in August to 3,337 by March 2024. The number of safeguarding enquiries open for longer than 52 weeks has also dropped dramatically, down 80% over the same period.
14. We have recently introduced targeted audits using a LGA approved tool and part of our improvement programme entails reviewing our audit process across the county. For example ensuring staff write a safeguarding plan in response to enquiries and improving feedback to partners around safeguarding concerns and audit findings are reported into our Practice Assurance Board, which assures that learning from case audits, SARs and other learning opportunities are disseminated across the county. Further audits take into account the learning to ensure it has made a difference to practice.

Challenges

15. According to NHS Digital (the name of the national Health and Social Care Information Centre), the complexity and national demand for safeguarding adults has continued to increase year on year. The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, there were an estimated 587,970 concerns of abuse raised during 2022-23, an increase of 9% on the previous year. The number of enquiries that commenced under Section 42 of the Care Act 2014 during the year increased by 7%.
16. In Surrey, when adjusted by population, the number of concerns received per 100,000 is towards the top of our comparator. In 2022/23, we received 17,785 new safeguarding concerns (a 4.5% increase on the previous year), of which 12,335 met the s42 threshold, the majority of which followed the national pattern (Neglect and Acts of Omission).



17. In July 2023, an audit was undertaken to establish the workforce's level of understanding of risk assessments and their application in practice. The audit report recommended training in risk assessment, re-launching our risk assessment form and guidance, and improving management oversight and responsibility.
18. In February 2024, 80.5% of Surrey care homes reported 'outstanding' or 'good' safety rating, above the national average of 77.7%. Where homes are rated anything less than good overall, support is targeted at specific areas within homes by our Quality Assurance team. Risks are assessed and actions are agreed to mitigate any risks and to support the home to improve. We continue to remain ahead in the ratings within the Southeast and nationally. That said, we recognise the need to continue to improve our processes and risk

management approach to ensure that the care market remains vibrant, safe, and stable.

Improvement Plans

19. We have reviewed our Care Act training to expand the content on 'risk' in our current training offers. We anticipate a greater understanding of proportionate risk management as a result. In addition, we are actively sourcing and developing training modules for both registered and unregistered staff focusing on 'identifying risk', 'defensive decision making' and 'risk assessment'. We will continue to review our training offer to ensure it meets the needs of the workforce, at the same as delivering the best outcomes to our residents.
20. We have developed a new Safeguarding Improvement Group whose purpose is to oversee and drive continuous improvement in safeguarding practice and to ensure staff have the skills and resources required to fulfil our statutory safeguarding duties and to keep residents safe.
21. In response to the risk audit, our Principal Social Worker is leading work to revise our risk assessment tool and ensure it is embedded into practice.
22. Our improvement work continues with processes, systems and practices being reviewed to better manage demand and to improve the outcomes for adults at risk, further expanding choice and control.
23. Whilst Safeguarding audits are undertaken locally with a view to disseminating the learning from them. We recognise that we need to further develop our case auditing, including our safeguarding practice and more opportunities for team based reflective learning. To that end we are developing a review of our audit process in order to ensure best practice is applied consistently across SCC.
24. We have established a Commissioning and Provider Concern Improvement Group. Specifically, this group will own the development and delivery of relevant strategies, programmes, and systems (including MPS's, focus groups etc.). Review the monitoring of provisioned services to ensure we are actively and effectively assessing impact. Work closely with providers to ensure provisioned services deliver the best value for money, are of a high quality, and meet demand. Resolve specific provider quality concerns. Review national guidelines and best practice guidance and ensure that these are incorporated into day-to-day practice.

Conclusions:

25. We have made some good progress in improving outcomes for adults at risk. As evidenced by several performance measures including the improvement in our safeguarding data and Making Safeguarding Personal.
26. Whilst we recognise the challenges, we have a number of improvement plans specifically developed to improve the lives of Adults At Risk.

Recommendations:

27. The report to be noted by all members of the Select Committee.

Next steps:

28. We will review the SAB training offer to partners to ensure that carer concerns are appropriately dealt with, and safeguarding alerts raised as appropriate.
29. We recognise we are on a continuous improvement journey and will keep our improvement work under review. We will also focus on our performance trends; particularly the referral data and timeliness responses to ensure that the improvement measures are being fully implemented and effective.
30. We will offer additional Adult Safeguarding Training to elected councillors

Report contact

Luke Addams, Interim Director, Practice, Assurance, and Safeguarding.

Contact details

Telephone: 07866 994945

E mail: luke.addams@surreycc.gov.uk

Sources/background papers

[Safeguarding Adults, England, 2022-23 - NHS England Digital](#)

Appendix 1 Surrey SAB Annual Report 2022-23 Final

Appendix 2 How To Report Concerns Guidance

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Keeping you safe from abuse

Information on what adult abuse is and what to do if you, or someone you know, is being abused or neglected.

Who is affected by abuse?

Many people in Surrey live safely, free from abuse and are able to protect themselves from further risk. However, some people have care and support needs that make it difficult for them to protect themselves from abuse and neglect. In these circumstances they may need help and support to keep themselves safe. This will include people with disabilities, long term conditions or those who are frail and need extra support to live independently. Other people at risk of abuse are those with mental health issues, who are homeless, experiencing memory loss, or misuse substances. It also includes people who look after someone else, when the care they provide is unpaid. Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect.

What is abuse?

Abuse can be:

- something that happens once
- something that happens repeatedly
- a deliberate act
- something that was unintentional due to a lack of understanding
- a crime.

Abuse can happen anywhere, at any time and be caused by anyone. Abuse is always wrong.

Different kinds of abuse

Abuse can take many forms including:

- Physical abuse - this includes being hit, shaken, kicked, being locked in a room or inappropriate restraint.
- Sexual abuse - this includes an adult being made to take part in a sexual activity when they have not given, or are not able to give, their consent.
- Psychological abuse - this includes being shouted at, ridiculed or bullied, threatened with harm, blamed or controlled by intimidation or fear.
- Financial or material abuse - this includes theft, fraud, financial exploitation and pressure in connection with financial matters or misuse of someone else's finances.
- Neglect - this includes the failure to provide essential care and support needs that results in someone being harmed.

- Discrimination - this includes ill treatment, harassment, threats or insults due a person's age, gender, sexuality, disability, race or religious belief.
- Modern slavery - this includes human trafficking and forced labour.
- Organisational abuse - this is when abuse is caused by an organisation.
- Domestic abuse - this includes abuse occurring between partners or by a family member.

How to report abuse

If you are concerned that you, or someone you know, may be experiencing abuse or neglect, or are being exploited, please report it.

Our team of professionals will support you to feel safe again and will deal with all matters in the strictest confidence.

In an emergency

Dial 999 for the police.

9am-5pm on week days

Contact (the Multi-Agency Safeguarding Hub):

- telephone: 0300 470 9100 (option 2, then option 2)
- SMS: 07527 182861 (for the deaf or hard of hearing)
- secure email: ascmash@surreycc.gov.uk
- Textphone (via Text Relay) 18001 0300 200 1005

Evenings and weekends

Contact the Adult Social Care Emergency Duty Team on:

- telephone: 01483 517898
- SMS: 07800 000388 (for the deaf or hard of hearing)
- secure email: ed.ssd@surreycc.gov.uk
- Textphone (via Text Relay) 18001 01483 517898

Reporting abuse online

- **Online:** [Adult Safeguarding Referral online form](#). If you would like a Microsoft Word version of this form, please email us using the following address:
- **Email:** ascmash@surreycc.gov.uk

What happens after you report abuse?

Anyone can refer a safeguarding concern. For example, they might be a friend, family member, carer, a professional working with adults with care and support needs or someone who thinks they themselves have been abused. If you suspect abuse reporting it can help bring it to an end. It is everyone's business to look out for others and protect them from abuse.

When you report abuse we will:

- listen to you
- take your concerns seriously
- respond sensitively
- consider any immediate danger that the vulnerable adult may be in
- talk to the police if it is a criminal matter
- make enquiries about the concerns
- consider the wishes of the adult at risk
- develop a plan with the adult that will keep them safe in the future

Action may be taken against the person causing the harm.

Our commitment to people living in Surrey

The Surrey Safeguarding Adults Board is a statutory partnership where agencies come together to ensure adults who are unable to protect themselves due to their care and support needs, are kept safe. The agencies include health and care providers, local councils, Surrey County Council, Surrey Police, Surrey Fire and Rescue, the voluntary, community and faith sector and people who use services, their carers and families.

Working together we aim to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- support adults so they can make choices and have control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities work alongside professionals and play their part in preventing, identifying and responding to abuse and neglect
- provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do if they are concerned about the safety or wellbeing of themselves or another person understand and act on what has caused the abuse or neglect;

- undertake reviews where a person has died or come to serious harm, and it is suspected agencies could have worked together more effectively to protect the adult with care and support needs.

Other organisations that can help

- Surrey Police
Website: surrey.police.uk
Telephone: 101 or 01483 571212
TextPhone (via Relay UK): 18001 101
- Surrey Fire and Rescue
Website: surreycc.gov.uk/people-and-community/surrey-fire-and-rescue
Book a free Safe and Well visit by contacting
Telephone: 0800 085 0767
Text/SMS: 07971 691898 (for the deaf or hard of hearing)
- Citizens Advice
Website: citizensadvice.org.uk
Telephone: 0800 144 8848
Textphone (via Relay UK): 18001 0800 144 8884
- Healthwatch Surrey
Website: healthwatchsurrey.co.uk
Email: enquiries@healthwatchsurrey.co.uk
Telephone: 0303 303 0023
Text/SMS: 07592 787533 (for the deaf or hard of hearing)
Text relay: 18001 0303 303 0023
- Care Quality Commission
Website: cqc.org.uk
Telephone: 03000 616161
Fax: 03000 616171
Text relay: 18001 03000 616161

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Surrey Safeguarding Adults Board



Annual Report 2022-23

www.surreysab.org.uk

Message from the Chair

Welcome to the Surrey Safeguarding Adults Board Annual report for 2022/2023. I joined the SSAB as the year in this report ended, so I would like to begin by thanking Simon Turpitt, who served as Independent Chair from 2013 until 2023, for leading the SSAB's work with such skill and dedication to achieve the activity described here in this document.



I am privileged to be working with the SSAB at what feels like a pivotal point for our safeguarding approach. There is a determination across our partnership to reaffirm our commitment to bring safeguarding and well-being considerations closer to the person at the heart of our work. That is, how safeguarding risk might be managed nearer to the point at which it is identified and by applying more active multi-agency approaches. Most importantly, for our work to be informed by people's lived experience, whether as carers or people with care and support needs. We want to be confident that we understand who is most at risk of abuse and neglect and how the work we do as a partnership can and will make a positive difference to people's lives.

We are in a changed context as a nation since 2014 when the Care Act placed safeguarding adults in legal statute. In the last decade we have seen increasing concern of modern slavery, tackling exploitation, growing numbers of people who self-neglect and/or hoard, who are experiencing homelessness and people who encounter multiple exclusions from appropriate access to services because of the complex issues they face. Our safeguarding work is placed within our everyday challenge to balance legislative

Message from the Chair cont.

considerations (e.g. Care Act, Mental Capacity Act, Human Rights Act) with a nuanced understanding and focus on individual circumstances, considering personal choice alongside potential risk.

Since joining the SSAB I have seen great examples of good preventative safeguarding work in Surrey, as well as being aware of exemplary work we can learn from other areas. Surrey has a talented and committed workforce across the statutory, voluntary and independent sectors, who are keen to deliver the best possible outcomes. As a partnership, we are committed to continuous learning and improvement, and we will work to the following principles:

- ✓ No one agency can create an effective safeguarding system by itself
- ✓ Only a joined-up approach at a strategic level can deliver a better response
- ✓ To test the effectiveness of strategic arrangements, we must always ask: 'How is our partnership making a positive difference to the lives and experiences of local people?'
- ✓ At their very best, local arrangements show that ambitious, joined-up strategic partnerships have a clear line of sight on practice, on the experiences of individuals and on the impact of that direct work
- ✓ We will be informed by the lived experience of local people across Surrey

I would like to take this opportunity to thank all of our partners for their continued commitment to safeguarding adults in Surrey.

Teresa Bell
Independent Chair

Surrey's Local Context

Surrey is the 5th largest Local Authority in England, based on resident numbers, with a population of just over 1.2 million people (2021 Census data).

In Surrey, there is a two-tier system of local government, the county council (upper-tier local authority) and the 11 district and borough councils (lower-tier local authorities).

The composition of Surrey ranges from significant urban areas to north and rural areas to the south of the county. This creates a variety of needs across the county and the challenge of responding in a way that is relevant to each area.

In addition to a growing population, Surrey is becoming more diverse with 6% more residents in 2021 identifying as ethnic groups other than White British compared with 2011. A similar increase was seen between the 2001 and 2011 censuses and shows the shifting populations within Surrey.



Map of Surrey

Our Story



Safeguarding Adults Boards (SABs) were established under The Care Act 2014.



The Care Act 2014 Statutory Guidance stipulates that:

The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out below.

The safeguarding duties apply to an adult who:

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



The three core duties on SABs are to:

1. Publish a Strategic Plan.
2. Publish an annual report.
3. Undertake Safeguarding Adult Reviews.



Transparency– the SAB leads a learning culture where best practice is identified. This will be shared and recommended, and where concerns are identified these will be communicated appropriately.

Our Story



Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs.



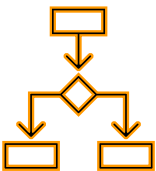
Engage with the voluntary and community sector to strengthen preventative work and to broaden our understanding of who is most at risk of abuse and neglect in Surrey.



Help improve the quality of referrals for safeguarding concerns by supporting agencies to consider their practice through audits, reviews, peer learning and feedback from people with lived experience. To consider their referral processes and by working with the Local Authority to develop a feedback loop.



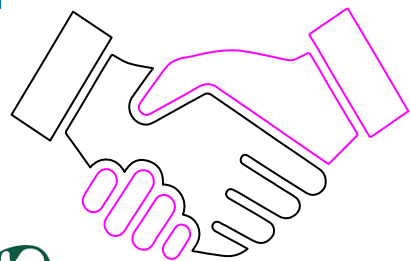
Provide guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Make safeguarding personal by placing people at the heart of our work, ensuring their involvement in developing and agreeing their desired outcomes.

Partnership

The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from statutory, voluntary and independent sector agencies.



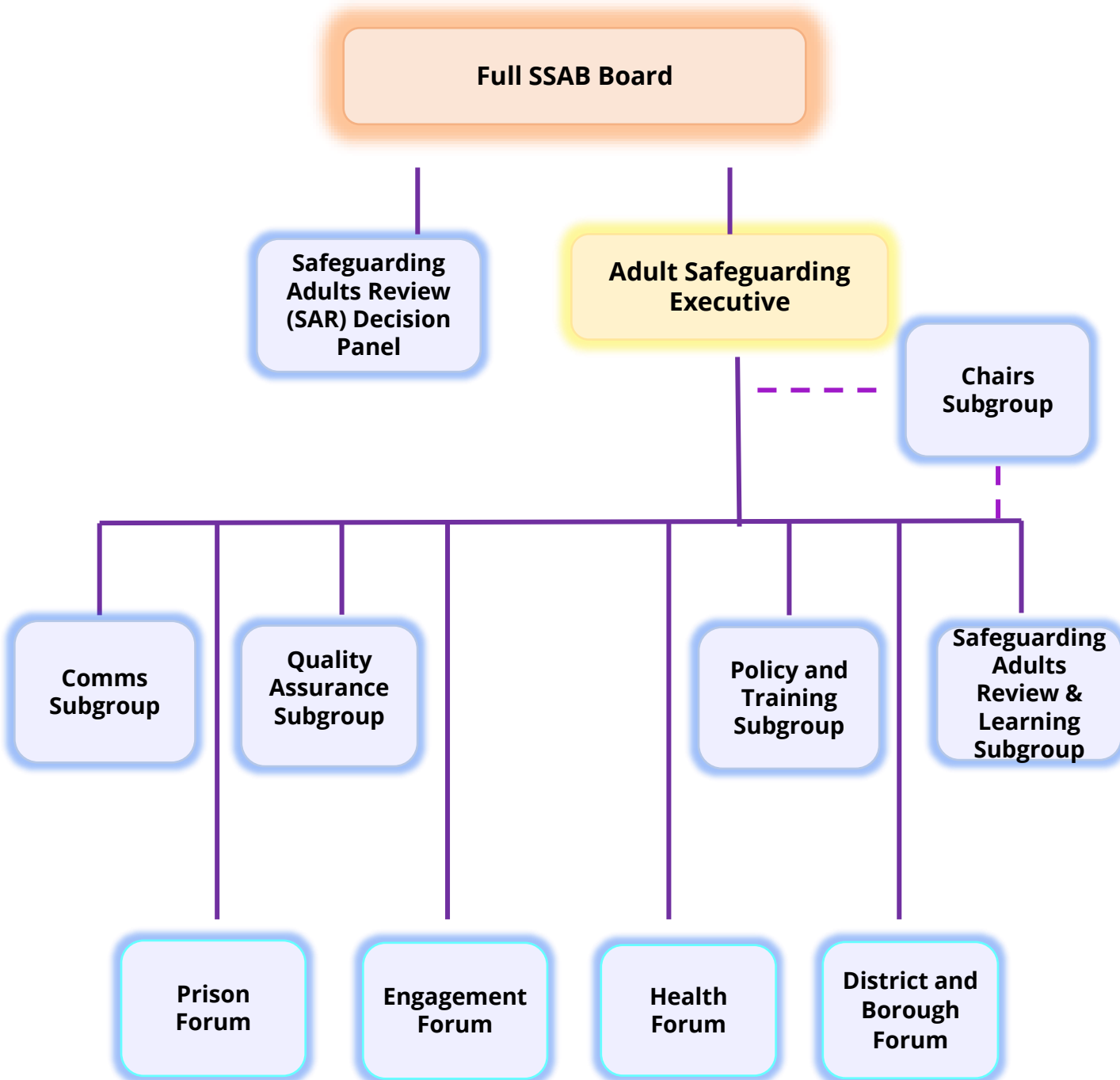
The Board is facilitated by an Independent Chair and supported by a small team.



Frimley Health and Care



Board Structure



How the Board works

Full Board

- The Surrey SAB meets four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives from voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding adults work.
- Provides direction to all subgroups.

Adult Safeguarding Executive

- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

Chairs Group

- Brings all the chairs of the subgroups together.
- Discusses “emerging” issues or “stuck” issues from their subgroup.

Communications Subgroup

- Oversees the communication strategy of the of the Board.
- Oversees the Board publication materials.

Policy and Training Subgroup

- Oversees the multi-agency safeguarding training of the Board.
- Oversees the multi-agency policy and procedures.

Prison Forum

- To provide a forum for discussion of key issues for all Prisons in Surrey.

Engagement Forum

- To help to establish better engagement with all organisations across Surrey.

Safeguarding Adults Review (SAR) Decision Panel

- Considers SAR referrals, against the Care Act 2014 section 44 criteria.

Quality Assurance Subgroup

- Request and receives the QA data from agencies.
- Scrutinises the QA data from partners, identifies areas of best practice and/or concern.
- Raises questions on data received.

SAR & Learning Subgroup

- Manages the reviews once they are commissioned.
- Leads on sharing the lessons from reviews.

District & Borough Forum

- To provide a forum for discussion of key issues for all District & Borough Safeguarding Leads in Surrey.

Health Forum

- To provide a forum for discussion of key issues for both NHS and private health providers in Surrey.

SSAB Work in 2022-23

The SSAB developed a new [3-year Strategic Plan](#) at the start of 2022.

The priorities identified in the three-year strategic plan (2022-25) for the Surrey SAB are:

➤ **Prevention and Awareness**

We will deliver a preventative approach and will raise awareness of safeguarding adults across our partners and communities.

➤ **Communication and Engagement**

We will engage and learn from organisations, including the many voluntary sector agencies as well as the Adult and their families or carers in Surrey.

➤ **Quality and Improvement**

We will seek assurance from agencies and use that information to strengthen our safeguarding adults work.

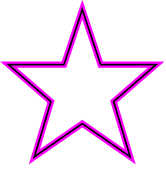
➤ **Reflection and Learning**

We will reflect upon learning from statutory reviews and good practice using this to inform new ways of working.

The SSAB subgroups developed individual work plans as to how these priorities would be taken forward.

The following pages sets out what the SSAB has achieved against each of the priorities over the year.

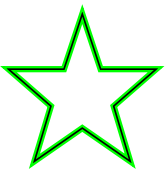
Priority 1: Prevention and Awareness



During 2022/23 the SAB continued to raise awareness by providing multi-agency training which is detailed further on Pg 29.



A significant update of the SAB website took place, following feedback from agencies and reviewing analytics. The new format makes it easier to find information for both agencies and the public as well as giving the SSAB team greater freedom to adapt layouts/content.



The SSAB recognised the importance of engaging with those agencies who support carers and the challenges they face. Links were established and carers agencies are not only now represented on the Board but also within the subgroups.



The resources the SAB has were strengthened for agencies to use in their own community networks. This included both virtual resources e.g. videos as well as physical merchandise; tote bags, leaflets, trolley tokens, drink bottles, balloons and sweets.

Priority 1: Prevention and Awareness



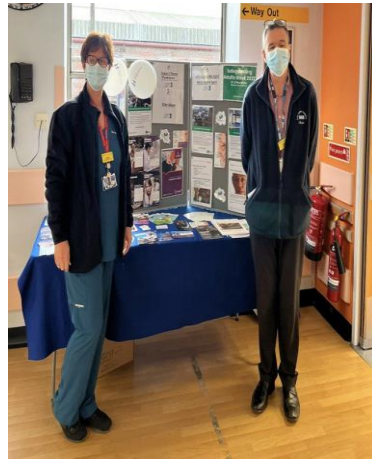
The SSAB fully supported [Safeguarding Adults Week](#) during November 2022, with a number agencies taking merchandise to have within their own settings. This included District and Borough offices, GP surgeries, hospital foyers, libraires, and adult learning centres.



A stall was supported by the SSAB at Belfry shopping centre in Redhill with First Community Health and Care and the Surrey and Sussex Safeguarding Team manning this. This was well utilised with members of the public taking away resources and discussing safeguarding adults. Public were also supported to make safeguarding concerns during this event. The following page has pictures of the event.



The SSAB adapted the video [‘Tricky Friends’](#) for Surrey and this video has been well received by all agencies and shared widely, including with the Learning Disability Partnership.



Priority 1: Prevention and Awareness



The SSAB is aware of the high number of safeguarding concerns in relation to neglect/acts of omission and within the 22-25 Strategic Plan it was agreed that the SSAB highlight these issues and develop stronger mechanisms to address these.



The Quality Assurance Questionnaire was updated to incorporate a question to ask what referrers were doing to address this area in their own agencies. This will enable the Board to share areas of good practice in reducing these.

A task and finish group was established to look at avoidable safeguarding concerns, the areas of focus are

- Choking
- Falls
- Medication errors
- Pressure Ulcers
- Missed visits

The task and finish group will be looking at data in relation these concerns and developing best practice guidance in these area in relation to avoiding a safeguarding concern.

Priority 1: Prevention and Awareness



A key achievement over the 22/23 year was the agreement to expansion of the SSAB team by establishing a Partnership Officer role.

This role will continue to strengthen and consolidate the work the SSAB had started as well as ensuring that the SAB can engage with the wider Surrey system and with those agencies who may not be involved with the SSAB currently.

The role will work with agencies to capture the voice of Surrey residents.



The SAB Board Manager continued to strengthen relationships within Surrey, as well as nationally and attended many multi-agency meetings to ensure that the SAB is engaged with other work streams as well as meeting with key personnel

- Domestic Abuse Management Board
- Surrey Adult Matters Steering Group
- Sexual Abuse Management Board
- Domestic Homicide Review Oversight Group
- Anti-Slavery and Human Trafficking Partnership
- Domestic Abuse Executive
- LeDeR¹ (Frimley and Surrey Heartlands ICB)
- National SAB Managers Network
- Surrey Safeguarding Adults Advisors

Priority 1: Prevention and Awareness



The SAB had presentations from both Surrey Heartlands ICB and Frimley ICB on their annual LeDeR reports to hear the themes identified from LeDeR reviews. A number of themes link with Board work and is being incorporated into the task and finish group regarding avoidable safeguarding concerns, particularly in relation to choking.



Regular meeting took place with Surrey Safeguarding Children Partnership to look at areas where work could be taken forward together, this relationship continues to be strengthened.



Relationships were strengthened with the Health and Wellbeing Board with both Board managers having regular contact to consider areas of commonality including Domestic abuse, adults with multiple disadvantages and the SAB is connected with relevant workstreams for these.



The SSAB recognised the importance of links with District & Borough Housing. A housing lead is now a member of the SAB representing all District & Borough Councils across Surrey. Links were also established with the Surrey Chief Officer's Housing Association who agreed to disseminate information to housing providers as well as have updates from any SARs.

Priority 2 : Communication and Engagement



The SSAB consolidated work with other Boards including the Health and Wellbeing Board and Safeguarding Children Partnership to ensure that resources are shared, and county wide communications coordinated.



A Domestic Abuse Communication group was established to look at county wide messages rather than communication being potentially siloed within different Community Safety Partnerships. The SAB is a member of this group and share all resources.

Within 22/23 a large Domestic Abuse campaign occurred in Surrey which included adverts on bus stops and other various locations across the county. A suite of videos were also created covering various topics.

- [Isolation](#)
- [Monitoring](#)
- [Financial control](#)



Priority 2 : Communication and Engagement



The SSAB continued to promote the newsletter which is subscribed to by over 4,500 people. This newsletter included an update of the work the SSAB has been undertaking as well as advertising events and resources available. The newsletter is added to the website on a quarterly basis.



The SSAB established a ['You Tube'](#) channel to add videos to and promoted this widely.

As part of the SSABs social media programme there was continued regular updates to the community and partners via the Board's [Twitter feed](#).

The SSAB added Board Meeting highlights to the website, which made the work of the SSAB accessible to Surrey residents and agencies.



SCC Adult Social Care developed an online referral form for safeguarding concerns, with an associated Word document also on the SAB's website. This was to assist agencies with providing the required information for a safeguarding concern. The SAB supported this by widely communicating to all partners, raising it at different meetings and forums and updating the website to enable easy access to this.

Priority 3: Quality and Improvement



The SSAB had previously developed a Quality Assurance Framework, and this was updated within the 22/23-year [Quality Assurance Arrangements/ Guidance](#).



The associated questionnaires were also updated to incorporate specific areas for assurance based on the SSABs priorities and strategic plan e.g. neglect and acts of omission. A bespoke QA questionnaire was developed with the prisons in Surrey.



The Assurance Framework was also expanded to include agencies that the SSAB had not previously sought assurance of their safeguarding adults work from including private health providers and hospices.



Capturing the adult's experience, especially in relation to Making Safeguarding Personal and Advocacy requirements is a key component of Safeguarding Adults work. The SSAB continued to receive quarterly reports from Surrey County Council Adult Social Care in respect of this. The analysis of this data indicated that there were areas for improvement in relation to ensuring formal advocacy for adults and the Board held a session for all partners to raise their understanding of the requirement for this.

Priority 4: Reflection and Learning



In April 2022, the SSAB agreed that there would be 2 separate subgroups to focus on SARs; the SAR Decision Panel would focus on considering if SAR notifications met the SAR criteria and the SAR & Learning subgroup would monitor SARs and focus on the learning from these.



The SAB continued focus on learning from SARs both local and national as partnership by holding workshops as part of a SAB meeting. SAB members considered questions and how learning can be taken back to their agency.



The SAR learning summary was updated following feedback from partners. Partners recognised the importance of the summary to assist in ensuring the wider dissemination of the learning from reviews within their agency. Good practice was recognised as a key aspect and this area has been strengthened within the learning summary documentation.



The importance of connecting with national networks including the Safeguarding Adults Chair network, Board managers network, SE ADASS network, SANN and Police networks was recognised. Partner leads were identified who will feed back to relevant subgroups on emerging issues and collective actions. Emerging themes from national networks were discussed and disseminated as appropriate.

Priority 4: Reflection and Learning



The Quality Assurance Framework asked agencies to assure the SSAB how they were sharing learning from both Section 42 safeguarding enquires and Safeguarding Adults Reviews in their own agency. This will be reviewed by the SAR and Learning group to determine areas of good practice.



The SAR & Learning subgroup continued to take forward the recommendations from the National Analysis of SAR Reviews. A number of actions were undertaken based on this including; ensuring the SAR tracker captures detailed information including ethnicity and protected characteristics, a new decision tool was developed to evidence decision making based on the SAR Criteria, all reviews are added to the SAR National Library; a repository for all SARs and the SAB Quality Assurance Framework was updated.

SSAB Forums

Engagement Forum

The Engagement forum has now been established for a year and the membership of this group continued to expand. The agencies who attend have found value in not only connecting with the work of the SSAB but also connecting with other agencies within Surrey. The forum looked at the following areas; Making good safeguarding concerns in Surrey, Domestic Abuse and Safeguarding Adults, supporting of Safeguarding Adults Week, engaging residents in Surrey, agencies feedback in relation to SSAB leaflets and website and the resources that the SSAB has to offer.

This forum will be supported by the new Partnership Officer role to continue to widen the reach of the SSAB and engagement with all agencies in Surrey.

Health Forum

The Health forum met six monthly and having extended the membership to include private health providers has been very productive. It has ensured that the health system in Surrey is kept updated on the work of the SSAB as well as allowing for peer support between NHS and private health providers. The Health forum covered the following areas over the year; Hospital discharges and restarting care packages, considering the NICE guidance integrated health and social care for people experiencing homelessness and train the trainer for contributing to S42 safeguarding enquires.

SSAB Forums cont.

District & Borough Forum

This forum continued to meet quarterly and covered both the work of the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board. Key areas that this forum covered over the year included; the role of ASC MASH and what a safeguarding concern should include and what is not a safeguarding concern, learning from reviews with particular reference to housing and how this can be taken forward across Surrey, updates from the SSAB including the QA Framework and engaging with District & Boroughs to support the SAB with Safeguarding Adults Week and communication with residents.

Prison Forum

The SSAB continued to strengthen the engagement with the five prisons in Surrey. During the year this became a joint SSAB and Safeguarding Children Partnership forum to strengthen the work of the prisons in Surrey in relation to Safeguarding Adults and Children.

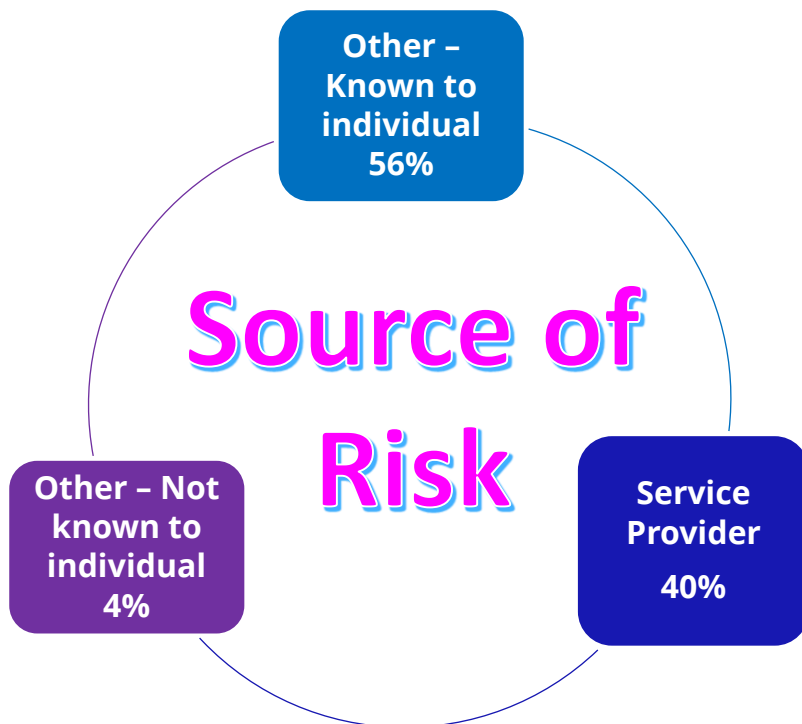
At times attendance from all the prisons has been variable, however those that attend find it valuable. The forum not only includes the prisons but also agencies who work within the prison setting, including health care, SCC Adult Social care prison team and provider services and also Surrey Heartlands ICB. Over the past year the forum considered; The Care Act 2014 and the impact on prisons particularly in relation to differences in regards safeguarding concern management, HM Inspectorate of Prison Inspections and how the SSAB can support these within Surrey, learning from SARs and Prison and Probation Ombudsmen reviews.

Adults in Surrey Data

Care and Support needs

This shows the primary support need for adults for whom the safeguarding concern relates to and for those cases that met the criteria for a Section 42 safeguarding enquiry. The majority of adults who are the subject of a safeguarding enquiry have a need for physical support. There was a slight increase in those concerns where the primary support was not known from 36% in 21/22 to 40% this year.

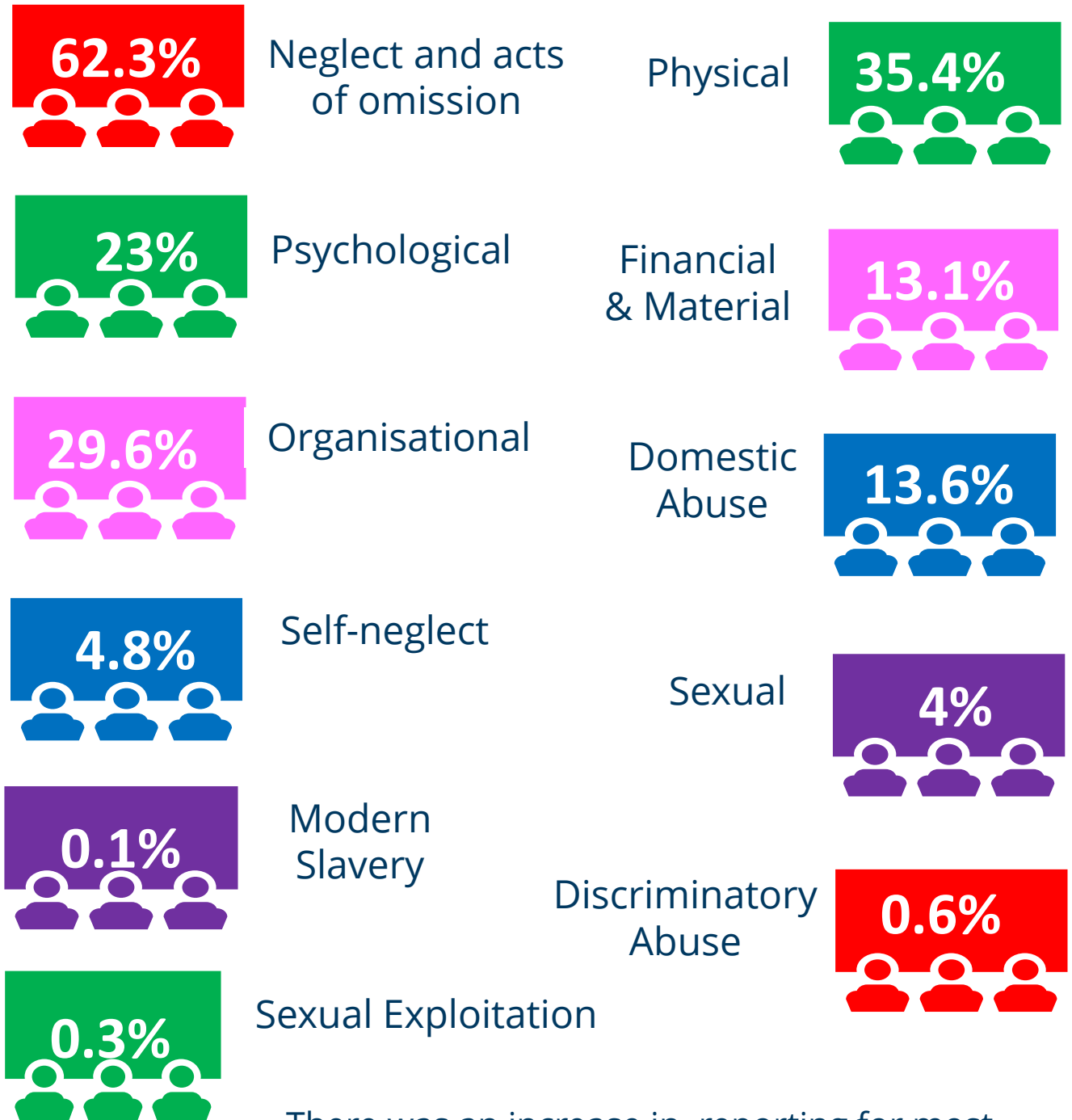
	Physical Support	Sensory Support	Learning Disability	Memory and Cognitive	Social Support	Mental Health	Not Known
Concern	33%	1%	9%	4%	3%	10%	40%
S42 Safeguarding enquiry	37%	1%	9%	5%	3%	10%	36%



This shows the analysis of where the risk originates, based on concluded S42 safeguarding enquires, with the main source of risk coming from people known to the individual.

What Abuse is happening?

This information comes from concluded Section 42 adult safeguarding enquiries



There was an increase in reporting for most categories of abuse from 21/22 to 22/23, except for modern slavery and discriminatory abuse, where there were slight decreases.

The numbers will add up to more than 100% as each case can have multiple forms of abuse

What the data says about the response to abuse

1,203,108

Population of Surrey based on 2021 census

The number of safeguarding concerns made in 22/23 in relation to 12,057 individuals. This is a 5% increase in concerns on the previous year

17,787

70%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014 was 70%. A slight increase from 68% in the previous year

The number of Safeguarding enquiries completed under S42 Care Act 2014. This is an increase of 7% from the previous year whereas the increase from 20/21 to 21/22 was 20%

12,335

62.3%

Neglect or acts of omission were a concern in over 60% of the safeguarding enquires undertaken, this is an increase from 59.2% last year

The percentage where the risk remained after the safeguarding enquiry work.

9%

91%

The percentage where the risk to the adult was reduced or removed following completion of the safeguarding enquiry work

The percentage where individuals or their representative were asked about their outcomes

87%

97%

The percentage where the individual or their representative said outcomes were fully or partially met when asked . An increase from 86% last year

The percentage of cases where the adult lacked capacity and was supported by advocate, family or friend

88%

Safeguarding Adults Reviews (SARs)

The SSAB Safeguarding Adults Review (SAR) subgroup received eighteen SAR notifications during 2022/23.

Of the eighteen received, thirteen notifications were agreed to meet the SAR criteria, with 2 cases on hold due to other processes taking precedence.

Of these thirteen, four will proceed as joint DHR/SARs with the relevant Community Safety Partnership and the others will be taken forward as SARs.

The SAR & Learning subgroup continued to monitor multi-agency action plans in relation to:

- Mary²
- Person 1
- Sasha

In 2022/23 the Safeguarding Adults Review subgroup continued to oversee;

- 8 SARs - 5 from previous years
- 11 joint DHR/SARs - 7 from previous years
- One NHSE/I London Investigation/SAR

Published Safeguarding Adults Reviews (SARs)

The SSAB published one Safeguarding Review in relation to Peter²:

Peter was a 50-year-old white, British male with a number of physical health conditions. He also had a history of alcohol abuse, which impacted on his mobility, ability to manage his self-care, remember to take medication and his behaviour. He had previously come to the attention of a number of agencies, as a consequence of having made several suicide attempts, all under the influence of alcohol. Peter was described by staff who knew him well as a 'lovable rogue'. When not drinking heavily, he was polite, thoughtful, proud, and intensely shy. His family and professionals spoke of Peter's stated desire to get well and of his sadness (and theirs) that he was unable to manage his addiction. He valued contact with his mother and gravitated to the area where his family lived. At the time of his death, he had been out of prison for two days and accommodated out of Surrey by a District & Borough.

The SAB published the full report, executive summary and a learning briefing that can be found here [Peter](#).

These outline the circumstances of his death and recommendations made. A multi-agency action plan was developed and will be monitored by the SAR & Learning subgroup. During 2023/4 a multi-agency learning event will be held.

Safeguarding Adults Reviews (SARs) Learning Events

In June 2022, the SSAB and Reigate and Banstead CSP held a joint learning event following the publication of the joint DHR/ SAR Mary the previous year.

The event was well attended with over 60 people participating from a range of agencies across Surrey and the recording is available on the SSAB's website.

The event covered:

- A presentation from the author on the review, learning and recommendations.
- The suicide timeline - East Domestic Abuse Service.
- Surrey County Council Children's Services involvement.
- Surrey County Council Adult Social Care -Putting learning into practice.

Feedback received:

Knowing that professional teams are more joined up in the approach to working with vulnerable people like Mary

Early intervention is key- before issues spiral out of control.

The lady from the Domestic Abuse outreach service really highlighted it personally and with addition of the learning.

Hearing from people who had worked on the case, and then being asked at the end to think about how I am going to make my difference


SSAB Training

The SSAB continued to offer virtual courses following both feedback from candidates and agencies. We have continued to see greater numbers from a range of different agencies attend.

The SSAB provided a Contributing to Section 42 Safeguarding Enquiries course.

The course covers; understanding when S42 safeguarding duties apply, recognising MSP in practice, understating contributing to a S42 safeguarding enquiry, understanding roles in an enquiry, how to professionally challenge and skills to write a good quality contribution.

Four courses were held over the year with 51 people attending from a variety of agencies across both statutory and non-statutory partners.



"I am using the information gained to contribute to two section 42 enquiries - also able to feedback to my colleagues."

"i will be able to properly construct any input i have to give for S42's"

"I plan to implement some of my learning into Carer and team training and safeguarding reflective practice meetings."

Other Training within Surrey

Agreement was made by the SSAB with Surrey Skills Academy to offer the Safeguarding Essentials course. This ensured that there was a central place for this training within Surrey for agencies. There were a number of sessions held over the year with a course being conducted on Saturday to widen the reach.

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

Other Training within Surrey

Domestic Abuse Training within Surrey is centralised and the SSAB ensured that adults with care and support needs and the Care Act 2014 were incorporated into the training delivered.

- The following sessions were provided;
 - DA: Legal Framework
 - DA: Understanding Coercive Control & the Multi-Agency Framework
 - DA: Dynamics Within the LGBT Plus Population
 - DA: Safely Engaging with Perpetrators
 - Honour Based Violence and Forced Marriage

The SSAB signposted to relevant training/webinars that we provided within Surrey including to the:

- Healthy Surrey website
- Skills Academy
- Surrey Children's Services Academy
- Surrey Heartlands ICB Lunch and learn sessions

SSAB Webinars

The SSAB held a series of webinars throughout 2022/23 on topics including:

- What to expect when Adult Social Care receive a Safeguarding Concern. 60 candidates attended the session.
- Domestic Abuse and Safeguarding Adults. 166 candidates attended the session.
- Domestic Abuse in a Tech Society. 70 candidates attended the session.

Presenter presentation slides and the recordings can be found on the SSABs Website on the [webinar series page](#).

Feedback from participants is below

Advise victims of domestic abuse about all the different ways they can be located and how to avoid some of the gadgets.

A greater awareness and understanding of domestic abuse in carer/family settings - and insights to take away on a more personal and everyday level.

to advise out partners and have more awareness in safeguarding enquires

to inform colleagues and be able to make informed decisions

It will help me to inform and advise any clients that are potentially in a position where this may be happening to them.

It will allow me to identify DA more clearly

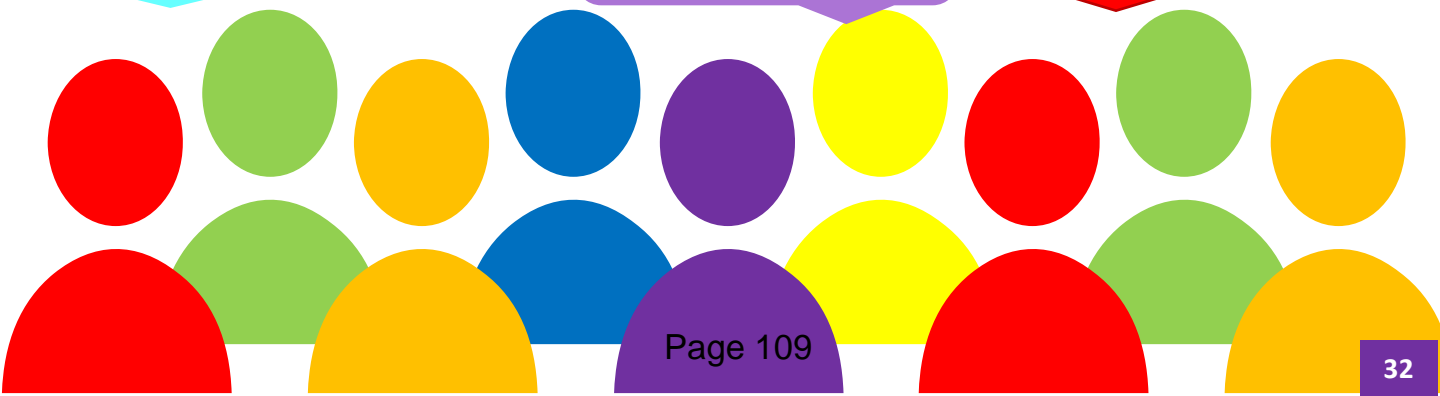
Being more aware of domestic abuse safeguarding issues

To ask pertinent questions of people we visit and refer to the MASH where there may be DA

I'll be aware of how tech can be used in DA situations.

To lead partnership improvement activity

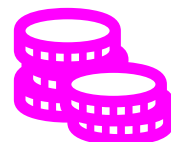
Be more aware of how to spot domestic abuse.



Pooled Budget

The SSAB was funded by partner agencies during 2022/23. Financial contributions totalled £298,555. To ensure that costs associated with Safeguarding Adults Review it was agreed that £50,000 be carried forward from the previous year.

Partners contributions ensure that the SSAB can continue to operate, showing a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Board. In addition to contributing financially, partners continued to contribute staff time to ensure effective working of the Board.



Breakdown of partners contributions *

Partner Agency	Partner Contribution 2022/23	% split
Surrey CC	£117,450	39.3%
Surrey Heartlands ICB	£117,450	39.3%
Surrey Police	£29,000	9.7%
Health Agencies	£13,050	4.3%
District & Boroughs	£11,605	3.8%
SECAmb	£10,000	3.3%
Total Contributions	£298,555	100%
Carried Forward	£50,000	
Income from training	£112	
Total Board Budget 22/23	£348,667	

During 2022/23 the Board spent £167,281.00. The majority of costs were spent on staffing, followed by the costs associated with conducting Safeguarding Adults Reviews.

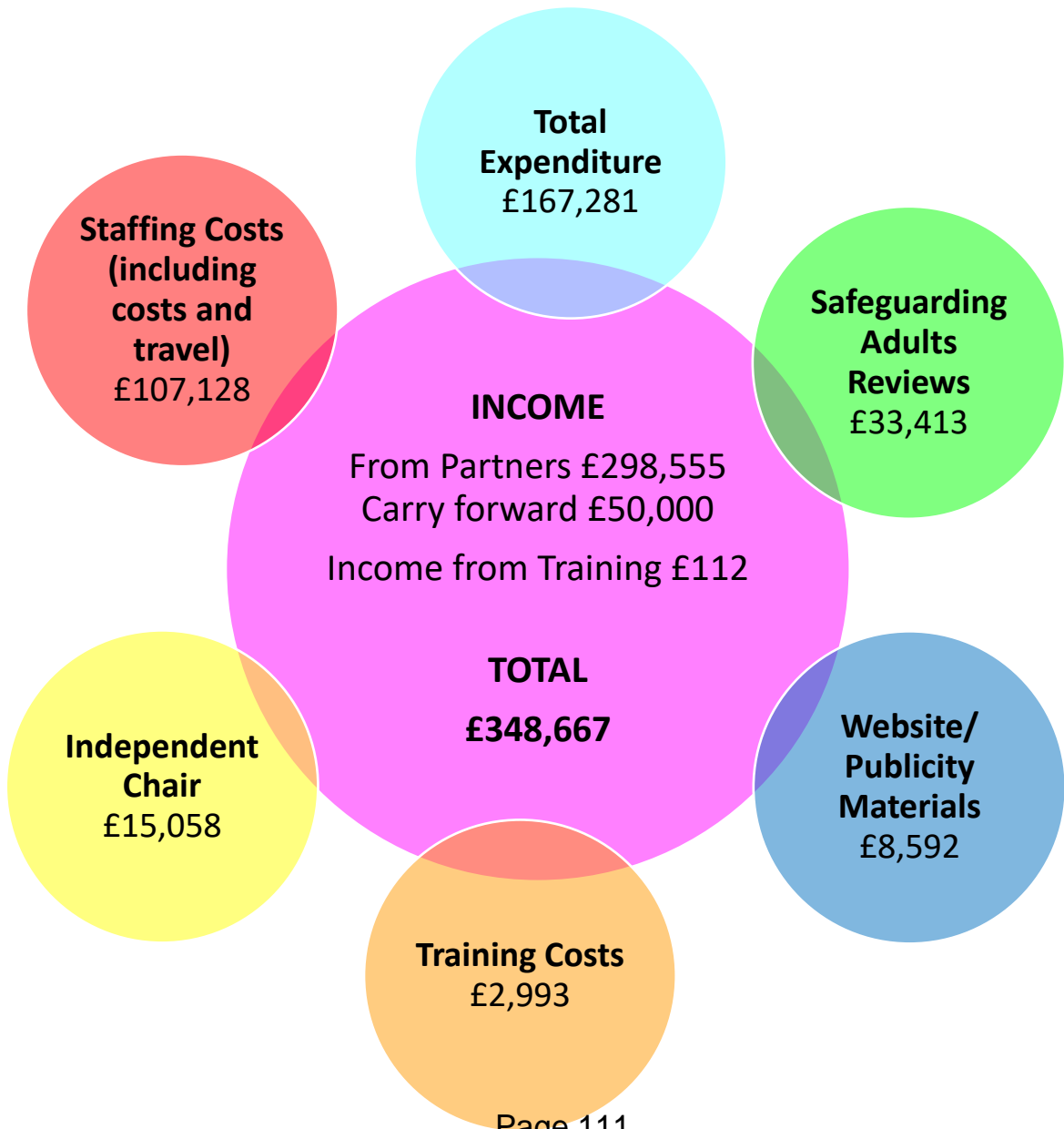


Pooled Budget cont.

There was an underspend within the 2022/23 year, the SSAB recognised that potential costs in 2023/24 would be greater due to an increase in the number of statutory reviews. It was agreed that all monies remaining within the 22/23 budget would be carried forward into the 2023/24 budget.

A Memorandum of Understanding was developed with partners in relation to funding and this will be implemented in the 23/24 year.

Breakdown of SSAB Expenditure for 2022/23



Journey for 2023-24

The 22/23 year is the first year of the SSABs 3-year Strategic Plan which covers 2022-2025.

The 22/23 annual report has reported on what work has been done within the year against the priorities by both the SSAB and the subgroups and task and finish groups.

Next year, moves the SSAB into the second year of the 3-year strategy and the following pages detail how the strategic priorities will be taken forward over the next year.

The graphic features a central yellow box with the text: "Surrey Safeguarding Adults Board Annual Plan 2023/2024 ADULTS IN SURREY LIVE A LIFE FREE FROM FEAR, ABUSE AND NEGLECT". Below this is an illustration of four stylized human figures in orange, yellow, green, and blue. To the left is a decorative orange dot pattern. At the bottom, there is a dark purple bar containing contact information and strategic priorities.

Surrey Safeguarding Adults Board
Annual Plan
2023/2024
ADULTS IN SURREY LIVE A LIFE FREE FROM FEAR, ABUSE AND NEGLECT

STRATEGIC PRIORITIES
Priority 1: Prevention and Awareness
Priority 2: Communication and Engagement
Priority 3: Quality and Improvement
Priority 4: Reflection and Learning

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@SurreySAB

For more information please email the Safeguarding Adults Board Email: surreysafeguarding.adultsboard@surreycc.gov.uk

Journey for 2023-24

Priority 1:

Prevention and Awareness

Improve community awareness including using available opportunities to increase public involvement, and to engage media interest.

- How we will do this:
 - ❖ Incorporate into the communication strategy.

Ensure the role of carers and the challenges they face are recognised and action is taken to prevent carer breakdown and abuse/neglect.

- How we will do this:
 - ❖ Review research re generational differences of carers of asking for help/support.
 - ❖ Strengthen relationship with Action for Carers and other carer support agencies including leads I SCC Adult Social care.
 - ❖ Review and update SSAB website Carers Page.

Support the use of best practice to reduce avoidable safeguarding incidents.

- How we will do this:
 - ❖ Establish a shared understanding of what is an avoidable (preventable) safeguarding incident.
 - ❖ Review ASC data to determine the volume of safeguarding concerns that are considered avoidable(preventable) safeguarding incidents/types of incidents.
 - ❖ Determine best practice that is available in regard to avoidable (preventable) safeguarding incidents.

Highlight neglect and acts of omission issues and develop stronger mechanisms to address these

- How we will do this:
 - ❖ Develop spotlight on neglect/acts of omission within SSAB website.
 - ❖ Referrers will have an awareness of the referrals they are making in regard to neglect/acts of omission and develop plans to address these.

Journey for 2023-24

Priority 2:

Communication and Engagement

Coordinate the development and delivery of an annual communication strategy that sets out what the SSAB will do. Focusing on key messages, target audiences, ensuring that the message has been delivered.

➤ How we will do this:

- ❖ Develop a communication strategy with key agencies and partners.
- ❖ Ensure that the communication strategy includes key message and target audiences.

Develop a model to gain the voice of adults with care and support needs and carers, and link with existing services and groups.

➤ How we will do this:

- ❖ Map existing networks that gain the voice of the adult with care and support needs and carers.
- ❖ Work with existing networks to gain the voice of the adult/carer regards the SSAB comms work.
- ❖ Review pathway for homeless adults with care and support needs in regard to safeguarding concerns and gaining their voice.
- ❖ Further develop links with existing groups including Surrey and Ethnic minority forum (SMEF); GRT leads.

Work closely with other Boards to ensure smarter working, eliminate duplication, and share Surrey wide comms benefits.

➤ How will we do this:

- ❖ Continue to consolidate relationships with other Surrey Boards/Partnerships and share communications strategies to determine cross-over.

Journey for 2023-24

Priority 3:

Quality and Improvement

Identify from audits and available data trends and research, adults in need of care and support who are or have been experiencing abuse or neglect (increase in neglect, and abuse in people's own homes) this will help drive our workplans and agenda.

➤ How we will do this:

- ❖ Establish audits undertaken by partners.
- ❖ Review partners audits for themes/trends and available research.
- ❖ Adapt workplan based on findings.

Develop an assurance process to capture the voice of people with lived experience, particularly in respect of making safeguarding personal, and using this to drive practice improvements.

➤ How we will do this:

- ❖ Determine existing processes for capturing adults' experiences locally/nationally.
- ❖ Develop a Surrey process for assurance of adults' experiences based on national/local examples.

Journey for 2023-24

Priority 4:

Reflection and Learning

Disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning is embedded across the partnership.

- How we will do this:
 - ❖ Examination of QA returns for assurance purposes to include how agencies ensure this across their workplace.
 - ❖ Consider a process for multi-agency learning and how this is embedded across the agencies.
 - ❖ Develop different methods for dissemination learning.

Share learnings, be they good practice or areas of development.

- How we will do this:
 - ❖ Learning Summary template will be reviewed and updated as appropriate based on feedback from agencies.
 - ❖ Establish links with the DHR Coordinator who has oversight of DHRs across the country and develop consistency of approach for sharing learning.
 - ❖ Emerging issues from networks will be discussed at the SAR and Learning meetings and any required actions will be taken forward.

SSAB Member Updates

All agencies who are members of the SSAB were asked to input into this report, highlighting the work they have done over the 2022/23 year to support the work of Surrey Safeguarding Adults Board.



Surrey County Council – Adult Social Care



We have been very successful in raising awareness of safeguarding adults and our proactive stance and strong practice in applying S44(1) Care Act criteria has led to a high number of enquiries.

We remain active members of the SSAB and its subgroups. We are involved in all the Safeguarding Adults Reviews that the SSAB is conducting.



Lessons learnt from a variety of sources including SARs and internal reviews, indicate that our staff have not always been as focussed on prevention as much as they could have been. We recognised that opportunities to carry out s9 Care Act 2014 assessments, when there was a risk of neglect or abuse and when the Care Act required it, may have been missed. Our Director of Adult Social Services met with all our managers to give clarity on our statutory obligations, and our Principal Social Worker and Head of Adult Safeguarding delivered sessions on this to managers that they cascade to their teams.

We have worked with SSAB to produce information to the public in a range of formats.



Challenges faced in 2023/24

- Managing the volume of adult safeguarding concerns and enquiries: We have engaged an external consultant to support us with this work.
- The complexity of working with people with care and support needs experiencing domestic abuse: We are reviewing our expectations about the training our staff should have regarding domestic abuse.

Surrey Police



Surrey Police is responsible for policing a varied geographical area of busy towns and rural areas with a population of approximately 1.2 million people. Surrey Police employ around 4,000 officers and staff and cover all areas of operational policing business. Major Crime, Firearms, Roads Policing, Dogs Section are collaborated with Sussex Police. All other operational teams, including Public Protection are Surrey only.

In April 2023, we welcomed our new Chief Constable, Tim de Meyer. The Chief Constable has launched “Our Plan” which falls under four main headings: Investigations, Leadership, Problem Solving and Standards. The following are mission statements associated with the plan (please note this is not an exhaustive list) Prevention of crime, investigating thoroughly, pursuing criminals relentlessly, providing outstanding victim care, demonstrating ethical high standards and reflecting communities.



Surrey Police are active contributors to the ASE and the SSAB. The Strategic Manager for Public Protection was invited to act as Deputy Chair to the Independent Chair in Spring 2023. The Strategic Manager also chairs the SAR Decision Panel and the SAR & Learning Group. We have previously maintained good representation at other groups such as the Quality Assurance Group and Communications Group.

Surrey Police provided an author for a SAR and has completed the investigation (November 2023) prior to SSAB sign-off.




Surrey Police are currently in pilot developing a new model in relation to our response to Adults at Risk which includes adult safeguarding and adult at risk joint or single agency investigations. It is acknowledged that investigations concerning adults at risk require specialist staff to investigate and we are committed to pursuing opportunities to work collaboratively with our colleagues across all agencies and the third sector to improve the lived experiences of those who are victims of crime and/or require us to protect them and to seek out and identify those who neglect or abuse and bring perpetrators to justice or find proportionate and suitable criminal justice or other outcomes.

Surrey Police


We continue to face challenges alongside partners in achieving the best joint working possible, however, there is a willingness to do this as it is accepted that no one agency can act alone.



 We have revisited our interview suites across the force and made significant adaptations being cognisant of recommendations made from a trauma informed and neurodiversity perspective.


An internal audit in summer 2023 reflected that we have generally recorded crime relating to adults at risk appropriately and the standard of safeguarding was good.



 We are running daily triage meetings discussing all adult at risk cases. This is proving to be highly effective in assessing risk and improving investigation standards but also is providing an excellent platform for learning.


There is also a weekly round up meeting for the Adult at Risk Team which looks at any presenting challenges, encourages staff to discuss the voice of the victim and disseminate good learning.



 Surrey Police use social media well to promote the importance of protecting vulnerable people.

We visited several garden centres in Adult Safeguarding Week to speak to the public about protecting vulnerable people.



 We contributed several presentations at the Adult Safeguarding Conference, including, financial abuse and cuckooing.

Challenges faced in 2023/24

- Potential demand exceeding available resources, particularly specialist resources.
- Understanding that adult at risk investigations are often complex and potentially increasing due to a number of socio-economic factors, such as more elderly people living in the community being cared for by family or friends or people who have “befriended” the adult at risk posing risk of intended or unintended abuse and/or neglect.

Surrey Heartlands and Frimley Integrated Care Boards (ICBs)



Surrey Heartlands ICB appointed a Transitions Safeguarding Advisor, this was one of the first in the country.

The MARAC GP Protocol was successfully embedded across Surrey following a 6-month pilot exercise in 2022.



A Domestic Abuse Health Steering Group was established to ensure the ICB is compliant with the Domestic Abuse Statutory Guidance.

The LPS Steering Group was transformed into the MCA Health Forum to ensure the ICB continue to embed the use and application of MCA, and taking the learning from the LPS Implementation Group.



The LeDeR and MCA Steering Group have helped to develop the MCA deep dive audit template for providers to use, to reassure themselves of their compliance and competence. This was adapted for use in all provisions including Acute, Community Trusts, Care Homes, Domiciliary and Support Living provisions. This has also been shared with the NHSE Southeast Region Safeguarding Network.

Funding Secured from Skills for Care to set up a Surrey wide LD forum to address lessons learnt from LeDeR.




Care home audit has been further developed to support domiciliary and supported living providers.


The ICB disseminates the learning and recommendations from DHRs/ SARs throughout the health economy, via named/ lead nurse safeguarding professional meetings (which updates provider training sessions), primary care DA study day, health action plans and lunch and learn events.




Surrey Heartlands and Frimley Integrated Care Boards (ICBs)


 The MCA audit tool was showcased at the NHSE Southeast Region Safeguarding Network, and several other areas have requested the audit tool for their own areas.

Funding for the HIDVA's was secured for an additional year (2023/24) following the pilot. 

 The Surrey ICB safeguarding team have continued to prioritise the input into the statutory review process in spite of the exceptional high workload and the impact this is having on other work streams.

Quarterly safeguarding supervision sessions for GP practice leads allows the ICB safeguarding team to hear the voice of the adult through frontline staff. 

 The Surrey ICB Safeguarding newsletter includes links to the SSAB newsletter, and links and briefings about SARs upon publication.

The ICB DA lead attends 'Our Communities' partnership meeting to ensure the ICB develop and maintain connections, services, and awareness to support woman and girls from minoritised backgrounds. 

 Promote safeguarding events through the ICBs social media accounts.

Challenges Faced Moving into 2023/24

- A major challenge for the team, as well as providers is the large number of SARs and DHRs being commissioned. Whilst managing to keep apace, there is a risk that if numbers continue at the rate seen during 2022/23, that the ICB and providers may not be able to meet statutory responsibilities in relations to SARs and DHRs.
- Workforce capacity to deliver the identified learnings, and best practice guidelines from reviews.

Acute Trusts

Royal Surrey Hospital Foundation Trust



The RSFT Safeguarding, Domestic Abuse and Prevent policies have been updated to align with the SSAB and ICB strategic plan and policies. During 2022/23 RSFT saw an increase in joint working between the RSFT Children's, Midwifery and Adults Teams, with the development of a quarterly Joint Safeguarding Adults and Children Committee, interim committee and a joint annual report to SSAB.

The output of this work overall is an increased awareness trust wide of abuse and domestic abuse across a wider range of demographics, increased referral rates, improved patient experience/outcomes and improved partnership working with other agencies to support victims and survivors in the long term. Further work is underway with RASASC, the Surrey Police IDVA and the SARC to support patients attending the trust for planned procedures and appointments.



The Safeguarding Adult Team have seen referral figures remaining consistently high during 22/23 in relation to previous years. The complexity of cases has increased in line with the local and national picture. Although many referrals involve adults with care and support needs requiring a referral to Adult Social Care via the Multi-Agency Safeguarding Hub. The Safeguarding Adults Team are also supporting more individuals requiring other referral pathways such as Police, Domestic Abuse Outreach and referrals for assessment of Care and Support needs under Section 9 of The Care Act for self-neglect or emerging care and support needs.




The RSFT Safeguarding, Domestic Abuse and Prevent policies have been recently updated within 22/23 to align with the SSAB and ICB strategic plan and policies. During 2022/23, saw increase in joint working between the RSFT Children's, Midwifery and Adults Teams, with the development of a quarterly Joint Safeguarding Adults and Children Committee, interim committee and a joint annual report to board.

Acute Trusts

Royal Surrey Hospital Foundation Trust cont.

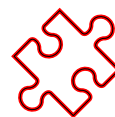
The RSFT Safeguarding Adult Team was very involved in the SSAB Safeguarding week during 22/23, with promotional stands in the hospital main entrance during the week and on White Ribbon Day and Carers day also. The Trust Communications Team supported with the use of social media and online publications interviews with safeguarding leads and IDVAs, including profiles of the Team and other resources.



 The team worked alongside the Emergency Department to launch the new Domestic Abuse pathway and raise awareness of the Hospital IDVA role both in the hospital and the community teams. The Safeguarding Adult Team also presented throughout the year at the LGBTQIA+, Disability and Women in Leadership forums, and delivered safeguarding training at the RSFT community hubs and at the University of Surrey with the Midwifery students. In addition to this the Safeguarding Adult Team began planning for the 23/24 RSFT Safeguarding conference, which is based around the national Violence Against Women and Girls strategy but includes a wide range of diverse speakers and topics to ensure inclusivity.

Challenges Faced Moving into 2023/24

- The increasing number of professionals and best interest meetings that the Safeguarding Adults Team are involved with, along with increasingly complex Police investigations involving a variety of forces from around the country have placed significant demands on the Safeguarding Adult Team in terms of resourcing and capacity.
- Involvement in DHRs and SAR panels, along with collating summary of involvements (SOI) for the increasing number of DHRs and SARS in 23/24 has placed further operational pressures on an already small team.
- Uncertainty about ongoing sustainable funding for the Hospital IDVA role given the investment in training and awareness mentioned previously is both a risk and a challenge.



Acute Trusts

Surrey and Sussex Healthcare NHS Trust (SASH)



Head of Safeguarding has attended all SSAB meetings and ensured information from the board is disseminated throughout the organisation.

Expansion of the virtual level 3 Think Family safeguarding training includes face to face sessions, ensuring that all staff have access to the training.



Safeguarding training compliance at all levels around 80%.

Deprivation of Liberty applications averaging 60-70 per month.



Development of separate Domestic Abuse policies for service users and workforce.

Successful National Safeguarding Adults week, with lots of engagement and working collaboratively with First Community Healthcare.



Two members of the SASH safeguarding adults team recognised at the SASH Star Awards by being awarded two separate awards for Dignity and Respect, and Patient Safety.

The evaluation feedback provided by colleagues who attended the SASH Think Family Safeguarding Training day provided acknowledgement and evidence that they all continue to find the training valuable and educational.



The number of fully documented Mental Capacity Assessments accompanying the DoLS applications demonstrates continuous improvement.



Acute Trusts

Surrey and Sussex Healthcare NHS Trust (SASH) Cont.

The team work closely with inpatients who are referred to the safeguarding team, often hearing their voice first hand and ensuring that this is listened to and central to all decisions and care pathway.



Working closely with the community NHS and care home colleagues, encouraging clear communication lines between clinical staff and community professionals.

During our training day when speaking about Safeguarding, we teach that the learning is as relevant for the community, home environment and other places such as places of religious worship, schools, sports organisations for example, especially around the Think Family mindset. Also, to be aware of vulnerabilities that make a person more susceptible than others, to be exploited or radicalised and to recognise the risks and dangers within the community and home environments.




Challenges Faced Moving into 2023/24


- Ensuring that there is continued improvement in applications of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The future of the HIDVA role following a very successful extended three-year project is very uncertain, there continues to be no identified funding stream for the future, the role has proved to be extremely valuable to victims/ survivors of Domestic Abuse accessing acute health care services, the future without this role within the acute setting now it is firmly embedded is deeply concerning. The role is due to end March 2024.


Acute Trusts


Ashford and St Peters Hospital (ASPH)


 The Trust is an active participant of the SSAB, supporting this work through attending the SSAB meetings, Health Subgroup, Safeguarding Adult Review Panel, Safeguarding Adults Review and Learning group and chairing the Policy and Training subgroup.


During 2022/23 the Trust was able to contribute to the strategic plan by streamlining responses to S42 enquiries, disseminating thematic learning from enquiries and working across the multi-disciplinary hospital teams to identify areas of practice improvement. 

 This work has seen significant improvements being made in the timeliness of district nurse referrals, supporting a reduction in avoidable safeguarding incidents.

As many safeguarding concerns are raised once the patient has been discharged from the acute Trust, it is not always possible to get this information first hand but understanding the impact on the patient (or their families) is of paramount importance to improving care and this is being used within the hospital as part of ongoing training to improve sharing of learning across the organisation. The close working relationships between the hospital safeguarding team, the adult social care team and the MASH has led to improved and consistent decision making relating to S42 enquiries. 

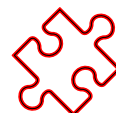
 Work to challenge and improve capturing the voice of the person affected, where the person has capacity, to inform the enquiry continues to be undertaken across the teams.

The Trust took part in the SSAB safeguarding awareness campaign, hosting a stand within the hospital to engage with staff and patients. 

 Due to the nature of the organisation, raising awareness in the community is challenging.

Challenges Faced Moving into 2023/24

- Improving training compliance – this is being closely monitored within the Trust divisions and overseen by the risk scrutiny and safeguarding committees.



Surrey and Border Partnership Trust (SABP)



Development and implementation of Ambassadors against Domestic Abuse forum.



Implementation of Think Family Guidance, Toolkit and Poster.



Roll out of the Oliver McGowan Mandatory Training in Learning Disability and Autism.



Strengthened our relationship with Adult Social Care to develop increased consistency and quality of referrals, outcomes and undertook a joint deep dive into safeguarding referrals from one of our mental health inpatient services. This has been fed back through our ICB oversight group for MH and LD&A.



The Trust was commended by Surrey Heartlands ICB for the work done around domestic abuse and for developing the Ambassadors against Domestic Abuse Forum (including ToR).



We are currently looking at business case to align our safeguarding training provision more closely to the Intercollegiate Document with an aim to have this up and running by the end of this year. We are also looking at ways to make sure that learning from SARs and DHRs has robust channels for dissemination. We are also looking at in house domestic abuse training.

Surrey and Border Partnership Trust (SABP)

Safeguarding Adults related themes are shared at the Trust learning events. These events take place quarterly. One of the learning topics shared was SAR Peter, professional curiosity, and asking routine question about domestic abuse.



We also hold FoCUS meetings, (FoCUS is a forum of carers and people who use our services). They enable people to have their say about the way we do things and help us improve services.


Challenges Faced Moving into 2023/24


- Demands due to extremely high volume of SARs and DHRs.
- The training compliance for safeguarding adults L2 training is currently below the NHS and Trust compliance average - the safeguarding adults' team and safeguarding adult's educator provided assurance to the Trust Safeguarding Committee that we are looking to increase provision of SGA L2 training, we will contact teams with low compliance to explore barriers and work together to bring the compliance figures up.




Community Providers

First Community Health & Care (FCHC)

 First Community have provided consistent and proactive attendance and contribution at the SSAB Meeting and subgroups which has supported the Board in many of the strategic priorities. First Community has actively supported the SSAB with the Communication and Engagement priority of the Strategic Plan. We have reviewed leaflets, contributed to development of the communication strategies, and was a member of the task and finish group to assist with the promotion of Adult Safeguarding Week.

First Community have continued to focus on ensuring that Safeguarding Adults has remained high on the agenda within the organisation. This has included a roll out of a new training strategy, the introduction of a comprehensive Supervision Policy and the creation of an enthusiastic Safeguarding Champion Group to support this process. 

 During 2022/23 First Community had a CQC inspection and were rated good in the area of Safe.

There continues to be an increase in the number of safeguarding concerns raised with the MASH during this year indicating that staff are increasingly aware of what constitutes a concern and are reported appropriately; this year a new process has been embedded to ensure the follow up of these concerns. 

Community Providers

First Community Health & Care (FCHC) Cont.

Following a Routine Enquiry Audit domestic abuse has been a particular priority for First Community, and this has seen more robust processes for recording disclosures, MARAC information and onward referrals within a 'Think Family Approach'. A particularly difficult case involving an extremely vulnerable lady living with her husband had a positive outcome following some effective multi agency working across the agencies.



First Community Adult Safeguarding Lead and the Safeguarding Champions spent a day during Adult Safeguarding Week November 2022 hosting a stall in the Belfry Shopping Centre (Redhill) on behalf of the SSAB. SSAB information and merchandise was handed out to the general public to help raise awareness of Adult Safeguarding. The Adult Safeguarding Lead and Champions had a positive day engaging with the local population sharing information and responding to queries.


Challenges Faced Moving into 2023/24




- Ensuring that staff have capacity to engage in the training requirements outlined in the intercollegiate document
- Embedding mental capacity assessment and documentation in everyday practice

Community Providers


HCRG Care Group


 The Safeguarding Advisor and/or Quality Lead attend and contribute to SSAB and subgroup meetings as available and contribute to development of policy and procedures along with partner agencies.


HCRG Care Group also complete annual report and Self-Assessment Framework. 


 SSAB and CCG Newsletters and training and learning opportunities are shared across the services.


Colleagues contribute as required to multi agency meetings. 


 Learning from SARs and S42 enquiries both local and national is discussed at Clinical Governance meetings and Safeguarding Champions meetings and disseminated by the Safeguarding Champions throughout the services and used as discussion topics during safeguarding supervision.

SSAB and HCRG Care Group and general SG information is provided in all clinical waiting areas in the form of leaflets and posters, both from our organisation and the local authority. 

 There is information available on our website including our complaints process and links to adult safeguarding information on the Surrey CC website, and links to CQC inspections.

Learning shared from Root Cause Analysis panels is also available for all colleagues to use for team meetings and Safeguarding supervision. Key learning is also uploaded onto our intranet. 

 Learning from SARS, DHRs and cases from across the organisation as well as newspapers and journals is shared through newsletters, briefings and in team meetings.


Dental Services have been proactive in identifying cases of dental neglect within care home settings and have initiated special training sessions for staff to improve patient's dental hygiene and care. Dental team are proactive in ensuring MASH raised in 'was not brought' situations. 

Community Providers

HCRG Care Cont.

MCA audit carried out no concerns identified.



 National Annual Safeguarding audit which is peer reviewed by Safeguarding Leads from other services did not identify any concerns regarding Safeguarding knowledge of teams or Safeguarding practice, reviewer commented on comprehensive evidence provided to support audit.

Recent CQC inspection completed for adult community services with the outcome of GOOD across all domains.



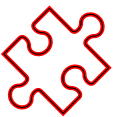
 All newsletters are shared with the community service teams and discussed at meetings.

Surrey Safeguarding Adults Board information is shared and discussed in safeguarding meetings.



 Safeguarding champions and safeguarding supervision is in place.

Challenges Faced Moving into 2022/23



- Waiting lists in some of our community services e.g., Podiatry, Special Care Dentistry. We are reviewing the lists to ensure no harm is coming to patients and giving advice on going home to manage their condition while they wait for an appointment.
- Staff recruitment is currently a challenge. However, we are holding recruitment events and recruitment from overseas are proving successful in some areas. Nationally processes are being streamlined to aid with recruitment and onboarding.

Buckinghamshire and Surrey

Trading Standards

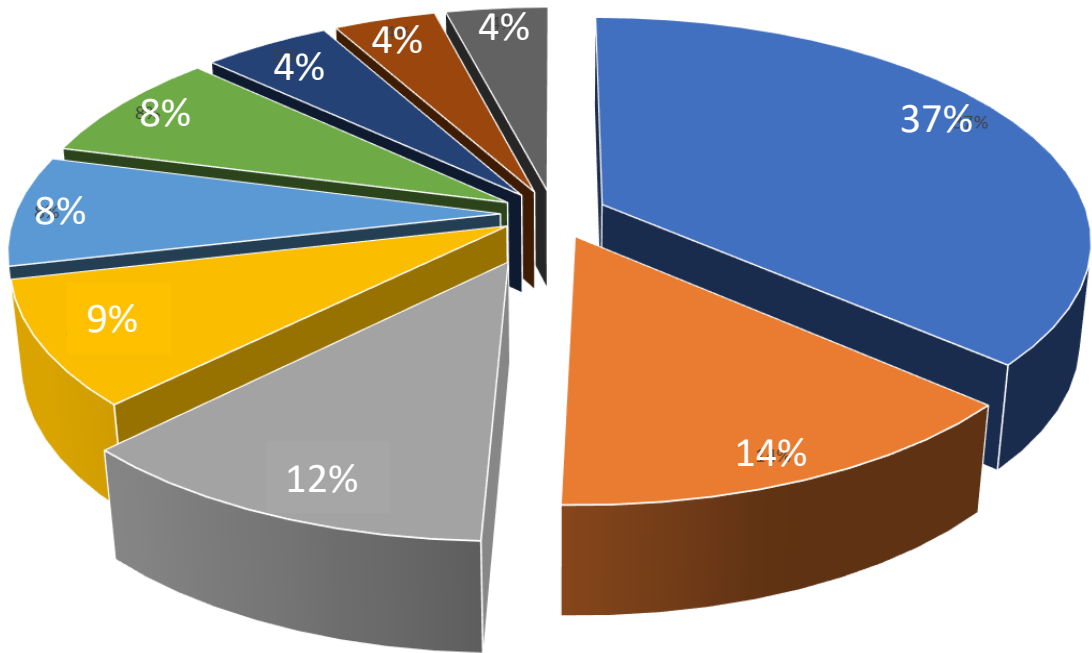
-  The Prevention Team made 686 scam/ fraud related disruptions.
-  The total impact of these disruptions is approximately £11million.
-  The Prevention Team trained 2021 individuals as Friends Against Scams (FAS) or equivalent (Champion/Marshal).
-  This prevented approximately £50,000 of fraud and saved Health and Social care around £74,000.
-  The Prevention Team installed 31 door cameras into the homes of vulnerable residents being targeted by in person door step scammers.
-  The Prevention Team installed 110 call blockers into the homes of vulnerable residents being targeted by cold calling fraudsters.
-  The call blockers stopped 57,038 scam/nuisance calls originating from both national and international call centres.
-  The call blockers stopped 48,165 scam/nuisance calls originating from both national and international call centres.
-  The call blockers prevented losses of around £1.8million
-  The call blockers saved Health and Social Care an estimated £1million.

Buckinghamshire and Surrey Trading Standards



The breakdown of intercepted scam/ nuisance call types are below:

Scam/Nuisance Call Types Blocked Dec 2022



- Insulation
- Medical
- Solar
- Debt
- Broadband
- Bank
- Boiler
- Energy
- Insurance

Buckinghamshire and Surrey Trading Standards



Photos from events/ campaigns:



Pride in Surrey.



#SleighNoToLoanSharks

STOP LOAN SHARKS
Intervention . Support . Education

Christmas campaign to raise awareness of the dangers of loan sharks.



Visit by The Earl of Lindsay, President of the Chartered Trading Standards Institute.



What's the price of modern slavery?



**Free business webinar
18 October at 2pm**

Multiagency webinar to mark Anti-Slavery Day.

Surrey Prevent (Counter-Terrorism) and Channel Panel

The UK government's counter terrorism strategy, CONTEST, is made up of 4 strands:



The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by 'stopping people becoming terrorists or supporting terrorism'.

Prevent focuses on all forms of violent extremism and terrorism and is a multi-agency approach to safeguarding and prevention.

The Counter Terrorism and Security Act 2015 introduced a new Prevent Duty. Specified authorities must have "due regard to the need to prevent people from being drawn into terrorism".







It also introduced a duty for local authorities to provide support for people vulnerable to being drawn into terrorism, through Channel Panels.

Channel Panel is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to individual to protect and divert them away from being drawn into terrorism.

Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

In Surrey, Channel Panel hold monthly multi-agency meetings Chaired by Surrey County Council.

Between April 2022 to March 2023,

-  69.12% of the adults known to the Channel Panel had care and support needs. (decrease on 2021/22)
-  69.12% of the adults known to the Channel Panel were also known to adult social care. (decrease on 2021/22)
-  69.12% were known to adult mental health services. (decrease on 2021/22)
-  69.12% had care and support needs related to mental health issues. (decrease on 2021/22)
-  11.88% had care and support needs related to substance misuse issues. (decrease on 2021/22)
-  34.56% had care and support needs related to autism. (decrease on 2020/21)

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
MAY 2024**

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.

KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

Recommendations

Meeting	Item	Recommendation	Responsible Officer/ Member	Deadline	Progress Check On	Update/Response
5 October 2022	Enabling You with Technology [Item 6]	AH 27/22: 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 and improve how provision is tailored to gain a more detailed understanding of these conditions and the associated impacts.	AWHP	18 November 2022	December 2022 15 January 2024 May 2024	Contacted Toni Carney (has now left SCC) Contacted for update. Informal Update on transformation programme.
5 October 2022	Mental Health Improvement Plan [Item 7]	AH 28/22: For the MHIP Digital and Data Workstream Lead to increase the awareness of the Kooth system and	Liz Williams & Kate Barker, Joint Strategic Commissioning Convenors	18 November 2022	December 2022	Interim Response: 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

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		ensure that it continues to enable Children and Young People (CYP) access to appropriate online support for their mental health. To provide AHSC with a future written update on this.	Surrey and Borders Partnership (SaBP)			<p>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 for a short period of further activity to demonstrate the impact of actions undertaken.</p> <p>Updated Response: Mindworks Exec FCQP committee took a decision not review the Kooth contract. Commissioners confirmed the contract is funded within Mindworks and so SABP</p>
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					18/04/2024	have extended the contract as we have no issues with the provider.
5 October 2022	Mental Health Improvemen	AH 29/22: The Joint Executive Director for Adult Social Care and Integrated	Liz Bruce, Joint Executive Director for ASC &		15 January 2024	Liz Williams and Kate Barker were contacted for an update. It has been passed onto the Children's Mental

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	t Plan [Item 7]	Commissioning and SaBP, to develop a robust process to deal with complaints as well as Issues of concern regarding mental health services and provide a written update to the AHSC on progress toward this.	Integrated Commissioning Surrey and Borders Partnership (SaBP)		28 February 2024	Health Commission Lead for further update. Graham Wareham, Chief Executive SABP, contacted.
6 December 2022	ASC Complaints [Item 6]	AH 51/22: That frontline Adult Social Care Staff are receiving adequate mandatory and consistent training on improving staff conduct and attitude, and training and staff conduct, including that of partner organisations, are	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	19/04/2024	Kathryn Pyper preparing a response.

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		routinely monitored with consequences put in place for unacceptable failures to attend such mandatory training.				
6 December 2022	ASC Complaints [Item 6]	AH 52/22: Further progress is required towards increasing the timeliness of assessment processes.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	19/04/24	Kathryn Pyper preparing a response.
6 December 2022	ASC Complaints [Item 6]	AH 53/22: 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	19/04/2024	Kathryn Pyper preparing a response.

**ADULTS AND HEALTH SELECT COMMITTEE
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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

6 December 2022	Surrey Safeguarding Adults Board Annual Report [Item 7]	AH 54/22: 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	To contact COO
6 December 2022	Surrey Safeguarding Adults Board Annual Report [Item 7]	AH 55/22: 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	Interim Response: The SSCP have been approached to work with the SSAB on this to develop a joint plan.

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
MAY 2024**

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6 December 2022	Surrey Safeguarding Adults Board Annual Report [Item 7]	AH 56/22: 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 2022	Response: This recommendation will be considered as part of the QA framework for 23/24. For NHS health agencies this data is collected by Surrey Heartlands ICB, and current data has been collected. This will allow the SSAB to analyse that data and ask any further questions of health agencies.
6 December 2022	Surrey Safeguarding Adults Board Annual Report [Item 7]	AH 57/22: That the Board further raise awareness of safeguarding adults and support available.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2022	Interim Response: The Communication subgroup has recently met and continues to develop the workplan. A communication strategy is in development and will be finalised by April 2023. The SAB team has also been strengthened the team with a new Partnership Post whose responsibility will be engagement and communication which will support taking this recommendation forward.

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7 December 2023	Adult Safeguarding Update [Item 6]	AHSC 58/23: The responsible officers in AWHP (SCC) to manage processes in line with capacity versus demand needs and monitor improvements in how operations will be more efficient. Analysing the demand and capacity will enable improvements to be made that smooths the flow of service users through the system and helps to create a better patient and staff experience of the healthcare process.	Adults, Health and Wellbeing Partnerships (AWHP)		9 February 2024	Response request sent.
			Sarah Kershaw		9 April 2024	Update request sent.
7 December 2023	Adult Safeguarding Update [Item 6]	AHSC 59/23: Implement the necessary processes which are needed to cope with demand to	Adults, Health and Wellbeing Partnerships (AWHP)		9 February 2024	Response request sent.

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		reflect the transformation work and help to improve the service.	Sarah Kershaw Jon Lillistone Paul Richards		12 April 2024	Update request sent.
7 December 2023	Adult Safeguarding Update [Item 6]	AHSC 60/23: To review the Healthwatch reports and incorporate any learning into the Improvement Programme	Adults, Health and Wellbeing Partnerships (AWHP) Sarah Kershaw Jon Lillistone Paul Richards		9 February 2024 12 April 2024	Response request sent. Update request sent.
7 December 2023	Adult Safeguarding Update [Item 6]	AHSC 61/23: Make it clear that SCC supports the protections given in employment law for whistleblowers and provide a simple easy to	Adults, Health and Wellbeing Partnerships (AWHP) Sarah Kershaw		9 February 2024	Response request sent.

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		access reporting route for them.	Jon Lillistone Paul Richards		12 April 2024	Update request sent.
7 December 2023	A New Hospital for Frimley Park Hospital [Item 7]	AHSC 63/23: To ensure that consistent involvement is in place throughout the entirety of all planning stages.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive		9 February 2024 23 April 2024	Response Request Sent. Our new hospital is a once-in-a-lifetime opportunity, and so engaging with and listening to our communities will be a vital part in ensuring that it is suitable for future generations. That's why we are committed to working with our patients, staff, local communities, and other stakeholders throughout our work to deliver a new hospital, and to involve as many people as possible in all stages in its development.

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			Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement			<p>We have already held our first engagement period to discover what was most important to public and staff for a new hospital site and have applied these findings to the evaluation criteria we've used to evaluate sites.</p> <p>We have also taken the opportunity to learn from this engagement period, as in light of the feedback demographics and recognising the imperative to further enhance equity in engagement, the Trust and NHS Frimley have committed to creating more opportunities for underserved communities to participate. A set of guiding principles designed to guide the communication and engagement processes for equality, diversity and accessibility is currently in development.</p> <p>We'll continue to produce comprehensive communication and engagement plans, working in partnership to ensure that the public and</p>
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						our staff can get involved and keep informed of the latest developments. To support this, we have created a dedicated area of our website to find out about our plans, thinking, and opportunities to get involved: https://www.fhft.nhs.uk/NewFrimleyHospital
7 December 2023	A New Hospital for Frimley Park Hospital [Item 7]	AHSC 64/23: To ensure that the caring and compassionate approach remains at the forefront of the patient experience in relation to the increase of health-related technologies in home environments. To be mindful that change can induce fear in vulnerable groups and to ensure the appropriate knowledge is provided regarding the	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust		9 February 2024 23 April 2024	Response request sent. We really appreciate and understand these concerns. We will be working with our systems partners, patients, carers and the voluntary sector to ensure any new technologies are introduced as part of the new hospital in a supportive and compassionate way. Our patients will

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		motivations that influence the use of health-related technologies.	Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement			always remain at the heart of everything we do.
7 December 2023	A New Hospital for Frimley Park Hospital [Item 7]	AHSC 65/23: To ensure that local leaders are kept informed as per setting up a consultative or an advisory group amongst local interested leaders, and that this select committee is kept updated on key discussions/developments.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS		9 February 2024 23 April 2024	response request sent. A Joint Health Overview and Scrutiny Committee for the new Frimley Park hospital has been agreed by the relevant local authorities with the first meeting to be held in May 2024, and will provide opportunity for regular updates and

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			Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement			thorough scrutiny, which Surrey's JHOSC representatives will be able to report back on to the AHSC. We will also be creating a stakeholder advisory group to provide a two-way forum by which external stakeholders can provide input into the planning and delivery of the programme, and to enable the programme team to keep stakeholders apprised of progress.
7 December 2023	A New Hospital for Frimley Park Hospital [Item 7]	AHSC 66/23: To ensure that the engagement is spread out widely and to engage with Primary Care Networks and local councillors for the area.	Frimley Health NHS Foundation Trust Frimley Park Hospital to attend the AHSC on 07 March 2024		23 February 2024 23 April 2024	response request sent. A comprehensive communications and engagement plan will be delivered to ensure key stakeholders, including primary care networks and local councillors are listened to and are

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			and provide an update on progress.			assured their feedback has been considered in our plans. The Trust and NHS Frimley ICS are dedicated to creating opportunities for wide engagement around the new hospital. This commitment underlines ongoing efforts to ensure that the voices of all stakeholders are listened to and considered as part of the development of the new Frimley Park Hospital.
7 March 2024	Healthwatch Surrey	AHSC 1/24: To ensure that language used for automatic responses reflects a friendlier approach.			13 May 2024	Distributed 15/03/24
7 March 2024	A New Hospital for Frimley Park	AHSC 2/24: To ensure that you continue to make your plans public, and consider how you			23 April 2024	Our new hospital is a once-in-a-lifetime opportunity, and listening to and engaging with our local communities is

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		are going to continue to engage the community				<p>vital to ensuring that it is suitable for future generations.</p> <p>That's why we are committed to working with our patients, staff, local communities, and other stakeholders throughout our work to deliver a new hospital, and to involve as many people as possible in all stages in its development.</p> <p>We have already held our first engagement period to discover what was most important to public and staff for a new hospital site and have applied these findings to the evaluation criteria we've used to find priority sites.</p> <p>We'll continue to produce comprehensive communication and engagement plans, working in partnership to ensure that the public and our staff can get involved and keep informed of the latest developments.</p>
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7 March 2024	A New Hospital for Frimley Park	AHSC 3/24: To ensure that you continue to refer to the consultation process which needs to be continuous throughout the development process			23 April 2024	<p>The Trust carried out a formal engagement exercise (not consultation) between November 2023 and January 2024.</p> <p>At each step of an engagement process, we will review what is most important to our public and staff and ensure the feedback is considered.</p> <p>We want our new hospital to be something our whole community and staff are proud of. This is only possible through continuously listening at every step of the journey.</p> <p>As the Joint Health and Overview Scrutiny Committee (JHOSC) for the new Frimley Park hospital has been agreed by the relevant local authorities with the first meeting to be held in May 2024, it will provide opportunity for regular updates and thorough scrutiny,</p>
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						<p>which Surrey's JHOSC representatives will be able to report back on to the Adult and Health Select Committee (AHSC).</p>
7 March 2024	A New Hospital for Frimley Park	AHSC 4/24: To review what has been done and monitor how you will follow up afterwards.			23 April 2024	<p>Between November to January 2024, we held a period of initial engagement to find out what was most important to our staff, patients, and communities about the new hospital.</p> <p>A local research agency was commissioned to produce an independent report on the findings of this engagement and to highlight key themes. This report was published on our website in March and considered by the new hospital programme team and its technical experts as the site evaluation criteria were finalised.</p> <p>We will shortly publish on our website a document summarising how the feedback was used to finalise our site evaluation criteria, and then applied to find potential sites.</p>

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						We will continue to update the newly established JHOSC, to ensure that we are doing everything possible to keep the public and our staff engaged and informed about the new hospital.
7 March 2024	A New Hospital for Frimley Park	AHSC 5/24: To make sure that your services are maintained throughout the whole project			23 April 2024	<p>While we develop and build our new Frimley Park Hospital, we will continue with our extensive Reinforced Autoclaved Aerated Concrete (RAAC) maintenance programme to keep our hospital, patients, and staff safe. This programme has been ongoing for over 10 years and the need to remove all RAAC from hospitals for 2030 is the driving force behind the new Frimley Park Hospital timeline.</p> <p>Over the next year we will continue to transform our health services in the area through introducing a new £49 million inpatient and diagnostic unit extension to the current Frimley Park Hospital. In</p>

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						partnership with other organisations in our Integrated Care System, we are committed to continuously improving our services to provide the highest quality healthcare to our local population.
7 March 2024	A New Hospital for Frimley Park	AHSC 6/24: To ensure that communication is out early and provides details concerning the choice of the site and of the issues that you foresee.			23 April 2024	A detailed technical due diligence process is under way to support site selection. We will share details when we can and will, in due course, provide analysis of the benefits and impact of the preferred site(s) for the public, staff, and stakeholders to review and comment on.
7 March 2024	A New Hospital for Frimley Park	AHSC 7/24: To ensure that there is effective Local Leadership and Programme Management as a key part of the Frimley Park Hospital Replacement Programme's			23 April 2024	We have a dedicated Project Management Office (PMO) to manage the new hospital programme and clear governance in place to oversee the work and make the necessary decisions. This includes a new hospital programme steering group, which feeds into the Frimley Health Trust Board.

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		Governance system providing a strong focus on Local Needs and Requirements in addition to those resources focussed on the National Approach to Hospital 2.0				In addition, we are working closely with the Frimley Integrated Care Board (ICB), NHS England and the national New Hospital Programme team. Whilst there will be significant elements of nationally mandated design in the new hospital (to ensure we are learning from and adopting the best national and international approaches to the design of hospital buildings), the overall capacity requirements of the new hospital are driven by our local understanding of the needs of the population and how healthcare provision will evolve over the next decade.
7 March 2024	A New Hospital for Frimley Park	AHSC 8/24: To continue with a greater development of public and staff consultation in future steps with particular attention to			23 April 2024	There will be several opportunities throughout our journey for both the public and our staff to have their say about their new hospital. A comprehensive communications and engagement plan will be delivered to ensure staff in all areas and at all bands

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		lower paid staff and low-income groups				<p>are listened to and are assured their feedback has been considered in our plans.</p> <p>The Trust and NHS Frimley Integrated Care Service (ICS) are dedicated to creating more opportunities for underserved communities to participate in the engagement around the new hospital. This includes fostering a deeper and more personal connection with community and faith leaders and working with well-established community groups and charities.</p> <p>This commitment underlines ongoing efforts to ensure that the voices of all members of our community are listened to and considered as part of the development of the new Frimley Park Hospital.</p>
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						In future, draft consultation plans will be shared with the JHOSC for its review and recommendations.
7 March 2024	A New Hospital for Frimley Park	AHSC 9/24: To provide information on the development of the transportation related solutions for car parking, car access, and public transport systems, and update the committee on how they will resolve any potential issues in these areas			23 April 2024	<p>One of the main areas of feedback from our first public engagement was around car parking and access to the new hospital. We are conducting a detailed analysis looking at site access and car parking will be included in future engagement activity.</p> <p>We will also be guided by the national New Hospital Programme’s ‘car park 2.0’ designs and guidance which will integrate innovation and best practice.</p> <p>Adequate space for car parking and accessibility (including public transport) were part of our evaluation criteria when identifying sites and will continue to be an important area of focus as we develop our detailed plans and work with</p>

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						the Local Planning Authorities to ensure there is appropriate provision in place for patients and staff.
7 March 2024	Discharge to Assess/Home First	AHSC 10/24: We think it would be beneficial for Adult Social Care to produce a simple information booklet and ensure it is properly distributed amongst residents.			15 March 2024	Distributed for response.
					13 May 2024	Expected response.
7 March 2024	Discharge to Assess/Home First	AHSC 11/24: To ensure that you are managing the demand of acute beds required and provide an update on what is being done to deal with the demand in acute capacity and the management of it.			15 March 2024	Distributed for response.
					13 May 2024	Expected response.

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7 March 2024	Discharge to Assess/Home First	AHSC 12/24: To provide information on the vetting of care organisations, including what training is being provided for carers.			15 March 2024	Distributed for response.
					13 May 2024	Expected response.
7 March 2024	Discharge to Assess/Home First	AHSC 13/24: To provide an update on what changes are being implemented to the transformation work in response to the report from Healthwatch Surrey on Discharge to Assess processes, and of how that is that being reflected within the transformation work			15 March 2024	Distributed for response.
					13 May 2024	Expected response.

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Actions

Date	Item	Action	Responsible Member/Officer	Deadline	Progress Check	Action response. Accepted/implemented
7 March 2024	Surrey Heartlands & SCC Discharge to Assess-Home First	The Executive Director - Adults, Wellbeing and Health Partnerships, to provide a written response on how the vetting of organisations who are responsible for providing carers, as well as the vetting of carers, is undertaken, in order to ensure they have the right skills in place to do their job correctly.			15 April 2024 22 April 2024	Distributed 15/03/24 The homecare companies that provide the NHS funded hospital discharge services have all passed the application process for the Care within the Home DPS (Dynamic Purchasing System), which is very detailed and includes questions on staff training and suitability. The providers that were given the opportunity to apply to deliver these services are those that were not suspended from receiving referrals on the DPS at the time the service was tendered. The vetting and selection of carers is the responsibility of the CQC registered agency that employ the staff delivering care on behalf of Surrey County Council and the NHS. Providers are required to ensure all staff have completed the Skills for Care accredited 'care certificate' and

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						ensure all staff are employed in line with the DPS T&Cs paragraph 50 Care within the Home DPS terms and conditions (surreycc.gov.uk) which the council monitors through our contracting and quality assurance processes.
7 March 2024	Surrey Heartlands & SCC Discharge to Assess-Home First	The ICS Development Director (Surrey Heartlands) to provide a further written response on the data that was referred to, concerning the NHS Anchor programme and other programmes, which aim			15 April 2024 22 April 2024	Distributed 15/03/24 The Surrey Heartlands Health and Social Care Academy is a co-designed and co-produced (with systems partners from SCC, SCA, VCSE and NHS) evolving portfolio of work to develop a digital 'one stop shop' and bring together education, learning and

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		to generate work opportunities in disadvantaged priority areas. As well as what actions are being taken to foster skills and recruitment in our priority areas to ensure the adequate sources of provision are in place.				<p>development for our current and future workforce. Lots of upskilling and workforce development projects in delivery. Some examples below bullets for ease:</p> <ul style="list-style-type: none"> • Digital space - Phase 1 rolled out www.surreyheartlands.org/academy – comms plan initiated. • Programme of education and learning in Care Homes and Home Care provider partners – 500 places in year one. • Expansion of Trainee Nursing Associates, in Social Care and Community settings – 41 by end of 2025. • Surrey Care Certificate Accreditation and Bootcamp – pilot of 4/5 cohorts of 15 participants – total 60-75. • Various careers and apprenticeships events in the pipeline – include a Workforce Summit in April in response to the NHS Long Term Workforce Plan
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						<ul style="list-style-type: none"> OMMT roll out – ‘In Surrey, For Surrey, By Surrey’ – offering supported employment to our local people with LD&A, helping to address the health inequalities as well as upskilling our health and social care workforce. Oliver McGowan Training Care Talent Collective <p>The Careers and Apprenticeship Team have the following examples:</p> <p>Skills Development</p> <ul style="list-style-type: none"> Supporting the roll out of the Level 2 Team Leaders Qualification across the System, fully funded via Nescot College. Reached our ICB 25% Apprenticeship levy threshold for this financial year. Apprenticeship/T Level data project has been started to see if we can gather intelligence to better support our System with increasing the amount of apprenticeship vacancies they are taking on.
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						<p>Recruitment</p> <ul style="list-style-type: none"> • Centralising career bookings to reduce team resource at any one event and increase the number of attended events. • Engagement with health & social care registered managers via skills for care to sign up to become a Career Ambassadors. This is to increase our Career Ambassadors and to give the health and social care providers the same opportunities that we give the Trusts. • Supporting the AHP School/ College career advisor event on 15 March 2024, over 130 schools and colleges have been invited to broaden their knowledge of AHP/NHS job roles. • Supporting T Level forum – improving relationships between ICS providers and Further Education Colleges with a view to offering T level placements
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						<ul style="list-style-type: none"> • Universal Family Care Leavers Covenant project – seeking to offer opportunities for Care Leavers to gain employment within providers, both paid and volunteer opportunities. • Supporting SCC to write a combined bid to NHSE to release the potential of volunteering across the Surrey Health and Care system. • Supporting SCC to write a combined bid to central government for the Work well programme – a new health and disability service aimed at addressing the economic inactivity resulting from long-term sickness or disability.
7 March 2024	Surrey Heartlands & SCC Discharge to Assess-	The Executive Director - Adults, Wellbeing and Health Partnerships, to provide a further written response concerning the availability of Internet and			15 April 2024 22 April 2024	Distributed 15/03/24 Through our current Enabling you with Technology programme we have found that

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
MAY 2024**

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.

KEY			
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Home First	Broadband technology – which is a requirement for many in supporting the use of health based self-management technologies to help people maintain independence at any age. With the cost-of-living crisis having a huge impact on residents and those living with more complex needs, we would like to know more about what work is being undertaken in supporting community digital needs within Place-based plans to do more for residents who are struggling? What is also being done in relation to patients who				<p>nearly 50% of those referred for motion sensors (and some other technology enabled care equipment) do not have broadband. We provide modems / routers for residents in most of these instances and will be doing more to progress this as we develop our <i>Technology Enabled Care and Homes</i> strategy in the coming months. We work with TECH Angels, a not-for-profit organisation who provide devices (smart phones and tablets) and digital literacy training to resident of Surrey. They support residents to understand most types of Technology and they also educate people on how to use Technology safely. Their target market are residents who are digitally excluded, socially isolated, financially marginalised and residents from minority groups.</p> <p>We also currently deliver a number of pilot programmes for residents through Transitions, Mental Health, and Learning</p>
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		are of an age where they don't use Internet / not technology minded. How are we supporting them with those changes?				<p>Disabilities, supporting greater independence, self-help, and independent travel as examples.</p> <p>A great deal of work is also undertaken by district and boroughs who have varying technology offers for residents.</p> <p>The Council's website has been updated so that it complies with digital accessibility regulations to make it is accessible for the widest amount of people including those who using assistive software.</p> <ul style="list-style-type: none"> • We have a dedicated Learning Disability and Autism section on the website which has been created using Photo symbols to make it more accessible to people with a learning disability. • We added information about support to get online to the information Surrey Fire and Rescue distributes to
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						<p>residents as part of Safe and Well visits.</p> <ul style="list-style-type: none"> • We know that no matter what support is available, some people do not want to be online or are simply unable to due to disability etc. We, therefore, are mindful of this with regards to our information provision: <ul style="list-style-type: none"> ○ Connect to Support Surrey has the ability for professionals to print out information for people who are not online. ○ We have recently created guidance to support AWHP staff providing information to people who are not online. ○ We promote a full range of accessible contact methods on our core ASC publications instead of just an email address, to enable people to get in touch with us and other
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						<p>services in a way that is best for them.</p> <p>Ofcom is also encouraging companies to offer social tariffs to help customers on low incomes. Social tariffs are cheaper broadband and phone packages for people claiming Universal Credit, Pension Credit, and some other benefits. Some providers call them 'essential' or 'basic' broadband. These are delivered in the same way as normal packages, just at a lower price.</p>
7 March 2024	A new hospital for Frimley Park	The Director of Partnerships and Engagement to provide a copy of the consultation questions that were asked as part of their engagement consultation process and considers that they were likely			15 April 2024	<p>Distributed 15/03/24</p> <p>Response shared with Committee</p>

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		already circulated to the committee in December.				
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Adults and Health Select Committee

Chairman: Trefor Hogg | Scrutiny Officer: Sally Baker | Democratic Services Assistant: Hannah Clark

Date of Meeting	Type of Scrutiny	Issue for Scrutiny	Purpose	Outcome	Relevant Organisational Priority	Cabinet Member/Lead Officer
10 October 2024	Process Scrutiny	Cancer & Elective Care Backlogs (TBC)	<p>The Committee will review evidence to ensure that the increasing volume of diagnostic capacity now coming online is supporting the most pressured cancer pathways. The Committee wants to ensure that the NHS in Surrey continues to recover elective services inclusively and equitably. This will enable those in the community to thrive and will help to lessen the gaps of health inequalities.</p> <p>What plan they have to recover their finances.</p>	<p>The Committee want to review improvements and scrutinise the adjusted approaches to the outpatient system. To scrutinise the engagement between providers and patients and review the improvements to re-focus capacity towards new patients. The committee want to scrutinise improvements in the delivery of more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and review developments for ICBs who must prioritise Community Diagnostic Centres (CDCs) and acute diagnostic capacity to reduce cancer backlogs</p>	<p>Empowering communities to thrive, tackling health inequality.</p>	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>Ruth Hutchinson, Director of Public Health</p> <p>Helen Coombes, Executive Director for Adults, Health, and Wellbeing</p> <p>Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing</p> <p>NHS contact leads (ICS & Acute)</p>

				and improve the faster diagnosis standard.		<p>hospitals – contacts TBC)</p> <p>Surrey Heartlands ICS (contacts – TBC)</p> <p>NHS Frimley (contacts – TBC)</p>
Process Scrutiny	<p>‘Right Care, Right Person’ A partnership scheme between the Surrey Police Service and NHS that changes the way the emergency services respond to mental health calls.</p> <p>(AWHP – SCC)</p>	<p>The Select Committee will scrutinise the ‘Right Care, Right Person’ partnership scheme to understand the processes and integrated working between the NHS and how this works in practise, which the emergency services have implemented to respond to mental health calls.</p>	<p>The Select Committee will review the processes, which were implemented by the Met on 1 November 2023, to make sure that the right agency is dealing with health-related calls, rather than the police being the default first responder, and review insights on this. The police recognising those things that are safe havens as well.</p>	Empowering communities to thrive, tackling health inequality.	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>Helen Coombes, Executive Director for Adults, Health, and Wellbeing</p> <p>Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing</p> <p>Fiona Davidson, CFLLC Chair</p> <p>SaBP (contacts – TBC)</p>	

10 October 2024

						<p>NHS (contacts – TBC)</p> <p>Surrey Police (contacts – TBC)</p> <p>Surrey Heartlands ICS (contacts – TBC)</p>
Process Scrutiny	<p>Mental Health Improvement Plan – Older People (Focus on working age adults)</p>	<p>The Committee to review the number of people of working age that are effectively taking themselves out of the working environment with mental health issues and look at the issues that have led to this, for example consider the impacts that COVID has also had on mental health. Look at the work being done to support the use of technology enabled care (TEC) and mental health and how new technologies being utilised improve experiences impacting the individuals.</p>	<p>Review of current data to ensure that the most urgent mental health needs are understood and understand what is being delivered within the county to support the most vulnerable people within the community. Review what the data tells us from local community-based groups across Surrey about residents who experience the poorest health outcomes within communities of identity and geography, and to also look at the Dementia pathways. To ensure a greater focus on reducing health inequalities so no-one is left behind.</p>	Empowering communities to thrive, tackling health inequality.	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>Ruth Hutchison, Director of Public Health</p> <p>Helen Coombes, Executive Director for Adults, Health, and Wellbeing</p> <p>Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing.</p>	

<p>10 October 2024</p>	<p>Process Scrutiny</p>	<p>South East Coast Ambulance Service (SECAMB)</p>	<p>The Committee to review the improvements that South East Coast Ambulance Service has achieved since it has been lifted out of special measures in May 2024.</p>	<p>The Committee will scrutinise the cultural changes and improvements in line with the previous CQC ratings and review performance level improvements that have led to its downgrading. The committee will seek reassurance that performance is improving in other areas of the Trust.</p>	<p>Empowering communities to thrive, tackling health inequality.</p>	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>NHS Frimley (contacts – TBC)</p> <p>Surrey Heartlands ICS (contacts – TBC)</p>
<p>10 October 2024</p>	<p>Overview</p>	<p>CQC Regulation Assessment Outcomes (AWHP - SCC)</p>	<p>The Committee to review the lessons learned from the recent CQC Regulation Assessments.</p>	<p>The Committee will understand where improvements need to be met and how changes will be implemented. The Committee will learn about the ratings and understand how well we are delivering against our Care Act duties and what that means for the people that draw on adult social care support.</p>	<p>Empowering communities to thrive, tackling health inequality.</p>	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>Helen Coombes, Executive Director for Adults, Health, and Wellbeing</p>

4 December 2024

						Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing.
	Overview	Dementia Strategy (ASC) (TBC)	The Committee to review the Dementia Strategic objectives against the current needs of Surrey residents, with a focus on ensuring sufficient preventative measures are being provided to reduce dementia as well as improve the dementia care pathway within the Surrey population, and to understand what developments have been implemented across Surrey	The committee will review data concerning priority groups and the associated risk factors for dementia concerning the socio-economic inequality within Surrey's 22 priority population areas	Empowering communities to thrive, tackling health inequality, growing a sustainable economy so everyone can benefit.	<p>Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health</p> <p>Sinead Mooney, Cabinet Member for Adult Social Care</p> <p>Ruth Hutchison, Director of Public Health</p> <p>Helen Coombes, Executive Director for Adults, Health, and Wellbeing</p> <p>Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing.</p>

						<p>Surrey Heartlands ICS (contacts – TBC)</p> <p>NHS Frimley (contacts – TBC)</p>

Joint Committees					
Time scale of joint Committee	Joint Committee name/structure:	Purpose	Outcome	Relevant organisational priority	Relevant Committee Members
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny Committee	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	The Joint Committee's purpose is to respond to changes in the provision of health and consultations which affect more than one London	Empowering communities, tackling health inequality	Trefor Hogg, Helyn Clack

		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.	Borough in the South West London area and/or Surrey.		
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny Committee – Improving Healthcare Together 2020-2030 Sub-Committee	In June 2017, Improving Healthcare Together 2020-2030 was launched to review the delivery of acute services at Epsom and St Helier 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	A sub-committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020-2030 Programme as it develops.	Empowering communities, tackling health inequality	Trefor Hogg, Helyn Clack (substitute)

		Together Programme as it progresses.			
Ongoing	Hampshire Together Joint Health Overview and Scrutiny Committee	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 invited to attend meetings as a standing observer.	The Joint Committee is to scrutinise the Hampshire Together programme of work and associated changes in the provision of health services.	Empowering communities, tackling health inequality	Trefor Hogg, Carla Morson (substitute) David Lewis (observer at JHOSC)

Standing Items

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