



Surrey

Child and Adolescent Mental Health

Whole System Transformation Plan

Version 8

October 2018

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12 Dear Children and Young People of Surrey,

In 2015 we asked you to tell us what we needed to change in mental health services for children, young people and your families. We are now letting you know what we have managed to achieve so far, together with other work that we are undertaking in order to further improve services; highlighting what has worked well and recognising areas that still require further improvements. We have updated this plan to reflect what we have achieved so far and what our next steps are.

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

You asked us to:

- Reduce waiting times for services
- Provide evening and weekend appointments
- Make CAMHS available in a variety of different locations
- Help to reduce stigma and increase access to CAMHS; more community services that 'normalise' the access for help
- Reduce waiting times for diagnosis; in particular for eating disorders
- Improve access for diagnosis and CAMHS led support if you had ADHD, Asperger's and ASD before this became behaviours that led to school exclusion

We have therefore set out what we have done to address these areas, together with further work targeted at those areas that require further improvements and ask for your continued help in letting us know what is working and what is not working.

Yours sincerely,

Surrey NHS CCG Collaborative and Partners

Introduction and purpose

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

We started our transformation journey on an already much improved footing, with considerable additional investment from CCG and local authority commissioners into the new CAMHs contract. The document also describes alignment with Surrey's Sustainability and Transformation Plans (STPs). A key focus of this transformation journey has been the focus on early intervention, aiming to provide support to CYP and their families at the earliest opportunity and in a variety of means that best meet the individual needs of CYP. We recommend that you read the alternative Executive Summary written by the young people themselves (see section iii).

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

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

What do we need?

The work is under-pinned by priorities given to us by CYP and their families, with services shaped by their views and Surrey County Council's Joint Strategic Needs Assessment.

What have we done?

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

- Crisis care services
 - HOPE and Extended HOPE
 - Children and Young Person's Haven (CYP Haven)
 - Paediatric Psychiatric liaison
 - Inpatient Commissioning
 - Children's Intensive Support Service (CISS)

- Community Eating Disorder Service (CEDS)
- Our Transformation Plan Priorities
 - Challenging stigma
 - Building capability and capacity
 - Perinatal Mental Health services
 - Increased Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EIIP)
 - Youth Justice
 - Unaccompanied Asylum Seekers
 - Looked After Children

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

What difference it has made?

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

What next?

In each section we summarised the forward action plans. A summary of our transformation investment and transformation plan can be found in section 8. Section 12 describes the leadership and governance structure and detailed milestones and timelines can be found in section 13.

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

Summary of Transformation Projects from a Young Person's perspective

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One of the key measures of success in our aim to transform services must be the feedback we receive from CYP and their families/carers, who access these services. We therefore asked CYA to summarise what the projects really meant to them and what differences they made.

We highly recommend clicking on the links below to read the newsletter, written by CYP and explaining in their own words, what the transformation work really means to them.

<https://cyauk.com/resources/>

<https://cyauk.com/wp-content/uploads/2018/10/Transformation-Newsletter-Document.pdf>

1. Introduction

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This plan has been developed on behalf of the NHS Clinical Commissioning Groups (CCGs) in Surrey:

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

These CCGs, together with our collaborative commissioning partners, are submitting this revised joint Child and Adolescent Mental Health services (CAMHs) Transformation Plan. This includes a wide range of services that are commissioned in order to provide support for Children, Young People (CYP) and their families. NHS Guildford and Waverley CCG lead the commissioning of CAMH services for their associated CCGs across Surrey, working in partnership with Surrey County Council.

This plan updates the plan from 2017 and provides detail on the work that has been undertaken in the past year, together with further work that is still needed. We asked ourselves the following questions for each of the key areas of work:

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

Our CAMHs Transformation has been and will continue to be shaped by direct user engagement from CYP and their families who are accessing these services, together with feedback received as part of the widespread engagement work. We will continue to develop more innovative approaches that focus on early intervention, support and resilience. Promoting emotional wellbeing and good mental health is one of five priorities of Surrey's Health and Wellbeing Board,

with the outcome that more children and young people will be emotionally healthy and resilient. We recognise that improving children's health and wellbeing is essential to give every child the best start in life and support them in achieving the best health and wellbeing outcomes possible. We will continue to work in partnership with the children and young people of Surrey and their families to ensure the services we provide meet their needs and deliver the outcomes they have identified; building on the excellent engagement of our CAMHS Youth Advisors.

We remain committed to ensuring that Surrey's children and young people, aged 0 to 19 years, have good health (including mental health), are safe, well-educated and develop strong employment prospects. It is estimated that over 10,000 5-15 year olds in Surrey have a mental health disorder. Whilst Surrey is the fifth least deprived county in England there are pockets of deprivation within the county and 10% of children and young people in Surrey live in poverty.

Our plan builds upon Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy (2014-2017) and we continue to develop our new strategy. Whilst Surrey lacks in its state of readiness to be a trailblazer site, the transformation plan provides assurance of taking into account the new Green Paper and the need to involve schools and education to a much greater degree. We continue with our well supported partnership CAMHS Strategy Board and strong joint commissioning governance across the Surrey system we have engaged across a wide range of stakeholders who work with children and young people and importantly ex-service users through our CAMHS Youth Advisors. The vision from our joint strategy is that:

“we will promote and support good mental health and emotional wellbeing by commissioning quality child centred services that are compassionate, responsive, timely, needs-led, respectful and effective, and provide good value for money in order to meet the needs of all children and young people.”

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

Although we are not a trail blazer site, we recognise the ambitions of the set out in the Green Paper that comprises of the following three core elements:

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

In order to be able to implement the recommendations of the Green Paper we are reviewing our wider health and social care system to enable more robust integrated working.

2. Local Needs: Informing our Transformation Plan Priorities

2.1. What are CYP and families telling us?

Surrey NHS CCGs and our partners, in consultation with children, young people (CYP) and their families have identified the following three areas that need addressing:

- Challenging the stigma of mental health to improve access to help, resilience and recovery
- Building capability and capacity of universal services and communities to support Children and Young People and their families. This includes working to improve access to services for young people from the Gypsy Roma Traveller community and LGBT young people.
- Improving access and service development of the following:
 - Perinatal Mental Health services
 - Community Eating Disorder Services
 - Crisis care
 - Psychiatric liaison in hospitals
 - Children and Young People – Increase Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis
 - Mental health inpatient care

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

Surrey County Council's Joint Strategic Needs Assessment (appendix 6) details the local needs of CYP in Surrey. This section therefore summarises the key needs for Surrey, based on the refreshed (2017) JSNA.

2.2.1 Background

- 1 in 10 Children and Young People (CYP) have poor mental health and 70% of CYP have not had appropriate interventions at a sufficiently early age.
- Surrey's 5-14 years old demographic is experiencing the biggest increase in population.
- Surrey is expecting to see a 14% increase in children aged between 5-9 years (approximately an additional 10,000 children)

2.2.2 Key factors influencing CYP's Mental Health and wellbeing

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

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

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

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

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

Risk and protective factors for CYP's mental health

RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Child



Family



School



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

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

2.2.3 High Risk Groups

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

a) Parental Mental Health

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

b) Looked After Children

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

c) Unaccompanied Asylum Seeking Children (UASC)

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

d) Care Leavers

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

e) Children in Need (CiN)

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

f) Special Guardianship Orders and Adoption

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

g) Special educational needs and disability (SEND)

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

h) Sexual abuse, Harmful Sexual Behaviour (HSB) and Child Sexual Exploitation

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

i) LGBT+ (Lesbian Gay, Bisexual, Transgender and Questioning)

If a young person identifies themselves to be LGBT+ they are more likely to suffer from poor emotional wellbeing and mental health. In 2015, 3.3% of 16 – 24 year olds identified themselves as LGB, the largest percentage within any age group in 2015.

j) Gypsy Roma Traveller Families (GRT)

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

k) Domestic Abuse

SafeLives estimates that in Surrey that there are approximately 3,300 children living in homes where there is domestic abuse (DA), with national data indicating that 50% of perpetrators have mental health needs. CYP who experience DA are more likely to become aggressive, anxious, depressed, have poorer educational outcomes and display anti-social behaviour.

l) Substance misuse

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

m) Bullying

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

n) Fostered Children, Young People and their carers

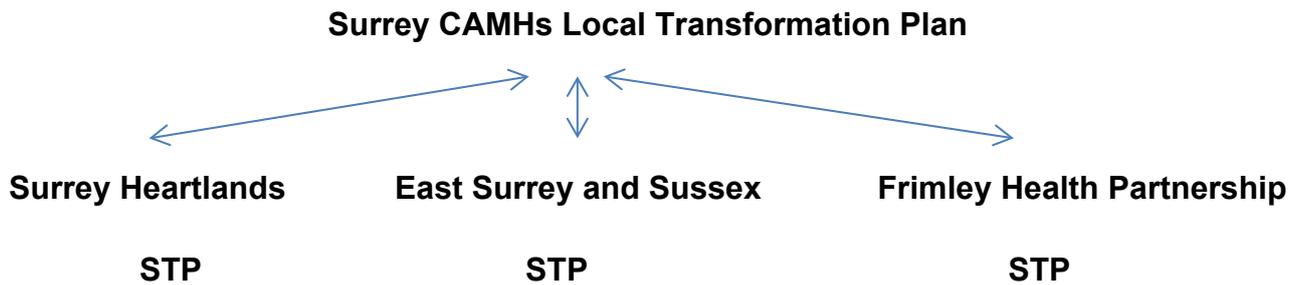
Surrey has approximately 600 LAC in Foster Care, with 390 placed 'in house' with Surrey Foster Carers and 210 placed with other providers. It is essential that this group have timely access to emotional wellbeing and mental health services.

o) Young People in the Justice System

Any behaviour that breaks the law and that comes to the attention of the Youth Justice Service is deemed as an offence. About 60% of Young Offenders who are in a secure setting have an EWMH problem, with some may also experiencing poverty, abuse, trauma, school exclusion or could have been a Looked After Child.

3. Alignment with Surrey's Sustainability and Transformation Plans

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The refreshed Local Transformation Plan (LTP) is closely aligned with three Sustainability and Transformation Plans (STPs) across the county of Surrey.

Surrey Heartlands (population of 850,000) – covering the majority of the Surrey population

- North West Surrey Clinical Commissioning Group
- Guildford and Waverley Clinical Commissioning Group
- Surrey Downs Clinical Commissioning Group

Since September 2018, in Surrey Heartlands STP Emotional Well-Being and Mental Health is one of the priorities of the Children's workstream.

East Surrey and Sussex (population of 1,700,000)

- East Surrey Clinical Commissioning Group

The East Surrey and Sussex STP have CAMHS located in the Partnerships Directorate.

Frimley Health (population of 750,000)

- Surrey Heath Clinical Commissioning Group,
- North East Hampshire and Farnham Clinical Commissioning Group

In Frimley Heath STP, CAMHS is part of the Integrated Care System Mental Health workstream but is currently under review. There is a possibility that in the future there may well be a separate Children and Young People's programme that will incorporate CAMHS.

The STPs are committed to working together as a system to transform public services and secure consistent, sustainable, high quality physical and mental health, recognising the need and benefits that will accrue from of joint working with the multiple partners commissioned to deliver NHS-funded care in Surrey. This aligns with the vision set out in the LTP that promotes closer links and

joint working between all organisations delivering services that are aiming to improve the emotional health and wellbeing of Children and Young People (CYP) in Surrey.

Examples of alignment within and across the STPs and included in our LTP are:

- Expanding IAPT training and principles into voluntary sector organisations
- Link Eating Disorder services with work being undertaken by Surrey County Council's Public Health department on obesity
- Further develop the CYP MH crisis services
- HOPE and Extended HOPE <http://www.hopeservice.org.uk/>
- Intensive support services for CYP with challenging behaviour
- Support and fund paediatric liaison in five acute trusts
- Support out of hospital networks e.g. CYP Haven www.cyphaven.net

Work is being undertaken to ensure further alignment between the LTP and STPs, to ensure that the emotional wellbeing of CYP is a key component of the work being undertaken in each of the STPs and is closely aligned with work being undertaken across Surrey e.g. CYP's MH is a key part of the Heartlands STP Mental Health Urgent and Emergency Care work.

Similarly, the STP engagement is complemented by the continuing engagement work that is underpinning the LTP, ensuring that this remains central to the on-going implementation and monitoring work being undertaken to deliver the desired outcome set out in the LTP, ensuring that this is also fed back and included in the work being driven by the STPs.

4. Our Transformation Journey to-date

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Our updated plan gives us the opportunity to reflect on our achievements over the past two years, asking ourselves the following questions.

4.1. What do we need?

Section 2 summarised key needs highlighted within our JSNA, with our engagement work undertaken with CYP, parents, carers and other stakeholders, identifying the need to:

- Reduce waiting times for services
- Provide evening and weekend appointments
- Make CAMHS available in a variety of different locations
- Help to reduce stigma and increase access to CAMHS; more community services that 'normalise' the access for help
- Reduce waiting times for diagnosis; in particular for eating disorders
- Improve access for diagnosis and CAMHS led support if you had ADHD, Asperger's and ASD before this became behaviours that led to school exclusion

The Plan recognises that the only way to truly address the wave of mental ill health is to achieve a cultural shift that enables the mass of our young people to thrive, not just survive. Professionals across the system need to listen to the toxic cultural issues that young people flag up to us during the course of this work and to take collective action to address these. Young people are a key part of the solution – not just on an individual basis – but also on a collective basis and in wider society.

The creativity and energy of thousands of young people across Surrey needs to be harnessed to help keep themselves and their peers mentally (and physically) well, having belief in their ability to come up with practical solutions on wellbeing related issues. Harnessing the enthusiasm and insight of young people to take practical actions through initiatives such as anti-bullying campaigns and wellbeing ambassador roles could have a deep impact for those involved in social action on a personal level and lead to positive change at a group level

The commentary and the table in sub section 4.5 below, outlines the national target for access year on year and the performance of the collaborative CCGs of the STPs

4.2. What have we done?

We began our journey of transformation for child and adolescent mental health services across Surrey, through the redesign and retendering our £13m per annum CAMH service in 2015; with this being led by NHS Guildford and Waverley CCG, on behalf of its associate CCGs and Surrey

County Council. The redesigned service model and specification were built upon previous service improvement plans, user experience and stakeholder feedback and we:

1. Appointed Surrey and Borders as the Prime Provider to deliver Mindsight Surrey CAMHS with a **seamless pathway** for specialist and targeted CAMHS ensuring:
 - a. No door is a wrong door
 - b. No referral for a child or young person will be turned away from advice and direction to support will always be given;
 - c. A single point of access to CAMH services, which enables all referrals to be immediately directed to the most appropriate of the partners in the Mindsight service. Children and young people who need CAMHS have quick and timely access to clinically effective mental health support when they need it;
 - d. Positive outcomes for children, young people and their families are achieved;
 - e. A strong focus on early identification and intervention to avoid costly packages of care across the health and social care economies;
 - f. Services are accessible to vulnerable and hard to reach children, young people and their families.
 - g. There is continued feedback on the new behaviour pathway that supports early identification, management and intervention for children with anxiety, depression and/or behaviour difficulties associated with neurodevelopmental disorders

2. Made mental health support more **visible** and **easily accessible** for children and young people by commissioning:
 - a. A telephone advice line 8-8pm weekdays and 9-12 weekends
 - b. A wide range of appointments is available to support access including Saturdays (9-12pm) and evening appointments (to be reviewed depending on demand)
 - c. On-line counselling and support

3. Enabled **parents and carers** and other family members to better support their child's mental health through access to advice when they need it through establishing:
 - a. Telephone advice on line for parents considering referral/seeking advice 8-8pm weekdays and 9-12 weekends

- b. Advice, support and guidance is available to parents/carers whose child would benefit from CAMHS but who will not engage is in place
 - c. Web based strategies
 - d. Improved crisis management support
 - e. Increased the use of evidence-based treatments with services rigorously focused on outcomes.
 - f. Adherence to the IAPT Principles in CAMHS Services: Values and Standards
 - g. Ensuring effective CAMHS psychiatric hospital liaison is in place for children and young people who have an unplanned attendance due to self-harm in partnership with acute hospitals;
 - h. Ensuring children placed in care in Surrey receive access to CAMHS.
4. Provide support to our Looked After Children (LAC) through the 3C's service, working with our CAMHS Youth Advisers and looked after children's council supported by our CAMHS Rights and Participation team to further understand and overcome any barriers to support that would improve the emotional health and wellbeing of our children in care.

4.3. What difference has it made?

This formed a solid foundation, with transformation already embedded into the contract and service model (see appendix 1 for key changes). Through the CAMHS Transformation Plan, we have made significant improvements to the crises services that are detailed in sections 5 and 6, notably:

- Eating disorders
- HOPE and Extended HOPE
- CYP Havens
- Paediatric Psychiatric Liaison
- Inpatient (tier 4) care
- Intensive Support Services

Information on the impact these services have had on CYP and their families is also summarised later in this report (section 5).

4.4. What next?

In section 6, we describe some of the other initiatives supporting CAMHS Transformation:

- Challenging stigma
- Building capability and capacity
- Perinatal Mental Health Services
- Increased Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIP)
- Youth Justice
- Unaccompanied Asylum Seekers
- Looked After Children

For each of these initiatives, we have also asked ourselves:

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

4.5. Access targets and outcomes

Nationally, by 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it. This equates to 35% of CYP with a diagnosable MH condition, based on 2004 prevalence survey. NHS Digital publish monthly reports that cover a range of fields (<http://content.digital.nhs.uk/mhldsreports>), including number of CYP in contact with mental health services, number of referrals for an eating disorder, information on contacts (e.g. number of care contacts cancelled by the patient), and access.

Access' is defined as:

- a) total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period
- b) Total number of individual children and young people aged 0-18 with a diagnosable mental health condition (i.e. the prevalence

Reporting on access has always been a challenging issue the picture in Surrey is no different to the national landscape. With this in mind, Surrey has already undertaken an exploratory exercise to investigate the ability of Providers of Children & Young People's (CYP) Mental Health Services to submit data to the CYP Mental Health Services Data Set (MHSDS).

The key measure of the access target is whether 35% of CYP with a diagnosable mental health condition are about to access evidence based treatment by 2020/21, with a target of 32% of CYP with a need accessing treatment in 2018/19.

Table 1: Access targets to CYP mental health and the performance of the Surrey CCGs as at June 2018

CCG	Total number of CYP with a diagnosable mental health condition	CAMHS Access Target % 2017/18	% Performance for 2017/18	Total number of CYP accessing CAMHS services 2017/18	Target number and (%) 2018/19	Target number and (%) 2019/20	Target number and (%) 2020/21
Target	-	30%	30%	-	32%	34%	35%
East Surrey	3248	30%	33%	1068	1039 (16.6%)	1104	1136
Guildford and Waverley	3409	30%	30%	1030	1090 (14.1%)	1159	1193
North East Hampshire and Farnham	-	30%		397	-	-	-
North West Surrey	6052	30%	32%	1926	1936 (12.3%)	2057	2118
Surrey Downs	2697	30%	54%	1460	863 (30.6%)	917	944
Surrey Heath	1610	30%	30%	488	515 (15.6%)	547	563

To this end all Surrey CCGs are working closely with their current provider and their partner organisations to robustly capture data flows, understand gaps in workforce and improve access targets and outcomes. The CCGs recognise that whilst NHS and Local Government providers are well placed to submit monthly data, they do need to support in mapping their data to the MHSDS standard as well as technical advice on submission process. However, non-NHS and 3rd sector organisations need a greater level of support. This support is being commissioned from an external agency providing health care intelligence solutions to,

- Gather a summary conclusion on the issues for providers of Children & Young People's Mental Health, Learning Disability and Autistic Spectrum Disorders services ability to submit to the Mental Health Services Data Set
- Scope out best way forward with respect to monthly submission routes, explore viable options and make recommendations.

Keeping in mind that the main obstacle for non-NHS providers is the absence of a health and social care connection (HSCN), the provider has outlined a number of options. The Virtual Private Network (VPN) option with access to HSCN has been identified as the preferred option and is being progressed through relevant contracting processes.

The provider is in discussions with the various organisations to understand their positions on commencing data flow into the MHSDS. It is anticipated that all statutory and non-statutory service providers should be able to flow data by the end of this year.

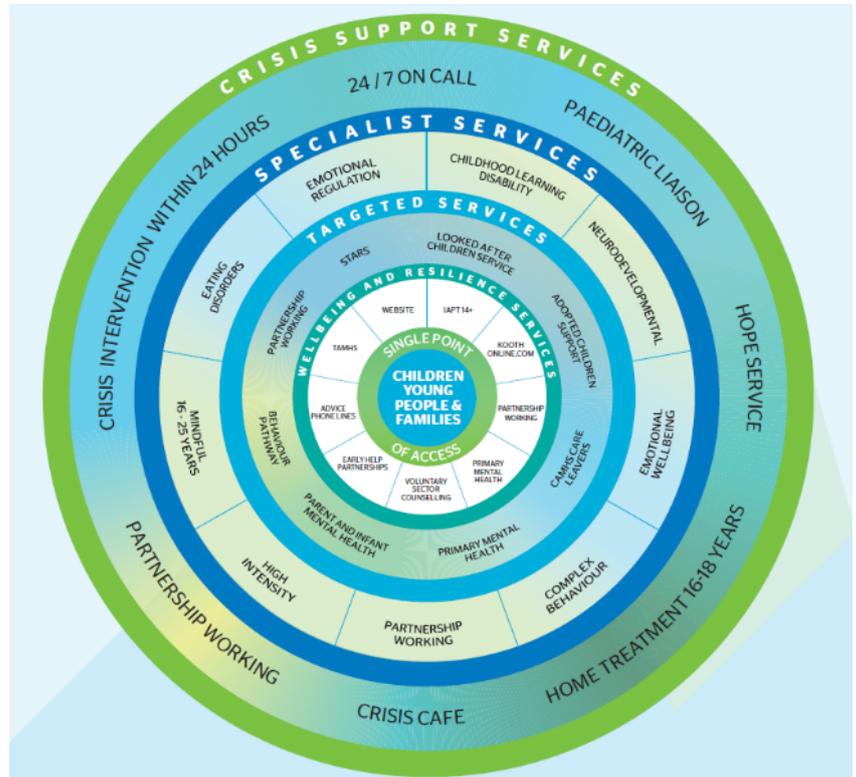
5. Crisis Care – developing the ‘crisis umbrella’

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

5.1. What do we need?

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



5.2. What have we done?

As only the second county in England to have developed their all age crisis concordat multi agency declaration and action plan in 2014, Surrey has been at the forefront of transforming crisis care for mental health. We have used CAMHS transformation investment to expedite these plans, including joint work with Surrey County Council extend a number of services, including HOPE extended HOPE; as detailed in this section.



5.3. What difference has it made?

We have commissioned a number of services as part of the overarching umbrella of support services that we are developing and the differences they are starting to make are listed throughout this section.

5.4. What next?

- We are reviewing the success and learning from our extended HOPE service and are using the transformation funds, together with Surrey Council funding, to build a recurrent model.
- We are building upon outreach support from HOPE to establish an accessible home outreach assessment, advice and treatment service.

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

5.5. HOPE and Extended HOPE

a) What do we need?

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

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

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

b) What have we done?

Extended HOPE now provides a team including Nurses and Psychiatrist to offer consultation, assessment and intervention 5p.m. to 11p.m 7 days a week with positive interface with the HOPE Service operating Monday to Friday 9a.m. to 5p.m. This allows seamless care and rapid response to children, young people, families, carers and professionals 7 days a week, with excellent communication and handover between the 2 services. This has meant outreach can be provided in a needs-led way, as opposed to service led. There have been occasions when young people have required daytime and evening visits on the same day to reduce risk and allow progress within the community. All staff in HOPE and Extended HOPE have had the opportunity to train in

dialectical behaviour therapy as whole teams and reflect on learning and approaches to young people within the Day Programme and those staying in respite beds. Staff have also received training in cognitive behaviour therapy and systemic family therapy

We have commissioned **two crisis/respite beds** for stays of up to 10 days where children and young people can be cared for by a team of residential workers with support and consultation with mental health nurses. In July 2017 the HOPE service received a rating of 'OUTSTANDING' from Ofsted noting the person centred approach and positive feedback from those who have received a service. Since May 2016 to date more than 100 young people have stayed in the crisis/respite beds. HOPE Day Programme with access to a multi-agency team of professionals has been offered to all young people whilst staying in the respite beds and where needed on-going support has been offered for up to one year within the day programme. We have been able to commission the making of a film involving young people and their families to promote and inform about the services we offer. We have also met with and shared learning with many other authorities.

c) What difference has it made?

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

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

Reduction in risk and strengthening of protective factors for young people whilst they are able to remain in their own communities.

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

Whilst, the HOPE Service was awarded the Care Excellence Award at the beginning of 2017, the Extended HOPE Service was also the winner of the Crisis Services Award at the National Children and Young People Mental Health Awards in the same year. Additionally, the HOPE service <http://www.hopeservice.org.uk/> also received very positive feedback and was rated 'OUTSTANDING' by Ofsted in 2018.

d) What Next?

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

From September 2017, the HOPE Day Programmes will start to offer skills workshops facilitated by staff who have completed the second part of dialectical behaviour therapy training. In the future there will be consideration to whether larger premises can be sourced and funded to provide more space and accommodation for staff and children and young people using the service.

5.6. Children and Young Person's Haven (CYP Haven)

a) What do we need?

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

b) What have we done?

The CCG, along with its partners, therefore worked with their partners and CYP to develop a model that would best meet the identified needs, enabling CYP to access support at an early stage and ideally avoid the need for more intensive medical support. Engagement with CYP was undertaken to help develop ownership and to agree the name, logo and opening hours; this being the Children and Young Persons' Haven (CYP Haven). This engagement exercise also highlighted a clear wish from children and young people to have more peer mentoring as part of recovery support available to them, with this being seen as having been successful in supporting dis-engaged and isolated young people to re-engage with services and recovery. Peer mentors are trained and use a strength and goal based approach, and work with children and young people on their level, and through their knowledge and experience as 'experts by experience', and with an emphasis on the young person's perspective, and advocacy, rather than a best interest approach.

The service model was therefore developed to include:

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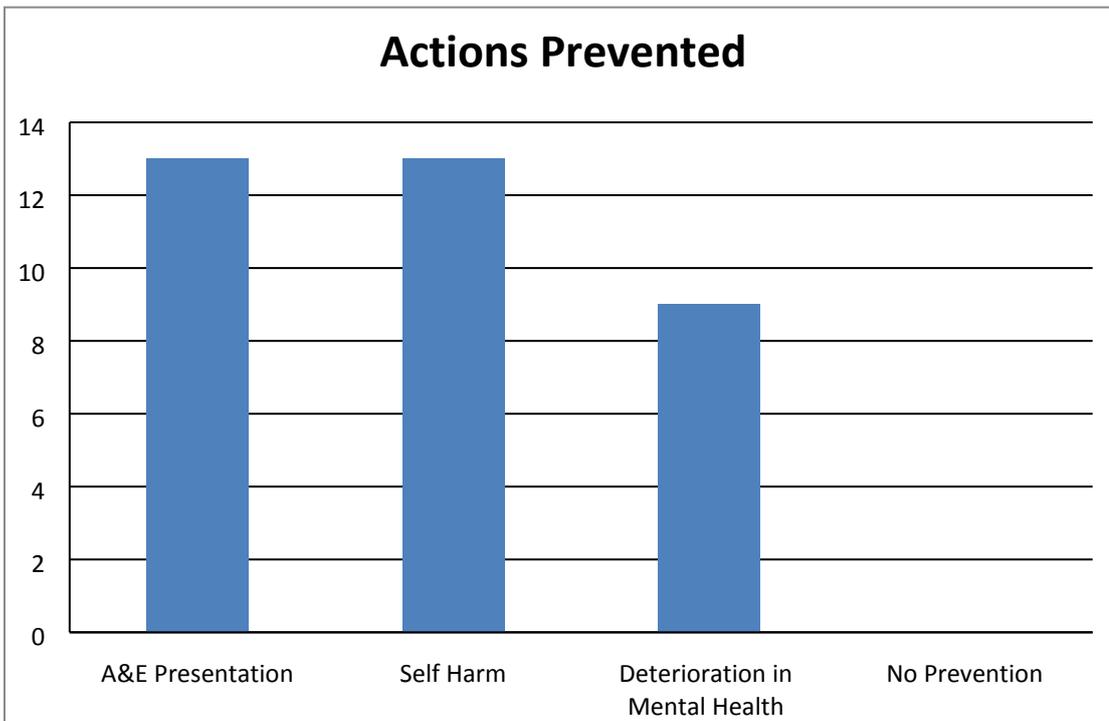
- a senior peer mentor
- a specialist CAMHs nurse
- a youth support worker.

The first CYP Haven opened in Guildford in May 2017 and we have now opened a further 3 Havens across Surrey. These Havens located at Epsom, Staines and Redhill have become national news for their good practice and received awards nationally for their work.

c) What difference it has made?

An initial audit of the first 60 CYP who attended the CYP Haven after it opened, was very positive and suggested that it has prevented the actions shown in chart 1.

Chart 1: Reported actions prevented



Source: Survey of CYP attending the CYP Haven

In addition, the following brief statements from CYP attending the CYP Haven, explain in their own words, what difference it has made to them:

“the haven is a chilled place which has helped me a lot in my struggles in my mental health”

“It’s a good place to go when I feel low.”

“Helpful and welcoming”

The following are a number of statements from parents on what difference the service made for them:

“We got immediate support for our daughter when she was in crisis. We had been trying to get help for her for 2 years.” (You may want to edit that!)

“The help we received at the haven was great. M felt comfortable straight away and asked to go again.”

“Love the Haven, Great team”

“Friendly group, made us welcome.”

d) What next?

We have recently opened our latest and 4th haven in Staines. This enables us to cover a wider geography, reaching greater number of CYP from across Surrey. We have also continued to work with a local college to joint funding one of the CAMHs nurses, enabling the provision of greater support within the college and improved links with the existing support services including CAMHs. The CYP Havens will also seek to support CYP who are transition to Adult Services; supporting young people develop relationships with the [Adult Havens](#) by slowly introducing them with supported visits and a robust care plan.

5.7. Paediatric Psychiatric Liaison in Surrey’s acute hospitals

a) What do we need?

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

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

b) What have we done?

12 We have provided funding for each of the five acute hospitals in Surrey:

- Ashford and St Peter's NHS FT
- Epsom and St Helier University Hospitals Trust
- Frimley Health Foundation Trust NHS FT
- Royal Surrey County Hospital
- Surrey and Sussex Healthcare NHS Trust – East Surrey Hospital

This funding enabled them to each recruit two additional nurses for their paediatric wards. Our local CAMHs provider (Surrey and Borders Partnership Trust) agreed to provide access to their training courses for these new staff. The CAMHs Youth Advisors (CYA) are working with the acute trusts in order to help ensure that the CYP and parent/carer related outcome measures reflected the needs of CYP, as well as providing additional training for the ward staff. This new service also links with the existing CAMHs crisis support service and the adult Psychiatric Liaison services in each of the five hospitals.

c) What difference it has made?

Feedback from the first Trust to start this, has been very positive, reporting strengthened operational links and communications with CAMHs, with this leading to improved services for CYP, together with better and quicker discharges.

d) What next?

Most of the acute trusts have recruited to these posts and we hope that they will all be fully staffed by the end of December 2017. We are working with them to developing a common service specification for Surrey that can be used as the baseline for our county that:

- Supports staff to understand and manage inpatients with mental health and learning disability linked behavioural issues
- Improves training and support for acute unit staff working with CYP with mental health (MH) and learning disability (LD) needs
- Improves the management of care for CYP admitted to inpatient wards
- Ensures safe discharge for every CYP presenting with a mental health and LD issues
- Supports the workforce plan to deliver a competent and appropriately skilled workforce capable of delivering these services
- Mandates training of new and existing A&E staff to attend the 'Upload training' delivered by young people from CYA that aims to change perspectives, practice and culture, promoting

a positive awareness of the emotional journey experienced by young people who access mental health services, where professionals experience what it is really like to be 'on the other side'

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

5.8. Inpatient Commissioning - Tier 4

a) What do we need?

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

b) What have we done?

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

- Working with our local area, NHS England team to utilise learning from past inpatient placements to inform placement practice and manage risk.
- Enhancing support offered by community based services by co-commissioning with NHS England regional team home treatment outreach service
- Being ready to repatriate commissioning of tier 4 through direct or co-commissioning with NHS England
- Enhancing our local crisis care services as above to pilot care pathways that actively reduce the need for inpatient care and/or reduces lengths of stay successfully
- Proactively learn from other models of intensive tier 3 and tier 4 service delivery for both psychosis and eating disorders

c) What difference it has made?

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

d) What next?

We have supported a bid, led by Surrey and Borders Partnership NHS Foundation Trust, to establish delegated commissioning responsibility, from NHS England Specialist Commissioning that will enable the delivery of a locally co-ordinated Tier 4 service across Surrey, Sussex and Kent. Subject to approval by NHS England, this collaboration would have mobilised in the Autumn of 2018. However, the collaboration has been delayed and we await further directions.

5.9. Children's Intensive Support Service (CISS)

Children and Young People with a Learning Disability, autism and challenging behaviour often struggle to access the health and social support services they need. This year we commissioned an Intensive Support Service specifically designed to support this group of CYP and their families. This service has already benefited over 40 families to date.

a) What do we need?

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

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

b) What have we done?

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

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

c) What difference it has made?

The service is in the process of being commissioned and therefore whilst can't what difference it has made, we can set out what difference we expect to make, with this to deliver:

- improved health outcomes including in behaviour for those with moderate to severe learning disabilities, including those with autism by using outcome focused interventions
- improved outcomes for their families by providing early intervention, at times of challenging and escalating behaviours
- maintaining CYP in their home, or local community provision in order to help increase emotional health and wellbeing, thereby aiming to decrease behavioural difficulties
- Provide support to help navigate these CYP to mainstream health services in order to ensure that their needs health are met

d) Increased demand on the CAMHS system

Demand for some mental health services for children and young people in Surrey has significantly increased during the past year, resulting in some children and young people experiencing lengthy waits for routine assessments and appointments for CAMHS Community Services and the Behavioural, Emotional and Neuro-developmental Service. These services are part of Mindsight Surrey CAMHS which is run by Surrey and Borders Partnership NHS Foundation Trust and commissioned by the NHS Clinical Commissioning Groups across Surrey and by Surrey County Council.

Surrey and Borders Partnership, working in collaboration with the NHS Clinical Commissioning Groups across the County and Surrey County Council along with a representative from the school sector made the decision to take urgent action to ensure children and young people do not experience further delays for assessment. We needed to respond differently as a system to meet the needs of children and young people with emotional, wellbeing and mental health needs; and identified five priorities as part of the CAMHS Interim plan.

1. Self-management and better support to referrers.
2. Clinical advice and guidance
3. Improved access to early help
4. Addressing waiting list
5. Improved discharge and shared care.

Joint Independent Review

Alongside the CAMHS Interim Plan, the Surrey CCGs, SCC and SABP jointly commissioned an independent review of BEN, Community CAMHS team and primary mental health services with a view to developing this into a sustainable model. The review was also tasked to address the six key lines of enquiry and make recommendations. In July 2018, the Joint Independent Review reported against the six key lines of enquiry and made a number of short-medium and long term recommendations.

CAMHS Workshop

A workshop was held on 13th September 2018, for system partners to consider the plan going forward post 16 weeks as well to implement the recommendations of the Joint Independent Review.

Next steps

- Take forward the actions arising from the CAMHS Workshop and the Joint Independent Review in developing the Plan on a Page for formal approval through respective governance processes.
- Develop a Communications plan for stakeholders.
- Complete Evaluation of the CAMHS Interim Plan.
- Business plans for approval through appropriate governance routes for LCS for shared care regarding young people with ADHD.

5.10. Community Eating Disorder Service (CEDS)

a) What do we need?

To meet the National Institute for Health and Care Excellence (NICE)-concordant guidelines stating that:

- treatment should start within a maximum of 28 days from referral.
- assessment must be within 15 days for routine referrals and within 5 days for urgent referrals.

Research has also shown that the best prognosis requires CYP with eating disorders to be treated within first 3 years of presentation of illness, with weight gain within first four weeks of treatment predicting best outcome. Research has also supported the use of FBT as an additional evidence-based therapy for the treatment of eating disorders in adolescents; therefore services need to train their staff.

b) What have we done?

Historical limitations on staffing resources had led to a model that restricted access to care, resulting in many CYP having more entrenched eating disorders by the time they were seen and this resulting in a poorer prognosis. The increase in staffing from 2.3 whole time equivalents to a team of 17 has resulted in:

- an increased number of assessments
- more outreach work
- increased clinical contact
- a greater number of evidenced based treatment options
- an increase in the recording of outcomes.
- a reduction in tier 4 admissions

The adoption of an Enhanced Pathway entirely devised by CEDS to manage potential tier 4 CYPs to reduce hospital admissions provides intensive support to young people requiring Tier 4 admission or intensive support following tier 4 discharge; with 88 young people treated on the Enhanced Pathway since April 2016. This has:

- reduced hospital admission rates - 32 avoided a specialist eating disorders inpatient admission
- enabled young people to be discharged from hospital sooner
- reduced re-admission rates following discharge

The CEDS have also responded effectively to the introduction of the Access and Waiting Times Standard (NHS England 2015) by accepting self-referrals and referrals from any professionals (not just from GP’s), thereby improving and increasing access to the service. It may also be worth noting that all treatments offered by CEDS to young people/families since 1st April 2015 are NICE concordant. As a consequence of the AWT standards and response by CEDS, referrals are also made by the ‘Onestop’ referrals team, for suspected eating disorder at any weight (including self-referrals).

Chart 2: CYPS Eating Disorder waiting times – urgent referrals

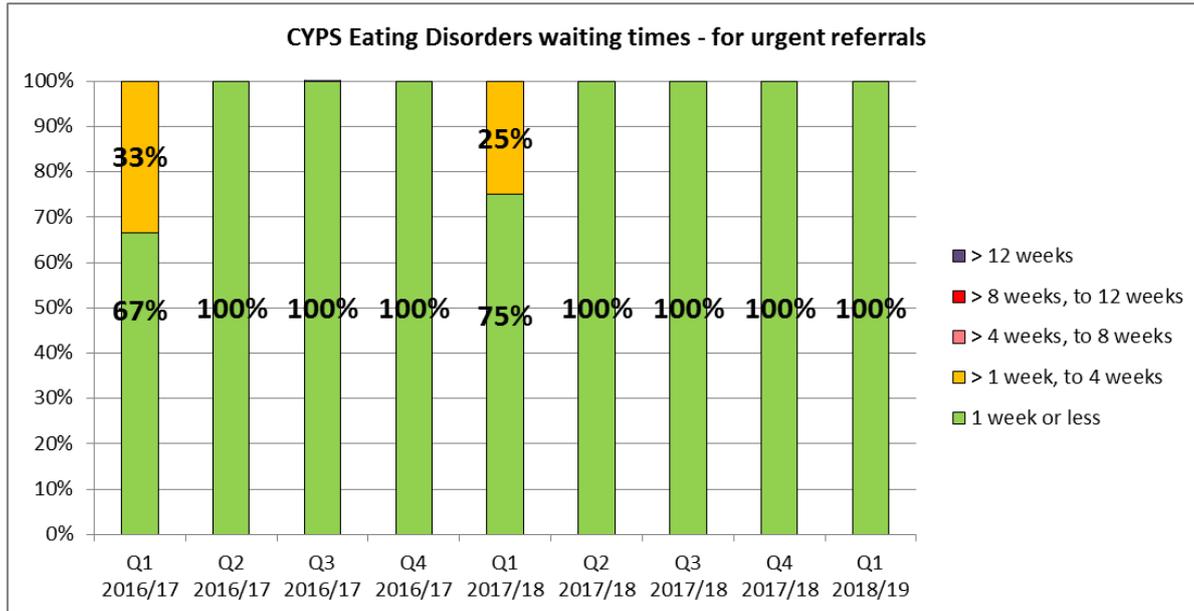
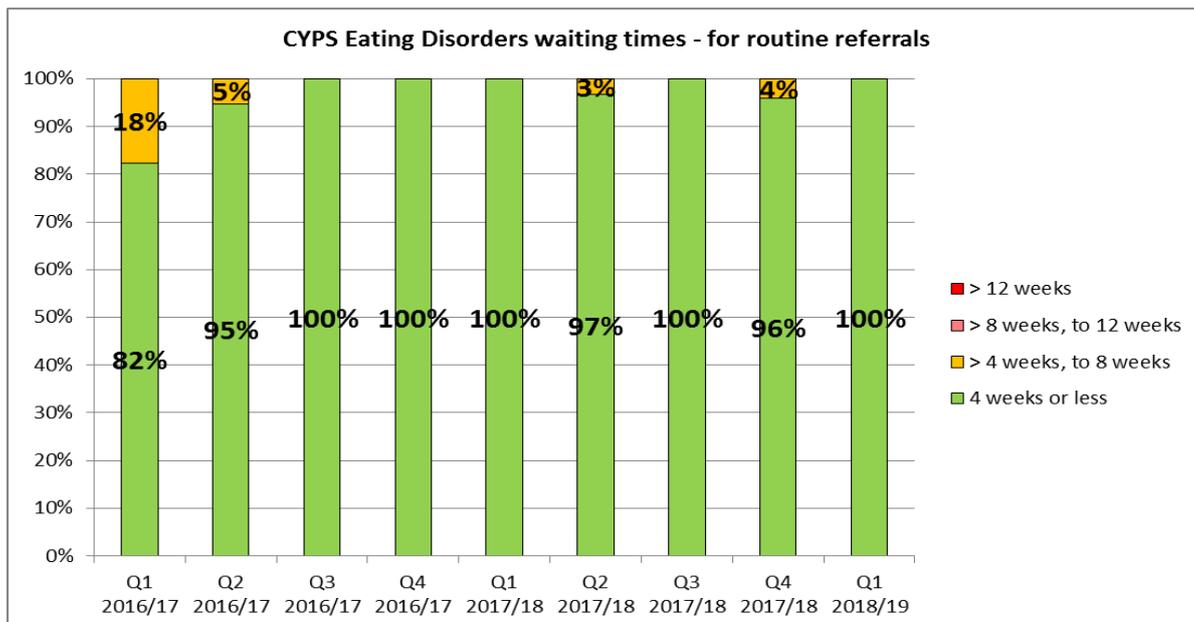


Chart 3: CYPS Eating Disorder waiting times – routine referrals



There were 5 urgent referrals to our Children and Young People Eating Disorders service where the child or young person started NICE-approved treatment in Quarter 1. All of these urgent

referrals started treatment within one week. The average waiting time for urgent referrals was 3.6 days and the maximum waiting time was 6 days.

- There were 30 routine referrals where the child or young person started treatment in Quarter 1 and all of these routine referrals started treatment within 4 weeks. The average waiting time for routine referrals was 9.8 days and the maximum waiting time was 15 days.

Table 2: Achievement of waiting time standards by CEDS

		Urgent referrals													
		0-1 weeks	1-2 weeks	2-3 weeks	3-4 weeks	4-5 weeks	5-6 weeks	6-7 weeks	7-8 weeks	8-9 weeks	9-10 weeks	11-12 weeks	12+ weeks	Total	% waiting 1 week or less
Completed pathways	NHS Guildford and Waverley CCG	1	-	-	-	-	-	-	-	-	-	-	-	1	100
	NHS North West Surrey CCG	4	-	-	-	-	-	-	-	-	-	-	-	4	100
Total		5	-	-	-	-	-	-	-	-	-	-	-	5	100

		Routine referrals													
		0-1 weeks	1-2 weeks	2-3 weeks	3-4 weeks	4-5 weeks	5-6 weeks	6-7 weeks	7-8 weeks	8-9 weeks	9-10 weeks	11-12 weeks	12+ weeks	Total	% waiting 4 week or less
Completed pathways	NHS Guildford and Waverley CCG	1	4	2	-	-	-	-	-	-	-	-	-	7	100
	NHS North East Hampshire and Farnham CCG	1	4	-	-	-	-	-	-	-	-	-	-	5	100
	NHS North West Surrey CCG	3	3	1	-	-	-	-	-	-	-	-	-	7	100
	NHS Surrey Downs CCG	2	7	-	-	-	-	-	-	-	-	-	-	9	100
	NHS Surrey Heath CCG	-	2	-	-	-	-	-	-	-	-	-	-	2	100
Total		7	20	3	-	-	-	-	-	-	-	-	-	30	100
Incomplete pathways	NHS Guildford and Waverley CCG	-	1	-	-	-	-	-	-	-	-	-	-	1	-
	NHS Surrey Downs CCG	-	1	-	-	-	-	-	-	-	-	-	-	1	-
Total		-	2	-	-	-	-	-	-	-	-	-	-	2	-

CEDS undertook the following steps to ensure AWT standards:

- Maintained the increased number of weekly assessment slots at five, embedding two urgent assessment slots into the timetable

- All senior staff have been fully briefed on the actual waiting times standards for self-referrals, as these are slightly different, and have appraised junior staff
- Our Service Manager and clinical team liaise regularly with OneStop (our single point of access for our children's services) to ensure that they allocate within the 24-hour timeframe also.
- Developed a care pathway referral flowchart to support the OneStop triage process
- The CEDS staff have attended the Access and Waiting Times national training programme throughout 2017. There are plans for Multi-Family Group Training, CRT, MANTRA and AFT training throughout the year.
- Have a clear system in place to respond to all referrals in a timely way.
- Communicated with CAMHS colleagues about ensuring that they notify the Children and Young Persons Services Eating Disorders service as soon as they detect an eating disorder and that they consult the team before making a referral.
- Revised the CAMHS/EDS/HOPE Interface document to ensure that all transitions between services are completed within 3 months.
- Continued to increase our therapy staff to meet the NICE requirements
- The whole team has undergone the Family Based Therapy (FBT) training so that we can offer this (NICE Concordant) family based therapy
- Developed an Enhanced Pathway to be able to rapidly respond to young people who are tier 4 indicated in order to prevent admissions where possible. We expect to be working much more closely with the Tier 4 Units in 2018 to ensure that admissions are as succinct as possible. We hope to be able to use the funding from the New Care Models work to recruit 4 additional junior staff to further enhance the Enhanced Pathway Team

c) What difference has it made?

The service now delivers the following as illustrated below:

- 14.6 days average waiting time for assessment of routine referrals
- 3.86 days average waiting time for urgent referrals
- 100% of routine referrals have started NICE-concordant treatment (FBT, FT, CBT) within 28 days and
- all staff have had training in Family-Based Treatment (FBT) of eating disorders.

Chart 4: Urgent referrals starting treatment within 1 week

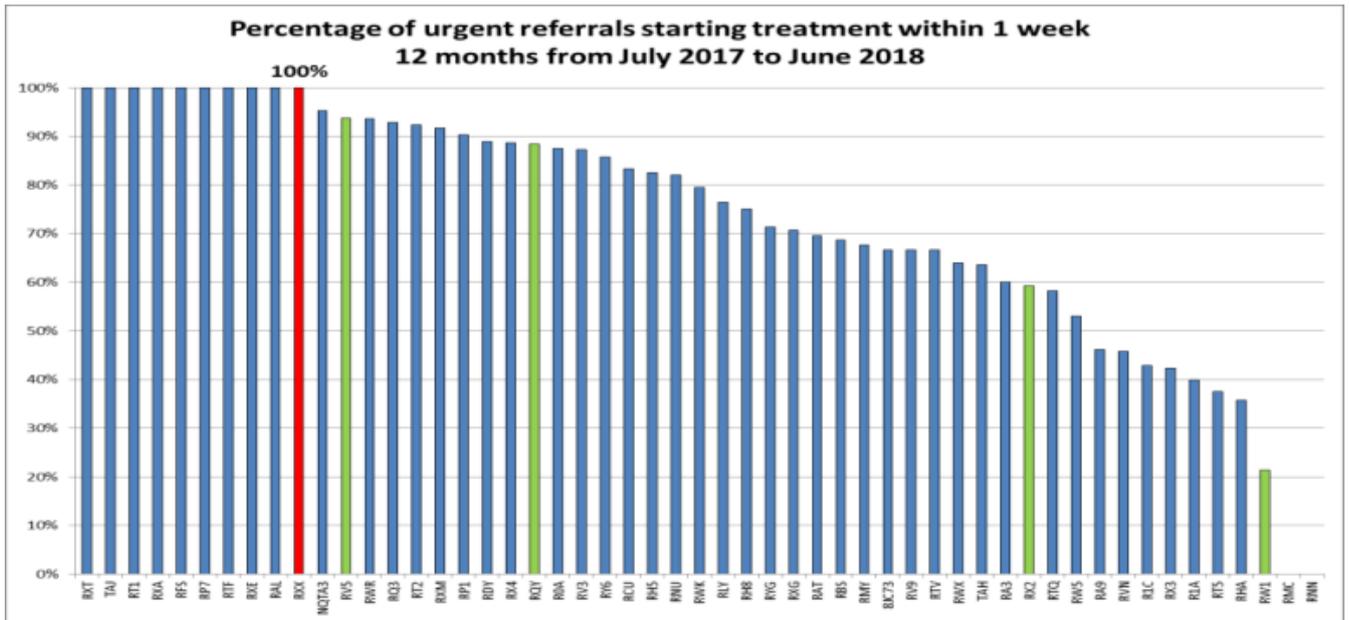
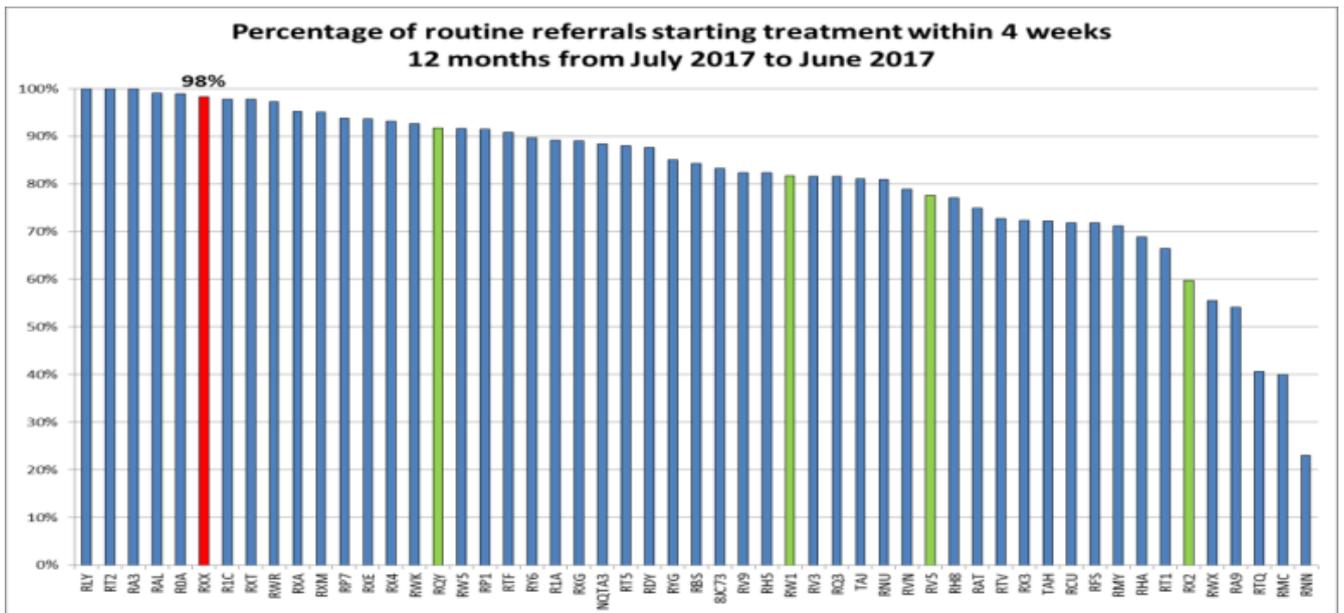


Chart 5: Routine referrals starting treatment within 4 weeks



The published provider-level figures cover a 12 month period and the most recent figures are for the period July 2017 to June 2018.

- There were 20 urgent referrals to our service where the child or young person started NICE-approved treatment in the period July 2017 to June 2018 and all of those people started treatment within one week.
- There were 117 routine referrals where the child or young person started treatment in the period July 2017 to June 2018 and 98% of those people started treatment within 4 weeks. Two people waited more than 4 weeks.

- Our performance against the urgent and routine waiting times standards was better than other providers in our local peer group (see green columns on charts) and better than most other providers in England.

Direct feedback from a number of children, young people and their families demonstrates the improvements that have been made through the following quotes:

“We were from day 1 left in no doubt as to the seriousness of Anorexia. We feel fully educated in the illness. Our daughter was listened to sympathetically and genuinely helped by all involved.”

“The support and understanding and being taught how to help our daughter when we had no idea what to do.”

“Everyone I came into contact with was so helpful in my daughter’s recovery.”

“The support group for parents/carers was informative and helpful to support through a difficult period.”

“Being able to talk to my child with an expert in the room facilitated conversations that would have been otherwise impossible.”

“The knowledge to educate us regarding the eating disorder was perfect. The parents group was an excellent opportunity to see how others are affected.”

“My keyworker made me feel safe and comfortable at a time when I felt alone, attacked and angry. She let me open up without feeling judged and brought such positive energy which made me realise I actually wanted to recover.”

“It helped me stay out of hospital and turn my eating disorder around.”

“All the help I have received has been extremely helpful. I feel they really listened to and cared and helped me get better, healthy and happy again. The work/care I received was appropriate.”

d) What next?

Work continues in improving the consistency and quality of eating disorders services, providing new and enhanced community and day treatment care, ensuring that staff are adequately trained and supervised in evidence-based treatment and effective service delivery in order to ensure the best use of inpatient services.

6. Other Transformation Plan Priorities

This chapter summarises the key schemes for Surrey, together with the engagement work that has and will continue to be undertaken.

6.1. Challenging stigma

a) What do we need?

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

b) What have we done?

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

We have worked closely with CYA to involve them in the current work streams, together with the new projects that are underway. One such example is the new Young Person's Haven that opened in May 2017 and has been heavily shaped by the consultations that have been undertaken by CYA. The consultation exercises that CYA undertook, helped ensure that the CYPs Haven would meet the needs of young people and their families and will help ensure ownership, including agreeing the name, branding, opening hours, communications and decor. We have also commissioned a senior supervisor from CYA, to be part of the CYP's Haven staff to provide peer mentoring for CYP attending the CYP's Haven.

Surrey also offer 'Everybody's Business' training; an interagency basic child and adolescent mental health awareness for staff and volunteers who work directly with children and young people. This is a two day course which aims to increase mental health awareness for front-line staff and volunteers, improving access to mental health advice and support for children and young people across Surrey. To-date 176 people have attended the course. In addition to CYA and 'Everybody's Business' training, Surrey has a cross-sector alliance which recognises Surrey's challenge to change the stigma surrounding mental health problems. The alliance was established after engaging with individuals, groups and organisations in 2012, who told us more needs to be done to tackle the issue, with Surrey County Council being the first County Council in England to sign up to the national Time to Change pledge, to ensure we challenge stigma across Surrey.

c) What difference have we made?

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

d) What next?

- Working with CYA to expand their 'CYA in Schools' programme; a project aimed at reducing stigma and raising awareness of mental health. It includes explaining what mental health is and how CAMHS and CYA can help; exploring common myths, telling their own story of having mental health conditions and explaining how CAMHS can help.
- Working with CYA to review commissioned services against the young people mental health participation standards
- We will co-design and commission with CYA, young people mental health advocacy service models
- Increase the number of professionals from the voluntary, community and faith sector attending everybody's business mental health training for universal services; this includes health visitors, school nurses, allied health professionals and GPs
- All mental health providers are asked to mandate their staff to attend 'Upload training' delivered by young people from CYA. This training aims to change perspectives, practice and culture, promoting a positive awareness of the emotional journey experienced by young people who access mental health services, where professionals experience what it is really like to be 'on the other side'

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

a) What do we need?

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

However, in April 2017, a national reduction in the Public Health grant and the Council's obligation to reduce spending across services commissioned and delivered by the Council, included a 11% reduction in the budget funding till 2020 in the Integrated Healthy Child Programme (0-19) service. Surrey County Council are working with the provider to effectively manage the reduction in workforce and identify innovative ways to deliver the healthy child programme in Surrey.

b) What have we done?

The increase in HV numbers has resulted in delivery of the universal elements of the Healthy Child Programme in particular more new birth visits completed within 14 days, improvement in the percentage of completed 2-2.5 year reviews and the percentage of mothers receiving a maternal mood review by the time their infant is 6-8 weeks old. The proportion of maternal mood reviews completed by the time a child is 6-8 weeks of age varies across Surrey from 40-90%. Health Visitors are key to supporting the maintenance of breast feeding which can help with early attachment. They also link and refer to services and groups at children centres that can help mothers access the support they require in the early days of parenting.

Babcock 4 S and CAMHS have delivered Targeted Mental Health in Schools (TaMHS). The Surrey TaMHS offer takes a whole school approach, focusing upon mental health awareness and attachment training. Currently there are 320 (82% of maintained and academy) schools engaged in the TaMHS approach. Between December 2014 and July 2015, engagement has risen by 19%. Whilst this shows really good engagement this demonstrates that there is demand for further support to schools to increase capability.

Surrey hosted a mental health and education conference to support schools to promote resilience and mental health through PSHE lessons, safeguarding work, their 'prevent' agenda and pastoral

care systems. The conference aims to reduce risk and increase protective factors and resilience, as well as enabling practitioners and schools to work together to share best practice.

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

c) What difference it has made?

We want to ensure that all mothers and their children receive the support they need to maintain good emotional mental health and wellbeing. The variation in maternal mood assessments will continue to be addressed through Surrey's Community Health Providers. Sign posting and support for mothers, from the outcome of this assessment can then be further improved. All 391 maintained and academy primary, secondary and special schools, colleges and 20% of independent schools are active participants in the Surrey TaMHS approach, with teaching and non-teaching staff confident and better equipped to support children and young people effectively.

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

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

d) What next?

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

- Close working with public health regarding improving training and advice on mental health for health visitors
- Working with Surrey County Council Area Education Officers to support schools to enhance their emotional wellbeing and mental health offer to children and young people as well as promote good practice

- Working to support schools develop and expand their SEND local offer to include organisations who are accredited through the ACE –V.
- Match fund with school’s additional mental health training focusing on evidence based classroom interventions.
- Schools identify a named strategic mental health lead to develop whole school approaches with an operational mental health leads who would be responsible for mental health in schools, signposting to expertise and support where concerns about individual children and young people could be discussed and to identify issues and make effective referrals.

6.3. Perinatal Mental Health services

a) What do we need?

Universal services work with women in the perinatal period and some roles and pathways have been developed to respond as a priority such as IAPT services. The CCGs and Council jointly commission a parent and infant mental health service to support expectant parents and parents working with health visitors. Additionally, we have Family Nurse Partnership working closely with midwives in maternity services. However, we recognise that there is no dedicated local specialist perinatal mental health services commissioned in Surrey and are planning to access the transformation funds in order to establish a Perinatal Mental Health service in Surrey.

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

b) What have we done?

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We have established a Surrey network for perinatal mental health services, managed by a coordinating board of professionals, commissioners including NHS England specialist commissioning, managers, and service users and carers. This network provides:

-
- Input from each of the county that make up ensuring seamless
 - A clear pathway protocols primary healthcare involved in during postnatal access, specialist treatment from a specialist perinatal mental
 - Specification for the commissioning of a local perinatal psychiatrist and community perinatal mental health nurse service for the county which provides direct services, consultation and advice to maternity services, other mental health services and community services
 - Perinatal training strategy for the workforce involved
 - During 2015 we allocated CAMHS transformation money to establish the network and a bursary was successful for training of a psychiatrist to specialise in perinatal work
 - We are working with our commissioning and provider leaders in maternity, mental health and paediatric services to further develop the network and establish agreements over the administration and coordination of this network.
 - The network continues to implement the development plan with key tasks and milestones.
 - Bids were submitted to the wave 1 central money for community specialist mental health services. East Surrey and NEHF CCGs were successful through the Sussex and East Surrey and Frimley STP bids Surrey Heartlands bid was not successful and so will bid in wave 2 in autumn 2017.
- different elements across our the whole clinical pathway integration and a experience is designed integrated care with referral and management so that all and secondary professionals the care of women pregnancy and the period know how to advice, assessment and preventative level up to health in-patient admission

c) What difference has it made?

The network has brought together key partners across the system and this will enable us to agree a model that best meets the needs in Surrey. The East Surrey service is due to be initiated in September and NEHF service has gone live and will be contributing to increasing the number of women accessing the services.

d) What next?

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

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

a) What do we need?

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

b) What have we done?

To date, we have supported a total of ten staff from both statutory and voluntary organisations attend a range of courses, including cognitive behavioural therapy (CBT), counselling and supervision. A steering group was set up to support this process, enabling the sharing of learning and issues arising from the programmes. In September 2017, a major workshop brought together staff from across the system, including the voluntary sector and SCC. The workshop enabled professionals to share their experience, what they have learnt from the training and how to embed the use of outcome measures in therapeutic sessions with CYP. This formed the first part of the IAPT work programme detailed in appendix 3.

c) What difference has it made?

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

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service
- Provide evidence-based practice and are flexible and adaptive to changes in evidence
- Are committed to raising awareness of mental health issues in children and young people, and are active in decreasing stigma around mental ill-health
- Demonstrate that they are accountable by adopting the rigorous monitoring of the clinical outcomes of the service, and
- Actively work to improve access and engagement with services

d) **What next?**

In order to further our ambition for collaboration, participation and engagement with this programme, we have agreed an over-arching IAPT programme for Surrey, that that will promoting and **accelerate** the implementation of the IAPT principles across our multiple stakeholders over the next three years. This will further support our aim of raising the profile of children's services, aligning partners and pathways and delivering more effective and evidence based interventions for our children and young people. We are working with our commissioning colleagues in Sussex, to share learning, implementation and best practice, as this shared learning will help ensure that the implementation addresses the varied needs of our Children and Young People e.g. Looked After Children (LAC), under 5s, Learning Disabilities LD etc. In order to deliver this, we have set out a detailed programme of work (see Appendix 3).

6.5. **Early Intervention in Psychosis (EIP)**

a) **What do we need?**

In Surrey we have a well-regarded EIP services that is commissioned within the adult mental health services contract, held by Surrey and Borders Partnership NHS Foundation Trust (SABP). We are pleased to state that in Surrey we are ahead of developments, with the Surrey CCGs investing in both 2015/16 and 2016/17 into the EIP service in order to increase the numbers of workforce in the service and access training on CBT Assessment and Formulation, Family Therapy, and CALMS assessment tool training to develop the workforce. In 16/17 the service also expanded their age range so that now the service is compliant with the national requirement of up to 60 years of age.

We have remained committed to this service past the NSF mandate and have seen very positive outcomes for the people that have used the service. The service is currently for people from 14 – 35 years of age and offers a multi-disciplinary team of psychiatrist, psychologists, nurses and

therapists. Surrey is well represented on the Regional Programme Preparedness Board and work continues on aligning the EIP data across CCGs for reporting on the access and wait standards.

b) What have we done?

The Surrey CCG Collaborative hosted a local workshop on EIP Preparedness, providing an overview on Surrey's position in regional preparedness around dataset development and what the self-assessment matrix indicated were our staff challenges in reaching accreditation as a NICE compliant service.

We agreed to utilise our allocation by investing in increasing the staff against the gaps identified from the matrix, ensuring that all staff were trained to the required level and to gain accreditation as a service. The extension of the age access to the service is something that in Surrey we agreed to develop gradually and build from a position of learning and evidencing as we go with the exploration of models of service delivery for this.



Working with Adult mental health commissioners and stakeholders, we have identified and agreed some key improvements and set these out with timescales to be achieved over the next year. These have been set out in a service development improvement plan that is a formal schedule of our adult mental health trust's contract with the CCG's across Surrey. The contract will be monitored on a monthly basis by the CCG's. There will also be twice yearly stakeholder workshops to review the progress and achievements.

c) What difference it has made?

The specialist Cognitive Behavioural Therapy for Psychosis (CBTp) training commenced in September 2016 and is 2 years in length and so was completed September 2018 and delivered improved evidence based services to CYP in Surrey.

d) What next?

The 2017/18 target of delivering the NICE recommended packages of care within 2 weeks of referral for 50% of those diagnosed is being exceeded across the Surrey CCGs; therefore work will continue in order to further improve this. The automated data submission commenced in April and work continues with NHSE to ensure this develops and is validated.

6.6. Youth Justice

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a) What do we need?

We need to ensure that the over-arching strategy, designed to commission a range of inclusive services designed to support all children and young people (CYP) experiencing mental health issues, includes the provision of early support to CYP who may have mental health issues and who are on the verge of entering the youth justice service.

The Surrey CCGs Identified as high risk group Young People in the Justice System. 'Any behaviour that breaks the law and that comes to the attention of the Youth Justice Service is deemed as an offence. About 60% of Young Offenders who are in a secure setting have an EWMH problem, with some may also experiencing poverty, abuse, trauma, school exclusion or could have been a Looked After Child'.

NHS England is working with Winchester University to look at the characteristics of young people from Surrey placed in secure settings in the last 5 years (youth justice, welfare secure or mental health).

Children and Young People within, or at risk of entering the secure estate are amongst the most vulnerable and disadvantaged people in our community. National research indicates that outcomes are considerably worse compared to most other children and young people despite the fact that children at risk of secure provision very often share presenting needs equivalent to other cohorts of vulnerable people i.e. they are more likely to have suffered the impact of parental abuse, smoke, drink alcohol and take drugs; engage in unprotected sex and become teenage parents. Specific work is being undertaken with Winchester University to look at the characteristics of young people from Surrey placed in secure settings in the last 5 years (youth justice, welfare secure or mental health). This will look at their health, social care, education and criminal justice experience in order to understand common and potentially contrasting characteristics and trajectories in order to inform improved responses. The preliminary findings from 30 young people from Surrey who were sentenced to youth justice custody (all male – as with the national picture custody is almost never used for girls), is as follows:

- 47% (14/30) have had a bereavement of a close relative in their childhood.
- 80% (24/30) have witness either domestic abuse at some point in their childhood.
- 57% (17/30) have evidence of alcohol or drug misuse/abuse within their family.
- The average age that Social service were first aware of the young person is 5.6 years old
- 42% (12/30) of the young people have an identified mental health condition.
- 47% (14/30) of the young people have learning or behavioural difficulties e.g. dyslexia, ASD or ADHD.

- 57% (17/30) were under the influence or misuse alcohol around the time of the crime leading to custodial sentence.
- 87% (26/30) have misused illegal drugs (all of this 87% regularly smoked cannabis)

This data indicates the high correlation between adverse childhood experiences (notably bereavement and domestic abuse) and emotional ill health and subsequent involvement with the upper end of the youth justice system. These findings suggest that we need to augment the pathways for children and young people exhibiting the early signs of offending behaviour to ensure there is an early and effective therapeutic response to address their adverse childhood experiences.

b) What have we done?

Work has been undertaken with Surrey County Council in developing integrated pathways and this has started to yield positive results, having also been recognised by the Taylor review; suggesting that it was at the forefront of best practice:

‘I have been encouraged to find a number of innovative models for delivering youth offending services which seek to strengthen these links. In Surrey, for example, the YOT¹ has been successfully integrated into the local authority’s wider youth services. This means that a child in the youth justice system can access the same broad spectrum of provision as a child who is homeless, not in education, employment or training (NEET), or has other welfare needs. This provides a more comprehensive response to children who offend and increases the opportunity to divert them from the youth justice system and into other suitable services, while allowing greater flexibility in the length and intensity of support provided.’

‘Finally, we are concerned by the continued over-representation in the youth justice system of both looked after children and those from some black and minority ethnic (BAME) groups. One contributor to this problem is the criminalisation of children in care homes for conduct which would never result in a similar response if it happened in a school or family home. Some areas, such as Surrey and Sussex, have trained care home workers to improve their management of such behaviour, and have established protocols for when it is right to call the police.’

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

We have submitted a bid for funding that will enable us to develop services that support these CYP, encouraging them to engage in more mainstream activities and helping to prevent them from following a pathway to more serious offending. This will be delivered by working closely with the youth restorative intervention scheme, which diverts young people from the formal youth justice

system and provides preventative responses, together with augmenting the therapeutic work done within the Edge of Care Service.

c) What difference has it made?

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

- The lowest rate of first time entrants (criminalisation) to the youth justice system of any local authority area in England and Wales over the last five years. The rate fell to below 1:1000 children in the Surrey population in 2015/16. This is the lowest rate of criminalisation yet recorded in Surrey or anywhere else in England and Wales
- Surrey has continued very low use of youth custody with fewer than 10 young people sentenced to custody in each of the last three years and performs within the top decile of local authorities in relation to youth custody. 2015/16 saw 70% reduction in the use of custody since 2010.
- Surrey has reduced arrests of children and young people from 1955 in 2010 to 889 in 2016 with Surrey Police pursuing a 'child first, offence second' approach supported by input from Liaison and Diversion Services and the County Council's Family Services.
- Re-offending rates amongst the small number of complex and vulnerable children and young people who do still enter the formal justice system are reducing and are below the national average.
- Her Majesty's Inspectorate of Probation's August 2017 inspection concluded that "the operational partnership works well, delivers well and produces positive outcomes for children and young people and victims".

d) What next?

Based upon the above information, we intend to commission additional services that are targeted at young people with the combination of risks highlighted above and who are at the onset of a potentially serious offending career as a result. We therefore propose working closely with Surrey County Council and our partner organisations to focus on:

- The youth restorative intervention scheme (Family Services / Surrey Police) which is responsible for diverting 800 young people from the formal youth justice system each year and providing preventative responses including pathways into therapeutic and specialist services.

- Augmenting the therapeutic work done within the Edge of Care Service (which is working in tandem with Extended HOPE) which already includes a multi-systemic therapeutic approach. The Edge of Care Service (within Family Services) responds to young people at greatest risk of coming into public care and incorporates responses to children arrested at home, homeless teenagers and rapid responses to children and families in crisis, all of whom are likely to both appear in the youth justice system and require emotional / mental health intervention. The Edge of Care Service will also make use of the CYP Haven in Guildford.
- Surrey has successfully bid for circa £130k additional funding in order to develop services that will support vulnerable children and young people who present in 'unconventional ways' such as contact with the criminal justice system or welfare system e.g. police custody, sexual assault referral centre, A&E, place of safety etc. These services will aim to provide support that will help prevent these CYP from becoming young offenders.

6.7. Unaccompanied Asylum Seekers (UASC)

a) What do we need?

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

b) What have we done?

We have reviewed the updated SCC needs assessment analysis (JSNA) around the needs of UASC. We have visited and consulted with the Tavistock Clinic in London and spent a day with their refugee team and made links. We have reviewed information from Kent, around therapeutic work being undertaken in the county.

We have also engaged with Surrey's Designated Doctor for Looked After Children and a teacher in the Virtual School for Looked After Children with responsibility for UASC, to look at how this role

can be integrated to work alongside other professionals. We have started to look at a training/development package to support this new innovative and exciting Specialist Mental Health Practitioner role. We have recruited into this role and have identified a team within Surrey and Borders Partnership where the person will be based with appropriate clinical governance and supervision to further develop the role.

c) What difference has it made?

The post has just been appointed to and we now look forward to the role being operational. There is great support within health and social care for this post and have offers of support and joint working, including peer support, offered from other authorities. The post holder will aim to reduce stigma around seeking help with emotional and mental health issues, improving outcomes for UASC in Surrey and be able to offer consultation to foster carers and other professionals to improve care overall.

d) What next?

Once in post, the person in role will look to work alongside schools, care placements and with health colleagues, set up groups, involve young people in the development of the role, and eventually be able to share the model with other authorities. We will put in place clinical outcome measures to demonstrate the difference this role makes to young people and professionals involved in their care.

6.8. Looked After Children placed out of county

a) What do we need?

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

b) What have we done?

We met with a range of professionals including dedicated doctor for Looked After Children, Looked After Children's social workers, CAMHS colleagues and Clinical Commissioning Group Colleagues to consider how outcomes for some of Surrey's most vulnerable children can be improved to

deliver evidence based, helpful interventions which are cost effective in providing the best care and therapeutic support in a timely manner.

We have secured for the post a 2 year seconded therapist who has a vast experience of working with Surrey's Looked After Children and has experience of working as a therapist for over 2 years in Surrey's Assessment Consultation and Therapy Service.

c) What difference has it made?

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

d) What next?

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

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

7. Summary of Investments and financial plan

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The following table summarise the investments we have made in core CAMHS and Transformation services.

Table 3: CAMHS NHS Expenditure; Actual 14/15, 15/16, 16/17, 17/18 & Forecast 2018-2021

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
CAMHS Specialist Contract						
£8,004,340	£7,644,186	£7,586,578	£7,785,914	£7,887,225	£7,887,225	£7,887,225
CAMHS Transformation						
	£2,033,922	£2,166,604	£2,802,776	£3,921,000	£4,315,000	£4,710,000
¹CAMHS Targeted (Pooled)						
£1,696,460	£1,855,743	£2,784,170	£2,754,332	£3,040,156	£3,040,156	£3,040,156
CAMHS NCA						
£89,829	£101,541	£196,582	£166,931	£175,127	£175,127	£175,127
Total						
£9,790,629	£11,635,392	£12,733,934	£13,509,953	£15,023,508	£15,417,508	£15,812,508

Notes:

1. The value of the CAMHS interim plan was £1,190,769. CCG's were funding this through a variety of methods like STP funding and baseline funding.
2. In addition to the NHS funding, SCC invest circa £3.9m per year into the CAMHS budget

8. Workforce Planning

As a system we recognise the recruitment challenges that we face in delivering services and this transformational plan. This challenge is compounded in Surrey by its proximity to London and the additional allowances paid to staff who choose to work in London. Surrey's intention is to develop and support a multi-agency workforce plan by training and developing new and existing staff; including staff from a range of organisations to attend IAPT courses and also ensuring that CYA worked closely with providers both as part of the recruitment process and in providing staff education and information; this also included providing education to staff in other organisations, including hospital EDs and work that is currently being planned with GPs and their staff.

This work will be aligned to the priorities and targets set out in the 'Stepping forward to 2020/21 'Mental health workforce plan for England' (July 2017). The section below highlights the many actions that are being undertaken to support the development of the outline workforce strategy.

8.1. The Outline Strategy in Surrey

An outline workforce strategy from 2018-2021 has been developed to address the emotional and mental health wellbeing of children. Work is already underway to address the following areas outlined in the strategy.

- CYP mental health and wellbeing is a key part of the STP
- Embed CYP across all commissioned services
- Further develop HOPE and Extended HOPE crisis services and increase support services for challenging behaviour
- Fund and support the establishment of paediatric liaison services across all acute hospitals in Surrey
- Support development of Out of Hospital networks
- Develop wellbeing skills in schools.

The Surrey-wide Outline Workforce Strategy for children and young people's emotional wellbeing and mental health services (CYP EWMH) is being developed over the next twelve months to reflect a fully worked up Strategy. The development of the strategy is incumbent upon the completion and analysis of a workforce audit that is currently in progress and the development of an action plan.

This outline strategy supports delivery of the priorities of the Surrey Local Transformation Plan (LTP) for CYP EWMH services on early intervention, support and resilience.

We are currently undertaking a workforce audit to provide a more detailed understanding of the numbers, skills, roles and competencies within the current workforce, matched against prevalence and demand. The findings will subsequently inform the creation of potential new solutions to be incorporated into the development of the final strategy next year.

CYP IAPT

Surrey is part of the training programme. We have ten staff from different organisational sectors in Surrey have completed their CYP IAPT training (supervision, CBT, IPT-A etc.) with a further seven confirmed 2018/19. Community of practice learning events are held regularly to promote and share good practice across all sectors.

CWP

(Eikon and YMCA East Surrey) As part of CYP IAPT, funding has been secured for three Children's Wellbeing Practitioners to be based in schools demonstrating high need.

MindUP Programme

(SCC) Assistant Educational Psychologists have trained 309 staff and 375 parents in the principles of mindfulness, to themselves be mindful and to teach Mindfulness-based approaches to CYP - to increase resilience and coping strategies, become more self-aware and better at recognising and managing emotions.

The Smart Moves programme

(Eikon) equips teachers to develop positive MH and build resilience skills in students, through evidence-based short sessions. They have rolled out Smart Moves in 82% secondary schools and 62% of Primary schools. The staff training is now available on line to ensure reach and sustainability.

Everybody's business training

(SCC) 176 staff have been trained to recognise signs of emerging mental illness and emotional distress in CYP and to be confident in knowing how/when to support and when to refer.

CYA (Rights and Participation Team)

Trained young people support and facilitate a range of workshops, assemblies, training and presentations to CYP, peers, teachers, acute hospital professionals.

Evidence based training

Examples include: dialectical behaviour therapy, CBT and systemic family therapy to teams at HOPE and Extended HOPE and Family-Based Treatment (FBT) to all staff in the ED services

In addition to Surrey's workforce plan, wider cross cutting projects across Kent Surrey and Sussex are also being undertaken. A fully worked up strategy including audit findings, emerging themes and agreed action plans will be developed next year.

9. Sustainability, service engagement and local priorities

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9.1. Sustainability

In order to access the transformation funds, all of the projects and services are required to provide an evaluation to be undertaken that quantifies what difference they made, both quantitatively and qualitatively to the CYP and their families who accessed the services. This information will enable CCGs and STPs to include these in their commissioning intentions; the process by which they allocate funds

9.2. Service engagement

We recognise that in delivering a transformation in CAMHS in Surrey, we must also transform how CYP and their families/carers engage with the services we commission, in a way that meets their needs and circumstances. We have spoken to our service users, their families and the professionals that work closely with them and will continue to actively pursue alternative ways of engaging with all services that provide help and support for CYP who suffer from autism, mental health conditions and learning disabilities e.g.

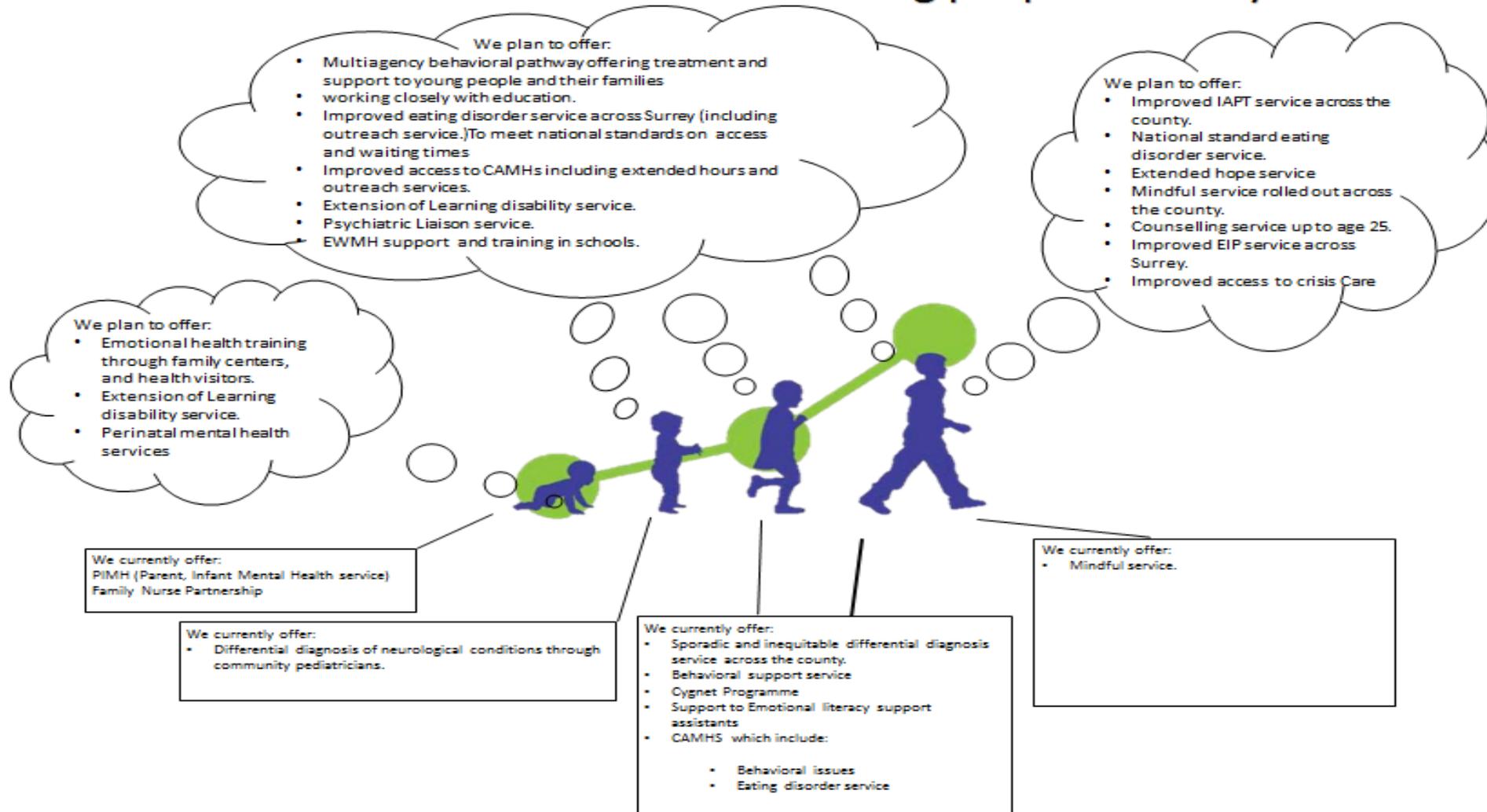
- We have commissioned Kooth.com as an online system that allows young people to access support within their own home at a time that is convenient for them with access to counsellor support 365 days a year.
- We have commissioned *Brain in Hand*. This app available on mobile devices, at the push of a button offers tailored support to young people in times of crisis.
- The Transformation Newsletter written by the CYP themselves, at the start of the document, demonstrates their own commitment to continued engagement and joint working to deliver services that meet their needs.

9.3. Local Priorities

Engagement has and will continue to underpin the transformation work that is underway, ensuring that we remain focussed on delivering services that meet local priorities, listening to CYP and their families/carers at all stages in order to ensure that these new services do meet their needs and making changes to services where they are not working as planned or where needs have changed. The following summarises the high level local priorities that have been identified and the work being undertaken.

EWMH services for Children & Young people in Surrey

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11. Managing Risk

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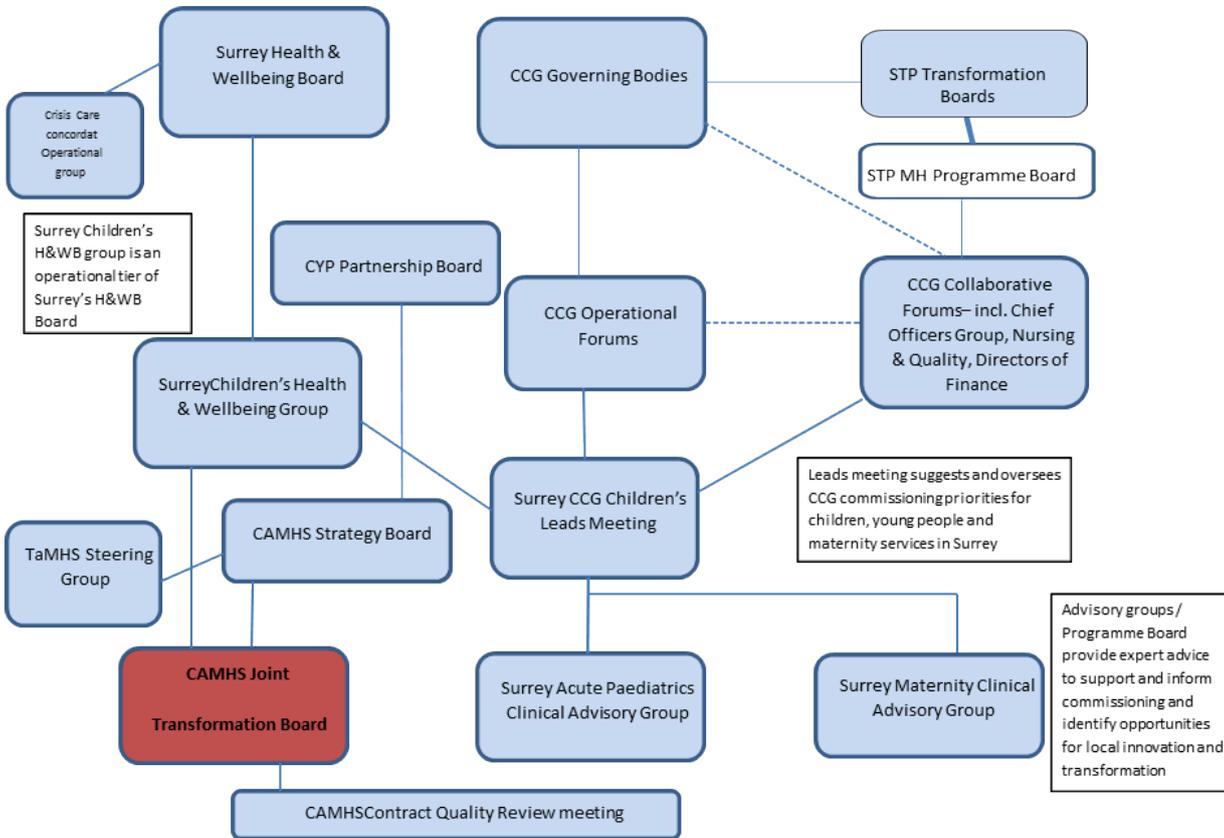
The transformation process in Surrey is transforming services and redesigning pathways in order to deliver more innovative ways of meeting the needs of Surrey's CYP and their families. Surrey will manage these risks and minimise delays, via the Transformation Board, continuing to use a flexible and collaborative approach to quickly address these and ensure that we remain focussed on the needs of Surrey's CYP.

Table 4: Summary of key risks of delivering the LTP

No.	Description of risk	Impact 1-5	Probability 1-5	RAG	Mitigating actions
1	Quantifying and reporting the impact across a number of projects	3	2	6	Work with prime provider to help co-ordinate this. Use qualitative reports directly from individual components to help measure the outcomes
2	Recruiting staff	4	4	16	Continue to seek new staff, develop existing staff and maximise the use of voluntary sector capacity
3	External and unforeseen changes in other service provision that may adversely impact upon commissioned services	3	3	9	Horizon scanning of local services and health economy. Seek to include elements within the existing service model.
4	Increase in demand as new services raise expectations	3	3	9	Continue to work with providers to ensure a single point of access and a no-wrong door service remains in place, whilst continuing to develop the preventative model and working with voluntary sector providers to maximise the use of existing capacity
5	Inaccuracies of cost and time estimates for individual projects	2	3	6	Continued flexibility in working with project leads to adapt and support the pilot projects, recognising that these are pilots and the models will need to adapt to lessons learnt as they are implemented
6	Pressure to revert back to historical models of provision	3	2	6	Continue to focus on the need to innovate, focus on the longer term outcomes and maintain the focus on early intervention and prevention

12. Leadership and Governance

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



Our governance structure (above) enables system oversight of the implementation of the Surrey CAMHS Transformation Plan. There is wide representation from voluntary and third sector organisations, together with CYP and their families in order to ensure that we fully involve them at all stages. The Health and Wellbeing Board provides executive leadership in regard to the delivery of the Surrey Transformation Plan with the operational implementation of the plan directed by the CAMHS Transformation Board. The CAMHS Joint Commissioning Group will have responsibility for commissioning services against the identified priorities within this plan and report progress to the Surrey Health and Wellbeing Board via the Children’s Health and wellbeing Group and the CYP Partnership Board.

There are a number of ‘business as usual’ groups where advice is sought or information provided to support effective decision-making. These include subgroups of Surrey’s CCG Strategic Collaborative (Children’s Clinical Leads; Quality and Nursing; Directors of Finance Group and a Commissioning Operational Group), CAMHS contract meetings, a CAMHS Joint Commissioning Group and a wider partnership CAMHS Strategy Board.

The governance structure is reviewed from time to time to reflect current policies and strategy.

13. Five Year Transformation Plan – Key milestones

April 2017 – March 2018 milestones	Date	2018 – 2021 milestones	Date
Crisis Care			
HOPE and Extended HOPE <ul style="list-style-type: none"> Skills workshops 	September 2017	Evaluate the impact of the services Further develop links to other services including tier 4	Q1 2018 Q2/3 2018
Establish CYP Havens in Surrey <ul style="list-style-type: none"> Guildford Haven <ul style="list-style-type: none"> Opening Formal Opening Open Epsom Haven <ul style="list-style-type: none"> Opening Formal Opening Open Staines CYP <ul style="list-style-type: none"> Opening Formal Opening 	May 2017 June 2017 November 2017 December 2017 January 2018 February 2018	Evaluate the impact of the CYP Havens Review opening times and access Explore access by key 'at risk' groups Further develop links with schools and colleges Explore joint funding opportunities and opportunities for outreach services	Q2 2018 Q1 2018 Q2/3 2018 Q3 2018
Paediatric Psychiatric Liaison services <ul style="list-style-type: none"> Each acute Trust to start appointing staff Agree KPI's All staff recruited Additional training sessions for ward staff 	June 2017 October 2017 November 2017 January 2018	Set up clinical network across the services to share learning and further develop links with existing services e.g. CYP Havens Agree an educational programme Evaluate impact of services against the KPIs across the five acute Trusts Continue to support and refine the model	Q1 2018 Q1 2018 On-going
Inpatient commissioning <ul style="list-style-type: none"> Support mobilisation of services as part of the tier 4 delegated commissioning responsibility bid by SABPT 	November 2017	Fully staffed service Undertake initial evaluation Review potential changes or improvements to the service	Q1 2018 Q2 2018 Q3 2018
Intensive Support Services <ul style="list-style-type: none"> Agree service model Agree commissioning arrangements Appoint staff Commence initial service 	October 2017 October 2017 December 2017 February 2018		

April 2017 – March 2018 milestones	Date	2018 – 2021 milestones	Date
Community Eating Disorder Service			
Deliver NICE-concordant treatment for 100% of routine referrals	September 2017	Improve the consistency of the service ensuring equity of access across Surrey Ensure that all new staff are adequately trained in evidence based treatment Evaluate the service and report on KPIs	Ongoing
Increase the number of assessments	September 2017		Ongoing
Deliver more outreach work	December 2017		
Ensure that all staff have training in Family Based Treatment	December 2017		
Increase the number of evidence based treatment options	January 2018		Q2 2018
Challenging stigma			
Expand education programme in schools	February 2018	Review commissioned services against young people mental health participation standards	On-going
All mental health providers to mandate their staff to attend 'Upload Training' delivered by CYA	Ongoing		
Expand Everybody's Business Training	Ongoing		
Building capability and capacity			
Work with schools to identify named strategic mental health leads	March 2018	Explore the options of joint funded posts linked to existing services	Q2 2018
Work with SCC Public Health to improve training and advise on mental health for health visitors	On-going		
Perinatal Mental Health services			
Explore opportunity to fund projects targeted at this group	October 2017	Support work planned with Surrey Heartland if success with their bid	On-going
IAPT			
Reinvigorate the IAPT programme in Surrey	Ongoing	Support the shared learning from staff on the IAPT courses Ensure that all children's needs are addressed, including LAC, LD, under 5's etc.	Ongoing
Appoint an interim programme manager to drive this work	September 2017		Ongoing
Support a launch workshop for staff	September 2017		

April 2017 – March 2018 milestones	Date	2018 – 2021 milestones	Date
EIIP			
Continue to deliver the target of 100% of young people (aged 14-18) who experience a first episode of psychosis being treated with a NICE approved care package within two weeks of referral.	On-going	Explore opportunities to further improve the service, seeing what has work well elsewhere	On-going
Youth Justice			
Undertake the preparatory work for setting up a new service following a successful bid in September 2017 Start the initial service	December 2017 January 2018	Develop the service in line with the bid Undertake an initial evaluation Agree and implement potential changes following the evaluation Monitor outcomes against agreed KPIs	March 2018 June 2018 September 2018 On-going
Unaccompanied Asylum Seekers			
Recruit to posts Implement agreed service model Undertake an interim evaluation against agreed KPIs	September 2017 October 2017 February 2018	Agree and implement any changes following the interim evaluation Monitor outcomes against agreed KPIs	April 2018 On-going
Looked After Children			
Recruit to posts Implement agreed service model Undertake an interim evaluation against agreed KPIs	September 2017 October 2017 February 2018	Agree and implement any changes following the interim evaluation Monitor outcomes against agreed KPIs	April 2018 On-going

14. Summary

Through the additional funding and investment, we will extend and build on this and enable us to:

- Further challenge stigma associated with mental health
- Build capability and capacity within universal services to increase resilience amongst all children and young people in Surrey
- Ensure that the most vulnerable children are supported to improve their mental health including those with additional complex needs and children looked after
- Cross organisational cultural shift - moving away from a system defined in terms of what the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.
- Further improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
- Improve access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
- Developing a local eating disorders service that effectively supports children with moderate and milder difficulties, enhancing services already available for children and young people with severe eating disorders; addressing the whole spectrum of eating disorders from anorexia to obesity.
- Develop our ambitions to have more involvement in or directly lead the commissioning of inpatient services for our children including those with eating disorders.

We recognise that our ambitions will take time to implement and embed and view our CAMHS Transformation Plan as a living document over the next five years. To demonstrate our ability to deliver, this plan is supported by a number of documents (see Appendices section) that demonstrate our work and our partnership journey to date.

15. Glossary of abbreviations

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ACE-V	Analysis, Comparison, Evaluation, and Verification
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
AWT	Access and Waiting times
BEN	Behaviour and Neurodevelopment
CALMS	Cognitive, Affective, Linguistic, Motor and Social
CAMHs	Child and Adolescent Mental Health services
CAPA	Choice And Partnership Approach
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorder Service
CGAS	Children's Global Assessment Scale
CiN	Children in Need
CISS	Children's Intensive Support Services
CORE	Clinical Outcome Routine Evaluation
CRT	Cognitive Remediation Therapy
CYA	CAMHS Youth Advisors
CYP	Children and Young People
EIKON	Surrey based charity for vulnerable young people
EIPP	Early Intervention In Psychosis Programme
EWMH	Emotional Wellbeing and Mental Health
FBT	Family Based Treatment
FT	Family Treatment
FVS	Family Voice Surrey
GRT	Gypsy Roma Traveller Families
HONOSCA	Health of the Nation Outcome Scale Child and Adolescent
HSCN	Health and Social Care Network
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators
LAC	Looked After Children
LD	Learning Disabilities
LGBT+	Bisexual, Transgender and Questioning
LTP	Local Transformation Plan

MANTRA	Model of Anorexia Nervosa Treatment for Adults
MHSDS	Mental Health Services Data Set
Mindsight Surrey CAMHS	Health and social care partnership for children and young people with mental health problems and learning disabilities living in Surrey
NHSE	National Health Service England
NSF	National Service Framework
NICE	National Institute for Health Care Excellence
SaBPT	Surrey and Borders Partnership Trust
SCC	Surrey County Council
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Orders
STP	Sustainability and Transformation Plan
TaMHS	Targeted Mental Health in Schools
UASC	Unaccompanied Asylum Seeking Children
VPN	Virtual Private Network

Key changes to the core CAMHS contract in support of the transformation agenda

- A Single Point of Access and No Wrong Door approach, ensuring support and advice to all
- Commissioning a behaviour, emotional and neurodevelopmental (BEN) service for children/young people with anxiety or depression as part of conditions such as ADHD, high functioning autism, Asperger's syndrome etc. This service will support and interface with services or internal CAMHS teams who provide differential diagnostic services supporting identification, successful diagnosis and both individual and family based advice and direct intervention
- Greater accessibility in the community via schools, GP practices, youth clubs and the Voluntary Community and Faith Sector
- Reduced waiting times for assessment and treatment
- Establishing Professionals and parent/carers advice and consultation lines from 8am - 8pm Monday to Friday and 9 - 12pm on Saturday
- Keeping GPs better informed of child's/young person's mental health needs and progress
- Improving performance reporting, at educational quadrant and CCG level with stronger contract management

- HOPE
<http://www.hopeservice.org.uk>
- Extended HOPE
<https://www.healthysurrey.org.uk/your-health/mental-wellbeing/camhs/parents-and-carers/support-for-parents-and-carers/extended-hope>
- The CYP Haven
<https://www.cyphaven.net>

	Programme	Deliverables
1	Core Operational Team <ul style="list-style-type: none"> - Project Plan - Deliverables - Resource allocation - Stakeholder analysis/communication plan - Reporting 	<ul style="list-style-type: none"> - Programme Manager - Clinical Lead - Outline programme of work - Agreed deliverables - Project Plan - Stakeholder map/communication plan
2	Surrey-wide CYP IAPT Programme Board <ul style="list-style-type: none"> - ToR - Surrey-wide approach to delivering CYP IAPT - Project Workbook 	<ul style="list-style-type: none"> - Establish Surrey-wide CYP IAPT Programme Board (2017-2020) - Project Workbook (Project Plan, risk log) - LDNSE Collaborative Agreements (strengthening and extending applications across all sectors)
3	Surrey-wide CYP IAPT Community of Practice <ul style="list-style-type: none"> - Workshops - Events 	<ul style="list-style-type: none"> - Support SABP launch event (13 September 2017) - Organise and deliver Community of Practice Launch (Nov 2017) - Workshop schedule: <ul style="list-style-type: none"> a) January 2017 b) March 2017 c) May 2017 - Outreach support package (from LDNSE CYP IAPT Collaborative) - Masterclass (bespoke subjects) - CAPA support to teams
4	Training Provision (Log) <ul style="list-style-type: none"> - LDNSE Curricula - LDNSE New Curricula (U5s, LD/ASD, Counselling & Combination) + EBBP - PWP (HEE) - LA - HEIs - CAPA - Commissioning Development Programme (NELCSU) - Voluntary Sector - Independent Sector - MIND Ed <p>Course registrations (and funding)</p> <p>Future planning</p>	<p><i>Phase 1 (August 2017 - January 2018):</i></p> <ul style="list-style-type: none"> - Training Log - Course registrations (CYP IAPT) and salary support - Course registrations (outside CYP IAPT) <p><i>Phase 2 (February - July 2018):</i></p> <ul style="list-style-type: none"> - Accreditation/validation/quality assurance of non-CYP IAPT courses; - Developing training strategy to commission and sustain CYP IAPT training for local providers once central funding ceases in 2018; - Estimate costs and funding streams for proposed courses (taking into consideration salary support and other incidentals); <p><i>Phase 3 (mid 2018-2020):</i></p> <ul style="list-style-type: none"> - Procure training from local HEIs and other training providers to deliver agreed curricula from 2019; - Facilitate and promote courses across all sectors/provider services; - Monitor take-up of courses and modify plans/budgets for future years.

5	<p>Workforce Planning - to identify training needs (and gaps in service provision)</p> <ul style="list-style-type: none"> - National audits - SECN/HEE workforce audit - Barry Nixon - LA audits - Local workforce plans/groups 	<ul style="list-style-type: none"> - Facilitate workforce planning assessment (HEE) - Outreach support package (from LDNSE CYP IAPT Collaborative) - Draw up implementation plan from recommendations made for Sussex from the workforce planning report - Workforce plans for STP
6	<p>Participation & Young Advisors</p> <ul style="list-style-type: none"> - Participation worker groups - Young Advisors - Parents/Carers - National Participation Support Programme - YoungMinds 	<ul style="list-style-type: none"> - Launch 'Participation' Surrey-wide via Community of Practice Forum - Collaborate with CYA, Family Voice etc. to ensure participation is fully embedded in commissioning of children's mental health services - Create a Surrey-wide Participation Hub to bring together those people involved in 'Participation' to share and pool their work and ideas for engaging and involving young people, their parents and carers in the development of new and existing mental health and wellbeing services.
7	<p>Quality Monitoring & Data Flow</p> <ul style="list-style-type: none"> - Quality monitoring returns (quarterly) - Completeness of data flow to MHSDS - Review and feedback on returns - Provider response/actions - CORC dashboard & Paperless Outcome System 	<ul style="list-style-type: none"> - Quarterly monitoring returns (for SABP and each sub-contractor and additional member of the partnership e.g. LA) - Quality & Outcomes Masterclass - Revised/agreed key intervention outcome measures - Shared learning (Surrey-wide) via Community of Practice
8	<p>Assurance & delivery</p> <ul style="list-style-type: none"> - Local Transformation Plans (annual refresh) - AWT standard compliance - STP (IAF) - Ad hoc requests (including meeting attendance and progress updates) 	<ul style="list-style-type: none"> - Estimate LTP reserve allocations for courses/salary support (18/19) - Achieve STP compliance with CYP IAPT IAF - Achieve CYP IAPT compliance against AWT standards - Provide content for both LTP and/or STP reports (on request)
9	<p>Meeting Attendance Schedule</p> <ul style="list-style-type: none"> - 4-Way Core Team (monthly) - Surrey-wide CYP IAPT Programme Board (monthly) - Surrey-wide CYP IAPT Community of Practice (bi-monthly) - Surrey Contract Meetings (on request) - London & SE CYP IAPT Collaborative Programme Board (quarterly) - SECN CYP IAPT Steering Group (quarterly) - Surrey Transformation Board Meetings (on request) 	<ul style="list-style-type: none"> - Promote wider engagement across Surrey - Share learning and best practice across Surrey - Ensure organisational sign up to support this programme and deliver the improvements in care to CYP - Provide oversight and governance in order to ensure compliance against AWT standards - Increase awareness within Surrey and with the STPs

Universal

Community Health Providers Contract

- Emotional Wellbeing and Mental Health Community Nurses
- Universal 0-19 Healthy Child Programme Service
- Community Nursing for Children's Emotional Wellbeing and Mental Health
- Parent Infant Mental Health Service (PIMHS)
- Special School Nursing
- Paediatric Occupational Therapy (OT)
- Paediatric Physiotherapy Service
- Early Years (0-5 years) and acute intervention (0-19)Speech and Language Therapy Service
- Safeguarding Children
- Looked After Children Health Services
- Children's Community Nursing
- Children and Young People's Continuing Healthcare
- Developmental Paediatrician Service
- Community Paediatric Audiology Service
- Tongue Tie (Ankyloglossia) Service
- Provision of Services for Child Victims of Sexual Abuse in Surrey
- Integrated Enuresis & Continence Assessment and Treatment Service
- Paediatric Nutrition and Dietetics Service for Children and Young People with Neurodisability
- 0-19years community and school-age immunization service Surrey

Beacon UK – One Stop

- Brain in hand
- Catch 22
- National Autistic Society
- Surrey Youth Support Service
- Xenzone - Kooth.com

Voluntary Youth Services

- Eikon
- Heads Together
- Learning Space
- The Lifetrain Trust
- Relate West Surrey
- Reflex Woking
- Step by Step
- Windle Valley Youth Project

Early Help Offer

- Education Welfare Service
- Family Information Service
- Pre-school Settings
- School's Support Team
- Early Years Safeguarding Service

- Out of School Providers
- Sure Start Children's Centers
- Nurture Groups
- Stop Smoking Service
- Condom distribution scheme and Chlamydia screening
- GUM and contraception services
- Children's weight management services

General Support Services

- GPs
- Occupational Therapy
- Family Information Service
- Community Youth Work Service
- Police
- Midwives
- Health visitors
- School Nurses
- Educational Psychology
- Education Welfare Service
- Surrey Online Service
- School/Early Years: SENCO, HSLW
- Children's Centres
- PSHE Curriculum/TaMHS

Targeted

Targeted Contract

- Primary Mental Health Service
 - Special Schools and specialist Centres
 - Learning Disabilities
 - Youth Support Service
- CAMHS Extended Hours Service
- Looked After Children (3Cs)
- Adopted Children and Special Guardianship Order (Post Order Service)
- Care Leavers Service
- HOPE Services (Epsom & Guildford)
- Extended HOPE Service
- STARS (Sexual Trauma and Recovery Service)
- Parent Infant Mental Health Service
- Behavioural, emotional neurodevelopmental (BEN) Pathway
 - Barnardo's - Parenting Programme for parents of children and young people with Attention Deficit Hyperactivity Disorder (ADHD).

Early Help Offer

- Homestart Surrey
- Oasis Family Centre
- Leatherhead North and Walton North Early Help Volunteer Support
- Welcare South East Surrey (Redhill)
- Sandy Hill Estate Volunteer Support (Waverley)
- Out of School Providers
- Family Information Service
- Pre-school Settings

- Sure Start Children's Centres
- Early Years Safeguarding Service
- Health Eating in the Really Young (HENRY)
- Education Welfare Service
- School's Support Team
- Year 11/12 Transition Service
- Carer's Break Grants
- Merlin Pass lottery
- Play & Leisure services (community based)
- Play & Leisure services (school based)
- Personal Support
- Autism Outreach Service
- Learning Disability Outreach Service
- Cygnet autism parenting programme
- Portage service
- Earlybird autism parenting programme
- Nurture Groups
- Early Support Service
- Early Years Language Team
- Catch 22 Substance Misuse Service
- Stop Smoking Service
- Condom distribution scheme and Chlamydia screening
- Emergency Hormonal Contraception and Chlamydia treatment
- GUM and contraception services
- Sexual Health Advisors
- One to one prevention
- Neighbourhood prevention
- Community Youth Work Service (CYWS)
- YMCA Open House (Guildford)
- Paediatric physiotherapy
- Children's weight management services
- School nursing team child, young person and family weight management pilot
- Surrey Domestic Abuse Support Service
- SLT
- Social Care
- Voluntary sector providers
- Social care transition team
- Health
- Occupational Therapy (U,S)
- Speech and Language Therapy (U,S)
- Physiotherapy (S)
- Primary Mental Health Workers (CAMHS community service)
- School nurses (U,S)
- Home start
- Neighbourhood local prevention
- One to one local prevention
- Surrey Domestic Abuse Support Service
- Safe Havens
- Community Youth Work Service
- Surrey Family Support Programme
- Youth Support Service
- Young carers
- Education Welfare Service (U,S)
- Education
- Educational Psychology (U,S)

- Portage (S)
- Surrey Online School
- Nurture groups
- Cygnet
- Early Bird
- Specialist Teachers (S)
- Outreach

Specialist

Specialist Contract

- Community Child and Adolescent Mental Health Services - Specialist
- Children and young people Learning Disability Service - Specialist
- Eating Disorder Service - Specialist
- Hard to engage 16-25 year old service– known locally as the Mindful Service - Targeted

Early Help Offer

- Oasis Family Centre
- Welcare
- Family Nurse Partnership
- Education Welfare Service
- School's Support Team
- Play & Leisure services (community based)
- Residential short breaks (in house)
- Residential short breaks (community based)
- Personal Support
- Surrey Domiciliary Care Service
- Surrey Short Break Carers
- Autism Outreach Service
- Learning Disability Outreach Service
- Cygnet autism parenting programme
- Portage service
- Earlybird autism parenting programme
- Early Support Service
- Catch 22 Substance Misuse Service
- Paediatric physiotherapy
- Surrey Domestic Abuse Support Service
- Sure Start Children's Centers
- Community Youth Work Service
- Surrey Domestic Abuse Support Service
- Youth support service
- Early years language team
- Primary Mental Health Workers (CAMHS community service)
- Occupational Therapy
- Looked after children
- Social Care
- Ruth house
- HOPE (+ Health)
- Residential short breaks
- Personal support Direct payments
- Extended HOPE
- Education Welfare Service (U,T)
- Education

- Portage
- A&E - medical
- A&E - non medical
- Cygnet
- Early Bird
- Speech and Language Therapy (U,T)
- Specialist Teachers (U,T)
- Surrey Online School
- Educational Psychology (U,T)
- School nurses (U,T)
- Early Support Service
- Leap
- Physiotherapy (T)
- Physiotherapy
- Surrey Domiciliary Care Service
- CYP Haven

Acute

Acute Contract

- HOPE
- Extended HOPE
- 365 / 24 / 7 psychiatrist on call
- Paediatric liaison
- Home treatment team for 16-18 year olds
- Safe Haven model for children and young people

In Surrey we do not have any acute beds and are low users of national acute beds, due to HOPE and Extended HOPE Provision crisis beds which keep young people out of hospital paediatric wards and A&E.

Early Help

- Medical Access to Education
- Specialist Teaching Teams
- Education Welfare Service
- Access to Education Non-Medical
- School's Support Team
- Play & Leisure services (community based)
- Residential short breaks (in house)
- Residential short breaks (community based)
- Personal Support
- Surrey Domiciliary Care Service
- Surrey Short Break Carers
- Catch 22 Substance Misuse Service
- Paediatric physiotherapy

Nationally associated policy documents

- [Closing the Gap. Department of Health \(2014\)](#)
- [Children and Families Bill \(2013\)](#)
- [Mandate to Health Education England](#)
- [Chief Medical Officer's Annual Report on State of Public Health \(2014\)](#)
- [Behaviour and Discipline in Schools, Department of Education \(2014\)](#)
- [Public Services \(Social Value\) Act 2012](#)
- [Achieving Better Access to Mental health Services by 2020](#)
- [Five Year Forward View](#)
- [Forward View into action: Planning for 2015/16 guidance](#)
- [Mental health and behaviour in schools Department of Education \(Mar 2015\)](#)
- [Future in Mind \(2015\)](#)

Health and Social Care

- <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=675&cookieCheck=true&JScript=1>
- [Surrey Health and Wellbeing Strategy](#)
- [Surrey Emotional Wellbeing and Mental Health Commissioning Strategy](#)
- [CAMHS Engagement report](#)
- [CAMHS Recommendations paper](#)
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413129/2902452_Early_Years_Impact_2_V0_1W.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf

Children and young people

- [Surrey Children and Young People's strategy](#)
- [Surrey lifecourse Outcomes](#)
- [Surrey Safeguarding Children's Board](#)
- [Surrey Multi agency information sharing protocol](#)
- [Surrey's multi agency level of need](#)

Equalities and Diversity

- <https://www.surreycc.gov.uk/your-council/equality-and-diversity>
- <http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=31>

The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) which is a strategy for meeting the needs identified in the JSNA. These are needs that could be met by the local authority, Clinical Commissioning Groups or NHS England.

This refreshed JSNA follows a 'life course approach' which recognises that the conditions in which people are born, grow, live, work and age can lead to health inequalities. Chapters are more concise and include a more visual way to look at the data which allows users to explore it in detail by selecting geographies or indicators of interest.

The JSNA is a continuous process and is updated as additional information becomes available, as gaps are identified and in response to feedback received. We would welcome your feedback and suggestions on the priorities emerging from the JSNA. Please send your feedback and suggestions to jsnafeedback@surreycc.gov.uk

The JSNA can be accessed by clicking on the link below.

<https://www.surreyi.gov.uk/jsna/>

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