



Surrey Child and Adolescent Mental Health

Whole System Transformation Plan

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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. Having made a number of changes and improvements, we went back to you in 2018/19 to ask for your views and your parents and carers as well of professionals working in the area. 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 be 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 more information for self-help and whilst waiting for treatment
- 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 support if you had ADHD, Asperger's and ASD
- Care should be adaptable, flexible and person centred.

We have therefore set out what we have done to address these areas. In line with the NHS Long Term Plan 2019, additional work is being targeted at those areas that require further improvements. We ask for your continued help in letting us know what is working and what is not working.

Yours sincerely,

Surrey NHS CCG Collaborative and System Partners

7 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 in 2015/16 on an already improved footing, with considerable additional investment from the CCG and local authority commissioners into the new CAMHS contract. Since then, we have embedded a number of transformation schemes such as the HOPE services and other crisis support services. In early 2019 we conducted a major engagement with CYP, <http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=21&t=4> parents /carers and those working with children (in professional and voluntary sector roles). The feedback we received during the sessions provided the direction for our new emotional wellbeing and mental health strategy: *A thriving community of children and young people in Surrey*. The strategy is guiding our approach.

The Surrey system has a number of transformation initiatives in place, described in subsequent sections. These sections provide an update on progress since our last plan published in 2018.

This year's refresh enables us to draw on:

- The Children and Young People's Emotional Wellbeing Charter (2018)
- Findings and recommendations from engagement with children, young people, families, professionals and community organisations, led by the Dartington Service Design Lab (2019)
- *A Thriving Community of Children and Young People in Surrey; a strategy for their Emotional Wellbeing and Mental Health* (2019 - 2022)
- The work of the five Transformation themes, whose work is currently being developed or is already in progress (2019 - March 2020)

The plan will describe the transformation schemes already implemented and funded through CAMHS Transformation monies and set out new plans for the year ahead.

We have structured this plan 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, the Surrey Joint Strategic Needs Assessment, the Dartington Service Design Lab Report and of course, our Strategy.

What have we done?

This plan reflects on what we have achieved, 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:

- Five current Transformation themes (2019)
- Crisis care services
 - HOPE and Extended HOPE
 - Children and Young Person's Haven (CYP Haven)
 - Paediatric Liaison
 - Inpatient Commissioning
 - Children's Intensive Support Service (CISS)
- Community Eating Disorder Service (CEDDS)
- Other 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 has it made?

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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 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 summarise the forward action plans. A summary of our transformation investment and transformation plan can be found in section 7. Section 3.2 describes the leadership and governance structure. Milestones and timelines are appended at the end of the document.

We recognise that we are on a journey with the NHS Long Term Plan 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

A call to action

Working together as a system, Surrey County Council (SCC), the Surrey Clinical Commissioning Groups (CCGs), schools, voluntary sector organisations and community groups have committed to supporting children and young people to have the best start in life at home, in school, with friends and in their community. A fundamental element of having this best start is their emotional wellbeing and mental health. In the words of children and young people:

'I want to feel loved by friends, family and adults in my life'

'I want to have hope that my life can get better'

'I want to have fun'

'I want someone to help me change difficult things in my life'

'I want to have coping strategies for when I am feeling anxious'

In the Surrey Children & Young People's Emotional Wellbeing & Mental Health Charter (2018) children and young people have described what they want:

Children & Young People's Charter

- ❖ I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health
- ❖ I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently
- ❖ I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive
- ❖ I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same
- ❖ I need support as soon as I start to feel like I'm struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me
- ❖ I only want to tell my story to the people looking after me once
- ❖ I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community
- ❖ I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood I will not lose my support
- ❖ I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health

During early 2019 we completed a series of engagement events where children and young people and their families, teachers, GPs, social workers and care professionals came together with wider stakeholders to tell us more about what is important to them. Five broad themes emerged from these workshops, which helped us develop our Emotion Wellbeing and Mental Health Strategy 2019-2022. The strategy is closely interlinked with the ambitions we describe in the Surrey 2030 Plan, which sets out our partnership and our ambitions to shape a different culture, support and services for children and young people in Surrey. This is a whole system response to a whole system challenge – not just a commissioning strategy for SCC and the CCGs.

We also recognise the need for integrating care and ensuring that emotional wellbeing and mental health are prioritised equally to the physical health needs of children and young people.

Our pledge

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To the children and young people of Surrey, to the parents, carers and friends in Surrey, to our community and to the committed teachers, social care professionals, health professionals and army of volunteers, we have listened to your feedback and we will focus on:

- Early intervention and community support
- Collaborative working
- Creating a navigable system
- Communication with children, young people and parents
- Environmental design

The strategy is not the last word on the topic, but rather the start of a conversation – a document to enact the Long Term Plan and set out a new direction of travel and something we can build on and evolve as we learn more and co-design the future together.



Whenever I tell my story it generally starts with 'I was always an anxious child'. For as long as I can remember I've gone through periods of having panic attacks and everyone just treated them as part of my personality and said it would settle down after a while, which it did until I turned sixteen. I began having multiple panic attacks a day, and even though I somehow always managed to make it into school, all I could focus on was the absolute terror.

Around this time, my mood was getting lower and lower and I began hurting myself as a way to cope. I was always very secretive about it, as I was about most things regarding my mental health, and this continued for another few months.

I decided to try going to the GP as I knew I couldn't keep going on the way I was. I was with the GP for three minutes, during which time she referred me to a website which, in her own words 'probably isn't very good'. It wasn't a great start to my recovery journey, and it took a good few months after that for me to even attempt to open-up again.

By this point I was struggling with anxiety, OCD, depression and an eating disorder. OCD tendencies I'd had for all my life were getting worse and much more frequent.

Eventually, I managed to speak to one of my teachers at school who was incredible and so understanding. She shared with me some of her own experiences and with her support, I met a mental health outreach nurse who I worked with for about a month. She referred me into the main body of CAMHS where I was put on the waiting list. After eight months, with some support provided along the way, I was allocated a psychologist who worked with me for a year, and quite literally saved my life.

She was the first person I felt able to open-up to about my eating disorder, and I was able to tell her about plans I had made to take my life. I not only managed to sit my A levels but passed them with good enough grades to get into my first choice University. After taking a gap year, I can happily say that I love being at University. I have been transferred to services there, and I know that even though I've come very far, I do still have a fair way to go, but overall, I'm so different to the girl I was four years ago.

I'm so grateful to everyone who's played a part in my journey, and I am genuinely looking forward to seeing what the future holds. I've got some amazing friends and have managed to get onto the highest-level competitive cheerleading team, and I'm looking forward to a life that is no longer dominated by mental illness

What my experiences have taught me about providing emotional wellbeing and mental health support to children and young people:

- having workers who can show empathy to children and young people and let them know that they aren't alone, that people do care, and that there is hope, is so important
- that services need to recognise that a one size fits all approach won't work, and instead a personalised, adapted approach will be so much more effective and helpful – care should be adaptable, flexible and person centred
- having a say in my care was very important to me – making care plans and safety plans is definitely a good idea
- earlier interventions and preventative care should be prioritised over curative care

1. Introduction

Together with our collaborative commissioning partners, this plan has been developed on behalf of the Surrey Clinical Commissioning Groups (CCGs):

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

NHS Guildford and Waverley CCG lead the commissioning of CAMH services for CCGs across Surrey, working in partnership with SCC.

This document is updated annually 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.

In March 2019 the Surrey Health and Wellbeing Board approved a new strategy: ***A thriving community and children and young people in Surrey - A strategy for their emotional wellbeing and mental health 2019-2022*** (February 2019). This strategy was informed by a series of engagement workshops with children and young people and their families and carers. The workshops comprised of 21 engagement events, in seven locations - Godalming, Dorking, Woking, Farnham, Staines, Ewell and Caterham. Approximately 200 professionals, 50 parents and carers, and 5 young people participated in these sessions. These engagement workshops (<http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>) provided valuable insight into understanding issues with the current mental health and support system in Surrey.

1.1. A summary of the new strategy (2019-2022)

Mental health is linked to every aspect of our lives, including physical health, the quality of our relationships, social inclusion and community safety. Children and young people's mental health is especially important as good mental health in childhood provides the foundations for good mental health later on.

There are over 287,600 children and young people, aged 0-19 living in Surrey and 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 half of all mental health conditions begin before the age of 14 and that over 10,000 5-15 year olds in Surrey have a mental health disorder. Prevalence of mental health disorders among Surrey's children and young people is estimated at 1 in 10 and 70% of children and young people have not had an appropriate intervention at a sufficiently early age.

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 check for [accuracy](#)

A person can develop poor mental health and lower levels of resilience at any stage of their life, however key factors can increase the likelihood of a child or young person experiencing poor mental health. These factors, among others, include being vulnerable and in contact with social care.

Surrey has found recent challenges in delivering good mental health and emotional wellbeing support to children and young people, in line with the national picture there has been an increase in numbers of young people accessing local emotional wellbeing and mental services alongside a complexity of presentations.

The strategy was developed collaboratively between SCC and the six Clinical Commissioning Groups in Surrey. We listened to children, young people, families and our partners who have told us what they want and this strategy aims to promote good emotional wellbeing and mental health in our community and drive change. The strategy sits alongside this Surrey Local Transformation Plan to build our vision for the future for children and young people in Surrey.

The CYP Charter on page 7, developed by children and young people, states what children and young people want us to achieve. We are currently going through a major transformation that will place supporting children and young people well, at the right time and in the right place, at the centre of our future model. This is a model we will continue to develop with and alongside children, young people, their families and our partners.

The Surrey Emotional Wellbeing and Mental Health Strategy for CYP in Surrey, including the Children's Charter was approved by the Surrey Health and Wellbeing Board on the 7th March 2019. The strategy can be accessed at <http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>

This updated Local Transformation Plan (LTP) is based upon needs assessment using both national and local data, including the Surrey Joint Strategic Needs Assessment <https://www.surreyi.gov.uk/jsna/>. 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.

Surrey aspires to join the schools based **Mental Health Support Teams (MHSTs)** in the Spring of 2020 to provide additional support to CYP through schools and colleges programme. MHSTs will develop models of early intervention on mild to moderate mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. We recognise the ambitions set out in the **Green Paper- *Transforming children and young people's mental health (2017)*** 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 MHSTs, 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.

Whilst Surrey is not currently a MHST site, we are none the less embedding the principles and approach into our local transformation work, including much more integrated working across schools, the community, social care and health services in our system.

2. Local Needs: Informing our Transformation Plan Priorities

2.1. What are CYP and families telling us?

The Dartington Service Design Lab report can be found at

<http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>

The feedback from children, young people, their families and professionals was grouped into five key themes:

1. Early intervention and community support.
2. Collaborative Working.
3. Navigating the system.
4. Communication with parents and young people.
5. Environmental design.

CYP and their families and those working with them asked us to address each of the above areas.

1. Early Intervention and community support

- Focus on prevention and early action to help CYP and their family/carers cope whilst making sure the CYP can get specialist care if needed and during times of crisis.
- Allow the CYP to own their emotional wellbeing and mental health.
- Focus on supporting children to support themselves.

2. Collaborative working

- Break down organisational and professional boundaries to provide CYP with the right care.
- Listen and respect one another.
- Provide consistent care. We will do our best to keep the people caring for you the same.
- Support CYP to become adults and access adult services in a smooth and orderly way.

3. Navigating the system.

- Use information that can be easily accessed, understood and followed
- Provide CYP with tools for self-care, and recovery.
- Develop a service that makes the best use of people and places
- Communicate with parents, family/carers and CYP

4. Communicate with CYP and their parents

- Treat everyone as individuals, learn by listening and strive to provide outcomes
- Work with the whole family to support a community of confident, resilient and independent parents and siblings, – and set out what they can expect from the service
- Support parents, siblings, carers and friends to look after their own emotional wellbeing and mental health

5. Environmental design

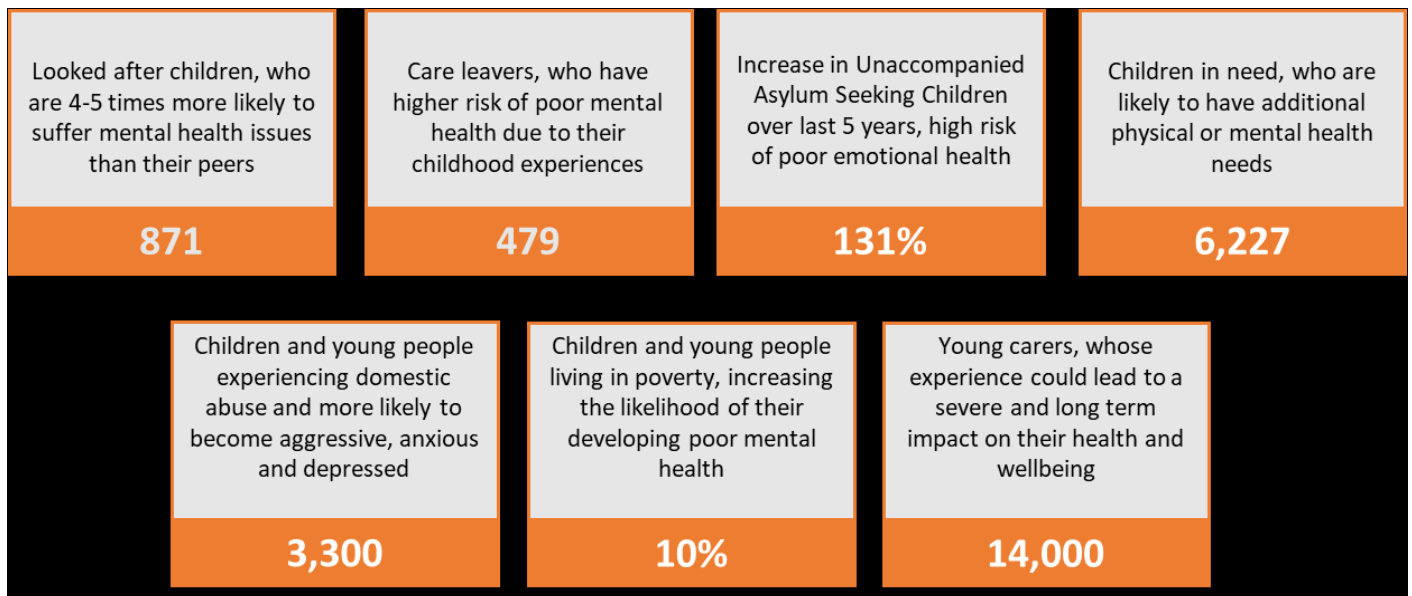
- Provide support and services locally and flexibly, minimising travel as much as possible.
- Make places where care is provided CYP friendly.
- Work with the community to use its strengths and assets to support CYP

Partners agreed to take into account and act on this feedback

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

Drawing on local data from the Joint Surrey Needs Assessment (JSNA/Surrey-i) we know that there are 287,600 children and young people aged 0-19 living in Surrey and it is expected that there will be a 14% increase in children aged between 10-14 years between now and 2022.

Figure 1: High risk group of children



2.2.1. 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 with 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:

Figure 2: Risk and Protective Factors for Children and Young People's Mental Health

Risk Factors		Protective Factors
<ul style="list-style-type: none"> ✘ Genetic influences ✘ Low IQ, and learning disabilities ✘ Specific development delay ✘ Communication difficulties ✘ Difficult temperament ✘ Physical illness ✘ Academic failure ✘ Low self-esteem 	 Child	<ul style="list-style-type: none"> ✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect
<ul style="list-style-type: none"> ✘ 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 	 Family	<ul style="list-style-type: none"> ✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education
<ul style="list-style-type: none"> ✘ Bullying ✘ Discrimination ✘ Breakdown in or lack of positive friendships ✘ Deviant peer influences ✘ Peer pressure ✘ Poor pupil to teacher relationships 	 School	<ul style="list-style-type: none"> ✔ 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
<ul style="list-style-type: none"> ✘ Socio-economic disadvantage ✘ Homelessness ✘ Disaster, accidents, war or other overwhelming events ✘ Discrimination ✘ Other significant life events ✘ Lack of access to support services 	 Community	<ul style="list-style-type: none"> ✔ 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

2.3. High Risk Groups

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

- **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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **Special educational needs and disability (SEND)**

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).

- **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.

- **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. According to the mid-2015 population estimates for Surrey there are around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual.

- **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.

- **Black and minority ethnic (BAME)**

Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. In general, young people from black and minority ethnic groups are more likely to be diagnosed with mental health problems and may experience a poorer outcome.

- **Domestic Abuse**

SafeLives estimates that in Surrey that there are approximately 3,500 children (Operation Encompass) 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.

- **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.

- **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.

- **Fostered Children, Young People and their carers**

There are currently 982 children looked after by SCC with 697 of those children in foster care. Out of those in foster care, 251 children are placed with external fostering agency carers which could mean the children have been moved out of Surrey.

- **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.

What next?

During the latter part of 2019/20 and into 2020/2 we shall be reviewing uptake of CAMHS services by vulnerable and potentially vulnerable groups of CYP against our population profile. We have agreed a piece of work where public health will support with providing information about our current profile, including proportion of BAME CYP in Surrey so that we can check we are meeting the needs of our population of young people. Our aim is to ensure that we are sighted on and reducing inequalities in the system.

3. Alignment with Surrey's Integrated Care Systems

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3.1. Background

The Surrey population is served by two Integrated Care Systems (ICS). The majority of Surrey is covered by Surrey Heartlands ICS which includes the following organisations listed in figure below:

Figure 3: Surrey Heartlands ICS partners

Surrey Heartlands Health & Care Partnership

Surrey Heartlands is a partnership of local health and care organisations focused on transforming health and care and achieving financial sustainability. Surrey Heartlands is a wave 1, devolved Integrated Care System (ICS).

The following partners are represented on the Surrey Heartlands System Board (the partnership board with accountability for delivery of the Surrey Heartlands sustainability and transformation plan and the primary forum for collaborative system leadership):

- ▶ Ashford and St Peter's Hospitals NHS Foundation Trust
- ▶ CSH Surrey
- ▶ East Surrey CCG
- ▶ Epsom and St Helier University Hospitals NHS Trust
- ▶ First Community Health and Care
- ▶ General practice (represented as a provider)
- ▶ Guildford and Waverley CCG
- ▶ Local Medical Committee
- ▶ NHS England and NHS Improvement
- ▶ North West Surrey CCG
- ▶ Royal Surrey County Hospital NHS Foundation Trust
- ▶ South East Coast Ambulance Service NHS Foundation Trust
- ▶ Surrey and Borders Partnership NHS Foundation Trust
- ▶ Surrey and Sussex Healthcare NHS Trust
- ▶ Surrey County Council; and
- ▶ Surrey Downs CCG

In addition, the partners are committed to working closely with other key stakeholders including GP Federations, Primary Care Networks, Healthwatch, the Surrey Carers Team, District and Borough Councils, the voluntary sector and our citizens. These working relationships are enshrined in the Partnership Memorandum of Understanding.

The Surrey Heartlands Partnership Memorandum of Understanding (Partnership MoU) is a formal commitment of all members of the Surrey Heartlands Health and Care Partnership to work collaboratively in the leadership of and delivery within the health and social care system across Surrey Heartlands.

The Partnership MoU recognises the vital role played by a much wider group of stakeholders beyond the core parties represented on the System Board and signals how we will work together as equal partners - health and social care commissioners and providers, the people we serve and the voluntary, community and faith sector (VCFS).

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- NHS Surrey Heath Clinical Commissioning Group,
 - NHS North East Hampshire and Farnham Clinical Commissioning Group
- are part of the Frimley ICS with an approximate population of 850,000 people.

The following figure outlines health, social and voluntary sector partners of the Frimley ICS.

Figure 4: Frimley Health and Care ICS partners

Frimley Health and Care

System partners

- NHS Commissioners
 - Bracknell and Ascot CCG
 - North East Hampshire and Farnham CCG
 - Slough CCG
 - Surrey Health CCG
 - Windsor Ascot and Maidenhead CCG
- Acute care provider
 - Frimley Health NHSFT
- Mental health and community providers
 - Berkshire Healthcare NHSFT
 - Southern Health NHSFT
 - Surrey and Borders NHSFT
 - Sussex Partnership NHSFT
 - Virgin Care
- GP out of hours providers
 - East Berkshire Primary Care
 - North Hampshire Urgent Care
- Ambulance Trusts
 - South Central Ambulance Service NHS FT
 - South East Coast Ambulance NHS FT
- County Councils (including Public Health)
 - Hampshire
 - Surrey
- GP Federations
 - Bracknell Federation
 - Federation of WAM practices
 - Salus GP Federation (North East Hampshire and Farnham)
 - Slough GP Federation
 - The Surrey Health community providers
- Unitary Authorities (including public health)
 - Bracknell Forest Council
 - Royal Borough of Windsor and Maidenhead
 - Slough Borough Council
- District and Borough Councils
 - Guildford Borough Council
 - Hart District Council
 - Rushmoor Borough Council
 - Surrey Heath Borough Council
 - Waverley Borough Council

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEALTH • WINDSOR

As part of our shared commitment to effective collaborative working the ICSs come together through the Surrey HWBB and the Surrey Strategic Health and Care Collaborative. Collectively all system partners have agreed a new 10-year Joint Health and Wellbeing Strategy for Surrey.

The strategy sets out three priorities and identifies five population groups as outlined in figure 5:

Figure 5: Surrey health and wellbeing priorities

Strategic Priorities - Health and Wellbeing

The 10 year strategic plan for Surrey will play a critical part in achieving the 'Community Vision for Surrey in 2030', focusing on three priority issues: fulfilling potential, leading healthy lives and having good emotional wellbeing. To avoid any cohorts of the population behind left behind, Surrey will focus on tackling these priority areas across the entire population, as well as within some specific target population cohorts which are often overlooked or most at risk.

Priority areas of focus

- Helping people in Surrey lead healthy lives**
 - 1.1 Working to reduce obesity and excess weight rates
 - 1.2 Enabling prevention and treatment of increasing risk and harmful drinking
 - 1.3 Ensuring that everyone lives in good and appropriate housing
 - 1.4 Promoting prevention to decrease incidence of serious conditions and diseases
 - 1.5 Helping people to live independently for as long as possible and to die well
- Supporting the emotional wellbeing of people in Surrey**
 - 2.1 Enabling children, young people, adults and elderly with mental health issues to access the right help and resources
 - 2.2 Enabling emotional wellbeing of mothers throughout and after their pregnancy
 - 2.3 Preventing isolation and enabling support for those who do feel isolated
- Supporting people in Surrey to fulfil their potential**
 - 3.1 Enabling children to develop skills for life
 - 3.2 Enabling adults to succeed professionally

Target Population Cohorts

- General Population
- Children with SEND and Adults with Learning Disabilities and / or Autism
- Young and Adult Carers in Surrey
- People who need support to live with illness, live independently, or to die well
- Deprived or vulnerable people

1

3.2. Leadership and Governance

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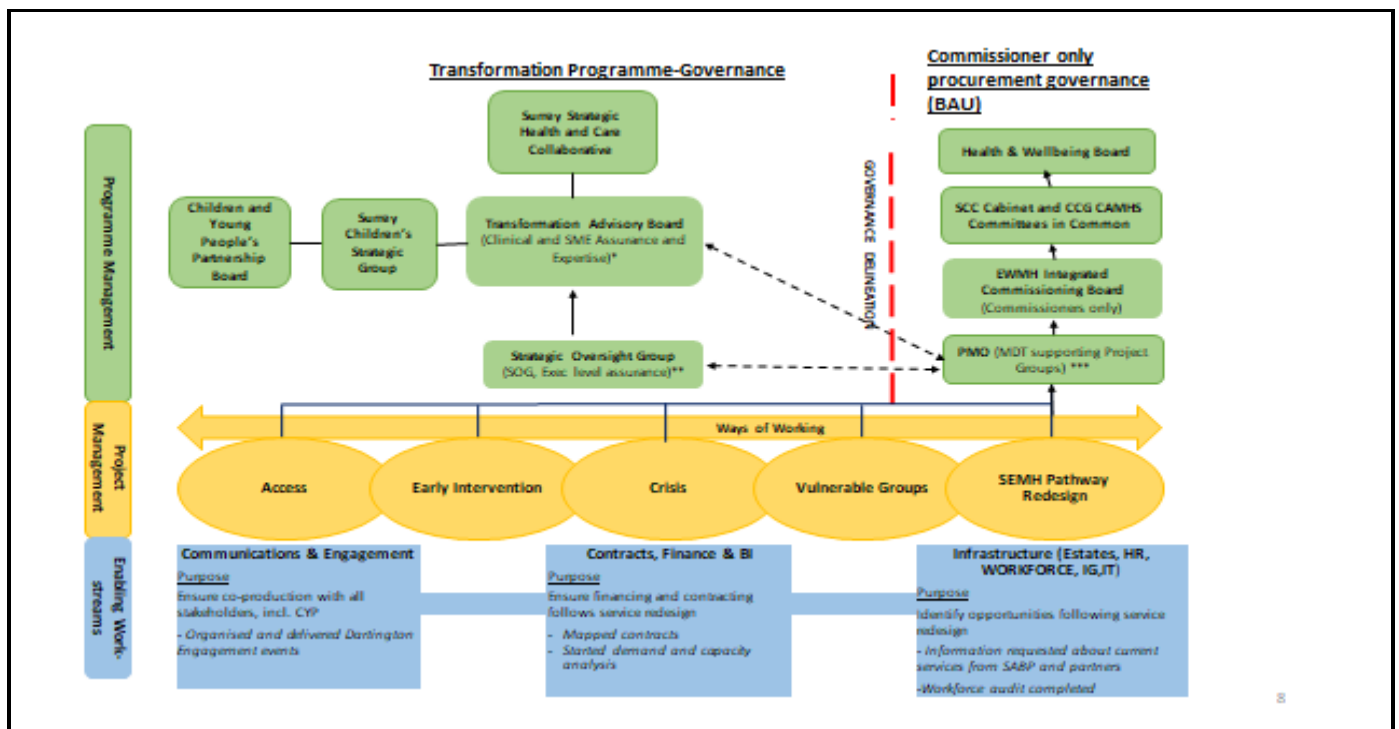
Mirroring the wider system arrangements, Surrey has an effective partnership that supports oversight of performance, delivery and opportunities to improve CAMHS services across the system:

The governance structure for our transformation (Figure 6) enables system oversight of the implementation of all elements of the Surrey CAMHS Transformation Programme. 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 Transformation Advisory Board provides a forum for scrutiny by the wider system, as a partnership of commissioners, providers, VCS, schools, children’s and family representatives across the system.

System partners have developed action plans for the five transformation themes shown in the diagram, which are described in section 2.1 of this document.

The governance structure is kept under review. The following diagram outlines the governance arrangements of the programme.

Figure 6: Surrey Heartlands ICS governance structure



In addition to the Transformation Programme Governance set out in Figure 6 above, our regular performance and reporting cycle includes review of the Provider dashboard, quality reports and associated documents at the monthly Commissioners Forum, CQRM and CRM meetings.

4. Reflecting on our Transformation Journey to-date

7

The annual update of our plan gives us the opportunity to review and reflect on our achievements over the past year and look forward in our plans for future developments. This has been an exciting year with the development of our young people's charter, the engagement work and the approval of our new five-year strategy. We have also come together as a system to use the i-Thrive framework

4.1. What do we need?

Section 2 summarised key needs highlighted within our JSNA, in our engagement work and crystallised in our strategy

4.2. What have we done?

During late 2018, SCC, the CCG and SABP commissioned a Joint Independent review of CAMHS in Surrey. The Report recommended the implementation of a CAMHS Interim Plan to start addressing some the most pressing needs including clearing the backlog of children waiting for assessment, whilst longer term transformation plans were developed. The Interim Plan model was based on six key lines of enquiry, including analysis of data from around 200 people. The report then set out a series of findings and recommendations for the future leading to the development of the EWMH strategy.

Following the approval of the emotional wellbeing and mental health strategy in March 2019, system commissioners agreed to an extension of the current contract with our main children's mental health service provider, for a further two years. This would enable system leaders, managers and staff to accelerate the transformation plan prior to any re procurement. With this in mind a new and extensive programme of work has been launched to design and deliver a coordinated whole system transformation.

The transformation phases are summarised in the figure 7.

Figure 7: Our transformation stages

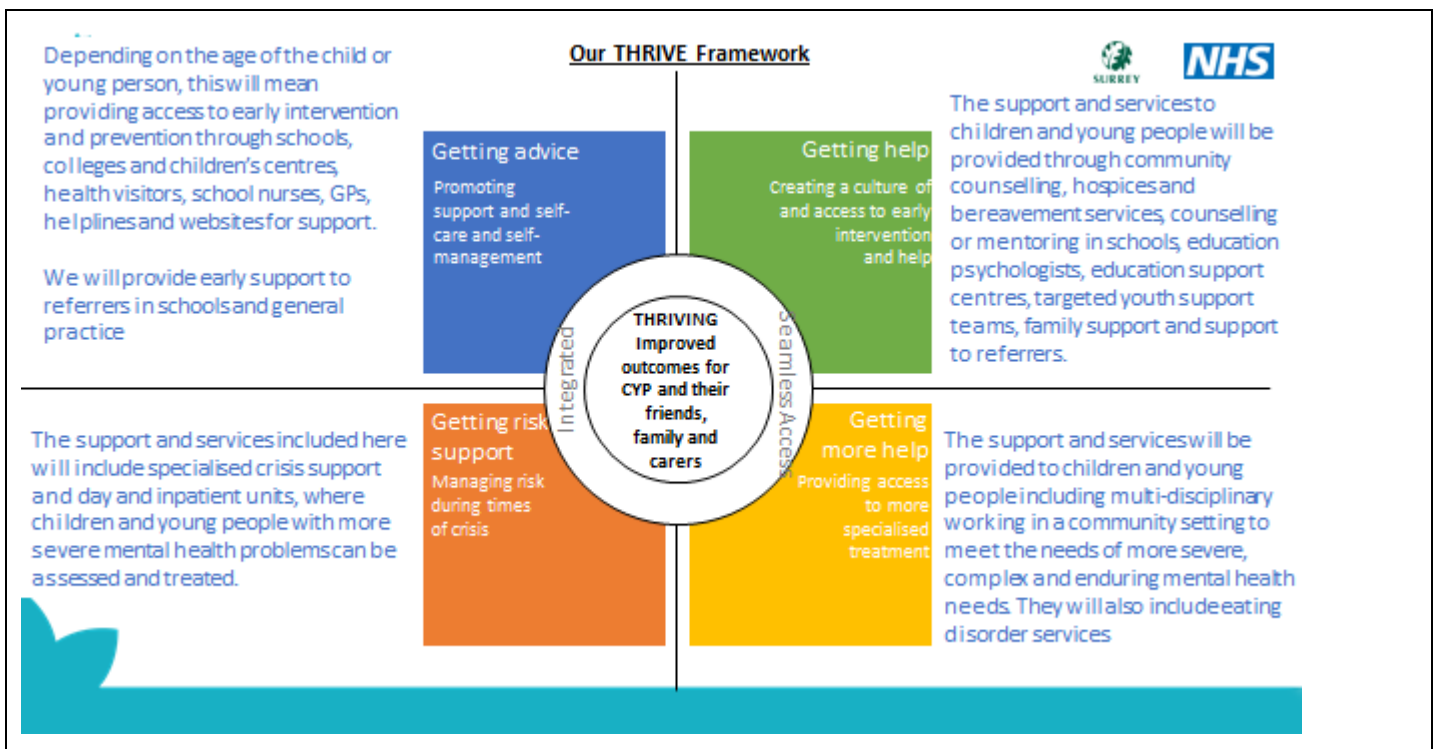


4.2.1. Surrey’s i-Thrive framework

As a system, Surrey agreed to adopt the i-Thrive framework. The i-Thrive framework is an integrated, person-centred, and needs led approach to delivering mental health services for children, young people and their families.

In February 2019 we invited the i-Thrive team from Anna Freud Centre to start working with us on the implementation of the i-Thrive framework and the transformation themes.

Figure 8: i-Thrive framework



We have agreed to focus on the following five transformation themes summarised in figure 9.

Figure 9: Our five transformation themes

Surrey Heartlands HEALTH AND CARE PARTNERSHIP		EWMH Transformation Programme Themes			01Apr19	SURREY	NHS			
Evaluation between December 2019 and March 2020										
Access	Early Intervention	Social, Emotional & Mental Health (SEMH)	Vulnerable Groups	Crisis						
<ul style="list-style-type: none"> Ensure alignment of SCC, SH and SABP front door and contact centre with the right professionals offering a graduated response at the right time This new model will be part of system-wide changes to the front door across the council and health Bring clinical expertise to triage Improve digital access to information and support Ensure swift access to crisis response where needed 	<ul style="list-style-type: none"> Consider links with proposed Early Help and Family Support Hub Identify VCS organisations to work alongside in providing early intervention Provide new service models in 3 school clusters (primary, secondary and special) as Accelerator Sites to deliver early help services differently Support schools to create a culture of promoting resilience Consider digital models of self-help 	<ul style="list-style-type: none"> Work with a cluster of schools to provide a different model of support for CYP with behavioural, emotional and neurodevelopmental disorders (ASD, ADHD) Front-load provision at the early intervention end of the pathway To be run in conjunction with a theme of SCC SEND transformation programme 	<ul style="list-style-type: none"> Expand the remit of the existing service for LAC, Care Leavers, CSA, and post-adoption support to include other vulnerable groups including Children in Need, Work with this expanded cohort using tried and tested methods of support, as well as early intervention services such as music, sports, arts groups. 	<ul style="list-style-type: none"> Review the commissioning of, and maximise opportunities to commission through our ICS rather than through NHSE. Look at expanding HOPE to build on this successful programme which keeps CYP out of long-term inpatient beds Ensure the right response is in place for incoming crisis referrals 						
Workstream Lead	Workstream Lead	Workstream Lead	Workstream Lead	Workstream Lead	Headteacher on secondment			Workstream Lead		
Enabling Workstream: Communications & Engagement, Contracts, Finance & BI, Infrastructure (Workforce, Estates, HR, IG, T)										

4.3. What difference has it made?

4.3.1. Existing transformation schemes

We have a number of established transformation schemes in the service provider’s contract as well as the implementation of the CAMHS Transformation Plan resulting in significant improvements to services, in particular those relating to crises. These are detailed in sections 5 and 6.

- Community Eating Disorders Services
- HOPE and Extended HOPE
- CYP Havens
- Paediatric Liaison Service
- Children’s Intensive Support Services (for CYP with learning difficulties and ADHD/ASD)

4.3.2. Improving access to CAMHS

7

The Five Year Forward View for Mental Health (2015) required that we delivered on increased access to CAMHS around 25% to at least 35% by 2020/2021. Surrey CCGs worked closely with the main provider and their partners, SCC and voluntary sector organisations to flow data into NHS Digital and improve access targets. The CCG has commissioned a third party consultant to offer these organisations guidance and support and enable them flow data without difficulty.

To date all organisations except two VCS (Jigsaw and Disability Challengers) are flowing data into the MHSDS. It is anticipated that these two organisations will commence data flow by end of October 2019.

The following table demonstrates the improvement in access target achieved by each of the Surrey CCGs for 2018/19 against the NHS England mandated target of 32% for that period.

Table 1: 2018/19 CYP mental health access targets of Surrey CCGs (June 2019)

CYPMH Access 2018/19 Performance Summary			
CCG Name	Access	Prevalence	Performance
East Surrey	1344	3248	41.4%
Guildford & Waverley	1255	3409	36.8%
North East Hampshire & Farnham	1308	3750	34.9%
North West Surrey	2332	6052	38.5%
Surrey Downs	1505	2000	75.3%
Surrey Heath	558	1610	34.7%

*NB: Provisional access figures from annual CCG validation submissions to NHSE.
Surrey Downs prevalence reset for 2019/20 (to 4839) inline with PHE based estimates used by other CCGs.
Access - number of individual children and young people aged under 18 receiving treatment.*

Notwithstanding that all CCGs have achieved their access targets, SABP have embarked of a CAMHS Improvement and Development programme. This includes

- Addressing the backlog of referrals:
 - Additional staff trained to score referrals
 - Direct referrals of inter-team referrals
 - Review of routine cases for counselling by partner organisations
 - Additional funding from commissioners

- Digital development for robust triaging
 - Mental Health Triage Scale Priority tool for GP referrals
 - CYP IAPT assessment tool
 - Categorisation of service users
- Improving CAPA approach
 - Pilot to commence in November 2019
- Redesigned workforce model
 - Supported by a MDT team and additional administrators
 - Plans to introduce technological process if appropriate
- Self-help support and digital information including good referral guide
- Collection of feedback
- Future focus areas
 - Self-referral pilot in schools
 - Improved systems integration
 - Collaborative working with SCC

Clinical outcomes and paired scores for service users are captured and reported via Checkware and SystmOne. There were delays relating to software and internal testing resulting in the 'Go-Live' date being postponed to October 2019. On the request of Commissioners work is underway to scope the process for uploading 3 months backdated information.

4.4. What next?

In Section 5, we describe initiatives supporting the CAMHS Transformation programme:

- Five new transformation themes
- Challenging stigma
- Building capability and capacity- developing our workforce
- Perinatal Mental Health Services
- Increased Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIIP)
- Youth Justice
- Unaccompanied Asylum Seekers
- Looked After Children

5. Our Transformation Programme themes

7

The Surrey system already has a number of existing transformation initiatives in place and these are described in subsequent sections. These sections provide an update on progress since our last plan published in 2018.

Work has commenced on the five transformation themes. The business case for the Early Intervention and Community Support priority has been approved for the establishment of three Accelerator sites. Accelerator sites involve provision of early help and support to CYP. The service model will work with three clusters of schools to deliver early help services differently, promote resilience, consider use of digital self-help as well as provide an opportunity to test the model in the ICSs Children's Hub.

The five themes of the EWMH Transformation programme and the progress of each of these can be found at: www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7

5.1. Five Transformation themes

We begin this section with what we aim to achieve and where we are with the progress with each of these themes at a point a time. Regular updates are available at:

<http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=21&t=4>

- Access
- Early Intervention
- Crisis
- Vulnerable groups
- SEMH pathway redesign

5.1.1. Access theme

Our ambitions

- Implement one front door that offers multi-agency triage, signposting and advice
- Enable our workforce to provide a graduated and multi-disciplinary response and embed 'getting advice' across services and processes through cross-system leadership
- Ensure that early and emerging concerns are actively identified and families are supported with evidence-based interventions from the first contact including interim support
- Effectively and efficiently deploy skills to manage growing demand, supported by streamlined processes and a shared view of demand, capacity and performance
- Improve digital access to information and support such as virtual counselling
- Establish clear self-referral pathways

Progress so far

- Improvements to the single point of access to improve decision-making and risk management
- Trajectory and action plan to minimise delays at SPA
- Work underway to improve the way information is captured
- SCC working with CYP including apprentices on improvements to digital applications
- SABP achieving significant uptake of Kooth
- SCC/SABP action plan for integration agreed and common language being established

5.1.2. Early intervention theme

Our ambitions

- Increased Primary Mental Health Worker resource for consultation, training and brief interventions linked to schools
- Develop a model to establish all schools to become Emotionally Healthy Schools
- Increase the role for VCS working directly with schools
- Make Schools/GPs more aware of support available for children's wellbeing and mental health within local communities

Progress so far

- Recruitment of PMHWs
- Work with schools to deliver projects within Accelerator Sites using the whole schools approach, commenced autumn term 2019.
- Establish Sharing and Collaboration Networks related to CYP's emotional wellbeing
- Sharing of existing local and national good practice within schools in Surrey

5.1.3. Vulnerable groups theme

Our ambitions

- Promote resilience for this cohort that is established in the community but which Children in Need may need additional support to access CAMHS.
- Provide direct access to therapeutic support for these CYP through our multi-disciplinary teams
- Integrate local voluntary and community sector in collaboration with community connectors

Progress so far

- Bid submitted for funding
- Finalised working methodology and identified interdependencies
- Site selection and finalise service/design roles
- Recruitment of PMHWs and Community Connector/s

5.1.4. Social & Emotional Mental Health theme

Our ambitions

- Revise the existing BEN Pathway
- Link with SCC SEND/LD work
<https://www.surreylocaloffer.org.uk/kb5/surrey/localoffer/home.page>
- Improving support for CYP/Families in Accelerator Site areas.

Progress so far

- Establish SEMH Accelerator Site
- Mobilisation including recruitment
- Co design and develop projects with schools within Accelerator sites
- MDT review of BEN Pathway
- Agree the role of Council school support services to help schools manage behaviour

5.1.5. Crisis care theme

Our ambitions

- Establish a full range of services across all relevant agencies for all CYP to support them including a pathway for trauma and emotional regulation
- Establish a multi-agency approach with joint accountability, integrated pathways, improved communication and information sharing and close working with education and criminal justice.
- Develop innovative models of care build on best practice to avoid unnecessary admission and support discharge.
- Have shared responsibility for planning, decision-making and the financial approach across the whole pathway.

Progress so far

- Business case for Tier 4 specialist commissioning model in Surrey refreshed
- Discussion with New Models of Care team (NCM) and Regional Specialist Commissioning Team about a local Tier 4 offer and a potential business case for bed provision in Surrey
- Engagement with Thames Valley NCM and South London Partnership NCM about joint working

The following sections update progress relating to our existing transformation initiatives, using the same format and we have asked ourselves,

- ***What do we need?***
- ***What has been done?***
- ***What difference has been made?***
- ***What next?***

5.2. Challenging stigma

5.2.1. What do we need?

We need to challenge stigma. 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.

5.2.2. What have we done?

Surrey has a proactive UVP (User Voice and Participation team, formerly called the Rights and Participation RAP 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 access or have accessed the emotional wellbeing and mental health services to 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.

Surrey also offers '*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 200 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 SCC being the first County Council in England to sign up to the national Time to Change pledge, to ensure we challenge stigma across Surrey.

The team undertake a wide range of projects, focus groups, consultancy services and provide advocacy support in order for children and young people from all backgrounds to have their voices heard including challenging stigma in mental health, providing peer support, aid recruitment, staff training and service development. The aim of the team is to shape and deliver services that work better for all, and to educate and inform frontline workers, from all professions, on ways to achieve better outcomes.

The team ensures that children and young people have an integrated voice in the services that affect them and support children and young people to facilitate service user led projects that ultimately improves the user experience. Due to these experiences the team are extremely passionate and well placed to support both the delivery of the projects, as well as children and young people through the journey of sharing and participating.

The UVP team attend and facilitate CAMHS Transformation workshops, work with the senior management of SCC on the SEND Transformation strategy and are committed to a number of education programmes.

The UVP team staff the four CYP Haven's across Surrey on a seven-day rota, providing advocacy based support to those CYP in an emotional wellbeing and mental health crisis. They facilitate nine focus groups per month for children and young people who access or have accessed Emotional Wellbeing and Mental Health services and/or Special Educational Needs and Disabilities Services to shape and influence service and practice. Their own support comes from a senior supervisor from the UVP team, who provides peer mentoring for CYP attending the CYP's Haven including youth apprentices.

Following is a summary of activities undertaken by the UVP team/CYA since April 2018

- 39 RAISE (Raising Awareness in Schools through Experience) emotional well-being workshops engaging with 2500 students as well as RAISE events with Parents and Carers.
- 15 SSHAW safeguarding and self-harm awareness workshops, including Universities, Clinical Students, School Nurses, Hospitals, Doctors, Nurses, Paediatricians.
- Facilitated 5 'We Can Talk' Training days
- 3 Transition workshops
- 4 Teacher workshops attended by 80 teachers
- 2 Parent and Carer Advisory Network attended by 70 parents
- 3 "Our Perspectives" for 50 professionals, including one dedicated to All Age LD

NHS England invited us to participate in a regional Amplified Programme facilitated by Young Minds to deliver on the NHS Participation standards and Regional goals. The programme helps build participation in every part of the children and young people's mental health system.

5.2.3. 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.

5.2.4. What next?

- Working with CYA to expand the RAISE 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 'Our Perspective' delivered by the UVP team and facilitated by 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'

We will not only continue to realise our partially fulfilled commitments of last year, but also turn to what CYP have told us since. Fortunately, Surrey has an enviable UVP team so this was an opportunity to strengthen our ongoing work by bringing young people and clinical and commissioning staff together to consider how to co-produce a CYP MH workforce strategy with young people so that their needs and preferences are taken in to account when planning the workforce of the future.

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

5.3.1. 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.

5.3.2. What have we done?

The HV offer is 5 universal contacts-

Antenatal contacts take place from 28 weeks of pregnancy. Safeguarding concerns or very serious MH concerns would be seen and HV's liaise with the midwives and safeguarding leads for midwifery and 0-19 teams may also be involved.

New birth contact - Mums and babies are visited 10-14 days post-delivery. This visit is usually at home, but families may be invited into a clinic setting. If issues/concerns are noted at this visit a mum/baby may be followed up.

6-week contact - this contact is usually at home, but are also offered in a clinic or via telephone.

1-year review - Families are sent an Ages and Stages developmental questionnaire and asked to complete it and return. These are triaged by the HV team and appropriate interventions are provided including face to face review if necessary

2.5-year review - Families are again sent an age appropriate Ages and Stages questionnaire and invited in for a face to face review to which they are asked to bring the completed questionnaire.

HV's work closely with PIMH and PNMH services to refer mums and babies as appropriate.

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.

Primary Mental Health Workers deliver Targeted Mental Health in Schools (TaMHS) and their offer to schools is currently being refreshed. Really good engagement is being demonstrated, justifying the 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.

5.3.3. What difference it has made?

We want to ensure that 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.

5.3.4. What next?

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

- Working with SCC 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.
- Schools identify a named strategic mental health lead to develop whole school approaches with an operational mental health leads that 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.

We expect the focus from the Green Paper and our local work with the Accelerator sites to provide additional support to schools, also noting positively the increased emphasis on emotional wellbeing in the OFSTED inspection framework.

During 2020, we will explore joining the Anna Freud Schools Link Programme, to enhance the offer of support to and via schools.

5.4. Perinatal Mental Health services

5.4.1. 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. This service needs to be built upon to help identify and refer expectant parents proactively into the service.

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.

5.4.2. What have we done?

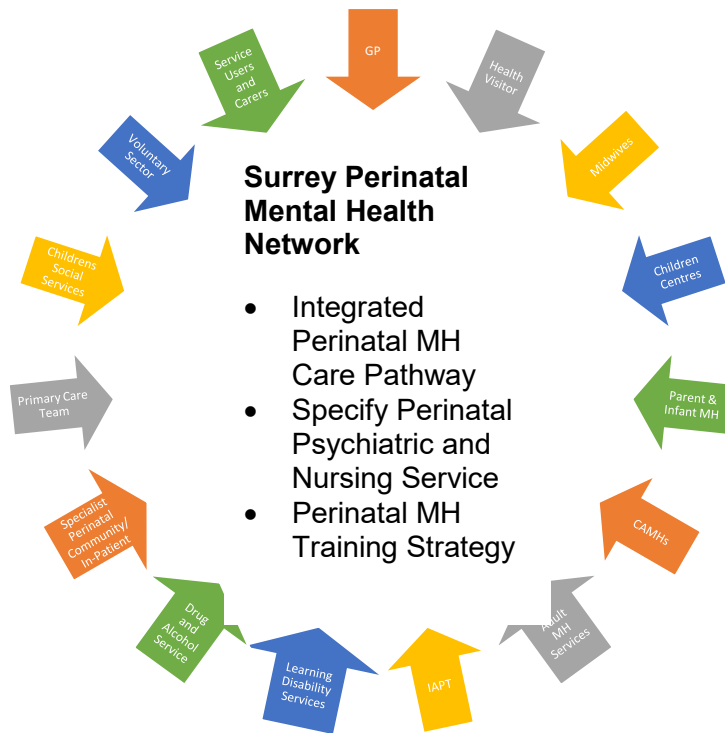
Following the successful bid application, NHSE South East Clinical Network (SECN) allocated non-recurrent funding to SABP in March 2018 to support the establishment of a specialist PNMH service across the Surrey.

The service was established and commenced in October 2018 received 144 referrals in the first quarter of operation - offering treatment to 115 women. Referrals in (March 2019) were of a similar volume. Over year one of operation of the new service is on track to achieve the trajectory of 550 women.

Significant increase in referrals was observed in the first quarter of 2019/20 year and the trend seems to continue. 27 of the 165 referrals in the first quarter were urgent, with 45% of referrals antenatal and 35% postnatal, 2-4% were pre-conception. The service has excellent waiting times between 1 and 35 days in majority of cases. All vacancies including a psychology team have been recruited to, with start dates around the end of quarter 2.

The service works closely with other services (see figure below), especially IAPT services to enable new parents to access talking therapies.

Figure 10: The Surrey Perinatal Mental Health Network



5.4.3. What difference has it made?

The network has brought together key partners across the system and enabled us to agree a model that best meets the needs of women and their families in Surrey.

5.4.4. 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 needed in Surrey.

The service is gearing up to ensure teams are equipped to make informed and risk-assessed referrals with confidence, and in the best interests of mother, baby and their wider family and complete recruitment.

The service has had its first Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) inspection and working towards accreditation.

The team is also working with regional networks in Sussex and Kent to harmonise/standardise care and ensure continuity and smooth transitions of service users

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

5.5.1. 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.

5.5.2. 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. The CYP IAPT and

Workforce Programme Board was set up to oversee the implementation of CYP IAPT. During the latter part of 2018/2019 the focus of the programme shifted towards workforce development. The CCG and the wider system partners reviewed existing membership and updated the terms of reference. SABP and their partners participated in a workforce audit was undertaken using the Matrix tool kit that led to the development of the Matrix Report along with findings and recommendations. More details of the report can be found in Section 8



5.5.3. 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

5.5.4. What next?

Having done a lot of work over the past 2 years to develop and embed the CYIAPT principles including the use of outcome measures, we are now focussing on our workforce development strategy. 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. Our shared learning will help ensure that the implementation addresses the varied needs of our Children and Young People including Looked After Children, under 5s, Learning Disabilities. In order to deliver this, we have set out a detailed programme of work in Appendix 2

Additionally, we are piloting access to the adult IAPT service by those who are 17 years (instead of 18 years) and over. If successful, this pilot will improve the experience of support CYP in transition and help achieve better outcomes should they need to access services in future

5.6. Early Intervention in Psychosis (EIP)

5.6.1. What do we need?

In Surrey we have two EIP teams that are commissioned within the adult mental health services contract, held by Surrey and Borders Partnership NHS Foundation Trust (SABP). We have had investment in the service over the past 3 years to help build the service in order to meet the new national access wait time targets.

There is a further need for training. In order to meet the standard for delivery of CBTp we need to be able to access CBTp top ups for 4 members of staff and also CBTp supervision course. We have been liaising with HEE with regards to this and although money has been released the training provider has not confirmed these modules are available.

We are hoping to appoint a clinical lead for physical health within the service- but this is dependent on having the appropriate level of area coordinators to release the identified member of staff from

her care coordinator duties. We are also hoping to purchase a point of care blood test machine to help with the recording of blood tests- which remains an issue for most teams nationally.

5.6.2. What have we done?

In the past year we have had two staff attend a post graduate diploma in CBT to help us meet our CBTp targets, they have just completed the course and awaiting their results. We have also recruited into 2 band 7 psychology posts (although both are yet to have a start date).

EIIP service leads have worked alongside SABP digital colleagues to ensure that data is able to flow through MHSDS.

Two initiatives outside of the targets have also come to fruition. West EIIP have been working on an allotment project, which is been recognised nationally with a nomination for team of the year at the Nursing Times awards. This helps engage people in meaningful activity and with the service, whilst also helps with an understanding of healthy eating and exercise. East EIIP have worked closely with a charity called Swingbridge- this gives EIIP clients the opportunity to gain valuable work experience as volunteering on a barge project which helps the wider community by cleaning up Surrey's canals and riverbanks.

These helped EIIP as a service to be well represented at SABP CARE awards- winning team of the year and support worker of the year. Both EIIP teams are amongst those that have achieved internal SABP accreditation.

5.6.3. What difference it has made?

We have seen very positive outcomes for the people that have used the service. The service is currently for people from 14 – 65 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 EIIP data across CCGs for reporting on the access and wait standards.

Whilst we have grown our ability to deliver CBTp we will not see the benefits until the applicants are fully embedded into their roles.

The work on reporting through MHSDS on access wait times means we are almost at a point where the manual reporting and MHSDS reporting are consistent. There are some issues in previous reporting as there has been a lot of historical cases that have skewed the reporting but we have nearly resolved this now. We still have further work to do on reporting on NICE interventions flowing through MHSDS.

5.6.4. What next?

7

Further work on NICE intervention reporting is the main focus – ensuring we are able to flow data through MHSDS and subsequently be able to provide accurate live reporting for the benefit of audit purposes and to support the care coordinators.

5.7. Youth Justice

5.7.1. What do we need?

Children and young people offending and at risk of offending need ready access to services to support their emotional and mental wellbeing, and the local partnership needs to develop a clear profile of this need and to develop a corresponding strategy to enable the right services.

Surrey CCGs are members of the Youth Offending Partnership Board (Children's Policing and Justice Partnership Board) which holds a statutory duty to provide resource for this group of highly vulnerable children recognised as high risk and high vulnerability. A forensic CAMHS service is commissioned to work with young people offending. The Youth Offender Service (YOS) is currently being reviewed to ensure that the pathway and delivery provide access at the right level for this cohort.

Children who end up in custody are three times more likely to have mental health problems than those who do not. We also know they are very likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol and to have experienced a range of other challenges or adverse childhood experiences. Many of these needs go unrecognised and unmet.

A recent analysis (January 2019) of risk factors in 97 Surrey YOS cases found the following typical features:

- Substance misuse issues
- Mental health concerns
- Experience of loss or bereavement
- Experience of familial domestic abuse
- Experience of parental mental health concerns and substance misuse issues
- Accommodation and tenancy issues for the family

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.

An inspection in June 2019 saw that 60% of young people offending have a Special Educational Need and that the service has little information about learning styles and needs and about speech, language and communication difficulties (this despite the evidence that 50% of children with SLCN will become involved in criminal activity (Breakthrough Britain – the Centre for Social Justice) and 60% of young people known to YOTs have an unassessed SLCN; also that 81% of children with emotional and behavioural disorders have unidentified language difficulties (Bercow, Ten Years On March 2018).

Improved engagement and re-offending rates have been seen in certain areas like Milton Keynes where this approach of screening and working to address the issue has been used.

5.7.2. What have we done?

Work has been undertaken within SCC in developing integrated pathways, but a more recent investigation of outcomes shows us that this highly vulnerable group has not received the attention needed or the status as a vulnerable group that could have improved on the services available. As a result, we have given this renewed focus, working with Surrey Youth Offending Service to develop new pathways and to speed up access. A recent inspection notes that health provision for young people who are offending is not strong and notes high waiting times which will prevent support being received within the timescale of any intervention. It also finds that the YOS has not had dialogue with the regional NHSE commissioner to support additional funding to directly benefit the needs of this cohort.

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

We successfully bid to 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.

There is now a Surrey wide Forensic Child and Adolescent Mental Health Service (FCAMHS) in place. The service is a collaboration between three mental health trusts - Sussex Partnership,

Surrey and Borders and North East London, to provide the service across Kent, Surrey and Sussex.

FCAMHS is accessible to all organisations and services that work with CYP who may have become involved in the youth justice system, might pose a risk to themselves or others due to a known or suspected mental health problem, and are displaying behaviour that may get them into trouble in the future. The service also facilitates smooth transitions out of (or into) custody or hospital settings for those young people with risk issues. Where indicated the service complete individual assessment and intervention work with young people (approx. 15% of the caseload). They have a monthly presence on the Prevent Panel, YOS High Risk Panel and offer a consultation clinic to Specialist CAMHS in Surrey.

The Surrey Liaison and Diversion services offer expert assessment of people who are detained in custody and who are thought to have mental health problems. They provide appropriate interventions to those who need support. This includes:

- giving written or verbal reports to courts or the Police
- recommending that a detainee is admitted to hospital
- instigating formal Mental Health Act assessments
- confirming if someone in custody has a learning disability
- The team undertake Positive Case Identification (i.e. they assess all detainees as a matter of course) and also accept referrals from colleagues in Criminal Justice settings.

To date the number of detainees between April 2019 to August 2019 were 14 young people detained by police in Surrey under s136 of MHA. Of these, 11 were referred to alternative mental health services and none of them were taken into custody. All of the young people were taken to a health based place of safety for assessment.

5.7.3. 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 rate of first time entrants (criminalisation) to the youth justice system in Surrey has been the lowest against any other local authority area in England and Wales over the last five years. There will be challenges maintaining this following an inspection in June 2019 which found that the diversion processes were not sufficiently robust and that they were over-used.

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. The prevalence of serious youth violence linked to criminal exploitation is likely to see a rise in numbers sent to detention accommodation, so that stronger partnership prevention programmes are likely to be needed going forward.

Re-offending rates amongst the small number of complex and vulnerable children and young people who do still enter the formal justice system are increasing and are now similar to the national average.

Early this year Surrey emergency services partners launched a pilot initiative to help people facing a crisis - Joint Response Unit. The JRU comprising of an Ambulance Paramedic and two Police Officers work together, in a designated ambulance and operate between 6pm to 2am Thursday evenings to Sunday mornings. The JRU respond to calls from Surrey Police requesting ambulance attendance, or police assistance for medical calls, with the overall aim of providing a more fitting response to those facing crisis in Surrey.

Initial feedback indicates that approximately 40% of joint incidents attended were calls of a complex health and social care nature, categorised as alcohol related, assault or domestic, mental health, concern for welfare (including Section 136 of the Mental Health Act) or attempted suicide.

The recently launched FCAMHS been also been received well with lot of positive feedback

5.7.4. What next?

We will continue to keep under review the 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 SCC and our partner organisations to focus on:

- The youth restorative intervention scheme (Family Services / Surrey Police) which is responsible for diverting 400 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 (SARC), A&E, place of safety etc. These services will aim to provide support that will help prevent these CYP from becoming young offenders.
- NHS Specialised Commissioning commencing the re-commissioning of SARC services in readiness to undertake a procurement in 2020 (and a new contract start date of March 2021). Part of the re-procurement includes reviewing staffing models, service elements, locations and premises to help inform and design future services. It is hoped that the current YOS review and the recommissioning of SARC will enable a more joined up approach to addressing the needs of both victims and perpetrators.
- Implement the pilot bike project between Catch 22 and Surrey Police to wean away vulnerable CYP from the fringes of the youth justice system.
- COP event (8th October 2018) the “Impact of Emotional and Mental ill health on CYP’s behaviour”. This event will act as a test bed to understand and address issues like knife crime, child exploitation, county lines etc. faced by CYP in Surrey and target appropriate interventions.
- Setting up additional FCAMHS consultation clinics for YOS/ Care and work with Service managers to understand what they need and how we can best serve the wider CYP cohort.
- Continue the development and true integration of partnership working; work with colleagues in CAMHS, YOS and social care to advise and consult on risk. Explore the FCAMHS’s role as providing training on formulation of risk and clinical supervision for staff to reflect on and debrief around the work and young people they work with.
- Embedding FCAMHS in schools – especially for young people on the edge of exclusion or in alternative learning provisions to help systems understand and respond to the complexity of these young people considered a risk and shift thinking and action to be preventative and pro-active rather than reactive.

It is anticipated that the current service will be further augmented on the basis of the statement of intent issued by NHS England Health and Justice (South East) Team

5.7.5. Statement of Intent for Health and Justice

NHSE Health and Justice will continue to support partners with the development of a range of appropriate services and access points that actively engage with children and young people who are in contact with the youth justice system. This will include:

- **Supporting investment in additional support for the most vulnerable children and young people in, or at risk of being in, contact with the youth justice system.**
Learning from the national NHSE Health and Justice investment in trauma informed healthcare services in the CYP secure estate in the SE will be transferred to community based provision, including partner provided resources and the area based Liaison and Diversion services. NHSE Health and Justice will support the development of services for those vulnerable young people with multiple sub threshold needs, to offer engagement in face to face support that actively maintains contact and supported diversion in to appropriate services.
- **Supporting the justice system to provide healthcare support to victims of sexual assault**
We will support the expansion of provision to ensure children and young people who are survivors of sexual assault in the SE are offered integrated therapeutic mental health support, both immediately after an incident and to provide continuity of care where needed.
- **NHSE Health and Justice SE will develop a Health and Justice regional forum alongside the Clinical Network**
Building on the success of the quarterly SE Clinical Network Health and Justice meetings, NHSE will further develop the agenda to include representation from other specialist health and justice CYP services, enabling effective partnerships and pathways can be developed and implemented, improving the opportunities for vulnerable young people in contact with the youth justice system to access appropriate community based specialist and non-specialist mental health provision.

5.8. Unaccompanied Asylum Seekers (UASC)

5.8.1. What do we need?

Surrey continues to have increasing numbers of unaccompanied asylum seekers (UASC) and therefore continues to need a Specialist Mental Health Practitioner to work with UASC accessible 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. The Practitioner also supports in writing letters regarding mental health needs relating to asylum seeking applications

5.8.2. What have we done?

Following a review of the revised SCC JSNA around the needs of UASC a consultation visit was organised to the Tavistock Clinic in London. This visit entailed a day with their refugee team and network with a like-minded service. Regionally, links have also been established with Kent to better understand the therapeutic work being undertaken in the county.

The service has 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. A training and development package is also being undertaken to support this new innovative and exciting Specialist Mental Health Practitioner role. The role was funded from the CAMHS Transformation Fund has now been recruited to and been placed within the CAMHS specialist services which enables support and training for the practitioner within an established and dedicated trauma and attachment service.

5.8.3. What difference has it made?

The post holder has achieved a number of outcomes:

- Reducing 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 overall care.
- Utilise the benefits of clinical supervision received from clinical supervision from the UASC Specialist in Kent for UASC CYP in Surrey.
- Enable the provision of 1:1 therapeutic treatment for symptoms of trauma
- Take up new referrals and initial assessments
- Provide training and advice to clinicians on specific needs of UASC client group
- Prepare and facilitate UASC Health Group meetings
- Developed links with UASC GP Lead to see UASC client group in primary care settings and enable easier access and liaison for health, social and 3rd sector interventions and support.
- Provide advocacy and consultation to UASC GP Lead to address the mental health and physical health needs of UASC.
- Provide more intensive support to UASC for symptoms of trauma
- Work closely with clinicians from wider CAMHS Specialist Teams to support UASC clients and also better understand specific mental health needs of this client group.

5.8.4. What next?

Caring for UASC is a national challenge and the picture in Surrey is no different. Although there is a commitment to fund the post from the CAMHS Transformation Fund, the funding status beyond 2020 is still unknown. Future funding of local authorities needs to accurately reflect the costs they incur from caring for these vulnerable children and young people

Future plans of the service include:

- A Graduate Teacher Education Programme GTEP (client trauma focused) research project
- Establish, implement and embed a Health network meeting with GP UASC Lead, UASC LAC Nurse Leads
- Commission a 3 day EMDR (trauma focused treatment) training for the Practitioner

5.9. Looked After Children placed out of county

5.9.1. What do we need?

A need for was identified 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. There was also recognition for 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 enable the service to regularly monitor and review any interventions being offered, together with length of delivery.

5.9.2. What have we done?

A range of professionals including a dedicated doctor for Looked After Children, Looked After Children's social workers, CAMHS colleagues and Clinical Commissioning Group Colleagues got together 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. Since then we have had a number of full time practitioners and the most recent one is a qualified social worker who has had substantial experience working in the management of health care with looked after children. This appointment has enabled:

- Provision of consultation/support to Surrey social workers about out of county children who may need CAMHS support.
- Liaise with out of county CAMHS, CCGs and private providers
- Provide brokerage between Surrey CCG and Out of County CAMHS.
- Ensure Surrey young people are able to access support required.
- Monitor care packages of support and ensure they are regularly reviewed (6-8 weeks)
- Advocate on behalf of Surrey Children who are accommodated outside of Surrey
- Ensure that resources are used appropriately and cost-effective packages are implemented.
- Check pricings in accordance to the NHS Tariff.
- Compare pricing of private providers.
- Check private providers' credentials including registrations

- Offer professional judgments when needed
- Attend consultations to Surrey Social care twice monthly
- Chair Care Education and Treatment Reviews (CETRS)

5.9.3. 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

5.9.4. 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.

5.9.5. Personalisation (including Personal Health Budgets)

Surrey recognises the potential of personalisation to support CYP referred into clinical CAMHS, awaiting assessment or treatment. With this in mind Surrey has successfully bid to become a Demonstrator site to implement PHBs for Looked After Children.

The ability to offer mental health personal health budgets (PHBs) would both help manage demand for providers' services and enable:

- A recovery-focused approach to mental health services, moving beyond treatment
- Children and young people able to define their own outcomes and design their own packages of care and support resulting in greater self-management
- Greater choice, flexibility and control over their health care

Surrey currently provides PHBs for children with continuing health care needs and learning disabilities. It is our intention to use the existing infrastructure including our 3rd sector to expand our PHB offer to include mental health, aligned to our direction of travel set out in EWMH

Transformation Programme – detailed in our CAMHS Transformation Plan – particularly focusing

on our vulnerable groups of CYP. The PHB pilot is expected to commence in 19/20, with a focus on looked-after CYP who are hard to engage, particularly within the CAMH Children in Care, 3Cs and HOPE services.

5.10. Children in transition

5.10.1. What do we need?

Transitioning CYP to Adult services still continues to be a challenge. There is a clear need to better support young people through transition. We have learned from consultation with CYA locally and National consultation that we need to transform our current transition outcomes and the way transition is currently experienced. We want to increase young people's resilience in managing transition, and to support them to engage and communicate with services to ensure transition is smooth, and to ensure that no one is 'lost in between services'. Transitioning can often be a confusing and daunting time for a young person, with different thresholds for adult services and entry to new services. Consultation data inform us that young people going through transition often struggle to voice their concerns or worries and would benefit from support in liaising with services, signposting and issue based advocacy through the process

Commissioners guide on transition at:

[https://www.rcpsych.ac.uk/pdf/JCPMH%20CAMHS%20transitions%20\(March%202012](https://www.rcpsych.ac.uk/pdf/JCPMH%20CAMHS%20transitions%20(March%202012)

SCIE, Social Care Institute of excellence, guide on transition

<https://www.scie.org.uk/publications/guides/guide44/introduction/>

5.10.2. What have we done?

In line with best practice recommendations, a robust and reliable transition protocol in place for CAMHS services. An audit tool is used by CAMHS clinicians to monitor adherence to the protocol.

Pre and post-transition questionnaires for CYP undergoing transition is used to assess the quality of transition from a service user perspective. Limited data is available from these questionnaires but feedback suggested that best practise recommendations are followed and CYP feel well supported throughout the process.

From April 2019, in order to help young people better adjust to transition; SABP have collaborated with CYA to develop a 'transition into adult services' workshop. This quarterly workshop is an opportunity to discuss adult mental health services, allow young people to express concerns and provide the opportunity for peer support.

Recognising the complexities around transition the CCG held a Community of Practice (CoP) on transition in July 2019. The transition CoP identified a number of actions which could be taken by both, CAMHS and adult mental health services to better cater for the needs of CYP in the 16/18 to 25 age bracket. Action so far includes a pilot reducing the age for access to adult IAPT services to 17. If successful, this pilot will be extended to other providers in Surrey. Please see Appendix 6 for more information on the event.

5.10.3. What difference has it made?

The CoP facilitated by CYP themselves, enabled all stakeholders to feel more confident and empowered to address the needs of CYP in transition. The event was hailed as a major step towards blurring the age barriers between CAMHS and adult services and enable provision of a seamless and smooth transition service. The presence of both adult and CAMHS services enabled meaningful discussions to be had as well as explore the provision of a joined up CAMHS/Adult sessions to transitioning CYP.

The transition CQUIN ensured that young people have a completed care plan. Management plans are in place for all those who have been unable to engage and ensure these young people are appropriately supported. Meetings have been set up at each district general hospital to review A&E attendances for young people on our cohort. We are planning for the protocols from this CQUIN to be embedded within the service as business as usual.

5.10.4. What next?

The feedback from the event will enable both the CAMHS and the Adult services to build and implement their actions for their services;

- Initiate pathway improvements for 18-25/young adults within adult MH services
- Prompt commissioners to incorporate pathway changes in specifications for future procurement of CAMHS.
- Plans for best practice protocols to be embedded across services as business as usual

Our transitions COP and the earlier work on the Transition CQUIN has given Surrey a good platform on which to build its improved pathways for 18-25 year olds with mental health needs, as set out in the NHS Long Term Plan.

These plans will be taken forward in partnership across adults and CAMHS mental health services.

6. Crisis Care – developing the “Crisis Umbrella”

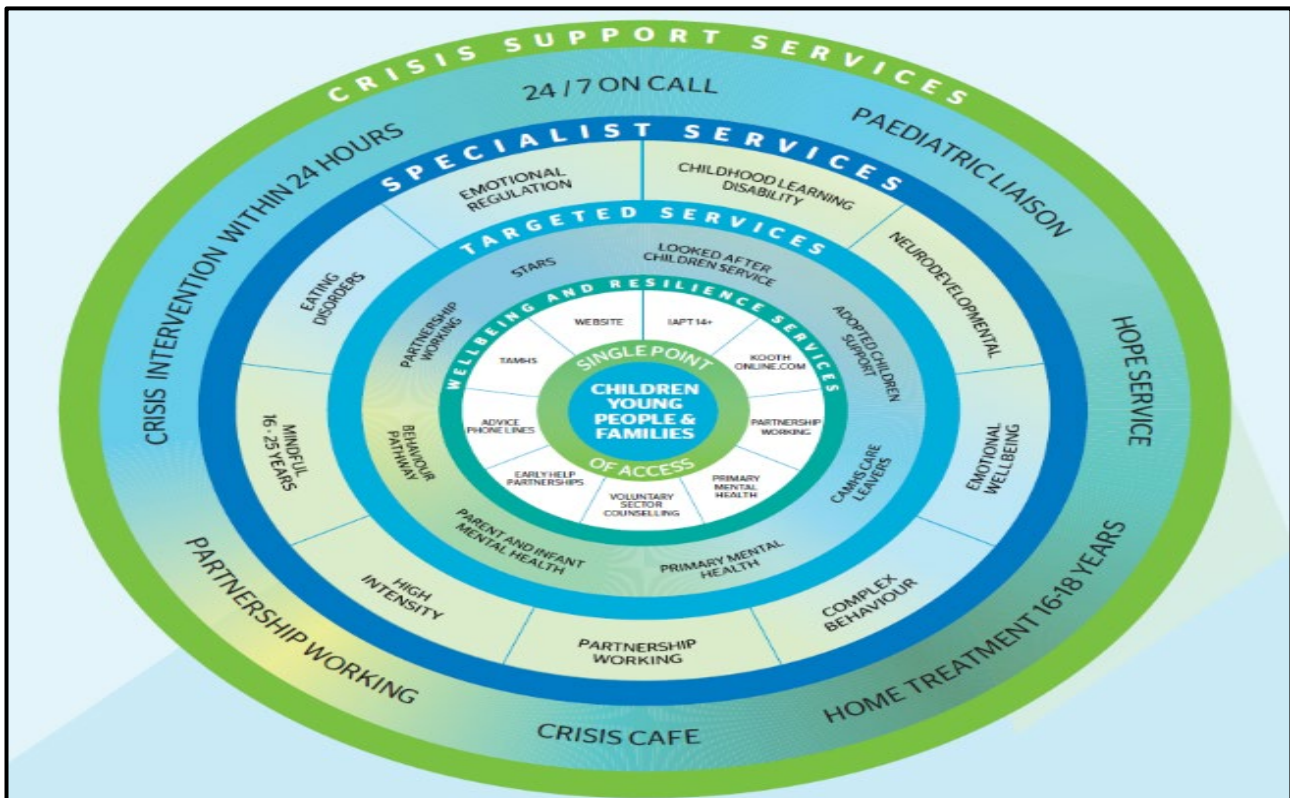
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We are transforming crisis care for CYP in Surrey with a range of new and integrated services that are described below.

6.1. 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 4 beds.

Figure 11: The Crisis umbrella



6.2. 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, by working together as a system and reinforce our commitment to support children and



young people have the best start in life at home (including joint work with SCC extend a number of services, including HOPE extended HOPE; as detailed in this section).

Recognising that CYP were not getting the appropriate support to manage their emotional and mental wellbeing, we held a series of engagement events with children and young people and their parents and families, teachers, carers, GPs, health and social care professionals along with wider stakeholders to tell us what they need. Surrey has commissioned 3rd sector organisations (Jigsaw & Fountain Centre) to further support CYP facing bereavement and /or suicide ideation. In addition to FLASH/SHINE programmes that are being implemented, Surrey practices have also signed up to Practise HOPE, the regional PACE award programme for reduction in self-harm and suicide prevention CYP aged 10-25.

Supporting CYP in crisis or to avoid crisis is still a top priority for us in Surrey, which is now being taken forward through the Crisis Transformation theme group

6.3. What difference has it made?

The new approach to service delivery will be aligned and complement existing services that are already part of the overarching umbrella of support services. The difference these services have made and will potentially make as part of the transformation of emotional and mental wellbeing of children and young people are listed throughout this section.

6.4. What next?

The Crisis workstream will be building on community crisis services such as Extended HOPE, the enhanced Eating Disorders pathway and the paediatric liaison service with the 3rd Sector

- Extend and develop the HOPE offer and Children's Eating Disorder Services with robust wraparound community arrangements to keep CYP out of long-term inpatient beds Provide more support for schools who are working with children and young people in crisis
- Review the commissioning of, and maximise opportunities to commission through our ICS rather than through NHS England.
- Ensure the right response is in place for incoming crisis referrals
- As part of the Crisis transformation theme (see section 5.1.5) we will continue our discussions with the New Models of Care team around the development of a local Tier 4 (crisis support) offer with the potential for in-patient bed provision in Surrey.
- Ensure that CYP who are approaching or recovering from crisis and their families will be supported through a full range of services across all relevant agencies, building a robust multi-agency approach with joint accountability for outcomes; with integrated pathways and improved communication.

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

7 6.5. HOPE and Extended HOPE

6.5.1. 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.

6.5.2. What have we done?

Extended HOPE 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 has 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. Since May 2016 to date more than 100 young people have stayed in the crisis/respice beds. HOPE Day Programme with access to a multi-agency team of professionals has been offered to all young people whilst staying in the respice beds and where needed on-going support has been offered for up to one year within the day programme. 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. 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.

6.5.3. 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.

Since September 2017, the HOPE Day Programmes has offered skills workshops facilitated by staff who have completed the second part of Dialectical Behaviour Therapy training. Additional training was commissioned last year with a view to widen the scope of staff skilled in DBT. Early in 2019 Hope Staff completed 3 day NVR (Non Violent Resistance) training.

Staff trained in DBT has supported young people struggling to regulate their emotional state, demonstrating distress and risk taking behaviour including self-harm and active suicidal thoughts. This had enable 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.

The HOPE service <http://www.hopeservice.org.uk/> has received very positive feedback and was rated 'OUTSTANDING' by Ofsted in 2018. This builds on the HOPE Service Care Excellence Award (2017). The Extended HOPE Crisis Service was also the winner of the Crisis Services Award at the National Children and Young People Mental Health Awards in the same year.

6.5.4. What next?

7

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.

Hope Service has re launched their Parent/carer support groups which run fortnightly from alternate sites. These support groups are open to anyone with children open to CAMHS or Social Care. In January 2019 Hope launched FLASH (Families learning about self-harm) 10 week groups. These have been well attended by parents with children open to the Hope Service or local CAMHS. Feedback has been positive around impact from parents and children and young people. A second group is now underway.

There is also a consideration for larger premises to be sourced and funded to deliver the Extended Hope service and replace the current Hope House. This would provide more space and accommodation for staff and children and young people using the service.

6.6. Children and Young Person's Havens (CYP Havens)

6.6.1. 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.

6.6.2. What have we done?

The CCG worked with their partners and CYP to develop a model that would best meet the identified needs, enabling CYP between the ages of 10-18, 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 overall aim of the CYP Haven is to contribute to the improvement of the psychological and emotional health of young people in Surrey

The service model, the first of its kind in the UK, comprising of support from social care/youth support and CAMHS advocacy and specialist CAMHS all in one place as equal parts of the offer was therefore developed to include:

- Children Rights Worker providing advocacy based support to those CYP in an emotional wellbeing and mental health crisis senior peer mentor
- Mental Health Practitioner
- Youth Support Worker

This safe accessible environment provided CYP an opportunity to access

- Clinical services without it feeling like a clinic
- Wider emotional wellbeing services, example a youth club
- CAMHS Advocacy and access to peer support
- Social Care



The first CYP Haven opened in Guildford in May 2017 followed by three further Havens in Epsom, Staines and Redhill. The Havens have been recognised nationally and received awards for their work. Collectively, the four Havens enable provision across the county seven days a week.

In June 2019 the Police and Crime Commissioner for Surrey visited the CYP Haven at Guildford, commended the work of staff and offered further support to address the emotional and mental wellbeing of CYP.

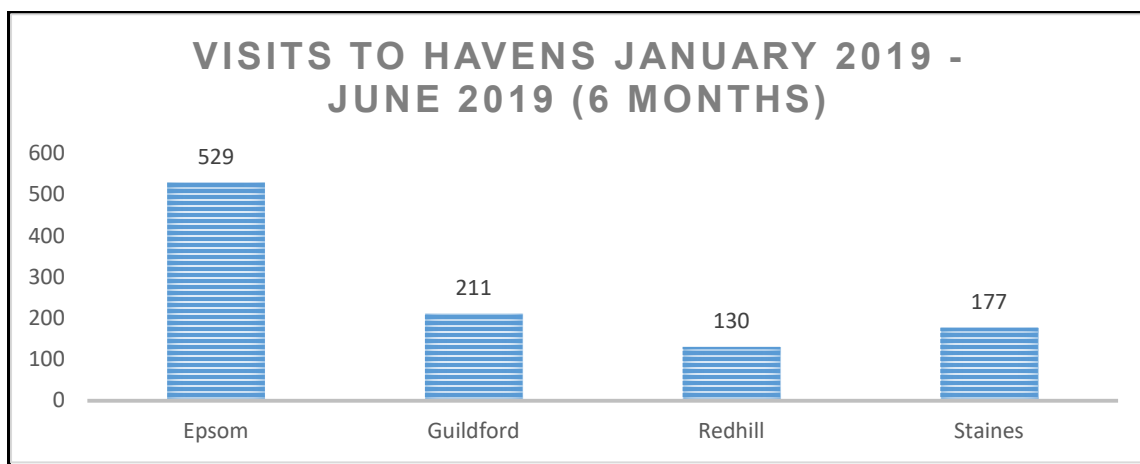
The advocacy team at the Havens facilitate a number of focus groups per month for children and young people who access or have accessed Emotional Wellbeing and Mental Health services and/or Special Educational Needs and Disabilities Services to shape and influence service and practice. This 8 week rolling programme which focuses on common support needs of this cohort of young people that includes: anxiety management, self-esteem and alternatives to self-harm / coping strategies

Keeping in mind the unprecedented demand on the CYP Havens, SCC are currently reviewing the service to ensure that current CYP needs are met. A report on the review is expected at the end of September 2019

6.6.3. What difference it has made?

During the period between January to June 2019, 1029 children and young people were seen at the CYP Havens and the number of preventable actions undertaken by staff was 566. This included 12 preventions to A&E, 5 potential incidents of self-harm and 549 cases of improvement of mental and emotional wellbeing of children and young people.

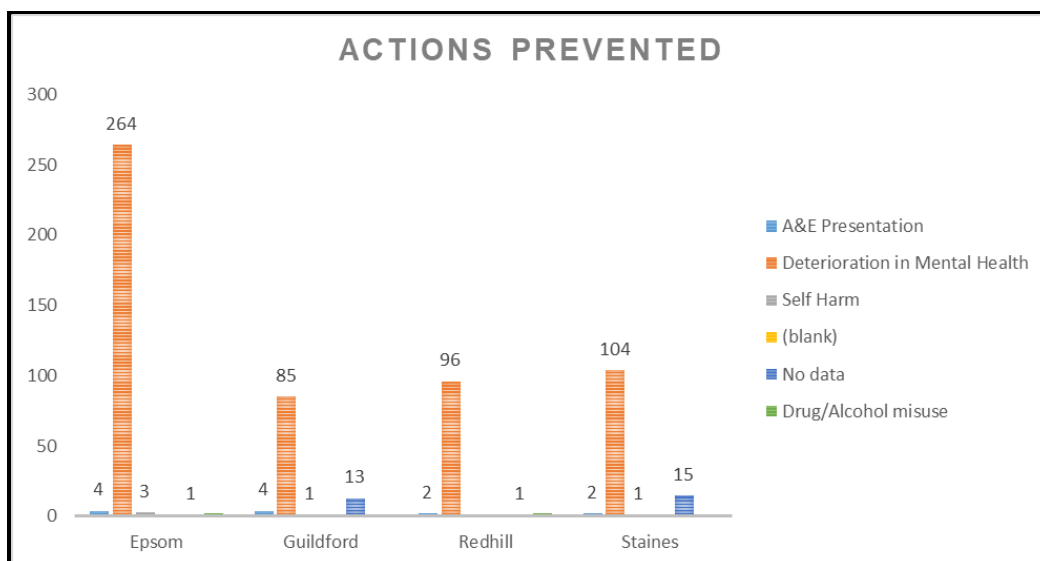
Chart 1: Visits to CYP Havens (January - June 2019)



Source: Survey of CYP attending the CYP Havens

The following chart demonstrates the actions prevented by CYP visiting the CYP Havens

Chart 2: Reported actions prevented (January-June 2019)



Source: Survey of CYP attending the CYP Haven

Feedback from CYP

Young people told us that they found being able to talk to someone supportive and have **face to face support** hugely valuable *'there is always someone you could go to for advice, when you did not feel you could go to your parents, friends or schools'*. They told us that they valued the different options available at the Havens including the arts and crafts and specialist **workshops**.

Young people also told us that they found **peer to peer support** valuable at the Havens *'what I have found most useful is meeting other young people going through similar things'*

They also liked the fact that it is **not a clinical setting** and it is relaxed. They really value the workshops that are on offer and tell us that the Havens are a safe place to go. Young people would like the Haven's to be open for **longer hours** and for more days.

Some young people repeatedly attend Havens. Over a third told us that they accessed the Havens over 15 times in the last two years.

Feedback from parents, carers and families

Parents, carers and families tell us that they value the support offered by the Havens when in need of immediate support. There is a sense of reassurance for parents that a **mental health practitioner** is readily available.

The majority of parents and carers have previously attended the Haven with their child or young person and they found this a useful way to use the Haven and access **parent/carers support**.

Families told us they found the support from the staff at the Haven invaluable. *'It offered a safe haven at a time of crisis and gave invaluable support when waiting many months for counselling which was less effective than the help from Haven'*.

Families told us however that they were sometimes **confused** about what the Haven offered. *'It needs to be clear if it is a crisis service or a social club, it was not suitable for my child in crisis as it felt far more like a social club'*.

Overwhelmingly families told us that they **value the offer** and it has a massive impact on how they support their child or young person. *'Haven is an amazing place and we are incredibly lucky to have free access to one locally. Without access to the Haven my daughter's mental health would have got worse. Having the support of the Haven behind her has given her the confidence to take opportunities and live life to the full'*.

Feedback from professionals

7 Professionals told us that they would like the **accessibility** of the Havens to be improved. They think they should be open for longer hours and in more locations, particularly Woking, Frimley and Farnham. They would like to have an offer in every Borough.

Professionals would like to see primary school aged children and parents be able to access the Havens as they feel there is too little support for **primary aged children**. *'The CYP Havens need to be for younger children too, it is important that young people have a safe space to go that is more than a youth club, run by professionals for them to get away from the problems they have.'*

The offer of **crisis support** is important to professionals; feedback is that young people and professionals no longer feel that hospital is the only option any more. Professionals commented that the holistic approach of crisis support, workshops and support for parents and carers is key to the success of the Haven offer.

6.6.4. What next?

The review of the CYP Havens service will help us evaluate and decide our next steps. The CYP Havens offer an important service and are making a positive contribution to the mental and emotional wellbeing of CYP in Surrey. Our initial review demonstrated:

- Mid-week and weekends appear to be the busiest time for the CYP Havens.
- 82% females and 18% males accessed the service
- High usage at Epsom and Guildford CYP Havens

The service faces challenges of recruitment and retention of staff, prompting the need to explore innovative ways of supporting CYP and achieve better outcomes.

Some key initial recommendations of the review include:

- Robust ownership of the service with overall responsibility for decision making and staff support
- Going forward think about how the Havens can be best used to meet the evidenced needs of CYP both for crisis and early intervention
- Increase CYA groups and wellbeing workshops to more rural parts of the county where transport services are limited e.g. Waverley and Tandridge.
- Explore opportunities for closer involvement of voluntary sector and community groups around each of the Havens
- Open access to younger cohort of children to carry out more preventative workshops.
- Mental Health practitioners should be able to refer directly to CAHMS from the Haven.

- Robust reporting systems need to be implemented to evidence impact.

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

6.7. Paediatric Liaison in Surrey's acute hospitals

6.7.1. 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 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 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.

6.7.2. What have we done?

We used CAMHS transformation funding to enable each of the 5 acute Trusts in Surrey to recruit to two Band 7 nurses for their paediatric wards and/or A&E departments. The service has not only added value in managing the emotional and mental wellbeing of CYP presenting in A&E, but also improved the confidence of hospital based staff involved in the treatment and care of CYP. The funding for the service has been extended until the end of the current financial year for all of five acute hospitals in Surrey.

Our local CAMHS provider (Surrey and Borders Partnership Trust) has agreed to support the nurses by providing them access to their training courses. 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 reflect the needs of CYP. They also train for the ward and hospital staff on the best way of communicating and interacting with CYP with emotional issues. This service has also established links with the existing CAMHS crisis support service and the adult Psychiatric Liaison services in each of the five hospitals.

Ward and hospital based staff have also been provided with “We Can Talk” mental health training co-produced (with hospital staff, young people and mental health experts) a competency framework for hospital staff in children and young people’s mental health and developed, piloted and evaluated a one-day training day linked to the competencies. All “We Can Talk” training is co-delivered with a young advisor with experience of presenting to hospital due to their mental health.

Regular meetings between key stakeholders have been set up to support and streamline delivery, identify training (accredited risk and crisis assessment, suicide prevention etc.) needs, develop improved pathways and achieve better outcomes for CYP

6.7.3. What difference it has made?

The general feedback from all Trusts has been positive; reporting strengthened operational links and communications with CAMHS, leading to smooth and timely services for CYP, together with better and quicker inpatient admissions (when necessary) and discharges.

Ward/hospital based training has helped the teams to view the services through the lens of a CYP. Hospital clinicians feel more confident in understanding the needs of CYP presenting in A&E as well as becoming more aware of other services that are available to CYP.

The service has enabled the development of improved crisis plans agreed by all partner agencies with a view to reducing restraint and detention under S136.

6.7.4. What next?

All Trusts have successfully recruited to mental health liaison nurses. However, recruitment of LD liaison nurses continues to be a challenge, limiting the support for CYP with SEND. The future plan is the development of a common service specification for Surrey and each of the acute Trusts to mainstream the service. This arrangement is to yet be confirmed by the Trusts.

Encourage the recruitment of LD nurses to support children with SEND, or explore options how needs of this cohort of CYP can be addressed with acute hospital services.

A training package has also been commissioned to enable liaison nurses to effectively assess and manage adolescents and children in crisis. This will mitigate unwarranted concerns and make staff feel confident in providing the right support and appropriate intervention.

Honorary contracts are also in the process of being issued to the Paeds Liaison Nurses by SABP. This will enable better synergies as well as sharing and transfer of knowledge and skills between Psych Liaison and Paeds Liaison Nursing teams and support better understanding of transitioning CYP.

Continue to roll out the HEE “We can Talk” training across all Trusts to enable use of common language and consistent understanding of CYP’s needs

Support the workforce plan to deliver a competent and appropriately skilled workforce capable of delivering these services

Implement a formal handover process of CYP presented at A&E by the police to reduce number of CYP going missing from A&E, or indeed without a mental health assessment.

We will evaluate the extent to which the work undertaken with and by our acute Trusts:

- 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

The learning from the HEE 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.

6.8. Inpatient Commissioning – (Tier 4)

6.8.1. 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.

6.8.2. What have we done?

7

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
- Working at a system level to develop a better Tier 4 approach for Surrey children as part of wider NHSE New Care Models Provider Collaborative
- 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. This is being led by a the EWMH Transformation Programme Crisis workstream, made of health and social care leads to improve overall integrated care
- Proactively learn from other models of intensive tier 3 and tier 4 service delivery for both psychosis and eating disorders.

6.8.3. What difference has it made?

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.

6.8.4. What next?

At a system level there has been agreement to further invest in Extended Hope and Paediatric Liaison support to reduce tier 4 admissions and provide appropriate and timely community support. Running in parallel, and working with NHSE, Surrey Heartlands ICS is currently looking to establish delegated commissioning responsibility that will enable the delivery of a locally co-ordinated Tier 4 service ensuring that Surrey children are placed as near to home as possible.

NHSEI have issued the following statement of commissioning intentions;

South East (Kent, Surrey and Sussex) CAMHS Tier 4 In-patient capacity commissioning intentions will support the roll out of Provider Collaboratives where the responsibility for commissioning CAMHS Tier 4 services transfers from NHSIE to Provider Collaboratives.

A recent Selection Process has confirmed that Kent and Sussex will form a Provider Collaborative for CAMHS Tier 4 Services and look to go live from October 2020. Surrey are approaching NHSIE seeking authorisation to proceed as a separate ICS managing their own CAMHS Tier 4 budget.

In the interim of the Provider Collaborative going live in Kent and Sussex, NHSIE is planning to undertake a review of the South East and South West Accelerated CAMHS Tier 4 Bed Capacity plan with its STP, CCG and Local Authority colleagues in order that we ensure timely access to CAMHS Tier 4 services - especially for CYP with Eating disorders and CYP with LD/ASD needs. NHSIE will also be undertaking a review of the capacity and function of existing CAMHS Tier 4 services within the Kent and Sussex geographical footprints. Of late, there are no CAMHS Tier 4 Services in Surrey. All of this work will be undertaken in partnership with STP, CCG, Local Authority and local key stakeholders and Experts by Experience – close working and aligning with the ambitions of the Long Term Plan and local commissioners' aspirations for the care pathways for our CYP will be core to NHSIE's work.

6.9. Children's Intensive Support Service (CISS) Service

Service under review

Children and Young People with a Learning Disability, autism and challenging behaviour often struggle to access the health and social support services they need. Last year we commissioned an Intensive Support Service specifically designed to support this group of CYP and their families. In spite of recruitment challenges, the service has already benefitted over 70 families to date.

Whilst the service aims to support as many families as possible, staffing challenges are a limiting factor because of unsocial working hours. The service adopts strict referral criteria, exploring creative recruitment strategies and working arrangements to fit round the team as well as family preferences

6.9.1. What do we need?

In 2015/16 SCC 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.

6.9.2. What have we done?

SCC (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

The service has recruited a LD Nurse that will complement the multi-agency team that will enable assessments of health needs of CYPs impacting on behaviours and offer enhanced interventions to those who need it. The team have also suggested that the inclusion of a sensory therapist will provide increased access as well as reduce waiting times

6.9.3. What difference it has made?

The service has been operational for a year and is fully staffed and provides an evening service
The outcomes we are seeking are:

- Improved health outcomes, including in behaviour, for those with moderate to severe learning disabilities (including 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

- support to help navigate these CYP to mainstream health services in order to ensure that their needs health is met.

6.9.4. What next?

The service is currently being reviewed in light of NHS England's new service specifications for Intensive Support Services. The review will include assessing the optimisation of the service, understanding of current activity and any need for further development within the next six months. On completion of the review a business case will be developed to establish recurrent funding in an optimised pathway to reduce crisis situations and support families to avoid inpatient admissions. The aim of the pathway will be to optimise time care for CYP at the point of crisis.

Additionally, a self-referral pilot commenced in September allowing parents and carers to self-refer into the CAMHS Learning Disabilities team. This pilot will focus on four schools, one in each locality, and the pilot will help shape how we roll this out more widely across CAMHS services.

6.10. Community Eating Disorder Service (CEDS)

6.10.1. What do we need?

Meet the National Institute for Health and Care Excellence (NICE)-concordant guidelines:

- 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.

6.10.2. What have we done?

The service has:

- 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 embedding 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 150 young people treated on the Enhanced Pathway since April 2016, 116 of whom were referred due to being at high risk of Tier 4 admission, and 34 of whom were referred following discharge from a Tier 4 service. The Enhanced Pathway intervention has reduced hospital admission rates, with 65 young people referred due to being Tier 4 indicated having avoided a specialist eating disorders inpatient admission. Of those referred onto the Enhanced Pathway due to being discharged from Tier 4 services, 27 young people remained engaged with treatment after three weeks.

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' (now known as the Single Point of Access- SPA) referrals team, for suspected eating disorder at any weight (including self-referrals).

Chart 3: CYPS Eating Disorder waiting times – urgent referrals (April 2019)

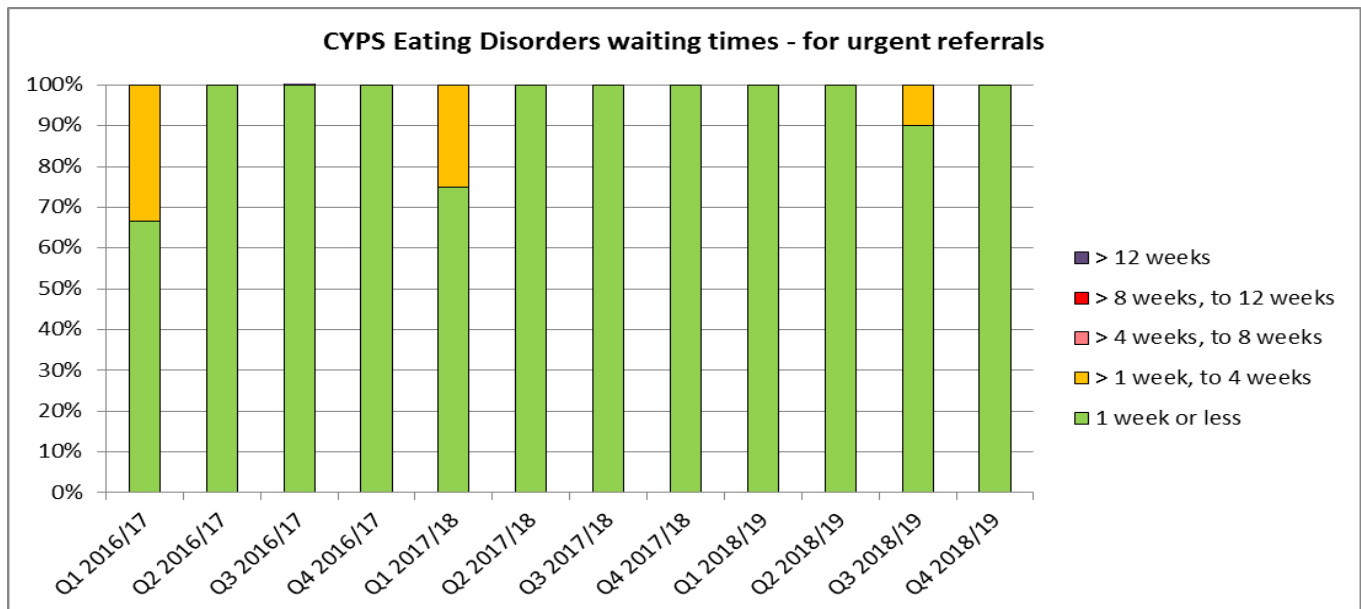
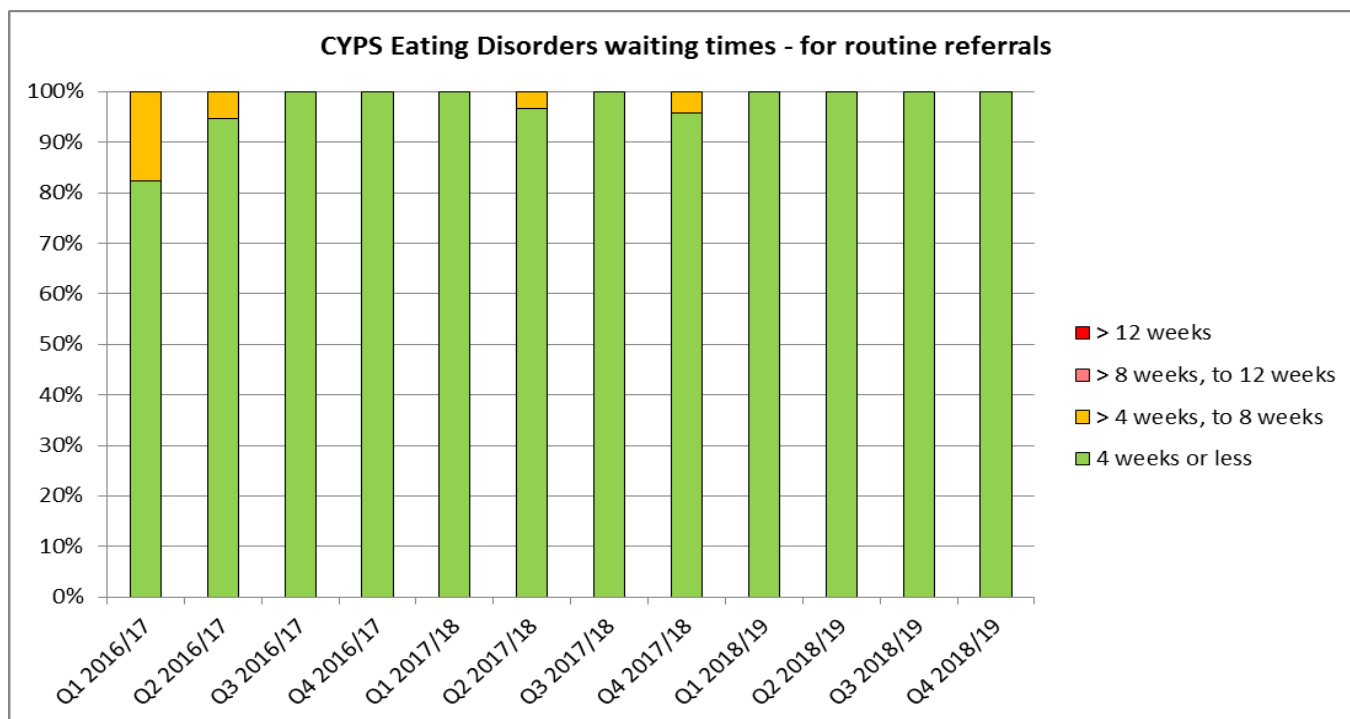


Chart 4: CYPS Eating Disorder waiting times – routine referrals (April 2019)



Two urgent referrals started treatment in Quarter 4 and they both waited less than a week to access treatment (100%). The average wait for urgent referrals was 3.5 days and the maximum wait was 4 days.

24 routine referrals started treatment in Quarter 4 and all of all of those children or young people waited less than 4 weeks to access treatment (100%). The average wait for routine referrals was 6 days and the maximum wait was 13 days.

Table 2: Achievement of waiting time standards by CEDS

Table 2a: Urgent referrals

Urgent referrals	CCG	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	10-11 Weeks	11-12 Weeks	12 Weeks Plus	Total	% waiting 1 week or less
Completed pathways	NHS Surrey Downs CCG	1													1	100%
	NHS Surrey Heath CCG	1													1	100%
	Completed pathways total	2	0	0	0	0	0	0	0	0	0	0	0	0	2	100%

Table 2b: Routine referrals

Routine referrals	CCG	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	10-11 Weeks	11-12 Weeks	12 Weeks Plus	Total	% waiting 4 weeks or less
Completed pathways	NHS East Surrey CCG		2												2	100%
	NHS Guildford and Waverley CCG	6	2												8	100%
	NHS North East Hampshire and Farnham CCG	3													3	100%
	NHS North West Surrey CCG	3													3	100%
	NHS Surrey Downs CCG	4	2												6	100%
	NHS Surrey Heath CCG	2													2	100%
	Completed pathways total	18	6	0	0	0	0	0	0	0	0	0	0	0	24	100%
Incomplete pathways	NHS East Surrey CCG	1													1	
	NHS Guildford and Waverley CCG	1													1	
	NHS Surrey Downs CCG	3													3	
	Incomplete pathways total	5	0	0	0	0	0	0	0	0	0	0	0	0	5	

CEDS undertook the following steps to ensure AWT standards:

7

- 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
- Regular liaison between Service Manager and clinical team with the SPA (Single Point of Access) for allocation within 24 hours
- Developed a care pathway referral flowchart to support the SPA's 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 Interface documents in place across CAMHS/EDS/HOPE to ensure timely completion of transitions within 3 months.
- Continued to increase therapy staff to meet the NICE requirements
- The whole team has undergone the Family Based Therapy (FBT) training and offer the therapy in concordance with NICE
- Embedded an Enhanced Pathway to be able to rapidly respond to young people who are tier 4 indicated, and prevent admissions where possible. The service is working more closely with the Tier 4 Units in 2019 to ensure that admissions are as effective and contained as possible. It is anticipated that any New Care Models work will further enhance the Enhanced Pathway and reduce bed days

6.10.3. What difference has it made?

During 2019, the service further demonstrated further improvement in its waiting/assessment times that are as follows:

- 9 days (compared to 14.6 days last year) average waiting time for assessment of routine referrals between April 2018 – April 2019
- 3.76 (compared to 3.86 days last year) average waiting time for urgent referrals between April 2018 – April 2019.
- 100% of routine referrals have started NICE-concordant treatment (FBT, FT, CBT) within 28 days and
- All staff has had training in Family-Based Treatment (FBT) of eating disorders.

Chart 5: Urgent referrals starting treatment within 1 week

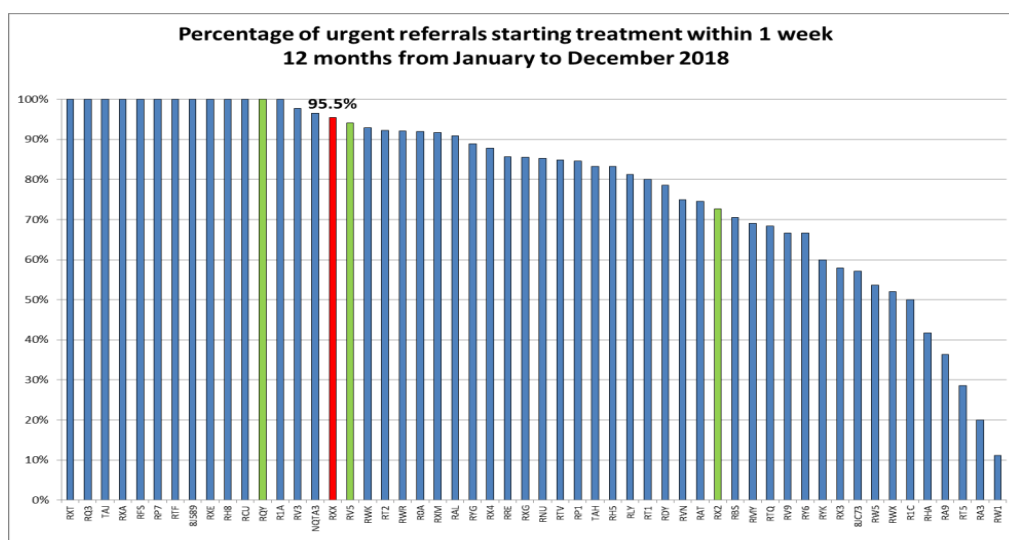
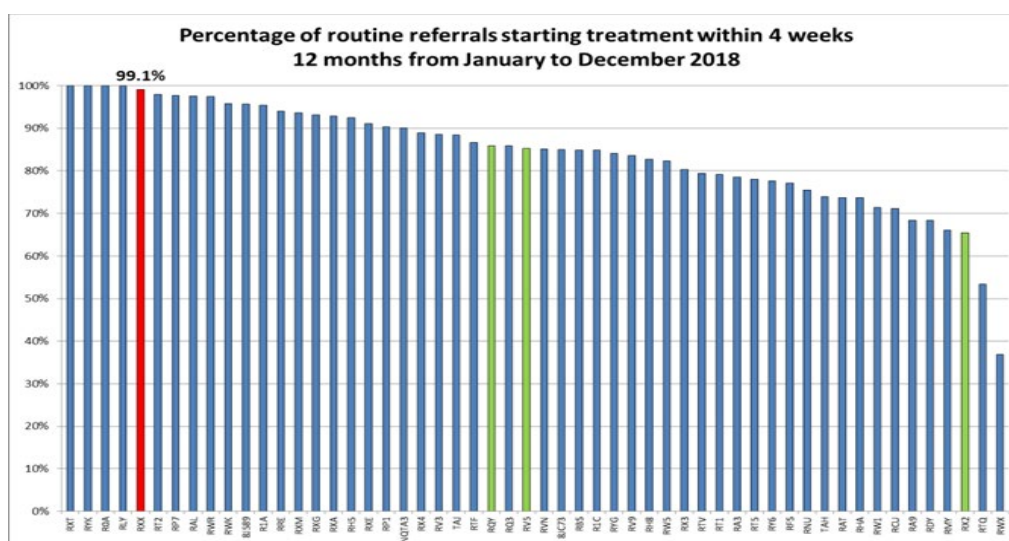


Chart 6: Routine referrals starting treatment within 4 weeks



NHS England publishes our CYPS Eating Disorders waiting times figures alongside other providers' figures (Surrey service in red) The published provider-level figures cover a 12 month period and the most recent figures are for the period January – December 2018:

- 22 urgent referrals to our CYPS Eating Disorders started NICE-approved treatment in the period January to December 2018 and 95.5% started treatment within one week. One person waited more than a week to access treatment.
- 112 routine referrals started treatment in the period January to December 2018 and 99.1% started treatment within 4 weeks. One person waited more than 4 weeks to access treatment.
- Performance against the waiting times standards was better than most other providers in our local peer group (see green columns on charts) and better than most other providers in the rest of England.

Figures reflect people under the age of 18 because this is the age range covered by the CYPS Eating Disorders service

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.”

“We have received exemplary care from the young person's eating disorder clinic at Willow. The standard of care and support has far exceeded our expectations of NHS services. Without their involvement over the past few months we would not have coped and our daughter would definitely have not improved. We are so truly grateful - thank you.”

“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.”

“The team is extremely supportive, friendly and welcoming. Good communication between the team.”

“This has been most helpful, open, friendly, excellent service. I'm only sad that at this point we are about to move into adult services with our daughter - the unit at Epsom is a huge blessing.”

I know several people for whom it has been a life-saver! I'm grateful that we have been able to access this at this point and for the help we have received."

"Care was tailored to our daughter's needs. Our views were listened to and accounted for. We were allowed to have input into her care plan and we were supported in our views, even if a different approach may have been the norm. Great support all the way through, particularly at critical times. Very astute at recognising who our daughter worked well with."

"Consistent high levels of care shown to all, supported by clinical evidence based practice."

"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."

"I was able to trust the care workers and get better quickly. I'm happy again and understand myself better. The groups were excellent and it was great to meet people feeling similar."

6.10.4. What next?

Work continues in maintaining 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.

New Care Models negotiations are ongoing and are intended to support further reduction in bed days once this is implemented. With regard to early intervention, educational intervention from CEDS in schools, is in place and ongoing with a training video to be made available by August 2019 for roll out across Surrey. This is focussing on how to identify an eating disorder, what to do when you have done and how to support recovery alongside the families and specialist service.

7. Summary of investments and financial plan

7

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

Table 3: CAMHS NHS Expenditure:

(Actual: 2014/15, 2015/16, 2016/17, 2017/18) and (Forecast: 2019/20 and 2020/21)

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	£8,370,798	£8,370,798
CAMHS Transformation						
	£2,033,922	£2,166,604	£2,802,776	£3,385,583	£4,315,000	£4,710,000
CAMHS Targeted (Pooled)						
£1,696,460	£1,855,743	£2,784,170	£2,754,332	£3,017,543	£3,122,240	£3,122,240
CAMHS NCA						
£89,829	£101,541	£196,582	£166,931	£133,740	£175,127	£175,127
NW Surrey BEN contract						
			£272,273	£816,818	£601,896	£601,896
Clinical Partners						
			£16,442	£171,000	£171,000	£171,000
SCC						
HOPE (delivered in house)				£995,000	£995,000	£995,000
Total						
£9,790,629	£11,635,392	£12,733,934	£13,798,668	£16,406,909	£17,751,061	£18,146,061

Notes:

1. The above table reflects SCC's investments into the pooled budget for targeted services and Hope delivered in house. Limited information is available pre -2018/19 and on other CAMHS related services such as investment in the CAMHS social workers team and other early help services;
2. NWS BEN contract started 1st December 2017
3. Clinical Partners contract started 20th February 2017.

The following tables 4 and 5 highlight,

- Summary of Transformation grants from 2017-2021
- CAMHS Transformation budget for 2020/2021

Table 4: Summary of Grants 2017-2021

Summary of CAMHS Transformation Grant Agreements 2017-2021						
Project name	Provider	Contract period	Contract value 17-18	Contract value 18-19	Contract value 19-20	Contract value 20-21
Music to my Ears	Catch 22	2017-2021	£127,000	£127,000	£127,000	£127,000
CYP Paediatric Liaison	ASPH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	E&StH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	FPH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	RSCH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	SASH	2017-2020	£106,852	£106,852	£141,622	
Peri-Natal Mental Illness / Mother and baby	ASPH	2017-2020	£59,961	£59,961	£59,961	
CYP Havens	SCC	2017-2020	£360,000	£480,000	£480,000	
Hope Training	SCC	2017-2020	£60,000	£60,000	£60,000	
Extended Hope	SCC	2017-2020	£200,000	£300,000	£200,000	
MH Practitioner UASC Care Leavers LAC	SCC	2017-2020	£65,000	£65,000	£65,000	
MH Practitioner Out of County LAC	SCC	2017-2020	£65,000	£65,000	£65,000	
Everybody's Business	SCC	2017-2020	£14,000	£14,000	£14,000	
CETRS	SCC	2017-2020	£16,000	£16,000	£16,000	
Eating Disorders Service	SABP	2017-2020	£396,653	£620,137	£406,701	
SABP Mindsight	Eikon and Partners	2018-2020		£699,152	£259,600	
Bereavement Counselling	Fountain Centre	2018-2020		£25,042	£21,712	
Childrens Intensive Support Services	SCC	2018-2020		£350,000	£350,000	
Mind waves	Kane FM	2018-2020		£30,000	£30,000	
Smart Moves	Eikon	2018-2020			£60,000	
The Big Chat	Surrey Youth Focus	2019-2020			£10,575	
Disability Challengers	Challengers	2019-2020			£33,844	
SSHAW	CYA	2019-2020			£34,000	
PACA Network	CYA	2019-2020			£36,500	
Transition	CYA	2019-2020			£36,000	
Animal Therapy	Elysian	2019-2020			£22,900	
Bereavement Services	Jigsaw	2019-2020			£43,275	
DBT Training	SABP	2019-2020			£13,280	
Education Psychologists	SCC	2019-2020			£58,000	
Mental Health Practitioner Posts	SCC	2019-2020			£130,000	
CAMHS CT Service	SABP	2019-2020			£300,000	
FLASH-SHINE Project	SABP	2019-2020			£5,750	
CAMHS Accelerator Sites	SCC	2019-2021			£250,000	£320,000
Transition Pathway Manager		2019-2021			£59,303	£59,303
CETRS MH Practitioner		2019-2021			£49,619	£49,619
CAMHS (Eikon+Heads Together)		2019-2020			£48,156	
Bereavement Counselling		2019-2020			£88,281	
Multi Systemic Family Programme		2019-2020			£57,200	
Leatherhead Youth Project (Havens Model)		2019-2020			£120,000	
Total		2017-2021	£1,897,874	£3,445,552	£4,319,767	£447,000

Table 5: Forecast CAMHS Transformation budget for 2020/21

7

Draft forecast CAMHS Transformation 2020-21		
Service	Service Provider	£
Enhanced Eating Disorder Service	SABP	800,000
Extended HOPE service	SCC	300,000
HOPE Training Programme	SCC	60,000
HOPE - Care Education Treatment Reviews (CETRs)	SCC	10,000
CYP Psychiatric Liaison - ASPH	ASPH	141,622
CYP Psychiatric Liaison - EPSH	EPSH	141,622
CYP Psychiatric Liaison - SASH	SASH	141,622
CYP Psychiatric Liaison - Frimley	FPH	141,622
Peri-Natal Mental Illness / Mother and baby	ASPH	59,692
Widgit	Symbols Worldwide Ltd	2,400
MH Practitioner UASC Care Leavers LAC	SCC	65,000
MH Practitioner Out of County LAC	SCC	65,000
Safe Haven	SCC	480,000
CAMHS Youth Advisors - Awards	SCC	7,000
Everybody's Business Training	SCC	27,000
Children's Intensive Support Service	SCC	350,000
Care and Treatment Reviews	SCC	6,000
Transition Pathway Development Manager	G&W	66,207
CAMHS Transformation Manager	SD	66,207
MH Services Data Set Submission	Herridge Health Information Solutions Ltd	4,661
CETR Practitioners		57,174
Accelerator Sites		320,000
SHINE & FLASH Programme		5,750
Uncommitted		1,249,799
Total		4,710,000

*Uncommitted funding in the above table relates to the Transformation schemes that are to be confirmed.

8. Workforce Planning

7

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 that 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.

Additionally, HEE KSS plan to support the development of a CYP Mental Health workforce strategy that contributes to both the immediate system needs and future expansion. This will be achieved by working with service providers (who know their staff best) to develop a training needs analysis and/or training plan. This will be used as a foundation to discuss intended trainee numbers on courses and the associated financial support required to fund these places.

8.1. The Outline Strategy in Surrey

Our 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 Surrey Emotional Wellbeing and Mental Health strategy
- Embed CYP IAPT principles 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) formed the basis for the development of our full

strategy. The full strategy will be informed by our analysis of the Matrix workforce audit and the recommendations from that report.

8.2. An overview of the workforce audit (Matrix)

Supported by NHS England South East Clinical Network, we worked with our counterparts in Kent and Sussex to commission a bespoke workforce audit tool. The Matrix tool had previously been used to audit EIIP and detailed work was needed to develop it for CAMHS. Whilst both Kent and Surrey completed the full audit involving two phases, Sussex deferred their participation in phase 2 to reflect their organisational / provider priorities. The audit culminated with the publication of two region-specific reports combined into one Matrix Report. This enabled shared learning/understanding, benchmarking comparisons and approaches to workforce issues across the two counties.

A total of 10 CAMHS services and 8 Children and Young Peoples Services representing a total of 345 staff members across Surrey participated in the audit. The services included all NHS and joint NHS/Local Authority commissioned targeted and specialist services; crisis and universal services were not included in this phase.

8.3. Findings of the audit (Matrix)

Following is a Surrey specific commentary with an infographic at the end of this section that compare indicators across Kent and Surrey.

There was a 66.6% completion rate for core sections of the matrix audit and varying levels of completion were observed.

On workforce profile compared to the UK national average,

- Surrey CAMHS have a substantial shortage of staff in key roles.
- The workforce is heavily female dominated and compares favourably with the national benchmark
- There are few staff members below the age of 25.
- There are a number of staff approaching retirement age
- 58% of staff members are paid at band 7 and above

On recruitment and retention,

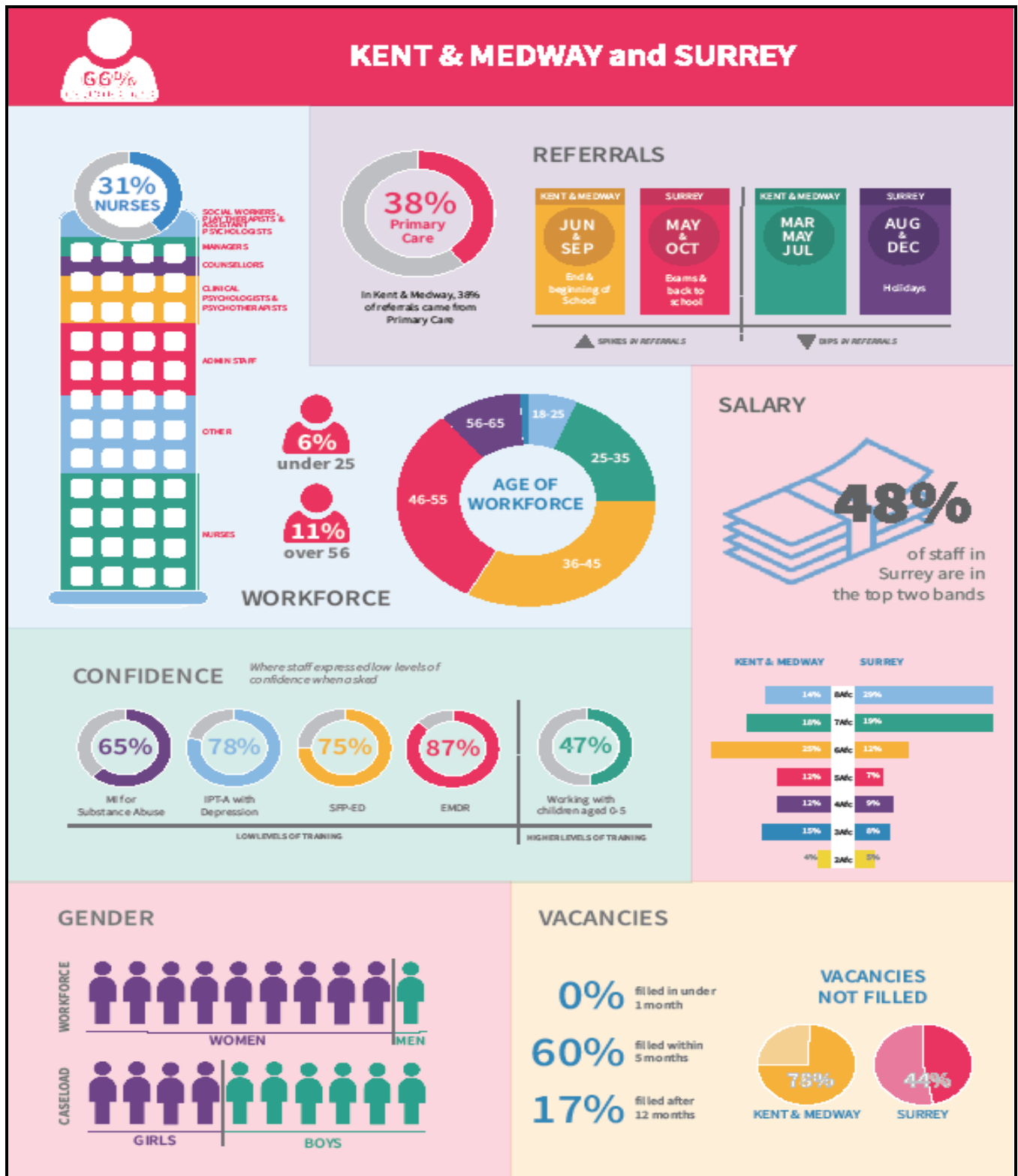
- There are a number of open vacancies within Surrey and difficulty in timely recruitment for key posts such as nursing, clinical psychology and psychiatry has been identified.
- Staff members report imminent intention to leave due to career progression, dissatisfaction and training.

On training,

- Relatively low numbers of staff have training in promoting physical health.
- Few staff are trained in eye movement desensitisation and reprocessing (EMDR), a form of trauma therapy
- There are low numbers of staff who can prescribe medication
- There are very low numbers of staff who are trained in providing interventions for Autism Spectrum Disorder (ASD).
- Support/training for working with parents/carers is indicated.
- Staff report feeling least confident in working with substance use, psychosis and conduct disorder

The detailed report can be found in Appendix 6.

Figure 12: Kent and Surrey workforce comparator



8.4. Recommendations of the audit (Matrix)

Following the completion of the workforce audit a more detailed understanding of the numbers, skills, roles and competencies within the current workforce, matched against prevalence and demand was established. These findings will be utilised to inform the creation of potential new solutions to be incorporated into the development of the final strategy next year.

The following key recommendations were provided by the audit:

- Create a system-wide platform – a collaboration of stakeholders across health, social care, education as well as the various provider sectors including voluntary and independent (could be based on the STP footprint) to coherently bring together the many workforce strands of work, to collectively address workforce capacity and capability challenges and together agree joint solutions and actions.
- Agree which organisation takes this programme forward into implementation – CCGs, STPs, ICS, HEE, CAMHS, etc.
- Conduct facilitated workshops and/or task and finish groups (based on HEE Star) to review findings, agree priorities and make recommendations for actions for implementation.
- Establish what the minimum recommended level of staff is. Providers and commissioners should work together to better understand this picture and use it to inform needs going forward with the clinical and therapeutic model e.g. using the Thrive model.
- Work with the system to review the capacity/demand findings to determine where additional capacity can be built e.g. use Choice and Partnership Approach (CAPA) if appropriate.
- Consider the benefits of re-running or extending the workforce audit using the CYP Matrix during Phase 2 – with improved data sets and better understanding of requirements (learning taken from Phase 1).

8.5. Our workforce development strategy

The publication of the Matrix audit report, which has been widely shared across our system, signalled the start of the developed of a unified workforce development strategy for our system.

Key system wide partners include:

- User Voice and Participation Representatives
- Health Providers and Commissioners
- Local authority providers and commissioners

- Community services
- Educational institutions
- VCS organisations
- Family and Carers Representatives

SABP have developed a workforce strategy and action plan (Appendix 6) to ensure that their workforce is highly skilled and engaged to enable them support the delivery of CYPS Business Plans, Strategic Objectives and Trust Vision and Values whilst maintaining financial stability. It brings together all workforce related strategies, identifying key priorities and actions for the next 5 years that includes

- Integration
- Retention and recruitment
- Organisational development
- Workforce planning and development
- Supporting staff
- Quality and safety

Key initiatives and success measures are attached to each of the priorities.

The Trust's strategy will form the nucleus of our system-wide CAMHS workforce strategy. Supported by the Surrey Heartlands Action Board (SHWAB) we plan to bring in an external resource to define our system strategy. We aim to have an agreed strategy in place by early 2020 to support us in developing and sustainably delivering our system-wide transformation plans over the next 5-10 years. In developing our strategy we will draw on the NHS Benchmarking Network Report (2016) and the Workforce Report (2019) for CYP commissioned by HEE.

Pending the full system's strategy, the CYP IAPT Workforce Programme Board continues to hold system oversight, reporting to the Transformation Advisory Board in relation to the transformation themes.

The Trust and their partners continue to review the demand and capacity for their services. In BEN localities, resource plans are regularly discussed at internal management meetings. Every member of the team has a job planned to have clarity around service provision with the available resource. Rotational placements are being introduced in the SPA and clinicians have been allocated to their teams. 4 CWPs are already in post with a CWP Manager and another 4 CWPs are starting in January 2020. Recruitment to a Family Therapist in our Children's Eating Disorder team is a challenge but a Social Worker with systemic training has been successfully recruited and in post.

An additional Recruit to Train (RtT) placement for ASD/LD has been secured and advertised for recruitment (October 2019).

In response to the difficulty recruiting consultant psychiatrists, plans are underway to reduce the medic caseloads by recruiting other professionals to support the work i.e. Nurse Consultants and HCA's. We are also exploring what training is available specifically in ASD adapted CBT so our BEN staff have the opportunity to train more in treatment options.

8.6. Specific training programmes

8.6.1. CYP IAPT

Surrey is part of the training programme and system partners from different organisational sectors continue to access it. Since 2018/19 eighteen staff are at different stages of course completion (supervision, CBT, SFP, IPT-A etc.) with a further seven confirmed 2018/19.

Themed community of practice learning events are held regularly to promote and share good practice across all sectors.

8.6.2. Child Wellbeing Practitioners (CWP)

Through the CYP IAPT and Workforce Programme, SABP and Partners (Eikon, YMCA East Surrey) have to date successfully trained nineteen Children's Wellbeing Practitioners to be based in schools demonstrating high need. The CWP role is also integral to the transformational Accelerator site supporting groups of schools (Section 5.1)

8.6.3. Compassionate Trauma Informed Schools

SCC Educational Psychologists have been commissioned to deliver workshops

- To promote universal understanding of developmental trauma amongst staff working in early years, school and further education settings. Between the autumn, spring and summer terms 2019-20, each workshop will offer 40 places with an overall capacity of 800 over the 20 sessions
- To offer the Key Adult Programme (KAP) to teachers and TAs working in both primary and secondary schools to enhance their knowledge and skills in providing effective support for vulnerable children. There will be 6 KAPs with 32 participants in each KAP.
- To facilitate two Trauma Informed Schools programme, each for 60 school staff.

8.6.4. 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.

8.6.5. Everybody's Business training

Through the CAMHS Transformation fund and the SCC/CCGs pooled budget. Commissioners have funded Everybody's Business training for a number of years. We have to date trained in excess of 350 staff 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.

8.6.6. CYA (User Voice and Participation Team)

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

8.6.7. We Can Talk

Programme designed to support sustainable changes in practice, hospital culture, and relationships between acute hospitals and Child and Adolescent Mental Health Services (CAMHS) to improve patient experience, reduce risk and improve outcomes for children, young people and their parents / carers. Paeds Liaison nurses from all five acute Trusts in Surrey undertaken this programme and shared their learning with wider hospital colleagues.

8.6.8. 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

9. Managing Risk

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.

The CYP IAPT and Workforce Programme risks are managed and mitigated by the CYP IAPT and Workforce Programme Board.

The EWMH Transformation Programme (5 themes) risks are managed, mitigated and overseen by the system wide Transformation Advisory Board.

The following table (6) summarise the key risks identified across a number of programme areas related to CAMHS Transformation

Table 6: Summary of key risks

7

Key Programme Risks					
No	Description of risk/issue	Impact	Likelihood	Risk Total	Mitigating Action
1 Workforce related risks					
1A	Difficulties in recruiting to CAMHS Consultant Psychiatrists impacting on service delivery	4	3	12	Innovative recruitment campaign, creative JDs to attract wide pool of applicants, head hunt competent and skilled./experienced clinicians Recruiting to other professionals including Nurse Consultants and HCAs to reduce Consultant Psychiatrist workload
1B	Delay to workforce transformation if system WF strategy is not delivered on time	3	3	9	CYP WF outline strategy developed, implementation of SABP workforce strategy, links established with SCC Children's Academy and framework for system workplan in development. Discussion with local workforce board to explore sourcing external support Discussion with SHWAB to complete the strategy.
1C	Very limited time to respond to new opportunities for recruitment to new emerging roles (CWP, EMPH, RTT etc)	3	3	9	Stakeholders to broadscan and network effectively to understand availability of potential opportunities
2 Increased demand and referrals					
2A	Build up of backlog at the CAMHS SPA (single point of access) impacts on plans to align the SCC and SABP SPA	3	5	15	System Summit held in September 2019 to agree actions to clear the SPA backlog. Weekly telecons for senior system leaders monitors achievements against planned trajectory, aiming to reduce SPA backlog by March 2020. Access transformation theme developing plans for alignment with SCC Children's SPA(CSPA). Work with VCS, implement the early access and early intervention work themes of the EWMH Transformation programme. Use of Accelerator sites
2B	Increase in demand and referrals as parents, schools and others become more aware of EWMH issues of CYP	3	3	9	Whole system approach to prevention and early intervention based on the Thrive framework. Second Thrive workshop planned for December 2019. Use redesigned and new staff roles (CWP/RTT) and provide early intervention. EOI schools link programme and MHST Trailblazer sites. Pilot Accelerator sites
3 Financial risk					
3A	Financial impact on system trajectory (control total) of increased demand and reliance on locum/temporary workforce	3	3	9	Use CAMHS Transformation Funding to support clearance of referrals backlog Use underspend from Children's Programme.

10. Five Year Transformation Plan – Key milestones

Access Transformation theme	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Improvements to the single point of access to improve decision-making and risk management • Work underway to improve the way information is captured • SCC working with CYP including apprentices on improvements to digital applications • SABP achieving significant uptake of Kooth • SCC/SABP action plan for integration agreed and common language being established 	<ul style="list-style-type: none"> • Implement one front door that offers multi-agency triage, signposting and advice • Competent workforce in place to provide a graduated and multi-disciplinary response to those accessing services. • Early identification of issues, support extended to families and evidence-based interventions are provided from first contact • Effective skills utilisation to manage growth in demand • Use of improved digital access to information and support such as virtual counselling • Clear self-referral pathways established

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Early intervention Transformation theme	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Recruitment of Primary Mental Health Workers • Work with schools to develop projects within Accelerator Sites using the whole schools approach • Establish Sharing and Collaboration Networks related to CYP's emotional wellbeing • Sharing of existing local and national good practice within schools in Surrey 	<ul style="list-style-type: none"> • Increased resource of PMHWs for consultation, training and brief interventions linked to schools • Develop a model to establish all schools to become Emotionally Healthy Schools • Increase the role for VCS working directly with schools • Make Schools/GPs more aware of support available for children's wellbeing and mental health within local communities

Vulnerable groups Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Bid submitted for funding and approved • Finalised working methodology and identified interdependencies • Site selection and finalise service/design roles • Recruitment of PMHWs and Community Connector/s • Expand existing services for LAC, UASC and CIN. • Work with expanded cohort with a range of early intervention services 	<ul style="list-style-type: none"> • Promote resilience for this cohort that is established in the community but which Children in Need may need additional support to access CAMHS services. • Provide direct access to therapeutic support for these CYP through our multi-disciplinary teams • Integrate local voluntary and community sector in collaboration with community connectors

Social, Emotional and Mental Health Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Establish Accelerator Sites • Mobilisation including recruitment • Co design and develop projects with schools within Accelerator sites • MDT review of BEN Pathway • Agree the role of council school support services to help schools manage behaviour 	<ul style="list-style-type: none"> • Review and revise the existing BEN Pathway • Link with SCC SEND work • Improving support for CYP/Families in Accelerator Site areas

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Crisis care Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Business case for Tier 4 specialist commissioning model in Surrey refreshed • Discussion with New Models of Care team (NCM) and Regional Specialist Commissioning Team about a local Tier 4 offer and a potential business case for bed provision in Surrey • Engagement with Thames Valley NCM and South London Partnership NCM about joint working <p>Other services that have already been established will be integrated into this transformation theme and include:</p> <p>HOPE</p> <ul style="list-style-type: none"> • Review and expansion of HOPE to reduce usage of T4 services <p>CYP Havens</p> <ul style="list-style-type: none"> • Review of CYP Havens and development of a more effective model • Risk and crisis training for all Havens staff • Explore the use of VCS to support the Havens <p>Paediatric Liaison Service</p> <ul style="list-style-type: none"> • “We Can Talk” training rolled out across all Trusts • PLN services commence dataflow into MHDS • Access to clinical supervision learning sets developed • Staff trained in DBT skills • Additional (Risk management and Crisis) training sessions for ward staff • PLNs provided with SABP honorary contracts • Invite and review BAU plans for PLN service from 2020 <p>Crisis Intensive Support Services</p> <ul style="list-style-type: none"> • Service current review model • Agree service model • Agree commissioning arrangements • Appoint staff • Commence initial service 	<ul style="list-style-type: none"> • Establish a full range of services across all relevant agencies for all CYP to support them including a pathway for trauma and emotional regulation • Establish a multi-agency approach with joint accountability, integrated pathways, improved communication and information sharing and close working with education and criminal justice. • Develop innovative models of care build on best practice to avoid unnecessary admission and support discharge. • Have shared responsibility for planning, decision-making and the financial approach across the whole pathway.

Other Transformation initiatives

Challenging stigma	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Established a reformed and redesigned User Voice and Participation Team to ensure robust engagement of CYP in service planning and decision making. • UVP representation on SEND Transformation Strategy. • Delivery of “We can Talk Training “ • Ongoing provision of Everybody’s Business Training • Delivery of “Our Perspectives” including one dedicated for All Age LD • Participation in Amplified Programme by Young Minds • Established the Parent and Carer Advisory (PACA) Network (including families) for CYP with mental health issues as well as SEND/LD 	<ul style="list-style-type: none"> • Expand the RAISE programme • Co-produce a CYP MH workforce strategy • Establish a process for CYA to review commissioned services against participation standards. • Co design and commission a mental health advocacy model
Building capability and capacity	
Current milestones	2020-2021 milestones
Page 198 <ul style="list-style-type: none"> • Delivery of universal elements of Healthy Child Programme • Delivery of TAMHS in schools by PMHHS • Continue the delivery of the Head Smart Ambassador Programme • Join the Anna Freud Links Programme 	<ul style="list-style-type: none"> • Extend the current SEND offer to include emotional wellbeing and health • Collaborate with SCC Education Officers to enhance emotional wellbeing and mental health in schools • Expand SEND to include organisations supported by ACE
Perinatal Mental Health Services	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Well established and effective PNMH service • Successful recruitment to all vacancies • Integrated system wide working established 	<ul style="list-style-type: none"> • Bid for 2nd wave funding to establish a community mental health specialist service across the ICS • Upskill teams to improve confidence in risk assessment • Seek RC Psych accreditation following CCQI inspection • Work across KSS to improve transitions and continuity of care

Other Transformation initiatives

CYP IAPT and Workforce

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Conclusion of IAPT programme Wave 6 • Successfully bid for IAPT programme Wave • CWP cohort 4 training commences • CWP cohort 5 training commences • Successfully bid for RTT • Workforce Audit and Matrix report published • CYP IAPT principles embedded • Pilot the access of Adult MH IAPT by CYP who are 17 years of age • Use of Checkware to embed outcome measures 	<ul style="list-style-type: none"> • Qualified recruits to support implementation of Accelerator sites • Bid for Spring 2020 Trailblazer MHST sites • Development of workforce strategy • If successful roll out access to Adult IAPT to all CYP who are 17 years of age

EIIP

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Service covers 14-65 CYP and WAA offers a MDT assessment • National recognition for the allotment project • Collaboration with Swingbridge to provide work experience on a barge project • Winning team for Care Awards 	<ul style="list-style-type: none"> • Recruit to Clinical Lead • Invest in POC Blood testing equipment • Further work on NICE intervention

Youth Justice

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Service review and redesign of pathways with Youth Offending Services • Ongoing funding commitment from NHSE until 2021 • Monitor outcomes against agreed KPIs • Recruitment to 2nd youth worker • Low custody sentences 	<ul style="list-style-type: none"> • Consider the development of Trauma Informed healthcare services • Develop the Liaison and Diversion services • Offer therapeutic mental health support to CYP subjected to sexual assault

11. Conclusion

7

Our whole system transformation has set out how, supported by additional funding and investment, we will continue to transform and improve our support for CYP, Family and carers and those with working with CYP in Surrey.

This year's refresh of the Plan enabled us to draw together:

- The Children and Young People's Emotional Wellbeing Charter (2018)
- Findings and recommendations from engagement with children, young people, families, professionals and community organisations, led by the Dartington Service Design Lab (2019)
- *A Thriving Community of Children and Young People in Surrey; a strategy for their Emotional Wellbeing and Mental Health* (2019 - 2022)
- The work of the five Transformation themes, whose work is currently being developed or is already in progress (2019 - March 2020),

into one cohesive document describing all our transformation plans.

12. Glossary of abbreviations

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
CF	Commissioners Forum
CGAS	Children's Global Assessment Scale
CiN	Children in Need
CISS	Children's Intensive Support Services
CORE	Clinical Outcome Routine Evaluation
CQRM	Clinical Quality Review Meeting
CRM	Contract Review Meeting
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
GTEP	Graduate Teacher Education Programme
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
RtT	Recruit to Train
SaBPT/SABP	Surrey and Borders Partnership Trust
SCC	SCC
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Orders
SLCN	Speech Language and Communication Needs
STP	Sustainability and Transformation Plan
TaMHS	Targeted Mental Health in Schools
UASC	Unaccompanied Asylum Seeking Children
UVP	User Voice and Participation

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

- Extension to current contracting arrangements for another 2 years until March 2021.
- A new Single Point of Access (SPA) from April 2019. This functionality transferred from Simplify Health to SABP offers a unique opportunity to improve the quality of the service and better alignment with SCC services with greater influence and oversight of clinical triage processes.
- There is an increased demand for the BEN service and the newly established SPA is better geared to managing this pressure. The Accelerator sites and the expressions of interest made for funding additional counselling and ADOS assessment sessions will further support manage this surge in activity.
- Greater accessibility in the community via schools, GP practices, youth clubs and the Voluntary Community and Faith Sector
- Following the CAMHS Interim Plan the CCG has made an additional non-recurring investment of 1.2 million to manage the significant growth of referrals as well as clear the back log of assessments
- 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
- Improved performance reporting by the provider using a performance dashboard and monthly highlight reports, enabled by robust contract management.
- Supporting the provider to encourage their partners and sub-contractors to participate in the access data collection and flow data into MHSDS to achieve access targets
- Implement the Emotional Wellbeing and Mental Health Transformation Programme to enable service transformation across the following five themes:
 - Access, Crisis, Early Intervention, Behavioural Emotional and Neurodevelopmental (BEN) pathway, Vulnerable Groups
- Following a series of engagement events plan re-procurement of CAMHS using Thrive framework with focus on early intervention
- Successful waiting list bid for £100k, further bids submitted for consideration (£181.5k and £114k for additional counselling and ADOS assessments for ASD)
- Contract Variation to introduce CAMHS acute liaison at FPH for NEH&F CCG and East Berkshire CCG patients w.e.f May 2019.

Appendix 2 IAPT Programme of Work

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	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 - LDNSE Collaborative ends (03/19) - New governance arrangements 	<ul style="list-style-type: none"> - Establish Surrey-wide CYP IAPT Programme Board (2017-2020) - Project Workbook (Project Plan, risk log) - TOR /Membership reviewed - APT principles embedded - Alignment to EWMH Transformation Programme
3	Surrey-wide CYP IAPT Community of Practice (COP) <ul style="list-style-type: none"> - Workshops - Events 	<ul style="list-style-type: none"> - Series of planned COP workshops 2018-19 <ul style="list-style-type: none"> - CYP Participation (11/18) - Goals based outcomes (02/19) - Family and Carer (03/19) - Transition (07/19) - Impact of MH on CYP Wellbeing (County Lines +) (10/19)
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) <ul style="list-style-type: none"> - Voluntary Sector - Independent Sector - MIND Ed Course registrations (and funding) Future planning	<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 and provider services; - Monitor take-up of courses and modify plans/budgets for future years. - IAPT Management and IAPT Therapy courses undertaken (2018-2021) - Funding arrangements confirmed by HEE

5	Workforce development <ul style="list-style-type: none"> - to identify training needs (and gaps in service provision) - National audits - SECN/HEE workforce audit - Barry Nixon - LA audits - Local workforce plans/groups - Plan write up of strategy 	<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 from Matrix report - Audit completed and report published (June 2019) - SABP workforce strategy agreed - Draw up system-wide workforce development strategy and implementation plan
	Participation & Young Advisors <ul style="list-style-type: none"> - Participation worker groups - Young Advisors - Parents/Carers - National Participation Support Programme - Young Minds 	<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. - Self-Assessment against Young Minds Amplified audit (April 2019)
7	Quality Monitoring & Data Flow <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	Assurance & delivery <ul style="list-style-type: none"> - Local Transformation Plans (annual refresh) - AWT standard compliance - ICS (IAF) - Ad hoc requests (including meeting attendance and progress updates) 	<ul style="list-style-type: none"> - Estimate LTP reserve allocations for courses/salary support (19/20) - 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) - All Surrey CCGs achieve and deliver 2018/19 Access targets (July 2019) - Publish 2019 refreshed LTP (October 2019) <ul style="list-style-type: none"> - For approval by Surrey HWBB in December 2019

<p>9</p>	<p>Meeting Attendance Schedule</p> <ul style="list-style-type: none"> - 4-Way Core Team (monthly) - Community of Practice (bi-monthly) - Commissioners Forum (monthly) - Clinical Quality Review Meetings (bi-monthly) - Surrey Contract Review Meetings (monthly) - SECN CYP themed fora (monthly) - Surrey EWMH Transformation Programme Meetings - Revisions to meetings schedule (March 2019) - IAPT Workforce Programme Board (bi-monthly) - Paediatric Liaison Nurses Meeting (bi-monthly) - CAMHS Transformation Board (bi monthly) - IAPT Workforce planning meeting (bi-monthly) 	<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 ICS
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Universal Contracted Services

- 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 Neuro-disability
- 0-19years community and school-age immunization service Surrey

Targeted Contracted Services

- Primary Mental Health Service
 - a. Special Schools and specialist Centres
 - b. Learning Disabilities
 - c. 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
 - a. Barnardos - Parenting Programme for parents of children and young people with Attention Deficit Hyperactivity Disorder (ADHD).
 - b. National Autistic Society

Specialist Contracted Services

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

Sub –contracted services

- Eikon & Partners
- National Autistic Society
- Barnardos
- Xenzone - Kooth.com

Crisis Support Services

- 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

System Partners (Primary care, Children’s Community Health Services, Children’s and Families Services, Educational Settings, and Health and Justice/Police)

- 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)
- Family Centres
- PSHE Curriculum/TaMHS

Voluntary Community Services (Youth Services)

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

Early Help Offer

- A&E - medical
- A&E - non medical
- Access to Education Non-Medical
- Autism Outreach Service
- Carer's Break Grants
- Catch 22 Substance Misuse Service
- Children's weight management services
- Community Youth Work Service (CYWS)
- Condom distribution scheme and Chlamydia screening

- Cygnet
- Cygnet autism parenting programme
- CYP Havens
- Early Bird
- Early Support Service
- Early years language team
- Early Years Safeguarding Service
- Earlybird autism parenting programme
- Education
- Education Welfare Service
- Education Welfare Service (U, S and T)
- Educational Psychology (U, S and T)
- Emergency Hormonal Contraception and Chlamydia treatment
- Extended HOPE
- Family Information Service
- Family Nurse Partnership
- GUM and contraception services
- Health
- Health Eating in the Really Young (HENRY)
- Home start
- HOPE (+ Health)
- Leap
- Learning Disability Outreach Service
- Leatherhead North and Walton North Early Help Volunteer Support
- Looked after children
- Medical Access to Education
- Merlin Pass lottery
- Neighbourhood prevention
- Nurture Groups
- Nurture groups
- Oasis Family Centre
- Occupational Therapy (U and S)
- One to one prevention
- Out of School Providers
- Outreach services
- Paediatric physiotherapy
- Personal Support
- Personal support Direct payments
- Physiotherapy (T and S)
- Play & Leisure services (community based)
- Play & Leisure services (school based)
- Portage
- Pre-school Settings
- Primary Mental Health Workers (CAMHS community service)
- Residential short breaks
- Residential short breaks (community based)
- Residential short breaks (in house)
- Ruth House
- Safe Havens
- Sandy Hill Estate Volunteer Support (Waverley)
- School nurses (U, S and T)
- School nursing team child, young person and family weight management pilot

- School's Support Team
- Sexual Health Advisors
- Social Care
- Social care transition team
- Specialist Teachers (U, S and T)
- Specialist Teaching Teams
- Speech and Language Therapy ((U, S and T)
- Stop Smoking Service
- Sure Start Children's Centres
- Surrey Domestic Abuse Support Service
- Surrey Domiciliary Care Service
- Surrey Family Support Programme
- Surrey Online School
- Surrey Short Break Carers
- Voluntary sector providers
- Welcare
- Welcare South East Surrey (Redhill)
- Year 11/12 Transition Service
- YMCA Open House (Guildford)
- Young carers
- Youth Support Service

In Surrey we do not have any in patient CAMHS beds and are low users of national CAMHS beds, due to HOPE and Extended HOPE Provision crisis beds which support young people in local community settings.

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 \(2015\)](#)
- [Green Paper \(2018\)](#)

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/413129/2902_452_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 NSPCC Harmful Sexual Behaviour Framework - <https://learning.nspcc.org.uk/health-safeguarding-child-protection/>
- [NPSCC- Letting the Future in - https://learning.nspcc.org.uk/services-children-families/letting-the-future-in/](#)
- [The Lighthouse- https://learning.nspcc.org.uk/services-children-families/the-lighthouse/](#)
- [LTP Toolkit- https://learning.nspcc.org.uk/media/1111/local-transformation-plans-toolkit.pdf](#)
- [Council for Disabled Children- a great resource for SEND information, this dashboard may be of particular interest - https://councilfordisabledchildren.org.uk/help-resources/resources/0-25-multi-agency-send-data-dashboard](#)
- [Transforming Care Model service specifications](#)

- www.longtermplan.nhs.uk
- www.longtermplan.nhs.uk/implementation-framework
- [NHS Benchmarking Network Report](#)

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 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. Sections 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.

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

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

1. Outline workforce strategy



Outline Workforce
Strategy.pdf



SABP CYPS
workforce plan v3.doc

2. Matrix Report



Matrix Workforce
Audit April 2019 .pdf

3. COP Transition Report



Revised CYP IAPT
Transition Day Progra



COP Transition Event
Report 2019.pdf



CYP IAPT CYP in
Transition Feedback.1

4. Link to Surrey Heartlands and Frimley Systems 5-year Strategic Delivery plans-to be added when published. Expected date of publication is December 2019.