

Monday, 18 October 2021

## **Emotional, Wellbeing and Mental Health Services Update.**

1. Purpose of report: To review the implementation and performance of the new Emotional Wellbeing and Mental Health (EWMH) services for children and young people (CYP) in Surrey, which began operation in April 2021. The report specifically draws out the early intervention elements of the provision.
2. This report will provide information about the mobilisation of EWMH services and reflect upon the first six months of operation and what evidence there is of how the new services are beginning to improve outcomes for service users.

### **Background**

3. An independent review of the support and intervention for CYP in need of Emotional Wellbeing and Mental Health Services in Surrey took place in October 2018. This highlighted that whilst there was a universal commitment to delivering high quality Child and Adolescent Mental Health Services (CAMHS) in Surrey, this vision was not being achieved. A range of challenges were identified in: multi-agency relationships, organisations not working together to provide early help to children and young people, the commissioning arrangements resulting in a complicated pattern of services, CYP and their families having to repeat their story multiple times and crucially, demand being higher than predicted. Nationally demand for these services increased by significantly more than expected and Surrey followed a similar pattern of increased demand.
4. Following the review, a series of engagement events and activities resulted in the co-production of 'A THRIVING community of children and young people in Surrey – a strategy for their emotional wellbeing and mental health' launched in February 2019. Surrey's strategy for improving children and young people's emotional wellbeing and mental health sets out a clear vision that all partners working with children and young people are committed to:
  - 'Develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life'.

5. The strategy sets out ambitions to improve the system of EWMH support across Surrey and specifically in these areas:
  - Early intervention and community support.
  - Collaborative working.
  - Creating a navigable system.
  - Communication with children, young people and parents/carers.
  - Improving the environmental design of services so they are more accessible and environmentally friendly to all CYP.
6. These priorities underpinned the procurement of the new Emotional Wellbeing and Mental Health services with a new service delivery model. The contract for delivery was awarded to the Alliance of Partners in December 2020 and went 'live' in April 2021. The new contract benefitted from £6m of additional investment, provided equally by the Clinical Commissioning Groups (CCGs) and Surrey County Council. This resource plugged a historic structural funding deficit as well as funding more work in the early intervention response. The contract was awarded for a period of 7 years, with an option to extend for a further 3 years.
7. The Alliance Partnership operates collaboratively, meets regularly and has a Board to oversee and guide the mobilisation of the services which is also attended by Commissioners. The Alliance comprises:
  - Surrey and Borders Partnership NHS Foundation Trust as lead provider (SABP);
  - Barnardo's, Learning Space and The National Autistic Society (all as separate providers within the Neurodevelopmental pathway and partners within the Surrey Wellbeing Partnership for early help);
  - The Surrey Wellbeing Partnership (SWP): Barnardo's, The East to West Trust, The Eikon Charity, Emerge, Learning Space, Leatherhead Youth Project, The Matrix Trust, The National Autistic Society, Peer Productions, Relate West Surrey, Step by Step Partnership Ltd, Surrey Care Trust, YMCA East Surrey;
  - The Tavistock and Portman NHS Foundation Trust.
  - Kooth operate as a digital supplier working alongside the Alliance on the neurodevelopmental assessments.

8. The new approach is underpinned by the THRIVE Framework for System Change. Its main emphasis is on giving children and young people a central voice in decisions about their care. It ensures that across agencies there is a commonly used language based on children's needs rather than thresholds and provides clarity on everyone's contribution to EWMH.
  - You can see an animation about our new approach at: <https://www.youtube.com/watch?v=ARAAiEoVpjQ&feature=youtu.be>
9. Revised governance arrangements have been put in place to guide and support the relationship building across the alliance, to support the mobilisation and through business as usual. This includes a regular, robust monitoring and assurance structure connecting finance, performance, quality and workstream development, through a lens of what is improving for the outcomes for our CYP.
10. There is an Alliance Board and a series of reference groups focussing on specific aspects of the services that inform their delivery. There is currently a reference group with GP's, with school leaders, crisis service partners and a multi-disciplinary Safeguarding children's reference group as well. One of the Terms of Reference are appended to this report. The Reference Groups have been created to provide an informal space to discuss and provide feedback on the EWMH service model in an open and constructive way, ensuring all partners are focused on the improvements required for CYP and their families.
11. The Alliance Board governance and the mobilisation of the new services are cognisant of and align to the Mental Health Delivery Board, the review of mental health services in Surrey and the emergent improvement plan. Governance arrangements have been aligned to ensure activity is synchronised effectively, to promote a 'think family' approach within adult services, to contribute to transitions work and to support the critical role of parents/carers as well.

## **Progress and Update**

### **Surrey context**

12. The new EWMH offer for CYP in Surrey was mobilised during the pandemic. Despite this, commissioners and providers have worked hard to take forward the intentions of the Surrey Strategy. This is against a backdrop of increased demand and workforce difficulties as staff themselves are impacted upon by Covid-19.
13. Recent NHS data shows that the Covid-19 pandemic and resulting lockdowns have led to an increase in poor mental health issues for children and young people (CYP). Latest prevalence data for England shows approximately 1:7 CYP aged 11–18 experiences at least one mental health disorder. This means circa

16,770 CYP in Surrey could be experiencing at least one mental health disorder (ONS data).

14. For Surrey and the Alliance partners, the higher level of demand that came through as a result of the pandemic is evident in the growth in referrals and level of need (please see Performance Monitoring section for more details from 28.)

### **Service Provision and Implementation Update**

15. The Alliance Partnership committed to deliver the outcomes set out below in accordance with its mission to improve services for CYP and their families.
  - Use of the Thrive framework with all professionals working with children and young people aiming to help them ‘thrive’ and ‘flourish’;
  - Providing easier access to help and support, for example, through digital innovations and encouragement of self-referral;
  - A much stronger focus on early intervention, given the rise in numbers of children and young people with anxiety and low mood;
  - More support built around groups of schools;
  - Using views of children, young people and parents to lead to continuous service improvement;
  - Link with adult wellbeing and mental health services to ensure continuity of mental health support for young people in CAMHS when they reach adulthood.
16. Progress has been made against each of these objectives, demonstrating a relatively positive initiation phase for the new contract. A summary is set out below.

### **Implementation of the Thrive framework with all professionals working with children and young people aiming to help them ‘thrive’ and ‘flourish’**

17. The purpose of this work is to embed a common practice model across agencies who support CYP so that all partners recognise their own contribution as well as ensuring CYP receive a constancy of service and their journey through the system feels coherent. THRIVE is recognised as national good practice. The approach will see a move away from different practitioners using a lens of ‘thresholds’ and towards needs of the CYP. Action taken so far includes:
  - A series of system-wide training events hosted to brief professionals across Surrey on THRIVE. These events will continue throughout this year.

- Communities of practice formed to facilitate discussions and build relationships between agency staff and to provide spaces to raise and find solutions to problems identified.
- A service mapping has been completed so that there is clarity about what organisations need to understand and receive training in THRIVE so that we can reach out and connect with these practitioners.
- Plans are being co-produced to deliver a focused THRIVE training with primary care between January to March 22.
- Planning is in place for more engagement and learning events over the coming months and following years

**Providing easier access to help and support, for example, through digital innovations and encouragement of self-referral**

18. The purpose of this work is to help all CYP and their families in need of support to request support simply and easily, through digital channels and access to self help, by providing advice, signposting or connecting to voluntary service expertise, specialist or clinical support.
19. Prior to the contract start date, the gateway to services known as CAMHS Single Point of Access (SPA) now known as Access and Advice (A&A) experienced repeated backlogs. The pandemic exacerbated this situation. A plan to respond to this was developed and for children awaiting neuro-developmental assessment this was successfully executed. Further details of this are set out later in this report. CYP awaiting a community mental health response were also waiting for too long in Access and Advice (A&A). This backlog has now reduced and see details also later in the report.
20. In changing the CAMHS SPA into A&A a new operating model was brought in to improve this service moving forward. Specifically:-
  - All partners invested in connecting CYP with support rather than generating referrals to one another. This reflects the holistic rather than diagnosis-led approach of THRIVE
  - Voluntary sector colleagues are now embedded in the A&A team with health colleagues, strengthening the pathway to a broader range of community support for CYP and families and speeding up the process
  - A 24/7 Crisis Line was launched in May 2021 and is now available specifically for CYP, their families and carers to ensure that CYP and

families can get direct support at the time they need it when facing crisis. The number is 0800 915 4644

- Staff at hospital A and E Departments in Surrey can now call a consultation line and speak to a clinician to discuss CYP who have presented out of hours and need support to identify the best next step for a child. For example, do they need to be admitted to the paediatric ward or could they, with support of services such as Crisis line, Emergency Duty Team and CYP Havens, go home with a follow up from the Crisis team the next morning?
- There has been an expansion of the existing Mindful Reaching Out service – which assertively connects with our CYP who have additional vulnerabilities. This service has increased from 3 full time practitioners to 14 full time practitioners. It has combined a range of previous interventions and widened its reach to CYP who have offending behaviour, who are not attending school, or students at the Alternative Provisions. The delivery model includes occupational therapy interventions, Cognitive Behavioural Therapy (CBT) interventions, assertive engagement and advice, and consultations.
- A new name and redesigned website have been co-designed and developed to ensure easy access to information and service details. This will be launched in late September 2021 and will enable CYP and families to access information to build their own resilience, get access to advice, get help, get more help or to get risk management support, as well as signposting to other services.
- On average 60% of requests for support come from primary care who repeatedly report that the process is much too complicated and time consuming. Plans are in place to work alongside primary care colleagues to improve the process of connecting CYP with support. This is starting in September 2021 and is a priority for completion.

**A much stronger focus on early intervention, given the rise in numbers of children and young people with anxiety and low mood**

21. Children, young people and their families consistently told us that we needed to do more to help them earlier, when problems were emerging rather than when they had become entrenched or in crisis. A new investment was made into early help and it is intended that over the lifetime of the contract more funding will be shifted into this part of the system. Since April the following has been achieved, led, and guided by The Surrey Wellbeing Partnership:

- The creation of a Community Wellbeing Team is now in place with 23 full-time equivalent practitioners connecting with CYP and families. They have a focus on early intervention and supporting CYP as soon as they start to feel they are struggling. They will be helping families to navigate the choices available and engage with services. These practitioners are initially working with CYP who have been referred to A&A as part of the backlog solution until November / December when full capacity will be accessed in the community or via GPs, through self-referral and A&A.
- There has been an expansion of counselling and other one-to-one service provision such as solution-based interventions, guided self-help, support groups / workshops etc,. There have been challenges with recruitment however and it is now anticipated that the offer will be fully operational no later than January 22. (In July 21, some organisations were on 4<sup>th</sup> recruitment round – this workforce deficit reduces the capacity to deliver). Here is a case study in video format about ‘Generation Girls’ delivered by SWP relating to a young woman who suffers from anxiety. [https://www.linkedin.com/posts/nina-lemon-frsa-she-her-4a980a38\\_research-education-learning-activity-6837384555192709120-qIE5](https://www.linkedin.com/posts/nina-lemon-frsa-she-her-4a980a38_research-education-learning-activity-6837384555192709120-qIE5)
- Since April 2021, 45 volunteer mentors have been recruited and trained from across all the Boroughs and Districts in Surrey and to date have started to provide mentoring support to 36 CYP.
- Delivery of new approaches to build skills across front line practitioners about the key issues affecting CYP, including the impact of trauma and abuse is now being provided through online and school-based drama performances. An example being a production from ‘Peer Productions’ in schools raising the awareness of self-harm and sign posting to support.
- An enhanced Community Eating Disorders (CEDS) service has been developed which means that CYP assessed as being at lower risk (i.e., no weight loss over the past two weeks, normal bio/physical observations and some insight into eating problems with no uncontrolled exercise) are supported within primary care with CEDS providing care to the more vulnerable CYP. Revised arrangements to ensure CYP with eating disorders have physical health checks connected with blood tests and ECGs are being piloted and co-ordinated in primary care. An evaluation will inform next steps.

### **More support built around groups of schools**

22. Co-producing a new model of early support with local schools began as soon as the contract went live. The model builds on pilot schemes or newly launched offers trialled in 2019/2020, including the development of Primary Mental Health

Workers and Mental Health Support Teams (MHST) in Surrey Schools. Progress to date includes:

- The new schools-based offer delivered at District and Borough level brings services for schools together. From the start of the new school year, an Early Intervention Coordinator, named Primary Mental Health Worker and a named School Nurse are now operating as a team in each district/borough. This new offer will nest within the County Council's Education Services 'Team Around the School.'
- Funding has been secured for an additional 10 MHST (from three to 13 over the next three years). This means that a trained Mental Health Worker will support clusters of schools with a range of offers including guided self-help, Cognitive Behavioural Therapy and building on the Councils 'Healthy Schools Initiative', supporting schools to develop a whole school approach to EWMH. This expansion will mean that by 2023/24, 49% of secondary and primary schools in Surrey will be part of this scheme
- An audit of special schools' needs and gaps has been completed to refresh the offer to these schools. A new offer co-produced with Special School Heads including the recruitment of clinical psychologists has been started with recruitment completed in September 2021.
- Outside of this offer for all maintained schools, additional services have been deployed into Alternative Provision from the Reaching Out Service.
- There is a new approach based on best practice and developed in Portsmouth City, which focuses on children with neurodiversity (ND), including Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). This is being co-produced in the Spelthorne area in partnership with schools, SCC and wider stakeholders. It will be rolled out from January 2022 to more District and Boroughs with full coverage by June/July 2022. The aim of the change is to offer a more widespread and accessible range of support to CYP, their families and schools by providing services in a greater range of settings, providing a wider range of advice and help, accessible through more ways (such as online, telephone, face-to-face and group work). As part of the ND offer, Barnardo's have launched a 'Celebrating ADHD' programme in local schools to support the development of friendships where CYP may be finding it difficult to make friends. Increased support is being provided by Learning Space, Barnardo's and National Autistic Society (NAS) for children with ADHD/+ ASD and their families through direct advice, group work, training, workshops and a small amount of one-to-one work. CYP and families can access this via direct referral from school / community settings based on need. NAS will reach 750 families per year, Barnados 1,200 per year and Learning Space 242.

- A new advice line which operates every evening has been launched for parents and carers who are struggling with their CYP's behaviour or issues connected with ASD / ADHD and where the concern occurs outside of the working day. This is as a direct response to feedback from families.
- Earlier in 2021 the Surrey Safeguarding Children's Partnership published a review of probable teenage suicide in Surrey. As a result, a self-harm/suicide prevention protocol is now in place and training is being developed to ensure a consistent and high-quality joint response to keep CYP safe and healthy. Training will be made available to schools and wider partnership from October 2021.
- Funding has been secured for the development of Autism Friendly videos, manuals for schools and training materials and the process to develop these will be put in place from Sept 2021.

### **Using views of children, young people and parents to lead to continuous service improvement**

23. To ensure that the co-production that was central to the recommissioning of these services continues now the contract is live, recruitment of the following new posts has started:
- A young person as an expert by experience is part of the team as an interim measure whilst permanent recruitment is going ahead.
  - User Voice Practitioner Lead to join the Alliance to focus on participation and engagement across Alliance Partners by Oct/Nov 2021
  - Another User Voice and Participation lead seconded from Surrey County Council is being brought on board to lead the participation work for MHST with a particular focus on connecting with wider school's voice systems and protected groups from Oct/Nov 2021
24. There are a number of clear areas when the views of CYP and families have led or are leading to change already including:
- CYP and their families were involved in the design and procurement of the new service and attend governance meetings and steering groups guiding the mobilisation
  - Interim CYP expert by experience is developing a service user and participation plan.
  - For the EWMH new service provided by the Alliance Partnership, CYP and their families co-produced the name and brand ensuring it is accessible

and Autism Friendly. 'Mindworks Surrey' as a name will be launched on 20<sup>th</sup> September 2021.

- CYP have guided the design of the new website for EWMH services. The URL for the new website (which will go live on 20<sup>th</sup> September 21 ) is [www.mindworks-surrey.org](http://www.mindworks-surrey.org)

25. In addition to hard-wiring the voices of CYP and their families into our system, developing joint partnership working with key stakeholders is central to improve the EWMH service. Detailed below are some specific examples:

- A Special School audit and joint working has led to the recruitment to clinical psychologists and a plan to reshape the service offer for special schools
- Working with Surrey County Council colleagues and wider children's partners has led to jointly implementing the Team around the School.
- Feedback from schools and partners on improving the connection between schools and Educational Psychology (EP) support has led to EP's being seconded to the MHST as joint supervisors.
- Reaching Out Team worked with the existing Youth Offending Service to strengthen the response for young offenders and agreed to incorporate Trauma Therapy and Youth Counselling posts.
- Series of reference groups with safeguarding, primary care, education, crisis are in place, with positive feedback related to improved working together and the overall direction of the new service model.

**Link with adult wellbeing and mental health services to ensure continuity of mental health support for young people in CAMHS when they reach adulthood**

26. Improving transitions for CYP as they reach adulthood is a priority for the new services. The matter was consistently raised in the development of the Surrey Strategy as well as in the review of Mental Health Services in Surrey and is in the improvement plan. Transitions planning and support for those CYP moving into Adult Mental Health Services will ensure clinicians and practitioners work together at this important time in their lives. Specifically, we have:

- Developed with Working Age Adult Service (WAA) a transformation project for 18- to 25-year-olds. So far, we have co-designed transition packs, created a transition group, and generated monthly joint meetings to discuss young people approaching 18 and how to meet their needs.

- A transition worker is now in post within Reaching Out from Adult Improved Access to Psychological Therapies (IAPT) who has experience of working with this age group and operational experience of supporting young adults to access adult services. This support is accessed via self-referrals or in community / schools' settings and via A&A.
- Strengthened the response to young people from Reaching Out who now have available Trauma Therapy and Youth Counselling from their expanded team using an outreach model including support directly in the community, home etc.

27. As part of the *Preparing for Adulthood* Transformation Programme across the Care, Health and Education system in Surrey, we are progressing a workstream in relation to improving the care pathways and life experience of CYP as they approach adulthood and require ongoing support for their mental health in Adult Services:

<b>Performance monitoring</b>
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28. A refreshed approach to managing performance collaboratively across the Alliance Partnership is in place. Within the contract documentation there are clear expectations about the service standards required. The improvement of EWMH services is a collaborative effort and as such we are focussed on a wide range of data that tells us about the level of demand for services, how quickly CYP are connecting with help, the capacity of services to meet these needs and what the outcomes for CYP are. As a result of the pandemic, specialist work to understand the additional demand and what capacity is therefore required has been completed and the implications for Surrey are now being considered carefully.
29. NHS Benchmarking predicts a further 20-60% surge in CYP mental health needs in 2021/22 and based on the South East (SE) surge data from previous year, the SE Regional Team are expecting the top end of that surge in demand e.g. circa 50-60%.
30. In Surrey, there has been a growth in the number of referrals for EWMH services. From an average of 1400 referrals per month in December 2020 to an average of 1900 in February 2021 through to May 2021 where we then started to see a decrease. However, given children are now back at school there is an expectation of a growth in referrals again from September.

31. Key performance figures relating to waiting times and backlogs are regularly published as part of the County Council's governance process and within the NHS Assurance framework. This tells us the following: -

- The average wait from referral to assessment in July 2021 is 64 days, 24 days above the 40 days target, however this is the third consecutive month of improvement and the lowest level seen in 21/22 to date. (June 72 working days, May 85 working days, and April 87 working days)
- Waiting times are based on the length of time that a child or young person seen within that month waited on average for all levels of need or priority (Crisis, Urgent, and Routine).
- When looking at waiting times across the different treatment pathways it is a mixed picture, 7 pathways to services show improvements with the waiting times reducing and 2 pathways to services have waiting times increased. The ND pathway has increased from 214 working days in June 21 to 216 in July 21 and the Community CAMHs pathway has increased from 44 working days in June 21 to 50 in July 21.

32. Backlogs are improving, further information relating to this is below:

- In December 2020, 1512 children and young people were waiting for Neurodevelopmental assessments. By July 2021, there were some significant improvements:
  - ❖ 99.3% of the CYP had completed or were over halfway through their ASD diagnostic process for assessment.
  - ❖ Only 0.7% of children and young people remained at the early stages of the diagnostic pathway.
  - ❖ 59% of children had completed the process of a full ASD assessment
- In May, 970 CYP were identified in on the A&A backlog. A plan was put in place and by July 2021 only 19% of these CYP were still awaiting allocation to a team that can provide treatment / support.

33. There have been increased levels of need for many of our CYP and this is evident with the increased requirement for specialist services. For example by July 2021 there were 130 referred to STARS (Sexual Trauma Assessment, Recovery & Support), there were 1800 CYP referred to Community CAMHS (both these service's referrals were nearly twice their target trajectory at this stage in the year) and in our place of safety suites some of the CYP were staying for longer periods

of time on the suite while appropriate specialist beds, support at home or social care placements were able to be found to meet their needs.

34. Performance and assurance of EWMH services will continue to be a joint high priority. A sharp focus on these issues will be achieved through governance structures under the Executive Performance, Quality and Finance Meeting. In addition to the formal contractual arrangements, improvements in data capture, sharing and analysis are being pursued to ensure that Commissioners and Alliance Partners can access a dynamic set of data through a Business Intelligence Portal. This is evolving to bring data together from across the partnership. The relationships developed in the Alliance between those delivering services and Commissioners mean that data is routinely shared and considered as part of problem solving and so that the impact we are having on CYP can be kept under review.
35. It is not only quantifiable data that is collected – the stories relating to the experience of CYP and their families are important as well. Below is the story of a Child aged 9 with a sleeping issue, who was worked with this summer:

A arrived to the CWP service with the goal of improving her sleep. She had always struggled to get to sleep on her own and had recently been waking up panicking and sobbing every night. This affected the whole family's sleep and also meant that A was often very tired at school. During the sessions, A set her own weekly goals to build up confidence being in bed on her own and spending less time with her Mum before she went to bed. She kept a diary to track her progress which helped her realise that she could make small changes. These small changes added up to big change; A can now fall asleep quickly for the first time and can get back to sleep herself without waking her parents in the night.

A: "I would always cry at night. I found it hard to sleep on my own and go to sleep without an adult. I was scared and terrified. After seeing AE everything has changed and I can sleep on my own. When I couldn't sleep, I would get grumpy in the morning and now I wake up fresher. Eventually I hope to get my own room. I am really happy with myself. I have been making a lot of progress and I am really proud of myself."

A's parent: "The sessions have made a massive difference. A used to sleep for 10 minutes, and then panic, and was constantly crying. It affected the whole family. Now I am able to have enough sleep and A has enough sleep. The whole family is happy. I don't know how we would have done it without the sessions."

## Workforce

36. The capacity to respond to the needs of CYP in the main requires trained staff to be in post and available for work. The new service launched in April 2021 requires a different blend of staff and as mentioned previously the impact of the pandemic on the transition has been significant.
37. The new Alliance Partnership and the investment through Mental Health Support Teams will bring an expansion of our workforce over the next few years.
  - Our investment in early intervention increases our Third Sector capacity from 36WTE in 20/21 to the new contract level of 115 WTE per year 21/22, taking our total Alliance Partners workforce to 356.45WTE.
  - Our MHST will go from 3 teams in 2020/21 to 13 teams in 2023/24.
  - As a direct result of planning for the demand of the surge from COVID-19 there are 36 WTE additional staff being recruited and a further 36 being considered as required.
38. However, recruitment is a key risk. The Alliance has successfully recruited to posts, however, there continues to be a reliance on agency staff filling vacancies, particularly in certain parts of the services, such as Access & Advice. The delay in the planned implementation of the neurodevelopmental service is a result of an inability to recruit to staff. The Alliance has a focus on this matter and continues to advertise posts and work together to creatively attract staff into these important roles.
39. A workforce strategy is being launched at the next Alliance Board in September 2021 and will include steps to improve recruitment, ensure agency staff requirements are reduced and that quality of staffing is maintained in the meantime. A plan to establish a career development pathway across our Alliance of Partners is also being considered.
40. New ways to recruit are being explored and recent workforce recruitment days were very successful.

### Challenges ahead:

41. The new service model commenced from April 2021 in a phased, planned manner as agreed, with mobilisation continued across the Alliance while significantly increased activities (**150%**) handled by specialised services at SABP.
42. The excess demand on specialised services is not necessarily due to partner services yet to step up but more a reflection on the increased acuity and

complexity of current demand, which is far higher for intensive services than for early intervention than predicted in the model.

43. To sustain our Intensive Support Services under the pressures, SABP have increased operating capacity to 329 WTEs to date, including 310 WTEs supporting EWMH contract delivery and 19 WTEs supporting Crisis Pathway 'stepping up'.

#### **Next steps**

44. The first 6 months period of the new services has been focussed on mobilisation, managing the impact of the pandemic and building the relationships across Surrey that provide the context for an excellent service. This includes building the infrastructure and reporting processes behind the whole partnership. The priorities for the next 6 months build on the foundations established and will focus on: -

- Refresh and review demand and capacity modelling to ensure we understand risks associated with this and actions required to mitigate them.
- Continue to co-produce the interventions and models of service as we implement the new approaches and services.
- Launch and implement a workforce strategy that will improve recruitment and build on the development of a career pathway from mid-September 2021.
- To build up the voice of Children and Young People to shape their new service, highlight what is working well and what needs to be improved.
- With CYP, launch the new service name, brand and website in late September and prepare for a launch event led by CYP in Dec 2021/ Jan 2022
- Work together with partners to improve data reporting, sharing information appropriately and developing an outcome led performance reporting regime from September 2021.
- To continue to align our work to the Mental Health Improvement Plan priorities, sharing the learning developed in children's services and participating in the planned system improvements for the benefit of all Surrey residents ensuring a greater focus on CYP.

- To ensure the new specialist services that will provide 8 – 12 beds and 2 further flexi beds in an acute hospital for CYP in crisis in Surrey, are set up and available to Surrey residents by summer 2022.
- Review and refresh the Surrey Strategy - ‘A THRIVING community of children and young people in Surrey – a strategy for their emotional wellbeing and mental health’ as the current one finishes in 2022.

## Conclusions

45. Despite the pandemic, there has been significant progress in mobilising the new services. The staff across the Alliance have worked tirelessly to continue to deliver business as usual and to transform the way they work and what they do. This is a reflection of the dedication and commitment of staff we have working in this field in Surrey. The current position reflects that the new EWMH services have generally mobilised in accordance with the plan and that a clearly defined set of services that builds on early intervention, works for schools and community settings is coming to fruition. However, the full effect of the change is not expected to be evident until Spring 2022 when more of the implementation has been completed.

## Recommendations

46. To note the progress to date and receive a further update in six months’ time.

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### Sources/background papers

- EWMH Communication August 2021
- Backlog summary, August 2021
- Children, Families and Lifelong Learning Monthly report for June 2021
- Waiting Times Performance report to CLF August 21.

## **Glossary of terms**

- Primary care: The provision of integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
- CBT Cognitive Behavioural Therapy: One of the most researched forms of therapeutic intervention recommended for low mood and anxiety in particular. Based upon graded exposure
- Psychology: Therapeutic discipline which requires significant training and accreditation, able to provide CBT, cognitive assessments and complex attachment therapies
- Psychiatry: Medical professional responsible for clinical risk, diagnosis and medication
- Crisis: Families who are experiencing difficulties that if not treated immediately, someone will come to severe harm
- Intervention: A type of treatment or interaction with a family or service user by a professional

## **Annexes**

Annex 1: Alliance Safeguarding Reference Group Terms of Reference 17.06.2021

Annex 2: EWMH Strategic Summary: Diagrammatic representation of how the EWMH commissioning connection with wider CFLLC Strategic Priorities and EWMH Contract Governance

Annex 3: Waiting Times: Waiting times briefing with total figures and broken down by pathways with agreed response plans and future proposed waiting time targets.

Annex 4: Promotional Briefing on the new Mindworks Surrey website ([www.mindworks-surrey.org](http://www.mindworks-surrey.org))

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