

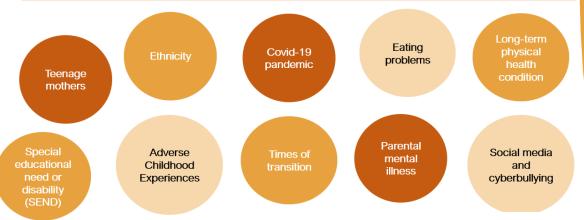
Mindworks Emotional Health and Wellbeing(EWMH) Offer to schools

Update for District and Boroughs Meeting January 2023



National Picture:

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



Understanding our CYP's EWMH Landscape in Surrey

Local Picture:

Population: There is an estimated 349,500 0 to 24 year olds in Surrey based on the 2021 Census.

Ethnicity: 28.8% increase of Non-White British and Mixed/Multiple Ethnicity residents.

Sexuality: There may be 56,500 people aged 16+ and around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual.

Gender Identity: There is in an estimated 7000+ people in Surrey who experience some degree of gender variance.

Deprivation: Guildford, Reigate and Banstead and Woking are home to some of the highest levels of deprivation in the county (NCMP).

Looked After Children: The number of children starting to be looked after during the year 2020/21 is up from 374 in 2019/20 to 419. (GOV)

Care leavers – As of 31 March 2020, Surrey had 656 care leavers aged 18 to 25. 514 of these were aged 19 to 21, this is below the national average which is 652.

Child Protection Plans: The number of children on a child protection plan has increased from 685 in 2019/20 to 894 in 2020/21.

EHC Plans/ SEN Support: In 2021/22 the percentage of this in Surrey was 4.6% (national is 4.0%).

Unaccompanied asylum seekers and refugees Number of children look after on 31 March who were unaccompanied asylum seekers has dropped year on year from 2018/19 (n=114) to 2020/21 (n=78)

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Further Information on the Local Picture:

Online Safety

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

Self-Harm

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

Suicide

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



Schools offer:

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

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

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

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

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

Together we build the whole school approach (WSA)

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

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

Resources and suggestions to support parents and CYP are available through Mindworks Surrey (mindworks-surrey.org)

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

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

Team around the school pilot continuing with good engagement from schools and professionals to offer increased support to schools around particular issues of CYP Each of the 11 District / Boroughs have a cluster of staff that includes a **named practitioner** as a point of contact who will offer consultation, support and advice. There are between 27 and 46 schools per Cluster and each cluster has a multi-disciplinary cluster allocation process (includes Third Sector offers)

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

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

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

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

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

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

Surrey ITHRIVE Model

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

- access and advice advice, signposting to existing support or passing through to specialist or clinical support. Access & Advice Mon-Fri 8am to 8pm Sat 9am to 12pm.
 - CYP Havens: 2 drop-in centres Guildford and Epsom (3.30 pm to 7pm)
 - CYP Haven Virtual service lines are open Monday to Friday, 3.30pm to 7.00pm, Sunday, 1pm to 4pm
- school-based needs a new model, co-produced with schools, using a cluster model with emphasis in school based support and consultation
- · School support enhanced support for schools and parents, carers and young people delivered by alliance partners
- building resilience help to access services in the local community, such as counselling, mentoring or wellbeing projects

Community-based practitioners connecting with children and families as soon as they feel they are struggling. Mentoring to CYP who have presented in crisis (Emerge). Counselling, Early Intervention Co-ordinators. SWP partnership delivering specified interventions to individuals and groups of young people

CYPS Community Teams - for more complex young people and families who would benefit from extensive or intensive treatment using evidence based interventions –

- Area based Children and young people's community Teams, Eating Disorders, EIIP, STARS, Learning Disability Team, New Leaf (Children in Care, Post Adoption Service, Care Leavers Service), HOPE Service
- crisis admission avoidance supports children and young people who present with high risk behaviour and helps avoid Emergency Department (A&E) attendance or acute hospital admission
- Crisis helpline 24/7. Consultation line for acute hospitals 5pm -11pm 7 days. Children's Crisis Intensive Support Service (CCISS), reduced bed offer (HOPE House), 5pm to 11 pm telephone support and outreach visits for vulnerable CYP at risk (Extended HOPE), Emergency Duty Team Mon-Fri 5pm to 9am (24hrs weekends)
- reaching out support for the most isolated and vulnerable children and young people, such as those at risk of offending, school exclusions, experiencing transitions delivered as a multi-agency network using outreach, groupwork, risk support, mentoring, clinical interventions
- neurodevelopmental services a radically transformed service model which we believe will reach children and young people who need help earlier
- ND pathway team needs based support and diagnoses, Third Sector partners working with children and families living with neurodevelopmental challenges, including parental support, 12 1 for Child and Parents, transition support, parenting sessions, drop-in sessions, stepping up Autism Course (8 weeks) for parents and training for CYP with comorbidity. ND Helpline 5pm-11pm 365 days



Key principles for system change:

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

Co-production and Engagement with our schools:

Reference Group purpose:

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

The Primary School Reference Group:

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

Secondary School: focus 21/22.

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

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

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

What was the agreed offer:

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

Reference Group Dates

Primary school ref groups:

- 1) Monday 30th Jan 4-5
- Monday 6th March 4-5
- Monday 24th April 4-5
- 4) Monday 12th June 4-5

Secondary school ref groups:

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

Special school ref groups:

- Thursday 2nd Feb 4-5
- Wednesday 8th March 4-5
- 3) Wednesday 26th April 4-5
- Wednesday 14th June 4-5

Independent school ref groups:

- Thursday 9th of Feb 3-4
- Thursday 9th March 4-5
- **Thursday 27th April 4-5**
- Monday 19th June 4-5















































Building Resilience examples of feedback and outcomes

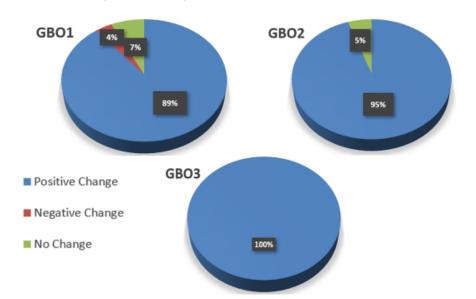
- SWP have begun using Goal Based Outcomes (GBO) across all partners from September 2022
- Initial results show an overwhelmingly positive response. YMCA figures, for example show:

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

 Other experiential feedback is routinely sought and that supports an overwhelmingly positive interaction and benefits of the services

Community Wellbeing Team

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





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

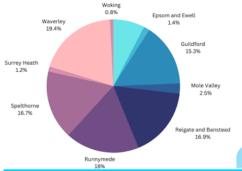




Year 2 with Surrey Child Wellbeing Practitioners (CWPs)



Referrals received from each borough



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

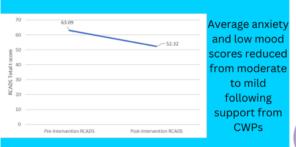
> 60% of referrals were female; 30% male; 10% other



What we found...

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

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What young people told us...

I am grateful for this support

My CWP adapted strategies based on my interests and life circumstances

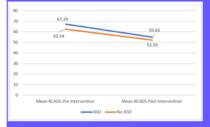
I felt respected and not judged

Helped me to understand myself better

The sessions helped me to feel empowered

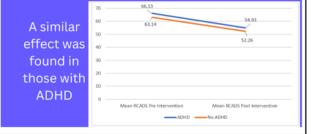
What about those with ASD/ ADHD

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

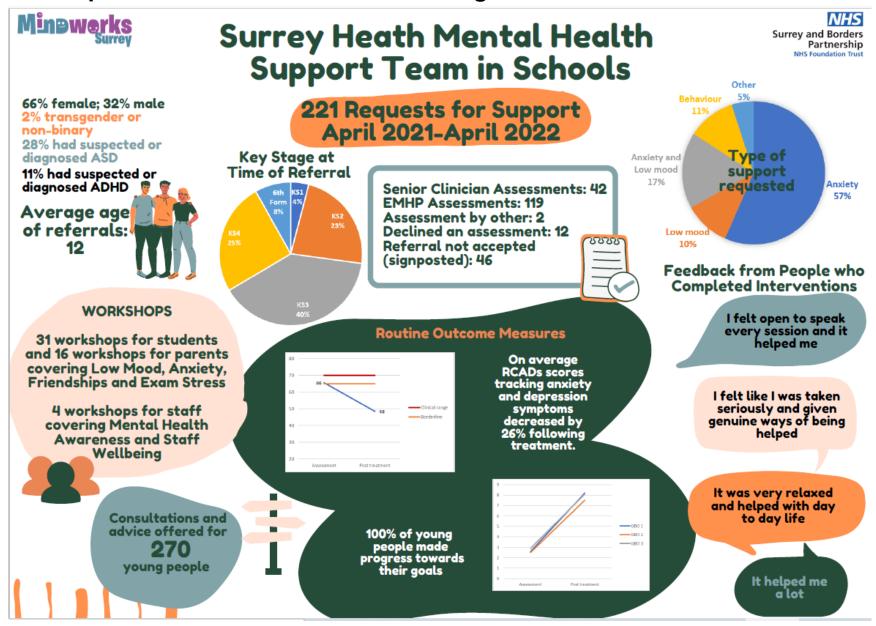


Those with ASD showed

after having sessions with



Example of the difference we are making.



Experience survey feedback from the schools, as part of MHST

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

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

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





























- The open and transparent processes implemented with schools, focusing on joint problem solving is beginning to create a more trusting relationship.
- Embedded model in district and boroughs means there is close working relationships with community based services. (include prototype working)

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

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

Areas of development:

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















Next steps

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































Discussion Themes:

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





























Appendix:

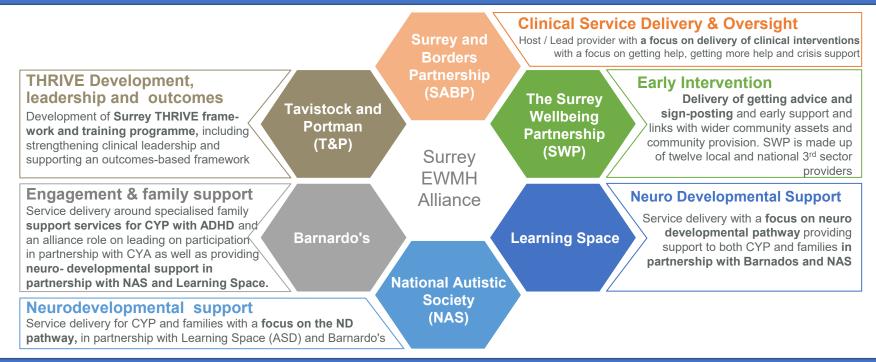


- Mindworks Partners.
- Named practitioners.
- Crisis Support details.



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

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



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

Triaged within AAT and assessed or directly from pathway. Info sent to families All EWMH cases waiting two months also have a Discovery Conversation and a Safety Plan

All ND cased referred for pre-diagnostic support to ND partners - new form

All in treatment / intervention pathway assessed for treatment

Treatment / intervention starts





Requests for Support

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

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

Of the 4.365* CYP currently waiting, more than 4 out of 5 are waiting in AAT (3,840*). Of those waiting in AAT, 66% are in the screening stage to begin their ND diagnostic journey.

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

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

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

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

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

Treatment / Interventions

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

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

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

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

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

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

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

Surrey Wellbeing Partnership: In October 4.259 CYP had been referred (so by month 7, 46% of the contracted referrals had been received and should be 5,415) and the treatment activity level is 35,607 (at month 7 67% of annual position and should be 36,293). Average waiting time is 80 days (there are 664 CYP waiting)

Discharges

* SABP data only

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

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

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

Named Practitioners

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





























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

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

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

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

For Out of hours support:

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

In the event of a medical emergency:

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

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