

ADULTS AND HEALTH SELECT COMMITTEE – 10 MAY 2024

PROCEDURAL MATTERS – QUESTIONS AND RESPONSES

4b- Public Questions

Item 5- MINDWORKS

Question (1)

“Will there be a PINS programme (or equivalent) for secondary schools? “

RESPONSE:

The current Surrey Partnership for Inclusion of Neurodiversity in Schools (S-PINS) project is a national pilot, driven by NHS England and the Department for Education, that is currently only targeted at primary schools. There will be a national evaluation which will inform any future work.

At a local level, the programme group leading the implementation of S-PINs are ensuring we strategically co-ordinate and align all work that is contributing to building a whole school approach. This wider approach includes secondary schools and brings together services and provision of support, some of which is available through the Mental Health Support Teams part of Mindworks offer.

Question (2)

“How have the authors of Surrey's report taken NHS England's guidance into consideration, specifically, the long term financial costs to Councils and NHS, and of course, the emotional cost to the Autistic Individual as a result of delayed diagnosis?”

RESPONSE:

Families, children and young people have a range of reasons for seeking a diagnosis, including supporting a child or young person with their own identity and understanding. As is the case with many long-term conditions, earlier diagnosis and identification of need can aid earlier support and improve a range of associated outcomes. In Surrey, we are striving towards being able to offer support regardless of diagnosis, being led by the needs of children and their families. We want to be able to do this whilst still maintaining an option for diagnosis in a timely manner as possible.

Some of the support available without diagnosis includes.

- NAS, Barnardos and Learning Space offer a menu of support directly to families / CYP and schools that consists of direct one to one work with CYP +/Parents / carers, group work to CYP + / parents / carers, alongside training and consultation for schools.

- Mindworks and MHST provide a menu of support for all CYP with early intervention needs, which include CYP with neurodiversity.
- Mindworks website provides access to strategies and interventions, plus new resources as they become available.

Question (3)

“The Mindworks ND service is the referral pathway for diagnosing children and young people (CYP) in Surrey with Foetal Alcohol Spectrum Disorder (FASD). Given that the prevalence of FASD is 2.5 times the prevalence of autism, why is there no reference to FASD in either the Committee paper for 10 May or in information about the Mindworks ND service?”

RESPONSE:

As the report for Select Committee was developed, feedback received was to keep the report short and support with appendix. The response to FASD is part of the section detail attached to lessons learnt and current pathway. In appendix 3 it includes the following:

- To Note: Foetal Alcohol Syndrome Disorder, FASD The Neurodevelopmental pathway takes account of CYP who might be presenting with other neurodevelopmental needs including FASD. The team have received training from the national lead on FASD. It is recognised that children looked after have a higher prevalence of FASD. SaBP is commissioned to provide a limited number of diagnostic assessments. Dr Mukherjee, Consultant Psychiatrist is one of the founders for FASD assessments and his advice and consultation is readily given in support of the ND team.

Question (4)

“How is Mindworks fulfilling its responsibility to diagnose FASD in Surrey when the service is unable to fulfil the pre-requisite need to assess for Autism and ADHD? (Please note: the Mindworks ND service is the commissioned referral pathway for diagnosing FASD in Surrey. As opposed to the National Clinic, which is sited in Surrey, which has previously incorrectly been given as an answer).”

RESPONSE:

All staff across the neurodevelopmental service are trained in the understanding of **FASD**. If this is picked up within the screening process as a possibility, it is noted for exploration in the assessment. The service has access to six specialist FASD assessments each year (available as SABP host the specialist FASD service which for any other area would need to be requested via an Individual Funding Request). The lead consultant for the FASD service, Dr Raja Mukherjee, a national expert in the field, is available for advice and consultation on any patient.

Question (5)

“In this paper we hear repeatedly that schools feel they are not trained and do not have a good understanding of disability, nor appropriate resources. These are not surprises. So should we not also be working harder locally to train mainstream primary and secondary schools so that they can recognise SEND earlier and give better support to children and families based on an understanding of disability, rather than assumptions?”

RESPONSE:

Our schools have told us that there is a mixed workforce in terms of levels of experience, skills and confidence. We are also aware of many schools who are doing excellent work to support CYP with different levels of needs, very much in line with the social model of care. We have been told that schools need extra capacity to provide direct support alongside / with their staff and that good practice needs to be shared / enhanced.

We can support the training and development of our teachers in schools by working alongside SENDCOs, Pastoral Leads, DSLs in providing mental health first aid, wider training and awareness raising of relational practice via educational psychologists. Nationally, there are opportunities for consideration to be given to the teacher training programme and how it can ensure teachers are provided with skills to support children with Additional Needs.

Therefore, the local approach is multi-faceted:

- There is training available that is promoted on the local offer
- Extra capacity is being released for teams to work alongside staff in schools through the LSPA team / STIPS / ND advisors to model approaches and support staff confidence building
- The development of named leads at district and borough levels to develop trusted relationship is being established across prevention and early support
- Securing national pilots / programmes to co-design and work together to find solutions are key, ensuring the voice of families and CYP are also central.

Item 6- ADULT SAFEGUARDING UPDATE

Question (6)

“Please could Surrey County Councils Adult Social Care identify what steps are being taken to comply with Data Protection Policy and what steps are being taken to comply with the law to adhere to SCARF policy and SCARF Handling Instructions which provide explicit instructions on when and who SCARF can be lawfully shared with as current practice is causing safeguarding concerns”

RESPONSE:

The Data Protection Act 2018 places obligations on those organisations that process personal data (data controllers). As a data controller, Surrey County Council is committed to complying with the legislation in accordance with its Data Protection Policy. The Adults, Wellbeing and Health Partnership directorate adheres to the Council's Data Protection Policy to meet its legal obligations and to ensure compliance with the Data Protection principles which include:

- ensure that data is collected and used fairly and lawfully,
- process personal data only to meet our operational needs or fulfil legal requirement,
- take steps to ensure that personal data is up to date and accurate,
- establish appropriate retention periods for personal data,
- ensure that data subjects' rights can be appropriately exercised and respond to requests for information within the statutory timescales, and
- provide adequate security measures to protect personal data.

When Surrey Police wish to refer a person to SCC's Adult Social Care teams ("ASC") or to Surrey and Borders Partnership NHS Foundation Trust ("SABP"), they will do so using by using their "SCARF" form. SCARF stands for "Single Combined Assessment of Risk Form". A police officer can complete a SCARF form when, in the course of their duties, they come across an individual who they believe may have needs or vulnerability that in their view may need to be brought to the attention of SCC ASC or SABP. The SCARF form will then be passed to the "Police Single Point of Access" team within Surrey Police.

Surrey Police will determine whether their referral is an adult safeguarding concern (which will go to the ASC MASH team), or any other matter (which will go to SCC ASC's Information and Advice Service).

On receiving a SCARF, the ASC MASH team or Information and Advice Service will review the information to determine if it raises an issue to do with the person's mental health needs and is a matter that should be dealt with by SABP rather than SCC ASC. If so, the reviewing team will forward the SCARF on to SABP.

In such circumstances is it likely that there will be no record of this made on SCC ASC's records system, as there would be no justifiable basis for processing the information under the General Data Protection Regulations (GDPR). In most or all instances, the basis for processing personal data by ASC will be necessary in public interest. In the case of a referral from Surrey Police that should be dealt with by SABP, this would not usually be the case.

If the matter is an adult safeguarding concern, then Adult Social Care team staff in the MASH will decide whether the criteria in section 42(1) Care Act 2014 have been met. If they are, then there will be an adult safeguarding enquiry under section 42(2) Care Act 2014.

Chairman of the Adults and Health Select Committee: Councillor Trefor Hogg

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