MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 10 May 2024 at Woodhatch Place, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 October 2024.

Elected Members:

r Dennis Booth
* Helyn Clack (Vice-Chairman)
* Robert Evans OBE
* Angela Goodwin (Vice-Chairman)
* David Harmer
* Trefor Hogg (Chairman)
* Rebecca Jennings-Evans
Frank Kelly
* Riasat Khan
* David Lewis
* Ernest Mallett MBE
Michaela Martin
* Carla Morson

Co-opted Members:

* District Councillor Paula Keay
Borough Councillor Abby King

(*=Present at the meeting r=Remote attendance)

10/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Cllr Abby King and Cllr Michaela Martin. Cllr Dennis Booth attended virtually.

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11/24 MINUTES OF THE PREVIOUS MEETINGS: 7 MARCH 2024 [Item 2]

The minutes were agreed as a true and accurate record.

12/24 DECLARATIONS OF INTEREST [Item 3]

Cllr Trefor Hogg declared he was a community representative to Frimley Health. Cllr Carla Morson declared she had a close family member working in Frimley Park Hospital. Cllr Sinead Mooney declared she was a Council nominated governor for Surrey and Borders Partnership.

13/24 QUESTIONS AND PETITIONS [Item 4]

Key points raised during the discussion:

1. Six public questions were received.

2. A Member of the public asked a supplementary question on why the specific advice from NHS England (NHSE) regarding autism diagnosis was not taken on board. The Associate Director for Integrated Children's Commissioning stated that the NHSE report was correct in the ambition it set out, and it was a national challenge to implement it. There was hope with the work set out in the report that Mindworks could, more clearly, join up with the ambitions of the NHSE report and meet the needs of Surrey's population through support and an improved access to diagnosis.

14/24 MINDWORKS [Item 5]

Witnesses:
Sinead Mooney, Cabinet Member for Adult Social Care
Clare Curran, Cabinet Member for Children, Families and Lifelong Learning
Rachael Wardell, Executive Director of Children, Families and Lifelong Learning- Surrey County Council (SCC)
Suzanne Smith, Director of Commissioning for Transformation (SCC)
Trudy Pyatt, Assistant Director- Inclusion and Additional Needs (SCC)
Kerry Clarke, Head of Emotional, Mental Health & Wellbeing Commissioning- Surrey Heartlands Health and Care Partnership (ICS)
Harriet Derrett-Smith, Associate Director, Integrated Children's Commissioning- Surrey Heartlands Health and Care Partnership (ICS)
Graham Wareham, Chief Executive of Surrey and Borders Partnership NHS Trust (SaBP)
Professor Helen Rostill, Deputy Chief Executive and Director of Therapies Surrey and Borders Partnership Trust (SaBP)
Justine Leonard, Director of Children and Young People's (CYP) Services (SaBP)
Ann Kenney, Independent Chair at Surrey Wellbeing Partnership
Emma Ellis, Service Manager, National Autistic Society (NAS)
Kerry Oakly, Head Teacher at Carrington School
Alison Simister, SENCo

Children, Families, Lifelong Learning and Culture Select Committee (CFLLC) Members:
*Fiona Davidson (Chairman)
*Jeremy Webster
*Liz Townsend
*Fiona White
*Jonathan Essex
rChris Townsend

Key points raised during the discussion:
1. The Chairman of the Adults and Health Select Committee (AHSC) introduced the Mindworks item and highlighted it was a

joint scrutiny item in conjunction with Members of the Children, Families, Lifelong Learning and Culture Select Committee (CFLLC). The Associate Director for Integrated Children's Commissioning introduced the Mindworks report.

2. The Chairman of AHSC invited the Head Teacher of Carrington School to speak. The Head Teacher outlined that the school had a share of young people facing neurodevelopmental conditions, presenting with the need for Mindworks referrals. These children had difficulties accessing aspects of the curriculum and the social aspects of the school day. There was an increasing sensory need, such as requiring ear defenders and an amended timetable. Quieter spaces for young people also had to be found and as a new build school, this was not considered as part of the Department for Education (DfE) programme. The biggest challenge was getting Mindworks' referrals through quickly to people that could provide the support, as schools did not necessarily have the skills to manage young people with neurodevelopmental need. Process changes to Mindworks was a challenge, with long lead times such as for consultations. The pausal of Mindworks referrals resulted in school backlogs and an increasing number of non-attenders, whose complex needs were not being managed. It was acknowledged this was now changing, with some referrals now coming through. The working hours of Mindworks' telephone service was between 9am and 12pm which was during teaching hours, making it difficult to contact Mindworks. Parent's felt frustrated with the system, which led to schools being looked upon to provide young people with the help needed, which impacted on the relationship between schools and parents. Staff felt challenged despite work undertaken with NurtureUK and using trauma-based approaches with young people. The Mindworks process was time consuming, which took time away from the young people.

3. The Head Teacher of Carrington School wanted to see a greater ability to cope with the young people going through the Mindworks service. Mindworks' work hours outside of the school day was a suggested change along with a change in the speed of acknowledgement from Mindworks and triaging, to enable schools to provide reassurance to parents. More collaboration between Mindworks and schools was also a suggested change, and a streamlined approach to receive updates and make referrals, to reduce anxiety on families and school staff.

4. The Chairman of CFLLC asked how many children the Head Teacher felt required neurodevelopmental treatment at Carrington school. The Head Teacher explained that the school had around 1000 pupils, with around 5 and 10 pupils in a year

group of 180 to 210 students having signs of requiring neurodevelopmental (ND) treatment, which was increasing year on year. In the exam period, the school had over 30 children not able to sit in the main area to take exams due to Autism Spectrum Disorder (ASD) traits and mental health issues. This put extra pressure on school staff.

5. The Chairman of CFLLC asked if there was one thing the Head Teacher could immediately change what it would be. The Head Teacher stated it would be to engage in early communication with Mindworks to improve the likelihood in getting young people through Mindworks' system with a known timeline.

5. In reference to what Councillors were told by parents and schools, the Chairman of CFLLC asked why Mindworks had almost given up providing front line Neurodiverse (ND) support at the screening and assessment stage, handing the responsibility over to schools without proper transition or preparation. The Director of Children and Young People (CYP) services at Surrey and Borders Partnership NHS Trust (SaBP) explained that the ND Pathway was a partnership that worked with Surrey Wellbeing, Barnardo's, the National Autistic Society (NAS), and Learning Space colleagues, and there was a pathway and range of offers. SaBP predominately provided the assessment and diagnosis element of the ND Pathway, including deploying available expertise to ensure it came alongside the early help, support and strategies that families, schools and others were trying to implement to support a child in a school situation. Mindworks, had received around 4000 referrals in less than 6 months. There was not the capacity to be present in schools alongside parents, providing the immediate help and support. Mindworks' strategy to respond to the demand was to bring all the ND expertise together from across the partnership in a front-facing position alongside schools and families. In parallel, Mindworks was trying to empower schools to have good access to information, advice, support, and strategies which is what the guidance from The National Institute for Health and Care Excellence (NICE) advised for that worked for children and young people with ND needs. This was done through several methods including enhancing the website, consultations, and training. Mindworks' partners, Barnardo's, NAS, and Learning Space provided good pre-diagnostic support. Mindworks' consultations with schools could help identify more vulnerable children. Mindworks was trying to expand their universal offer, work together with children's support networks to increase the ability and confidence in supporting young people and to ensure that expertise was deployed to identify those more vulnerable.

6. The Chairman of CFLLC raised that the London Boroughs such as Richmond and Kingston, had shorter referral lead times,

better processes, and got through treatment pathway's waiting lists faster. The Chairman of CFLLC asked if the Mindworks team had benchmarked their performance, in terms of the referrals and diagnosis treatment pathway, with other organisations that appeared to be performing better. The Chief Executive of SaBP explained there had been a benchmarking process. Mindworks had employed a Commissioning Support Unit (CSU) to benchmark the Mindworks services. Changes that could be made were being reviewed to implement. Benchmarking had not been done against the London Boroughs, but, in terms of the effectiveness as a clinical model, the benchmarking suggested Mindworks was in range expected nationally. When Mindworks was set up a 1% prevalence rate was being worked towards. This prevalence rate had since increased which meant that demand had also increased, exceeding capacity meaning Mindworks had to do things differently. There was a danger that more effort would be put into diagnosis and not enough being put into support and treatment. The question Mindworks had was whether it had the right model in terms of emphasis on diagnosis versus emphasis on support. The underlying prevalence in London was higher across a range of health conditions. Shire counties all dealt with a similar set of problems.

7. The Chairman of the Adults and Health Select Committee (AHSC) introduced the Special Educational Needs Coordinator (SENCo) to speak on peoples' experience of Mindworks. The SENCo explained schools felt on the front-line and that information from Mindworks was limited. Once information was produced there was a delay with schools seeing the strategies, ideas, and support coming through. The SENCo presented a case study on the struggles experienced by a family using the Mindworks process, and the delays experienced. The parents were being supported by the primary school as much as it could offer but were now considering a private assessment for their child. The SENCo outlined a case study where a young person had been waiting 21 months for an assessment and was told the wait was 36 months.

8. In response to the SENCo's statement, a CFLLC Member asked for further clarification on the responsibility of SENCos to find the next level of support when the support provided by one agency appeared to stop. The SENCo explained that there was a particular gap between when children could be referred into the paediatric service and maybe discharged by the paediatric service. The official referral age into the paediatric team was 5.5 years old. If children reached the point of being seen by the paediatric team, children were more than 5.5 years old when an ND assessment may be required. There did not always appear

to be a consistent response, with children sometimes directed to Mindworks, and in other cases the ND assessment was done through paediatrics.

9. The Service Manager for the National Autistic Society (NAS) explained that NAS sat within a social model, providing support to families, young people, and schools funded by Mindworks. It was difficult to get the breadth of the NAS service out to people. NAS used methods such as school bulletins, talking at SENCo network meetings and foster carers network meetings to promote the service. A diagnosis of autism was not required for families to self-refer into NAS. In 2024, NAS was on target to produce about 450 workshop events and in NAS's main programme areas such as social communication, social interaction, sensory processing and how to manage distressed behaviour were being reviewed. NAS provided parents with skills, techniques and tools that could be implemented at home, and the knowledge could be taken to schools to explain why a child required adaptations. NAS were predominately in the family space but provided school training, such as a 2.5-hour training sessions provided as a whole school approach which covered key areas such as social interaction, social communication, and sensory behaviour. 100% of staff and teachers who attended the training would recommend the service to other schools. NAS did one-to-one support for parents in complex situations but due to the demand, NAS asked that parents did the group work first, to gain a foundation of knowledge. NAS had a support line which was open outside school hours from 5pm to 11pm, that teachers could use for specialist advice. This service had Attention Deficit Hyperactivity Disorder (ADHD) specialists from Barnardo's and Autism specialists from NAS.

10. A CFLLC Member raised that the pausing of the school's neurodevelopmental referral pathway was six months in without a timescale for the next stage. The solution of stopping the referrals by pausing the pathway did not make the issues go away, and it was only when a child or young person was in crisis that they may be accepted for assessment. The CFLLC Member asked for a response on this. The Director of CYP Services (SaBP) explained that there were medical treatments for a small percentage of children who may had a diagnosis of ADHD. Nationally, there was a problem with the supply of ADHD medication, and an update on this could be expected in July 2024. This was not the same pathway for children with mental health difficulties. There was confidence that children with mental health difficulties, waiting for a diagnosis or not, could access pathways and help without delay. Improvements had been seen with access to assessment and treatment for children who had routine needs. Regarding the consultation approach,

Mindworks' focus was on growing the offer of early help and support, as this made a difference.

Cllr Dennis Booth left virtually at 11.15am.

11. The Chief Executive of SaBP added that a post-diagnostic treatment for autism was offered by NAS. Why schools felt that post-diagnostic treatment that was available from Mindworks was not being received, needed to be thought about. The three treatment pathways included medication for ADHD, a social model treatment for ADHD and a social model treatment for autism. Mindworks needed to address the delays with prescribing ADHD medication, but recognised there was a national shortage of ADHD medication and issues around how Mindworks diagnosed and prescribed for ADHD. Mindworks needed to understand why schools felt there was no front-line support.

12. The Interim Assistant Director for Inclusion and Additional Needs (SCC) added that the Council intended to work with all its stakeholders and schools to ensure they were not feeling overwhelmed. The Council had specialist teachers in practice that worked closely with schools.

13. A Member asked how many children, who would have been referred to the ND pathway since it closed on 1 September, were still waiting for a referral, and how the outstanding referrals would be managed. The Member also asked how many children were currently on a diagnosis or treatment pathway and how this information was retained. The Director of CYP Services (SaBP) explained that there was not a wait for consultations. There were around 7,300 cases on the ND pathway, and around 3,600 children on the diagnostic pathway. Mindworks was working through a significant number of children and young people currently on the pathway, going through the diagnostic process. Mindworks had increased the capacity to diagnose, such as commissioning support. There were approximately 900 children waiting for ADHD medication.

14. The Member asked how Mindworks ensured that children still awaiting referral were not lost. The Director of CYP Services (SaBP) explained that electronic patient record was opened when referrals were received and a business intelligent system enabled Mindworks to know who was waiting on the ND pathway, and where on the pathway they were. The Member asked if there was regular communication with people waiting on the pathway. The Director of CYP Services (SaBP) explained that at the point of referral it was ensured families had good information about how to access help and support. Mindworks did not have the digital infrastructure to inform people how long

the wait on the pathway would be but could say how long children had been waiting on the pathway. Children were also currently being seen on a chronological basis on the diagnostic pathway. The Member raised that Croydon was able to communicate where people were on the pathway and suggested this should be considered.

15. A CFLLC Member raised that, by not diagnosing everyone, Mindworks were choosing to ration and delay who got support and when. The Member asked how Mindworks monitored the outcome of Mindworks change of approach, and the demand for screening and assessment. The Head of Emotional, Mental Health & Wellbeing Commissioning explained that Mindworks was informed by schools, Families, Children and young people about the want for swift access to direct support from trusted people, which came from the social model being implemented. Mindworks had invested in ND advisors and was expanding teams working directly alongside schools. Schools wanted access to parent support, which Mindworks' third sector partner NAS provided and Mindworks had a recruitment process to expand this support. Named leads Mindworks at a district and borough level were being reviewed to allow people to form relationships with partners, to enable direct support. The consultation process provided answers straight away and enabled all paperwork to be completed and a dialogue to be in place. SaBP and The Tavistock and Portman NHS Foundation Trust were evaluating the consultation process. From an ICB perspective, NHS Surrey Heartlands had to listen to information provided by SaBP around children and young people waiting too long on the pathway. Mindworks was trying to learn the best way to meet the needs of children and young people by hearing feedback and implementing change, which would take time as some recruitment was needed. Regarding pressure on access to services, Mindworks did not decide the criteria to access its services alone. Mindworks had to look across the system and view it from a quality and safeguarding perspective. Mindworks was not prepared to extend waiting lines to significant levels if it remained within the medical model of approach. The criteria to access Mindworks' services was a collective decision and Mindworks was now in the process of re-looking at this.

16. A CFLLC Member referred to the decision to notify schools of the paused Mindworks referrals in September 2023 and asked about the funding and resource required to get Mindworks to the level it needed to be. The Associate Director for Integrated Children's Commissioning explained that initial communications to the changes to the ND pathway, was agreed with Council colleagues, the ICB and SaBP collectively. The resourcing issue was about workforce and medication availability, some of which was improving, as well as financial issues. Mindworks had

brought in additional funding. For example, there was £0.5 million for several programmes from the ICB. Funding could be drawn down through the mental health investment fund which was a joint funding option across the ICB and the Council. Trying to get the right balance within the current resources available continued to be a challenge.

17. The Deputy Chief Executive and Director of Therapies (SaBP) explained there was a plan to step back and look at the Mindworks model, looking strategically at what was being done. This was being undertaken in the beginning of May 2024. There would be a wider workshop with partners to review key areas of transformation in June 2024. SaBP would articulate what the Transformation Programme looked like, what the milestones were, when to expect the delivery of the milestones and the impact of the changes. NHS England were leading a piece of work on how to tackle some of the issues faced. It was important to learn from areas of good practice.

18. The Chief Executive of SaBP explained Mindworks had seen a growth in the presentation of need. As prevalence grew there was recognition that the medical model was not the right solution, and a social model was needed. The Mindworks contract and THRIVE approach was the beginning of introducing a social model as a way of dealing with the change in prevalence. There was understanding that support for schools was not working, and the Mindworks team needed to work out why and change the services. This was part of the transformation work.

19. In reference to the CFLLC Member's point raised around Mindworks rationing diagnosis, which was effectively rationing the delivery of treatment, the Chief Executive of SaBP explained that waiting for a diagnosis within a social model did not delay practical support. There was a component of diagnosis around ADHD, where medication was delayed, due to a national shortage. Mindworks had now emphasised the importance of the social model but where there was continuing need, the medical model could be used. A diagnosis was not needed to provide social model solutions. Traits of neurodiversity could be used to formulate a care plan that addressed needs. Work was starting around mapping school need and working with schools to address the dissonance between what support Mindworks offered schools and what schools were experiencing.

20. The Independent Chair of Surrey Wellbeing Partnerships explained that Surrey Wellbeing Partnership represented around thirteen voluntary organisations that were part of the Mindworks alliance within the early intervention and prevention space. There was recognition that there should had been more

communication and planning around the changes to the diagnostic pathway. Mindworks was on a journey of transformation, and it was a challenge to ensure current needs were met whilst transforming. Mindworks had a fixed financial envelope, without a mechanism in the Mindworks contract to increase it, with recognition that demand had outstripped capacity since the Mindworks contract began. The voluntary sector recognised the increased prevalence in ND traits. Across the fourteen voluntary organisations within Mindworks, it was assured that all practitioners had been and continued to be trained in how to support children with ND traits, pre-diagnosis.

21. The Independent Chair of Surrey Wellbeing Partnerships explained that when children and young people arrived in the Mindworks service, their experience was good. The experience of people while waiting was also important and were several deep dives reviewing people's experiences and what could be done to improve people's experience and ensure people felt supported when waiting for the service. This piece of work was conducted through audits within Surrey Wellbeing Partnership and across Mindworks.

22. A CFLLC Member asked for further clarification on how children and young people could be treated without a diagnosis. The Director of CYP services (SaBP) explained that children and young people still had the opportunity to access the assessment and diagnostic pathway, but the difference was Mindworks was now offering a consultation for children and young people that were known to need support. Treatment was limited to children that might benefit from an ADHD diagnosis. The Director highlighted examples of help and support such as providing alternative arrangements for children undertaking school exams or providing help and advice to parents. Through consultation, could allow Mindworks to understand what a child's challenges were. There were several ways children may present with need, that may be indicative of an ND need and may also be indicative to, for example, difficulties with sleep, trauma and behavioural concerns. Instead of queuing children on a waiting list, Mindworks was trying to engage quickly, educate others, identify what might contribute to the child's difficulties and therefore the support that could immediately be made available. Mindworks had 183% more referrals than what was contracted in 2023/24, pre-consultation, with twenty-six staff. If Mindworks could not engage early with children and young people, in multiple ways, to provide support, the clinical team would spend time processing referrals without being able to diagnose.

23. The Chairman of CFLLC expressed concern that the issues raised by schools, in terms of how parents and schools were feeling was news to the Mindworks team. It was suggested that

if there was more listening to schools and parents the Mindworks response might be more appropriate. The Chairman of CFLLC did not feel assured there was a plan that had timelines, activities, accountability, and funding, designed to address what schools and parents felt. Parents were not aware of how to find the tools and techniques available from Mindworks, and the language Mindworks used was not accessible. The Chairman of CFLLC raised whether Mindworks was monitoring the effectiveness of the range of support services available.

A break was called 12.02pm and the meeting resumed 12.18pm

24. The Chairman asked about the support available for children and families, with reference to the pressures parents faced. The Service Manager (NAS) explained that NAS offered parents support through group workshops and ran family fun days in school holidays, providing an opportunity for parents and children to meet in person which received good feedback. The work undertaken by NAS was goal based. 93% of NAS's clients reported an improvement in all their goals, against the national average of 20% and a contractual target of 70%. This figure was 90% across the Midnworks alliance. In terms of parent support and mental health, NAS ran parent support groups. A network of parents that understood each other's experiences could be validating and supportive. In Surrey, NAS had 4000 Members. NAS provided days out for children, and different events for children and families to get together. There was an online moderated forum with around 1000 members where parents could get support from other parents. NAS supported parents to understand that a diagnosis was not needed to access special educational needs and disability (SEND) support, and to understand the adjustments parents could request at the early stage.

25. A CFLLC Member asked about what further was being done to replace the capacity of Learning Space, which was not going to be commissioned further, where there were 28 people in East Surrey and 23 people in West Surrey currently waiting. The Independent Chair of Surrey Wellbeing Partnerships explained that work was being done with Learning Space to see whether the service could continue. There was a period before Learning Space could exit the Mindworks Partnership. If Learning Space did exit the partnership there would be a procurement exercise to ensure continuity of service.

26. In relation to autism activity evenings and day events offered for children and young people with autism awaiting an adult social care assessment, the CFLLC Member asked what data was being recorded on how networks of support were benefitting the children and parents and what the learning had been. The

Service Manager (NAS) explained there was qualitative but not quantitative data that looked ahead. Feedback questionnaires were used to design services going forward and create new events that would meet parent's needs. It would be difficult to ask people about personal connections that were made going forward.

27. The Vice-Chairman asked the Service Manager (NAS) how easy and accessible it was to access its pre-diagnostic support. The Service Manager (NAS) explained there was a reliance on practitioners and individuals to make the support known as NAS's resources were limited. NAS tried to attend community events and get information in areas such as school bulletins. One of NAS's roles partly involved attending schools to talk to parents about neurodiversity and services offered. NAS had a website and attended local events however, work was limited to people's availability as there was no specific marketing or communications role at NAS's Surrey Hub. A newsletter went out bi-monthly, however people needed to join NAS to receive this.

28. The Head of Emotional, Mental Health & Wellbeing Commissioning explained that Mindworks had secured some investment to increase capacity of the type of activities undertaken by NAS. £1.2million from the mental health investment fund went to Surrey Wellbeing Partnership to support primary school children and their families. Mindworks was working on a single referral process and Information Governance (IG) arrangements were being signed off around this. Work was being undertaken on how to provide this digital solution, as it should not be the responsibility of families find the support from the different selection of partners available through Mindworks.

29. The Chairman of CFLLC asked how the Mindworks team was working with others to achieve the aims of Mindworks' Care Leavers Service and what the key issues were in reducing the risks of long-term mental health needs. The Chairman of CFLLC also asked what more needed to be done in this area to improve outcomes. The Director of CYP Services (SaBP) explained the New Leaf Service supported children who were looked after and those that had left care. This service included specialist support, such as support for unaccompanied asylum-seeking children. The service, from a clinical perspective, included a multi-disciplinary team that were expert in working with children that had experienced trauma. The multi-disciplinary teams networked and engaged with all agencies supporting the child and worked with families to support the child's needs. Mindworks' Reaching Out Service was aimed at children that were hard to reach and often challenged with mental health and ND needs. This service worked with children up to the age of 25. When a young person

needed to transition into adult services for example, there was a comprehensive offer to ensure this involved the young person and family, with consideration to their vulnerabilities. There were different approaches such as transition check lists and courses available to families and young people through the Transition Recovery College. Mindworks also aligned a support worker with a young person at more vulnerable points in their care journey.

30. The Chairman of CFLLC asked how a care leaver knew how to access the Mindworks support services. The Director of CYP Services (SaBP) explained that access to Mindworks' service may be through Surrey County Council. The Mindworks screening criteria would highlight vulnerabilities for review, such as if the child was a care leaver, prioritising their needs. There would be a direct referral to the New Leaf Service who would engage, offer support and network with agencies to support the young person.

31. The Chairman of CFLLC asked whether young people who could not immediately access the Mindworks service themselves had to be referred by an agency. The Director of CYP Services (SaBP) explained there was no self-referral option in the New Leaf Services, but for care leavers it was usually known that they were in the county and needed support. There were a range of services that young people could access through self-referral.

32. A Member asked how people could access signposting to know what services they were eligible for. The Member also asked whether the Mindworks team felt there was a joined-up approach to ensure a continuity of service and whether care leavers were made aware of the support available. The Director of CYP Services (SaBP) explained that the emphasis in the Mindworks partnership was to increase the presence of help and support in places where children and young people were, to enable immediate access to the service and through Mindworks' network of partners, build confidence in understanding the needs of young people, to ensure they could be directed and supported in the right way. Mindworks had fifteen mental health support teams, and its third sector and voluntary partners were present in schools and communities. Mindworks' Recovery College had a self-referral option and there was good information on related websites. Mindworks THRIVE approach was trying to grow competence and understanding of what was available for children and young people.

33. The Member asked if Mindworks felt confident that the signposting approach was working and was effective. The Independent Chair for Surrey Wellbeing Partnership explained that signposting available was put out in all channels possible. Work was done in communities across multiple organisations

with children and young people. There was a concerted effort to signpost the services available.

34. The Member asked what procedures were in place to see if signposting was effective and was ensuring people were not falling through the system. The Independent Chair for Surrey Wellbeing Partnerships explained that this related to Mindworks' focus on vulnerable groups, through the Reaching Out service. More demand than capacity indicated people were aware of Mindworks' support services. Mindworks had early intervention coordinators that worked with schools to ensure vulnerable pupils were supported and referred to the right partners if necessary. The Director of CYP Services (SaBP) added that Mindworks had a 24/7 mental health crisis support line. Posters were put in schools and cards were created that children could carry around. Emerge, a Mindworks partner, were present in emergency departments. Mindworks had CYP havens and worked with Amplify, who were young people themselves that connected with other young people to promote support available. Goal based outcomes helped Mindworks review how effective the services were in meeting the needs of children and young people. Mindworks tended to receive more compliments than complaints, with complaints related to waiting times for ND need.

35. The Member asked if social media was used. The Director of CYP Services (SaBP) confirmed it was. Consideration was given to certain times of year more difficult for young people, such as exam seasons, where Mindworks promoted access to crisis services and havens. The Independent Chair of Surrey Wellbeing Partnership explained that social media was important and was recently reviewed to add other platforms. Social media was used to promote key messages, particularly crisis numbers and signposting to the Mindworks website.

36. The Deputy Chief Executive and Director of Therapies added that SaBP was doing a piece of research with the McPin Foundation under a National Institute of Health Research Grant (NIHR) to look and learn from the experience of young people in transition services, to ensure needs of young people were met.

37. The Chairman of CFLLC asked what services were currently offered by the Mindworks Recovery College to young people with neurodevelopmental issues. The Chairman of CFLLC also asked what proportion of young people had taken the Recovery College offer, how more take up could be encouraged and if the Recovery College could be widened to include more support for parents. The Director of CYP Services (SaBP) referred to the transition course, which particularly vulnerable people were encouraged to attend. There were three specific courses that included an introduction to the autistic spectrum, understanding

adult ADHD and post-diagnostic ASD, and understanding adult ADHD courses, which were well attended. The Recovery College had self-referral options and were open to all, including parents and teachers. The courses had an emphasis on sharing information about people and their conditions, and it was more difficult to understand the proportion of attendees that had ND needs. The Deputy Chief Executive and Director of Therapies explained that a strategy to increase take up of The Recovery College was to instil anonymity, to challenge stigma. Reports from The Recovery College showed that most people did not want to disclose a diagnosis, and attendees were treated as students rather than as patients.

38. A CFLLC Member asked what Mindworks' plan was. Another CFLLC Member asked about the amount of funding needed and if it should sit within the Mindworks contract or be put in other areas. The Associate Director for Integrated Children's Commissioning explained that Mindworks needed to listen more to what was heard from children and families to make changes. In terms of the overarching plan, there were areas outlined in the report which the Mindworks team had heard from committee Members that it felt disparate, which was helpful feedback. A lot of work occurring around the All-Age Autism Strategy and improvement work around SEND. Mindworks needed to break down some of the siloes and bring it together. Mindworks tried to ensure funding from the ICB and needed to understand what the funding looked like for the year ahead.

39. The Deputy Chief Executive and Director of Therapies (SaBP) added that universal early year's provision was critical in supporting families and young people, recognising the gaps in this provision nationally. There was a risk that the transformation work would become siloed, and it was important to ensure it was well-connected. The plan was to ensure the transformation work was fed through a broader transformation board, chaired by the Director of Commissioning for Transformation as part of the Council, so it could connect into other aspects of work, such as SEND work, to allow for a more holistic plan. The financial plan would also be reviewed. Engagement with the right partners needed to be ensured to hear more from families and schools.

40. The Assistant Director for Inclusion and Additional Needs (SCC) explained that there was still a lot to do in support of schools and families. The Education and Lifelong Learning Directorate focus on this. The Ofsted inspection would be responded to, part of which was about having a cohesive plan to ensure the Council was working in close partnership. For the Council, mapping out the support and ensuring available support was clear to schools would be key. It was suggested that the Council's offer to schools, and the training and development for practitioners

needed to be reviewed. Learning from other local authorities facing the same issues could be beneficial.

41. The Chairman of AHSC raised that society as a whole needed to become more inclusive and support people with neurodiversity.

42. The Chairman of CFLLC asked what the timeframe was for the Transformation Plan. The Deputy Chief Executive and Director of Therapies (SaBP) explained that Mindworks had committed to present the Improvement Plan at a national conference in November, with the expectation of the plan to be ready over the next few months.

A break was called at 1.10pm and the meeting resumed at 1.47pm

Cllr Rebecca Jennings-Evans left at 1.17pm

Actions:

1. Mindworks team to look at the London Boroughs and benchmark their performance against them, in terms of the referral process and treatment pathways (and to share this information with Adults and Health Select Committee and Children's Select Committee Members).

2. Mindworks team to share the completed Transformation Plan with the Childrens, Family Lifelong Learning and Culture Select Committee in October 2024.

Resolved:

The Adults and Health Select Committee and the Children, Families, Lifelong Learning and Culture Select Committee jointly recommended that:

1. Mindworks must demonstrate how it proposes to regain the confidence of parents and schools, and that it is accepting responsibility for the services that it is commissioned to provide, by:
   - Publishing the Transformation Plan, with dates, times, and levels of performance with appropriate Key Performance Indicators (KPIs)
   - Providing research to identify the size of the problem.
   - Encouraging the partnership to improve resources for communicating early help prior to diagnosis from organisations such as NAS.
   - By scaling up supply to meet the level of demand, and secure sufficient support from the NHS England, and show how this is linked to the Transformation Project.

2. Recommend that the response to the Joint Targeted Area Inspection Report (JTAI) is extended to accommodate a joined

up Mindworks / Education, Health and Care Plan (EHCP) process.

3. The Surrey and Borders Partnership Trust Recovery College needs to be more accessible to people and encourage more local access, with better publicity and provision of outreach services. Ensure that the Recovery College is given more active publicity and has the capacity to take on extra workload. Establish skills and work coaches to help coach and support people to enable the transition with helping people to maintain employment and get into employment, and critically to help people with regards to the Recovery College.

4. Mindworks must provide a clear and simple information guide for parents on how to access services, so that pathways of access are coherent, accessible, and easily understood ensuring communication is clear, and consider how it could be further reaching, so that parents and schools are supported while children are on the waiting list.

15/24 ADULT SAFEGUARDING UPDATE [Item 6]

Witnesses:
Sinead Mooney, Cabinet Member for Adult Social Care
Luke Addams, Interim Director, Practice, Assurance, and Safeguarding
George Kouridis, Head of Safeguarding
Fiona Davidson, Chairman of CFLLC

Key points raised during the discussion:

1. The Interim Director for Practice, Assurance and Safeguarding introduced the report.

2. The Chairman of AHSC asked what improvements were implemented to the Improvement Plan since Healthwatch Surrey's reports, and how coordinated working amongst Integrated Care Boards (ICB) and Integrated Care Services (ICS) had improved the experience for families and carers. The Chairman also asked where the adult safeguarding team felt there were still issues. The Head of Safeguarding explained there was a series of individual cases highlighted in the Healthwatch reports that were noted by the adult safeguarding team. The main improvements were driven through the Safeguarding Improvement Plan. There was an existing Improvement Plan set up, in relation to preparations for CQC assessments, which was being updated for completion. A range of areas were being looked at such as how the volume of safeguarding enquiries was managed and the different trends across a range of areas.

3. The Cabinet Member for Adult Social Care added that there was commitment within Adult Social Care to improve safeguarding practice, which was highlighted in the report, along with a focus on improving communication across agencies. Since the Healthwatch report was published, the Cabinet Member met with the Chief Executive of Healthwatch Surrey to discuss the report and understand how adult social care and Healthwatch Surrey could improve communications and outcomes for vulnerable residents.

4. The Interim Director for Practice, Assurance, and Safeguarding explained that the senior director team met with Healthwatch Surrey. Data and case tracking audits were used to ensure understanding of the experiences in the Healthwatch report. At the Safeguarding Adults Board (SAB), system partners and health partners were worked with closely. The Executive Director of Adults Wellbeing and Health Partnerships met regularly with the Chief Nurse of Surrey Heartlands Health and Care Partnership. In terms of remaining safeguarding issues that needed addressing, there had been a risk-averse culture which led to significant volumes of safeguarding referrals. The Adult Safeguarding team wanted to shift to positive risk management, rather than risk averse. There was a risk enablement board to promote this proactive and positive approach to risk management within the Council's Adult Safeguarding framework. The primary goal was to facilitate a practice culture shift toward risk enablement that focussed on wellbeing, managing risk effectively, and reducing unnecessary section 42 enquiries.

5. The Chairman of CFLLC asked how poor communication was measured and improved amongst carers, NHS England, other organisations such social workers and between different family members that were often contacted at different times. The CFLLC Chairman also asked if there was a complaints process. The Interim Director for Practice, Assurance, and Safeguarding explained that the safeguarding team tried to engage more with users of the safeguarding service. There was a user survey, take-up of which had traditionally been low. The Adult Safeguarding team tried to make people and carers aware that there was a complaints process and encourage take-up of the survey. As part of the new practice assurance board, feedback received was taken forward as lessons learned. Complaints received through the Council's complaints process were measured. This was a single tier, statutory process. The nature of complaints were defined and analysed through the data recording process. The number of complaints received about specific issues could be understood, and the team tried to make best use of this communication to drive service improvements. Staff were reminded of the importance of consistent good communication, such as explaining eligibility and social care

processes from the outset. Training on complaints for staff was provided by the complaints department. Complaints also included Ombudsman investigations which were reported to the Council's Corporate Leadership Team and the Directorate Leadership Team. Under the new governance arrangements, lessons learned were taken from complaints to disseminate them across the County.

6. Regarding the SAB, the Chairman of AHSC raised that in a multi-agency approach, gaps and problems in communication sometimes occurred. The Chairman asked what improvement efforts were being taken to ensure this was not the case. The Interim Director for Practice, Assurance, and Safeguarding explained that Surrey's SAB endorsed several principles which underpinned the adult safeguarding approach. No single agency could create an effective safeguarding system by itself, and only a joined-up approach at a strategic level could deliver a better response. To test the effectiveness of strategic arrangements the adult safeguarding team always asked how the partnership made a positive difference to the lives and experience of local people. Local arrangements showed that ambitious, joined-up strategic partnerships had clear sight on lines of practice and on the experiences of local individuals. This is what all the partners involved in the SAB focussed on. Ambitions had been progressing to improve county-wide links and working, to improve the ability to understand communities across Surrey and strengthening the voice of people with lived experience. In early 2024, the SAB established a new communications network that had a broad membership from all sectors to inform and extend methods of raising awareness of all adult safeguarding issues. Main SAB meetings encouraged inclusive membership and were used to share learning, insights, local, regional and national practices and research, as well as Safeguarding Adult Reviews (SARs). The Independent Chair of the SAB was leading a review of the Adult Safeguarding team's approach to quality assurance and was working with the SABs quality and performance Sub-group. In the SAB, the team aimed to develop a new quality assurance framework, with a focus of a multi-agency approach to assurance. The Adult Safeguarding team asked partners a range of questions to fill any gaps such as where abuse took place, what the biggest risks were, and whether the views of local people were listened to.

Cllr Riasat Khan left at 2.25pm

7. With reference to those living in poverty, the Chairman of AHSC asked how the Improvement Plan and integrated collaboration with ICBs and the community helped improve safeguarding amongst vulnerable adults in Surrey's priority neighbourhoods, and where the biggest improvements were needed. The Interim

Director for Practice, Assurance, and Safeguarding explained there was a link between impoverished neighbourhoods and safeguarding. Priority neighbourhoods were set out in the Health and Wellbeing Strategy that were being used to target specific resources to prevent safeguarding issued. Prevention was a focus of the SAB and partnership work. Resources included, for example, local area coordinators to understand the need experienced by the neighbourhoods and enable better service access.

8. The Vice-Chairman of AHSC asked what improvements were being made to address difficulties in accessing professional help, and what improvements were being made to help people access the right support to reduce risk and promote wellbeing. The Vice-Chairman also asked what improvements to staff training and management had been implemented, and if any safeguarding protocols were implemented for clients and volunteers. The Interim Director for Practice, Assurance, and Safeguarding explained that improvements were being made to address the difficulties in accessing professional help. The Council's triaging process had been improved, with a single point of access approach being adopted, so people could be connected to the most appropriate service. The Interim director outlined Council initiatives such as the fuel poverty and energy efficiency network, warm welcome venues, and Community Link Officers that linked people to services needed. Work was also done with partners to make physical activities more accessible, and to connect people with safeguarding prevention programmes. There was an academy and dedicated sites within the Council which listed safeguarding training competences. The adult safeguarding team linked with the SAB competences framework to enable staff to identify specific training for each role and develop awareness. This was being audited as part of the safeguarding improvement plan, to ensure staff receive the right training. The Adult Safeguarding team were establishing no response guidance and agreed to the new process for handling low-level provider concerns.

9. A Member asked how the Adult Safeguarding team could assure the committee that there were better systems for reporting and recording safeguarding concerns and that issues would not be neglected. The Interim Director for Practice, Assurance, and Safeguarding explained that the team took every safeguarding concern seriously. Professional curiosity training was offered within the Council, and this training would be refreshed. Within Adult social care professional curiosity was about exploring issues until the team was satisfied about the concern.

10. The Member asked if there were unannounced visits to care homes. The Interim Director for Practice, Assurance, and

Safeguarding confirmed there was and explained it was part of the quality assurance process within commissioning. When monitoring visits were undertaken residents were actively spoken to and evidence of how residents were treated was reviewed. Each care home had whistleblowing policies, as well as the Care Quality Commission (CQC), which carers of family members were made aware of.

11. The Cabinet Member for Adult Social Care added that the SAB had a good and easy to navigate website. Regular meetings with providers occurred and there was also a provider forum where concerns and issues could be raised. Safeguarding was regularly on the agenda to discuss. There was co-production and discussions with stakeholders, providers and residents. The routes to raise safeguarding concerns were clear, but more could be done to raise awareness.

12. The Chairman of CFLLC asked how confident the adult safeguarding team felt that there were good whistleblowing policies in place and to what extent whistleblowing was followed through. The Chairman of CFLLC referred to Winterbourne View and the concern around this and similar experiences. The Interim Director for Practice, Assurance, and Safeguarding explained that all providers were required to have whistleblowing policies in place and publicise them. CQC inspections had tightened this up since Winterbourne View and was something the CQC looked for, as well as the Council's commissioners and quality assurance team. Whistleblowing policies worked in Surrey and were effective. Future reports could provide reassurance to the committee by including references of whistleblowing. The Cabinet Member for Adult Social Care suggested that the importance of whistleblowing should be reflected on the Adult Safeguarding website. The Interim Director for Practice, Assurance, and Safeguarding agreed.

13. The Chairman of AHSC asked how the Adult Safeguarding team was tackling issues around modern slavery and the vetting of organisations. The Interim Director for Practice, Assurance, and Safeguarding explained this needed to be taken away to consider and discuss with commissioning colleagues how providers were contracted to ensure issues of modern slavery was considered carefully.

14. In relation to Making Safeguarding Personal, a Member asked how support for carers could be ensured. The Head of Safeguarding explained that carers assessments were offered to unpaid carers to understand the carer's position. The adult social care role was to ensure there were right tools, skills and experience in place to find issues at an early stage, preventing escalation. The carers assessment process would be reviewed

to support carers and intervene at the right time. The Risk Enablement Board looked at how situations were risk assessed in a more positive way and at the right time.

15. The Cabinet Member for Adult Social Care explained that the importance of unpaid carers could not be underestimated. Some providers commissioned by the Council provided carers with respite. Support for carers was being looked at for opportunities to do more and may become part of the adult social care transformation plans over the next four to five years.

16. A Member asked how unpaid carers were specifically being supported in relation to safeguarding. The Head of Safeguarding explained that the main platform for supporting carers was the carer assessment process where the circumstances of the carer were identified. Timeliness was a key part in the carer assessment process, as carers tended to enter the process at a later point. At times people did not recognise themselves as a Carer. It needed to be ensured staff recognised this and offered carer assessments when, for example, other people were referred to the service.

17. The Chairman of CFLLC asked how the Adults, Wellbeing and Health Partnership's Improvement Plan was delivering improvements for safeguarding the most vulnerable adults, particularly those with communication difficulties who may not be able to alert others. The Head of Safeguarding explained that situations involving people with communication challenges would be treated individually. There were other risks for people with sensory challenges, which would involve ensuring that the workforce was appropriately skilled to understand the situations and keeping the individual at the centre of the safeguarding process was important. If an individual presented issues with their mental capacity the involvement of an independent advocate through a Section 42 enquiry would be considered. Necessary adjustments would be required and ensuring the workforce picked up on issues at the right time.

18. The Chairman of AHSC asked when the July 2023 audit report recommendation for the safeguarding workforce to undergo training in risk assessments, re-launch the risk assessment form and guidance, and improve management oversight and responsibility was expected and how it would improve processes. The Interim Director for Practice, Assurance, and Safeguarding explained that the recommendation was included as part of the safeguarding team's overall audit training offer. Each locality had its own safeguarding advisor that regularly delivered training, which was being reviewed by the Head of Safeguarding. This training was being standardised to ensure consistency and that it included appropriate risk assessment and

risk management. This would be concluded within the next month, and the safeguarding training audit would be completed in the next few months.

19. The Vice-Chairman of AHSC asked how the Safeguarding Improvement Group would oversee and drive continuous improvement in safeguarding practice and how the safeguarding team would work collaboratively to achieve improvements. The Head of Safeguarding explained that the Safeguarding Improvement Group started developing a safeguarding improvement plan which would be reviewed on an annual basis. The plan was informed by the current areas of focus that needed to be worked on moving forward. The plan was built on what was done in preparations for the CQC assessment. Now that the self-assessment was completed, the plan was intended to be expanded further. The plan was also informed by the data from the overall performance around safeguarding. The learning from SARs would also be reviewed through the Safeguarding Improvement Group. Close work with the academy to ensure the workforce had the right skills, knowledge and tools would be undertaken.

20. The Vice-Chairman of AHSC asked how collaborative work would be undertaken to ensure communication was responded to and that the timeliness of referrals would be ensured whilst the improvement work was under review. The Vice-Chairman also asked who would monitor the process improvements. The Head of Safeguarding explained that he had oversight from the multi-agency safeguarding hub, where all safeguarding referrals went. The Head of Safeguarding had regular meetings with the performance team on how the team did against key performance indicators. The Head of Safeguarding's role was to work closely with the performance team and with the Multi-Agency Safeguarding Hub team to focus on identified areas that had blockages, to create a flow in the safeguarding system, to ensure timely responses to concerns. Whilst there was a range of monitoring and oversight, the Safeguarding team intended to enhance data further to allow for a more robust reporting framework. This work was expected to be completed soon. The Interim Director for Practice, Assurance, and Safeguarding added that the responsiveness to Section 42 enquiries and concerns had not always been as robust as desired. The Interim Director believed every enquiry was entitled to an acknowledgement. This was an area of improvement for the safeguarding team and steps were already taken to improve this.

Actions:

1. Safeguarding team to reflect the importance of whistleblowing (particularly on the safety aspect, such as around confidentiality) on the adult safeguarding website.

2. Regarding modern slavery, the Director of Practice, Assurance and Safeguarding to discuss with commissioners, the vetting of organisations, raising awareness and provide a written update to the committee.

Resolved:
The Adults and Health Select Committee recommended that the Adult Safeguarding team:

1. Provide an update from the new Safeguarding Panel on progress on the questions raised, particularly around communication and working in partnership, ensuring that people don't fall through the gaps.

2. Provide a measurement of feedback from staff, patients and from other services, so we can see what improvements have been made, and as a result can show how we deliver a safer environment.

3. Provide an analysis of how effective your measurement service is so we can be reassured on how effective the service is running, and that activities are resting in more resolve.

4. To examine best practise on whistleblowing, and to make every effort to provide a process that protects the individuals who are using the process, and that it is effective.

5. Continue improving the measurement of safety, and demonstrate that the service as a whole is actively eliminating problems.

16/24 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]

The Committee noted the recommendations tracker and forward work programme.

17/24 DATE OF THE NEXT MEETING [Item 8]

The Committee noted its next meeting would be held on 10 October 2024.

Meeting ended at: 3.05pm

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Chairman

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