

# Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027



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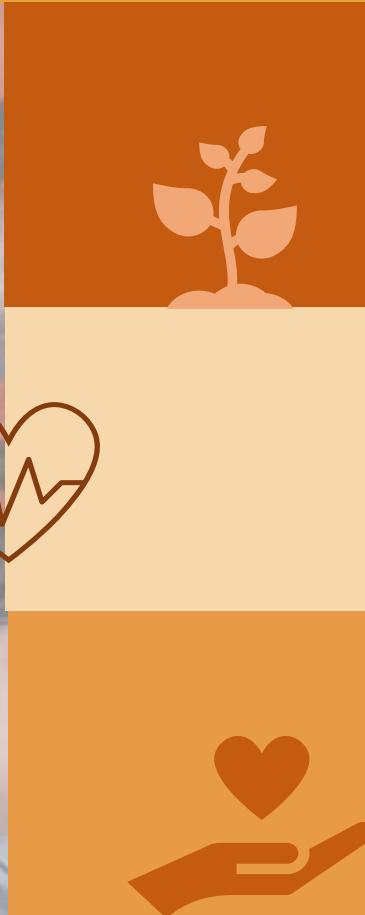
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Next Steps

# Glossary:

Acronym	Description	Acronym	Description
<b>A&amp;A</b>	Access and Advice	<b>ICS</b>	Integrated Care System
<b>ACE</b>	Adverse Childhood Experience	<b>JSNA</b>	Joint Strategic Needs Assessment
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>LD</b>	Learning Difficulties
<b>AEDimhs</b>	Adult Community Mental Health Transformation Adult Eating Disorders Integrated Mental Health Service	<b>LTP</b>	Local Transformation Plan
<b>ASD</b>	Autism Spectrum Disorder	<b>MH</b>	Mental Health
<b>C-SPA</b>	Children's Single Point of Access	<b>MHST's</b>	Mental Health Support Teams
<b>CAMHS</b>	Child and Adolescent Mental Health Services	<b>ND</b>	Neurodevelopmental
<b>CIS</b>	Crisis Intervention Service	<b>NICE</b>	National Institute for Health and Care Excellence
<b>CCISS</b>	Children's Crisis Intensive Support Service	<b>PLN</b>	Paediatric Liaison Service
<b>CCQI</b>	College Centre for Quality Improvement	<b>PMHW</b>	Primary Mental Health Worker
<b>CYP</b>	Children and Young People	<b>PRU</b>	Pupil Referral Unit
<b>CYPEWMHSPP</b>	Children and Young People's Emotional Wellbeing, Mental Health and Suicide Prevention Partnership	<b>PSHE</b>	Personal, Social, Health, Economic Education
<b>DGH</b>	District General Hospitals	<b>SaBP</b>	Surrey and Borders Partnership
<b>EIIP</b>	Early Intervention in Psychosis	<b>SBN</b>	School Based Needs
<b>EPR</b>	Electronic Patient Record	<b>SCC</b>	Surrey County Council
<b>EWMH</b>	Emotional Wellbeing and Mental Health	<b>SHIPP</b>	Surrey High Intensity Partnership Programme
<b>GPimhs</b>	GP Integrated Mental Health Services	<b>YARG</b>	Young Adults Reference Group
<b>IAPT</b>	Improving Access to Psychological Therapies	<b>YOS</b>	Youth Offending Service
<b>ICB</b>	Integrated Care Board		

# Introduction



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# Experience from a Parent in Surrey:

M had previously been assessed for ADHD and discharged without diagnosis. M's anxiety was escalating, OCD behaviours were starting to emerge and challenges were becoming more apparent in school. The family felt deflated, as if there was little or no help out there for them.

One of Mindworks' Occupational Therapists (OT) visited M in primary school and quickly built up a rapport, continuing to support M remotely during lockdown. Virtual communication was challenging for M at first, but the OT continued to provide support, working with the family to provide helpful tips and strategies, and re-referring M for a second ADHD assessment, which was diagnosed.

The OT supported the family with M's transition to secondary school. The OT met with the family, the SENCO and the Head of Year to provide additional insight into M's specific challenges and raised awareness with teaching staff so that they could better support M in class. M's care was handed over to a clinician in the school's Mental Health Support Team who supported M in school with CBT and sessions to help them understand and address their OCD. The Clinician worked with the family, meeting them at home and taking time to listen, offer advice around different approaches and support the family to set boundaries together.

With the support of the OT and the MHST Clinician, there has been a significant positive change in M's wellbeing; their behaviour has improved, and they now have a better understanding of how to manage their OCD.



# Introduction

Rachel Wardell: Executive Director of Children, Families and Lifelong Learning, SCC

Ruth Hutchinson: Director of Public Health, SCC

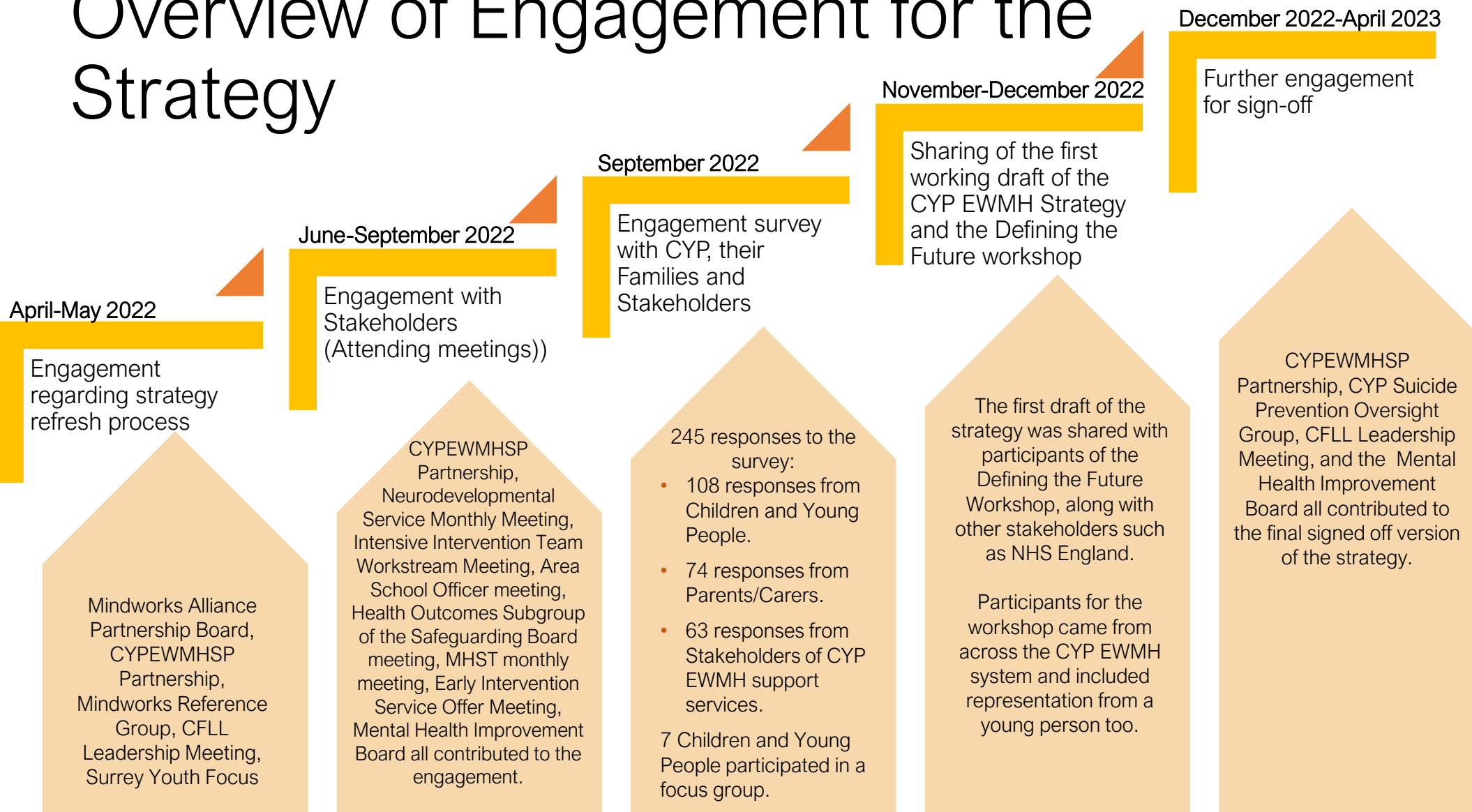
We are delighted to introduce our Children and Young People's Emotional Wellbeing and Mental Health (EWMH) Strategy 2022-2027. It's been a collaborative process to get to this point, working with partners from health, education, social care, Mindworks Surrey, and third sector colleagues from across the county.

The strategy has been driven by engagement with children, young people, and their families and includes the requirements of the NHS Local Transformation Plan for mental health. As part of this collaborative process, the following themes have been developed:

- **Self-Help:** Children, young people and families will have accessible support and information to understand and take care of their own physical health, emotional wellbeing and mental health throughout their life course.
- **Accessible Signposting:** Children, young people and families will be signposted to information, advice, guidance and services more effectively in their area because our partners are better connected and have strong relationships and knowledge of what is available.
- **Timeliness of Support:** Children, young people and their families will have their needs met in a timely way.
- **Online Safety and Social Media Use:** Children, young people and families will be supported to keep themselves and others safe online.
- **Parent and Carer Support:** Parents and carers will feel more confident to access emotional wellbeing and mental health support in order to enable them to look after themselves and their children.
- **Supporting the Workforce:** Staff working with children, young people and their families will feel well-equipped, supported and confident to support with emotional wellbeing and mental health concerns.

This strategy will inform our collective work on children and young people's emotional wellbeing and mental health for the next five years. It will be an iterative piece of work with regular check ins with children, young people and their families to test what is working well and what needs further work. We look forward to working together across Surrey to help children and young people enjoy positive mental health and fulfil their potential.

# Overview of Engagement for the Strategy



# CORE20PLUS5

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

**Core20** addresses the most deprived 20% of the national population as identified by the national [Index of multiple deprivation \(IMD\)](#).

**PLUS** population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system. Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

5 The final part sets out five clinical areas of focus. The five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve aims. One of the five clinical areas of focus is mental health, looking at improving access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

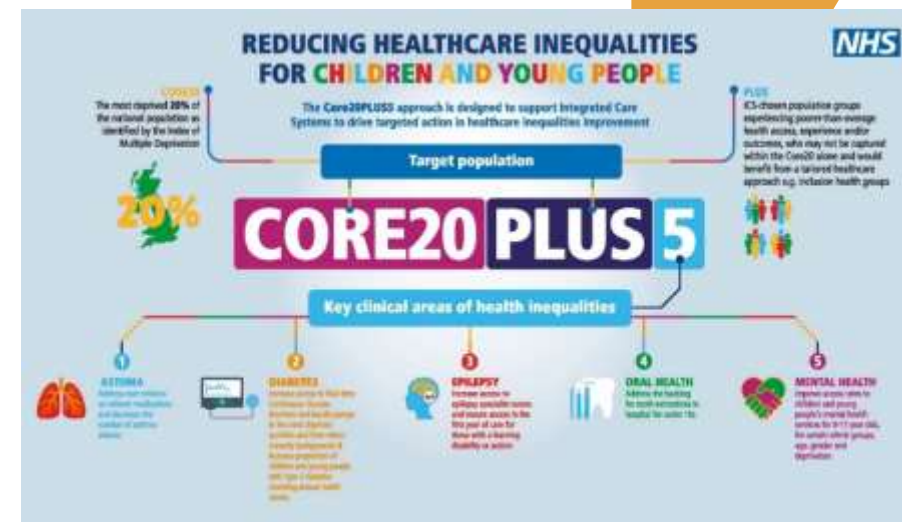


Figure 1: NHS Core20PLUS5 approach.

For further information on the CORE20PLUS5, [see the NHS CORE20PLUS5 website here](#).



# Time for Kids



Figure 2: Time for Kids Principles

[The Time for Kids Principles](#) were developed in 2019. Time for Kids is about always thinking... what more could I do to help a child or young person to thrive?

Themed around five values:

- Connect
- Trust
- Hope
- Belong
- Believe

They provide a simple framework to guide the work with children and young people in in Surrey.

# Local Transformation Plan

This Surrey Children and Young People's Emotional Wellbeing and Mental Health (EWMH) Strategy will also incorporate the Children's and Young People's Local Transformation Plan (LTP). This strategy will include the improvements set out in the [NHS Long Term Plan](#) and will be reflective of the Surrey Heartlands System Operational Plan. The strategy and plan combined will include a vigorous Needs Assessment that will reflect the Surrey demographic and their needs in relation to emotional wellbeing and mental health. In writing this strategy, we have engaged with children and young people, their families, and the professionals that support them, to ensure that voices and opinions were heard and informed the strategy.

The strategy will set out our priorities for expanding children and young people's EWMH offer, with our aims to widen access to getting advice and getting help, ensure services are closer to home, reduce unnecessary delays and deliver specialist mental healthcare, which is based on a clearer understanding of young people's needs being central to decision making, provided in ways that work better for them.



As an Integrated Care Board (ICB), Surrey works collaboratively with a range of partners drawn from health, social care, educational settings, and the 3<sup>rd</sup> sector. The partnership relating to the commissioning of health is enshrined in the Framework Partnership Agreement.

The system recognised the prioritisation of EWMH services and relevant transformation for community/crisis and eating disorders received in 21/22 have supported the establishment of the new service and model of working. Added pressures of workforce challenges, the pandemic, winter pressures and urgent emergency care have also been supported through allocation of funds.

# Surrey Health & Wellbeing Strategy

The Children and Young People's Emotional Wellbeing and Mental Health strategy aligns to the Surrey Health and Wellbeing Strategy, particularly **Priority 2: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional wellbeing.**

The strategy will also look at the following priority populations who have been highlighted in the Health and Wellbeing Strategy:

- Carers and young carers
- Children in care and care leavers
- Children with Special Educational Needs and Disabilities
- Young People out of work
- Black and Minority Ethnic groups
- Gypsy Roma Traveller Community
- People with long term health conditions, disabilities or sensory impairment

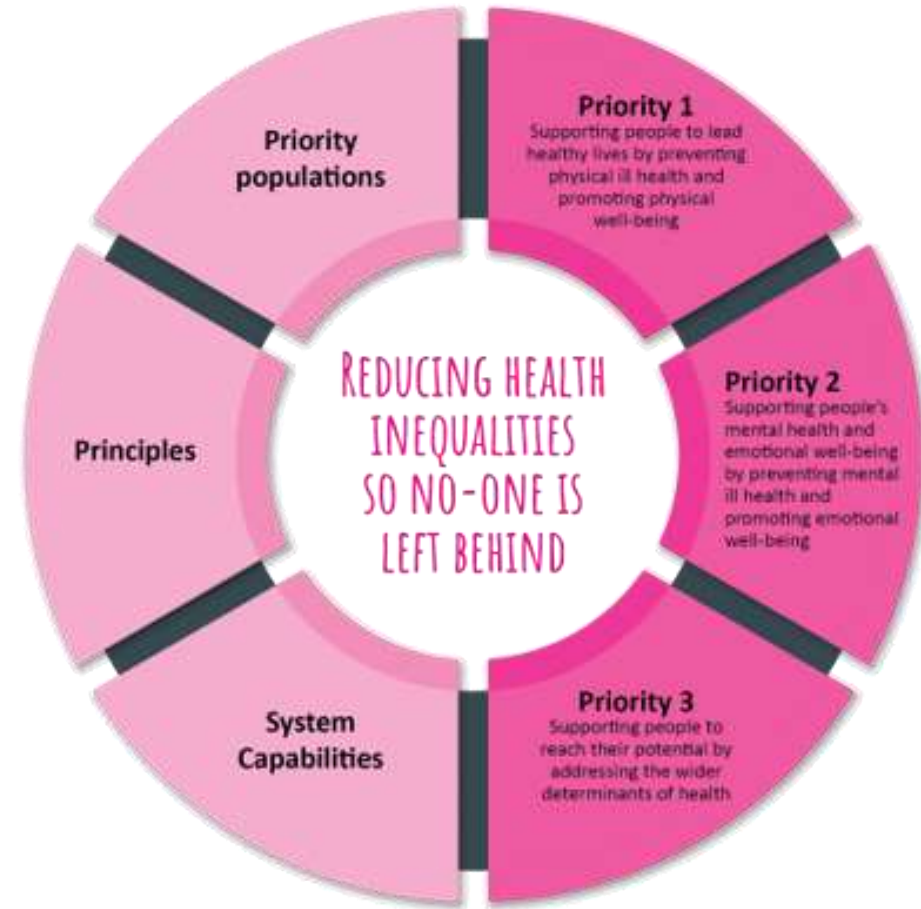


Figure 3: Surrey Health and Wellbeing Strategy

# THRIVE Framework for System Change

(Wolpert et al., 2019)

The THRIVE Framework for system change (Wolpert et al., 2019) is an **integrated, person-centred and needs led approach to delivering mental health services for children, young people and their families**, developed by Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.



Figure 4: THRIVE framework

The THRIVE approach is where children and young people have a central voice in decisions about their care, and their needs will be met based on goals identified by them and their families, rather than by healthcare professionals. There is a greater emphasis on addressing and meeting needs, rather than getting a diagnosis as a trigger for help and support.

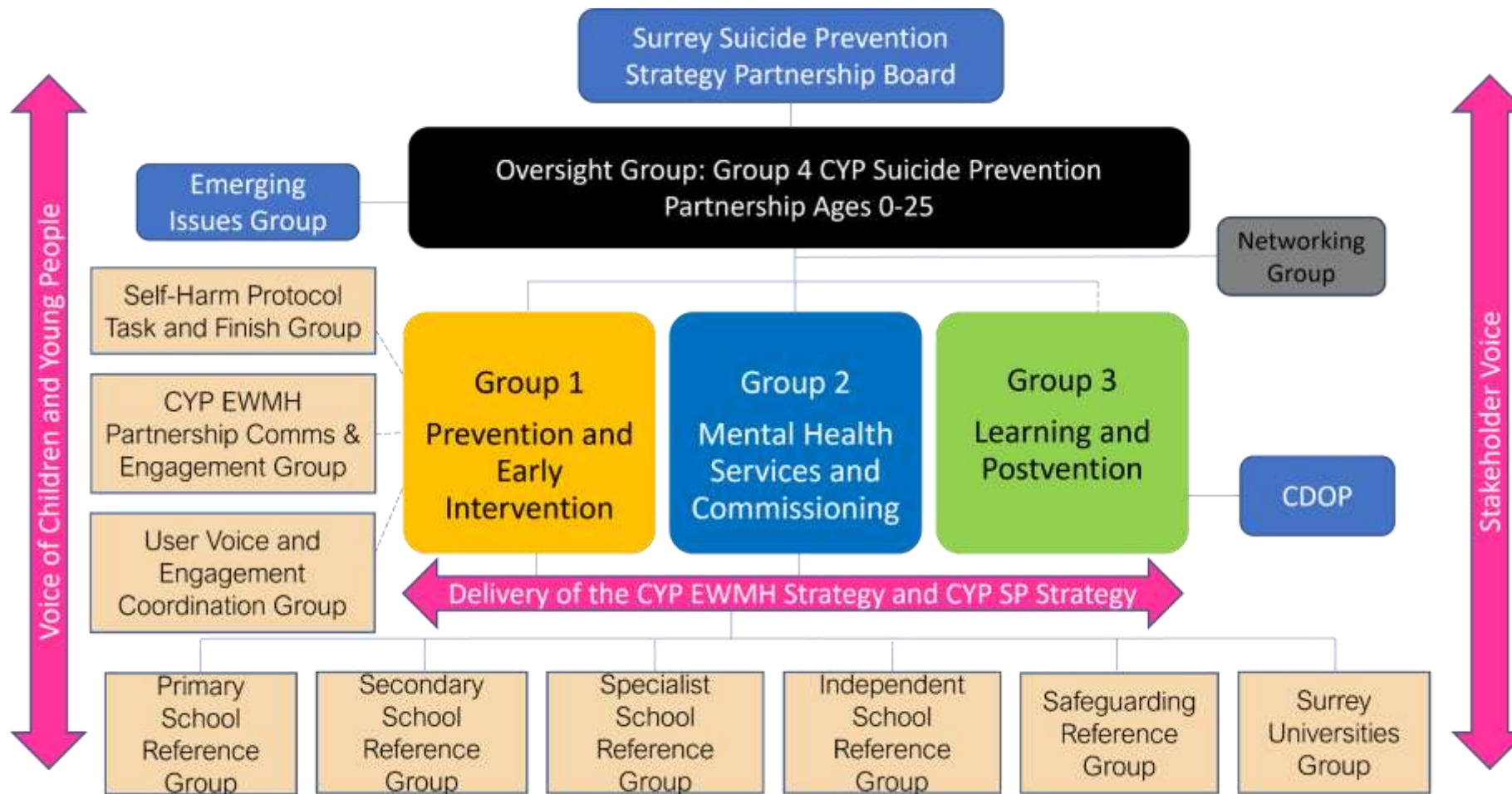
The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings (demonstrated in the diagram).

For further info please, including stories from other sites that have implemented the THRIVE Framework please see [www.implementingthrive.org](http://www.implementingthrive.org)

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings. The THRIVE Framework is our shared system response to supporting children, young people and their families in Surrey.



# Governance



The Children and Young People's Emotional Wellbeing and Mental Health Strategy and Action Plan will be delivered by the Children and Young People's Emotional Wellbeing, Mental Health and Suicide Prevention Partnership (CYPEWMHSPP).

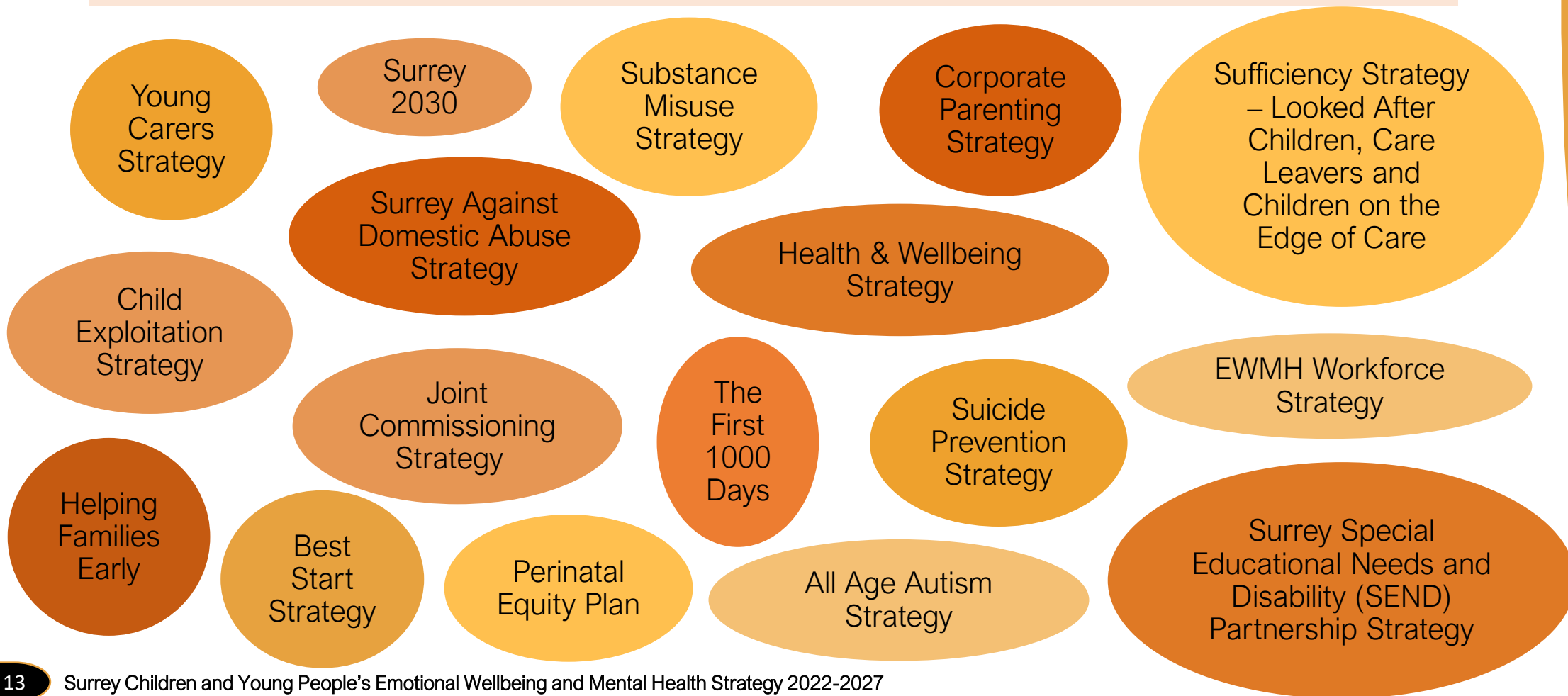
Figure 5 shows the structure that surrounds and supports to CYPEWMHSPP.

Figure 5: Governance structure for the Children and Young People's Suicide Prevention Partnership



# Strategic Alignment to Local Strategies

This Children and Young People's Emotional Wellbeing and Mental Health Strategy is aligned to the following Surrey Strategies and the system works in partnership to deliver emotional wellbeing and mental health outcomes for children and young people:



# Needs Assessment



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- National Picture
- Risk and Protective Factors
- Autism and Mental Health
- COVID-19
- Children and Young People's Emotional Wellbeing and Mental Health in Surrey
- Surrey Picture
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- Local Need and Health Inequalities

# National Picture

The [Mental Health of Children and Young People in England 2021 \(wave 2\)](#) report by NHS Digital, is the second report in a series of follow ups from the Mental Health and Young People Survey in 2017, exploring the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. The sample size for the 2021 findings below was based on 3,667 children and young people who took part in the survey, with the surveys also drawing on information collected from parents.

Rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%).	Boys aged 6 to 10 years were more likely to have a probable mental disorder (21.9%) than girls (12.0%). In 17 to 23 year olds, this pattern was reversed, with rates higher in young women (23.5%) than young men (10.7%).	The proportion of children and young people with possible eating problems increased since 2017; from 6.7% to 13.0% in 11 to 16 year olds, and from 44.6% to 58.2% in 17 to 19 year olds.	Rates of probable mental disorder were higher among 6 to 23 year olds in the White British (18.9%) and the mixed or other (22.5%) groups, than in the Asian/Asian British (8.4%) and Black/Black British (8.3%) groups.
More than half of children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.	In 2021, 16.7% of 11 to 16 year olds using social media agreed that the number of likes, comments and shares they received had an impact on their mood, and half (50.7%) agreed that they spent more time on social media than they meant to. Girls were more likely to agree with both statements than boys.	In 2021, 6 to 16 year olds with a long-term physical health condition were twice as likely to have a probable mental disorder (29.6%) as those without a long-term physical health condition (14.9%).	Help sought by parents for 6 to 16 year olds with a probable mental disorder was most likely to be from education services (68.3%), while help sought by 17 to 23 year olds with a probable mental disorder was most likely to be from friends and family (59.7%) or online or telephone support (44.1%).

# National Picture

Mental ill-health can affect anyone, either directly as a personal experience, or indirectly, through family, friends or in our community. The [School-aged years high impact area 1: Supporting resilience and wellbeing guidance](#) from Public Health England, addresses how certain groups of children and young people can have worse outcomes due to the following: gender, socioeconomic status, ethnicity, disability, sexual orientation, being a child in care or being in the youth justice system. The guidance also highlighted that:

- **Teenage mothers** have [higher rates of poor mental health](#) for up to 3 years after the birth of their child.
- In 2014, 18% of young people aged 11 to 15 [reported they had experienced some form of cyberbullying](#) in the past 2 months.
- **Adverse Childhood Experiences (ACE's)** increase the individual's risk of health-harming behaviour. For every 100 adults in England, 48 have suffered at least one adverse childhood experience during their childhood and 9 [have suffered 4 or more](#).
- Children and young people with mental health problems are [more likely to have parents with mental health problems](#).
- **Parental mental illness** is [associated with increased rates of mental health problems in children](#).
- Rates of mental disorder tended to be highest in **children living with a parent with poor mental health or in children living with a parent in receipt of disability related income**.
- Over [half of all UK children](#) will have a **mother who has experienced mental illness** by the age of 16.
- Of women living with a mental illness, 68% are parents, compared with 57% of men living with a mental illness.
- **Times of transition** have been identified as [critically important in developing](#) and there are many transition points during this time, including the transition from primary to secondary school, to further and higher education or employment, from home to independent living, and for some the transition from the child services to adult services.

## Key National Policy and Guidance:

NHS Long Term Plan (2019)  
The NHS Mental Health Implementation Plan 2019 to 2020 to 2023 to 2024  
The Department for Education (DfE) Guidance for schools on relationships education, sex education and health education  
NICE Guideline on Social, emotional and mental wellbeing in primary and secondary education (2022)  
Healthy Child Programme (5 to 19)  
Transforming children and young people's mental health: a green paper (2017)  
The Five Year Forward View for Mental Health (2016)  
Future in Mind (2015)

# National Picture

[A Head Start: Early support for children's mental health \(2022\)](#) report draws upon the findings of The Big Ask, a survey conducted in 2021 which was the largest ever survey of children and young people in England, with over half a million responses, where 1 in 5 young people told how they were worried about their mental health.

The report highlights six ambitions have been formulated on the basis of the ideas that young people have shared with the Children's Commissioner's Office, as well as through wider engagement with stakeholders, policymakers, organisations and charities, and parents and carers. The ambitions aim to provide "whole childhood support," starting with support for families before a child is even born, through the early years, whilst they're at school, through the adulthood. we set out the need to build strong foundations for good mental health. The report recognises that:

"In order to prevent problems building up, children need to have time and space to have fun safely online and in the real world. If problems do emerge, children need access to early help in school, online or in the community. When specialist help is needed, it should be easy for children to access, with no child turned away"

**Ambition 1.** Every family receives support to promote good mental health and wellbeing through pregnancy and the early years through Family Hubs, including mental health support for parents where needed.

**Ambition 2.** All children are protected from harm and taught the digital skills they need to be safe online, making the online world safe and exciting place for children to have fun, learn and connect with others, and all.

**Ambition 3.** All children have plentiful access to safe and fun spaces to play with their friends.

**Ambition 4.** All children's needs are met where they are and they receive support in school, through families of schools.

**Ambition 5.** The taboo of accessing support needs to be broken by making sure children can access it quickly, locally, in their communities or online.

**Ambition 6.** Specialist NHS support is available for any child who needs it, with no child turned away or stuck in a spiral of escalation whilst waiting for support.



# Risk and Protective Factors

Whilst a person can develop poor mental health at any stage of their life, there are key factors that can increase and decrease the likelihood. The [Mental Health and Children and Young People report](#) (2016), raises the below risk and protective factors that are key to a children or young persons mental health:



<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Family disharmony, or break up</li> <li>• Inconsistent discipline style</li> <li>• Parent/s with mental illness or substance abuse</li> <li>• Physical, sexual, neglect or emotional abuse</li> <li>• Parental criminality or alcoholism</li> <li>• Death and loss</li> </ul>	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influence</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> <li>• Lack of access to support services</li> </ul>
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<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Good communication skills</li> <li>• Having a belief in control</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Capacity to reflect</li> </ul>	<ul style="list-style-type: none"> <li>• Family harmony and stability</li> <li>• Supportive parenting</li> <li>• Strong family values</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> </ul>	<ul style="list-style-type: none"> <li>• Positive school climate that enhances belonging and connectedness</li> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>
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# Autism and Mental Health

In March 2019, Autistica (the UK's autism research charity) produced an [Action Briefing](#), detailing how mental health impacts children and young people who have Autism.

The briefing shared the following statistics:

- 7 in 10 autistic children have a mental health condition, with 4 in 10 autistic children having more than one.
- Anxiety disorders are the most common type of mental health problem for autistic children to develop, affecting more than 4 in 10. They acknowledge that more research is needed to understand more about the underlying cases, but that research has shown that anxiety in autistic children is strongly associated with uncertainty, sensory differences and social and communication difficulties.

The All Party Parliamentary Group on Autism (APPGA) report: [The Autism Act, 10 Years On](#), became an all age autism strategy from 2021. The report found that found that mental health problems can be exacerbated by a failure to put the right support in place – even if, on the face of it, an autistic child is doing well academically.

The [national strategy for autistic children, young people and adults: 2021 to 2026](#) set out that 'Improving autistic children and young people's access to education and supporting positive transitions into adulthood' as one of their goals, to prevent more young people from avoidably reaching crisis point or being admitted into inpatient mental health services.

The [Joint Strategic Needs Assessment focussing on children and young people with additional needs and disabilities](#) contains more information and detail on the Surrey picture.

# COVID-19

Young Minds released a report [Coronavirus: Impact on young people with mental health needs \(2021\)](#), which draws on the insights highlighted by young people throughout the pandemic. The survey report carried out with 2,438 young people aged 13-25, between 26<sup>th</sup> January and 12<sup>th</sup> February 2021, was their fourth in a series and showed how many young people found this lockdown harder to manage than previous lockdowns. The survey heard about the toll on young people's mental health the pandemic was having and how some had started having panic attacks and self-harming again. When asked about the main problems that were causing concern, respondents shared mostly about loneliness and isolation, concerns about education and not having a routine.

The survey found the following:

- **75% of respondents agreed that they have found the current lockdown harder to cope with than the previous ones** including 44% who said it was much harder. (14% said it was easier, 11% said it was the same)
- **67% believed that the pandemic will have a long-term negative effect on their mental health.** This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether friendships would recover, or who were worried about the loss of education or their prospects of finding work. (19% neither agreed nor disagreed, 14% disagreed)
- **54% of those who believed they needed mental health support had accessed it during the pandemic.** 24% said that they had looked for support but not received it – sometimes because of barriers to accessing support online. A further 22% said that they had not looked for support at all, often because of stigma.



The [2020 Babies in Lockdown](#) report highlighted that six in 10 (61%) parents shared significant concerns about their mental health and that almost 9 in 10 (87%) parents were more anxious as a result of the pandemic. In the report, in-depth interviews with parents found there were high levels of anxiety, specifically about the impact of COVID-19.

In addition to the barriers young people reported regarding access to privacy to receive support from home and due to stigma, some respondents said that they didn't know where to go to get additional support or what might be available to them, even those who had received support in the past. Waiting lists and lack of money to receive private support were also listed as barriers.

# Children and Young People's Mental Health and Wellbeing in Surrey

Trends reported by [Public Health England on Children and Young People's Mental Health and Wellbeing](#) that, as of 2017-18, there are an estimated 23,037 children and young people with a mental disorder in Surrey. As of 2015, an estimated 3% of 5-16 year olds are thought to have an emotional disorder, with 4.4% thought to have a conduct disorder.



In 2020-21, 2.6% of Primary School age pupils in Surrey have social, emotional and mental health needs. This is significantly worse from previous trends and is worse than both Regional (2.5%) and England (2.4%) young people. 3% of Secondary School age pupils in Surrey have social, emotional and mental health needs, which has also got significantly worse (Regional 2.8%, England 2.9%).

In 2020-21, 38.1% of looked after children in Surrey's emotional wellbeing are a cause for concern (39% Regionally, 36.8% in England), which is of no significant change from previous years.

Surrey County Council's Children, Families and Lifelong Learning Department is focusing on:

- Improving safeguarding and children's social care
- Transforming our services for children with additional needs
- Embedding a new way of delivering services for children with emotional wellbeing and mental health needs
- All age learning and skills
- Health and social care integration

# Surrey Picture

The following describes the Surrey demographics and those children and young people that are more at risk of poor mental health. More detail on the Surrey population can be found here [The Surrey Context: People and Place | Surrey-i \(surreyi.gov.uk\)](#) References: [People, population and community - Office for National Statistics \(ons.gov.uk\)](#) and [Children looked after in England including adoptions, Reporting year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

**Population:** There is an estimated 349,533 0 to 24 year olds in Surrey based on the 2021 Census. Population projections estimate a significant increase in 15 to 19 year olds from 2022, peaking at 80,000 by 2028 and a fall in 10 to 14 year olds, from around 80,000 in 2022 to 73,600 in 2030.

**Ethnicity:** More than three quarters (76.6%) of Surrey residents reported that they were White British (including English, Welsh, Scottish, Northern Irish or British) in 2021 census which was lower than in the 2011 Census (83.5%). 14.5% of Surrey residents identified as non-White in the 2021 Census.

**Sex:** There are 171,104 Females and 178,429 Males aged 0-24 in Surrey, based on the 2021 Census.

**Sexual Orientation:** There is estimated to be over 24,100 (around 2.5%) people (usual residents in Surrey aged 16+ ) who identified as lesbian, gay, bisexual or other sexual orientation based on the 2021 Census.

**Gender Identity:** There is estimated to be 3,600+ people (usual residents in Surrey aged 16+ ) who experience some degree of gender variance based on the 2021 Census. This number may be an underestimation as 50,679 people did not provide an answer.

**Looked After Children:** The number of children looked after as at 31<sup>st</sup> March has increased each year from 930 (2017/18) to 996 (2020/21). The number of children starting to be looked after during the year in 2020/21 is up from 374 in 2019/20 to 419.

**Deprivation:** Latest estimated number of Surrey children in absolute low-income families [is 22,377 for 2020/21](#)

**Children in Need:** Cases for children who are in need at 31 March had previously declined year on year between 2017/18 (n=7,019) to 2019/20 (n=5,751). 2020/21 observed similar numbers to the previous year n=5,777.

**EHC Plans/ SEN Support:** There has been an increase in EHC Plans/ Statements of SEN provision year on year nationally, with Surrey sitting higher than the national average. [In 2021/22 the percentage of this in Surrey was 4.6% \(national is 4.0%\).](#)

**Eligibility for Free School Meals (FSM):** [Eligibility for FSM has steadily increased since 2017/18\\*\\*](#). Eligibility in rose from 7.4% (2016-17) to 13.5% (2021-22) in state-funded primary schools , and from 6.1%(2017-18) to 10.7% (2021-22) in state-funded secondary schools).

**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)

**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. ([Surrey Safeguarding Children Partnership](#))

**Child Protection Plans:** The number of children on a child protection plan at 31 March in Surrey saw a decline from 2017/18 (n=996) to 2019/20 (n=685). However the number increased in 2020/21 to 894.



# Cyber Safety

The 2022 Health Related Behaviour Questionnaire results highlighted the following insights about Primary and Secondary School pupils online safety:

## Primary School Online Safety and Behaviours

24% (+4 since 2019) of pupils said they have received a chat message that scared them or made them upset.  
91% (-3 since 2019) of Year 6 pupils reported that they have been told how to stay safe on the internet.  
35% (+3 since 2019) of Year 6 pupils who have seen images or videos online that upset them.  
23% (+5 since 2019) pupils responded that they have sent a chat message or posted a comment which they later wished they had not written.

## Secondary School Online Safety and Behaviours

32% (+7 since 2019) pupils have received a hurtful, nasty or scary message online.  
37% (+12 since 2019) pupils said they chat to people online that they don't know in real life.  
14% (+3% since 2019) of pupils responded that they have given personal information to someone online who they didn't know in real life.  
29% (+6% since 2019) of pupils responded that someone online who they didn't know has asked to see pictures of them.  
8% (+2% since 2019) of pupils responded that someone (online or in person) has threatened or pressured them to send a picture or video of themselves or show themselves on webcam.  
18% (+1% since 2019) of pupils responded that someone they don't know in person has asked to meet with them; 6% (= to 2019) said this person was, as far as they know, quite a bit older than them and 4% (= to 2019) said they did actually meet up with them.  
91% (= to 2019) of pupils responded that they have been told how to stay safe while online.

The [Cyberbullying: An analysis of data from the Health Behaviour in School-aged Children \(2014\)](#)

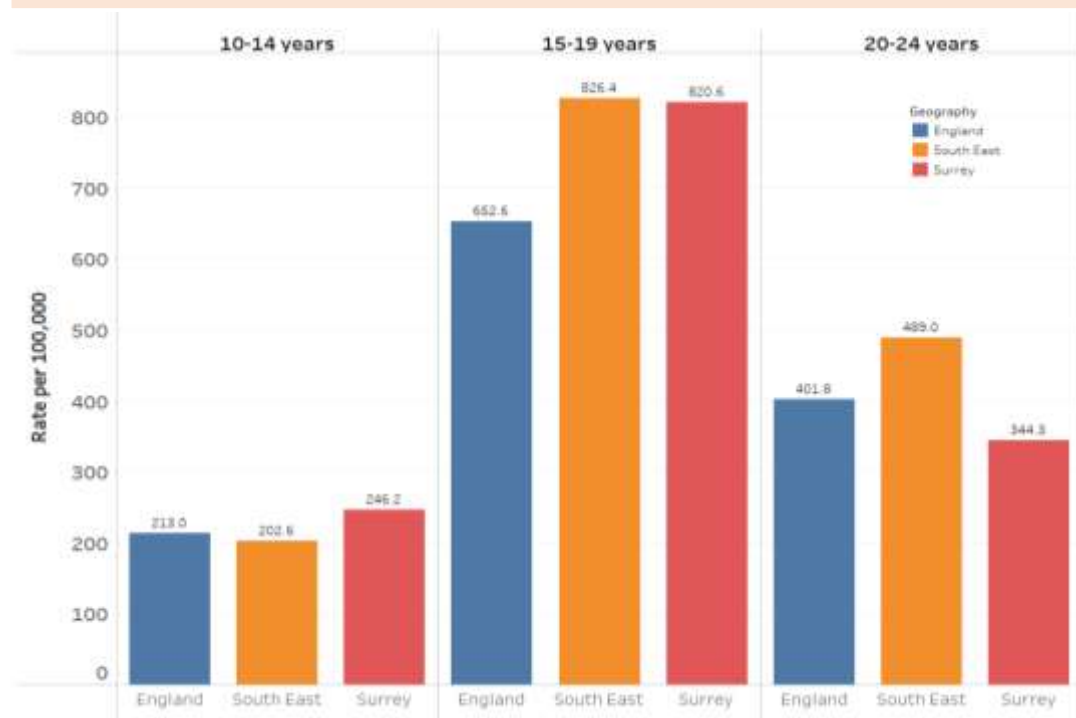
highlights how Cyberbullying is an important emerging issue, with one survey reporting 17.9% of 11 to 15 year olds experiencing some form of bullying via electronic communication over a two month period.

The [#StatusOfMind Social media and young people's mental health and wellbeing \(2017\)](#)

report estimate that 91% of 16 to 24 year olds use the internet for social networking. The report states that social media use is linked with increased rates of anxiety, depression and poor sleep and how Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it.

# Self-Harm

Trends reported by [Public Health England on Children and Young People's Mental Health and Wellbeing](#) indicate the prevalence of hospital admissions in 2020-21 as a result of self-harm in Surrey for 10-24 year olds is increasingly getting worse (468.7 per 100,000 in Surrey, 505.6 Regionally and 421.9 in England).



**Figure 6:** Number of hospital admissions as a result of self-harm

Source: [OHID – Public Health Profiles](#)

- There has been no significant change in hospital admissions as a result of self-harm in 2020-21 for the 10-14 year olds (246.2 per 100,000 in Surrey, 202.6 Regionally and 213 in England) and the 20-24 year olds (344.3 per 100,000 in Surrey, 489 Regionally and 401.8 in England) there has been a significant increase for 15-19 year olds (820.6 per 100,000). 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.

The graph illustrates hospital admission episodes as a result of self harm, where the main recorded cause is between X60 and X84 (Intentional self-harm). Rates in those aged 15 to 19 have much higher rates of hospital admissions as a result of self-harm.

# Suicide

The table on the right highlights the factors present in suicides reviewed by Child Death Overview Panels based on child death reviews that took place between April 2019 – March 2020. These factors were highlighted in the Surrey Suicide Prevention Strategy.

- The Primary Care Mortality Database recorded 43 suicides between the period 2017 to 2020 for people aged under 25 in Surrey. The data looks at those aged 10-24 with a ICD codes X60-X84. Due to small numbers, data is combined over a four year period. The majority of these people were between the ages of 18 and 24.
- The graph illustrates the gender and age of these young people who died by suicide.

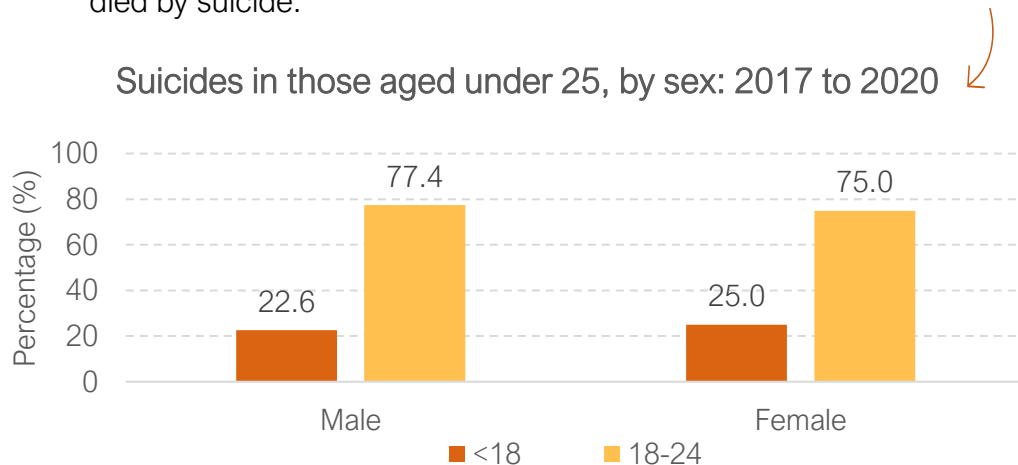


Figure 7: Suicides in those aged under 25, by sex

Factors present in suicides reviewed by Child Death Overview Panels based on child death reviews (England) (1 April 2019 – 31 March 2020) in the [Suicide in Children and Young People National Child Mortality Database Programme Thematic Report](#):

- Household functioning
- Loss of key relationships
- Mental health needs of the child
- Risk-taking behaviour
- Conflict within key relationships
- Problems with service provision
- Abuse and neglect
- Problems at School
- Bullying
- Medical conditions in the child
- Drug or alcohol misuse by the child
- Social media and internet use
- Neuro-developmental conditions
- Sexual orientation/identity and gender identity
- Problems with the law

The Surrey All-Age Suicide Prevention Strategy was refreshed in March 2023. Priority 4 looks specifically at suicide prevention for children and young people.

# Local Need and Health Inequalities

It is Surrey's vision that Children and Young People are happy, healthy, safe and confident in their future. CYP who have good mental health are more resilient, more likely to have positive relationships, are physically healthier, achieve more educationally and have better social outcomes.



- As a continuum to inform local and national transformation plans between the Joint Strategic Needs Assessment (JSNA) cycle a needs analysis of EWMH CYP was undertaken. This was followed by a series of Rapid Community Impact Assessments were also undertaken to understand the health, socio-economic impacts of COVID-19 among various communities in Surrey, their priorities for recovery, and the support might these communities need during the second wave of the pandemic.



- The impact assessments exposed some glaring issues and shortcomings. Those experiencing poor health outcomes were the worst affected, weakness in the social care system became more exacerbated with workforce shortages and funding squeezes affecting the entire economy. The social and economic consequences of the crisis undoubtedly have impacted on the population's health and mental wellbeing, and risk deepening inequalities further.



- Recommendations from the impact assessments are now part of the transformation agenda and progressed by various Mindworks workstreams.

# Engagement



## Contents

- Children and Young People's Emotional Wellbeing and Mental Health Strategy Survey
- Our Voice Matters
- Health Related Behaviour Questionnaire
- Young People with Care Experience
- Defining the Future Workshop



# CYP EWMH Strategy Survey

- As part of this Children and Young People's Emotional Wellbeing and Mental Health (EWMH) Strategy refresh, we engaged with children and young people (CYP), parents/carers, and stakeholders of CYP mental health services across Surrey.
- In September 2022, three surveys were launched, one for each of the above groups, to hear their views on improving services for young people, and thoughts on asking for mental health support (this includes support from doctors, hospitals, schools, youth clubs, charities and/or social workers).
- The full version of the Engagement Report can be found here: [CYP EWMH Strategy Survey Engagement Report](#).

There was a combined total of 245 responses from all three surveys, with a breakdown per survey as follows:

- Children and Young People survey: **108** respondents (45 of which accessed support services in Surrey).
- Survey for Parents/Carers with a young person who has received EWMH support : **74** respondents
- Stakeholders of CYP EWMH support services: **63** respondents

Focus groups:

- 7 young people participated in a focus group in September 2022. Two groups were held: one for CYP with experience of support services in Surrey (3 participants), and one for CYP who have not accessed services (4 participants).
- A total of 8 stakeholder meetings were attended to understand what is good and strong about CYP support, and identify areas for improvement.

## Demographics – Children and Young People

- **Age:** The majority of respondents (75%) were 12-15 years old, 16% were 7-11 years old, and a further 9% were 16-18 years old.
- **Gender:** When looking at gender, 64% of CYP respondents identified as male, 24% as female, 6% as something else, and 6% preferred not to say.
- **Ethnicity:** 82% of CYP respondents identified as White (British, English, Northern Irish, Scottish, Welsh or any other White background). A further 8% were Asian or Asian British, including Bangladesh, Chinese, Indian and Pakistani. 4% were any other mixed or multiple background, 3% were White and Asian, 2% White and Black Caribbean, and 1% preferred not to say.
- **Disability:** Around 1 in 5 CYP respondents (19%) have an additional need or disability.

# Children and Young People

Almost 2 in 5 young people agreed they have been treated badly by adults because of their emotional wellbeing and mental health needs, and around a third agreed they have been treated badly by other young people.



3 in 5 young people said they either did not know or were unsure of what to do if they are having a bad mental health day or feeling sad.

Out of the 2 in 5 young people who felt they did know what to do to support their emotional wellbeing and mental health, common examples included listening to music, reading and watching television. Others found playing sports, walking, or going to the gym to be beneficial. Some young people prefer to spend time alone to help them to reflect on feelings and give space to privately express emotions.

Do you agree or disagree that you have been treated badly by adults and/or other young people because of your emotional wellbeing and mental needs

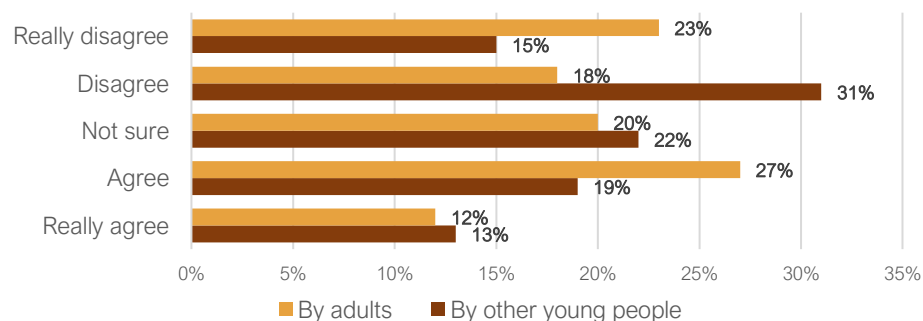


Figure 8: Treated badly by others (Base size = 91)

“When accessing A&E for my mental health the nurses and doctors were very judgmental and almost hatred towards people accessing A&E for mental health, I could hear the ambulance crew that brought me saying I was wasting time and giving me a bed was a waste.”  
(focus group participant)

“GPs are very nasty sometimes when it comes to mental health for things like accessing medication.”  
(focus group participant)

# Children and Young People



2 in 5 young people agreed that other young people are more open to having conversations about their emotional wellbeing and mental health nowadays. A further 38% were not sure whether they agreed or disagreed with this statement, and the remaining 22% disagree.



When talking to others about their own emotional wellbeing and mental health, young people have mixed opinions. Just under 2 in 5 (38%) said they are confident doing this, with around the same number of young people (35%) not feeling confident. However, young people suggested they are slightly more confident in talking to others about the support they have received, with 43% agreeing with this statement.

## Accessing support services

- Just over 2 in 5 young people (42%) said they have accessed support services in Surrey for their emotional wellbeing and mental health. In terms of accessibility, 1 in 3 said it was hard to find the right support.
- For the majority, receiving support in-person was preferred over support via phone/video call. Some would prefer improved access to online information packs or text services rather talking to someone in-person, another young person liked the idea of in-person support but did not feel ready for that.
- Around half of young people said parents/carers found support for them, 31% found support themselves, and around 1 in 5 said somebody else helped them.

Just under half of young people (46%) said they find it hard to talk to describe their feelings when talking to people about their mental health, with only 1 in 5 (19%) saying they find it easy to say how they feel.

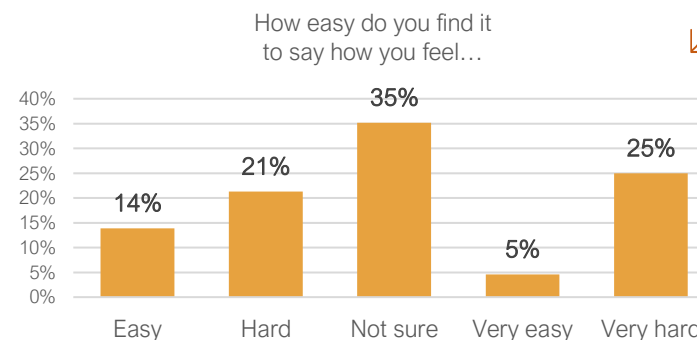


Figure 9: Ease of saying how you feel (Base size = 108)

# Children and Young People

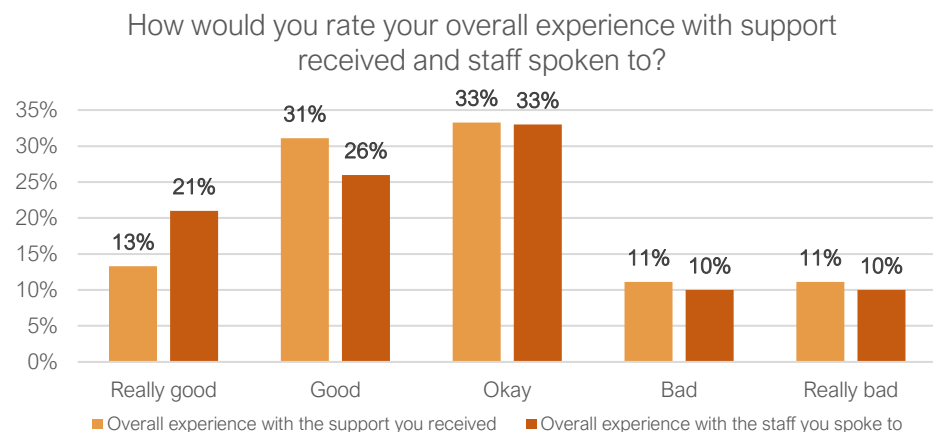


Figure 10: Rating of overall experience (Base size = 45)

Young people mostly rated their experiences with the support they received and the staff they spoke with as 'good' or 'okay'. 47% of young people said their experience with staff was 'really good' or 'good', a further one third rated it as 'okay'. For overall experience with support, 45% rated this 'really good' or 'good', and a further one third as 'okay'.

- Young people used words mostly positive such as 'listening', 'caring', and 'kind' to describe the staff they spoke to.

## Experiences with support service staff

Although over 4 in 5 of young people (82%) said staff they spoke to were either 'okay' or 'good' at listening when they told them about their feelings, many did feel they had to repeat their story every time they spoke to someone new (62%).

Around half (47%) said staff they spoke to made them feel at least a little confident in looking after their own emotional wellbeing and mental health. In contrast, around a quarter of young people shared that staff they spoke to did not make they feel at all confident in looking after their own emotional wellbeing and mental health.



# Children and Young People

- Most young people (41%) felt the support they received was right for them. A further 31% were unsure about this statement and 27% disagreed.
- Over half of young people said they know where to go or who to ask if they need more support beyond what they are currently receiving. Focus group participants said posters around school or in public places (e.g., train stations), Google. However, a few participants mentioned that some online websites and referral systems are not child-friendly and easy to use.



The majority of young people (43%) were not sure whether they have control over decisions made about their emotional wellbeing and mental health. Around a third agreed they did have control, and around 1 in 5 disagreed.

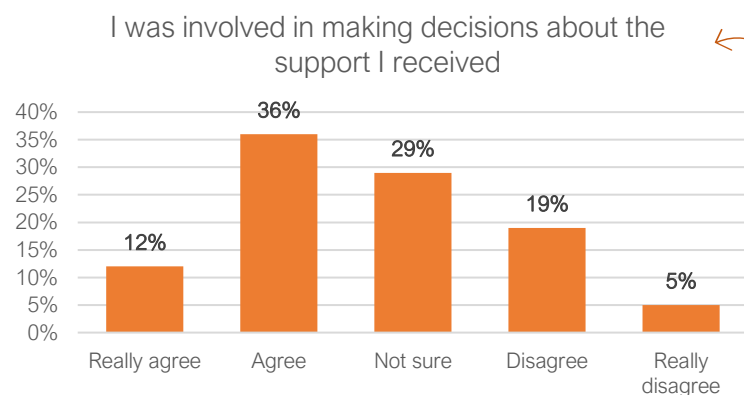


Figure 11: Involvement in decision making (Base size = 45)

However, around half of young people (48%) agree they were involved in making decisions about the support they received.

“The awareness should be about prevention rather than when you’re in a crisis.” (focus group participant)

“Posters tend to be in places that you are not that long in.” (focus group participant)

“In school when you say you’re feeling anxious, they just say you’re nervous about it and you will get over it. [They’re] not asking about it and giving proper answers.” (focus group participant)



# Parents and Carers



A total of 74 parents/carers responded to the Emotional Wellbeing and Mental Health Survey. All respondents have at least one child between 7-18 years old. The majority (47%) had children between 12-15 years old, a further 28% were 7-11 years old, and the remaining 24% were 16-18 years old.



Around 3 in 4 parents/carers found out about the support their child received themselves, and 1 in 4 had help from somebody else.



Around 2 in 3 parents/carers disagreed or strongly disagreed that the support their young person received met their expectations.

“The support isn’t targeted enough, [it]’s hit and miss.”

“Currently there is little support and what there is outdated, extremely poor in standard and is often provided by staff with insufficient and outdated training.”

To what extent do you agree or disagree that the support met your expectations?

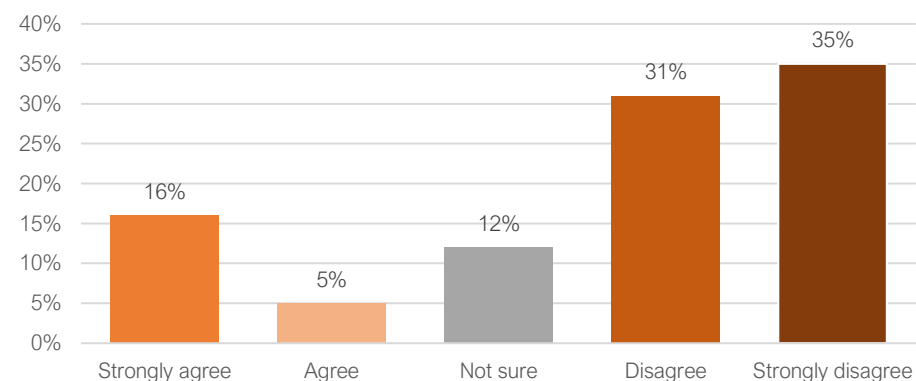


Figure 12: Support meeting expectations (Base size: 74)

# Parents and Carers

Just under 4 in 5 parents/carers (78%) rated the overall support and service provision for children and young people's emotional wellbeing and mental health in Surrey as 'poor' or 'very poor'.

## Reflecting on service provision

Parents/carers reflected on the last year and rated, on a 5-point scale of 'very good' to 'very poor', how well they feel Surrey-based children and young people mental health providers have performed in seven areas:

- timeliness of support • accessibility of support • accessibility of information
- reduced stigma • support for families • care planning • bespoke support

Most respondents rated these areas as 'poor', with timeliness of support, support for families, and accessibility of support areas with the highest number of 'poor' ratings. When looking at the average ratings across all seven areas, 66% of parents/carers rated them as 'poor' or 'very poor', 13% as 'good' or 'very good', and 21% as 'not sure'. Some key findings include:

- Just over 3 in 4 felt **timeliness of support was poor**, and a further 3 in 4 rated **support for families as poor**.
- A total of 7 in 10 parents/carers felt **increased accessibility of support was also poor**, and around a further 69% rated **bespoke support as poor**.

How would you rate the overall support and service provision for children and young people's emotional wellbeing and mental health in Surrey?

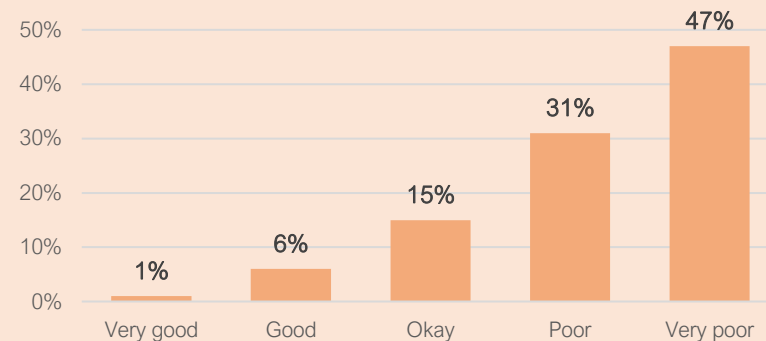


Figure 13: Rating of overall provision (Base size: 74)



# Parents' and Carers' Voice

As explored on the previous slide, on average, 2 in 3 parents/carers rated Surrey based children and young people's mental health providers' performance as 'poor' in at least one of the following areas: timeliness of support, accessibility of support, accessibility of information, reduced stigma, support for families, care planning, and bespoke support. Below is a snapshot of the feedback on areas identified as 'poor' and suggestions for improvements that parents/carers would like to see.

"There's an over reliance on signposting people to the Mindworks website. It's nice but basic and nowhere near enough help."

"I have had to rate all as very poor, my daughter is tier 4 and still is not receiving consistent support. Very disappointed indeed. I have had to take unpaid leave from work to look after her as no one else seems to prioritise. Inconsistent and awful support and advice given at times. Advise to go private is not what should be told when help and support is needed."

"Increase training for all staff especially in areas of neurodiversity and mental health issues. Less parent blaming and needless meetings, paperwork etc... loads of time is wasted collecting the same information over and over. Wasted time asking for our story again and again! "

"Support for parents is a must, it's the most traumatising experience watching your child's mental health become so low. Even if it's signposting them to on-line groups for support from other parents going through the same thing as at the time you think you are so alone in your experience."

"Information needs to be more readily available and easy to reach for both children and parents."

"More support should easily be made available. Seems like it has to get a lot worse before you get accepted onto a waiting list which is over a year. Private fees are astronomical and not always possible to budget for."

# Parents and Carers

The majority of parents/carers agreed their child had been treated badly by adults (68%) and other young people (57%) because of their EWMH needs.

- Half of parents/carers agreed there is less stigma nowadays around emotional wellbeing and mental health.
- Around 3 in 4 parents/carers tended to disagree that their child is confident in telling others about their EWMH and talking to them about the support they received.



To what extent do you agree or disagree with the following statements:

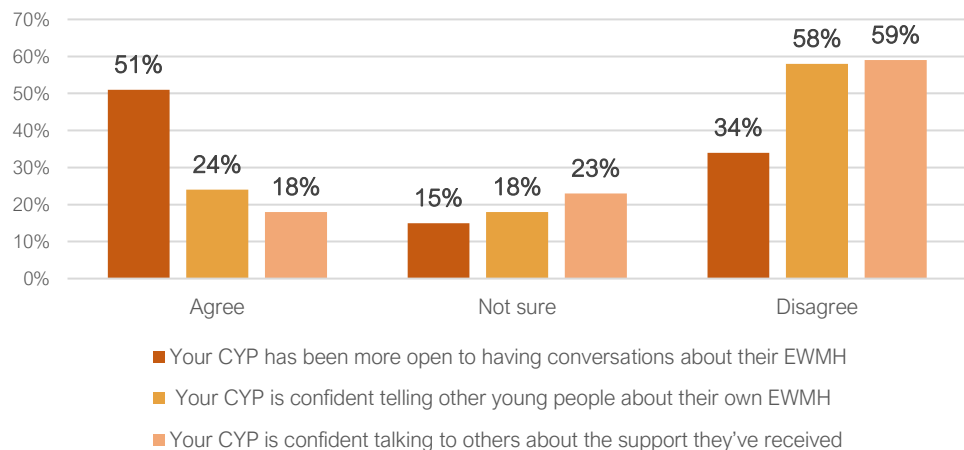


Figure 14: Agreement with statements (Base size: 74)

In the past year, your child/young person has been treated badly because of their emotional wellbeing and mental health needs?

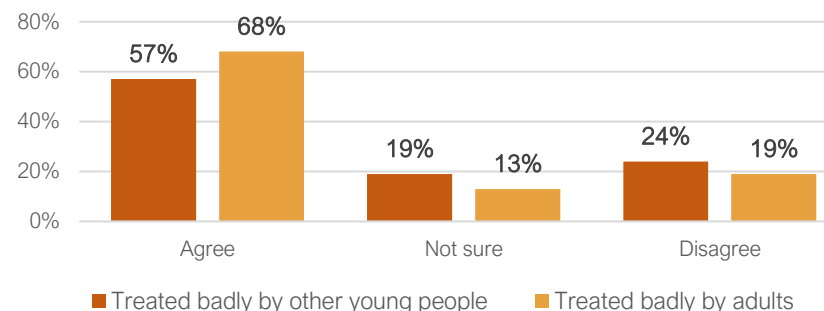


Figure 15 Treated badly by others (Base size: 74)

Parents/carers shared what they think are the top three key issues or challenges around supporting emotional wellbeing and mental health in Surrey. Parents/carers most commonly mentioned the following:

- Accessibility issues (slow response and long waiting time)
- Limited or lack of funding
- Not enough support
- Lack of compassion and understanding
- Shortage of staff
- Lack of early intervention
- Unclear or limited sign-posting



# Stakeholders

Stakeholders were mostly positive about overall support and service provision for children and young people's EWMH in Surrey, with just under 3 in 5 rating it as 'okay' or 'good'. For the 2 in 5 stakeholders rating overall provision as 'poor', many commented on challenges around accessibility of support. Some stakeholders felt CYP and their families are experiencing long waiting times before being able to access support at a time of need. Others felt that a lack of fundings and resources prevent the service provision from performing well.

How would you rate the overall support and service provision for children and young people's emotional wellbeing and mental health in Surrey?

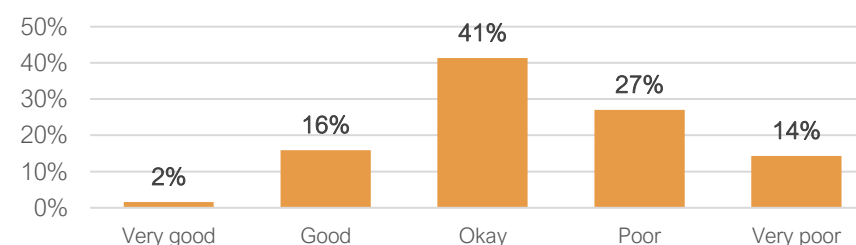
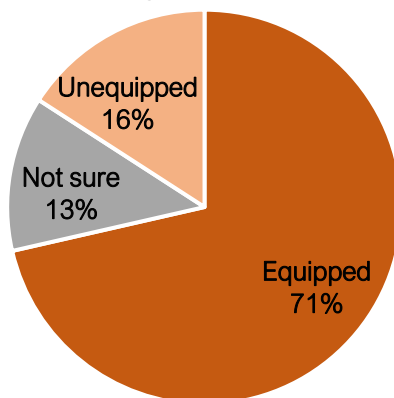


Figure 17: Rating of overall support and service provision (Base size = 63)

How equipped do you feel in supporting prevention and early action for young people's emotional wellbeing and mental health?



## Support for stakeholders

- The majority (71%) of stakeholders feel equipped in supporting prevention and early action for young people's emotional wellbeing and mental health.
- A total of 3 in 4 stakeholders agreed their organisation supports them with their own emotional wellbeing and mental health needs.



Figure 16: Equipped to support prevention and early action (Base size = 63)



# Stakeholders

Similar to parents/carers, stakeholders were also asked to share what they think are the top three key issues or challenges around supporting emotional wellbeing and mental health in Surrey. Stakeholders most commonly mentioned the following:

- Long waiting lists and timely access
- Availability of support
- Stigma around mental health
- Shortage of staff and capacity
- Lack of awareness of services on offer
- Self-harm
- Lack of school support and understanding



“I think that there could be better communication and a more open approach between our services and schools - or more particularly with the staff in schools who work in the field of wellbeing and mental health.” (focus group participant)



## Reflecting on service provision

Stakeholders also reflected on the last year and rated, on a 5-point scale of ‘very good’ to ‘very poor’, how well they feel Surrey-based children and young people mental health providers have performed in seven areas.

Thinking about the last year, how well do you feel Surrey-based children and young people mental health providers have performed in the following areas:

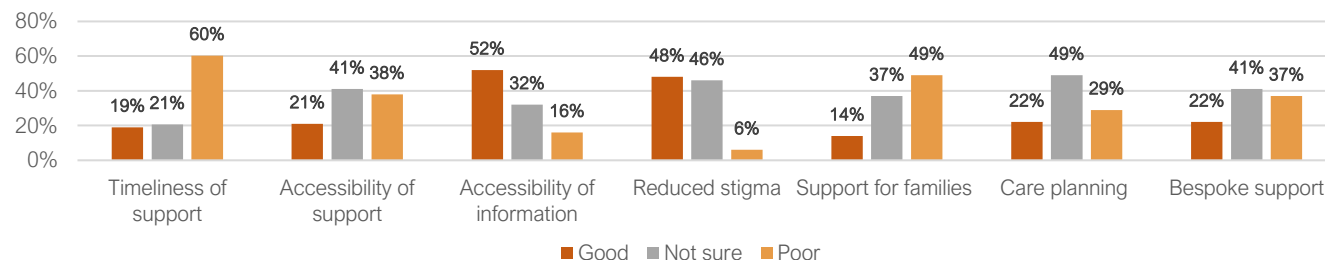


Figure 18: Performance in seven areas (Base size = 63)

Some key findings include:

- The majority of stakeholders rated **timeliness of support** (60%), **accessibility of support** (38%), **support for families** (49%) as ‘poor’.
- Around half (48%) rated **reduced stigma** as ‘good’ and over half (52%) rated **accessibility of information** as ‘good’.

# Stakeholders' voice

Below is a snapshot of the feedback from stakeholders on children and young people's emotional wellbeing and mental health support in Surrey. This includes ideas around suggestions for improvements stakeholders would like to see, particularly in areas of service provision they have identified as 'poor'.

"Improved access to services through increased resources. Service provision should reflect the growing demand. More focus on early intervention (schools and family) to avoid admission into services and reduce crisis presentations."

"Often the reason the child needs support is down to factors in the home or historic trauma involving parent/family. Without supporting a parent it is unlikely the child will find safety and stability in the home which will contribute to ongoing poor mental health."

"There needs to be access to services at an early stage, before a CYP reaches crisis."

"The system does not work. We have very vulnerable children in understaffed A&E departments who are unable to support their needs."

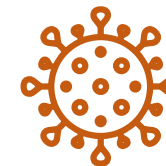
"Waiting lists are inevitable, but there are a huge number of young people on waiting lists for substantial amount of time with no support whilst they're in crisis or struggling to cope. Can families be provided with other options, other therapeutic avenues, social prescribing etc rather than just be sat on a waiting list."



"Children are on waiting lists for too long, therefore their mental health is deteriorating and more attendances to A&E are happening!."

# Our Voice Matters

In summer 2022, Surrey County Council's User Voice and Participation team launched the 'Our Voice Matters' survey for young people in Surrey. A total of 570 young people between the ages of 8-25 years old took part in the survey and shared their thoughts on key thematic areas including the impact of COVID-19 on physical and mental health, anxiety and concerns, healthy eating and physical activity and support for mental health.



## Impact of COVID-19 on physical and mental health

Just under 3 in 5 young people across all age brackets agreed that COVID-19 has affected their mental health, a further 36% agreed it has impacted their physical health.

- COVID-19 has had a **bigger impact on young people's mental health than physical health**, particularly 18 – 25 year olds.
- COVID-19 has impacted the physical health of a significantly larger proportion of young people who are carers and young people with additional needs or disability when compared those who are not/without.

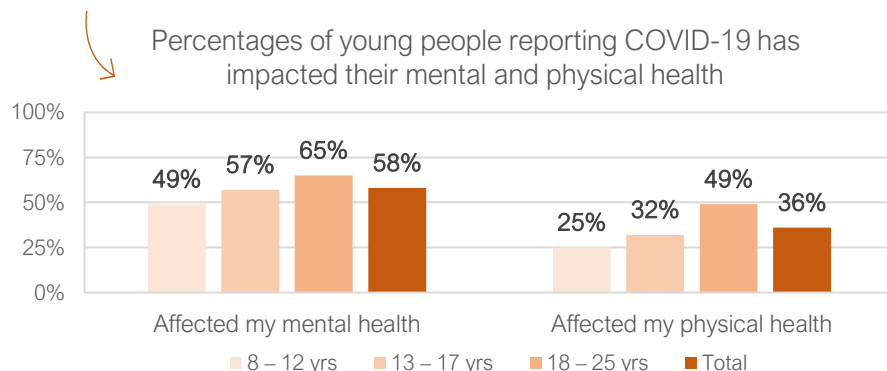


Figure 19: Percentage of CYP impacted by COVID-19

Most young people feel **they know where they could access support for their mental health and wellbeing**, with 67% of respondents agreeing with this statement. Knowledge of where to access support was lowest in 8-12 year olds, with 57% agreeing with this statement.



Around 2 in 5 young people said they feel well supported with their mental health in their education setting. Most young people also shared that they generally feel somewhat comfortable in accessing health services.

# Health Related Behaviour Questionnaire

Below are some of the findings from the Surrey Health Related Behaviour Questionnaire that link and contribute to the EWMH of young people. A total of 8197 pupils took part from 39 primary schools and 11 secondary schools; two special schools also contributed information.



- There was an increase in worrying amongst Primary School pupils, a reduction in their self-esteem (27% 2022, 30% 2019) and only 64% of Primary School students feel that bullying is taken seriously.
- For Secondary School pupils, there has been a decrease of 6% for those who have a trusted adult they can talk to and there has been a 6% reduction of those with high self-esteem. This being said, 13% (an increase of 6%) of Secondary School pupils have a high measure of resilience and 30% (an increase of 3%) of pupils think their school cares whether they are happy or not.
- Crime (39%), SATs/tests (42%) and family problems (32%) are what Primary School pupils worry about most.

Of Secondary School pupils who responded that they worry 'quite a lot' or 'a lot', 27% boys and 40% girls said they worry about the mental health of someone in their family.

**27%**

of Primary School pupils have a high self-esteem score (30% 2019)

**84%**

of Primary School pupils worried about at least one issue 'quite a lot' or 'a lot' (81% 2019)

**22%**

of Primary School pupils worried about more than 5 issues quite a lot or a lot (15% 2019)

**67%**

of Secondary School pupils know an adult they trust that they can talk to (73% 2019)

**30%**

of Secondary School pupils had a high self-esteem score of 15 or more (36% 2019)

**52%**

of Secondary School pupils who are at least quite happy with their life (58% 2019)

# Young People with Care Experience

In 2022, Surrey conducted two surveys with those who were care leavers (Your Life Beyond Care 2021-22) and those who are currently in care (Your Life, Your Care 2021-22). Here we will draw out insights from the two reports in relation to emotional wellbeing and mental health.

## Care Leavers:

180 young people responded to the survey from a care leaver population of 783: a response rate of 23%.

- Care leavers in Surrey (19%) were more likely to report they felt lonely 'often/ always' compared to peers (10%) in the general population. 'Often/always' feeling lonely is associated with overall low well-being.
- 59% of care leavers reported high or medium levels of anxiety.
- 14 (8%) care leavers reported having no one to give them emotional support however, most care leavers had several types of people (up to 10) in their lives who gave them emotional support. The average number was 3.
- Specifically, care leavers wanted more assistance for housing and financial matters, better support for mental health and help to counter loneliness.

"I think more attention needs to be given when it comes to children's mental health. Moving is very difficult and social services don't seem to see the effect as they move children constantly from place to place."

Support with mental health and more stability. Refugees arrive with a lot of stress and trauma and the thing that made it worse was moving around a lot. It is important that a young person can find a community around them and feel safe and adapt more. Therapy should be provided and explained better.

## Currently in Care:

128 children in care responded to the survey from a total eligible population of 829: a response rate of 15%.

- Overall, the majority of children and young people expressed high levels of happiness the previous day. About 1 in 7 (14%) reported low levels of happiness.
- 1 (3%) child (8-11yrs) worried about their feelings and behaviour 'all or most of the time' whilst 15 (50%) worried 'sometimes'.
- All but one (94%) of the 16 children who worried reported getting help from an adult to cope with this.
- 8 (10%) young people (11-18yrs) worried 'all or most of the time' and 42 (54%) 'sometimes'.
- Almost three quarters (74%) of the 50 young people (11-18yrs) who worried, reported getting help.

"I am very pleased with everything and the people who care for me."

"I want to know when I will be 'released'. I wish I could just go home."

"It's just right."



# Defining the Future Workshop



On 8<sup>th</sup> December 2022, a range of professional stakeholders who work across the Children and Young People's Emotional Wellbeing and Mental Health space were invited to a 'Defining the Future' workshop for the strategy.

Here there was an introduction from the Director of Public Health and Executive Director for Children, Families and Lifelong Learning, Surrey County Council as well as an introduction from a young person who had experienced accessing mental health support in Surrey.

The workshop then had two breakout activities, one collecting insight on four engagement questions used throughout the strategy engagement (findings from these are included in the next two pages) with the other focusing on the development of the six objectives for the strategy.

Figure 20: Screenshot from the Defining the Future Miro board

# Experience shared by a Young Person in Surrey Presented at the Defining the Future Workshop

"I started to struggle with low mood and anxiety, The only thing I found helped was hurting myself. I ended up opening up to a teacher, and the response to my self-harm was "it's not that bad, only superficial ". This comment stayed with me to this day, it made my struggles seem so trivial and invalid, and to me, they felt world-ending. From this conversation, the GP referred me to CAMHS.

With the 8 months of wait with no contact or support, my mental health worsened. I was overwhelmed with anxiety and depression, I barely spoke and started to hear voices. Now affecting my education to the point that the school didn't think I would be able to remain in mainstream education. During this wait I met a teacher who honestly saved my life, she advocated for me, she still saw hope for me when I didn't and helped me manage to stay in mainstream and sit my GCSEs.

I spent the next 6 years under the CAMHS service during which I saw many different clinicians. There was a lack of consistency and constant change in the people who were supposed to support me, this meant I never really had a chance to trust someone and fully open up. I spent most sessions just retelling my story again and again. many clinicians seemed to see me as just a problem to fix and not an actual person, which is extremely dehumanizing. Due to this many of my issues went undealt with for a long time. which ended up with me attempting to take my own life a few times, and frequent serious self-harm.

At 17 ½ I was still struggling with; anxiety, depression, voice hearing, self-harm, and suicidal thoughts but I was informed I was being discharged. I was told that even though they didn't deal with mental illness, the national autistic society would be better for me than adult services, just because I was also autistic. I was given no further support I could access and was completely unsupported during the process.

I'm now and university under adult service here, I am doing well and continue to fight on my journey to recovery. I am still affected by mental illness and still have many issues with trusting services"

# Findings from the Defining the Future Workshop:

What is good and strong about what we're doing to support children and young people's emotional wellbeing and mental health?

- ☐ Services working together
- ☐ School Based Needs offer and work with schools
- ☐ Open dialogue with CYP about mental health
- ☐ Passionate and knowledgeable staff
- ☐ Mindworks website
- ☐ Crisis Lines
- ☐ Investment in Suicide Prevention
- ☐ Surrey Healthy Schools
- ☐ Specialist care in hospitals
- ☐ Support in the community
- ☐ Services such as: CYP Safe Havens, New Leaf Service, Chat Health, Surrey Care Trust mentoring scheme, Hope and Extended Hope, Eating Disorder Clinics

What is not as good and needs improvement about the way we support children and young people's emotional wellbeing and mental health?

## Children and young people:

- ☐ Young people presenting at GP and being told to go to A&E
- ☐ More person-centred approach needed
- ☐ Understanding the offer available
- ☐ Waiting lists and communication about waiting times
- ☐ Not losing sight of impact of COVID-19
- ☐ Lack of trauma therapy
- ☐ Accessible language

## Parents and carers:

- ☐ Support for parents and carers
- ☐ Engagement from 'trusted adult'

## Workforce

- ☐ Better understanding of offer for schools
- ☐ Confidence and capacity building
- ☐ Capacity of services offering diagnosis
- ☐ Communication between services with families/young person
- ☐ Too much expected from schools
- ☐ Understanding of self-harm and suicide in schools
- ☐ Need a better understanding of THRIVE
- ☐ Duplication of work
- ☐ Early support and preventative work
- ☐ Data on bereavement
- ☐ Labelling mental health issues as behaviour

## Engagement

If you could change one thing about emotional wellbeing and mental health support for children and young people, what would it be?

- ☐ Show young people how they can help themselves earlier
- ☐ More co-design
- ☐ Better methods of communicating and engaging with children and young people
- ☐ More support for parents and carers
- ☐ Frequent conversations about emotional wellbeing and mental health in schools
- ☐ A bigger range of therapeutic services
- ☐ Use of sport and additional activities to provide opportunities
- ☐ More focus on bereavement support and preparing for loss
- ☐ Access to a counsellor in first instance
- ☐ Consistency across the county to enable relationships
- ☐ Less reliance on medication being a 'fix'
- ☐ Developing trusted adults in different environment, not just in schools
- ☐ Long-term funding
- ☐ No 3 strikes and 'you're out' /closed to services when services are struggling to engage CYP
- ☐ Normalise EWB problems, not everything needs a 'clinical' response'

Thinking about everything from prevention to crisis support, what would help the Surrey system be more joined up to support children and young people's emotional wellbeing and mental health?

- ☐ Make sure all services know about each other
- ☐ Warmer handovers between services
- ☐ Knowing what all the services are and better signposting
- ☐ A clear pathway of support and services that are easy to access
- ☐ Helping schools provide preventative work and engage with what is on offer
- ☐ More connectivity (i.e. Woking prototype)
- ☐ Listening to children and young people and involving them in identifying what they need
- ☐ Listening to children and young people and involving them in identifying what they need
- ☐ Ability to transfer work without a formal referral
- ☐ Communication with other professionals when a CYP is open to multiple services

# Children and Young People's Emotional Wellbeing and Mental Health Services in Surrey



## Contents

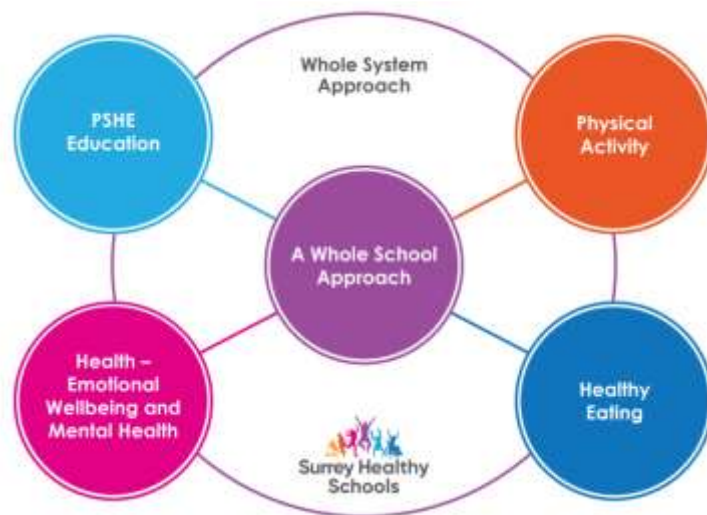
- Surrey Healthy Schools
- Mindworks
- Referrals to Early Help
- Referrals to Mindworks Pathways
- CYP Service in Educational Settings
- Improving Access and Outcomes
- Urgent and Emergency Care (Crisis)
- Eating Disorders
- Early Intervention in Psychosis
- Digitally Enabled Care Pathways
- Health and Justice
- Services for Young Adults



# Surrey Healthy Schools

Surrey Healthy Schools is Surrey County Council's whole system, evidence-based approach to positively address the health, wellbeing, inclusion and achievement of children and young people. It aims to empower schools to identify strengths and areas for development and utilises proportionate universalism (improvements should be allocated proportionally to population need). Surrey Health Schools builds upon strengths to reduce vulnerabilities, applying prevention, intervention and targeted support to reduce inequalities, promoting positive outcomes for children & young people.

Surrey Healthy Schools aids communication, cohesion and partnership working across the system and is aligned through Surrey's strategies and recommendations, commissioning, ethos and culture. The approach is multifaceted and acts to unify the work of services, partners, the third sector and schools. It provides opportunities for effective support, guidance, training and communication from services and partners across the Local Authority and wider. The latest report for [2021-22 academic report](#) can be found here.



The Surrey Healthy Schools approach applies evidenced based practice to promote positive physical, emotional, and mental health and wellbeing, throughout 5 key themes; one of which (theme 5) specifically focuses upon emotional wellbeing and mental health. Another theme is [Personal, Social, Health, Economics \(PSHE\) Education](#). PSHE is the curriculum subject into which the statutory relationships education, relationships & sex education, and health education is subsumed. This subject is one of the main curriculum drivers for increasing pupil knowledge, understanding and skills in relation to physical, mental and emotional health and wellbeing.

All Surrey schools can access the [Surrey Healthy Schools Self Evaluation Tool](#). Through a series of reflective, strategic and pedagogical standards and signposting, senior leaders are supported to apply a whole school approach to school development in order to better meet the needs of pupils, staff and the wider school community.

Figure 21: Surrey Healthy Schools: A Whole School Approach

# Mindworks - Wider Transformation of CYP Services

Mindworks Surrey has delivered EWMH services across Surrey since April 2021. The service is delivered through an I-Thrive framework to drive system change through integrated person-centred and needs-led approach.

The delivery model has a focus on getting advice and getting support, to ensure need is met early with the ambition of a reduction in need of specialist / crisis support.

The Mindworks contract is an Alliance contract made of multiple partners:

- Surrey and Borders Partnership
- Surrey Wellbeing Partnership
- Barnardo's
- Learning Space
- The National Autistic Society
- The Tavistock and Portman NHS Trust

There are a series of operational workstream that feed into the overarching strategic operational board, alongside assurance subgroups for quality, performance, finance and DQIP, supported by an outcomes task and finish group – all of which come together for decision at the Exec FDQP.



**Surrey and Borders Partnership**  
NHS Foundation Trust

**The Tavistock and Portman**  
NHS Foundation Trust

# Referrals to Early Help

The Early Help level 2 service commenced January 2020. Figure 23 shows the number of referrals that are received and those that are accepted. Referrals peaked in Q4 of 2021/22 and are similar to referrals received before the pandemic. Figure 24 shows that in total, Elmbridge and Woking have received the highest number of referrals, with Tandridge receiving the least.

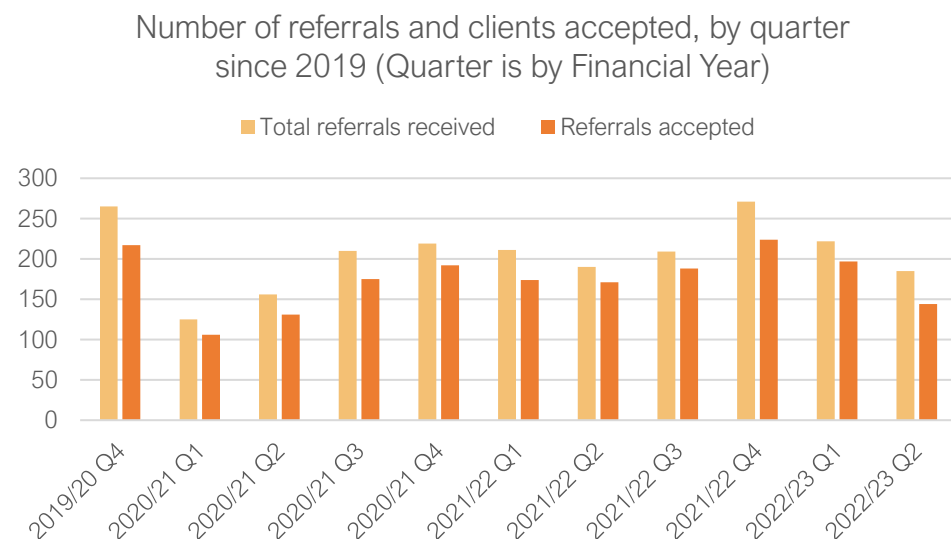


Figure 22: Number of referrals and clients accepted

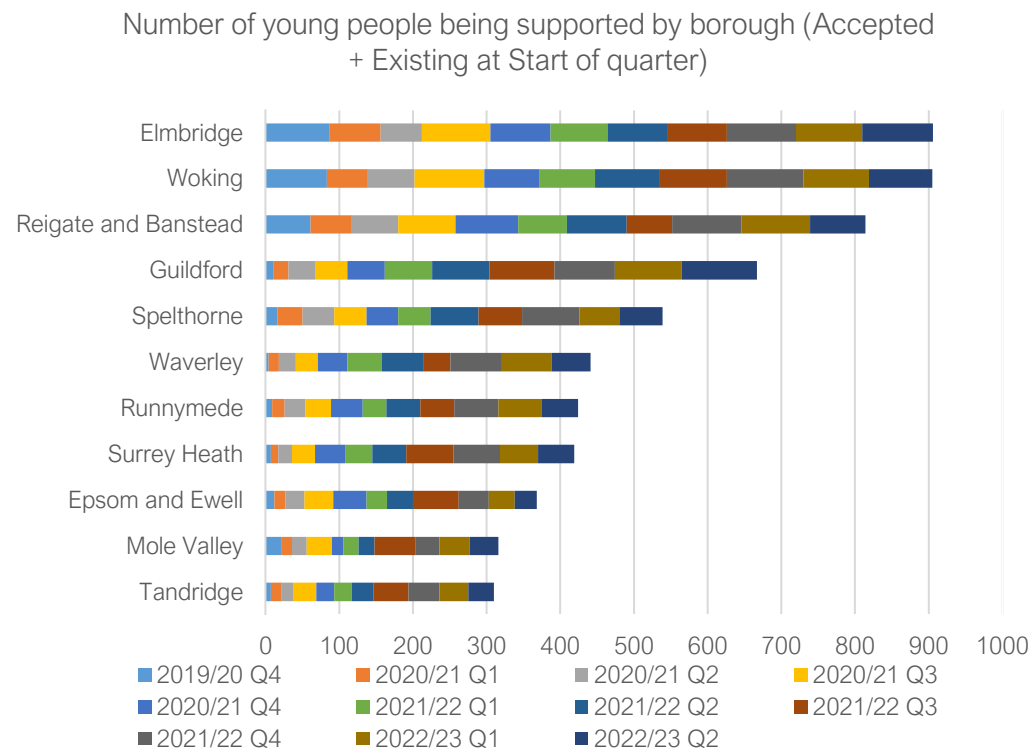


Figure 23: Number of young people being supported by borough

# Referrals to Early Help

The reasons for referrals to Early Help have changed over recent years.

The primary reasons noted for referrals have decreased significantly since 2021 Q2 with referrals for parental mental health, family relationships being the main reason for referrals. (Parental Mental Health referrals decreased from 127 in 2021 Q2 to 40 in 2022 Q4 and Family Relationships referrals decreased from 40 in 2021 Q2 to 8 in 2022 Q2).

Risk stratification process has been in place for 2022/23 to test the benefits of information across health and early help being shared a risk scored that can made available to support front line decision making. This early stage has proved to be valuable and operational plans are being implemented to improve joint working / data sharing as well as prototyping predictive modelling in partnership with Surrey University.

Primary reason for referral, by quarter since 2019

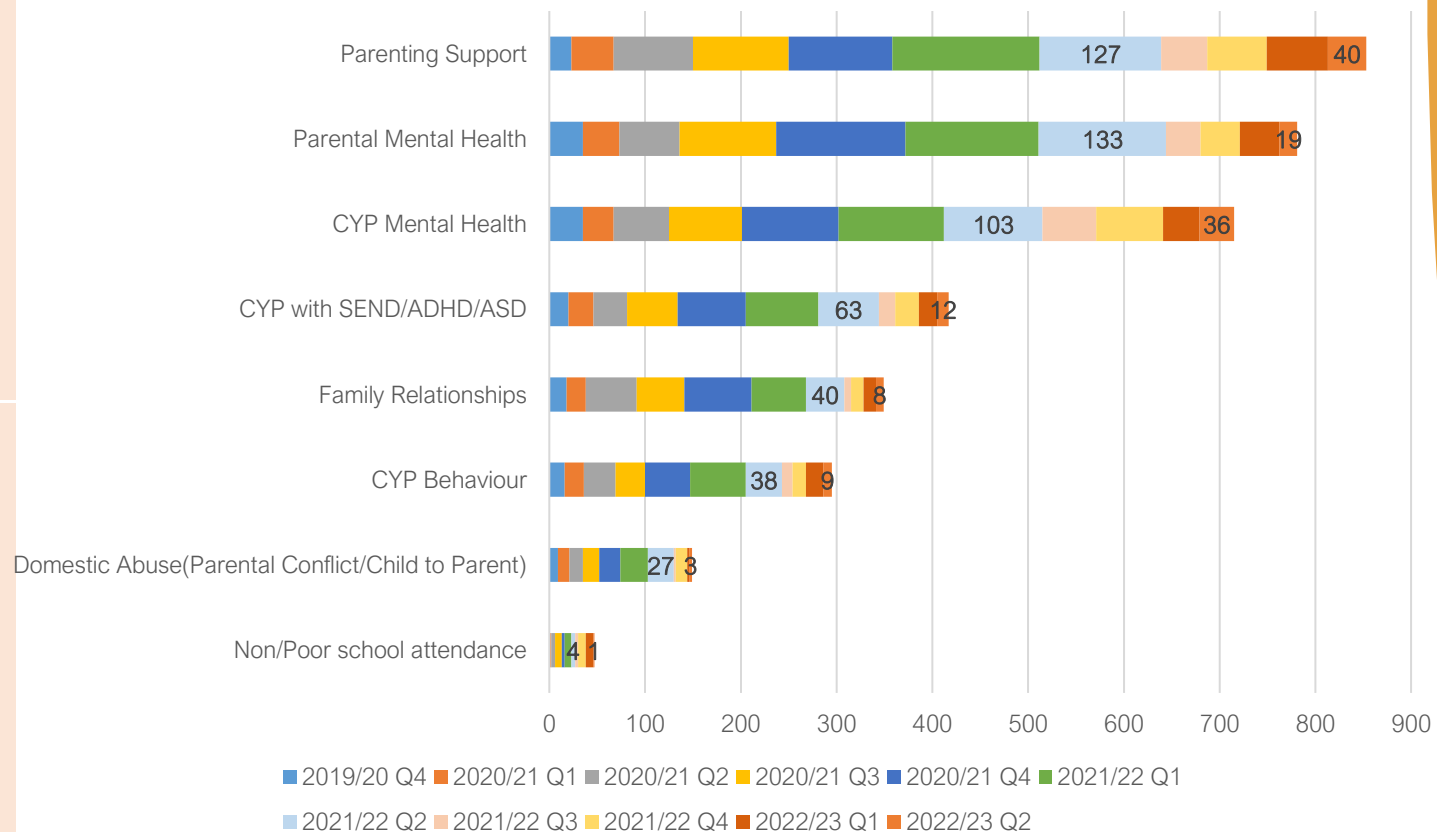
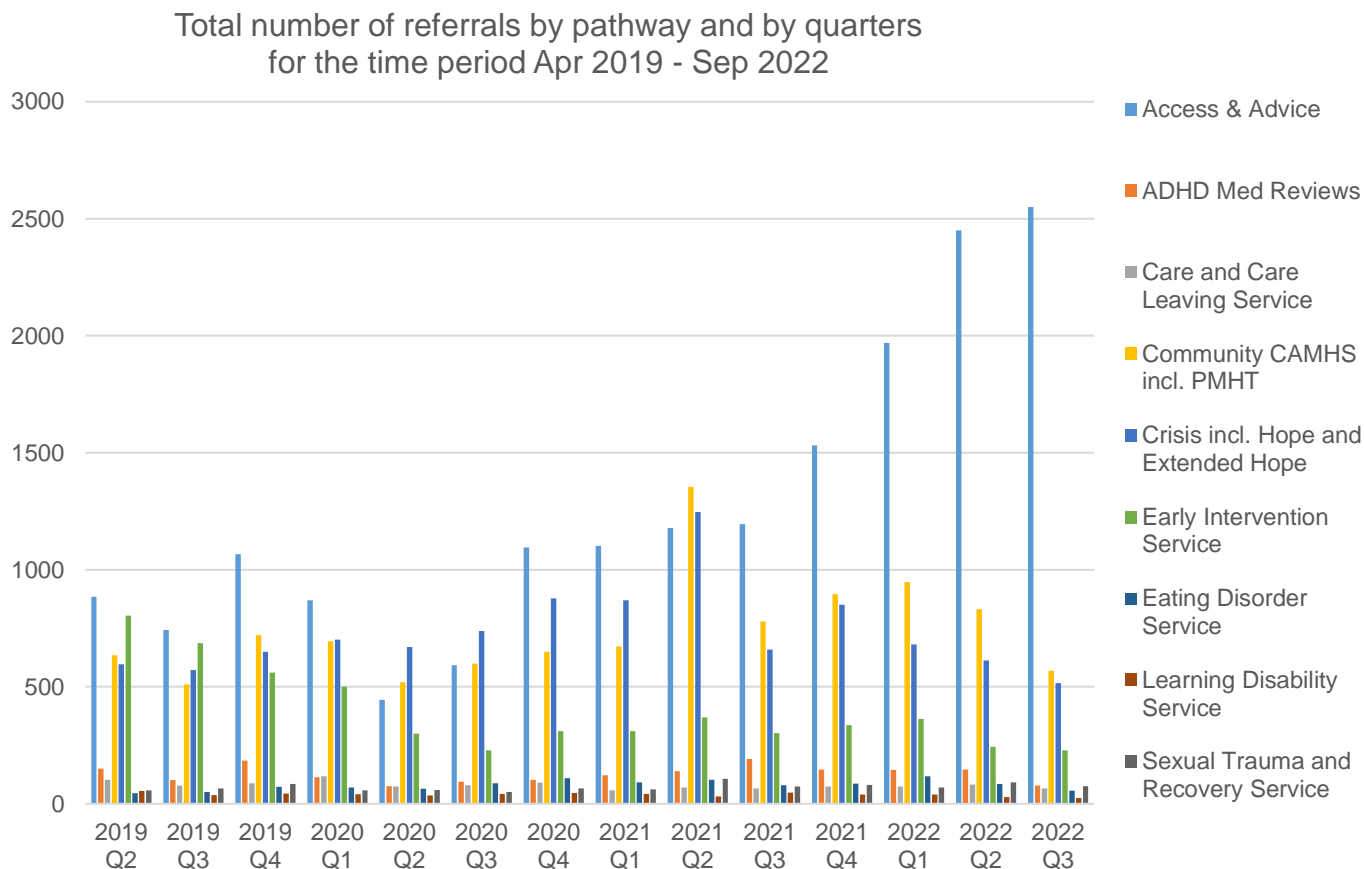


Figure 24: Primary reason for referral

# Referrals to Mindworks pathways\*



\*Data is for SaBP and taken from the SaBP Mindworks dashboard.

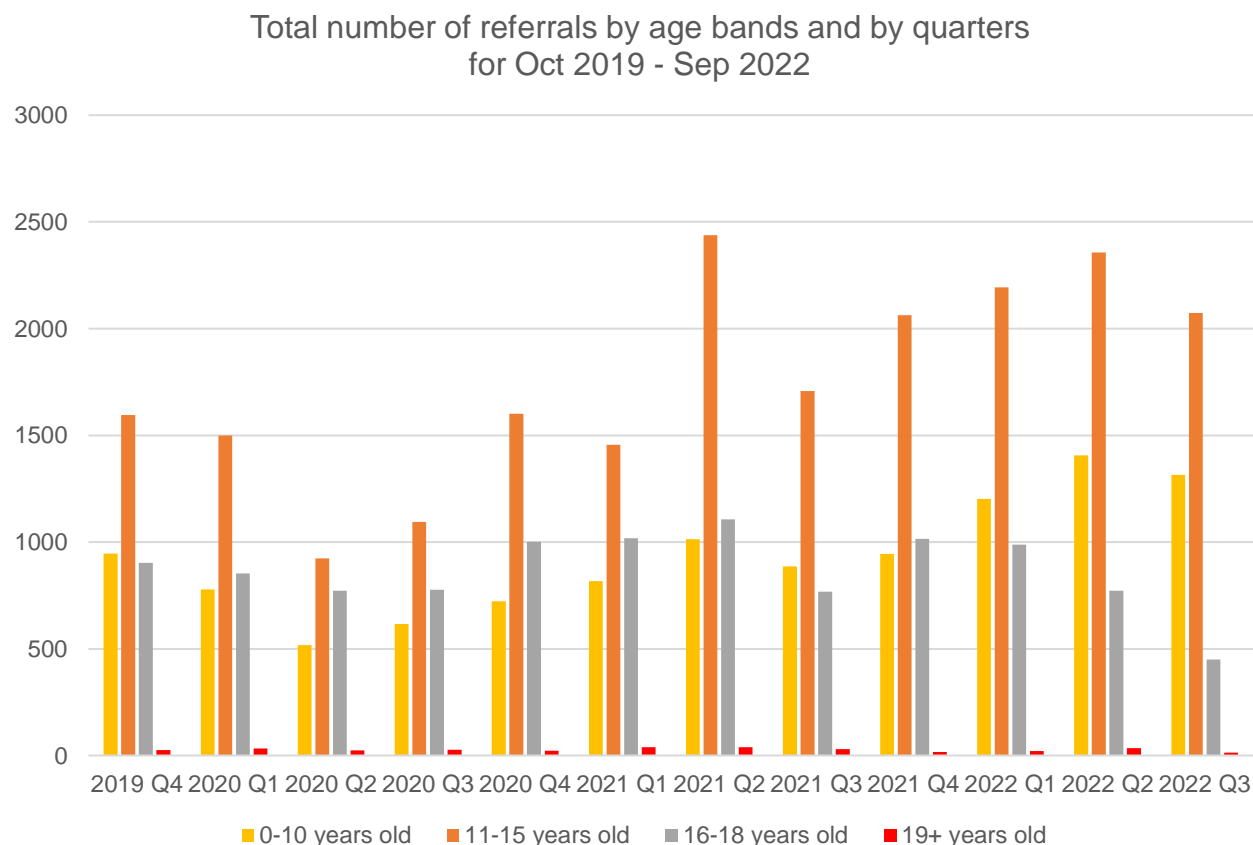
As of September 2022, 3,626 out of 4,169 are currently waiting in Access & Advice. Of those referrals in A&A, 69% are currently waiting for screening in the neurodevelopmental pathway to start the diagnostic pathway (for ASD/ADHD).

Figure 25: Total number of referrals by pathway and by quarters for the time period Apr 2019 - Sep 2022



# Referrals to Mindworks pathways\*

\*Data is for SaBP and taken from the SaBP Mindworks dashboard.



The graph shows that the 11-15 age band receives the most referrals to the Mindworks pathways. In the quarter 2 of 2021 spike, 2438 11-15 year olds received a referral.

Figure 26: Total number of referrals by age bands and by quarters for Oct 2019 - Sep 2022

# Referrals - Waiting for Assessment

Total number of referrals waiting for assessment by pathway and by quarter Apr 2019 - Sep 2022

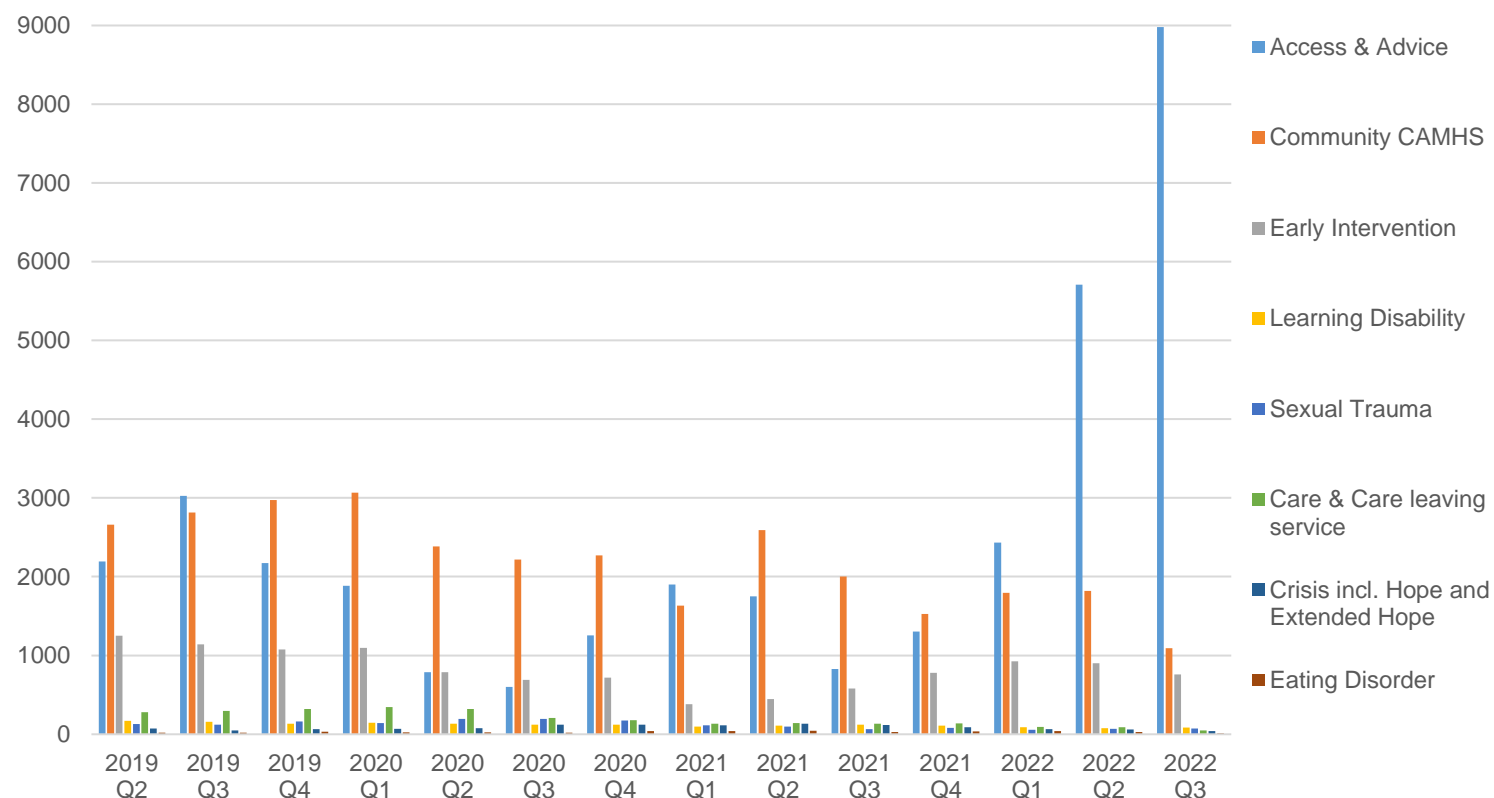


Figure 27: Total number of referrals waiting for assessment by pathway and by quarter Apr 2019 - Sep 2022

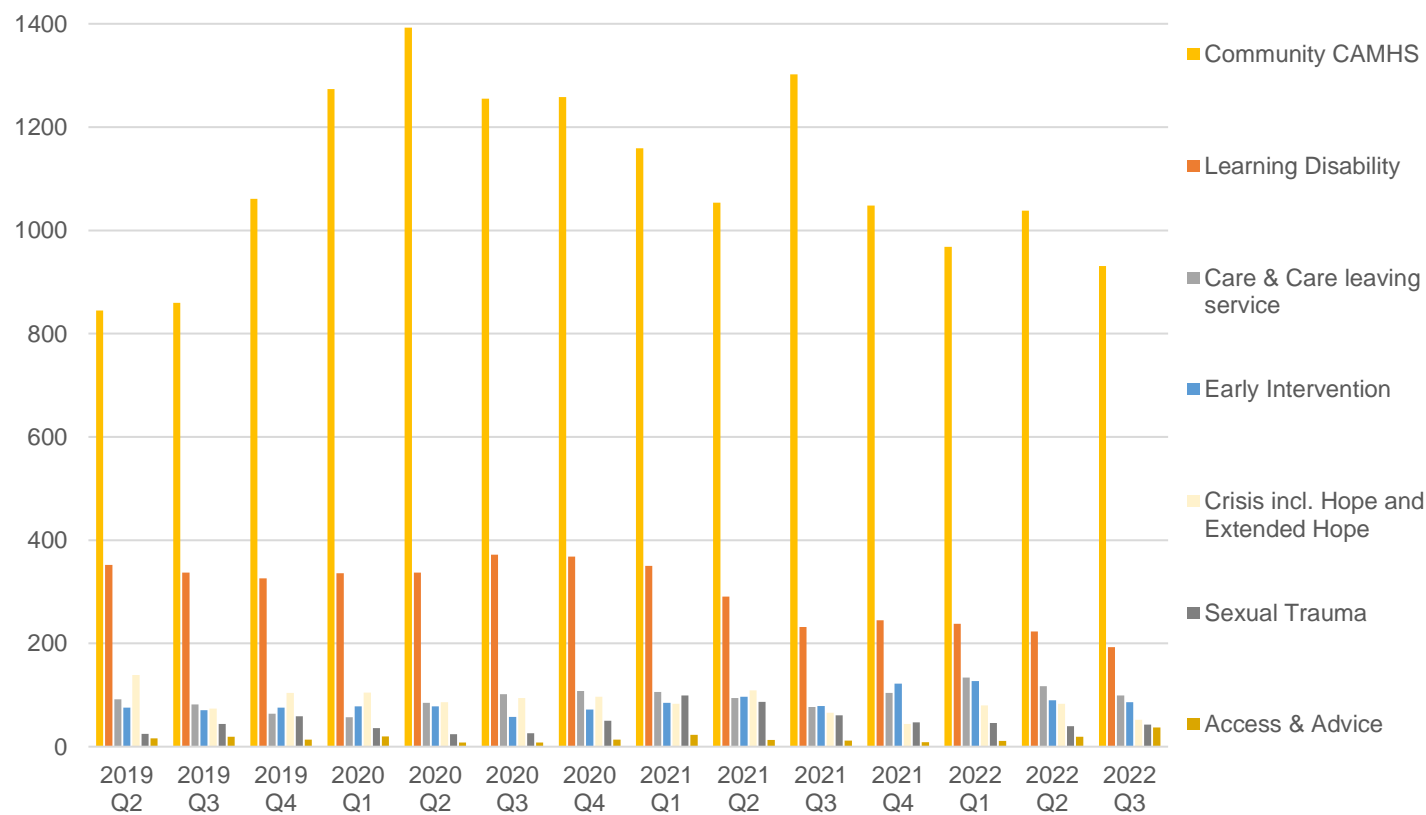
The total number of referrals waiting for assessment dipped in quarter 2 of 2020, around the time of the first lockdown and stayed relatively low until quarter 1 of 2022, where there has since been a spike, mainly due to the number of referrals in the Access & Advice pathway.

The Community CAMHS pathway peaked with referral waiting for assessment in quarter 1 of 2020 (n=3068) and despite another increase in quarter 2 of 2021, waiting times for assessment is now lower than before the pandemic.

The Access & Advice pathway has fluctuated across this time period however, since the beginning of 2022, referrals waiting for assessment has greatly increased and at quarter 3 of 2022 is now at 8977.

# Referrals - Waiting for Treatment

Total number of referrals waiting for treatment after assessment by pathway and by quarter for the time period Apr 2019 - Sep 2022



The total number of referrals waiting for treatment increased during the beginning of the COVID-19 pandemic (Qrt 2 2020). In more recent quarters (Qrt 2 2021 to Qrt 3 2022) these figures began to steadily decrease and rates are now (Qrt 3 2022) lower than before the pandemic.

Waiting for the community CAMHS pathway has the highest number of referrals waiting for treatment, peaking in quarter 2 of 2020 with 1393 referrals waiting for treatment.

*\*Eating disorder referrals waiting for treatment data have been redacted as numbers are too low.*

**Figure 28:** Total number of referrals waiting for treatment after assessment by pathway and by quarter for the time period Apr 2019 - Sep 2022

# Eating Disorder Referrals

The data demonstrates that the demand for eating disorder support rose significantly during the COVID-19 pandemic.

Whilst routine referrals steadily increased, urgent referrals went from 23 in 2019, to 62 in 2020.

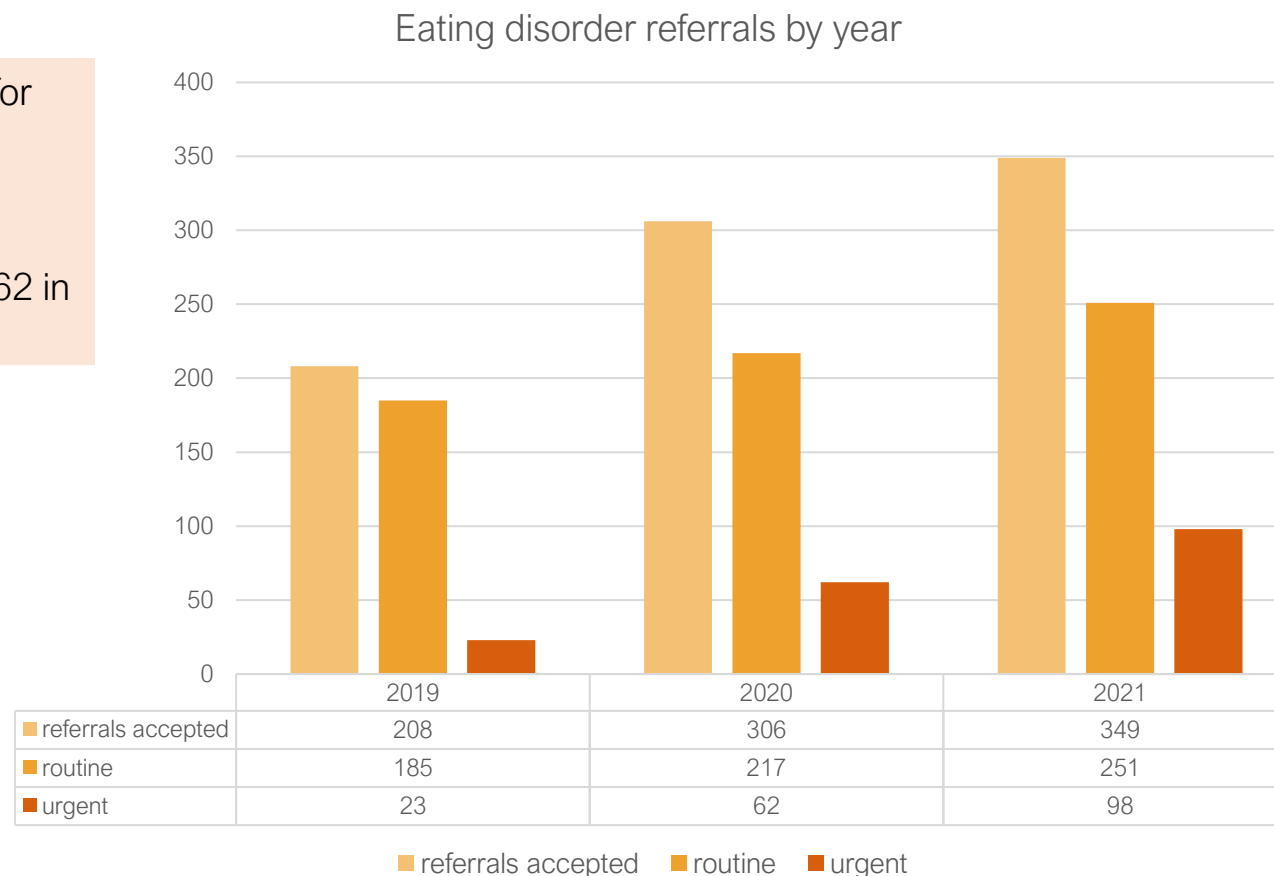


Figure 29: Total numbers of eating disorder referrals

# EWMH Service Data

There continues to be high demand for access to Mindworks services, specialist Mindworks services and neurodevelopmental diagnosis, with workforce challenges leading to longer waits for assessment and support. Transformational plans have not moved as quickly as planned and changes to governance have been introduced to provide further momentum to delivery. Surrey Wellbeing Partnership continuing to develop the breath of early support services to CYP.

The planned reduced effect for specialist services has not been evident, this cultural shift to early identification and prevention takes time, and partners are looking into how they can build on the strengths of their approach through changes to referrals across partners and re-modelling service delivery, ensuring risk management is available sufficiently.

**Demand:** In Jan 23, there were 26,792 referrals against a total annual contracted target of 19,074 referrals (i.e. 140% of the contracted amount). Please note that number of referrals might not be a right proxy for demand due to the high bouncing rate across the Alliance.

**Activity: assessments and treatments:** In Jan 23, the total Mindworks Alliance activity was at 135,366 assessments or treatments completed, 99% of total contracted activity.



Figure 30: Year 2 total partnership monthly referrals



Figure 31: Year 2 total assessments and treatments

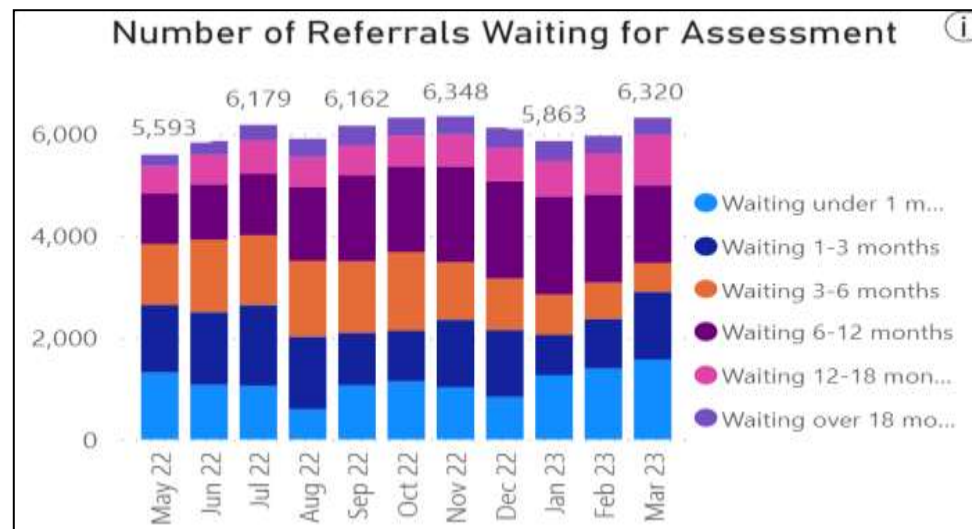


# EWMH Service Data

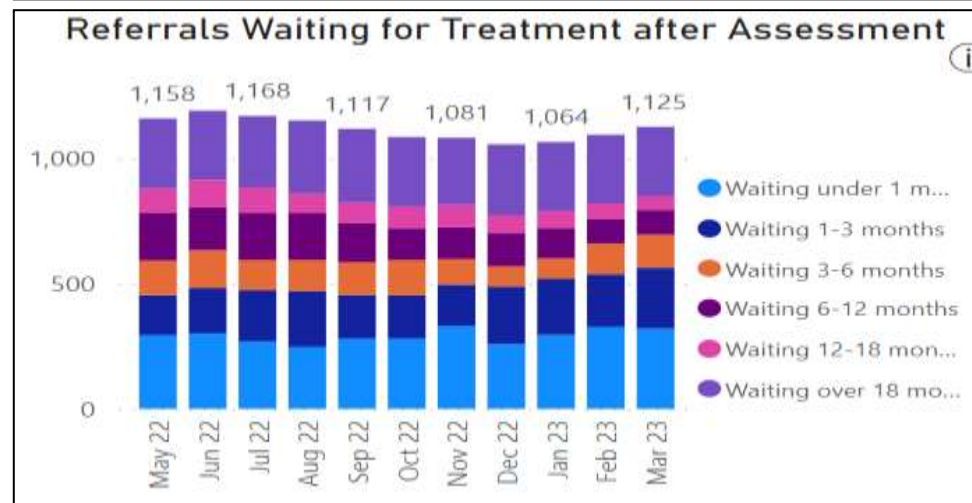
**Specialist Services waiting times: (SABP)** For referral to assessment increasing numbers reflects demand entering the service for specialist services particularly ND, STARS, Care Leavers and Community CAMHs. There is a significant % of referrals coming into the AAT (despite changes to access for ND starting in October 22). We are confident those in crisis or urgent need are seen swiftly, these CYP are largely ND or CYP with lower levels of need such as low mood, anxiety.

**Referrals waiting for treatment:** There has been a slow decline from June 22 to Jan 23, with a slight increase in Feb 23. The majority of those waiting over 12 month for treatment are those within the ND pathway.

**Surrey Wellbeing Partnership** provide our early intervention support and their average waiting time hovers around 60 days (mean average across 13 partners)



**Figure 32:** Number of referrals waiting for assessment



**Figure 33:** Referrals waiting for treatment after assessment

# Demand and Acuity Need - Impact On Our Services and the Response

## Challenges:

- **Demand** is far above the contracted target and the acuity of need has been challenging.
- **Recruitment and retention** of particular staff such as doctors, psychologists and MH trainees has led to gaps and significant spend on agency staff by SABP.
  - Of the 566 (WTE) staff in post in December, 77.5% are permanent, 22.5% are agency. This is 147 WTE staff above what is funded in the contract.
- **Mobilisation** of the new contract took place during the COVID-19 pandemic and caused a significant delay in transforming services.
- **Transformational vision** to reach CYP earlier and reduce the need for specialist services has been slower to come to fruition. Whilst our VCSE partners are providing more care and support there remains acuity of need that can only be met through specialist services.
- **Digital:** more recently, the reduction of the Digital Capital funding of £1m for Mindworks will have a significant risk on the ability to ensure CYP are kept safe, enable data to be available for assurance and improvement, provide digital solutions as well as have confidence in data to inform decisions on financial recovery.

## Impact:

- **Children and Young People:** There are too many children and young people waiting too long for their assessment or support.
- Too many CYP are accessing services with high levels of need or at crisis point
- Not reaching CYP and their families in need of support with support early enough.
- **Financial Overspend:** Significant overspend forecasted to be £12.9 million by the end of the 2022/23 financial year. The contracted budget envelope is £24.1m.
- **Further Transformation** is urgently needed that will require all partners to move to the Thrive approach to ensure early identification is protected, in Mindworks and across wider system partners.

## Our Response - Financial Recovery Plan:

- The ICB have initiated a financial recovery programme to address the projected system budget deficit of £13.4 million from 2022/23 onwards.
- There are several transformation ambitions being considered:
  - Scheme A: Access to Mindworks services transformation
  - Scheme B: Strengthening early intervention and the schools offer
  - Scheme C: Building more evidence-based approaches
  - Scheme D: Accelerating ND transformation
- Transformation areas will be quality assured for impact on safeguarding and risk.

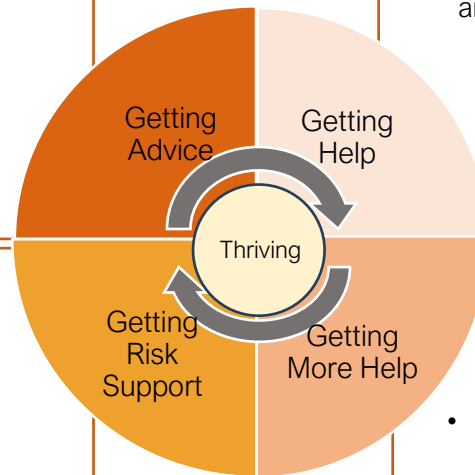
# Mindworks - Wider Transformation of Children and Young People's Services

- Neurodevelopmental Helpline 5pm-11pm 365 days
- Access & Advice Mon-Fri 8am to 8pm Sat 9am to 12pm
- 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
- Advice provided by C-SPA
- Healthy Child Programme helpline signposts families with younger children
- Community-based practitioners connecting with children & families as soon as they feel they are struggling
- [Community and wellbeing team](#)
- Co-designed [Mindworks website](#) launched in September – 18,000 hits in 4 months.

- SWP partnership delivering specified interventions to individuals and groups of young people
- School support - enhanced support for schools and parents, carers and young people delivered by alliance partners
- Reaching Out service supports young people aged 16 to 25 who are isolated and/or vulnerable
  - Neurodevelopmental services to children and families living with neurodevelopmental challenges
  - Youth Counselling
  - KOOTH online resources and 1:1 support

- Crisis helpline 24/7
- Consultation line for acute hospitals 5pm -11pm - 7 days
- Children's Crisis Intensive Support Service (CCISS)
- Mentoring to CYP who have presented in crisis (Emerge)
- 1 respite bed Mon-Thu 24hrs – reduced 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)

- Children's Learning Disability Mon to Fri 9am to 5pm  
Children's Eating Disorders Mon Fri 9am to 5 pm  
4 x Community CAMHS locality teams providing assessment and treatment for CYP with more complex MH and ND needs
- Day programme and outreach Mon-Fri 9.30am – 3 pm for vulnerable CYP (HOPE)
  - Specialist Teams – Care Experienced and STARS – specialist trauma and attachment work for CYP either developmental trauma (Care Experienced) or sexual trauma
  - ND diagnostic pathway



\*Although services have been listed within the 4 quadrants, there is crossover and fluidity between the quadrants.

# CYP Services in Educational Settings

The rise in numbers of children and young people with anxiety and low mood triggered a much stronger focus on early intervention, and this included more support built around groups of schools. Work has focused this year to ensure each school has a named practitioner lead who represents the teams in schools, and working in equal partnership with schools to develop a whole school response to EWMH.

School based needs teams are based around clusters with a variety of roles to support the offer from: Primary Mental Health Workers, Early Intervention Co-ordinators, Child Wellbeing Practitioners and other resources available from Third sector / youth work provision. Within each cluster (by 2023) in the higher level of need areas, will have a mental health support teams, as our 9 teams expand to 13.

These staff are able to offer advice and support to CYP and professionals to:

- support children and young people when they begin to feel emotionally or mentally unwell by helping them to build resilience.
  - work with individuals to improve their wellbeing and reduce the chances of problems becoming more serious.
- support for children, young people, parents, carers and other professionals such as teachers, identifies and prevents mental ill-health issues like depression and anxiety and helps young people access the right support at the right time.

There is currently one specialist PMHW who delivers self-harm training developed in consultation with schools, and other members of the School Based Needs Team, Neurodevelopmental Teams and CYP Community Teams to schools.

A hybrid model of support with two clinical psychologists has been launched for full time Specialist Schools. The support reflects the needs of the school and could include staff consultation, staff support, parent workshops and signposting. Educational Psychologists from SCC have been seconded into the MHSTs to strengthen the Whole School Approach agenda.

All Cluster teams also support young people with potential neurodevelopmental needs. Where a need is identified, parents and teachers are asked to come together to complete the assessment of need form which is then sent to the Neurodevelopment Team for triage from the school, a step change from the old process of referral by a GP.

Key is working in partnership and this is achieved as part of: team around the schools, Inclusion and SEND

There are also a series of reference groups with primary, secondary, special and SEND so co-production is achieved.

To inform the school-based needs improvement, a Mental Health Support Team Deep Dive has been completed in Feb 23 and a school offer evaluation is being planned for summer 23.

# Improving Access

Transformation of services has been co-produced with CYP and professionals, and is guided by national, and local strategic priorities with focus on five key themes: promoting resilience, prevention, early intervention, improving access to effective support, within a THRIVE Framework. The service model is underpinned by a set of Design Principles including an outcome's framework to enable evaluation and measurement of outcomes. This development is a phased approach and involves a number of challenges as it prepares to create a whole system change in outcomes collection and reporting.

## The Access and Advice

**workstream** aims to deliver improved access to all new requests for support. The Surrey Wellbeing Partnership is embedded in Access and Advice. There is a close working relationship between A&A and the SCC Early Help Hub to ensure a more holistic response to families. (side note: we have not yet achieved full integration but the team do meet with their counterparts virtually to discuss cases on a daily basis) integrated with SCC's Children's Single Point of Access (C-SPA) which enables a holistic response.

## Progress that has been made:

- By December 22, Surrey had exceeded its CYP Access (1 contact) rolling 12 month target, receiving 12,835 against an annual planned target of 12,017. This put Surrey 5th highest performing ICB in the country.
- Introduction of early conversations has enabled better understanding of CYP issues at the point of receipt
- Ongoing review of internal processes to identify team pressures, enabling effective working of pathways and increase visibility and reviews of risks
- Ongoing development of digital solutions and plans for contracting
- Migrate the ADHD /ASD caseloads into the ND Service to support the reduction of waiting times, including the launch of the Hub and Spoke Model to support increased assessments.
- Neurodevelopmental helpline: an out-of-hours phone line providing advice to parents/carers struggling with behaviours or difficulties which could be related to neurodevelopmental need, such as autism or ADHD.
- Services for CYP with LD and ND issues benefit from an exclusive service and a paradigm shift from:
  - 'disability' to 'diversity'; diagnosis-led to needs led - meet need earlier and better; clinical pathway to identifying need alongside those that know me best; Alliance partners are an integral and equal; Pilot for ND friendly schools commenced in September 2022 and; Shift from GP led referral to schools led referral where there is a concern that ND is the primary need for the young person
- However, demand remains high, so a Transformational approach has been implemented to think differently and redesign access to Mindworks.



# Eating Disorders

- Whilst Surrey is one of only two systems in the South East who continue to meet or exceed the average waiting time targets for both routine (95% seen within one month) and urgent (95% achieved within one week) the demand pressures on Community Eating Disorder (CED) referrals during COVID-19 pandemic and capacity modelling led to safety plans being introduced in Dec 2020. Fig 1 shows that accepted referrals to CED in 2019 was just over 200 and by 2021 it was ~300 accepted referrals. By January 23, CEDS were already above the annual expected demand level – they had received 232 referrals against the end of year target of 228. Also in January 23, the monthly reports show that 46 referrals were sent to the service and 21 were accepted.
- All those CYP risk assessed using the Marsipan guidance, as blues and green were discharged with advice and guidance to families and GPS.
- From January 2022 to June 2022 a restoration plan was put in place to gradually restore the management of demand for all CYP. Initial stages focused on increasing length of treatment, restoring enhanced pathway and improved liaison with acute admissions. Green (low risk) referrals accepted January 2022. Blue (very low risk) referrals accepted March 2022. Self referrals open in June 2022
- An safety plan audit was completed in October 22 and to seek assurance we have a clear trajectory of need for routine and urgent cases and working with our key strategic partners effectively to ensure timely, positive experience and strong outcomes for our CYP a Deep Dive was completed in Nov 2022.

The Children's Eating Disorder service has now being restructured to incorporate the Adult services to establish an all age service- **Adult Community Mental Health Transformation Adult Eating Disorders Integrated Mental Health Service (AEDimhs)** AEDimhs aims to provide seamless integration of care for people with eating disorders. It has been designed to address the current gap in service provision ensuring that anyone with a diagnosable eating disorder will be able to access treatment, irrespective of severity. The medical monitoring of people eligible for AEDimhs (i.e. presenting with low medical risk) will be undertaken within Primary Care.

## Deep Dive event : 10th November 2022.

The Deep Dive found to enhance the work from the restoration plans, the following actions were agreed.

- **Primary Care:** Identify ways to improve awareness of ED among GPs and provide clarity on the different response for CYP with disordered eating. •If low levels of greens / blue referrals to CED remain low, to review further communication and training / consultant support of primary care colleagues.
- **16 and 18 year olds** •To continue to support acute colleagues to effect system change or to mitigate clinical risks, with particular attention to patient cohort for CYP who are 16 – 18
- **MHST** •To identify and agree a joint training, early intervention and communication plan for schools and communities with School based needs team, Mental Health Support Teams and third sector partners
- **User Voice and Participation:**•If it remains a concern that there are low levels of referrals from certain cohorts of CYP (Greens and Blues), then we will explore how participation in communication can aid improvement.

A further action: Develop further parent/carers groups and a three-month audit is being completed to further understand the referrals who are not accepted into the service with recommendations that will inform capacity modelling.

# Complex Care Through Partnership Working

Provision of crisis care services for CYP in Surrey is one of the key priorities for the Alliance Partners. To this end the ICS has embarked on a journey of developing and expanding children's' getting risk support by promoting early intervention services and service pathways to and within schools, with aim that this will support reduction of escalation to specialist services, presentations to acute hospitals and support capacity for crisis pathway provisions for CYP most in need of this specialist help. The CYP Crisis Intervention Service (CIS) take referrals from A&A (Access & Advice) and from CYPS Community Teams however, the main referral source is and remains the District General Hospitals (DGHs) of Surrey. The CIS adopt a flex approach so each morning they contact the Paediatric Wards of Surrey and plan assessments for the CYP who were admitted overnight and deploy resources to all the hospitals thus supporting the demand at any given acute hospitals and positively impact on bed flow/capacity for them. CIS can offer up to 6 session in the community following discharge from the DGHs to support de-escalation of risk and ensure CYP access the right service/pathway to meet their needs.

Emerge Advocacy service also provides direct advocacy support to CYP within Acutes and for up to three months afterwards, who present with self harm or suicide risk. There is also a team of youth workers who can work directly with CYP and their families alongside the CIS team to build social connections and improve resilience.

There is a partnership approach to admission and placement breakdown and avoidance, who work together to inform, review and implement change together to ensure there is high-quality, accessible, consistent, preventative and effective care for children and young people who experience a mental health crisis in Surrey. (Mindworks, social care, ambulance teams, 5 x Acutes, Third Sector, Police, Schools).



## Addressing complex care through partnership working:

The admissions and placement breakdown avoidance steering group: bring partners across health, social care, education, police and voluntary sector to: To inform, review and implement change together to ensure there is high-quality, accessible, consistent, preventative and effective care for children and young people who experience a mental health crisis in Surrey. In year this group have:

- Led the review of the PLN Service,
- Agreed escalation protocol,
- Directed the self harm protocol work with schools and Acutes
- Overseen the SDF funded projects
- Oversight of the urgent and emergency care plan
- Using case examples, feedback from audits and governance processes bring understanding of the CYP journey when in crisis to inform improvement.

# Urgent & Emergency Care Offer (Crisis)

## Offer:

- **24/7 crisis line for CYP and their families** ensuring a timely and effective response and in line with the NHS Long term plan. Working towards offer of Text Messaging Service and soft transfer of calls from 111. Police and Ambulance crews can contact for advice, support, and guidance when they are attending to CYP in a potential crisis. The Crisis Line can facilitate help from Extended Hope if MH practitioner attending to a home visit to explore safety planning which would not necessarily require hospital presentation.
- A **7-day Paediatric Triage Line** for acute clinicians supporting CYP presenting at the Emergency Department between 5pm-11pm, 7 days a week. The MH Practitioner can help with advice, guidance and support regarding outcome of their assessments. CIS can and do provide next day assessment in the community if A&E can safely discharge out of hour to help reduce re-admission to Paediatric Wards. SABP have on call Drs, Managers and Directors via switchboard if required.
- **Paediatric Liaison Service (PLNs)** – Epsom General Hospital, Ashford and St Peters Hospital, Frimley Park Hospital and Royal Surrey County Hospital are now being provided by SABP. SABP will commence providing the service for East Surrey Hospital (Surrey and Sussex) from April 2023. The PLN Service is 9am-5pm, Mon-Fri and they are based in A&E. There will be a review to determine next steps regarding any growth of this service dependant on data.
- CIS offer a **holistic crisis and urgent mental health care service** incorporating core functions of advise and triage, assessment, response and brief community treatment
- **Hope and Extended Hope**, these are services that help to manage high risk and complex CYP with intensive service including a therapeutic day programme and outreach support and respite care
- **Children's Crisis Intensive Support Service (CCISS)** is open between the hours of 2pm-10pm Monday to Friday, and 9-5pm on Saturdays. Referrals will only be considered if the child/young person: has a formal diagnosis of ASD and/or Learning Disability; is on a Children in Need/Child Protection plan; displays behaviours that are a cause for concern and is at risk of placement breakdown (home).
- **Emerge Advocacy** and **Youth Workers** who support CYP identified in acutes back into community
- **Opal Avenue (Short term respite)** for CYP with a diagnosis of Learning Difficulties or ASD - 2 beds.
- **ASPH EWMH Integrated service at ASH Ward** – for CYP admitted with EWMH and/or neurodiverse needs to Ash Ward. Pilot for 2 years – NHSE funding. This is a 7 day provision from 7.30am-8pm.
- **General Child & Adolescent Inpatient Unit**, - a partnership between SABP and Elysium to deliver a 12 bedded General Adolescent Unit (with 2 of these beds being High Dependency Units) inpatient unit for under 18s in Surrey – due to open Autumn 2023.
- Co-produced **"My Safety Plan"** with animation video to be used across the entire Surrey system to ensure common understanding of how to use a plan to help CYP and families with any level of distress before it becomes a MH crisis.
- Continue the development of a digital **Dynamic Support Register** as well as an early adopter site for reasonable adjustments flag learnings to inform regional and national developments.

# Early Intervention in Psychosis

Early Intervention in Psychosis (EIP) is a multidisciplinary Community Mental Health Team service providing treatment and support to people experiencing or present a high risk of developing psychosis. Early intervention services are subject to the NICE guidelines on implementing access and waiting time standards for a range of assessments and interventions. Following an audit by the National Clinical Audit of Psychosis (November 2021), Surrey have been College Centre for Quality Improvement (CCQI) rated Level 3 and 4, which is an improvement from the previous rating of Level 2.



- There has been an improvement in the physical health screening due to the use of point of care machines- although the service is now looking at alternative machines which are more portable.
- Improvement in 3rd sector working- Individual Placement and Support (IPS) workers are embedded into the teams as well as collaborative working with the Swingbridge Project.
- There has been a slight decrease in uptake of Family Intervention, which may be attributed to the COVID-19 pandemic.
- A Systemic Family Intervention training has now been made available to staff which will enhance the intervention that can be offered to families.
- Currently exploring use of peer support workers within the EIP team.
- Progressing development of pathways with both Mindworks and Learning Difficulties to improve relations and joint working.



# Digitally-Enabled Care Pathways

The following plan outlines the considerations to meet the expected levels of digitalisation by 2023/24:

- A 3 year digital roadmap to take forward system digital priorities such as new models of care, e-Rostering, digital skills passport and augmenting digital literacy, leadership and specialist skills.
- The digital programme has a key focus on Mindworks alignments and agree an effective digital solution to enable one referral to access all services, including the capture of referrals from all Professionals into the Alliance, capturing the required information (interim e-Referral Service in place for GPs) into the Electronic Patient Record (EPR) used at SABP. Other digital solutions include the development of workflow and information sharing across the Alliance and reporting.
- Optimising the EPR system in use at SABP in CYP services Mindworks aligned to the development of digital pathways across the EWMH Alliance (on-line digital directory, E-Note Book/V-SEND (Parent record for neuro diverse CYP/ Profiling tool) Integrating the I-Thrive framework, Population Health Management and Local Health and Care Record platforms),
- Introduction of solutions where value is added especially in CYP space by adopting use of apps in addition to the NHS App in EWMH areas. This also entails shrinking the boundaries of care offered with physical spaces for example on a hospital ward and in community settings.
- Explored tactical data sharing solutions about implementing the option to transfer information used across the Alliance and plan is to implement it with Alliance partners and Surrey Care Record
- Exploring options with Graphnet to transfer technology used for the Surrey Care Record to the EWMH Alliance (partners).
- (Integration of primary care and mental health services through the GP Integrated Mental Health Services (Gpimhs) project, integrating data and streamlining)
- Launch the digital strategy via Change Board / Alliance Mindworks Board



# Health and Justice

The last inspection of the youth offending services made a number of recommendations that formed the basis of the development of the Surrey Youth Justice Plan 2021-2024. The Plan's vision: "We are aspiring to a vision for adolescents living in Surrey that means we will identify adolescents as first", is to ensure that children who offend are supported by the Adolescents Safeguarding Model using the partnership approach within Youth Offending Service (YOS), aligned to the wider safeguarding adolescents' strategy.

The Mindworks Reaching Out Service is responsible for supporting the most isolated and statutory vulnerable CYP groups, expanding to reach the YOS, non school attenders, Pupil Referral Unit (PRU) schools and those transiting from CYP to adult services:

- The service offers 3 pathways
- Vulnerable pathway – expansion of existing mindful (youth) service with YOS offer
- Transition pathway – supporting 17/18 year olds transitioning out of CAMHS
- Education pathway – providing engagement and support to PRU schools

The Surrey system recognises the commitment of the NHS Long Term plan to improving outcomes for families by providing intensive multi-agency trauma informed support to CYP with complex needs, high risk, high harm behaviours and high vulnerability, who are below threshold for existing provision by the pilot implementation (Vanguard called Building Belonging Programme) of the Framework for Integrated Care.



## Building Belonging Programme (BBP):

The Building Belonging Programme will be located in the borough of Elmbridge in Surrey. The choice of location was subject a rigorous need assessment & informed by robust health analytics

The project was modelled following engagement with 47 members of staff and 15 organisations to support CYP within the age range of 0-18 years

An intensive support pathway developed Programme activities to enable a phased implementation and mobilisation have already commenced

Recruitment of the team has commenced and it is hoped that the team will be established by the end of Spring 2023.

# Health and Justice

## Framework for Integrated Care Vanguard : BBP in Surrey

The **vision** is: to facilitate integrated trauma-informed systems that enable children and young people with complex needs to thrive.

The **mission** 2030 is:

To effect cultural change through developing local, sustainable and trauma-informed children's emotional wellbeing services by:

- working collaboratively across services to co-ordinate, integrate and deliver trauma- informed care
- genuine co-production with CYP with complex needs, and their families, to develop services and systems that are accessible and acceptable to them
- working with the child directly, through relationships with staff in the role of 'young people's champions' who are psychologically informed and well supported, have a positive view of young people and are able to understand them and who advocate for and support them effectively along their journeys.

The key **intended outcomes** are:

IMPROVED CYP  
WELLBEING

REDUCTION IN  
HIGH-RISK  
BEHAVIOURS

REDUCED  
MENTAL  
HEALTH  
CONCERN

ORGANISATIONS  
THAT ARE MORE  
TRAUMA  
INFORMED

IMPROVED  
PURPOSE/  
OCCUPATION

IMPROVED  
STABILITY OF  
HOME

# Services for Young Adults

Young people between the ages of 16-18 are more susceptible to mental illness, physiological change and important life transitions. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. The NHS Long-Term Plan's aim is to develop comprehensive service models that reaches across mental health services for children, young people and adults.

In Surrey the Young Adults Mental Health Strategy Action Board has responsibility to develop and monitor the delivery of a comprehensive strategy to improve the experience of young people transitioning to adult mental health services. Some services like the CYP Havens are piloting a Young Adult Safe Haven in Guildford to support priorities of the Board that includes: Transition; Access; Suicide prevention and YP with additional needs e.g. LD, young offenders, care leavers. It is hoped that in the coming year that we could see the opening of other sites.

## Improving young adults experience of transition:

Our Young Adults Reference Group (YARG) has co-produced transition packs and we are working with the Mindworks Surrey Reaching Out service to bridge the transition gap for people aged 17 years and above.

Reaching Out is also working with the Community Transformation Team and YARG to support transitions.



- The Young Persons (YP) 18-25 programme work includes system partners to offer a more tailored service to CYP experiencing mental health challenges. To develop a THRIVE approach that focuses on need and factors that support health and wellbeing, that enables a broader service offer, a needs analysis based on population health models, local practitioner experiences and young people themselves.
- It includes a focus on improving transitions and creating clearer pathways for young adults who are transitioning from children's to adults' mental health services/ adult social care services, those who do not meet the criteria for adult mental health services but have continuing needs and require care, and those who are presenting to services for the first time.
- Our 18-25 service will be marketed at young adults, and developing pathways with primary care, there will be swift access for young adults to prevent escalation to adult services and those who would otherwise fall between existing children's and adults' services.

# Improving Outcomes:

- In Surrey, as partners it is recognised that outcome measures are central to effective, quality of EWMH care for CYP and families, as well as an enabler to effectively provide supervision to staff. Partners are using a number of tools to measure outcomes including a focus on GBO as I demonstrates the service users needs, goals and to see change. This measure will also enable Surrey to collectively monitor impact of our services and identify areas for improvements.
- The measure is for CYP / families who have been discharged and had at least two contacts so paired scores can measure change.

In 22/23 the focus on improving outcomes has focused on:

- Overarching strategic outcomes framework being developed
- All partners systematically reporting goal-based outcomes – putting CYP central to decision making on their care.
- Developing collective reporting to demonstrate improved experiences for CYP accessing services and show casing practice through developing case studies

**Challenges** have been the collective digital solution to report outcomes and enable a collective view of outcomes theme

## The focus for improvement going forward

- Continue to increase the reporting of GBO across Getting Help, Getting More Help and Risk Support.
- Continue to increase reporting on positive experiences
- Evidence from outcomes to inform system transformation, enabling partners to address gaps across pathways and build risk support
- Understand the data on equalities reporting, to inform improvement plans to reduce inequality and ensure timely access

# Workforce

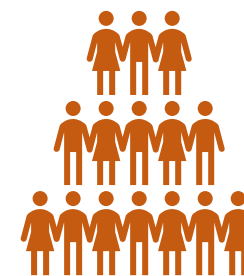


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- Workforce
- Summary of investment into EWMH Services

# Workforce

Workforce planning is a key workstream of the Alliance contract and a CYP EWMH Workforce Strategy is being developed in Surrey. CYP families and carers, Health Education England, Alliance partners (including the NHS and local authority) are key stakeholders. Whilst recruitment and retention continues to be a system wide challenge, the Senior Leadership Team of the Alliance is well established and recruitment to the next managerial/operational workforce level continues with the use of a variety of platforms including social media. The implementation of the THRIVE Framework for System Change (Wolpert et al., 2019) with its emphasis on Early Intervention and partnership working has facilitated the increase in our 3rd sector from 36WTE in 20/21 to the new contractual levels of 115 WTE per year 21/22, taking our total Alliance Partners workforce to 356.45WTE.



- There are currently 9 MHSTs in Surrey with another 4 to be launched in September 2023 creating capacity to support early intervention and increased access to EWMH support in educational settings. Awareness is being raised of careers and apprenticeships in the health service through career development pathways across the Alliance in order to build capacity across the workforce and develop a workforce supply pipeline. To deliver the school-based needs offer, in addition to MHST's Surrey has successfully recruited to Children Wellbeing Practitioner and Rapid Transformational Therapists roles.
- The primary care workforce is forecast to grow by 18.7% in 22/23 with majority in direct patient care roles. This will help to support and drive the increased demand response and commitment to the LTP transformation. These roles are critical to enable us to rebalance services and develop the model of the 'Primary Care Networks as delivery vehicles' and improve integration with primary care. Additionally, the acute based PLN service is now being re-provided by SABP as part of the Community Crisis team expanding the team by an additional 12 nurses.
- Recruitment to deliver the 3 Health and Justice pathways continues to be a challenge limiting the level of work across all pathways and similar challenges are also faced by the EIIP team.
- The Wellbeing Education Return fund has allowed the Surrey system to fund a number of posts and initiatives to support CYP EWMH.







# Summary of Investment into EWMH Services.

## EWMH Contract value

EWMH Contract	Surrey County Council	Surrey Heartlands ICS	Frimley ICS	Total
Contract value 2022-23	£6,515,183	£16,516,339	£2,488,818	£25,520,340

At the point of procurement commissioners added in additional £6m to the financial envelope. Current contract envelope is £1.4m higher than at Procurement price, in recognition of the NHS business rules and application of appropriate tariff uplift.

Current Mindworks overperformance forecasted at **£12.9m**.

Planned MHIS: Surrey is **over plan by £2.3m** and due to nature of CYP contracts the only investment there was in 22-23 via MHIS was to meet inflationary requirements.

## Section 75: Pooled Budget between SCC and Surrey Heartlands

S75 POOLED BUDGET	SCC	SHL ICS	Frimley ICS	Total
HOPE	£600,269	£546,797	£75,283	£2,444,698
EXTENDED HOPE	£113,459	£349,050	£48,057	£1,021,133
CCISS	0	£326,728	£44,984	£743,424
SURREY HEALTHY SCHOOLS	£19,558	£16,561	£2,280	£76,800
CYP HAVEN AND UVP	0	£283,344	£39,011	£644,710
TOTAL	£733,286	£1,522,479	£209,617	£4,930,765

Section 75 is on budget

## Service development funding 22/23. Regional NHS Allocation.

Project	Detail	22/23 allocation
<b>Budget:</b>	<b>Community Crisis and Eating Disorders</b>	<b>£918,000</b>
Expand Extended Hope	Nurse at SABP	£14,072.00
Expand Extended Hope	Youth Worker SCC	£58,333.00
Crisis Line Extension	Crisis staff	£186,000.00
Paediatric Triage Line	Call staff	£85,000.00
CCISS Short breaks	staff to manage the 2 extra beds	£422,000.00
Suicide Prevention	CYP specialist post	£9,333.00
BEAT	parent support	£19,200.00
<b>Total</b>		<b>£793,938.00</b>
<b>Savings</b>	<b>Indicative</b>	<b>£124,062.00</b>
Eating Disorders: Physical Health checks	contribution	£64,000
MHST £1,166k	MHST s in Surrey (wave 3)	£1,166,000*
MHST £647	MHST s in Surrey (wave 5 )	£64,7000*
CYP ARR's	social prescribing and health coach in primary care	£65,000.00
CYP Harm Reviews in acutes.	Harm reviews in acutes	£112,000*

\*end of year figure to be confirmed

# Next Steps



## Contents

- Key Commissioning Intentions for 23/24 onwards
- Next Steps

# Key Commissioning Intentions for 23/24

**Improving timely, equitable (across all four places) access to EWMH Services that improve outcomes and provide positive experience:**

- Implemented Transformation plan for the increase in demand of Mindworks Services within Financial Recovery process.
- Increase EWMH early support for young carers.
- Build school-based offer in each district and borough, ensuring mental health support teams target higher level of needs schools
- Expand Personal Health Budget to reach vulnerable groups of CYP
- Evaluate and increase access to support for CYP and families through social prescribing projects connected to primary care.
- Build early support and prevention innovations with the availability of Mental Health Investment Fund within Third sector partnerships.
- Ensuring EWMH needs of CYP involved or at risk of being involved with criminal justice system, are met via Building Belonging Programme.
- Build on the improved EWMH care for children in care, care leavers and post adoption support
- Align with End of Life Strategy

**Improve EWMH support for young adults (18 – 25)**

- Increase support for 16 to 25s that improves transition to adulthood for CYP with EWMH issues +/- in need of potential adult social care. support
- Evaluate the new project that is working with CYP with disordered eating through transition.

**Work jointly to improve response for CYP with neurodevelopment needs, jointly governed by the Additional High Needs and Transformation Board and alignment with wider services:**

- Complete an exercise on demand and capacity across wider systems to understanding in more detail the high demand to ND services.
- Develop and launch ND friendly schools and early needs focused support
- Implement needs based approach to support CYP with ND, with timely access to diagnosis
- Strengthen partnership approach across ND and SEND

**Workforce:**

- Develop and implement a workforce strategy with a focus on recruitment and resourcing, retention, learning and development and system wide collaboration
- Revisit the delivery model to take a place-based approach to delivery of services.
- Develop an EWMH workforce competency framework and commission training appropriately - focusing on trauma informed approach as base principle.

# Key Commissioning Intentions for 23/24

## Keeping CYP close to home at time of crisis, including.

- Sustain admission avoidance partnership approach through partnership working, planning and evaluation
- Evaluate first year of new Psychiatric Liaisons Nurse offer in all Acutes to ensure CYP presenting in acutes are supported to reduce admission or representation and effectively supported onto further care.
- Implement the Urgent and Emergency Care Plan ensuring crisis support is available 24/7, through Acutes and into Home/ accommodation and back into community. Also start the text service offer as part of crisis calls and redirect 111 calls.
- Evaluate our CCISS / Hope Service / CYP Havens / 24/7 Crisis Lines – which are our integrated care arrangements
- Ensure new bed plans are on track (12 bedded unit, Hope Service beds, Ruth House Beds and Epsom Hospital.
- Increase access for support for CYP and their families who present in crisis to ensure they supported in education, to increase resilience, build social connections through links with Getting Help services such as youth workers, Emerge Advocacy Service, Third Sector partners.

## Eating Disorders: All age offer.

- Increase support for families affected by children with eating disorders
- Increase early identification and support for CYP with ED / at risk of ED and increase links with schools offer
- Increase understanding and address any gaps identified through audit of CYP presenting to CEDS who are not accepted (anticipate related to disordered eating and ARFID lower thresholds)
- Evaluate the physical health checks offer and support acute colleagues to effect system change for 16 and 17.
- Review links with primary care if blue and green CEDS referrals remain low.

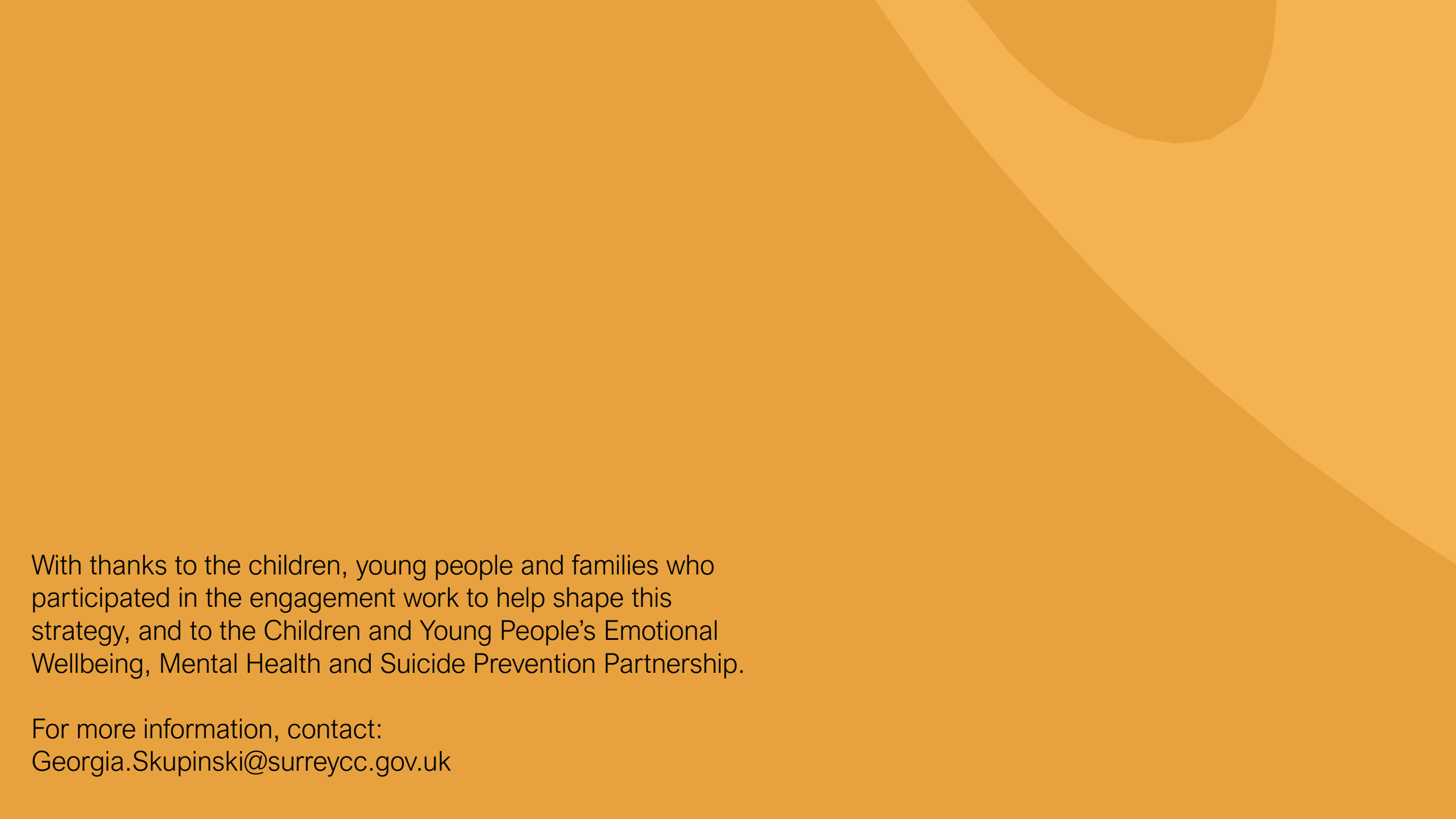
## Central to all commissioned priorities:

- Increase CYP and families being central to service improvement.
- Continue with co-production with key stakeholders, including CYP and families, schools, safeguarding leads,
- Commission through a lens of reducing inequalities and building champions across all protected groups.
- Develop and expand all age opportunities.
- Implement learning from our prototyping work to strength points of integrated care or where care crossed boundaries with health, early help, primary care and social care.

# Next Steps

Alongside the key commissioning intentions for 23/24, the findings from the needs assessment and engagement, alongside the information gathered on the services that support children and young people's emotional wellbeing and mental health, will help to inform work carried to improve the outcomes for children and young people's emotional wellbeing and mental health. The themes identified below will underpin an action plan that will set out how this work will be carried out and what the objectives are. Progress on the action plan will be monitored and delivered by the Children and Young People's Emotional Wellbeing, Mental Health and Suicide Prevention Partnership and will be reported on annually.

- **Self-Help:** Children, young people and families will have accessible support and information to understand and take care of their own physical health, emotional wellbeing and mental health throughout their life course.
- **Accessible Signposting:** Children, young people and families will be signposted to information, advice, guidance and services more effectively in their area because our partners are better connected and have strong relationships and knowledge of what is available.
- **Timeliness of Support:** Children, young people and their families will have their needs met in a timely way.
- **Online Safety and Social Media Use:** Children, young people and families will be supported to keep themselves and others safe online.
- **Parent and Carer Support:** Parents and carers will feel more confident to access emotional wellbeing and mental health support in order to enable them to look after themselves and their children.
- **Supporting the Workforce:** Staff working with children, young people and their families will feel well-equipped, supported and confident to support with emotional wellbeing and mental health concerns.



With thanks to the children, young people and families who participated in the engagement work to help shape this strategy, and to the Children and Young People's Emotional Wellbeing, Mental Health and Suicide Prevention Partnership.

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