Joint Commissioning Strategy for Children, Young People and their Families in Surrey 2022

Frimley Health and Care

SURREY HEARTLANDS Health and Care Partnership

SURREY COUNTY COUNCIL

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Executive Summary

Joint Commissioning across the NHS and County Council enables us to work together to improve outcomes for children, young people and their families in a seamless, yet targeted way. It also maximises the use of our resources and reduces duplication. When we get this right as public sector agencies, we see it making a real difference to Surrey families.

Our NHS-LA partnership in Surrey is evolving, providing fantastic opportunities to build on our existing joint commissioning practice as well as explore and innovate with new models that are co-produced to help and support children and families. These developments in our system architecture include a new Integrated Commissioning Department, and the formalising of two new health-lead Integrated Care Systems – Surrey Heartlands and Frimley Health.

Although this strategy is aimed at all children, young people and families in Surrey aged 0-25yrs, it's prioritised for those cohorts who are vulnerable or have additional needs or disabilities, listed here, who are a priority for both the local NHS and council. These include children with special educational needs or disabilities (SEND); who have mental health difficulties; or are Children in Need (CIN). Commissioners have a statutory mandate to work together and jointly commission services for these children and young people

Our collective resources are significant, not just in our contracts with third party providers but also within our own in-house provisions too. Good joint strategic commissioning ensures that all these resources are well allocated according to need. Forming a good understanding of these collective resources is a key priority for the next steps.

The strategy identifies key strengths to build on in our joint commissioning arrangements, as well as priority areas for change.

Strengths to Build On

- Emotional Wellbeing
- Accessibility / Front Door
- Preparation for Adulthood
- Multi-disciplinary working
- Staying close to home
- Children with complex health needs
- First 1000 days
- Autism Strategy
- The HOPE service

Priorities for Change

1. Social, Emotional & Mental Health
2. Children with Disabilities (and continuing care)
3. Personalisation
4. Health of Looked After Children and Care Leavers
5. Ordinarily Available
6. Community Health Services
7. Adolescent Anxiety & Suicide Prevention
8. Neurodevelopmental Pathway
9. Post Adoption / SGO Support

What are the mechanisms for change we will use?

As well as our new system architecture, we will work together to allocate resources through a variety of cohort-specific panels, to develop joint contract registers and ensure annual reviews maximise every contact with families and complete the quality feedback loop.

We will use the following enablers to drive change in the way we commission services together:

A. Put children and families voices at the heart of everything we do, ensuring continuous engagement in our commissioning processes through our UVP and our relationships with the voluntary sector.
B. Our workforce, developing multi-disciplinary teams where appropriate, working together creatively to solve skill gaps where we have them, and make every contact with families count.
C. Understanding need together, so that we share our joint forecasts of need and our trajectory management is undertaken in partnership. This also means data systems that talk to each other.
D. Managing resources well, being transparent about our budget and spend as well as pooling or aligning budgets where it makes sense to do so.

Our Vision

The Community Vision for Surrey in 2030 states that "by 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community and no one is left behind." Supporting children to get the best start in life, is a clear priority within Surrey's Health and Wellbeing Strategy, and Surrey Heartlands Health & Care Partnership Five Year Plan which prioritises women and children's care. These outcomes we wish to see echo national direction in the Public Health England Strategy 2020 – 2025 and the NHS Long Term Plan. Underpinning Surrey's Community Vision for 2030 is a set of ambitions for people and for our place:

Community Vision for Surrey 2030

Our ambitions for people are:

- Children and young people are safe and feel safe and confident.
- Everyone benefits from education, skills and employment opportunities that help them succeed in life.
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.

Our ambitions for our place are:

- Residents live in clean, safe and green communities, where people and organisations embrace their environmental responsibilities.
- Journeys across the county are easier, more predictable and safer.
- Everyone has a place they can call home, with appropriate housing for all.
- Businesses in Surrey thrive.
- Well-connected communities, with effective infrastructure, that grow sustainably.

Vision for the organisation of health and social care in Surrey

Surrey Heartlands (SH) ICS, Frimley Health and Care (FH&C) ICS and Surrey County Council have a history of working together to understand how commissioning functions could be better integrated for children. This is echoed in the Fuller Stocktake report, and translated into Place too. A new integrated commissioning department was agreed at Committee in Common in May 2020, to be led by SCC but with firm lines of accountability to SH ICS. The idea of this new, joint function is to "*create a fully integrated organisational structure which enables effective collaboration and ensures that we are able to support children and families holistically, deploying the most appropriate skills and experience throughout…..to have a single team working within a single leadership structure, meeting both our universal and targeted service needs for children and families as a system.*" (Transforming Health and Social Care Commissioning across Surrey, PPL March 2020). Details of the department and it's scope are outlined on pages 7-9. FH&C ICS have a Children's Portfolio which is overseen by a dedicated ICS Director who seeks to build relationships across the broader children's system and bring FH&C ICS into transformation programmes alongside other public agencies.

Our vision is to commission services together to support children and families holistically to live healthy and fulfilling lives.

This Strategy sets out how we intend to commission children's services jointly, what our recent strengths have been, areas of priority for the future and what enablers we wish to use in our joint commissioning activity. It is for services to children and young people aged 0-25yrs.

Joint Commissioning Intentions (1)

Surrey Heartlands, Frimley Health & Care ICS and Surrey County Council wish to work alongside our partners in the voluntary and community sector, in other public bodies such as schools and the police, as well as with children themselves and their families. Together we wish to commission excellent provision that supports children and young people aged 0-25yrs old to live healthy and fulfilled lives in line with our Community Vision for 2030.

Our Children with Additional Needs and Disabilities

We wish to work together to plan, secure and review services and provisions for children with additional needs and disabilities and although we intend to respond to needs quickly and effectively, we will also work together to intervene early, through our comprehensive early help offer. Although we work hard to ensure all children in Surrey to live happy, healthy and fulfilled lives, those that we will initially focus on and where our common and pressing priorities lie, are:

- Emotional or wellbeing needs
- Mental health needs
- Children with physical and learning disabilities
- Significant health needs
- Special Educational Needs
- Family breakdown concerns
- Looked after children and care leavers
- Young offenders or those at risk of offending
- Children with social care needs, including children in need
- Children and young people who are autistic
- Children in alternative provision or who are educated at home
- Children and young people of service personnel
- The above needs and who are transitioning to adulthood
- The above needs and who live outside of Surrey
- The above needs and who are in the first months and years of their lives
- The above for whom we have a corporate parenting responsibility
- Healthy lifestyles
- Children and young people newly discharged from acute health settings

The Commissioning Cycle

Together we will follow the commissioning cycle to co-design, co-produce and co-evaluate services that work to support children and young people listed above. We will develop a shared understanding of needs, informed by the views of children and families themselves. We will explore and test innovative ideas, look together at service opportunities where we can invest our joint resources, and seek continuous improvement by rigorous review and evaluation which we will undertake jointly. In addition, we will need to work together to develop shared authorising environments and a governance context that supports all agencies aims and objectives.

SCC Self Evaluation Framework

SCC's Self Evaluation Framework (SEF), (published autumn 2022) provides a summary of our countywide current provision of education, health and care services that support children and young people (CYP) aged 0- 25 with additional need, and their families and demonstrates our progress across 6 areas of development, evidence of impact and plans for the 12 months ahead. These areas are i) Early identification, information and support, ii) Inclusion in education and community, iii) Systems and practice, iv) Preparing for adulthood, v) Joint commissioning, sufficiency and evaluation, and vi) Coproduction. This will inform our SEND Strategy for 2023 – 2026.

Joint Commissioning Intentions (2)

Looked After Children and Care Leavers

Much of our joint commissioning progress for looked after children and care leavers is highlighted in our LAC Sufficiency Strategy here alongside an annual update of how provision meets LAC and Care Leavers needs, and which areas we're looking to develop. In addition we have a SEND Sufficiency Strategy (to be published Sept 2022) which details how we intend to meet the needs of children and young people with SEND in Surrey. In our joint commissioning activity, we intend to implement our Corporate Parenting principles (as outlined in this statutory guidance, 2018) as a partnership to ensure that all children and young people in the care of Surrey County Council and also in receipt of services from Surrey Heartlands and Frimley Health ICBs have their needs fully met and are able to thrive. These include:

- to act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- to encourage those children and young people to express their views, wishes and feelings
- to take into account the views, wishes and feelings of those children and young people
- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- to prepare those children and young people for adulthood and independent living.

Early Help

Our Helping Families Early Strategy 2020-2023 is a partnership approach with everyone playing their role at the right time in the right way, at its core is a network of practitioners that are confident and supported to help families early. Helping Families Early, means getting timely and effective support to children, young people and families who need it. It aims to enable children to flourish and to prevent long term and damaging outcomes. Creating a common language and messaging with the culture of 'we are early help' so that helping families early is something we all do rather than a service to refer to. This commissioning strategy must respond to the 5 priorities, or calls to action detailed in our partnership strategy.

Framework Partnership Agreement

The benefits of working across our partnership in this way are clear and already enshrined in the Framework Partnership Agreement relating to the commissioning of health, education and social care services across SH ICS and SCC currently being drawn up. This will progress and underpin the joint commitment to integrate health and social care services where doing so will improve outcomes for Surrey's residents and supporting the sustainability of the local health and social care system. Through this new way of working, families will receive a much more seamless service which is delivered closer to, and ideally within, their current community. Everyone involved in supporting a child or family should know about and work alongside each other and any duplication of provision will be significantly reduced. Where we have gaps in our services, we will work collectively and innovatively to identify creative solutions to fill those gaps. We wish to enrich our commissioning activity with continuous feedback about quality and improvement in individual outcomes. We will work together with front line practitioners to identify how annual reviews can fulfil this role, as well as how we can make the most of each contact with families that our collective workforce makes.

What is Joint Commissioning? (1)

A Collaborative Approach

Good commissioning is about shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, providers, voluntary organisations, residents and communities to find shared and agreed solutions. In line with national direction about the development of Integrated Care Systems (ICSs) and the integration of services across health and local authority bodies, local system leaders are seeking to establish a 'one team approach' to commissioning which is currently being formulated through an Integrated Commissioning Partnership Agreement and which builds on the Transforming Outcomes for People (TOP) programme throughout 2021. Although not finalised, it is likely this will lead to:

- greater collaboration between commissioners
- a focus on the 'Surrey Pound' rather than on separate health or care funding streams, through needs-led rather than service-led commissioning approaches
- the development of stronger 'place based' partnerships with residents, community and voluntary organisations and providers of services, and the establishment of single, integrated offers in respect of universal and targeted services for children and families where this makes most sense.

Joint Commissioning in this Strategy refers to the strategic approach of planning and delivering services in a joined-up way across Education, Social Care and Health. It's a way for partners to commission provision together and share responsibility for delivering positive outcomes for children and young people. It can happen at various levels: with individuals and their families and carers; with communities; across larger populations, and at various stages of the commissioning cycle. It is important as the education, social care and health system in Surrey is complex with a range of providers and services. This inevitably leads to gaps in the system, and families struggling to find a clear pathway through when seeking help. It is also important as it reduces duplication and ensures that our limited resources are well allocated to deliver better services and improved outcomes.

NHS commissioning was created almost 30 years ago with the establishment of the internal market. This split the planning and provision of services into separate organisations so that competition and market incentives could be used to promote efficiency and improve quality. NHS policy has [more recently] shifted towards promoting collaboration rather than competition as the key tool for improvement in the health system… Implementing [..] collaborative approaches successfully requires a focus on the skills of staff working for commissioner and provider organisations, as they are being asked to work differently. (Kings Fund 'Thinking Differently about Commissioning', 2020)

Surrey Integrated Commissioning for Children

Surrey has a new Joint Commissioning Function in CFLL operating across health, social care and education (see appendix 2 for detail). This works alongside the councils' Strategic Commissioning functions with each guiding the other in developing systems, mechanisms and priorities for change. A key element of this are the system convenor roles. A dedicated system convenor is in place for CFLL whose primary responsibility will be to organise collaboration and create a platform for collaboration within their part of the system; providing clarity of purpose, securing stakeholder buy-in, resources and support.

What is Joint Commissioning? (2)

Surrey County Council, Surrey Heartlands ICS and Frimley Health & Care ICS share a joint commitment to increasing the integration of health and social care services as a means to improving outcomes for Surrey's residents and supporting the sustainability of the local health and social care system. Accelerating integration is a key feature in the devolution agreement local health agencies and the council have made with NHS regulators and central government. Our ICS's are at the forefront of the national drive to increase health and social care partnership working, crossing current organisational boundaries and developing more mixed, multi-disciplinary teams which is a key feature of the NHS Long Term Plan. The county's current Health and Wellbeing Strategy, developed via significantly increased collaboration across agencies, reflects a strong partnership approach to promoting good health and wellbeing for all while addressing the wider determinants of health and reducing health inequalities that exist across the county. Within this context and set against the abiding financial pressures faced by all agencies, transforming the commissioning of health and social care services is seen as a key lever to increasing integration and partnership, securing service improvement, promoting innovation and achieving greater financial sustainability.

Legislation

There are numerous legislative requirements that are placed on local authorities and CCGs to work together. The Children Act, 2004 establishes the duty to encourage cooperation between relevant partners and local authorities. Furthermore, section 26 of the Children and Families Act, 2014 places a duty on local authorities and partner commissioning authorities to make arrangements for joint commissioning for children and young people that have Special Educational Needs or Disabilities. This is further strengthened by the Care Act, 2014 with the duty to ensure there is no gap in care and support between children and adult services and the 0 to 25 SEND code of practice. This clearly states that Local authorities and CCGs must assess the needs of the local population of children and young people with SEN and disabilities and plan and commission services for them jointly. They must have joint commissioning arrangements which cover services from birth to 25 years old for children and young people with SEN or disabilities.

The *NHS Long Term Plan* confirmed that all parts of England would be served by an integrated care system (ICS) from July 2021. Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. This new integrated system encourages 'place based' partnerships to give people the support they need by removing traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services.

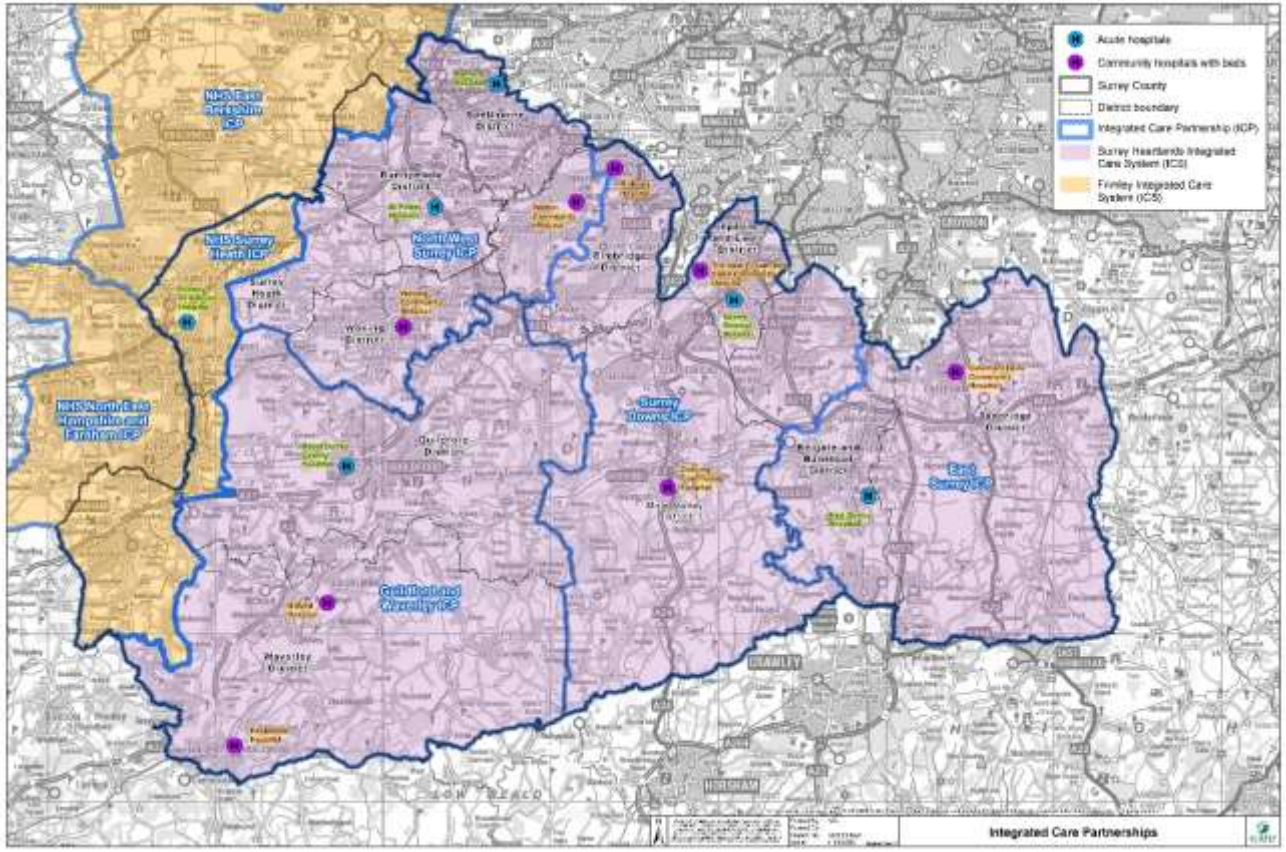
Strategic Priorities

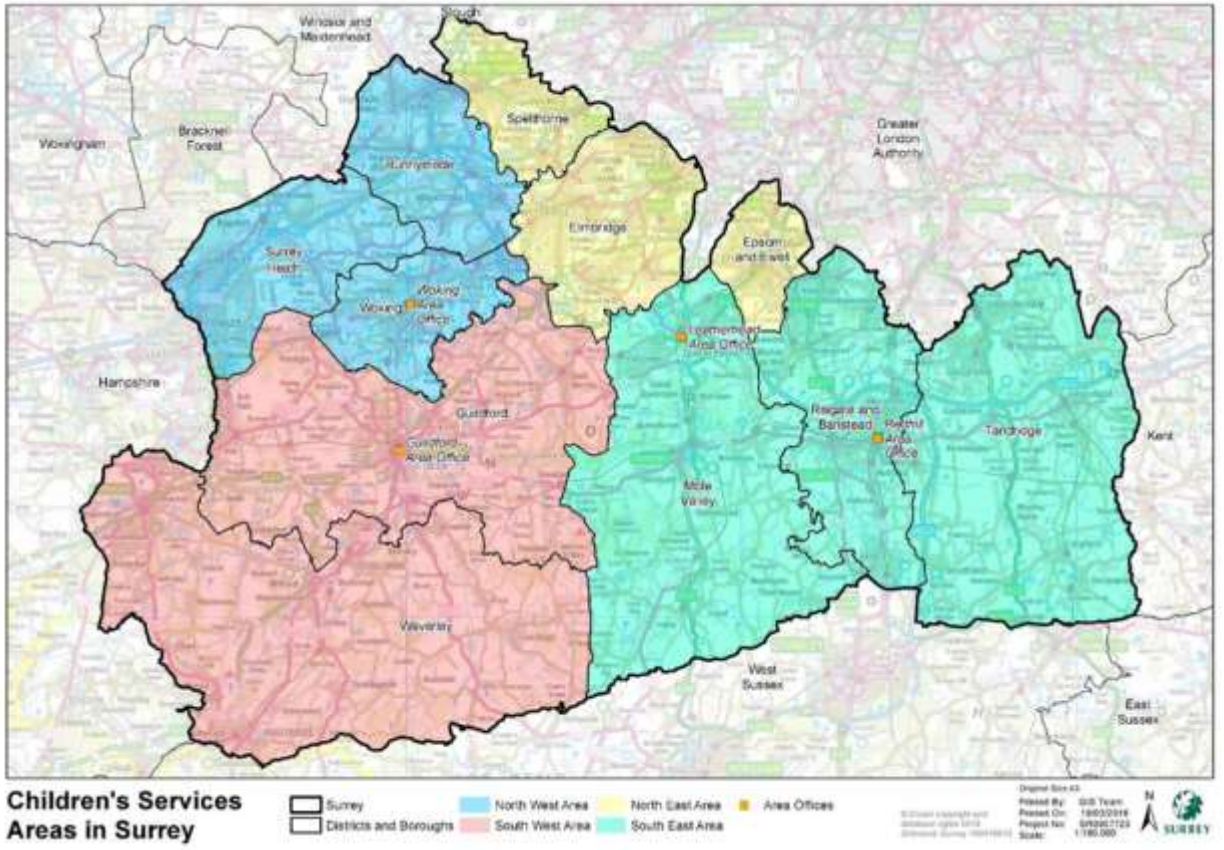
Joint commissioning in Surrey must work to improve services across the 4 major strategic priorities across the Children's Services partnership in Surrey at present – linked to the CFLL plan in Appendix 3:

1. Services for Children with Additional Needs and Disabilities
2. Children's Emotional Wellbeing and Mental Health
3. Safeguarding and Children's Social Care
4. Starting well in life – first 1000 days

Our Geography

Surrey County Council boundaries incorporate the two ICS areas of Surrey Heartlands ICS and Frimley Health ICS. These are broken down into six ICS Places, currently called ICPs as shown in the map on the left. These will be critical moving forward as together we look to commission on Place based terms as set out in the Fuller Stocktake Report. Surrey County Council Children's Services operate across four quadrants shown in the map on the right. These each cover 2 or 3 district or borough boundaries. None of the children's services quadrants match the same boundary lines as the ICPs, which makes partnership working on a locality level more challenging. Place-based commissioning is high up on our joint agenda, and we intend to develop this further in Surrey.





System Architecture

Surrey Heartlands Health and Care Partnership

Established in 2017, Surrey Heartlands was one of the first Integrated Care Systems in the country. We have already been working in partnership together with Children and Maternity Services as one of our priority areas, but our joint work is set to evolve to a higher level once the Health and Care Bill is endorsed by Parliament. This will support local health and care systems to deliver higher quality care to their communities, in a way that is less legally bureaucratic, more accountable, and more joined up. Essentially it will put Integrated Care Systems (ICSs) onto a statutory footing and kickstart the dissolution of CCGs. In Surrey we are making preparations to become a statutory ICS from Summer 2022. Meanwhile we have our Five Year Plan 2019-24 which details our vision and priorities of which women and children's care is one.

Integrated Commissioning

This diagram shows the new integrated commissioning department for children, and it's responsibilities. Bringing together key personnel in this way will ensure consistency of commissioning practice which is aligned to strategic priorities, as well as reduce duplication across the board ensuring that our collective resources are allocated in the best way to improve outcomes for children, young people and their families.

Commissioning Panels

There are a number of panels which allocate resources to children with additional needs and disabilities to improve outcomes. Each has a specific needs focus so can draw in the right practitioners and decision-makers for those children, young people and families.

- Joint Commissioning Panel bi/tri-partite funding
- 4x Governance Panels SEND pre-16 Education decisions
- Post 16 Panel SEND / ASC / Complex Health decisions
- NMI Panel SEND Non-KST placements
- 4x Placement Panels Social Care
- Disability Resource Panel
- Continuing Care Panel
- EIF Panel for early years
- Escalation Panel for very high cost and to resolve disputes

The Joint Commissioning Panel & Disability Resource Panel has a secretariat who has responsibility for their oversight, pre-panel papers and gap analysis. We wish to develop this oversight to all Panels to offer consistency of approach, avoid duplication and to develop mechanisms for using needs and placement allocations to inform strategic commissioning decisions.

Safeguarding & Family Resilience

Together in Surrey, we firmly believe in the Family Safeguarding Model and work to ensure that the whole family have the right support at the right time for them. In our integrated commissioning we will work together to support the whole service achieve these 'pillars of success' (below). This means the safeguarding and support of our most vulnerable children and young people will always be our priority, whatever service we are working with. Our corporate parenting roles and responsibilities mean that everyone working in commissioning must also think about how that commissioning practice across all needs groups impacts on our looked after children and care leavers.

PEOPLE

- A workforce who are able to effectively intervene with families to support them to create sustained change, that enables children to safely stay with their families.
- Families will be supported to receive the right help at the right time.
- We will meet the needs of families with a family focus; working with both children and their parents
- An unshakable culture that places the welfare of the child at the centre of all that we do
- Achieve a cultural shift to the new way of working embedding the family safeguarding model

PARTNERS

- Our Partners will be confident in our assessment and interventions
- Our Partners embrace and recognise the Family Safeguarding Model and new ways of working
- Professionals will be supported to develop their own plan that will build family resilience
- Sustainability plans are in place to ensure the continuity of funding from the partnership beyond DfE funding
- We will upskill our Partners to ensure that thresholds of need are fully understood and applied consistently.

PRACTICE

- Undertake high quality assessments and interventions that support the needs of the family
- Motivational interviewing is used to understand needs and risks, and inform strength based practice
- Have confident and tenacious staff that are clear on their role and the support that they offer to families
- Be confident in the threshold decisions that have been made and so escalate cases less frequently
- Stronger focus on practice and recording that is succinct, purposeful and meaningful.
- All families have a Parenting intervention programme

PERFORMANCE

- Everyone will understand the services provided within CFLLC Directorate and be able to step up and step down appropriately
- We will use high intensity meaningful contact with families to achieve sustained change and consistent practice
- Requests for Support will receive an effective and timely response
- Family Safeguarding will work to identify the right level of support provided at the right time with no drift or delay
- We will see our children frequently
- Social workers will be regularly supervised promoting a strong performance culture.

Coproduction with Children, Young People, and their Families

How we use children and young people's voices in joint commissioning

Enabling children, young people, families, and staff to share their experiences and capturing and using those views is key to understanding how we need to improve our services. We wish to create opportunities that allow these groups to share their views through a systematic, whole service approach. Enabling these groups to share their lived experience and capturing these views is key to understanding how we can improve the services we deliver and improve the climate, working environment, systems, and processes for staff. This is outlined in detail in our Engagement Strategy.

Action cards are one of our mechanisms for change, young people are able to raise action cards to highlight what they would like to stop, start or change about the services they are accessing. Young people are also directly involved in commissioning processes, sharing their views on services, quality assuring services through SCC's Young Inspectors programme and leading interview and assessment panels. In addition we have Healthwatch Surrey which are an independent organisation listening to health and social care experiences from people in Surrey and providing evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans.

The Surrey Safeguarding Children's Partnership has a Communication and Engagement group that links third sector providers and other partners to ensure we are hearing a wide range of views across the partnership.

Why young people participate

"You can ensure that things are done right, for example if your mum cooks Shepherd's Pie but each time, she forgets the gravy. If you participated, you could make sure she puts the gravy in"
"Get to bring a new insight into what the NHS do. I feel productive"
"Professionals seem to be surprised that people who have additional needs and disabilities care about it and know a bit about it. They say Oh, I didn't realize you had an opinion on this".
"To help the next generation, in making changes to how services work"
"Participation of young people is important because even if an adult is speaking for them it may not be as effective."

Current key priorities for young people:

Communication

- ★ Young people want choice in how they communicate, where they live and how we work with them.
- ★ Staff need to be aware of options and choices and discuss with them with families and young people.
- ★ Be proactive with communication

Ownership

- ★ We should continue to act quickly to resolve issues early for families and children. Do what you say you will and if you can't then say why.
- ★ Use the resources available across the directorate to support your work

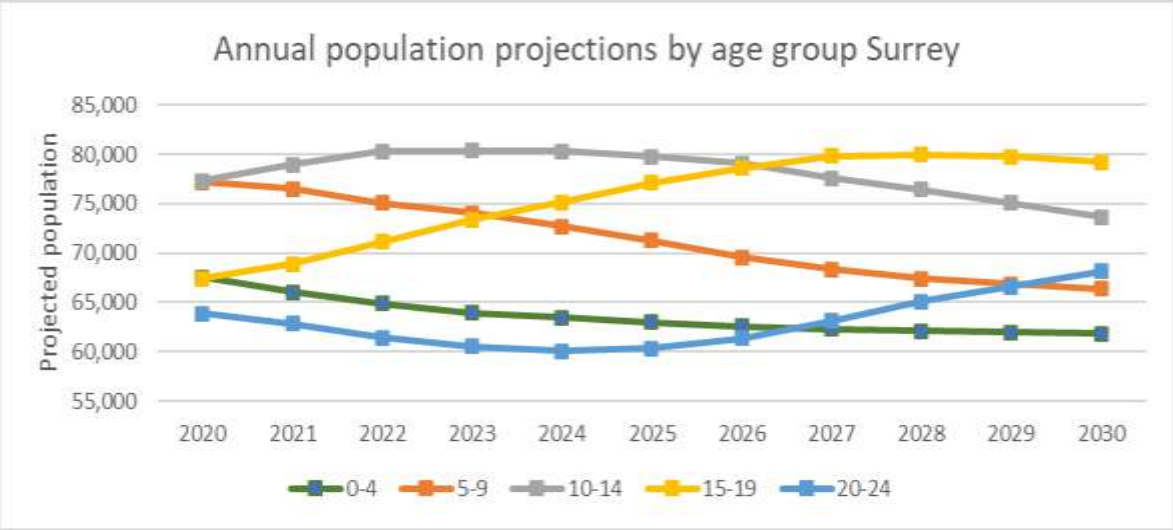
Attention to detail

- ★ When recording visits and conversations be accurate and clear.
- ★ Record in plain English

Our Children & Young People (1)

Our Population

The Office for National Statistics (ONS) estimated that the resident population of Surrey at Mid 2017 was 1.185m. Of these, 30% (351,400) were under the age of 25yrs – with 6% under 5yr olds, 15% 5-15yr olds and 9% 16-25yr olds. The population is set to increase by 11% over the next 25 years, yet the proportion of children and young people in the population is expected to fall slightly. There are approx. 197,000 pupils in Surrey schools, of which 20% are in independent schools. There are 16,700 children in need in Surrey, of whom approx. 2,000 are disabled and 1,062 are looked after children. Surrey is one of the most densely populated shire counties in England, with life expectancies amongst the highest in the country. The all age population is expected to grow further and become more ethnically diverse. Despite the overall drop in the number of under 25's over the next few years, we anticipate an increase in 15-25 year olds as shown in the graph below, and a decrease in the younger population.



General Health of the Population

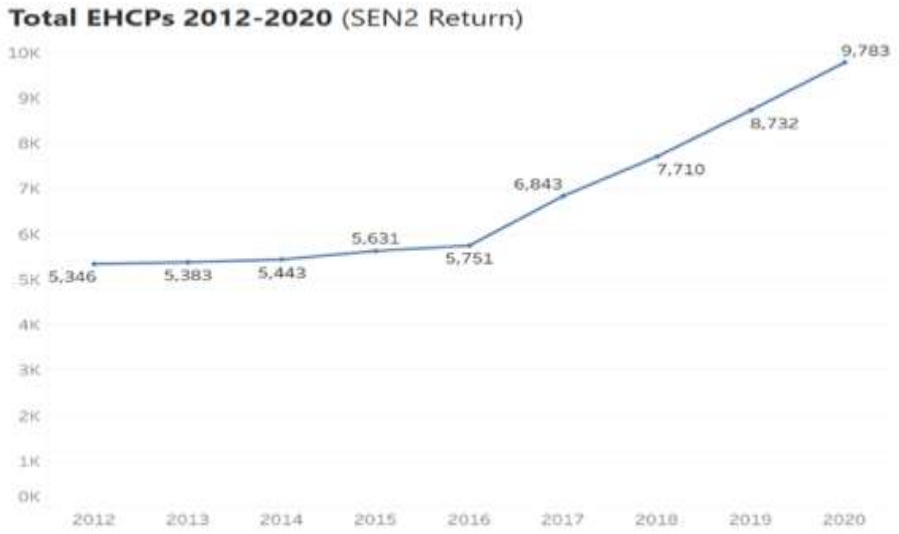
In comparison to national figures using the Public Health Outcomes Framework (PHOF), (also in appendix 9), Surrey compares well for; reception–age development, healthy birth weight, smoking in pregnancy, child poverty, infant mortality rate, healthy child weight and several other outcomes. Most of Surrey's population are healthy, active and well educated compared to national averages. For children and young people, this is supported by good performing schools - 94% Surrey schools are rated 'good' or 'outstanding. Overall, in Surrey, educational attainment is positive, however there are significant disparities for deprived children and those with additional needs and disabilities. This is matched by increasing demands on services for vulnerable adults and children, and children with additional needs and disabilities. The Child Development school readiness figures reported in OHID (was PHE) 2019 indicate a higher percent of good development at reception age than regional and national comparators overall, but with significant variations – most notably that those with additional needs, or with free school meals have a lower rate of good development.

In Surrey there is a significant gap between the richest and the poorest members of society and this affects the health of everyone. Reducing social inequalities at the start of life is good for the whole population's health. The level of deprivation as recorded for reception year (2018/19) through the national child measurement programme is based on the child's place of residents shows districts and boroughs within Surrey with the highest level were in Reigate and Banstead. Likewise, Reigate and Banstead, Epsom and Ewell, and Woking all have areas with the lowest decile for deprivation across Surrey.

Our Children & Young People (2)

Education and Healthcare Plans (EHCPs)

There is increased SEN demand nationally, with Surrey sitting higher than the national average with 3.9% (national is 3.3%) of pupils recorded with an EHCP. The number of statutory plans maintained by Surrey as of Feb 2021 was 10,762. Autism Spectrum Disorder (ASD) was recorded as the highest primary need in 34% of these and the majority of plans (73%) were for males. The number of new EHCP requests each month was slowly decreasing from the beginning of the COVID pandemic since April 2020, but has since increased again to some of the highest levels for five years at over 300 requests a month. The total number of EHCPs from 2012 to 2020 in Surrey has seen an increase each year by around 1,000. When broken down to see the primary need recorded for these EHCP's there are several primary needs which reflect the large increases seen overall which may have led to the overall increase in EHCPs. These include Autistic Spectrum Disorder (ASD) which has seen an increase of 117%, Social, Emotional Mental Health which increased by 116%; and Moderate Learning Difficulties by 65%.



Lighthouse Research and Consultancy were commissioned by Surrey Heartlands Health and Care Partnership to conduct research with SEND practitioners and families with a child aged 0-5yrs with SEND to understand families' needs. Seven themes were identified for how parents experienced the SEND journey to accessing support; it can often start with feeling lonely and lost, can feel overwhelming, can feel cold, can feel obstructive, can be long, can feel disconnected, and relies on professionals to do the right thing and parents to oversee.

Children with Disabilities & Complex Health Needs

Currently Surrey has approximately 33,568 children with any disabilities, and by 2026 there will be an estimated 34,442, assuming national prevalence stays the same. The disabilities most commonly recorded are ASD, behaviour, communication and learning. There are currently 43 children with additional needs looked after because of their disability. Most live in ether residential homes or schools and have been in care for over one year. This cohort are highly likely to also require support in their adult life.

Among those with ethnicity recorded, CwD from non-white ethnic groups appear to be slightly over-represented compared to 2011 census data, however the composition of Surrey has changed since and was previously increasing in diversity. More males proportionately are known as disabled, which is perhaps related to the large ASD cohort.

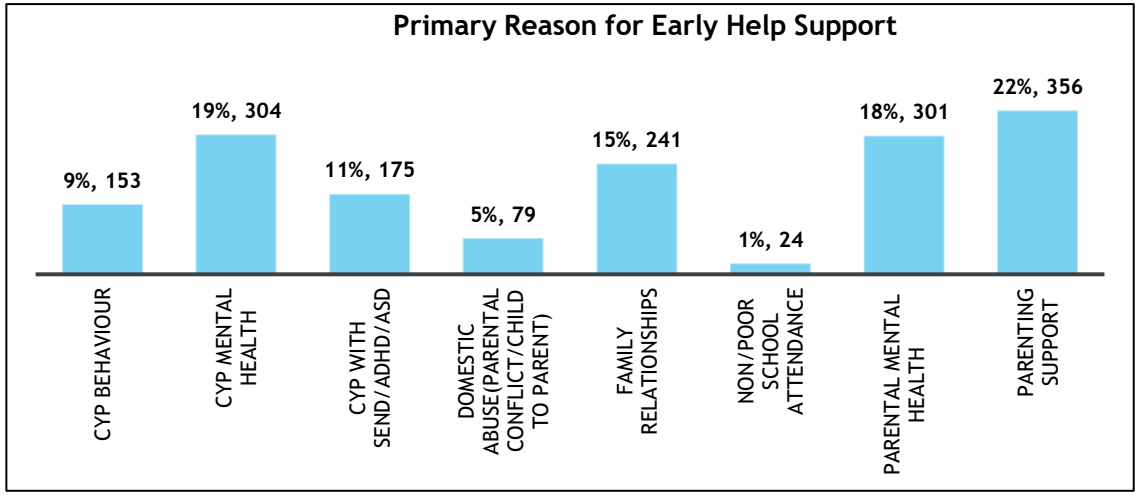
Prevalence of complex needs is rising, although data is limited in uncovering what is driving increased incidence. It is likely due to a combination of factors including but not limited to; better diagnostic pathways, earlier identification, increased survival rates of premature babies, more children in public care, and pressure on mainstream schools to deliver inclusive services. That said, a Surrey child has a longer disability-free life expectancy at birth (66.6—67) than the average for the South East and for England, for both males and females. In March 2022, the caseload of our Children's Continuing Care assessment team was c.70, with a waiting list of c.50.

Our Children & Young People (3)

Emotional Wellbeing & Mental Health

Surrey's Children and Young People's Emotional Wellbeing and Mental Health Summary Needs Assessment (Oct 2021) highlights that the prevalence of mental health issues is rising for children and young people. Nationally, it is reported how in 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. This increase was evident in both boys and girls. The Needs Assessment shows the range of factors that contribute to or are indicative of poor mental health and emotional wellbeing, including substance misuse, self harm, being in care, bullying and deprivation. Emotional wellbeing school nurses deliver to CYP with emerging to mild emotional wellbeing and mental health needs through the 0-19 services. When looking at specific areas such as emotional wellbeing the number of referrals fluctuated overtime, however the most commonly presented primary reason for the referrals was anxiety disorders.

The Children's Single Point Access (C-SPA) and the Early Help Hub co-ordinates with partners requests for support for families and children in Surrey (Helping Families Early Strategy, Surrey County Council (2020)). The graph below highlights the primary reason for support (need) between Q4 2019/20 and Q3 2020/21. This shows that parenting support (22%) and CYP mental health (19%) were the most common reasons.



Hospital Admissions for Mental Health

Along with the rest of the country, Surrey has seen a rise in hospital admissions for mental health conditions for under 18s (315 children in 2021) however data shows more children in Surrey are admitted to hospital than average across the country. The picture is similar when considering hospital admissions as a result of self harm (10-24yr olds). This has been rising, although for Surrey the data shows a higher prevalence than the rest of the country, with 985 children admitted in 2020-21. See appendix 9 for further information.

Mindworks Alliance

All agencies operating across our Mindworks Alliance have experienced significant demand increases since Aug 2021. All services in the Alliance have completed over 80,000 assessments and treatments, and a recent survey (Your View Matters) showed that 80% rated the offer as good or very good. Timeliness for waiting assessment has improved recently and is now average 45 working days, with a further 100 days average waiting for treatment.

The table below shows that for Surrey Heartlands ICS, there is a higher percentage of CYP in contact with NHS mental health services than Frimley ICS the south east and across the country, where the average is 5.74%.

Total number of individual children and young people aged 0-18 receiving two or more contacts with NHS mental health services

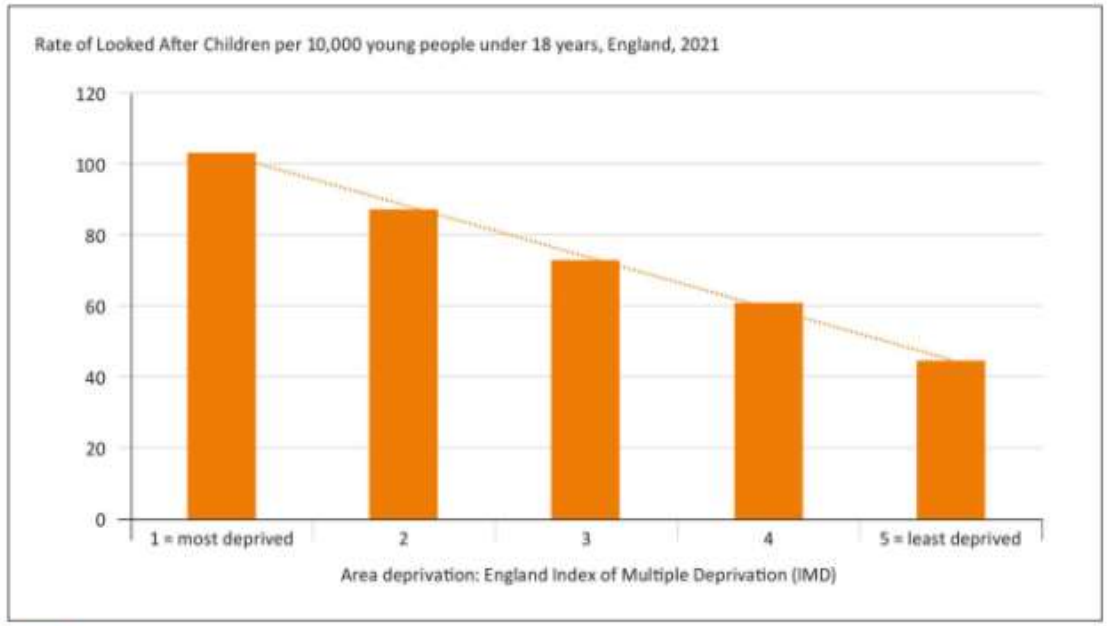
Area	No. CYP (6-17yo) with 2 or more contacts in last 12 months	Total no CYP (6-17yo)	Percentage of CYP with 2 or more contacts in the last 12 months
Surrey Heartlands	10,260	160,876	6.38%
Frimley	6,310	120,572	5.23%
South East	75,440	1,359,267	5.55%
England	468,977	8,164,651	5.74%

Our Children & Young People (4)

Our Looked After Children and Care Leaver Sufficiency Strategy 2020-25 indicates that in March 2020, there were approximately 985 Looked after Children and 656 Care Leavers with Active Pathway Plans. The number of Looked After Children has increased over the last five years (in line with national trends), with younger children entering care following abuse or neglect and more teenagers needing to be looked after following family breakdown. 4 in 5 of the current looked after children cohort (excluding unaccompanied asylum seeking children) had been previously open to Children's Social Care (with a CiN or CP plan) prior to becoming Looked After. Surrey shows lower rates of 0-17-year olds per 10,000 in care compared to the South East and our statistical neighbours.

Deprivation & Looked After Children

There are more looked after children in areas of high deprivation which brings about an additional layer of anticipated health and wellbeing problems, on top of the disadvantage faced by being looked after (AYPH, 2021). Looked after children are more likely to have poorer health, educational and social outcomes. It has been reported that 60% of looked after children have some level of emotional and mental health problem (CYP Health Outcomes Forum, 2012).



Source: AYPH analysis of Department for Education – Children looked after in England including adoptions

Health of Looked After Children

Looked after children are statutorily entitled to an Initial Health Assessment (IHA) within 28 days of coming into care. This is to be undertaken by a paediatrician. In Surrey just 48% of children had their IHA undertaken within these timescales in Sept 21 – this figure goes down for those placed out of county. Of children with a completed health assessment, 63% have up to date immunisations. For children under the age of five, 70% have had their developmental checks undertaken. The proportion of children over 2 years old who have had a dental check in the first year in care is 34%. In the 12 months leading up to May 2022, 68% children looked after had a Review Health Assessment within the appropriate timescales.

Research suggests that around 45% of looked-after children have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns. In addition, young people looked after are four times more likely to misuse drugs and alcohol compared to their peers. In Surrey, of the children placed within a residential children's home, 73% have an EHCP, indicating significant overlaps between SEND and Social Care involvement.

Care Leavers

Care leavers are a group who often need extra support, and who can face particular disadvantage as they navigate the transition from adolescence to adulthood. For example, care leavers are 4 to 5 times more likely to attempt suicide in adulthood (CYP Health Outcomes Forum, 2012). A recent Barnardo's report highlighted that 25% of cases reviewed in a study showed a young person who had faced a mental health crisis since leaving care. Furthermore, 65% of young people whom workers identified as having mental health needs were not currently receiving any statutory service.

Overview of the Market

The market across the children's services partnership is hugely complex with many services delivered in-house as well as externally, and across all ages and various levels of need making it impossible to disaggregate provision for children with additional needs and disabilities from broader, universally accessed services. In addition, relationships in Surrey across our large health organisations are developing from purchaser-provider splits to collaborative partnerships looking to work on a place-based basis. The LAC and SEND Sufficiency Strategies highlight the movement in the market for these groups of children and young people – these could be useful templates for a similar strategy for children with complex healthcare needs.

In Surrey, we don't understand commissioning as just a technical process involving procurement that works with external services. Instead, we see strategic commissioning as planning, developing and improving of the whole system of services across the partnership. As part of this, it is critically important to have a grip of the markets we work with and to that end, we wish to build mechanisms such as shared contract registers across the children's partnership as well as work together to achieve complete transparency of spend and contract management. It is only with this in place that we can start to get the best out of the market rather than competing for provision so that together we can develop the local market to best suit the needs of our children, young people and families. Once we have consistent use of these 'tools' of commissioning across our partnership, which includes shared sourcing and procurement approaches, we will be certain of the best use of our collective resources.

Looking beyond the 'tools' of commissioning, our partnership is keen to develop our shared understanding of quality in the market place. We wish to collectively move away from measuring the number of visits, interventions, or episodes of care a child might have, and move towards jointly agreed measures of improved outcomes. This won't be easy, given the different outcomes each agency has been traditionally concerned with. But with a collective agreement that health, education and family life are inextricably linked, it is imperative that we get this right. MINDWORKS is an example of these new ways of working – a partnership of organisations working to deliver targeted and specialist services, connecting with universal services to ensure support is available at entry level, from primary mental health in schools through to urgent needs.

The general movement in the market we're keen to encourage is away from out of county providers, who may be independent and towards collaborative efforts to attract talent and grow our own public services with workforce across the partnership. We wish to move towards more sophisticated relationship with market where we use purchasing frameworks and develop joint entities rather than spot purchasing individual packages of health or care. This will be supported by having a strategic grip of the commissioning panels where we can evaluate service outcomes and effectiveness of commissioned partners.

Largest contract areas with external providers

- Independent special schools
- Alternative Provision
- Independent post 16 provision
- Children's Residential - independent
- Independent Fostering Agency
- Care Leaver support
- School Nursing
- Health Visiting
- MH Alliance (CAMHS)
- Continuing Care & services for children with complex health needs
- Emotional wellbeing services
- Speech and language therapy
- Occupational Therapy
- Physiotherapy
- School meals
- Transport

Strengths to Build on (1)

Detailed in the previous slides are the significant amount of work which has taken place across the children's partnership over recent years to provide the foundations for excellent future joint commissioning. This includes our S75 agreement for joint commissioning, and plans for greater collaboration with VCSE partners. Here we showcase our existing strong joint commissioning practice, and how we intend to grown and develop these into areas of excellence.

Emotional Wellbeing

There has been significant focus on supporting children's emotional wellbeing and mental health across Surrey. One aspect of this is the establishment of a new service, funded through a section 75 agreement, called Mindworks Surrey, a alliance of local and national health, education, social care and voluntary sector partners – in line with the iTHRIVE principles. It is underpinned by a move away from 'referrals' towards 'requests for support'; this reflects the more holistic and less diagnosis-led approach. Services are more accessible and user friendly through more convenient locations and online services and are delivered via a more managed model of care with clear outcome monitoring after every session. Multi-disciplinary teams are a key feature of the service and include Teams around the School, as well as specialist multi-disciplinary teams for particular needs such as autism. A refreshed emotional wellbeing and mental health strategy will drive further improvement in this area.

To support children across their emotional wellbeing needs, including when they are in crisis, we are developing a joint approach to commissioning specialist local tier 4 provision, as well as piloting specialist EWMH resources in acute hospitals and establishing joint provision within a specialist children's home, Ruth House.

Accessibility / Front Door

We have been working hard to ensure that not only can children and young people access help when they need it, but they are directed to the right level of support from the get go. The Children's Single Point of Access (C-SPA) describes the front door to Surrey County Council services for children. Parents, carers and practitioners can phone in to access multidisciplinary support, information and advice for families and those who work with children in Surrey. Requests for support up to Level 3 of Effective Family Resilience will be directed to the Early Help Hub. Families meeting the threshold for Level 4 of Effective Family Resilience will be sent straight to the Quadrant Assessment Teams (Children's Social Care).

Our Learners Single Point of Access (L-SPA) was created as part of Surrey's vision and drive to ensure that all our children have access to a good quality education and receive timely help and support where there is a concern about the development or learning needs of a child. The L-SPA doesn't replace existing services, but helps families navigate the education support system and provides a single gateway to enhanced learner support. In addition through the L-SPA we offer information and advice from a multi-disciplinary team of professionals from education, health and social care including: Occupational therapists, Specialist teachers, Qualified Social Worker, Speech and Language Therapists, Educational Psychologists.

The SEND code of practice states that LA's and CCGs must include arrangements for considering and agreeing what information and advice about education, health and care provision is to be provided, by whom and how. These joint arrangements should consider the availability of other information services in their area (services such as youth services, Local Healthwatch, the Patient Advice and Liaison Service (PALS) and the Family Information Service) and how these services will work together. In Surrey we already have SEND Advice and the local offer website which cover education, health and care. We now wish to build on these as a partnership in Surrey to create a broader joint Information, Advice and Guidance function that sits across health, education and social care and has a digital (online) presence as well as physical / telephone contact.

Strengths to Build on (2)

Preparation for Adulthood

As a partnership we have been working hard to improve our post 16 services, and in particular our joint work with adults services to ensure children who are transitioning are well prepared for the next chapter of their lives. The Preparing for Adulthood Programme was launched in 2020/21 with the primary focus to expand the options for young people with special educational needs and disabilities as they prepare to transition to adulthood. In recent times the focus of work has expanded to all young people with additional needs and disabilities and who are on one of three pathways as they transition to adulthood. For those with the highest level of need (approximately 11%), this will mean transitioning to Adult Social Care. For those with significant health needs (approximately 5%) they will qualify for Continuing Healthcare. This means that the remaining 84% of young people may have SEND, or be a care leaver and are on an employment pathway as they transition to adulthood (16-25yrs). New, collaborative multi-year pathways have been designed and jointly commissioned to improve transitions across the need types.

Multi-disciplinary Teams

Surrey Healthy Schools is highly successful approach that works alongside schools to ensure a whole environmental approach to improving health and wellbeing, as well as routes to targeted support where needed. It facilitates multi-disciplinary support where needed, and provides advice and guidance about a whole range of health issues, including sexual health, obesity, and substance misuse.

We are piloting a new approach to Inclusion in our schools to help children who may not reach the threshold of needing an EHCP but who do have SEN and need support. Sixteen schools are piloting our Team Around School approach whereby a multi-disciplinary team of practitioners are in regular and named contact with the school and wrap around services needed to support additional needs and disabilities in that school setting. How the practitioners work together around the schools is detailed in Appendix 7. Pilots are up and running, and evaluation of their impact both on children and young people's experiences, but also impact on outcomes will be complete by Summer 2022 to inform any future roll out of this multi-disciplinary model.

In Surrey we have a solid history of working together in multi-disciplinary teams. We adopted the Family Safeguarding Model in 2019 which wraps a range of professionals- including those with adult specialisms - around the whole family, responding to all needs within that group. In addition we have our multi-disciplinary Early Help Hubs which seek to support families before needs escalate by connecting different agencies to them, depending on their needs. See here for more info.

Staying Close to Home

There has been significant investment in special school places in Surrey to enable children and young people to remain local to their families, with an additional 1,600 places created locally (by 2024) in specialist provision. Our strong partnerships with local special schools has enabled this to happen alongside robust forecasting of need to understand what the profile of need will look like county-wide over the coming years. The Coming Home project has sought to identify which children and young people can move back from educational placements out of county. This has started in SEND, but is considering joint funded placements too.

Social care have a similar programme of work to ensure children and young people stay close to home, and are on track to continue the declining proportion of children in care are placed out of county and over 20 miles of Surrey. This will be fast-tracked by a significant capital investment to increase the amount of provision in county across Fostering, Residential and Supported Accommodation.

Strengths to Build on (3)

Children with complex health needs

Getting it right with Continuing Care, Children with Disabilities and children and young people who have SEND is critical to ensuring these children and young people receive the seamless support they need to stay at home or as close to home as possible. We have evolved our Joint Commissioning Panel which agrees bi and tri –partite funding arrangements to ensure that families get the right provision at the right time, which is delivered through multi-agency commissioning. We have also developed a Joint Funding Protocol which deals with the detail of which agency funds which elements of placements, as well as dispute resolutions. Our Continuing Care Team work closely with all front line practitioners, providing clarity of when Continuing Care is an option for children. We are now in a clear position where each agency knows which levels of support they can offer in a care plan, and this now needs to be embedded throughout our organisations so that pre-panel work and checklists are completed by all agencies involved in planning and commissioning care for children and young people, as per the SEND Code of Practice.

First 1000 days

Early years indicators show Surrey does well compared to other parts of the country, however in Surrey there are pockets of deprivation which have a significant impact on good outcomes. We know from child development research and economics research into investment in early childhood that paying attention to the needs of the youngest in our society will lead to a healthier and safer society overall. We also know that social inequalities profoundly affect health outcomes and life chances (Marmot, 2020). We have put in place a cross-cutting First 1000 days strategy which seeks to provide ambitions for change and some mechanisms for achieving those ambitions. Our 'Best Start for Surrey' strategy due to be finalised in Sept 2022 will provide the roadmap for our joint commissioning in this area over the coming years. We have a partnership forum to take forward our plans for change which is focused on 3 areas of delivery over the next 2 years; parent-infant relationship development, achieving equity, and supporting parenthood.

Autism Strategy

Surrey's All Age Autism Strategy aims to address the barriers that autistic people face when living in Surrey and using Surrey's services. It was developed with autistic people and their families and highlights areas of change, including ensuring education settings are inclusive, that additional needs and disabilities are met at the earliest opportunity, and that we will work together as a partnership to ensure transitions across our services and across a child's lifetime are well planned and seamless. The Team Around the School pilots have arisen from this work, as well as other initiatives such as new 'Inclusive Apprenticeship' scheme employing young people within SCC. Now that we have a strong strategy, and some good practice to build on, we need to look to areas of our system which we know need improvement, such as the neurodevelopmental pathway and new models of care, like the key worker transformation project, to help our most complex families navigate the care system around them from an LD and ASD perspective.

HOPE s.75

The Hope Service is a multi-agency service for young people aged 11-18 who are experiencing complex mental health, emotional, social and behavioural challenges. It is a joint partnership between health services and children's services – both social care and education - who work together to provide support to young people in the community and through day programme provision which includes alternative education, as well as out of hours crisis intervention and residential respite. It is an Ofsted 'outstanding' provision and a good example of when we pool our resources (as a Section 75 in this case) around a cohort of children and young people, the partnership can really make a difference. Impact measures show significant improvement in outcomes for the young people engaged, as well as good diversion from placement out of county and mental health hospital admission. This service is one of a kind in the country and a fantastic foundation on which to build our joint crisis intervention programmes.

9 Specific Priorities for Change (1-3)

Despite the significant work already underway to improve and transform children's services across the partnership, there remains more to be done and the areas where joint commissioning can be used to support that change have been outlined below. These priorities for change are a common thread through SCC children's services, FH&C children's portfolio's 5 areas of change and Surrey Heartlands 5 improvement 'intentions'.

Social, Emotional and Mental Health

There are three areas that we're seeking to improve in our SEMH offer to children and young people in Surrey. First, we recognise that we need to significantly increase our range of specialist provision for SEMH. We have over 200 children in NMI or independent SEMH provision, half of whom are out of County and we wish to decrease this number so all children are educated closer to home. To do this we need to fully understand which cohorts of children and young people are presenting with SEMH. Second, we want to ensure that the new MindWorks provision allocated to each school really has the impact it needs to on children's SEMH, and if not then thoroughly evaluate what more is needed. Third, we need a better shared understanding across Education of Tier 4 mental health provision, and step down and Tier 3 mental health provision and evaluate its sufficiency and opportunities for further collaboration and development. We have an SEMH strategy in development which will set this, and broader issues out in detail.

Children with Disabilities social care closer aligned to our health care services

We wish to better align our social care Children with Disability services to our community health teams, including SLT, OT, Physio and Community Paediatricians as well as our Continuing Care team and CAMH services, especially our CAMHS LD services. We also wish to better connect our children with disabilities services to our SEND area teams and local schools, together with the community and voluntary sector. This means aligning working practices, assessments, thresholds and making sure that every contact with families is maximised and duplication of information sharing from families is avoided, ensuring professionals work together as one team. We know from all the research in this area, that the landscape for children with disabilities and their families is complex and appendix 8 shows the array of services we have for children with disabilities, the different access routes. It starkly demonstrates the risk of slipping through the net as well as the challenges families can face in dealing with multiple practitioners. There is a review of our Children with Disability social care services, a new short breaks commissioning plan and there has been significant improvements made to our Continuing Care service. A critical next step is to integrate the care pathway across health, education and social care to ensure children and their families experience the seamless service they need.

Personalisation

We intend to offer a comprehensive personalisation option to children, young people and their families that is transparent and builds support in earlier intervention through to delivery of care for children with more complex needs as well as those experiencing crisis. Examples of how we will do this include streamlining the use of Personal Budgets and Personal Health Budgets where it works best for families and practitioners. In particular the CYP Complex Care team are looking to develop a protocol to support children with complex needs who may not meet CCC eligibility but for whom ordinarily available services are not meeting needs. In addition we're seeking to develop Personal Support in the form of urgent care / crisis intervention for children within our Children With Disabilities service. We are also looking at innovative ways to support children and young people's emotional wellbeing and mental health earlier, using approaches such as social prescribing and when in crisis especially for children who are looked after. This workstream is very much in its infancy, but we're committed to give it focus over the next 2 years.

9 Specific Priorities for Change (4-6)

Health of Looked After Children & Care Leavers

In Surrey we wish to better understand the care pathway for ensuring good mental health for our Looked After Children and Care Leavers. We have participated in an NHSE regional Deep Dive in this issue and have a series of recommendations to implement resulting from this. The Initial Health Assessment is a statutory assessment that is required to be completed by a paediatrician within 28 days of coming into care and reviewed every 6-12 months (depending on age) through an RHA. Although the IHA asks about emotional wellbeing, it is not a tool regularly used to deeply assess LAC & CL mental health locally and anecdotal evidence suggests there may be a significant increase in adolescent female self harm in our looked after children population. Data suggests that not every child's IHA and RHAs are completed on time. In addition we do not know what needs are picked up through those assessments, nor the impact of any subsequent treatment. For those children and young people who experience significant mental illness, it is important to understand preventative action that could be taken to divert from detainment under section 136 of the mental health act. NICE provide guidelines for assessing looked after children's mental and physical health, we wish to combine these 'standards' against the outcomes achieved in improving mental and physical health for Surrey's looked after children population.

Care Leavers in particular are at risk of poor mental and physical health as they transition from care to independent living. Research tells us that at this time, there are particular risks around substance misuse, poor nutrition and sexual health, as well as mental health and emotional wellbeing. We wish to work with our Care Leavers to understand what types of support would be most helpful at this transition stage, and how their existing health assessments can be more impactful on their overall health.

Ordinarily Available Provision

We wish to work together with our school partners and health colleagues to ensure all children, young people and their families are aware of what support is ordinarily available in and around mainstream schools and early years provision. This could be in the form of written guidance, or published on our website via the Local Offer. It will need to be co-produced with schools and early years settings and our stretch ambition is that it would include the health support which pupils in schools are able to access as part of the universal health offer, including vaccinations and other elements of the Healthy Child Programme and Surrey's Healthy Schools. Our ambition is also to have an aligned Local Offer with our Family Information Service so that families and those working in universal services, such as schools, can easily see what is available in each community to support families needs.

Community Health Services

Together we commission a range of community health therapies and provision to meet both universal (e.g. 0-19 Family Health Programme) as well as targeted and specialist needs (e.g. Continuing Care Healthcare Team, Physio and Occupational Therapy). Joint system transformation planning between commissioners and providers is building on the success of the partnership to date and forms part of a wider system transformation for children and their families in Surrey. This transformation will seek to adopt an approach that supports closer collaborative working between commissioners and providers including joint use of data with a single performance dashboard, and a common approach to co-production with children and their families. Our ambition is to improve the community health services Surrey families receive to the extent that they are more timely and impactful on the joint outcomes we wish for our children and young people.

9 Specific Priorities for Change (7-9)

Vulnerable Adolescents - Anxiety & Suicide Prevention

Despite our new MH alliance and 'Team around the School' approaches, it is still clear that there are a rising number of young people who are experiencing mental health crises that can mean they are home schooled and are struggling to leave their homes, often as a result of debilitating anxiety conditions. This has been heightened throughout the pandemic. We wish to work together across the partnership to consider short, intensive interventions which enable young people aged 14-25 to improve their mental health and resilience, re-join mainstream school and connect back with their communities. In addition, we have a shared focus on young people suicide prevention across our partnership and are working hard together to take a public health approach to this – see Infographic A3 (surreyscp.org.uk) for further information. We have recently reviewed our Targeted Youth Support and Youth Offending Service and now have a transformed provision that we see as critical to supporting some of this work.

Neurodevelopmental pathway

The pathway is designed to support children and young people up to the age of 18, and their families where neurodevelopmental difficulties have been identified. For children and young people with complex needs, what works best is when the practitioners and services around them work together in a joined up way. This supports families to know that their needs are being recognised and met in the most effective way. Some work has already started to improve Surrey's Neurodevelopmental Pathway, driven by the Autism Strategy and delivered through the new MindWorks service, where support is available to families before, during and after the pathway journey, including when no formal diagnosis is made. We wish to continue this successful work whilst delivering the improvements outlined in our Autism Strategy over the next 2 years.

Post Adoption / SGO Therapeutic Support

Adoption or special guardianship orders provide the permanence that we know benefits all children and young people. We also know that when these arrangements breakdown, they are catastrophic for children and young people and adoptive families. We wish to ensure that this rarely happens, if ever, and to provide support to all adoptive families or those who've embarked on special guardianship arrangements to prevent breakdown from happening. We know that initial therapeutic support around the child and their family can make a huge difference – a summary of evidence can be found here. A joint arrangement across health, social care and education would wrap support around the family and include: family therapy, trauma informed schooling and social care, and target our collective resources at where they can make the most impact. This is an area that is under-developed in Surrey at the moment, and we wish to work across our partnership to ensure the right support is put in place at the right time, particularly where young people are in adoptive or special guardianship families.

Enablers as Mechanisms for Change (1)

There are a number of tools that we have to enable faster change in Surrey, and to improve children and young people's outcomes. These can be grouped into 4 themes: child centred, workforce, understanding needs and managing resources well together. These are the enablers that we will adopt in our joint commissioning activity, and how is detailed below.

1. Children and Family Voices

Better listening, putting the child at the centre of everything we do. We will adopt the Time for Kids principles in our commissioning activity, and seek to co-design all our services across the partnership with children's views at the heart. We currently work with a number of voluntary sector organisations in designing and delivering our services, including Surrey Youth Focus and Family Voice Surrey. In addition, the Council has a User Voice Participation Team in Children's Services which facilitates Surrey Youth Cabinet as well as a number of specialist advisory groups, for example CAMHS and SEND to inform commissioning decisions about those areas. There is always room for improvement and to embed children's voices in joint commissioning, we're embarking on a review of our work programme, alongside the UVP team to recommend continuous co-production with children and young people.

Personalised Budgets – personal budgets and personal health budgets can be empowering and user-lead mechanisms for securing services. We wish to explore how we can make better use of these tools to enable children, young people and their families to manage their own care where that is their preferred choice.

Delivering services where children and young people are. A key premise of ICS policy is that much of the activity to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'places') and through teams delivering services working together on even smaller footprints (usually referred to as 'neighbourhoods'). Delivering multi-agency services where children and young people are, such as nurseries, schools and colleges, or even residential homes, can help to provide a child-friendly experience, as well as facilitate more seamless provision.

Guidance from NHS England and NHS Improvement on systems, places and neighbourhoods

Neighbourhoods (populations of around 30,000 to 50,000 people*): served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).
Places (populations of around 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.
Systems (populations of around 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

2. Workforce

Multi-disciplinary teams, ensure a joined up, seamless service for families. We have already started using multi-disciplinary approaches across our partnership, most recently in our mental health alliance and in testing new approaches through our Team Around the School early adopters. We wish to align or join practitioners more in multi-disciplinary teams where it works best for the family, and will review each of our joint priority areas with a view to doing this. A first review will be our services for children with disabilities and complex health needs.

Joint workforce – training practitioners to do pre-panel work effectively / enough workforce / joint workforce, sharing trusted assessments etc. Also joint workforce planning, particularly in light of 'Closer to Home' programme which will impact on workforce needed.

Creative Solutions to Workforce Gaps – alternative delivery models, using virtual or group work. Moving away from traditional models to joint approaches, ensuring every contact with families counts. Working more closely with the Voluntary and Community Sector whilst developing a changing mix of capabilities and skills.

Stable and Trusted Practitioners – SCC has a Workforce Academy designed to train and develop the workforce so that every child who needs it has a stable and trusted social worker.

Enablers as Mechanisms for Change (2)

3. Understanding needs across Surrey

Forecasting and understanding our trajectory – in SCC we have undertaken significant work to understand SEND in our population, how it will change over the coming 10 years and impact on our services and budgets. We wish to apply this same approach to our joint work, looking at social care as well as complex health needs with these same lenses.

Shared data and information sharing – information sharing is critical to good partnership working, so that a joint understanding of needs and trajectories can be developed. In Surrey we are yet to be in a position to integrate our case management systems, but we do strategically plan many of our services together through partnerships such as the High Needs Working Group, the SEND Partnership and others. In addition, Surrey has recently adopted a Shared Care Record scheme across the ICS and Social Care. Shared care records are a local, digital shared care record for health and care professionals across an Integrated Care System. They allow the secure sharing of health and care data between authorised health and care professionals to deliver safer, quicker, more personalised and more coordinated local health and care services. From 2022, a new Early Years and Education System (EYES) will be rolled out across SCC and some partnership organisations.

Panels – a recent review of our resource allocation panels has highlighted strengths and weaknesses as well as the need to create a consistent approach across our panels. A strength is our evolved Joint Commissioning Panel which has tightened processes and standardised procedures. It is administered by a new Secretariat which also retains oversight of some of the other resource allocation panels. It is a prime area for joint funding and could be extending to cover all panels, including the Continuing Care Panel. Then, where gaps are identified, such as pre-panel work training, a new work package can be initialised and applied across the partnership. How our panels work together is outlined here.

4. Managing resources well together

Good capital investment – SCC have invested just under £80m in 1,600 new school places for children with additional needs and disabilities. This not only supports the Coming Home work, to bring our children closer to home, but also enables a range of placement shifts – including stepping children down from more intensive support where appropriate, as well as rebalancing the use of the market from private provision to public, providing greater control of resources. SCC are considering a further £60m investment in special school places over the coming 2 years. Social Care are investing £37m in in-house residential provision to meet increasing demand for looked after children. This will significantly change the market place for social care placements, and provides a significant opportunity for partnership working across health – both physical and mental health. Although many of these capital developments are very exciting, they do have a knock on effect to our revenue funding and staffing new establishments will become a broader partnership concern. Workforce developments will need to follow through on all capital developments in Surrey.

Transparency of spend / budgets is a critical part of building trust across our partnership. The Partnership Framework Agreement developed across the ICS and SCC will support work to ensure our finance systems speak clearly to each other, and where we can collectively understand spend on a cohort of children, or even on individual children and assess value for money or impact of our jointly allocated resources against the outcomes achieved for children, young people or families. This work has already started and monitoring and budget information is being shared in an effort to achieve this. However there are significant issues in the different ways our organisations report costs with the local authority being service driven and health tending to be activity driven. The Partnership Agreement will resolve this issue when put into practice.

Pooling or alignment of budgets where it makes sense to do so – which we have already done with our outstanding HOPE service. Other areas to test include speech and language, and centres for disability.

Enablers / Mechanisms for Change (3)

We will adopt the Time For Kids Principles. Time for Kids was initiated by the voluntary sector in Surrey and approved by the Health & Wellbeing Board in December 2019. The purpose is to change the Surrey system to provide a better launchpad for young people into successful and fulfilling young adulthood, promoting wellbeing and ultimately, a sustainable society. The key principles are here:

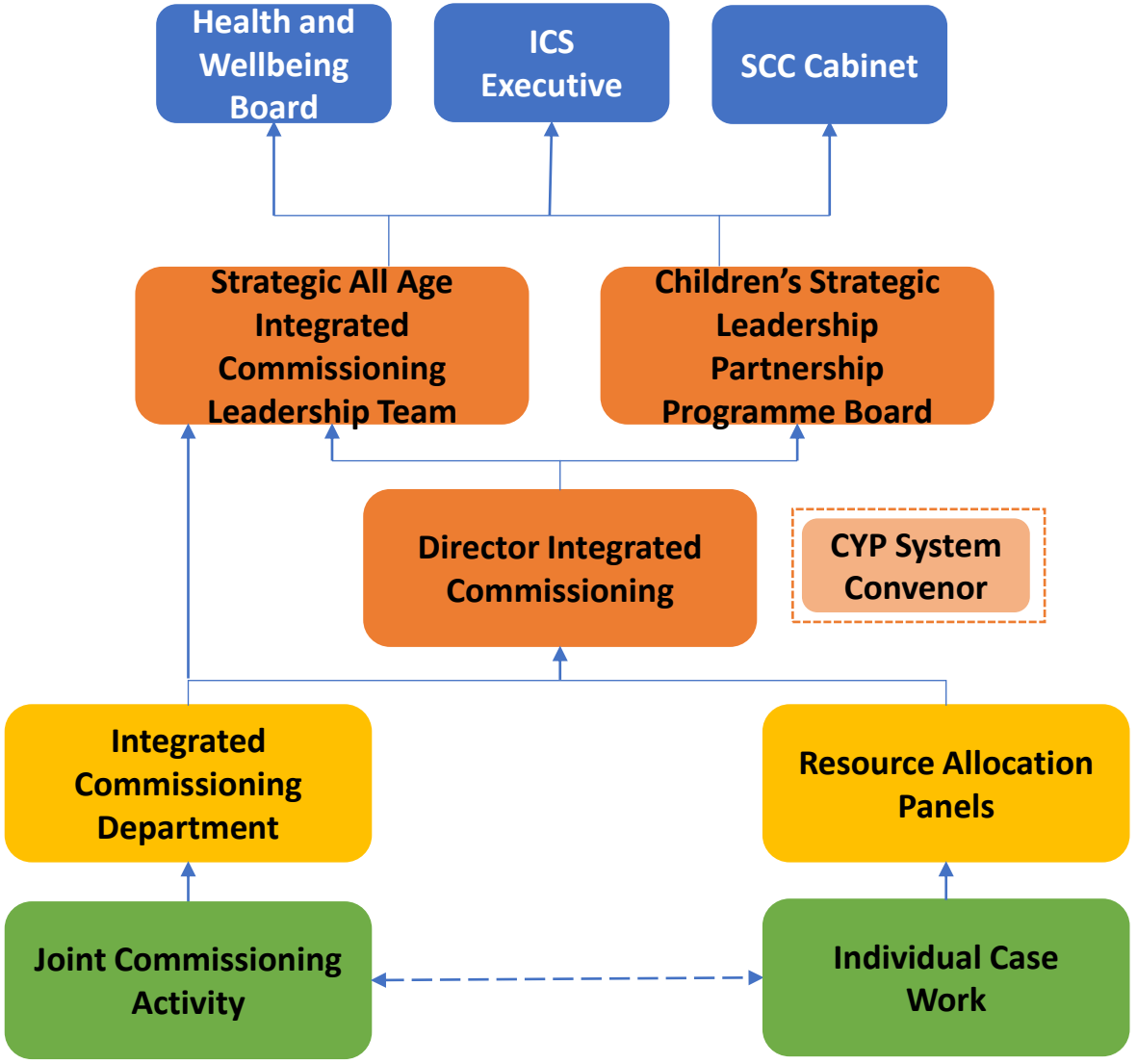
Governance and Monitoring Impact

Most joint commissioning activity will take place within the children's Integrated Commissioning Department, which sits within SCC. However the commissioning panels will also recommend joint uses of resources based on individual case work – be it from SEND practitioners, Social Workers, or Community Health practitioners. Furthermore, work needs to be done to understand how we can better learn from SEND Tribunals and EHCP audits to inform our commissioning and service development.

It is important that Directors of Education, Social Care and Health work alongside the Director for Commissioning to monitor impact of these activities (as per the commissioning cycle) as well as resolve any disputes.

For large scale dispute or disagreement, there is an escalation process in the JCP Funding Protocol to Directors.

The Children's Strategic Leadership Partnership Programme Board is an executive level children's partnership group which can agree large-scale strategic commissioning decisions and plan joint ventures and innovations together. The Terms of Reference for this group are currently under review to ensure it has the strategic grip needed for all the joint commissioning activity. An initial task for this group is to pull together the key outcomes the partnership signs up to for vulnerable children and young people and this is anticipated to take place in the next year or two, once the health systems have settled in their new guise.



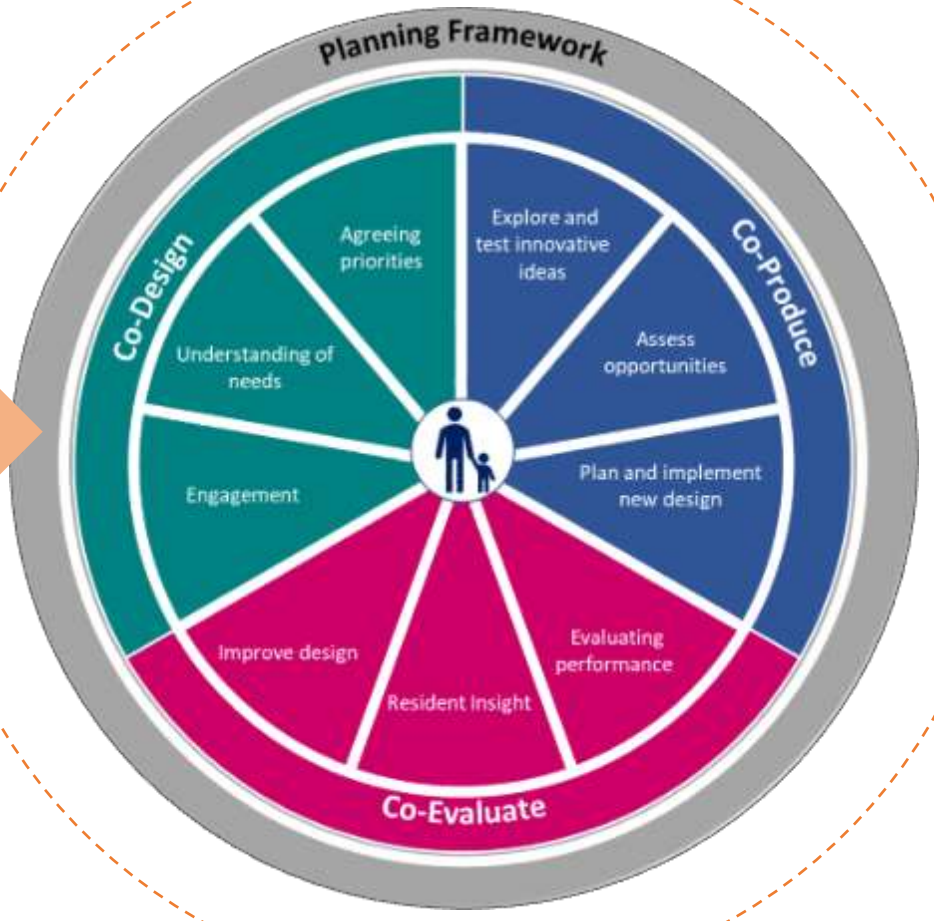
Appendices

Appendix 1: A Collaborative Commissioning Cycle

Across Surrey health, education and care partnership we wish to move from a traditional commissioning cycle to one which is co-designed, co-produced and co-evaluated.

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

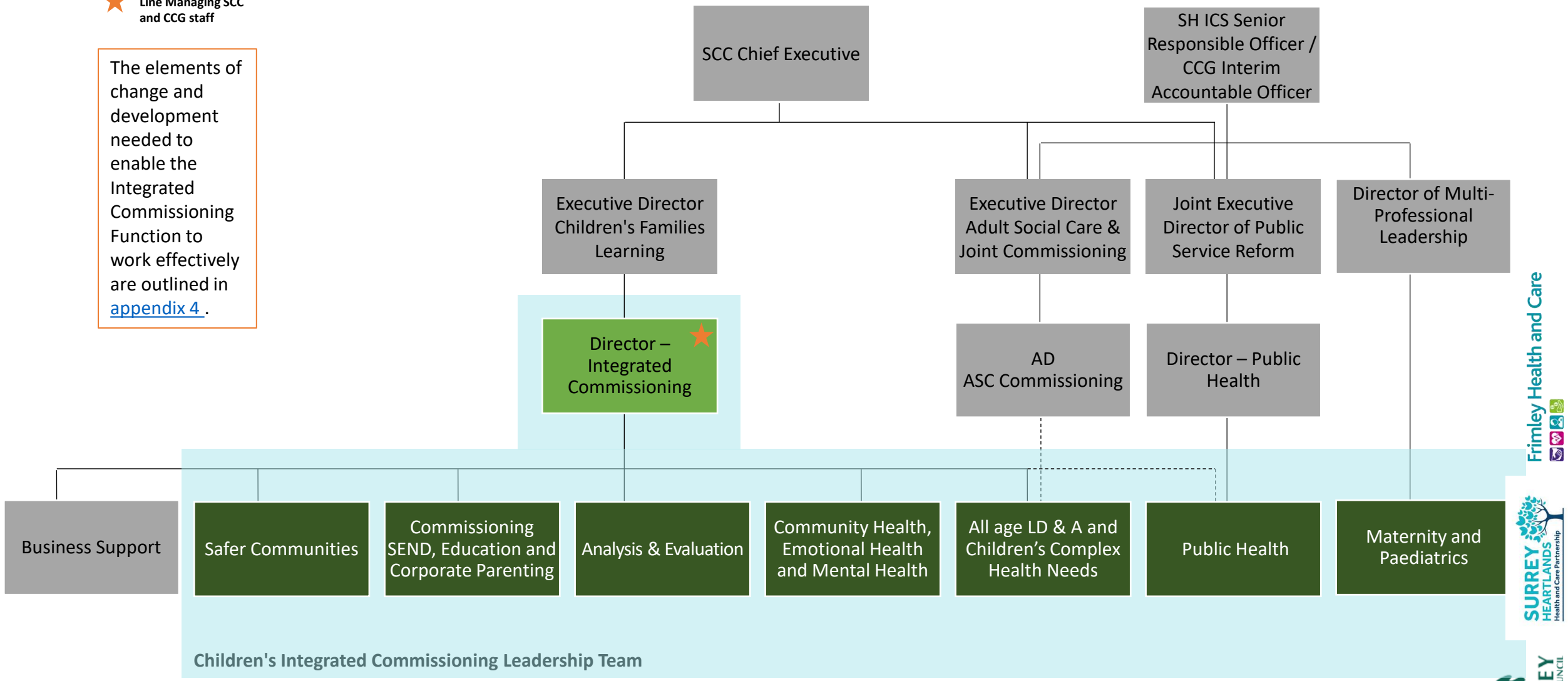
A collaborative commissioning cycle where NHS, Local Authority and Communities work together.



Appendix 2: Integrated Commissioning Team - Structure and Scope

★ Line Managing SCC and CCG staff

The elements of change and development needed to enable the Integrated Commissioning Function to work effectively are outlined in appendix 4 .



Appendix 3: Surrey County Council CFLL Directorate Plan 2021/22

Priority Areas 2021-22

- **Services for Children with Additional Needs**
- **Children's Emotional Wellbeing and Mental Health**
- **Safeguarding and Children's Social Care**

Key Strategies and Plans

- **Getting to Good Plan**
- **Corporate Parenting Strategy**
- **Helping Families Early Strategy**
- **Surrey Safeguarding Children Partnership – Strategic Plan**
- **Surrey Special Educational Needs and Disability (SEND) Partnership Strategy**
- **Emotional Wellbeing and Mental Health Strategy**
- **First 1000 Days Strategy**
- **Surrey Heartlands System Ambitions 19-20**

More information and links to these plans and strategies, and more detailed Service Plans can be found on the CFLL JiveHub!

Frimley Health and Care

SURREY HEARTLANDS Health and Care Partnership

SURREY COUNTY COUNCIL

Appendix 4: Surrey's Plan to Integrate Commissioning

Joint commitment to increasing the integration of health and social care services to improve outcomes for Surrey's residents and supporting the sustainability of the local health and social care system. **Senior Leaders reemphasised the importance of this work by endorsing continuation of efforts to integrate despite lockdown pressures given it supports recovery**

Transforming commissioning of health and social care services a key lever to increasing integration.

Significant progress towards further collaboration already been made

- **Children's commissioners across health and care have been working more closely together**
- Collaborative ways of working **accelerated due to the response to the COVID 19 pandemic**
- Children's commissioning **leadership teams come together to work jointly**

Earlier **co-design activity across children's commissioning produced key outputs**:

- a **shared vision for integrated commissioning**
- **shared principles** for the system
- a single **framework for integrated planning activity** which brings together the common steps in the planning and commissioning cycles across health and care
- a proposed **model for joint planning** and process improvement for children's commissioning
- a **commitment to developing a shared language**
- an aspiration for a 'more than the parts' culture, with **agreed behaviours and values**

Shared vision for integrated commissioning of services for children in Surrey

Integrated commissioning model for health and care services for Children in Surrey

- **Operating to a streamlined governance model,** with clear joint roles and responsibilities, and interfaces to the two ICSs .
- **Underpinned by collective resources (agreed budgets)** and plans for ensuring financial balance.
- **Co-ordinating development of supporting infrastructure** including workforce, estates, digital and new models of care.
- **Underpinned by more integrated working with and between providers in Surrey**.
- **There is a recognition that this has to be part of delivering within the finance control totals within each ICS.**

Frimley Health and Care

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Appendix 5: Elements of Change and Development – Integrated Children's Commissioning

- Decision making within the integrated service
- Joint leadership meetings
- Hub meetings
- Integrated service communications strategy and plan
- Employee engagement strategy
- Relationship management
- Integrated children's commissioning identity
- Feedback methods and loops

- Shared data and intelligence
- Shared market analysis
- Performance management framework
- View of performance against outcomes
- Shared reporting
- Shared recognition
- Incentives for positive behaviours

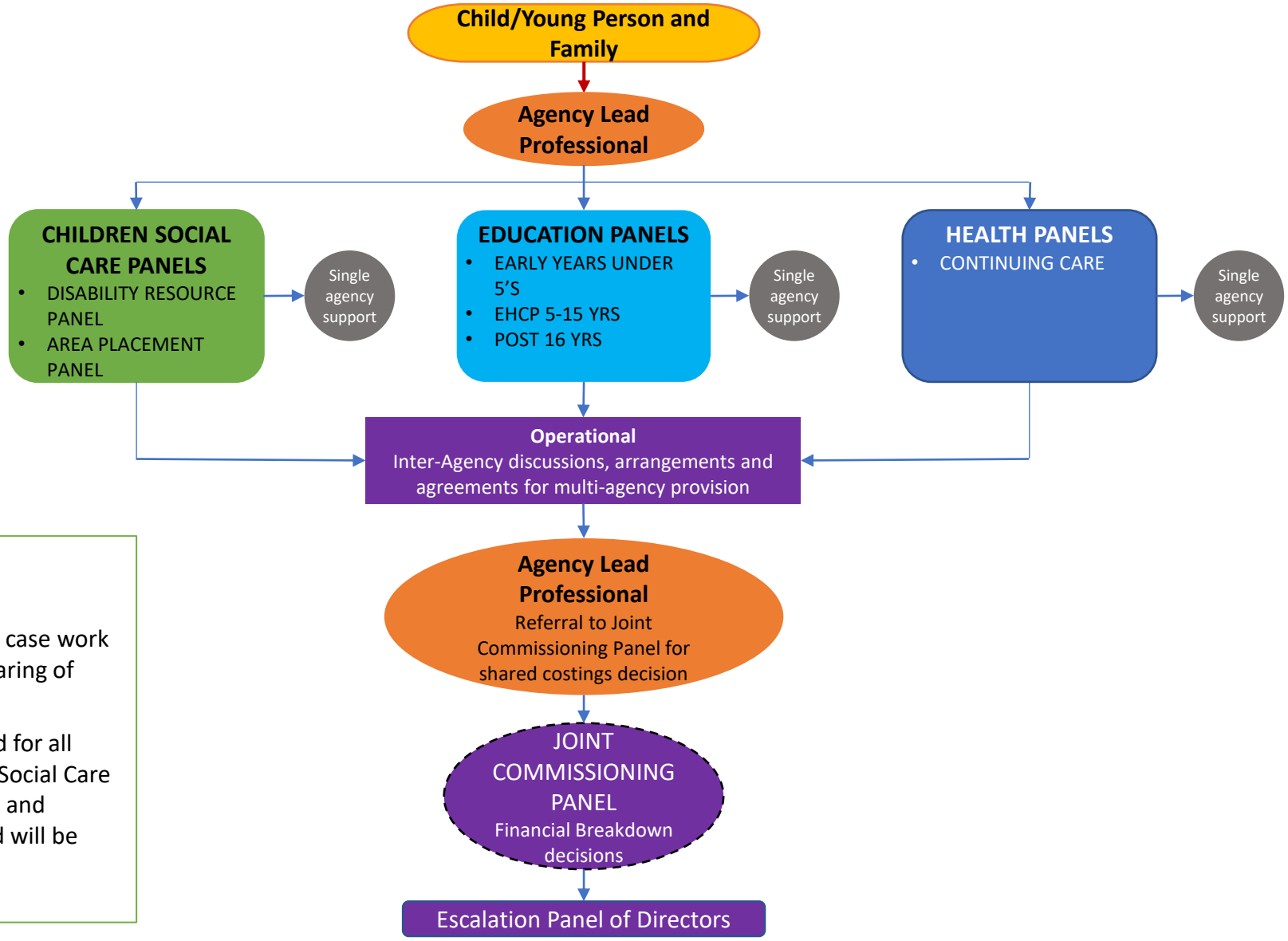
- Single recruitment approach
- Integrated service induction
- Integrated workforce plan
- *Continuous learning culture / human learning systems*
- Joint learning strategy and objectives
- Learning frame [experimentation / reflection / redesign]
- Integrated service staff development plans
- Integrated service leadership development plans
- Recognition for learning

- Strategic context / operating framework
  - Statute and legislation
  - Surrey strategic policy
  - Children & young people health and care services strategies and plans
- Shared vision – outcomes for people
- Shared vision – integrated commissioning
- Shared outcomes / priorities – shared outcomes framework
- Shared goals and objectives
- Integrated service plan
- Individual commissioning hub plans
- Single plan for service design / transformation
- Relationship and trust model - shared behaviours
- Shared definitions and language

- Joint decision making
  - Surrey Strategic Health & Care Commissioning Collaborative
  - Committees In Common
  - Children's Strategic Group
  - Strategic Programme Board
- Joint agreement for working together
  - Memorandum of Understanding [MoU]
- Joint leadership
- Integrated commissioning portfolio
- Integrated organisational structure
- Matrix management
- Hub concept and configuration

- Processes that support integration
- Aligned / shared processes, procedures
- Standard templates
- Integrated planning framework
- Collaborative technology platforms
- Working environments
- Transformation / change portfolio
- Aligned / agreed project and change management approaches
- Contracts register

Appendix 6: Resource Allocation Panels working together



Managing & Learning from Panels

A secretariat currently administers the Joint Commissioning Panel and quality controls the case work coming to that panel but without systemic sharing of learning or development.

Initially the secretariat function was envisaged for all Resource Allocation Panels across Education, Social Care and Health, with consistent standards applied and learning shared. This hasn't yet happened and will be considered as part of the evolution of joint commissioning in Surrey.

Appendix 7: Surrey's Team Around the School Model

Team Around the Scho key features

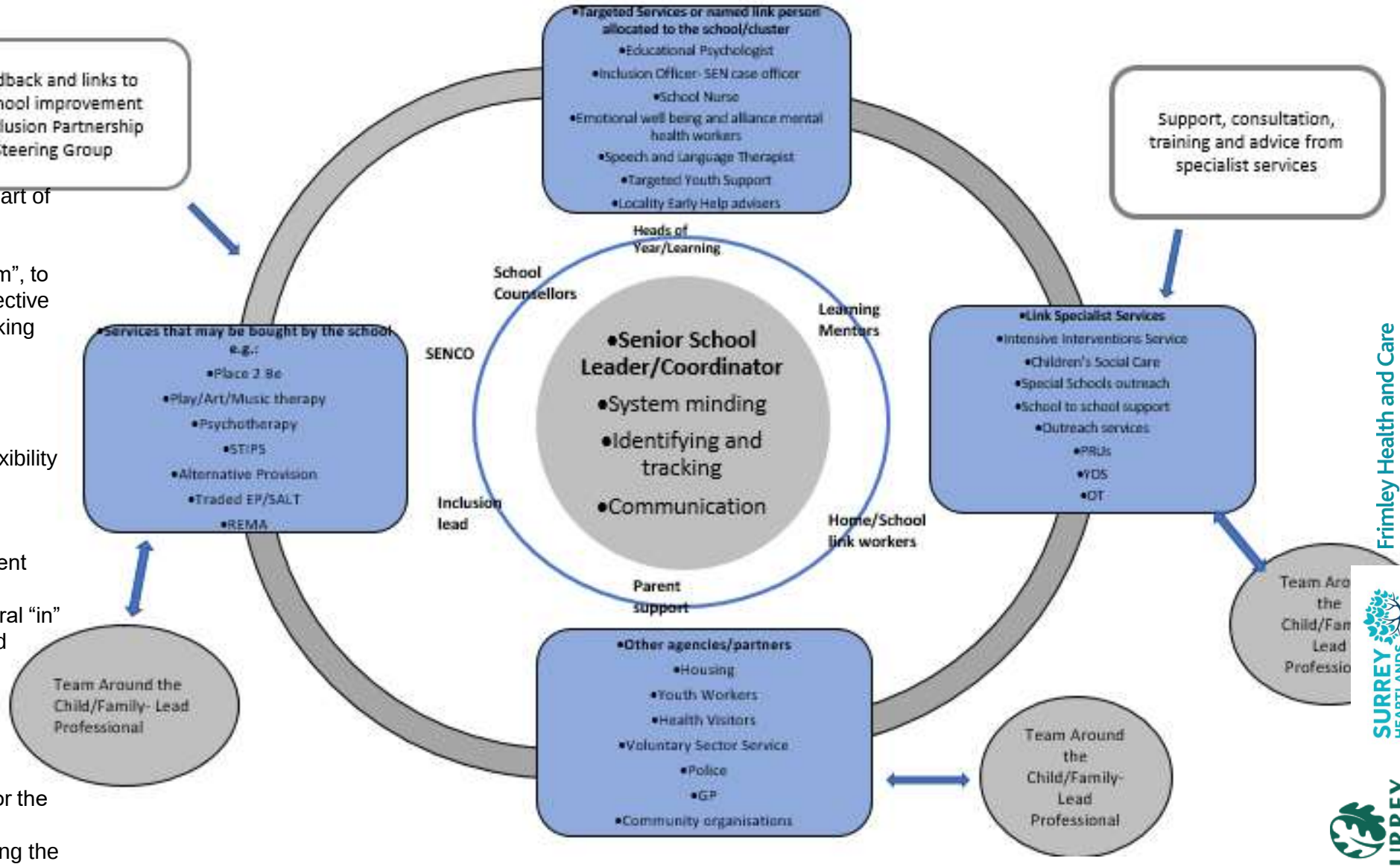
Services and agencies are organised differently with named people allocated to work with a school or a cluster of schools and become part of that school's wider "team".

The co-ordinator's role is to "mind the system", to identify and track children and to ensure effective communication systems and integrated working with school staff.

Services do not work in silos each with their referral systems but there is effective communication and information sharing. Flexibility in the use of resources is key to be able to respond at earlier stages.

It is a referral "in" model rather than the current system of referral out where it is hoped that someone will pick up the problem. The referral "in" model is where the school asks partners and specialist services to come and help with problem solving and provide support, advice and practical interventions.

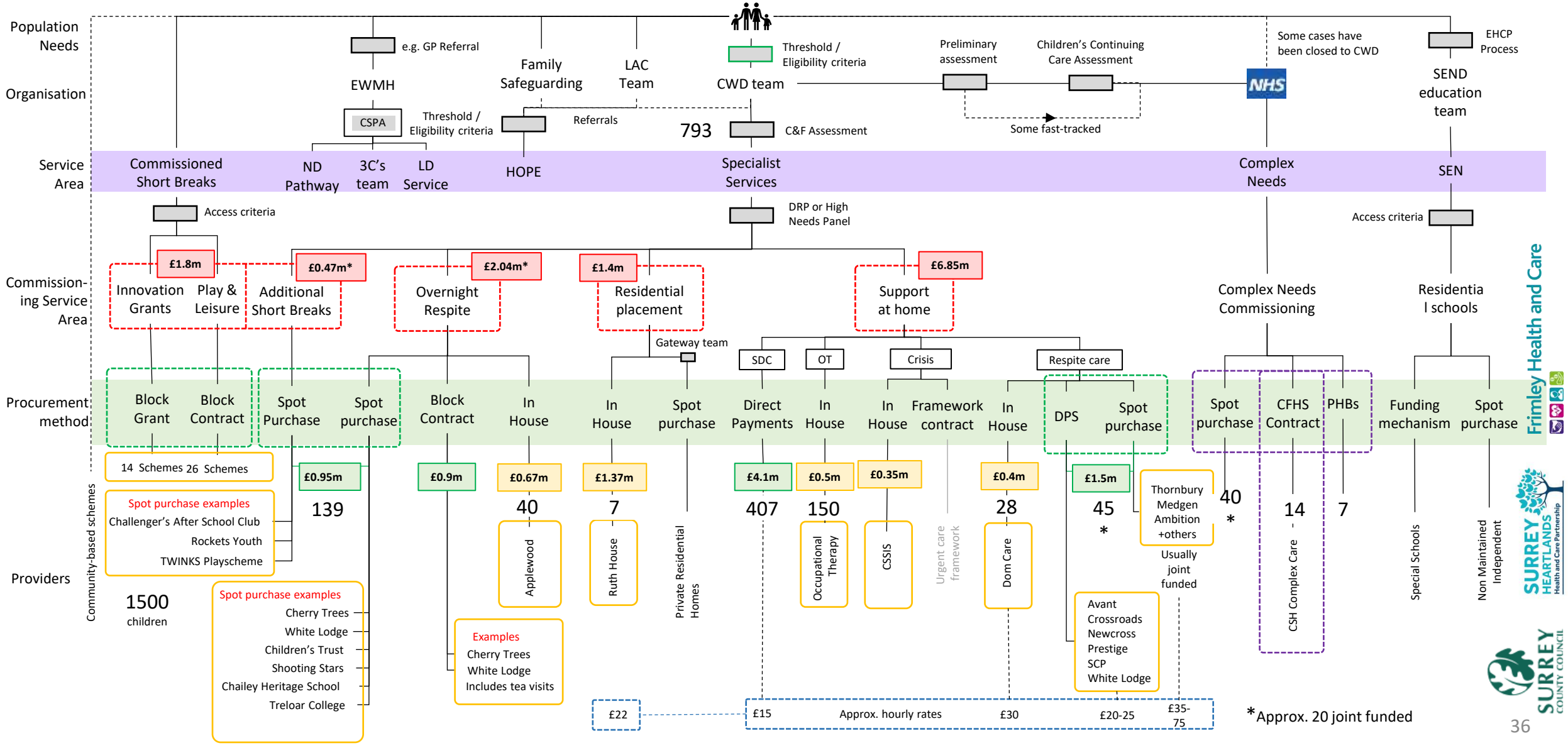
There is a shared management of risk and responsibility – the team "holds the baton" for the child or family – schools are not left with the problem and the risk on their own- not passing the baton from service to service



Already: Working together on Surrey Healthy Schools and WER now.

Appendix 8: Provision and Access Routes – Children with Disabilities

Intensely complex and varied system in terms of pathways, access routes and 'location' and eligibility and assessment processes. This means high risk of variations in awareness and access between families, disparity in what families receive, disconnects in the transitions between services. Need better oversight of whole picture of provision and costs and assurance that families are receiving the right support and not slipping through the gaps.



Appendix 9: Public Health England Comparator Data: Surrey & England

Indicator	Period	Surrey			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	–	131	3.6	3.5	3.9	6.8		1.7
Child mortality rate (1-17 years)	2018 - 20	–	60	8.0	8.7	10.3	17.7		6.1
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2020/21	↑	11,441	89.2%	92.3%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2020/21	↑	11,927	92.9%	95.0%	93.8%	77.8%		99.2%
Children in care immunisations	2021	↑	635	93.0%	83.0%	86.0%	22.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	10,542	78.3%	74.6%	71.8%	63.1%		
Average Attainment 8 score	2020/21	–	590,639	55.1	52.1	50.9	42.9		
Average Attainment 8 score of children in care	2020	–	1,418	17.7	20.2	21.4	10.6		
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	→	2,150	9.5%	6.4%	5.5%	13.8%		1.4%
First time entrants to the youth justice system	2020	→	122	104.3	156.7	169.2	348.5		56.6
Children in absolute low income families (under 16s)	2019/20	→	16,646	7.0%	11.1%	15.6%	33.4%		5.4%
Children in relative low income families (under 16s)	2019/20	↑	19,943	8.4%	13.3%	19.1%	38.6%		6.9%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	–	961	7.4	11.8	11.6	32.2		3.6
Children in care	2021	→	996	38	53	67	210		24
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	119	16.8	15.6	15.9	55.0		2.6
Low birth weight of term babies	2020	→	283	2.58%	2.58%	2.86%	4.85%		35%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	325	6.3%*	8.9%	9.9%	14.6%		
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	1,535	14.4%	17.8%	21.0%	30.1%		
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	–	-	*	17.6%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2018/19 - 20/21	–	555	219.9	98.1*	220.8	7.5		
Under 18s conception rate / 1,000 New data	2020	↓	172	8.3	10.6	13.0	30.4		2.7
Teenage mothers	2020/21	→	30	0.3%	0.4%	0.6%	1.8%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	260	32.9	31.3*	29.3	83.8		7.7
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	–	305	76.3	75.9*	81.2	229.4		16.9
Smoking status at time of delivery	2020/21	→	660	6.0%	9.0%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	–	8,090	76.5%	72.7%	67.4%	43.6%		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	–	7,550	*	*	47.6%*	-	*Insufficient number of values for a spine chart*	
A&E attendances (0-4 years)	2019/20	↑	50,200	722.9	592.8	659.8	1,700.5		28.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	↓	1,485	66.7	73.2	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	↓	1,580	117.7	130.8	112.4	264.7		45.8
Hospital admissions for asthma (under 19 years)	2020/21	↓	130	46.7	54.7	74.2	290.2		22.5
Hospital admissions for mental health conditions (<18 yrs)	2020/21	↑	315	118.9	99.4	87.5	263.5		21.0
Hospital admissions as a result of self-harm (10-24 years)	2020/21	↑	985	468.7	505.6	421.9	1,173.7		112.4

Appendix 10: Family Outcomes Framework