Engagement report - review of Child and Adolescent Mental Health and Emotional Wellbeing Services in Southwark

May 2018
Southwark Council and NHS Southwark Clinical Commissioning Group undertook a review into Child and Adolescent Mental Health Services (CAMHS) and emotional wellbeing service in Southwark during April and May 2018 including services delivered in SLaM, schools, voluntary sector and the wider system. The aim was to engage with relevant stakeholders to:

- understand their views on the service
- understand the issues and gaps they experience in the service
- explore ideas/new ways of working for the CAMHS service
Why are we doing this?

- Increasing number of children and young people needing mental health or emotional wellbeing services
- Government requirement to improve access to mental health services for children and young people
- Funding not keeping pace with increasing demand and pressures due to local authority funding reductions from central government
- Implications for adulthood if children and young people’s needs are not met
What services we are looking at

- Specialist CAMHS (Child and Adolescent Mental Health Services) provided by South London and Maudsley (SLaM) NHS Foundation Trust
- Local authority services working within social work teams (clinical practitioner service)
- Voluntary sector
- Schools
- Public health nursing (health visiting, school nursing)
- Services provided in acute hospitals (Kings, Guys and St Thomas’s)
- GPs and other services which are not primarily mental health services
What do we already know

- Healthwatch engagement on children and young people’s mental health and well being 2016
  - Engaged with 114 young people
  - Issues raised included perceptions and knowledge of mental health, where to find information, where to go for support, support from friends and family, support from professionals and embarrassment and stigma.
  - Recommendations were wide-ranging and comprehensive – included teaching young people about mental health, teaching teachers about mental health, promote services, improve access to talking therapies, support young people at school.
What do we already know

- **The CCG carried out a programme of engagement to inform the development of the Southwark Children and Young People’ Joint Wellbeing Strategic Framework.**
- Issues raised included:
  - stress is a common cause of unhappiness
  - bullying is a major problem for young
  - a more holistic approach to mental health support is necessary
  - self-harm is a real issue for young people
  - knowledge of mental health services is limited
  - that services and health professionals need to be more young people friendly
  - need to raise awareness with teaching staff and provide more information in schools.
What do we already know

• The Southwark Youth Council identified three priority areas during their election week in 2017 and these include:
  • Knife crime
  • Bullying

• Anecdotal feedback from GPs as part of regular locality meetings highlighted:
  • Referral guidelines to the CAMHS service need streamlining
  • Some lack of support in schools
  • If referrals are not accepted there’s no secondary option – not having referral accepted can add to the symptoms of mental ill health
  • Well Clinic in Streatham is useful – young people report feeling well looked after and receive treatments
  • Consider a hub for schools and GPs to refer into
  • Issues around transition

• Friends and Family Test data from CAMHS service
What have we done so far

- Audit of accepted and rejected referrals, benchmarking against other areas
- Engagement with parents, carers, CAMHS service users and young carers
- One to one conversations with key stakeholders including paediatricians, GPs, social workers, senior managers and many more
- In depth conversations with staff at SLaM who deliver a huge part of the mental health services for children and young people
- Created a survey for those who refer into the service
- Intelligence gathering including pathways, referral data, service data
- Focus group with headteachers and safeguarding leads
How we engaged

• Survey for those who refer to CAMHS service during April and May 2018
  • 130 respondents across different disciplines, including GPs, social workers, teachers, hospital doctors, Youth Offending Service and others
• Organised a focus group of head teachers and safeguarding leads in April 2018 – 8 representatives from schools across Southwark
• Attended an adolescent’s group at the South London and Maudsley Trust
  • In-depth discussion with four young women, three from a BME background
• Attended a Young Carers Group
  • In depth discussion with eight young people (four young men and four young women, six from a BME background)
• Attended a meeting of parents and carers at Contact
  • In depth discussion with approximately 20 parents
• Held a Stakeholder Engagement Event in May:
  • Presentation, group work discussions and prioritisation exercise
  • 75 stakeholders attended including 15+ parents/carers, as well two young people and a number of professionals including mental health staff, teachers, social workers and other referrers
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<th>Overarching themes</th>
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<td><strong>Fragmented and difficult to understand services and</strong></td>
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<td><strong>pathways</strong></td>
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<td><strong>Multiple referral points and routes - need for one</strong></td>
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<td><strong>referral point</strong></td>
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<td><strong>Difficulty in accessing specialist CAMHS</strong></td>
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<td><strong>Not enough resource for children/young people</strong></td>
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<td><strong>who need more than early help or school can offer,</strong></td>
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<td><strong>but not crisis</strong></td>
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<td><strong>Need for flexible, mobile working</strong></td>
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<td><strong>Lack of behaviour support service for children with</strong></td>
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<td><strong>LD, ASD and ADHD</strong></td>
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<td><strong>Better use of technology such as Skype, apps</strong></td>
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<td><strong>Earlier help not available which leads to unnecessary</strong></td>
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<td><strong>hospital attendance</strong></td>
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<td><strong>Staffing shortage</strong> (national issue)**</td>
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**Overarching themes**

<table>
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<th>Clarity around what services are available</th>
<th>Quality of referrals – not enough information</th>
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<td>More publicly available information on the CAMHS local offer</td>
<td>Central v local delivery</td>
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<td>Wide variation in what schools offer</td>
<td>Transition to adult services</td>
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Survey results

130 professionals who refer into CAMHS completed the survey

Wide variety of roles across the sector from GPs and social workers, to youth offending service staff

57% of respondents had referred to CAMHS in the last 6 months

Outcome of referral not often communicated back to original referrer

14 respondents indicated they had not been communicated with following the referral

Thresholds are too high, low acceptance rate

• 43% indicated they had their referral accepted
• 16% indicated their referral was rejected
• 31% did not answer
Survey results

Referrers often have to chase up their referral

38% of respondents said their experience of referring was either very good or fairly good (*58 respondents skipped this question)

7% indicated their experience of referring in was either very poor or fairly poor (*58 respondents skipped this question)

Very positive comments and feedback on Carelink service and staff

Some felt the form and process was too ‘clunky’ and drawn out

Some respondents felt the reasons given were not clear, and no further advice or guidance was given when rejected
Survey results

Some very positive experiences of CAMHS – ‘valuable and inspiring’

Many respondents feel there is improvement in communication between the service and referring agencies

Genuine understanding of the pressures facing CAMHS both in terms of funding and staffing

Require more services focused on lower need, possibly outside of CAMHS

Referrers often call as well as making the written referral as assurance

Only 12 respondents reported being communicated with, within 1 week
Q1: In the last 6 months, have you referred a child or a young person to Southwark CAMHS?

I refer from both my outpatient service [and] in patient - this generally goes smoothly due to initial assessment by liaison psychiatrist/CAMHS team in house.

Did not refer as they usually turn down the referral.

I haven't had anyone accepted immediately, but interestingly one got there in the end.

The waiting lists are very long so inevitably this is not good for the children/young people and their families.

I have been supporting a family to encourage teenager to re-engage with CAMHS and I have been discussing with my ... colleagues about concerns and options.

I have contacted Carelink for advice where a young person is out of borough or where they are 18plus and I am struggling to access services.

Referral process was easy and good response time.

Total responses: 129
Q2: Was the referral accepted?
Q3: How was the outcome of the referral communicated to you?

They do ask a lot of information from us, which can be very difficult for us to acquire in 10 min. If I want to know if someone is accepted I have to chase it up. Waits to be seen are very long

I have seldom received any communication from the community CAMHS team

Communication is always completed in a timely manner

I had to call up or send emails to find out what was happening

The communication goes directly to the child's social worker but as a Southwark Social Worker would be useful to have this as well to keep the foster carer informed

Parents had been sent a letter but never received at practice - my memory is that I could find on the Local Care Record but had not been emailed across

Carelink always make telephone contact with the referrer to discuss whether the referral is appropriate or where they can sign post for alternative services

It is usually the families who inform us that CAMHS are working with them

Total skipped: 40
Q4: In what time frame was the outcome of the referral communicated to you?

- Within 1 week: 12
- Within 1-2 weeks: 15
- Within 2-4 weeks: 17
- Within 1-2 months: 10

Mixed. If we send someone via A&E, we find out immediately. If we send the usual referral route - it is anyone's guess if we find out or not.

I end up asking the families when I next see them in clinic.

We do always get a response.

Difficult to say as it would not be directly communicated to me but I would hopefully hear within a week from the child's SW or foster carer.

Initial assessments and advice are usually available very quickly.

Total skipped: 58
Q5: How was your experience of referring a child or young person to Southwark CAMHS?

Access to services has a high threshold. If patients don't attend they are discharged - understandable ... but these are usually vulnerable children and families. I have sometimes had to refer patients repeatedly before support given - eg bereaved child who went to one support session, found it difficult and didn't go back after they were told they were discharged for non attendance.

Easy to refer and ability to have telephone consultation The acceptance rate is low - often they are rejected or seen once and then we are told that they do not need ongoing support - suggest referral to Faces in Focus or somewhere

No communication back and very slow waiting times, especially for LAC. Waiting 4 months for someone to take on the caseload

Had to fax referral as email address not available on website. CAMHS did not tell us when they could not open our referral letter so we only found out when we chased up why the referral had not been actioned, it turned out it had not been read. I checked LCR for outcome of referral as I had not heard when patient returned to me.

We have often had to chase up the referrals; and there does seem to be no way to prioritise 'urgent' cases as opposed to those that may be necessary for long-term wellbeing

Total skipped: 58
Q5: How was your experience of referring a child or young person to Southwark CAMHS?

For emergency cases requiring 7 day follow-up, excellent. For children with less severe issues, cases may well be referred on elsewhere to agencies that don't feel adequate (as far as I'm concerned as a consultant in the system) to meet their needs. I don't see this as CAMHS' fault; they are working to capacity and necessarily have to deflect lesser cases elsewhere as a result of current Tier 2 and Tier 3 commissioning arrangements.

Clinicians in CAMHS Carelink are always open for consultation and happy to discuss initial referrals and their thoughts about a particular child or placement issues.

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It was very good but there are some delays as they are short staffed and have high caseloads.

My team has built up strong links and good communication with the Carelink team, who we liaise with regularly and have opportunities to consult post-referral and assessment.

All referrals I've made have been taken seriously and received a service. Where there have been any delays in this has been communicated and telephone support offered in the interim. They have always explained decisions resulting from referrals clearly.

My team has built up strong links and good communication with the Carelink team, who we liaise with regularly and have opportunities to consult post-referral and assessment.
Q5: How was your experience of referring a child or young person to Southwark CAMHS?

Carelink have a very embedded relationship with Adoption and Fostering, including a very experienced practitioner from Carelink attending the Adoption Group Supervision Sessions. For Looked after Children (LAC) it is likely Carelink are part of our team working together to meet the needs of children and this makes a massive difference.

The process was smooth and I understand that children cannot be seen as quickly as we would like due to numbers.

Carelink are usually very quick to offer a service, they will complete an assessment and some initial appointments as an interim measure. This helps us tremendously as we are able to get advice quickly about working with the child. Looked After Children ... need a quick service having suffered trauma and abuse. Carelink also work with younger children and offer advice to foster carers which is invaluable. When Carelink do offer regular therapy sessions these are not time limited, they will continue working with the child until progress is made and they feel there is no longer a need.

We always receive excellent advice and support regarding new referrals.

We require a great deal of information, often more than is possible to collect in 10 min; any one over 17 is likely not to get a service, and this is not readily communicated back to us.

Good communication with the team and holistic historical knowledge of the child it was very hard to find out whether his referral had actually been accepted.

The form is quite long and the format is quite frustrating, particularly if copying/pasting chunks of text.

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Q7: If referral was not accepted, were clear reasons given by SLaM staff?

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<th>Yes</th>
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I am not sure that I would agree - saying that levels of risk were manageable but when you have a parent who is very concerned and asking for a referral and opinion there are no other options open to GP except refer to CAMHS for mental health if you want a psychiatric opinion from a doctor.

No I was given a generic reply with the various reasons why in general CAMHS referrals are not accepted and without any other advice about how to help the child.

I was told it didn't meet the threshold.

Not initially, I had to do a lot of chasing and was always told that the case was "waiting" but wasn't told what for or what the time frame for "waiting" would be. Referral was made on 5.1.18 and I was told that the case would be taken on by a tier 4 service on 18.4.18 when I called and chased this up. I would have preferred to have been informed by CAMHS and I don't think that the period of waiting was acceptable.

Total skipped: 113
Q8: When your referral was not accepted, were you given any clear advice as to how to deal with the issues in your practice or by referring to other services?

- **Yes**: 3
- **No**: 6

- **Nothing at all.** I have called the services manager to understand the reason and have left a message to speak.
- **Complicated issues related to funding.** It should be responsibility of CHAMS team to arrange funding.
- **Not always practical or that helpful.**
- **It was suggested that I refer the teenager to Faces in Focus.**
- **There was advice given but due to the nature of the population probably having difficulty to access these services it was unlikely that these services would be taken up.**
- **No just told it was waiting and I felt fobbed off as no one could answer why or give me a timeframe.**

Refer to Early Help. By this time the patient + parents aren't with you. Early Help won't accept that a request for CAMHS is an implied consent to Early Help/CAMHS too. Then you have to chase the child/parent. Why can't the referral be passed from health to social care?
Survey respondents

- 13 GPs
- 32 social workers
- 3 primary school teachers
- 3 secondary school teachers
- 3 school nurses
- 4 hospital doctors
- 50 others, including:
  - 10 Youth Offending Service officers / managers
  - 7 social workers including senior / advanced practitioners and Independent Review Officers
  - 4 Early Help Services
  - 4 roles in schools including SENCO, safeguarding, family support and inclusion lead
  - 3 clinicians in children’s services
  - 3 psychologists
  - 3 parenting workers
  - 2 paediatric consultants

21 respondents did not give their job role
Focus group with head teachers and safeguarding leads

MH can still be taboo in schools and can be labelled as behavioural issues

Feedback from CAMHS to schools is referrals are often very good and very comprehensive, in comparison to other referrers.

Academies often buy an alternative service or create a more personalised services for their school

Challenges of meeting needs of 4 – 7 year olds and where you can support for this age group

Communication from CAMHS could be better as schools are not always kept up to date with what is happening with young people

Head First pilot - supporting schools to improve emotional resilience of their pupils – 11 primary & 2 secondary schools. Works well where schools have a good relationship with CAMHS

However, CAMHS staff will quite often call up and ask schools to go through referral information again when they already have the information – feel like the time can be used more appropriately
Focus group with head teachers and safeguarding leads

- Geographical boundaries can be an issue where young people can fall through the gaps and pupils come from different boroughs with different thresholds.
- Need to address MH and wellbeing issues of young people even if wider family does not engage.
- Language used by CAMHS could be more family friendly.
- Support required to encourage those that need Parenting Programmes access the service.
- It can be difficult when young people leave the service and deteriorate and cannot easily get back into the service.
- Can be a challenge talking to young people when their parents have MH issues.
- Potential for having MH support networks organised around schools and within and work with psychologists.
- Services need to link more with what happens at school and at home; potential for doing things differently.
Adolescent User Group

Positive experience of using CAMHS; staff are friendly and helpful and all four young women had experienced improvements since using the service.

Had heard of Faces in Focus and understood it was a good services but understood that there was a long mailing list.

Drop-in in Croydon was a popular model as less formal and important to access informal support before talking to family.

Positive experience of using different techniques and not just talking.

Location of services is important especially for younger teenagers who may not want family to know and therefore difficult to travel to other end of borough.

Two out of four users had only been able to access the service after attending A&E; one was waiting for referral from GP to go through when crisis happened. Received services 7 days after attending A&E.

Feel that there is a gap in communication from teachers when young people have mental health issues.

One user only received service when GP referred after school referral had not been accepted. Feelings of slight abandonment and not being ill enough.
None had used CAMHS service but half had used school counselling service which three had found useful and one person had used Faces in Focus. Issues with continuity of staff. Safeguarding lead at school noted that school counselling service is over subscribed and they have no more space to provide more sessions (currently 20 sessions a week). All participants said that they would get frustrated with long waits.

Used a range of support when not coping including talking to parents, pastoral or teaching staff, internet and friends.

School counselling service does not operate during summer holidays although the school does offer some activities.

None of them knew they could go to GP with stress and did not know how to access services beyond school.

One young person had gone to GP as had problems sleeping and was given a leaflet which they didn’t find useful.

Some didn’t tell their friends that they were young carers and some did, but said that friends do not understand the impact on them.

Had done group work on dealing with stress - stress bucket.
Parent group

- Need a more holistic approach and needs of siblings and wider family to be take into consideration, including weekend appointments for parents who work.

- Mothers concerned for their sons with ADHD / ASD on the streets as they grow up, especially if BME, as they don’t know how to protect them.

- Parents do not always feel heard and one mother felt her parenting skills were being scrutinised by CAMHS.

- Young primary school child was self-harming and referred to a ‘lovely lady’ who couldn’t offer much but mum got self help with CBT books and CAMHS offer to monitor which was a positive experience.

- One parent noted lack of flexibility with where service is provided and no home visits.

- One parent talked about long waiting times and cancellation of appointments at short notice.

- Lack of (behavioural) support for children with ADHD / ASD.
Stakeholder engagement meeting -

Views on emerging themes. Any gaps?

- Need a single point of access and a website so everyone knows the range of services.
- Need to focus on early intervention and prevention to support young people before they reach crisis point.
- There are particular issues within the BME community and these may be generational and we therefore need to work better with members of the community.
- Need to ensure all services link up so young people do not wait until they are in crisis before looking for help.
- Inconsistent offer from schools on mental health and wellbeing so it is inequitable for young people.
- We need to build one local offer for all mental and emotional wellbeing services across the NHS and the voluntary and community sector.
- We need to look at the offer for people with additional needs and across the equality groups and not just a generic response.
We do not want to reduce good service in A&E (and fast track to CAMHS) but protocols need to be circulated.

Need information for people who make referrals as threshold so high. Telephone line?

Services are fragmented and not joined up and also not standardised which is problematic when trying to understand the range of services.

Staff can provide motivation to attend appointments.

Can we create a ‘middle service’ between triage and referral to CAMHS.

Need to understand what works well locally as well as what needs improving.

There is still stigma related to mental health and we need to work with parents more (who may be in denial).
Stakeholder engagement meeting

Would you do anything differently?

- Virtual service/digital/online presence
- More emphasis on joint working – how do we as a system provide one clear offer
- Single point of access for all those who refer into service
- We need a ADHD pathway
- A place / drop in where young people can get advice and support before crisis
- Understand more about where the most demand is and where are the greatest waiting times
- Training for all affiliated workforce
- More collaborative working across system including education and VCS creating a network of support
- Information about the local offer and range of services available in on website
Stakeholder engagement meeting

Would you do anything differently?

- More flexibility in appointments and the service – hard to take CYP out of a usual routine /school to attend appointments. Can also have impact on parental income if they have to take time out of work
- More focus on prevention especially for those children who are fostered, adopted or still in care
- More emphasis on support family dynamic and environmental factors
- More behaviour support for children and young people with learning disabilities
- Partner with community hubs, churches, mosques, barber shops, Africa Centre

Need to be more culturally aware and understand the media representation, feelings of displacement etc as well the demographics of those who need CAMHS,

Learn from navigational model of care as seen in primary care?

Improve the ‘connectedness’ of the system and the feedback cycle – schools don’t often get feedback about their referrals meaning it’s hard for them to support their young people appropriately
Stakeholder engagement meeting

What can we do together to improve our services?

- Improve communication and information sharing (including patient record sharing) and IT
- Clarity of thresholds for referrals, and transparency across providers so all know what the others are doing
- Need to think more about the transition from CAMHS to adult mental health services – transition is key for adolescents. How can we provide more intensive support?
- Recognition that people’s working cultures need to change and this takes time
- Need more support for parents and families for CYP in the service and on the waiting list for the service – tops tips to try at home, coffee mornings for parents / carers and clinicians.
- Development of a mental health passport for young people (to avoid repeating their story)

More community hubs/navigators who are multi-agency workers to support those who don’t meet the threshold

Recognition that people’s working cultures need to change and this takes time
Stakeholder engagement meeting

Prioritisation exercise

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<th>Area</th>
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<tr>
<td>Voluntary sector services</td>
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<td>Waiting times</td>
<td>13</td>
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<tr>
<td>Localised delivery</td>
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<td>Pathways</td>
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<td>Referral process</td>
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<td>Eligibility criteria/thresholds</td>
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<td>Prevention</td>
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<td>Effective information</td>
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<td>Collaboration between different sectors</td>
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<tr>
<td>Improving quality</td>
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<tr>
<td>Assessment of referrals</td>
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<tr>
<td>Partnership with Community Hubs</td>
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<tr>
<td>Maintain Carelink services</td>
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<td>Transition points/crisis prevention</td>
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<td>More of universal offer across the borough</td>
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<td>Building resilience</td>
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<td>Trauma informed approaches</td>
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Stakeholder meeting evaluation

- 45 people filled in evaluation forms:
  - 60% rated the event as good, 21% as OK and 19% as excellent
  - 44% understood everything about context of review, 40% understood most and 16% understood some
  - 54% found the group discussions useful, 39% somewhat useful and 7% not so useful
  - 64% found it easy to take part in the group discussions and 36% found it fairly easy
  - 32% found the prioritisation exercise very useful, 38% somewhat useful 24% not so useful and 5% not at all useful

- People seemed engaged and able to contribute without inhibition
- Always a good rapid indicator
- Thorough coverage of a lot of material, steering away from irrelevance
- Good to see how diverse the needs are in service - appreciate the service more
- Somewhat arbitrary to pick three out of so many important issues
- Great variety of backgrounds/perspectives
- It may have been better to choose the items from the feedback to prioritise
Stakeholder meeting evaluation

• 46 people filled in monitoring forms:
  • 60% identified as White British, 13% as Black or Black British – Caribbean, 9% as Black or Black British – African, 4% as Asian or Asian British – Indian, 2% as Black or Black British - Black British
  • 70% identified as female, 28% as male and 2% as other
  • 87% identified as heterosexual, 9% as gay, 2% as lesbian
  • 40% identified as Christian, 36% as having no religion, 9% prefer no to say, 4% identified as Jewish, 2% Buddhist, 2% Hindu and 2% Rastafarian
  • 20% were aged 18 – 29, 20% aged 30 - 44, 52% as 45- 59, 2% as 60 – 64, 5% as 65 - 74
Next Steps

• Review and recommendations to be considered by CAMHS Review Steering Group, followed by the Children and Adults Board in Southwark Council and the Commissioning Strategy Committee in Southwark CCG – this will happen over the course of June/July

• Development of an implementation plan to address the issues the review identified and the recommendations

• Further engagement with stakeholders on the next phase
THANK YOU