**Clinical Commissioning Groups in Surrey**

**DRAFT**

**The Emotional Wellbeing and Mental Health of Children and Young People in Surrey: Shaping Our Future**

**Surrey’s Joint Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people**

**2013 – 2016**

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**1. Introduction**

Within Surrey mental health is understood in the broad context of wellbeing including services that promote emotional wellbeing. This strategy acknowledges the need to prevent mental ill health and promote emotional wellbeing.

Surrey has well established jointly commissioned services for children and young people with mental health needs at a targeted and specialist level. The responsibilities for Public Health and the NHS arising from the Health Act 2012 offers new opportunities to further join up commissioning processes across universal, targeted and specialist services.

We have recognised that by joint commissioning we can avoid duplication, save on cost of procurement and ensure our funding goes further whilst maintaining quality. Together Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council have responsibility for specifying, securing and monitoring services that work together to make joint decisions about the needs of our population, and how these should be met. Child and Adolescent Mental Health services (CAMHS) will be commissioned on the basis that they can audit, evaluate and report routinely to the commissioners on their achievements of agreed outcomes.

This strategy is underpinned by partners’ values and principles, giving priority to safety and quality of services, co design, coproduction and partnership working. The commissioning strategy ensures services are commissioned that give priority to:

1. Commissioning for best outcomes that are responsive to the needs of children and young people and their families, that are monitored and reviewed;
2. Value for Money for Surrey taxpayers by ensuring all available procurement options are used;
3. That are at the local market rate for cost of employment, goods and services;
4. That uses social capital assets in a best value approach.

It is our vision that:

*“We will promote and support good mental health and emotional wellbeing by commissioning services that are responsive, needs-led, respectful, and effective and provide good value for money in order to meet the needs of all children and young people. We will work together to create services and opportunities that support the empowering of individuals to improve their own emotional wellbeing and mental health.”*

This commissioning strategy outlines what we know about the needs of children and young people with mental health needs. It describes what we do and intend to do to support them. It has been designed as a link to the priorities contained within the Surrey Health and Wellbeing Strategy 2013/14.

**2. Commissioning – our drivers and our approach**

In 2011 the National Advisory Council (an independent review body for children’s mental health and psychological well-being), final report to the Coalition Government Ministers in 2011 – *Making Children’s Mental Health Everyone’s Responsibility*[[1]](#footnote-1), made some clear recommendations on key areas for action based on what young people fedback. These recommendations are reflected in mental health policy launched by the Coalition Government in 2011 *No Health without Mental Health[[2]](#footnote-2)*  a strategy for all ages. The strategy and its accompanying *Implementation Framework*[[3]](#footnote-3) called for public services to ensure that children and their families receive mental health promotion from birth. It also reiterated that mental health is ‘everyone’s business’, with effective parenting being integral to children’s emotional well-being, as well as agreed referral routes to more specialist services through local GPs, maternity services, health visitors, schools and other agencies.

In addition there is now an ever growing and stronger guidance from National Institute for Clinical Excellence (NICE) to commission evidence based mental health interventions. A programme of stakeholder engagement and co-production events with young people has informed our understanding. It is important for Commissioners to ensure the aspirations of children, young people and their families are at the centre when considering the reconfiguration or decommissioning of services.

In Surrey, the Council is moving towards becoming a commissioning led Council and a Commissioning Framework for the Council has been developed which supports our commissioning approach across all services within the Children, Schools and Families Directorate. Within Health, Surrey’s six Clinical Commissioning Groups (CCGs) are committed to develop and plan a holistic emotional wellbeing and mental health service across the county that is informed by local need with links to local services, with measurable outcomes for children, young people and their families.

In developing this joint strategy CCGs in Surrey and Surrey County Council recognise the wider national imperatives driving the development of commissioning and services, as well as local strategic plans. Commissioning Mental Health Services is the responsibility of the six NHS Clinical Commissioning Groups and Surrey County Council. However only via a partnership approach between local statutory agencies, children and young people, families and carers, the third sector and communities will change be achieved to reduce the impact of poor mental health and unlock the benefits of improved wellbeing and mental health for children and young people in Surrey.

Our approach is based on:

* Outcome-focussed leadership which drives change
* Joint decision-making based on a good understanding of needs and resources
* Reviewing and challenging whether what is being done is improving outcomes
* Working with statutory, independent and third sector organisations involved in commissioning and delivery of services in order to improve service user experiences and choices; Clinical effectiveness, cost effectiveness and meaningful outcomes.
* A commitment to sustainability and to promoting equality and fairness for all
* Clinical excellence and safeguarding principles embedded within our commissioning function

Our approach is the Understand, Plan, Do, Review (UPDR) model of commissioning. Critical to the success in Surrey we will place our children and their families at the centre of our approach.

**3. Commissioning Objectives**

1. Analysis of need through service reviews, service mapping, resource and gap analysis
2. Coproduction with young people and their families including service redesign to promote outcome focused provision where needed
3. Improve and recognise the importance of the mental well-being within families
4. Influence and increase local market capacity to deliver responsive and timely evidence based and high quality services delivered by a skilled and committed workforce.
5. Providers will be managed robustly on achieving specified outcomes. Competition will be used to set optimal emotional wellbeing and mental health outcomes for children, young people and their families.
6. Services are delivered in a non-discriminatory way and that no individual or group is prevented from accessing services by way of age, gender, sexual orientation or race.

**4. Overview of need**

It is well documented that children and young people’s emotional well-being and mental health impacts upon every area of their lives, from their educational achievements, their relationships with peers and with the adults with whom they come into contact and the choices they make.

There is growing recognition that children and young people with good emotional wellbeing and mental health are more likely to be able to contribute and achieve, and that good mental health is important for optimum physical health. Mental health problems in children and young people do not present themselves as clearly as they do in adults. They can emerge in ways that are less easily defined - for example, through behaviour problems and emotional difficulties, substance misuse and self-harm. For those children and young people who do experience difficulties, it is important that their needs are responded to with targeted services that are effective, to reduce the severity and duration of problems. For children and young people with persistent, severe or complex mental health needs it is important to be able to access high quality specialist provision.

Over the past five years Surrey partners have worked to understand the mental health and emotional wellbeing needs of children and young people though the development of a Joint Strategic Needs Assessment (JSNA), provider evaluations and by more recent engagement events with stakeholders including children and young people who have experiences of our services.

Key findings are:

* Priority areas and groups where there is an identified need and high prevalence of mental disorders include Spelthorne, Woking, Reigate and Banstead, Runnymede and Guildford[[4]](#footnote-4)
* Young people under 18 admitted to hospital as a result of self-harmhas increased in the 2009-12 period since 2006 -2009 period. However overall ratesof admission in the 2009-12 periods are lower than theEngland average[[5]](#footnote-5).
* A need for a family approach and a focus on vulnerable families, focussing on strengthening family wellbeing and creating greater family stability.[[6]](#footnote-6)
* Build resilience and self esteem in all children and young people and their parents/carers.[[7]](#footnote-7)
* Collaborate and joint work across services – the ‘No wrong door’ approach.[[8]](#footnote-8)
* Mental health is everybody’s business, creating local networks to support children and young people with mental health needs will require commissioned, integrated approaches and targeted services that can respond to the assessed emotional wellbeing and mental health needs.[[9]](#footnote-9)
* Intervening at an earlier/ younger age and ensure smooth transition within every stage of a child or young person’s life[[10]](#footnote-10)
* Reduce stigma associated with mental health[[11]](#footnote-11)
* There is confusion amongst children, young people and their families as to the services available and how to access them

**5. Market Management**

To succeed in achieving our commissioning objectives our ability to influence and manage the local market of CAMHS provider services will be vital. In Surrey it is estimated that the number of under 18 year olds in Surrey is due to rise over the next ten years. By market management we can ensure there is diverse, appropriate and cost effective range of services to meet needs and deliver effective outcomes both now and in the future.

There are three dimensions in market management[[12]](#footnote-12)

1. Market intelligence – ensuring we are well informed about the emotional wellbeing and mental health market, understand the factors that influence demand and supply with a clear vision of good quality and outcomes that it will achieve.
2. Market structuring – we are explicit with the emotional wellbeing and mental health market about how we intend to design services. This may include identifying and removing barriers or piloting innovation.
3. Market intervention - we need to combine both the intelligence and market structuring and identify activities to stimulate parts of the market where there is the need to do so.

Procurement can consist of a range of arrangements, where Health or the Council can commission services alone within their organisational requirements, or the Council or CCG’s can be the lead commissioner for joint services. We intend to use formal competitive tendering frameworks for services. We plan to work with service providers over the lifetime of this strategy to improve the focus and usefulness of the information we receive on the performance of their services. We will not place undue burdens on smaller providers, but, in return for greater levels of financial certainty by longer term funding, we will expect proportionate improvements in both service outcomes and information quality. We will also use grant aid where appropriate.

**6. Overview of Current Service Providers**

Many children will first access help for mental health problems through primary care either via their family GP or school setting. Surrey has four providers delivering mental health services across the county. Targeted Child and Adolescent Mental Health Services are delivered by Surrey and Borders Partnership NHS Foundation Trust alongside Virgin Care; First Community Health and Central Surrey Health. Much of the work delivered by the targeted services is building capacity within universal services to help identify mental health needs and intervene early via training and consultation. Specialist Child and Adolescent Mental Health Services in Surrey are delivered by Surrey and Borders Partnership NHS Foundation Trust.

|  |  |  |
| --- | --- | --- |
| **Jointly commissioned mental health services** | **Mental health services commissioned/provided by Surrey County Council** | **Mental health services commissioned by Surrey CCGs** |
| * Primary Mental Health workers * **CAMHS 3 Cs -Children in Care Service** * **Parent Infant Mental Health Service** * **You and Your Baby Connecting** * CAMHS extended hours service * CAMHS weekend assessment service * Clinical targeted service * Sexual Trauma Assessment, Recovery and Support Team (STARS) * HOPE * Community Nurses | * Targeted approach to Mental Health Services (TaMHS) * No Labels * Assessment, consultation and Triage (ACT) Team * CAMHS Social Worker service | * Mindful * CAMHS Specialist Community services * Primary Mental Health workers including the CAMHS Advisory line * Heads together * Youth Counselling Service * Specialist Commissioning (inpatient) |

**7. Service gaps**

Although there are areas that have been identified with excellent and valued practice across the county there is a need to extend capacity and reach

* Interventions which promote good mental health, prevent poor mental health and intervene early[[13]](#footnote-13);
* Capacity within universal services to support children and young people with low level emotional wellbeing and mental health needs[[14]](#footnote-14);
* Evidence based approach to prevention and management of self-harm in schools, colleges and community settings;
* Support for families affected by their child or and young people’s mental health problems. Consistent access to parenting programmes, particularly for managing hyperkinetic behaviours, self harm, eating disorders and conduct disorders
* Need for perinatal service - Women at risk of perinatal mental illness or who are mentally ill during the perinatal period are managed within maternity, primary care, public health nursing teams[[15]](#footnote-15)
* Equitable access across Surrey - Provision to reflect the expected different prevalence rates of mental health disorder in the different Districts & Boroughs
* Psychological support for long term conditions care pathways
* Foetalalcohol syndrome
* Out of hours

**8. Overview of Finances**

Funding per annum across the county on CAMHS provision

|  |  |  |  |
| --- | --- | --- | --- |
| **CAMHS** | **Surrey County Council (non pooled budget) £’000 per annum** | **Section 75 (Pooled budget) funding £’000 per annum** | **Surrey CCGs (non pooled budget) £’000 per annum** |
| Universal Services | 211 | 275 |  |
| Targeted Services | 306 | 1,617 | 191 |
| Specialist Services | 1,162 | 242, | 7,804 |
| **Total** | **1,679** | **2,134** | **7,995** |

Annual contribution to the pooled budget

Surrey CCGs £1,036

Surrey County Council £1,194

Total £2.2m

**9. Our Commissioning Intentions 2013/14**

1. We will re-commission targeted and specialist community services, that build resilience of children and young people so they are equipped with the necessary skills to maintain positive mental health and emotional wellbeing.

2. We will scope and shape our emotional wellbeing and mental health provider market to ensure services are culturally appropriate, community based and deliver value for money reducing demand for more acute interventions.

3. We will ensure safety and clinical excellence are maintained, with all services commissioned understanding the requirements to safeguard  
children and know how to take appropriate action when safeguarding issues are identified.

4. We will ensure all procurement is compliant with Council and NHS Clinical Commissioning Group requirements

**10. Fulfilling our Commissioning Objectives**

|  |  |  |
| --- | --- | --- |
| **Commissioning stages** | **Actions** | **Lead** |
| **UNDERSTAND** | Support update of the Joint Strategic Needs Assessment | Public health Commissioners |
| Gather local market intelligence across universal and targeted services | Commissioners and Procurement |
| Undertake service reviews of jointly commissioned services, ensuring compliance with legislation and guidance | Commissioners |
| **PLAN** | Reshape and co-design services |  |
| Develop business cases for services to be decommissioned, commissioned and re-commissioned |  |
| Agree services to be decommissioned, commissioned and re-commissioned | Commissioning group members |
| Identify and agree appropriate procurement routes for the services to be commissioned (tender/grant aid, joint or single agency) | Procurement /Commissioning group members |
| Undertake Equality Impact Assessment to ensure that children and young people are not affected negatively as an unintended consequence of the plan and that mitigating actions are put in place where necessary. | Commissioners |
| **DO** | Agree and promote market position statement | Commissioners & Commissioning group members |
| Identify segments of the market to develop and or stimulate competition | Commissioners |
| Implement approaches which build capacity within the local market | Commissioners &Procurement |
| Tender/grant aid of agreed services |  |
| Introduce robust contract management arrangements | Commissioners |
| **REVIEW** | Refresh CAMHS Partnership Strategy | All stakeholders |
| Review process for service users and carer feedback | Commissioners |
| Review market performance and embedded outcome framework | Procurement  & Commissioners |

**Glossary**

**CAMHS** **(Child and Adolescent Mental Health Service)** - Multidisciplinary teams comprising of psychiatrists, social workers, community psychiatric nurses and psychologists providing support to children and young people with severe mental health problems, both out of hospital and within hospital settings.

**Carer** - A person who provides care on a regular basis, who is not employed to do so.

**Children Looked After** - Child who is either provided with accommodation by a local authority social services department for a continuous period more than 24 hours, or someone who is subject to a relevant court order under part IV or V of the Children Act 1989. Could refer to children subject to accommodation under an agreed series of short term placements like short breaks, family link placements or respite care. Most looked after children cease to be looked after, after reaching their 18th Birthday. Some are looked after until their 21st Birthday under Section 20 (5) of the Children Act.

**Clinical Commissioning Groups (CCGs)** - are groups of GPs that are responsible for planning and designing local health services in England.

**Clinical excellence** - A framework for improving the standard of clinical practice in NHS organisations. Systems and clear lines of accountability should be in place to ensure quality improvement.

**Commissioning** - is the process for deciding how to use the total resource available in order to improve outcomes for children, young people and their families in the most efficient, effective, equitable and sustainable way. (Commissioning Support Programme, 2009)

**Emotional wellbeing** – A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced. (Department of Education and Skills 2003)

**Health and Wellbeing Boards** - The Health and Wellbeing Board established in April 2013, and a shadow board is currently in operation. The Board focuses on promoting integration and partnership working, and improving democratic accountability of health and social care services.

**Inpatient** - Essential tertiary level services such as highly specialised out-patient teams and in-patient units

**Joint Strategic Needs Assessment (JSNA)** - An assessment that provides an objective analysis of the current and future health and wellbeing needs of local adults and children, bringing together a wide range of quantitative and qualitative data, including user view. CCGs and local authorities, including directors of public health, will in future have an obligation to prepare the assessment, and to do so through the arrangements made by Surrey’s Health and Wellbeing Board.

**Mental health problem** - A phrase used as an umbrella term to denote the full range of diagnosable mental illnesses and disorders, including personality disorder. Mental health problems may be more or less common and acute or longer lasting, and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems (for example, in children and young people).

**Mental illness** - A term generally used to refer to more serious mental health problems that often require treatment by specialist services. such illnesses include depression and anxiety (which may also be referred to as common mental health problems) as well as schizophrenia and bipolar disorder (also sometimes referred to as severe mental illness).

**NICE** - National Institute for Clinical Excellence. A body promoting clinical excellence and the effective use of resources within the health service.

**Perinatal** - 3 months before and one week after birth.

**Positive mental health** -The emotional and spiritual resilience which enables enjoyment of life, and the ability to survive pain, disappointment and sadness; and as a positive sense of wellbeing and an underlying belief in our own and other’s dignity and worth. (Department of Health 2001)

**Social Care** - Services provided by statutory and independent organisations, helping people to live their daily lives.

**Specialist Services** - A specialised multi-disciplinary service for more severe, complex or persistent disorders.

**Stakeholders** - People with an interest in an organisation, its activities and its achievements e.g. customers, partner organisations, employees, and government regulators.

**Targeted Services** - Services provided by specialist individual professional relating to workers in community and primary care settings including paediatricians, community nurses and educational psychologists, as well as child and adolescent mental health professionals.

**Universal Services - P**rofessionals working in universal services, providing a primary level of care, including primary and community health care (e.g health visitors, GPs, school nurses), education (teachers, school, colleges) social care (local authority children’s services, children’s centres) and voluntary organisations.

**Vulnerable Children** & young people - The Framework for the Assessment of Children in Need and their Families (Department of Health) defines vulnerable children as ‘disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances’.

Adapted from:

* Glossary, Richmond Council.
* QPMI Child Glossary V2.doc, Department of Health.
* Glossary, [www.theparentcentre.gov.uk](http://www.theparentcentre.gov.uk)
* Glossary, [www.teachingnet.gov.uk](http://www.teachingnet.gov.uk)
* No Health without Mental Health, DH 2012 national strategy

1. NAC (2011). Making Children’s Mental Health Everyone’s Responsibility. <http://webarchive.nationalarchives.gov.uk/20110805185114/http:/nationaladvisorycouncilcmh.independent.gov.uk/downloads/NAC%20final%20report%20revised.pdf> [↑](#footnote-ref-1)
2. HM Government (2011). No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages. <http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf> [↑](#footnote-ref-2)
3. HM Government (2012) No Health without Mental Health: implementation framework. <http://www.dh.gov.uk/health/files/2012/07/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf> [↑](#footnote-ref-3)
4. JSNA 2011 Mental Heath chapter [↑](#footnote-ref-4)
5. Chimat – Children’s Health profile 2013 [↑](#footnote-ref-5)
6. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-6)
7. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-7)
8. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-8)
9. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-9)
10. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-10)
11. Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future [↑](#footnote-ref-11)
12. Institute of Public Care – Market Analysis Centre (2012) [↑](#footnote-ref-12)
13. Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings [↑](#footnote-ref-13)
14. Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings [↑](#footnote-ref-14)
15. JSNA (2011) Mental Health Chapter [↑](#footnote-ref-15)