**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 and our vision**

This strategy acknowledges the need to prevent mental ill health and promote emotional wellbeing. It outlines what we know about children and young people with mental health needs in Surrey and describes what we do now and what we intend to do to support them.

The strategy ensures services are provided that give priority to:

1. getting the best outcomes to fit the needs of children and young people and their families, that are monitored and reviewed
2. value for Money for Surrey taxpayers
3. ensuring services are at the local market rate for cost of employment, goods and services
4. using partnership working to get the best value.

It is our vision that:

*“We will promote and support good mental health and emotional wellbeing by providing services that are needed, 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.”*

**2. Commissioning – our approach**

The strategy has been informed by recommendations from national reports and guidance and from the feedback from our earlier stakeholder events.

Providing mental health services is the responsibility of the six Clinical Commissioning Groups and Surrey County Council. However, only through a partnership approach between local agencies, children and young people, families and carers, the third sector and communities, can change happen to reduce the impact of poor mental health and see the benefits of improved wellbeing and mental health for children and young people in Surrey.

Our approach is based on:

* Outcome-focused 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.

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. Co-production with young people and their families including service re-design to promote outcome focused services where needed.
3. Improve and recognise the importance of the mental wellbeing within families.
4. Influence and increase local market capacity to deliver responsive, timely and high quality services by a skilled and committed workforce.
5. Providers will be managed robustly on achieving specified outcomes. Competition will be used to set the best possible 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 because of their age, gender, sexual orientation or race.

**4. Overview of need**

It is known 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 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 harder to notice - 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 services that are effective. For children and young people with persistent, severe or complex mental health needs it is important to be able to access high quality specialist help.

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 many cases of mental disorders include Spelthorne, Woking, Reigate and Banstead, Runnymede and Guildford[[1]](#footnote-1).
* Young people under 18 admitted to hospital as a result of self-harmhas increased in 2009-12, since the 2006 -2009 period. However overall ratesof admission in the 2009-12 periods are lower than theEngland average[[2]](#footnote-2).
* A need for a family approach and a focus on vulnerable families, focusing on strengthening family wellbeing and creating greater family stability.[[3]](#footnote-3)
* Build resilience and self-esteem in all children and young people and their parents/carers.[[4]](#footnote-4)
* Collaborate and joint work across services – the ‘No wrong door’ approach.[[5]](#footnote-5)
* Mental health is everybody’s business, creating local networks to support children and young people with mental health needs will require joined up approaches and targeted services that can respond to the assessed emotional wellbeing and mental health needs.[[6]](#footnote-6)
* Intervening at an earlier/younger age and ensuring smooth transition within every stage of a child or young person’s life[[7]](#footnote-7).
* Reduce stigma associated with mental health[[8]](#footnote-8).
* 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 objectives, our ability to influence and manage the local market of CAMHS services will be important. In Surrey, it is estimated that the number of under 18 year olds is due to rise over the next 10 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.

**6. Current service providers**

Many children will first access help for mental health problems through primary care either through their family GP or school. 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 of targeted services is to increase awareness and understanding of universal services, such as schools, to help identify mental health needs sooner and to achieve help for children and young people at an earlier stage. 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[[9]](#footnote-9).
* Capacity within universal services to support children and young people with low level emotional wellbeing and mental health needs[[10]](#footnote-10).
* Evidence based approach to prevention and management of self-harm in schools, colleges and community settings.
* Support for families affected by their child or young person’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[[11]](#footnote-11).
* Fair access across Surrey – services provided to reflect the expected different rates of mental health disorder in the different districts and 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-assign 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 severe 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 -** Professionals 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. JSNA 2011 Mental Heath chapter [↑](#footnote-ref-1)
2. Chimat – Children’s Health profile 2013 [↑](#footnote-ref-2)
3. 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-3)
4. 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-4)
5. 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-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 Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings [↑](#footnote-ref-9)
10. Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings [↑](#footnote-ref-10)
11. JSNA (2011) Mental Health Chapter [↑](#footnote-ref-11)