

## Notice of Meeting

# Health and Wellbeing Board

**Date & time**

Thursday, 5 June 2014  
at 1.00 pm

**Place**

Old Council Chamber,  
Reigate & Banstead BC,  
Town Hall, Castlefield Road,  
Reigate, RH2 0SH

**Contact**

Huma Younis  
Room 122, County Hall  
Tel 020 8213 2725  
huma.younis@surreycc.gov.uk

**If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8213 2725, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email [huma.younis@surreycc.gov.uk](mailto:huma.younis@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Huma Younis on 020 8213 2725.**

### Board Members

Mr Michael Gosling (Co-Chairman)

Dr Andy Brooks (Co-Chairman)

Dr Joe McGilligan

Dr David Eyre-Brook

Dr Claire Fuller

Dr Andy Whitfield

Dr Liz Lawn

Mrs Mary Angell

Councillor James Friend

Councillor Joan Spiers

Mr Mel Few

Peter Gordon

Chief Constable Lynne Owens

Helen Atkinson

Nick Wilson

John Jory

Dave Sargeant

Cabinet Member for Public Health and Health and Wellbeing Board

Surrey Heath Clinical Commissioning Group

East Surrey Clinical Commissioning Group

Guildford and Waverley Clinical Commissioning Group

Surrey Downs Clinical Commissioning Group

North East Hampshire and Farnham Clinical

Commissioning Group

North West Surrey Clinical Commissioning Group

Cabinet Member for Children and Families

Mole Valley District Council

Reigate and Banstead Borough Council

Cabinet Member for Adult Social Care

Healthwatch Surrey

Surrey Police

Public Health

Director for Children, Schools and Families

Reigate and Banstead Borough Council

Interim Director for Adult Social Care

## **TERMS OF REFERENCE**

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

## PART 1 IN PUBLIC

### **1 APOLOGIES FOR ABSENCE**

To receive any apologies.

### **2 MINUTES OF PREVIOUS MEETING: 3 APRIL 2014**

(Pages 1  
- 8)

To agree the minutes of the previous meeting.

### **3 DECLARATIONS OF INTEREST**

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

### **4 QUESTIONS AND PETITIONS**

#### **4a Members' Questions**

The deadline for Member's questions is 12pm four working days before the meeting (*Friday 30 May*).

#### **4b Public Questions**

The deadline for public questions is seven days before the meeting (*Thursday 29 May*).

#### **4c Petitions**

The deadline for petitions was 14 days before the meeting. No petitions have been received.

### **5 FORWARD WORK PROGRAMME**

(Pages 9  
- 14)

To consider the Board's Forward Work Programme and confirm the agenda for the next meeting on 4 September 2014.

At the meeting of 3 April the Board agreed for the co-chair and the Director of Public Health to review and approve the quality improvement plans for the two key quality measures in the Surrey CCGs Operational Plans on behalf of the Health and Wellbeing Board. As part of that recommendation, the Board asked for the operational plans to be translated into an easier more understandable format. A copy of this is attached.

### **6 SURREY'S JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 - 2017**

(Pages  
15 - 46)

To outline Surrey Clinical Commissioning Group (CCG) Collaborative and Surrey County Council's Children and Young People's Emotional Wellbeing and Mental Health Commissioning Strategy. This commissioning strategy has been developed in response to the Health and

Wellbeing Board priority - Improving children's health and wellbeing.

**7 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH PRIORITY** (Pages 47 - 52)

The purpose of this report is to review progress made since 13 March 2014 on developing the 'Promoting emotional wellbeing and mental health' priority action plan. The report also demonstrates progress on developing a mental health crisis care concordat for Surrey.

**8 CLINICAL COMMISSIONING GROUPS STRATEGIC PLANS 2014/15 – 2018/19 AND ANNUAL REPORTS 2013/14** (Pages 53 - 56)

This item provides an update on how Surrey's Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board are meeting a range of duties and requirements set out in section 26 of the Health and Social Care Act 2012 in relation to CCG commissioning plans and annual reports.

**9 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND PHARMACEUTICAL NEEDS ASSESSMENT (PNA) PRESENTATION** (Pages 57 - 62)

To receive a presentation on the Pharmaceutical Needs Assessment.

**10 PUBLIC ENGAGEMENT SESSION**

An opportunity for the public to ask the Board any questions arising from the items discussed at the meeting.

**David McNulty**  
**Chief Executive**  
**Surrey County Council**  
Published: Wednesday, 28 May 2014

**QUESTIONS, PETITIONS AND PROCEDURAL MATTERS**

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

**Please note:**

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).  
The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current

agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.

2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

#### **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

*Thank you for your co-operation*

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**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 3 April 2014 at Council Chamber, Woking Borough Council, Civic Offices, Gloucester Square, Woking, GU21 6YL.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 5 June 2014.

**Board Members:**

- \* Mr Michael Gosling (Co-Chairman)
- \* Dr Joe McGilligan (Co-Chairman)
- Mrs Mary Angell
- \* Helen Atkinson
- \* Dr Andy Brooks
- \* Dr David Eyre-Brook
- Dr Claire Fuller
- \* Dr Liz Lawn
- \* Dr Andy Whitfield
- Dr Jane Dempster
- \* Nick Wilson
- \* Councillor James Friend
- John Jory
- \* Councillor Joan Spiers
- \* Chief Constable Lynne Owens
- \* Dave Sargeant
- \* Peter Gordon
- Mr Mel Few

**In Attendance:**

\*Cllr Steve Cosser, Cabinet Associate for Adult Social Care

\*Tom Kealey, Leisure Services Manager, Reigate and Banstead Borough Council

Pennie Ford, Director of Operations & Delivery (Surrey & Sussex, NHS England)

Miles Freeman, Chief Officer, Surrey Downs Clinical Commissioning Group

**21/14 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Mary Angell, Mel Few and Claire Fuller.

Steve Cosser will be substituting for Mel Few and Miles Freeman will be substituting for Claire Fuller.

The Chairman was notified that Lynne Owens would be arriving slightly later to the meeting.

**22/14 MINUTES OF PREVIOUS MEETING: 13 MARCH 2014 [Item 2]**

The minutes were agreed as a true record of the previous meeting.

**23/14 DECLARATIONS OF INTEREST [Item 3]**

Cllr James Friend explained that he would leave the meeting when Item 8, Better Care Fund sign-off was being discussed.

**24/14 QUESTIONS AND PETITIONS [Item 4]****(a) MEMBERS' QUESTIONS [Item 4a]**

There were none.

**25/14 PUBLIC QUESTIONS [Item 4b]**

One question had been received from a member of the public regarding the development of a wellbeing centre for people with dementia in Reigate and Banstead. A response was emailed to the member of the public and a copy of the response had also been tabled at the meeting.

Cllr Joan Spiers asked for a copy of the response to be emailed to her for amendment. Cllr Spiers explained that current work on a leisure centre in Reigate and Banstead was a top priority which had meant that work and preparation for a Wellbeing Centre in the borough had been delayed.

**26/14 PETITIONS [Item 4c]**

There were none.

**27/14 FORWARD WORK PROGRAMME [Item 5]****Key points raised during the discussion:**

1. The Chairman stated that an email which listed the statutory responsibilities of the Health and Wellbeing Board had been sent to all Board Members. If Members felt there was anything missing from the list of responsibilities they were asked to email the Chairman to notify him. The Chairman also explained that the Forward Work Programme

would be revised in May and an updated work programme would be presented to the Board at its June meeting.

2. It was explained that a review of the CCG's Commissioning Strategies and the Mental Health Crisis Care Concordat would be brought to the next meeting of 5 June for comment. Mental health was recognised as a key concern by the Board and taking forward the Concordat was seen as a key priority by the Board.

**Actions/ Next Steps:**

- For the Board to be emailed the proposed timeline for bringing CCG's Commissioning Strategies to the meeting on 5 June.

**28/14 BOARD APPROVALS [Item 6]**

**Key points raised during the discussion:**

1. The Health and Wellbeing Board agreed to endorse the draft safeguarding protocol between the Surrey Health and Wellbeing Board, Children and Young People's Partnership and Safeguarding Adults and Children Boards. As part of the draft protocol the Board was asked to identify a named individual to ensure co-ordination of relevant activities and to champion safeguarding in the work of the HWB. The Board agreed for Nick Wilson and Mary Angell to champion children's safeguarding and Dave Sargeant and Mel Few to champion adults safeguarding.
2. A member of the Board asked for the draft protocol to be amended to include the name of the officers and members who would champion safeguarding in the work of the HWB.
3. It was explained that in the latest peer review of safeguarding in adult social care, the health and wellbeing board had been commended on including safeguarding as one of their key priority areas.
4. As part of the Surrey CCG's Operational Plans, the Board was asked to approve the Quality Measures listed in the Surrey CCG's Operational Plans report. A Member of the Board stated that they were uncomfortable with agreeing the recommendations set out in the document as they did not feel enough information had been provided in the report. There was difficulty in understanding the language being used in the document and no clear indication of where each CCG currently sat.

5. The Chairman explained that the plans would need to be submitted by 4 April 2014. Members agreed the recommendations but asked for the report to come back to the board for further review.
6. The Board agreed the second recommendation listed on the paper. The Chairman asked that the report be translated into an easier format for the benefit of the Board and members of the public.
7. A member of the Board asked that evidence be provided to show that improvement undertaken is appropriate given the baseline measures and that there is alignment with the priorities of the health and wellbeing board. Members stated that technical measures would need to be translated to explain the benefit to patients.

**Actions/ Next Steps:**

- The joint safeguarding protocol to be updated with the named individuals and shared with the safeguarding adults and safeguarding children boards for approval.

**Resolved:**

The health and wellbeing board agreed,

- That the Co-chair of the Health and Wellbeing Board (the Cabinet Member for Public Health and Health and Wellbeing) and the Director of Public Health to review the report and approve the quality improvement plans for the two key quality measures in the Surrey CCGs Operational Plans on behalf of the Health and Wellbeing Board.

**29/14 JHWS PRIORITY: OLDER ADULTS HEALTH & WELLBEING PRIORITY  
[Item 7]**

**Witnesses:**

Dave Sargeant, Interim Strategic Director, Adult Social Care

Liz Lawn, North West Surrey CCG

Jean Boddy, Senior Manager - Commissioning

**Key points raised during the discussion:**

1. The report was introduced by the Interim Strategic Director for Adult Social Care who explained how the Improving Older Adults health and wellbeing priority would be delivered through the older adult's action plan. It was explained that the action plan had been produced and co designed with older people. There is an emphasis in the plan around partnership working and recognising the assets older people bring to the community.

2. The representative for North West Surrey CCG stated that older adults were a priority for all the CCG's in Surrey and were encompassed in each CCG's care plan. It was further explained that North West Surrey CCG coordinated the detailed local plans in local areas for all Surrey CCG's and also coordinated the higher level plans.

*Lynne Owens joined the meeting at 1.40pm.*

3. The Senior Manager for Commissioning introduced a short film which was shown to the Board. It was explained that Surrey would aim to deliver a short film similar to this which would focus on the results Surrey hoped to achieve.
4. The Interim Strategic Director for Adult Social Care explained that a large part of the work involved in the action plan would focus on a local whole systems approach which would focus on work with voluntary groups and the faith sector.
5. Members of the board recognised that there was a risk of medicalising problems that could be managed in a community setting and supported the need to work closer with the voluntary and faith sector.
6. Some members of the board agreed with the aspirations set out by the older adult's action plan but felt that a great amount of work was needed before any real change could be made.
7. A member commented that achieving the aims and objectives in the older adult's action plan would not be easy but things were beginning to happen on the ground. The 'Live Smart' project which involves joined up partnerships in Redhill was proving a success with all agencies involved taking equal responsibility.
8. The Senior Manager for Commissioning explained there was currently positive work going on with 'dementia friendly Surrey' and the 'ageing well group' which each district and borough would be looking to implement.
9. Members of the Board felt there was a great deal to be gained from working on the local level and finding new ways to enable people. The Interim Strategic Director for Adult Social Care stated that he was in the process of mapping out all the services currently being provided and would look for areas where the police would fit. The Interim Strategic Director for Adult Social Care offered to discuss any concerns the Chief Constable had outside the meeting.
10. It was suggested that all the organisations represented on the Health and Wellbeing board should support dementia awareness training with staff.

11. It was commented on the need to include more information around the role of primary carers and volunteering in the action plan.
12. The Chairman stated that an additional paragraph had been added to the bottom of page 20 of the action plan to ensure that organisations define the most appropriate model of integration that deliver the best outcomes for service users.

**Resolved:**

**The health and wellbeing board agreed to,**

- endorse the proposed approach and joint action plan for the 'Improving older adults' health and wellbeing' priority;
- to support the ongoing development and implementation of the joint action plan
- receive a progress update report in December 2014

**Actions/Next Steps:**

None

**30/14 SURREY-WIDE BETTER CARE FUND: SIGN OFF [Item 8]**

**Witnesses:**

Dave Sargeant, Interim Strategic Director, Adult Social Care  
Andy Brooks, Surrey Heath CCG

**Key points raised during the discussion:**

1. The report was introduced by the Surrey Heath CCG representative who explained that the key objectives of the better care fund (BCF) (page 32 of the report) took local delivery and local plans as a starting point. To ensure system objectives were met, metrics included in the BCF had been agreed by CCG's and public health.
2. It was explained that within the last few hours there had been a minor change to the financial information in the report due to a change in population figures. It was explained that this slight amendment would not have a big impact on the final report being submitted.
3. It was felt that the process of putting the BCF report together had been challenging but had brought a number of different organisations together. It was recognised that the BCF would transform whole local systems and enable wider discussions with a range of partners.
4. The BCF would need to be submitted to NHS England by 4 April but the Board accepted that a great amount of work would be needed to develop the plan over the coming year, including working alongside organisations wider than health and social care.

5. It was agreed that the changes the BCF would make for the public needed to be made clearer. Healthwatch stated the desire to be more involved and integrated with the work of BCF.
6. It was recognised that the Better Care Board had a crucial role to play in the delivery of the BCF and would pick up on any wider future opportunities and any unintended adverse impacts. It was further added that a formal assurance process undertaken by NHS England would be taken on to ensure the metrics included in the BCF report submitted were accurate.
7. A member of the committee felt that there was a gap in the whole systems work which had excluded wider implications of the BCF and focused excessively on local systems.
8. It was explained that the Better Care Board had discussed what was at the local and national level in great detail. The Chairman reminded the Board that the money from the BCF was not new money but was ring fenced and would be determined by co commissioning.
9. The Chief Constable abstained from voting for the recommendation.

**Resolved:**

The health and wellbeing board agreed to,

- Sign-off the 'final' Surrey-wide Better Care Fund and to submit to NHS England by 4 April 2014 deadline.

**Next Steps:**

None

**31/14 AOB: BOARD TO AGREE A NEW JOINT CO- CHAIR FOR THE HEALTH AND WELLBEING BOARD [Item ]**

The Health and Wellbeing Board was asked to agree a new joint co- chair to chair the Health and Wellbeing Board. It had been agreed to rotate chairmanship between the CCG's.

Andy Brooks was nominated and agreed by the board as the new joint co-chair for the health and wellbeing board.

The existing Chairman and Board thanked Joe McGilligan for all his hard work and enthusiasm during his time as co-chair.

**Resolved:**

Andy Brooks is agreed as the new joint co-chair for the health and wellbeing board.

**Next steps:**

None

**32/14 PUBLIC ENGAGEMENT SESSION [Item 9]**

- A question was taken from a member of the public who recognised the need for more work to be done to achieve the objectives of the older adults plan. It was also asked that more money be given to the voluntary sector to support them with developing services. A member of the Board stated that district and boroughs had funds which voluntary organisations could apply for but recognised that access to funding was not uniform across the board.
- A presentation was delivered on the county draft alcohol strategy which forms a section of Surrey's Substance Misuse Strategy by the Director of Public Health.
- The Director of Public Health introduced the board to Surrey's strategic approach on alcohol drawing on the Joint Strategic Needs Assessment. The board was asked to provide feedback/comments on the consultation process, respond to the online consultation of the alcohol section of the substance misuse strategy and disseminate the consultation via their relevant networks.

Meeting ended at: 14.55

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**Chairman**

|                             |  |   |
|-----------------------------|--|---|
| <b>Meeting dates</b>        | <b>5 June 2014<br/>PUBLIC</b>  | <b>4 September 2014<br/>PUBLIC</b>  |
| <b>Time &amp; Venue</b>     | <b>1-4pm<br/>Old Council Chamber, Reigate &amp; Banstead Town Hall</b>   | <b>1-4pm<br/>Old Council Chamber, Reigate &amp; Banstead Town Hall</b>  |
| <b>Planned agenda items</b> | <p>Clinical Commissioning Groups' Strategic Plans 2014/15 – 2018/19 and Annual Reports 2013/14</p> <p>Promoting Emotional Wellbeing and Mental Health Priority</p> <p>Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy for Children and Young people 2014 – 2017</p> <p>Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA)- Presentation</p> | <p>Aligning commissioning cycles:<br/>- CCG plans<br/>- County Council plans</p> <p>Better Care Fund update</p> <p>JHWS Priority Plan: progress review of 'Improving Children's Health and Wellbeing'</p> <p>Autism Self Assessment</p> |
|                             | Public engagement session  | Public engagement session   |

*A forward work programming session for members of the Board will be held on 3 July, 1-4pm in Committee Rm C, County Hall to discuss items for future Health and Wellbeing Board meetings.*

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Health and Wellbeing Board Review of the Surrey CCGs Quality Measure (2014/16 Operation Plans) - Two areas to be reviewed by Board Members:

- Do the Quality Measure's align with the Health and Wellbeing Strategy Priorities?
- Are the Quality Measure stretches (baseline v target) challenging enough?

| CCG                   | Local Quality Measure  | Baseline   | Target                                     | Stretch | Health and Wellbeing Strategy Priorities |               |  |            |              |
|-----------------------|--|--|--|---------|--|---------------|--|------------|--------------|
|                       |  |  |  |         | Mental Health                            | Children & YP | Older Adults   | Prevention | Safeguarding |
| East Surrey           | GP OOH patient satisfaction                                  | 30%  | 80%  | 50%     |  |               | √<br>(reduction in A&E attendances and emergency admissions) |            |              |
| Surrey Downs          | Dementia diagnosis   | 48% but population set to rise by 5%                   | 67% to maintain baseline target            | 5%      | √  |               | √  |            | √            |
| Guildford<br>Waverley | Frail elderly advanced care planning                         | 0%   | 80%  | 80%     |  |               | √  | √          | √            |
| North West Surrey     | Alcohol identification and intervention in new registrations | Current baseline 0%<br>5% population changes GP (1150) | 33% (380) patients to receive intervention | 33%     | √  |               | √  | √          | √            |
| Surrey Heath          | GP patient assessments on admission to nursing homes         | 0%   | 75%  | 75%     |  |               | √  | √          | √            |
| NE Hants & Farnham    | Diabetes patients receiving all 8 core processes             | 68%  | 72.5%                                      | 3%      |  |               |  | √          |              |

Further actions: All CCGs to put Quality Measures into plain language for sharing with patient's and stakeholders and to include an explanation of the measures and the stretch and how they will improve outcomes for patients.

### **North East Hampshire & Farnham Clinical Commissioning Group**

We will increase the percentage of patients diagnosed with diabetes who receive all eight (NICE recommended) key care processes from 68% to 72.5% during 2014/15.

The eight key care processes for diabetes are important assessments and tests that should be conducted each year as part of patients' ongoing care and monitoring of their condition. These processes are carried out by the patient's key healthcare professional who manages their condition, usually a primary care clinician such as a GP or Practice Nurse. The key care processes are defined as:

1. Measuring the patient's Body Mass Index (assessment)
2. Measuring the patient's Blood Pressure (assessment)
3. Reviewing the patient's risk of foot complications (assessment)
4. Recording a patient's smoking status (assessment)
5. Measuring the patient's HbA1c (test)
6. Measuring the patient's serum creatinine (test)
7. Measuring the patient's serum cholesterol (test)
8. Measuring the patient's urine albumin: creatinine ratio (test)

The reason for conducting the key care processes is to monitor the patient's condition, allowing the healthcare professional to detect any changes or deterioration, which can be proactively managed through implementing early interventions. These interventions can assist in stabilising the patient's condition and prevent or slow down further deterioration which can lead to serious complications later in life.

All local GP Practices have committed to deliver the eight key care processes with the emphasis on strengthening the positive longer term outcomes for patients diagnosed with diabetes.

### **Surrey Downs CCG**

#### **Dementia screening initiative leading to earlier diagnosis**

With an ageing population and an estimated 4,000 people living with dementia in the Surrey Downs area alone, in July 2013 we launched an innovative project to improve early diagnosis and support for people living with dementia in the local area.

Based on similar initiatives that have worked well in other parts of the country, we teamed up with Surrey and Borders Partnership Foundation NHS Trust to introduce a new team of specialist community nurses who are now screening those most at risk.

As part of the initiative we invite people over the age of 65 years to have a memory test. The test can't give a dementia diagnosis but if issues are identified we refer people on to other services to understand what the problem is and whether it is dementia or caused by another underlying health issue.

Since we first launched the service we have screened over 800 people. Just under one in five of those who have taken part have been referred on to other services for further investigation so early signs suggest the project is already making a real difference in helping to identify memory problems sooner.

### **East Surrey CCG**

The objective of this quality measure is to reduce the number of people reporting very bad experience of out of hours care. For East Surrey CCG this is significant when considering performance in this area both nationally and against comparator CCGs as evidenced by the "Level of Ambition Tool".

The measure to be used will be ascertained by way of survey, and will be the average number of positive responses per 100 patients. The baseline figure of 30% was determined from the "Level of Ambition Tool" used as part of the strategic planning process.

The improvement from 30% to 80% will be challenging, however, the CCG is confident of achieving this as we have procured a new service with constant monitoring of the provider through Key Performance Indicators (KPIs) relating to quality of service that will drive improved patient experience. Examples include:

- The % of times where the summary care records of patients were accessed either before, or during, the consultation.
- The % of patients who wait longer than 30 minutes running from the time of their scheduled appointment booked by 111.
- The % of times incoming calls from other local community OOH services are answered within 20 seconds
- The % of incoming referrals which, after a consultation, result in an admission per base & CCG

### **Guildford and Waverley CCG**

The objective is to provide anticipatory care plans for the number of people on the district nurse caseload who are at the end of their life to improve the quality and co-ordination of people's care.

The target is 80% of the district nurse caseload and the baseline is 0%.

### **North West Surrey CCG**

#### **Alcohol identification and intervention in new registrations**

- GPs are asked to get new patients registering with their practice to complete a simple questionnaire which gives scores against a number of key questions which assesses how often they drink alcohol and how much and whether this fits a profile which means they are likely to develop long term health problems as a result.

- If patients score above a particular level then they will offer the patient a brief discussion to help them understand the risk they are taking and the long term impact and gives advice on how they can reduce their drinking and sources of support available to them if they would like more help.
- By following this approach we are looking to try and identify more of the higher risk patients than we have done in the past and make sure that we offer them positive help to reduce their risk of serious long term damage to their health.

### **Surrey Heath CCG**

#### **Improving the quality of general practice initial assessment and documentation for patients on admission to nursing homes**

Surrey Heath CCG currently has 452 nursing home residents. An assessment form has been developed to help GPs easily identify risk factors which would contribute to the likelihood of a hospital admission and improve dementia diagnosis rates, and support patients preference for their preferred place of death. The review will include a falls assessment and medication review. In addition to improving the quality of care to patients through the development of a personalised care plan early after the patient's admission it will enable better communication between nursing home staff, patients and families and GPs . The aim is to have at least 75% completion rate of these forms for all registered patients by 31<sup>st</sup> March 2015.



## Surrey Health and Wellbeing Board

|                        |             |
|------------------------|-------------|
| <b>Date of meeting</b> | 5 June 2014 |
|------------------------|-------------|

**Item / paper title: Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy for Children and Young people 2014 - 2017**

|   |   |
|---|---|
| <b>Purpose of item / paper</b>  | The purpose of the commissioning strategy outlining Surrey Clinical Commissioning Groups (CCG) Collaborative and Surrey County Council's shared vision and commissioning intentions for Children and Young People's Emotional Wellbeing and Mental Health Commissioning Strategy.   |
| <b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>   | The commissioning strategy has been developed in response to Health and Wellbeing Board priority of Improving children's health and wellbeing.  |
| <b>Financial implications - confirmation that any financial implications have been included within the paper</b>              | The commissioning strategy provides an overview of commissioning spend by Surrey County Council and the Surrey CCG Collaborative.   |
| <b>Consultation / public involvement – activity taken or planned</b>  | A range of stakeholders were invited to comment on the draft Surrey Joint Emotional Wellbeing and Mental Health Commissioning Strategy via 'Surrey Says'. The survey was available from 11 November 2013 - 9 December 2013. In addition two separate evening focus group sessions for children and young people were held. A total of 57 responses to the strategy were received. |
| <b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b> | <p>One of the commissioning objectives is to ensure services commissioned are responsive to the needs of children and young people and no individual or group is prevented from accessing services by way of age, gender, disability, sexual orientation or race</p> <p>An Equality Impact Assessment has been completed for the commissioning strategy.</p>                      |
| <b>Report author and contact details</b>  | Karina Ajayi – Commissioner Surrey County Council<br>Diane McCormack – Head of Complex Needs and CAMHS Guildford and Waverley CCG   |
| <b>Sponsoring Surrey Health and Wellbeing Board Member</b>  | Nick Wilson - Strategic Director Children, Schools and Families<br>Mary Angell - Cabinet Member for Children and Families   |

|  |  |
|--|--|
| <b>Actions requested<br/>/ Recommendations</b> | <b>The Surrey Health and Wellbeing Board is asked to:</b><br>To endorse the Emotional Wellbeing and Mental Health<br>Commissioning Strategy for children and young people in Surrey. |
|--|--|

Health and Wellbeing Board  
5 June 2014

**Surrey's Joint Emotional Wellbeing and Mental Health  
Commissioning Strategy for Children and Young  
people 2014 – 2017**

**Purpose of the report:**

To outline Surrey Clinical Commissioning Group (CCG) Collaborative and Surrey County Council's Children and Young People's Emotional Wellbeing and Mental Health Commissioning Strategy. This commissioning strategy has been developed in response to the Health and Wellbeing Board priority - Improving children's health and wellbeing.

**Introduction:**

1. The attached Children and Young People's Emotional Wellbeing and Mental Health Commissioning strategy (Annex 1) has been developed by NHS Guildford and Waverley Clinical Commissioning Group (the host commissioner for emotional wellbeing and mental health for the Surrey CCG Collaborative) and Surrey County Council.
2. The strategy outlines the shared vision, commissioning objectives and intentions across the CCGs and Surrey County Council over the next three years. This strategy is designed to ensure that all partners remain focused on commissioning services that deliver the best possible emotional wellbeing and mental health outcomes for children and young people.
3. This strategy supports the delivery of both the children and young people's strategy 2012 -2017 and the CCGs' commissioning intentions.

**Financial Implications:**

4. Surrey County Council and the CCG Collaborative invest £11 million per annum for the provision of mental health services for children and young people with mild to severe mental health needs. Approximately £9.4 million per annum of this investment is in contracts with NHS health

providers including the Surrey and Borders Partnership NHS Foundation Trust. In order to fulfil our commissioning objectives and address the gaps within our existing provision, all partners recognise the need to reshape our commissioning investment to ensure better value.

#### **Consultation:**

5. The strategy has been shared widely with a range of stakeholders including our incumbent providers. The strategy was open for consultation from 11 November 2013 to 9 December 2013 on Surrey Says. In addition two separate evening focus group sessions were held with the CAMHS Youth Advisors (CYA) members. A total of 57 responses to the strategy were received with the majority of respondents reporting agreement with the proposed direction of travel. The Child and Adolescent Mental Health Service (CAMHS) Strategy Board and the Children and Young People's Health and Wellbeing Group have also helped to shape the strategy.

#### **Equality & Diversity:**

6. An Equality Impact Assessment (Annex 2) has been completed for the strategy. Further Equality Impact Assessments will be undertaken for all specific commissioning activities arising from the implementation of the strategy.

#### **Risk Management:**

7. With an ever changing policy environment there is a risk that any strategy could be overtaken by further changes. This strategy sets out broad principles that have been developed to stand the test of time. An emotional wellbeing and mental health commissioning action plan will be written to support the implementation of the strategy. The CAMHS Strategy Board will oversee the implementation of the strategy.

#### **Conclusions:**

8. The strategy provides our direction of travel for the commissioning of emotional wellbeing and mental health services for children and young people, over the coming three years. We recognise that improved early support and intervention within community services can reduce the dependency on more costly acute services.
9. The commissioning intentions are:
  - Recommissioning mental health community services, that build resilience and equip children and young people with the necessary skills to maintain positive mental health and emotional wellbeing;
  - Shaping our emotional wellbeing and mental health provider market;
  - Ensuring safeguarding requirements and clinical excellence are maintained and
  - Ensuring contract and procurement compliance in line with Council and NHS Clinical Commissioning Group requirements

**Recommendations:**

10. To endorse the Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people in Surrey.

**Next steps:**

An emotional wellbeing and mental health commissioning action plan will be developed.

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**Sources/background papers:**

Updated 2014 version of the original 2009 Surrey Child and Adolescent Mental Health Services (CAMHS) Healthcare Needs Assessment  
<http://www.surrey-camhs.org.uk/en/content/cms/professionals/resources/>

Social and emotional wellbeing for children and young people  
<http://publications.nice.org.uk/social-and-emotional-wellbeing-for-children-and-young-people-lqb12>

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## **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 2014 – 2017**

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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 quality child centred services that are compassionate, responsive, timely, 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 and groups of children and young people to improve their own emotional wellbeing and mental health and build their resilience."*

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*<sup>1</sup>, made some clear recommendations on key areas for action based on what young people feedback. These recommendations are reflected in mental health policy launched by the Coalition Government in 2011 *No Health without Mental Health*<sup>2</sup> a strategy for all ages. The strategy and its accompanying *Implementation Framework*<sup>3</sup> 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 and evidence based interventions
- A model of continuous improvement - reviewing and challenging whether what is being done is improving outcomes, including seeking feedback from service user about the impact of service received –

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<sup>1</sup> 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>

<sup>2</sup> 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](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf)

<sup>3</sup> 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>

- 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 in accordance to the Equality Act 2010.
- Clinical excellence and safeguarding principles embedded within our commissioning function

Our approach follows 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. Recognise and improve the importance of the mental health within families alongside physical health and emotional wellbeing.
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 child centred 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.
7. Work with Adult Mental Health Commissioners to develop family approach to mental health and emotional wellbeing , and smooth transitions

### 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 through 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<sup>4</sup>
- Young people under 18 admitted to hospital as a result of self-harm has increased in the 2009-12 period since 2006 -2009 period. However overall rates of admission in the 2009-12 periods are lower than the England average<sup>5</sup>.
- A need for a family approach and a focus on vulnerable families, focussing on strengthening family wellbeing and creating greater family stability.<sup>6</sup> Parenting support is required, including outreach and for teenagers/teenagers with autism.
- Build resilience and self esteem in all children and young people and their parents/carers.<sup>7</sup>
- Collaborate and joint work across services – the 'No wrong door' approach.<sup>8</sup>
- 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.<sup>9</sup>
- Intervening at an earlier/ younger age and ensure smooth transition within every stage of a child or young person's life<sup>10</sup>
- Reduce stigma associated with mental health<sup>11</sup>  
There is confusion amongst children, young people and their families as to the services available and how to access them. Families feel waiting times are too long, interim support is needed

## 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<sup>12</sup>

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.

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<sup>4</sup> JSNA 2011 Mental Health chapter

<sup>5</sup> Chimat – Children's Health profile 2013

<sup>6</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>7</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>8</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>9</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>10</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>11</sup> Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

<sup>12</sup> Institute of Public Care – Market Analysis Centre (2012)

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 and voluntary and community sector 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.

| <b>Jointly commissioned mental health services</b>   | <b>Mental health services commissioned/provided by Surrey County Council</b>   | <b>Mental health services commissioned by Surrey CCGs</b>   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Primary Mental Health workers</li> <li>• CAMHS 3 Cs -Children in Care Service</li> <li>• Parent Infant Mental Health Service</li> <li>• You and Your Baby Connecting</li> <li>• CAMHS extended hours service</li> <li>• CAMHS weekend assessment service</li> <li>• Clinical targeted service</li> <li>• Sexual Trauma Assessment, Recovery and Support Team (STARS)</li> <li>• HOPE</li> <li>• Community Nurses</li> </ul> | <ul style="list-style-type: none"> <li>• Targeted Mental Health in Schools (TaMHS)</li> <li>• No Labels</li> <li>• CAMHS Social Worker team</li> </ul> | <ul style="list-style-type: none"> <li>• Mindful</li> <li>• CAMHS Specialist Community services</li> <li>• Primary Mental Health workers including the CAMHS Advisory line</li> <li>• Heads together Youth Counselling Service</li> </ul> |

## 7. Service gaps

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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<sup>13</sup>;
- Capacity within universal services to support children and young people with low level emotional wellbeing and mental health needs<sup>14</sup>;
- Evidence based approach to prevention and management of self-harm in schools, colleges and community settings;
- Support for families (including siblings) affected by their child or and young people's mental health problems including improved communication and better information about what is available locally. How families can promote and maintain good mental health and emotional wellbeing.
- Consistent access to parenting programmes, particularly for managing hyperkinetic behaviours, self harm, eating disorders and conduct disorders. Support to include outreach and practical support
- 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<sup>15</sup>
- 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 including for those with profound and complex needs and sensory impairments. Link with services currently supporting children and young people with SEND support to ensure provision is mutually supportive and effective
- Support for families affected by Foetal alcohol syndrome
- Greater flexibility and improved access with some evening and weekend therapy options and on-line/telephone support on 24/7 basis for young people and their parents.
- Psychiatric liaison and intensive home treatment
- Transition of young people from CAMHS to Adult Mental Health or other support to be more robust and effective as this is a particularly vulnerable time and there is a need for a greater co-working approach.
- TAMHS is having an impact for engaged schools and this needs to be promoted and expanded to other schools to achieve greater awareness and understanding, prevention and intervention
- Counselling Services for those with mild to moderate under 12's
- Appropriate support for children and young people in A & E and training for staff concerning impact of stigma
- Stigma prevents some children and their friends and families from raising concerns and seeking help
- Adult Mental Health services awareness of the needs of children whose parents have chronic mental illness to ensure that the family receives treatment and support

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<sup>13</sup> Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings

<sup>14</sup> Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings

<sup>15</sup> JSNA (2011) Mental Health Chapter

## Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

- Emotional wellbeing and coping skills Improved links with and between services e.g. sexual health and drug and alcohol
- Further support for 14-25 year olds
- Support for attachment disorders affecting post adoption placements
- Emotional wellbeing and mental health support for children and young people affected by domestic abuse or witness to domestic abuse.

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### 8. Performance and Outcomes

There is limited performance information on our commissioned services. As part of ensuring robust contract management arrangements are in place, commissioners will work with providers to develop a culture of performance monitoring and reporting. Performance management will provide a baseline on which to build continuous service improvements. Commissioners will work with young people, their families and providers to co produce a clear outcome framework which effectively captures both mental health and emotional wellbeing.

### 9. Overview of Finances

Commissioners will seek to ensure value is achieved within existing resources. 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  | 0   | 229  | Primary care and Health visitors                |
| Targeted Services   | 841   | 1,767  | Counselling services within community contracts |
| Specialist Services | 733   | 242  | 7,200   |
| <b>Total</b>        | <b>1,574</b>  | <b>2,238</b>                                       | <b>7,200</b>                                    |

Annual contribution to the targeted CAMHS pooled budget<sup>16</sup>

|                       |        |
|-----------------------|--------|
| Surrey CCGs           | £1,036 |
| Surrey County Council | £1,194 |
| Total                 | £2.2m  |

<sup>16</sup> Excludes the pooled budget arrangement for HOPE (specialist Service) from CCGs £804 pa and SCC £733 pa managed via the HOPE management Board

## 10. Our Commissioning Intentions 2014/15

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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  |
|----------------------|--|---|
| <b>UNDERSTAND</b>    | 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                               |
| <b>PLAN</b>          | Reshape and co-design services   | Children, young people and Commissioners    |
|                      | Develop business cases for services to be decommissioned, commissioned and re-commissioned   | Commissioners                               |
|                      | 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                               |
| <b>DO</b>            | 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  | Commissioners & Procurement                 |
|                      | Introduce robust contract management arrangements  | Commissioners                               |
| <b>REVIEW</b>        | 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 18<sup>th</sup> Birthday. Some are looked after until their 21<sup>st</sup> 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:

## Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

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- 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

# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

## 1. Topic of assessment

|                   |  |
|-------------------|--|
| <b>EIA title:</b> | Joint Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people |
|-------------------|--|

|                    |   |
|--------------------|---|
| <b>EIA author:</b> | Karina Ajayi, Commissioner, Children’s Commissioning Team |
|--------------------|---|

## 2. Approval

|                                | Name                                       | Date approved |
|--------------------------------|--|---------------|
| <b>Approved by<sup>1</sup></b> | Ian Banner<br>Sheila Jones<br>Sarah Parker |               |

## 3. Quality control

|                       |           |                      |  |
|-----------------------|-----------|----------------------|--|
| <b>Version number</b> | 3         | <b>EIA completed</b> |  |
| <b>Date saved</b>     | 14/2/2014 | <b>EIA published</b> |  |

## 4. EIA team

| Name            | Job title (if applicable)               | Organisation              | Role                            |
|-----------------|---|---------------------------|---------------------------------|
| Sheila Jones    | Head of Countywide Services             | SCC, CSF                  | CAMHS Commissioning member      |
| Ian Banner      | Head of Children Services Commissioning | SCC, CSF                  | CAMHS Commissioning Group Chair |
| Angela Sargeant | CAMHS Development Manager               | SCC,CSF                   | Pooled Budget Manager           |
| Diane McCormack | Head of Complex Needs and Mental Health | Guildford and Waverly CCG | CAMHS Commissioning member      |
| Kelly Morris    | Public Health Principal                 | SCC,CSF                   | CAMHS Commissioning member      |
| Karina Ajayi    | Commissioner                            | SCC,CSF                   | Commissioner                    |

# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

## 5. Explaining the matter being assessed

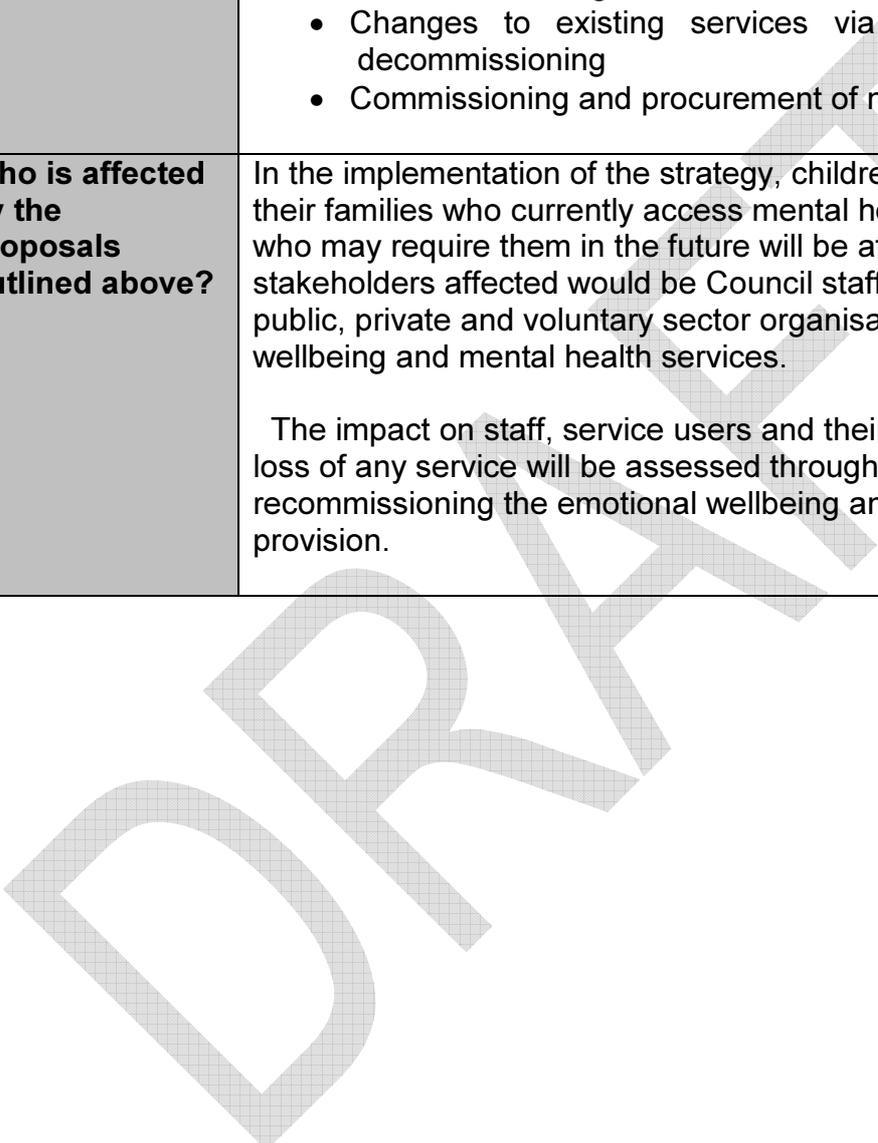
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| <p><b>What policy, function or service is being introduced or reviewed?</b></p> | <p>This is an equality impact assessment of the Surrey Child and Adolescent Mental Health Commissioning strategy. The strategy outlines six key objectives, based upon shared commissioning principles to help inform what services will need to be commissioned or decommissioned over the coming four years. The strategy has been developed at a time of economic challenge and it is essential that the commissioning objectives are acted upon, and that all services current and future are challenged to ensure maximum effectiveness and value for money.</p> <p>The strategy is relevant to <i>all commissioned</i> services that contribute to the emotional wellbeing and mental health care of children and young people.</p> <p>This definition includes;</p> <ul style="list-style-type: none"><li>• Universal services – promoting emotional well-being, including GPs and schools</li><li>• Targeted services – providing early intervention for vulnerable young people, these services primary function may not necessarily be mental health such as youth workers</li><li>• Specialist services – providing high quality mental health provision.</li></ul> <p>The 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.</p> <p>The Commissioning Objectives are:</p> <ol style="list-style-type: none"><li>1. Analysis of need through service reviews, service mapping, resource and gap analysis</li><li>2. Coproduction with young people and their families including service redesign to promote outcome focussed provision where needed</li><li>3. Improve and recognise the importance of the mental well-being within families</li><li>4. Influence and increase local market capacity to deliver responsive and timely evidence based and high quality interventions delivered by a skilled and committed workforce</li><li>5. Providers will be managed robustly on achieving specific outcomes. Competition will be used to set optimal emotional wellbeing and mental health outcomes for children, young people and their families</li><li>6. Services are delivered in a non-discriminatory way and no individual or group is prevented from accessing services by way of age, disability, gender, sexual orientation or race</li></ol> <p>The commissioning strategy is also informed by informed by the</p> |
|---|---|

**EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017**

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|  | <p>Surrey Health and Wellbeing strategy; Surrey’s Children and Young People’s strategy 2012-2017 and <i>No Health without Mental Health</i> national strategy.</p>   |
| <p><b>What proposals are you assessing?</b></p>                | <p>The strategy sets out the agreed direction of travel for the Clinical Commissioning Groups in Surrey and Surrey County Council. The implementation of this strategy is likely to lead to changes in the following:</p> <ul style="list-style-type: none"> <li>• Review of existing services/ functions and remit;</li> <li>• Changes to existing services via service remodelling or decommissioning</li> <li>• Commissioning and procurement of new services</li> </ul>  |
| <p><b>Who is affected by the proposals outlined above?</b></p> | <p>In the implementation of the strategy, children, young people and their families who currently access mental health services and those who may require them in the future will be affected. Other stakeholders affected would be Council staff and staff employed in public, private and voluntary sector organisations delivering emotional wellbeing and mental health services.</p> <p>The impact on staff, service users and their families caused by the loss of any service will be assessed throughout the process of recommissioning the emotional wellbeing and mental health service provision.</p> |



# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

## 6. Sources of information

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| Engagement carried out   |
|--|
| <p>Prior to the drafting of the strategy, stakeholder events have been undertaken with service users and their families to identify emotional wellbeing and mental health needs, alongside stakeholder events with service providers; and practitioners in Services for Young People; Education and school confederations.</p> <p>A survey was undertaken between November and December 2013 to determine the views of stakeholders regarding the draft strategy in addition to focus groups of young people. The feedback will inform the revised strategy and the Surrey Child and Adolescent Mental Health Services (CAMHS) healthcare needs assessment refresh. Where it has been difficult to engage directly with stakeholders, attempts have been made to understand their needs and issues through service representatives Eg Gypsy Roma Travellers; Lesbian, Gay, Transexual, and Bisexual young people; those with English as a Second Language; Refugees and Asylum seekers.</p>  |
| Data used  |
| <p>In addition to the above quantitative data the following have also been used to inform the commissioning strategy.</p> <ul style="list-style-type: none"><li>• <a href="#">Surrey-i</a>, our local data and information portal</li><li>• Previous CAMHS needs assessment 2009</li><li>• Joint Strategic Needs Assessment (JSNA) 2010 mental health chapter</li><li>• Joint Strategic Needs Assessment (JSNA) 2011 sexual orientation chapter</li><li>• CAMHS 1 in 10 needs assessment (2011)</li><li>• Annual report for Parent Infant Mental Health, Sexual Trauma and Recovery Service and Targeted approach to Mental Health in Schools</li><li>• CAMHS Community Nurses audit</li><li>• Surrey and Borders Partnership Board NHS Foundation Trust performance report</li><li>• National research</li><li>• NICE – National Institute for Clinical Excellence</li><li>• Draft Surrey Child and Adolescent Mental Health Services Healthcare Needs Assessment Refresh January 2014</li><li>• Council of Europe (2008) Child and teenage suicide in Europe: A serious public health issue: Report Document</li><li>• Reed, B., Rhodes. S, Schofield. P &amp; Wylie. K (2009) Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution</li><li>• GIRES. Whittle. S , Turner. L, &amp; Al-Alami.M (2007) Engendered Penalties: Transgender and Transsexual People’s Experiences of Inequality and Discrimination</li><li>• Surrey County Council (2010): One in Ten Needs Assessment</li></ul> |

## 7. Impact of the new/amended policy, service or function

# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

In the tables below we have brought together our equality analysis and set out how the new/amended policy, service or function will affect children, young people and their families with emotional wellbeing and mental health needs and staff. This analysis considered how the strategy will:

- advance equal opportunities;
- eliminate discrimination; and
- foster good relations between people that share protected characteristics and those that do not.

Our analysis and evidence gathered was proportionate to the likely scale of impact for children, young people and their families with emotional wellbeing and mental health needs and staff sharing protected characteristics.

Analysis was based on the information gathered from the data and engagement activities listed in section six. The strategy and this draft equality impact assessment will be consulted on and the feedback of the consultation will be taken into account in finalising the EIA and subsequent decisions arising from the implementation of the strategy. Specific details and comments that are relevant for protected characteristics are included in the EIA.

- We have listed ways the strategy might conceivably impact on children, young people and their families.
- Our analysis did not identify that the proposal needs to be amended in order to deal with the equalities implications identified in this EIA.
- Our analysis identified mitigating actions or ongoing monitoring required when the consultation is completed, and decision on the options is agreed.
- We consider that there will be no impact on particular protected characteristics for the reasons stated.

Annex 1 contains detailed guidance about the issues we considered when assessing impact of the joint commissioning strategy.

# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

## 7a. Impact of the proposals on residents and service users with protected characteristics

| Protected characteristic <sup>2</sup> | Potential positive impacts   | Potential negative impacts | Evidence  |
|---------------------------------------|--|----------------------------|---|
| <b>Age</b>                            | The strategy seeks to address the mental health needs of service users from pre-birth to adolescence, whilst ensuring support for parents/carers as well as ensuring age appropriate interventions   | None                       | Half of all lifetime mental health problems emerge before the age of 14. Early detection and treatment of mental ill health can dramatically reduce the duration, severity and loss of quality life associated with mental ill health ( <i>No Health Without Mental Health: HM Government 2011</i> )  |
| <b>Disability</b>                     | <p>One of the six objectives is to ensure services are delivered in a non-discriminatory way and that no individual or group with protected characteristics is prevented from accessing services.</p> <p>Information about local services will be included in the local offer as part of the SEND reforms.</p> | None                       | <p>The prevalence of mental disorders was greater among children in households in which someone received disability benefit (24%), compared with those that received no disability benefit (8%). It is estimated 40% of children with Learning Disability have mental health problems. (Surrey i)</p> <p>Need highlighted for professionals to ensure that emotional wellbeing and mental health is part of the holistic assessment and care planning arrangements for all children, particularly those from vulnerable groups and for targeted parenting groups concerning the emotional wellbeing and mental health of children with disabilities especially those with autism.</p> |
| <b>Gender reassignment</b>            | Gaps in the data and service for this cohort have been identified. GIRES research may be a useful source of  | None                       | Increasing numbers are presenting with gender identity questioning and CAMHS are looking at how to develop practice with this group of marginalised   |

<sup>2</sup> More information on the definitions of these groups can be found [here](#).

**EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH  
COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017**

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|                                       |  |             |   |
|---------------------------------------|--|-------------|---|
|                                       | <p>information</p>   |             | <p>young people locally as there is a gap in targeted services and little gender variance support. GIREs may be a useful source of information.</p> <p>Council of Europe:<br/>Trans people (adults and young people) have reported that they have experienced transphobic bullying, harassment and discrimination in public places, schools, in the workplace and within their families. It is recognised that these experiences can have a negative impact on mental health and that there is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than in the wider youth population</p> <p>Whittle et al, 2007<br/>Access to medical treatment and safe accommodation are also key issues for these children and young people</p> |
| <p><b>Pregnancy and maternity</b></p> | <p>Strategy seeks to ensure provision is in place across the life course from pre birth to late adolescence.</p> <p>The need to build further capacity in the existing service has been identified. A perinatal service is needed for women who develop mental illness during this time or whose existing mental health may deteriorate.</p> | <p>None</p> | <p>Pregnancy and Maternity and early years - promoting maternal mental health and reducing depression and improving attachment (NICE)</p> <p>The Parent Infant Mental Health service aims to promote positive, secure early attachments between babies and their parents where a mental health vulnerability or risk has been identified. The aim of the You and Your Baby connecting service is to support and offer early intervention for young mothers in care or care leavers to promote positive, secure early attachments.</p>   |

# EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

|                            |   |      |  |
|----------------------------|---|------|--|
| <b>Race</b>                | The strategy seeks to ensure timely interventions for harder to reach communities e.g. Gypsy & Roma Traveller, Black & Minority Ethnic communities, those with English as a second language and for refugees and asylum seekers by providing culturally sensitive services and considering other access routes/options for services | None | <p>Gypsy and Traveller children's mental health needs may be hidden from the system due to difficulty in accessing and engaging with services and there is a need to understand how access to services can be improved. It is estimated that there are 3000 Gypsy and Traveller children in Surrey (Surrey i)</p> <p>There are increasing numbers of children in Surrey schools with English as a second language</p> <p>All services concerned with refugees and asylum seekers need to be cognisant to the potential emotional wellbeing and mental health needs and ensure appropriate recording</p> <p>Services need to understand the communities they serve and their attitudes towards and perceptions of, mental health and the need to recognise it as an issue for their children and young people in order to improve access and reduce stigma.</p> |
| <b>Religion and belief</b> | The strategy seeks to ensure that everyone has improved access to the services/provision that they may need. Providers will ensure that staff are aware of the needs and issues experienced by those with a religion or belief  | None |  |
| <b>Sex</b>                 | None  | None |  |
| <b>Sexual orientation</b>  | Need for better awareness and understanding of the needs of Lesbian, Gay,   | None | 11-16 years is a critical period for most LGBT young people when they may be at risk of discrimination including bullying in schools and be vulnerable to  |

**EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017**

|   |   |             |   |
|---|---|-------------|---|
|   | <p>Bisexual and Transgender young people has been highlighted in universal services.</p> <p>Barriers experienced by LGB young people in accessing services will be addressed in the development of future provision. Services will understand and respond proactively to issues relating to sexual identity which may be experienced by young people.</p> |             | <p>using self harm as a coping mechanism</p> <p><b>JSNA Chapter: Sexual Orientation:</b><br/>Using mid-2009 population estimates, there is an estimated 5,700 young people aged 11-16 that are lesbian, gay, bisexual, transgender or questioning (LGBTQ) in Surrey. Identity-related stigma contributes to an increased risk of:</p> <ul style="list-style-type: none"> <li>• Bullying and social exclusion – 34% of LGBTQ young people are estimated to have experienced homophobia whilst in school</li> <li>• Domestic Abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a parent</li> </ul> <p>Council of Europe:</p> <ul style="list-style-type: none"> <li>• There is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than in the wider youth population</li> <li>• Young homeless lesbian, gay and bisexual people have can have specific emotional and psychological needs relating to the difficulties they have faced coming to terms with their sexuality in unsupportive environments</li> <li>• LGBTQ young people are more likely to be bullied at school, face barriers in accessing health care and suffer poorer health than the heterosexual population</li> </ul> |
| <p><b>Marriage and civil partnerships</b></p> | <p>None</p>   | <p>None</p> |   |

## EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

|   |  |  |   |
|---|--|--|---|
| <p><b>Looked After Children</b></p>     | <p>Additional support can be accessed through specialist CAMHS or the Children in Care (3C's) service. This provides a single referral and care pathway for looked after children with significant mental health or emotional difficulties or displaying signs of emerging complex emotional and psychological difficulties and mental health needs.</p> |  | <p>The needs assessment refresh has highlighted that looked after children are nearly five times more likely to have a mental health disorder than all children. Recent NICE guidance (modified April 2013) suggests that almost 60% of looked after children struggle with emotional and mental health</p> |
| <p><b>Carers &amp; Young Carers</b></p> | <p>The needs of Carers and young carers have been identified within the needs assessment refresh</p>   |  | <p>Recommendation for routine assessment of their needs by a relevant professional and for carers champions to be embedded in CAMHS service provision</p>   |

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### 7b. Impact of the proposals on staff with protected characteristics

The staff group who may be potentially affected by the recommissioning process are from an external provider, not SCC staff.

| Protected characteristic | Potential positive impacts           | Potential negative impacts           | Evidence   |
|--------------------------|--------------------------------------|--------------------------------------|--|
| <p><b>Age</b></p>        | <p>None identified at this stage</p> | <p>None identified at this stage</p> | <p>When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account</p> |

## EQUALITY IMPACT ASSESSMENT - JOINT EMOTIONAL WELLBEING AND MENTAL HEALTH COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014 – 2017

|  |                               |                               |   |
|--|-------------------------------|-------------------------------|---|
| <b>Disability</b>                      | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Gender reassignment</b>             | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Pregnancy and maternity</b>         | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Race</b>                            | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Religion and belief</b>             | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Sex</b>                             | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Sexual orientation</b>              | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |
| <b>Marriage and civil partnerships</b> | None identified at this stage | None identified at this stage | When specific commissioning decisions are under consideration, the impact for staff will be reviewed and taken into account |

DRAFT



## Surrey Health and Wellbeing Board

|                        |             |
|------------------------|-------------|
| <b>Date of meeting</b> | 5 June 2014 |
|------------------------|-------------|

7

**Item / paper title: Promoting emotional wellbeing and mental health priority**

|  |   |
|--|---|
| <b>Purpose of item / paper</b>   | The purpose of this report is to review progress made since 13 March 2014 on developing the 'Promoting emotional wellbeing and mental health' priority action plan. The report also demonstrates progress on developing a mental health crisis care concordat for Surrey.   |
| <b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>                                  | This item supports the delivery of the priority of promoting emotional wellbeing and mental health.   |
| <b>Financial implications - confirmation that any financial implications have been included within the paper</b> | No financial implications at this current time.   |
| <b>Consultation / public involvement – activity taken or planned</b>   | <p>The commissioning strategy has had a robust engagement plan including:</p> <ul style="list-style-type: none"> <li>• Co-design cafe</li> <li>• Ongoing presentations at mental health stakeholder groups</li> <li>• Carers conference call</li> <li>• Prioritisation workshops</li> <li>• Development of briefing paper</li> <li>• Design workshops and conference call</li> </ul> <p>The draft commissioning strategy will also have a full public consultation.</p> <p>The mental health crisis care concordat for Surrey is being developed in partnership with local public services. Involvement includes:</p> <ul style="list-style-type: none"> <li>• Design meeting</li> <li>• Emergency services workshop</li> </ul> |

|  |  |
|--|--|
| <p><b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b></p> | <p>The strategy will be subject to an EIA.</p>   |
| <p><b>Report author and contact details</b></p>  | <p><b>Diane Woods</b><br/>Associate Director Mental Health and Learning Disability Commissioning (MH/LD)<br/>North East Hampshire &amp; Farnham Clinical Commissioning Group, on behalf of Surrey CCG MH/LD Collaborative</p> <p><b>Donal Hegarty</b><br/>Senior Manager<br/>Adult Social Care Commissioning<br/>Surrey County Council</p> <p><b>Contact details:</b><br/><a href="mailto:diane.woods@hampshire.nhs.uk">diane.woods@hampshire.nhs.uk</a><br/><br/><a href="mailto:donal.hegarty@surreycc.gov.uk">donal.hegarty@surreycc.gov.uk</a></p>   |
| <p><b>Sponsoring Surrey Health and Wellbeing Board Member</b></p>  | <p>Dr Andrew Whitfield<br/>NEHF CCG Clinical Lead</p>  |
| <p><b>Actions requested / Recommendations</b></p>  | <p><b>The Surrey Health and Wellbeing Board is asked to</b></p> <ul style="list-style-type: none"> <li>a) Note that the draft commissioning strategy will be going out for public consultation in June 2014.</li> <li>b) Note that the mental health crisis concordat outcomes of the 23<sup>rd</sup> May workshop will be reported to the June Board Meeting.</li> <li>c) Agree that the Surrey Health and Wellbeing Board is proposed as the body to provide the strategic overview of the concordat, with links to the Surrey Better Care Board and operational delivery through the Emotional Wellbeing and Mental Health Partnership Board and its existing governance mechanisms.</li> <li>d) Support an annual workshop to bring the mental health crisis concordat signatory organisations together to review progress and hold each other to account on the delivery of the action plan.</li> </ul> |

Health and Wellbeing Board  
5 June 2014

## Promoting Emotional Wellbeing and Mental Health Priority

### **Purpose of the report:**

The purpose of this report is to review progress made since 13 March 2014 on developing the 'Promoting emotional wellbeing and mental health' priority action plan. The report also demonstrates progress on developing a mental health crisis care concordat for Surrey.

### **Introduction:**

1. The Board approved the emotional wellbeing and adult mental health action plan in June 2013. A progress update was brought to the Board on 13 March 2014.
2. This report highlights two main areas of development since then: the **joint commissioning strategy for emotional wellbeing and mental health** and the development of a **mental health crisis care concordat** for Surrey.

### **Development of the emotional wellbeing and mental health joint commissioning strategy**

3. The joint commissioning strategy is making good progress. Commissioners of mental health services have gathered and analysed national and local sources of evidence to inform our priority areas of work. Mental health stakeholders have been involved and engaged throughout, and local groups prioritised the emerging themes from the evidence gathered and analysed. The five priority themes in the strategy are:
  - 3.1 **Working together as a whole system:** In Surrey we have a good range of services but people have told us that they don't always know about them, they are not always person-centred and don't always work together. We want to improve this and ensure everyone works together effectively to put the person and their

carer/family at the centre to meet their needs and improve their outcomes.

- 3.2 **Prevention and promotion:** Prevention is concerned with avoiding ill health and promotion is about improving health and wellbeing by enabling people to increase control over and improve their mental wellbeing. In Surrey this has always been important but is now placed as one of the highest priorities.
  - 3.3 **Early intervention:** The earlier someone who is experiencing mental health problems gets support and treatment, the better the process of recovery can be. In Surrey, we have effective early intervention services for people experiencing psychosis but we want to make sure that early intervention is achieved for all.
  - 3.4 **Mental health crisis care:** In Surrey we need to improve our system of crisis care, ensuring people are kept safe and helped to find the support they need, whatever the circumstances in which they first need help, and from whichever service they turn to first.
  - 3.5 **Recovery:** Putting recovery in to action means focusing care on supporting recovery and building the resilience of people with mental health problems and their families/carers, not just treating or managing symptoms.
4. The Health and Social Care commissioners continue to involve local stakeholders in the development of these priority areas. Two workshops are planned as well as other opportunities to enable people to contribute their ideas as to how these priority areas can be put into action.
  5. The draft strategy and implementation plan will be presented to the June Board Meeting and will go out for consultation in June 2014 for 12 weeks, to enable stakeholders to comment and input further.

#### **Development of Surrey's mental health crisis care concordat**

6. The Department of Health published the mental health crisis care concordat in February 2014. This concordat describes what people experiencing a mental health crisis should be able to expect of the public services to respond to their needs. The concordat has been agreed by a partnership of national organisations and representative bodies with an expectation that every local health, social care and criminal justice system commit to delivering their own mental health crisis declaration.
7. In Surrey, we have drafted a local mental health crisis care concordat which senior representatives from local public sector bodies will sign up to. An emergency services workshop was held on 23 May 2014, bringing together key representatives from the Surrey County Council (adult and children services), Clinical Commissioning Groups, Surrey and Borders Partnership NHS Foundation Trust, Surrey Police, South East Coast

Ambulance services, district and borough councils and people who use services and their carers.

8. This workshop has been designed to facilitate the declaration that all local organisations will work together, and hold each other accountable for, delivering the aims of Surrey's concordat. An action plan will be developed together, to make progress on local issues for people experiencing mental health crises.
9. The Surrey Health and Wellbeing Board is proposed as the body to provide the strategic overview of the concordat, with links to the Surrey Better Care Board and operational delivery through the Emotional Wellbeing and Mental Health Partnership Board and its existing governance mechanisms.
10. There is also a proposed annual workshop to bring the signatory organisations together to review progress and hold each other to account on the delivery of the action plan.

#### **Conclusions:**

11. Good progress has been made with the development of the emotional wellbeing and mental health joint commissioning strategy. Stakeholders have been involved and engaged in developing the strategy and accompanying implementation plan. These will go out for public consultation in June 2014.
12. The mental health crisis care concordat for Surrey has been drafted and partners are attending a workshop on 23<sup>rd</sup> May to develop a shared action plan to deliver better outcomes for people experiencing a mental health crisis. The outcomes of this workshop will be presented to the June Board Meeting.

#### **Recommendations:**

13. The Board is asked to:
  - a) Note that the draft commissioning strategy will be going out for public consultation in June 2014.
  - b) Note that the mental health crisis concordat outcomes of the 23<sup>rd</sup> May workshop will be reported to the June Board Meeting.
  - c) Agree that the Surrey Health and Wellbeing Board is proposed as the body to provide the strategic overview of the concordat, with links to the Surrey Better Care Board and operational delivery through the Emotional Wellbeing and Mental Health Partnership Board and its existing governance mechanisms.

- d) Support an annual workshop to bring the mental health crisis concordat signatory organisations together to review progress and hold each other to account on the delivery of the action plan.

**Next steps:**

14. The next steps are:

14.1 Finalise the draft joint commissioning strategy and implementation plan and put out for public consultation.

14.2 Hold the emergency services workshop to enable key players in Surrey to sign up to the mental health crisis care concordat, bring together a shared action plan and agree governance arrangements.

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**Report contact:**

**Diane Woods**

Associate Director Mental Health and Learning Disability Commissioning (MH/LD)

North East Hampshire & Farnham Clinical Commissioning Group, on behalf of Surrey CCG MH/LD Collaborative

**Donal Hegarty**

Senior Manager

Adult Social Care Commissioning

Surrey County Council

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[donal.hegarty@surreycc.gov.uk](mailto:donal.hegarty@surreycc.gov.uk)

**Sources/background papers:**

Briefing from Health and Social Care commissioners: [Design ideas for mental health services April 2014](#)

Department of Health (2014) [Mental health crisis care concordat: improving outcomes for people experiencing mental health crisis](#)



## Surrey Health and Wellbeing Board

|                 |             |
|-----------------|-------------|
| Date of meeting | 5 June 2014 |
|-----------------|-------------|

**Item title: Clinical Commissioning Groups' Strategic Plans 2014/15 – 2018/19 and Annual Reports 2013/14**

8

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| <p><b>Purpose of item</b></p>  | <p>This item provides an update on how Surrey's Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board are meeting a range of duties and requirements set out in section 26 of the Health and Social Care Act 2012 in relation to CCG commissioning plans and annual reports.</p> <p>Specific requirements / duties:</p> <ul style="list-style-type: none"> <li>➤ Section 26 of the Health and Social Care Act 2012 places a duty on all clinical commissioning groups to prepare a plan setting out how it proposes to exercise its functions and to <i>"involve each relevant Health and Wellbeing Board in preparing or revising the plan"</i>.</li> <li>➤ The Act requires that clinical commissioning groups <i>"give each relevant Health and Wellbeing Board a draft of their plan"</i> and <i>"consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy"</i>.</li> <li>➤ The Act also states that the Health and Wellbeing Board <i>"must give the clinical commissioning group its opinion"</i> on whether their plan does take proper account of the joint health and wellbeing strategy and that a statement of the Board's final opinion is included in the CCGs final published plan.</li> <li>➤ Section 26 of the Act also sets out requirements for CCGs to prepare an 'annual report' in which they must <i>"review the extent to which the group has contributed to the delivery of any joint health and wellbeing strategy"</i> and in preparing that 'review' the CCG <i>"must consult each relevant Health and Wellbeing Board"</i>.</li> </ul> |
| <p><b>Summary of CCG / Health and Wellbeing Board response / action in relation to these duties / requirements</b></p> | <p>At its meeting on 5 September 2013, all six CCGs shared their headline commissioning intentions (alongside the plans for Surrey County Council's Public Health team, Adult Social Care, and Children, Schools and Families directorate).</p> <p>All six CCGs in Surrey have subsequently shared drafts of their 5 year strategic plans with all members of the Health and Wellbeing Board – feedback from Board members on how well these plans align to Surrey's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy has been collated and shared with each CCG to support the development of their plans.</p> <p>The CCGs are currently using these draft plans to develop a single</p>   |

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|  | <p>'Unit of Planning' plan / submission across five of the CCG areas (East Surrey, Guildford &amp; Waverley, North West Surrey, Surrey Downs and Surrey Heath). An update on this process and how the Board will be engaged will be provided at the Board meeting on 5 June 2014 as part of this item.</p> <p>In addition to contributing to the development of the single 'Unit of Planning' plan / submission, North East Hampshire &amp; Farnham CCG will also have a 5 year strategic plan for their area – a link to the draft 5 year strategic plan can be found at the bottom of this report. Based upon the comments received from Board members, the Board will be asked at the meeting on 5 June 2014 to agree its overall 'opinion' on whether the North East Hampshire &amp; Farnham CCG 5 year strategic plan 'takes proper account' of the joint health and wellbeing strategy.</p> <p>All six CCGs have also shared with all Board members excerpts of their draft annual reports covering the review of the CCGs contribution to the delivery of the Health and Wellbeing Strategy. Final versions of the full annual reports will be published on CCG websites by 5pm on 13 June 2014 and each CCG will hold a public meeting by 30 September 2014 to present their annual reports.</p> <p>Links to the County Council's strategic plans are also included at the bottom of this report for Board members information.</p> |
| <p><b>Surrey Health and Wellbeing priorities supported by this item</b></p>  | <p>The strategic plans describe what the CCGs aim to achieve for their local health and wellbeing system over the next 5 years. Commissioning plans will be at the forefront of the planning process; setting the vision, ambitions and framework against which CCG two year detailed operational plans are set.</p> <p>The plans will also be developed with and reviewed by the NHS's Surrey and Sussex Area Team.</p> <p>CCG Annual Reports describe the activities of each CCG in 2013/14. Reports describe progress for operational, financial, equalities and sustainability targets.</p> <p>Given the purpose and content of these plans this item therefore supports the delivery of all five priorities in Surrey's Joint Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> <li>➤ Developing a preventative approach</li> <li>➤ Promoting emotional wellbeing and mental health</li> <li>➤ Improving older adults' health and wellbeing</li> <li>➤ Improving Children and Young People's Health and Wellbeing</li> <li>➤ Safeguarding the Population</li> </ul>  |
| <p><b>Financial implications - confirmation that any financial implications have been included within the item</b></p> | <p>There are no direct financial implications as a result of this item.</p>   |
| <p><b>Consultation / public involvement – activity</b></p>   | <p>Consultation and patient engagement form an integral part of the CCG planning process. CCG plans describe how patients</p>   |

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| <b>taken or planned</b>  | have been engaged and how their views have influenced commissioning.   |
| <b>Equality and diversity - confirmation that any equality and diversity implications have been included within the item</b> | Surrey County Council and all Clinical Commissioning Groups have a statutory duty to ensure compliance with the Equality Duty, showing they have had due regard to eliminate unlawful discrimination, advance equality of opportunity as well as foster good relations between people who share a protected characteristic and people who do not.  |
| <b>Item contact details</b>  | Justin Newman – <a href="mailto:justin.newman@surreycc.gov.uk">justin.newman@surreycc.gov.uk</a>   |
| <b>Sponsoring Surrey Health and Wellbeing Board Member</b>   | Dr Andy Brooks, Councillor Michael Gosling   |
| <b>Actions requested / Recommendations</b>   | <p><b>The Surrey Health and Wellbeing Board is asked to:</b></p> <ol style="list-style-type: none"> <li>1. Note the update on the development of CCG strategic plans 2014/15 – 2018/19 (incl. the approach to developing the ‘Unit of Planning’ plan / submission) and the relevant strategic plans of the County Council.</li> <li>2. Agree its overall ‘opinion’ on whether the North East Hampshire &amp; Farnham CCG strategic plan takes proper account of the joint health and wellbeing strategy.</li> <li>3. Note the consultation undertaken on the health and wellbeing excerpts from draft CCG Annual Reports 2013/14.</li> </ol>   |
| <b>Link to related documents</b>   | <p>Links to the <a href="#">cover report</a> and <a href="#">presentation</a> re. commissioning intentions from 5 September 2013 Health and Wellbeing Board meeting.</p> <p>Link to the draft <a href="#">North East Hampshire &amp; Farnham CCG 5 year strategic plan</a>.</p> <p>Link to the <a href="#">County Council’s Corporate Strategy</a> (approved by the County Council on 11/2/14) and Medium Term Financial Plan sections <a href="#">1</a>, <a href="#">2</a> and <a href="#">3</a>, and <a href="#">glossary</a> (approved by the County Council’s Cabinet on 25/3/14).</p> <p>Link to the <a href="#">County Council’s directorate level priorities</a> (approved by the County Council’s Cabinet on 25/3/14) including Adult Social Care, Children, Schools &amp; Families, and Public Health (as part of the Chief Executive’s Office plan).</p> |

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# Pharmaceutical Needs Assessment

What is a Pharmaceutical Needs Assessment?



- It describes what is required so that pharmaceutical services can meet the needs of local residents
- It relates to all pharmaceutical services provided under arrangements made by the NHS Commissioning Board
- It is an evidence base for NHS England to decide on who can provide NHS pharmaceutical services.

# Pharmaceutical Needs Assessment

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## Aim:

Health and Wellbeing Board to sign off the PNA by February 2015

## Progress to date

- ✓ Steering group and project plan
- ✓ Review of current 2011 PNA
- ✓ Communications & engagement plan
- ✓ Assessment of current provision of services

## What next?

- Analyse data, identify needs in light of local & national priorities
- Map current service provision
- Identifying gaps against needs and priorities
- Develop commissioning intentions with key stakeholders

# HWB considerations

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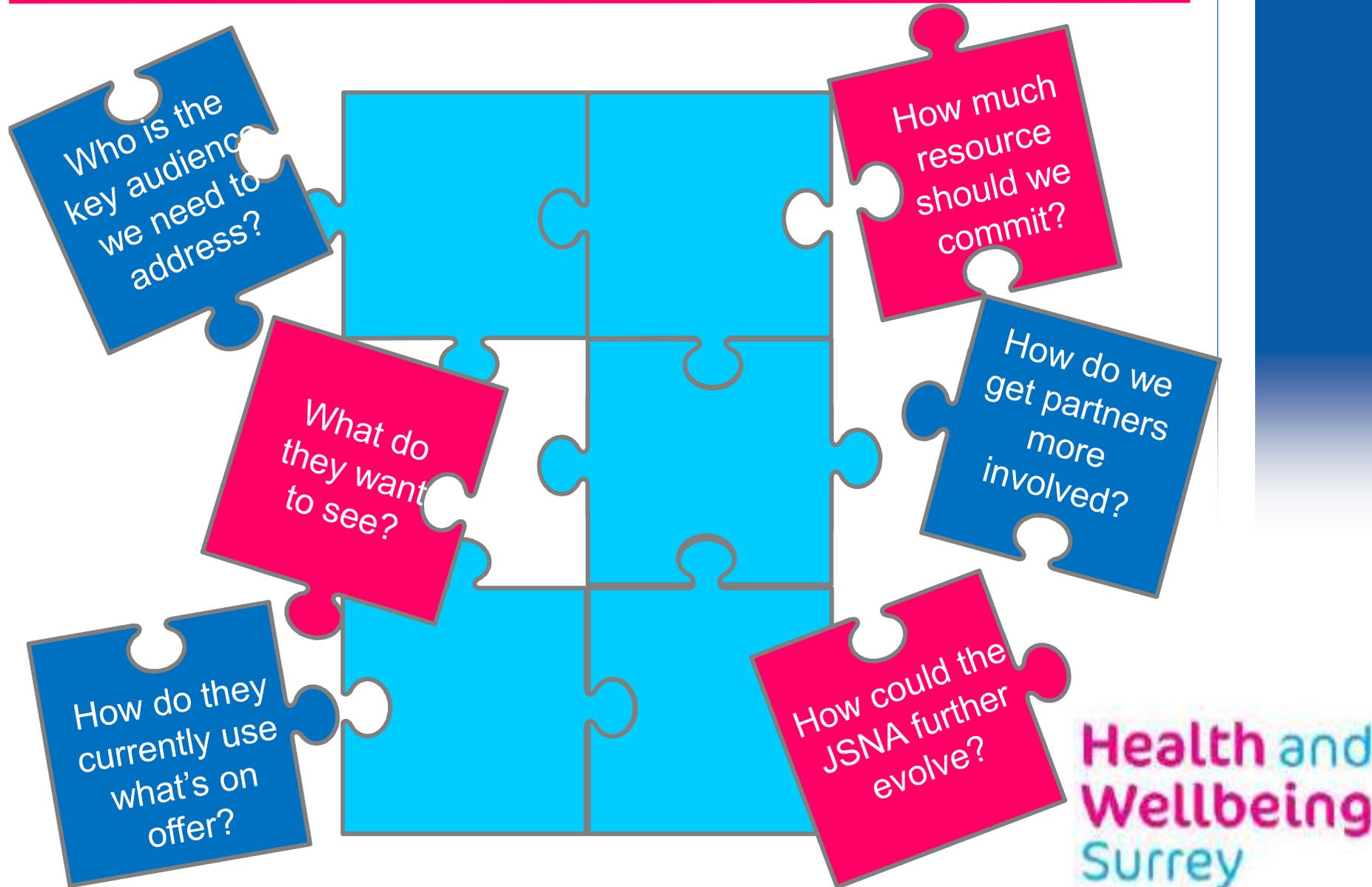
## The Health & Wellbeing Board's responsibilities...

1. The process of supplementary statements and changes to service provision
2. Producing a PNA, which must contain information outlined in Schedule 1 of the 2013 Regulations
3. A 60-day stakeholder consultation on the PNA

# JSNA Review – What's the need?

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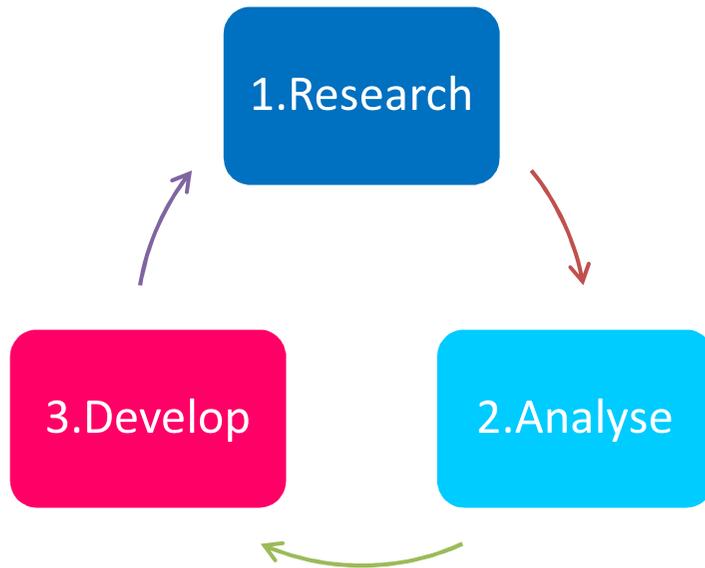
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# JSNA review – What’s happening now?

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The review follows a 3 stage cycle



## 1. Research

- In-depth research interviews with commissioners in Surrey
- Were talking to CCGs, Adult Social Care and children's commissioners
- We plan to talk to Districts and Boroughs, Healthwatch and the Police over the next few months

# JSNA review – What happens next?

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## 2. Analyse

- Undertake a thematic analysis of conversations to common issues which have been raised
- A summary report will then be written in May 2014 based on the findings of this analysis
- This report will make recommendations on a number of evolutionary changes that can be made to the JSNA

## 3. Develop

- Working with officers and using these recommendations, we will make changes to the JSNA using a 'prototyping' process used by our *Shift* team
- We will then review our changes with key commissioners to understand their perceptions and gain further information to help us refine