

SURREY COUNTY COUNCIL

CABINET

DATE: 27 OCTOBER 2015

**REPORT OF: MRS LINDA KEMENY, CABINET MEMBER FOR SCHOOLS,
SKILLS AND EDUCATIONAL ACHIEVEMENT**

LEAD OFFICER: JULIE FISHER, DEPUTY CHIEF EXECUTIVE

**SUBJECT: CONTRACT AWARD FOR TARGETED CHILD AND
ADOLESCENT MENTAL HEALTH AND THE NEURO
DEVELOPMENTAL DISORDER BEHAVIOUR PATHWAY
SERVICES**



SUMMARY OF ISSUE:

This report seeks approval from Cabinet to award a three year contract to the recommended tenderer for the provision of Targeted Child and Adolescent Mental Health Services (CAMHS) and Neuro Developmental Disorder Behaviour Pathway Services to commence on 1 April 2016. The current contract expires on 31 March 2016.

This report summarises the procurement process, the results of the evaluation and, in conjunction with the Part 2 supplementary report, demonstrates that the recommended tenderer has presented the Most Economically Advantageous Tender that is best value for money.

Due to the commercial sensitivity involved in the contract award process, the names of the potential suppliers and their financial details have been included in the Part 2 supplementary report, item 25.

RECOMMENDATIONS

It is recommended that:

Following consideration of the results of the procurement process the award of a contract for Targeted Child and Adolescent Mental Health Services and the Neuro Developmental Disorder Behaviour Pathway Service be agreed, subject to the S75 agreement, which secures the funding being completed and signed by all CCGs before the 12th November. The contract is for an initial period of three years with an option for the Council to extend for up to two years. Any such extension will be notified in writing to the Service Provider at least 6 months prior to the end of the initial period of the contract.

REASON FOR RECOMMENDATIONS:

The existing contract with Surrey and Borders Partnership NHS Foundation Trust (SaBP) for Targeted Child and Adolescent Mental Health Services (CAMHS) will expire on 31 March 2016. A restricted tender process (pre-qualification questionnaire, PQQ followed by Invitation to Tender, ITT), in compliance with the

requirement of EU Procurement Legislation, Public Contract Regulations 2015 and Surrey County Council Procurement Standing Orders has been completed, and the recommendation provides best value for money for the Council after undertaking a thorough evaluation process.

DETAILS:

Business Case

Background

1. For Surrey, the majority of Child and Adolescent Mental Health Services (CAMHS) are currently delivered by Surrey and Borders Partnership NHS Foundation Trust (SaBP). At present there are two contracts:
 - i. An NHS contract with SaBP managed by NHS Guildford and Waverley Clinical Commissioning Group (GWCCG) on behalf of the 6 Clinical Commissioning Groups (CCGs) for the specialist CAMHs at a value of £7,667,000, 2015-16. This contract is fully funded by the NHS and will expire on 31 March 2016.
 - ii. A contract managed by Surrey County Council (SCC), on behalf of the Council and the 6 CCGs for the targeted services delivered by SaBP. This contract value is £2,345,000 and it expires on 31 March 2016. This is funded from a pooled budget with contributions from the CCGs and SCC as set out in paragraph 8 below.
2. The objective is to commission joined up CAMHS and integrated pathways of care from a Lead Provider (a lead provider with sub-contractors). In order to deliver this it was agreed that there would be benefits in coordinating one joint procurement process across Surrey for the NHS CCGs and the Council to align contracts. Benefits include:
 - i. increased buying power and leverage to ensure the best service is procured
 - ii. reduced tendering costs
 - iii. securing key service improvements
3. Guildford and Waverley CCG, (GWCCG) via NHS Shared Business Services, has co-ordinated a joint single procurement process for both targeted and specialist Child and Adolescent Mental Health Services (CAMHS). A key outcome is to ensure that services provide a single point of access to ensure children and young people get to the right service at the right time with improved access and responsiveness to meet needs. GWCCG and SCC are committed to working jointly to procure the best services within available resources to meet need and promote and achieve the best outcomes for children and young people with mental health needs.
4. The objective was to procure services from one strategic Lead Provider, but to have 2 contracts:

- i. One for CCG specialist NHS services fully funded by the 6 NHS Surrey CCGs awarded and managed by Guildford and Waverley NHS CCG
 - ii. One contract for Targeted Services and the Neuro Developmental Disorder Behaviour Pathway awarded and managed by SCC and funded from a pooled budget (under Section 75 of the NHS Act 2006) with contributions from SCC and the NHS.
5. This will ensure SCC has contractual control over targeted services for which it is responsible, ensure robust monitoring and hold the provider to account on behalf of SCC residents, whilst working collaboratively with NHS CCG partners to ensure seamless pathways of support for children, young people and their families.
6. There are a number of drivers to support the case for purchasing a wide range of integrated services across NHS and social care from one Lead Provider. The commissioning principles that underpin this tender and the procurement are, to deliver:
 - i. A seamless pathway and access to other providers with managed risk for targeted and specialist services through one point of access
 - ii. Quality, timely and age appropriate interventions
 - iii. Added social value by proactively engaging with families, voluntary, community and faith sectors
 - iv. Services that are co-designed with children, young people and families, to address need and that build on individual, family and community assets
 - v. An integrated emotional wellbeing and mental health care system with positive outcomes for children and young people at the centre of delivery models
 - vi. Promotion of social enterprise and the third sector i.e. the voluntary, community and faith sectors through the potential to be sub-contractors as part of the tender
7. Testing the market ensured that best value for money has been procured by selecting the Most Economically Advantageous Tender (MEAT) and the contract will include the following service improvements:
 - i. a single point of access to ensure children young people and families get to the right service at the right time with improved access and responsiveness to meet needs
 - ii. access times extended and flexible to meet demand, including weekends
 - iii. shorter waiting times
 - iv. joined up, integrated care across health, education and social care

- v. choice of appointments and increased participation of children and young people
 - vi. flexible service capacity and capability to meet need
 - vii. improved crisis management
 - viii. An emotional and behavioural problems/neurodevelopmental disorders pathway (the Neuro Developmental Disorder Behaviour Pathway) led and managed by CAMHS responsible for diagnosis; medication management and therapeutic interventions for 6-18 year olds
 - ix. 16-25 year olds pathway for young people known to specialist CAMHS not accessing adult mental health services. Young people can self-refer
 - x. Development of robust key performance indicators, outcomes and quality standards to enable monitoring and delivery of continuous improvement
8. The targeted CAMH Services which fall within this tender are funded from a pooled budget of £2,345,000. The current SCC contribution to these services is £1,214,000 per annum and the CCGs contribution is £1,131,000 per annum. In addition, Surrey County Council has also directly commissioned services outside of the pooled budget which are not part of the current contract. This is a budget total of £231,000 per annum, which was included in the CAMHS Procurement. Therefore the total baseline investment for targeted CAMHS is £2,576,000 per annum.
9. Additional Council investment into Targeted CAMHS of £1,900,000 per annum was agreed at July Cabinet meeting. This funding is available from 1 April 2016. The CCGs are also contributing additional investment of £1,044,000 to jointly fund the Neuro Developmental Disorder Behaviour Pathway, plus further investment into their contract for specialist CAMHS.
10. The investment aims to address the historical under resourcing of CAMHS based on evidence of need and current outcomes for children and young people both locally and nationally (Ref: Surrey Emotional Wellbeing and Mental Health Services for Children and Young People, Needs Assessment Refresh, January 2014, Updated April 2014) and to develop services for those with high levels of need or vulnerability, including children who are looked after and those needing post-adoption support.
11. The Council's £1,900,000 pa additional investment will purchase:
- i. Neuro Developmental Disorder Behaviour Pathway for identification, advice, training, resilience building and treatment of children with neurodevelopment disorders and enhancing the CAMH service for children with learning disabilities -SCC Investment: £1.1m
 - ii. Contribution toward the sustainability of Extended HOPE - SCC Investment: £200,000
 - iii. Looked After Children - SCC Investment: £200,000

- iv. Sexually exploited young people - SCC Investment: £250,000
- v. Prospective adopters and adoptive parents including Special Guardianships Orders and Residence Orders - SCC Investment: £150,000

12. The initial joint budget available for the procurement is £5,520,000. A deflator of 1.6% has been applied in line with the NHS Operating Framework giving a procurement budget of £5,431,000 for 2016-17.

Table - Summary of Available Current Budget and Additional Investment

	SCC	CCG	Total
Targeted Services Funded from Pooled Budget	1,214,000	1,131,000	2,345,000
Directly Commissioned Services (outside Pooled Budget)	231,000	0	231,000
Baseline Procurement Budget	1,445,000	1,131,000	2,576,000
Additional Investment - Neuro Developmental Disorder Behavioural Pathway	1,100,000	1,044,000	2,144,000
Additional Investment (outside Pooled Budget)	800,000	0	800,000
Total Targeted Procurement Budget	3,345,000	2,175,000	5,520,000
Final Budget after NHS Deflator Applied			5,431,000
Specialist CAMHS Procurement Budget (deflator not applied)	0	7,667,000	7,667,000

Procurement Strategy

13. Several options were considered when completing the Strategic Sourcing Plan (SSP) prior to commencing the procurement activity.

Option 1. Preferred option

14. An integrated re-commissioning using a restricted procurement process (Pre-Qualification Questionnaire then Invitation To Tender) for targeted and specialist CAMHS led by Guildford and Waverley CCG (on behalf of SCC and the Surrey CCG Collaborative). The procurement process has been managed by NHS Shared Business Services and supported by the SCC procurement, finance, legal and human resource teams.

Option 2:

15. SCC and the CCGs have two tender processes which are aligned with SCC leading on targeted services, Guildford and Waverley CCG leading on specialist services.

Option 3:

16. SCC lead the tender for both targeted and specialist services on behalf of the Surrey CCG collaborative.

Option 4

17. No tender but continue to extend the current contract. However, demonstrating best value for money and developing a streamlined joined up service with key service improvements would not be secured by extending the current contract.
18. After a full and detailed options analysis it was decided that that there would be benefits in coordinating one joint procurement process led by the Guildford and Waverley CCG across the NHS and the Council to align contracts.
19. A CAMHS Procurement Programme Board with senior representation from CCGs, SCC and NHS England and CAMHS Rights and participation Team, steered and coordinated the joint procurement process. SCC Legal colleagues have provided advice on the procurement and draft contract documentation.

Use of e-Tendering and market management activities

20. In order to open the expressions of interest and tender process to a wider range of suppliers than may have previously been involved, an electronic tendering platform was used (<https://nhssbs.eu-supply.com>).
21. Market and stakeholder engagement took place as part of the procurement process. There are a number of NHS Foundation Trusts in the region who may have been interested in bidding for the tender, located in Surrey, Sussex, Hampshire and London Boroughs. There are a diverse range of voluntary, community and faith organisations across Surrey and some of these are social enterprises. A number of these provide mental health and emotional wellbeing support to children young people and their families.
22. A market questionnaire was issued in Feb 2015 and this generated 22 responses.
23. Engagement activities took place with children and young people; parent/carers; professionals working with children and GPs (as key providers of healthcare and also as lead commissioners through CCGs). Views were sought through four targeted online surveys aimed plus a number of open engagement events. The engagement period ran from 30 July until 14 October 2014.
24. The voluntary, community and faith organisations that came to the events expressed an interest in the opportunities that this tender offered and wished to be able to participate in the bidding.
25. A Pre-Expression of Interest provider event was held in June 2015 to outline the procurement process timetable and expectations of the market. This was attended by 13 organisations including potential Lead Providers and a number of voluntary, community and faith sector providers.
26. A full tender process, compliant with EU law as set out in the Public Contract Regulations 2015 and the Council's Procurement Standing Orders, has been carried out and this included advertising the contract opportunity in the Official Journal of the European Union.

Key Implications

27. By awarding a contract to the supplier recommended for the provision of Targeted Child and Adolescent Mental Health Services (CAMHS) and the Neuro Developmental Disorder Behaviour Pathway Service, to commence on 1st April 2016, the Council will be meeting its obligations and ensuring the following:
- i. Meeting the Council's key priority of Keeping Families Healthy
 - ii. Securing continuous improvement in CAMHS **set out in The Surrey Joint Emotional Wellbeing and Mental Health Commissioning Strategy for Children and Young People, 2014 -2017**. That is:
 - a) To commission for best outcomes that are responsive to the needs of children and young people and their families, and that these are monitored and reviewed
 - b) To ensure Value for Money for Surrey taxpayers by ensuring all available procurement options are used
 - c) To ensure that services provided are at the local market rate for cost of employment, goods and services
 - d) To utilise social capital assets in a best value approach
28. The contract will be managed jointly with CCGs alongside the specialist CAMHS contract. Performance will be monitored through a series of Key Performance and Quality Indicators as detailed in the contract and reviewed at the Joint CAMHS Contract Review Meeting attending by CCG and SCC representatives. The CAMHS review meeting is divided into two parts:
- i. Clinical Quality Review meeting (CQRM)
 - ii. Finance and Contractual Performance Review meeting (FCP)
29. Annex 1 Reporting and Quality Requirements sets out the indicators and targets for the Targeted CAMHS Contract.
30. The management responsibility for the Targeted CAMHS and Neuro Developmental Disorder Behaviour Pathway contract lies with the Children's Commissioning team and will be managed in line with the Contract Management Strategy and the plan laid out in the contract documentation also provides for review of performance and costs, including no price increases.

Competitive Tendering Process

31. The contract is being let following a competitive tendering exercise. The procurement process included a Pre-Qualification stage (PQQ), where suppliers express an interest in the advertised tender opportunity and are evaluated to ensure that they had the legal, financial and technical capacity (including their health & safety and equal opportunities policies) to undertake the contract for the Council. Although it would be expected that a wide number of organisations may respond to the initial advertisement, the process

is set up to ensure that only realistic and credible bids are submitted by the conclusion of the process. 12 expressions of interest were received and these organisations were sent the PQQ and of these 5 suppliers submitted a PQQ. One did not meet PQQ criteria so 4 were short listed for invitation to tender.

32. An invitation to tender was sent to these 4 suppliers, who were given 37.5 days to complete and submit their tender. One supplier opted not to continue with the process at this stage, having asked for an extra two weeks to submit their bid.
33. Three tender bids were returned and were evaluated.
34. The evaluation of Bids consisted of the following stages:
- i. Stage 1: Preliminary compliance review
 - ii. Stage 2: Evaluation of the Bid Response Questionnaire against the award criteria
 - iii. Stage 3: Bidder Presentation / Interview
 - iv. Stage 4: Selection of the Recommended Bidder
35. All 3 Bidders passed Stage 1 of the evaluation process and had their Stage 2 and 3 bid responses evaluated and scored. Of the total scores awarded within these stages quality and clinical criteria accounted for 70% of the total bid response, 10% was allocated to the bidder presentation and interview, and the remaining 20% awarded for finance (the bidder pricing proposal).
36. The following table sets out the criteria and weighting in more detail:

Question	Section headings	Section Weighting
1	Overview	10%
2	Clinical Quality and Patient Experience	35%
3	Workforce	10%
4	Premises, Facilities Management, Equipment & Infrastructure	5%
5	Commercial & Financial	20%
6	Contract & Performance Management	10%
7	Bidder Presentation and Interview	10%
	Total	100%

37. Tenders were evaluated against both cost and quality criteria and weightings. The results being that the Recommended Tenderer scored highest, with a total score of 236 points out of 320 for quality and their presentation / interview, 59% out of 80%, and 20% for their financial score making a total score of 79% out of 100%. A full score summary is provided in the Part 2 report.

CONSULTATION:

38. Commissioners and service managers from Children, Schools and Families, plus colleagues from, Finance, Legal and Procurement have been involved and consulted.
39. A stakeholder engagement process was undertaken to establish what was working well and what could be improved.
40. A broad range of stakeholders were invited to share their views and to give feedback about the current emotional wellbeing and mental health needs of children and young people in Surrey, the existing service provision and what is needed for the future.
41. Engagement activities took place with children and young people; parent/carers; professionals working with children and GPs (as key providers of healthcare and also as lead commissioners through CCGs). Views were sought through four targeted online surveys plus a number of open engagement events. The engagement period ran from 30th July until 14th October 2014.
42. In total 428 stakeholders responded to the surveys. This was made up 237 to the multi-professional survey, 97 to the GP as Commissioners Survey, 68 parents and carers and 26 children and young people. 117 stakeholders also attended one of eight engagement events.
43. The outcome of all this engagement was to influence the content of the service specifications and procurement approach and that young people would be involved in the evaluation of the tenders.
44. In addition, a wide range of stakeholders have scored the bids. The stakeholders involved included young people, clinicians, operational and senior managers, accountants, HR, estates, performance management specialists and procurement and contracts managers. In all over forty people have been involved.
45. Scores were moderated following initial scoring to ensure a fair and equitable final score was agreed.

RISK MANAGEMENT AND IMPLICATIONS:

46. The Contract is in the NHS form of contract and includes the standard termination clauses incorporated in the NHS General Terms and Conditions of contract. This will allow the Council to terminate the contract with 12 months notice should priorities change / funding no longer be available.
47. The short listed bidders satisfied the standard financial checks as well as checks on competency in delivery of similar contracts at the Pre-Qualification stage.
48. The following key risks associated with the contract and contract award have been identified, along with mitigating activities:

Category	Risk Description	Mitigation Activity
Financial	Cost of service does not deliver quality outcomes expected.	<p>The service improvement expected, the outcomes and quality of services will be monitored as part of the joint contract review process and the provider will be required to take remedial action with a defined timescale should performance lapse.</p> <p>The price of the contract is capped and therefore the recommended tenderer will be expected to manage demand and quality, performance and waiting time targets within the ceiling of the annual contract price.</p> <p>If no improvement is secured the contract can be terminated by giving 12 months notice.</p> <p>There will be an end of year reconciliation to establish actual spend against the annual contract value. Any underspend at end of year against the contract value will be reimbursed to SCC and CCGs.</p>
Financial	Potential risk that during the life of the contract the provider will request an inflationary increase against the annual service delivery cost.	<p>There will be no year on year adjustment for growth as this will have been built into the Provider financial proposal.</p> <p>The price of the contract is capped and therefore the recommended tenderer will be expected to manage demand, quality, performance and waiting time targets within the ceiling of the annual contract price.</p> <p>There will be an end of year reconciliation to establish actual spend against the annual contract value. Any underspend at end of year against the contract value will be reimbursed to SCC and CCGs.</p>
Financial	Potential risk that the S75 agreement which secures the funding will not be signed by all 6 CCGs	<p>The agreement and financial schedules have been drafted.</p> <p>Officers from the Council and CCGs are working closely together and it is expected that the S75 agreement will be completed and signed by the CCGs before contract award on 12th November.</p>

Reputational	New service does not establish in time for commencement date	Four and a half months have been set out for mobilisation activities if the award is announced on 12 th November
	Stakeholders may not have confidence in the recommended provider's ability to deliver against the service specifications.	As part of service mobilisation Communication managers from the CCG and Surrey County Council will work with Family Voice, CAMHS Rights and Participation Team and the recommended Bidder to develop effective communication messages that demonstrate how they will be successful.
Service Delivery	Quality of service delivered does not meet objectives and needs.	Strong contract management and joint contract review meetings are established and will call the Provider to account. They will be required to produce remedial action plan to be actioned within agreed timescales.
Procurement Process	Unsuccessful Bidders may challenge	Detailed feedback letters will be issued to bidders with the offer of a debrief session.

Financial and Value for Money Implications

49. Full details of the value for money and financial implications are set out in the Part 2 report.
50. It should be noted that NHS England's recent publication Future in Mind Promoting and Improving our Children and Young People's Mental Health and Mental Wellbeing (March 2015) sets out the way forward to improve CAMHS and the reasons why these services are so important. For example it states:
- i. "The economic case for investment is strong. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money.
 - ii. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions."
51. The contract represents better value for money because it is as a result of competitive tender, the recommended tenderer not only offers improved quality of service, but offers the best price of the three bids, delivers a cash releasing saving of £303,467 to SCC over the 3 years of the contract. The bids did not include any up lift for inflation over the three contract period resulting in an inflationary saving which has been planned for in the MTFP.
52. There is also potentially additional savings of £163,000 to SCC over the three year contract in relation to the 1.6% deflator that has been applied to the contract prices.

53. The price of the contract is capped and therefore the recommended tenderer will be expected to manage demand, quality, performance and waiting time targets within the ceiling of the annual contract price.
54. Additional value will also be delivered through the recommended tenderer's focus on early intervention and prevention. The provider has indicated that they will use this focus to manage demand and over time reduce the need for more costly interventions, thus achieving cost avoidance.

Section 151 Officer Commentary

55. The financial implications have been considered throughout the tender process and savings will be delivered following contract award, which represents value for money. It is expected that the S75 agreement which secures the funding will be completed and signed by the CCG's before contract award on 12th November.

Legal Implications – Monitoring Officer

56. The Council has statutory duties under Section 17 of the Children Act 1989 and under Section 11 of the Children Act 2004 to provide the services it is procuring. Section 75 of the National Health Service Act 2006 allows joint working and joint funding between the Council as a provider of social care and the NHS as a provider of health care.
57. The procurement has been carried out in accordance with EU Procurement Law as set out in the Public Contract Regulations 2015.
58. The Council's internal decision making processes were applied properly. The Cabinet decided on 3 February 2015 to enter into a new Section 75 Agreement with the NHS Clinical Commissioning Groups in Surrey. The Council is waiting for the NHS Clinical Commissioning Groups to return to it a signed version of the Section 75 Agreement. The deadline for signature is 12 November 2015. SCC's internal Procurement Review Group a body made up of Council staff from the Procurement, Legal and Finance teams approved the sending out of the Invitation To Tender on 9 June 2015.

Equalities and Diversity

59. Under section 149 of the Equality Act 2010, Cabinet must comply with the public sector equality duty, which requires it to have due regard to:
- i. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act,
 - ii. advance equality of opportunity between persons who share a relevant characteristic and persons who do not share it,
 - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
60. An equalities impact assessment has been written and is attached as Annex 2. It sets out the impacts of the recommendation on each of the protected group for each service. A range of positive impacts have been identified for all groups.

61. The contract will be managed and monitored in line with the Council's obligations under the equalities monitoring framework.

Safeguarding responsibilities for vulnerable children and adults implications

62. The terms and conditions of contract stipulate that the provider will comply with the Surrey Safeguarding Children's Board's procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements. The CAMHS provider will operate a child and young person centred approach, working collaboratively with other Health and Social Care Services.

Corporate Parenting/Looked After Children Implications:

63. The Contract has specified services to cater for the needs of Looked after Children and for adopted children that have mental health needs. One key service is called the dedicated Child and Adolescent Mental Health Service for Children Looked After - (locally known as CAMHS Children in Care Service, or 3Cs).

Public Health implications

64. There are several Public Health Outcome Framework indicators that relate to this commissioning process and contract award including:
- i. The rate of hospital admissions caused by unintentional and deliberate injuries in children
 - ii. The emotional well-being of Looked After Children
65. There are also several related areas of responsibility for Surrey Public Health including:
- i. Commissioning of school nursing and health visiting services and a key role in ensuring delivery of the Healthy Child Programme
<https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence>
 - ii. Commissioning of substance misuse services for children and young people
 - iii. Commissioning of sexual health services for children and young people
 - iv. Leadership on prevention of suicide in the general population
66. It is imperative that the chosen Lead Provider works closely with these public health services, including having a clear referral and feedback process in place.

Climate change/carbon emissions implications

67. The recommended tenderer indicates that they have made good progress in managing and reducing the impact on the environment and demonstrated a number of steps that they already take, or will take, in minimising environmental impact.

WHAT HAPPENS NEXT:

68. The timetable for implementation is as follows:

Action	Date
Cabinet decision to award	27 October 2015
'Alcatel' Standstill Period ends	12 November 2015
Communications plan roll out	From 13 November 2015
Contract Signature	End January 2016
Contract Commencement Date	1 April 2016

69. The Council has an obligation to allow unsuccessful suppliers the opportunity to challenge the proposed contract award. This period is referred to as the 'Alcatel' standstill period.

70. The Council will work closely with the successful provider to ensure a smooth transfer from the current targeted CAMHS to the new service during the mobilisation period of four and a half months.

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Consulted:

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 Julie Fisher, Deputy Chief Executive
 Caroline Budden Deputy Director – Children Schools and Families
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 Ian Banner Head of Children's Commissioning
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 Paula Chowdhury Strategic Finance Manager - Children, School and Families
 Louise Simpson Senior Principal Accountant (Projects)

Annexes:

Annex 1 Reporting and Quality Requirements
 Annex 2 Equality Impact Assessments

Sources/background papers:

NHS England's publication Future in Mind Promoting and Improving our Children and Young People's Mental Health and Mental Wellbeing (March 2015)

The Surrey Joint Emotional Wellbeing and Mental Health Commissioning Strategy for Children and Young People, 2014 -2017.

Surrey Emotional Wellbeing and Mental Health Services for Children and Young People, Needs Assessment Refresh, January 2014, Updated April 2014