



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*

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*Children's Mental Health Everyone's Responsibility*¹, 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*² a strategy for all ages. The strategy and its accompanying *Implementation Framework*³ called for public services to ensure that children and their families receive mental health promotion from birth. It also reiterated that mental health is 'everyone's business', with effective parenting being integral to children's emotional well-being, as well as agreed referral routes to more specialist services through local GPs, maternity services, health visitors, schools and other agencies.

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

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

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

Our approach is based on:

- Outcome-focussed leadership which drives change
- Joint decision-making based on a good understanding of needs and resources and evidence based interventions

¹ NAC (2011). Making Children's Mental Health Everyone's Responsibility.

<http://webarchive.nationalarchives.gov.uk/20110805185114/http://nationaladvisorycouncilcmh.independent.gov.uk/downloads/NAC%20final%20report%20revised.pdf>

² HM Government (2011). No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

³ HM Government (2012) No Health without Mental Health: implementation framework.

<http://www.dh.gov.uk/health/files/2012/07/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf>

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- 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 –
- 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.

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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 Guildford⁴
- 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 average⁵.
- A need for a family approach and a focus on vulnerable families, focussing on strengthening family wellbeing and creating greater family stability.⁶ 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.⁷
- Collaborate and joint work across services – the 'No wrong door' approach.⁸
- Mental health is everybody's business, creating local networks to support children and young people with mental health needs will require commissioned, integrated approaches and targeted services that can respond to the assessed emotional wellbeing and mental health needs.⁹
- Intervening at an earlier/ younger age and ensure smooth transition within every stage of a child or young person's life¹⁰
- Reduce stigma associated with mental health¹¹
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

⁴ JSNA 2011 Mental Health chapter

⁵ Chimat – Children's Health profile 2013

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

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

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

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

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

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

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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 management¹²

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

Procurement can consist of a range of arrangements, where Health or the Council can commission services alone within their organisational requirements, or the Council or CCG's can be the lead commissioner for joint services. We intend to use formal competitive tendering frameworks for services. We plan to work with service providers 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.

Jointly commissioned mental health services	Mental health services commissioned/provided by Surrey County Council	Mental health services commissioned by Surrey CCGs
<ul style="list-style-type: none"> • Primary Mental Health workers • CAMHS 3 Cs -Children in Care Service • Parent Infant Mental Health Service • You and Your Baby Connecting 	<ul style="list-style-type: none"> • Targeted Mental Health in Schools (TaMHS) • No Labels • CAMHS Social Worker team 	<ul style="list-style-type: none"> • Mindful • CAMHS Specialist Community services • Primary Mental Health workers including the CAMHS Advisory

¹² Institute of Public Care – Market Analysis Centre (2012)

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<ul style="list-style-type: none"> • CAMHS extended hours service • CAMHS weekend assessment service • Clinical targeted service • Sexual Trauma Assessment, Recovery and Support Team (STARS) • HOPE • Community Nurses 		<p>line</p> <ul style="list-style-type: none"> • Heads together Youth Counselling Service
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7. Service gaps

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

- Interventions which promote good mental health, prevent poor mental health and intervene early¹³;
- Capacity within universal services to support children and young people with low level emotional wellbeing and mental health needs¹⁴;
- 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 teams¹⁵
- 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

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

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

¹⁵ JSNA (2011) Mental Health Chapter

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- 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
- 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.

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

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Specialist Services	733	242	7,200
Total	1,574	2,238	7,200

Annual contribution to the targeted CAMHS pooled budget¹⁶

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

10. Our Commissioning Intentions 2014/15

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

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

10. Fulfilling our Commissioning Objectives

Commissioning stages	Actions	Lead
UNDERSTAND	Support update of the Joint Strategic Needs Assessment	Public health Commissioners
	Gather local market intelligence across universal and targeted services	Commissioners and Procurement
	Undertake service reviews of jointly commissioned services, ensuring compliance with legislation and guidance	Commissioners
PLAN	Reshape and co-design services	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
DO	Agree and promote market position statement	Commissioners & Commissioning group members
	Identify segments of the market to develop and or stimulate competition	Commissioners
	Implement approaches which build capacity within the local market	Commissioners & Procurement
	Tender/grant aid of agreed services	Commissioners & Procurement
	Introduce robust contract management arrangements	Commissioners
REVIEW	Refresh CAMHS Partnership Strategy	All stakeholders
	Review process for service users and carer feedback	Commissioners
	Review market performance and embedded outcome framework	Procurement & Commissioners

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Glossary

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

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

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

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

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

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

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

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

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

Joint Strategic Needs Assessment (JSNA) - An assessment that provides an objective analysis of the current and future health and wellbeing needs of local adults and children, bringing together a wide range of quantitative and qualitative data, including user view. CCGs and local authorities, including directors of public health,

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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

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children as 'disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances'.

Adapted from:

- Glossary, Richmond Council.
- QPMI Child Glossary V2.doc, Department of Health.
- Glossary, www.theparentcentre.gov.uk
- Glossary, www.teachingnet.gov.uk
- No Health without Mental Health, DH 2012 national strategy