

Surrey Children's Emotional Wellbeing & Mental Health Procurement



The Story so Far

- Green Paper published Dec 2017
- Independent Review undertaken 2018
- Extensive engagement programme Jan 2019
- i-THRIVE event Feb 2019
- Children's Strategy published 2019
- SABP enacting permissible 2 year extension – Mar 2021
- Transformation programme commenced July 2019
- Procurement to commence April 2020
- Service go live April 2021

SABP CAMHS Contract

- Duration 1st April 2014 – 31st March 2019 – Extended by 2 years to 31st March 2021
- Multiple Commissioning Organisations have inherited commissioning responsibilities for the variety of services delivered under the single contract.
- There are approximately 12 different service specifications contained within the contract which is split into 2 elements – Targeted and Specialist Services.
- The contract value is c£14M and a further c£4M of Transformation funding supports contracted provisions and additional services.

Current CAMHS Services

SINGLE POINT OF ACCESS

Tier 4
NHSE
Contracts

Targeted CAMHS (Tier 2)
managed by Surrey County Council on behalf of SCC and the Surrey CCGs

Specialist CAMHS (Tier 3) is managed by NHS Guildford and Waverley CCG on behalf of the Surrey CCGs

- Primary Mental Health workers supporting schools
- 3Cs - Looked After Children
- Post Order Children
- CAMHS Care Leavers
- Extended HOPE (Crisis)
- STARS (Sexual Trauma and Recovery Support)
- PIMHS (Parent and Infant MH Service)
- Behaviour Pathway for children with Neurodevelopmental Disorders (BEN)

- Community CAMHS
- Children and Young People Learning Disability Service
- Eating Disorders service
- Mindful Service (for 16-25 year olds)

SABP
Sub
Contracts:
EIKON
YMCA
Learning
Space
Relate
Step by Step

TRANSFORMATION FUNDED SERVICES
Education Psychologists
MH Practitioner UASC Care Leavers LAC
PACA Network
MH Practitioner Looked after Children - out of county
Transition
HOPE care, education and treatment reviews (CETR), to improve access and
HOPE Training
CYP Haven
Bereavement service
Eating Disorder Service - Transformation Funded, but seen as part of Specialist
CAMHS Youth Advisers
Mind Waves - MH Support for vulnerable children
Counselling grant agreement
IAPT backfill
Everybody's Business
CAMHS Accelerator Sites
Music to my Ears
SSHAW
Smart Moves
Challengers
N3 support for 3rd sector
Bereavement service
DBT Training
The Big chat
Extended HOPE Service - Transformation Funded, but seen as part of Targeted
Perinatal mental health nurse - midwife
Children's Intensive Support Service
Paediatric Liaison Nurses
Animal Therapy

33 x Transformation funded Schemes

Draft Commissioning Assumptions

- A number of draft commissioning assumptions were presented at the September Integrated Commissioning Board and these were agreed upon by those commissioners present:
- CAMHS Transformation Fund £ forms part of the financial envelope for procurement
- New Contract(s) should be at least five years in length and NHS T&Cs
- Contract(s) will be jointly managed
- Service model to include distinct elements/THRIVE principles
- Early Intervention is the key to the new service model

New Model Proposals

- Use of the Thrive framework with all professionals working with children and young people aiming to help them ‘thrive’ and ‘flourish’
- A much stronger focus on early intervention, given the rise in numbers of children and young people with anxiety and low mood
- Providing easier access to help and support, for example, through digital innovations and encouragement of self-referral
- More support built around groups of schools
- Using views of children, young people and parents to lead to continuous service improvement
- Link with adult wellbeing and mental health services to ensure continuity of mental health support for young people in CAMHS when they reach adulthood

EARLY INTERVENTION

School Based Support

- Primary Mental Health Service
- Child Wellbeing Practitioners
- All other schools based interventions

Handbooks, Tools, Materials for CYP to utilise individually

Open Access / Self-Referral

Counselling Services

Support for Teachers to understand need (eg. TAMHS)

Parents

GPs and Primary Care Networks

Online Support
-Counselling Online
-Chatrooms

We are agreed that we want to de-medicalise the model. This means creating a network of different opportunities that a CYP can utilise, or can be signposted towards utilising by professionals, but those CYP with significant EWMH needs will clearly still receive support from a clinical provider.

We know that a large amount of these services are provided already. Indeed, they are only listed on this model **because** we know they exist already. However there will undoubtedly be a whole host of different ways that a child can receive support at an early stage, to reduce the likelihood that they will then need to move onto clinical or specialist support.

It will be through testing this model with the market, as well as through conversations with CYP themselves, that we begin to understand all of the opportunities available. We will then know exactly what we want to commission which falls under 'Early Intervention', with some scope for the ultimate provider to shape the service according to the needs they identify.

We want all children in Surrey to be THRIVING. By ensuring that different parts of the system talk to each other, we should create a network around the child to enhance their emotional wellbeing before this deteriorates to a stage where they require HELP or MORE HELP, whilst recognising that for some children this will of course be the most suitable form of intervention.

Using THRIVE in designing our services

“THRIVING, Getting Advice, Getting Help” -

Early Intervention Services

“Getting Help & Getting More Help” –
Neurodevelopmental Diagnostic Assessment Service

“Getting Help & Getting More Help, Risk Support”
– Specialist CAMHS

Areas for Consideration/Discussion

- What type of support needs to be available within early intervention services? How should this support be accessed?
- Is it helpful to view the neurodevelopmental diagnostic assessment service as separate from specialist CAMHS?
- Where should services be delivered from? Settings and sites?
- How can we deliver the aspiration for more use of on-line/digital resources so that children, young people and parents can get advice/access self-help whenever they need it?
- How can the model better reflect the THRIVE principles?
- How can we provide better support for children and young people who are not in school?

Transformation Programme Timeline

