



## **Child and Adolescent Mental Health Commissioning Group Terms of Reference**

### **Context**

Within Surrey mental health is understood in the broad context of wellbeing including services that promote emotional wellbeing. It is recognised in Surrey that Schools, Leisure facilities, housing and Planning and environments departments/ agencies alongside mental health services for children and young people have a role in improving wellbeing of children, young people and their families. To this end the Child and Adolescent Mental Health Commissioning will focus on mental health services for children and young people.

### **Purpose:**

To ensure an integrated approach to the commissioning of a comprehensive Mental Health (EWMH) provision for children and young people across Surrey.

### **Core role:**

In the context of the agreed vision and strategy for EWMH and the priorities identified by the Health and Wellbeing Board.

- a) A Joint Strategic Needs Assessment (JSNA) identifying areas for: priority improvement, duplication and gaps, what works well, which groups need targeted support.
- b) Ensure that the full spectrum of universal/preventive, targeted and specialist CAMHS is developed on behalf of children and young people in Surrey, including the specific needs of particular vulnerable groups such as Children Looked After, Children in need, young people not in education, employment or training, young offenders, children with disabilities and children and young people from Black and minority ethnic backgrounds.
- c) Effective strategic performance monitoring to ensure that all the relevant services are being evaluated to ensure they achieve the agreed outcomes and meet the identified needs and that they are targeted to provide support through early and timely access.
- d) The financial monitoring of the pooled budget for targeted CAMHS and overview of non pooled budget
- e) The work of the group is open and transparent, and builds on what is working well, shared with stakeholders.

### **Additional duties;**



- f) Agree on the nature and scale of the local challenge/ priorities and develop a programme of work to be reviewed annually and an action plan to be reviewed at each meeting
- g) Receive and review from lead officers, providers and task and finish groups regular reports on the progress of all priority areas.
- h) Ensure a joint approach to the monitoring and review of all services commissioned.
- i) Influence the market place
- j) Agree membership of group and review annually
- k) Review transition processes for young people who will continue to need support of Adult mental health services.

**Governance:**

The Child & Adolescent Mental Health Commissioning Group will report to the Emotional Wellbeing and Mental Health (EWMH) group. The EWMH group will report directly to the Children's Health and Wellbeing Joint Strategy Group, a sub group of the Health and Wellbeing Board. The Child & Adolescent Mental Health Commissioning Group will work closely with the CAMHS Strategy Board and other strategic planning bodies (see Governance chart).

**Chair & Membership:**

**Chair:** Ian Banner, Head of Commissioning

**Membership:**

Sheila Jones – Head of Countywide Services

Angela Sargeant – CAMHS Development manager/ Pooled Fund Manager

Diane McCormack - Interim Associate Director Children, Maternity and Joint Commissioning

Kelly Morris - Public health

**Involving Children and Young People**

The Child and Adolescent Mental Health Commissioning group value the life experiences of children and young people and will seek to ensure their contribution to service development and delivery, by maximising opportunities for children and young people to take part in shaping and developing services and provide feedback on existing services they are receiving.

### **Voting and quorum**

Each member organisation has 1 vote. Member organisations may ask another colleague to attend if the agenda of a particular meeting requires specialist input. In such circumstances, the organisation concerned can still only cast one vote

In the event of a split decision a decision shall be sought from the Children's Health and Wellbeing Joint Strategy Group.

If the Commissioning group is not quorate decisions will be made in principle & sent to colleagues not present, giving them 5 working days to approve or challenge decisions. Occasionally a voting member may need to confer with colleagues from his/her organisation to confirm the organisation's position regarding a decision. In such circumstances, the member has 3 working days following the meeting to communicate their organisation's view/position/vote to the Chair and the lead Commissioning officer. If no response is received within 3 working days, the original decision of the commissioning group will stand. If exceptional circumstances arise where a member would like more than 3 working days, the member has responsibility to liaise with the Chair within the 3 working days to request additional time. The Chair will decide whether an extension can be granted.

### **Meeting Frequency**

The CAMH Commissioning Group will meet eight times a year. Task and Finish sub groups will be established as needed.

### **Meetings Management**

- The agenda will be agreed by the Chair
- Agenda items will be based on delivering the EWMH Commissioning strategy and CAMHS strategy & priority plan.
- Plan and a review of action points from the previous minutes.
- The agenda will be distributed one week in advance of the meeting by Children's Services Commissioning Team.
- All papers for the agenda shall be submitted in an electronic format and clearly indicate who is to present the paper, its purpose and the action required by the Child and Adolescent Mental Health Commissioning Group.
- The minutes will record decisions made by the meeting and detail future action and timescales.
- Minutes of the meeting will be produced and distributed within 2 weeks of the meeting taking place.

### **Roles and Responsibilities**

#### **Chair**

- To ensure NHS and Council compliance with governance and contract monitoring, procurement and commissioning for outcomes.
- To facilitate co-operation and offer challenge
- To report to Children's Health and Wellbeing Strategy Group.

## Members

### Representation and attendance:

- Members have the authority of their organisation to represent on EWMH issues
- Members to attend meetings or ensure their deputy attends
- Where neither the member nor deputy can attend, a written update to be submitted on any pertinent matters

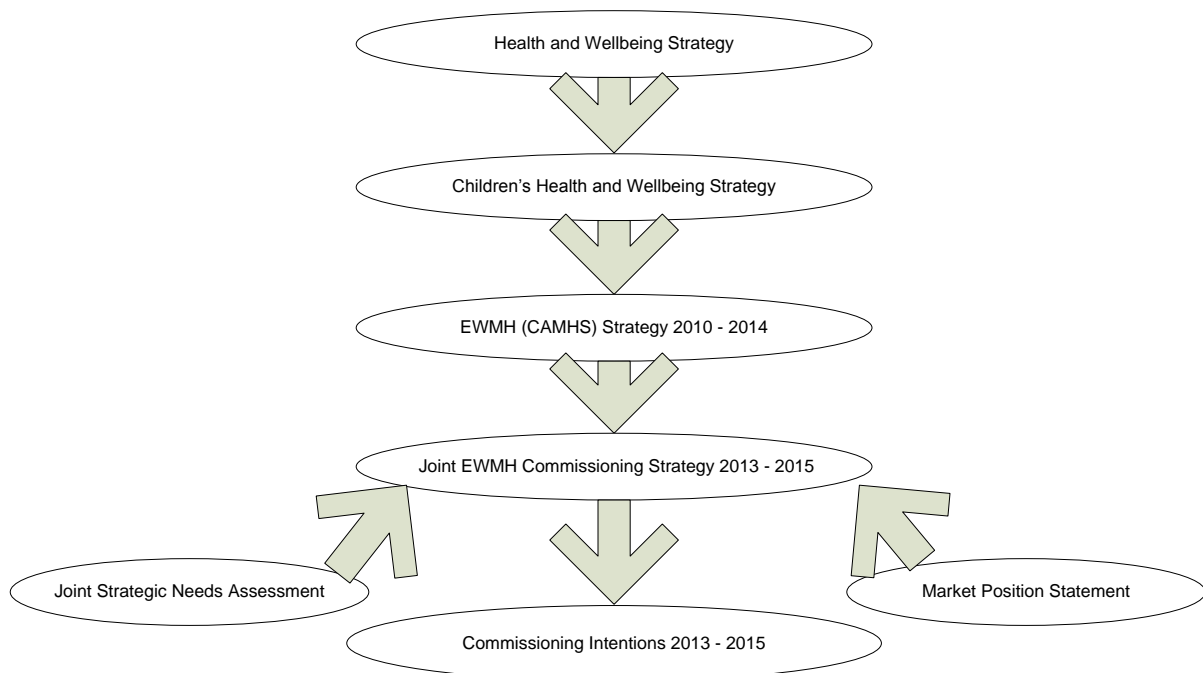
### Communication:

- Members to communicate with one another fully and fairly, sharing ideas, information, insight and objectives
- Members to bring relevant information from their organisation to help inform commissioning arrangements.
- Members have a responsibility to report back to their organisation, including their deputy
- Members to act as advocates for the Child and Adolescent Mental Health commissioning group decisions within their organisation

### Cooperation:

- Members to participate in the Child and Adolescent Mental Health Commissioning Group's work, including any subgroups
- Members to undertake agreed action points in timely fashion
- Members to cooperate fully and fairly both within the group and beyond

## Key documents



### Governance Structure

