Kent Children and Young People’s Joint Commissioning Board Sub Groups

Terms of Reference – Draft

1. Purpose and Remit

The principle function of the Kent Children and Young People’s Joint Commissioning Board Emotional health and wellbeing commissioning subgroup is to improve mental health and emotional wellbeing outcomes for children and young people up to the age of 18 and beyond for statutory requirements. This will be achieved through the effective commissioning of services in partnership with a range of agencies, ensuring resources are prioritised according to need and where they achieve the most impact.

2. Objectives

The group will fulfil this purpose by developing and implementing a high level CAMHS/EWB commissioning strategy for the Emotional health and Wellbeing commissioning sub group. The strategy will be approved by the JCB before implementation.

The emotional health and wellbeing commissioning subgroup will

- Ensure the Strategy is led by the Joint Strategic Needs Assessment
- Set the direction and key priorities/recommendations for commissioning appropriate services
- Redesign and review all commissioned services to ensure they meet the needs of the population served
- Ensure effective communication of the Strategy
- Give appropriate guidance to meet commissioning intentions and ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency.
- Refresh and maintain the Strategy to take account of revised national guidance as and when appropriate
- Ensure all services commissioned are performance managed against agreed and measurable outcomes
- Provide the CYP JCB with quarterly performance monitoring reports of the implementation plan including the impact on outcomes.
3. Principles the Emotional health and wellbeing commissioning sub group will follow:

All services commissioned for children and young people will meet needs identified through the JSNA (Joint Strategic Needs Assessment). In addition to the JSNA, the commissioning of services will also be informed via community/user feedback, demographic information and specialist needs assessments that target specific groups of children.

Services commissioned must:

- Be joined up around the needs of children, young people and their families
- Actively involve children, young people and their families in commissioning and service developments
- Meet the needs identified in the JSNA and/or service user input
- Be located in the safest environment closest to home
- Respond to the Child Poverty and Troubled Families agenda
- Take into account statutory duties including those around equalities
- Be performance managed against agreed outcome indicators
- Demonstrate how they provide value for money.

4. Draft Membership

The core emotional health and wellbeing commissioning sub groups’ proposed membership is:

- Lorraine Goodsell-Chair and JCB link NHS Kent and Medway
- Jo Hook- FSC Children’s commissioning KCC
- Ian Darbyshire – Children’s health commissioning NHS Kent and Medway
- Jess Mookherjee- Public Health representative KCC
- Heather Robinson- Children’s centres representative KCC
- Jo Tonkin- Substance misuse commissioning KCC
- Charlie Beaumont- YOS/YOUTH representation KCC
- Vanessa Fowler - Adult mental health commissioning NHS Kent and Medway
- Paul Absolon Adult mental health commissioning KCC
- Andy Heather- Principle Educational Psychologist KCC
- Integrated services manager KCC
- FSC Children’s commissioning KCC
- Dr. Liz Lunt GP
- Dr. Kuran Coonjobeharry GP

We also suggest that we have a procurement link to this group for attendance when required.

5. Quorum

The emotional health and wellbeing commissioning subgroup has no quorum. It will be a matter for the Chair to determine whether there are sufficient members either present or able to attend to undertake the necessary business of the Board.
6. Alternates/Substitutions

Members of the emotional health and wellbeing commissioning sub group will be required to attend in person or send their apologies. The chair will report back to the Board if any member fails to attend more than 2 meetings in a 12 month period.

7. Declaration of interests

There will be occasions when a group member has more than one legitimate interest that may conflict with matters coming to the group for discussion, consideration or decision. In order to protect themselves and the business of the group, members should declare any potential conflict of interest at the time it arises.

Individuals are not required to declare all associations they may have outside the work of the group. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual’s actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the group will decide if any action needs to be taken as a result of the declaration. Any declaration and decision which follows will be recorded in the minutes.

8. Role of Individual Members of the Board

- Act as a ‘champion’, representing the Early Intervention and Prevention agenda and joint commissioning priorities within their parent organisation or representative forum
- Ensure communication to their own organisations/groups and that relevant issues from their organisations/groups are fed back to the name of group
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the name of group fulfils its purpose and stated objectives
- Undertake work on tasks assigned by the name of group
- Take a full and active part in the work of the name of group
- Attend meetings of the emotional health and wellbeing commissioning subgroup as scheduled
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources

9. Frequency of Meetings and Standard Agenda Items

The emotional health and wellbeing commissioning subgroup will meet every two months. All meetings will include the following agenda items:
Quarterly Progress Reports against the implementation plan and Quality and Performance reports against the Commissioning Plan. **It is proposed that these reports will be compiled by either the relevant KCC Commissioning Manager or Children’s Health Senior Commissioning Officer**

Feedback from the CYP JCB, KSCB, the Health and Wellbeing Board and other relevant partnership groups.

### 10. Meeting Papers

Agenda items may be nominated by the membership no later than two weeks prior to each meeting. The agenda will be agreed by the Chair agenda and papers emailed to all members one week prior to the date of scheduled meetings.

Papers should only be tabled in exceptional circumstances and with the prior agreement of the Chair

**Identified priorities for Emotional Health and Well being**

*Findings from Ofsted, CQC and CAMHS National support team 2010.*

Improve partnership working through a revised multi agency CAMHS strategy and implementation plan. Commission and implement the new emotional well being and community CAMHS services with a clear focus on vulnerable groups.
- Redesign services for looked after children within the overall community CAMHS model
- Align commissioning processes and budgets across Kent County Council and the NHS
- Improve data and communication to support planning, assessment and performance monitoring.
- Develop and improve transitional arrangements between children’s and adult’s services
- Improve mental health services for 16 and 17 year olds particularly in West Kent

*Review against recent report to JCB outlining key priorities and progress.*
### Dates of next meeting

<table>
<thead>
<tr>
<th>CYP JCB Meeting Date</th>
<th>Agenda Setting Meeting (Approx 2 weeks before Board)</th>
<th>Suggested subgroup meetings</th>
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<tbody>
<tr>
<td><strong>27th March 2012</strong>&lt;br&gt;2nd Floor Large Meeting Room, Brenchley House</td>
<td>20th March 2012 4.30 pm</td>
<td>N/a</td>
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<tr>
<td><strong>21st May 2012</strong>&lt;br&gt;3rd Floor Meeting Room, Brenchley House</td>
<td>8th May 2012 12 pm</td>
<td>tbc</td>
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<tr>
<td><strong>31st July 2012</strong>&lt;br&gt;3rd Floor Meeting Room, Brenchley House</td>
<td>18th July 2012 3 pm</td>
<td>Wb 2nd July</td>
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<tr>
<td><strong>27th September 2012</strong>&lt;br&gt;3rd Floor Meeting Room, Brenchley House</td>
<td>18th September 2012 11 am</td>
<td>Wb 3rd September</td>
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<tr>
<td><strong>29th November 2012</strong>&lt;br&gt;3rd Floor Meeting Room, Brenchley House</td>
<td>15th November 2012 11 am</td>
<td>Wb 29th October</td>
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<tr>
<td><strong>31st January 2013</strong>&lt;br&gt;3rd Floor Meeting Room, Brenchley House</td>
<td>17th January 2013 10 am</td>
<td>Wb January 1st</td>
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