

## Notice of Meeting

# Health and Wellbeing Board



**Date & time**  
**Thursday, 11 June**  
**2015**  
at **1.00 pm**

**Place**  
Reigate Town Hall,  
Castlefield Road, Reigate,  
RH2 0SH

**Contact**  
Bryan Searle  
Room 122, County Hall  
Tel 020 8541 9019  
bryans@surreycc.gov.uk

**If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9019, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email [bryans@surreycc.gov.uk](mailto:bryans@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Bryan Searle on 020 8541 9019.**

### Board Members

Mrs Helyn Clack (Co-Chairman)  
Dr Liz Lawn (Co-Chairman)  
Dr Andy Brooks  
Councillor John Kingsbury  
Mrs Clare Curran  
Dr Elango Vijaykumar  
Dr David Eyre-Brook  
Julie Fisher  
Dr Claire Fuller  
Dr Andy Whitfield

Councillor James Friend  
Mr Mel Few  
Peter Gordon  
Chief Constable Lynne Owens  
Helen Atkinson  
John Jory  
Dave Sargeant

Cabinet Member for Wellbeing and Health  
North West Surrey Clinical Commissioning Group  
Surrey Heath Clinical Commissioning Group  
Woking Borough Council  
Cabinet Member for Children and Families Wellbeing  
East Surrey Clinical Commissioning Group  
Guildford and Waverley Clinical Commissioning Group  
Strategic Director for Business Services  
Surrey Downs Clinical Commissioning Group  
North East Hampshire and Farnham Clinical Commissioning Group  
Mole Valley District Council  
Cabinet Member for Adult Social Care  
Healthwatch Surrey  
Surrey Police  
Director for Public Health  
Reigate and Banstead Borough Council  
Strategic Director for Adult Social Care

### TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.



## **PUBLIC ENGAGEMENT**

In addition to the opportunity at the end of today's meeting, members of the public in attendance will be invited to ask questions at the end of the discussion on each of the reports included on the agenda.

### **PART 1** **IN PUBLIC**

**1 APOLOGIES FOR ABSENCE**

**2 MINUTES OF PREVIOUS MEETING: 12 MARCH 2015**

(Pages 1  
- 10)

To agree the minutes of the previous meeting.

**3 DECLARATIONS OF INTEREST**

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

**4 QUESTIONS AND PETITIONS**

**4a Members' Questions**

The deadline for Member's questions is 12pm four working days before the meeting (*5 June 2015*).

**4b Public Questions**

The deadline for public questions is seven days before the meeting (*4 June 2015*).

**4c Petitions**

The deadline for petitions was 14 days before the meeting. No petitions have been received.

**5 BOARD BUSINESS**

(Pages  
11 - 26)

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

The Internal Audit team at Surrey County Council recently undertook an audit of the Health & Wellbeing Board, and the report and resulting Management Action Plan is attached, along with a copy of the Board's Terms of Reference for information.

**6 FORWARD WORK PROGRAMME**

(Pages  
27 - 30)

To agree the Board's Forward Work Programme.

**7 IMPROVING CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING**

(Pages  
31 - 56)

Following on from the meeting of the Health and Wellbeing Board in October 2014, this report summarises progress against the aims and outcomes for improving children's health and wellbeing, 6 months on. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership (CYPP) and commissioning priorities for the Children's Health and Wellbeing Group. Whilst many outcome measures are still in development, this status update provides some key differences to CYP and families of the work that is ongoing.

This update also includes a close down report showing the status of actions for the work streams in the 2014/15 CYPP Action Plan which came to end in May 2015.

A new Action Plan for 2015/16 has been developed with partners for 2015/16 year which will continue to be reported on at forthcoming meetings.

In addition a summary of current progress on the transition of commissioning responsibility of the 0-5 Health Visiting Services from NHS England to Surrey County Council has also been included.

**8 EMOTIONAL WELLBEING AND MENTAL HEALTH: EVERYBODY'S BUSINESS**

(Pages  
57 - 66)

Update on progress for the Emotional Wellbeing and Mental Health Strategy which is one of the five Surrey Health and Wellbeing Strategy priorities. It includes a summary of the level of progress and successes arising from the strategy implementation to date.

**9 IMPROVING OLDER ADULTS HEALTH AND WELLBEING**

Report to follow.

**10 PUBLIC ENGAGEMENT SESSION**

An opportunity for any members of the public to ask any further questions relating to items discussed at today's meeting.

### **QUESTIONS, PETITIONS AND PROCEDURAL MATTERS**

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

**Please note:**

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).  
The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

### **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

*Thank you for your co-operation*

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**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 12 March 2015 at New Council Chamber, Reigate Town Hall, Castlefield Rd, Reigate, Surrey RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 11 June 2015.

**Elected Members:**

- \* Mr Michael Gosling (Co-Chairman)
- \* Dr Andy Brooks (Co-Chairman)
- \* Councillor John Kingsbury
- \* Dr David Eyre-Brook
- Dr Claire Fuller
- Dr Andy Whitfield
- \* Dr Liz Lawn
- Mrs Mary Angell
- \* Councillor James Friend
- \* Mr Mel Few
- Peter Gordon
- Chief Constable Lynne Owens
- \* Helen Atkinson
- Nick Wilson
- \* John Jory
- \* Dave Sargeant

**100/15 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Mary Angell, Claire Fuller, Peter Gordon, Andy Whitfield and Lynne Owens.

James Blythe, Mike Rich and Charlotte Keeble attended as substitutes for Claire Fuller, Peter Gordon and Andy Whitfield respectively.

**101/15 MINUTES OF PREVIOUS MEETING: 8 JANUARY 2015 [Item 2]**

The Minutes were agreed as an accurate record of the meeting.

**102/15 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**103/15 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**a MEMBERS' QUESTIONS [Item 4a]**

There were no Member questions.

**104/15 PUBLIC QUESTIONS [Item 4b]**

There were no public questions.

**105/15 PETITIONS [Item 4c]**

There were no petitions.

**106/15 BOARD BUSINESS [Item 5]****Co-Chair of the Board**

It was reported that Andy Brooks would be stepping down as Co-Chair at the end of March 2015, and this would therefore be his last meeting in that role. The Chairman thanked him on behalf of the Board for his contribution as Co-Chairman. In response, Andy Brooks thanked the Board and officers for their support and their contribution to the progress the Board had made over the past year.

Liz Lawn would be taking over as Co-Chair from 1 April 2015, and the Board would be asked to formally ratify her appointment at the meeting in June 2015.

**Sophie Baker**

It was noted that this was Sophie Baker's last meeting before taking up a new role in Adult Social Care, and the Board thanked her for her support and wished her well for the future.

### **Letter From Norman Lamb**

Copies of a letter from Norman Lamb MP, Minister for Care and Support, were tabled at the meeting. The letter recorded his personal thanks and appreciation to Maggie MacIsaac, Chief Operating Officer at North East Hampshire and Farnham CCG, for Surrey being one of the first areas to submit a comprehensive mental health crisis care concordat action plan. He recognised and valued the work being done in Surrey, particularly around preventing crises and the Time Out Cafe model in Aldershot (which would be rolled out across the County as a result of the successful Transformation Challenge Award bid). It was noted that the work being undertaken in Surrey was also being presented at a national Local Government Association/Association of Directors of Adult Social Services event in March.

### **Substance Misuse Strategy Consultation**

It was reported that the consultation to shape the drug section of the Substance Misuse Strategy had now been launched. The Surrey Substance Misuse Partnership was developing a Strategy to prevent and reduce social and physical harm caused by substance misuse in Surrey.

The Partnership aims to offer every support to make drug taking less accessible and desirable, and to enable and motivate people to fully recover from drug dependency. They are committed to working together with partners including service users, families and communities, to make this strategy the best it can be for our population. Contributions and opinions were being sought to enable local communities to support more individuals to become free of their dependence and contribute to society. Board members were encouraged to complete survey on Surrey Says or the Healthy Surrey website.

### **Winter Preparedness**

The Chairman highlighted that he previously included letters from NHS England in his announcements, highlighting the many ways partners help people keep healthy during winter - for example; flu vaccination programmes, healthy homes initiatives, messages to prevent the spread of viruses etc. Tying into this, at the private meeting in February, the Board discussed the forward plan, of which one of the upcoming items discussed was 'Social Responsibility'. At that meeting the Board discussed ways partner organisations could encourage residents to encourage and enable self care and a focus on healthy living, and the aim was to bring these together in the form of a joint campaign ready for next winter.

The Board made the following **recommendation**:

That the Health & Wellbeing Communications Group be asked to work together across organisations to co-ordinate winter messages, share knowledge and pool efforts to make it easier for Surrey residents to remain well over the winter months.

Action by: All Board Members

**107/15 FORWARD WORK PROGRAMME [Item 6]**

It was agreed that an item on Tackling Childhood Obesity in Surrey would be included in the Work Plan for September 2015:

The Forward Work Plan was agreed.

**108/15 BETTER CARE FUND UPDATE [Item 7]****Key points raised during the discussion:**

- 1 Dave Sargeant, Strategic Director for Adult Social Care, provided an oral update confirming that the Surrey Better Care Plan had been approved in February 2015 without any conditions or additional support. This was testament to the hard work of colleagues from across Surrey in putting together the plan, engaging partners and collating and responding to the feedback have received.
- 2 The final legal arrangements were being made to establish pooled budgets and implementation of local plans was well underway in each area led, by the Local Joint Commissioning Groups. Work was also progressing on a small number of 'enabler' projects which would support the integration of health and social care services – these included work around data sharing and information governance and developing a project to support the workforce changes required to achieve the shared ambitions.
- 3 The Board noted the approval of the plan and the ongoing work to implement the arrangements, and put on record its sincere thanks to all those that had been involved over the last 12 to 18 months.

**109/15 SURREY PHARMACEUTICAL NEEDS ASSESSMENT [Item 8]****Witnesses:**

Ruth Hutchinson, Deputy Director Public Health  
Hannah Bishop, Public Health Lead

**Key points raised during the discussion:**

- 1 The Board received a presentation outlining the purpose and methodology of the Pharmaceutical Needs Assessment (PNA), and setting out the key findings.
- 2 One of the three most common themes raised by the public for improving pharmaceutical services was increased opening hours, and it was noted that Public Health England (PHE) was required to refer to the PNA before decisions were made about changes to current provision and in planning future services. PHE also had responsibility for monitoring demand for licences. The PNA was a tool which would

allow informed choices to be made to achieve a balance between what commissioners were expecting pharmacies to deliver and what the public was demanding.

- 3 Detailed health profile information for each Borough and District in Surrey, broken down to ward level, was available on Surrey-i, which meant that well-informed decisions could be made about current needs and potential future demands on services.
- 4 The conclusion of the PNA was that pharmaceutical services in the County were currently being delivered satisfactorily, but the population was increasing and ageing. Future decisions about service delivery would need to take account of these issues and other factors such as travel times to pharmacies.
- 5 It was recognised that the PNA was a significant undertaking, and the Board expressed its thanks to those involved.
- 6 It was noted that a representative from Public Health England would be joining the Board in the near future, and it was agreed that further consideration should be given to the PNA following that appointment.

**Resolved:**

That Surrey's Pharmaceutical Needs Assessment be approved and published on Surrey-i.

**Actions/Next Steps:**

Further consideration of the PNA to be scheduled in the Forward Plan.

**110/15 DISTRICT AND BOROUGH STRATEGIC PLAN WELLBEING ASSESSMENTS [Item 9]**

**Key points raised during the discussion:**

- 1 The Board received a presentation summarising District & Borough activity in support of health and wellbeing objectives. A copy is attached at Appendix 1.
- 2 It was reported that significant progress had been made over the past year, and activity was taking place in all eleven areas. It was, however, acknowledged that this was an on-going process.
- 3 Further examples were provided about activity in Mole Valley, which included a very successful recent childhood obesity summit at which all Boroughs and Districts in the County were represented. Funding had also been received to support the development of a wellbeing centre in the District. The Heart Star Programme, which provides practical advice and tools to promote healthy living, was also recommended as a key way to gain community participation.
- 4 It was recognised that whilst the health benefits of various programmes was clear, measurement of tangible outcomes was often

difficult due to the long-term nature of the process (for example, teenagers participating now would reap the benefit much later in life).

- 5 It was noted that the County Council was currently putting together a list of all groups involved in health promotion in the County, and this would be shared with partners once it had been completed.

**Actions/Next Steps:**

The next annual update would be provided in March 2016.

**111/15 AN UPDATE ON DEVELOPING A PREVENTATIVE APPROACH PRIORITY ACTION PLAN [Item 10]**

**Key points raised during the discussion:**

- 1 Helen Atkinson, Director of Public Health, gave a presentation highlighting the value of preventative services and providing examples of initiatives from across the County. It was noted that there was a difference of 15 years in the life expectancy between the most and least deprived areas.
- 2 Examples of preventative activity highlighted in the Clinical Commissioning Group areas were as follows:
  - Surrey Heath – messages posted on wheelie bin hangers to promote the winter wellness campaign, and roll-out of training for the suicide prevention programme.
  - East Surrey – a pilot programme to support increasing risk drinkers (who account for one in five drinkers in Surrey), and a charter to support businesses to achieve wellbeing in the workplace.
  - North West Surrey – early identification of Chronic Obstructive Pulmonary Disease, and tackling smoking as the primary cause.
  - Surrey Downs – a Winter Warm campaign in conjunction with Boroughs and Districts, offering ‘warm packs’ for home improvements and boiler replacement.
  - Guildford & Waverley – a Stop Smoking campaign targeting high prevalence communities, and a health eating and exercise programme called Healthy Exercise and Nutrition for the Really Young (HENRY), which focused on children in danger of becoming obese and their parents.

- 3 At a County-wide level, the impact of poor air quality on vascular health was being assessed. It was noted that local air quality alerts were available through [www.airalert.info/surrey](http://www.airalert.info/surrey).
- 4 A question was asked by a member of the public present about how the Board would address the potential of mixed messages from the proliferation of outlets selling e-cigarettes in shopping centres frequented by young people. A specific example given was a kiosk in the Belfry Centre in Redhill. It was noted that as e-cigarettes were legal, councils had no powers to stop licences or influence the location of such outlets. The Board would need to consider a full report on the health issues relating to e-cigarettes before adopting any sort of policy, although the accepted view was that it was too early for sufficient evidence about health impacts to be available. However, Reigate & Banstead Borough Council would liaise with the manager of the Belfry Centre to see what action might be possible in relation to the specific case raised.

Action by: John Jory

**Resolved:**

That the proposed approach to further develop the local Prevention Plans with Clinical Commissioning Groups, Surrey County Council and District and Borough Councils be endorsed.

Action by: Helen Atkinson

**Actions/Next Steps:**

None.

## 112/15 SURREY PHYSICAL ACTIVITY STRATEGY [Item 11]

**Witnesses:**

Campbell Livingston, Director, Active Surrey

**Key points raised during the discussion:**

- 1 There was still a high proportion of the population in the County not reaching the recommended levels of physical activity. This would be an ongoing issue as the population was ageing and physical activity tended to decrease with age. Inactive people on average spent 38% more time in hospital and visited their GP more often.
- 2 Three programmes had been developed following consultation with partners, focused on different age groups: Start Moving (for children), Moving Everyday (for adults) and Stay Moving (for older people). Endorsement of the programmes was expected from all Boroughs and Districts in the next six to eight weeks.
- 3 The value of cycling as a way of encouraging physical activity was raised, and it was noted that some areas, such as Mole Valley, had low levels of commuter cycling because rural roads were relatively dangerous during commuting hours. Road safety education was

therefore key to achieving take-up. Other areas, such as Woking, had achieved significant increases in cycling rates through improvements in facilities such as cycle paths and racks.

**Resolved:**

- a. That the Strategy be endorsed, and the use of the Health & Wellbeing Board logo to demonstrate this endorsement be approved.
- b. That the Health & Wellbeing Board support the Active Surrey Board in its work.
- c. That the Health & Wellbeing Board partners consider using the Strategy when reviewing or introducing local strategies and plans.

**Actions/Next Steps:**

An annual progress report would be provided to the Board.

**113/15 COMMISSIONING PLANS AND ANNUAL REPORTS [Item 12]**

**Key points raised during the discussion:**

- 1 Summaries of the Clinical Commissioning Groups' (CCG) commissioning plans were tabled and briefly explained. Copies are attached at Appendix 2 to these Minutes. The County Council presented the Council's Corporate Strategy.
- 2 It was agreed that the Plans would be considered further by the Board in the coming months, and the Board would seek to identify common issues and problems as part of that further consideration.
- 3 Annual Reports needed to be submitted by 23 April 2015, and consideration of certain aspects of the Annual reports by Health & Wellbeing Board members was required prior to that date. The Board discussed and agreed a process for completing this review process with each CCG being asked to complete a short template identifying how they had contributed to the Board's priorities (these would be circulated to Board members prior to the April deadline for submission of the Annual Reports).

Action by: CCG representatives/Justin Newman

**Resolved:**

That the plans presented (CCG Commissioning Plans and County Council's Corporate Strategy) were aligned to the Surrey Joint Health and Wellbeing Strategy.

**Actions/Next Steps:**

Information on the contributions to Board priorities to be circulated to Board members.

**114/15 PUBLIC ENGAGEMENT SESSION [Item 13]**

Changes to legislation about the provision of key information and advice to the public were highlighted, which meant that it would no longer be legal for local authorities to do so by purely digital means. The Waverley Borough Council *Making Waves* newsletter, which included details for the full range of methods of contacting the Council, was quoted as an example of good practice. John Jory was asked to raise the issue at the next Surrey Chief Executives' meeting.

Meeting ended at: 4.05pm

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**Chairman**

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# **SURREY COUNTY COUNCIL INTERNAL AUDIT REPORT**

**Health & Wellbeing Board**

**2014/15**

Prepared for: Susie Kemp, Assistant Chief Executive

Prepared by: Tasneem Ali, Auditor

Sue Lewry-Jones  
Chief Internal Auditor  
Surrey County Council  
County Hall  
Kingston upon Thames  
Surrey  
KT1 2EA

**March 2015**

**Additional circulation list:**

External Audit	Grant Thornton LLP UK
Director of Finance	Sheila Little
Director of Public Health	Helen Atkinson
Director of Legal and Democratic Services	Ann Charlton
Risk and Governance Manager	Cath Edwards
Audit and Governance Committee	All
Co-Chairman of Health & Wellbeing Board	Michael Gosling
Cabinet Member for Adult Social Care	Mel Few
Cabinet Member for Children & Families	Mary Angell

**Glossary:**

HWB	Health and Wellbeing Board
HWBS	Health and Wellbeing Strategy
BCF	Better Care Fund
ASC	Adult Social Care
CSF	Children Schools and Families
CCG	Clinical Commissioning Group
HSC	Health and Social Care

**Audit opinions:**

<b>Effective</b>	Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Some Improvement Needed</b>	A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Significant Improvement Needed</b>	Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Unsatisfactory</b>	Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

**1. INTRODUCTION**

- 1.1 The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders across the NHS and local government work together to improve the health and wellbeing of their local population and reduce health inequalities.
- 1.2 The Surrey Health and Wellbeing Board (HWB) comprises representatives from NHS commissioners, public health, social care, local councillors, Surrey Police, borough and district council and public representatives that work together to improve the health and wellbeing of people in Surrey. It was set up in accordance with the duties in the Government's Health and Social Care Act 2012, which took effect in April 2013.
- 1.3 The Board does not have its own budget and does not directly commission services as a collective. It does, however identify opportunities for collaboration and integration across organisations and is a place for challenge, discussion and the involvement of local residents.
- 1.4 The Board has a duty under the Health and Social Care Act 2012 to produce a Joint Strategic Needs Assessment which looks at the current and future health and care needs of Surrey's residents to inform the planning and buying of health, wellbeing and social care services.
- 1.5 The Board also has a duty to jointly produce a Health and Wellbeing Strategy. The evidence from the Joint Strategic Needs Assessment, along with the views of local people, helps to inform the strategy. The strategy will help with planning the delivery of joined up and integrated local services by collectively addressing the determinants of health and wellbeing.
- 1.6 The Health and Wellbeing Board is also responsible for approving the Better Care Fund programme for 2015/16. This will be considered in a separate Internal Audit review.
- 1.7 A review of the Health & Wellbeing Board was included as part of the 2014/15 Annual Audit Plan and was undertaken following agreement of the Terms of Reference included at Annex A. This report sets out the findings and recommendations of the review. The completed Management Action Plan accompanies this report as Annex B.

**2. WORK UNDERTAKEN**

- 2.1 Within this audit, the Auditor undertook the following assurance work:
- A review of the Terms of Reference and the work plan of the Health and Wellbeing Board to ensure compliance with the relevant section of the Health and Social Care Act 2012 (Chapter 7, Part 5, Chapter 2 - Local Government); and
  - Consideration of the effectiveness of the Board's role in encouraging joint commissioning and integrating services across healthcare, social care and public health to deliver the priorities as set out in the Health and Wellbeing Strategy.

Discussions were held with key stakeholders in order to support this review and enable the Auditor to document the key functions of the Health and Wellbeing Board. The audit did not seek to provide an opinion on the development of the Health and Wellbeing Strategy from the Joint Strategic Needs Assessment.

### 3. OVERALL AUDIT OPINION AND RECOMMENDATIONS SUMMARY

3.1 The overall audit opinion following this audit is **Effective**: Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.

#### 3.2 Recommendations analysis:

Rating	Definition	No.	Para. Ref.
<b>High</b>	Major control weakness requiring immediate implementation of recommendation	0	-
<b>Medium</b>	Existing procedures have a negative impact on internal control or the efficient use of resources	0	-
<b>Low</b>	Recommendation represents good practice but its implementation is not fundamental to internal control	3	5.3.4 5.4.8 5.5.4
<b>Total number of audit recommendations</b>		<b>3</b>	

### 4. MANAGEMENT SUMMARY

4.1 This review gives an opinion in respect of the role of the HWB in encouraging collaboration between its various partner members since its inception in April 2013 to end of November 2014.

4.2 The HWB has successfully agreed a Health and Wellbeing Strategy based on the initial Joint Strategic Needs Assessment. The Strategy comprises five key priorities. From review of the minutes the Auditor found that each of the five priorities has been discussed by the HWB and plans are in place for achieving the outcomes set in the priorities. As the priorities represent broad objectives the outcomes will only be achieved over the next three to five years. As a result, the Auditor is unable to determine the success in achievement of the priorities at this stage, however from a review of the minutes was able to establish that there was evidence of a collaborative working partnership between Public Health, Adult Social Care, Children's Services, CCG's, Boroughs and Districts and the Police.

4.3 The Auditor also attended the November 2014 HWB meeting and through observation found that there was a reasonable level of challenge and questioning of topics, concepts, ideas and interpretation from all the partners in attendance.

4.4 The Auditor noted from review of the Terms of Reference and membership of the Board that the HWB is complying with the HSC Act 2012. A detailed work plan has been established to ensure the key functions of the Board have been delivered

4.5 In view of the above findings, set out in more detail in Section 5 of this report, the audit opinion following this review is **Effective**.

**5. FINDINGS AND RECOMENDATIONS****5.1 Review of terms of reference**Finding

- 5.1.1 The Constitution notes that the terms of reference of this committee “are subject to review and revision by the Board as may be necessary.” HWB periodically reviews its terms of reference thus enabling the members to clarify the role, purpose and responsibilities of the Board as well as amend its duties in relation to changes in legislation and changing roles and expectations. These should be incorporated into its annual work plan ensuring that the terms of reference always reflect the actual functions and responsibility of the HWB.
- 5.1.2 It was noted that the terms of reference do not currently explicitly reference the role of the HWB in developing, agreeing, publishing and signing off the Better Care Fund. However, Article 8A of Part 2 of the Constitution, sections 1(i)-(iv) implicitly cover this duty through reference to the integrated working requirements with partner organisations and the need to encourage arrangements to be made under section 75 of the NHS Act 2006 with the provision of relevant services.
- 5.1.3 As such, the Auditor considers the terms of reference of the HWB to be robust and fit for purpose.

**5.2 Quorum for attendance**Finding

- 5.2.1 From the Auditor’s review of the 'Procedures' reflected within the terms of reference it was found that a quorum for attendance had not been formally documented. Enquiry with the Senior Manager-Cabinet, Committees and Appeals found that the quorum was 25%, and the legislative basis for this was Standing Order 48.2, which sets out the quorum requirements for council committees in line with section 102 of the Local Government Act 1972.

**5.3 Nominated substitutes**Finding

- 5.3.1 The terms of reference requires statutory members to provide details "of one named substitute authorised by their organisation to attend Board meetings in the event of their absence. A list of the substitute members will be agreed by the Board and maintained as part of the administration of the body." The Auditor reviewed the list of substitutes and found that a substitute had not been named for 7 members, 5 of whom are elected members and thus exempt from the need to have named substitutes. This leaves 2 HWB members without named substitutes.
- 5.3.2 The requirement for a named substitute for statutory members ensures that a level of continuity is maintained for information to be transmitted to partner organisations in order to meet the joint objectives of the Board. Failure to agree a substitute member could also result in resolutions being passed without commitment from a partner member. The Auditor has calculated that based on the number of members of the

Board, the absence of all 5 elected members at one time would be unlikely to affect numbers necessary for a quorum.

#### Risk

- 5.3.3 Failure to establish a named substitute and absence of such a person at meetings could in theory result in resolutions being passed without fair representation by members. This could adversely affect the achievement of the key priorities set out by the Board.

#### Recommendation

- 5.3.4 The two Board members identified to Democratic Services should formally elect a named substitute to represent them at HWB meetings to ensure continuity in the collaborative function of the Board.

### 5.4 **Attendance at meetings**

#### Finding

- 5.4.1 The Board has a total of 17 statutory members and the standard quorum for attendance, as confirmed with the Senior Manager, Cabinet Committee and Appeals, is 25%. The Auditor independently performed a review of attendance at meetings from inception of the Board in April 2013 to November 2014 and found that all meetings were quorate (see also finding at paragraph 5.2.1). As this is a partnership Board, representation from all members is important to secure collaboration and close working in order to achieve the stated priorities.
- 5.4.2 Review of attendance at meetings identified the following:
- all statutory members were represented at the December 2013, April 2014 , June 2014 and September 2014 meetings;
  - one statutory member was not represented at the September 2013 and February 2014 meetings;
  - two statutory members were not represented at the April 2013, June 2013, March 2014 and November 2014 meetings; and
  - three statutory members were not represented at the October 2014 meeting.
- 5.4.3 The terms of reference state that; "Board members will inform the Board, via the Committee Manager, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting."
- 5.4.4 The Auditor compared the names of substitutes in attendance to the list of substitutes held on record and found that in five instances the substitute attending was not reflected on the list of substitutes. Further the Auditor found that in nine instances there was no attendance by the elected substitutes.
- 5.4.5 The impact of this could potentially result in resolutions being passed without the approval of all partners and therefore partners being unaware of expectations. Being a county council, membership includes representatives from all 6 Surrey CCG's, 3 representatives of Surrey Districts and Boroughs, the Chief Constable of Surrey Police, Directors of ASC, CSF and Public Health as well as Councillors for ASC and

Children and Families. The span of membership is reflective of the size of the County and for collaboration to be achieved representation at meetings is essential. Encouraging attendance by substitutes also ensures continuity is established by the members.

- 5.4.6 Whilst having a substitute is essential, the Board has adopted a practice of accepting substitutes speaking on behalf of the organisation but without voting rights. In order for the Chief Executives Forum be engaged with the discussions of the Board, representatives for the district and borough councils also attend meetings. One borough council had been sending a more junior officer as a substitute in this role, potentially weakening the overall engagement at Executive level. This issue is currently being addressed, however, and the Auditor does not therefore propose a recommendation.

#### Risk

- 5.4.7 Where resolutions are passed in the absence of a partner member, there is no certainty as to whether those partners will support a resolution which will impact on the achievement of the HWB's priorities.

#### Recommendation

- 5.4.8 The HWB should establish a complete list of substitutes and consider whether – in view of the diverse membership and the level of collaboration required between the members of the Board – individual meetings have sufficient representation of interests (a different issue to being quorate). This will ensure that a fair representation of partners will have the opportunity to vote on any resolutions passed.

### 5.5 **Key functions**

#### Finding

- 5.5.1 The Auditor noted that the Terms of Reference state that one of the functions and responsibilities of the HWB is "*Oversight of the commissioning expenditure across all health and social care organisations during its shadow period to ensure that the board is in a position to take responsibility for this expenditure from April 2013.*"
- 5.5.2 From discussion with key officers and review of the minutes, the Auditor can confirm that the HWB is not responsible for commissioning expenditure as this is the responsibility of the respective CCG's. The Terms of Reference should therefore be reviewed and amended accordingly to correctly reflect the actual role and responsibility of the Board.

#### Risk

- 5.5.3 The HWB members are not periodically updated of their roles and responsibilities under the HWB.

#### Recommendation

- 5.5.4 The key functions as stated in the Terms of Reference should present a true reflection of the functions and responsibilities of the HWB in having oversight of expenditure, but no commissioning role.

**5.6 Declaration of interest**

Finding

- 5.6.1 Declaration of interest forms are designed to identify and address both actual and perceived interest in accordance with the standard on independence and openness. The requirement for elected members to declare pecuniary interests is covered in the Code of Conduct for members. In addition, members of the Board are able to declare relevant interests at the start of committee meetings as a standing agenda item.
- 5.6.2 It was opined to the Auditor that a certain conflict of interest may be inherent in the CCG's remit as commissioners, increasing as their responsibility for primary care increases. There is a document from the Department of Health called "Managing Conflicts of Interest: Statutory Guidance for CCG's" which refers to the Health & Wellbeing Boards responsibilities in this respect.
- 5.6.3 As such, the Auditor does not perceive this to be a matter of significant risk.

**6. ACKNOWLEDGEMENT**

- 6.1 The assistance and co-operation of all the staff involved was greatly appreciated.

Health & Wellbeing Board - 2014/15  
**TERMS OF REFERENCE**  
Health & Wellbeing Board 2014/15

**BACKGROUND**

The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders across the NHS and local government work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Surrey Health and Wellbeing Board comprises representatives from NHS commissioners, public health, social care, local councillors, Surrey Police, borough and district council and public representatives that work together to improve the health and wellbeing of people in Surrey. It was set up in accordance with the duties in the Government's Health and Social Care Act 2012, which took effect in April 2013.

The Board does not have its own budget and does not directly commission services as a collective. It does, however, identify opportunities for collaboration and integration across organisations and is a place for challenge, discussion and the involvement of local residents.

The Board has a duty under the Health and Social Care Act 2012 to produce a Joint Strategic Needs Assessment which looks at the current and future health and care needs of Surrey's residents to inform the planning and buying of health, wellbeing and social care services.

The Board also has a duty to jointly produce a Health and Wellbeing Strategy. The evidence from the Joint Strategic Needs Assessment helps to inform the strategy, along with the views of local people. The strategy will help with planning the delivery of joined up and integrated local services by collectively addressing the determinants of health and wellbeing.

The Health and Wellbeing Board is also responsible for approving the Better Care Fund programme for 2015/16. This will be covered in a separate review.

**PURPOSE OF THE AUDIT**

The audit will provide the council's Audit and Governance Committee with assurance that Health and Wellbeing Board members are collaborating to understand their local community's needs and encouraging close working partnerships between the NHS, public health and social care to achieve the priorities identified in the Health and Wellbeing Strategy.

**WORK TO BE UNDERTAKEN**

Within this audit, the Auditor will undertake the following assurance work:

- a review of the Terms of Reference and the work plan of the Health and Wellbeing Board to ensure compliance with the relevant section of the Health and Social Care Act 2012 (Chapter 7, Part 5, Chapter 2 - Local Government);
- consider the effectiveness of the Boards role in encouraging joint commissioning and integrating services across healthcare, social care and public health to deliver the priorities as set out in the Health and Wellbeing Strategy.

Discussions will be held with key members in order to support our review and enable us to document the key functions of the Health and Wellbeing Board.

## Health &amp; Wellbeing Board - 2014/15

The audit will not provide an opinion on the development of the Health and Wellbeing Strategy from the Joint Strategic Needs Assessment.

**OUTCOMES**

The findings of this review will form a report to Surrey County Council management, with an overall audit opinion on the effectiveness of arrangements in place and recommendations for improvement if required. Subject to the availability of resources, and the agreement of the auditee, the audit will also seek to obtain an overview of arrangements in place for:

- Data quality and security;
- Equality and diversity;
- Value for Money, and
- Business continuity.

The outcome of any work undertaken will be used to inform our future audit planning processes and also contribute to an overall opinion on the adequacy of arrangements across the Council in these areas.

**REPORT ARRANGEMENTS**

Auditor:	Tasneem Ali
Supervisor:	David John, Audit Performance Manager
Reporting to:	Susie Kemp, Assistant Chief Executive

## MANAGEMENT ACTION PLAN

<b>Directorate:</b>	Chief Executive's Office
<b>Audit report:</b>	Health & Wellbeing Board
<b>Dated:</b>	

**PRIORITY RATINGS**

**Priority High (H)** - major control weakness requiring immediate implementation of recommendation

**Priority Medium (M)** - existing procedures have a negative impact on internal control or the efficient use of resources

**Priority Low (L)** - recommendation represents good practice but its implementation is not fundamental to internal control

I agree to the actions below and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.

The auditor agrees that the actions set out below are satisfactory.

Lead Responsible Officer (HOS):

Auditor

Date

Date

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.3.4	The two Board members identified to Democratic Services should formally elect a named substitute to represent them at HWB meetings to ensure continuity in the collaborative function of the Board.	Low	The two Board members will be contacted to request the names and contact details of their substitutes. The Board will then be notified at the next appropriate formal meeting.	End of March 2015	Bryan Searle	
5.4.7	The HWB should establish a complete list of substitutes and consider whether – in view of the diverse membership and the level of collaboration required between the members of the Board – individual meetings are have sufficient representation of interests (a different	Low	The list will be completed once the two Board members have nominated their substitutes, as per the action above.  For practical reasons, the quorum will determine whether any	End of April 2015		

## MANAGEMENT ACTION PLAN

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
	issue to being quorate). This will ensure that a fair representation of partners will have the opportunity to vote on any resolutions passed.		decisions made are valid. If a meeting is quorate but a significant proportion of the membership is absent and the lack of representation is felt to be material to the outcome, consideration will be given to deferring the decision (subject to the need to meet statutory or other deadlines).			
5.5.4	The key functions as stated in the Terms of Reference should present a true reflection of the functions and responsibilities of the HWB in having oversight of expenditure, but no commissioning role.	Low	An amendment to be made to the terms of reference as follows: 'to ensure that the board is in a position to take responsibility for <b>the oversight of</b> this expenditure from April 2013'.	End of June 2015		

### Terms of Reference 4 September 2014

Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article.

#### **Context**

The Health and Social Care Act received Royal Assent on 27 March 2012. The Act clearly sets out the requirement for each upper tier local authority to have a Health and Well-being Board in place from April 2013.

Surrey was granted early implementer status by the Department of Health and therefore established its shadow board in May 2011. During its shadow year the Surrey Board has developed a shared set of values, including:

- A local focus on outcomes and demonstrable improvement in health and well-being
- Strong local leadership for improvement in health and well-being
- Promoting health improvement work in boroughs/districts, including the local implementation of recommendations from the Public Health Delivery Plan
- Overseeing the development of community based preventative services locally
- Enabling the involvement of service users in developing a strategic role as part of this discussion, including local Healthwatch
- Identifying opportunities to work across organisational boundaries in health and well-being, including further development of joint financial arrangements where appropriate and integrated approaches
- Ensuring the implementation of priorities set out in the Health and Wellbeing Strategy, the strategies of individual organisations and delivery of local commissioning plans
- Ensuring that commissioning decisions and implementation follow agreed principles of co-design and engagement
- A commitment to transparency, inclusion and innovation
- Confirmed voting rights of all formal Board members, as per the Board membership list

#### **Shared purpose**

*“Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people”*

## Key functions

The Health and Wellbeing Board is a full County Council Committee with the following functions and responsibilities:

- Oversight of the commissioning expenditure across all health and social care organisations during its shadow period to ensure that the board is in a position to take responsibility for this expenditure from April 2013;
- Oversight of the development of the JSNA and other commissioning strategies during the shadow period to ensure that the board can take full ownership of these plans from April 2013;
- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services;
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Well-being Board;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- To comment on the Commissioning Consortia annual plans and commissioning intentions and ensure they are aligned to the Joint Strategic Needs Assessment;
- Bring together elected representatives and the key NHS, public health, social leaders and patient representatives to work in partnership;
- Responsibility for the Joint Strategic Needs Assessment; and
- Responsibility to produce a joint health and wellbeing strategy.

## Procedures

### Openness and transparency

The Health and Wellbeing Board is a council committee under section 102 of the Local Government Act 1972 and is subject to the requirements of openness and transparency. Voting members of the Board are governed by the Council's code of conduct, and are required to complete the register of member's interests and to disclose any disclosable pecuniary interests at meetings where any matter to be considered relates to their interest.

The requirements of the Local Government Act 1972 in relation to publication of agendas and minutes, and of the Local Government Act 2000 in relation to provision for public access to meetings also apply to meetings of the Board.

The work of the Board is subject to scrutiny via the council's scrutiny arrangements. The core functions of the Board are not executive functions, and are not therefore subject to call in.

## Board members

- Will have an individual voting right
- Must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- Must at the Board provide opinion on each *partner's* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to the NHS Commissioning Board)
- As part of their annual report, review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- *All partners* must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- The Board must provide its opinion on each *partner* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to NHS England)
- As part of their annual report, CCGs must review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- In undertaking its annual performance assessment of CCGs, the NHS CB must assess how well each one has met the duty to 'have regard' to its Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy.

## Meetings

The Board will meet quarterly following an agreed calendar of meetings.

The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements.

The meetings will be held at venues across Surrey as agreed by the Board.

## Chairing

There will be co-chairmen of the Board. The Board will agree a Member of Surrey County Council and a representative from the NHS Clinical Commissioning Groups as co-chairmen. The chairing of the meetings will alternate between the co-chairman where possible.

## Attendance and substitutes

Each statutory member of the Board, with the exception of elected Members, will provide the details of one named substitute authorised by their organisation to attend Board meetings in the event of their absence. A list of the substitute

members will be agreed by the Board and maintained as part of the administration of the body.

Board members will inform the Board, via the Committee Manager, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

Substitutions are not required for development sessions and workshops.

### Working practice

Board members have agreed the following principles and working practices for all meetings:

1. Board members are responsible for relaying messages to and from the Board discussions to their organisation and colleagues
2. That agendas, papers, presentations and any communication should avoid jargon and aim to use language understood by all
3. That development meetings provide a forum for challenge and questioning of topics, concepts, ideas and interpretation
4. That governance arrangements must make clear
  - Membership of the Board
  - Expected attendance and nominated substitutes
  - Facilitate and strengthen commitment to partnership development
5. That meetings should begin and end with clear aims/objectives

### **Board membership**

In addition to the statutory membership of the Board, as set out in Article 8A, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate.

The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees eg for one year, the length of council or as a permanent addition to the full membership.

Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

In addition, NHS England must appoint a representative for the purpose of participating in the preparation of the JSNA and the development of the JHWS and to join the Board when it is considering a matter relating to the exercise, or proposed exercise, of NHS England's commissioning functions in relation to the area and it is requested to do so by the Board.

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

## Forward Work Plan

### 11 June 2015 – Formal meeting in public

Item title:	<b>JHWS Priority Update: Improving Children and Young People’s Health and Wellbeing</b>
H&W Board champion(s):	<b>David Eyre-Brook, Julie Fisher, Clare Curran</b>
H&W will be asked to:	<b>Note / discuss progress; and Endorse the next steps.</b>

Item title:	<b>JHWS priority update: Promoting emotional wellbeing and mental health</b>
H&W Board champion(s):	<b>Andy Whitfield, Dave Sargeant, Mel Few</b>
H&W will be asked to:	<b>Note / discuss progress on the ‘Promoting Emotional Wellbeing and mental health’ JHWS priority; Including an update on the Mental Health Crisis Care Concordat; Endorse the next steps.</b>

Item title:	<b>JHWS priority update: Improving older adults health and wellbeing</b>
H&W Board champion(s):	<b>Dave Sargeant, Liz Lawn, Mel Few</b>
H&W will be asked to:	<b>Note / discuss progress; and Endorse the next steps.</b>

### 11 June 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

### 2 July 2015 – Informal meeting

Item title:	<b>Forward planning</b>
H&W Board champion(s):	<b>Helyn Clack, Liz Lawn</b>
H&W will be asked to:	<b>Discuss and agree the forward plan and strategy for the coming year.</b>

### August 2015 – No meeting

### 3 September 2015 – Formal meeting in public

Item title:	<b>Commissioning intentions and cycles</b>
H&W Board	<b>Helyn Clack, Liz Lawn</b>

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

champion(s):	
H&W will be asked to:	<b>Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey's Joint H&amp;W Strategy.</b>

Item title:	<b>Beyond the Better Care Programme/ Better Care Fund Update</b>
H&W Board champion(s):	<b>Andy Brooks, Dave Sargeant</b>
H&W will be asked to:	<b>Discuss and consider the next phase of health and social care integration.</b>

Item title:	<b>Tackling Childhood Obesity in Surrey</b>
H&W Board champion(s):	<b>James Friend, Helen Atkinson, David Eyre-Brook</b>
H&W will be asked to:	<b>Review progress made in actions generated at childhood obesity event in March; Discuss challenges and identify opportunities; Note next steps.</b>

### 1 October 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

### 5 November 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

### 10 December 2015 – Formal meeting in public

Item title:	<b>Surrey Safeguarding Children Board Annual report</b>
H&W Board champion(s):	<b>Clare Curran, Julie Fisher</b>
H&W will be asked to:	<b>Discuss the recommendations from the Surrey Safeguarding Children Board Annual Reports; and Consider implications for H&amp;W Board member organisations.</b>

Item title:	<b>Surrey Safeguarding Adults Board Annual report</b>
H&W Board champion(s):	<b>Mel Few, Dave Sargeant</b>
H&W will be asked to:	<b>Discuss the recommendations from the Surrey Safeguarding Adults Board Annual Report; and</b>

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

	<b>Consider implications for H&amp;W Board member organisations.</b>
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Item title:	<b>Sharing forecast budget positions</b>
H&W Board champion(s):	<b>Helyn Clack, Liz Lawn</b>
H&W will be asked to:	<b>Discuss forecast budget positions; and Identify opportunities, challenges and implications.</b>

Item title:	<b>JHWS Priority Update: Improving Children and Young People’s Health and Wellbeing</b>
H&W Board champion(s):	<b>David Eyre-Brook, Julie Fisher, Clare Curran</b>
H&W will be asked to:	<b>Note / discuss progress; and Endorse the next steps.</b>

Item title:	<b>JHWS priority update: Promoting emotional wellbeing and mental health</b>
H&W Board champion(s):	<b>Andy Whitfield, Dave Sargeant, Mel Few</b>
H&W will be asked to:	<b>Note / discuss progress on the ‘Promoting Emotional Wellbeing and mental health’ JHWS priority; Including an update on the Mental Health Crisis Care Concordat; Endorse the next steps.</b>

Item title:	<b>JHWS priority update: Improving older adults health and wellbeing</b>
H&W Board champion(s):	<b>Dave Sargeant, Liz Lawn, Mel Few</b>
H&W will be asked to:	<b>Note / discuss progress; and Endorse the next steps.</b>

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## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	11 June 2015
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**Item / paper title:** Children's Health and Wellbeing – status update

<p><b>Purpose of item / paper</b></p>	<ol style="list-style-type: none"> <li>1. Following on from the meeting of the Health and Wellbeing Board in October 2014, this report summarises progress against the aims and outcomes for improving children's health and wellbeing, 6 months on. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group. Whilst many outcome measures are still in development, this status update provides some key differences to CYP and families of the work that is ongoing.</li> <li>2. This update also includes a close down report showing the status of actions for the work streams in the 2014/15 CYPP Action Plan which came to end in May 2015.</li> <li>3. A new Action Plan for 2015/16 has been developed with partners for 2015/16 year which will continue to be reported on at forthcoming meetings.</li> <li>4. In addition a summary of current progress on the transition of commissioning responsibility of the 0-5 Health Visiting Services from NHS England to Surrey County Council has also been included.</li> </ol>
<p><b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b></p>	<p>Surrey's Joint Health and Wellbeing Strategy (JHWS) commits to five priorities:</p> <ol style="list-style-type: none"> <li>1. Improving children's health and wellbeing</li> <li>2. Developing a preventative approach</li> <li>3. Promoting emotional wellbeing and mental health</li> <li>4. Improving older adults' health and wellbeing</li> <li>5. Safeguarding the population</li> </ol> <p>This status update sets out how the priority for improving children's health and wellbeing is being delivered. It reports on the priorities identified by the Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group for 2014/15 (as set out in the Surrey Children and Young People's Plan 2014-17):</p> <ul style="list-style-type: none"> <li>○ <b>Early help</b> which includes healthy behaviours</li> <li>○ <b>Complex needs</b> which includes paediatric therapies</li> <li>○ <b>Emotional wellbeing and mental health</b></li> <li>○ <b>Safeguarding</b> which includes domestic abuse and improving health outcomes for looked after children</li> </ul>

	<ul style="list-style-type: none"> <li>○ A key enabler that supports these priorities is developing a <b>shared understanding of need</b></li> </ul>
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	This status update report on the priorities will help shape the collective spend on children and young people's health and wellbeing of the following organisations: Surrey County Council, Clinical Commissioning Groups, Police and District and Borough Councils. This includes £325m Children, Schools and Families (not including schools) and £23m (Public Health total budget)
<b>Consultation / public involvement – activity taken or planned</b>	The priority setting and status update has been informed by extensive public consultation on the Health and Wellbeing Strategy and needs analysis including service user experiences. Actions have been developed through workshops and meetings with the Health and Wellbeing Board, Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group. The detail of delivery will continue to be further shaped by engagement with wider stakeholders for each action and further co-production with service users where appropriate.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	The analysis of need that informed that priorities in the Surrey Children and Young People's Plan 2014-17 systematically identifies inequalities in health and wellbeing. The priorities and actions for 2014/15 were developed to help to mitigate those inequalities. For example through our approach to supporting children with complex needs, targeting interventions to promote healthy behaviours, tackling the causes of poorer outcomes for children which can include parental issues such as substance misuse and domestic abuse.
<b>Report author and contact details</b>	Ruby Lam – Strategy and Policy Development Officer, <a href="mailto:Ruby.lam@Surreycc.gov.uk">Ruby.lam@Surreycc.gov.uk</a> , 01372 833992
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Julie Fisher, David Eyre-Brooke, Helen Atkinson
<b>Relevant portfolio holder</b>	Clare Curran
<b>Actions requested / Recommendations</b>	<p><b>The Surrey Health and Wellbeing Board is asked to:</b></p> <ul style="list-style-type: none"> <li>a) note the progress and successes towards actions to improve children's health and wellbeing.</li> <li>b) note the end of year report – status of actions – for the 2014/15 action plan. The 2014/15 action plan will be replaced with a new plan for 2015/16 following engagement with partners.</li> <li>c) consider a further progress report on the 2015/16 action plan in 6 months.</li> <li>d) Note the progress taken against the transition of commissioning responsibility for the 0-5 health visiting services.</li> </ul>

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

`Early Help including healthy behaviours				
<b>Aim:</b> To identify and address the needs of Surrey's children and families earlier, reducing the need for more intensive, acute or specialist support.		<b>Outcomes:</b> <ul style="list-style-type: none"> <li>➤ Families are resilient and feel supported to tackle issues and problems as soon as they arise.</li> <li>➤ Families receive a minimum intervention as early as possible to prevent escalation of problems.</li> <li>➤ Children and young people make good relationships.</li> <li>➤ Children and young people are happy, healthy and well.</li> <li>➤ Children and young people maximise life opportunities.</li> <li>➤ Professionals are clear about early help options and feel informed and supported to tackle issues in partnership as soon as they arise.</li> </ul>		
Lead body	Areas of focus	Measures	By when	Status
<b>Children and Young People's Partnership</b>	<ul style="list-style-type: none"> <li>• Supporting early help workforce reform.</li> <li>• Strategic support to embed key information sharing systems and assessment/case management tools.</li> <li>• Strategic support for developing integrated delivery models for early help.</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver effective multi-agency early help conference.</li> <li>• Deliver effective early help area roadshows.</li> <li>• Develop multi-agency training plan.</li> <li>• Continue to develop the Early Help Networks to support early help in the community.</li> <li>• Deliver eHelp roadshows to phase 1 practitioners ready for go live in May 2014.</li> <li>• Development of Early Help Assessment, Lead Professional and Team Around the Family training to support eHelp system.</li> </ul>	Completed March 2014  Summer 2014  In development  Ongoing  Completed March 2014  Completed April 2014	Completed  Completed  Ongoing  Ongoing  Ongoing  Completed
	<ul style="list-style-type: none"> <li>• Healthy schools: PSHE review in secondary schools commissioned. Completion date</li> </ul>	<ul style="list-style-type: none"> <li>• Present scope and findings to CYP Partnership and area education offices.</li> </ul>	August 2014	Completed

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

Page 34	August 2014.			
	<ul style="list-style-type: none"> <li>Supporting the development/implementation of an online safety strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Implement recently developed strategy and action plan, once completed.</li> </ul>	Majority of actions to be completed over Summer and Autumn 2014 with some that are ongoing.	Ongoing
	<ul style="list-style-type: none"> <li>Developing a clearer picture of the scale and type of substance misuse amongst children and parents.</li> </ul>	<ul style="list-style-type: none"> <li>A report about substance misuse is going to the CYP Partnership strategic board on 26 February 2014.</li> <li>Develop a comprehensive needs analysis of substance misuse in CYP and parents in Surrey.</li> </ul>	Completed February 2014  End 2014	Completed  Ongoing
	<ul style="list-style-type: none"> <li>Influencing and shaping the alcohol strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol strategy: Gather feedback from consultation. Presenting to the CYP strategic partnership board on 26 February.</li> </ul>	Strategy presented February 2014 and out for consultation until 30 April 2014.	Completed – All feedback gathered and comments taken on board. Alcohol strategy part of the wider substance misuse strategy.
	<ul style="list-style-type: none"> <li>Healthy weight.</li> </ul>	<ul style="list-style-type: none"> <li>Development of healthy weight pathway.               <ul style="list-style-type: none"> <li>Under 5s</li> <li>Over 5s</li> </ul> </li> <li>Refresh a comprehensive obesity needs assessment.</li> <li>Write healthy weight strategy.</li> </ul>	End May 2014 Summer 2014  October 2014  End 2014	Completed Ongoing  There is already sufficient information available (on Surrey) Ongoing
	<ul style="list-style-type: none"> <li>School nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Partners to consider options for school nursing capacity, including reviewing role of health lead professionals in safeguarding case conferences.</li> <li>Define the role of the school nurse</li> </ul>	Summer 2014  End May 2014	Completed  Ongoing

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

		<p>in mainstream schools and how they can support the CAMHS school nurse.</p> <ul style="list-style-type: none"> <li>•</li> </ul>			
	<ul style="list-style-type: none"> <li>• Development of a multi agency, countywide safeguarding hub and supporting area based hubs.</li> <li>• Continued development of professional support networks/ forums.</li> <li>• Increasing co-location and integration models of delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of effectiveness of area hubs.</li> <li>• Analysis of cases coming through the Safeguarding Hub where alcohol misuse and domestic abuse are occurring together.</li> </ul>	<p>Area hubs went live on 24 March 2014 and monitoring will be ongoing</p> <p>End of 2014</p>	<p>Completed with ongoing development to MASH and monitoring</p> <p>Ongoing</p>	
Page 35	<b>Children's Health and Wellbeing Group</b>	<ul style="list-style-type: none"> <li>• Implementing 'Early Help Assessments' through universal and targeted services.</li> <li>• Developing the market of local services and jointly commissioning early help and timely intervention services.</li> <li>• Delivering Supporting Families approach through commissioned services.</li> <li>• Development of an early help commissioning group to provide governance and coordinate a joint commissioning approach across the county.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a proposal for a pilot for using the EHA with SEN children in a local school.</li> <li>• Develop an understanding of the Early Help Voluntary sector market through voluntary sector engagement and mapping local services across the county.</li> <li>• Develop existing Family Information Service (FIS) to ensure all early help services are included in the directory.</li> <li>• Produce an Early Help commissioning strategy and action plan to describe the implementation of agreed early help commissioning priorities.</li> <li>• Continue to communication clear and consistent messages about Early Help</li> </ul>	<p>Phase one by September 2014</p> <p>July 2014</p> <p>August 2014</p> <p>Action plan already disseminated and commissioning strategy to be shared by May 2014</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

Complex needs including paediatric therapies				
<b>Aim:</b> children and young people with complex needs have a single assessment process and education, health and care plan with personalised support.		<b>Outcomes:</b>		
		<ul style="list-style-type: none"> <li>➤ Children, young people and families have greater control and choice in decisions through co-production.</li> <li>➤ Children and young people receive more personalised services.</li> <li>➤ Introducing personal budgets for health.</li> <li>➤ Integrated assessment – families will not have to repeat their stories more than once.</li> <li>➤ Good quality transition and preparation for adulthood.</li> <li>➤ Delivery of services CYP and families receive will be more co-ordinated.</li> </ul>		
Lead body	Areas of focus	Measures	By when	Status
Children and Young People's Partnership	<ul style="list-style-type: none"> <li>• Overseeing progress of SEND14 (pathfinder) to ensure that services are co-ordinated around the needs of children and young people and ensure Surrey meets the requirements of the Children and Families Bill 2012.</li> </ul>	<b>To be confirmed</b> <ul style="list-style-type: none"> <li>• Parental and family satisfaction with the new arrangements, including transition from statements to education, health and care plans (EHCP). This includes: confidence in the system, a good experience, real partnership, person centred and personalised, outcomes focused and holistic.</li> </ul>	Ongoing	Ongoing
		<ul style="list-style-type: none"> <li>• Develop a survey to capture feedback around above areas that can then be turned into a “net satisfaction indicator”.</li> <li>• Scope potential for Rapid Improvement Event for changing complex needs system to meet needs of children, young people and families.</li> </ul>	As soon as possible but in place for September 2014.	Ongoing
		<ul style="list-style-type: none"> <li>• Reframe complex needs report to</li> </ul>	TBC	Decided that not best mechanism – new SEND Governance Board now in place
			February – April 2014.	Report used internally

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

		include a foreword and so it can be used to guide constructive discussions.		
	<ul style="list-style-type: none"> <li>Improving long term planning through developing better predictive data</li> </ul>	<ul style="list-style-type: none"> <li>Data analysis through Preview.</li> </ul>	Stalled (there is a national issue of hospital trusts not sharing some data.)	Ongoing -there is a national issue of hospital trusts not sharing some data.
<b>Children's Health and Wellbeing Group</b>	<ul style="list-style-type: none"> <li>Reviewing commissioning of paediatric therapies.</li> </ul>	<ul style="list-style-type: none"> <li>Joint therapy forum established with agreed terms of reference.</li> <li>Joint needs analysis completed.</li> <li>Joint therapies commissioning strategy agreed.</li> <li>New 0-25 years therapy service models in place with agreed care packages and pathways.</li> <li>Training and development programme in place to up skill wider workforce.</li> <li>New jointly commissioned 0 -25 years paediatric therapy service in place.</li> </ul>	February 2014	Completed
			April 2014 April 2015	Completed Strategy currently in development
			April 2015	Ongoing
			September 2014	Ongoing
			April 2017	Ongoing
<b>Emotional wellbeing and mental health</b>				
<b>Aim:</b> Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed.		<b>Outcomes:</b> <ul style="list-style-type: none"> <li>Children and young people are supported by people they know in their local area.</li> <li>Families feel supported.</li> <li>Professionals working together for the young person's identified outcome.</li> <li>Children, young people and their families know where to seek help.</li> <li>Parents and carers are supported to have good mental health and emotional wellbeing and resilience.</li> </ul>		
<b>Lead body</b>	<b>Areas of focus</b>	<b>Measures</b>	<b>By when</b>	<b>Status</b>

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

<b>Children and Young People's Partnership</b>	<ul style="list-style-type: none"> <li>Improving transitions between services.</li> </ul>	<ul style="list-style-type: none"> <li>CAMHS Transition Audit due to be published May 14 and its outcomes will be reported.</li> </ul>	July 2015	Completed
	<ul style="list-style-type: none"> <li>Focusing the resource of mental health providers across initiatives whilst supporting those below thresholds.</li> </ul>	<ul style="list-style-type: none"> <li>Refresh needs analysis (CAMHS).</li> </ul>	Completed January 2014	Completed
	<ul style="list-style-type: none"> <li>Developing a long term partnership plan to provide a place of safety under section 136 of the mental health act.</li> </ul>	<ul style="list-style-type: none"> <li>SaBP to host a mental health summit with CCG &amp; SCC partners to increase awareness and identify local solutions.</li> <li>Include S136 Place of Safety in all planning groups including with NHS England Area Team.</li> </ul>	Summit May 2014  End of 2014	Completed  Ongoing
<b>Children's Health and Wellbeing Group</b>	<ul style="list-style-type: none"> <li>Promoting effective training and workforce development to support integrated working.</li> </ul>	<ul style="list-style-type: none"> <li>To review workshops and training and re-commission subject to funding availability.</li> </ul>	Ongoing – SABP have been working with Acute hospitals, police and out of hours GPs to enhance the knowledge of professionals around the emotional health and well being of young people and promote effective pathways of care.	Ongoing
	<ul style="list-style-type: none"> <li>Influencing the national commissioning framework to improve pathways, outcomes and safeguarding in tier 4 services.</li> </ul>	<ul style="list-style-type: none"> <li>NHS England to meet with CYA to discuss further issues raised with Secretary of State for Healthcare.</li> <li>Develop local proposals for local solution and lobby Secretary of State.</li> <li>SaBP to contribute to National Review.</li> <li>SaBP to continue to work with Area Team for a local solution for Surrey</li> </ul>	Young people have met with NHS England and a series of further meetings are planned as a "task force". Ongoing  Completed Feb 14 Ongoing	Ongoing  Ongoing Completed Ongoing

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

	<ul style="list-style-type: none"> <li>CAMHS whole system recommissioning between CCGS and SCC.</li> </ul>	<p>Young People.</p> <ul style="list-style-type: none"> <li>Re-procuring targeted and Specialist CAMHS services.</li> </ul>	April 2015	Completed
<b>Safeguarding including improving health outcomes for looked after children (LAC) and domestic abuse</b>				
<p><b>Aim:</b> To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board.</p>		<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Children and young people are safe and feel safe.</li> <li>Causes of domestic abuse are mitigated.</li> <li>Health outcomes are improved for looked after children in Surrey.</li> </ul>		
<b>Lead body</b>	<b>Areas of focus</b>	<b>Measures</b>	<b>By when</b>	<b>Status</b>
Children and Young People's Partnership	<p><b>Domestic abuse (DA)</b></p> <ul style="list-style-type: none"> <li>Providing strategic support to the Community Safety Board's domestic abuse strategy.</li> <li>Clarifying the commissioning landscape for children and families.</li> </ul>	<ul style="list-style-type: none"> <li>Partners to review and contribute to action plan to support DA strategy.</li> <li>Inform commissioned service gap and spend analysis.</li> </ul>	Summer 2014	Completed
			Summer 2014	Completed
Children's Health and Wellbeing Group	<ul style="list-style-type: none"> <li>Improving health outcomes for looked after children.</li> </ul>	<p><b>Health needs assessment:</b></p> <ul style="list-style-type: none"> <li>Findings to be presented to Corporate Parenting Board in February 2014.</li> </ul> <p><b>Health assessments:</b></p> <ul style="list-style-type: none"> <li>Ensuring adequate medical advisers capacity to meet demand.</li> <li>Collaborative working between SCC and Guildford and Waverley CCG project manager to ascertain current</li> </ul>	<p>Analysis and report completed end April 2014; presenting to CPB to follow</p> <p>Complete March 2014</p> <p>Ongoing</p>	<p>Completed</p> <p>Ongoing</p> <p>This has been successful and will continue</p>

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

		<p>position and to review current data.</p> <ul style="list-style-type: none"> <li>• Contract variation in place and discussions to take place with Croydon Council re: out of county provision for unaccompanied asylum seeking children.</li> <li>• Following report to Corporate Parenting Board (CPB), action plan being developed.</li> <li>• To ensure effective governance and oversight, joint health and social care chairing of the healthy outcomes subgroup, which reports to corporate parenting operational group (CPOG) and CPB.</li> <li>• Develop performance measures to assess and understand the health and wellbeing outcomes of LAC.</li> </ul>	<p>Meeting took place 18 Feb with Croydon but no further action agreed</p> <p>In place, ongoing</p> <p>In place, ongoing</p> <p>May 2014</p>	<p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<b>Shared understanding of need</b>				
<p><b>Aim:</b> To develop a culture of sharing information on children, young people (CYP) and families so that we can collectively serve their interests in a more joined up way.</p>	<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>➤ Health and wellbeing services for children and families are designed to take account of their needs and experiences.</li> <li>➤ CYP and families feel a part of decisions made about their health and wellbeing.</li> <li>➤ CYP and families are able to see where and how their input has affected strategic decisions (Surrey Says).</li> <li>➤ Agencies have developed an appropriate 'if in doubt, share' culture around data.</li> <li>➤ Agencies are collectively well aware of the future demand for services and needs of CYP and families.</li> <li>➤ Agencies are collecting and using the voice of CYP and families routinely to inform service decisions.</li> <li>➤ There is less duplication of work within and between agencies.</li> </ul>			

## Children and Young People's Partnership Action Plan 2014/15 – Status of Actions

Lead body	Areas of focus	Measures	By when	Status
<b>Children and Young People's Partnership</b>	<ul style="list-style-type: none"> <li>Embedding solutions for joining up different management information systems to support operational decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to improve data quality across systems.</li> <li>Draft specifications for data warehouse.</li> </ul>	Ongoing	Ongoing
			Ongoing	Ongoing
	<ul style="list-style-type: none"> <li>Building a common understanding of need, based on robust data/sharing of challenges and to improve specific data sets (complex needs/substance misuse).</li> </ul>	<ul style="list-style-type: none"> <li>Develop JSNA chapter: families in need</li> <li>Develop JSNA chapter: SEND</li> <li>Develop JSNA chapter: safeguarding CYP</li> <li>Develop a multi-agency virtual data group, and get it up and running.</li> </ul>	<ul style="list-style-type: none"> <li>End 2014</li> <li>End 2014</li> <li>End 2014</li> <li>Autumn 2014</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> <li>Completed</li> </ul>
<ul style="list-style-type: none"> <li>Developing a mechanism for gathering evidence and sharing research about our children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>Roll out Surrey Says to the rest of SCC and partners.</li> <li>Develop training options for Surrey Says.</li> <li>Improved capture of CYP/parent insight through the use of Surrey Says.</li> <li>More visible co-production with CYP/Parents across agencies, evidenced through Surrey Says input related to service development engagement.</li> </ul>	<ul style="list-style-type: none"> <li>Summer 2014</li> <li>Summer 2014</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Rolled out to the rest of SCC, but not yet to partners</li> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	

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# Improving Children and Young People's Health and Wellbeing

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**Priority status update**  
**7 May 2015**

# Performance scorecard

Key:  
 Red = Outstanding issues – action required  
 Amber = Action plan in place to bring on track  
 Green = On track

Children and Young People's Plan – strategic priorities	RAG Rating	Reasons for outstanding issues	Action to address issues or bring back on track
Early Help (including healthy behaviours)	A	Improve the quality and consistency of Early Help assessment and plans.	Monitoring and tracking has been established reporting to Assistant Director of Children's Social Care.
Complex Needs (including paediatric therapies)	A	Need to improve experiences for families and identify provision that is integrated and affordable.	A new SEND Strategy is being developed. A Governance Board has been created to support the local implementation of the reforms.
Emotional wellbeing and mental health	A	National commissioning arrangements for Tier 4 beds.  Reprocurement of CAMHS services – unmet needs and priorities.	Continued lobbying of NHS England and DoH.  CCG and SCC to consider benefits of additional investment into CAMHS.

# Performance scorecard

**Key:**  
● Red = Outstanding issues – action required  
● Amber = Action plan in place to bring on track  
● Green = On track

Children and Young People’s Plan – strategic priorities	RAG Rating	Reasons for outstanding issues	Action to address issues or bring back on track
Safeguarding (including DA and improving the health outcomes of LAC)	<span style="color: orange; font-size: 24px;">A</span>	National concerns about the extent of Child Sexual Exploitation. New Government measures have recently been announced to address this.	A new CSE Strategy and Action Plan is developed including multi-agency governance arrangements.
Shared understanding of need	<span style="color: orange; font-size: 24px;">A</span>	The ongoing development of clear performance measures and evidence base to monitor/assess the implementation of the Partnership Plan.	Develop JSNA chapters: Families in Need, SEND, CYP in Care and Safeguarding. New performance measures introduced in refresh of Partnership Plan.

# Early Help (including healthy behaviours)

**Aim:** To identify and address the needs of Surrey's children and families earlier, reducing the need for more intensive, acute or specialist support.

- Key:**
- Red = Outstanding issues – action required
  - Amber = Action plan in place to bring on track
  - Green = On track

**Status**

**Amber/Red**



## EARLY HELP

### Current position

- A total of 1315 children and young people have been supported by Early Help Assessments in 2014/2015.
- Consultation on Commissioning Strategy now closed.
- Early Help Network evaluation report for 14/15 reflects good outcomes
- Monitoring and tracking has been established reporting to Assistant Director of Children's Social Care.
- Parent feedback received on Early Help Assessment experiences is being gathered and used to support measuring outcomes
- A leaflet is available to families to promote the use of the Early Help Assessment.
- Early Help web pages have been refreshed
- Joint event (EH Partnership Service and Prison Advice and Care Trust) successful with 80 delegates and good outcomes.

### Next steps

- Exploring Early Help models in other local authorities, and how they can enhance our system.
- Drafting proposal to facilitate effective implementation of our early help strategy through area engagement.
- Continue to increase the number of Early Help Assessments and role of lead professional by key agencies
- Work towards embedding the Early Help approach in our SEND pathway
- Start using the ehelph system to support the monitoring and recording of early help assessments and TAF meetings. Start ehelph phase 1 work with Family Support Programme
- Commissioned services being performance managed and performing to satisfaction
- Developing bid for Social Impact Bond (support for parents of primary aged children with challenging behaviour.
- Continue to provide training and support to practitioners particularly with schools and services for young people. We will take forward a train the train module.

### Risks and issues for escalation

- Improve the quality and consistency of Early Help assessment and family action plan.
- Early Help is a not a 'browse by topic' on Family Information Service directory and needs to be developed.

### What difference for children, young people and families?

- An increase in the number of Early Help assessments undertaken by practitioners.
- Continued demand for Early Help training to support the coordinated approach for families in the community.
- Parent feedback received on Early Help Assessment experience which will be used to evaluate the process and support in measuring outcomes.
- Outcomes improving for families accessing Homestart

# Early Help (including healthy behaviours)

**Aim:** To identify and address the needs of Surrey's children and families earlier, reducing the need for more intensive, acute or specialist support.

**Key:**  
● Red = Outstanding issues – action required  
● Amber = Action plan in place to bring on track  
● Green = On track

<b>Status</b>	<b>Amber</b>	<b>A</b>
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## HEALTHY BEHAVIOURS

### Current position

- Developing healthy weight pathways for 0-5 and 5-19 year olds.
- Substance misuse strategy being consulted on.
- Consultation on supporting 'Sex and Relationships Education' (SRE) taking place.
- Transition of commissioning 0-5s/health visiting being worked through.
- 25% (mainly primary and special schools) schools signed up to health-related behaviours questionnaire. They will complete this in March and results should be available by June 2015.
- Minor illness training for parents in children centres.
- Head injuries leaflet sent to all schools.
- Breastfeeding event took place.
- Prevention clearly embedded within the new Children and Young People's Action Plan.

### Risks and issues for escalation

- Retention and recruitment of school nurses remains a challenge.
- Delivery of key health assessments by health visitors.
- Delivering a pathway of healthy weight services is not achieved at sufficient scale.

### Next steps

- Develop healthy weight commissioning intentions for 2015-16.
- Development of Breastfeeding Strategy following the successful event on 21 April 2015.
- Ensure prevention clearly embedded within CYP Plan refresh.
- Plan and communicate with partners and colleagues the next steps regarding re-commissioning of 0-19 and sexual health services.

### What difference for children, young people and families?

- 100 people attended the breastfeeding consultation event
- We will know more about the health and wellbeing of our children and young people.
- Workforce tool completed by providers of health visiting and school nurse services.
- Extra resource for school nursing committed by Public Health
- Launch of new drug and alcohol service for people within the Criminal Justice System.
- Decrease in the number of referrals into treatment (young people aged 18 or under)
- Planned exits (i.e. service users leaving treatment successfully) within Surrey continue to surpass those nationally and this quarter reached 90%.
- Created links to growing and cooking skills for children leaving care with Care Leavers Team.
- Family Nurse Partnership is on track with regards to recruitment of young mothers, 37 have currently taken up places.

# Complex needs including paediatric therapies

**Aim:** Improving children's health and wellbeing to give every child the best start in life and ensuring that children and young people with complex needs will have a good, 'joined up' experience of care and support.

**Key:**  
● Red = Outstanding issues – action required  
● Yellow = Action plan in place to bring on track  
● Green = On track

<b>Status</b>	<b>Amber</b>	
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## Current position

- New 0-25 business processes and planning systems for Education Health and Care plans and pre-statutory plans launched on target, 1st September 2014. Implementation is underway with mixture of some successes and some significant challenges.
- Information and training is being rolled out to frontline staff and education settings. Some additional capacity has been secured so that training is now being offered to some social care teams and health colleagues. E-learning on the new business process is available to Surrey and non-Surrey staff through the portal and the Surrey Skills Academy.
- Surrey's Local Offer website went live on 1st September 2014 but significant ongoing development work is being undertaken.
- Surrey has consulted on and published its transition plan setting out a timetable for the transfer of CYP with SEN statements and LDAs. However, due to capacity issues the initial timetable has been reviewed and following consultation with the DfE some of the deadlines have been adjusted.
- DfE has announced continuation of SEN Reform Grant funding for 2015/16. Minister has invited OFSTED to formally inspect local areas on effectiveness in fulfilling new duties.
- Joint commissioning strategy for Speech and Language Therapy (SLT) has been consulted on and now being finalised.
- Phase 1 of jointly commissioned review of the Occupational Therapy service is being disseminated to partners.
- Co-design events for new speech and language therapy service have concluded.

## Risks and issues for escalation

- Capacity issues and workforce morale through this period of system change need constant monitoring and work. If not addressed, implementation of the current model of Surrey's SEND programme will be undermined. Early evaluation returns suggest quality assurance and staff capacity are significant risks/issues. **(please see risk flagged in previous reports)**
- Successful development of Local Offer is stalling because sustainability issues have not been addressed. **(please see risk flagged in previous reports)**
- Personal budgets policy needs further integration and more extensive consultation. Other Local Authorities are receiving challenges due to insufficiently robust consultation.
- SLT Strategy proposed significant shift in commissioning responsibilities across from CCGs to SCC, which will have financial implications. Paper going to **Cabinet** for approval on 26 May 2015.
- Strategy places greater emphasis on support and input from wider workforce to support children and young people with speech, language and communication needs

## Next steps

- Work is still needed on the capacity challenges presented by the transition plan and implementation plan (**flagged in risks**).
- A paper addressing development of Local Offer to 'steady state' and sustainability will be presented to the SEND Operational Group in May.
- Personal budgets work to accelerate.
- Interim evaluation report on the implementation of the SEND reforms will go to the SEND Ops group in May.
- April 15 - Specification for Speech and Language Therapy service signed off.

## What difference for children, young People and families?

- The SEND evaluation is collecting early impact data from families and will seek to measure over time how effectively the new system is delivering a better set of outcomes for children, young people and families.
- Early intervention, outcome focused and evidence based service, Equity and consistency, One Speech and Language Therapy service.

# Emotional wellbeing and mental health

**Aim:** Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed.

**Key:**  
● Red = Outstanding issues – action required  
● Amber = Action plan in place to bring on track  
● Green = On track

<b>Status</b>	<b>Amber</b>	
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Current position
<ul style="list-style-type: none"> <li>• Tier 4 beds continue to be a challenge working with NHS England and Surrey Crisis care concordat.</li> <li>• Surrey and Borders Partnership working with acute hospitals, police and out of hours GPs to enhance the knowledge of professionals around the emotional health and wellbeing of young people.</li> <li>• CAMHS Procurement – CAMHS Steering Group is developing service specification in line with the proposed changes.</li> <li>• Social Innovation Fund/Extended HOPE – Surrey was awarded £729,000 over one year to extend the current HOPE service to provide out of hours assessment, support service and two respite beds for young people in mental health crisis. Funding bid for capital works of the project was refused but an alternative source of capital funding has been found. Multi-agency implementation group now meeting.</li> <li>• CAMHS Youth Advisors have developed new quality standards with regard to participation and these are now to be implemented by SABP</li> <li>• Integrated emotional wellbeing and mental health (EWMH) commissioning group have met.</li> </ul>

Next steps
<ul style="list-style-type: none"> <li>• Continued lobbying of NHS England and Department of Health for sustainable solution re. access to tier 4 beds for young people in Surrey – ongoing.</li> <li>• A series of further meetings are planned between young people and NHS England as a “task force” – ongoing.</li> <li>• Continued development of the Integrated EWMH commissioning group across all ages for Mental Health, Learning Disability and Substance Misuse – ongoing.</li> <li>• CAMHS Procurement – CCG and SCC are continuing with the preparation of documents ready to go out to tender.</li> <li>• Social Innovation Fund – project group in operation and recruitment for new posts is underway. Discussions with Property Services regarding required capital works underway.</li> </ul>

Risks and issues for escalation
<ul style="list-style-type: none"> <li>• National commissioning arrangements for tier 4 beds are unlikely to change for 1-2 years.</li> <li>• No young people being admitted to adult wards currently. Far more support to access beds being given by Area Team.</li> <li>• Young People could be left in paediatric beds if no mental health beds available.</li> <li>• CAMHS procurement timescales.</li> <li>• Social Innovation Fund – difficulty in recruiting some posts.</li> </ul>

What difference for children, young people and families?
<ul style="list-style-type: none"> <li>• Through a renewed joint child and adolescent mental health services (CAMHS) strategy, children and young people will have earlier interventions and organisations will work jointly together around the needs of the child.</li> <li>• 34 young people prevented from requiring admission to a child psychiatric unit by HOPE service</li> <li>• With c.200 schools trained (through TaMHS) to spot signs of mental health, earlier access to advice and support by CYP</li> <li>• CAMHS Procurement –significantly improve outcomes for children and young people.</li> <li>• Social Innovation Fund – new service will help to reduce placement breakdowns, out of county social care placements, inappropriate A&amp;E and paediatric ward admissions, stays in prison cells and inpatient admissions to adolescent psychiatric units.</li> </ul>



# Safeguarding including LAC and Domestic Abuse

**Aim:** To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board

**Key:**  
● Red = Outstanding issues – action required  
● Amber = Action plan in place to bring on track  
● Green = On track

Status

Amber



## LOOKED AFTER CHILDREN HEALTH ASSESSMENTS

### Current position

- Service model agreed with providers and recruitment taking place.
- Access to LCS (previous ICS) by key staff signed off end of January. Training to roll out for social workers and health staff
- Co-location of nurses and social workers.
- Out of County Initial Health Assessment (IHA) Services being commissioned and is planned to be operational in March 2015.
- Contract variation in place to cover out of county assessments.
- Health outcomes for LAC being developed with the Care Council and a subgroup of the Corporate Parenting Board will be developing an action plan to improve health outcomes.
- Trialling of SLA with a Hampshire for completion of out of county health assessments.
- Developing performance measures to assess and understand the health and wellbeing outcomes of LAC.

### Risks and issues for escalation

- Challenge of completing health assessment within timescale as all consents need to be received in time.
- Lack of clarity in funding sources for adult foster carer assessment.
- Ensuring continued momentum on implementing the service model.
- Huge challenge around information being on many different IT systems and not having oversight of all the information.
- CQC reported that GPs were not as aware as they should be of the LAC process – escalate to Corporate Parenting Board.

### Next steps

- Further discussions with the providers in relation to the service model – ongoing.
- Pathway and consent model implementation.
- Implementation of new service model including increased nurse capacity and co-location of nurses and social workers – April 2015.

### What difference for children, young people and families?

- Increased capacity has meant that the most vulnerable children, e.g. those out of county, get timely and effective health assessments.
- Children and young people identifying health issues that are most important to them. This is to ensure services and support can continue to address need most effectively.
- Health outcomes and performance measures being developed.

# Safeguarding including LAC and Domestic Abuse

**Aim:** To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board

**Key:**  
 ● Red = Outstanding issues – action required  
 ● Amber = Action plan in place to bring on track  
 ● Green = On track

<b>Status</b>	<b>Amber</b>	
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## DOMESTIC ABUSE

### Current position

- DA Strategy work plan for 2015-16 is being developed. It will be considered by the DA Strategy Group and the Community Safety Board in June.
- Multi-agency funding for the Surrey domestic abuse outreach services in place for 2015-16.
- Perpetrators project – building on the Essex Supporting Families model and the findings of Project Mirabal, a proposal is being developed for the Community Safety Board.
- Domestic Abuse is now one of the assessment criteria for acceptance onto the Supporting Families programme.
- Children's services have commissioned and awarded a two-year grant to Surrey DA providers to deliver support for CYP affected by DA.
- Between April 2014 and Feb 2015, 781 delegates have attended the multi-agency SCC class based courses.
- MARAC awareness workshops being planned for May/June 2015 for attendees and partner agencies.
- The 'Talk to Us' campaign were held from Nov 2014 to Feb 2015 focussing on 16-22 year old to recognise and report DA.
- Successful Surrey DA conference run by SCC, in Feb 2015 entitled 'Ideas Into Action' (over 80 practitioners & managers) attended.

### Risks and issues for escalation

- National concerns about the extent of Child Sexual Exploitation. New Government measures have recently been set out to address this.

### Next steps

- Work on an outcomes based commissioning specification for future (2016 onwards). DA Outreach Services in the county will begin in June 2015.
- Follow-up work on the key issues from the recent Surrey DA Conference –working with Health partners, Perpetrators, Female Genital Mutilation/ Honour Based Violence -will be developed.
- Embed new Children's Services funded services for prevention (healthy relationships), early help (step-down community support services) and intervention (for children and young people on a child protection plan). This grant is due to commence in May 2015.
- DA/GRT task group in place to develop work plan against DA elements of Surrey GRT Strategy.
- A new SSCB led CSE Strategy and Action Plan is being developed including multi-agency governance arrangements.

### What difference for children, young people and families?

- New commissioning intentions and funding will see the following being put into place from April 2015 onwards:
  - A package to inform and advise school aged children about healthy relationships and domestic abuse
  - A specialist service for CYP and families
  - Early Help Interventions.
- Refreshed work plans will address needs of CYP and families.

# Shared understanding of need

**Aim:** To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way

- Key:**
- Red = Outstanding issues – action required
  - Amber = Action plan in place to bring on track
  - Green = On track

Status

Amber



## Current position

- Work is ongoing to streamline JSNA process for CSF, older JSNA Chapters are being replaced and archived in due course.
- First meeting of multi-agency virtual data group has occurred.
- Surrey Says has been successfully rolled out to CSF and is being rolled out throughout SCC.
- High level multi-agency data gaps audit completed. Partners have contributed.

## Next steps

- Develop JSNA Chapters: Families in Need (Summer 2015), SEND, CYP in the Care of the Council and Safeguarding (Summer 2015).
- Continue to develop multi-agency virtual data group.
- Multi-agency data gap analysis - outcomes will be reported to the Operational Partnership in Summer 2015.
- Surrey Says is now led corporately.
- Partners to agree development of remaining chapters.

## Risks and issues for escalation

- Capacity to ensure actions are completed within desired timescales.
- To continue to add value, the partnership need to look into how to address data gaps that are raised in the JSNA document most effectively.

## What difference for children, young people and families?

- As a result of a better understanding of need, commissioning priorities have been altered to better match the needs of our communities.
- Commissioners with a remit related to children, young people and families across SCC and partners are more involved in developing the JSNA and using its recommendations for commissioning to inform their commissioning intentions.
- Children's and parents' views are getting heard and taken into consideration more when assessing need, alongside 'hard' data.

Surrey Health and Wellbeing Board  
11<sup>th</sup> June 2015

**Transition of Commissioning Responsibility for 0-5 Health Visiting  
from NHS England to Surrey County Council.**

**Introduction**

1. The Healthy Child Programme sets a framework for the delivery of universal and more targeted or progressive services through and in partnership with health visitors and school nurses.
2. As part of delivering the vision for public health, set out within the 2010 White Paper<sup>1</sup>, and contributing to the Government's ambition to achieve best possible health outcomes for children and young people. The responsibility for commissioning school nursing services transferred to local government in April 2013 under the changes set out within the 2012 Health and Social Care Act.
3. In Surrey the commissioning of universal school nurse services sits with the public health team in Surrey County Council<sup>1</sup>. Nationally, from the 1<sup>st</sup> October 2015, the commissioning of health visiting services will transfer from NHS England to public health in Surrey County Council. Both health visiting and school nursing services will continue to be provided by the three NHS community providers in Surrey (Central Surrey Health, First Community Health and Care and Virgin Care Services Limited) in line with the overall contracts held with the lead Clinical Commissioning Groups (CCGs).
4. This paper provides an overview of future commissioning arrangements for health visiting.

**The Healthy Child Programme and what can Surrey's children, young people  
and families expect?**

5. The Healthy Child Programme (HCP) is the framework within which the services for children and young people delivered by health visiting, for 0-5 year olds, and school nurses, for 5-19 year olds, are delivered<sup>234</sup>. The HCP requires support and delivery from a range of partners including maternity, early years and children centres, schools, primary care and children's services.
6. Core elements of the HCP delivered by health visitors and school nurses include:
  - Early Help assessments and children's safe guarding.
  - health assessments and developmental reviews,
  - promotion of positive relationships and good mental health,

<sup>1</sup> The universal School Nurse Service is commissioned by SCC Public Health. The CAMHs Community Nurses that work alongside the wider school nurse workforce are commissioned by SCC Children's Services. Those School Nurses working in Surrey's Special Schools are currently commissioned by both Surrey's CCGs and SCC.

- as well as sign posting to sexual health and substance misuse services and
  - supporting children in mainstream schools with long term conditions.
7. All three of Surrey's community providers work to a nationally set and locally agreed service specification for health visiting and similar specifications for school nursing<sup>56</sup>, helping to ensure uniformity in service provision across the County.

#### Health Visiting (0-5s)

8. Every child is entitled to the best possible start in life. The first 1001 days from conception to age 2 is widely recognised as a crucial period in a child's development, and can be a determining factor in their ability to learn and experience positive outcomes for the rest of their life course<sup>7</sup>.
9. Broadly speaking, each family, in Surrey, has access to a named health visitor until their child starts school at around 4 years of age, when they are transferred to the school nursing service. Although not all families will require support until this time others may need additional targeted intervention that can help the child and their family.
10. Health Visitors deliver a number of universal elements of the HCP that provide a mechanism for early intervention and prevention and help to the family and child from the start.
- more new birth visits completed within 10- 14 days,
  - improvement in the percentage of completed 9-12 month reviews
  - improvement in the percentage of completed 2-2.5 year reviews and
  - the percentage of mothers receiving a maternal mood review by the time their infant is 6-8 weeks old.

As well as providing direct support to Early Help and Safeguarding.

#### Workforce and Performance.

11. The Health Visiting Call to Action began in 2011 and aimed to deliver 4,200 more health visitors nationally and improved outcomes for children and young people through early intervention and more targeted and tailored support for those who need it.
12. In Surrey the Call to Action has led to approximately 200 more qualified health visitors working across the county, an increase of around 70. The three community providers have worked hard to achieve their workforce targets.

Provider	Baseline WTE qualified health visitor	Target WTE qualified health visitor	Achieved (March 15) WTE qualified health visitor
Virgin	86	126.4	129.92
FCHC	19.8	30.10	32.49
CSH Surrey	30	47.2	47.27

WTE: Whole Time Equivalent

13. It is now important to ensure that the increase in investment translate to improvements in the performance of the mandated checks (paragraph 10) and broader outcomes. Performance of these checks has been low in Surrey, a picture mirrored to some extent across the South East. However improvement plans are now in place and monitored through the governance arrangements described below.

Transition of commissioning responsibility.

14. Planning for the transition of commissioning responsibility for health visiting services started early in Surrey with the establishment of a Transition Board to oversee the process. The Board meets frequently and includes representatives from NHS England, the three community providers, CCGs, SCC: Public Health, Children's Services and Early Years. The Board has had regular sight of health visitor performance, finance and workforce recruitment and retention. Currently the transition process is on track to meet the timeframes to ensure this takes place on the 1<sup>st</sup> October 2015.
15. Contractually the overall provider contracts are held with 3 of the Surrey CCGs with Surrey County Council as named Associate Commissioner. Deeds of Novation (the substitution of a new contract for an old one), Financial Schedules, Reporting Metrics and Service Specifications are in the process of being signed off by the providers, lead commissioning CCGs, NHS England and Surrey County Council.

**Next steps:**

- a) SCC Public Health team will continue to ensure a smooth transition of commissioning responsibility for the 0-5 HV service.
- b) The three Community Provider contracts will be ready for renewal in October 2016 (First Community Health and Care), March 2017 (Virgin Care Services Limited) and March 2018 (Central Surrey Health). SN and HV sit within these contracts and SCC Public Health team will plan appropriate steps, in conjunction with the CCGs and SCC colleagues, including Early Years, Education, Youth and Children's Services, to ensure that interdependencies with other existing services are considered during the recommissioning process and that there is limited disruption to services throughout any possible period of change.

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1 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_127424.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf)

2 Department of Health (2009) Healthy Child Programme: pregnancy and the first five years of life.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107563](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563)

3 Department of Health (2009) Healthy Child Programme: the two year review.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107565](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107565)

4 Department of Health (2009) Healthy Child Programme: from 5 to 19 years old.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107566](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566)

5 <http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf>

6 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/303769/Service\\_specifications.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf)

7 [www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)Marmot report

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## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	11 <sup>th</sup> June 2015
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### Item / paper title: Emotional Wellbeing and Mental Health: Everybody's Business-

<b>Purpose of item / paper</b>	Update on progress for the Emotional Wellbeing and Mental Health Strategy which is one of the five Surrey Health and Wellbeing Strategy priorities. It includes a summary of the level of progress and successes arising from the strategy implementation to date.
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	Emotional Wellbeing and Mental Health priority
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	The actions identified will in the majority be achieved within existing resources across the public agencies in Surrey. A public sector transformation bid has been successful for 2015/2016 which will pump prime the service redesign at a crisis pathway level and deliver efficiencies across agencies over the next 10 years.
<b>Consultation / public involvement – activity taken or planned</b>	We have carried out extensive engagement with stakeholders which identified the 5 priority areas of the Emotional Mental Health & Wellbeing Strategy
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	Equality and diversity implications have been assessed and an equality impact assessment has been carried out as part of the establishment of the Emotional Mental Health and Wellbeing Strategy.
<b>Report author and contact details</b>	Diane Woods, Associate Director Commissioning Mental Health and Learning Disability, on behalf of Surrey CCG Collaborative <a href="mailto:Dianewoods@nhs.net">Dianewoods@nhs.net</a> 07912 774656
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Dr Andy Whitfield, Clinical Chair North East Hampshire and Farnham CCG. David Sargeant, Adult Director Social Care

<b>Actions requested / Recommendations</b>	<p><b>The Surrey Health and Wellbeing Board is asked to:</b></p> <p>a) Note the progress on the implementation of the commissioning Strategy year 1.</p> <p><i>(All recommendations should have clear and measurable outcomes and be able to be understood without reference to particular sections of the report)</i></p>
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Health and Wellbeing Board  
11<sup>th</sup> June 2015

## Promoting Emotional Wellbeing and Mental Health Priority

**Purpose of the report:** The purpose of this report is to review progress made since October 2014 on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.

### Introduction:

1. The Board approved the emotional wellbeing and adult mental health strategy in October 2014 which was developed through extensive co-design and a successful consultation from June – September 2014.
2. This report highlights the progress made up to the end of April 2015 against the five priorities in the strategy of:
  - Promotion, prevention and early intervention
  - Working better together
  - Partnerships with service users, carers and families
  - Effective crisis care
  - Making recovery real

The full action plan summary and status can be seen at appendix 1.

### Progress on Priority 1: Promotion, Prevention and Early Intervention

3. The promotion, prevention, early intervention priority actions for year 1 are all either on track or have been achieved giving an overall status of amber (on track). A summary of these year one actions are described below and shown in illustration 1:
  - 3.1 **Time to Change Roll Out:** . The anti-stigma work of Time to Change has been supported by CCG's and Surrey County Council and rolled out across the area reaching 1600 people through Mental Health Ambassadors from July 2014 to end of March 2015.

- 3.2 **Suicide Prevention Plan:** A multi-agency suicide prevention group have developed a suicide prevention plan for the Surrey area.
- 3.3 **Domestic Abuse training** is in progress of being included in CCG's prevention plans.
- 3.4 **Increase self help and management:** Public Health have increased the funding of the First Steps service to increase the support available for self help and management. A baseline of numbers and target increase will be monitored through the contract.
- 3.5 **Green Space Event:** The event took place on 1<sup>st</sup> April 2015 where it was agreed to form a Health & Well-being Working Group and plan to report jointly to Health & Well-being Board and Surrey Nature Partnership Board.
- 3.6 **Promote the relationship, welfare, benefits and debt advice services:** Surrey Suicide Prevention Group - Socio-economic sub group have been approached to work on this.
- 3.7 **Health lifestyle campaigns targeted to service users, carers and providers:** A formal mailing list is being prepared of mental health and carer's provider organisations to target healthy lifestyle campaign information to. Campaign information also goes out to all districts/boroughs.
- 3.8 **Annual health checks completed:** An audit is to be completed and target areas that have low uptake

Illustration 1:

### Priority 1- Prevention Promotion & Early Intervention

**Aim:** Good mental health holds the key to a better quality of life. We need to promote positive mental health for all, prevent mental ill health and intervene early when people become unwell

**Yr 1 Status** Amber

**Key:**  
 Red = Outstanding issues - action required  
 Amber = On track  
 Green = Achieved and Ongoing

#### Year 1 Action & Status

- Expand roll out of "Time to Change" - GREEN
- Promote the relationship, welfare benefits and debt advice services - AMBER
- Healthy lifestyle campaigns targeted to service users, carers & providers - AMBER
- Annual health checks completed - AMBER
- Agree a suicide prevention plan - GREEN
- Increase self help and management - GREEN
- Run event to influence use of green space to promote wellbeing - GREEN
- Include domestic abuse training in prevention plans - AMBER

#### What difference will it make?

- Population wide physical and mental wellbeing is improved; people live longer; in better health and as independently as possible for as long as possible
- People and communities have a better understanding & recognition of mental health problems and mental illness and are supported to develop resilience and coping skills
- People are better prepared to seek help for themselves and to support others to prevent or intervene early in the onset or recurrence of mental illness

4. The Working Better Together priority actions for year 1 are all mainly on track or have been achieved giving an overall status of amber (on track). There is one action that is rated as red on exclusion criterias and where concern remains that not enough progress is evident and further planning needs to take place to improve performance. A summary of these year one actions are described below and shown in illustration 2:
- 4.1 **Transition protocols developed:** One person one plan CQUIN for 15/16 is proposed to support transition across SABP services such as substance misuse/adult mental health /CAMHs/LD/Older adult services. A desk top review of local protocols from CAMHs to Adult services will take place against the national specification to ensure we are achieving best practice. Concern has been raised around the transitions between mental health and physical health services where more work needs to be planned for.
  - 4.2 **Ensure parity of esteem for carers:** SABP have been using the carers pathway and the 'Triangle of Care' approach. Their 13/14 data indicates 13% of whole caseload had carers identified. Q3 14/15 data shows improvement to 21%.
  - 4.3 **Develop a mental health provider forum:** An annual event that is themed will be established along with making use and promoting existing networks such as Surrey Care Association's.
  - 4.4 **Improved pathways between CCGs and NHS England:** Regular meetings and report sharing has now commenced around pathways at particular risk in the specialised mental health area.
  - 4.5 **Move away from exclusion criterias:** Although some work has taken place on this area there is still evidence that inappropriate exclusions are evident in service specifications and stigma still pervades certain diagnostic categories such as mental health in physical health services and autism and substance misuse in mental health services. There needs to be support across the system to address this and work to the parity of esteem principles.
  - 4.6 **Secondary Mental Health have physical health protocols that they implement:** SABP have plans and protocols in place. Data will be collected and reported against the KPI dashboard.

Illustration 2:

## Priority 2 - Working Better Together

**Aim:** Mental wellbeing is everybody's business. It affects every individual and impacts greatly on our society. It can only be improved if there is collective responsibility, a scaling up of integration and assertive action taken at all levels across agencies.

### Year 1 Action & Status

- Transition protocols developed - AMBER
- Ensure parity of esteem for carers implementing the carers pathway and 'Triangle of Care' - AMBER
- Develop a mental health provider forum - AMBER
- Improved pathways by closer working between CCG's and NHS England - AMBER
- Move away from exclusion criteria's - RED
- Secondary mental health have and work to physical health protocols - GREEN

**Yr 1 Status** Amber

Key:  
Red = Outstanding issues - action required  
Amber = On track  
Green = Achieved and Ongoing

### What difference will it make?

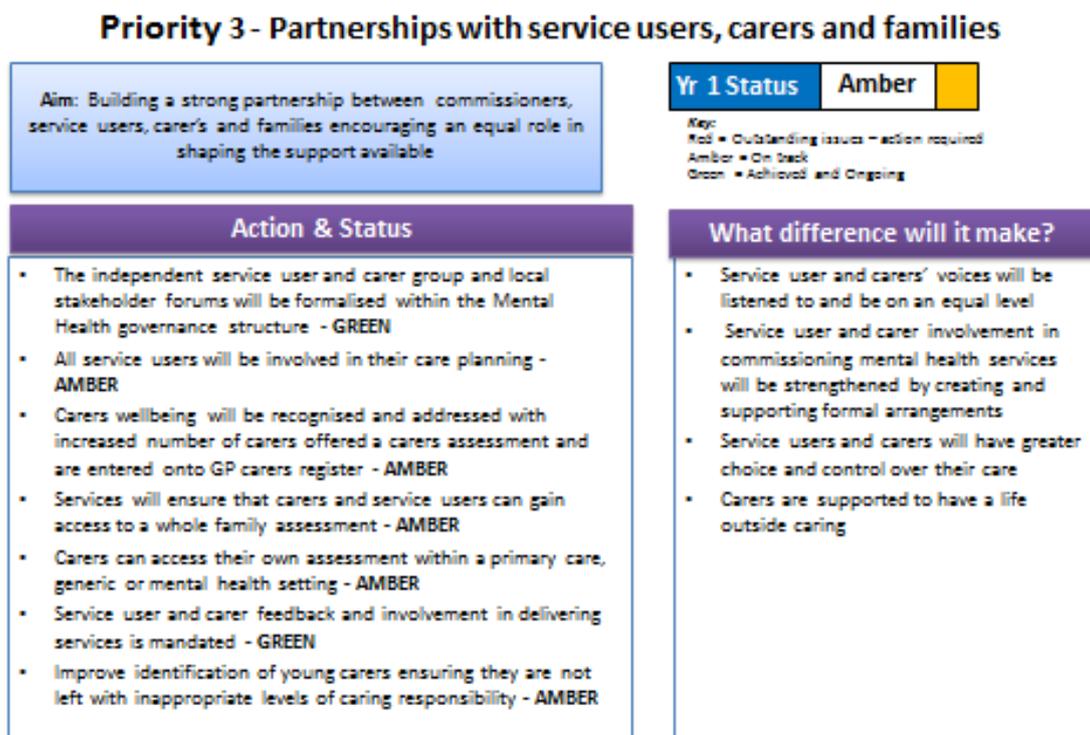
- Mental health is everybody's business – Leaders across all public sector organisations will recognise the value of promoting good mental health and will ensure this is given equal consideration to physical health within their service planning and resourcing
- Service users & carers experience integrated pathways & transitions for their whole needs
- Service providers/commissioners work together to establish organisational arrangements that promote the most effective and efficient use of services, minimising duplication
- Staff across the wider workforce have greater understanding and are trained in mental health awareness and suicide prevention

### Progress on Priority 3: **Partnerships with service users, carers and families**

- The Partnerships with service users, carers and families priority actions for year 1 are all either on track or have been achieved giving an overall status of amber (on track). A summary of these year one actions are described below and shown in illustration 3:
  - The independent service user and carer group and local stakeholder forums will be formalised within the Mental Health governance structure:** The Surrey Mental Health Reference Group currently in form have agreed to take on the role of the Surrey independent group and will consult with the local stakeholder forums and service users and carers on a new terms of reference and branding.
  - All service users will be involved in their care planning:** A significant piece of work has been taking place in SABP to improve the quality and involvement in care planning which is showing positive results.
  - Carers wellbeing will be recognised and addressed** with increased number of carers offered a carers assessment and are entered onto GP carers register:
  - Services will ensure that carers and service users can gain access to a whole family assessment:**
  - Carers can access their own assessment within a primary care, generic or mental health setting:**

- 5.6 **Service user and carer feedback and involvement in delivering services is mandated:** This has been included in the main contracts and also within service specifications.
- 5.7 **Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility:** The mental health services will be involved and keep abreast of the current young carers strategy development and ensure that they develop and adopt protocols that support this action.

*Illustration 3:*



**Progress on Priority 4: Effective Crisis Care**

- 6. The Effective Crisis Care priority actions for year 1 have all been achieved or are on track giving an overall status of green (achieved and ongoing). A summary of these year one actions are described below and shown in illustration 4:
  - 6.1 **Surrey Mental Health Crisis Concordat and action plan signed** by all agencies: We received a letter of acknowledgement and praise from Rt Hon Norman Lamb recognising us as being the second in the country to have achieved both a declaration and action plan of a comprehensive standard.
  - 6.2 **Review the level of beds and crisis service through simulation modelling:** This has been completed and the findings being taken into account for our future planning.
  - 6.3 **Establish local solutions and partnerships to better meet the mental health crisis needs of communities:** Each area have

established local steering groups taking forward their Safe Haven Café work. Locations and working protocols are currently being sourced and developed.

- 6.4 **Establish co-location, information sharing and integration opportunities for mental health within the public access services (111/999) as a first step to the 24/7 single point of access:** A successful pilot of mental health staff in the police call centre has been supported via bid and match funding to be extended to a 7 night week service. An action plan of developing an integrated communication and pathway between 111 and SABP has been agreed. There have been further actions related to this area that have demonstrated real achievements such as the ambulance service now operating a response within an hour for people needing to be conveyed for a mental health assessment when subject to a Section 136; real improvements on the implementation of the Section 136 protocol and joint working between Surrey Police and SABP which has reduced the level of people held in custody rather than a health based place of safety under a Section 136 down from 14-19% in 13/14 to 5-6% in 14/15 with 0% being achieved in the last 2 months.
- 6.5 **Support for carers and families are planned for in the design of the safe havens/crisis cafes:** A proposal of working with a company called Healios has been supported by the carers. It is a product that offers on-line face to face support to carers on mental health and will be linked in with the Carer Liaison workers and the Safe Haven Cafes.

Illustration 4:

**Priority 4 - Effective Crisis Care**

<p><b>Aim:</b> People who use services, their carers and families should get as much support to prevent and deal with a crisis from a mental health problem as they expect to receive from physical healthcare services.</p>	<p><b>Yr 1 Status</b> <span style="background-color: green; color: white; padding: 2px;">Green</span></p>
<p><b>Action &amp; Status</b></p> <ul style="list-style-type: none"> <li>• Surrey Mental Health Crisis Concordat and action plan signed by all agencies - GREEN</li> <li>• Review the level of beds and crisis service through simulation modelling - GREEN</li> <li>• Establish local solutions and partnerships to better meet the mental health crisis needs of communities - AMBER</li> <li>• Establish co-location, information sharing and integration opportunities for mental health within the public access services (111/999) as a first step to the 24/7 single point of access - GREEN</li> <li>• Support for carers and families are planned for in the design of the safe havens/crisis cafes - GREEN</li> </ul>	<p><b>Key:</b>  Red = Outstanding issues - action required  Amber = On track  Green = Achieved &amp; Ongoing</p>
<p><b>What difference will it make?</b></p> <ul style="list-style-type: none"> <li>• Delivery of the mental health crisis care concordat recommendations/standards</li> <li>• There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services</li> <li>• There is an adequate level and mix of crisis services through population based planning and service development across sectors</li> </ul>	

7. The Making Recovery Real priority actions for year 1 have been achieved or are on track giving an overall status of amber (achieved or on track). A summary of these year one actions are described below and shown in illustration 5:
- 7.1 **Comprehensive care plans developed with the individual will be the norm:** A significant piece of work has been taking place in SABP to improve the quality and involvement in care planning which is showing positive results.
  - 7.2 **The opportunities offered by new technology in relation to mental health will be explored:** Surrey is ahead of the curve for mental health in embracing new technology to support new ways of delivering care and support. IAPT provides on-line therapy in Surrey and SABP have introduced e therapy through their 24/7 pilot. Telehealth is being piloted in NWS with SABP for mental health and a Carers support service will be an on-line face to face service.
  - 7.3 **Development of volunteer and peer support schemes:** Community Connections providers and SABP are each working on plans to increase volunteer and peer support in mental health.

*Illustration 5:*

**Priority 5 - Making Recovery Real**

**Aim: People are entitled to receive recovery focused support that offers hope, fulfilment of potential and to live their lives on their own terms.**

Action & Status	What difference will it make?
<ul style="list-style-type: none"> <li>Comprehensive care plans developed with the individual will be the norm - <b>AMBER</b></li> <li>The opportunities offered by new technology in relation to mental health will be explored - <b>GREEN</b></li> <li>Development of volunteer and peer support schemes - <b>AMBER</b></li> </ul>	<ul style="list-style-type: none"> <li>People with mental health problems have improved outcomes in relation to housing, employment, income &amp; overall quality of life; are valued &amp; supported by their communities</li> <li>Service delivery is organised to provide more flexible, inclusive and integrated care by providers working together to establish arrangements that promote the most effective and efficient use of services, taking a whole family approach</li> <li>Increased service user led activity and peer support for service users and carers</li> <li>Use of carers care pathway ensuring support to carers throughout an individual's recovery</li> <li>Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential</li> </ul>

Yr 1 Status

Amber

Key:  
 Red = Outstanding issues - action required  
 Amber = On track  
 Green = Achieved & Ongoing

## Conclusions:

8. Good progress has been made in the first year of implementing the emotional wellbeing and mental health joint commissioning strategy with particular strength on the improving Crisis Care gaining recognition at a national level from Rt Hon Norman Lamb for our concordat work and most importantly making a real difference with tangible improvements for people with mental health problems, their families and carers and the providers of services.
9. The achievements this year have come mainly from a heightened commitment from agencies to work together to make a difference around mental health rather than an increase in resources. We have been successful in a number of bids to provide funds that will increase our transformation in scale and pace however the coming years for the strategy are ambitious and require a continued focus and commitment across agencies to really shift our culture to make mental health everybody's business and achieve parity of esteem for mental health.

## Recommendations:

10. The Board is asked to:
  - a) Note the progress on the implementation of the commissioning Strategy year 1.

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### Report contact:

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### Appendices/Sources/background papers:

#### Appendix 1: EWMH Strategy Summary and Action Plan



2014-17 EWMH  
 Strategy Action Plan

#### Background Paper: EWMH Joint Commissioning Strategy



SURREY NEH  
 STRATEGY FOR PEOPLE