

Notice of Meeting

Health and Wellbeing Board



Date & time
Thursday, 10
September 2015
at **1.00 pm**

Place
Mess Conference Room,
County Hall, Kingston upon
Thames, KT1 2DN

Contact
Andrew Baird
Room 122, County Hall
Tel 020 8541 7609
andrew.baird@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 or 020 8541 7609, 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 andrew.baird@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact on 020 8541 7609.

Board Members

| | |
|----------------------------------|---|
| Mrs Helyn Clack (Co-Chairman) | Cabinet Member for Wellbeing and Health |
| Dr Liz Lawn (Co-Chairman) | North West Surrey Clinical Commissioning Group |
| Dr Andy Brooks | Surrey Heath Clinical Commissioning Group |
| Councillor John Kingsbury | Woking Borough Council |
| Mrs Clare Curran | Cabinet Member for Children and Families Wellbeing |
| Dr Elango Vijaykumar | East Surrey Clinical Commissioning Group |
| Dr David Eyre-Brook | Guildford and Waverley Clinical Commissioning Group |
| Julie Fisher | Strategic Director for Business Services |
| Dr Claire Fuller | Surrey Downs Clinical Commissioning Group |
| Dr Andy Whitfield | North East Hampshire and Farnham Clinical Commissioning Group |
| District Councillor James Friend | Mole Valley District Council |
| Mr Mel Few | Cabinet Member for Adult Social Care |
| Peter Gordon | Healthwatch Surrey |
| Chief Constable Lynne Owens | Surrey Police |
| Helen Atkinson | Director for Public Health |
| John Jory | Reigate and Banstead Borough Council |
| Dave Sargeant | 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: 11 JUNE 2015

(Pages 1
- 6)

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 (*4 September 2015*).

4b Public Questions

The deadline for public questions is seven days before the meeting (*3 September 2015*).

4c Petitions

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

5 BOARD BUSINESS

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 JSNA AND COMMISSIONING INTENTIONS (2016/17)

(Pages 7
- 80)

The purpose of this item is to:

- Share the plans for the future development of the Joint Strategic Needs Assessment (JSNA) and its use to inform commissioning intentions (see report 1 attached).

- Share at a headline level the commissioning planning timeframes and key commissioning priorities of Board member organisations.
- Outline how the commissioning intentions are aligned to Surrey's Joint Health and Wellbeing Strategy.
- This item is intended to allow for a discussion on the opportunities, gaps and challenges for the Board in implementing Surrey's Joint Health and Wellbeing Strategy.

7 BETTER CARE FUND PLAN - STATUS UPDATE

(Pages
81 - 112)

The purpose of this item is to update the Board on progress in implementing the Better Care Fund plan (see attached position statement), following on from the update given at the March meeting and review the Better Care Fund Q4 14/15 and Q1 15/16 returns which are made to NHS England (attached). The Health and Wellbeing Board has delegated authority to sign off these returns to the Better Care Fund Joint Metrics Group.

8 IMPROVING OLDER ADULTS' HEALTH AND WELLBEING - ACTION PLAN REFRESH UPDATE

(Pages
113 -
114)

The purpose of this item is to update the Board on the proposed refresh of the 'Improving older adults' health and wellbeing action plan' and performance metrics as requested at the Health and Wellbeing Board Meeting on 11 June 2015.

At the June 2015 meeting the Board felt that a refresh of the action plan would provide an opportunity to learn from the successes achieved so far and to develop meaningful metrics. The board also highlighted a key opportunity for the district and borough councils to contribute to this process.

A working group has been established and has commenced the refresh process.

The proposed refresh will:

- Align with existing plans e.g. prevention plans, Better Care Fund, Surrey Dementia Strategy, Emotional Wellbeing and Mental Health, Living and Ageing Well.
- Be based on evidence and need with actions updated to reflect this within the plan.
- Produce a metrics dashboard with a simplified reporting template for the Board report.

There are no further papers attached with this report.

9 DEVELOPING A PREVENTATIVE APPROACH/ TACKLING CHILDHOOD OBESITY IN SURREY

(Pages
115 -
118)

To provide an update on the Surrey Childhood Obesity event that took place on Tuesday 3 March 2015.

10 IMPROVING CHILDREN'S HEALTH AND WELLBEING - STATUS UPDATE

(Pages
119 -
140)

Following the previous Improving Children's Health and Wellbeing status update in June 2015, the Health and Wellbeing Board asked for a further update including the 2015/16 Partnership Action Plan and an update following the publication of the Children's Services Inspection Report.

This item therefore includes:

- The updated Children and Young People's Partnership Action Plan 2015-16, which reflects certain areas for improvement as highlighted in the Ofsted report, alongside an updated status update ('flash report') showing the latest position against the 'Improving Children's Health and Wellbeing' priority actions.
- A presentation about the Surrey County Council Children's Services Improvement Plan. (The Improvement Plan will not be finalised and published until after the Board's papers are published however hard copies will be made available on the day of the meeting.)

Whilst the action plan and status update reflect areas and actions as highlighted in the Ofsted Inspection report, things have and continue to move on quickly. Partners and the CYP Partnership will continue to work together to ensure there is appropriate alignment between the Improvement Plan and the work and priorities of Children and Young People's Partnership.

Following feedback at the last Health and Wellbeing Board meeting, work is also being undertaken to strengthen the outcome measures for each of the priority action areas.

11 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN

(Pages
141 -
142)

Following the publication of Future in Mind and the guidance to introduce the waiting and access standards to mental health services NHS England has announced additional funding for children's mental health services. This will be allocated to individual Clinical Commissioning Groups (CCGs) working in collaboration and will be released on the presentation of a Transformation Plan. The Health and Wellbeing Board is asked to support and approve the CAMHS Transformation Plan for Surrey developed by Guildford and Waverley CCG in order to access the additional funding made available by NHS England. The Transformation Plan will be provided to the Board upon publication

12 PUBLIC ENGAGEMENT SESSION

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

David McNulty
Chief Executive
Surrey County Council

Published: Wednesday, 2 September 2015

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 11 June 2015 at Reigate Town Hall, Castlefield Road, Reigate, RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 September 2015.

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

Substitute Members:

Nicola Airey, Surrey Heath CCG
Tom Kealey, Reigate & Banstead Borough Council

In attendance

Ralph McCormack, NHS England

115/15 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Andy Brooks, Clare Curran, Julie Fisher, John Jory, John Kingsbury and Lynne Owens. Nicola Airey attended as a substitute for Andy Brooks, and Tom Kealey attended as a substitute for John Jory.

116/15 MINUTES OF PREVIOUS MEETING: 12 MARCH 2015 [Item 2]

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

117/15 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

118/15 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions.

a MEMBERS' QUESTIONS [Item 4a]

There were no Members' questions.

b PUBLIC QUESTIONS [Item 4b]

There were no public questions.

c PETITIONS [Item 4c]

There were no petitions.

119/15 BOARD BUSINESS [Item 5]**Surrey County Council Internal Audit Report**

The Board considered the report from the audit of the Health & Wellbeing Board carried out by the County Council's Internal Audit Team. It was noted that the focus of the audit was on the processes of the Council, in order to ensure that the statutory responsibilities in relation to the Board were being met. A question was asked about which key stakeholders were consulted as part of the audit, and it was noted that this was limited to a small number of County Council Members and officers.

Following on from the audit, it was felt timely for the Board to review its Terms of Reference, and it was agreed that Board members should submit any comments to Democratic Services. The comments would then be collated and brought back to the Board for consideration at a future meeting.

Members of the public present were invited to ask questions about the Terms of Reference, and the following issues were raised for further consideration:

- The fact that elected Members were excepted from the requirement to name substitutes could impact particularly on Borough and District Council representation on the Board.

- There was currently no charity/faith sector representation on the Board.

RESOLVED: That Board members submit any comments on the current Terms of Reference to Democratic Services at Surrey County Council, and that these be taken into account (along with the issues raised above) when the Terms of Reference are reviewed at a future meeting of the Board.

Action by: All

120/15 FORWARD WORK PROGRAMME [Item 6]

It was agreed that the informal meeting scheduled for 2 July 2015 should be cancelled, as several Board members would be unavailable.

The Forward Work Plan was agreed.

121/15 IMPROVING CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING [Item 7]

Witnesses:

Harriet Derrett-Smith, Public Health Principal
Darren Willetts, Strategy & Policy Development Manager, Surrey County Council

Key points raised during the discussion:

- A Child Sexual Exploitation Strategy had been developed, along with a Safeguarding Strategy and Action Plan, and these would be shared with the Board. Protection against on-line abuse was a key area of concern, and was being addressed by the Safeguarding Action Plan.
- The action plan for improving children's health and wellbeing was developed before the recent Ofsted report on Surrey Children's Services. The Improvement Board was now chaired by Peter Martin, Deputy Leader of the County Council, and the action plan would need to evolve to address the issues raised by the Ofsted inspection. However, it was noted that this was a report on areas which were being worked on in partnership, and the scope was therefore much wider than the issues looked at by Ofsted.
- A new action plan for the current year had been developed, which included timescales for implementation, and this would be brought to the Board at its meeting in September 2015.
- It was felt that the information in the section of the priority status update about the difference being made for children, young people and families did not provide any detail about how many people were actually benefitting. It was agreed that consideration would be given to how that could be included in future, although it was noted that the detail was in the Joint Strategic Needs Assessment.

- The Board recognised the tremendous achievement of NHS England and providers in increasing the number of Health Visitors.

Further information to be provided:

Copies of the Child Sexual Exploitation Strategy and Safeguarding Strategy and Action Plan to be circulated to the Board.

Action by: Helen Atkinson

122/15 EMOTIONAL WELLBEING AND MENTAL HEALTH: EVERYBODY'S BUSINESS [Item 8]

Witnesses:

Andy Erskine, Director of Mental Health and Social Care, Surrey & Borders Clinical Commissioning Group

Amy Mcleod, Mental Health Tactical Lead, Surrey Police

Diane Woods, Associate Director, Mental Health and Learning Disability Commissioning

Key points raised during the discussion:

- Diane Woods introduced the report and highlighted some of the key successes of the Strategy. The Board received a presentation which focused on the 'Crisis Care' pressure points of Accident & Emergency (A&E) attendance and Police custody, as well as current projects and initiatives in the following areas: crisis and contingency planning; safe havens; and the Surrey Police Contact Centre Pilot.
- It was noted that the pilot scheme for embedding mental health practitioners in the Call Centre to provide advice to those taking the calls had been very successful, and the scheme would be extended from two to seven evenings a week.
- The aim was to have a Crisis Cafe in each Clinical Commissioning Group area as a minimum, and each area had a joint planning group to oversee the roll-out. Suitable locations and premises were currently being sought. The Board would be kept informed of progress, and Boroughs and Districts would be engaged as they had a key role in identifying suitable premises. There was also a communications work stream to investigate how best to publicise the service.
- In response to a query about the number of hours spent by patients with mental health problems in A&E, it was noted that data had not previously been available to this level of detail. However, from April 2015 records were being kept about the time patients arrived in A&E and when they received treatment/mental health input, so monitoring information would be available in future.

- People attending a crisis cafe from outside Surrey would receive support, but the service wasn't being promoted outside the County.
- Questions were invited from members of the public present, and comments were received that the co-design approach to the Aldershot Crisis Cafe should be consistent throughout the roll-out, and that there needed to be effective communication across the County about where people should go in the event of a crisis.

RESOLVED: That the Board receives a further update report on delivery of the 'promoting emotional wellbeing and mental health' priority action plan at its meeting in December 2015.

123/15 IMPROVING OLDER ADULTS HEALTH AND WELLBEING [Item 9]

Witnesses:

Jean Boddy, Area Director for Farnham & Surrey Heath
Karen Thorburn, NW Surrey CCG

Key points raised during the discussion:

- In introducing the update, the Area Director reflected that it was an appropriate time to review the Action Plan as it was no longer felt to fully address the needs and desires of older people. This was because the Surrey Dementia strategy had now run its course, and the role of Ageing Well was not reflected in the current Plan.
- The Board felt that a refresh of the Plan would provide an opportunity to learn from the successes achieved so far and to develop meaningful metrics to measure the impact in future. There was a clear opportunity for the Borough and District Councils to contribute to the process and to use their services to deliver the objectives of the Plan.
- It was felt that the objective should be to reflect community needs, rather than simply apply a County-wide approach.
- It was noted that the aim would be to develop the metrics over the next couple of months and report back to the Board in September 2015. It was recognised that a huge amount of effort had gone into achieving the successful outcomes so far, and thanks were expressed to those involved.
- Questions were sought from the public members of the public present, and support for the process was expressed. It was also commented that Woking Borough Council had an excellent Ageing Well Strategy.

RESOLVED:

- (a) That the Board receives a further update report on the Older Adults' health & Wellbeing Action plan, including the proposed revised metrics, at

its meeting in September 2015.

- (b) That the principle of a Dementia Strategy Toolkit, as recommended by the Surrey Dementia Partnership Board, to secure a baseline best practice approach to delivering dementia care and continued progress on the action plan for older people, be endorsed.

Action by: Jean Boddy

124/15 PUBLIC ENGAGEMENT SESSION [Item 10]

No additional questions were asked under this item.

Meeting ended at: 2.40pm

Chairman



Surrey Health and Wellbeing Board

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| Date of meeting | 10 September 2015 |
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Item / paper title: Commissioning Intentions (2016/ 17)

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| Purpose of item / paper | <p>The purpose of this item is to:</p> <ul style="list-style-type: none"> • Share the plans for the future development of the Joint Strategic Needs Assessment (JSNA) and its use to inform commissioning intentions (see report 1 attached). • Share at a headline level the commissioning planning timeframes and key commissioning priorities of Board member organisations. • Outline how the commissioning intentions are aligned to Surrey's Joint Health and Wellbeing Strategy. • This item is intended to allow for a discussion on the opportunities, gaps and challenges for the Board in implementing Surrey's Joint Health and Wellbeing Strategy. • This item will be delivered as a presentation/ discussion at the meeting. A combined report of all organisation commissioning intentions is attached (see report 2 attached). |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | <p>The JSNA will be used to inform all five priorities of Surrey's Joint Health and Wellbeing Strategy.</p> <p>The commissioning intentions outlined support the delivery of all five of the priorities set out in Surrey's Joint Health and Wellbeing Strategy.</p> |
| Financial implications - confirmation that any financial implications have been included within the paper | <p>There are no direct financial implications as a result of this item (no decisions are being requested of the Board). However, the presentations will provide (at a headline/ summary level) an indication of how the commissioning budgets are being/ to be spent. The expenditure detail is not currently available for all health and social care commissioners in Surrey.</p> |
| Consultation / public involvement – activity taken or planned | <p>No specific consultation/ public involvement has taken place for this item, however, in addition to consultation/ public involvement activity undertaken by each of the organisations represented on the Board, commissioning intentions have been informed by Surrey's Joint Health and Wellbeing Strategy which was the product of extensive consultation.</p> |

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| <p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p> | <p>Board member organisations that are presenting their commissioning intentions have a statutory duty to ensure compliance with the Equality Duty, showing they have had due regard to eliminate unlawful discrimination, advance equality of opportunity as well as foster good relations between people who share a protected characteristic and people who do not.</p> |
| <p>Report author and contact details</p> | <p>Report co-ordinated by Victoria Heald – 0208 541 7492 or victoria.heald@surreycc.gov.uk</p> |
| <p>Sponsoring Surrey Health and Wellbeing Board Member</p> | <p>Councillor Helyn Clack, Dr Liz Lawn Helen Atkinson (JSNA)</p> |
| <p>Actions requested / Recommendations</p> | <p>The Surrey Health and Wellbeing Board is asked to:</p> <p>JSNA:</p> <ul style="list-style-type: none"> a) Approve the proposed change to a life course approach to the JSNA, with more limited range of chapters to reflect the strategic nature of the JSNA. b) Approve the creation of a JSNA Strategic Development Group with delegated authority to steer the development of the JSNA. c) Approve the proposed changes to more systematic production of JSNA chapters. <p>Commissioning intentions:</p> <ul style="list-style-type: none"> d) Note the commissioning intentions presentation given by the representatives from each organisation. e) Consider and discuss any opportunities, gaps or challenges that have been identified in the presentation. f) Agree any further actions required to support the development and alignment of commissioning plans. |
| <p>Attachments</p> | <ul style="list-style-type: none"> 1. Development of the Joint Strategic Needs Assessment in Surrey. 2. Combined 2016/17 commissioning intentions report. |



Surrey Health and Wellbeing Board
10 September 2015

Development of the Joint Strategic Needs Assessment in Surrey.

Introduction:

1. Health and Wellbeing Boards (HWB) are required to produce a Joint Strategic Needs Assessment (JSNA), the purpose of which is to provide “evidence and analysis of needs” to enable the HWB to agree local joint priorities for commissioning to improve health and reduce health inequalities.
2. To be fit for purpose, the JSNA needs to be sufficiently high level to identify key priorities, reflect the areas of joint responsibility and be updated regularly to provide timely information for prioritisation and to support intelligence-led commissioning. By working together, local strategic partners, including the Clinical Commissioning Groups (CCG), the districts and boroughs as well as the County, jointly describe the current and future health and wellbeing needs of the local population and work together to identify priorities for action.

Surrey’s JSNA has suffered recently from lack of a more strategic approach to the range of chapters in the JSNA. Development of content is currently managed by the operational JSNA Project Group who has their authority delegated to them by the Health and Wellbeing Board.

3. It is now timely to think strategically about the future of the JSNA, how it is produced and managed, how it is used by its intended audience and how it fits into the wider suite of other intelligence products that are available in Surrey. This paper provides an overview of proposed changes which will ensure that the JSNA continues to be a relevant information resource for Surrey.

Updating Surrey’s JSNA

4. Public Health lead on the JSNA in Surrey and are proposing the following changes to make the JSNA more relevant as well as improve its management and production:
 - Reorganise the JSNA to take the life course approach.
 - Form a group to set the strategic content of the JSNA and set the direction going forward.
 - Introduce a more systematic approach to the production of a more limited set of chapters, including working across partners to ensure that content is fit for purpose.

A JSNA organised across the life course

6. By focusing on health and care needs for people at different stages in their life, the life course approach, advocated in the Marmot Review, puts people rather than services at the heart of the JSNA as well as corresponding to many of the partnership arrangements already in place. This approach to the JSNA is one that has already been adopted by a number of counties across England.
7. Under this new life course approach, the proposed main JSNA sections will be:
 - Starting well (covering maternity and infancy),
 - Developing well (children and young people up to 25),
 - Living well (up to the age of 65) and
 - Aging well (65 and over).

In addition, we propose to have a section describing the local population including a range of information on demographics and population change and a section on the wider determinants of health to incorporate issues such as housing, transport and environment which do not fit well within a life course approach.

Deciding the strategic direction

8. Development of JSNA content is currently managed by the JSNA project group, predominantly made up of Surrey County Council officers responsible for the production of the JSNA and is typically focused on the day to day administration of the JSNA. A more strategically aligned development group, made up of more senior stakeholders, would provide a more authoritative mandate for development, one that would be better focused on the needs of the JSNA's audience. This would have the additional benefit of freeing up the project group to better manage production and maintenance of the JSNA.
9. It is proposed that HWB delegate responsibility for the strategic development of the JSNA to the new JSNA Strategic Development Group, which will in turn delegate the day to day work involved in implementing these changes to the JSNA Project Group. The strategic group will be chaired by the Consultant in Public Health responsible for Health Intelligence and will include, at a minimum, commissioning and intelligence representation from the CCGs, District & Boroughs, Adults' and Children's social care. In order to ensure that participation by sufficiently senior representatives, it is proposed that the strategic group should only meet twice a year. Initial tasks will include agreement on the detailed content on the revitalised JSNA but in future could involve discussions around what chapters are required or no longer required, the best method for delivering content or more fundamental changes to the focus of the JSNA (e.g. looking at assets as well as needs).

Systematic production of the JSNA and working more closely with partners

10. Currently, there is a specific process that officers need to follow in order to create a new JSNA chapter or to refresh an existing chapter. This process is supposed to ensure that chapters are consistent in scope and style, relevant to the intended audience and maintain the high levels of quality that are expected. However, while this process is useful in ensuring that whoever writes a chapter follows a consistent approach, it does not ensure that chapters are produced by the right author with support from the right officers with input from appropriate stakeholders.

11. It is proposed that the approach to authoring be revised so that chapters are created by a project team, comprised of one or more authors, who will undertake the majority of writing for the chapter. These teams will be supervised by a professional who is recognised as having expertise in the chapter's subject area and who will oversee the process and review content. Finally, the team should be supported by a dedicated data analyst who can provide robust and reliable data content.
12. In order to develop content which will engage commissioners, our partners and the wider community, the project team should identify a stakeholder group who can be involved in deciding on appropriate chapter content, signing off the project plan and final chapter. This group should be a respected source of information in relation to the chapter topic in order to provide high quality input and direction. For example, the Substance Misuse Partnership Board (e.g. Alcohol chapter).

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| Next steps |
|-------------------|

13. The HWB are asked to agree:
 - a) The proposed change to a life course approach to the JSNA, with more limited range of chapters to reflect the strategic nature of the JSNA.
 - b) The creation of a JSNA Strategic Development Group with delegated authority to steer the development of the JSNA.
 - c) The proposed changes to more systematic production of JSNA chapters.

Report contact:

Helen Atkinson, Director of Public Health
 Julie George, Consultant in Public Health
 Rich Stockley, Senior Manager, Research and Intelligence

Contact details:

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Commissioning Intentions 2016/17

Surrey Health and Wellbeing Board
Thursday 10 September 2015

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Surrey County Council – Adult Social Care



Commissioning intentions 2016/17

Surrey County Council – Local Joint Commissioning

Surrey Adult Social Care is committed to developing local joint commissioning plans, initially relating to the Better Care Fund. Each local area is working to meet the specific needs of its population and are at different stages in this journey. These services include:

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|-----------|
| Developing Community Hubs – Integrated multidisciplinary teams of health & social care staff | Improving older adults' health and wellbeing Safeguarding the population | 2016/17 |
| Developing a rapid response service – Discharge to Assess | Improving older adults' health and wellbeing Safeguarding the population | 2016/17 |
| Prevention – Working with Public Health, District and Boroughs & the Voluntary sector to build on Friends, Family and Community Support | Developing a preventative approach Improving older adults' health and wellbeing Safeguarding the population | 2016/17 |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|--|
| <p>Domiciliary care – new joint contract with Surrey Downs CCG lead for CHC went live in October 2014 .</p> <p>A review of our existing domiciliary care provision is planned to ensure we have capacity fit for the future, delivering integrated outcomes, and with a focus on prevention and reablement.</p> | <p>Developing a preventative approach</p> <p>Improving older adults’ health and wellbeing</p> <p>Safeguarding the population</p> | <p>Ongoing – a three year contract to October 2017</p> |
| <p>Living and Ageing Well programme - ongoing programme of work embedding the friends, family and community work with all partners.</p> | <p>Promoting emotional wellbeing and mental health</p> <p>Improving Older adults’ health and wellbeing</p> | <p>Ongoing</p> |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|-----------------|
| <p>Adult Mental Health: implementation of joint Emotional Wellbeing & Mental Health Strategy including delivering a mental health crisis care concordat. transformation challenge award funding of £1.5 million awarded to SCC and partners to develop and deliver initiatives.</p> | <p>Promoting emotional wellbeing and mental health</p> | <p>On-going</p> |
| <p>Joint Sensory Service – To commission a combined service for people with sight and/or hearing loss.</p> | <p>Improving older adults' health and wellbeing</p> <p>Safeguarding the population</p> | <p>2016/17</p> |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|------------------------|
| Implement renewed Carers Commissioning and Service Development Strategy to reflect requirements of Care Act and Children and Families Act relating to carers. | <p>Promoting emotional wellbeing and mental health (3.4 More People will have a positive experience of care and support)</p> <p>Improving older adults' health and wellbeing (4.5 Older carers will be supported to live a fulfilling life outside of caring)</p> | 2016/17 to 2018/19 |
| Re-commission preventative carers support and breaks services to promote carers health and wellbeing. | <p>Promoting emotional wellbeing and mental health (3.4 More People will have a positive experience of care and support)</p> <p>Improving older adults' health and wellbeing (4.5 Older carers will be supported to live a fulfilling life outside of caring)</p> | For April 2016 onwards |
| Enhance support for young carers and their families in line with requirements of the Children and Families Act. | <p>Improving Children's health and wellbeing (1.5 More children and young people will be emotionally healthy and resilient)</p> <p>Safeguarding the population 5.1 People who are vulnerable are protected from avoidable harm</p> | 2016/17 to 2018/19 |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|--|
| General Advocacy and Mental Health Advocacy to be combined as one contract 2017/18. | Improving older adults' health and wellbeing Safeguarding the population | Grant provision 2016/17 at current funding rate and specification. |
| Telecare – explore future intensions at workshop September 2015, recommendations to ALT Autumn 2015. This will inform commissioning intensions 2016/17. | Developing a preventative approach Improving older adults' health and wellbeing Safeguarding the population | Current funding arrangements extended to 2015/16. |
| Telehealth – explore options based on evaluation, this will inform each CCG for local decision. | Developing a preventative approach Older adults' health and wellbeing Safeguarding the population | Contract end date 03/16. Devolved to local CCGs 2016/17 |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|---|
| <p>Accommodation with Care and Support - develop local partnerships and opportunities for a range of flexible and financially self-sustaining accommodation with care and support that will enable adults to live and age well.</p> <p>This project will outline what we want to achieve in accommodation with care and support over the next 10 years.</p> | <p>Developing a preventative approach</p> <p>Promoting emotional wellbeing and mental health</p> <p>Improving older adults' health and wellbeing</p> | <p>Initial phase currently on-going. Long-term implementation</p> |
| <p>0-25 pathway with children's services - Co- design with all stakeholders of the pathway to support children through transition into adulthood.</p> | <p>Improving Children's health and wellbeing</p> <p>Promoting emotional wellbeing and mental health</p> <p>Safeguarding the population</p> | <p>2016/17 onwards</p> |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|----------------------|
| Dementia Day care – Development of flexible day care opportunities for people with Dementia. | Improving older adults' Health and wellbeing Promoting emotional wellbeing and mental health | Current and on-going |
| Dementia Friendly towns - around working with local communities to develop dementia friendly towns as an extension of the dementia friendly Surrey work. | Improving older adults' health and wellbeing Promoting emotional wellbeing and mental health | Ongoing |

Commissioning intentions 2016/17

Surrey County Council – Adult Social Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|--|
| Transforming Care agenda – For people with a learning disability. In Surrey work currently includes two strategic priorities: 1) Joint ASC/NHS commissioning, 2) realignment of active treatment /support services. | Safeguarding the population | 1) On-going 2)Currently on-going, aim to be implemented from April 2016 |
| Integrated community equipment service. | Developing a preventative approach Improving Older adults’ health and wellbeing | New contract expected from April 2016 |
| Housing related support services - contracts reviewed on an on-going basis. Exploring floating support re-render & future commissioning of services for the socially excluded. | Improving older adults’ health and wellbeing Promoting emotional wellbeing and mental health | 2016/7 |

Commissioning intentions 2016/17 – expected expenditure – Surrey Adult Social Care

The broad estimated expenditure is below*

| Estimated expenditure | 2016/17 |
|-------------------------|------------|
| Older People | £175.091 m |
| Physical Disabilities | £50.387 m |
| Learning Disability | £143.125 m |
| Mental Health | £9.334 m |
| Housing related Support | £11.593 m |

* Based on the published Medium Term Financial Plan, subject to its refresh

Surrey County Council – Children, Schools and Families Directorate

Commissioning intentions 2016/17

Children's Social Care and Wellbeing and Commissioning Team

- The Children's Social care and wellbeing commissioning team is focussing on the following category areas:
 - Emotional Wellbeing and Mental Health
 - Looked After Children
 - Special Educational Needs and disabilities (SEND)
 - Early Help
 - Children's safeguarding

- Continuing joint planning and co-commissioning where this delivers best outcomes

Commissioning intentions 2016/17

Children's Social Care and Wellbeing and Commissioning Team

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|---------------|
| 1. Exploring options for recommissioning social care funded Early Help services | Improving Children's Health and Wellbeing Safeguarding the population | December 2016 |
| 2. Co-commissioning with SEND partners | Improving Children's Health and Wellbeing Promoting emotional wellbeing and mental health, Safeguarding the population | December 2016 |
| 3. Collaborative recommissioning of Independent Fostering Agencies | Improving Children's Health and Wellbeing Safeguarding the population | November 2016 |

Commissioning intentions 2016/17

Children's Social Care and Wellbeing and Commissioning Team cont

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|---|----------------|
| 4. Post-adoption commissioning strategy to be developed | Improving Children's Health and Wellbeing Safeguarding the population | September 2016 |
| 5. Joint commissioning with Surrey's six CCG's to deliver a behaviour support pathway | Improving Children's Health and Wellbeing Promoting emotional wellbeing and mental health | November 2016 |
| 6. Align CAMHS community health procurement to Public Health's school nurses and health visitors procurement | Improving Children's Health and Wellbeing, Promoting emotional wellbeing and mental health | January 2017 |

Commissioning intentions 2016/17 – expected expenditure

Children’s Social Care and Wellbeing and Commissioning Team

| Commissions | Projected Gross expenditure | Projected Net cost |
|---|-----------------------------|-----------------------------|
| 1. Early help commissioning e.g. Parenting and domestic abuse support | £0.5m | £0.45m |
| 2. Co-commissioning with SEND partners. • See slides 5 and 6 for paediatric therapies | | |
| 3. Collaborative recommissioning of Independent Fostering Agencies including: • Orange Grove Fostering Block Contract • Independent Fostering Agencies | £0.5m £6.2m | £0.5m £6.1m |
| 4. Post Adoption Support | £0.3m | £0.08m |
| 5. Behaviour support pathway – CAMHS Pooled Budget | £2.2m | £1.1m |
| 6. Further Mental Health commissioning: • CAMHS Pooled Budget - Community Health Providers (Community Nurses and Parent Infant Mental Health Service) • Hope Pooled Budget - (currently SABP Contract) • CAMHS Pooled Budget - Targeted Services (currently SABP Contract) | £0.3m £0.6m £1.6m | £0.15m £0m £0.85m |
| 7. Additional business as usual commissioning for • Looked after Children - External Residential Placements • Children with disabilities – Short breaks | £9m £3.2m | £7.45m £3.15m |

Commissioning intentions 2016/17

Paediatric Therapies – Current Activity

Surrey County Council and NHS Guildford and Waverley CCG joint commissioning – Paediatric Therapies

- Joint Commissioning Strategy for Speech and Language Therapy (2014-2017) has been agreed. This sets out the realignment of commissioning responsibilities where SCC will be responsible for commissioning school-aged provision and CCGs will focus on early years and children and young people requiring input because of a medical condition.
- The College of Occupational Therapy has completed a review of the Occupational Therapy (OT) Service for children and young people in Surrey. This will form the basis of a joint strategy for OT from 2017.
- Review of Specialist School Nursing Service from September 2016 in light of how it fits into overall SEND commissioning and provision.

Commissioning intentions 2016/17 – Paediatric Therapies - Focusing on Speech and Language Therapy, Occupational Therapy, Physiotherapy and Specialist School Nursing

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|--|--|
| Continued implementation of Joint Commissioning Strategy for Speech and Language Therapy | <p>Improving children’s health and wellbeing</p> <p>Promoting emotional wellbeing and mental health</p> <p>Safeguarding the population</p> | 2016/17 |
| Develop a joint commissioning strategy for Occupational Therapy | <p>Improving children’s health and wellbeing</p> <p>Promoting emotional wellbeing and mental health</p> <p>Safeguarding the population</p> | 2015/16 |
| Review of a Specialist School Nursing Service | <p>Improving children’s health and wellbeing,</p> <p>Promoting emotional wellbeing and mental health,</p> <p>Safeguarding the population</p> | From Sept. 2015 (implementation 2016/17) |

Commissioning intentions 2016/17 – Paediatric Therapies - Focusing on Speech and Language Therapy, Occupational Therapy, Physiotherapy and Specialist School Nursing cont

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|---|-----------|
| Complete a review of paediatric physiotherapy services | Improving children's health and wellbeing Promoting emotional wellbeing and mental health Safeguarding the population | 2015/16 |
| | | |
| SEND residential placements – working with regional partners to look at benefits of jointly meeting the demand across the region | Improving children's health and wellbeing, Promoting emotional wellbeing and mental health, Safeguarding the population | 2016/17 |

Commissioning intentions 2016/17 - Young People, focusing on employment pathways, early help, youth support and community engagement

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|---|---|
| 1. Youth Support Services including Community Skills, Supported Accommodation and Appropriate Adults | <ul style="list-style-type: none"> Improving children’s health and wellbeing Developing a preventative approach Promoting emotional wellbeing and mental health Safeguarding the population | From April 2015 |
| 2. Commissioning of 16-25 SEND provision – education places | <ul style="list-style-type: none"> Improving children’s health and wellbeing Promoting emotional wellbeing and mental health Safeguarding the population | From April 2015 |
| 3. Year 11-12 Transition support | <ul style="list-style-type: none"> Improving children’s health and wellbeing | Jan 2016 - Feb 2020 |
| 4. Local Prevention one to one and neighbourhood work | <ul style="list-style-type: none"> Improving children’s health and wellbeing Safeguarding the population | Sep 2015 - Aug 2018 |
| 5. Community Youth Work - implementation of restructure with increased focus on early help | <ul style="list-style-type: none"> Improving children’s health and wellbeing Promoting emotional wellbeing and mental health Safeguarding the population | Implementation of new model throughout next year |
| 6. Community engagement including time banking, online platforms and social enterprises | <ul style="list-style-type: none"> Improving children’s health and wellbeing Promoting emotional wellbeing and mental health | <ul style="list-style-type: none"> Time banking – December 2015 Online Platforms – September 2015 Social Enterprises – 2016 (exact date tbc) |

Commissioning intentions 2016/17 – expected expenditure

| Services for Young People | Gross expenditure | Net cost |
|--|-----------------------|----------|
| 1. Youth Support | £7.6M | £6.7M |
| 2. SEND 16-25 commissioning | £6.3M | £0.2M |
| 3. Year 11-12 Transition and online careers, education, information, advice and guidance (CEIAG) | £0.4M | £0.4M |
| 4. Local Prevention | £1.0M | £1.0M |
| 5. Community Youth Work | £2.4M | £2.4M |
| 6. Community Engagement | £0.2M | £0.2M |
| Paediatric Therapies | Estimated cost | |
| Speech and Language Therapy | £4.1m | |

Surrey County Council – Public Health

Commissioning intentions 2016/17

Surrey Public Health

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|------------|
| Re-commissioning of Children's public health services 0-19 (eg. Health Visiting, School Nursing). | Improving children's health and wellbeing Developing a preventative approach Promoting emotional wellbeing and mental health Safeguarding the population | March 2017 |
| Re-commissioning of sexual health services. | Improving children's health and wellbeing Developing a preventative approach Promoting emotional wellbeing and mental health Safeguarding the population | March 2017 |
| Increase commissioning of Weight Management progs (Children). | Improving children's health and wellbeing Developing a preventative approach | March 2017 |

Commissioning intentions 2016/17

Surrey Public Health

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|--------------|
| Re-commissioning of Mental Health promotion. | Developing a preventative approach Promoting emotional wellbeing and mental health Safeguarding the population | March 2017 |
| Review of Tier 2 / 3 substance misuse to inform commissioning. | Developing a preventative approach Promoting emotional wellbeing and mental health Safeguarding the population | October 2016 |
| Annual review of Primary Care PH Services and dev't of Alcohol Identification and brief advice (IBA). | Developing a preventative approach Promoting emotional wellbeing and mental health Improving older adults' health and wellbeing | March 2017 |

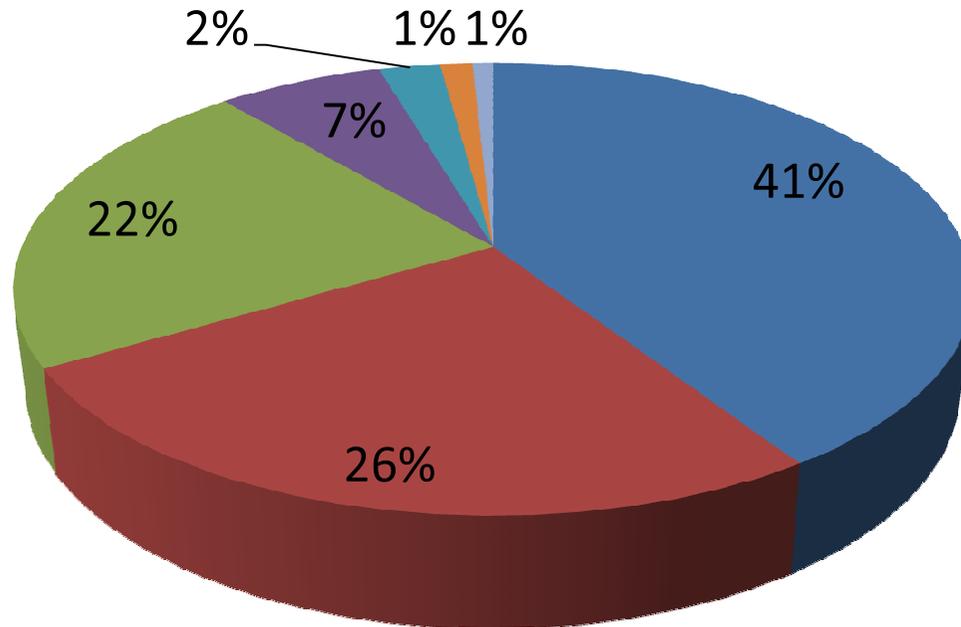
Commissioning intentions 2016/17 – expected expenditure – Surrey Public Health

| Expenditure | 2016/17 |
|---------------------------|---------------------|
| 0-19s | £15.614 m |
| Sexual Health | £9.885 m |
| Substance misuse | £8.490 m |
| Public Health Agreements* | £2.552 m |
| Smoking | £0.950 m |
| Mental Health | £0.498 m |
| Weight Management | £0.320 m |
| Total | £ 38.309 m** |

*Includes PH services for LARC, Health Checks, Smoking, Homelessness, Alcohol IBA, EHC, Chlamydia testing, Needle Exchange, Supervised Consumption, Shared Care

** Currently under review to meet reduced in-year allocation in public health grant

Commissioning intentions 2016/17 – expected expenditure – Surrey Public Health



- 0-19s
- Substance misuse
- Smoking
- Weight Management
- Sexual Health
- Public Health Agreements*
- Mental Health

Commissioning intentions 2016/17

Districts and Boroughs

Commissioning intentions 2016/17

Surrey Districts and Boroughs

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|-----------|
| Increased social and physical activity sessions across leisure centres, community centres, sports clubs, parks and open spaces. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Support to deliver a Well Being Prescription service. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Provision of transport options for older and vulnerable residents. | Promoting emotional wellbeing and mental health Improving older adults' health and wellbeing | 2016/17 |

Commissioning intentions 2016/17

Surrey Districts and Boroughs

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|-----------|
| Increase opportunities for older residents to participate and engage with services via a week long festival promoting services. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Support and provision of community services for people with Dementia. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Increased volunteer opportunities and training for older people. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Specific physical activity and falls prevention classes in leisure centres. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Support home from hospital with handyman scheme. | Developing a preventative approach Safeguarding the population | 2016/17 |

Commissioning intentions 2016/17

Surrey Districts and Boroughs

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|--|-----------|
| Expand and grow home domiciliary/care services. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Support and provision for a range of community services for people that live in social Isolation. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| specific 50+ specific sports and physical activity programme (Sport England). | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |
| Supporting older people with housing options e.g. Downsizing. | Developing a preventative approach | 2016/17 |
| Supporting people to remain independent, safe and as well as possible. | Developing a preventative approach Improving older adults' health and wellbeing | 2016/17 |

Commissioning intentions 2016/17 – expected expenditure – Surrey Districts and Boroughs

£180, 000 per District and Borough for 2016/17*

*subject to approval of PPPF activity plans

NHS East Surrey CCG

Commissioning intentions 2016/17

NHS East Surrey CCG & ASC

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|----------------------------|
| To deliver the objectives within the Surrey Emotional Wellbeing & Mental Health Strategy 2014-17. | Promoting Emotional Wellbeing and Mental Health. | As per action plan |
| Improve access to mental health services for children and young people and for mothers experiencing perinatal mental illness as outlined in the CAMHS Transformation Plan 2015/20. | Improving children's health and wellbeing. (Futures in Mind: Promoting, protecting & improving children & young people's mental health & wellbeing – DoH 2015) | As per transformation plan |
| To include sign posting and prevention within pathways for self management of Long Term Conditions and expansion of Social Prescribing. | Developing a preventive approach | April 2016 |
| Implement community multidisciplinary team (health and social care) hub model including a hub at the 'front door' of acute care to reduce A&E attendances and hospital admissions. | Preventing ill health and promoting wellness. Improving older adult's health and wellbeing | April 2016 |
| Fully embed an integrated discharge to assess and home based model of care. | Improving older adult's health and wellbeing | April – July 2016 |
| Establish an Older Adults Joint Commissioning Team for the whole East Surrey System through the development of key enabler work streams for successful integration i.e. premises /workforce/ IT/performance management & governance/payment mechanisms. | Improving older adult's health and wellbeing | April 2016 |

Commissioning intentions 2016/17 – expected expenditure – NHS East Surrey CCG

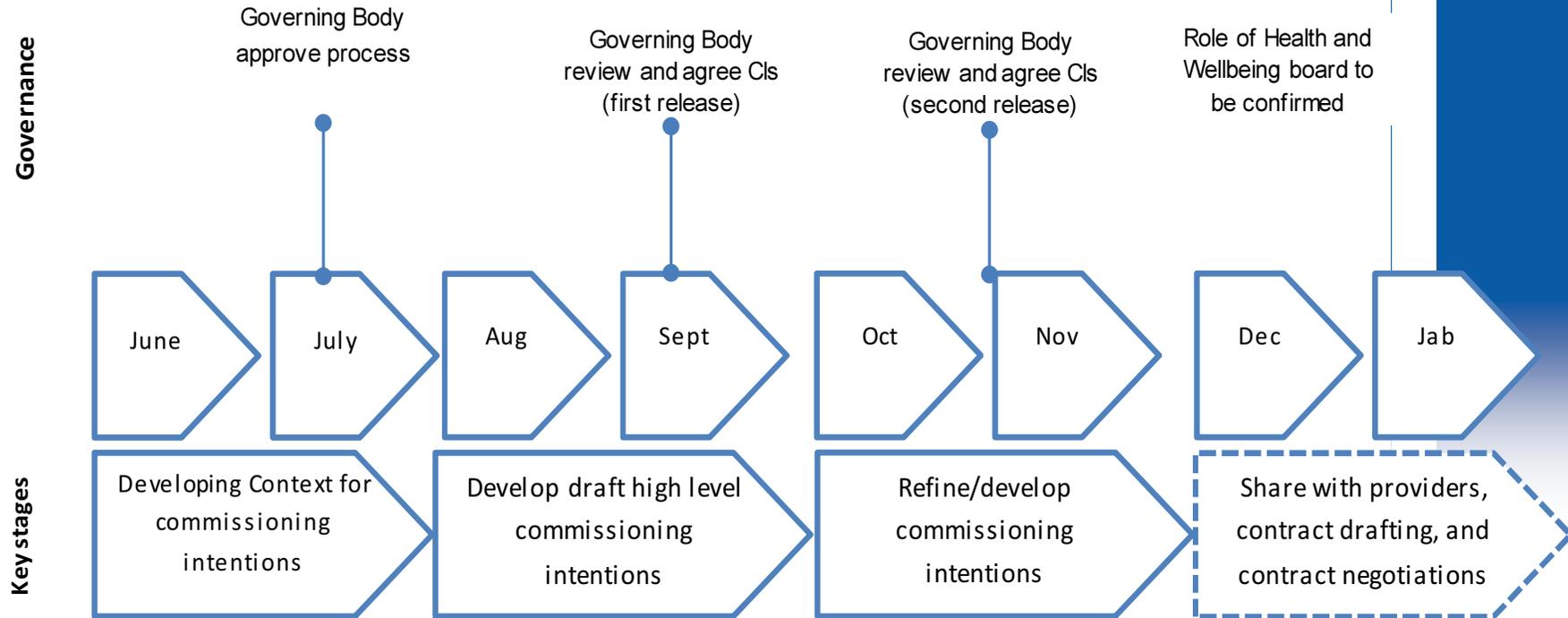
| Healthcare Budget | 2014/15 Outturn | 2015-16 Plan | 2016-17 Plan | 2017-18 Plan |
|--|--------------------|-----------------|-----------------|-----------------|
| Acute Services | 114,050 | 111,316 | 109,831 | 114,413 |
| Community Health Services | 17,637 | 16,284 | 16,381 | 16,901 |
| Continuing Care Services | 15,216 | 15,857 | 15,954 | 16,438 |
| Future Models of Care - Disinvestment | 0 | 0 | 0 | (15,000) |
| Future Models of Care - Reinvestment | 0 | 0 | 0 | 5,000 |
| Mental Health Services | 17,004 | 17,491 | 18,001 | 18,564 |
| Primary Care Services | 28,542 | 28,823 | 28,087 | 29,325 |
| Other Programme Services | 1,865 | 8,371 | 8,619 | 8,892 |
| Contingency | 1,390 | 6,058 | 9,173 | 16,514 |
| Running Costs | 4,239 | 3,827 | 3,864 | 3,909 |
| Expenditure | 199,944 | 208,028 | 209,910 | 214,956 |
| Resource Limit | (184,522) | (183,287) | (180,509) | (183,226) |
| Cumulative Deficit | 15,422 | 24,741 | 29,401 | 31,730 |
| In Year Deficit | 9,505 | 9,319 | 4,659 | 2,330 |
| QIPP Plan | 7,500 | 10,268 | 9,734 | 15,000 |
| NHS England requirement to achieve recurrent run-rate balance by March 2017 or sooner | | | | |
| Expenditure | 199,944 | 208,028 | 205,250 | 210,747 |
| Resource Limit | (184,522) | (183,287) | (180,509) | (187,885) |
| Cumulative Deficit | 15,422 | 24,741 | 24,741 | 22,862 |
| In Year Deficit / (Surplus) | 9,505 | 9,319 | 0 | (1,879) |
| QIPP Plan | 7,500 | 10,268 | 14,393 | 10,341 |

- This table displays the years 2014/15 through 2017/18 so that the 2016/17 plan can be seen in context of the CCG's financial recovery.
- The 2016/17 plan is indicative only and will be refined over the coming months as commissioning intentions become clear.
- The CCG was seeking to breakeven during the final quarter of 2017/18 but has been set the challenge of in year financial balance during 2016/17 by the Regional Team. The planning process will determine if this is achievable.
- The 2016/17 projection assumes that 2015/16 delivers according to plan and QIPP delivery is recurrent.

Commissioning intentions 2016/17

Guildford and Waverley CCG

Guildford and Waverley CCG 15/16 Planning Timeframes



Operational Plan - Plan on a page 2015/16

Our mission is to ensure that integrated, quality-driven and cost-effective health and social care is in place. By working in partnership we will deliver services locally which reflect patient need and improve the health and well-being of people in Guildford & Waverley

- Outcomes framework**
- Improvement in the years of life lost to conditions amenable to healthcare
 - Improving the health-related quality of life for people with long term conditions
 - Building confidence and satisfaction in care outside of hospital, in general practice and the community
 - Reducing avoidable emergency admissions by 5%
 - Enabling patients to be discharged in a more timely manner following acute care
 - Reducing the proportion of people reporting a poor experience of patient care
 - Working with providers to minimise the rates of hospital-acquired infections
 - Narrowing the gap in life expectancy for vulnerable and deprived groups

- Our Values & Principles**
- We strive to improve health, well-being and people's experiences of the NHS by securing safe, high quality services
 - We will seek to ensure value for money and the fair and effective use of resources to secure this improvement

Equality & Diversity - reducing inequalities between the most and least disadvantaged

Communications and Engagement Strategy - ensuring that patients and the public are at the heart of our decisions

Carers Achieving national requirements with respect to NHS commitment to carers

Quality Strategy - Implement the Francis and Hard Truths Report recommendations ensuring a duty of candour

Prevention strategy - behaviour modification (smoking, diet, exercise, and alcohol)

Medicine Management Programme supports cost-effective prescribing in primary care

Urgent Care Programme educating patients to access the care first time and ensuring that their needs are met in the right place

Better Care Fund Utilising our relationships with key partners and the Better Care Fund to provide integrated health and social care services

Integrated Care Partnership Programme Integration of hospital, community, primary care and voluntary services wrapping care around the older frail vulnerable population in five localities



- Overseen through our governance framework**
- Assurance processes, built into our committee structures, will continue to build on our sound governance foundations
 - Named commissioning managers and clinicians lead on specific programmes
 - Our Governance Framework is structured to ensure the design and delivery of our Transformational Programmes is supported and monitored

| | Commissioning intention | HWB Strategy Priority |
|--|--|---|
| Prevention Plan objectives | Psychological therapy Expert Patient Programmes Telephone coaching support service. | Developing a preventative approach Improving older adults' health and wellbeing Improving children's health and wellbeing |
| Improving early diagnosis - dementia and cancer | Cancer strategy delivery plan To identify gaps in Dementia strategy and develop a transformation plan. | Developing a preventative approach Improving older adults' health and wellbeing |
| Integrated care frail older patients | New model of integrated provision Age UK Programme Frailty Initiative. | Safeguarding the population Improving older adults' health and wellbeing |
| Urgent care pathway | Urgent Care Pathway Reducing A&E attendance Falls prevention pathway Psychiatric Liaison development. | Improving older adults' health and wellbeing Improving children's health and wellbeing |
| Planned care pathways | Optimising hospital activity Clinical pathways e.g. Cardiology. | Improving older adults' health and wellbeing |
| Better Care Fund | Enhanced community health services; Technological initiatives | Developing a preventative approach |

Commissioning intentions 2016/17 – expected expenditure - Guildford and Waverley CCG

| | 2016/17 £'000 | 2017/18 £'000 | 2018/19 £'000 | 2019/20 £'000 |
|--|------------------|------------------|------------------|------------------|
| Recurrent Resource Limit | -246,791 | -251,727 | -256,761 | -261,897 |
| <i>Allocation Growth</i> | 2% | 2% | 2% | 2% |
| Royal Surrey County Hospital (RSCH) | 101,826 | 103,353 | 104,386 | 104,908 |
| Other Acute Commissioning | 30,245 | 30,698 | 31,005 | 31,160 |
| Mental Health | 23,339 | 23,806 | 24,282 | 24,767 |
| Community Services | 23,245 | 24,175 | 25,142 | 26,147 |
| Continuing Healthcare | 16,350 | 16,759 | 17,177 | 17,607 |
| Primary Care | 4,079 | 4,201 | 4,327 | 4,457 |
| Prescribing | 29,936 | 31,432 | 33,004 | 34,654 |
| Other Programme services | 6,727 | 6,794 | 6,862 | 6,930 |
| Other Corporate costs (Non Running costs) | 2,393 | 2,417 | 2,441 | 2,465 |
| Running costs | 4,610 | 4,656 | 4,702 | 4,749 |
| Contingency (0.5%) | 1,234 | 1,259 | 1,284 | 1,309 |
| General Reserves (1.5%) | 3,702 | 3,776 | 3,851 | 3,928 |
| Acute Reserve / Risk share on QJPP | 3,000 | 2,000 | 1,500 | 500 |
| <i>Net Service Transformation required</i> | -6,360 | -6,115 | -5,770 | -4,307 |
| Total Expenditure | 244,323 | 249,209 | 254,194 | 259,277 |
| | | | | |
| Surplus / Deficit | 2,468 | 2,518 | 2,567 | 2,619 |

2015/16 Net Service Transformation removed from 15/16 budgets - £15.2m

North East Hampshire and Farnham CCG

Commissioning intentions 2016/17

North East Hampshire and Farnham CCG

North East Hampshire and Farnham CCG was chosen as one of the first 29 'vanguard' sites for the new models of care programme and supporting the improvement and integration of services.

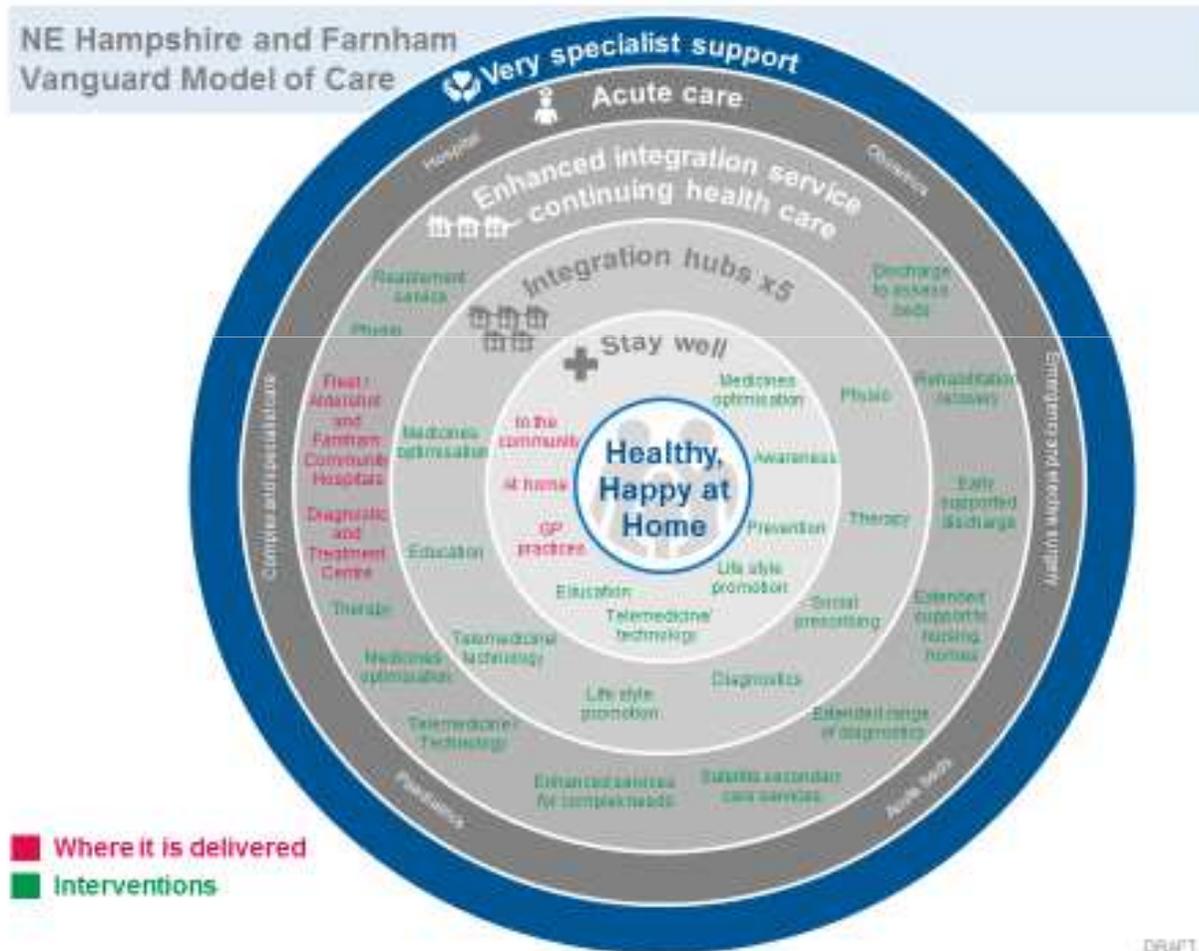
Our Vanguard integrated Primary and Acute Care Systems (PACS) programme brings together services from different organisations while ensuring they are effective, are closer to home and improves both experience and health outcomes.

This aligns with the Health and Wellbeing Board Strategy Priorities.

Commissioning intentions 2016/17

North East Hampshire and Farnham CCG

- Our commitment is to develop a model of care to keep people happy, healthy and at home



Commissioning intentions 2016/17

North East Hampshire and Farnham CCG

- There is consensus that changes will need to be made to existing commission and contracting arrangements to enable delivery of the new models of care.
- Part of the Vanguard work programme is looking at new commissioning models which will pool health and social care resources whilst recognising the complexities for commissioning organisations serving multiple geographies.

Commissioning intentions 2016/17 –North East Hampshire and Farnham CCG

Through this PACS programme, health and social care commissioners have agreed to:

- create a single plan for health and social care activity and spend for local people including an agreed set of outcomes.
- Pool agreed budgets to deliver the plan. Through the Better Care Fund and other agreements, commissioners already jointly commission some services.
- The total pooled health and social care commissioning budget for the North East Hampshire and Farnham population is an estimated £400m.

Commissioning intentions 2016/17

Mental Health & Learning Disability Collaborative

North East Hampshire and Farnham CCG lead on the mental health and Learning Disability for the six Surrey CCGs.

Commissioning Intentions for this include:

- Delivery of Crisis Concordat actions including establishing a Single Point of Access for Mental Health Crisis integrated with 111/999 pathway and role out of Safe Havens.
- Reduction of mental health locked rehabilitation use.
- Improved consistent data and accessible service information, particularly around the new mental health and learning disability datasets and access standards.
- Commission a local Surrey specialist perinatal mental health service.
- Monitoring impact of learning disability health services redesign on the transforming care agenda.
- Implementing the recommendations from the learning disability co-commissioning appraisal.

Commissioning intentions 2016/17

North East Hampshire and Farnham CCG

An example of work which is already under way is the Making Connections project in Farnham which is a joint project with Waverley Borough Council which is being delivered by Age UK.

- The aims of the project are to:
 - Enable residents to be proactive in managing their own health and well being.
 - Improve the health and well-being outcomes for residents in Farnham.
 - Maximise the use of community assets and build on the use of volunteers and existing voluntary services so that people can access the right support.
 - Be accessible and visible to as many people as possible within the community.
 - Achieve more appropriate use of health and social services.

Commissioning intentions 2016/17

North West Surrey Clinical Commissioning Group

Commissioning intentions 2016/17

North West Surrey Clinical Commissioning Group

| Commissioning intention Key Programmes at NWS CCG | HWB Strategy Priority | Timescale |
|--|--|--|
| Targeted Communities Focus on Local Environment and Preventing ill health in targeted areas and introduction of our Locality Hubs to target need. | All priorities Preventing ill health in targeted areas and introduction of our Locality Hubs to target need and contribute to the following programme. | Throughout 16/17 On-going work linked to PH Prevention Plan and timescales |
| Integrated Care Enhance care in community and preventative and responsive treatment. Core Pathways, Care Homes, Discharge Access, Single Point of Access, Self-Care, Dementia, End of Life Care, Rehabilitation & Re-ablement, Stroke, Neurological Conditions, Respiratory. | All priorities Our Locality Hubs will contribute to keeping people at home for longer /avoid going into hospital if unnecessary and supported by our system wide review in the following Programme ensure that people can leave if medically fit . | Throughout 16/17 |
| Urgent/Emergency Care Phone First, Urgent Care Centres, Crisis Assessment, Crisis Services and Crisis Beds. | Improving older adults' health and wellbeing Our system review will have wide ranging benefits that promotes integration but also underpin required Urgent Care system improvements to deliver 4 hour target in A&E . | Throughout 16/17 |

Commissioning intentions 2016/17

North West Surrey Clinical Commissioning Group

| Commissioning intention Key Programmes at NWS CCG | HWB Strategy Priority | Timescale |
|---|--|--|
| <p>Planned Care Service Transformation in Planned Care Services, Referral Support Services, Musculo-Skeletal Pathway Redesign and Procurement, Improving Care for People with Cancer, Patient Transport Contract.</p> | <p>Developing a preventative approach</p> <p>Improving older adults' health and wellbeing</p> <p>We will redesign of clinical pathways, for example, heart failure, arrhythmia services and enhancing the community ophthalmology service . This will deliver standardised best practice pathways with local secondary care and community Providers.</p> | <p>Best Practice Pathways throughout 16/17</p> |
| <p>Children and Young People Joint commissioning of Children's Services, Behavioural Services for Children and Young People, Improvements to Urgent Care for Children and Young People, Community Nursing Services for children.</p> | <p>Improving children's health and wellbeing</p> <p>Safeguarding the population</p> <p>Through continued joint commissioning of children's services and service review / improvements CAMHS/Behavioural pathway Urgent Care.</p> | <p>Throughout 16/17 Jointly re-procured CAMHS/behavioural service operational from April 16</p> |

Commissioning intentions 2016/17

North West Surrey Clinical Commissioning Group

| Commissioning intention Key Programmes at NWS CCG | HWB Strategy Priority | Timescale |
|---|--|--|
| <p>Mental Health / Learning Disabilities Prevention and Early Intervention, Co-production of Service, Improving Access to Mental Health Urgent Care Services, Improved Psychiatric Liaison in A&E and Acute Inpatient Wards, Improving access to Psychological Therapies, Services for Patients with Young-Onset Dementia:</p> <ul style="list-style-type: none"> • IAPT • Dementia • Early intervention in psychosis • Safe haven (crisis) café • Health Checks • Transforming Care | <p>Promoting emotional wellbeing and mental health</p> <p>Through continued prevention and early intervention, co-production and improving access (both urgent and IAPT).</p> | <p>Throughout 16/17</p> <ul style="list-style-type: none"> • EIP Q1 • Safe haven (crisis) café: Pilot from Jan 2016 • Transforming Care – in line with national guidance |

Commissioning intentions 2016/17

Surrey Downs CCG

Commissioning intentions 2016/17

Surrey Downs CCG

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|---|-----------|
| Bring elective care services closer to the patient and out of hospital. | Developing a preventative approach | TBD |
| Provide integrated community, acute and social care services for frail patients at high risk of acute hospital admission. | Improving older adults' health and wellbeing | |
| Transform the delivery of services from our community hospitals in line with the outcomes of the current review. | Improving older adults' health and wellbeing | |
| Improve our response to service users experiencing crises in mental health. | Promoting emotional wellbeing and mental health | |
| Further improve access to cognitive behavioural therapy. | Promoting emotional wellbeing and mental health | |
| Raise our rates of diagnosis of dementia. | Promoting emotional wellbeing and mental health | |
| Improve access to CAMHS services. | Improving children's health and wellbeing Promoting emotional wellbeing and mental health. | |
| Continue to provide a high quality adult safeguarding hosted service for Surrey. | Safeguarding the population | |
| Work to improve the quality of NHS-commissioned nursing home care and intervene where quality challenges are identified. | Safeguarding the population | |

Commissioning intentions 2016/17 – expected expenditure – Surrey Downs CCG

Subject to confirmation of financial plan with NHSE

Surrey Heath CCG

Surrey Health and Wellbeing Board
Thursday 10 September 2015

DRAFT Commissioning intentions 2016/17

Surrey Heath CCG

SHCCG's Vision: To deliver the best possible health and wellbeing outcomes for our local population within the resources available.

- First iteration of 2016/17 Commissioning Intentions will be published at end of **September** & final document released **late Autumn 2015**.

During 16/17 we are seeking to transform the commissioning and provider landscape through a placed based, integrated approach which is focused on shared outcomes across health and social care and is shaped by the voices of our patients, community and other stakeholders.

- Key wider system strategic priorities that cut across the HWBB priorities and affect all ages include:
 - 24/7 Urgent and emergency care pathway: NHS111 and GP out of hours procurement, urgent and emergency care networks, stroke review
 - Community services procurement
 - Patient transport service procurement
 - Integrated equipment services: procurement benefits realisation

DRAFT High level Commissioning Priorities 2016/17

Surrey Heath CCG - Improving children's health and wellbeing

DRAFT Commissioning priorities

- Locally realise the benefits of the new CAMHS service (1.5, 3.1-3.5).
- Work with Public Health (health visitors & school nurses) , local voluntary organisations & Supporting Families Programme to promote healthy behaviours & wellbeing (mental & physical) (1.3, 1.4, 1.5).
- Support families to choose the most appropriate service for their needs (crosses Priorities 1,2,3 &5).
- Continuing to improve co-ordination and service to children with complex needs across health, social care and education (1.2).
- Improved support to local young carers (1.5, 5.1).

DRAFT High level Commissioning Priorities 2016/17

Surrey Heath CCG - Developing a preventative approach

DRAFT Commissioning priorities

- Jointly implement high impact programmes identified through Surrey Heath Prevention Plan (SCC, SHBC, SHCCG,PH) Covers all 5 Priority areas
- Improve efficiency of resource usage on prevention across Surrey Heath statutory agencies. Requires collective understanding of resources spent and current outcomes
Priority 2
- Encourage & support implementation Surrey Heath Workplace Wellbeing Charter within own organisation & local businesses in partnership with SH Borough Council. Priority 2
- Encourage use of health checks in lower uptake groups including those with learning disabilities, mental health needs & working age adults. Priority 2 & 3.3
- Promote more active behaviours through re-launch and expansion of exercise on prescription. (2.2)

DRAFT High level Commissioning Priorities 2016/17

Surrey Heath CCG - Promoting emotional wellbeing, mental health & learning disabilities

DRAFT Commissioning priorities

- Improve access, waiting times and recovery for people requiring access to psychological therapies. (Priority 3)
- Develop more effective local crisis care including embedding of safe haven café, assertive outreach workers and interface with hospital based psychiatric liaison.
- Improve dementia diagnosis, pathway, use of comprehensive care plans, carer support & community support. Focused work on patient experience within memory clinics. 4.3
- Improve transition between CAMHS and adult mental health services, and physical and mental health (building on protocols review). Interface between Priorities 1&3
- Develop a joint Surrey Heath LD strategy and implementation plan. Priorities 1 & 3

DRAFT High level Commissioning Priorities 2016/17

Surrey Heath CCG - Improving older adults health and wellbeing

DRAFT Commissioning priorities

- Improved outcomes & efficiencies delivered through integrated provision of services (phase 2 of Integrated Care Teams). Priority 4
- Review and assess need for plans specifically targeted for people who are over 85 years old & their carers. Priority 4
- Exploring “good legs” initiative: preventing/reducing falls, keeping moving, improved leg ulcer care. 4.1,4.2,4.3,4.4
- Targeted use of personal budgets & use of assistive technology across health and social care. Priority 4
- Review and improve assessment and sourcing of local care provision (domiciliary & care homes) for people who need support to prevent a hospital admission or on discharge. Priority 4
- Improve the nutrition, hydration & medicines usage of older adults. Priority 4

DRAFT High level Commissioning Priorities 2016/17

Surrey Heath CCG - Safeguarding the population

DRAFT Commissioning priorities

- Link with all Adult and Children's Safeguarding Boards priorities including the delivery of improvements following the review of the Safeguarding Assurance and Accountability Framework.
- Embed the Surrey Heath (health & social care) Adult Safeguarding Group (Priority 5).
- Ensure suicide prevention & domestic abuse form part of multi-agency prevention plans and training (5.4).
- Strengthen and further development of our integral quality surveillance mechanisms across health and social care to enhance early warning of potential areas where safety could be compromised (Priority 5).
- Implement Sign-up to Safety Plan (Priority 5).
- Support development of locally based multi-agency safeguarding training (Priority 5).

Commissioning intentions 2016/17

NHS England South (South East) Public Health & Primary Care

Commissioning intentions 2016/17

NHS England South (South East) Public Health & Primary Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|-----------------------|--|
| Work with CCGs to operationally mobilise co-commissioning of Primary Care. | All priorities | April 2015 for full delegation / Quarterly for Joint Commissioning |
| CCG Primary Care Strategies. | All priorities | In line with 2015/16 Planning timetables |
| Electronic Referrals. | All priorities | Ongoing |
| Primary Care Workforce development and enable 7 day working. | All priorities | Implementation of the National 'New Deal' for General Practice |
| Practices in severe difficulties. | All priorities | Ongoing |
| Transforming Primary Care (e.g. Prime Ministers Challenge Fund) and working develop New Models of Care (e.g. Multi-speciality providers). | All priorities | Ongoing |

Commissioning intentions 2016/17

NHS England South (South East) Public Health & Primary Care

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|---|------------|
| Named Accountable GPs for all patients (building on over 75's). | All priorities | Ongoing |
| Expansion of on-line systems including booking of appointments and electronic transfer of prescriptions. | All priorities | Ongoing |
| Procurement of additional Dental Services. | All priorities | April 2016 |
| Develop a strategic approach to Child Health Information Systems. | Improving Children's health and wellbeing | April 2016 |
| Implementing new and maintain existing immunisation programmes. | Developing a preventative approach | April 2016 |

NHS England South (South East) Specialised Services

Commissioning intentions 2016/17

NHS England South (South East) Specialised Services

| Commissioning intention | HWB Strategy Priority | Timescale |
|---|-----------------------|---|
| Safe and Sustainable Specialised Services across Surrey supporting critical population mass & delivering national services specifications & national clinical Policies. | All priorities | 3 Year rolling programme of service reviews 15-16-17-18 |
| Working with Clinical Commissioning Groups and Partners to support Collaborative Commissioning Priorities. | All priorities | As above |
| To ensure effective delivery of service model for specialised Augmentative and Assisted Communication Aids. | All priorities | March 17 |

Commissioning intentions 2016/17

NHS England South (South East) Specialised Services

| Commissioning intention | HWB Strategy Priority | Timescale |
|--|-----------------------|-----------|
| Delivering joined up commissioning of specialised mental health pathways for adults and children & young people. | All priorities | 2015-2017 |
| Working with the London Region to review specialised care patient flows, shared care & repatriation opportunities. | All priorities | 2015-2017 |
| Delivery of the National Cancer Strategy for rare cancers, and supporting radiotherapy and chemotherapy. | All priorities | 2015-2020 |
| To embed the clinical utilisation review model in all acute Trusts across Surrey. | All priorities | 2015-2017 |

Commissioning intentions 2016/17 – expected expenditure – NHS England South (South East)

NHS England Operational Planning round for 2016/17 will not be finalised by the time of this presentation to the Surrey HWB – a further update on the financial implications of 2016/17 commissioning intentions can be shared with the Board in due course.



Surrey Health and Wellbeing Board

| | |
|------------------------|-------------------|
| Date of meeting | 10 September 2015 |
|------------------------|-------------------|

Item / paper title: Better Care Fund Plan – Status Update

| | |
|--|--|
| Purpose of item / paper | <p>The purpose of this item is to:</p> <ul style="list-style-type: none"> • Update the Board on progress in implementing the Better Care Fund plan (see attached position statement), following on from the update given at the March meeting. • Review the Better Care Fund Q4 14/15 and Q1 15/16 returns which are made to NHS England (attached). The Health and Wellbeing Board has delegated authority to sign off these returns to the Better Care Fund Joint Metrics Group. |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | <p>The focus of the Better Care Fund is providing improved care for older people in community settings. It therefore has the most impact upon delivery of the following Health and Wellbeing Strategy priorities:</p> <ul style="list-style-type: none"> • Improving older adults' health and wellbeing • Developing a preventative approach • Promoting emotional wellbeing and mental health |
| Financial implications - confirmation that any financial implications have been included within the paper | <p>The return includes financial reporting on the following areas:</p> <ul style="list-style-type: none"> • The amount released into the pooled fund • The usage of unreleased funds • Total income and expenditure of the fund. • Progress on the financial plan |
| Consultation / public involvement – activity taken or planned | <p>Health and social care providers have been engaged in developing and implementing an integrated vision for out of hospital care in each local area.</p> <p>People who use services and the public were involved in the plan's design through a number of partnership boards and via local engagement events.</p> |

| | |
|--|--|
| <p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p> | <p>Equality Impact Assessments (EIA) have been undertaken for a number of the Better Care Fund schemes.</p> |
| <p>Report author and contact details</p> | <p>Report co-ordinated by: Nessa Kennedy, Health and Social Care Project Manager Surrey County Council Tel: 020 8541 8639 nessa.kennedy@surreycc.gov.uk</p> |
| <p>Sponsoring Surrey Health and Wellbeing Board Member</p> | <p>Dave Sargeant, Strategic Director, Adult Social Care Surrey County Council Tel: 01483 518441 david.sargeant@surreycc.gov.uk</p> <p>Andy Brooks, Clinical Chief Officer, Surrey Heath CCG Tel: 01276 707572 a.brooks1@nhs.net</p> |
| <p>Actions requested / Recommendations</p> | <p>The Surrey Health and Wellbeing Board is asked to:</p> <p>a) Note the progress and successes towards actions to improving health and social care. b) Provide feedback on the Better Care Fund's implementation.</p> |
| <p>Attachments</p> | <p>1. Better Care Fund Position Statement 2. Better Care Fund Q4 14/15 Metric and Finance Returns 3. Better Care Fund Q1 15/16 Metric and Finance Returns (to be sent on the 28th August)</p> |

Health and Wellbeing Board
10 September 2015

Better Care Fund Position Statement

Purpose of the report: Scrutiny of Services and Budgets/Performance Management

This paper sets out a Better Care Fund Position Statements for each of the six Local Joint Commissioning Groups across Surrey.

Introduction:

What is the Better Care Fund?

1. The Better Care Fund (BCF) is a national programme which creates a local single pooled budget to support and enable closer working between the NHS and local government. It is designed to:
 - a. Improve outcomes for people.
 - b. Drive closer integration between health and social care.
 - c. Increase investment in preventative services in primary care, community health and social care.
 - d. Support the strategic shift from acute to community and to protect social care services.

2. The BCF should not be considered 'new' money - it is a pooling of existing funding streams including the Whole Systems Partnership funding that Surrey County Council (SCC) received in previous years from the Department of Health, funding from Clinical Commissioning Groups (CCGs) baselines and capital resources previously paid to SCC and Surrey's district and borough councils.

What are we doing in Surrey?

3. Surrey's BCF has been developed to ensure the services that we commission meet SCC and CCGs' shared strategic aims and programme objectives:
 - a. Enabling people to stay well - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
 - b. Enabling people to stay at home - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care
 - c. Enabling people to return home sooner from hospital - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home
4. A 'local' approach has been taken to Surrey's BCF development - using six Local Joint Commissioning Groups (LJCGs) that have been established between SCC and the CCGs, schemes and plans have been developed that are appropriate for each local area based on local need. Through the plans, we are committed to achieving consistent, improved health and social care outcomes but recognise that to achieve that, the solutions may look different in each area.

Who is making the decisions about the Better Care Fund?

5. SCC and Surrey's six main CCGs have agreed a governance framework to support the implementation of the BCF – this describes the arrangements that have been established to ensure proper and effective management of the plans and funds.
6. Whilst the Surrey Health and Wellbeing Board is responsible for signing off the plan, the Council and each of the CCGs' Governing Bodies retain their statutory responsibilities for the use of resources and delivery of services.
7. In each area, LJCGs have been given the responsibility for developing and agreeing local plans and determining how funds for their area will be spent. A Surrey-wide Better Care Board has been established to work on behalf of the Health and Wellbeing Board to have oversight of the plan across Surrey.

What is the funding?

8. Surrey's BCF is £71.422m in total – of this £65.475m is revenue funding and £5.947m is capital funding. The table below shows the agreed distribution of funding (between CCG areas and broad areas of spend).

| £000 | Surrey Total | East Surrey 14.35% | Guildford & Waverley 17.15% | North West Surrey 30.25% | Surrey Downs 25.04% | Surrey Heath 8.4% | North East Hampshire & Farnham 3.97% | Windsor, Ascot & Maidenhead 0.82% |
|--|---------------|-----------------------|--------------------------------|-----------------------------|------------------------|----------------------|---|--------------------------------------|
| Protection of adult social care | 25,000 | 3,588 | 4,288 | 7,563 | 6,261 | 2,100 | 993 | 207 |
| Care Act (revenue) | 2,563 | 368 | 440 | 775 | 642 | 215 | 102 | 21 |
| Carers | 2,463 | 353 | 422 | 745 | 617 | 207 | 99 | 20 |
| Subtotal (Adult Social Care & Carers) | 30,026 | 4,309 | 5,150 | 9,083 | 7,520 | 2,522 | 1,194 | 248 |
| Health commissioned out of hospital services | 17,461 | 2,507 | 2,996 | 5,277 | 4,374 | 1,468 | 695 | 144 |
| Health commissioned 'in hospital' services | 1,462 | 209 | 250 | 447 | 365 | 122 | 57 | 12 |
| Subtotal (health commissioned services) | 18,923 | 2,716 | 3,246 | 5,724 | 4,739 | 1,590 | 752 | 156 |
| Continuing investment in health and social care | 16,526 | 2,372 | 2,834 | 5,001 | 4,139 | 1,389 | 655 | 136 |
| Total revenue | 65,475 | 9,397 | 11,230 | 19,808 | 16,398 | 5,501 | 2,601 | 540 |
| Disabled facilities grants | 3,723 | 534 | 639 | 1,126 | 932 | 313 | 148 | 31 |
| Care Act capital | 946 | 136 | 162 | 286 | 237 | 79 | 38 | 8 |
| ASC capital | 1,278 | 183 | 219 | 387 | 320 | 107 | 51 | 11 |
| Total capital | 5,947 | 853 | 1,020 | 1,799 | 1,489 | 499 | 237 | 50 |
| Total BCF | 71,422 | 10,250 | 12,250 | 21,607 | 17,887 | 6,000 | 2,838 | 590 |

9. Total SCC and CCG funding can be found at Annex 1.

10. The BCF is underpinned by seven pooled budgets and the agreed governance framework sets out contributions, how this money is used and how decisions on this spending are made. 'Section 75' legal agreements outline the arrangements for the pooling of these resources and the delegation of certain NHS and local authority health-related functions under the National Health Services Act 2006. SCC is managing the accounting arrangements for the pooled budgets on behalf of all of the CCGs. LJCGs for each CCG area are responsible for managing the pooled budgets for their areas and making decisions about how funding should be allocated.

11. All contributions to the pooled funds to the end of quarter 1 have been received and the allocated budget is forecast to be spent in full by the year end.

East Surrey LJCG

12. The East Surrey LJCG membership includes, officers from East Surrey CCG, SCC, Reigate & Banstead Borough Council and Tandridge District Council. The

meetings are co-chaired by the Area Director from Adult Social Care and the Director of Commissioning and Engagement from the CCG. The meeting is divided into two. The first half of the meeting includes invited guests, and progress updates are provided. The second part involves the core group.

13. The purpose of the group is to support the delivery of SCC and CCGs' shared strategic priorities and the aims of the BCF. The key areas we are focusing on include:-
 - Reducing Admissions and Promoting Swift and Integrated Discharge (RAPSID)
 - Integrated working
 - Signposting and Prevention
14. The group has the joint oversight of the BCF plan across East Surrey. This includes reviewing finance and performance for the services, contracts and grants within the BCF. It provides a platform to identify gaps and opportunities across East Surrey and jointly develop robust plans for the future.

Integration in East Surrey

15. Integrated Commissioning
One Commissioning Team – commissioning for the whole East Surrey System. Development of key enabler work streams for successful integration premises /workforce/ IT/performance management & governance/payment mechanisms.
16. Integrated Assessment
Trusted assessor model across the whole system with an agreed workforce profile, embedded in health and social care hubs, which will be fully integrated.
17. Integrated Urgent Care Team
At the 'front door' of acute care - 24/7. Using the skills of the multi-agency, multi-disciplinary team for timely and complete assessment; Ambulatory pathways with access to diagnostics and specialist opinion avoiding ED attendances and emergency admissions. Development of one plan for one person.
18. Integrated Discharge Team
Wrap around community services will action the Discharge to Assess process, with timely follow up from community health and social services. A bed-based care model with the independent sector, focusing on elderly frail patients with rehabilitation potential and those who may need continuing health care.
19. Shared System Enablers
Access to shared primary & community care medical notes and care plans across the system. Interoperability between Hospital IT & GP/Community, Social Care IT systems. Partnership and Risk Sharing agreement overseen by system wide project board. Local tariff and payment model for the CCG.

Guildford and Waverley LJCG

20. The Guildford and Waverley LJCG is made up of representatives from SCC and NHS Guildford and Waverley CCG as outlined in the governance framework. In addition, associate members from other organisations are invited as necessary. There is good representation from the CCG, SCC and Guildford and Waverley Borough Councils.
21. In order to meet SCC and the CCGs' shared strategic aims and programme objectives, the five areas of investment are:
- Rapid Response Services
 - Virtual Ward Services
 - Telecare and telehealth
 - Social Care Reablement and Carers (includes protection of social care, carers and Care Act Funding)
 - Mental Health
22. The LJCG maintains joint oversight of the BCF plans across NHS Guildford and Waverley and SCC and in doing so makes the most of opportunities for synergies across health and social care.

Integration in Guildford and Waverley

23. Integrated Care and Assessment Service (ICAS) - The ICAS service is based at the Royal Surrey County Hospital and is made up of all the discharge functions that have now been brought together as a distinct team under a single management structure. The social care team is an integral part of this team; on a day to day basis the team manager reports to the Head of Integrated Care to ensure that patients are discharged safely at the appropriate time thus reducing length of stay.
24. My Care, My Choice - Guildford and Waverley CCG has developed five locality hubs with primary care colleagues. This puts the resident, carer and their family at the centre and supports them to be involved in decisions around planning for their care. The social care teams are part of the multidisciplinary teams within the community. An operating model has been developed.

There are five locality hubs as follows:

- Haslemere (4 Practices)
- East Waverley (5 practices)
- North Guildford (3 practices)
- East Guildford (4 practices)
- Central Guildford (5 practices)

The next steps are to develop proactive care teams that will respond to the needs of the individual and their carer thus supporting them to remain within the

community. The East Waverley locality will be the first locality to go live with the proactive care team model.

25. Rapid Response/Reablement - We are currently developing a Discharge to Assess model with our community health provider with a view to merging the Rapid Response and Reablement teams into a single service. This will also support the locality proactive care model.

North East Hampshire and Farnham LJCG

26. North East Hampshire and Farnham CCG were invited to bid to become a national pilot site for 'Vanguard' - The NHS new models of care programme. Bids were invited for four models: multispecialty community providers; primary and acute care systems (PACS); viable smaller hospitals as well as enhanced health in care homes. Twenty-nine pilots were selected and of that, North East Hampshire and Farnham were selected to be one of nine PACS models.

27. The Vanguard programme in North East Hampshire and Farnham is made up of clinicians and services managers from NHS North East Hampshire and Farnham CCG, Frimley Health NHS Foundation Trust, Southern Health NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Virgin Care, North Hampshire Urgent Care and Hampshire and Surrey County Councils. NHS North East Hampshire and Farnham CCG are the lead organisation for the programme.

28. The programme includes six key elements:

29. New model of care

- Designed by care professionals and local people, will look and feel different.
- There are different elements that will improve the model of care including integrated health and social care teams, support for self-care and helping to prevent ill health, enhanced community services and specialist inpatient (hospital) care.

30. Preventing ill health, enabling self-care and supporting wellbeing

- Provide opportunities for people within the local community to access activities and support to help them manage their own conditions.
- Helping people with mental health conditions with life skills such as budgeting and return to work support.
- Provide greater support to carers.
- Train pharmacy staff to give expert self-care and wellbeing advice and recognise this through the Healthy Living scheme.
- Eliminating health inequalities in North East Hampshire and Farnham to ensure fair access to all health and social care services and support.

31. Integrated health and social care teams with hubs in every locality

- Five integrated health and social care teams will be operating in Farnham, Fleet, Farnborough, Aldershot and Yateley by the end of July.
- These teams comprise community nurses, occupational therapists, physiotherapists, social workers, a psychiatric nurse, a lead psychiatrist, a pharmacist, a geriatrician, GPs, the voluntary sector and specialists in palliative care and domiciliary care, supported by a dedicated Integrated Care Team Coordinator.
- These health and social care professionals will work as a single team, meeting regularly to discuss patients and prepare a single coordinated plan to deliver joined up care for local people, especially the most vulnerable or complex patients.

32. New model of care in acute

- Designed with secondary and primary care clinicians, patients and commissioners, a new model of care will speed up discharge and will provide rehabilitation services out in the community.

33. New Commissioning Model

- Creation of new planning (commissioning) model for health and social care services
- CCGs and the County Councils, along with NHS England will pool their health and social care resources (people, budget and services) for the local population.
- These partners will draw up contracts with providers to fund improved long-term outcomes for patients and to enable the successful delivery of the new model of care.

34. New Provider Model

- A new joined-up model for providers of health and social care services.
- Providing more specialist care in the community to avoid patients being admitted to hospital where possible, and to help them be discharged home earlier.
- Discussions between providers are underway of what model would be best suited to deliver the new model of care.

North West Surrey LJCG

35. The North West Surrey LJCG's membership includes officers from North West Surrey CCG, Adult Social Care and Public Health. On a quarterly basis we are joined by officers from Elmbridge, Runnymede, Spelthorne and Woking Borough Councils. The meetings are co-chaired by the Area Director for Adult Social Care and the Director of Quality and Innovation from the CCG.

36. The LJCG supports the delivery of our strategic priorities and the aims of the BCF. The key areas we are focusing on include:-

- Developing Locality Hubs – integrated multidisciplinary teams of health and social care staff lead by Primary Care
- Developing an Integrated Rapid Response Service – proactive discharge planning and admission avoidance
- Prevention – working with Public Health and Districts and Boroughs, and voluntary sector building on Family Friends and Community support

37. The LJCG also has the joint oversight of the BCF plan across North West Surrey. This includes reviewing value for money performance outcomes for all contracts and grants funded from the Better Care Fund e.g., Carers services, all protection of social care services, telecare, telehealth, and stroke services.

38. The group provides a platform for the whole system to identify opportunities for efficiencies and the improvement joint working initiatives that will improve health and well-being outcomes for local people.

Integration in North West Surrey

Developing Locality Hubs

39. Integrated multidisciplinary teams of health and social care staff lead by Primary Care.

40. The Locality Hubs are being developed around the three GP Locality Network Boards:

- Stanwell, Ashford, Staines, Shepperton, Egham, Spelthorne - 13 practices
- Thames Medical West, Elmbridge and Runnymede - 14 Practices
- Woking 15 Practices, with the first hub being located at Woking Community Hospital.

41. The Hubs will provide proactive care, initially for a smaller cohort of people over 75 years with complex needs. The aim is to provide preventative support, to delay the need for more intensive health and social care support and prevent hospital admission. If admission occurs, the hub will ensure timely discharge.

42. The aspiration is to have one care record shared and owned across the health and social care system within North West Surrey.

Integrated discharge team

43. Joining up the health and social care discharge functions within St Peter's Hospital within one management structure.

44. The Community Medical Teams have been launched; these are allocated to each of the GP Locality Networks in Surrey Downs and will be key in providing medical leadership for the Community Hubs as well as support for the Rapid Response service.

Developing a Rapid Response/Reablement Service

45. We are exploring options to integrate with the community health provider (Rapid Response) and Reablement to compliment the proactive interventions planned with the locality hub model.

Prevention

46. Working with Public Health, Districts and Boroughs, and the voluntary sector. There are six strategic change programmes within the North West CCG area, the Targeted Communities Programme is working towards reducing health inequalities and prevention the targeted communities group is made up of made up of the CCG, Social Care, Public Health, Districts and Boroughs as well as the voluntary sector.

Surrey Downs LJCG

47. The Surrey Downs Group LJCG membership includes, officers from Surrey Downs CCG, SCC, Adult Social Care and Public Health. On a quarterly basis we are joined by officers from Elmbridge, Epsom & Ewell, Reigate & Banstead Borough Councils and Mole Valley District Council. The meetings are co-chaired by the Area Director from Adult Social Care and the Chief Operating Officer from the CCG.

48. The LJCG supports the delivery of our strategic priorities and the aims of the BCF. They key areas we are focusing on include:-

- Developing Community Hubs – integrated multidisciplinary teams of health and social care staff
- Developing a Rapid Response Service – Discharge to Assess
- Community Medical Teams – Medical support for the integrated community services.
- Prevention – working with Public Health, districts and boroughs, and the voluntary sector

49. The LJCG has the joint oversight of the BCF plan across Surrey Downs. It reviews finance and performance of the services, contracts and grants within the BCF. These include grants for carers, protection of social care, telecare and telehealth. The group provides help to identify opportunities for improving joint working locally, and so improves outcomes for local people.

Integration in Surrey Downs

Developing Community Hubs – integrated multidisciplinary teams of health and social care staff.

50. The Community Hubs are being developed around the three GP Locality Networks in Surrey Downs (East Elmbridge; Epsom and Dorking). The service will provide proactive care, initially for people over 75 years and this will then be rolled out for those over 65 years and the wider population. The Hubs will be made up of staff from CSH Surrey (community health) and Adult Social Care who will be co-located. The first phase will be launched in September 2015 and will have shared performance indicators.

Community Medical Teams – Medical support for local residents and for integrated community services.

51. The Community Medical Teams have been launched; these are allocated to each of the GP Locality Networks in Surrey Downs and will be providing medical leadership for the Community Hubs, as well as support for the Rapid Response service.

Developing a Rapid Response Service – Discharge to Assess.

52. In conjunction, with Acute Hospital and Community Health partners, a discharge to assess model from Epsom Hospital has been initiated. The Hospital Social Care Team is integral to this model. Services delivering rapid response in the local area have been identified but they are not joined up and so by bringing these together a more coordinated rapid response service will be in operation from winter 2015 with shared performance indicators.

Prevention

53. Work is being progressed with Public Health, districts and boroughs and the voluntary sector. We have a working group, made up of the CCG, Adult Social Care, Public Health, Districts and Boroughs and the voluntary sector. This group's focus is on the local preventative agenda, and has identified initiatives to help with winter wellbeing as well as reviewing preventative services in the area so that they are aligned to public health profiles and local need.

| |
|----------------------------|
| <h3>Surrey Heath LJCG</h3> |
|----------------------------|

54. Surrey Heath has a strong LJCG with representation from CCG commissioners, Adult Social Care commissioners, Public Health and district and borough councils. This meeting focuses on strategic priorities outlined in the BCF as well as the wider priorities for health and social care integration.

55. This year Surrey Heath was shortlisted for Vanguard status. Feedback from the national team highlighted that the plan submitted demonstrated that strong relationships has been built across partner organisations. There was also recognition that Surrey Heath were further ahead with the implementation of plans than many other applicants and that the plans showed clarity and ambition. Whilst full Vanguard status was not awarded we were nominated to be part of the 'fast follower' system, with support being offered from the Kings Fund.

Integrated Care Teams

56. The ambition - Integrated Care is a new way of supporting local people, their families and carers by bringing together the professionals involved in providing care for those with health or personal care needs who live at home.

57. In Surrey Heath there are three Integrated Care Teams:

- Team South - based at Ash Vale Health Centre
- Team Central - based at Park Road Surgery
- Team East - based at Lightwater Surgery

58. The ambition of the integrated care teams means that people will only have to tell their story once because there will be a single plan of care shared with all the organisations supporting them. People will have a named co-ordinator of care and they will have a joint assessment of care needs to avoid unnecessary duplication. The team works together to keep people at home and reduce the need for them to go into hospital.

59. To date, a CCG wide integrated care model across 90,000 population, encompassing 9 separate organisations and 9 GP Practices has been implemented.

60. Further progress includes:

- 2014/15 Surrey Heath CCG identified £3.0M recurrent funding to invest in community-based services
- 3 x Integrated Care Teams (ICTs) commencing delivery of 8 to 8 local community-based care
- Access to local Rapid Response Services and the Community Rehabilitation Team available 7 days a week
- A Single Point of Access for community health and social care referrals is available
- The Integrated Care Teams (ICT), Rapid Response Service, Community Rehabilitation Team and Single Point of Access (SPA) are co-located and hosted in four local GP Practices

- Once recruitment is complete 114 (102.57 WTE) clinical and professional staff will be based locally in the ICTs and SPA offering community based services across the population of Surrey Heath.

Our vision for the end of 2015/16

61. A radical shift (equivalent of 6 fewer admissions to Frimley Hospital per day) in the number of emergency admissions will have taken place compared to 2014/15. This will be achieved through:

- Establishment of integrated community teams of health and social care staff working alongside general practice.
- A strengthening of personal care plans (potentially including personal health budgets).
- Improved responsiveness at “crisis” points.
- Improved co-ordination of care and support will be reported by patients and their carers.

62. In addition, patients with long term conditions will be identified early and appropriately supported in the community by their GP working in partnership with consultant specialists. Thresholds for admission will increase following discussions and agreement between GPs and consultants as greater confidence in community services is developed

63. The LJCG is due to hold a conference with the local Voluntary Community and Faith Sector. This conference, called "Making It Real", is part of a partnership approach to understanding local demand, need and priorities and how we can develop really strong local resilience. It will also support the involvement of the whole community to be partners and contribute to promoting the health and wellbeing of all residents of Surrey Heath.

Report contact:

Jo Poynter – Area Director, East Surrey. Tel. 01372 833182

Liz Uliasz – Area Director, Guildford & Waverley. Tel 01932 794588

Jean Boddy – Area Director, Farnham & Surrey Heath. Tel. 01483 518474

Shelley Head – Area Director, North West Surrey. Tel. 01483 518420

Sonya Sellar – Area Director, Mid Surrey. Tel 01372 832310

Sources/background papers:

Annex 1 –Table to show BCF, and total CCG & SCC funding, by CCG area

[Surrey Better Care Fund Plan](#)

Annex 1

CCG BCF Allocations

| | <u>Better Care Fund</u> | | <u>2015/16 Total Funding</u> | | | | <u>2014/15</u> |
|---------------------------------|-------------------------|-------------|------------------------------|------------------------------|------------------------|-----------------------------|------------------|
| | Revenue Allocation | % of BCF | Whole CCG Funding | Estimated Surrey Allocation* | % of Surrey Allocation | % of Budget covering Surrey | Baseline |
| | £000 | | £000 | £000 | | | £000 |
| East Surrey | 9,397 | 14% | 188,761 | 188,761 | 14% | 100% | 182,623 |
| Guildford and Waverley | 11,230 | 17% | 233,940 | 226,303 | 17% | 97% | 226,440 |
| North West Surrey | 19,808 | 30% | 404,373 | 404,373 | 30% | 100% | 392,066 |
| Surrey Heath | 5,501 | 8% | 111,538 | 111,538 | 8% | 100% | 106,150 |
| Surrey Downs | 16,398 | 25% | 336,496 | 336,496 | 25% | 100% | 326,479 |
| Windsor, Ascot & Maidenhead | 549 | 1% | 153,748 | 11,008 | 1% | 7% | 146,475 |
| Northeast Hampshire and Farnham | 2,601 | 4% | 234,402 | 52,132 | 4% | 22% | 227,146 |
| | 65,484 | 100% | 1,663,258 | 1,330,611 | 100% | | 1,607,379 |

* Estimated based on proportion of residents in each CCG area that relate to Surrey

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health &

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and

Content

The data collection template consists of 4 sheets:

- 1) **Cover Sheet** - this includes basic details and question completion
- 2) **A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
- 3) **National Conditions** - checklist against the national conditions as set out in the Spending Review.
- 4) **Narrative** - please provide a written narrative

To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

Fund Planning Guidance are still on track for delivery (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board Surrey

completed by: Justin Newman

e-mail: justin.newman@surreycc.gov.uk

Contact number: 020 8541 8750

Who has signed off the report on behalf of the Health and Well Being Board: Justin Newman

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. A&B | 4 |
| 3. National Conditions | 16 |
| 4. Narrative | 1 |

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?

Yes

If the answer to the above is 'No' please indicate when this will happen

dd/mm/yy

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

No

If the answer to the above is 'No' please indicate when this will happen

12/06/2015

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

| Condition | Please Select (Yes, No or No - In Progress) | Comment |
|---|---|--|
| 1) Are the plans still jointly agreed? | Yes | |
| 2) Are Social Care Services (not spending) being protected? | Yes | |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | No - In Progress | 7 day working is well established for adult social care services and plans are progressing to establish 7 day working across health and social care services across Surrey |
| 4) In respect of data sharing - confirm that: | | |
| i) Is the NHS Number being used as the primary identifier for health and care services? | Yes | |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)? | Yes | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | No - In Progress | We have a Surrey-wide workstream established to deliver this and good progress is being made however it is not yet fully complete. |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | Yes | |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place? | No - In Progress | There has continued to be good engagement with acute providers and whilst there is support for the direction of travel there is not yet complete alignment between all acute provider plans and CCG plans. |

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
 - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
 - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
- NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q4 2014/15

Narrative

remaining characters 32,358

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

Section 75 Agreements have been drafted between all 7 CCGs and Surrey County Council - final drafting changes and clarifications are being made to the Agreements following external legal advice and no significant issues remain. 'Letters of Intent' have been produced to demonstrate all partners 'intent' to enter into the Agreements and enable funds to be pooled in line with the Surrey Better Care Fund Plan.

Page 101

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Cover and Basic Details

Q1 2015/16

Health and Well Being Board

Surrey

completed by:

Victoria Heald

E-Mail:

victoria.heald@surreycc.gov.uk

Contact Number:

0208 5417492

Who has signed off the report on behalf of the Health and Well Being Board

Helen Atkinson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to

| | No. of questions answered |
|--------------------------------|---------------------------|
| 1. Cover | 5 |
| 2. Budget Arrangements | 1 |
| 3. National Conditions | 24 |
| 4. Non-Elective and P4P | 5 |
| 5. I&E | 21 |
| 6. Local metrics | 17 |
| 7. Understanding Support Needs | 13 |
| 8. Narrative | 1 |

Budget Arrangements

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q1 2015/16

Budget arrangements

| | |
|--|----|
| Have the funds been pooled via a s.75 pooled budget? | No |
|--|----|

| | |
|---|----|
| If it has not been previously stated that the funds had been pooled can you now confirm that they have? | No |
|---|----|

| | |
|---|------------|
| If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY) | 11/12/2015 |
|---|------------|

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund. Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan. Further details on the conditions are specified below. If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

| Condition | Please Select (Yes, No or No - In Progress) | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | Comment |
|---|--|---|--|
| 1) Are the plans still jointly agreed? | Yes | | |
| 2) Are Social Care Services (not spending) being protected? | Yes | | |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | No - In Progress | Apr-16 | 7 day work is well established for adult social care services and plans are progressing to establish 7 day working across health and social care services across Surrey. Not all care homes provide assessments at weekends, which means patients cannot be given care packages. |
| 4) In respect of data sharing - confirm that: | | | |
| i) Is the NHS Number being used as the primary identifier for health and care services? | Yes | | |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)? | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | Yes | | Further progress has been made on information sharing protocols and we are working towards building a collaborative approach |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | No - In Progress | Apr-16 | Differential progress is being made across Surrey. |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place? | Yes | | |

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board:

Surrey

| | Baseline | | | | Plan | | | | Actual | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Q4 13/14 | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| D. REVALIDATED: HWB version of plans to be used for future monitoring. | 24,834 | 25,113 | 25,369 | 26,489 | 24,586 | 24,862 | 25,115 | 26,224 | 24,925 | 26,153 | | |

| | % change [negative values indicate the plan is larger than the baseline] | Absolute reduction in non elective performance | Total Performance Fund Available | Q3 15/16 | Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline] | | | | Maximum Quarterly Payment | | | |
|---|--|---|--|----------|--|----------|----------|----------|---------------------------|----------|----------|----------|
| | | | | | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| D. REVALIDATED: HWB version of plans to be used for future monitoring. | 1.0% | 1,018 | £1,517,517 | | 248 | 500 | 754 | 1018 | £370,025 | £374,483 | £378,318 | £394,691 |

| | Performance against baseline | | | | Suggested Quarterly Payment | | | | Total Performance fund | Total Performance and ringfenced funds | Q4 Payment locally agreed |
|---|------------------------------|----------|----------|----------|-----------------------------|----------|----------|----------|------------------------------|--|------------------------------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | | | |
| D. REVALIDATED: HWB version of plans to be used for future monitoring. | -92 | -1040 | | | £0 | £0 | | | £1,517,517 | £18,923,000 | £0 |

Which data source are you using in section D? (MAR, SUS, Other) MAR If other please specify

Cost per non-elective activity £1,490

| | Total Payment Made | | | |
|------------------------------------|--------------------|----------|----------|----------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Quarterly payment taken from above | #REF! | #REF! | | |
| Actual payment locally agreed | £0 | £0 | | |

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)

| | Total Payment Made | | | |
|--|--------------------|----------|----------|----------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Suggest amount of unreleased funds | | | | |
| Actual amount of locally agreed unreleased funds | | | | |

| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
|--|--|------------|------------|----------|
| | Confirmation of what if any unreleased funds were used for (please use drop down to select): | acute care | acute care | |

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Surrey

Income

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Total Yearly Plan | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|-------------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £22,315,750 | £16,368,750 | £16,368,750 | £16,368,750 | £71,422,000 | £71,422,000 |
| | Forecast | £0 | £16,003,250 | £16,003,250 | £16,003,250 | | |
| | Actual* | £21,950,250 | | | | | |

| | |
|---|--|
| Please comment if there is a difference between the total yearly plan and the pooled fund | |
|---|--|

Expenditure

| | | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Total Yearly Plan | Pooled Fund |
|--|----------|-------------|-------------|-------------|-------------|-------------------|-------------|
| Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £17,855,564 | £17,855,564 | £17,855,564 | £17,855,308 | £71,422,000 | £71,421,873 |
| | Forecast | £0 | £17,490,064 | £17,489,808 | £17,489,808 | | |
| | Actual* | £17,490,064 | | | | | |

| | |
|---|-----------------|
| Please comment if there is a difference between the total yearly plan and the pooled fund | Rounding Errors |
|---|-----------------|

| | |
|--|--|
| Commentary on progress against financial plan: | As requested, actual and Forecast Expenditure has been completed on the best available information. DFG passed on to the Housing authorities. The financial expenditure actual is based on the expected level of spend on facilities, not the transfer of funding from the pooled fund |
|--|--|

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:

Surrey

Local performance metric as described in your approved BCF plan Estimated diagnosis rate for people with dementia (Surrey target)

plan? Yes

If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)

| | Plan | | | | Actual | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Local performance metric plan and actual | 55 | 58 | 61 | 64 | 58 | | | |

Please provide commentary on progress / changes: Surrey has achieved 58.2% by the end of 2014/15 which is above the overall BCF target for Surrey. There has been consistent improvement over the last year and if sustained, Surrey is on track to achieve the target for 2015/16. The dementia calculator is currently under review and official data for Q1 is not expected to be released before end September 2015 by NHS England.

Local defined patient experience metric as described in your approved BCF plan Friends and Family Test (Inpatient) -% recommended

Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan? Yes

If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)

| | Plan | | | | Actual | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| Local defined patient experience metric plan and actual: | 92 | 92 | 92 | 92 | 95 | 96 | | |

Please provide commentary on progress / changes: Surrey has a high baseline of 91.9% for this indicator and has set a statistically significant target of +0.2% for 2015/16. Surrey's performance for the past quarters show an improving trend and all quarters are above planned figures for 2014/15 and 2015/16.

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:

Surrey

| | |
|--|---|
| Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)? | 4.Aligning systems and sharing benefits and risks |
|--|---|

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

| Theme | Interested in support? | Preferred support medium | Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with. |
|--|------------------------|---|---|
| 1. Leading and Managing successful better care implementation | Yes | Case studies or examples of good practice | |
| 2. Delivering excellent on the ground care centred around the individual | Yes | Case studies or examples of good practice | |
| 3. Developing underpinning integrated datasets and information systems | Yes | Case studies or examples of good practice | Peers to peer learning / challenge opportunities |
| 4. Aligning systems and sharing benefits and risks | Yes | Case studies or examples of good practice | Peers to peer learning / challenge opportunities |
| 5. Measuring success | Yes | Case studies or examples of good practice | Peers to peer learning / challenge opportunities |
| 6. Developing organisations to enable effective collaborative health and social care working relationships | Yes | Case studies or examples of good practice | |

Narrative

Selected Health and Well Being Board:

Surrey

Data Submission Period:

Q1 2015/16

Narrative

| | |
|----------------------|--------|
| Remaining Characters | 32,300 |
|----------------------|--------|

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

The CCGs have been contributing to the Section 75 pooled fund since April. Section 75 Agreements have been drafted for all CCGs. These agreements are currently being reviewed by legal advisors, who are seeking to resolve outstanding issues with the agreements. After this process is completed the agreements will be sent out to the chief officers of the CCGs to be given final sign off.

Current local joint plans for all six Surrey CCGs are currently progressing.

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Surrey Health and Wellbeing Board

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|------------------------|-------------------|
| Date of meeting | 10 September 2015 |
|------------------------|-------------------|

Item / paper title: Improving older adults' health and wellbeing – action plan refresh update

| | |
|--|---|
| Purpose of item / paper | <p>The purpose of this item is to update the Board on the proposed refresh of the 'improving older adults' health and wellbeing action plan' and performance metrics as requested at the Health and Wellbeing Board Meeting on 11 June 2015.</p> <p>At the June 2015 meeting the Board felt that a refresh of the action plan would provide an opportunity to learn from the successes achieved so far and to develop meaningful metrics. The board also highlighted a key opportunity for the district and borough councils to contribute to this process.</p> <p>A working group has been established and has commenced the refresh process.</p> <p>The proposed refresh will:</p> <ul style="list-style-type: none"> • Align with existing plans e.g. prevention plans, Better Care Fund, Surrey Dementia Strategy, Emotional Wellbeing and Mental Health, Living and Ageing Well. • Be based on evidence and need with actions updated to reflect this within the plan. • Produce a metrics dashboard with a simplified reporting template for the Board report. <p>There are no further papers attached with this report.</p> |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | This update sets out how the priority for improving older adults' health and wellbeing will be delivered in the future. |
| Financial implications - confirmation that any financial implications have been included within the paper | There are no direct financial implications as a result of this item (no decisions are being requested of the Board). |
| Consultation / public | The refresh process identified above will ensure that the public |

| | |
|---|---|
| involvement – activity taken or planned | and stakeholders are involved in any changes made. It is proposed that the plan will be consulted via the Surrey Dementia Board, The Living and Ageing Well Group, with district and borough colleagues and with Clinical Commissioning Groups (CCGs). |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | The plan is underpinned by the overall equality impact assessment of the Health and Wellbeing Board and any proposed changes will consider equality and diversity implications as standard. |
| Report author and contact details | Jean Boddy, Area Director for Farnham and Surrey Heath jean.boddy@surreycc.gov.uk Karen Thorburn, Director of Quality and System Redesign, NWS CCG karen.thorburn@nwsurreyccg.nhs.uk |
| Sponsoring Surrey Health and Wellbeing Board Member | Liz Lawn, Dave Sargeant, Mel Few |
| Actions requested / Recommendations | The Surrey Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> a) Agree the approach to updating the plan. b) Consider whether a workshop on the plan at a future Board meeting would be welcomed. |



Health and Wellbeing Board
10 September 2015

Developing a preventative approach/ Tackling childhood obesity in Surrey

Purpose of the report: Policy Development and Review

To provide an update on the Surrey Childhood Obesity event that took place on Tuesday 3 March 2015.

Introduction:

1. The Health and Wellbeing Board agreed to sponsor the Surrey Childhood Obesity event with the aim of raising awareness of how different partners and stakeholders could work together to address the serious issue of childhood obesity and generate local geographically specific pledges for action to tackle inequalities.

Childhood obesity event:

2. The Childhood Obesity event took place on Tuesday 3 March 2015 at Leatherhead Leisure Centre.
3. The event invitation was sent with the message '*Obesity is everybody's business*'. The response to the invitation reflected this message as over 160 people attended from a wide range of organisations and professions including: elected members; strategic leads (commissioners and providers), nurses, teachers, parks and leisure services.
4. Speakers included Dr Alison Tedstone, National Lead for Diet and Obesity at Public Health England.
5. Two group discussions were included in the event. The initial discussion focused on exploring strengths, gaps and challenges to delivering work on child obesity while the second group session involved developing borough/district locality partner action plans.

6. Participants were assigned to groups based on the borough/district locality in which they worked. Although this worked well for most groups, some lacked representation from a range of organisations which limited the ability of these particular groups to get an understanding of the role of different partners in preventing child obesity.
7. Participants were informed at the end of the event that they would be contacted in September 2015 for feedback on their locality action plan.
8. Reigate and Banstead Borough Council has already provided feedback on their locality plan. They are organising a child obesity half week 'R & B Active' to be held from 14 to 20 of September 2015. The aim of the event is to raise awareness of opportunities that exist for children, young people and their families to lead healthier lifestyles and help to address levels of childhood obesity locally.

Conclusions:

9. Both the event planning group and the participants considered the event to be successful both in terms of supporting partnership engagement and helping to develop locality action plans.
10. For future events, a good mix of different organisations for group discussions is important to develop an understanding of roles and networking.

Next steps

11. The event planning group will contact participants in September 2015 for feedback on borough/district locality action plans.
12. Surrey Public Health Team has commissioned child obesity brief intervention training for all front line staff from all sectors in each borough/district locality. This training supports staff to raise the issue of weight, identify children who have excess weight and offers ideas and methods for positive follow up with families including signposting to relevant services. Training sessions commenced in May 2015 and will continue until October 2015.
13. Surrey Public Health Team is currently commissioning tier 2 lifestyle weight management services for children/young people and their families for each CCG locality. These services will commence within this financial year.

Helen Atkinson. Director of Public Health
 Rachel O'Reilly, Corporate Head of Service (Wellbeing), Mole Valley DC

HWB child obesity event report 13.08.15
Tom Kealey, Leisure, Health and Wellbeing Manager, Reigate and Banstead
Borough Council
Julie Nelson, Public Health Lead, Public Health.

Contact details:

Helen.atkinson@surreycc.gov.uk

Rachel.oreilly@molevalley.gov.uk

Tom.kealey@reigate-banstead.gov.uk

Julie.nelson@surreycc.gov.uk

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Surrey Health and Wellbeing Board

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|------------------------|-------------------|
| Date of meeting | 10 September 2015 |
|------------------------|-------------------|

Item / paper title: Improving Children's Health and Wellbeing – status update

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|--|--|
| <p>Purpose of item / paper</p> | <p>Following the previous Improving Children's Health and Wellbeing status update in June 2015, the Health and Wellbeing Board asked for a further update including the 2015/16 Partnership Action Plan and an update following the publication of the Children's Services Inspection Report.</p> <p>This item therefore includes:</p> <ul style="list-style-type: none"> • The updated Children and Young People's Partnership Action Plan 2015-16, which reflects certain areas for improvement as highlighted in the Ofsted report, alongside an updated status update ('flash report') showing the latest position against the 'Improving Children's Health and Wellbeing' priority actions. • A presentation about the Surrey County Council Children's Services Improvement Plan. (The Improvement Plan will not be finalised and published until after the Board's papers are published however hard copies will be made available on the day of the meeting.) <p>Whilst the action plan and status update reflect areas and actions as highlighted in the Ofsted Inspection report, things have and continue to move on quickly. Partners and the CYP Partnership will continue to work together to ensure there is appropriate alignment between the Improvement Plan and the work and priorities of Children and Young People's Partnership.</p> <p>Following feedback at the last Health and Wellbeing Board meeting, work is also being undertaken to strengthen the outcome measures for each of the priority action areas.</p> |
| <p>Surrey Health and Wellbeing priority(ies) supported by this item / paper</p> | <p>Surrey's Joint Health and Wellbeing Strategy (JHWS) commits to five priorities:</p> <ol style="list-style-type: none"> 1. Improving children's health and wellbeing 2. Developing a preventative approach 3. Promoting emotional wellbeing and mental health 4. Improving older adults' health and wellbeing 5. Safeguarding the population <p>This status update sets out how the priority for improving children's health and wellbeing is being delivered. It is reporting</p> |

| | |
|---|--|
| | on the Children's Services Improvement Plan and updating the Board on the six priorities identified by the Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group for 2015/16 (as set out in the Surrey Children and Young People's Partnership Action Plan 2015/16). |
| Financial implications - confirmation that any financial implications have been included within the paper | As an information update, there are no direct financial implications as a result of this report. |
| Consultation / public involvement – activity taken or planned | The priority setting and status update have 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. |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | The analysis of need that informed the priorities in the Surrey Children and Young People's Partnership Action Plan 2015/16 systematically identifies inequalities in health and wellbeing. The priorities and actions for 2015/16 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. |
| Report author and contact details | Andrew Evans andrew.evans@surreycc.gov.uk , 01372 833992 |
| Sponsoring Surrey Health and Wellbeing Board Member | Julie Fisher, David Eyre-Brook |
| Relevant portfolio holder | Councillor Clare Curran |
| Actions requested / Recommendations | The Surrey Health and Wellbeing Board is asked to: a) Note the update of the Children's Services Improvement Plan and partners to continue to work together to ensure there is appropriate alignment between the Improvement Plan and the work and priorities of Children and Young People's Partnership |

Health and Wellbeing Surrey

| | |
|--|--|
| | <ul style="list-style-type: none">b) note the Children and Young People's Partnership Action Plan 2015/16 and the updated progress report for the 'improving children's health and wellbeing' priority.c) receive a further update on the 2015/16 action plan (including any further alignment with the Improvement Plan) in December 2015. |
|--|--|

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Surrey

Children and Young People's Partnership

Page 123

Children and Young People's Partnership Action Plan 2015-2016

Healthy Behaviours and Universal Prevention

Aim: To address both the health and wellbeing needs of the whole population (universal), but with a scale and intensity that is proportionate to the level of need (proportionate universalism) in order to address health inequalities.

Outcomes

- Have positive attachment with their parents and carers.
- Have the best start in life, have good nutrition and maintain and healthy weight.
- Live healthy lifestyles and have a positive sense of wellbeing.
- Have access to a range of programmes that support healthy behaviours.
- Clear pathways exist between universal services and those for Early Help and Targeted Prevention.

Measures (as reported through the Public Health or NHS Outcomes Frameworks):

- Improving child development and school readiness.
- Improving child development at 2-2 ½ years.
- Reduced levels of smoking during pregnancy.
- Reducing tooth decay in children aged 5.
- Reducing excess weight in 4-5 and 10-11 year olds.
- Reducing under 18 conceptions in areas with higher rates.
- A & E attendance rate for children (0-4 years)

Areas of focus

- Ensure safe and complete transition of the commissioning of health visiting services to public health.
- Continue to increase delivery of the 2-2^{1/2} year integrated developmental and education review through Health Visiting and Early Years services.
- Support Children Centres in developing their prevention approach through the role out of the Healthy Children Centre Programme.
- Support role out of Oral Health Promotion Strategy.
- Support School Nursing Services to develop their public health programmes and links to healthy schools.
- Continue to develop a robust PSHE/Sex and Relationship Education offer through healthy schools and our community providers.
- Deliver prevention elements of tobacco control, drug and alcohol strategies aimed at CYP and pregnant women.
- Establish obesity services for children and young people
- Delivery of Healthy Young Surrey Youth Services.
(Actions focusing on improving the emotional wellbeing and mental health of CYP will be covered under the EMWMH priority).

Lead Officer

Harriett Derrett-Smith (SCC, PH)

in partnership with:

(SCC, EYS)

Surrey Services for Young People

By when

Safe transition by October 1st 2015.

2015/16 Q3 for 2-2^{1/2} yr reviews

2015/16 HCCP
2015/16 OHPS

2015/16 school nurses and healthy schools
2015/16 Q4 SM and smoking
2015/16 Q4 children's obesity services

Link to existing delivery plans/partnerships

- Early Help Governance Group
- Early Help Strategy
- Early Help Joint Commissioning Strategy
- Family Nurse Partnership

Early Help and Targeted Prevention

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

Outcomes:

- Families are resilient and feel supported to tackle issues and problems as soon as they arise.
- Families receive a minimum intervention as early as possible to prevent escalation of problems.
- Children and young people make good relationships.
- Children and young people are happy, healthy and well.
- Children and young people maximise life opportunities.
- Professionals are clear about early help options and feel informed and supported to tackle issues in partnership as soon as they arise.

Measures:

- Practitioners make appropriate referrals at the right time to the right place.
- Fewer re-referrals in to statutory services
- A greater number of children identified early and receiving help through our universal, preventative and early help services.
- Increase in the number of early help assessments and TAF interventions.
- Less demand for acute and complex services – CPP and LAC.
- To work with 750+ families with multiple problems via the FSP.
- A greater number of children being 'ready for school'.

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| Areas of focus | Lead Officer | By when | Link to existing delivery plans/partnerships |
|---|---------------------|---|---|
| <ul style="list-style-type: none"> • Refine and strengthen the Early Help delivery model. • Improve the quality and consistency of Early Help assessments and plans (Ofsted thematic). • Ensure that children's needs for EH arising from parental substance misuse, mental ill health, and domestic abuse are addressed in commissioning plans (Ofsted thematic). • Review of multi-agency levels of need guidance, management oversight and supervision, training, and information (Ofsted thematic). • Implementation of the e-help system including EH tools. • Local authority to develop EH offer to schools. • Ensure that children, young people and families receive the right intervention at the right time. • Further development/review of the MASH and monitoring of the effectiveness of impact. | Sean Rafferty (SCC) | Nov 2015 Ongoing Ongoing October 2015 Oct 2015 Oct 2015 Ongoing Feb 2016 | <ul style="list-style-type: none"> • Early Help Governance Group. • Early Help Strategy. • Early Help Joint Commissioning Strategy. • Safeguarding Board • Family Nurse Partnership. |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> • Expansion of the Surrey Family Support Programme. • Review of Surrey's parenting and families offer. • Review Early Years offer. • Enhancing the role to be played by the third sector (voluntary and community organisations) in EH. • Targeted prevention: • Ensure vulnerable groups, including looked after children (LAC) and those not in school have access to universal prevention services. • Commission the targeted school nursing role and support alignment between general and specialist school nursing services. • Work with the LAC health structure and Supporting Families Programme to ensure public health programmes are available to this group of children and young people. • Support the continued delivery of the Family Nurse Partnership • Support the development/implementation of a new online safety strategy, and ensure it links to the PREVENT agenda. | <p>Harriett Derrett- Smith (SCC, PH)</p> <p>ACC Gavin Stephens (Surrey Police)</p> | <p>Feb 2016</p> <p>Feb 2016</p> <p>Feb 2016</p> <p>Ongoing</p> <p>Ongoing</p> <p>October 2015</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> | |
|--|--|--|--|

SEND

Aim: to enable every child and young person with special educational needs and disabilities to contribute and achieve more than they thought possible. Children and young people are supported by all partners, bound by a single thread, throughout their daily lives as they progress from birth into adulthood.

Outcomes:

- Children, young people and families have greater control and choice in decisions through co-production.
- Children and young people receive more personalised services.
- Introducing personal budgets for health.
- Integrated assessment – families will not have to repeat their stories more than once.
- Good quality transition and preparation for adulthood.
- Delivery of services CYP and families receive will be more co-ordinated.

Measures:

- % education, health and care plans completed within 20 weeks.
- Increased satisfaction of parents with SEND arrangements.
- Improved progression, attainment and employability for children with special educational needs and disabilities.

| Areas of focus | Lead Officer | By when | Link to existing delivery plans/partnerships |
|---|---|--------------------|--|
| <p>Develop a strategy and implementation plan that:</p> <ul style="list-style-type: none"> • Transforms the experience of children and families, ensuring it is person-centred, holistic, integrated, restorative and co-produced. • Reshapes the market of provision including: <ul style="list-style-type: none"> • providing education in the community and reducing the use of non-maintained independent schools and independent specialist colleges. • commissioning for health, social care and education needs on an area level. • Integrates the service model to bring together SEND services that sit within the county council and integrate commissioning of health, education and social care. <p><i>(Based on the draft SEND Strategy)</i></p> | <p>PJ Wilkinson (SCC)</p> <p>Garath Symonds (SCC)</p> | <p>Autumn 2015</p> | <ul style="list-style-type: none"> • SEND Governance Board • SEND Strategy (under development) |
| <h3>Emotional wellbeing and mental health</h3> | | | |
| <p>Aim: We will promote and support good mental health and emotional wellbeing by commissioning and providing quality child centred services that are compassionate, responsive, timely, needs-led, respectful, and effective and help children and young people realise their full potential.</p> | | | |
| <p>Outcomes:</p> <ul style="list-style-type: none"> ➤ Children and young people have good communication skills that help them achieve their full potential. ➤ Children and young people increase their self awareness and have a better understanding of who they want to be. ➤ Children and young people will develop and maintain good mental Health. ➤ Children and young people will not experience stigma and discrimination due to mental health. | <p>Measures:</p> <ul style="list-style-type: none"> • Less demand for acute services • Fewer young people access hospital provision following an episode of self-harm. • Reduction in the number of tragic events as a result of poorly managed/untreated mental ill health • Reduction in suicide rate amongst children and young people • Children and young people access and receive timely interventions • Increased sense of wellbeing reported by children and young people | | |

| Areas of focus | Lead Officer | By when | Link to existing delivery plans/partnerships |
|---|--|-------------------|---|
| <ul style="list-style-type: none"> • Re-commission targeted and specialist community services, that build resilience of children and young people so they are equipped with the necessary skills to maintain positive mental health and emotional wellbeing. • <ul style="list-style-type: none"> ○ Further investment into targeted services for a behavioural pathway including bringing voluntary sector education, social care and education together to develop a single pathway for children and young people with ADHD, ASD and FASD ○ Increase support for children and young people who have been sexually exploited and young people with sexually harmful behaviour. ○ Increased CAMHS support for Looked After Children. ○ Increased support for children and young people who are adopted and their families • Scope and shape our emotional wellbeing and mental health provider market to ensure services are culturally appropriate, community based and deliver value for money reducing demand for more acute interventions. • Ensure safety and clinical excellence are maintained, with all services commissioned. Ensure providers have an understanding of safeguarding children requirements and know how to take appropriate action when safeguarding issues are identified. • Continue to extend the HOPE out of hours service for young people in crisis beyond the funding of the Social Innovation Fund. • Support the transfer of Tier 4 Commissioning from NHS England to Surrey CCGs. • Review assessment and referral pathways to ensure alignment and integration between universal and targeted public health, targeted CAMHS, Learning Disability, SEND and substance misuse services. | <p>Sarah Parker (CCG) Ian Banner (SCC)</p> | <p>April 2016</p> | <ul style="list-style-type: none"> • CAMHS Strategy Board. • EWMH Joint Commissioning Strategy. • Surreys Crisis Care concordat • CAMHS Procurement Programme Board |

| | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> To support the PSHE programme to strengthen the emotional literacy curriculum in schools and continue to deliver and develop the TaMHS approach (Targeted Mental Health in Schools) | | | |
| <p>Safeguarding 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.</p> | | | |
| <p>Outcomes:</p> <ul style="list-style-type: none"> Children and young people are safe and feel safe. | <p>Measures:</p> <ul style="list-style-type: none"> Fewer children and young people are at risk of sexual exploitation. Fewer cases of CSE. Increase in the number of prosecutions for CSE. Sufficient support is available to meet the needs of local young people at risk of or who have suffered from child sexual exploitation. | | |
| <p>Areas of focus</p> | <p>Lead Officer</p> | <p>By when</p> | <p>Link to existing delivery plans/partnerships</p> |
| <ul style="list-style-type: none"> Revise and implement the Child Sexual Exploitation Strategy (including missing persons). Ensure that information and intelligence is shared proactively across the partnership to improve the protection of children in their area and increase the rate of prosecutions. Ensure that sufficient appropriate support is available to meet the needs of local young people at risk of or who have suffered from child sexual exploitation, including abuse and in families. Ensure that local strategies and plans are informed by the experiences of those who have been at risk of or have suffered from child sexual exploitation. Ensure that local schools are effective in raising awareness and protecting children at risk of or who have suffered from sexual exploitation. | <p>Caroline Budden (SCC)</p> <p>ACC Gavin Stephens (Surrey Police)</p> | <p>September 2015</p> <p>October 2015</p> <p>Feb 2016</p> <p>October 2015</p> <p>October 2015</p> | <ul style="list-style-type: none"> Safeguarding Board Corporate Parenting Board Community Safety Board CSE Strategy and Action Plan Online Safety Strategy School Phase Council's |

Shared Insight

Aim: 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.

Outcomes: (copied from Shared understanding of need)

- Health and wellbeing services for children and families are designed to take account of their needs and experiences.
- CYP and families feel a part of decisions made about their health and wellbeing.
- CYP and families are able to see where and how their input has affected strategic decisions (Surrey Says).
- Agencies have developed an appropriate 'if in doubt, share' culture around data.
- Agencies are collectively well aware of the future demand for services and needs of CYP and families.
- Agencies are collecting and using the voice of CYP and families routinely to inform service decisions.
- There is less duplication of work within and between agencies.

Measures:

- Challenge how well we know our children and young people and whether we are using our collective resources effectively.
- Check that the experiences and needs of children and young people are improving and being met.
- Understand the current situation and explore the possibilities for future service delivery.
- Ensure that partners can ask what and how we should be commissioning to achieve the best outcomes for children and young people.

Areas of focus

- Shared understanding of need: Understand the behaviours of Surrey school children through assimilation of HRBQ.
- Complete a child sexual exploitation needs analysis.
- Update JSNA chapters: SEND, Safeguarding, Families in Need, Children and Young People in Care.
- Review the effectiveness of the information sharing protocol.
- Monitor delivery and performance information relevant to the children and young people's partnership architecture.
- Develop and implement a monitoring and evaluation framework to support joint commissioning and improvement activity.

Lead Officer

Harriett Derrett-Smith (SCC, PH)
Jo Holtom (SCC)

By when

July 2015
September 2015
October 2015
September 2015
September 2015
September 2015

Link to existing delivery plans/partnerships

- JSNA.
- CSE Strategy and Action Plan.
- Information sharing protocol.

Flash Report

Improving Children and Young People's Health and Wellbeing

Priority status update

10 September 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 2015-16 | RAG Rating | Reasons for outstanding issues | Action to address issues or bring back on track |
|---|--|---|---|
| Healthy Behaviours and Universal Prevention |  | Maintaining appropriate levels of 0-19 workforce within community providers. 0-5 mandated checks overall still below national average. Retention and recruitment of school nurses. A&E attendance rate for children (0-4 Years). | Maintain oversight of performance of the Health Visiting service against Mandated service areas and workforce. Ensure workforce and Delivery plans are delivered Against by each provider. Complete workforce planning for 0-19 services. |
| Early Help and Targeted Prevention |  | Improve the quality and consistency of Early Help assessment and plans. Further work required on interface between Early Help and Children in Need. | Monitoring and tracking has been set up reporting to Assistant Director of Children's Social Care. Learning from SSCB's audit of EH assessments to be put into Strategy refresh. |
| SEND |  | Need to improve experiences for families and identify provision that is integrated and affordable. OFSTED will inspect local areas for effectiveness from May 2016. | The SEND Governance Board is overseeing development of a strategy and programme to address key challenges. A draft strategy and programme plan will be considered by the Board in Sept. 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 |
|---|---|---|---|
| Emotional Wellbeing and Mental Health | G | National commissioning arrangements for Tier 4 beds. | Continued lobbying of NHS England and DoH. Re-tendering CAMHS services during 2015/16 on schedule. |
| Safeguarding | A | National concerns about the extent of CSE. Government measures have been announced to address this. Improvement identified by Ofsted. | A new CSE Strategy and Action Plan is developed including multi-agency governance arrangements. |
| Shared insight | A | The development of performance measures and evidence base to monitor implementation of the Partnership Plan. Further work identified by Ofsted on JSNA chapters. | Develop JSNA chapters: Families in Need, SEND, CYP in Care and Safeguarding. Review needs analysis as stated in the Ofsted report. |

Healthy Behaviours and Universal Prevention

Aim: To address both the health and wellbeing needs of the whole population (universal), but with a scale and intensity that is proportionate to the level of need (proportionate universalism) in order to address health inequalities.

Status

Amber



Lead Officer: Harriett Derrett-Smith

Current position including achievements

- 0-5 Health Visitor Transition of commissioning responsibility legal element complete for all three providers.
- Providers are continuing to improve against the 0-5 mandated universal checks.
- Schemes of work and curriculum development taking place for: SRE, PSHE, Drugs and Alcohol.
- Pilot of tier 2 child weight management service is being delivered by Central Surrey Health.
- Provider development day held for Children's Weight Management Service. Specification development now underway.
- Stop Smoking Service contract has now been awarded. This includes targeted element for CYP.
- Results from the Surrey Schools Health Related Behaviour Questionnaire have now been collated.
- Ongoing support to CYP, schools and families through Catch 22
- Head Injuries leaflet distributed to all schools and early years settings

Next steps / actions to address issues

- Maintain oversight of performance of the Health Visiting service against mandated service areas and workforce. Ensure workforce and delivery plans are delivered against by each provider.
- Complete workforce planning for 0-19 services.
- Continue to work with pharmacy on increasing access to and availability of Emergency Hormonal Contraception and Chlamydia screening.
- Feedback results from the Surrey Schools Health Related Behaviour Questionnaire to schools and provide assistance and advice for schools to tackle any key health behaviours.

Risks / performance issues for escalation

- Maintaining appropriate levels of 0-19, including school nurses, workforce within community providers remains a challenge.
- While improvements are taking place against the 0-5 mandated checks overall still below national average.
- In year national finance changes.
- Retention and recruitment of school nurses remains a challenge
- A&E attendance rate for children (0-4 Years)

What difference for children, young people and families?

- Improved access to weight management services for children in Surrey.
- Increased proportion of universal child health checks being completed
- Improved access to sexual health screening and contraception
- Increased skills and knowledge of the workforce

Early Help and Targeted Prevention

Aim: To identify and address the needs of Surrey’s children and families earlier, reducing the need for more intensive, acute or specialist support. **Note: the content of this CYPP priority will be reviewed as part of Early Help Strategy Review.**

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| Status | Red |  |
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Lead Officer: Sean Rafferty

Current position including achievements

- The multi-agency Early Help Governance Group and SSCB have agreed to a review and refresh of the Early Help Strategy that was put in place in 2014.
- The SSCB is reviewing the Multi-agency Levels of Need Guidance following feedback from the Ofsted inspection of SSCB in June.
- A Pilot Practice site has been established in Reigate & Banstead, Mole Valley and Tandridge to develop an EH Support Team approach to supporting partners’ capacity and capability in supporting Early Help arrangements. All Children in Need step downs are being monitored by the Assistant Director for Children’s and Safeguarding Services of SCC.
- Multi-agency MASH Board has agreed arrangements to review and reform referral and assessment arrangements
- Step down from social care arrangements improving but will need more attention. SSCB Audit of EH assessments presented in March highlighted significant concerns.
- Audit of 200 Teams Around the Family showing good action plans
- Family Nurse Partnership currently working with 57 families. High level of need: LAC (1 mother and 2 babies), Children in Need (11), Child Protection Plan (5), Referral, Assessment Service (8), Team Around Family(1). 33% are involved with Children’s Social Care.

Risks / performance issues for escalation

- The integrated Ofsted inspection highlighted concerns about the practice of stepping down cases to universal and targeted services.
- Need for much greater engagement with EH arrangement by all partners.
- Evidence shows schools are acting as lead professional in a significant number of EH cases that should be led by other agencies

Next steps / actions to address issues

- Listening exercise over reviewing the Early Help Strategy, including a focus on schools’ feedback before the Summer break.
- Testing of e-help systems pending making available to all local services
- Actions to increase partnership participation in Practice Pilot.
- Learning from SSCB’s audit of EH assessments to be incorporated into Strategy refresh and deep dive audit scheduled for later in the year.
- The FNP Advisory Board are working with the service to ensure continued delivery and access to young parents most in need as capacity is being reached
- Mental Health Early Help provision will be covered through the re-procurement of targeted and specialist community CAMHS. A new grant commission to improve outcomes for children and young people affected by domestic abuse commenced in June 2015.

What difference for children, young people and families?

- Family Support Programme working with 600+ families with 400+ Team Around the Families in Progress
- From June to July 2015, 154 Early Help Assessments completed, covering 223 children/young people
- 100 young mothers and their children will be able to access the Family Nurse Partnership.

SEND

Aim: To enable every child and young person with special educational needs and disabilities to contribute and achieve more than they thought possible. Children and young people are supported by all partners, bound by a single thread, throughout their daily lives as they progress from birth into adulthood.

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| Status | Red |  |
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Lead Officer: PJ Wilkinson

Current position including achievements

- In July the SEND Governance Board considered three strategic objectives to address current challenges for SEND: transforming the customer experience, re-building the customer journey and reshaping local provision. Reshaping local provision will include: a progressively more inclusive mainstream sector in Surrey; a much higher proportion of those not in mainstream attending local state-maintained special schools; a radically reduced reliance on the independent sector.
- Detailed financial analysis has been carried out to inform the SEND Strategy.
- Implementation of Education, Health and Care plans and pre-statutory plans is underway with some successes and some significant challenges. Additional capacity has now been secured.
- Training/information has been rolled out.
- Local Offer partnership steering group has been established.
- The joint speech and language therapy commissioning strategy and proposal to devolve funding to specialist settings and bring the mainstream service in-house has been agreed by Cabinet and Schools Forum. New service will be implemented from Sept 2016.

Next steps / actions to address issues

- Final draft SEND Strategy, vision, outcomes and success measures
- Detailed programme of work to develop and deliver a financially sustainable target operating model for SEND
- Pathway mapping and needs analysis
- Quality assurance and self-evaluation against Ofsted framework
- Work to address significant capacity challenges presented by the transition and implementation plan including recruitment and training of additional staff
- Personal Budgets policy to be consulted on in Autumn
- POET evaluation tool to be introduced Sept
- SCC investment proposal for in-county special schools

Risks / performance issues for escalation

- A major challenge is to make services financially sustainable over the next 5 years. This includes divesting from independent schools and replacing existing provision at the same time as providing new school places to meet increasing demand.
- The new process is much more labour intensive. Early evaluation returns suggest quality assurance and staff capacity are significant risks/issues during the transition and implementation.
- Ofsted will formally inspect local areas for effectiveness in fulfilling new SEND duties from May 2016.
- Continued engagement and capacity is required of all partners in co-designing a new target operating model in order for it to meet the principles and outcomes identified in the SEND Strategy

What difference for children, young people and families?

Increase proportion of EHCPs completed within statutory timescales (currently 19%, interim target 60%)

Increase proportion of pupils on SEN support achieving L4+ RWM at KS2 (2014 Surrey result 39%, national 42%; all Surrey pupils 82%, national 79%)

Increase proportion of pupils on SEN support achieving 5+ A*-C at KS4 (2014 Surrey result 35%, national 32%; all Surrey pupils 73%, national 66%)

Emotional Wellbeing and Mental Health

Aim: We will promote and support good mental health and emotional wellbeing by commissioning and providing quality child centred services that are compassionate, responsive, timely, needs-led, respectful, and effective and help children and young people realise their full potential.

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| Status | Green |  |
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Lead Commissioning Officers: Diane McCormack/
Ian Banner
Lead Provider Officer: Linda McQuaid

Current position including achievements

- 2015/16 will see the re-procurement of targeted and specialist community CAMH services across Surrey. This builds on stakeholder engagement and priority improvement setting in 2014/15. The aim is to enhance building resilience in children, young people and their families so they are equipped with the necessary skills to maintain positive mental health and emotional wellbeing. A CAMHS Prime provider with active engagement of the community and voluntary sector is key. This will specifically ensure improvements in:
 - access to CAMHS, incl clear/single referral routes
 - services for CYP with neurodevelopmental difficulties, including ADHD and ASD, by jointly commissioning a multimodal treatment, support and advice service.
 - access to CAMHS for CYP who have been sexually exploited, are looked after out of the county, are leaving care and those recently adopted.
- Additional investment from SCC and CCGs to deliver these improvements has been agreed. The CAMHS procurement document has been submitted to the SCC cabinet in July 2015
- Additional funding has been provided to fill historical commissioning gap in simple ASD. Virgin Care to provide service for those under 11 years of age and SABP will provide for those over age 11.
- We are embedding an extended out of hours HOPE service for young people in crisis including overnight support, funded via the Social Innovation Fund.
- We are ambitious to repatriate of co-commission access to beds (tier 4) to support access and seamless care.

Risks / performance issues for escalation

- Suitable providers to meet requirements of service specifications
- Commissioning gaps specifically in ADHD/ASD which is causing an increase in complaints and rising numbers of children/young people being held until new service procured 2016/17. This has now been addressed with additional funding to clear the backlog and provide a service going forward pending award of new contract.
- Gaps in differential diagnosis across and unclear referral pathways leading to delays accessing care.
- Lack of inpatient (tier 4) mental health beds leading to serious incidents and delayed care
- Risk to Extended HOPE commencement date (Sept 2015) due to recruitment issues.

Next steps / actions to address issues

- Re-tendering CAMHS services during 2015/16
- Investigate other recruitment options such as bank staff to ensure Extended HOPE can become operational, even if not at planned capacity.
- Awaiting guidance from NHS England in support of co-commissioning
- Transformation plan to be submitted to NHS England for national funding to further improve services for CYP with:
 - Eating disorders
 - Requiring early intervention in psychosis
 - Liaison Psychiatry- supporting all acute hospitals to have full psychiatric liaison in place by 2020

What difference for children, young people and families?

- Clarity of how to get help including out of hours in a crisis
- Improved cross agency dialogue and planning/advice giving
- Quicker access to support, advice and treatment
- Reducing the need for children and young people taken out of county as a place of safety

Safeguarding

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.

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| Status | Amber |  |
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Lead Officer: Caroline Budden

Current position including achievements

- The new CSE Strategy group has agreed the revised CSE Strategy and Work Plan.
- The four MAECC area teams were working closely together and the new structure is firmly embedded.
- A revised CSE Risk Assessment Tool is in place and a CSE Screening Tool developed for all partners to use when deciding whether to refer a young person
- The training programme for the SSCB has been refreshed with updated courses provided covering CSE and Radicalisation. Lessons from Serious Case reviews are regularly reviewed
- A joint workforce strategy was being developed. It sets out how the partnership will work together to recruit, retain, train and develop our respond to changes.
- Domestic Abuse Work Plan themes for 2015-16 were agreed by the Community Safety Board in June 2015.
- Work to capture the recommendations, learning and impact of the Domestic Homicide Reviews that have taken place in Surrey.

Next steps / actions to address issues

- The CSE Strategy Group is developing an Information Sharing Protocol covering CSE, FGM and Radicalisation to improve the process for all agencies to share information, but also enable to building of a comprehensive dataset that can inform the Surrey Problem Profile
- Commission an independent review of the MAECC process now that it is nearly 6 months in operation.
- The FGM Task Group to develop new operating protocols for responding to referrals of FGM; a training package for staff on this issue, and complete a scoping and mapping exercise for Surrey
- Develop the terms of reference for Divisional and county Prevent Partnership
- Commission a wider service for carrying out return interviews for children who go missing from home & care.
- Work continues in developing an outcomes based specification for commissioning of Domestic Abuse Outreach services for the County.

Risks / performance issues for escalation

- Sharing of information between social care, health, police and schools is not timely.
- Insufficient information about the partners involved in dealing with those looked after children who had been placed out of county as well as those placed in Surrey from other LAs.
- National research indicates that 1 in 3 CSE victims are boys, but there is an information gap in Surrey.
- Surrey not compliant with guidance to Local Authorities for providing independent return interviews to children who go missing from home.
- More training/support to schools in safeguarding younger children from grooming by the potential victims/perpetrators of CSE in the schools
- Insufficient services available across the county to offer therapeutic support to victims of CSE, both current and as survivors.

What difference for children, young people and families?

- Children identified as at risk of Child Sexual Exploitation have their needs met and they are protected from further exploitation.
- Domestic Abuse - 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.

Shared Insight

Aim: 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.

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| Status | Amber | A |
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Lead Officer: Harriett Derrett-Smith/Jo Holtom

Current position including achievements

- Work is ongoing to streamline JSNA process for CSF, older JSNA Chapters are being replaced and archived in due course.
- Surrey Says has been successfully rolled out to CSF and is being rolled out throughout SCC.
- Results from the Surrey Schools Health Related Behaviour Questionnaire have now been collated.
- A set of new performance measures are being developed to monitor the progress of the CYPP and to enable the Strategic Partnership and Health and Wellbeing Board to track progress. In addition, to the JSNA Chapters these performance measures will help to underpin the development of a monitoring and evaluation framework to support joint commissioning.

Next steps / actions to address issues

- Develop JSNA Chapters: CYP in the Care of the Council and Families in Need (September 2015), Safeguarding (October 2015) and SEND (November 2015)
- Further work is required to develop our understanding of domestic abuse, parental mental ill-health, children in poverty, and improving outcomes for looked after children
- Surrey Says is now led corporately.
- The scopes of the new chapters to be agreed including pregnancy and maternity, healthy behaviours and risky behaviours.
- Feedback the findings of the Surrey Schools Health Related Behaviour Questionnaire to Commissioners in Public Health and Children's Services.
- The Surrey Safeguarding Children Board is overseeing a child sexual exploitation needs assessment.
- The Surrey Safeguarding Children Board is planning to review the effectiveness of the information sharing protocol.

Risks / performance 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.
- Ofsted has raised that further work is required to develop our understanding of domestic abuse, parental mental ill-health, children in poverty, and improving outcomes for looked after children.

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.

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Surrey Health and Wellbeing Board

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| Date of meeting | 10 September 2015 |
|------------------------|-------------------|

Item / paper title: Children and Adolescent Mental Health Service (CAMHS) Transformation Plan

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|---|---|
| Purpose of item / paper | Following the publication of Future in Mind and the guidance to introduce the waiting and access standards to mental health services NHS England has announced additional funding for children's mental health services. This will be allocated to individual Clinical Commissioning Groups (CCGs) working in collaboration and will be released on the presentation of a Transformation Plan. The Health and Wellbeing Board is asked to support and approve the CAMHS Transformation Plan for Surrey developed by Guildford and Waverley CCG in order to access the additional funding made available by NHS England. The Transformation Plan will be provided to the Board upon publication. |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | This paper supports two of the Health and Wellbeing Board's priorities as laid out by the Joint Health and Wellbeing Strategy (JHWS), these are Improving children's health and wellbeing and Promoting emotional wellbeing and mental health. These priorities are supported through improvement of mental health services available to children and young people in Surrey. |
| Financial implications - confirmation that any financial implications have been included within the paper | NHS England has announced additional funding for Clinical Commissioning Groups to improve children's mental health services. The Transformation plan will provide detail on what areas of CAMHS this additional funding will be used to support. |
| Consultation / public involvement – activity taken or planned | Information currently not available. |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | Information currently not available. |
| Report author and contact details | Sarah Parker, Director of Children's Commissioning (Surreywide), Guildford and Waverley CCG Sarahparker2@nhs.net |

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| Sponsoring Surrey Health and Wellbeing Board Member | David Eyre-Brook, Clinical Chair, Guildford and Waverley CCG |
| Actions requested / Recommendations | The Surrey Health and Wellbeing Board is asked to: a) Approve the CAMHS Transformation plan. |