

Notice of Meeting

Health and Wellbeing Board



Date & time
Thursday, 10 March
2016
at **1.00 pm**

Place
North West Surrey CCG
Offices, 58 Church Street,
Weybridge, Surrey KT13 8DP

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 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 Andrew Baird on 020 8541 7609.

Board Members

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

District Councillor James Friend
Mr Mel Few
Peter Gordon
Nicholas Ephgrave
Helen Atkinson

John Jory

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

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.

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 10 DECEMBER 2015

(Pages 1
- 10)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

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

4 QUESTIONS AND PETITIONS

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (4 March 2016).

b Public Questions

The deadline for public questions is seven days before the meeting (3 March 2016).

c 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.

6 FORWARD PLAN AND ACTIONS TRACKER

(Pages
11 - 20)

To review and agree the Board's Forward Work Programme and Actions Tracker.

7 CASE STUDY - SURREY HEATH INTEGRATED CARE TEAMS

The Board will be provided with a short presentation on the implementation of Surrey Heath CCG's integrated care teams.

8 SURREY COUNTY COUNCIL AND CLINICAL COMMISSIONING GROUP FINANCIAL CHALLENGES SUMMARY

(Pages
21 - 24)

To provide the Health and Wellbeing Board with an overview of the financial challenges facing Surrey County Council following the final local government finance settlement and those facing Surrey's six Clinical Commissioning Groups (CCG) in light of the CCG allocations 2016/17 – 2020/21.

9 SURREY FOOTPRINT DIGITAL ROADMAP - STATUS UPDATE (Pages 25 - 38)

This paper sets out the approach, scope, timing and current project status of delivering the Surrey footprint Digital Roadmap.

10 IMPROVING CHILDREN'S HEALTH AND WELLBEING - PRIORITY STATUS UPDATE (Pages 39 - 50)

The purpose of this report is to update the Health and Wellbeing Board on progress against the children's priority of the Joint Health and Wellbeing Strategy, 'Improving children's health and wellbeing'. This update is six monthly with the last update in September 2015. The Board is also asked note the development of the new Children and Young People's Partnership arrangements.

11 DEVELOPING A PREVENTATIVE APPROACH - PRIORITY STATUS UPDATE (Pages 51 - 58)

To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in November 2015.

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.

13 DATE OF NEXT MEETING

The next public meeting will be held on 9 June 2016.

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 2 March 2016

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.

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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.

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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 10 December 2015 at The Boardroom. Woking Borough Council Civic Offices, Gloucester Square. Woking, GU21 6YL.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 March 2016.

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

Ex officio Members:

Co-opted Members:

Substitute Members:

Tom Kealey
Nick Ephgrave
Kate Scribbens
Tim Evans
Mary Lewis

In attendance

Charlotte Alder
Jane Bremner
Elaine Coleridge-Smith
Simon Turpitt
Jean Boddy
Matthew Lamburn

139/15 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Peter Gordon, Clare Curran, Dr. Andy Whitfield, Mel Few, Dave Sargeant, Ralph McCormack and Lynne Owens.

Tim Evans acted as a substitute for Mel Few.
 Mary Lewis acted as a substitute for Clare Curran.
 Kate Scribbens acted as a substitute for Peter Gordon.
 Nick Ephgrave acted as a substitute for Lynne Owens.

140/15 MINUTES OF PREVIOUS MEETING: 10 SEPTEMBER 2015 [Item 2]

The minutes of the meeting held on 10 September 2015 were confirmed as a true record of the meeting.

141/15 DECLARATIONS OF INTEREST [Item 3]

There was no declarations of interest.

142/15 QUESTIONS AND PETITIONS [Item 4]

There were none.

a MEMBERS' QUESTIONS [Item 4a]

There were none.

b PUBLIC QUESTIONS [Item 4b]

There were none.

c PETITIONS [Item 4c]

There were none.

143/15 BOARD BUSINESS [Item 5]**Key points raised during the discussion:**

1. The Board was informed that the Strategic Director for Adult Social Care at Surrey County Council (SCC) was retiring in December 2015 and that Helen Atkinson, who was Director of Public Health at SCC, had been appointed to the newly created role of Strategic Director for Adult Social Care and Public Health. It was further noted that the Chief Constable of Surrey Police, Lynne Owens, had taken on the role of Director General of the National Crime Agency and that Deputy Chief Constable Nick Ephgrave would sit on the Board as the representative from Surrey Police until a new Chief Constable had been appointed.
2. The schedule of meetings for 2016 was discussed and it was highlighted that efforts were being made to ensure that Health and Wellbeing Board meetings held in public were situated throughout the County. It was advised that a list of dates and locations for the Health and Wellbeing Board would be circulated to members once these had been finalised.

3. Members were asked to note the addition of an actions tracker to the Health and Wellbeing Board agenda. Discussions took place regarding Action Ref A20/15 and decided that the Health and Wellbeing Board business meeting on 4 February 2016 would be the most suitable date to consider an item on the impact of devolution on health and social care. It was confirmed discussions on delivering health and social care under a devolved local government arrangement for Surrey were underway and that a strategy on this would be created and circulated to the Board in September 2016 once more was known about what devolution for Surrey would look like.

RESOLVED:

None

Actions/ further information to be provided:

That an item on the impact of devolution on health and social care delivery be added to the Forward Work Plan for the Health and Wellbeing Board meeting on 4 February 2016 (**Action Ref: A19/15**).

144/15 FORWARD PLAN [Item 6]

Key points raised during the discussion:

- It was noted that the Forward Work Programme provided for 2016 had been agreed by the Board at its meeting on 1 October 2015. No further items were put forward for inclusion on the Forward Work Programme.

145/15 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH UPDATE [Item 7]

Witnesses:

Charlotte Alder, MH & LD Assistant Commissioning Manager, North East Hampshire and Farnham Clinical Commissioning Group
Jane Bremner, Senior Commissioning Manager, Adult Social Care, Surrey County Council

Key points raised during the discussions:

1. The Senior Commissioning Manager, Adult Social Care introduced the report to the Board and informed the Board on some key achievements of the Emotional Wellbeing and Mental Health Strategy. This included monitoring the spending of £1.5 million for mental health crisis care, implementing the Helios Project which is an interactive web-based tool for carers. The Board was further advised that Safe Haven, a mental health crisis support centre in Camberley, had opened in November 2015 for which the costs had been met through the Transformation Challenge Award Fund.
2. The Senior Commissioning Manager noted there was a new County Councillor champion for mental health and requested the support of the Board in promoting awareness around mental health issues. Further

information was requested on the role played by the Mental Health Champion in helping to improve services for those suffering from mental health problems. It was highlighted that the Mental Health Champion was a County Councillor who worked to ensure that mental health was given full consideration by service providers when developing and delivering services for Surrey residents. It was agreed that a letter from the Co-Chairs of the Health and Wellbeing Board should be sent to both the Leader and Chief Executive of each District and Borough Council highlighting the importance of working to deliver improved outcomes for those with mental health issues.

3. The Board expressed their support for the pilot mental health crisis cafes which were being opened across the County although concerns were expressed regarding the accessibility of crisis cafes to groups such as those with learning disabilities as well as those with sensory and sight impairment and those in particular religious groups. It was stressed that the accessibility of mental health crisis cafes was integral to how these services were designed to ensure that all residents were able to and felt comfortable using them when required. The Senior Commissioning Manager further highlighted the importance of raising awareness of crisis cafes and that this was being done through mediums such as the internet and word of mouth.
4. Members were informed that no children in Surrey had been detained in police custody as a safe place under a Section 136 arrangement for over a year and that this marked a significant achievement for mental health services in the County. Furthermore, for the month of October no adults had been detained in police custody as a safe place under a Section 136 arrangement despite an increase in Section 136 detentions which was putting additional strain on mental health services across the County. In response to this, capacity was being increased in the delivery of frontline mental health services by extending the opening hours of certain services as well as putting mental health staff in emergency call centres to reduce pressure on the police.
5. Concern was expressed regarding two actions related to Priority 5 of the Promoting Emotional Wellbeing and Mental Health Strategy. Integration of Mental Health into primary care hubs and Better GP understanding for accessing accommodation were listed as being outstanding issues with action required to address them. The Board requested that these actions be reviewed to ensure that they had been assigned the correct status.
6. Members were provided with information on the Workplace Wellbeing Charter and ways in which it can improve employee health and wellbeing. SCC was actively encouraging Surrey businesses to sign up to the Charter. It was agreed that further detail on the Workplace Wellbeing Charter would be circulated to Board members for consideration.
7. The Senior Commissioning Manager asked the Board to consider how it would like to receive Emotional Wellbeing and Mental Health Priority Status Updates at future meetings.

RESOLVED:

To note the progress of the commissioning strategy at the mid-way point of year two.

Actions/ further information to be provided:

- i. A letter to be drafted from the Co-Chairs of the Health and Wellbeing Board to be sent to the Leader and Chief Executive of each District and Borough Council highlighting the importance of working to deliver improved outcomes for those with mental health issues (**Action Ref: A22/15**).
- ii. Reassess the outcomes marked as red on Priority 5 of the Promoting Emotional Wellbeing and Mental Health Strategy to check what work has already been done by CCGs against these priorities (**Action Ref: A23/15**).
- iii. Information to be circulated to Board members on the Workplace Charter and how their organisations can sign up to it (**Action Ref: A24/15**).
- iv. The Board to decide how it would like to receive the Promoting Emotional Wellbeing and Mental Health Priority Status update when it is considered by the Board in June (**Action Ref: A25/15**).

146/15 CHILDREN & YOUNG PEOPLE'S PARTNERSHIP ARRANGEMENTS [Item 8]

Witnesses:

Julie Fisher, Deputy Chief Executive and Strategic Director for Children, Schools and Families, Surrey County Council

Key points raised during the discussions:

1. The Deputy Chief Executive introduced the report highlighting that a recent review of the Children and Young People's Partnership Board had revealed an opportunity to streamline arrangements for the partnership and provide clarity around the governance of the Board which would facilitate wider engagement with partner organisations. In light of this, the Terms of Reference for the Board would be updated and brought back to the Health and Wellbeing Board for approval at its meeting on Thursday 10 March.
2. The Board discussed the role of the District and Borough Councils in the Children and Young People's Partnership arrangements. It was acknowledged that the Children and Young People's Partnership Board was unable to have representatives from all District and Borough Councils at meetings but that work was being done to ensure that the Board engages with and represents the views of all partners..

RESOLVED:

To note the review of the partnership arrangements and endorse the next steps.

Actions/further information to be provided:

None.

147/15 SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014 - 2015 [Item 9]

Witnesses:

Elaine Coleridge-Smith, Independent Chair, Surrey Safeguarding Children Board

Key points raised during the discussions:

- The Independent Chair asked the Board to note that the report was compiled by the previous Independent Chair of the Surrey Safeguarding Children Board (SSCB) which meant that there may be aspects of the Annual Report which she could comment not on.
- The Annual Report was introduced by the Independent Chair highlighting that the SSCB had a statutory responsibility to coordinate efforts by partner agencies to safeguard children in the County. Members were further informed that four key priority areas had been identified which it will target to ensure effective coordination of safeguarding responses across Surrey. The criteria for what constitutes an effective Board were also being carefully considered to identify areas of improvement in how SSCB operated.
- The Board was given an overview of the steps which had been taken to address the concerns raised by Ofsted's inspection of SCC and its partner agencies. It was highlighted that a lot had been done to rectify the issues raised by Ofsted in their report although some of the areas of concern identified by inspectors required some time to correct. Ofsted was providing support to SCC in the steps being taken to deliver the necessary changes to Children's Services.
- The Deputy Chief Constable of Surrey Police advised members that Her Majesty's Inspector of Constabularies (HMIC) had recently concluded an inspection of Surrey Police and that the subsequent report was anticipated to express some concerns about Surrey Police's response to child safeguarding. It was, however, stressed that HMIC were concerned about the Police's secondary and tertiary responses to safeguarding rather than how they dealt with immediate safeguarding concerns that were brought to the attention of police.
- The Independent Chair was asked to provide a view on whether children in Surrey are safer than they were in 2013-2014 and it was suggested that answering this question should have been the centrepiece of the Annual Report. The Independent Chair indicated that the data wasn't available to provide a clear answer to this question but stressed that this would be given strong consideration for future annual reports published by SSCB.

- It was agreed that a letter would be sent from the Co-Chairs of the Health and Wellbeing Board to the Chief Executive of each District and Borough Council asking them to formally respond to the findings and outcomes of the SSAB Annual Report 2014 – 2015.
- Further information was requested on child safeguarding training and whether SSCB had given consideration to facilitating training for employees of partner agencies where it was felt that this could be beneficial. It was advised that there were particular challenges around evaluating the effectiveness of child safeguarding training and that any training provided needed to be multi-agency.
- The Independent Chair was asked to indicate what support Health and Wellbeing Board member organisations could provide SSCB. Members were advised that it was important for SSCB to have the support of senior leaders across all of the agencies helping to safeguard children in Surrey to ensure the delivery of a coordinated response to child safeguarding. Enabling SSCB to use offices for holding meetings and training events also stressed as an important way that Health and Wellbeing Board could help member organisations.

RESOLVED:

To note the Surrey Safeguarding Children Board Annual Report.

Actions/further information to be provided:

Letter to be drafted from the Co-Chairs of the Health and Wellbeing Board to all District and Borough Chief Executives requesting a formal response to the outcomes of the Surrey Safeguarding Children Annual Report (**Action Ref: A26/15**).

148/15 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014 - 2015 [Item 10]

Witnesses:

Simon Turpitt, Independent Chair, Surrey Safeguarding Adults Board

Key points raised during the discussions:

- The Independent Chair introduced the report drawing attention to some of the successes identified in the Surrey Safeguarding Adults Board (SSAB) Annual Report 2014 – 2015. Members were informed that a vision statement had been finalised which would underpin the work of the SSAB. Moreover, a new constitution had been produced as well as a comprehensive accountability framework. The installation of Liquidlogic software by Adult Social Care (ASC) would also enable more intelligent use of data which enabling SSAB to measure outcomes. It was further highlighted that increased output from local safeguarding adults groups had allowed SSAB to drive forward initiatives in specific localities.

- Members were further informed about a number upcoming or extant challenges related to adult safeguarding in Surrey. Particular concerns were highlighted in relation to changes in the law on Deprivation of Liberty Safeguards (DOLS) which meant that these had increased significantly over the past year placing additional demand on ASC. The task of ensuring that all SSAB partner agencies were Care Act compliant in time for the introduction of the second phase of the Care Act being introduced from April 2016 was also listed as an area of concern for SSAB.
- It was highlighted that the SSAB had become a statutory board with the introduction of the first phase of the Care Act on 1 April 2015 and that all local authorities were now required to operate an adults safeguarding board.
- It was agreed that a letter would be sent from the Co-Chairs of the Health and Wellbeing Board to the Chief Executive of each District and Borough Council asking them to formally respond to the findings and outcomes of the SSAB Annual Report 2014 – 2015.
- Discussions also took place around the provision of training particularly to help identify self-neglect which was rapidly becoming one of the most significant safeguarding challenges. The Independent Chair advised the Board that safeguarding training had been provided to some partner organisations but that more training needed to be delivered to ensure a coordinated response to the safeguarding of adults in Surrey.
- The Independent Chair was asked to indicate whether the SSAB Annual Report 2014 – 2015 identifies whether adults in Surrey are safer than they were the previous year. The Board was informed that the current metrics available to SSAB meant it wasn't possible to answer this question. It was, however, stressed that the new software being introduced by ASC from July 2016 would give SSAB the necessary data to answer this question in future years.
- Concerns were raised regarding the comparatively low safeguarding referral rates among ethnic minority communities in Surrey and the Independent Chair was asked to provide details of what was being done to address this. Members were advised that Healthwatch Surrey had been working closely with Asian communities throughout the County and could develop channels of communication between these communities and the SSAB.

RESOLVED

That Health and Wellbeing Board members take the Annual Report back to their respective organisations and consider any implications on services development and working practices which their organisations should act upon.

Actions/further information to be provided:

Letter to be drafted from the Co-Chairs of the Health and Wellbeing Board to all District and Borough Chief Executives requesting a formal response to the

outcomes of the Surrey Safeguarding Adults Annual Report (**Action Ref: A26/15**)

149/15 ACCOMMODATION WITH CARE & SUPPORT STRATEGY [Item 11]

Witnesses:

Jean Boddy, Area Director, Farnham and Surrey Heath, Adult Social Care
Matthew Lamburn, Project Manager, Adult Social Care

Key points raised during the discussions:

- The report was introduced by the Project Manager who stressed the potential of extra care as a means of providing appropriate and sustainable support to those with social care needs. It was further emphasised that extra care support enables patients to be discharged from hospital earlier which also reduces pressure on acute and community hospitals.
- The Board was informed that the strategy had been developed following consultation with service users as well as housing associations and District and Borough councils. The outcome of the consultation process suggested that service users generally did not want to not be in 'institutionalised accommodation' but rather preferred to live in a setting which is supported but flexible.
- Members expressed their support for the strategy as a means of delivering flexible services to those with social care needs while also reducing demand on the health and social care system in Surrey. The Board also enquired about the possibility of developing Extra Care Housing Assessments for new building projects in the County and it was agreed that the Project Manager would investigate the possibility of instituting these assessments as background papers to local development schemes.
- It was further agreed that the opportunity for Health and Wellbeing Board members to visit Anvil Court supported living accommodation in Horley would be explored.

RESOLVED:

That the Health and Wellbeing Board supports the Accommodation with Care and Support Strategy.

Actions/further information to be provided:

- i. The project manager to explore the possibility of including an extra care housing area assessment as background papers to local development schemes and to report back to the Board (**Action Ref: A27/15**).
- ii. Regulatory Committee Manager to arrange a visit for Board members to the Anvil Court supported living accommodation in Horley (**Action Ref: A28/15**).

150/15 PUBLIC ENGAGEMENT SESSION [Item 12]

No additional questions were asked under this item.

151/15 DATE OF NEXT MEETING [Item 13]

The Board noted that the date of the next Health and Wellbeing Board meeting would be on 10 March 2016.

Meeting ended at: 3.45 pm

Chairman

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

Forward Work Plan

7 April 2016 – Formal meeting in public

Item title:	Better Care Fund Plan
H&W Board champion(s):	Helen Atkinson, Andy Brooks
H&W will be asked to:	Sign off the Better Care Fund Plan 2016/17

7 April 2016 - Informal Meeting

Item title:	Sign off CCG quality measures
H&W Board champion(s):	Ivor Duffy, Liz Lawn
H&W will be asked to:	Note the CCG quality measures determined by CCGs; be assured that they are aligned to the JHWBS; and Approve the quality measures.

Item title:	Workforce and the impact of the Living Wage policy
H&W Board champion(s):	TBC
H&W will be asked to:	Set the strategic direction and agree a way forward for Workforce and the impact of the living wage policy.

Item title:	Transforming Care Plan
H&W Board champion(s):	Andy Whitfield and Mel Few
H&W will be asked to:	To discuss and endorse the Transforming Care Plan produced by Surrey County Council.

26 May 2016 - Informal Meeting

Item title:	Safeguarding the population - Domestic Abuse
H&W Board champion(s):	Nick Ephgrave
H&W will be asked to:	Note/ discuss progress on the domestic abuse elements of the safeguarding priority; and endorse the next steps.

9 June 2016 – Formal meeting in public

Item title:	JHWS Priority Update: Improving Older Adults Health and Wellbeing
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This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

H&W Board champion(s):	Helen Atkinson, Liz Lawn, Mel Few
H&W will be asked to:	Note / discuss progress; and Endorse the next steps.

Item title:	JHWS priority update: Promoting emotional wellbeing and mental health
H&W Board champion(s):	Andy Whitfield, Helen Atkinson, Mel Few
H&W will be asked to:	Note / discuss progress on the 'Promoting Emotional Wellbeing and mental health' JHWS priority; Endorse the next steps.

Item title:	Children and Young People's Partnership Plan Terms of Reference
H&W Board champion(s):	Julie Fisher
H&W will be asked to:	Note the revised Terms of Reference for the Children and Young People's Partnership Plan .

Item title:	Update on the prevention priority: Focus on Air Quality
H&W Board champion(s):	James Friend, Helen Atkinson
H&W will be asked to:	Discuss the health and wellbeing implications and risks associated with poor air quality; and agree a strategic approach to tackling this issue.

Item title:	Pharmaceutical Needs Assessment
H&W Board champion(s):	Helen Atkinson
H&W will be asked to:	Agree changes to the Pharmaceutical Needs Assessment

Item title:	CCG Digital Roadmaps
H&W Board champion(s):	CCG Board Representatives
H&W will be asked to:	Sign off final CCG Digital Road maps

7 July 2016 - Informal Meeting

Item title:	Review Board Progress, Joint Health and Wellbeing Strategy and forward planning workshop
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Review the progress of the HWB over the last year and plan ahead for 2017. Reflect

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asked to:	on the appropriateness of the JHWBS
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Item title:	Health and Wellbeing Board’s approach to engagement
H&W Board champion(s):	Peter Gordon, Helyn Clack
H&W will be asked to:	Discuss and agree a strategic approach to engagement with the community and voluntary sector, borough and district councils, patients and residents, and strategic leaders.

August 2016 – No meeting

8 September 2016 – Formal meeting in public

Item title:	Joint Strategic Needs Assessment (JSNA)
H&W Board champion(s):	Helen Atkinson, Helen Clack
H&W will be asked to:	Note the updated JSNA and ensure that the JHWBS and commissioning intentions are aligned to the strategic needs identified.

Item title:	Commissioning Intentions
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey’s Joint H&W Strategy.

Item title:	Better Care Fund Update
H&W Board champion(s):	Andy Brooks, Helen Atkinson
H&W will be asked to:	Review the progress of the Better Care Fund; and Endorse the next stage of the programme.

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

Item title:	JHWS Priority Update: Developing a preventative approach
H&W Board	Helen Atkinson, Helyn Clack

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

champion(s):	
H&W will be asked to:	Note / discuss progress on the prevention plan; and Endorse the next steps.

6 October 2016 - Informal Meeting

Item title:	Family focus
H&W Board champion(s):	John Jury, James Friend
H&W will be asked to:	Explore how the health and wellbeing board members can work differently to focus on the family to deliver better outcomes.

3 November 2016 - Informal Meeting

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

8 December 2016 – Formal meeting in public

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

Item title:	Surrey Safeguarding Adults Board Annual report
H&W Board champion(s):	Mel Few, Helen Atkinson
H&W will be asked to:	Discuss the recommendations from the Surrey Safeguarding Adults Board Annual Report; and Consider implications for H&W Board member organisations.

Item title:	JHWS priority update: Promoting emotional wellbeing and mental health
H&W Board champion(s):	Andy Whitfield, Director of Adult Social Care, Mel Few
H&W will be asked to:	Note / discuss progress on the ‘Promoting Emotional Wellbeing and mental health’ JHWS priority; Endorse the next steps.

Surrey Health and Wellbeing Board Actions and Recommendations Tracker March 2016

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A5/15	10 September 2015	The Board agreed that future items on Commissioning Intentions would be presented jointly.	Andy Baird and Victoria Heald	This will be addressed when the reports are requested for the Commissioning Intentions item at the Board's meeting on 8 September 2016. This item will remain on the actions tracker until these reports have been requested	In Progress
A13/15	1 October 2015	The Joint Health and Wellbeing Strategy to be revised to update membership, metrics and context by the end of December 2015	Health and Wellbeing Programme Manager	The revised strategy is currently with the design team and will be circulated to the Board by the end of March 2016.	In Progress
A20/15	1 October 2015	The Board to develop an engagement strategy in partnership with Healthwatch.	Health and Wellbeing Board Communications Sub-group	The development of the engagement strategy is ongoing.	In Progress
A21/15	10 December 2015	Identify Mental Health Champions among County and	Promoting Emotional	Priority Lead to meet with County Council Mental Health Champion on 15	In Progress

		district and borough councillors across Surrey to promote and embed the strategy across the County.	Wellbeing and Mental Health Priority Lead	January to discuss engagement with District and Borough Councillors Priority Lead also in the process of drafting a job description for Mental Health Champions for each district and borough.	
A27/15	10 December 2015	Board members to visit the Anvil Court supported living accommodation in Horley.	Committee Manager	A date for the Health and Wellbeing Board members to visit Anvil Court is currently being arranged.	In Progress

Completed

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A2/15	10 September 2015	The Board agreed that an item on Board membership would be added to the Forward Work Programme and would include discussion on widening the number of substitutes allowed on the Board.	Andy Baird/ Helyn Clack/ Liz Lawn	At the Board's business meeting on 1 October 2015 it was agreed the issue of Board would be dealt with informally, outside of meetings. Helyn Clack and Liz Lawn to work with Andy Baird and Victoria Heald on how to approach this issue. It was agreed that Board members would be given an option to have more than one substitute. An appointments	Completed

				and substitutes form has been sent round to the Board.	
A7/15	10 September 2015	The Board agreed to include an item on the outcome of the Comprehensive Spending Review on its Forward Work Programme.	Helyn Clack/ Liz Lawn	The Board will consider the impact of the Comprehensive Spending Review at its meeting on 4 February.	completed
A16/15	1 October 2015	Move Health and Wellbeing Board meetings around the County	Regulatory Committee Manager	Venues have been secured for all meetings of the Health and Wellbeing Board in 2016	Completed
A17/15	1 October 2015	Health and Wellbeing Board meeting dates to be circulated to Board members.	Regulatory Committee Manager	A list of the dates and locations for all Health and Wellbeing Board meetings in 2016 was circulated to the Board on 20 January 2016	Completed
A19/15	1 October 2015	The Board to consider an item on the impact of devolution on the health and social care environment once more details are available.	Andy Baird	This item has been added to the forward work programme for the Board's informal meeting on 4 February.	Completed
A22/15	10 December 2015	Letter to be drafted for the Co-Chairs to be and circulated to all D & B Leaders highlighting the importance of working to deliver improved outcomes for those with mental health issues throughout Surrey.	Committee Manager	This letter was sent to District and Borough Leaders on 19 February 2016.	Completed
A23/15	10 December 2015	Reassess the outcomes marked as red on Priority 5 of the Promoting Emotional Wellbeing and Mental Health Strategy	Promoting Emotional Wellbeing and	Contact has been made with the Associate Director for Mental Health Commissioning	Completed

		to check what work has already been done by CCGs against these priorities.	Mental Health Priority Lead	at Guildford and Waverley CCG to request further information on why these outcomes are marked as red and whether it would be appropriate to review these given the comments made by Board members.	
A24/15	10 December 2015	Email Board members with information on the Workplace Charter and how their organisations can sign up to it.	Strategic Director of Adult Social Care and Public Health	Details of the Workplace Wellbeing Charter have been sent out to Board Members	Completed
A26/15	10 December 2015	Letter to be drafted from Co-Chairs for circulation to all District and Borough Chief Executives requesting that they formally respond to the outcomes of the report.	Committee Manager	The letter was sent out to D & B Chief Executives on	Completed
A25/15	10 December 2015	The Board to decide how it would like to receive the Promoting Emotional Wellbeing and Mental Health Priority Status update when it is considered by the Board in June.	Committee Manager/ HWB Programme Manager	Updated report and presentation templates for Joint Health and Wellbeing Strategy priority status updates were agreed by the Co-Chairs on Thursday 21 January. These will form the basis for future priority status updates to the Board.	Completed
A28/15	10 December 2015	Explore possibility of including an extra care housing area assessment as background papers to local development schemes.	Accommodation with Care and Support Project Manager	The update below was provided by the Project Manager and circulated to the Board on 26 January 2015.	Completed

				<p>The Project Manager met with colleagues at Mole Valley DC and ASC Commissioning on 21 January to pursue the development of an Extra Care housing Assessment which could be included within and used as part of any Local Plan development in the District, and indeed, could be replicated across the 11 areas - Mole Valley are not the only partner who have raised this request and we will be seeking to approach each area with the same methodology.</p> <p>It was agreed yesterday that the ASC information and definitions relating to Extra Care housing (including site criteria, land size, design parameters, etc) will be shared with Housing & Planning colleagues at MVDC and reviewed for any gaps from a planning perspective. They will then work together to address those gaps and finalise a document that can be used by planners and help inform other local policies, such as their Affordable Housing Policy.</p>	
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Health and Wellbeing Board
10 March 2016

Surrey County Council and Clinical Commissioning Group Financial Challenges Summary

Purpose of the report: Scrutiny of Services and Budgets

To provide the Health and Wellbeing Board with an overview of the financial challenges facing Surrey County Council following the final local government finance settlement and those facing Surrey's six Clinical Commissioning Groups (CCG) in light of the CCG allocations 2016/17 – 2020/21.

Recommendations:

It is recommended that the Health and Wellbeing Board note the financial challenges facing both Surrey County Council and the County's six Clinical Commissioning Groups.

Introduction:

1. The provisional local government finance settlement (Provisional Settlement) was published on 17 December 2015 and detailed the Government's funding proposals for local authorities over the next four years. Following this, the Department of Communities and Local Government (DCLG) led a consultation on the proposed settlement which concluded on 15 January 2016.
2. For Surrey County Council (SCC), the Provisional Settlement stipulated a core loss in grant funding from the Government of £132 million:
 - £109 million lost after two years through the removal of the Revenue Support Grant (RSG);
 - SCC to lose a further £17 million annually by 2019/20 through reductions in the business rate top-up paid by Central Government;
 - losses in grant funding to SCC will not be offset by increases to the social care precept of up to 2% on top of normal annual Council Tax rises announced by the Chancellor in his Autumn Statement.
3. SCC was extremely active during the consultation process informing DCLG that the scale and the speed of the grant funding losses to the

Council proposed in the provisional settlement would necessarily impact on its ability to deliver the quality services demanded by residents. As a result of these efforts DCLG awarded SCC transitional funding of £11.9m for 2016/17 and £12.2m for 2017/18 of a £300m national pot made available by the Government. It should, however, be noted that this transitional funding does not address the significant financial challenges SCC faces.

4. These reductions in Central Government funding are set against the backdrop of a reduction in funding to local authorities for Public Health. The Comprehensive Spending Review committed the Government to a 3.9% annual reduction in the funding that it provides to each local authority for Public Health functions over the next four years which equates to a total reduction in Public Health funding of 9.6% by 2020.
5. Surrey's six Clinical Commissioning Groups (CCGs) received details of their funding allocations for the next five years in December 2015 and these reflect the Chancellor's commitment to provide an additional £10 billion in funding for the NHS between 14/15 and 20/21, front-loaded to aid delivery of the Five Year Forward View.
6. In return for this additional funding, the Department of Health (DH) is requiring each CCG to create a Sustainability and Transformation Plan (STP) which outlines how each CCG will 'support financial balance, the delivery of the Five Year Forward View, and enable new investment in key priorities'. The DH has specified that each STP should run from October 2016 to March 2021.

Financial Challenges

Surrey County Council Financial Challenges

7. On 9 February the Council agreed its annual budget for 2016/17 which included a Council Tax rise of 3.99% through the addition of a 2% increase in the social care precept to mitigate some of the impact of losses in the RSG allocation from Central Government. The previous day DCLG also announced that it had allocated SCC a total of £24.1m in transitional funding staggered across two years.
8. Despite this additional funding from DCLG and the increased opportunity to raise revenue through Council Tax, SCC still faces considerable financial challenges as a result of the final local government finance settlement, the required savings from which are far steeper than were anticipated. In 2016/17 the Council will receive £7.5m less in RSG than was expected and in 2017/18 the disparity between allocation and the reductions expected increases to £25.1m. Additional funding of £6m allocated to cover additional costs generated by the introduction of the Care Act has been rolled included in the RSG.
9. At the same time, demand on services continues to rise particularly in the realm of adult social care where the Council already faces significant budgetary pressures. Projected demand for Surrey's adult social care services far outstrips available funding even with the additional 2% of

Council Tax that SCC is able to levy through the social care precept. Nor is this remedied through the additional £1.5 billion that the Government has pledged nationally to the Better Care Fund (BCF). SCC will receive just £1.5m of the extra BCF money made available by the Government, just 0.1% of the total funding available and the second lowest amount allocated to any County Council nationally.

Mitigating financial challenges

10. In the wake of the proposals made in the provisional local government finance, SCC has been developing proposals for how to meet such significant losses in core grant funding from Central Government. Two of these proposals, namely an increase in Council Tax (including social care precept) of 3.9% and lobbying for transitional funding from DCLG have been achieved and will have some effect on reducing the impact of the cuts to funding mentioned above.
11. The Council agreed to use money from its reserves in 2016/17 and 2017/18. In order to deliver a balanced budget, however, the Council will be required to implement a number of strategies designed to achieve the significant savings required. Individual services within SCC have been asked to find further budget savings while the Council will also initiate a Public Value Transformation Review to consider each service provided by the Council.

Clinical Commissioning Group Financial Challenges

12. The deficit among CCGs in Surrey rose significantly in 2015/16 compared to the previous year. The Chancellor's announcement in the Autumn Statement that the additional funding injection for the NHS would be front loaded was welcome given the financial pressures across the health care system. However, the CCGs must adhere to business rules which impact on the true amount available as growth. For the year 2016/17, CCGs in Surrey will receive an average headline increase in funding of 4.6%, however the impact of business rules and repayment of deficits makes the real term growth significantly lower and in some cases negative.
13. The business rules set by the Department of Health (DH) require each CCG to commit a proportion of their annual funding to areas specified by the DH. This year these areas include funding mental health parity of esteem as well as the Child and Adolescent Mental Health Services (CAMHS) transformational funding. The growth also has to cover areas of funding which had previously been provided as a separate stream such as General Practice Information Technology (GPIT). The Government has further stipulated that CCGs are to maintain a 1% year end budget surplus while having an uncommitted reserve fund of 1% of their annual budget as well as an additional 0.5% uncommitted contingency fund.
14. These funding allocation commitments are even more significant for Surrey Downs CCG and East Surrey CCG which both posted deficits in 2015/16. Although they have received growth funding for 2016/17, the

DH also requires them to pay down the deficits which they have accrued in previous years thereby further reducing the amount of money available to meet increasing demand on services through demographic growth and fund the transformations required to achieve the Five Year Forward View.

15. CCGs in Surrey are also having to set very high Quality, Innovation, Productivity and Prevention (QIPP) targets in order to deliver balanced budgets whilst delivering the business rules. QIPP schemes are designed to improve the quality of care while delivering significant efficiency savings.

Mitigating financial challenges

16. In line with the new requirements published by NHS England in January, each CCG in Surrey will produce an Operational Plan for 2016/17 detailing their plans for how they intend to meet rising demand for services while achieving a balanced budget next year. The Operational Plan will be produced in conjunction with Sustainability and Transformation Plans (STP) which require CCGs to provide a longer-term, place-based approach to developing high-quality, sustainable services.
17. CCGs will also continue to work closely with Surrey County Council to integrate health and social care services delivering improved outcomes for residents at reduced cost.

Conclusions:

18. The financial challenges facing both Surrey County Council and the CCGs in the coming years are significant. Continuing to deliver high quality health and social services to residents will require strategic planning which is truly innovative to achieve the necessary savings and meet rising demand. Ensuring the integration of health and social remains at the centre of discussions on transforming services is vital to ensuring that CCGs and SCC can provide high quality services within a balanced budget.

Report contact:

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Surrey Health and Wellbeing Board

Date of meeting	Thursday 10 March 2016
Report author and contact details	Steve Abbott, IM&T Programme Director North West Surrey Clinical Commissioning Group Tel: 07775 015868 Steve.Abbott@nwsurreyccg.nhs.net
Sponsoring Surrey Health and Wellbeing Board Member	Liz Lawn, Clinical Chair North West Surrey Clinical Commissioning Group liz.lawn@nwsurreyccg.nhs.net

Item / paper title: Surrey Footprint Digital Roadmap – Status Update

Purpose of item / paper	The purpose of this item is to update the Board on progress in developing the Surrey footprint Digital Roadmap.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Delivery of the Digital Roadmap supports the following Health and Wellbeing Boards strategic priorities: <ol style="list-style-type: none"> 1. Improve outcomes for people 2. Drive closer integration between health and social care; and 3. Support the strategic shift from acute to community and to protect social care services
Financial implications - confirmation that any financial implications have been included within the paper	The Surrey Digital Roadmap programme will shape individual projects aimed at delivering elements of NHS England's "Five Year Forward View" and is in development. Financial implications will be confirmed once the roadmap is ready for signoff by the Health and Wellbeing Board in May.
Consultation / public involvement – activity taken or planned	The following groups are engaged in developing the Digital Roadmap: <ul style="list-style-type: none"> • CCGs : Guildford & Waverley, North West Surrey, Surrey Heath; and Surrey Downs • Surrey County Council • General practices via the GPIT forums • Acute Hospitals: Royal Surrey County Hospital, Ashford and St Peter's Hospitals, Epsom and St Heliers University Hospitals • Community Service Providers: Virgin Care and First Community Health and Care • Mental Health Providers: Surrey and Border Partnership

	<ul style="list-style-type: none"> • South East Ambulance Service • CareUK. • South East CSU <p>The following groups have been advised and invited to participate in the Digital Roadmap:</p> <ul style="list-style-type: none"> • The Local Medical Council • Healthwatch Surrey and Patient Advisory Groups are being engaged on a project basis.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	This report has no direct equality and diversity implications.
Actions requested / Recommendations	The Health and Wellbeing Boards is asked to note the progress of the Digital Roadmap programme.
Attachments	HWB Digital Roadmap Report 01.docx

Health and Wellbeing Board
10 March 2016

Surrey Footprint Digital Roadmap – Status Update

Purpose of the report: Scrutiny of Services and Budgets

This paper sets out the approach, scope, timing and current project status of delivering the Surrey footprint Digital Roadmap.

Recommendations:

The Health and Wellbeing Board is asked to note the progress of the Digital Roadmap programme.

Introduction:

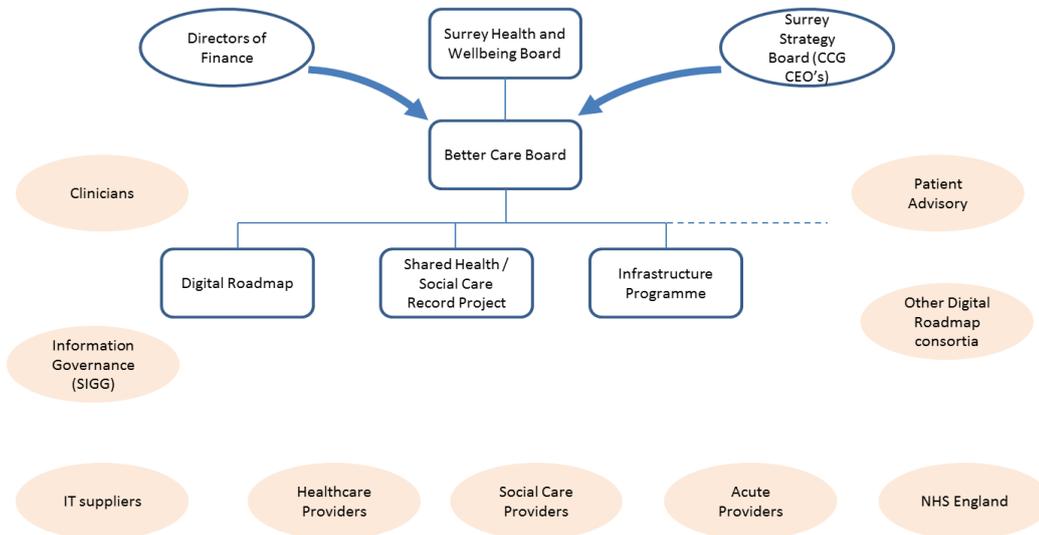
1. NHS England published the “Five Year Forward View” which highlights the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. NHS England and the Health and Social Care Information Centre (HSCIC) have since published guidelines in the Government’s report entitled “Personalised Health and Care 2020“ which advocates exploiting Information Technologies to deliver capabilities which will sustainably reduce each of these gaps.
2. Themes within the “Five Year Forward View” include:
 - Personalisation of care to give patients greater choice in how care is delivered.
 - Development of new models of care and service integration to provision services around patient needs and not the care providers.
 - Being paper free at the point of care delivery.
 - Delivering more effective management of service access by making the right information available at the point of care delivery, supporting self-care and signposting individuals to the appropriate care service.
 - Reshaping the workforce by improving information flows, access to systems and up-skilling staff to take advantage of new technologies.
3. These themes are aligned with the objectives of the Better Care Fund to:

- Improve outcomes for people.
 - Drive closer integration between health and social care; and
 - Support the strategic shift from acute to community and to protect social care services.
4. In October, North West Surrey Clinical Commissioning Group (CCG), as lead CCG and in partnership with other Surrey CCGs, Surrey County Council (SCC) and providers from across the Surrey health economy submitted the Local Digital Roadmap footprint to NHS England. The footprint membership endorsed by NHS England in November comprises:
- North West Surrey CCG as lead
 - Guildford and Waverley CCG, Surrey Downs CCG and Surrey Heath CCG as partners.
 - Ashford and St Peters Hospitals , Royal Surrey County Hospital and Epsom and St Helier’s Hospitals as partners.
 - Member practices within the CCGs as partners.
 - East Surrey CCG and East Surrey Hospitals are stakeholders in this footprint and partners in the M23 corridor footprint; and
 - North East Hampshire and Farnham CCG and Frimley Park Hospital are stakeholders in this footprint and partners in the Southampton Hampshire Isle of Wight and Portsmouth (SHIP) footprint.
5. The Government spending review and autumn statement in November made available £6 billion to deliver the “Five Year Forward View”.
6. This paper provides an overview of the Surrey Digital Roadmap programme which will develop a technology roadmap to achieve the aims set out in the “Five Year Forward View” and further detailed in “Personalised Health and Care 2020” aligned to the Strategic Transformation Programmes.

NHS England expects this Digital Roadmap to be signed off by the Health and Wellbeing Board prior to being submitted in June 2016.

Progress so far:

7. **A governance structure** has been established which makes use of existing Boards which report through to the Health and Wellbeing Board and keeps the governance structure flat. The structure accommodates existing projects and can be extended to include new projects as they are approved. Each project will be staffed with stakeholders from health and social care professionals, providers and advisory groups relevant to that project and will produce ‘light weight’ progress reports.



8. The programme scope is outlined below.

Capability Development Digital maturity index assessment Staff IT skills assessment and upskilling	Patient apps Access to patients' own record, Personalised care budget Online transactions: Digital 111, repeat prescriptions, bookings Consolidated health and social care wellbeing information portal Mobile apps, Telehealth / Telemedia	Information Governance ICT service provider re-provision SLA transition
	BI applications Enhanced and new secondary use information Dashboard reporting	
	Clinical applications NHSNumber & SNOMED fully deployed, Centrally managed DoS Federated clinical system Remote clinical document management / workflow (GS1) Interoperability middleware/portal, National patient record locator	Service Delivery ICT service provider re-provision SLA transition
	IT Estate PC estate refresh, Windows 7, IE upgrade Remote & mobile working, Mobile end user devices Asset management, AnitVirus replacement, Locality hubs	
	Infrastructure Replace or Upgrade N3/COIN, VoIP Health and Social care system accessible on common platform Server 2003 replacement, Server estate refresh Cloud based backup, Storage as a Service	

9. A working group has been established comprised of General Practice Information Technology (GPIT) leads, CIOs and IT directors from providers in the footprint. This group has started to identify:

- The current digital maturity levels of each provider
- In-scope assets across each provider
- How these assets currently interact and may be used to enable interoperability and to deliver further outcomes articulated in the Personalised Health and Care Programme
- High priority areas for early development;
- Gaps in the assets and capabilities available to deliver these outcomes; and
- Information consumed by or produced by each type of health and social care worker and when that information is accessed.

This analysis, combined with projects underway and in early stage development will form the basis for delivery of the digital roadmap.

10. Projects currently underway include:

- The Surrey Shared Cared Record project, the scope of which includes all partners and stakeholders. This project will:
 - Extract data from all participating (health and social) care providers.
 - Enable interoperability across systems; care professionals will be able to access records from their primary/source systems via a Single Sign-On.
 - Access real time data supporting crisis management and multiple same-day interactions.
 - Provide enhanced reporting and analytics to support iterative care planning, benefits tracking, identify service usage patterns, prioritise spend and commissioning plans.
 - Bi-directional integration – to ensure that accurate, timely and appropriate data is captured in each participating care provider’s system.

- The communications network review to evolve the communications networks used by health providers across Surrey. This is an enabling capability underpinning delivery of the “Personalised Health and Care 2020” agenda. The outcome of this project will be the procurement and deployment of a sustainable, compliant and performance network beyond March 2017 when the N3 and COIN network contracts expire.

The health network contracts are currently owned by NHS England. They have indicated that they will not own new contracts beyond the current expiry dates. A mechanism and commercial vehicle for owning future health network contracts must be agreed.

- Development of the “Surrey Provision of Direct Care Information Sharing Agreement”. This provides a uniform framework for organisations providing care to Surrey residents to share and use personal and confidential information for the delivery of care whilst maintaining accountability and transparency over where and why the sharing is happening. The framework templates must be completed for each project proposing to share sensitive and personal data.

11. Projects in an early formative stages include:

- Research into the potential of technology enabled care services. Surrey has won a multi-million pound award and the status “national testbed” for a project to assess the “Internet-of-Things” technology to support people with dementia and frailty. Specific

themes include Telehealth, Telecare, Self care applications, Telemedicine / Teleconsultations, Telecoaching, Patient controlled data access and peer-to-peer support. The outcome of this project will be a series of projects backed by business cases delivering patient centric technologies in their care setting, capturing richer levels of data from which to draw deeper insights; and behavioural change to make better use of technologies.

Expected Outcomes:

12. Communications networking seamlessly connecting all health and social care professionals capable of supporting the Digital Roadmap program through to 2020 and beyond.
13. Professional care workers able to access the information they need at the point of care delivery in real time, at any time on fixed and mobile devices to provision the most appropriate care pathway with consistently high quality care.
14. Progressively moving towards being paper free at the point of care delivery by 2018.
15. Increased patient choice in the care pathway they receive and how they receive this care.
16. Automated and improved data collection, analysis and performance reporting to optimise use of resources and improve productivity while reducing the cost to deliver.
17. Improved use of the combined assets of providers' delivering care across the Surrey health economy.
18. Information governance and patient consent appropriate to the intended primary and secondary use of patient data.
19. Patient access to integrated, signposted and easy to use service directories from providers of health and social care across the Surrey health economy to facilitate self-management.
20. Each of these outcomes will contribute to closing the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. The actual contributions to closing these gaps will be articulated in the individual project business cases and benefits measurement processes.

Anticipated Challenges:

21. Late delivery of specific guidance from HSCIC, planned for publication in January, may cause delays or rework in development of the Digital Roadmap.

22. Delivery of the Digital Roadmap has not yet been fully costed and will require currently unidentified funding. Capital bids for individual projects will be made as they are identified and prioritised and, in line with the timetable laid out for the GPIT capital refresh budget, Infrastructure Transformation fund, reinvestment of operational savings, acute hospital capital programs and their associated bid cycles. Other sources of funding will also be investigated.
23. Agreeing the mechanism and vehicle for owning future health network contracts.
24. Managing cultural, behavioural and business changes to fully benefit from new technologies and innovative ways of working.

Conclusions:

25. Good progress has been made at this early stage of the Surrey footprint Digital Roadmap programme from its initiation following NHS England's endorsement in November.

Next steps:

26. The Digital Roadmap programme will continue to develop and complete the Digital Roadmap for approval by the Health and Wellbeing Board in June and submission to NHS England later that month.
27. Complete business cases for current and identified projects; obtaining sign-off and funding to deliver those projects.

Report contact:

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Annexes:

Annex 1 – Surrey Digital Roadmap Key Dates

Annex 2 – Glossary of Terms

Sources/background papers:

NHS “Five year forward view” October 2014

NHS “Personalised Health and Care 2020 Using data and technology to transform outcomes for patients and citizens” November 2014

NHS “The Forward View into action: Planning for 2015/16” December 2014

NHS National Information Board “The Forward View into action: Paper-free at the Point of Care – Preparing to develop local digital roadmaps” September 2015

HM Treasury “Spending Review and Autumn Statement 2015” November 2015

Letter from NHS England dated 30th November confirming active and stakeholder partners.

K.Maddison “Surrey Shared Care Record - brief and status update” February 2016

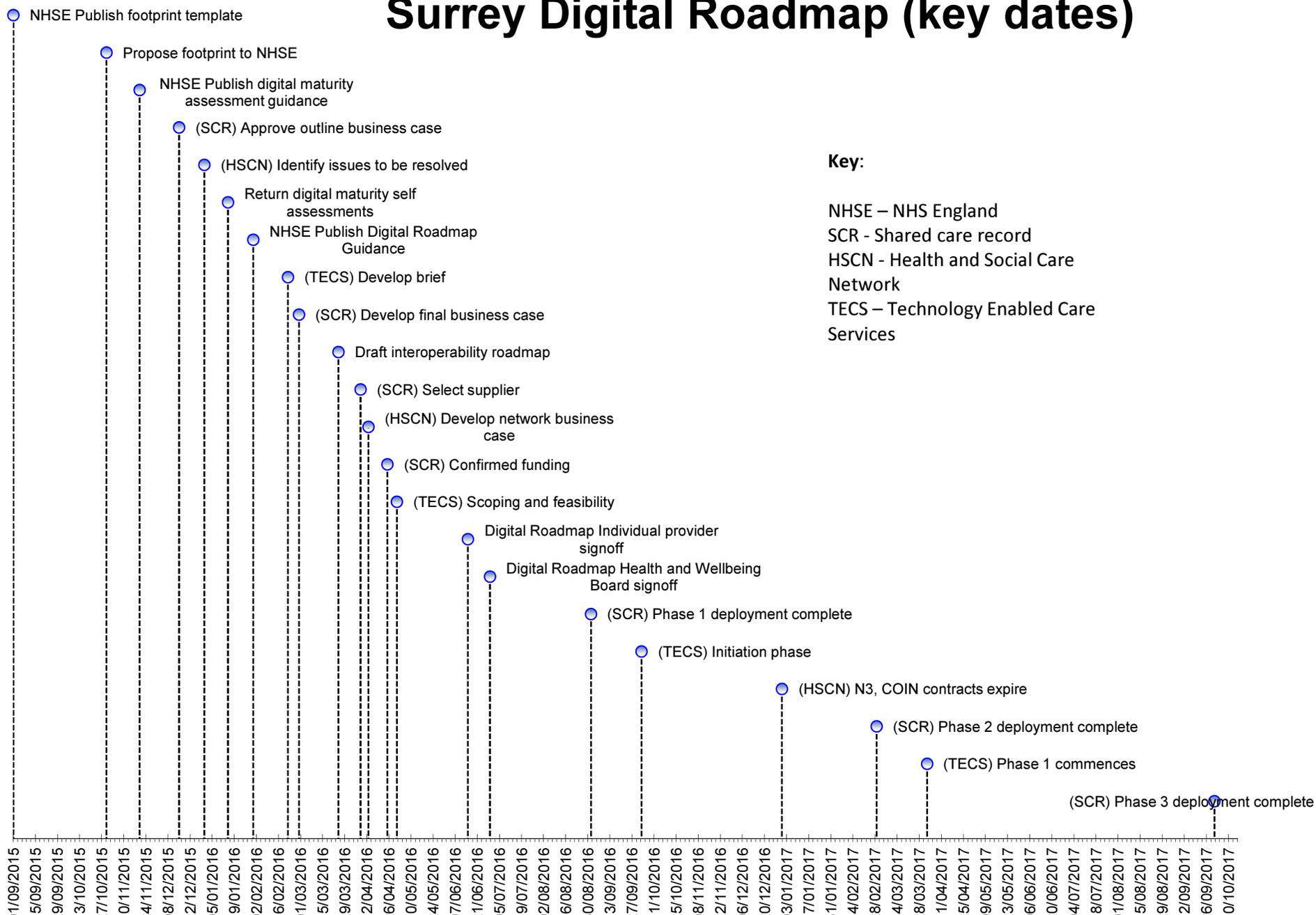
S.Abbott “Surrey networking brief 03” January 2016

K.Pyper “Surrey Provision of Direct Care” January 2016

K Stolworthy “Technology Enabled Care Services TECS - Executive Summary DRAFT v0.2” February 2016

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Surrey Digital Roadmap (key dates)



Key:

- NHSE – NHS England
- SCR - Shared care record
- HSCN - Health and Social Care Network
- TECS – Technology Enabled Care Services

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Glossary of Terms

BI applications: business intelligence applications, such as performance reports.

CIO: Chief information officer

COIN network: Community of Interest Networks. These are networks for local NHS communities. Local data traffic stays within a COIN, reducing the data traffic on the main national network.

CSU: Commissioning Support Unit. An organisation setup to support clinical commissioning groups by providing business intelligence, health and clinical procurement services, as well as back-office administrative functions including Information Technology.

Digital footprints: Digital footprints are groupings of CCGs, Councils and health care providers approved by NHS England working together to provide health and social care services to a common geographic population.

Digital Maturity Assessments: the framework for assessing the extent to which healthcare services in England are supported by the effective use of digital technology.

GPIT leads: general practitioner information technology leads.

Internet of Things: the network of physical objects—devices, vehicles, buildings and other items which are embedded with electronics, software, sensors, and network connectivity, which enables these objects to collect and exchange data.

Interoperability: the ability of health and social care information systems to work together within and across organisational boundaries in order to advance the effective delivery of healthcare for individuals and communities.

M23 Corridor Footprint: Led by West Sussex CCG. Includes East Surrey CCG, Surrey and Sussex Healthcare Trust.

National test bed: sites that will evaluate the real world impact of new technologies offering both better care and better value for taxpayers, testing them together with innovations in how NHS services are delivered.

N3 network: a Network, connecting many different sites across the NHS within England & Scotland.

Patient apps: computer programmes designed to run on mobile devices such as smartphones and tablet computers.

SHIP Footprint: the Southampton, Hampshire, Isle of Wight and Portsmouth footprint. Led by North East Hants and Farnham CCG. Includes Frimley Park Foundation Trust.

SIGG: Surrey Information Governance Group

Single sign on: a session/user authentication process that permits a user to enter one name and password in order to access multiple applications.

Telecare: the term for offering remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes.

Telecoaching: a one to one interaction between patients and trained healthcare professionals with audio, visual and/or interactive communication. This enables self care and improved condition management.

Teleconsultation: a term for any consultation between doctors or between doctors and patients on a network or video link.

Telehealth: the delivery of health-related services and information via telecommunications technologies.

Telemedicine: the use of telecommunication and information technologies to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

The Health and Social Care Information Centre (HSCIC): is the national provider of information, data, and IT systems for commissioners, analysts and clinicians in health and social care. HSCIC is an executive non-departmental public body, sponsored by the Department of Health.

SLA: Service level agreement

SNOMED: a standardised, multilingual vocabulary of terms relating to the care of the individual

Surrey Health and Wellbeing Board

Date of meeting	Thursday 10 March 2016
Report author and contact details	Andrew Evans Andrew.evans@surreycc.gov.uk 01372 833992
Sponsoring Surrey Health and Wellbeing Board Member	Julie Fisher, Deputy Chief Executive, SCC Dr David Eyre-Brook, Chairman, NHS Guildford and Waverley Clinical Commissioning Group

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

Purpose of item / paper	<p>1. To update the Health and Wellbeing Board of progress against the children's priority of the Joint Health and Wellbeing Strategy, 'improving children's health and wellbeing'. This update is six monthly with the last update in September 2015.</p> <p>2. To note the development of the new Children and Young People's Partnership arrangements.</p>
Surrey Health and Wellbeing priority(ies) supported by this item / paper	<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, including revised partnership arrangements. It is updating the Board on the six priorities identified by the Surrey Children and Young People's Partnership (as set out in the Surrey Children and Young People's Partnership Action Plan 2015/16).</p> <p>The revised arrangements will see new Children and Young People's Partnership arrangements be responsible for developing ambitions for children and young people in Surrey and delivering priority areas for 2016/17 that are appropriately aligned to Surrey's Joint Health and Wellbeing Strategy.</p>

<p>How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?</p>	<p>1. Centred on the person, their families and carers</p> <p>The partnership arrangements are being revised to ensure they can continue to effectively take a holistic and person centred approach to improving outcomes.</p> <p>The priority status update report highlights a range of activity and next steps that place children, young people and families at the heart of the work we do.</p> <p>2. Early intervention</p> <p>The revised arrangements will allow for further exploration of how we can work better together to deliver early intervention and prevention for our children, young people and families.</p> <p>The priority status update report highlights that a key next step is to continue developing in partnership Early Help in Surrey.</p> <p>3. Opportunities for integration</p> <p>The revised arrangements will allow for further exploration of opportunities for joint commissioning and integration to continue improving the outcomes of children, young people and families.</p> <p>The priority status update report highlights a range of activity and next steps where joint commissioning is and will be at the heart of improving outcomes.</p> <p>4. Reducing health inequalities</p> <p>The revised arrangements will allow all partners to continue focussing on those children, young people and families with the greatest need.</p> <p>The priority status update report highlights a range of activity and next steps aimed at improving the outcomes of all children, young people and families.</p> <p>5. Evidence based</p> <p>This report has been produced following best practice research and the partnership arrangements will continue to ensure that an evidence based approach is taken to commissioning.</p> <p>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.</p> <p>6. Improved outcomes</p> <p>The revised arrangements support more streamlined structures, which will provide a greater focus on delivering improved</p>
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	<p>outcomes for children, young people and families.</p> <p>The priority status update report highlights a range of activity and next steps all aimed at improving the outcomes of children, young people and families.</p>
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	<p>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.</p> <p>The detail of delivery is and will continue to be further shaped by engagement with wider stakeholders, including children, young people and families, for each action and further co-production with service users where appropriate.</p> <p>The revised Children and Young People’s Partnership arrangements have also been extensively engaged upon with a wide range of stakeholders, including children’s leads from the six Surrey Clinical Commissioning Groups, Surrey County Council, the Police, Schools (through the phase councils), the voluntary sector, district and borough councils, health providers and the Surrey Safeguarding Children’s Board.</p>
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	As an information update, there are no direct equality and diversity implications as a result of this report.
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>a) note the development of the new Children and Young People’s Partnership arrangements.</p> <p>b) note the updated progress report for the ‘improving children’s health and wellbeing’ priority.</p> <p>c) receive a further update for the ‘improving children’s health and wellbeing’ priority.</p>

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Health and Wellbeing Board
Thursday 10 March 2016

Improving Children's Health and Wellbeing –Priority Status Update

Purpose of the report: Performance Management

The purpose of this report is to update the Health and Wellbeing Board on progress against the children's priority of the Joint Health and Wellbeing Strategy, 'Improving children's health and wellbeing'. This update is six monthly with the last update in September 2015. The Board is also asked note the development of the new Children and Young People's Partnership arrangements.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note the development of the new Children and Young People's Partnership arrangements
- ii. note this progress report for the 'improving children's health and wellbeing' priority
- iii. receive a further update for the 'improving children's health and wellbeing' priority in six months' time, including a draft of a new Children and Young People's Partnership Plan .

Context

1. Surrey's [Joint Health and Wellbeing Strategy](#) (JHWS) outlines five priorities. The first priority is 'Improving children's health and wellbeing'.
2. The Children and Young People's Partnership's Action Plan for 2015/16 is the main delivery mechanism for the 'Improving children's health and wellbeing' priority of the JHWS.

3. Since the Health and Wellbeing Board received its last update in September 2015 much work continues to improve outcomes for children, young people and families.
4. This report focuses on some of the key achievements since the previous update in September 2015 including finalising the refreshed partnership arrangements.

Performance Overview

5. As part of the new Children and Young People's Partnership arrangements, partners will be looking at how they can better monitor the performance and impact of the priority areas of work. Therefore the overview presented here is a combination of some measures currently used and a more general assessment.
6. Performance overview of the previous six months of the Children and Young People's Partnership Action Plan 2015/16:

Emotional Wellbeing and Mental Health

- Joint recommissioning of the Children and Adolescents Mental Health Services (CAMHS). The enhanced services will aim to improve outcomes for children and young people through:
 - Extended opening hours, a single point of access, reduced waiting times, 'no wrong door' policy and better support for parents/carers.
 - New CAMHS Behaviour Emotional Neurodevelopmental (BEN) service contract will support 1700 children and young people.
- It will be possible to report further on the performance of the new service at the next update to the Health and Wellbeing Board in six months.

Safeguarding

- The Department for Education have recognised that steady progress is being made with the Children's Services Improvement Plan.
- One key area, aligned to the outcomes in the JHWS, is that placement stability has been maintained for looked after children in Surrey.

Healthy Behaviours

- Health Visiting services continue to improve performance against the mandated checks. The average across Surrey for new birth visits has risen from 76.7% in Q1 to 83.3% in Q2 and from 73.5% in Q1 to 77.5% in Q2 for 6-8 week checks.
- Positive feedback from Catch 22 service users (Catch 22 provide substance misuse services for children and young people in Surrey).
- 22 children and young people and their families have received one to one support in maintaining a healthy weight as part of the pilot taking part in the Surrey Downs CCG area. Health outcomes will be reported

at the next six month report. The service is now being offered across Surrey.

- 46 parents attended a pilot of minor illness training in four of Surrey's Children's Centres. When following up those parents that responded recorded increased levels of knowledge and confidence in managing minor illness.
- PSHE training on the newly developed PSHE Curriculum Guidance has been delivered to 31 primary and 22 secondary schools.

SEND

- Increase proportion of pupils on Special Educational Need (SEN) support achieving good Key Stage 2 results – 2015 Surrey result 43%, national 43%; all Surrey pupils 83%, national 80%.
- Increased proportion of pupils on SEN support achieving good Key Stage 4 results (2015 Surrey result 33%, national 32%; all Surrey pupils 73%, national 67%).
- There continues to be challenges in completing Education Health and Care Plans (EHCP) within the required timescales. It is recognised that there is much to do in this area and interim measures to improve EHCP timeliness and effectiveness of communications with families are being developed.

Key Achievements and Outcomes

Key achievements over the last six months are:

Finalising partnership arrangements

7. In December 2015 the Health and Wellbeing Board endorsed the [proposal](#) to refresh the Children and Young People's Partnership arrangements. This refresh sees three strategic groups replaced by one overall Children and Young People's Partnership Board.
8. At the first Children and Young People's Partnership Board on 23 February 2016, commissioning partners discussed key challenges and opportunities and began exploring and prioritising the Board's ambitions. This acted as the start of refreshing ambitions to improve outcomes for children, young people and their families, developing the Board's forward plan of work and a refreshed Children and Young People's Partnership Plan. This intends to both reflect current Health and Wellbeing Board priorities set out in the Joint Health and Wellbeing Strategy (JHWS) as well as developing new ambitions to suggest when this is refreshed.

Re-commissioning of Children and Adolescents Mental Health Services (CAMHS)

9. Following a joint re-commissioning process between Surrey County Council (SCC) and Surrey's Clinical Commissioning Groups (CCG) (led by Guildford and Waverley CCG), specialist and targeted CAMHS contracts have been awarded to Surrey and Borders Partnership (SABP) in November 2015.

- Mobilisation is underway with Guildford and Waverley CCG, SCC and SABP to ensure service enhancements, robust performance and quality reporting, and the new Behaviour Emotional Neurodevelopmental (BEN) pathway are all in place for the new service to be launched by 1 April 2016.
10. The enhanced services will aim to improve outcomes for children and young people through:
 - Extended opening hours;
 - a single point of access;
 - reduced waiting times;
 - 'no wrong door' policy;
 - better support for parents/carers and;
 - new CAMHS BEN service contract will support over 1700 children and young people.
 11. An Extended Hope Service will also support children and young people out of hours in mental health crisis, preventing the need for out of county care, breakdown of placements and inappropriate involvement of A&E and the Police.

Safeguarding

12. One of the JHWS' five priorities is 'safeguarding the population' which is a key part of improving children's health and wellbeing. Following Ofsted's inspection of Surrey County Council's Children's Services (report published June 2015), Surrey County Council launched an improvement plan to address the required improvements.
13. Key achievements over the last six months include:
 - Improvement in the timeliness and quality of some assessments;
 - social workers knowing their children well;
 - shortened the time it takes to do care proceedings and;
 - maintained placement stability for looked after children.
14. Whilst the Department for Education have recognised that steady progress is being made, there remains much to do. This includes some important changes that are well underway, which it is expected will improve outcomes for our children and young people:
 - Piloting new arrangements in the Referral, Assessment and Intervention Service (RAIS).
 - Working with partners to develop a more comprehensive Multi-Agency Safeguarding Hub (MASH).
 - Developing a practice guide, tools and support for practitioners and management development - all part of SCC's "Year of Practice".
 - Refreshing the levels of need guidance.
15. Partners are continuing to work together to address Child Sexual Exploitation (CSE) in Surrey. Whilst this is tied into wider improvements such as the development of the MASH, achievements over the last six months include:

- SCC and Surrey Police have taken the initial steps in developing a joint profile of CSE in Surrey.
- An initial needs assessment took place to develop further knowledge of the needs of children and young people as well as to identify gaps in understanding.
- A four area Missing and Exploited Children's Conference (MAECC) has been established and an oversight group put in place.
- The Corporate Parenting Board is leading a number of activities to increase placement choice for looked after children in Surrey. This includes recruiting foster carers and establishing regional commissioning frameworks.

Healthy Behaviours

16. Following on from the Childhood Obesity Event held in March 2015, Surrey is one of four pilot areas to test a new Public Health Childhood Obesity Prioritisation Tool. The work from this will inform a new Surrey Childhood Obesity Strategy. (More information can be found in the March 2016 Prevention Priority update.)
17. Partners have worked together to deliver a pilot on Minor Illness Training in four of Surrey's Children Centres and parents recorded increased levels of knowledge and confidence in managing Minor Illness.
18. The Public Health Team are working with providers to increase capacity in the Public Health School Nurse workforce to further ensure a strong universal offer to children and young people in Surrey.
19. The CCGs, Surrey County Council and NHS England have come together to procure Children's Community Health Services across Surrey.

Special Educational Needs and Disabilities (SEND)

20. The SEND Partnership Board have agreed a strategy and a delivery programme (see [one page strategy](#)). This outlines four strategic goals:
 - Transform the customer experience;
 - re-build the system around the customer;
 - reshape the SEND local offer;
 - develop inclusive practice.
21. The partnership delivery programme is well underway including working with families to:
 - develop a robust needs analysis to better understand the needs of children and young people;
 - pathway mapping;
 - early self-evaluation against the SEND local area inspection framework.

22. Early focus is also being given to developing with Surrey's schools the offer in mainstream and special schools in Surrey. This includes bids for free schools to increase provision within special schools.

Key Challenges

23. The main challenge is the continued demand on services whilst budgets become ever more stretched. This includes the implementation of new Government policy such as the SEND reforms and further inspection regimes for safeguarding and SEND. Robust workforce planning and prioritisation of work through change programmes and further joint commissioning will mitigate this to some extent.
24. The national reduction in Public Health funding will impact on the provision of universal services (school nursing and health visiting) and, by association, Early Help and safeguarding capacity. Additionally, reductions are necessary on sexual health and drug and alcohol services for Children and Young People as well as for adults.
25. However, it is even more critical that all partners in Surrey continue to work together and with service users to improve outcomes for children, young people and families whilst providing value for money. This includes being able to share data and information to ensure there is a full understanding of need. The Health and Wellbeing Board can continue to support this at a strategic level.

Conclusions:

26. There have been some notable achievements over the last six months which are and will continue to improve outcomes for children and young people. This includes finalising new strategic Children and Young People's Partnership arrangements, steady progress in implementing the Children's Services' Improvement Plan, a new jointly commissioned CAMHS service and the commencement of a delivery programme for a multi-agency SEND strategy.
27. There is much to do to continue working together to improve outcomes for children, young people and families. This includes working in partnership and with service users and parents to deliver the improvements in the safeguarding system and the SEND reforms in Surrey.
28. It remains a time where increased demand and stretched budgets mean partners must continue working together in partnership and with service users to improve outcomes and provide value for money.

Next steps:

Key next steps include:

- Develop new Children and Young People's Partnership ambitions and priority areas for 2016/17 and beyond – March-June 2016.

- Plan and prepare for the commissioned CSE Peer Review¹ in April/May 2016 and use the findings to prioritise actions.
- Contract monitoring and on-going review of the impact of the new CAMHS service launching in April 2016.
- Continue to work in partnership to jointly procure Community Health Services for Children.
- Continue working in partnership to successfully implement the SEND reforms and improve the experience for children, young people and their families.
- Continue working in partnership to deliver improvements in the Safeguarding system and for Early Help.

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¹ The CSE Peer Review has been commissioned by Surrey County Council, the Surrey Safeguarding Children's Board, Surrey Police and Guildford and Waverley CCG (as the lead CCG in Surrey for children).

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Health and Wellbeing Board
10 March 2016

Developing a Preventative Approach: Priority Status Update

Purpose of the report: Performance management

To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in November 2015.

Recommendations:

The Health and Wellbeing Board is asked to:

- i. Note the content of the report
- ii. support the direction of travel around development of a Child and Family Healthy Weight Strategy;
- iii. endorse the use of the Prevention Plan Dashboard;
- iv. assuming a positive evaluation of the Surrey-wide Winter Preparedness Plan, recommend that the Surrey Health and Wellbeing Board's Communications Sub-Group run a Surrey-wide Campaign for 2016-17.

Introduction:

1. 'Developing a preventative approach' is the second priority in the Joint Health and Wellbeing Strategy (JHWS). The aim of this priority is to prevent ill-health as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health which creates a significant gap in life expectancy. Put simply are healthy when they have a good start in life; reach their full potential and have control over their lives; have a healthy standard of living; have good jobs and working conditions, live in healthy and sustainable communities.

2. The Health and Well Being Board last considered the Prevention Priority in November 2015. At that meeting there was an update of progress of the local prevention plans in each CCG geographical area and a description of how all the plans covered similar objectives including: improving healthy eating, reducing smoking and alcohol intake. Some elements of the plans differ due to the needs of local people. Highlights of some of the plans were presented to the board.
3. Since the Board received its last update, the Developing a Preventative Approach priority has been progressed in a number of key areas, more details on this has been provided below. Furthermore, the new NHS Planning Guidance requires Clinical Commissioning Groups (CCGs), in collaboration with partners, to demonstrate how they are addressing prevention as part of the new five-year place-based Sustainability and Transformation Plans (STPs) which are due to be submitted in June.

Performance Overview:

4. The Health and Wellbeing Board Developing a Preventative Approach Priority is implemented largely through local CCG prevention plans as well as relevant local Health and Wellbeing Strategies. Work on local plans has proved effective with a variety of initiatives progressing well. Several CCGs (e.g. Guildford and Waverley and East Surrey) are currently refreshing their prevention plans in light of the new NHS Guidance to ensure the Prevention Priority is well embedded in the day to day working of the CCGs.
5. Rather than focus on the work that individual CCGs and the Districts and Boroughs are undertaking, this report focuses on three key areas where partners are addressing prevention at a Surrey-wide partnership level. Described in greater detail below, the three areas are:
 - Pilot evaluation of the Public Health England (PHE) Child Obesity Prioritisation Tool as a step towards developing a comprehensive Child and Family Healthy Weight Strategy.
 - Development of a dynamic Prevention Plan Dashboard to allow local areas to monitor progress on areas addressed in the Prevention Plans.
 - Development and delivery of county-wide communications plan for winter preparedness.

Key Achievements and Outcomes

Pilot Evaluation of the PHE Child Obesity Prioritisation Toolkit

6. As members of the Health and Wellbeing Board are aware, child obesity is an important public health concern. It is associated with health and psychological problems within childhood itself and may put individuals at greater risk of type 2 diabetes, coronary heart disease, hypertension and some forms of cancer in the future. In addition, children with excess weight are likely to experience bullying or stigma. It is estimated that 57,000 children aged 2-15 years in Surrey have excess weight. The

National Child Measurement Programme (NCMP) 2013/14 data showed the proportion of 10-11 year olds who were obese was double that of the 4-5 year olds. The prevalence of excess weight is higher in the areas of the County identified as being more deprived.

7. Childhood obesity is an area for action in both the Improving Children's Health and Wellbeing Priority and the Prevention Priority within the Joint Health and Wellbeing Strategy (JHWS).
8. In recognition of the importance of this issue, the Health and Wellbeing Board sponsored a Child Obesity Summit.
9. Over 160 people attended from a wide range of organisations and professions including: elected members; strategic leads (commissioners and providers), nurses, teachers, as well as staff from parks and leisure services. After discussion on the strengths, challenges and gaps to delivering work on child obesity, participants developed borough/ district locality partner joint action plans.
10. In October 2015, Surrey County Council (SCC) Public Health was approached by PHE to participate in piloting a toolkit they have been developing to help local authorities prioritise their actions around child obesity. PHE particularly wanted to work with SCC to ensure that the toolkit was suitable for use within two-tier authorities. SCC agreed to participate as it seemed like a useful approach to build on last year's obesity summit and position Surrey to develop a local Child and Family Healthy Weight Strategy once the national strategy is published (March 2016).
11. Working with the Cabinet Member for Wellbeing and Health (Helyn Clack) and the Cabinet Associate for Children, Schools and Families Wellbeing (Mary Lewis) as well as the consultancy, Shared Intelligence, who are conducting the evaluation of the toolkit on behalf of PHE, Public Health, with support from Children's Services, have organised three meetings to work through the steps in the toolkit.
12. The first meeting involved a small group of invited representatives from different directorates within SCC, Active Surrey as well as Districts and Boroughs working through a series of questions about the extent to which child obesity is a strategic priority for local partners. The general conclusion from this meeting was that while child obesity is receiving lots of attention from different partners with pockets of excellent work, there is not a whole systems approach to addressing this important health issue.
13. The second meeting in February focused on identifying gaps in provision/action based on targeting areas of highest child excess weight. The invitation for this meeting was extended to those who attended last year's obesity summit and was facilitated by Shared Intelligence. As this pilot evaluation is currently being implemented, an update of the finding of this and the subsequent workshop will be presented at the March Health and Wellbeing Board.

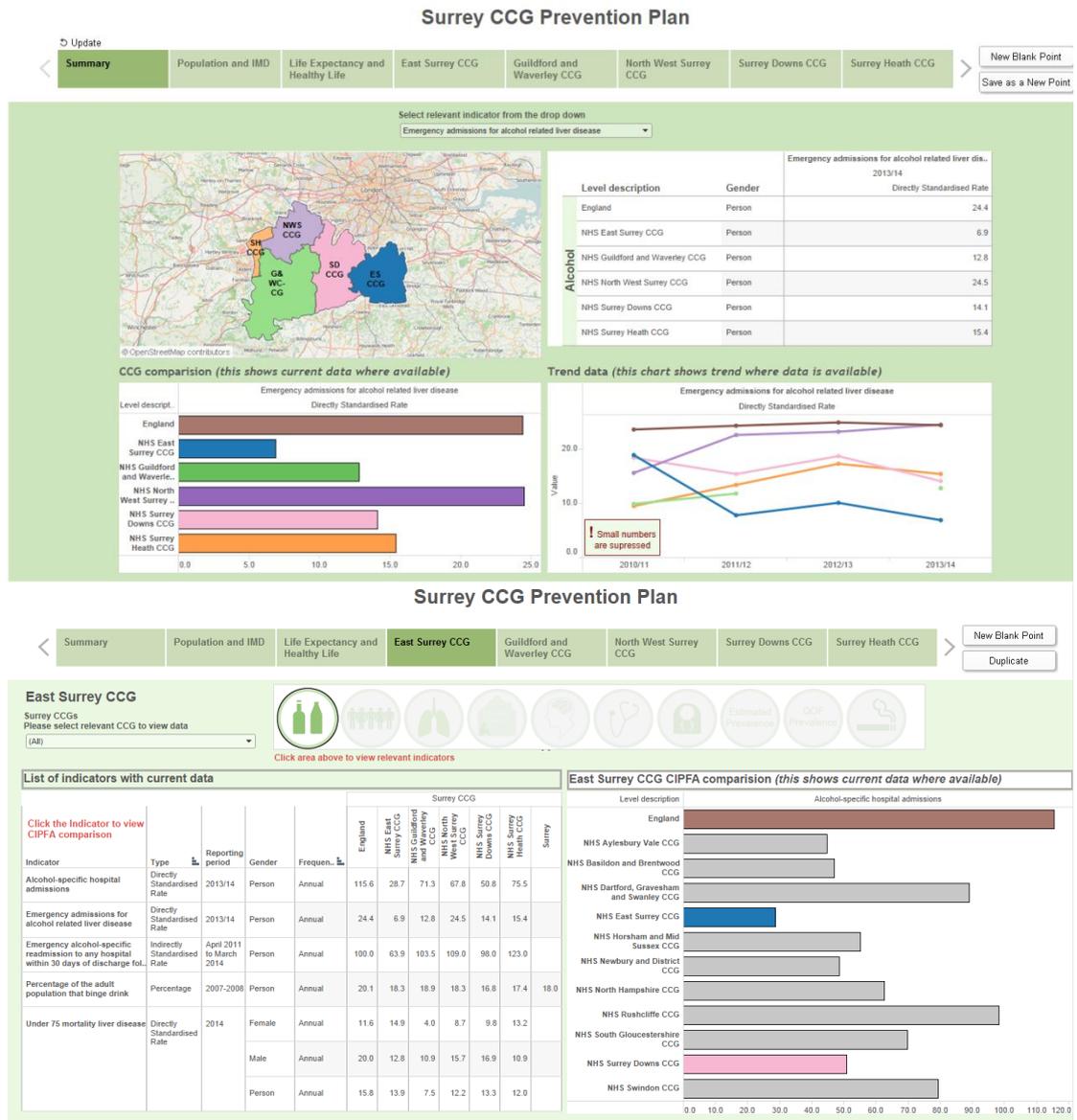
14. The third meeting, scheduled for early March, will focus on identifying priorities for action based on the findings from the previous two workshops and again facilitated by Shared Intelligence. The identified priorities, along with the new national Child Obesity Strategy, will form the basis for the draft Surrey Child and Family Healthy Weight strategy which will be brought back to the Health and Wellbeing Board for discussion in due course.
15. Throughout, Public Health have been feeding back to Shared Intelligence about the usefulness of the toolkit and how it can be adapted to accommodate two tier authorities, thereby influencing the national agenda around this topic.
16. Participating in the evaluation of the Toolkit is helping Health and Wellbeing Board partners within Surrey to identify priorities to address child obesity. This is enabling partner organisations to develop a draft Surrey Child and Family Healthy Weight strategy which will be brought back to the Health and Wellbeing Board for discussion.

Development of Dynamic Prevention Plan Dashboard

17. In order to monitor progress of the actions within the local prevention plans, an online dashboard has been developed and published on Surrey ([Prevention Dashboard Surrey-i](#)). It brings together indicators that are included within the current five CCG prevention plans. These include indicators from the following areas:
 - Smoking;
 - Alcohol;
 - Mental Health;
 - Health Checks;
 - Children and Young People;
 - Obesity;
 - Domestic Abuse; and
 - Disease Prevalence –Estimated and Quality and Outcome Framework-reported
18. Existing indicators from a variety of frameworks (Public Health Outcomes Frameworks (PHOF), CCG Outcomes Frameworks (CCGOF), NHS Outcomes Frameworks (NHSOF), and others) have been brought together to ensure that there is no indicator creep.
19. Data is presented at CCG level in an interactive dashboard format and the online tool allows comparison of the five Surrey CCGs together with the viewing of indicator trends (where data is available). It also allows each indicator to be compared against their Chartered Institute of Public Finance and Accountancy (CIPFA) comparators (where data is available).
20. The Prevention Dashboard will be updated when new data is available and an indicative update schedule has also been published on Surrey. The indicators included within the dashboard will be reviewed regularly to

ensure that they continue to reflect the content of the local prevention plans as these are updated and refreshed.

- The two figures below are screen shots of the Surrey CCG Prevention Plan dashboard.



Surrey Winter Preparedness Communications Plan

- Winter presents a variety of health risks and is a challenging time for health and social care agencies. In previous years, Surrey organisations had each run their own winter preparedness campaigns, resulting in a plethora of mixed images and messages, sometimes leading to confusion both for residents and professionals. This year, the Surrey Health and Wellbeing Board's Communications Group was asked by the Board to look at developing a county-wide communications plan for winter preparedness, so that all agencies - the CCGs, health providers, both tiers of local government, and the voluntary sector - could unite around a common communications framework.

23. A workshop was held on 1 July 2015 with the aim of uniting agencies around a single communications approach with universal messages and with some targeting for "at risk" and vulnerable groups. This was warmly received and plans proceeded to develop a local campaign plan. In addition, the group worked on developing a local signposting toolkit for professionals and agencies, who work with the "at risk" groups.
24. Within weeks, however, a joint national initiative from NHS England and Public Health England, called Stay Well This Winter, was announced. The communications group worked hard to align the two campaigns, as the messages were essentially the same. The national campaign's launch date kept slipping so it was agreed to launch the Surrey Winter Wellness campaign in September in advance of the national campaign. The toolkit was made available to download (via Healthy Surrey) and promoted to local organisations to share with their frontline staff.
25. The national campaign was launched in mid-October to help people aged 65 or over, those with long-term health conditions, pregnant women and parents of children aged two, three and four and in school years 1 and 2 stay well this winter. The national campaign focused on helping those who are most vulnerable to falling seriously ill with winter ailments avoid needing hospital treatment by providing simple advice to protect them. Advice included recommendations around seasonal flu vaccination, adequate heating, seeking advice from pharmacies, keeping an eye on elderly friends, neighbour and relatives, and timely use of medications.
26. The Surrey campaign added a local flavour to these messages and the toolkit was able to signpost patients and residents to local services for support. In order to differentiate from the national campaign as well as create the ability to measure local activity, the hashtag, #SurreyWinterWellness, has been used with social media. Initiatives, such as road shows, leaflet drops, and local radio advertising, have all supported the campaign in the county.
27. The success of the campaign is being evaluated. Preliminary results will be available to present at the March Health and Wellbeing Board.

Key Challenges

28. One of the key challenges, but also one of the greatest opportunities for implementation of prevention priorities, is the new NHS Planning Guidance which requires CCGs to ensure prevention is part of their place-based Sustainability and Transformation Plans (STPs) to be submitted in June. This provides a fresh impetus for ensuring these plans are well-embedded in the work of the CCGs, but also provides challenges around adapting the plans to reflect the proposed supra-CCG level footprints for the STPs.
29. An additional challenge around continuing to develop work around child obesity is responding to the financial constraints affecting all partners in Surrey, but particularly being live to the unintended consequences of

reductions in services which potentially affect supporting families to ensure a healthy weight for their children.

Conclusions:

30. Participating in the evaluation of the PHE Child Obesity Prioritisation Toolkit is helping Health and Wellbeing Board partners within Surrey to identify priorities to address around child obesity. This work will position the partners well to develop a Child and Family Healthy Weight Strategy over the coming year.
31. Development of a dynamic Prevention Dashboard provides a resource for Health and Wellbeing Board local partners to assess the impact of prevention plans while allowing for local metrics if required. The information in the tool will be updated, as new data becomes available and additional indicators can be incorporated as required.
32. Early indications are that the Surrey Winter Preparedness Communications plan has been a success, although the results of the formal evaluation are not available at the time of report writing. However, should the evaluation be positive, a similar approach should be considered for the forthcoming year.

Next steps:

Once the evaluation of the pilot Child Obesity Prioritisation Toolkit is complete and the national Child Obesity Strategy is complete, partners will begin work on development of a local Surrey Child and Family Healthy Weight Strategy.

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Sources/background papers:

None

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