

Notice of Meeting

Health and Wellbeing Board



Date & time

Thursday, 9 June 2016
at 1.00 pm

Place

Council Chamber, County
Hall, Kingston upon Thames,
KT1 2DN

Contact

Andrew Baird or Joss Butler
Room 122, County Hall
Andrew.baird@surreycc.gov.uk or
Joss.butler@surreycc.gov.uk
Tel 020 8541 7609 or 020 8541
9702

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 or 020 8541 9702, 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 or joss.butler@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 or Joss Butler on 020 8541 7609 or 020 8541 9702

Board Members

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

Mr Mel Few
Peter Gordon
Nicholas Ephgrave
Helen Atkinson

John Jory

Cabinet Member for Wellbeing and Health
Surrey Heath Clinical Commissioning Group
Woking Borough Council
Cabinet Member for Children and Families Wellbeing
East Surrey Clinical Commissioning Group
North west Surrey CCG
Guildford and Waverley Clinical Commissioning Group
Deputy Chief Executive
Surrey Downs Clinical Commissioning Group
North East Hampshire and Farnham Clinical
Commissioning Group
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: 7 APRIL 2016

(Pages 1
- 4)

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 Members' questions is 12pm four working days before the meeting (*03 June 2016*).

b Public Questions

The deadline for public questions is seven days before the meeting (*02 June 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

(Pages 5
- 12)

To review and agree the Board forward work program.

7 ACTION REVIEW

(Pages
13 - 18)

To review and agree the Board actions tracker.

8 CASE STUDY - MENTAL HEALTH PEER SUPPORT

The Board will be provided with a short presentation on mental health peer support.

9 EMOTIONAL WELLBEING AND MENTAL HEALTH PRIORITY STATUS UPDATE

(Pages
19 - 34)

To update the Board on the progress of the Emotional Wellbeing and

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

10 SURREY FOOTPRINT DIGITAL ROADMAP STATUS UPDATE

(Pages
35 - 56)

A detailed report on the Surrey Digital Roadmap was brought to the Health and Wellbeing Board on 10 March 2016. This paper provides an update on the approach, scope, timing and current project status of delivering the Surrey footprint Digital Roadmap since March. As far as possible it does not duplicate the information supplied in the March report. It is recommended that this report is read in conjunction with the Surrey Footprint Digital Roadmap - Status Update considered by the Health & Wellbeing Board at its meeting on 10 March 2016.

11 PHARMACEUTICAL NEEDS ASSESSMENT: SUPPLEMENTARY STATEMENT AND UPDATE

(Pages
57 - 66)

The Surrey Health and Wellbeing Board (HWB) is responsible for delivering a Pharmaceutical Needs Assessment (PNA) every three years. The first was published in 2015. The attached report provides a supplementary statement to the 2015 PNA which the Board is asked to approve. Additionally an update on plans for producing the full review of the PNA, due by 1 April 2018, is provided.

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 8 September 2016.

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 1 June 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.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

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

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

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

Thank you for your co-operation

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 7 April 2016 at Committee Room C, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 26 May 2016.

Elected Members:

- * Mrs Helyn Clack (Co-Chairman)
- * Dr David Eyre-Brook (Co-Chairman)
- Dr Andy Brooks
- * Councillor John Kingsbury
- Mrs Clare Curran
- Dr Elango Vijaykumar
- * Dr Charlotte Canniff
- Julie Fisher
- * Dr Claire Fuller
- * Dr Andy Whitfield
- * District Councillor James Friend
- Mr Mel Few
- * Peter Gordon
- Nicholas Ephgrave
- * Helen Atkinson
- John Jory

* = present

Substitute Members:

Nicola Airey, Surrey Heath CCG
 Mary Lewis, Surrey County Council
 Dr Heidi Fahy, East Surrey CCG
 Frank Offer, Surrey County Council
 Tom Kealey, Reigate and Banstead Borough Council

14/16 APPOINTMENT OF CO-CHAIR [Item 1]

Members noted that Dr David Eyre-Brook had been appointed as Co-Chair of the Health and Wellbeing Board.

15/16 APOLOGIES FOR ABSENCE [Item 2]

Apologies were received from Clare Curran, Dr Elango Vijaykumar, Nick Ephgrave, Mel Few and Julie Fisher.

Tim Evans acted as a substitute for Mel Few
 Dr Heidi Fahy acted as a substitute for Dr Elango Vijaykumar
 Frank Offer acted as a substitute for Julie Fisher

16/16 MINUTES OF PREVIOUS MEETING: 10 MARCH 2016 [Item 3]

Discussions took place regarding the most appropriate date for Sustainability and Transformation Plans (STPs) to be considered by the Board. Members

suggested that it would be more appropriate for the Board to consider STPs at a private business meeting due to the fact that they were changing and evolving so rapidly. Moreover, STPs would be subject to extensive public engagement through Surrey County Council's (SCC) Social Care Services Board and the Wellbeing and Health Board. Members further highlighted that extensive engagement with District & Borough councils and with Healthwatch regarding STPs was also anticipated. Members noted that there was no requirement for the Health and Wellbeing Board to sign off individual STPs and agreed that these should be considered at the Board's private meeting on 26 May.

Actions/ further information to be provided:

1. An item on Sustainability and Transformation Plans to be added to the Board's Forward Work Programme for 26 May 2016.

17/16 DECLARATIONS OF INTEREST [Item 4]

There were none.

18/16 QUESTIONS AND PETITIONS [Item 5]

a MEMBERS' QUESTIONS [Item 5a]

There were none.

b PUBLIC QUESTIONS [Item 5b]

There were none.

c PETITIONS [Item 5c]

There were none.

19/16 BOARD BUSINESS [Item 6]

Witnesses:

None

Key points raised during the discussions:

None

20/16 SURREY BETTER CARE FUND [Item 7]

Witnesses:

Helen Atkinson, Strategic Director Adult Social Care and Public Health,
Surrey County Council

Key Points raised during the discussion:

1. The report was introduced by SCC's Strategic Director for Adult Social Care and Public Health who highlighted the significance of the Better

- Care Fund (BCF) in delivering integration between health and social care services in Surrey. Members were shown a video on Surrey's collaborative Reablement Services as a demonstration of how the BCF was improving patient outcomes and reducing cost.
2. The deadline for submitting the final version of Surrey's BCF plan for 2016/17 to NHS England was 28 April 2016. Members were advised that some minor amendments would be required to the draft BCF plan included in the agenda ahead of the final submission. The Board was informed that the BCF 2016/17 plan would not differ significantly from the 2015/16 submission as a result of NHS England's requirement for Clinical Commissioning Groups (CCG) to produce Sustainability and Transformation Plans (STPs) as it was felt that these would replace the BCF as the main drivers for change in health and social care delivery over the coming years.
 3. Members were told that investment in the BCF for 2016/17 would increase by £2 million from the previous year. It was, however, highlighted that this additional funding for the BCF would come from existing CCG and SCC budgets by savings generated through health and social care integration. The Board was further informed that the financial principles for BCF funding in 2016/17 had been agreed and that this would enable health and social care integration to be scaled up. A key aspiration for the BCF in 2016/17 was to deliver hospital discharge and reablement services which were open from 8 till 8 seven days a week. It was noted, however, that Surrey had performed well on Delayed Transfers of Care (DTOC) when compared to other local authority areas in England and Wales.
 4. The Board was advised that discussions were also taking place between SCC and Surrey's 11 District and Borough Councils in regard to agreeing funding allocations for the disabled facilities grant.
 5. Members drew attention to the target for the reduction in non-elective hospital admissions as outlined in the BCF draft plan. It was suggested that a 7% reduction in non-elective hospital admissions in the first quarter of 2016/17 was an ambitious target and the Board asked whether it was realistic. The Strategic Director advised members that Surrey had been asked to target a greater reduction in non-elective hospital admissions. Members were informed that a 7% reduction in the first quarter would be challenging but was certainly achievable; some CCGs would perform better than others in decreasing non-elective admissions and it was anticipated that collectively this would average out to meet the 7% county-wide target. The Board asked to be shown the methodology and detail in relation to non-elective admissions targets regarding 2016/17 BCF metrics.
 6. Discussions took place regarding the extent to which the express aim of the BCF to encourage closer working between health and social care had been achieved in Surrey. Members acknowledged that the first year of the BCF had been challenging due to the way in which the Government had made health and social integration mandatory without making any additional financial resources available with which to achieve this. This had led to difficult conversations between health and social care commissioners in Surrey, as it had nationally, as a result of the budgetary pressures. Despite these challenges, SCC and the CCGs had worked collaboratively in order to deliver joint plans for the implementation and delivery of integrated health and social care services across the County.

7. The Board discussed how Sustainability and Transformation Plans could be effectively communicated to engage residents in the development of STPs and ensure that the aims and objectives of these were accurately understood. Members were advised that the each STP would be supported by a communications strategy to ensure that partners were effectively engaged. The Board highlighted the need to demonstrate to residents that STPs are the next step in creating localism within health and social care delivery. Members asked that the Health and Wellbeing Board Communications Sub-Group give consideration to how consistent messages can be delivered to residents around STPs.

Actions/ further information to be provided:

1. Health and Wellbeing Board to receive data on how Surrey performs on delayed transfers of care compared to national guidelines.
2. Health and Wellbeing Board to Show methodology and detail in relation to non-elective admissions targets regarding 2016/17 Better Care Fund metrics.
3. Health and Wellbeing Board Communications Sub-Group to consider how communications around the delivery of the Better Care Fund could show joint working between health and social care commissioners.
4. Health and Wellbeing Board Communications Sub-Group to consider how consistent messages on STPs can be delivered to Surrey residents.

RESOLVED: That;

1. Note the progress made in implementing the Better Care Fund 2015/16;
2. Comment on the draft 2016/17 Surrey Better Care Fund Plan; and
3. Endorse the draft plan and delegate authority to the Strategic Director for Adult Social Care & Public Health, Surrey County Council and the Chief Officer, Guildford and Waverley CCG (as co-chairs of the Surrey Better Care Board) to approve the final version of the plan (in consultation with the co-chairs of the Health and Wellbeing Board) for submission to NHS England by 25 the April 2016.

21/16 PUBLIC ENGAGEMENT SESSION [Item 8]

No additional questions were asked under this item.

22/16 DATE OF THE NEXT MEETING [Item 9]

The Board noted that its next meeting would be held on Thursday 9 June.

Meeting ended at: 2.00 pm

Chairman

Health and Wellbeing Board
9 June 2016

Health & Wellbeing Board Forward Plan

Purpose of the report:

For Members to consider and comment on the Board's Forward Plan.

Introduction:

A Forward Plan recording agenda items for consideration at future Health & Wellbeing Board meetings is attached as **Annex A**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to monitor progress on the implementation of actions from previous meetings (Annex A).

Report contact: Andrew Baird, Regulatory Committee Manager

Contact details: 020 8541 7609, andrew.baird@surreycc.gov.uk

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Forward Work Plan

26 May 2016 - Informal Meeting

Case Study title:	Domestic Abuse
Author:	Jane Last

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.

Item title:	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:	Sustainability and Transformation Plan
H&W Board champion(s):	
H&W will be asked to:	

9 June 2016 – Formal meeting in public

Case Study title:	Emotional Wellbeing and Mental Health
Author:	Jane Bremner

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.

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

Item title:	Pharmaceutical Needs Assessment
H&W Board champion(s):	Helen Atkinson
H&W will be asked to:	Agree the supplementary statement to the Pharmaceutical Needs Assessment and note the process for the next refresh

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

Case Study title:	Locality Hubs / Winter Communications Strategy
Author:	Lisa Compton, North West Surrey CCG and Shelley Head, ASC / Victoria Heald

Item title:	Review Board Progress and forward planning workshop
H&W Board champion(s):	Helyn Clack, David Eyre-Brook
H&W will be asked to:	Review the progress of the HWB over the last year and plan ahead for 2017.

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.

Item title:	Transforming Justice
H&W Board champion(s):	Nick Ephgrave
H&W will be asked to:	Transforming Justice is a multi agency transformation programme in Surrey which main outcomes are to reduce reoffending, increase public confidence and increase efficiencies in the criminal justice system (CJS) whilst improving the experience of those come into contact with the CJS. The board will be asked to consider how we can develop closer and less complex links between the CJS and health and wellbeing partners to improve the lives of Surrey residents.

August 2016 – No meeting

8 September 2016 – Formal meeting in public

Case Study title:	Epsom Integration project
Author:	Claire Fuller, Surrey Downs CCG

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, David Eyre-Brook
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:	JHWS Priority Update: Improving Older Adults Health and Wellbeing/ Better Care Fund Update
H&W Board champion(s):	Helen Atkinson, Charlotte Caniff, Mel Few
H&W will be asked to:	Note / discuss progress; and Endorse the next steps.

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; Sign off the Terms of Reference for the Children and Young People’s Partnership Board and Endorse the next steps.

6 October 2016 - Informal Meeting

Case Study title	Magna Carta Health & Wellbeing Zone (provisional)
Author	

Item title:	Family focus
H&W Board	John Jury, James Friend

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:	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

Case Study title:	Safer Surrey (provisional)
Author:	

Item title:	Welfare Reform Joint Health and Wellbeing Strategy
H&W Board champion(s):	Helyn Clack
H&W will be asked to:	To receive a briefing on the outcomes of the Government's Welfare Reform Bill

Item title:	Joint Health and Wellbeing Strategy
H&W Board champion(s):	Helyn Clack, David Eyre-Brook
H&W will be asked to:	Consider the updated Joint Strategic Needs Assessment and reflect on the appropriateness of the Joint Health and Wellbeing Strategy

8 December 2016 – Formal meeting in public

Case Study title:	SASH collaboration with the Virginia Mason Institute (provisional)
Author:	

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.

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

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.

Item title:	JHWS Priority Update: Developing a preventative approach
H&W Board champion(s):	Helen Atkinson, Helyn Clack
H&W will be asked to:	Note / discuss progress on the prevention plan; and Endorse the next steps.

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Health and Wellbeing Board
9 June 2016

Health & Wellbeing Board Action Review

Purpose of the report:

For Members to consider and comment on the Board's actions tracker.

Introduction:

An actions tracker recording actions and recommendations from previous meetings is attached as **Annex A**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to monitor progress on the implementation of actions from previous meetings (Annex A).

Report contact: Andrew Baird, Regulatory Committee Manager

Contact details: 020 8541 7609, andrew.baird@surreycc.gov.uk

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Surrey Health and Wellbeing Board Actions and Recommendations Tracker 9 June 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
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
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
A3/16	10 March 2016	Utilise Health and Wellbeing Board Communications Sub-Group to elicit suggestions from the public and patients on service delivery and prioritisation in light of the	HWB Programme Manager	The Health and Wellbeing Board Communications sub-group is developing an engagement approach which will outline how the Board will engage with the public and how their views can be included to support	In Progress

		financial challenges facing SCC and the CCGs		prioritisation of service delivery. This is on the Forward Plan for the July 2016 meeting. (Updated: 28 April 2016)	
A12/16	7 April 2016	Health and Wellbeing Board Communications Sub-Group to consider how communications around the delivery of the Better Care Fund could show joint working between health and social care commissioners.	HWB Programme Manager	The Health and Wellbeing Board Communications sub-group have included this on their forward work plan. (Updated: 28 April 2016)	In progress
A13/16	7 April 2016	Health and Wellbeing Board Communications Sub-Group to consider how consistent messages on STPs can be delivered to Surrey residents.	HWB Programme Manager	Consistent messaging is being drafted and the Health and Wellbeing Board Communications sub-group will share and ensure consistent communication once complete. (Updated: 28 April 2016)	In progress

Completed

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
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	A revised strategy has been completed and will be circulated to the Board for its approval at the Health and Wellbeing Board meeting on 9 June 2016.	Completed

				(Updated: 1 June 2016)	
A21/15	10 December 2015	Identify Mental Health Champions among County and district and borough councillors across Surrey to promote and embed the strategy across the County.	Promoting Emotional Wellbeing and Mental Health Priority Lead	<p>A letter has been sent to each District and Borough Leader to encourage them to identify Mental Health Champions for each D & B in the County.</p> <p>A job description will be created for individual D & B area once mental health champions have been identified for that area.</p> <p>(Updated: 1 June 2016)</p>	Completed
A10/16	7 April 2016	Health and Wellbeing Board to receive data on how Surrey performs on delayed transfers of care compared to national guidelines	Public Health Consultant	<p>This information was circulated to the Board on 25 April 2016.</p> <p>(Updated: 18 May 2016)</p>	Completed
A11/16	7 April 2016	Show methodology and detail in relation to non-elective admissions targets regarding 2016/17 Better Care Fund metrics.	Public Health Consultant	<p>This information is being compiled by Public Health and will be circulated to the Board once this has been completed.</p> <p>(Updated: 18 May 2016)</p>	Completed

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Surrey Health and Wellbeing Board

Date of meeting	9 June 2016
Report author and contact details	Diane Woods and Janine Sanderson Collaborative Commissioning Team for Mental Health and Learning Disability, on behalf of Surrey CCG Collaborative Dianewoods@nhs.net janinesanderson@nhs.net 07912 774656
Sponsoring Surrey Health and Wellbeing Board Member	Dr Andy Whitfield, Clinical Chair North East Hampshire and Farnham CCG. Helen Atkinson, Strategic Director Adult Social Care and Public Health

Item / paper title:

Purpose of item / paper	Update on progress for the Emotional Wellbeing and Mental Health Strategy which is one of the five Surrey Health and Wellbeing Strategy priorities. It includes a summary of the level of progress and successes arising from the strategy implementation to date.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Emotional Wellbeing and Mental Health priority
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	<ol style="list-style-type: none"> 1. Centred on the person, their families and carers This is a priority area within the emotional wellbeing and mental health strategy. 2. Early intervention This is a priority area within the emotional wellbeing and mental health strategy. 3. Opportunities for integration This is a priority area within the emotional wellbeing and mental health strategy. 4. Reducing health inequalities This is a running theme throughout the strategy.

	<p>5. Evidence based</p> <p>The strategy was based on both quantitative and qualitative evidence.</p> <p>6. Improved outcome</p> <p>The strategy focuses on outcomes, with underpinning actions and performance indicators to measure the difference made.</p>
Financial implications - confirmation that any financial implications have been included within the paper	The actions identified will in the majority be achieved within existing resources across the public agencies in Surrey. A public sector transformation bid has been successful for 2015/2016 which will pump prime the service redesign at a crisis pathway level and deliver efficiencies across agencies over the next 10 years.
Consultation / public involvement – activity taken or planned	We have carried out extensive engagement with stakeholders which identified the 5 priority areas of the Emotional Mental Health & Wellbeing Strategy
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	Equality and diversity implications have been assessed and an equality impact assessment has been carried out as part of the establishment of the Emotional Mental Health and Wellbeing Strategy.
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>Note the progress achieved against delivery of the Surrey and NE Hants Emotional Wellbeing and Mental Health Strategy actions and support with the identified challenges namely ensuring that members of the HWBB have ensured that mental health is embedded in their organisations strategic approaches.</p>

Emotional Wellbeing and Mental Health Strategy Update- April 2016

Performance Overview

Progress against key strategy actions:

Priority One– Promotion Prevention and Early Intervention:

- Information cards on mental health services have been completed by Public Health.

Priority Two–Working Better Together

- Acute mental health CQUIN developed. Limited take up.
- Delivery of ‘One Person One Plan’ CQUIN with SABP– positive start

Priority Three–Partnerships with service users carers and families

- Evidenced impact of ‘Healios’ Pilot supporting carers of people with mental health problems.

Priority Four–Effective Crisis Care

- Continued delivery of Crisis Care Concordat actions & refreshed plan
- Single Point of Access (SPA) workshops and ongoing design and pathway development
- All 5 Surrey Safe haven cafes now up and running
- 15/16 outturn on people detained in police custody down to 3%

Priority Five– Making Recovery Real

- Peer support workers
- New Independent Mental Health Network to ensure people with experience of mental health and their carers inform and shape mental health commissioning.

3 Key Achievements

1. All Safe Haven cafés opened across Surrey
2. SPA co-design workshops have taken place
3. Strengthened service user and carer voice:
 - Development of Peer Support Networks
 - Independent Service user and carer network established.

Key Challenges

- Acute trusts engagement in mental health
- Have all the HWBB organisations covered Mental Health in their organisations' strategies?
- Ensuring all organisations stay signed up to the Mental health crisis care concordat

Future Plans

- Continue to address the actions identified for delivery in the final year of the strategy
- Primary care focus
- Integrated care approach
- Accommodation: the accommodation pathway for people for mental health and substance misuse will develop through the accommodation with care and support programme of work in Surrey County Council

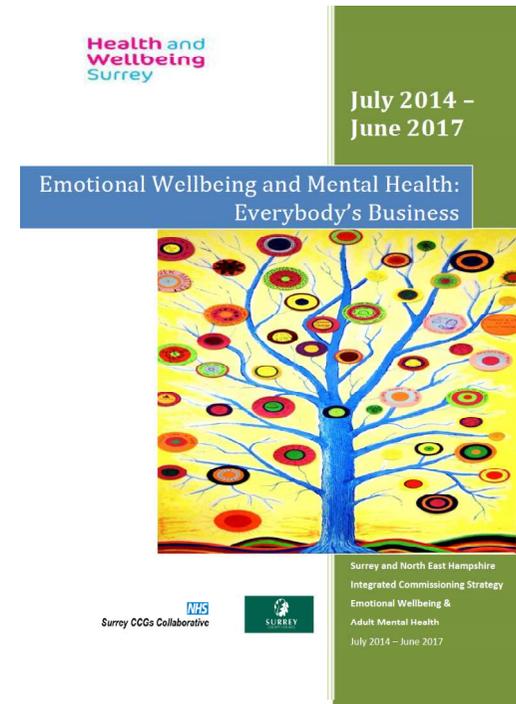
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Emotional Wellbeing and Mental Health Strategy Key Achievements – May 2016

The strategy was signed off in October 2014 following successful consultation with over 100 responses and strong support for priorities. The strategy has wide ranging actions to complete from 2014 – 2017, some of the key achievements so far:

- All 5 safe havens cafés now open across Surrey (From April 2016)
- Peer support workers in place
- New Independent service user and carer network established (from April 2016)
- Reduced S136 people in custody down to 3%
- One Person One Plan CQUIN being delivered
- Healios carers support pilot showing positive early outcomes
- Anti-stigma work of Time to Change rolled out reaching more than 1600 people through the mental health ambassadors
- Suicide prevention plan developed
- Domestic abuse training in CCGs prevention plans
- Ahead of the curve with new technology for mental health – on-line IAPT, e-therapy SABP, face to face on-line support for carers
- Crisis care concordat planned refreshed and upload to national website
- Reviewed Protocols and Improved working between agencies, SABP/Police/111/Ambulance
- Conveying of people on S136 by ambulance introduced
- Crisis provision for children and adolescents extended HOPE (commenced)
- Develop a Single Point of Access for MH Crisis (co-design started)
- Mental health staff pilot in police call centres expanded to a 7 night service

In order to deliver the vision that mental health and wellbeing should be as important as physical health and to achieve this transformation everybody needs to make mental health their business.



SURREY & NEH EMOTIONAL WELLBEING & ADULT MENTAL HEALTH STRATEGY July 2014 - June 2017 Everybody's Business

Vision: Our vision is that mental health and wellbeing should be as important as physical health and to achieve this transformation everybody needs to make mental health their business

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

Strategy Priority	Year 2 Status (Oct 2015)	
Priority 1 - Prevention Promotion & Early Intervention	Amber	
Priority 2 - Working Better Together	Amber	
Priority 3 - Partnerships with service users, carers and families	Amber	
Priority 4 - Effective Crisis Care	Amber	
Priority 5 - Making Recovery Real	Amber	

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Priority 5 - Making Recovery Real	Amber	

Priority 1- Prevention Promotion & Early Intervention

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

Year 2 Actions & Status

C/F from Year 1

- Annual health checks completed - **AMBER** ⇨

Year 2 (July 2015-June 2016)

- Information and support to carers – **GREEN** ↑
- Develop referral support to GPs – 3 of 5 CCGs **AMBER** ⇨
- Perinatal MH Service – **GREEN** ↑
- Implement 5 ways of wellbeing – **GREEN** ↑
- Access standards for MH are met – **AMBER** ⇨
- Awareness raising of link depression and LTC – **AMBER** ⇨

Year 3

- Monitoring Health Risk Factors
- Deliver resilience programmes – **AMBER** ↑
- Self help in higher incidence areas- **GREEN** ↑
- Psychological Support in physical health pathways **AMBER** ↑
- Public services attain workplace wellbeing charter – **AMBER** ↑

Yr 2 Status

Amber

Key:

Red = Outstanding issues – action required

Amber = On track

Green = Achieved and Ongoing

What difference will it make?

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

Priority 2 - Working Better Together

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

Yr 2 Status

Amber

Key:

Red = Outstanding issues – action required

Amber = On track

Green = Achieved and Ongoing

Year 2 Action & Status

C/F from Year 1

- Move away from exclusion criteria's – **AMBER** ⇨

Year 2 (July 2015- June 2016)

- MH is in strategic plans of public sector organisations – **AMBER** ⇨ (all CCG's, acutes still being negotiated- Acute CQUIN)
- Joint commissioning for voluntary sector and S117 – **AMBER** ⇨
- MH Performance Data and investment will be transparent – **AMBER** ⇨
- Service Pathway information is accessible – **AMBER** ⇨
- Wider workforce training – **AMBER** ↑

Year 3

- Care pathways seamless across physical and mental health
- Education delivered to GPs on common mental health **AMBER** ↑
- Joint planning of MH in integrated services – **AMBER**

What difference will it make?

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

Priority 3 - Partnerships with service users, carers and families

Aim: Building a strong partnership between commissioners, service users, carer's and families encouraging an equal role in shaping the support available

Yr 2 Status	Amber	
--------------------	--------------	---

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

Action & Status

C/F Year 1

- Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility – **AMBER** ↑

Year 2

- Service user and carer training delivered to strengthen their role – **GREEN** ↑
- Carers involvement in MH commissioning is supported adequately – **GREEN** ↑
- Accessible information to support making informed decisions on their care – **AMBER** ⇨
- Widen approaches for involvement - **AMBER** ⇨

What difference will it make?

- Service user and carers' voices will be listened to and be on an equal level
- Service user and carer involvement in commissioning mental health services will be strengthened by creating and supporting formal arrangements
- Service users and carers will have greater choice and control over their care
- Carers are supported to have a life outside caring

Priority 4 - Effective Crisis Care

Aim: People who use services, their carers and families should get as much support to prevent and deal with a crisis from a mental health problem as they expect to receive from physical healthcare services.

Yr 2 Status

AMBER

Key:

Red = Outstanding issues – action required

Amber = On track

Green = Achieved & Ongoing

Action & Status

Year 2

- Establish 24 hour universal SPA for MH Crisis – **AMBER** ⇔
- Voluntary sector led crisis and peer support services – **AMBER** ↑
- Agreed MH protocols between emergency services implemented –**GREEN** ↑
- Information sharing of crisis contingency plans across emergency services implemented - **GREEN** ↑ (**call centre pilot**)

Year 3

- Sustainable psychiatric liaison services – **AMBER** ↑
- Everybody has crisis contingency plans - **GREEN** ↑

What difference will it make?

- Delivery of the mental health crisis care concordat recommendations/standards
- There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services
- There is an adequate level and mix of crisis services through population based planning and service development across sectors

Priority 5 - Making Recovery Real

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

Yr 2 Status	Amber	
--------------------	--------------	---

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

Action & Status

C/F Year 1

- Development of volunteer and peer support schemes - **GREEN** ↑

Year 2

- Shared care and enhanced services between primary and secondary care for MH agreed – **AMBER** ⇔
- Reduction of locked rehab – **GREEN** ↑
- Impact review of supported employment approaches – **GREEN** ↑
- Accessible hours of service operation – **AMBER**
- Awareness raising training to secondary care staff on autism – **GREEN** ↑

Year 3

- Integrated accommodation programmes between MH services and housing agencies – **AMBER** ↑
- Protocols to reduce evictions – **AMBER** ↑
- Apprenticeship schemes for people with MH – **GREEN** ↑
- Extend NEETS scheme to MH – **GREEN** ↑
- Promotion of MH with Job Centre Plus – **GREEN** ↑

What difference will it make?

- People with mental health problems have improved outcomes in relation to housing, employment, income & overall quality of life; are valued & supported by their communities
- Service delivery is organised to provide more flexible, inclusive and integrated care by providers working together to establish arrangements that promote the most effective and efficient use of services, taking a whole family approach
- Increased service user led activity and peer support for service users and carers
- Use of carers care pathway ensuring support to carers throughout an individual's recovery
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential

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Health and Wellbeing Board
9 June 2016

Surrey Footprint Digital Roadmap – Status Update

Purpose of the report: Scrutiny of Services and Budgets

A detailed report on the Surrey Digital Roadmap was brought to the Health and Wellbeing Board on 10 March 2016. This paper provides an update on the approach, scope, timing and current project status of delivering the Surrey footprint Digital Roadmap since March. As far as possible it does not duplicate the information supplied in the March report. It is recommended that this report is read in conjunction with the Surrey Footprint Digital Roadmap - Status Update considered by the Health & Wellbeing Board at its meeting on 10 March 2016 (**Annex 5**).

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. agree the summary Local Digital Roadmap; and
- ii. receive the final Local Digital Roadmap for comment ahead of submission and that authority to approve the Local Digital Roadmap be delegated to the IM&T Programme Director in consultation with the Co-Chairs of the Board.

Introduction:

1. This paper provides an overview and update of progress to date 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 Sustainability and Transformation Plans (STPs).
2. NHS England (NHSE) released three guideline documents that the Local Digital Roadmap (LDR) is being developed in accordance with. The three documents are:
 - NHSE published Estates and Technology Fund guidance on (3 May)
 - NHSE published Digital Roadmap guidelines on (29 April)

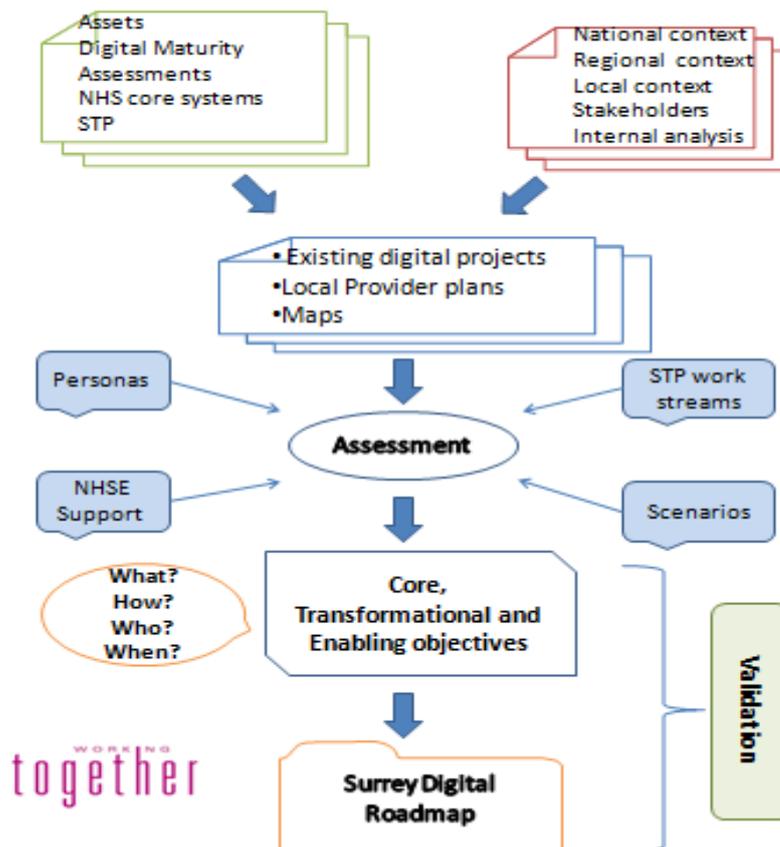
- NHSE published the General Practice Forward View on (20 April). Late publication of these guidelines has delayed the development of the LDR.
3. The footprint membership endorsed by NHS England in November comprises:
 - North West Surrey Clinical Commissioning Group (CCG) as lead
 - Guildford and Waverley CCG, Surrey Downs CCG and Surrey Heath CCG as partners.
 - Ashford and St Peter's Hospitals NHS Foundation Trust , Royal Surrey County Hospital NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust as partners.
 - Two community health providers; Virgin Care and Central Surrey Health
 - One mental health provider, Surrey and Borders Partnership (SABP) South East Coast Ambulance Service (SECAmb)
 - 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.
 4. In April the STP programme was launched:
 - Three workshops have been run to gather the wants and needs for the clinical pathways.
 - The last workshop is due to be run in mid May.
 - The LDR must support the requirements identified in the STP.

Governance is being realigned to match the requirements of the STP initiatives. Members of the LDR team have attended the STP workshops and have gathered further digital requirements from these sessions.
 5. 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:

6. A working group comprised of General Practice Information Technology (GPIT) leads, chief information officers and IT directors from health and social care providers meets on a bi-weekly basis to develop the LDR. Engagement from partners across the footprint is good.
7. The group has defined its vision for the LDR (Annex 1) in terms of service user experience and has made good progress on gathering the necessary information to deliver the Surrey Digital Roadmap and has agreed to use the approach below.

Delivering the Surrey Digital Roadmap



8. There is a broad range of informational sources that will be utilised in the development of the Surrey Digital Roadmap. These include national guidance, digital maturity assessments, existing digital projects and programmes, clinician and patient engagement, planning workshops and strategic direction provided through the development of the STPs. Below are the key sources of information that will inform the development of the Surrey Digital Roadmap

- Digital maturity Assessments from health and social care providers
- *10 Universal Priorities from NHSE, Guidance for Developing Local Digital Roadmaps (Annex 2)*
- Knowledge gathered from LDR workshops
- Work recently completed by LDR partners
- Future digital transformation plans of the LDR partners
- National and Regional IT initiatives
- Alignment with the STP workstreams
- *The nine 'must dos' for 2016/17 for every local system, Delivering the Forward View NHS planning guidance 2016/17 – 2020/21, (Annex 3)*
- General Practice Forward View
- GPIT forums
- Healthwatch UK patient forums
- Surrey Shared Electronic Care Record programme
- Estates and Technology Transformation Fund guidance
- Guidance for Developing Local Digital Roadmaps

9. The working group is continuing to gather information across all parties in the footprint. Workshops are held on a bi-weekly basis to develop the group's understanding of our current status and future plans to deliver the '10 Universal Capabilities' for 2020 and the '9 Must Dos' for 2016/17. These workshops facilitate a strategic approach to delivering the digital capabilities, though rationalising the projects that partner organisations are delivering and where possible consolidating projects into countywide programmes. These footprint wide initiatives require prioritisation and alignment with the emerging STP work streams.
10. The Surrey Electronic Shared Care Record has made good progress gathering the requirements for an interoperability platform and engagement with clinician and patient groups has commenced.
11. The working group is incorporating national initiatives into the LDR that will support the development of local digital systems and ensure compatibility with national digital transformation. The LDR will include national digital systems, as well as drawing on research, guidance and recommendations from the Academy of Medical Royal Colleges (AoMRC) and The Health and Social Care Information Centre (HSCIC) and other national bodies.
12. The LDR working group emphasises that addressing working practises, cultures and behaviours are as important as the evolving technology. To facilitate this development of the workforce, a change management work stream will be required to deliver the digital roadmap.

Expected Outcomes:

13. Communications networking seamlessly connecting all health and social care professionals capable of supporting the Digital Roadmap program through to 2020 and beyond.
14. Professional care workers will be 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.
15. Progressively moving towards being paper free at the point of care delivery by 2018.
16. Increased patient choice in the care pathway they receive and how they receive this care.
17. Automated and improved data collection, analysis and performance reporting to optimise use of resources and improve productivity while reducing the cost to deliver.
18. Improved use of the combined assets of providers' delivering care across the Surrey health economy.

19. Information governance and patient consent appropriate to the intended primary and secondary use of patient data.
20. 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.
21. 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.

Digital Roadmap submission:

22. Work is underway drafting the LDR and the working group is currently creating a summary of the LDR. The summary includes an outline of the aspirations, principles, key deliverables, milestones, benefits and approach to funding to gain local approval from all participating organisations. This will be completed by 20 May.
23. The next iteration will be to create a detailed LDR, fully articulating the vision, current and planned initiatives with a high level schedule to deliver the universal capabilities, national priorities, interoperability across the Surrey health and social care economy; and enablers for the STP. This will be completed by 3 June.
24. Members of the LDR working group will participate in the drafting of the document and socialisation of the LDR document will be completed by 17 June.
25. Sign off of the final LDR will be completed by 24 June.
26. Submission of the approved LDR to NHSE will be completed by 30 June.

Conclusions:

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

Next steps:

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

Report contact:

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Contact details:

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Annexes:

Annex 1 - Surrey Digital Roadmap Vision

Annex 2 - *10 Universal Priorities from NHSE*, Guidance for Developing Local Digital Roadmaps

Annex 3 - *The nine 'must dos' for 2016/17 for every local system*, Delivering the Forward View NHS planning guidance 2016/17 – 2020/21, (Annex 2)

Annex 4 – Glossary of Terms

Annex 5 – Surrey Footprint Digital Roadmap - Status Update. Report considered by the Health & Wellbeing Board on 10 March 2016.

Sources/background papers:

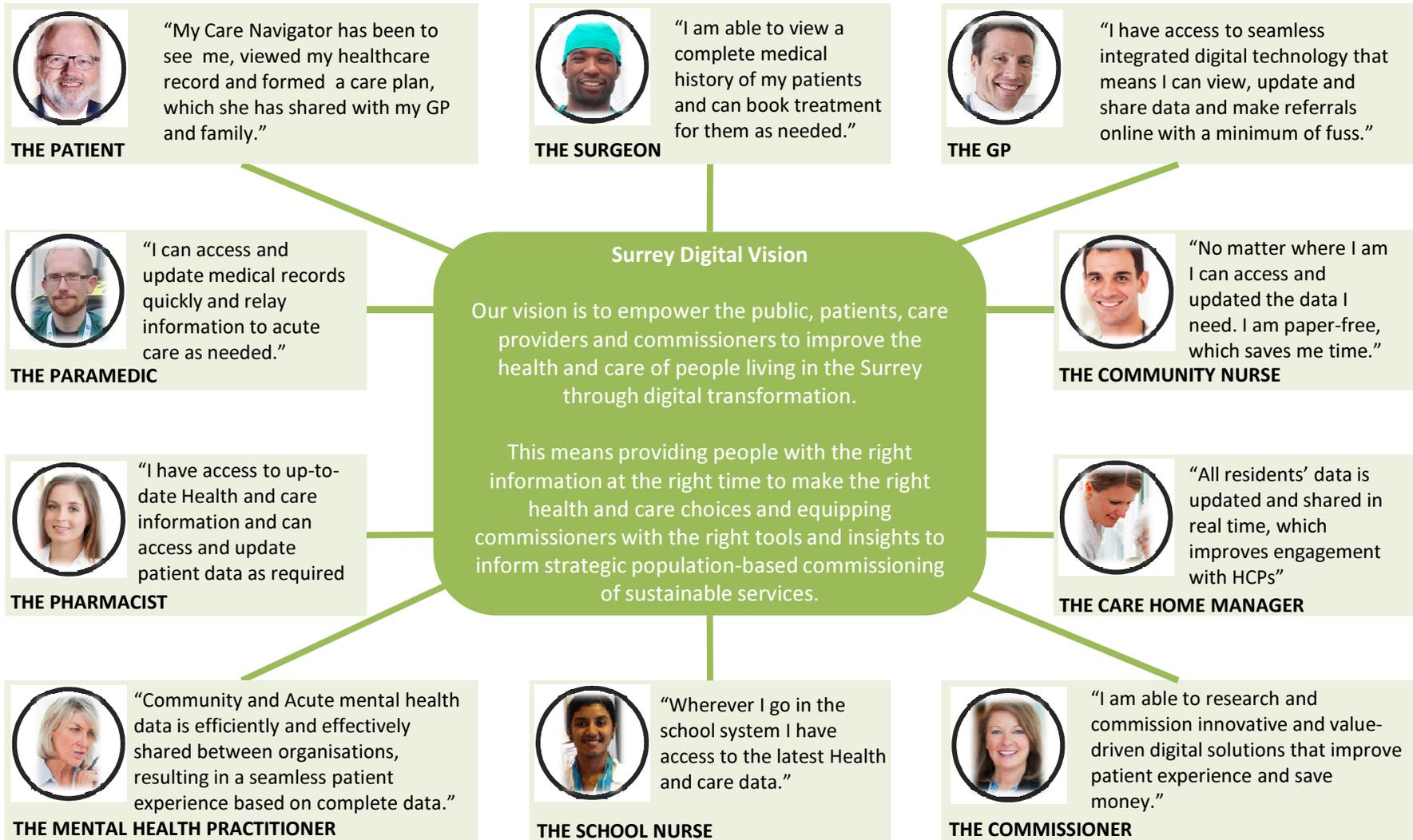
NHS “Five year forward view” October 2014

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 2015

NHS National Information Board “The Forward View into action: Paper-free at the Point of Care – Preparing to develop local digital roadmaps” April 2016

The Surrey digital vision statement is supported by a number of persona statements that bring this vision to life in terms of user experience



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NHSE 10 universal capabilities

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
2. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
3. Patients can access their GP record
4. GPs can refer electronically to secondary care
5. GPs receive timely electronic discharge summaries from secondary care
6. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
8. Professionals across care settings made aware of end-of-life preference information
9. GPs and community pharmacists can utilise electronic prescriptions
10. Patients can book appointments and order repeat prescriptions from their GP practice

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Annex 3 The 9 'Must Dos' for 2016/17

1. Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.
3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.
4. Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice.

Annex 3 The 9 'Must Dos' for 2016/17

6. Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
7. Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
8. Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

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



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:

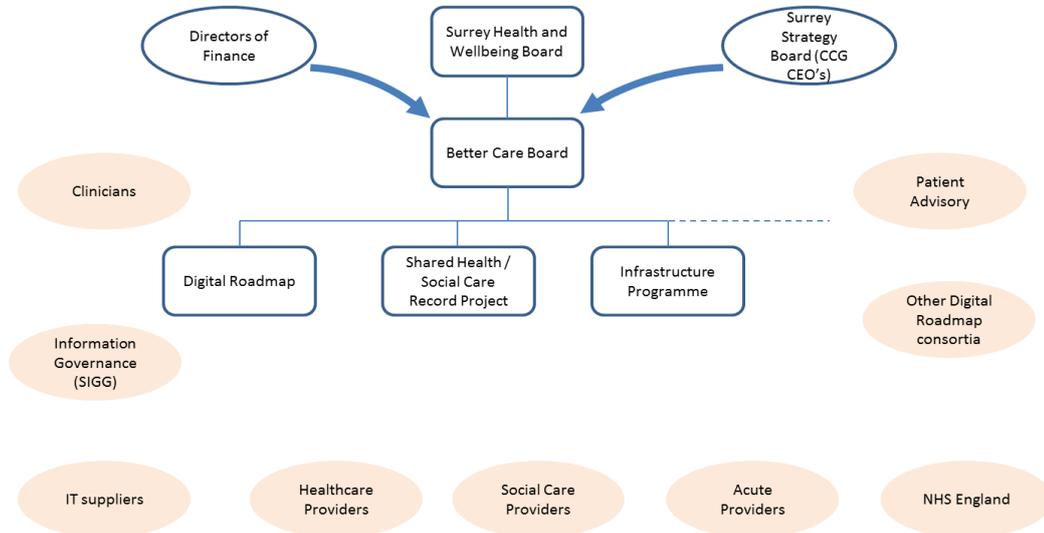
1. NHS England published the “Five Year Forward View” which highlights the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. NHS England and the Health and Social Care Information Centre (HSCIC) have since published guidelines in the Government’s report entitled “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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Health and Wellbeing Board
9 June 2016

Pharmaceutical Needs Assessment: Supplementary Statement and Update

Purpose of the report: Policy Development and Review

The Surrey Health and Wellbeing Board (HWB) is responsible for delivering a Pharmaceutical Needs Assessment (PNA) every three years. The first was published in 2015. The attached report provides a supplementary statement to the 2015 PNA which the Board is asked to approve. Additionally an update on plans for producing the full review of the PNA, due by 1 April 2018, is provided.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. approve the supplementary statement to the 2015 Pharmaceutical Needs Assessment, attached as Annex 1 to this report;
- ii. note the plan to produce a full review of the Pharmaceutical Needs Assessment by April 2018;
- iii. receive an update on work being done for the 2018 Pharmaceutical Needs Assessment Revision at its meeting on 8 June 2017.

Background

1. Health and Wellbeing Boards were given responsibility from 2013 for delivering a Pharmaceutical Needs Assessment (PNA) for their area. The PNA determines the local need for pharmaceutical services. The PNA is used principally to inform decisions on whether to allow new pharmaceutical services in a given area (a process called market entry) based on that need. NHS England is responsible for those commissioning decisions. The Surrey PNA, which uses CCG geographies, can also be used to support the work of local Clinical Commissioning Groups (CCGs) around primary care, management of long term conditions as well as urgent and emergency care.
2. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing and updating PNAs. Health and Well Being Boards (HWB) are required to publish a revised assessment within three years of publication of their

first assessment. In Surrey, the first PNA was published in March 2015, so the revised PNA must be published by April 2018.

3. Pending the publication of a revised PNA, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA where those changes are relevant to the granting of applications and the HWB is satisfied that making a revised statement would be a proportionate response to those changes. The supplementary statement then becomes part of the PNA.
4. The Surrey HWB delegated responsibility for delivering the Surrey Pharmaceutical Needs Assessment (PNA) to the PNA Steering Group, now chaired by Dr Julie George, Public Health Consultant.
5. The responsibilities of the PNA Steering Group are:
 - a) ensure the PNA project objectives are clear, defined in the PNA Project Initiation Document (PID), for the initial PNA and PNA revisions;
 - b) provide executive approval and sign off of high level project documentation and plans for the PNA project;
 - c) agree quality criteria for all aspects of the PNA project;
 - d) undertake executive reviews of performance and monitor progress against plans for the PNA project;
 - e) ensure the business, executive, clinical, user and technical perspectives are fully represented;
 - f) resolve any conflicts between business, clinical, user and technical requirements, priorities and preferences
 - g) ensure the final products shown in the PID are delivered on schedule;
 - h) make recommendations as to agreed tolerances (with respect to time and scope) and at risk activities;
 - i) endorse sign off for each project stage and authorise continuation to the next stage as stated in the PNA PID and timeline;
 - j) ensure all relevant guidance and policies are followed and ensure probity at all times;
 - k) Ensure the PNA is utilised to influence commissioning;
 - l) communication with key stakeholders
6. The PNA Steering Group meets as required to review changes to pharmaceutical provision or when developing a full scale revision, so no meetings were held between April 2015 and the meeting on 14 March 2016.

PNA Supplementary Statement

7. The PNA Steering Group met on 14 March 2016 to review changes to pharmaceutical provision since the publication of the Surrey PNA 2015 and determine whether there were sufficient changes in provision of pharmaceutical services to require a full scale revision to the PNA.
8. The Steering Group found that the changes to demographic need and pharmaceutical provision were minimal and therefore a supplementary statement detailing the changes, rather than a revision, was sufficient.

9. The attached PNA Supplementary Statement details the changes to pharmacy provision as well as the other information considered.
10. In brief, two pharmacies changed ownership requiring the issuing of new contracts (See Table 1, Annex 1). No new premises were opened as a result of this change. Additionally, five pharmacies moved premises location but the changes in location were judged insufficient to create a new need.

Producing the 2018 PNA Revision

11. Project planning for the 2018 PNA Revision will start in October 2016, with work commencing on the Revision from January 2017 with submission of the final report by March 2018 at the latest.
12. The format will remain largely unchanged. However, consideration will be given to two possible developments. The first development is whether it is feasible to include an analysis of access time to a pharmacy by those using public transport rather than private car. The second development under consideration is whether health need could be more fully described to fit more closely with health needs identified for local CCGs to support moves to place-based commissioning.

Next steps:

Subject to agreement from the Health and Wellbeing Board, an update on progress being made on developing the PNA Revision will be provided at the Board's meeting on 8 June 2017.

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Sources/background papers:

[Surrey Pharmaceutical Needs Assessment 2015](#)

[Pharmaceutical Needs Assessments: Information Pack for local authority Health and Wellbeing Boards](#)

[The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

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Surrey Pharmaceutical Needs Assessment: Supplementary Statement – June 2016

DRAFT

This supplementary statement to the Surrey Pharmaceutical Needs Assessment is issued in accordance with Paragraph 6 (3) b i) in Part 2 (3) of the NHS (Pharmaceutical Services) Regulations 2013¹

Date Surrey Pharmaceutical Needs Assessment published	30 th March 2015
Surrey Pharmaceutical Needs Assessment review date	By 31 st March 2018
Supplementary statement no.	1
Date authorised by Surrey Health and Wellbeing Board	
Date supplementary statement published	

¹ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

The Surrey Pharmaceutical Needs Assessment 2015² (PNA) identified no additional needs for the provision of necessary, essential or advanced pharmaceutical services. A full PNA revision will be published prior to the 1st April 2018, as required by the regulations. This supplementary statement serves as an update on current service provision.

Current housing constrained population projections³ and the Surrey Infrastructure Study⁴ do not identify major changes to demography or infrastructure that might impact on pharmaceutical service need as set out in the current PNA² and which would be relevant to the granting of control of entry applications.

Amendments to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 which relate to market entry have come into effect through The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2014, and The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2015⁵ on the 1st April 2014 and 1st March 2015 respectively and need consideration when determining market entry.

The changes which have taken place with regard to service provision since publication of the PNA in March 2015 until end January 2016 are detailed in the tables below. There have been no additional needs created by the variation in pharmaceutical provision since the publication of the Surrey Pharmaceutical Needs Assessment 2015.

² [Surrey Pharmaceutical Needs Assessment 2015](#)

³ [Surrey Housing constrained population projections](#)

⁴ [Surrey Infrastructure Study](#)

⁵ <http://psnc.org.uk/contract-it/pharmacy-regulation/>

The following new contracts have been issued:

Table 1 – New Contracts

Name	Contract Type	Date of start of contract	Location	Core Opening Hours	Opening Hours (inc Supplementary Hours)
Avicenna Pharmacy,	40 hour	11/09/2015	46 Frensham Road, Lower Bourne, Farnham, Surrey, GU10 3PX	Mon: 09:00-13:00. 14:00-17:30 Tue: 09:00-13:00. 14:00-17:30 Wed: 09:00-13:00. 14:00-17:30 Thu: 09:00-13:00. 14:00-17:30 Fri: 09:00-13:00. 14:00-17:30 Sat: 09:00-11:30 Sun: Closed	Mon: 09:00-18:30 Tue: 09:00-18:30 Wed: 09:00-18:30 Thu: 09:00-18:30 Fri: 09:00-18:30 Sat: 09:00-13:00 Sun: Closed
Paydens Pharmacy	40 hour	08/09/2015	33 Tattenham Cresent, Epsom Downs, Surrey, KT18 5QJ	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: 09:00-18:00 Sun: Closed	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-17:30 Sun: Closed

The following pharmacies have relocated to adjacent postcodes and therefore remain accessible to the local population. The Dispensing Appliance Contractor is one of 2 in Surrey:

Table 2 – Relocation of Pharmacies

Name	Contract Type	Location	Previous Location	Opening Hours (inc Supplementary Hours)
X-Pharm Ltd t/a Touchwood Pharmacy	40 hour	199 Upper College Ride, Camberley, Surrey, GU15 4HE	Touchwood Pharmacy, 2 Dean Parade, Old Dean Estate, Camberley, GU15 4DQ	Mon-Fri: 09:00-13:30, 14:00-18:00 Sat: 0900:-12:30 Previously: Mon-Fri: Mon-Fri: 09:00-13:30, 14:00-18:00
Day Lewis Chemists Ltd	40 hour	27a Bletchingley Road, Merstham, Surrey RH1 3HU	Day Lewis Chemists Ltd 34 Portland Drive Merstham, Surrey, RH1 3HY	Mon, Tue, Thu-Fri: 09:00-13:30, 14:00-18:00 Wed: 09:00-13:30, 14:00-17:30 Sat: 09:00-12:30
Sadera Co. Ltd, t/a Patsons Chemist	40 hour	66 Stoneleigh Broadway, Stoneleigh, Surrey, KT17 2HS	67 Stoneleigh Broadway, Stoneleigh, Surrey, KT17 2HP	Mon-Fri: 09:00-13:00; 14:00-18:30 Sat: 09:00-13:00; 14:00-17:00
Lloyds Pharmacy	40 hour	92a Station Road, Addlestone Surrey KT15 2AD	50-52 Station Road, Addlestone Road, Surrey KT15 2AF	Mon: 09:00-11:30; 14:00-17:30 Tue: 09:00-11:30; 14:00-17:30 Wed: 09:00-11:30; 14:00-17:30 Thu: 09:00-11:30; 14:00-17:30 Fri: 09:00-11:30; 14:00-17:30 Sat: 09:00-11:30; 13:00-17:30 Sun: 10:00-13:00
Fittleworth Medical Ltd	Dispensing Appliance Contractor (DAC)	Unit 2 Yew Greenhills, Tilford Road, Tilford, Surrey GU10 2DY	Unit 11 Alfold Business Centre, Loxwood Road, Alfold, Surrey, GU6 8HP	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Closed Sun: Closed

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