

Notice of Meeting

Health and Wellbeing Board



| Date & time | Place | Contact |
|---|---|--|
| Thursday, 9 March 2017 at 1.00 pm | Ashcombe Suite, County Hall, Penrhyn Road, Kingston upon Thames KT1 2DN | Andrew Baird or Joss Butler Room 122, County Hall Tel 020 8541 7609 or 020 8541 9702 |
| | | andrew.baird@surreycc.gov.uk joss.butler@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 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) | Cabinet Member for Wellbeing and Health |
| Dr David Eyre-Brook (Co-Chairman) | Guildford and Waverley Clinical Commissioning Group |
| Dr Andy Brooks | Surrey Heath Clinical Commissioning Group |
| Councillor John Kingsbury | Woking Borough Council |
| Mrs Clare Curran | Cabinet Member for Children and Families Wellbeing |
| Dr Elango Vijaykumar | East Surrey Clinical Commissioning Group |
| Dr Charlotte Canniff | North west Surrey CCG |
| Julie Fisher | Deputy Chief Executive, Surrey County Council |
| Dr Claire Fuller | Surrey Downs Clinical Commissioning Group |
| Dr Andy Whitfield | North East Hampshire and Farnham Clinical Commissioning Group |
| Mr Mel Few | Cabinet Member for Adult Social Care, Wellbeing and Independence |
| Peter Gordon | Healthwatch Surrey |
| Helen Atkinson | Strategic Director of Adult Social Care and Public Health, Surrey County Council |
| John Jory | Reigate and Banstead Borough Council |
| Ivor Duffy | NHS England |
| Peter Waddell | Runnymede Borough Council |
| David Munro | Surrey Police and Crime Commissioner |

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 8 DECEMBER 2016

(Pages 1
- 8)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

There were none.

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*3 March 2017*).

b Public Questions

The deadline for public questions is seven days before the meeting (*2 March 2017*).

c Petitions

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

5 BOARD BUSINESS

(Pages 9
- 10)

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

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| 6 | FORWARD PLAN | (Pages 11 - 18) |
| | To review and agree the Board forward work program. | |
| 7 | ACTION REVIEW | (Pages 19 - 24) |
| | To review and agree the Board actions tracker. | |
| 8 | CASE STUDY - LOCALITY HUBS | (Pages 25 - 26) |
| | For the Board to receive a case study highlighting progress related to health and social care integration in Surrey. | |
| 9 | CLINICAL COMMISSIONING GROUP ANNUAL REPORTS AND OPERATING PLANS | (Pages 27 - 34) |
| | To agree a process for meeting the Health and Wellbeing Board's statutory duties in relation to Clinical Commissioning Group annual reports and operating plans. | |
| 10 | JOINT HEALTH AND WELLBEING STRATEGY PRIORITY STATUS UPDATE: IMPROVING CHILDREN'S HEALTH AND WELLBEING | (Pages 35 - 66) |
| | The purpose of this report is to update the Health and Wellbeing Board on progress against the improving children's health and wellbeing priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last coming in September 2016. This report also seeks the Board's approval for the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary. | |
| 11 | JOINT HEALTH AND WELLBEING STRATEGY PRIORITY UPDATE: IMPROVING OLDER ADULTS' HEALTH AND WELLBEING | (Pages 67 - 114) |
| | To update the Health and Wellbeing Board on progress against the Improving Older Adults' Health and Wellbeing priority within the Joint Health and Wellbeing Strategy. The report will also provide members with the Better Care Fund quarterly returns for the quarters 1 and 2 of 2016/17. | |
| 12 | ROLE OF THE VOLUNTARY, COMMUNITY AND FAITH SECTOR IN THE HEALTH AND WELLBEING | (Pages 115 - 120) |
| | The Health and Wellbeing Board has enabled cooperation between health and social care in Surrey to become a natural objective in the approach to the care of Surrey residents. There is a vibrant voluntary, community and faith sector (VCFS) in the county and joining this sector to statutory providers would be of benefit to the entire community. | |
| 13 | PUBLIC ENGAGEMENT SESSION | |
| | A chance for members of the public in attendance at the meeting to ask any questions that they may have. | |

14 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 2 June 2017 at the Chantries, Guildford Borough Council Offices.

**David McNulty
Chief Executive
Surrey County Council**
Published: Wednesday, 1 March 2017

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

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

Please note:

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

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

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

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

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

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 8 December 2016 at The Boardroom, Woking Borough Council, Civic Offices, Gloucester Square.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 9 March 2017.

Elected 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
- * Peter Waddell
- Ivor Duffy

* = In attendance

In attendance

Andrew Baird, Regulatory Committee Manager, Surrey County Council
Bob Peet, Surrey Heartlands STP
Giselle Rothwell, Surrey Heartlands STP
Geraldine Hoban, Sussex and East Surrey STP
Joss Butler, Committee Assistant, Surrey County Council
Michael Wilson, Sussex and East Surrey STP
Simon Turpitt, Independent Chair, Surrey Safeguarding Adults Board
Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

41/16 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Nick Ephgrave, Julie Fisher, Ivor Duffy, Dr Elango Vijaykumar, Dr. Charlotte Canniff and John Jory.

Garath Symonds acted as a substitute for Julie Fisher

Deputy Chief Constable Gavin Stephens substituted for Nick Ephgrave.

Dr Heidi Fahy acted as a substitute for Elango Vijaykumar

Sue Robertson acted as a substitute for Charlotte Canniff.

Tom Kealey acted as a substitute for John Jory

42/16 MINUTES OF PREVIOUS MEETING: [8 SEPTEMBER 2016] [Item 2]

The minutes were agreed as a true record of the meeting.

43/16 DECLARATIONS OF INTEREST [Item 3]

There were none.

44/16 QUESTIONS AND PETITIONS [Item 4]

There were none.

a MEMBERS' QUESTIONS [Item 4a]

There were none.

45/16 PUBLIC QUESTIONS [Item 4b]

There were none.

46/16 PETITIONS [Item 4c]

There were none.

47/16 BOARD BUSINESS [Item 5]**Witnesses:**

Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

Gavin Stephens, Deputy Chief Constable, Surrey Police

Key points raised during the discussion:

1. Members were informed that Surrey Police had responded to a high number of calls regarding incidents in hospitals in Surrey. The Police and Crime Commissioner (PCC) had previously requested the Board's

support in addressing this as it was felt that the number of times police were required to attend A&E could be reduced if a collective effort was made by the healthcare community. The following resolutions were suggested by the Board:

- i. the issue to be considered by the Local Health Resilience Partnership to review business continuity processes; and
- ii. for the issue to be referred to the Wellbeing and Health Scrutiny Board for consideration.
2. Officers presented an update on the Health and Wellbeing Communications Sub-Group and asked the Board members if they felt that there was anything specific that the communications group should be focusing on in 2017. Members suggested that the Health & Wellbeing Board Communications Sub-group link with the STPs communications groups as well as the Community Safety Board to improve information sharing.
3. Officers informed the Board that Surrey had submitted an application to be a 'Time to Change Hub' and that the Board would receive confirmation on whether or not the bid had been successful.
4. Discussion took place regarding a letter which was sent to the Co-Chairs of the Health & Wellbeing Board from the Surrey and Borders Partnership NHS Foundation Trust (SABP) on proposed changes to inpatient mental health services in North West, Mid and East Surrey. The Board felt it was most appropriate for this to be taken forward by commissioners of these services and would be progressed outside of the meeting.

Actions/ further information to be provided:

1. For the Letter from the Police and Crime Commissioner regarding police attendance at Surrey's Acute Hospital Trusts to be considered at the Wellbeing and Health Scrutiny Board. **(Action Ref: A22/16)**
2. For the Chief Executive, Surrey and Sussex Healthcare NHS Trust to be sent the letter from the Police and Crime Commissioner. **Action Ref: A23/16**
3. For the Letter from the Police and Crime Commissioner regarding police attendance at Surrey's Acute Hospital Trusts to be considered at the Local Health Resilience Partnership. **Action Ref: A24/16**
4. For the Health and Wellbeing Board Communications Sub-group to link with the STP's communications groups and the Community Safety Board. **(Action Ref: A25/16)**
5. For the Letter from Surrey and Boarders partnership regarding proposed changes to inpatient mental health services in North West, mid and East Surrey to be sent to the commissioners to acquire an agreed strategy. **Action Ref: A26/16**
6. For more detail on the working arrangements between the Community Safety Board and the Health and Wellbeing Board to be included in the protocol between Health and Wellbeing Board, Children and Young People's Partnership, the Safeguarding Adults and Children Boards. **(Actions Ref: A27/16)**

48/16 FORWARD PLAN [Item 6]**Witnesses:**

Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

Key points raised during the discussion:

1. The Health and Wellbeing Board Programme Manager introduced the forward plan to the Board. The Board agreed to add an additional item to the agenda for the Board meeting in January to facilitate wider discussion regarding consultation and engagement with patients in light of the developing Sustainability and Transformation Plans (STPs).

Actions/ further information to be provided:

1. For an item to be presented on the improvement of consultation and engagement with residents at the January Health and Wellbeing Board meeting. (**Action Ref: A28/16**)

RESOLVED:

The Board noted and agreed the Forward Work Programme

49/16 ACTION REVIEW [Item 7]**Witnesses:**

Andrew Baird, Regulatory Committee Manager, Surrey County Council

Key points raised during the discussion:

1. In relation to action A15/16, Members were informed that a research paper from University College London on peer support working with mental health patients would be published in 2017 which would be circulated to the Board.

Actions/ further information to be provided:

None.

RESOLVED: That;

the Health and Wellbeing Board noted the Actions Tracker.

50/16 SUSTAINABILITY & TRANSFORMATION PLANS AND COMMISSIONING INTENTIONS [Item 8]

Witnesses:

Bob Peet, Surrey Heartlands STP
 Giselle Rothwell, Surrey Heartlands STP
 Michael Wilson, Surrey Heartlands STP
 Geraldine Hoban, Sussex and East Surrey STP
 Dr Andy Brookes, Frimley Health and Care STP

Key points raised during the discussion:

Strategic Transformation Plans

Surrey Heartlands

1. Members were briefed on the areas which the Surrey Heartlands STP covered and the 850,000 people living within the region. It was explained that Surrey Heartlands STP was made up of 11 constituent organisations whose leaders came together to form the Surrey Heartlands Transformation Board. The challenges that Surrey Heartlands faced included the increased demand of health and social care due to the population living much longer and the stresses that this put on the system. Going forward the STPs plans were to continue to provide high quality services and to work to make them sustainable over the next five years. It was explained that a holistic model on mental health would be introduced and that the strategies and pressures on the entry point to the system would be improved. The Board were informed of the devolution plans of the Surrey Heartlands STP which would bring together the commissioning of health and social care services and would ensure that decision-making and accountability in relation to the delivery of health and social care services took place at a local level.
2. The Board asked what changes would be made in terms of patient engagement and what changes patients would see to the delivery of health and social care services going forward. Officers responded by explaining that representatives would be looking at developing more focused pathways through the system. The acute hospitals would also be working with patients to use previous experiences to develop and enhance services in the future.
3. A discussion was had around the benefit of using local services rather than sending patients out of the county to receive treatment. Officers made clear that STPs were place based systems of care and that they would be looking to commission services that would enable patients to be treated locally.

Sussex and East Surrey

4. Officers provided an overview of the various stakeholders and localities covered by the Sussex and East Surrey STP. Members were shown figures demonstrating the forecast funding without change in the delivery of health and social care services in the Sussex & East Surrey STP area. Officers stated that they wanted to implement an integrated place-based plan which would create a system of care that was more proactive and, where possible would help service users to regain independence. Members were further told about a Clinical Reference Group that would cover the entirety of the STP area to

promote consistency and ensure that the different models of care used across the STP were compatible.

5. The Board sought confirmation that engagement would take place with the Council as a commissioner of social care services. After some discussion it was explained that there would be communities of practise involving integrated social care models in each local area that would be delivered and designed at a local level.
6. A discussion took place regarding the size of the STP and why it would be broken up into three areas. As the STP covered a large and diverse area the decision had been taken to separate the STP out into three distinct place-based plans. Members debated regarding the complexity of this plan and the difficulties arising from designing services around service users across such a large area.

Frimley Health and Care

7. Officers informed members of the plans being developed for the STP. It was explained that clinicians felt that many local residents had the skills and confidence to take responsibility for their own health and wellbeing and that new integrated decision-making hubs would be developed to support them in this. Integrated hubs were a new model of General Practice which would improve resilience and increase capacity to serve residents with a support workforce that was fit for purpose.
8. The Board sought clarification on how partners would be integrated and engaged in the new plans in which Officers explained that a care navigator would be incorporated to facilitate engagement between the services.

Commissioning Intentions

9. The health and social care commissioning representatives on the board laid out their individual commissioning intentions and explained the potential challenges and opportunities that they anticipated for the coming year.

Actions/ further information to be provided:

None.

RESOLVED:

The Health and Wellbeing Board agreed to;

1. note the current status of the three Sustainability and Transformation Plans (STPs) and organisational commissioning intentions ensuring alignment to the Surrey Joint Health and Wellbeing Strategy;
2. agrees to regularly monitor the alignment of STPs and commissioning plans to the Surrey Joint Health and Wellbeing Strategy; and
3. agrees to continually discuss NHS STPs at Surrey Health and Wellbeing Board meetings held in public as part of the engagement (next meeting March 2017).

51/16 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015 - 2016 [Item 9]**Witnesses:**

Simon Turpitt, Independent Chair, Surrey Safeguarding Adults Board

Key points raised during the discussion:

1. Officers introduced the report and highlighted some key points surrounding its duties. It was highlighted that one duty was for the Surrey Safeguarding Adults Board (SSAB) to ensure all partners meet their required training in Safeguarding. It was further explained that SSAB had a responsibility to ensure that key contacts and information was publicised to residents. Members of the SSAB had also been working together to maximise opportunities to register safeguarding concerns which included working with Checkatrade to ask its member organisations to register any safeguarding concerns they may have alongside other initiatives to spread awareness of vulnerable adults so they can register safeguarding concerns. A number of areas of improvement were highlighted to the Board which included improvements in the use of data as well as engagement from GPs in Safeguarding processes.
2. The Board questioned how SSAB planned to engage hard to reach groups to ensure that vulnerable adults in certain communities are not missed by safeguarding protocols. Officers acknowledged that this had been a challenge but stated that SSAB had been working to engage hard to reach and faith groups.
3. Members discussed the potential for considering SSAB's Annual Report earlier in the year. The Board agreed that the next SSAB Annual Report should be considered earlier in the year.

Actions/ further information to be provided:

For the Surrey Safeguarding Adults Board Annual Report 16-17 to be considered by the Health and Wellbeing Board at a more appropriate time with the earlier report for reference. (**Action Ref: A29/16**)

RESOLVED: That:

1. The Board noted the attached Surrey Safeguarding Adults Board Annual Report 2015/16; and
2. the Board agreed to identify any opportunities for the Surrey Safeguarding Adults Board and the Health & Wellbeing Board to work jointly to achieve shared priorities.

52/16 SURREY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2015 - 2016 [Item 10]**Witnesses:**

Garath Symonds, Assistant Director of Commissioning and Prevention, Children, Schools and Families, Surrey County Council

Key points raised during the discussion:

1. Officers introduced the report and gave a brief summary of the Surrey Safeguarding Children's Board's (SSCB) key responsibilities. The Officer explained that SSCB's annual report gave detailed information on the performance of the system for safeguarding children in Surrey. The Board was further informed that a previous Ofsted report had judged Children's services, as well as other partner agencies, as inadequate although feedback from inspectors suggests that a steady progress was being made. The relationship between practitioners and the child/family and how this could have been supported was a key focus for SCC to improve the support it provided for vulnerable children.
2. Members stressed the importance of GPs completing level 3 training in Children's Safeguarding and asked if it was possible to obtain data on how many GPs had this qualification.
3. The Board discussed future Ofsted inspections and it was highlighted that the next inspection would take place in January 2017 with a focus on child sex exploitation and missing children. Officers informed the Board that they believed the Ofsted result would be improved in the next 12 to 18 months.
4. The Assistant Director of Commissioning and Prevention agreed to return to the Health and Wellbeing Board to speak about the Multi-Agency Safeguarding Hub (MASH) at a time determined by the Board.

Actions/ further information to be provided:

1. To obtain data from the Children's Safeguarding Board regarding the number of GPs with Level 3 training in Children's Safeguarding to be shared with the Health and Wellbeing Board (**Action Ref: A30/16**)
2. For the Assistant Director of Commissioning and Prevention to return to the Health and Wellbeing Board to speak about The Multi-Agency Safeguarding Hub in under a year. (**Action Ref: A31/16**)

RESOLVED:

The Health and Wellbeing Board noted the Surrey Safeguarding Children's Board Annual Report 2015 - 16

53/16 PUBLIC ENGAGEMENT SESSION [Item 11]

No additional questions were asked under this item.

54/16 DATE OF THE NEXT MEETING [Item 12]

The Board noted that its next meeting would be held on 9 March 2017.

Meeting ended at: 3.55 pm

Chairman

Health and Wellbeing Board
9 March 2017

Board Business

Purpose of the report:

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

Introduction:

The Board will receive an update from the Chairman and officers relating to any key issues relevant to its area of work, membership and terms of reference.

Recommendations:

The Board is asked to note and agree actions as appropriate in relation to any items of Board Business raised under during this item.

Report contact: Andrew Baird, Regulatory Committee Manager

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

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Health and Wellbeing Board
9 March 2017

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 1**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to review and agree the forward work programme (Annex 1) for the Health and Wellbeing Board.

Report contact: Andrew Baird, Regulatory Committee Manager

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

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Forward Work Plan



9 March 2017 - Formal meeting in public

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| Case Study title: | Locality Hubs |
| Author: | Lisa Compton, North West Surrey CCG and Shelley Head, ASC |

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| Item title: | CCG Annual reports and operating plans |
| H&W Board champion(s): | CCG Clinical Chairs |
| H&W will be asked to: | Note the CCG annual reports and operating plans; and Review how they have contributed to the Joint Health and Wellbeing Strategy |

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| Item title: | Joint Health and Wellbeing Strategy priority update: Improving children'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. |

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| Item title: | Joint Health and Wellbeing Strategy priority update: Improving older adults health and wellbeing |
| H&W Board champion(s): | Helen Atkinson, Charlotte Canniff, Mel Few |
| H&W will be asked to: | Note / discuss progress on the improving older adults priority, including the Better Care Fund; and Endorse the next steps. |

6 April 2017 – Informal Meeting

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| Case Study title: | Transforming Justice – Women's Justice Intervention |
| Author: | Superintendent Alison Barlow, Surrey Police |

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| Item title: | CCG Quality Measures (check guidance when published) |
| H&W Board champion(s): | Ivor Duffy, David Eyre-Brook |
| 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. |

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

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| Item title: | Update on the Workforce Enabler: National Living Wage one year on. |
| H&W Board champion(s): | TBC |
| H&W will be asked to: | Note the progress made with the Workforce enabler, in particular the National Living Wage Implications |

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| Item title: | Joint Health and Wellbeing Strategy priority workshop: Improving older adults health and wellbeing (to include nursing home quality, domiciliary care and dementia) |
| H&W Board champion(s): | Mel Few, Charlotte Canniff, Helen Atkinson, Claire Fuller |
| H&W will be asked to: | To discuss in detail the Joint Health and Wellbeing Strategy priority improving older adults, with particular focus on nursing home quality, domiciliary care and dementia. Agree the next steps for this priority. |

11 May 2017 - Informal Meeting

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| Case study Title | The Cost of Crime |
| Author | Jane Anderson |

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| Item title: | Update on health and social care integration including: Sustainability and Transformation Plans and the Better Care Fund |
| H&W Board champion(s): | TBC |
| H&W will be asked to: | TBC |

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| Item title: | Technology Enabled Care |
| H&W Board champion(s): | TBC |
| H&W will be asked to: | TBC |

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| Item title: | Self Care |
| H&W Board champion(s): | Claire Fuller |
| H&W will be asked to: | To consider in depth what is being done to promote self-care; and Discuss what the Board can do differently in relation to self care. |

1 June 2017 – Formal meeting in public

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| Case study Title | |
| Author | |

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| Item title: | Pharmaceutical Needs Assessment update (PNA) |
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| H&W Board champion(s): | Helen Atkinson |
| H&W will be asked to: | Receive an update on the Pharmaceutical Needs Assessment; and Note the progress for the next refresh |

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| Item title: | Joint Health and Wellbeing Strategy 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 'Developing a preventative approach' JHWS priority; Endorse the next steps. |

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| Item title: | Surrey Safeguarding Children Board Annual Report 2016/17 |
| H&W Board champion(s): | Clare Curran, Julie Fisher |
| H&W will be asked to: | Discuss the recommendations from Surrey Safeguarding Children Board Annual Reports; and Consider implications for HWB member organisations |

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| Item title: | Surrey Safeguarding Adults Board Annual Report 2016/17 |
| H&W Board champion(s): | Mel Few, Helen Atkinson |
| H&W will be asked to: | Discuss the recommendations from Surrey Safeguarding Adults Board Annual Reports; and Consider implications for HWB member organisations |

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| Item title: | Personal Health Budgets |
| H&W Board champion(s): | |
| H&W will be asked to: | To review and agree Surrey's local offer on personal health budgets for those who fall outside traditional CHC thresholds |

13 July 2017 - Informal Meeting

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| Case study Title | |
| Author | |

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| Item title: | Review 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 Health and Wellbeing Board over the last year; and plan for 2018. |

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| Item title: | Healthwatch Surrey Annual Report |
| H&W Board | Peter Gordon |

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| champion(s): | |
| H&W will be asked to: | Note and discuss the report |

August 2017 – No meeting

7 September 2017 - Formal meeting in public

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| Case study Title | |
| Author | |

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| 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. |

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| 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. |

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| Item title: | Joint Health and Wellbeing Strategy priority update: Improving children'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. |

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| Item title: | Joint Health and Wellbeing Strategy priority update: Improving older adults health and wellbeing |
| H&W Board champion(s): | Helen Atkinson, Charlotte Canniff, Mel Few |
| H&W will be asked to: | Note / discuss progress on the improving older adults priority, including the Better Care Fund; and Endorse the next steps. |

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| Item title: | Whole System Child Obesity Strategy |
| H&W Board champion(s): | TBC |
| H&W will be asked to: | TBC |

5 October 2017 – Informal Meeting

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|------------------|------------------------------------|
| Case study Title | Domestic Homicide Referrals |
| Author | Richard Carpenter |

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|------------------------|--|
| Item title: | Transforming Justice |
| H&W Board champion(s): | Nick Ephgrave |
| H&W will be asked to: | To receive an update on the transforming justice initiative; and To consider how the health and social care community can become involved in the project. |

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| Item title: | Safeguarding the Population – Domestic Abuse |
| H&W Board champion(s): | Nick Ephgrave |
| H&W will be asked to: | TBC |

2 November 2017 - Informal Meeting

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| Case study Title | |
| Author | |

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

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

7 December 2017 - Formal meeting in public

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| Case study Title | |
| Author | |

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| Item title: | Joint Health and Wellbeing Strategy priority update: Developing a preventative approach (including air quality) |
| H&W Board | Helyn Clack, Helen Atkinson |

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

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

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| Item title: | Emotional Wellbeing and Mental Health Priority Round Up |
| H&W Board champion(s): | Andy Whitfield, Helen Atkinson, Mel Few |
| H&W will be asked to: | Receive the final outcomes from the Emotional Wellbeing and Mental Health Priority. |

Health and Wellbeing Board
9 March 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 1**, 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 1).

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 March 2017

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 |
|-----------|------------------|---|-----------------------------|---|-------------|
| A21/16 | 8 September 2016 | The Co-Chairs of the Health & Wellbeing Board to receive a briefing on Beacon and what it does. | Deputy Chief Executive | <p>A briefing on Beacon is currently being put together and this will be circulated to the Co-Chairs once it has been completed.</p> <p>This action was followed up on 20 February 2017</p> <p>(Updated: 17 February 2016)</p> | In Progress |

Completed

| Reference | Date of Meeting | Recommendations/ Actions | Responsible Officer/ Member | Response | Status |
|-----------|-----------------|---|--|--|-----------|
| A15/16 | 9 June 2016 | Research on Peer Support Working with mental health patients to be circulated to the Board once it becomes available later this year. | Committee Manager | <p>Research for the Core Study being undertaken by University College London is taking place until the end of 2016 and so the final report will be available in 2017 which will then be circulated to the Board.</p> <p>(Updated: 15 February 2017)</p> | Completed |
| A22/16) | 8 December 2016 | For the Letter from the Police and Crime Commissioner regarding police attendance at Surrey's Acute Hospital Trusts to be considered by the Wellbeing and Health Scrutiny Board | Regulatory Committee Manager | <p>The Chairman of the Wellbeing and Health Scrutiny Board has agreed to take this forward and will provide an update to the Health and Wellbeing Board on the outcomes of this in due course.</p> <p>(Updated: 28 February 2017)</p> | Completed |
| A23/16 | 8 December 2016 | The Chief Executive of SASH to be sent the letter from the Police and Crime Commissioner regarding Police attendance at hospital sites in Surrey. | Committee Manager | <p>This was letter was sent to the Chief Executive of SASH on 15 December 2016.</p> <p>(Updated: 15 December 2016)</p> | Completed |
| A24/16 | 8 December 2016 | For the Letter from the Police and Crime Commissioner regarding police attendance at Surrey's Acute Hospital Trusts to be considered at the Local Health Resilience Partnership | Strategic Director for Adult Social Care and Public Health | <p>The letter was sent to the Local Health Resilience Partnerships by the Strategic Director for Adult Social Care and Public Health.</p> <p>(Updated: 15 December 2016)</p> | Completed |

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|--------|-----------------|--|--------------------------------------|--|-----------|
| A25/16 | 8 December 2016 | For the Health and Wellbeing Board Communications Sub-group to link in with the STPs communications groups and the Community Safety Board | Health & Wellbeing Programme Manager | The Health and Wellbeing Board Communications Sub-group are working closely with STP communications groups as well as the Community Safety Board. Representatives from the STP communications group are invited to attend HWB communications sub-group meetings. (Updated: 28 February 2017) | Completed |
| A26/16 | 8 December 2016 | For the Letter from Surrey and Borders partnership regarding proposed changes to inpatient mental health services in North West, mid and East Surrey to be sent to the commissioners to acquire an agreed strategy. | Regulatory Committee Manager | A copy of the briefing letter was sent to CCG leads on 16 December 2016. (Updated: 16 December 2016) | Completed |
| A27/16 | 8 December 2016 | For more detail on the working arrangements between the Community Safety Board and the Health and Wellbeing Board to be included in the protocol between Health and Wellbeing Board, Children and Young People's Partnership, the Safeguarding Adults and Children Boards. | Health & Wellbeing Programme Manager | The protocol was updated and approved by the Health and Wellbeing Board at its meeting on 12 January 2017. (Updated: 13 January 2017) | Completed |
| A28/16 | 8 December 2016 | An item on improving consultation and engagement with residents to be added to the Board's Forward Plan | Regulatory Committee Manager | An item on communication and engagement with residents with considered by the Health & Wellbeing Board at its meeting on 12 January | Completed |

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| | | | | 2017. (Updated: 13 January 2017) | |
| A29/16 | 8 December 2016 | For the Surrey Safeguarding Adults Board Annual Report 16-17 and the Surrey Safeguarding Children's Board Annual Report 16-17 to be considered by the Health and Wellbeing Board at a more appropriate time alongside the earlier report for reference. | Regulatory Committee Manager / Health and Wellbeing Programme Manager | Both the SSAB and the SSCB Annual Reports for 2016/17 will be considered at the Health and Wellbeing Board meeting in June 2017 | completed |
| A30/16 | 8 December 2016 | To obtain data from the Children's safeguarding board regarding the number of GPs with Level 3 training in children's safeguarding to be shared with the Health and Wellbeing Board. | Regulatory Committee Manager | Data pertaining to the uptake of Level 3 Children's Safeguarding by GPs in Surrey has been circulated to the Board. (Updated: 9 February 2017) | Completed |
| A31/16 | 8 December 2016 | Garath Symonds to return in under a year to speak about the MASH. | Strategy & Policy Development Manager (Children, Schools and Families) | An update on the Multi-Agency Safeguarding Hub (MASH) will be considered as part of the Improving Children's Health and Wellbeing Priority Status Update being considered by the Board at its meeting on 9 March 2017. (Updated: 9 February 2017) | Completed |
| | | | | | |

Health and Wellbeing Board
9 March 2017

Health and Wellbeing Board Case Studies

Purpose of the report:

For the Board to receive a case study on Locality Hubs highlighting progress related to health and social care integration in Surrey.

Introduction:

The Board will receive a case study from representatives from North West Surrey CCG and Surrey County Council Adult Social Care on Locality Hubs demonstrating the progress of health and social care integration in Surrey.

Recommendations:

The Health and Wellbeing Board is asked to note the case study.

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

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|---|---|
| Date of meeting | 9 March 2017 |
| Report author and contact details | Victoria Heald, Health and Wellbeing Programme Manager – Victoria.heald@surreycc.gov.uk |
| Sponsoring Surrey Health and Wellbeing Board Member | Helyn Clack, David Eyre-Brook |

Item / paper title:

| | |
|--|---|
| Purpose of item / paper | To agree the process for meeting the Health and Wellbeing Board's statutory duties in relation to CCG annual reports and operating plans |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | All of the five priorities will be supported |
| How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas? | <p>The report highlights a process for gathering the information below.</p> <ul style="list-style-type: none"> 1. Centred on the person, their families and carers 2. Early intervention 3. Opportunities for integration 4. Reducing health inequalities 5. Evidence based 6. Improved outcome |
| Financial implications - confirmation that any financial implications have been included within the paper | N/A |
| Consultation / public involvement – activity taken or planned | N/A |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | N/A |
| Actions requested / Recommendations | <p>The Surrey Health and Wellbeing Board is asked to:</p> <p>It is recommended that the Health and Wellbeing Board agree to the proposed approach to meeting the Health and Social Care Act (2012) requirements in relation to Clinical Commissioning Group annual reports and operating plans.</p> |

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Health and Wellbeing Board
9 March 2017

Surrey Clinical Commissioning Group Annual Reports and Operating Plans

Purpose of the report:

To agree a process for meeting the Health and Wellbeing Board's statutory duties in relation to Clinical Commissioning Group annual reports and operating plans.

Recommendations:

It is recommended that the Health and Wellbeing Board agree to the proposed approach to meeting the Health and Social Care Act (2012) requirements in relation to Clinical Commissioning Group annual reports and operating plans.

Introduction:

1. The Surrey Health and Wellbeing Board has a duty under the Health and Social Care Act (2012) to be consulted on both Clinical Commissioning Groups' (CCG) annual reports and operating plans. These duties are outlined in detail under the relevant headings below and this report sets out a proposed process for meeting these duties.

CCG Annual reports

2. The duties in relation to the CCG annual reports state:
 - “(1) In each financial year other than its first financial year, a clinical commissioning group must prepare a report (an “annual report”) on how it has discharged its functions in the previous financial year.
 - (2) An annual report must, in particular-
 - (a) Explain how the clinical commissioning group has discharged its duties under sections 14R, 14T and 14Z, and
 - (b) Review the extent to which the group has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.

- (3) In preparing the review required by subsection (2)(b), the clinical commissioning group **must consult each relevant Health and Wellbeing Board.**
 - (4) The Board may give directions to clinical commissioning groups as to the form and content of an annual report.
 - (5) A clinical commissioning group must give a copy of its annual report to the Board before the date specified by the Board in a direction.”
 - “(CCG) Duty to review how far the CCG has contributed to the delivery of any Joint Health and Wellbeing Strategy to which it was required to have regard and to consult Health and Wellbeing Board on this”
3. Each CCG is currently in the process of producing their annual reports, due to be submitted to NHS England on 21 April 2017. As in previous years, it is proposed that relevant excerpts of the annual reports will be shared with the Board rather than the full reports to ease the consultation process.
 4. In order to achieve this it is suggested that CCGs will complete a template (Annex 1) outlining their contributions to the Surrey Joint Health and Wellbeing Strategy in the last year. This will then be circulated to the Board by email for comment prior to submission of annual reports on 21 April 2017.

CCG Operating Plans

5. The duties regarding CCG operating plans are:
 - “Duty (of CCGs) to involve Health and Wellbeing Board in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant Joint Health and Wellbeing Strategy
 - Duty to provide opinion on whether the commissioning plan has taken proper account of Joint Health and Wellbeing Strategy”
6. At the December 2016 meeting the Surrey Health and Wellbeing Board provided feedback to CCGs on their commissioning intentions for 2017 – 2019. These were presented under the priorities outlined in the Joint Health and Wellbeing Strategy. The Board were satisfied that commissioning intentions were aligned to the Surrey Joint Health and Wellbeing Strategy.
7. CCGs submitted their operating plans for 2017 - 2018 and 2018 – 2019 on 23 December 2016 and will be published online in due course.
8. It is proposed that the CCG operating plans will be circulated to the Board by email when they are available online.

Conclusions:

9. In order to meet the Health and Social Care Act (2012) duties in relation to CCG annual reports and operating plans it is proposed that this is

undertaken outside of a Board meeting via email in the ways outlined above.

10. Both CCG annual reports and operating plans will be published online once finalised.

Next steps:

- CCG colleagues to complete the template outlining their contributions to the Joint Health and Wellbeing Strategy.
 - Circulate the excerpts from the CCG annual reports before the 21 April 2017 to allow time for Board members to comment.
 - Circulate the CCG commissioning plans 2017 – 2019 to the Board.
-

Report contact: Victoria Heald, Health and Wellbeing Programme Manager

Contact details: victoria.heald@surreycc.gov.uk

Sources/background papers:

- Health and Social Care Act (2012)
- NHS England Planning Guidance

Annex 1 – CCG self-assessment template

CCG self-assessment template**[INSERT NAME] CCG Annual Report 2016/17****- self assessment of 'contribution to the Surrey Heath and Wellbeing Strategy'**

| Surrey Health and Wellbeing Strategy priority | Contribution made by the CCG |
|--|-------------------------------------|
| Improving children's health and wellbeing | |
| Improving older adults' health and wellbeing | |
| Promoting emotional wellbeing and mental health | |
| Developing a preventative approach | |
| Safeguarding the population | |
| Contact details (email) for any feedback from Health and Wellbeing Board members | |

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Surrey Health and Wellbeing Board

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| Date of meeting | Thursday 9 March 2017 |
|-----------------|-----------------------|

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

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| Purpose of item / paper | The purpose of this report is to seek approval from the Health and Wellbeing Board of the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary; and to provide a 6 monthly update on the improving children's health and wellbeing priority of the Joint Health and Wellbeing Strategy (JHWS). |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | <p>Surrey's JHWS commits to five priorities:</p> <ul 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 continues to be delivered; and the development of a high level Children and Young People's Partnership Joint Commissioning Strategy ('joint commissioning strategy') that focuses on bridging the outcomes gap that currently exists between disadvantaged children and young people and their peers.</p> |
| How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas? | <p>1. Centred on the person, their families and carers</p> <p>The joint commissioning strategy has been developed so that we 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>At the heart of the joint commissioning strategy is the principle that we need to work better together to deliver early intervention and prevention for our children, young people and families. This is</p> |

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| | <p>to improve outcomes and ensure partners use their collective resources effectively.</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 joint commissioning strategy sets out opportunities for joint commissioning and integration to continue improving the outcomes of children, young people and families. It also has high level outcomes that all partners will be working towards.</p> <p>The priority status update report highlights a range of activity and next steps where joint commissioning and partnership working is and will be at the heart of improving outcomes.</p> |
| | <p>4. Reducing health inequalities</p> <p>The joint commissioning strategy is focused on bridging that outcomes gap that currently exists between disadvantaged children and young people and their peers.</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 and particularly those that experience inequality of outcomes.</p> |
| | <p>5. Evidence based</p> <p>The joint commissioning strategy is based on good practice evidence and will be making commissioning decisions based on evidence based-interventions that are based on a thorough understanding of needs in Surrey.</p> |
| | <p>6. Improved outcomes</p> <p>The joint commissioning strategy is outcomes focussed, including high level shared outcome. It will provide a greater focus on delivering improved 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> |
| | <p>7.</p> |
| Financial implications - confirmation that any financial implications have | There are no direct financial implications as a result of this report. The priority status update is an information update and the joint commissioning strategy sets the strategic direction that will |

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| been included within the paper | influence joint resourcing moving forward. |
| 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 joint commissioning strategy has been developed by a range of stakeholders across the children and young people's landscape including: Surrey CCGs, Surrey County Council (including Elected Members), Schools, Surrey Police, Health Providers, Further education providers, VCFS, Service Users/Service User representatives (e.g. Healthwatch, Family Voice), District and Boroughs, Police and Crime Commissioner, Early Years providers, Surrey Safeguarding Children Board</p> |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | There are no direct equality and diversity implications as a result of this report. |
| 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 |
| Actions requested / Recommendations | <p>The Surrey Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> a) Note progress that has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy b) Approve the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary c) note that the improving children's health and wellbeing priority in six months' time will also include an action plan |

for the joint commissioning strategy.

Health and Wellbeing Board
9 March 2017

Improving Children's Health and Wellbeing – Priority Status Update

Purpose of the report: Performance Management/Policy Development

The purpose of this report is to update the Health and Wellbeing Board on progress against the improving children's health and wellbeing priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last coming in September 2016. This report also seeks the Board's approval for the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note progress that has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy; and
- ii. approve the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – One page summary
- iii. note that the improving children's health and wellbeing priority in six months' time will also include an action plan for the joint commissioning strategy.

Context

1. Surrey's [Joint Health and Wellbeing Strategy](#) (JHWS) outlines five priorities, the first of which is 'Improving children's health and wellbeing'.
2. The Surrey Children and Young People's Partnership's Board and Strategy are the main delivery mechanisms for the 'Improving children's health and wellbeing' priority of the JHWS.

3. This report focuses on some of the key achievements since the previous update in September 2016 including awarding the new Community Health Contract, and further updates around improvements in Children's Social Care, Special Educational Needs and Disabilities (SEND), Multi-agency Safeguarding Hub (MASH) and Early Help.

Performance Overview

4. A key next step for the Surrey Children and Young People's Partnership Board through the Joint Commissioning Strategy, remains to develop an outcomes framework with clear outcome measures. The overview presented here is therefore a combination of some measures currently used and a more general assessment for some areas:

Safeguarding

- Ofsted and the Department for Education (DfE) have confirmed that Surrey County Council (SCC) is making positive progress with its improvement journey. They have challenged the Council and partners to continue increasing the pace and impact of improvement work, including improving the consistency of practice.
- Key improvements over the last six months include:
 - The timeliness of Child and Family Assessments continues to improve moving from 58.1% (January 2016) to 78.9% (January 2017). This now compares well with national benchmarking.
 - Implementation of the Safer Surrey approach is continuing successfully with evidence of practitioners effectively using the approach and tools in child-focused practice. Ofsted have recognised this in their monitoring visits.
 - Stability of placements for Looked After Children is improving. For the percentage of Looked After children with three or more placements during the year this has improved from 6.7% in December 2015 to 4.7% in December 2016

Special Educational Needs and Disabilities (SEND)

- The [joint inspection of Surrey's SEND services](#) in October 2016 confirmed our own assessment of SEND services and identified a number of areas for improvement. The five key areas of improvement are:
 - The timeliness, suitability and quality of statutory assessments and plans, including when statements are transferred to education, health and care plans (EHCP).
 - The under-developed and often limited involvement of parents and carers and the narrow range of those included in planning, monitoring and evaluating services. The ineffective promotion of the local offer and the incomplete statutory transition plan.
 - The inefficient management and coordination of area information in administrative processes to inform evaluation of services and outcomes and to hold leaders and staff at all levels to account for rapid improvement.

- The relatively low identification of need at school support level indicating inefficiencies in the early identification of special educational needs and/or disabilities.
- The increasing rates of absence and exclusion experienced by children and young people who have special educational needs and/or disabilities in mainstream schools.

Healthy Lifestyles

- Two thirds of Surrey's Children's Centres have been accredited with the UNNICEF Breastfeeding Friendly award that illustrates the work they do in partnership with local health services to promote and support breastfeeding.
- Breastfeeding support forms part of the Surrey Healthy Children Centre Award which half of Surrey's Centres are on their way to achieving.

Key Achievements and Outcomes

Key achievements over the last six months are:

Surrey Children and Young People's Partnership Board Joint Commissioning Strategy

5. Over the last six months the Partnership Board have led a process aimed at developing a shared understanding of need, demand, outcome and resource as well as building consensus around its strategic direction.
6. A Joint Commissioning Strategy 2017-22 – one page summary setting the ambition, context, key challenges, overarching outcomes and shared priorities for 2017/18 has been endorsed by the Board. The ambition of the strategy is 'to address the inequality in outcomes that some of our children and families experience in Surrey'. Please see Annex 1 for the strategy.
7. The Health and Wellbeing Board is asked to approve the Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 – one page summary.

Community Health Contract awarded to new provider

8. Following a competitive tender process the Surrey Clinical Commissionin Group (CCG) Collaborative, SCC and NHS England have identified Children and Family Health Surrey as the preferred provider to deliver children's community health services¹ from across Surrey from 1 April 2017.
9. Children and Family Health Surrey is an alliance between CSH Surrey, First Community Health and Surrey & Borders Partnership NHS

¹ They will be responsible for delivery of the full range of children's health services including; speech and language, school nursing, health visiting, children's community nursing and occupational therapy.

Foundation Trust. The Alliance will work in partnership with education, social care and voluntary, community and faith sector organisations to create opportunities that lead to integration and deliver efficient and effective services.

10. The CCG Collaborative, SCC and NHS England are working with Children and Family Health Surrey to mobilise the new service ready for 1 April 2017. Please see Annex 2 for a press release outlining further details.

Safeguarding improvement programme

11. In January 2017 Ofsted conducted a two day monitoring visit with a particular focus on care leavers and child sexual exploitation. Ofsted have reflected that we know ourselves well and have correctly identified the key priorities moving forward. This includes improving: consistency of practice and case recording, the impact for children of management oversight and supervision; and embedding improvements in quality assurance and performance management. Please see the [Ofsted monitoring visit letter](#) for further details.
12. The DfE also visited at the end of January 2017 and confirmed these findings. DfE have challenged SCC and its partners to continue to prioritise the improvements that will have the greatest impact on children and to build on the good strategic partnership relationships in place to have the greatest impact on children.
13. Strengths based, reflective and restorative practice is central to improving outcomes and the experience of children and families. Monitoring visits and quality assurance work shows that when the Safer Surrey approach to practice is used the quality of practice improves.
14. To further build on the Safer Surrey approach Signs of Safety will be implemented which will provide a robust model for day-to-day safeguarding work centred on reflective practice. It will further develop the voice of the child, with the child and family being at the centre of care and safety planning. Signs of Safety preparation is underway and training will be delivered across Children's Social Care and partners, from March 2017.
15. Efforts will also be made to further roll out and embed the Safer Surrey approach with our SEND teams.

SEND Improvement Programme

16. In light of the joint inspection of the local area in October 2016, Ofsted and the Care Quality Commission have requested a Written Statement of Action outlining the actions that will be taken to address the concerns identified in the report. These included issues about timeliness of plans, involvement of a wider range of families, information management and earlier identification of needs. This will be submitted on 13 March 2017.

17. SCC, health partners, family representatives and school leaders have been working together to develop the Written Statement of Action. This included holding a rapid improvement event at the end of January to focus on improvements to the Education and Health Care Plan (EHCP) process. This was an opportunity for parents and carers to work alongside practitioners to explore the issues with the current EHCP process and jointly identify ways it could be improved.
18. The Written Statement of Action will feed into a refresh of the SEND Development Plan. This refresh will focus on prioritising activities and ensuring the necessary governance arrangements, ways of working and resources are in place in order to deliver outcomes effectively. The refreshed plan will be taken to the SEND Partnership Board for sign off in May.

Multi-agency Safeguarding Hub (MASH)

19. The MASH² went live in October 2016 and provides a single point of contact for safeguarding concerns relating to children and adults in Surrey.
20. Following some initial challenges around use of systems, processes, technology and high demand, partners have been working hard to implement and embed the new way of working through the MASH. This includes increasing Children's Social Care staffing levels to deal with the demand.
21. On average the MASH deals with around 6,000 contacts per month and since a new phone answering model was introduced in November 2016 the percentage of calls being handled has dramatically increased. This continues to improve; as of the end January 2017, fewer than 1% of calls were dropped (not answered). Police contacts remain the highest proportion and consistently account for 45% - 50% of all contacts.
22. There has also been an improvement in the timeliness (within one day) of processing cases progressing to Children's Social Care from 50% in November to over 70% in early 2017.
23. Following the introduction of MASH we have seen referrals to Early Help continue to increase, meaning continued identification and support for children and families before needs escalate.

Early Help

24. Developing a better and more coordinated Early Help model and offer for Surrey will be a key component of reducing demand for high cost statutory services and improving outcomes.

² The MASH has practitioners from NHS, Surrey and Borders Partnership, Police and Children's and Adult's Social Care headed up by a jointly funded post – Head of MASH.

25. This ongoing work has been exploring and developing thinking around a Family Services model. Each district and borough (D&B) held an early help partnership event at the end of 2016 and a further set of events are taking place in February and March 2017 in all 11 D&Bs. These events have been co-facilitated by SCC and D&B leads and are bringing together partners from across the sectors in each locality.
26. Outputs of these events will include defining how partners will work together at a local level, developing integrated family services, identifying where services and support will be located and forming early help advisory groups. This work is supported by the comprehensive needs assessment and demand modelling which has been undertaken across Surrey to help determine the places where Family Services are most needed.
27. A key component of the local arrangements will be the formation of a 'Family Service' within SCC bringing together responsibilities for Services for Young People, Early Help Co-ordination Hubs, the Family Information Service, the Family Support Programme (delivered by D&B staff) and Children's Centres (delivered by schools and voluntary sector partners). Locally, Young People and Families Teams, led by a Family Services manager, will operate in each D&B area from May 2017.
28. A number of district and boroughs have indicated that they would like to be early adopters of the Family Services model and meetings are planned at a strategic level between key partners to accelerate progress towards identifying and putting in place local arrangements to deliver the new Early Help offer.
29. The Family Service model would then be supported by joint Early Help commissioning to ensure the right services are commissioned to meet the needs of children, young people and families to improve their outcomes.

Integrated Sexual Health Service contract

30. The new Integrated Sexual Health Service will be provided by Central and North West London NHS Trust (CNWL). The service is open access and will specifically work with young people, men who have sex with men, sex workers and Black Africans. The emphasis of the service is on prevention and behaviour change, and the provider will work in a partnership with education, community based youth workers and the youth support service as well as wider community groups and stakeholders to support the identified target populations.
31. A priority for the new service will be to improve access particularly for those most at risk of sexual ill health. This means that as well as operating clinic-based services CNWL will be in the community running satellite and outreach services where people live and work. CNWL will be partnering with GPs, pharmacies as well as community and voluntary groups in areas where there are high rates of sexually transmitted illnesses (STIs) and teenage conceptions.

32. As well as community based services CNWL will be supporting HIV patients in outpatient settings and delivering a new integrated sexual health service in Surrey prisons.

Surrey Heartlands – Better Births Early Adopter Bid

33. Surrey Heartlands Sustainable and Transformation Plan (STP) bid to become an early adopter site for Better Births has been successful. They are one of seven areas chosen by NHS England to test and pave the way for the national roll-out of initiatives to deliver safer, more personalised care for all women and every baby with the aim of improving outcomes and reducing inequalities.
34. The overall aim is to deliver real improvement in maternity services and make a positive difference to the care and experience of women locally. The vision for this work includes focusing on key areas of development:
- A shared community midwifery service model across the geography, enabling midwives to work across organisational boundaries supported by mobile technology and electronic patient records.
 - Service provision from ‘community hubs’, where a plethora of services can be delivered to pregnant women and families.
 - A Surrey Heartlands wide home birthing team ensuring that local women have access to a full range of birth choices.
 - A dedicated ‘maternity line’ to ensure that women have easy access to consistent advice and information when they need it.

Key Challenges

36. The main challenge continues to be demand on services whilst budgets become ever more stretched. This is particularly the case for the County Council.
37. Continuing to implement the SEND reforms following Surrey’s joint inspection of the area’s SEND services to deliver the Written Statement of Action; and improve the experience of children and families.
38. The national reduction in Public Health funding is likely to impact on the provision of universal services (school nursing and health visiting) and, by association, Early Help and safeguarding capacity. Additionally, reductions in spend have been necessary on sexual health as well as drug and alcohol services for both children and young people and adults. SCC is working with the providers of these services to mitigate against reduction in front line delivery through changes to pathways, workforce and by jointly commissioning some of these services.
39. It is, however, even more critical that all partners in Surrey continue to work with each other and with service users to improve outcomes for children, young people and families whilst providing value for money. The development of the joint commissioning strategy is a critical way to

do this and the Health and Wellbeing Board can continue to support this at a strategic level.

Conclusions:

40. 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 the development of the joint commissioning strategy, good progress in implementing the Children's Improvement Plan; the development of the MASH, the new Community Health Contract has been awarded and Surrey Police have received a 'good' judgement in their recent inspection.
41. Much is still required in order to continue working together to improve outcomes for children, young people and families. This includes agencies working in partnership as well as with service users and parents to deliver the improvements in the safeguarding system and the SEND reforms in Surrey.
42. Strengths based, reflective and restorative practice is central to improving outcomes and the experience of children and families. As such continuing to roll out and embed our Safer Surrey approach including the Signs of Safety practice model for safeguarding is a key priority for partners as reflected in the Joint Commissioning Strategy. Signs of Safety preparation is underway and training will be delivered across Children's Social Care and partners from March 2017.
43. Developing a better and more coordinated Early Help offer will be a key component of reducing demand for high cost statutory services and improving outcomes. This is a high priority for all partners to develop and implement a new Early Help offer, building on the thinking around family hubs.
44. 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, with early help being a major focus over the coming months.

Next steps:

Key next steps include:

- Develop new Children and Young People's Partnership joint commissioning strategy action plan by June 2017.
- Implementation of new Community Health Contract with new provider – contract goes live on 1 April 2017.
- Continue working in partnership to successfully complete and implement the SEND Written Statement of Action and improve the experience for children, young people and their families – Ongoing.

- Continue working in partnership to deliver and embed improvements in the Safeguarding system, including rolling out Signs of Safety – Ongoing.
 - Continue working partnership to develop and deliver an improved early help offer for children and families in Surrey – Ongoing.
-

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Annexes:

Annex 1 – Surrey Children and Young People’s Partnership Joint Commissioning Strategy 2017 – 2022 – One page summary

Annex 2 – Surrey Healthy Children and Families Press Release

Annex 3 – Family Hubs: A Discussion Paper

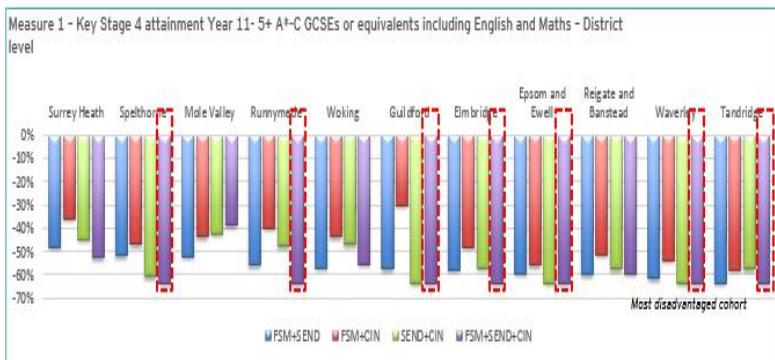
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Context

The majority of Surrey's c.280,000 children and young people are safe, well educated and cared for; they experience good health, low crime rates, good leisure and employment opportunities and benefit from higher than average socio-economic circumstances.

Yet whilst Surrey has one of the lowest rates of child deprivation in the UK, there remain large numbers of children who persistently experience poorer outcomes than their peers.

- **The inequality of outcome** experienced by disadvantaged and vulnerable children and families in Surrey is greater than the inequality of outcome experienced by disadvantaged children nationally. This is compounded when children and young people experience **multiple vulnerabilities**. Education outcomes are a good indicator of overall outcomes:



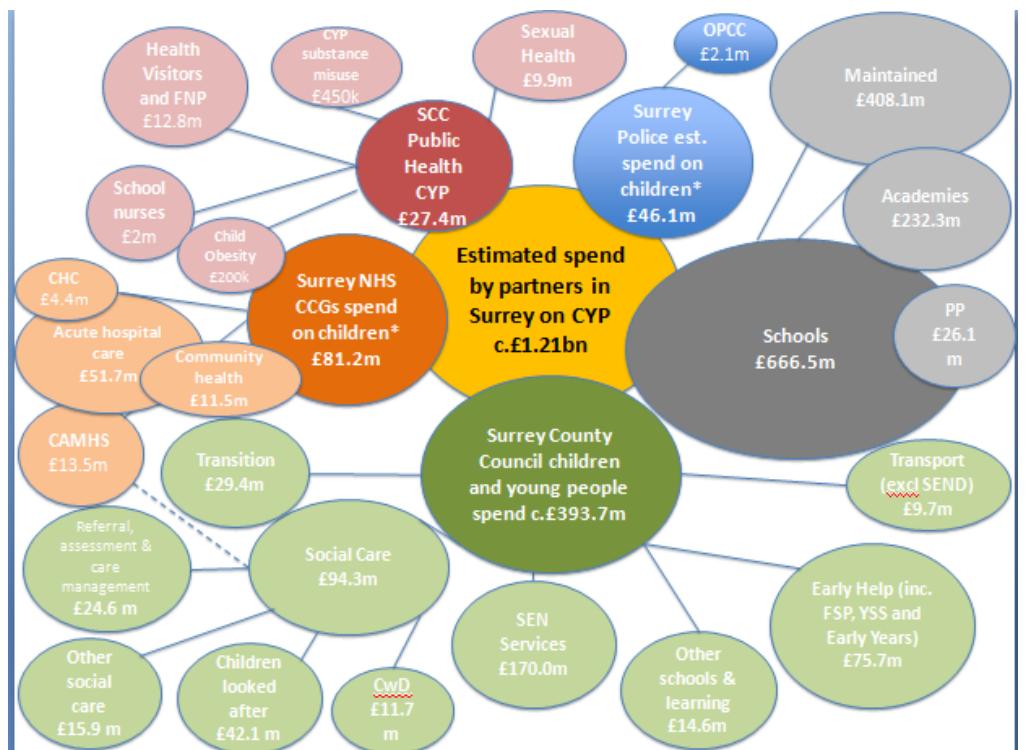
- **Increasing demand, the high cost of statutory provision and reduction in government funding** is placing financial strain on the system. We must address this together to ensure all public services are **financially sustainable**.
- **Children with SEND and their families do not have a good experience of the system in Surrey** – it is not always joined up or easy to navigate.
- Research tells us that to make the biggest difference we must approach and support the **family as a whole**, including supporting parents back to work.
- Please see the [Director of Public Health Annual report on inequalities of outcomes](#) for more details

Key challenges for Surrey

- **There are some geographic areas** where children and young people experience **poorer outcomes**, which can often be **hidden** within areas of affluence and better outcomes.
- **Good emotional wellbeing and mental health** is essential to having good outcomes – our children and young people tell us they need more support.
- **The current Early Help offer is fragmented**, not understood or easily accessible.
- **Surrey has a wealth and breadth of resources and assets** in the community that can be better optimised to drive and support improved outcomes.
- For some areas of support we need to **better stimulate the market** to be able to deliver improved outcomes for children and families in a financially sustainable way.

Total resource in the system 2015/16 (Estimated)

We have agreed to commission together, using the total resource in the system in the most effective way possible. This will support us to ensure maximum value together.



Principles

We have agreed to commission together, working to these principles:

- Outcomes based
- Addressing root causes of poor outcomes
- Quality provision targeted to local needs and inequalities
- Timely and preventative approach
- Integrated, strengths-based, restorative and family centred practice
- Co-produced with children and families

Approach

We will:

- build on what we already do well in Surrey.
- take a preventative approach to manage rising demand across education, health, social care, and SEND from the earliest point in a child's life
- continue to provide universal services with a focus on specific groups and geographic communities

What do we want to achieve?

We will work together to ensure that our joint commissioning activity seeks to achieve these outcomes:

- ✓ Families of children with SEND experience timely access to support, their experience improves and the needs of their children are identified early and met.
- ✓ Children and young people are safe from harm and danger
- ✓ The gap in education, health and wellbeing outcomes between children experiencing social and economic deprivation and their peers is reduced.
- ✓ Improve family resilience and promote healthy relationships.
- ✓ Children with complex individual needs have the best life chances.
- ✓ The proportion of children and families supported close to home is increased.

Our strategic shared priorities

1. Developing and delivering an integrated SEND offer with and for Surrey's children and families
2. Developing and delivering an integrated early help offer for children and families in need
3. Extending our Safer Surrey strengths-based model of practice: to enable us to continue placing children, young people and families at the heart of our practice
4. Supporting our children, young people and families to lead healthy lifestyles and have good emotional wellbeing and mental health
5. Getting to good outcomes for our vulnerable children; particularly for our looked after children and care leavers
6. Continuing to strengthen and deliver our partnership strategy and priority actions for CSE and missing children
7. Building our multi-agency response to domestic abuse and neglect
8. Embedding our Multi-Agency Safeguarding Hub (MASH) arrangements

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Press Release

For immediate release

Surrey Healthy Children and Families Limited Liability Partnership announced as preferred provider to deliver Children's Community Health Services in Surrey

The Surrey CCG Collaborative, Surrey County Council and NHS England have identified Surrey Healthy Children and Families Limited Liability Partnership as the preferred provider to deliver children's community health services from across Surrey from 1 April 2017. This follows a competitive procurement process that asked bidders to set out how they would deliver children's community health services across Surrey and improve pathways and outcomes for children, young people and their families.

Surrey Healthy Children and Families Limited Liability Partnership is an alliance between CSH Surrey, First Community Health and Surrey & Borders Partnership NHS Foundation Trust and will be known as Children and Family Health Surrey.

These community health services focus on the prevention of ill health, promoting and supporting child development and providing targeted and specialist medical, nursing or therapy services when needed.

Dominic Wright, Chief Executive, NHS Guildford and Waverley CCG said: *"The CCG and our partners are committed to commissioning high-quality, evidence-based services delivered at the right time at the right place. We will work collaboratively to ensure that children and their families receive care that is sympathetic and responds to their needs. Giving every child the best start in life is crucial to reducing health inequalities across the course of their life."*

The Surrey CCG Collaborative and partners have listened to service users, their families and a wide range of professionals to understand what has worked well in Surrey previously and what people feel needs to be improved.

Children, young people and their carers want care close to home. Children and Family Health Surrey will be sensitive to the needs of users and aims to provide access in a variety of settings.

Children and young people also told us they want person centred care. Children and Family Health Surrey will actively engage and involve children, young people, parents, carers and other professionals to meet each individual child's health needs.

We also heard families and other stakeholders want equality in provision across Surrey. Children and Family Health Surrey will deliver a consistent and equitable service responding to changing population health needs and will be proactive in creating opportunities to improve outcomes for children and young people.

Families want to tell their story once. Children and Family Health Surrey will work in partnership with education, social care, voluntary community and faith sector organisations to create opportunities that lead to integration and deliver an efficient and effective service. This integration offers opportunities for physical, developmental and mental health as well as the establishment of a single point of access.

Helyn Clack, Cabinet Member for Wellbeing and Health said: *"This is an exciting opportunity that reflects how we have worked in partnership with other organisations in Surrey to deliver cost-effective services that better meet the needs of our children, young people and their families. Children and Family Health Surrey provides the means to integrate services that will be closer to home, easier to access and available when families, children and young people need them most."*

The CCG Collaborative, Surrey County Council and NHS England will work with Children and Family Health Surrey to mobilise the new service over the next few months.

Ends

Notes for Editors

The contract will be for a term of three years (36 months), with the possibility of extending the term for a period of up to two years (five year maximum contracting period) by agreement between the contracting authorities and the provider.

The Surrey CCGs Collaborative Strategy Group has an agreed Framework for Collaboration Agreement that sets out the scope, governance, risks and obligations of the six CCGs in Surrey:

- [East Surrey CCG](#)
- [North East Hampshire and Farnham CCG](#)
- [Guildford and Waverley CCG](#)
- [North West Surrey CCG](#)
- [Surrey Downs CCG](#)
- [Surrey Heath CCG](#)

From 1 April, 2013, CCGs became the NHS organisations responsible for the commissioning of hospital and community health services, medicines management and enhanced primary care services for residents.

The responsibility of a CCG is to commission the following services and fulfil a number of important duties:

- Urgent and emergency care
- Elective hospitals treatment
- Community care health services
- Other community-based services
- Rehabilitation services
- Maternity and newborn services
- Children's healthcare services
- Services for people with learning disabilities
- Mental health services

Surrey Healthy Children and Families Limited Liability Partnership - a partnership of CSH Surrey and Surrey and Borders Partnership NHS Foundation Trust. Services of the Partnership will be delivered by an alliance of CSH Surrey, First Community Health and Care and Surrey and Borders Partnership NHS Foundation Trust, to be known locally as Children and Family Health Surrey.

For more information, please contact:

For more information, contact Jo Lang, Communications Manager, NHS Guildford and Waverley Clinical Commissioning Group. Email: jo.lang@nhs.net. Telephone: 01483 405426.

Family Hubs

A discussion paper

Co-ordinated local support and intervention for children in need and their families

October 2016



Background

At any one time there are about 390,000 children in need and about 780,000 children are in need at some point during the course of a year.¹ These are children who are on social services' radar and who are considered in need of services but who do not reach the threshold of 'significant harm', as defined in the Children Act 1989.

The social cost and lost opportunities for children in need are high. They have some of the worst education outcomes of any children in our schools and 76.5% experience neglect, family dysfunction or acute stress.²

Surprisingly little work has been done on the outcomes for children in need. Last year the Rees Centre published research suggesting that children in need performed worse at school than children in care who have been in care for 12 months or more (but better than those who had been in care for less than 12 months).³ This is unsurprising. Children who have been removed from an unstable and neglectful environment and who have found stability elsewhere are likely to do better than those who have been left in that environment. However, it also means that a significant number of children are currently growing up in an adverse and destabilising home environment with poor outcomes and little recourse to consistent support.

Over the coming year, the Children's Commissioner will be undertaking research into the childhood experience and progression of this important group of children. Based on what is known already about the needs of this group, this discussion paper looks at how individualised and family support might be provided to support children in need to reach their potential. It highlights the potential for Family Hubs to co-ordinate and prioritise support for this neglected group of children.

¹ Department for Education, "Characteristics of children in need: 2014 to 2015", London, 2015, accessed via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf (Oct 2016) and accompanied Table B1 accessed via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469739/SFR41-2015_Tables.xlsx (Oct 2016)

² Ibid, Figure G

³ Rees Centre, "The Educational Progress of Looked After Children in England: Linking Care and Educational Data", Bristol, Rees Centre/University of Bristol, Nov 2015, page 12

Why Family Hubs?

Consistent evidence demonstrates that one of the major obstacles to children in need flourishing lies in their disrupted home life. This suggests that interventions need to focus on strengthening family relationships and providing additional support for children outside the home environment.

Services are therefore necessary to help parents overcome the problems they are facing, and to help improve the confidence, skills and wellbeing of children in need.

Having dedicated teams working closely with vulnerable families is an important part of effective family support. This should involve supporting and challenging families and backing this up with coordinated and responsive action. At the same time, it is important to offer children the additional support that they need, be this additional support with learning and communication skills, help to develop behaviour and social skills, or support to build confidence and discover new opportunities.

Children's Centres have led the development of integrated support around the needs of the whole family. This is in contrast to many services at the sharp end that have struggled to join up or deal with crisis in a coordinated way. Children's Centres already:

- > Provide an environment for services to work together and not in isolation
- > Provide support to families with children throughout the age range
- > Offer and co-ordinate 'step up' and 'step down' support
- > Work with families as part of a team and deliver specialist interventions when needed.

Many areas are bringing a range of services together in this way around a next phase extension of their Children Centres. These Family Hubs offer the potential for a new model of delivery of co-ordinated support for children in need and their families.

What are Family Hubs?

In July 2016, the All Party Parliamentary Group for Children's Centres reported on their investigation into the future of Children's Centres and the message was clear – their future lies in the reassignment of funding and redevelopment of services to a Family Hub model. Initially proposed by the Centre for Social Justice in 2014, Family Hubs provide a more integrated, preventative approach to supporting the country's most vulnerable families. They are:

"Local nerve centres coordinating all family-related support, including universal services and specialist help...to meet both parents' most pressing needs."⁴

By building on the existing infrastructure of Children's Centres and extending their offer to include support for parents, couples and all children regardless of age, Family Hubs deliver holistic, early intervention services to a whole community. Their introduction is a clear next step to co-ordinate existing services and support thereby creating better information-sharing networks, ensuring that children and families no longer go missing between services and making effective use of funds.

The lack of readily-accessible support for the entire family is having a troubling impact within the most vulnerable communities in which we see high levels of children who are in need, on child protection plans, or who are coming into care.

Family Hubs would coordinate statutory and voluntary approaches to tackling the root causes of intergenerational poverty, family breakdown, and poor outcomes for children. They have social mobility and family stability at their core.

Centre for Social Justice, "Fully Committed? How a Government could reverse family breakdown", London, Centre for Social Justice, July 2014, Page 20

What should Family Hubs deliver?

The range of services Family Hubs deliver may differ in response to the local context but broadly they will:

- > Prioritise access to existing or developing government programmes for families such as addiction support, mental health services, domestic violence, Troubled Families interventions, relationship support and parenting programmes.
- > Offer children specialist health and education support, including mental health, communication skills, behaviour management and mentoring.

The services will include:

New parent services

Family Hubs should provide a location for necessary parenting steps – [ante and pre-natal classes, birth registration](#) as well as services currently delivered through the [Family Nurse Partnership programme](#). This would ensure that every new parent will come through the door providing early access to public and community-based services and networks for all, including those who are typically harder to reach.

Childcare and early education

High quality early education improves children's development and helps ensure they are more prepared to start school. This should continue to be delivered through Family Hubs which would offer the existing 15 hours per week [free childcare for 0-2 year olds for the 40% most income deprived households](#). The current Government initiative to deliver 15 hours per week free childcare for all 3-4 year olds could also continue to be delivered from these premises ensuring continued stability for both parents and children extending to [30 hours a week](#) childcare as funding becomes available

Parenting support

Whilst families are benefitting from free childcare, Family Hubs should provide [parenting support programmes](#). This is already undertaken by some existing Children's Centres. At the Woodland Academy Trust in Bexley, they adopted a 'stay and play' approach to their two-year old offer to improve the relationship between parents and their children. The results indicate that by combining two-year old childcare with relationship building between parent and child, children's developmental outcomes are boosted.

Couple and relationship support

The Government has reiterated its commitment to supporting couples who are experiencing difficulties and giving families the tools they need to stay together. Family Hubs should provide [couples therapy](#), for example through hosting Relate sessions or adopt alternative approaches. Bromley Children's Centres have pioneered '[relationally trained](#)' staff who all provide advice and support to couples through their everyday work and interactions with children and their families.

The Troubled Families programme should also be integrated into the Family Hub offering, as could support for families where domestic violence has been present.

Specialist health support for children and parents, including substance misuse advice and mental health services could be delivered by Family Hubs.

Communication support for children in the early years and as they move through school could also be provided by the Hubs.

Learning and mentoring support to help families provide a positive learning environment and role models and mentors to support young people progress in school should be located in the Hubs. There may be the potential to fund this through the Pupil Premium.

Employment and training advice

Many Children's Centres have extended their remit to include [employment and training support](#) for parents who are accessing childcare. Family Hubs should either link to Job Centre Plus or a resident adviser to provide employment and job-seeking support. Such provision would also give parents the opportunity to receive debt, housing or benefits advice where necessary. This could also be delivered alongside at least a portion of the free childcare. This could include [English \(ESOL\) for non-English speakers](#).

Unlimited potential

The ideal Family Hub should be a friendly, accessible, community-based hub from which to be signposted to the most appropriate services. At the core of a Family Hub is its all-encompassing, community-based nature and as such there is great potential for a wide range of provision.

From birth registration to childcare to debt advice to substance abuse support, Family Hubs should provide a much needed one-stop-shop for a variety of issues that blight the country's most vulnerable families.

Many of these services are already funded. Bringing them together under one roof should reduce premises costs and may result in further cost savings by merging back office functions.

But the benefits will be much greater than the short term cost efficiencies. Services that are better integrated and joined-up will ensure that fewer children fall through the net and enable the capture of better data about individual and community needs allowing those who plan, commission and deliver services to make them more effective and responsive to local need.

Where are Family Hubs working?

Many individual Children's Centres are already delivering an expanded offer of services in response to the need within their community. Others have already started moving to a far more comprehensive family support model.

The Isle of Wight: Children's Centres on the Isle of Wight have been transformed into 'Early Help Family Centres'. They have been in operation since 2015 and importantly, required no extra funding to set up. Instead funds were consolidated from the existing Troubled Families programme, Early Help and Universal Services.

Access: As well as providing for families who have been referred by professionals raising a Common Assessment Framework form or by Children's Social Services, families can also self-refer to the Hub by calling, dropping-in or completing a form found in the back of Hub leaflets.

Support offered

| Pre-birth | Early Years | Primary | Teens | Parents/carers | Additional support |
|----------------------------|--|--|--------------------------------|--|---|
| Midwife ante-natal clinics | Health visitor clinics | Family wellbeing drop-in sessions | | Adult education | A dedicated support worker for those with an Early Help Assessment to work with the whole family |
| Parent classes | Breast feeding/healthy eating/weaning advice | Parenting advice drop-ins and workshops | | Counselling | Long-term family support worker for those with complex needs i.e. poor school attendance, DVA, anti-social behaviour etc. |
| Anti-natal relaxation | Early communication and language skills | Attention Deficit Hyperactivity Disorder and autism advice | Counselling | Violence and domestic abuse advice and support | |
| | Stay and play toddler sessions | Play-based counselling for children | Youth services | Money management/budgeting | |
| | Starting school support | | Sex and relationships guidance | | |
| | Parenting skills for babies and toddlers | | | | |

Results: Given that the hubs have only been in place since April 2015, a thorough evaluation has not yet been possible. However, in management information there has been a significant increase in the number of families who have had contact with services and among these families, outcomes appear to have improved.

In the first six months, 313 new families were referred into the new service for targeted family support. Their outcomes are identified and agreed using an existing measure within children's services and management data shows that 54% of the families had improved scores within six months, 36% had remained the same and only 10% had shown a slightly degraded score. Although a thorough evaluation is necessary, these initial figures are promising.

More widely, the Isle of Wight is seeing a lower number of children entering care at later ages, more children in need being placed on a plan to address this need and more families receiving crucial family support.

Conclusions

There are concerns over the wellbeing and outcomes of children in need. Evidence suggests that they benefit from the right type of support being provided to them and their families. Some areas are already extending Children's Centres to co-ordinate services for children and families in this way.

The Government has yet to make an announcement on the future direction of Children's Centres which, if developed along the right lines, have the potential to champion a new approach to supporting children in need with a strengthened focus on the whole family.

A commitment to Family Hubs is a commitment to giving children in need and their families the tools to transform their lives, to reduce family breakdown, to give children the best start in life and improve social mobility.

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Surrey Health and Wellbeing Board

| | |
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| Date of meeting | 9 March 2017 |
| Report author and contact details | Victoria Heald, Victoria.heald@surreycc.gov.uk |
| Sponsoring Surrey Health and Wellbeing Board Member | Mel Few, Helen Atkinson, Dr Charlotte Canniff |

Item / paper title: Surrey's Joint Health and Wellbeing Strategy priority update: Improving older adults' health and wellbeing

| | |
|--|--|
| Purpose of item / paper | The purpose of this report is to update the Board on progress of the Joint Health and Wellbeing Strategy priority: Improving Older Adults' Health and Wellbeing; note the Surrey Better Care Fund return for quarters one and two 2016/17 and gain endorsement for the next steps. |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | <p>Surrey's Joint Health and Wellbeing Strategy 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 older adults health and wellbeing is being delivered. It reports on the priorities identified by the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Older adults will stay healthier & independent for longer • Older adults with dementia will have access to care and support • Older adults will experience hospital admission only when they need to access urgent care services and will be supported to return home as soon as possible • Older Carers will be supported to live a fulfilling life outside caring |
| How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas? | <p>The Improving Older Adults' Health and Wellbeing priority of the Joint Health and Wellbeing Strategy contributes to each of the Board's strategic priorities:</p> <ol style="list-style-type: none"> 1. Centred on the person, their families and carers The work that underpins this priority, including the Better Care Fund and wider integration work, place a focus on the needs of individuals, rather than designing services based on organisational structures. 2. Early intervention Prevention and early intervention is a key part of the work being undertaken for this priority across Surrey. |

| | |
|---|---|
| | <p>3. Opportunities for integration The Better Care Fund, wider integration work and joint strategies for dementia and carers is helping to bring partners together to design and deliver services in a much more integrated and joined up manner.</p> <p>4. Reducing health inequalities The older adults priority work and Better Care Fund is targeted to the needs of the Surrey population with focus on reducing health inequalities highlighted in the Joint Strategic Needs Assessment.</p> <p>5. Evidence based The Surrey Joint Strategic Needs Assessment has been used as the shared evidence base to identify the needs for older people in Surrey. The Better Care Fund Plan includes a section on the 'Case for Change' which summarises the case for the key actions.</p> <p>6. Improved outcome This priority update outlines the improved outcomes made for older people in Surrey as set out in the Joint Health and Wellbeing Strategy.</p> |
| Financial implications - confirmation that any financial implications have been included within the paper | <p>The Better Care Fund quarterly returns to NHS England include the financial reporting on:</p> <ul style="list-style-type: none"> • The amount released into the pooled fund • The usage of unreleased funds • Total income and expenditure of the fund. • Progress on the financial plan |
| Consultation / public involvement – activity taken or planned | <p>The Better Care Fund plans, the dementia strategy plans and the carers commissioning and development strategy plans outlined in this report are informed by feedback received through engagement with residents.</p> |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | <p>Equality Impact Assessments (EIAs) form an important part of any planning for changes to services across health and social care to assess the impact upon residents, people who use services, carers and staff with protected characteristics. Where they represent a service, or policy change, individual schemes and programmes that are part of the older adults programme of work will have EIAs completed.</p> |
| Actions requested / Recommendations | <p>The Surrey Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> a) Note the progress made towards the outcomes of the Improving Older Adults' Health and Wellbeing priority of the Joint Health and Wellbeing Strategy; b) Note the Surrey Better Care Fund returns for quarters one and two 2016/17; c) Endorse the next steps for this priority; and d) note that an update on the Improving Older Adults' Health and Wellbeing priority will be brought to the Health & Wellbeing Board in six months' time. |

| | |
|--------------------|--|
| Attachments | <ul style="list-style-type: none">1. Improving older adults priority update report2. Annex 1. Better Care Fund quarter 1 return 2016/173. Annex 2. Better Care Fund quarter 2 return 2016/17 |
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Health and Wellbeing Board
9 March 2017

**Joint Health and Wellbeing Strategy Priority Update:
Improving Older Adults' Health and Wellbeing**

Purpose of the report: To update the Health and Wellbeing Board on progress against the Improving Older Adults' Health and Wellbeing priority within the Joint Health and Wellbeing Strategy. The report will also provide members with the Better Care Fund quarterly returns for quarters 1, 2 and 3 of 2016/17.

Recommendations:

1. The Health & Wellbeing Board is asked to:
 - i. note the progress made towards the outcomes of the Improving Older Adults' Health and Wellbeing priority within the Joint Health and Wellbeing Strategy;
 - ii. note the Surrey Better Care Fund returns for quarters one and two 2016/17;
 - iii. endorse the next steps for the Improving Older Adults' Health and Wellbeing priority; and
 - iv. note that an update on the Improving Older Adults' Health and Wellbeing priority will be brought to the Health & Wellbeing Board in six months' time.

Context

2. The Surrey Health and Wellbeing Strategy sets out the context for the 'Improving Older Adults' Health and Wellbeing' priority:

"More people in Surrey are living longer, with the number of people over 85 years old predicted to increase significantly. This is great news, but this does pose some challenges as older people are more likely to experience disability and long-term conditions. Part of the challenge is to make sure that the right services are in the right place so that older people can remain independent for as long as possible. People over the age of 85 often need more support from health and social care services"

and are at greatest risk of isolation and of poor inadequately heated housing, both of which can impact on health and wellbeing.”

3. This ‘priority update’ sets out:
 - What we are trying to achieve
 - An update on the actions that we are taking jointly
 - How we are tracking progress / impact
4. At the heart of the work being done to improve older adults’ health and wellbeing is the focus that has been taken across the partnership on the integration of health and social care (including the Better Care Fund) – updates on this will form the basis for the regular reports provided to the Health and Wellbeing Board. In addition, these priority updates will be supplemented by updates on key workstreams or programmes of work that support the achievement of the agreed outcomes such as work relating to dementia, nursing and care homes and domiciliary care and older carers.

What we are trying to achieve

5. The Health and Wellbeing Strategy sets out the outcomes that it is hoped will be delivered through the work being done to improve older adults’ health and wellbeing. These outcomes are as follows:
 - a. Older adults will stay healthier and independent for longer;
 - b. Older adults will have a good experience of care and support;
 - c. More older adults with dementia will have access to care and support;
 - d. Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible;
 - e. Older carers will be supported to live a fulfilling life outside caring;
6. In support of this the Surrey Better Care Fund (BCF) and the broader work to integrate health and social care services have agreed three strategic aims:
 - Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs.
 - Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe, effective and increase public confidence to remain out of hospital or residential/nursing care.
 - Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

Update on the actions we are taking together

7. Partners across the Health and Wellbeing Board invest in a wide range of activities, services and programmes of work to improve the health and wellbeing of older adults. The updates presented under the Health and Wellbeing Strategy priority for this area focus on those things that we work together on – this update report will provide information relating to:
 - Health and social care integration (including the BCF)
 - Accommodation with Care and Support
 - Dementia
 - Carers

Health and social care integration including the Better Care Fund and Sustainability and Transformation Plans (Outcomes 1-5)

8. Partners have continued their focus on the integration of health and social care services to develop new models of care that improve outcomes for older adults across Surrey and are better able to cope with the rising demands placed on health and care services.
9. The health and wellbeing of older adults forms an important part of the three Sustainability and Transformation Plans (STPs) that cover Surrey. These are five year NHS plans setting out how health and social care in local areas will work together to improve the health and wellbeing of residents. The key themes relating to older adults in these plans include:
 - creating new models of care that enable older adults to access more integrated and co-ordinated care;
 - improved access to care outside of hospital for older adults;
 - improved quality of care, in particular fewer delays when transferring between care settings; and
 - preventing older adults from becoming unwell.
10. Good progress has been made in each area of Surrey over the last six months – the tables below set out a summary of the key integration workstreams in each area, the progress made, the difference it is making for older adults as well as the key next steps. The work being led in each area forms an important part of the STPs.
11. In addition to the progress being made in each area, headline achievements over the last six months include:
 - Over the winter months, health and social care partners in Surrey have managed the additional pressures and increased demand on services well. This is largely due to partners working together as one system, enabling many difficulties to be mitigated by ensuring the system kept flowing.
 - Surrey Local Joint Commissioning Groups are currently delivering the Surrey BCF plan for 2016 – 2017 which was endorsed by the Health and Wellbeing Board on 7 April 2016.
 - All Section 75 agreements have been signed
 - Surrey Local Joint Commissioning Groups have begun initial conversations locally to build what will be a two year Surrey BCF plan for 2017-18 & 2018-19. The Policy Framework and Planning Guidance, which is essential for completing the plan, has not yet

been published by NHS England, but the national Better Care Support Team are in regular contact with leads in Surrey to provide what updates and information they can until such a time as these can be agreed nationally and published.

- The Sustainability and Transformation Plans (STPs) and their respective Digital Roadmaps are hoping to implement integrated digital care records over the next two years. For example, the Surrey Digital Roadmap - the digital strategy for the Surrey Heartlands STP, plans to draw together records and case management information from health and care providers, to provide a single view of the resident across the system by 2019. This 'view' would be available to those care professionals that a resident has consented to sharing their data with. Older people will benefit from care professionals having access to all the information they need, when they need it to enable a more holistic approach to care management and this work will therefore be a key enabler in multidisciplinary settings, such as local integrated care hubs, ultimately aiming to facilitate a better care journey and experience.

12. Update summaries from each area within Surrey:

| Area: East Surrey |
|---|
| <p>Description of key BCF / integration workstreams:</p> <p>The East Surrey BCF plan sets out a number of investments and actions designed to further the broad objectives of the BCF and to meet the three overarching, Surrey-wide strategic aims:</p> <ol style="list-style-type: none"> 1. Enabling people to stay well; 2. Enabling people to stay at home; 3. Enabling people to return home sooner from hospital; <p>Key workstreams:</p> <ul style="list-style-type: none"> • Development of the primary care strategy and wraparound model for out of hospital care in East Surrey; • Commissioning of a new service to provide enhanced medical care to people living in nursing and residential homes; • Development of the falls and fracture liaison pathway; • Further development of the Integrated Reablement Unit at East Surrey Hospital; • Development of a frailty unit at East Surrey Hospital; and • Development of Multi-speciality Community Provider in East Surrey to form the basis of the Out of Hospital provision; |
| <p>Summary of progress – March – August 2016:</p> <ul style="list-style-type: none"> • Progress has been made to develop a Multi-specialty Care Provider (MCP) in East Surrey. The MCP Executive Board includes partners from East Surrey CCG, SCC, East Surrey GP Federation and First Community Health and Care. The MCP will include complex case management and out of hospital services. • A business case for investment in the falls and fracture liaison pathway has been developed. • The Integrated Reablement Unit is operational – a lot of work has been progressed to improve performance. Progress has focused on reviewing the number of beds and ongoing development to reduce the length of stay to five days for those that need it. • A Frailty unit has been launched to prevent hospital admissions. |
| |

- Winter resilience budget from NHS England has helped facilitate discharges from hospital – in particular for home based care and care homes.

Difference this is making for older adults:

The BCF schemes are designed to enable older people to stay well, allow people to stay at home and enable people to return home sooner from hospital. The key impact of the schemes will be to reduce non-elective admissions to acute hospital for older people and to reduce and prevent crises in care and support that precipitate such admissions.

Key actions being taken March 2017 – Aug 2017:

- There will be further development of all the schemes outlined above.
- Further development and engagement from East Surrey CCG and SCC.
- Continued progressed to establish a MCP.

Area: Guildford and Waverley

Description of key BCF / integration workstreams:

- The Frailty Initiative - This service involves providing support for local GP Practices to proactively care for patients in the community who are vulnerable to an unplanned hospital admission.
- The Proactive Care Service for Haslemere and Guildford - This service consists of community based service hubs where integrated teams of professionals deliver coordinated care for patients who are vulnerable to an unplanned hospital admission.
- Discharge to Assess - This involves discharging patients to the community to have their care needs assessed once it has been determined by a clinician that the acute setting is no longer adding clinical value.
- Support for Frequent Fallers Pilot - This pilot consists of an integrated team of two district nurses and a paramedic conducting care for patients who have been frequently falling in their own home. This team will also provide training and other kinds of support for local care homes.
- Falls Prevention Classes Pilot - This pilot involves providing care via a multi-disciplinary team of care professionals for patients who are at high risk of a fall but have not yet suffered a fracture.
- Care Home Pilot - The pilot involves providing concentrated support for local care homes to assist them in providing the best care and reduce the number of avoidable hospital admissions.
- Voluntary Sector Forum - Guildford and Waverley CCG are holding a Voluntary Sector Forum later in the year to provide a setting in which local voluntary sector organisations can pitch care solutions.
- GP led community care hubs and an urgent care access point with a single team focused on the residents of Guildford & Waverley integrating rapid response Community Matrons Mental Health and Social Care.
- Reablement and Rapid Response integration to ensure targeted approach with therapy led intervention.
- Pooled Budgets 2017
- Development of an integrated community hub and urgent care access point based at Farnham Hospital with a single team dedicated to the residents of Farnham..

Summary of progress – March – August 2016:

- New service specification for Frailty Initiative has been agreed with local GP Practices. New service specification to be implemented in October 2016.

- The new model of care, trialled through the Proactive Care Service, has shown good results in terms of preventing unplanned hospital admissions and has been rolled out in the Haslemere locality. Work is currently being undertaken to roll out the service to Guildford. This is an ongoing and evolving process – work is going on with the Service Delivery Board looking at patient flow and patient discharge. Guildford & Waverley CCG are looking to improve this with regards to available resource so that there is resource to check on more patients.
- Discharge to Assess is no longer a pilot and is now up and running. The CCG are looking to increase the resource so that it can have a greater impact for patients.
- Support for Frequent Fallers Pilot launched in September 2016 is ongoing.
- Falls Prevention Class Pilot launched in September 2016 and is ongoing.
- Care Homes Pilot has proven to be successful in reducing the numbers of people admitted to hospital from nursing and care homes.
- GP led community care hub is now up and running
- Reablement and Rapid Response integration continues and steps are being taken to increase the resource available for this.
- Pooled Budgets 2017 - Hoping to go into shadow year from April 2017.
- Integrated community hub and urgent care access point at Farnham Hospital is going at pace and accommodation is currently being refurbished. A number of staff have been identified.

Difference this is making for older adults:

- The BCF streams are focused on ensuring that older people stay well by enabling them to stay at home and receive the care they require whilst facilitating speedier discharge from hospital. BCF projects are being reviewed to ensure that they are delivering services as expected.
- The key impact of the schemes will be to reduce non-elective admissions to acute hospital for older people, to reduce and prevent crises in care and support that precipitate such admissions through the use and development of community hubs.
- Improved capability within GP practices to proactively manage patients who are at risk of an avoidable hospital admission. This is also linked to the hubs as well.
- Improved coordinated assessments of care needs undertaken by community-based care professionals as a result of using the new trusted assessment form as part of the Proactive Care Service. This has led to more effective care for patients in the community
- Improved capability to assess patients in the community thereby reducing the likelihood of a prolonged stay at hospital and the associated risks.
- Reduction in A&E attendances and emergency admissions for over 65s compared with the same point last financial year.
- Urgent care will be closer to home for Farnham residents - Care centred around local hubs with a proactive local multi-disciplinary model to support people to remain healthy and at home.

Key actions being taken Mar 2017 – Aug 2017:

- Evaluation of the Proactive Care Service in Guildford and Waverley.
- Evaluation of the Discharge to Assess Pilot.
- First meeting of the Voluntary Sector Forum.
- Complete the transfer of Farnham to Surrey Heath - ensure staff are in place and vacancies are recruited to – this will include the transfer of budgets and efficiency savings. It is hoped that this will be up and running by 1 April 2017.

- Continuing to scope pooled budgets for the shadow year to be in place from April 2017. Formalise the Section 75 agreements around pooled budgets.

Area: North West Surrey

Description of key BCF / integration workstreams:

Bedser Hub

- Delivers fully integrated assessment and support for frail older people. The Hub provides GP led assessment and planning, preventive, proactive and reactive care as well as rehabilitation for an identified cohort of people. Supported by a full multi-disciplinary team, including the voluntary sector. A single shared care record in EMIS, diagnostics, pharmacy and transport services.
- Wellbeing Co-ordinators linked to all GP practices.

Reablement and Community Health Rapid Response Service.

- Integrating both services increases capacity to provide timely interventions and ensures Therapist intervention is based on need not service provision.

Integrated Care Bureau

- A single point of referral managed and operated by acute/community and social care organisations in North West Surrey. Ensuring assessments take place out of an acute environment.

Discharge to Assess Model

- Provides joined up services including community hospital bed resource to facilitate assessments away from the acute setting. Care currency agreed to confirm what capacity across the system is available. This model is being embedded.

Summary of progress – Sept 2016 – Feb 2017:

- Change Manager in post working across the whole system in NW Surrey.
- Bedser Hub operational and is now business as usual. Looking to extend this offer to the wider community.
- Integrated Care Bureau went operational on 1 September 2016 and is delivering joined up seamless support to residents by linking to Discharge to Assess.
- Pathway 1 (discharge to home) went live in September 2016.
- North West Surrey CCG have been working to embed all of the above, pick up learning and adjust the learning as they go forward.

Difference this is making for older adults:

Bedser Hub

- Well-being co-ordinators provide proactive monitoring and support to ensure early intervention to promote independence and timely intervention to promote wellness.
- Older Adults only tell their story once, all professionals have the right information at the right time.
- Reduces the risk of older adult being admitted to hospital or Residential/Nursing Home.
- Reduces duplication.

Reablement and Community Health Rapid Response Service

- Older Adults maintain skills and remain as independent as possible.

Integrated Care Bureau

- Promotes individual's wellbeing and safeguards the individual from deterioration.
- Timely response and time for the individual and their family to be in control, empowered in the decision-making.

Discharge to Assess Model

- Older Adults provided with time in the right setting.
- Robust assessment and interventions to achieve maximum independence before longer term decisions are made.

Key actions being taken Mar 2017 – Aug 2018:

- Continue to monitor and evaluate impact of Bedser Hub. Virtual hubs have gone live in the two remaining localities.
- Discharge to Assess will be operational and pathways embedded. Beginning to evaluate progress and impact.
- Pooling of budgets and evaluation of impact. Seeking to have a shadow arrangement in place for April 2017.

Area: Surrey Downs Aug16-Jan 17

Description of key BCF / integration workstreams:

Surrey Downs have developed three models of integration around the three GP localities. The new models have been designed with local residents, staff and clinicians to deliver improved outcomes and experience. The aims of the services include:

- improving the quality of health and social care for people who are frail, elderly with complex needs and are deemed to be at risk of admission;
- maximising independence and well-being through joined up prevention and early intervention;
- simplified pathways, reduced duplication;
- reducing non elective admissions, A&E attendances and length of stay; and
- Sharing information and people only having to tell their story once

Integrated Initiatives focusing on Prevention & Quality:-

- Surrey Downs have commissioned a Quality in Care Home Team to support quality assurance and admission prevention.
- In partnership with District & Boroughs, the Local Joint Commissioning Group has developed local prevention priorities and an action plan which is informed by the Joint Strategic Needs Assessment.

1. Epsom Health & Care Alliance (EHC)

Leaders from four partner provider organisations (SCC, GP Health Partners, Epsom Hospital and Central Surrey Health) formed a Provider Alliance under a Consortia Agreement and formally agreed a two year integrated business case in April 2016 with Surrey Downs. EHC was launched to provide new, integrated services to over 65s and the @home service currently provides integrated care through the delivery of:

- co-ordinated assessment and diagnostic unit (CADU) – A GP led multidisciplinary service offering same day diagnostics and care to prevent admissions;

- enhanced @home – intensive supported discharge service and rapid response aimed to prevent admission; and
- @home hub – longer term high level care (up to 12 weeks).

2/3. East Elmbridge and Dorking Integrated Community Hubs

The East Elmbridge Community Hub is an integrated primary and community care team that started operating in December 2015 as part of the CCG's strategy for frail elderly care. The Hub operates with a dedicated workforce across primary and community care providing a reactive service focusing on patients in crisis and at high risk of admission. It provides dedicated care co-ordination, nursing and GP input to frail elderly complex patients in the community five days a week with GP coverage extending across the weekends and bank holidays. The Community Medical Team also provide seven day support to Molesey Community Hospital.

Dorking Integrated Team is an integrated primary and community care team that started operating in 2016 as part of the CCG's strategy for frail elderly care. The additional resource of a Community Matron commenced in Autumn 2016. The team is now recruiting to support increased capacity.

Summary of progress August 16- Jan 17

Epsom Health & Care

The Provider Alliance has been established with a consortia agreement in place and has been delivering year 1 of the business case. Recruitment to new posts has been completed. The launch of the new model has been successful with the multi-disciplinary team working together as one team delivering improvements for service users and embedding new ways of working.

The Alliance has developed and submitted a business case to Surrey Downs CCG for the expansion of this service. The aim of this is to increase the scope of the service to support a wider cohort of the population and to shift the focus from reactive care to also include proactive and preventative support.

East Elmbridge Hub

The Hub is expanding in early 2017 to more than double the current team, including dedicated social care and reablement support, as well as extending nursing cover across the weekend. The Community Medical Team is well established and has had a positive impact on reducing length of stay in Molesey Hospital.

Dorking Integrated Team

Joint working is embedded, recruitment plans are in place and a business case is being developed.

Difference this is making for older adults:

Measures of success include:-

- Prevention of admission;
- Reduction in Non Elective Admissions (NEL);
- Length of stay;
- Patient feedback; and
- Meeting performance indicators which will help deliver financial sustainability plans.

A dashboard has been developed and this is monitored via the Local Joint Commissioning Group, Surrey Downs Integration Board and by providers

delivering the services. Examples of the positive impact of the models to date include:-

- Epsom Health & Care – consistent positive feedback from users of the service; reduction in Length of Stay;
- East Elmbridge - Achieved a 6% drop in non-elective admissions into Kingston Hospital and a 4% drop in A&E admissions. Good relationships and a partnership approach across health and social care have been central to this success;
- Dorking – Non- elective admissions have decreased. Local partnerships and joint working is continuing to develop.

Key actions being taken Jan 17- March 18

Epsom Health & Care

- Development of and implementation of Business Plan (2017-19);
- Further develop care model for people over 65;
- Lay foundations for Full Population Model of Care;
- Prepare for integration through service transformation and redesign, develop role of Lay Partners and work closely with D&Bs and the Voluntary Sector;
- Oversee changes required to operating model to establish neighbourhood teams across Epsom;
- Agree arrangements required to establish PACS/ Alliance Care System; and
- Move to encompass more proactive care and develop prevention offer, including volunteering for EHC.

East Elmbridge

- Development of Integration Business Plan (2017/18);
- Complete review and implement recommendations - the start small approach has allowed the hub to understand what works and what needs changing – caseload now needs to be ramped up to achieve desired outcomes with a move to developing a proactive approach;
- Lay foundations for moving to MCP model of care; and
- Full evaluation completed.

Dorking

- Development of Integration Business Plan (2017/18);
- Embed joint working with social care and community health;
- Supporting a Primary Care Home approach to MCP; and
- Small start approach with community matron in place, recruiting to other posts to build capacity.

Area: Surrey Heath

Description of key BCF / integration workstreams:

- **Admission avoidance**
To provide services and support to members of the community which prevent the need to access acute hospital services that result in an emergency admission.
- **Early return home from hospital**

Improve discharge planning and intermediate community services to support more timely discharge from hospital.

- **Rehabilitation / reablement**

Reviewing and improving the services provided locally by social care which help people live independently in their own homes.

- **Nursing / residential homes**

Activities and investments specifically focused on preventing emergency admissions from nursing and residential care homes and enabling earlier return home from hospital.

- **Dementia diagnosis and support**

Develop a whole systems approach to early identification of dementia and a clear pathway to long-term support for people with dementia and their carers'.

Summary of progress – Oct – Feb 2017

Integration Progress SHCCG/SCC Locality:

- October: Development of Section 75 agreement to formalise shadow monitoring (1 year) on integrated health and care locality approach. Progress has included:
 - New governance arrangements for joint decision making and escalation;
 - Greater alignment strategies, aims and objectives and benefits monitoring;
 - Blending of senior team leadership (Governing Body and Executive Team);
 - Joint quality monitoring: care homes;
 - Joint staff meetings and public engagement; and
 - Shadow monitoring and decision-making around pooled funds and risk sharing arrangements.

Other key areas of progress:

- Integration of social care into Integrated Care Teams and single point of access/MDT meetings.
- Hospital integration enhanced (social care hospital team, CHC, ICT) and single point for discharge developed at Frimley Hospital.
- Integrated Care Staff away days were held in September focussing on how the integrated care model can be achieved through networking and teamwork. A mission statement and values were co-designed.
- A video has been developed to demonstrate the positive outcomes and aspects of working together as an integrated team in Surrey Heath.
- Psychological input into MDT meetings has proved successful and resulted in a greater understanding of individuals once their physical needs have been met.
- Significant progress around rapid response and reablement integration.
- Formation of local community equipment group:
 - developed and agreed joint pathways for assessment and issuing of equipment; and
 - agreed trusted assessor arrangements between health and social care staff.
- Local dementia strategy and action plan developed and agreed.

- Nursing home forum established to improve model of care.
- Continued development of joint (borough, county and CCG) prevention plan and actions.
- Full integrated “winter pressures” plan with flexible bridging of care utilising private home care providers and health/social care resources.
- Collaborative development of “living with frailty” approach with tools reflecting health and care needs, physical and psychological.

Difference this is making for older adults:

Integrated Care

- People are benefitting from a seamless service and are able to tell their story once.
- Better experience and reduced delay in response to urgent needs and discharge from hospital.

Prevention

- Maximising independence and well-being through joined up prevention and early intervention.

Reablement and Rapid Response Integrated Intermediate Care Service

- Reduction in duplication resulting in improved patient experience and a more efficient service.
- Improved ability to prevent admissions and deliver appropriate early supported discharges.

Clinical equipment

- Timely delivery of equipment for individuals resulting in fewer admissions.
- Reduction in duplication of staff time.
- Improved local budgetary control

Key actions being taken March 2017 – August 2018

Integration structure (S75)

- Monitoring of schemes and benefits within BCF and Section 75
- Joint agreement to 2017-19 BCF (March 2017)

Integrated Care Developments

- Agreement and operationalisation of frailty approach across system;
- Development of new integrated MDT nursing home care model;
- Falls review and anticipated pathway changes;
- Implementation of local dementia strategy; and
- Intermediate care: alignment of pathways and capacity to better meet demand.

Accommodation with Care and Support (Outcomes 1 and 2)

13. The Accommodation with Care and Support programme is looking at all accommodation-based adult services that SCC commissions and provides for residents of Surrey who have care and support needs. The strategy aims to deliver the best options for accommodation with care and support to Surrey residents. In order to do this it is necessary to integrate approaches across health, care and the community.
14. For older people, the Programme has three strategic aims:
 - reduce the age at which people enter nursing provision;

- commission only dementia specialist residential care and in doing so reduce the ratio of beds commissioned by 10%; and
- provide 600 Extra Care apartments across the county by 2025.

Nursing/residential care - Over the next ten years it is anticipated that there will be a huge increase in the demand for residential and nursing provision as a direct result of the growing population. The fact that people are living longer with more complex needs means that nursing care and high end dementia specialist provision will be paramount. A strategy for residential and nursing provision is in progress, identifying how assets can be best used over the next ten years to meet the growing demand for accommodation with care and support. It is recognised that provision must be flexible, based on the local health & care system as well as the level of need. Work is underway with the market to understand how to overcome challenges that providers may face in delivering this. Any provision procured by Adult Social Care must be good quality, safe and sustainable enabling older people to have a good experience of care and support.

Extra Care - Extra Care housing is an option of accommodation for older people which can offer a choice of independent living in a community setting with care and support services delivered according to individual need. It offers a way for people to continue to live as independently as possible when their care and support needs increase without the need to move into more institutionalised forms of accommodation. The business case for the development of new Extra Care provision in Surrey was agreed by Cabinet in December 2016 including the identification of SCC assets to offer to the market in order to stimulate development. Based on the current profile of needs, at least a quarter of the residents supported in Residential Care, but possibly as many as a third, could have their needs met within an Extra Care setting and this work aims to offer this choice to older adults in Surrey.

Mental health and substance misuse – The objective of this project is to ensure that individuals have access to appropriate specialist accommodation that supports their recovery and promotes their independence and integration into the community where they live. The goal is to enable choice and control across the pathway. A needs assessment and commissioning statement is currently being developed to inform future provision that will meet the needs of individuals requiring accommodation to support their recovery.

People with learning disabilities - Surrey is undertaking a strategic shift towards providing more supported living for people with learning disabilities. People should be supported to live as independently as possible rather than living in institutionalised settings. Funding has been identified from NHS England to re-develop buildings into modernised supported living. These are sites that have previously provided care but are no longer deemed fit for the future. Work is underway to develop options for appropriate sites and engagement with market providers is taking place to develop new services based on demand.

The whole programme aims to offer individuals choice as to how their care and support needs are met in order that they can stay healthier and independent for longer in an environment appropriate for their needs.

Dementia (Outcome 3)

15. In line with the accelerated integration of health and social care, partners in Surrey have developed a new dementia strategy for 2016 – 2021 which will incorporate six locally developed strategies; one for each CCG area that focuses in on the need of the local communities.
16. Good progress has been made across Surrey in programmes that enable more people with dementia to have access to care and support. Paragraphs 17 to 21 below outline this progress.
17. *Dementia Navigators*
The Dementia Navigator service was re-commissioned in 2016 and it has been agreed to extend this through to March 2018. This is jointly funded by health and social care across the county and supports over 1400 people with dementia and their carers each quarter. It provides continuity of specialist support and advice, actively facilitating access to services in the community in a personalised way in order to sustain and improve the quality of life of people with dementia, their carers and family, as and when they need it throughout their dementia journey. The navigators (currently under contract with the Alzheimer's Society) signpost people with dementia and their carers to access appropriate services and to provide them with information and advice in order to keep them as healthy and independent as possible in their own homes with choice and control over their lives, health and social care support.

The new contract has seen greater engagement with local SCC dementia commissioners, CCG Clinical Leads and commissioners to ensure that Dementia Navigators are embedded into local services to have a more visible presence to support people with dementia and their carers better e.g. Navigator presence at diagnostic clinics, GP clinics and multi-disciplinary hubs. Work will begin to re-tender the service for April 2018 and beyond.

18. *Dementia day opportunities*
In January 2017, the Alzheimer's Society announced that it would close the remaining four day centres they operated within Surrey. This followed the closure of two centres last year and the merger of another two. Commissioners have worked closely with the Society to ensure that a partnership approach was taken, with named social work practitioners allocated to each centre to assess individuals and their carers and work with the local Dementia Navigator and centre staff to look at alternative options based upon assessed needs.

The relatively new shift from block contracting with a small number of providers to opening up to the market to join the dementia community opportunities framework is ongoing. Commissioners have continued to engage with the provider market to encourage existing and new services

19. Dementia Friendly Communities

The Dementia Friendly Communities project has made significant progress in involving groups from across the county to become more dementia friendly. From 1 September 2016 to 1 January 2017, 106 Dementia Friends sessions have taken place in Surrey, resulting in over 1400 new Dementia Friends. Three service user groups have been established across the county with the aim of advising local businesses, leisure services and other organisations on how they could become dementia friendly by those affected with dementia directly.

Each borough and district area has several communities working to become more dementia friendly and sectors such as fire and rescue, libraries, police and leisure centres are engaged and developing action plans.

The project now reports into the Living and Ageing Well Board, consisting of partners from across the county, on a quarterly basis.

20. Internet of things

The “Internet of Things” Partnership project between Surrey and Borders Partnership Alzheimer’s Society, University of Surrey and Royal Holloway running until March 2018, will put devices into homes of 700 people in Surrey with mild-moderate dementia for six months. 350 people will also act as a control group.

The start date for the trial has been delayed to February/ March 2017 due to the Health Research Approval process. People with dementia and their carers are still being recruited from across the county to take part.

21. Get Active 50+ project

Year one of the project saw 1,769 people taking part in activities which is more than half of the target across the two year period. A range of eight sports/ physical activities are on offer across the county with walking football, bowls, swimming, jogging, badminton, inclusive multisports, golf and exercise classes available for people to take part in. Providers have received dementia awareness training to ensure that people with dementia are well-supported. The project is funded from Sport England, borough and district councils, Active Surrey and SCC Public Health.

Older Carers (Outcome 5)

22. Partnership work across Surrey continues to improve outcomes for carers. The jointly developed Surrey Carers Commissioning and Development Strategy 2015 -16 to 2018-19 outlines the priorities and steps that will be taken across the health and care system to ensure carers are able to live a fulfilling life outside of caring. Each partner organisation has an action plan as to how the strategy will be delivered and support from the BCF budget has been dedicated to carers specific support across Surrey comprising £2.5 million per year for carer breaks

and £3.5 million per year for other carers support. The services funded include:

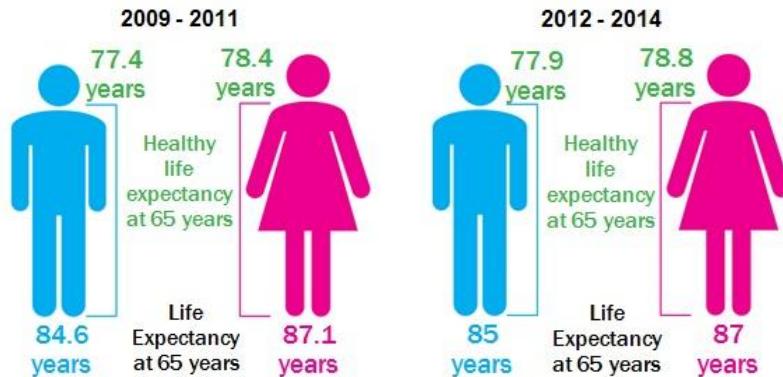
- carers' Support – independent information and advice;
 - home based breaks including in end of life care situations;
 - back care advice;
 - carers' learning and work support;
 - carers' support payments through carers organisations;
 - GP carer breaks payments;
 - benefits advice; and
 - young carers' and young adult support services.
23. Significant progress has been made in referral pathways for carers into support, particularly through the carers' prescription.
24. These services provide support to over 20,000 carers a year with 11, 558 services provided to people aged over 65 years of age in 2015/16. 230 of these were over 85 years.
25. The Health and Wellbeing Board had an in-depth workshop on carers at the January 2017 business meeting. The Board agreed to support the Memorandum of Understanding that sets out principles for partners to collectively achieve the ongoing improvement of recognition and support for carers. This is a move towards a fully integrated approach and looks at the whole system as a process. A summary of the discussion can be found in the Public Update on www.healthysurrey.org.uk.
26. Future updates on carers on all ages will be reported as part of this 'improving older adults' health and wellbeing' priority update.

How we are tracking progress / impact

27. The Surrey Health and Wellbeing Board agreed a suite of measures to track progress across all five of the priorities set out in the Surrey Health and Wellbeing Strategy.
28. A dashboard has been developed and published on the internet to enable partners, key stakeholders and the public to keep track of Surrey's performance against these measures. The dashboard can be found at <http://www.healthysurrey.org.uk/about-us/health-and-wellbeing-strategy>
29. Measures included for the 'Improving older adults' health and wellbeing' priority are set out below under each of the outcomes with data from the BCF Quarter 2 data return from July to September 2016 (submitted to NHS England at the end of November 2016).

Outcome 1: Older adults will stay healthier and independent for longer

30. More people at age 65 in Surrey were expected to live longer and healthier lives in 2012 – 2014 than in 2009 – 2011.



31. According to the latest BCF return, SCC reablement service continues to support clients to remain at home 91 days after discharge from hospital. Countywide, 6% of clients had returned to hospital, 4% were in nursing or residential care homes and 10% had died. A further 5% were no longer in contact with SCC Adult Social Care. Given the complex needs and co-morbidities experienced by many service-users, these outcomes are mostly positive. The target is on track to be met.
32. In Surrey, meeting the target for admissions to residential care is on track. The way this data is reported following the migration to a new database has been reviewed. This has resulted in amendments to previous data and there is confidence in the updated figures provided for admissions to residential care homes. Previously reported: Q1 315; Q2 333 - 2016/17 admissions figures have been updated to Q1 - 142.2; Q2 - 129.6; Q3 - 83.8 per 100,000 population aged 65+

Outcome 2: Older adults will have a good experience of care and support

33. The proportion of Surrey adults (all ages) who have had an inpatient experience of health services and would recommend to their friends and family continues to improve. Surrey's performance for Q3 (95.2%) exceeds the target for 2016/17 (94.2%).

Outcome 3: More older adults with dementia will have access to care and support

34. Surrey achieved a diagnosis rate of 64.2% in Q3, which is an improvement from Q2, although still slightly below the target of 66.7%. CCGs in Surrey have developed strategies in their various localities to improve dementia diagnosis. Actions include the establishment of dementia work groups to ensure collaborative working, correct reporting of diagnosis by GP practices and setting up dementia friendly communities.

Outcome 4: Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible

35. In Surrey, Q3 non-elective admissions increased by about 13% (28,740) more than the planned activity (25428). Increase in activity and variance to plan resulted from winter pressures, increased admission of patients with pneumonia and respiratory related conditions as well as short-term admissions of less than a day for observation. Work is on-going to understand the increases in non-elective admissions. On-going work programmes such as Primary Care in-reach programmes, Out of Hospital Primary Care access and demand and capacity modelling projects are underway in Surrey to help reduce non-elective admissions. (Data source MAR data General and Acute). Please note, this is for all ages and opportunities are being considered to break this down by age group.
36. The number of Delayed Transfers of Care (DTOC) increased to 1,006 in Q3. The rate of DTOC per 100,000 population (18+) in quarter Q2 was 771. This is a significant increase of about 57% in delayed discharges from planned activity (643). Two-thirds (66.5%) of the delays were attributable to NHS and 28% to Social Care. The top three reasons for NHS attributable delays were (1) Awaiting completion of assessment, (2) Nursing Home placement and (3) Patient or Family choice. For Social Care, these are (1) Awaiting Nursing home placement, (2) Awaiting care package in own home and (3) Awaiting completion of assessment. This information is being fed back to the various Local Joint Commissioning groups within Surrey to address issues relevant to their provider organisations.

Outcome 5: Older carers will be supported to live a fulfilling life outside caring

37. The quality of life score given by carers in Surrey is an average of 7.9 on a scale of 1 – 12 which is similar to England (2014/ 15). There is no trend data available for this indicator as the way it is collected has changed and therefore is not comparable.

Surrey Better Care Fund returns

38. The measures included within the Surrey Better Care plan are included in the measures set out above.
39. Annexed to this report (Annex one, two and three) are the quarterly Better Care Fund returns made for quarters one, two and three for 2016/17. In addition to the performance against the BCF metrics, they included information about the contributions to and expenditure from the Surrey BCF, progress against the national conditions and updates on a number of 'integration' metrics identified by NHS England.

Conclusions:

40. Much progress has been made in the last six months, most notably the focus of integrating health and social care, along with a focus on

improving the health and wellbeing of older adults in the STPs. There has also been significant progress at pace in each Local Joint Commissioning Group area.

41. The scale and pace of change required across the health and social care system is significant if it is to meet the rising demands placed upon services and become sustainable – the acceleration of integration plans is crucial to achieve this.

Next steps:

Next steps for this priority are to:

- Ensure improving the health and wellbeing of older adults is embedded in the three STPs covering Surrey.
- Produce a two year Better Care Fund Plan for 2017-18 and 2018-19 once the Policy Framework and Planning Guidance for this is published by NHS England.
- Have an in-depth workshop at a future Health and Wellbeing Board on nursing home and domiciliary care.

Report contact:

Victoria Heald, Health and Wellbeing Programme Manager, Adult Social Care and Public Health, Surrey County Council

Contact details: 020 8541 7492 / victoria.heald@surreycc.gov.uk

Sources/background papers:

Annex 1 - BCF NHS England quarterly submission: quarter one 2016/17 (submitted on 9 September 2016) available online

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=5190&Ver=4>

Annex 2 - BCF NHS England quarterly submission: quarter two 2016/17 (submitted on 25 November 2016) – available online

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=5190&Ver=4>

Annex 3 - BCF NHS England quarterly submission: quarter three (submitted on 24 February 2017) available online

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=5190&Ver=4>

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Cover

Q1 2016/17

Health and Well Being Board

Surrey

completed by:

Kat Stolworthy

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Contact Number:

7903777995

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

Helen Atkinson

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

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. Budget Arrangements | 2 |
| 3. National Conditions | 33 |
| 4. I&E | 21 |
| 5. Supporting Metrics | 13 |
| 6. Additional Measures | 64 |
| 7. Narrative | 1 |

Budget Arrangements

Selected Health and Well Being Board:

Surrey

Have the funds been pooled via a s.75 pooled budget?

No

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

16/09/2016

National Conditions

Selected Health and Well Being Board:

Surrey

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund.

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

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

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| Condition (please refer to the detailed definition below) | Please Select ('Yes', 'No' or 'No - In Progress') | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed: |
|---|---|---|---|
| 1) Plans to be jointly agreed | Yes | | |
| 2) Maintain provision of social care services | Yes | | |
| 3) In respect of 7 Day Services - please confirm: | | | |
| i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and rea |
| ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)? | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and rea |
| 4) In respect of Data Sharing - please confirm: | | | |
| i) Is the NHS Number being used as the consistent identifier for health and social care services? | No - In Progress | 31/03/2018 | Status across partners mapped across Surrey through Digital Roadmaps and is variable. Plans to implement being developed under delivery of 10 universal prio |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | No - In Progress | 01/01/2017 | Strategic IG forum being set up, will be estasblished by next quarter. An ISA/data sharing framework has been developed by Surrey health and social care IG M |
| iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights? | No - In Progress | 30/06/2017 | In terms of individual partners, the answer is yes as they all currently have their own robust protocols. A Common Surrey-wide consent and communication mo |
| 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. To date, differential progress has being made across Surrey - a joint a |
| 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans | Yes | | |
| 7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care | Yes | | |
| 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan | Yes | | |

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

Selected Health and Well Being Board:

Surrey

Income

Q1 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Total BCF pooled budget for 2016-17 (Rounded) |
|--|----------|-------------|-------------|-------------|-------------|--------------|---|
| Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £23,474,751 | £16,543,751 | £16,543,751 | £16,543,751 | £73,106,004 | £73,106,004 |
| | Forecast | £23,476,334 | £16,545,334 | £16,545,334 | £16,545,334 | £73,112,335 | |
| | Actual* | £23,476,334 | | | | | |

| | |
|--|---|
| Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast | DFG drawn down in full in Q1 and paid to D&Bs. The forecasted total has increased by £5k overall due to a £227k contingency, from Guildford & Waverley, being removed to offset significant over performance on non elective activity within the acute sector at the end of Q1 and a predicted increase in Joint Investment schemes of £232k, which will be funded in line with the section 75 agreement 50% 50% health and social care. |
|--|---|

Expenditure

Q1 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Total BCF pooled budget for 2016-17 (Rounded) |
|---|----------|-------------|-------------|-------------|-------------|--------------|---|
| Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £18,276,500 | £18,276,500 | £18,276,500 | £18,276,500 | £73,106,000 | £73,106,000 |
| | Forecast | £15,637,821 | £19,158,171 | £19,158,171 | £19,158,171 | £73,112,335 | |
| | Actual* | £15,637,821 | | | | | |

| | |
|--|---|
| Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast | As per income the forecasted outturn is £5k above the annual budget due to a contingency removal of £227k by a CCG partner (for non elective activity within acutes) offset by expected increases in Joint Investment schemes of £232k which is being monitored and will be funded appropriately. |
|--|---|

| | |
|--|---|
| Commentary on progress against financial plan: | As requested, actual and forecast expenditure has been completed on the best available information. DFG passed onto the Housing authorities. |
|--|---|

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board:

Surrey

| | |
|--------------------------------|--------------------------------------|
| Non-Elective Admissions | Reduction in non-elective admissions |
|--------------------------------|--------------------------------------|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Compared to Q1 of the previous year (2015/16), there was a decrease in the number of NEAs in Q1 of this year from 26,153 to 26,145. The Surrey figure is from MAR and not SUS due to not having access to SUS at county level. There was however a slight increase in the MAR figure of just about 1.8% in NEAs compared to Q1 2016/17 planned figures. Work is going on in Surrey to reduce NEAs through integrated care, supported |

| | |
|----------------------------------|--|
| Delayed Transfers of Care | Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+) |
|----------------------------------|--|

| | |
|---|---|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | The rate of DTOC per 100,000 population (18+) for Q1 of this year was 698 which is higher compared to Q1 2015/16 (649) and the planned rate for Q1 2016/17 (542). 79% of the delays were attributable to NHS and 19% to Social Care. The top 3 reasons for delays were 1) Awaiting completion of assessment 2) Patient or Family choice 3) Awaiting further non-acute service. Collaborative work with Trusts will be on-going in Surrey to address |

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

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Surrey achieved a diagnosis rate of 62.6% in Q1 which is slightly below the target of 66.7%. To increase the diagnosis rate, Surrey HWB partners are developing strategies in their various localities to continue delivering training to their professionals on early identification of dementia, developing clear pathways for patients diagnosed with dementia, supporting carers and resolving dementia data collection and coding issues. |

| | |
|---|--|
| Local defined patient experience metric as described in your approved BCF plan If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used. | Friends and Family Test (Inpatient) -% recommended |
|---|--|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Surrey's performance for Quarter 1 (95.7%) exceeds the target for 2016/17 (94.2%). |

| | |
|---------------------------------------|---|
| Admissions to residential care | Rate of permanent admissions to residential care per 100,000 population (65+) |
|---------------------------------------|---|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Permanent admissions during Quarter 1 figures show the highest number when compared against the same quarter in the previous two years. Using these figures, a full year projection would take us to an annual rate of 571. This would be an improvement against the 15/16 full year, but would exceed the target. However, if the quarterly trend seen in 2015/16 repeats into 2016/17, the end of year projection would inflate as the year goes |

| | |
|---|---|
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services |
| Please provide an update on indicative progress against the metric? | On track to meet target |

| | |
|-------------------------|---|
| Commentary on progress: | Countywide, the first quarter shows the highest volumes of people supported with a reablement service when compared with the three quarters. Outcomes are also the most favourable since BCF monitoring began; with 74% now at home 91 days later, if this trend continues we will exceed the plan. |
|-------------------------|---|

Footnotes:

For the local performance metric which is pre-populated, the data is from submission 3 planning returns previously submitted by the HWB.

For the local defined patient experience metric which is pre-populated, the data is from submission 3 planning returns previously submitted by the HWB.

Additional Measures

Selected Health and Well Being Board:

Surrey

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|-----|----------|-------------|-----------|---------------|------------------------|
| NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual | Yes | Yes | No | Yes | Yes | No |
| Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number | Yes | Yes | Yes | Yes | Yes | No |

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| From GP | Shared via Open API | Shared via interim solution | Not currently shared digitally |
| From Hospital | Shared via interim solution | Shared via interim solution | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Social Care | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Community | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Mental Health | Shared via interim solution | Not currently shared digitally |
| From Specialised Palliative | Not currently shared digitally |

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|-------------------------------------|-------------|----------------|----------------|-----------|---------------|------------------------|
| Progress status | Unavailable | In development | In development | Live | Live | Unavailable |
| Projected 'go-live' date (dd/mm/yy) | | | | 01/10/16 | | |

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

| | |
|---|--------------------|
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Pilot being scoped |
|---|--------------------|

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

| | |
|--|-----------|
| Total number of PHBs in place at the end of the quarter | 28 |
| Rate per 100,000 population | 2 |
| Number of new PHBs put in place during the quarter | 6 |
| Number of existing PHBs stopped during the quarter | 0 |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | 100% |
| Population (Mid 2016) | 1,182,136 |

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

| | |
|---|--|
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting? | Yes - in some parts of Health and Wellbeing Board area |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting? | Yes - in some parts of Health and Wellbeing Board area |

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Surrey

Remaining Characters

32,439

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

1. Cover red validation boxes: 3. National Conditions/Rows 16,19,22. 5. Additional Metrics/Row 27. Unable to provide exact date as activity involves multiple organisations, maturity varies and detail of deadlines still being worked out in some areas; confident detail will surface and work will accelerate through STP programme.

Cover

Q2 2016/17

Health and Well Being Board

Surrey

completed by:

Andre Lotz (Surrey County Council)

E-Mail:

andre.lotz@surreycc.gov.uk

Contact Number:

079 641 33812

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

Helen Atkinson

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

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. Budget Arrangements | 1 |
| 3. National Conditions | 33 |
| 4. I&E | 15 |
| 5. Supporting Metrics | 13 |
| 6. Additional Measures | 65 |
| 7. Narrative | 1 |

Budget Arrangements

Selected Health and Well Being Board:

Surrey

| | |
|---|------------|
| Have the funds been pooled via a s.75 pooled budget? | No |
| If it had not been previously stated that the funds had been pooled can you confirm that they have now? | No |
| If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY) | 02/12/2016 |

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Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Surrey

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

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

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

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| Condition (please refer to the detailed definition below) | Q1 Submission Response | Please Select ('Yes', 'No' or 'No - In Progress') | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed: |
|---|------------------------|---|---|---|
| 1) Plans to be jointly agreed | | Yes | | |
| 2) Maintain provision of social care services | | Yes | | |
| 3) In respect of 7 Day Services - please confirm: | | | | |
| i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and rea |
| ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)? | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and rea |
| 4) In respect of Data Sharing - please confirm: | | | | |
| i) Is the NHS Number being used as the consistent identifier for health and social care services? | No - In Progress | No - In Progress | 31/03/2018 | Status across partners mapped across Surrey through Digital Roadmaps and is variable. Plans to implement being developed under delivery of 10 universal prio |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | No - In Progress | No - In Progress | 01/01/2017 | Strategic IG forum being set up. An ISA/data sharing framework has been developed by Surrey health and social care IG Managers, and is currently in beta testi |
| iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights? | No - In Progress | No - In Progress | 30/06/2017 | In terms of individual partners, the answer is yes as they all currently have their own robust protocols. A Common Surrey-wide consent and communication mo |
| 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. To date, differential progress has been made across Surrey - a joint ap |
| 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans | | Yes | | |
| 7) Agreement to invest in NHS commissioned out-of-hospital services | | Yes | | |
| 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan | | Yes | | |

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

Selected Health and Well Being Board:

Surrey

Income

Previously returned data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £23,474,751 | £16,543,751 | £16,543,751 | £16,543,751 | £73,106,004 | £73,106,004 |
| | Forecast | £23,476,334 | £16,545,334 | £16,545,334 | £16,545,334 | £73,112,335 | |
| | Actual* | £23,476,334 | | | | | |

Q2 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|--|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £23,474,751 | £16,543,751 | £16,543,751 | £16,543,751 | £73,106,004 | £73,106,004 |
| | Forecast | £23,476,334 | £16,447,222 | £16,447,222 | £16,447,222 | £72,818,000 | |
| | Actual* | £23,476,334 | £16,477,222 | | | | |

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
 - The Q2 actual differs from the Q2 plan and / or Q2 forecast
- DFG drawn down in full in Q1 and paid to D&Bs.
The forecasted total for Q2-4 shows £288k less spend and income than the original plan. This is due to £583k of contingency, from two of the seven CCGs, being removed to offset significant over performance on non elective activity within the acute sector at the end of Q2 and a predicted increase in Joint Investment schemes of £294k, which will be funded in line with the section 75 agreement 50% 50% health and social care.

Expenditure

Previously returned data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £18,276,500 | £18,276,500 | £18,276,500 | £18,276,500 | £73,106,000 | £73,106,000 |
| | Forecast | £15,637,821 | £19,158,171 | £19,158,171 | £19,158,171 | £73,112,335 | |
| | Actual* | £15,637,821 | | | | | |

Q2 2016/17 Amended Data:

| | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan | £18,276,500 | £18,276,500 | £18,276,500 | £18,276,500 | £73,106,000 | £73,106,000 |
| | Forecast | £15,637,821 | £14,681,512 | £21,249,333 | £21,249,334 | £72,818,000 | |
| | Actual* | £15,637,821 | £14,681,512 | | | | |

Please comment if one of the following applies:

- There is a difference between the forecasted annual total and the pooled fund
 - The Q2 actual differs from the Q2 plan and / or Q2 forecast
- As per income the forecasted outturn is £288k below the annual budget due to contingency removal of £583k by two CCG partners (for non elective activity within acutes) offset by expected increases in Joint Investment schemes of £294k which is being monitored and will be funded appropriately.

Commentary on progress against financial plan:

As requested, actual and forecast expenditure has been completed on the best available information.
DFG passed onto the Housing authorities.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan, Forecast and Q1 Actual figures are sourced from the Q1 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Surrey

| | |
|--------------------------------|--------------------------------------|
| Non-Elective Admissions | Reduction in non-elective admissions |
|--------------------------------|--------------------------------------|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | NE admissions increased from 26,145 in Q1 to 26,649 in Q2, an increase of 1.9%. Compared to Q2 planned figures, there was a 3.8% increase in activity. On-going work programmes such as Primary Care in-reach programmes, Out of Hospital Primary Care access and demand and capacity modelling projects are underway in Surrey to help reduce NEAs . (Data source MAR data General and Acute) |

| | |
|----------------------------------|--|
| Delayed Transfers of Care | Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+) |
|----------------------------------|--|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | No improvement in performance |
| Commentary on progress: | The number of DTOC increased by about 10% in Q2 from Q1. The rate of DTOC per 100,000 population (18+) for this current quarter Q2 was 771. This rate was higher than the rate for Q1 of 2016/17 (698) and the planned rate for Q2 2016/17 (649). 79% of the delays where attributable to NHS and 19% to Social Care. The top 3 reasons for delays were 1) Awaiting completion of assessment 2)Patient or Family choice 3)Awaiting further non-acute |

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

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Surrey achieved a diagnosis rate of 63.7% in Q2 which is below the target of 66.7%. To improve on the diagnosis rate, CCGs in Surrey are deploying a range of measures in Primary care such as improving data quality issues, GP education events, local memory clinics and engaging in collaborative work with colleagues in the community to be aware of symptoms of dementia and routes to diagnosis. |

| | |
|---|--|
| Local defined patient experience metric as described in your approved BCF plan If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used. | Friends and Family Test (Inpatient) -% recommended |
|---|--|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Surrey's performance for Quarter 2 (95.5%) exceeds the target for 2016/17 (94.2%). |

| | |
|---------------------------------------|---|
| Admissions to residential care | Rate of permanent admissions to residential care per 100,000 population (65+) |
|---------------------------------------|---|

| | |
|---|---|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Year to Date Forecast outturn shows a residential rate of 570.8 per 100,000 population. This is slightly above the 2016/17 target of 561.7 per 100,000 population. Quarter 2 data is based on July and August actual admissions only - due to system migration on 13th September. The three months figure provided is a calculation based on two months data (222 admissions) extrapolated to three months. |

| | |
|---|---|
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services |
| Please provide an update on indicative progress against the metric? | On track to meet target |

| | |
|-------------------------|--|
| Commentary on progress: | The proportion of older people supported at home with reablement after discharge from hospital who are still at home 91 days later has increased slightly to 75% in quarter two. |
|-------------------------|--|

Additional Measures

Selected Health and Well Being Board:

Surrey

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|-----|----------|-------------|-----------|---------------|------------------------|
| NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual | Yes | Yes | No | Yes | Yes | No |
| Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number | Yes | Yes | Yes | Yes | Yes | No |

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| From GP | Shared via Open API | Shared via interim solution | Not currently shared digitally |
| From Hospital | Shared via interim solution | Shared via interim solution | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Social Care | Shared via interim solution | Not currently shared digitally |
| From Community | Shared via interim solution | Shared via interim solution | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Mental Health | Shared via interim solution | Not currently shared digitally |
| From Specialised Palliative | Not currently shared digitally |

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|-------------------------------------|------|----------------|----------------|-----------|---------------|------------------------|
| Progress status | Live | In development | In development | Live | Live | Unavailable |
| Projected 'go-live' date (dd/mm/yy) | | | 01/01/17 | | | |

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

| | |
|---|--------------------|
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Pilot being scoped |
|---|--------------------|

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

| | |
|---|-----|
| Total number of PHBs in place at the end of the quarter | 36 |
| Rate per 100,000 population | 3.0 |

| | |
|---|-----------|
| Number of new PHBs put in place during the quarter | 9 |
| Number of existing PHBs stopped during the quarter | 1 |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | 100% |
| Population (Mid 2016) | 1,182,136 |

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

| | |
|---|--|
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting? | Yes - in some parts of Health and Wellbeing Board area |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting? | Yes - in some parts of Health and Wellbeing Board area |

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Surrey

Remaining Characters

32,437

Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

1. Cover red validation boxes: 3. National Conditions/Rows 15,16,22. 5. Additional Metrics/Row 27. Unable to provide exact date as activity involves multiple organisations, maturity varies and detail of deadlines still being worked out in some areas; confident detail will surface and work will accelerate through STP programme.

Cover

Q3 2016/17

Health and Well Being Board

Surrey

Completed by:

Andre Lotz

E-Mail:

andre.lotz@surreycc.gov.uk

Contact Number:

079 641 33812

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

Helen Atkinson

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

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. Budget Arrangements | 1 |
| 3. National Conditions | 26 |
| 4. I&E | 17 |
| 5. Supporting Metrics | 13 |
| 6. Additional Measures | 64 |
| 7. Narrative | 1 |

Budget Arrangements

Selected Health and Well Being Board:

Surrey

Have the funds been pooled via a s.75 pooled budget?

No

If it had not been previously stated that the funds had been pooled can you confirm that they have now?

Yes

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

Page
Footnotes:
10

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Surrey

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

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

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

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| Condition (please refer to the detailed definition below) | Q1 Submission Response | Q2 Submission Response | Please Select ('Yes', 'No' or 'No In Progress') | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed: |
|---|------------------------|------------------------|---|---|---|
| 1) Plans to be jointly agreed | Yes | Yes | Yes | | |
| 2) Maintain provision of social care services | Yes | Yes | Yes | | |
| 3) In respect of 7 Day Services - please confirm: | | | | | |
| i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate | No - In Progress | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and reabler |
| ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)? | No - In Progress | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. 7 day working is well established for adult social care services and reabler |
| 4) In respect of Data Sharing - please confirm: | | | | | |
| i) Is the NHS Number being used as the consistent identifier for health and social care services? | No - In Progress | No - In Progress | No - In Progress | | Status across partners mapped across Surrey through Digital Roadmaps and is variable. Plans to implement being developed under delivery of 10 universal prioritie |
| ii) Are you pursuing Open APIs (ie system that speak to each other)? | Yes | Yes | Yes | | |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? | No - In Progress | No - In Progress | Please select | | Strategic IG forum being set up. An ISA/data sharing framework has been developed by Surrey health and social care IG Managers, and is currently in beta testing, i |
| iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights? | No - In Progress | No - In Progress | Please select | | In terms of individual partners, the answer is yes as they all currently have their own robust protocols. A Common Surrey-wide consent and communication model i |
| 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional | No - In Progress | No - In Progress | No - In Progress | | Plans are in place to meet this condition through the delivery of our BCF plan in 2016/17. To date, differential progress has been made across Surrey - a joint appro |
| 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans | Yes | Yes | Yes | | |
| 7) Agreement to invest in NHS commissioned out-of-hospital services | Yes | Yes | Yes | | |
| 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan | Yes | Yes | Yes | | |

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

Selected Health and Well Being Board:

Surrey

Income

Previously returned data:

| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| | Plan | £23,474,751 | £16,543,751 | £16,543,751 | £16,543,751 | £73,106,004 | £73,106,004 |
| | Forecast | £23,476,334 | £16,447,222 | £16,447,222 | £16,447,222 | £72,818,000 | |
| | Actual* | £23,476,334 | £16,477,222 | | | | |

Q3 2016/17 Amended Data:

| Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|--|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| | Plan | £23,474,751 | £16,543,751 | £16,543,751 | £16,543,751 | £73,106,004 | £73,106,004 |
| | Forecast | £23,476,334 | £16,447,222 | £16,400,722 | £16,400,722 | £72,725,000 | |
| | Actual* | £23,476,334 | £16,477,222 | £16,400,722 | | | |

| | |
|---|--|
| Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast | DFG drawn down in full in Q1 and paid to D&Bs. The forecasted total for the year shows £381k less spend and income than the original plan. This is due to £583k of contingency, from two of the seven CCGs, being removed to offset significant over performance on non elective activity within the acute sector at the end of Q2 and a predicted increase in Joint Investment schemes of £202k, which will be funded in line with the section 75 agreement 50% 50% health and social care. |
|---|--|

Expenditure

Previously returned data:

| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| | Plan | £18,276,500 | £18,276,500 | £18,276,500 | £18,276,500 | £73,106,000 | £73,106,000 |
| | Forecast | £15,637,821 | £14,681,512 | £21,249,333 | £21,249,334 | £72,818,000 | |
| | Actual* | £15,637,821 | £14,681,512 | | | | |

Q3 2016/17 Amended Data:

| Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Annual Total | Pooled Fund |
|---|----------|-------------|-------------|-------------|-------------|--------------|-------------|
| | Plan | £18,276,500 | £18,276,500 | £18,276,500 | £18,276,500 | £73,106,000 | £73,106,000 |
| | Forecast | £15,637,821 | £14,681,512 | £17,747,917 | £24,657,750 | £72,725,000 | |
| | Actual* | £15,637,821 | £14,681,512 | £17,747,917 | | | |

| | |
|---|--|
| Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast | As per income the forecasted outturn is £381k below the annual budget due to contingency removal of £583k by two CCG partners (for non elective activity within acutes) offset by expected increases in Joint Investment schemes of £202k which is being monitored and will be funded appropriately. |
|---|--|

| | |
|--|---|
| Commentary on progress against financial plan: | As requested, actual and forecast expenditure has been completed on the best available information. DFG passed onto the Housing authorities. |
|--|---|

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan figures are sourced from the Q1 16/17 collection whilst Forecast, Q1 and Q2 Actual figures are sourced from the Q2 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Surrey

| | |
|--------------------------------|--------------------------------------|
| Non-Elective Admissions | Reduction in non-elective admissions |
|--------------------------------|--------------------------------------|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | No improvement in performance |
| Commentary on progress: | In Surrey, Quarter 3 NE admissions increased by about 13% (28,740) more than the planned activity (25428). Increase in activity and variance to plan are as a result of winter pressures, increased admission of patients with pneumonia and respiratory related conditions and short-term admissions of less than a day for observation. Work is on-going to understand the increases in NEAs. Examples of Programmes |

| | |
|----------------------------------|--|
| Delayed Transfers of Care | Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+) |
|----------------------------------|--|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | No improvement in performance |
| Commentary on progress: | DTOC rate per 100,000 population (18+) increased to 1,006 in Q3. This is a significant increase of about 57% in delayed discharges from planned activity (643). Two-thirds (66.5%) of the delays were attributable to NHS and 28% to Social Care. The top 3 reasons for NHS attributable delays were (1) Awaiting completion of assessment, (2) Nursing Home placement and (3) Patient or Family choice. For |

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

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track for improved performance, but not to meet full target |
| Commentary on progress: | Surrey achieved a diagnosis rate of 64.2% in Q3, which is an improvement from Q2, although still slightly below the target of 66.7%. CCGs in Surrey have developed strategies in their various localities to improve dementia diagnosis. Actions include the establishment of dementia work groups to ensure collaborative working, correct reporting of diagnosis by GP practices and setting up dementia friendly communities, |

| | |
|--|--|
| Local defined patient experience metric as described in your approved BCF plan | Friends and Family Test (Inpatient) -% recommended |
| If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used. | |

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | Surrey achieved a 95.2% response rate in this survey. This exceeds the target for this metric. |

| | |
|---------------------------------------|---|
| Admissions to residential care | Rate of permanent admissions to residential care per 100,000 population (65+) |
|---------------------------------------|---|

| | |
|---|--|
| Please provide an update on indicative progress against the metric? | On track to meet target |
| Commentary on progress: | After migration to our new LAS database, we reviewed our processes and validated all the recorded "sequels to assessment or review". This has resulted in amendments to previous data. We are confident that admissions figures provided above represent actual long term admissions . Also, all support plans now go to a Practice Consistency Panel for scrutiny in line with our prevention and community support |

| | |
|---|---|
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services |
| Please provide an update on indicative progress against the metric? | On track to meet target |

Commentary on progress:

Additional Measures

Selected Health and Well Being Board:

Surrey

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|---|-----|----------|-------------|-----------|---------------|------------------------|
| NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual | Yes | Yes | No | Yes | Yes | No |
| Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number | Yes | Yes | Yes | Yes | Yes | No |

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

| | To GP | To Hospital | To Social Care | To Community | To Mental health | To Specialised palliative |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| From GP | Shared via Open API | Shared via interim solution | Not currently shared digitally |
| From Hospital | Shared via interim solution | Shared via interim solution | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Social Care | Shared via interim solution | Not currently shared digitally |
| From Community | Shared via interim solution | Shared via interim solution | Shared via interim solution | Not currently shared digitally | Shared via interim solution | Not currently shared digitally |
| From Mental Health | Shared via interim solution | Not currently shared digitally |
| From Specialised Palliative | Not currently shared digitally |

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

| | GP | Hospital | Social Care | Community | Mental health | Specialised palliative |
|-------------------------------------|------|----------------|----------------|-----------|---------------|------------------------|
| Progress status | Live | In development | In development | Live | Live | Unavailable |
| Projected 'go-live' date (dd/mm/yy) | | | | | | |

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

| | |
|---|--------------------|
| Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area? | Pilot being scoped |
|---|--------------------|

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

| | |
|--|-----------|
| Total number of PHBs in place at the end of the quarter | 33 |
| Rate per 100,000 population | 2.8 |
| Number of new PHBs put in place during the quarter | 5 |
| Number of existing PHBs stopped during the quarter | 3 |
| Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%) | 100% |
| Population (Mid 2016) | 1,182,136 |

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

| | |
|--|--|
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting? | Yes - in some parts of Health and Wellbeing Board area |
| Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting? | Yes - in some parts of Health and Wellbeing Board area |

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Surrey

Remaining Characters

32,069

Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Re: 1. Checklist red validation boxes: 3. National Conditions/Rows 15,16,18,20,21,22. 5. Additional Metrics/Row 27. Unable to provide exact date as activity involves multiple organisations, maturity varies and detail of deadlines still being worked out in some areas; confident detail will surface and work will accelerate through STP programme.

Narrative progress on the previous six months is captured for Surrey's Health and Wellbeing Board, and will be presented at the 9 March 2017 meeting. The meeting papers, including narrative progress from Surrey's local areas, can be found at this link, as soon as its published:
<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CommitteeId=328>

Surrey Health and Wellbeing Board

| | |
|--|---|
| Date of meeting | 9 March 2017 |
| Report author and contact details | Victoria Heald – victoria.heald@surreycc.gov.uk |
| Sponsoring Surrey Health and Wellbeing Board Member | Dr Claire Fuller |

Item / paper title:

| | |
|---|---|
| Purpose of item / paper | To support the Health and Wellbeing Board to recognise the role of the voluntary, community and faith sector (VCFS) in Surrey and explore how this can support the integration of health and social care in Surrey. |
| Surrey Health and Wellbeing priority(ies) supported by this item / paper | There are around 5,000 organisations that are involved in the VCFS in Surrey, all providing a variety of services that can offer support to all five of the Surrey Health and Wellbeing priorities. |
| How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas? | There are a wide range of services provided by the VCFS in Surrey. By strengthening the Board's links to these it will contribute to all of the Board's strategic priorities: <ol style="list-style-type: none"> 1. Centred on the person, their families and carers 2. Early intervention 3. Opportunities for integration 4. Reducing health inequalities 5. Evidence based 6. Improved outcome |
| Financial implications - confirmation that any financial implications have been included within the paper | N/A |
| Consultation / public involvement – activity taken or planned | N/A |
| Equality and diversity - confirmation that any equality and diversity implications have been included within the paper | N/A |

| Actions requested / Recommendations | The Surrey Health and Wellbeing Board is asked to: <ul style="list-style-type: none">i. recognise the role of the Voluntary, Community and Faith Sector in the health and wellbeing of the residents of Surrey;ii. explore how this large and diverse sector can be integrated into the care of Surrey residents; andiii. recognise the value of the Voluntary, Community and Faith Sector and will use its expertise and delivery, whenever it can be demonstrated that this is the first value for money option. |
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Health and Wellbeing Board
9 March 2017

The Role of the Voluntary, Community and Faith Sector in Health and Wellbeing in Surrey

Purpose of the report:

The Health and Wellbeing Board has enabled cooperation between health and social care in Surrey to become a natural objective in the approach to the care of Surrey residents. There is a vibrant voluntary, community and faith sector (VCFS) in the county and joining this sector to statutory providers would be of benefit to the entire community.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. recognises the role of the Voluntary, Community and Faith Sector in the health and wellbeing of the residents of Surrey;
- ii. explores how this large and diverse sector can be integrated into the care of Surrey residents; and
- iii. recognises the value of the Voluntary, Community and Faith Sector and will use its expertise and delivery, whenever it can be demonstrated that this is the first value for money option.

Introduction:

1. The voluntary, community and faith sector (VCFS) could play a key role in bringing a unified dimension to health and social care in Surrey. Professionals and volunteers within these bodies contribute much to the wellbeing of Surrey's communities that extends the reach of the statutory delivery. Encouraging a growth and the integration of this sector could pay dividends within communities.
2. New Dialogues, a publication supported by the Association of Directors of Adult Social Services (ADASS), recently quoted Alex Fox, Chair of the

Department of Health's voluntary, community and social enterprise (VSCE) Review, who exhorted the role of the VCFS within health and care delivery and their role across all the social determinants including poverty, housing, exclusion, etc. (New Dialogues, Sept 2016, p3)

3. Since the inception of the Health and Wellbeing Board in Surrey, the value of integration and cooperation between commissioning partners who are represented on the Board has become clear. This cooperation is leading to greater integration and a better service for the residents of Surrey in relation to health and social care matters, along with the avoidance of duplication in a time of financial constraint.
4. Whilst undertaking this work, it is recognised by the Board that more attention could be paid to the role of the VCFS in Surrey. There is a feeling that this needs to change.
5. The VCFS in Surrey is large and vibrant meaning it could be an immense resource for the benefit of the County. There are around 5,000 organisations, both large and small, that are involved in the sector. Some offer a service to the whole of the county, whilst others have a specific role on a more localised basis.
6. There are good examples where the VCFS is quite well integrated with the care sector but many fall outside of this. From these examples, it is possible to change and integrate all VCFS providers that want to work more closely with the commissioning sector.
7. This cooperation, collaboration and, where appropriate, commissioning, could become a natural part of healthcare delivery in the coming years. The VCFS should become a natural and full partner, where appropriate, in the delivery of care.
8. It is recognised that the VCFS could reduce the burden on both health and social care. In a time of tight funding, it could reduce the workload on the statutory sector with work that could be carried out on either or a voluntary or paid basis, or a combination of both, by the VCFS.
9. It is recognised that there are areas of great collaboration already between statutory providers and the VCFS, and where possible, it is necessary to replicate these across the county.
10. When contracts with the VCFS are reviewed, their value in prevention and support as well as their potential for long term benefits to the system should be recognised.
11. Surrey County Council has been running a 'volunteer in your community' campaign. Many of those join in the VCFS and could contribute in a more formal recognition of the sector.

Conclusions:

12. The objective is to bring the VCFS in as a mainstream partner through the health and social care system, wherever it is appropriate, to recognise that they can give help, support and time to a public sector

that is struggling to cope at present. The time and dedication of all individuals working with the VCFS is of great value to health and wellbeing in Surrey.

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Next steps:

The question that needs to be discussed, both internally and with representatives of the VCFS large and small, is how to arrive at a position where their full strengths and involvement would complement those of the commissioning bodies.

A potential opportunity for the Health and Wellbeing Board to work more closely with the VCFS could be to identify a framework for working and adopt a set of principles for working. Surrey County Council has a framework that is used to guide their commissioning approach, enshrining clear principles and practices at the heart of how they work together with the VCFS.

It should be recognised, however, that the VCFS will, at times, require funding from commissioners to enable their operations to function on a continuing basis.

It is necessary to agree therefore that, as policies and programmes evolve, the Board will recognise the future cooperation, collaboration and commissioning with the VCFS in Surrey as part of its core objectives.

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