

Notice of Meeting

Health and Wellbeing Board



Date & time	Place	Contact	
Thursday, 2 December 2021 at 2.00 pm	Hybrid - Woodhatch Place, Reigate, Surrey / remote via Teams	Amelia Christopher Tel 07929 725663 amelia.christopher@surreycc.gov.uk	 We're on Twitter: @SCCdemocracy

If you would like a copy of this agenda or the attached papers in another format, e.g. large print or braille, or another language please either call 07929 725663 or email amelia.christopher@surreycc.gov.uk.

This meeting will be held in public, however numbers will be limited in order to adhere to Covid-19 social distancing requirements. If you would like to attend, please contact Amelia Christopher on 07929 725663.

Please be aware that a link to view a live recording of the meeting will be available on the Health and Wellbeing Board page on the Surrey County Council website. This page can be accessed by following the link below:

<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CId=328&Year=0>

Board Members

Fiona Edwards	Chief Executive of the Frimley Health and Care Integrated Care System (ICS) and Accountable Officer for NHS Frimley CCG
Dr Charlotte Canniff (Vice-Chairman)	Clinical Chair, Surrey Heartlands Clinical Commissioning Group
Jason Gaskell	CEO, Surrey Community Action, VCFS representative
Dr Russell Hills	Clinical Chair, Surrey Downs ICP
Tim Oliver (Chairman)	Leader of Surrey County Council
Kate Scribbins	Chief Executive, Healthwatch Surrey
Simon White	Executive Director of Adult Social Care, Surrey County Council
Ruth Hutchinson	Director of Public Health, Surrey County Council
Dr Claire Fuller	Senior Responsible Officer, Surrey Heartlands
Graham Wareham	Chief Executive (Interim), Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council
Sinead Mooney	Cabinet Member for Adults and Health, Surrey County Council

Clare Curran	Cabinet Member for Children and Families, Surrey County Council
Rob Moran	Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)
Vacancy	Prevention and Wider Determinants of Health Delivery Board representative, Head of Housing and Community, Epsom and Ewell Borough Council (Priority 1 Sponsor)
Jason Halliwell	National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection
Carl Hall	Community Rehabilitation Company, Kent, Surrey & Sussex, Assistant Chief Officer
Gavin Stephens	Chief Constable of Surrey Police
Mark Nuti	Cabinet Member for Communities, Surrey County Council
Steve Flanagan	Representative, North West Surrey Integrated Care Partnership and Community Provider voice
Vicky Stobart	Integrated Care Partnership Director and Director of Clinical Integration, Guildford and Waverley ICP
Michael Wilson CBE	Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers
Professor Helen Rostill	Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
Rachel Hargreaves (interim)	Industry Partnerships Manager - Health, University of Surrey
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning, Surrey County Council
Borough Councillor Nick Prescott	Leader of Runnymede Borough Council (Surrey Leaders' Group)
Lisa Townsend Siobhan Kennedy	Surrey Police and Crime Commissioner Homelessness, Advice & Allocations Lead, Guildford Borough Council (Associate Member)

TERMS OF REFERENCE

The Health and Wellbeing Board:

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

PART 1 - IN PUBLIC

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETINGS: 4 MARCH 2021, 2 JUNE 2021 (INFORMAL), 9 SEPTEMBER 2021 (INFORMAL)

(Pages 1
- 56)

To agree the minutes of the previous meetings.

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

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*26 November 2021*).

b Public Questions

The deadline for public questions is seven days before the meeting (*25 November 2021*).

c Petitions

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

5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT

(Pages
57 - 66)

This paper provides an overview of the progress of local shared projects supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 November 2021.

6	HEALTH AND WELL-BEING STRATEGY REVIEW AND REFRESH	(Pages 67 - 84)
	<p>The Health and Well Being Strategy priorities and related outcomes were endorsed in September; this report provides an update on the refresh of the implementation plans and on the metrics that show progress against the three priorities. The plans provide a summary of programmes supporting delivery of the strategy. Together these inform what is included in the regular highlight reports that are provided each quarter to the Board.</p> <p>In addition, further to the agreement at the November informal Board meeting, this report provides confirmation of the endorsed Key Localities for Working with Communities and HiAP (Health in All Policies) propositions that will be adopted to support the greater focus on reducing health inequalities.</p>	
7	PROPOSALS FOR THE SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP	(Pages 85 - 88)
	<p>As part of the reforms set out in the Health and Care Bill 2021-22, Integrated Care Systems are being asked to establish Integrated Care Partnerships.</p> <p>This paper outlines proposals for the Surrey Heartlands Integrated Care Partnership, including purpose, membership of the partnership and frequency of meetings.</p>	
8	SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21	(Pages 89 - 132)
	<p>The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency board with responsibilities set out in the Care Act 2014. The SSAB is chaired by an independent chair, Mr Simon Turpitt.</p> <p>There is a statutory duty for all Safeguarding Adult Boards to publish an annual report and disseminate to various parties, of which the Health and Wellbeing Board is one.</p>	
9	SURREY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019-2020	(Pages 133 - 214)
	<p>The Annual Report of the Surrey Safeguarding Children Partnership (SSCP) is part of the safeguarding partners accountability to members of the full Partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.</p>	
10	DIGITAL INCLUSION STRATEGY 2021-22	(Pages 215 - 250)
	<p>Following the Digital Inclusion: Programme Initiation Document (PID) provided at the September (Informal) Board meeting, the Digital Inclusion Strategy is presented to the Board to endorse.</p>	

11	DRAFT POLICE AND CRIME PLAN 2021-2025	(Pages 251 - 280)
	This report introduces the draft Police and Crime Plan 2021-2025 to the Health and Wellbeing Board and considers the opportunities for the Police and Crime Commissioner and the Board to work together.	
12	2021/22 BETTER CARE FUND PLANNING TEMPLATE AND NARRATIVE PLAN SUBMISSION	(Pages 281 - 318)
	The Better Care Fund is a local single pooled budget that facilitates integrated working between health, social care, and wider partners. The planning template submission for 2021/22 (Annex 1) sets out the areas of spend for Surrey's Better Care Fund, together with metrics along with an updated Narrative Plan (Annex 2) that provides more detail and examples of the approaches being taken in Surrey.	
13	MENTAL HEALTH IMPROVEMENT PLAN AND MENTAL HEALTH PARTNERSHIP BOARD UPDATE	(Pages 319 - 348)
	The purpose of this report is to provide an update for the Health and Wellbeing Board on the activity, initiatives and achievements that are being undertaken by a range of agencies working collaboratively across Surrey and the progress being made, under the auspices of the Mental Health Partnership Board, in delivering the recommendations of the peer-led independent review of the mental health system and improving mental health outcomes, experiences and services.	
14	SURREY LOCAL OUTBREAK ENGAGEMENT BOARD - UPDATE	
	The Board is to receive a verbal update on the work of the Surrey Local Outbreak Engagement Board (LOEB), which is a formal sub-committee of the Surrey Health and Wellbeing Board. The LOEB is a member-led Board created in response to the COVID-19 pandemic, which leads the engagement with local communities and is the public face of the local response in the event of an outbreak.	
15	DATE OF THE NEXT MEETING	
	The next meeting of the Health and Wellbeing Board will be on 16 March 2022 (Provisional).	

Joanna Killian
Chief Executive
Surrey County Council
Published: Wednesday, 24 November 2021

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).
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, Woodhatch Place has wifi available for visitors – please ask at reception for details.

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

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

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

Thank you for your co-operation

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 4 March 2021 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 3 June 2021.

Elected Members:

(Present = *)

- Dr Andy Brooks
- * Dr Charlotte Canniff (Deputy Chairman)
- * Rachael Wardell
- * Jason Gaskell
- * Dr Russell Hills
- * David Munro
- * Mr Tim Oliver (Chairman)
- * Kate Scribbins
- * Michael Wilson CBE
- * Simon White
- * Ruth Hutchinson
- * Dr Claire Fuller
- * Fiona Edwards
- * Joanna Killian
- * Rachel Hargreaves
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- * Vicky Stobart
- * Rob Moran
- * Rod Brown
- * Borough Councillor Joss Bigmore
Robin Brennan
Carl Hall
- * Gavin Stephens
- * Ms Denise Turner Stewart
- * Helen Rostill
- * Steve Flanagan

Substitute Members:

Nicola Airey - Executive Place Managing Director for Surrey Heath CCG

In attendance

Siobhan Kennedy - Housing Advice Manager, Guildford Borough Council
(Associate Member)

Miss Alison Griffiths - Deputy Cabinet Member – Place (SCC)

Dr Bill Chapman - Vice-Chairman of the Adults and Health Select Committee (SCC)

1/21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [ITEM 1]

Apologies were received from Dr Andy Brooks - Nicola Airey substituted.

2/21 MINUTES OF PREVIOUS MEETING: 3 DECEMBER 2020 [ITEM 2]

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

3/21 DECLARATIONS OF INTERESTS [ITEM 3]

The Chairman declared a non-pecuniary interest in item 7 as he was a previous chair of trustees of Shooting Star Children's Hospice and was currently a vice-president.

4/21 QUESTIONS AND PETITIONS [ITEM 4]**a Members' Questions [ITEM 4a]**

None received.

b Public Questions [ITEM 4b]

None received.

c Petitions [ITEM 4c]

There were none.

5/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [ITEM 5]**Witnesses:**

Rod Brown - Head of Communities and Housing, Epsom and Ewell Borough Council (Priority One Sponsor)

Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority Two Sponsor)

Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)
Sarah Haywood, Community Safety Policy and Commissioning Lead, Office of the Police and Crime Commissioner for Surrey (OPCC)

Key points raised in the discussion:

1. The Priority One Sponsor highlighted:

- Focus Area 3: Ensuring that everyone lives in good and appropriate housing - there were two cabins for Covid-19 symptomatic homeless people and also for winter shelter provision, the license would cease at the end of March but a larger site would be established on 1 April in Surrey Heath.
- There were 35 projects involving 44 people in the Priority, with real progress being made.
- The work within the Priority was overseen by the Prevention Board which was a productive multidisciplinary board.
- Focus Area 7: Living Independently - see item 7, report on Palliative and End of Life Care (PEoLC) Strategy 2021-2026.
- Focus Area 2: Supporting prevention and treatment of substance misuse, including alcohol and Focus Area 3: Ensuring that everyone lives in good and appropriate housing - Surrey had been shortlisted by the Ministry of Housing Communities and Local Government (MHCLG) for the Changing Futures Fund to help potential projects to address:

- enhancing and extending a pilot outreach service called Bridge the Gap to include clinical support and reach people in temporary and move-on accommodation.
 - evidence to invest further and develop early intervention and prevention services such as cuckooing and Checkpoint Plus.
 - innovative solutions to fill accommodation gaps across the wider system, including philanthropic, social and community solutions.
2. The Priority Two Sponsor highlighted:
- That overall the Priority remained rated Amber as Covid-19 had affected the delivery of workstreams.
 - That there continued to be a high demand for mental health services with high levels of acuity, particularly in crisis services and bed-based services.
 - There had been a rise in crisis services from 33% prior to the pandemic to 80% at present.
 - There was an increase in children reporting poor mental health and eating disorders increased due to the lockdowns.
 - There was insufficient supply to meet the demands to support children with poor emotional health and Surrey had called for a coordinated national response which had resulted in a response to improve access to bed-based services.
 - Regarding mental health, Surrey and Borders Partnership NHS Foundation Trust (SABP) had set up a weekly Emergency Response team to identify pressure areas which were then escalated to the Surrey Heartlands Covid-19 Incident Management Group.
 - Following the Mental Health Summit last November, an independently chaired Mental Health Partnership Board was established - see item 8: Improving Mental Health Outcomes, Experiences and Services In Surrey. The Partnership Board looked to at ensuring good mental health and reducing health inequalities, as well as benchmarking and best practice, supported by the Centre for Mental Health.
 - The twenty recommendations from the Adults and Health Select Committee's Mental Health Task Group had been incorporated into the Priority with a progress update to the Select Committee presented yesterday. In line with those recommendations a 24/7 Safe Haven in Woking had been established on 15 February and was funded through Winter Pressures funding, as well as an update on the continued roll out of the Surrey Care Record.
 - NHS England had confirmed funding for the continued roll out of the GP Integrated Mental Health Service (GPIMHS) programme across the county's eleven Primary Care Networks (PCNs), although ensuring a swift roll out was a challenge.
 - That work was underway with primary care colleagues on the Additional Roles Reimbursement Scheme (ARRS) to put in place mental health practitioners - to be coordinated with GPIMHS.
 - The Tech to Community Connect project was being rolled out across Surrey to support people at risk of or suffering from, digital exclusion.
 - That the Surrey Virtual Wellbeing Hub was launched in December and offered one-to-one support for the workforce and training. There was a good uptake and through the Hub, acute hospitals and their wellbeing teams were linked in, with the formation of a wellbeing network.
 - That risks and challenges included some pauses to workstreams in the First 1000 Days strategy due to Covid-19.

- The low number of annual health checks for people with a serious mental illness and so locally there was a piece of work to address that in conjunction with the Integrated Care Partnerships (ICPs) and to refine communications and digital reporting.
3. The Priority Three Sponsor highlighted:
- That there was not a natural single partnership for the work as it brought disparate pieces of work together to provide coherence.
 - That the impact of Covid-19 on the Priority meant that a period of reassessment was underway, including the key elements of the community safety work and a greater focus on inequality, child poverty and the wider determinants of health.
 - That the Social Progress Index had been expanded to cover new areas post Covid-19, including transport, business, economic recovery and was renamed the Surrey Index and would be on Surrey-I.
 - That work continued with the One Surrey Growth Board and the 2030 Economic Strategy Statement and the 2030 Community Vision for Surrey.
 - Focus Area 1: Supporting Adults to succeed professionally and/or through volunteering - work was underway on skills for young people and the workforce needs and growth sections in a post furlough world, with funding for:
 - £500,000 bid for Health Foundation funding had been submitted for the economies for healthier lives, regarding employment and training pathways for children and young people in Pupil Referral Units.
 - The Apprenticeships and Skills Hub was operational as of mid to late February which was progressing well.
 - Focus Area 2: Supporting children to develop skills for life - some pauses to workstreams on First 1000 Days strategy due to Covid-19.
 - Focus Area 3: Supporting communities to be safe and feel safe - linking in the community safety priorities, the draft Surrey Community Safety Agreement 2021 to 2025 (CSA) had been discussed at February's informal Board, with a consultation period in April and sign-off at the June Board.
 - A Board member added that hopefully following sign-off in June, thought needed to be given as to how to incorporate it into the Board's three Priorities; whether Community Safety needed to be a standalone additional Priority as opposed to Focus Area 3 in Priority Three.
 - The Community Safety Policy and Commissioning Lead (OPCC) noted that the draft CSA would be re-circulated to Board members with the opportunity to provide feedback and that the next steps would be to review the governance and how to deliver its priorities.
4. A Board member referred to Priority One, Focus Area 2 noting that the Prime Minister was planning an advertising campaign to address drug use by the middle-class by making it socially unacceptable to snort cocaine; it had long been a concern of his and hoped that Surrey would take that national campaign onboard.
5. A Board member referred to the draft CSA, which referenced the change to the Probation Service with the new model to come into effect in June 2021 and that the section on that service was about delivery but did not seem to reference the partnership working potential opportunities for collaboration; noting that prolific and priority offenders were processed through probation but there was little in terms of actions or support in relation to those perpetrators from a health or a community safety perspective, so asked for further detail and assurance on the issue.

- In response, the Priority Three Sponsor noted that he would take that point away regarding priority offenders and the Probation Service which would be fed into the consultation stage.
6. A Board Member referred to Priority One, Focus Area 1: Helping People to live healthy lives - around the whole system approach to obesity, she noted that it was important to get the strategy right, particularly following the pandemic. She welcomed the involvement of local people and lived experience from the prioritised populations groups identified in the Community Impact Assessment (CIA) and sought assurance that co-production and co-design meant involving people with lived experience throughout the whole development and implementation of the Strategy.
- In response, the Priority One Sponsor recognised the complexities and the interdependencies, noting that within the Prevention and Wider Determinants Board many co-dependencies were represented at a professional level and had been a recent area of discussion. Regarding co-production, he would liaise with the Senior Responsible Owner (SRO) for Priority One.
7. A Board member noted that within Priority Two, Tech to Community Connect was being extended to Black, Asian and Minority Ethnic (BAME) populations in North West Surrey offering support to those in deprived areas; and commented that regarding Priority Three and other opportunities in the county, there was work underway on looking at the role of the system as an anchor institution and that a national anchors network had recently been set up.
8. The Board member referred to Priority One, Focus Area 4: Preventing domestic abuse and supporting and empowering victims - noting the 'White Ribbon' accreditation. He noted that Board members had received a past presentation on Iris in East Surrey and he asked what progress had been made and whether ICPs could help with that and as part of Covid-19 recovery.
- In response, the Priority One Sponsor noted that he would take the point away regarding the Iris rollout.
9. Referencing the upcoming electoral cycle and uncertainties ahead for the elected Members on the Board, a Board member:
- Reflected on the Board's positive changes since the beginning of the electoral cycle, as it no longer focussed on the frail elderly but felt like a Board about everyone.
 - Welcomed the focus on mental health for young people and allowing people to fulfil their potential. She pleaded that following the upcoming electoral cycle, Board members would continue that focus on young people noting the impact of Covid-19 on 16 to 25 year olds.
 - Noted that an area for a quick win was Priority One, Focus Area 3: Ensuring that everyone lives in good and appropriate housing and that it would be helpful if the Board reminded partners of their duty to apply statutory Corporate Parenting principles in their work. Care Leavers was a vulnerable cohort, noting the inconsistent offer in Surrey as there were still three District and Borough Councils that did not have a Council Tax exemption for Care Leavers aged 18-25 years old and one District/Borough Council did not fulfil its duty to allow care leavers from other parts of the county to apply for local housing.
10. A Board member commented on Priority Two and yesterday's Adults and Health Select Committee which had a robust discussion around the findings from the Mental Health Task Group and highlighted two key points:

- There was strong support for our third-party sector and the importance that they placed ensuring easy access to information across the system.
- Ensuring a consistent approach in commissioning was a key area of focus.

The Board member noted that she had agreed to update the Select Committee in six months on the progress of the Mental Health Partnership Board on the twenty recommendations.

11. The Chairman thanked the Priority Sponsors for presenting and noted that genuine progress had been made but there was still work to do.

RESOLVED:

1. Noted the progress and adaptations made in response to the pandemic.
2. Reviewed and approved the draft Community Safety Agreement shared via the recent informal session for wider consultation prior to alignment within strategy priorities, particularly Priority Three.
3. Agreed the review of focus areas that are currently reported within the three priority areas. This will be to ensure they continue to be relevant, are appropriately located under the priorities and continue to maintain a focus on collaborative work to address health inequalities and the longer term impact of the pandemic.

Actions/further information to be provided:

1. The Priority Three Sponsor will ensure priority offenders and the Probation Service will be fed into the consultation stage of the draft CSA.
2. The Priority One Sponsor will liaise with the SRO to seek clarity on co-production, in relation to the whole system approach to obesity.
3. The Priority One Sponsor will look into the progress made regarding the Iris roll out in relation to domestic abuse.

6/21 HEALTH AND WELLBEING STRATEGY METRICS UPDATE AND PROPOSED REVIEW 2021 [ITEM 6]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that:
 - The Surrey 10 Year Health and Wellbeing Strategy (HWBS) metrics were finalised following the launch of the strategy in May 2019 and had since been revised and condensed into thirty-eight metrics which were publicly available online via the Tableau dashboard on Surrey-I.
 - Many of the indicators were updated annually whilst others could be refreshed on a more frequent basis.
 - There had been some significant change in some outcomes which would be reviewed by the relevant priority oversight board or groups as well as the need to review the Key Performance Indicators (KPIs).
 - Presented a screenshot of the dashboard, categorised by the three Priorities, the Focus Areas and Population Groups with various indicators, graphs showing the trend overtime and the comparison with other areas such as the South East and England.

- The over-arching metrics of life expectancy and healthy life expectancy were measured every three years, highlighting the 2017-2019 data for England, the South East and Surrey for men and women which had increased. However in Surrey there was a significant gap of over ten years for women and men between healthy life expectancy and life expectancy which varied between wards.
 - Provided an example of smoking rates in routine and manual workers in Priority One in which there was a continued decrease in overall prevalence but there had been an increase in smoking amongst routine and manual workers in Surrey compared to the South East and England.
 - Work was underway to review and align the Surrey-wide HWB outcome metrics with more granular data: the Surrey Index, the Local Recovery Index and the Local ICS Health Inequalities Indicators (part of the NHS recovery workstream post-pandemic), the metrics would be updated in 2021 to also include community safety.
2. A Board member noted the need to update the metrics and sought reassurance that they would not be changed as the importance of metrics was to track change through consistent measuring.
- In response, the Director of Public Health (SCC) noted the need to review the current metrics to ensure a systematic approach by the priority delivery boards and the use of contemporaneous data, and would ask her colleagues in the priority boards to emphasise that approach.

Michael Wilson CBE joined the meeting at 2.42pm

3. The Board member further noted that changing the results towards more positive outcomes in some areas would be difficult, however the decrease in the percentage of people with learning disabilities in settled accommodation was within the scope of public authorities to tackle quickly.
- In response, the Director of Public Health (SCC) noted that delivery of the metrics was a mixed picture so it was vital to align the metrics with the KPIs as part of the delivery of the HWBS.

RESOLVED:

1. Noted those areas where we are seeing change in outcomes reported and ensure priority delivery boards have oversight, specifically where there is significant change.
2. Agreed to the review of the current HWBS metrics to reflect the work that has been stood up over the past year, particularly with regards to the Local Recovery Index, the new Surrey Index (which has emerged from the work on the Social Progress Index) as well as the Surrey Heartlands Health Inequalities workstream under the Recovery Board.
3. Supported collaboration between organisations represented to ensure local and countywide measures align and can be built into a suite of dashboards that enable a common picture of progress to be shared across Surrey.

Actions/further information to be provided:

1. The Director of Public Health (SCC) will liaise with the colleagues on the priority boards to emphasise the need for a systematic approach to metrics.

**7/21 PALLIATIVE AND END OF LIFE CARE (PEOLC) STRATEGY 2021-2026
[ITEM 7]****Witnesses:**

Dr Charlotte Canniff - Surrey Heartlands CCG Chair and HWB Deputy Chairman
Vicky Stobart - Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC, Surrey Heartlands CCG

Katherine Church - Joint Chief Digital Officer, Surrey County Council and Surrey Heartlands Health and Care Partnership

Dr Sian Jones - Guildford & Waverley GP Representative, Surrey Heartlands CCG

Sreya Pokkali - Research and Engagement Officer, Surrey Heartlands Health and Care Partnership

Key points raised in the discussion:

1. The Deputy Chairman noted that living independently and dying well was a focus area under Priority One of the HWBS, noting the item at the June 2019 Board on the End of Life Care Partnership Project which was tasked with bringing together all services across Surrey that were involved with end of life care and palliative care. Its aim was to work collaboratively across the system and partners to improve the experience of Surrey's citizens.
2. The Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC (SH CCG) noted that:
 - Her role as executive lead was based upon the development of the Palliative and End of Life Care (PEoLC) Strategy 2021-2026, ensuring that all voices were heard and that it captured the collective ambition of partners and citizens.
 - The Strategy was centred on the importance of personalised care that was planned in partnership with the individual and their caregivers, which was particularly important during the pandemic.
 - The care that someone received at the end of their life had the power to bring comfort and peace, it was vital to get the approach right as the experience of end of life care may have a profound effect on the bereavement process and future trust in health and care services.
 - In Surrey there were 10,000 deaths every year, every single person counted, end of life care should be coordinated, personalised, and compassionate.
 - From initial discussions emerged the PEoLC Strategy Development Reference Group to work on the Strategy and work was underway to co-produce it, and there were many examples of excellent care provided by services across Surrey as well as honest reflections about areas where it had not gone well.
 - The five-year strategy and the high-level outcome measures reflected the ambitions to deliver change. The strongest theme to emerge from the engagement exercise was the significance of the person, including their circle of support, and sharing information so that everybody has a clear understanding of the person's wishes and needs.
 - Further high-level outcomes included dying with dignity, that care was provided in the community where possible and after-death families were supported.
 - There had been an incredible response in the development of the Strategy, over twenty organisations had been involved in scoping, drafting and designing, with over thirty members of the monthly PEoLC Strategy Development Reference Group.

- It was clear that across Surrey there was a real dedication and commitment to wanting to get the Strategy right.
 - She was pleased to have the support of the Surrey Heartlands Research and Insights Team which led a review of local, national and international literature and gathered views from a wide range of stakeholder groups across Surrey. In partnership with the voluntary sector, the team conducted twenty-five interviews with people from different population groups at the end of their lives.
 - Implementation plans would be drafted by the ICPs and local partners.
 - Outcomes would be measured and the ICS Performance team was working on pulling together the data sources.
 - The Strategic Quality and Performance Board as well as updates to the Health and Wellbeing Board, would ensure accountability and the Strategy would be shared through the newly established clinical and professional executive board and the Strategy Development Reference Group would be re-established.
 - The Surrey Caring to the End support website was launched a few weeks ago which provided resources and signposting to unpaid carers.
 - If approved the Strategy including a summary version and future easy read version would made available online on Surrey Heartlands ICS, Surrey County Council and Surrey Heartlands CCG websites, and would be shared with partners to be publicised.
 - A formal launch was planned to coincide with Dying Matters Week, between 10 - 16 May.
 - Thanked all those involved across the system for their support and collaboration including those interviewed, key officers involved in developing the Strategy and the Deputy Chairman.
3. The Joint Chief Digital Officer for Surrey County Council and Surrey Heartlands Health and Care Partnership noted that:
- It had been a privilege to be part of the Strategy and the collaborative partnership effort was inspiring.
 - Ensuring joined up care was vital, noting the digital principle ‘know me, know my needs’, the Surrey Care Record was live with 95% of GPs working on that and collaborating with Surrey’s acute providers. Surrey’s five hospices were to be incorporated into the Surrey Care Record with further integration planned with primary care and SECAmb ensuring access to ReSPECT forms across the system.
 - That the new Surrey Caring to the End website provided a range of services and the content would continue to be enriched.
 - That death was not the end of the journey for families; obtaining a death certificate swiftly and being able to carry out funeral rites was important, so work was underway to issue Medical Certificate of Cause of Death (MCCD) in a timely manner, which could be digitised through the national programme.
4. The Guildford and Waverley GP Representative SH CCG noted that:
- It was a privilege to be part of this piece of work and as a GP it was a privilege to be able to look after people at the end of their lives, working with their families and carers.
 - Welcomed the collaboration undertaken in the Strategy, in which primary care was a key part.
 - 47% of citizens or patients die at home or in their care home in Surrey, compared to the national trend towards deaths in hospital although that was reducing which was positive.

- Hospices were important and supportive of primary care in allowing us to be able to look after people in their own homes, it was hoped that the Strategy would make end of life care equitable across Surrey.
5. The Chairman explained that:
 - Regarding the second recommendation he had spoken with the chairman of the national Health and Social Care Select Committee, Rt Hon Jeremy Hunt MP, who had agreed that his select committee would be looking at end of life care later in the year.
 - There was an issue around the long-term funding of hospices, only 25% of which was statutory funding, the pandemic had shown the importance of hospices for PEoLC and community care along with the Voluntary, Community and Faith Sector (VCFS).
 - He was keen to send the Strategy to Rt Hon Jeremy Hunt MP to raise national support on PEoLC and review the allocation of resources to hospices.
 - Going forward discussions were needed on the provider collaboratives and how hospices amongst others, fitted into that within the ICPs.
 6. A Board member welcomed the emphasis in the Strategy to equal access to bereavement support. She noted that bereavement and loss were critical factors in relation to mental health issues and was a contributing factor to the risk of suicide. She stressed the importance of recognising that relationship and to prioritise that.
 7. A Board member commended the Strategy which was moving to read and was attentive to people's needs and wishes.
 - She emphasised the importance of having a flexible boundary between children's and adult services, understanding that although the legal status of an individual changed from a child to an adult at 18 years old, their needs and environment remained unchanged.
 - She was drawn to ambition 4: care is co-ordinated, with different services working together - in which the insights in the strategy highlighted the difficulty in navigating the transition from child to adult services for end of life care. Noting that the right approach might be continuing to look after a young adult in a children's service as opposed to try that transition; she highlighted the example in schools when care and education continues once a pupil turned 18 in their last stage of education noting the importance of honouring that approach across services.
 - The Chairman supported the need to look at the experience of those in that transition stage from a child to an adult.
 8. A Board member welcomed the complete and sensitive report, noting that it felt as though the PEoLC Strategy Development Reference Group and evidence base had the opportunity to look at both historic situations and examples of where things had not gone well and queried how such examples had been addressed in the Strategy, noting the polarised experience and challenge of Covid-19.
 - In response, the Research and Engagement Officer (SH HCP) noted that when individuals were interviewed they were asked about their experiences around supporting individuals and their families regarding end of life care in general, however Covid-19 had exacerbated some of the existing issues around the rigidity in choice and that IT systems were not joined up.
 9. A Board member welcomed the clarity of the report and the sensitive engagement of the links between the insight gathered and the actions. She welcomed the Surrey Caring to the End support website noting positive feedback from some of Healthwatch Surrey's volunteers.

- She further welcomed the clear outcomes and that it was interesting to see the differentiation between outcomes for individuals and families split out from outcomes for the system. Regarding delivery going forward with ICPs and local partners responsible to deliver the improvements, she sought further detail on how feedback from individuals and families would be tracked at ICP level as it was difficult to obtain.
 - She highlighted the potential risk that it would be simpler to measure performance against some of the system outcomes compared to the outcomes for individuals and families and asked whether there would be a framework for making sure that all those metrics measured across the ICPs were consistent and the outcomes were being delivered.
 - In response, the Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC (SH CCG) noted that when looking at the measurement of the metrics, it was recognised that a whole new way of measuring was not needed as there multiple existing surveys and qualitative information available for individuals and families, so the ICS Performance team was tasked with collecting all of those data sources and to look at amalgamating that to ICP level.
 - The Guildford and Waverley GP Representative (SH CCG) added that there had been discussions with the Senior Commissioning Manager - End of Life Care and Cancer (SH CCG) on the matter, noting that there were also national audits for end of life care that were used in acute trusts and different metrics used within hospices. Although those tools and sources were different they asked similar questions, so the ICS Performance team were pulling those consistent metrics together.
10. Referring to the metrics, a Board member asked whether officers needed to discuss the Strategy in more detail at each of the ICP boards or whether that was in place.
- In response, the Guildford and Waverley GP Representative SH CCG and Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC, Surrey Heartlands Clinical Commissioning Group (CCG) welcomed the opportunity to visit the ICP Boards; noting that ICP leads and providers were engaged in the development of the Strategy.
 - The Deputy Chairman added that most of the people engaged in the development of the strategy were from the ICPs, including hospice chief executives, acute trust oncologists, palliative care consultants and charitable organisations.
11. The Chairman thanked officers for their work on the strategy noting that it was an important piece of work and would be progressed across the system and with the national Select Committee.

RESOLVED:

1. The Health and Wellbeing Board approved the Strategy.
2. The Chairman of the Health and Wellbeing Board would write to the chairman of the Health and Social Care Select Committee, Rt Hon Jeremy Hunt MP, to share the PEoLC Strategy and seek clarification on the Government's plans for a central strategy and the allocation of resources to hospices.

Actions/further information to be provided:

1. Officers to work with Board members to discuss the Strategy in more detail at each of the ICP boards where appropriate.

8/21 IMPROVING MENTAL HEALTH OUTCOMES, EXPERIENCES AND SERVICES IN SURREY [ITEM 8]

Witnesses:

Alan Downey - Independent Chairman, Surrey Mental Health Partnership Board

Key points raised in the discussion:

1. The Independent Chairman of the Surrey Mental Health Partnership Board explained that:
 - The Partnership Board had two meetings so far noting some overlap between membership of the Partnership Board and the Health and Wellbeing Board.
 - Work was progressing well, thanking Partnership Board members and the project team led by the Deputy Chief Executive (SCC), and the Partnership Board would continue to meet every three weeks over the next six months.
 - It was clear from the first two meetings that there was a strong and shared commitment to make progress in improving mental health outcomes in Surrey and to tackle the obstacles which had prevented past progress in some areas.
 - He echoed the comments by the Priority Two Sponsor that mental health had never been more important, particularly given the context of the pandemic which had highlighted health inequalities.
 - The key points from the first meeting were that there was a strong desire to see a more preventive approach in dealing with mental health issues, through prevention and early intervention, and the importance of building on wider community assets, schools, families and workplaces not just looking to the public sector to solve all of the problems.
 - It remained vital to listen carefully to those who experienced mental health issues and to listen to their families and carers.
 - At the most recent Partnership Board the draft key lines of enquiry were reviewed and once finalised those would form the basis of the workshops, interviews and focus groups over the next few weeks.
 - Although there was shared commitment to make progress, there were some differences of view about priorities, the language used, about how best to involve and to reach people who experienced mental ill health.
 - A set of jointly agreed actions, an implementation plan, and priorities would need to be developed; the first stages of implementation would start in May followed by a progress review in August.
 - The success of the Partnership Board would depend on the willingness and the determination of those involved to set aside organisational interests and to work cooperatively across organisational boundaries.
 - As part of the review a relational diagnostic was included which would tease out the strengths and the weaknesses in relationships across the mental health and the care system in Surrey.
2. The Chairman looked forward to receiving that data on the progress of the work at the next Board.

RESOLVED:

1. Noted the significant demands, issues, concerns and performance associated with the mental health system in Surrey, particularly arising from the additional pressures created by Covid-19, and the impact this is having on Surrey residents.

2. Approved and supported the range of multi-agency work going on and being initiated to address the situation, including through the Surrey Heartlands Mental Health Partnership and Improvement Board.
3. Would receive a further report on the issue of mental health outcomes, experiences and services in Surrey in June.

Actions/further information to be provided:

None.

9/21 EMPOWERING COMMUNITIES [ITEM 9]

Witnesses:

Marie Snelling - Executive Director of Communities and Transformation (SCC)

Key points raised in the discussion:

1. The Executive Director of Communities and Transformation (SCC) shared:
 - Three key points that had resonated most strongly in the recent discussions about the work with a variety of partners:
 - That work done by individual organisations or as a system of public agencies, needed to be done alongside the communities served; recognising the need to harness the multitude of talents, ideas and capabilities.
 - That better engagement with Surrey's communities and empowerment depended on assisting them and partners to continue to strengthen collaboration, coordinate responses, to share insights and challenges; the continued evolution of the Council's leadership and culture was vital.
 - That the rhetoric around empowering communities needed to be put into action, building upon the examples referenced in the report and through Covid-19 recovery it was an important time to harness the renewed ambition in the system to drive the empowerment of Surrey's communities in a tangible and sustainable way to narrow health inequalities.

Professor Helen Rostill left the meeting at 3.25pm

- That based upon her experience, she noted that she did not think it would be easy for a number of reasons:
 - Making it real would challenge some of our traditional ways of working, including our decision-making and established processes.
 - That it required a relentless focus on outcomes for people, meaning the need to put aside preconceptions and organisational barriers.
 - That acknowledgement of where approaches were not working well was vital as well prioritising innovation to take a wide and organic approach to community engagement.
 - That by combining the large ambitions set out in the report with some pragmatic action, there would be a real impact for Surrey's communities.

Dr Claire Fuller joined the meeting at 3.28pm

2. A Board member noted the need to bear in mind the structures already in place that could help support some of the work, such as VCFS organisations. He noted that the extent to which communities are empowered could take the system in uncomfortable directions but that was not necessarily a bad thing.

- In response, the Executive Director of Communities and Transformation (SCC) recognised that the VCFS was vital to the work and recognised that some of the work could be uncomfortable but it was vital to be willing to understand the need for it.
3. A Board member referred to the section in the report on ambition regarding the difficulty in engaging with some communities effectively, noting that through the pandemic the Community Impact Assessment (CIA) and the work through the BAME Alliance and other networks, the issue of trust in big public sector organisations was highlighted. He noted that current work on engagement around the vaccination programme and the work within PCNs was an opportunity to build trust and the need to connect workstreams and conversations to look at successes and failures around engagement potentially linking the work on devolution and the future integrated system.
 - In response, the Executive Director of Communities and Transformation (SCC) noted that she was happy to liaise with the Board member outside of the meeting. She recognised the need to develop and coordinate the current work on listening to hidden voices and engaging with hard to reach communities across the system and welcomed diverse ways of achieving that.
 4. The Chairman noted that it was a long-term piece of work that underpinned the work carried out across the system and that it would be good to have a regular progress update.

RESOLVED:

1. Endorsed the renewed ambition to empower communities (see section 5.2).
2. Confirmed support for the ongoing work on key opportunities, and highlighted any additional suggested areas of focus (see section 5.3).
3. Agreed that the Executive Director of Communities and Transformation (SCC) leads and coordinates, on behalf of the wider system, the development of a longer-term roadmap to embed the empowerment of communities at the heart of our efforts to improve health and wellbeing and address health inequalities (see section 5.4).

Actions/further information to be provided:

1. The Executive Director of Communities and Transformation (SCC) will liaise with the Board member regarding the need to develop and coordinate the current work on listening to hidden voices and engaging with hard to reach communities.
2. The Board will receive a progress update in due course.

10/21 SURREY PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT 2021 [ITEM 10]

Witnesses:

Dr Naheed Rana - Consultant in Public Health (SCC)

Key points raised in the discussion:

1. The Consultant in Public Health (SCC) noted that:
 - The Pharmaceutical Needs Assessment (PNA) determined the local need for pharmaceutical services and was used to inform decisions on whether to allow new pharmaceutical services to be introduced in a given area based on need through the market entry process.

- The PNA helped inform other activities with ICP colleagues around primary care, long term care management and urgent emergency care provision.
 - The Health and Wellbeing Board had a statutory responsibility to deliver the PNA every three years with the last full PNA published in March 2018. The publication of the next PNA was delayed from 2021 to 2022 due to Covid-19.
 - Annually the PNA Steering Group reviewed changes to the local population and local services in order to advise whether there were substantive changes to be made to the PNA; if not a Supplementary Statement was produced.
 - The PNA Steering Group met and agreed the 2021 Supplementary Statement, noting that:
 - there were a large number of housing developments planned in Surrey in the coming decade, namely in Epsom and Ewell, Guildford, and Mole Valley.
 - interventions under Covid-19 and national lockdown caused significant disruption to community pharmacies, slightly mitigated through an increase in telephone and online consultations as well as an amendment to scheduled pick-ups.
 - it concluded that no new pharmacies or pharmaceutical services were required at present, and that an in-depth needs assessment into the impact on health inequalities for those more vulnerable populations, service access and housing developments would be undertaken in the 2022 PNA for approval by the Health and Wellbeing Board - drafts would be circulated to Board members.
2. The Deputy Chairman asked about the process around the objective needs assessments for more pharmacies, noting that Surrey was down by about twelve pharmacies per 100,000 population, particularly as Covid-19 would have changed the way pharmacies faced the public, and asked whether footfall for pharmacy access had increased as a result of primary care becoming more digital. She also asked whether Surrey would develop an objective needs assessment or whether that was happening nationally.
- In response, the Consultant in Public Health (SCC) explained that although national guidance allowed a delay in publishing the next PNA, Surrey had already started the work on an in-depth needs assessment.
 - The Consultant in Public Health (SCC) explained that the benchmark was that there should be one pharmacy per 100,000 population, however that excluded the online and telephone consultations and the other online provisions in place and an analysis was underway by NHS colleagues to capture the change in accessibility, noting digital exclusion.
 - The Consultant in Public Health (SCC) explained that at present additional pharmacies were not required, however it was vital to complete the in-depth needs assessment swiftly through the PNA Steering Group, with key partners and following national guidance, welcoming Board member input.
 - The Deputy Chairman added that she would be happy to get involved and welcomed the in-depth needs assessment, as the 100,000 population benchmark was one dimensional; pharmacy provision must look at deprivation, transport links and social isolation.
3. A Board member recalled the past discussion at the Board on the 2018 PNA around online pharmacies and what impact those might have on local services since the new Community Pharmacy Contract. He asked whether there had been any significant negative impacts from the online roll out and lessons learnt.
- In response, the Consultant in Public Health (SCC) explained that when ascertaining the impact of online pharmacies, there was a good record of the Surrey based ones, that nationally NHS colleagues were undertaking

- that analysis and the in-depth needs assessment would take that into account.
4. A Board member asked whether the 2021 census information would be included in the in-depth needs assessment and whether assumptions were received based on Borough and District Council interpretations of people living in houses of multiple occupancy or unofficial dwellings, regarding an unrecorded population and possible additional provision based on that.
 - In response, the Consultant in Public Health (SCC) explained that the issue had been noted in previous PNAs and Supplementary Statements and that as part of addressing health inequalities it was vital to capture all populations including hard to reach communities to accurately assess pharmacy provision; which was not about a benchmark but was about meeting the needs of residents. Reviewing transport links, maps around transport distance and deprivation would be included in the 2022 PNA.

RESOLVED:

1. The Board approved the 2021 Pharmaceutical Needs Assessment Supplementary Statement, on the advice of the Pharmaceutical Needs Assessment Steering Group.
2. The Board would publish the approved Supplementary Statement on surreyi.gov.uk and surreycc.gov.uk by 31 March 2021.

Actions/further information to be provided:

1. Drafts of the 2022 PNA will be shared with Board members in due course.
2. The Deputy Chairman will liaise with the Consultant in Public Health (SCC) regarding the in-depth needs assessment for the 2022 PNA.

11/21 BETTER CARE FUND SUBMISSION 2020/21 [ITEM 11]

Witnesses:

Simon White - Executive Director for Adult Social Care (SCC)

Key points raised in the discussion:

1. The Executive Director for Adult Social Care (SCC) noted that:
 - There were twenty-seven days' worth of activity in the Submission that the Board could influence as Better Care Fund (BCF) arrangements had been delayed as a result of the pandemic; hoping that the planning processes next year would be quicker so the Board could have a greater chance to influence the spend.
 - Local providers had been engaged with through each of the Local Joint Commissioning Groups (LJCGs) and noted three additional areas of expenditure:
 - Persistent overspend on the local equipment store - sourced to current levels.
 - Investments had been in mental health, community connection services and in collaborative re-enablement partnerships, which originally had been funded using the Winter Pressures grant. The conditions of the improved Better Care Fund (iBCF) grant had been met and so CCGs were contributing £76.7 million - the total funding across Surrey's health and social care system was £99.2m.
 - It was possible that the Discharge to Assess funding introduced during the early stages of the pandemic would be transferred into the BCF.

2. A Board member asked what would happen to the LJCGs in light of the Government White Paper: Integration and innovation: working together to improve health and social care for all, in which CCGs would be subsumed into statutory Integrated Care Systems (ICSs) in 2022.
 - In response, the Executive Director for Adult Social Care (SCC) noted that although going forward funding could be discussed in relation to the Surrey Heartlands and Frimley overarching systems, many of the initiatives such as Winter Pressures were place-based. The matter could be discussed at the next Commissioning Collaborative.
 - A Board member added that it would be useful to discuss the matter at the LJCGs as they were a helpful forum for joint conversations about place-based community focussed work and noted the importance of having a funding stream regarding local commissioning.

RESOLVED:

1. Noted that the national planning conditions have been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.
2. Signed off the Surrey 2020/21 Better Care Fund submission.
3. Noted the responsibilities of the Health and Wellbeing Board in providing an end of year reconciliation to Departments and NHS England.

Actions/further information to be provided:

1. The Executive Director for Adult Social Care (SCC) will look at discussing the issue of funding at the next Commissioning Collaborative in light of the Government White Paper and Board members to look into raising the matter at the LJCGs.

12/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [ITEM 12]

Witnesses:

Mrs Sinead Mooney - Cabinet Member for Adult Social Care, Public Health and Domestic Abuse and LOEB Chairman (SCC)
 Jane Chalmers - COVID Director, Surrey Heartlands CCG

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted:
 - The COVID-19 Response - Spring 2021 roadmap out of the current lockdown for England issued by the Government on 22 February 2021. It was a four-step plan and before taking each step, the Government would review the latest data on the impact of the previous step against four tests:
 - The vaccine deployment programme continues successfully.
 - Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
 - Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
 - Our assessment of the risks is not fundamentally changed by new Variants of Concern.
 - That local contact tracing had been successful in Surrey, the combined national and local contact tracing of cases across Surrey was 87% of

- cases - higher than the national average. Surrey had been invited to participate in a hot spot pilot beginning on 3 March, whereby positive tests in Woking, Runnymede and Spelthorne would be wholly traced using local contact tracing teams.
- Individuals contacted by Test and Trace were asked whether they required support, offered through the British Red Cross, Surrey County Council and District and Borough Councils.
 - The Council's Public Health and Education colleagues continued to provide support to schools that remained open for vulnerable children and the children of critical workers during national lockdown; from 8 March schools would be open for all pupils on site.
 - Care homes remained a key area of focus, noting the success of the vaccination programme, as well continued lateral flow and PCR testing for residents in line with the national guidance.
 - Regarding asymptomatic testing there were four main test sites in Staines, Woking, Ewell and Redhill, as well as twenty-five pharmacies in operation. Current demand was lower than expected so would be reviewed and individuals and residents were urged to book a test for those that met the criteria.
2. The COVID Director (SH CCG) noted that:
 - The success of the vaccination programme was down to the partnership effort across the whole of Surrey Heartlands, supported by Surrey County Council, Borough and District Councils, volunteers and organisations such as Surrey Police.
 - 335,000 residents of Surrey Heartlands had at least one vaccination or 28% of the eligible population.
 - All Older Adult Care homes had been visited at least once and good progress was being made in the vaccination rollout concerning more vulnerable residents.
 - The programme was a marathon not a sprint. It was anticipated that there would be an uplift in vaccine supply in the near future which would mean that sites could run seven days a week for the foreseeable future.
 - That eligible individuals would continue to be contacted directly.
 3. The LOEB Chairman praised the work of the LOEB members and their active contributions across a number of partners.
 4. The Chairman thanked the LOEB and all those who had guided the county through the pandemic, commending the work of the Surrey Local Resilience Forum (SLRF) and its joint Chairmen, as well as the Director of Public Health (SCC) and her team.
 5. The Vice-Chairman of the Adults and Health Select Committee (SCC) queried the point made by the COVID Director (SH CCG) in terms of 'Don't call us. We'll call you' as previously there had been a message that people who were not registered with a GP would be welcomed to step forward for a vaccination and asked how that fitted in with Surrey Heartlands' programme.
 - In response, the Deputy Chairman noted the specific issue regarding university students who returned home whilst their university was closed during the pandemic and were away from their registered GP. It had suggested that individuals - including such students, homeless people or temporary residents - could register temporarily with their local GP surgery who could then refer them to their local vaccination hub. That would ensure that data on vaccinations could be stored on the NHS data collection digital system Foundry, as GPs were permitted to register people even if they did not have proof of address.

- The Deputy Chairman was happy along with Surrey Heartlands colleagues to follow up with the Member on any individuals struggling to receive their vaccination.

RESOLVED:

The Board noted the verbal update on the work of the Surrey Local Outbreak Engagement Board.

Actions/further actions to be provided:

1. The Deputy Chairman along with Surrey Heartlands colleagues will follow up with the Vice-Chairman of the Adults and Health Select Committee (SCC) on any individuals struggling to receive their vaccination.

13/21 DATE OF THE NEXT MEETING [ITEM 13]

The date of the meeting was noted as 3 June 2021.

Meeting ended at: 4.01 pm

Chairman

This page is intentionally left blank

MINUTES of the **INFORMAL** meeting of the **HEALTH AND WELLBEING BOARD**
held at 10.00 am on 2 June 2021 via Microsoft Teams.

These minutes are subject to noting by the Committee at its meeting on Thursday, 9 September 2021.

The published decision sheet providing a record of the decisions taken under delegated powers by the Proper Officer (Council) is accessible via the following link:
<https://mycouncil.surreycc.gov.uk/ieDecisionDetails.aspx?ID=4608>

Elected Members:

(Present = *)

- Fiona Edwards
Dr Charlotte Canniff (Vice-Chairman)
- * Jason Gaskell
Dr Russell Hills
- * Tim Oliver (Chairman)
Kate Scribbins
Simon White
- * Ruth Hutchinson
Dr Claire Fuller
- * Graham Wareham
- * Joanna Killian
- * Sinead Mooney
- * Clare Curran
- * Rob Moran
Rod Brown
Robin Brennan
- * Carl Hall
Gavin Stephens
- * Mark Nuti
Steve Flanagan
Vicky Stobart
Michael Wilson CBE
- * Professor Helen Rostill
- * Rachel Hargreaves
Rachael Wardell
Borough Councillor Joss Bigmore
- * Lisa Townsend
Siobhan Kennedy (Associate Member)

Substitute Members:

Nicola Airey - Executive Place Managing Director (Surrey Heath), NHS Frimley CCG
Fiona Macpherson - Temporary Assistant Chief Constable, Surrey Police
Deborah Mechaneck - Board Director and Co-Chair, Healthwatch Surrey

The Chairman welcomed all returning Board members and the following new members:

- Clare Curran - Cabinet Member for Children and Families, Surrey County Council
- Mark Nuti - Cabinet Member for Communities, Surrey County Council
- Lisa Townsend - Surrey Police and Crime Commissioner
- Graham Wareham - Chief Executive (Interim), Surrey and Borders Partnership NHS Foundation Trust - he takes the place of Fiona Edwards
- Fiona Edwards - Chief Executive of the Frimley Health and Care Integrated Care System (ICS) and Accountable Officer, NHS Frimley CCG - new role

The Chairman reiterated the roles and responsibilities of Members as discussed at the Board's recent May 2021 induction session.

The Chairman highlighted the period of transition as a result of the Government's intention to introduce a new Health and Care Bill following the publication in February of the White Paper on Integration and Innovation: working together to improve health and social care for all. Whereby the current Integrated Care System structure would be split it into two, an 'ICS NHS body' and an 'ICS health and care partnership'. It was hoped that the partnership would take the place of the Health and Wellbeing Board, further developing the Health and Wellbeing Strategy and the three Priorities set in 2019, which was part of the Community Vision for Surrey 2030 focussing on addressing inequality of opportunity and inequality of life expectancy, and to ensure that no one is left behind; recognising the exacerbating effects that the pandemic has had on many communities as highlighted through the intelligence products and key workstreams.

14/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Rod Brown, Rachael Wardell, Dr Charlotte Canniff, Dr Claire Fuller, Dr Russell Hills, Steve Flanagan, Siobhan Kennedy (Associate Member), Gavin Stephens - Fiona Macpherson substituted, Fiona Edwards - Nicola Airey substituted and Kate Scribbins - Deborah Mechaneck substituted.

15/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 2]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)
 Simon Hart - Independent Chair, Surrey Safeguarding Children Partnership (SSCP)
 Simon Turpitt - Independent Chair, Surrey Safeguarding Adults Board (SSAB)

Key points raised in the discussion:

1. The Director of Public Health (SCC) highlighted the new format of the Highlight Reports which provided an overview of the progress made across Priorities One-Three, showed how collaborative working had made a difference and included a spotlight section on key programmes. The intention was to share the Highlight Reports more widely with partners such as through the Healthy Surrey website.
2. The Independent Chair (SSCP) provided an update on the report on the two Thematic Reviews that were brought to the Board last September noting that:

- the Thematic Reviews provided a practical understanding of self-harm and suicidal ideations within young people and he welcomed the large amount of activity undertaken since then.
 - the Thematic Reviews had been shared extensively across Surrey and commented that any organisations who had not been able to connect with the reviews, that they should contact the SSCP for a briefing.
 - that the national Child Safeguarding Practice Review Panel which oversaw case review work for children and young people had expressed an interest in the Thematic Reviews, using them to promote some of the findings nationally raising the profile of the work in Surrey.
 - a substantial number of workshops and webinars had been provided to try and ensure that frontline staff were well briefed.
 - the SSCP Suicide Prevention Toolbox had been completed which helped frontline workers recognise the early signs and a Self-Harm Protocol was under development.
 - although as a result of the Thematic Reviews additional training and staff briefings would be put in place, work would only be effective if it was disseminated across the management level to ensure coaching was in place.
 - regarding the Child and Adolescent Mental Health Service (CAMHS) in Surrey there was a safeguarding specific Alliance Reference Group chaired by the Board's Vice-Chairman which looked at practical experiences from people working in schools, social care and health from a safeguarding perspective.
 - he welcomed the collaborative working of the Mental Health Partnership Board (MHPB), through which the safeguarding message was being heard and was being addressed in the system-wide longer-term plans towards a transformation in mental health services for young people in Surrey.
3. The Independent Chair (SSAB) provided an update on the SSAB noting that:
- the link between the Board, SSCP and SSAB had strengthened which led to increased dialogue and partnership working.
 - the SSAB had finalised its Annual Plan based on the three-year Strategic Plan and it was key to ensure that the SSAB's voice was heard more widely in Surrey; a communications group had been established which was supported by the Multi-Agency Information Group (MIG) aligning communication messages across Surrey, and a voluntary group had been established.
 - a challenge concerning the new Annual Plan was ensuring the support of agencies; recognising resource and time constraints in the system and he reinforced that call for support from the Board.
 - improving engagement was a key focus going forward through public and frontline staff engagement as well as a focus on supervision and training for frontline staff.
 - risks to the Annual Plan's implementation were a return to lockdown, staff burnout, delayed referrals being received in large quantities in both safeguarding and serious adult reviews, and similarly with the SSCP finding authors that could deliver a report quickly and efficiently.
 - supported the comment about the MHPB which had been a real opportunity for the SSAB to be involved, noting the strong mental health input to most of the cases received and emphasised the importance of partnership working across Surrey and its agencies.
4. The Director of Public Health (SCC) introduced the proposed approach to the review and refresh of the Health and Wellbeing Strategy noting that:

- a clear rationale for undergoing the re-framing of the ten-year Strategy was that it was published back in 2019 and there had been significant change since.
 - The Strategy needed to align with: the draft Community Safety Agreement, changes in the life expectancy indicator, the Community Impact Assessment (CIA) recognising the exacerbating impact of the pandemic, the delivery of the NHS's 2021/22 priorities and operational planning guidance, the transformation and recovery programmes with an emphasis on the empowering communities roadmap and place-based systems as an underlying principle for reducing health inequalities for all programmes; and to ensure that health inequalities were measurable as noted in the intelligence report - item 5.
- the proposed next steps model had four stages with the first being the June Board meeting and the second stage being the informal Board meeting in July to discuss the programmes and principles of the Strategy, with the approval of the agreed programmes and principles and governance to follow at the September and December Board meetings.
- proposed re-framings of the Strategy were in red text in the report and were ambitious in nature as on reflection the proposals would ensure a more explicit reference to 'reducing health inequalities so no one is left behind' re-stating it as the Strategy's foremost ambition; and that was shown at the centre of the honeycomb graphic surrounded by Priorities One-Three, the system capabilities and priority populations.
 - the proposed re-framing of Priority One included the expansion of the Priority through emphasising the prevention of physical ill health by promoting physical wellbeing; and an additional outcome on ensuring that the needs of those experiencing multiple disadvantages were met, embedding the Priority into the work of the Making Every Adult Matter programme (MEAM).
 - the proposed re-framing of Priority Two included the expansion of the Priority through emphasising the prevention of mental ill health by promoting emotional wellbeing; and an additional outcome on supporting the emotional wellbeing of parents, caregivers, babies and children.
 - the proposed re-framing of Priority Three included the expansion of the Priority through emphasising the need to address the wider determinants of health; and three additional outcomes on meeting people's basic needs, empowering children, young people and adults in their communities, and adults being able to access training and employment opportunities within a sustainable economy.
 - there was an overlap between the Priorities which did not sit in isolation.
 - the proposed re-framing of the five target priority populations arose from the evidence base from the CIA and Rapid Needs Assessments (RNAs) and need to expand the target population groups.
 - the proposed re-framing of the system capabilities included empowerment within the existing community development ethos, the inclusion of recovery and development concerning the workforce, the inclusion of the Equality, Diversity and Inclusion agenda, and insights and evidence.

Joanna Killian joined the meeting at 10.27am

5. The Chairman welcomed the informal Board session which was key for the development of the Strategy through evaluating and re-defining the principles and programmes and asked that pre-reading material be circulated to the Board.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Noted progress reported against the three priorities.
2. Supported wider use of the new format for the Highlight Report.
3. Agreed the reframed Priorities, Outcomes, System Capabilities and Priority Populations (see appendix 2) to enable a refresh and alignment of the Strategy's design principles and programmes.
4. Agreed to an informal Board meeting in July to discuss:
 - The Strategy's ongoing design principles
 - Criteria for the inclusion of programmes within the Strategy and on Board agendas
 - The Strategy's programmes
 - Links to the Empowering Communities roadmap
 - Alignment as part of the broader Health Inequalities programmes.
5. Acknowledged that any future changes to the roles, responsibilities and governance of the Board will be aligned to the requirements of the Health and Social Care white paper 2021 which are still to be confirmed by HM Government.

Actions/further information to be provided:

In advance of the Informal Board meeting in July with a date to be set in due course, pre-reading material will be circulated to the Board.

16/21 REVIEW OF THE FINAL DRAFT OF THE COMMUNITY SAFETY AGREEMENT 2021-2025 [Item 3]

Witnesses:

Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)
 Lisa Townsend - Surrey Police and Crime Commissioner

Key points raised in the discussion:

1. The Priority Three Sponsor noted that:
 - he was presenting the report on behalf of the new Police and Crime Commissioner for Surrey and paid tribute to the Commissioning and Policy Lead for Community Safety (OPCC) for her work on the report.
 - the final draft of the Community Safety Agreement was a manifestation of the merger of the Community Safety Board and the Health and Wellbeing Board in March 2020; combining two statutory responsibilities:
 - the Board as a partnership doing all it could to reduce crime and disorder, and to coordinate its community safety activity;
 - to produce a Community safety Agreement.

- the initial draft was received by the Board in March 2021 and it was one of the first of its kind in the country bringing together community safety, and health and social care.
- there were three areas of focus:
 - protecting our most vulnerable - such as from the risk of abuse and violence.
 - protecting our communities from harm - such as antisocial behaviour and drug related harm.
 - empowering communities to feel safe - such as through building community resilience.
- after a period of consultation on the initial draft following the March Board meeting, he highlighted several changes from the positive feedback:
 - an addition around 'public space safety' following the murder of Sarah Everard, highlighting pages 4 and 5 concerning Violence Against Women and Girls (VAWG) - VAWG Strategy was being developed.
 - regarding information sharing there was a reference to ECINS multi-agency case management system.
 - more on fire safety to reflect the work of Surrey Fire and Rescue Service (SFRS).
 - included a table on which partnerships were linked to each of the thematic areas.
 - reflected more overtly the work of the probation service and the work on multiple disadvantages and their route to crime.
 - a foreword from the PCC and the Board's Chairman would be added.

Mark Nuti joined the meeting at 10.32am

- he commended the final draft for review and agreement on the basis that it would continue to be embedded and measured through the developing metrics and would be incorporated into the refresh of the Strategy.
2. The Police and Crime Commissioner for Surrey thanked the Priority Three Sponsor and the Commissioning and Policy Lead for Community Safety (OPCC) for their work, noting that although newly in post she had been kept briefed on the progress of the draft CSA and looked forward to implementing it.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. The Community Safety Agreement be approved.
2. Consideration of the Agreement be ensured and its focus areas fit into the Health and Wellbeing Strategy review and refresh.

Actions/further information to be provided:

None.

17/21 SURREY MENTAL HEALTH PARTNERSHIP BOARD: REVIEW AND IMPROVEMENT PROGRAMME [Item 6]

The Chairman considered Item 6 (this item) before Item 4

Witnesses:

Alan Downey - Independent Chairman, Surrey Mental Health Partnership Board
 Simon Turpitt - Independent Chair, Surrey Safeguarding Adults Board (SSAB)
 Simon Hart - Independent Chair, Surrey Safeguarding Children Partnership (SSCP)
 Graham Wareham - Chief Executive (Interim), Surrey and Borders Partnership NHS Foundation Trust
 Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)

Key points raised in the discussion:

1. The Chairman thanked the Independent Chairman (MHPB) for his work, noting his recent interview with BBC Radio Surrey. In response the Independent Chairman echoed his comments made on BBC Radio Surrey that he was impressed by the willingness of all the organisations and individuals involved to make it a success, reiterating that Surrey was unique as a local authority its approach to addressing mental health through prevention and intervention.
2. The Independent Chairman (MHPB) highlighted that:
 - the report reflected a consensus view that was reached by all members of the MHPB; recognising the challenges faced and the willingness of those involved to be self-critical.
 - the recommendations were in priority order beginning with endorsing the recommendations of the MHPB recognising the shift from dealing with the consequences of mental ill-health to a clearer focus on prevention and early intervention.
 - it was vital to focus on the next steps concerning the governance arrangements for the nature of the challenges ahead, the Mental Health Delivery Board would assume system-wide leadership and accountability for the delivery of the Improvement Programme and would report to the Board and ICS Board, with a strong recommendation that a strategic programme lead should be appointed.
 - it was important to ensure a commitment across Surrey's organisations, paying tribute to the MHPB members for the work achieved to date, the external advisors who were involved in the peer-led review and the project team led by the Deputy Chief Executive (SCC) and Chair of SODA.
 - following the defining the problem and the solutions, the challenge of implementing the Improvement Programme lay ahead as it would be a transformational shift in the way that mental ill-health and mental wellbeing were tackled within Surrey.
3. The Independent Chair (SSAB) noted the enthusiasm of the MHPB which needed to be channelled into its implementation and that it was important to change the dynamic by embracing and understanding mental health across Surrey.
4. The Independent Chair (SSCP) noted that the report was refreshing as it offered clarity on areas of concern and reassurance came from recognising the strong partnership agreement committed to the transformational change needed and welcomed the periodic review of the priorities. He hoped that all partners were disseminating the messaging on mental ill-health across their strategic organisations, paying attention to the lived experiences of young people and their families.

5. The Chief Executive (Interim) (SABP NHSFT) supported the report and constructive approach taken by the team, noting that the challenge going forward would be ensuring sufficient resources and time, and he welcomed the role of strategic programme lead. He emphasised that the MHPB was a unique opportunity for partners across the system to direct the changes needed and hoped that the MHPB would continue to meet periodically to ensure the Improvement Programme was progressing well.
6. A Board member thanked the Independent Chairman (MHPB) and the team for their work, noting the important recommendations for all. She highlighted that process grew out of the Mental Health Summit held last autumn which brought together voices from across the county to express how they felt about the mental health services they were receiving, she suggested that a similar conference or summit be held for autumn 2021 and would liaise with key officers, to report back on the MHPB's progress across a broad range of communities and to hold partners to account on delivery of the change needed.
7. The Chairman referred to the recommendation about the strategic programme support and lead for the Improvement Programme querying who would be taking that forward. In response the Chief Executive (Interim) (SABP NHSFT) explained that the matter would be brought to the next MHPB.
8. A Board member noted the MHPB to be an open and trusted setting with honest conversations by organisations and agencies about the issues within the mental health setting. She commended the leadership of the Independent Chair and the MHPB's progress with moving forward with a tangible plan to address competing pressures.
9. The Priority Two Sponsor commended the work of the Independent Chair and noted the opportunity of the MHPB to look at creating better opportunities for Surrey's communities around good mental health and building those robust foundations going forward.
10. The Independent Chair (MHPB) thanked Board members for their comments and highlighted that although the challenge lay ahead, he was optimistic about the ability of the organisations in Surrey and their willingness to implement the recommendations, noting the need to remain accountable and to continue to work collaboratively.
11. The Chairman noted that the Board would receive a future update on the MHPB and Improvement Programme and that going forward the next steps would be the delivery of the work through the action plan and embedding the approach across the system.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Accepted and endorsed the report, findings, and recommendations of the Mental Health Partnership Board the peer-led review.
2. Approved the proposed governance structure of the future MHPB and oversees progress.
3. Ratified and approved the Improvement Programme which has been devised to achieve a full redesign of the emotional wellbeing and mental health system model, aligned to national best practice with co-design by service and users at its centre.

4. Acknowledged the need for strategic programme support for the Improvement Programme, to ensure the alignment and implementation of system, organisation and tactical resources and services to drive forward and manage the implementation of the mental health service's redesign.

Actions/further information to be provided:

1. The Board member (Chief Executive SCC) will liaise with officers on the possibility of a similar mental health conference or summit be held for autumn 2021.
2. The Board will receive a future update on the MHPB, the Improvement Programme and its action plan, as well as an update on the strategic programme lead.

18/21 DIGITAL WORKSTREAMS FOR RESTORATION AND RECOVERY ACROSS THE SYSTEM AND DIGITAL INCLUSION [Item 4]

Witnesses:

Katherine Church - Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC)

Key points raised in the discussion:

1. The Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) introduced the report noting:
 - the reasons for the recommendations which included a recognition of the importance of the need for continued partnership working, the focus on transparent citizen engagement, tackling digital exclusion ensuring that no one is left behind and the development of the Digital Inclusion Strategy.
 - an overview of the digital ambitions across six workstreams, highlighting the challenge of condensing the focus of the work as digital was a key enabler to many of the transformation programmes across Surrey:
 - Workstream One - Digital first primary care/healthy neighbourhoods: to further digitise health and social care to deepen citizen engagement, capitalising on virtual consultations, looking at systems for remote modern monitoring around a number of long-term conditions such as diabetes and hypertension for prevention and management, as well as signposting residents to providers.
 - Workstream Two - Children's digital programme: governed by the multi-agency Children's Strategic Group, utilising insights gained last summer from practitioners on the barriers to coordinated working such as disconnectedness of services and information. Key projects included the emotional health and wellbeing programme with the Surrey and Borders Partnership NHS Foundation Trust and integrating health and care records through the Surrey Care Record.
 - Workstream Three - Adults' Digital Programme: using integrated technology to enable people to live their best lives, promoting independence through focusing on digital projects such as Enabling You with Technology and supporting the Palliative and End of Life Care (PEoLC) Strategy.

- Workstream Four - Shared data and shared records: joining medical and care records across providers in Surrey Heartlands via the Surrey Care Record. Usage and views had increased over ten percent per month and with future savings of time and money, it was an NHS core deliverable with Surrey ahead of the national schedule.
 - Workstream Five - Digital infrastructure and one public estate: the move to enabling teams to work more closely together such as through joint commissioning across organisations, such as the programme with Surrey County Council's Digital Infrastructure Strategy. As well as enabling integrated working across estates.
 - Workstream Six - Digital inclusion: recognising that all of the programmes above would only deliver their benefits if Surrey's residents had the digital skills they needed to fully participate - currently 200,000 residents in Surrey were digitally excluded. Research over the past six months to identify those individuals would be used through a programme identifying localised services, working with several large-scale partners in the voluntary sector.
 - there were gaps to be addressed in the development of the Digital Inclusion Strategy, which would be collated in a detailed action plan to come back to the September Board.
2. A Board member asked whether work was underway concerning digital safety and security, focusing on addressing online health misinformation.
- In response the Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) noted that although there was not a specific topic on the above, citizen engagement would be embedded into each of the digital programmes through working closely with Healthwatch Surrey and the Communications team (SCC) - she was happy to liaise with the Board member on the gap.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. The significant digital capabilities being delivered across the system as part of Restoration and Recovery and the need for partnership working be noted.
2. The need for more joined up communication of digital across partners and a greater focus on citizen engagement at every level be supported.
3. The ongoing data analysis and insights regarding digital exclusion given its relationship to health inequalities be supported.
4. The development of a Digital Inclusion Strategy, as requested by the ICS System Board be supported.

Actions/further information to be provided:

1. That once developed the detailed action plan concerning the Digital Inclusion Strategy, will be brought to the September Board meeting.
2. The Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) will liaise with the Board member (VCFS representative) concerning the gap on digital safety and security, with a focus on addressing online health misinformation.

19/21 A RENEWED VISION FOR DATA: DRIVING INSIGHT-LED DECISION MAKING, DEMAND MANAGEMENT AND PERFORMANCE TO IMPROVE OUTCOMES [Item 5]

Witnesses:

Nicola Kilvington - Director of Insight, Analytics and Intelligence (SCC)
Fiona Macpherson - Temporary Assistant Chief Constable, Surrey Police
Dr Naheed Rana - Public Health Consultant (SCC)
Richard Carpenter - Data Scientist (SCC)

Key points raised in the discussion:

1. The Director of Insight, Analytics and Intelligence (SCC) introduced the report which was in three parts: the renewed vision for data across Surrey, the Joint Strategic Needs Assessment and the Surrey Index.
2. The Temporary Assistant Chief Constable (Surrey Police) emphasised the importance of the work noting that the response to the pandemic over the past year highlighted what could be achieved when organisations worked in partnership; recognising the work of the Surrey Local Resilience Forum. She added that in relation to the report, the work of each organisation across Surrey when combined would make a difference to people's lives, noting the support of the work by the Chief Constable and Surrey Police.
3. The Director of Insight, Analytics and Intelligence (SCC) outlined the work on the Intelligence system capability, noting that:
 - data and insights were integral to the Health and Wellbeing Strategy and highlighted the close connections with the work and the digital workstreams.
 - data played a large role in helping to inform the response to the pandemic, the vaccination effort and the recovery work utilising the insights of the CIA on widening inequalities faced by certain communities in Surrey.
 - the first set of recommendations sought to build on the collaborations forged to date, including the work of the Surrey Office of Data and Analytics (SODA), the Surrey Care Record and Population Health Management; and to seek further consideration around how data from more partners can be included within the shared datasets, to be led by the Chief Constable (Surrey Police) on behalf of the wider system to develop a longer term vision and road map to progress the shared intelligence ambitions and outcomes.
4. The Public Health Consultant (SCC) outlined the work on the refresh of the Joint Strategic Needs Assessment (JSNA) noting that:
 - producing a JSNA was a statutory responsibility of the Board, in March 2020 the Board agreed an approach and principles in relation to implementing the JSNA which were presented in the report.
 - the JSNA continued to support the Health and Wellbeing Strategy, and the refresh learnt from the insights of the RNAs and the CIA, through a partnership-driven and resident evidence-based approach it was vital that the JSNA remained responsive to evolving needs of the population and was embedded into the wider system.
 - the refresh would be overseen by the JSNA Operational Oversight Group with system-wide representation, which would agree a workplan for 2021/2022 and beyond. Over a series of new chapters and revised chapters there would be an in-depth look at the insights gained from the RNAs and CIA, focusing

- on groups that were disproportionately affected by the pandemic - the insights used from the Surrey Index would help develop the refreshed JSNA.
5. The Data Scientist (SCC) provided an update on the Surrey Index - Alpha Version noting that:
 - the link to the Surrey Index was published on Surrey-i where there was also a demonstration video.
 - the Surrey Index had developed over the past eighteen months and sat under Priority Three. It provided intelligence on the health and wellbeing of communities across the county measured by various indicators in relation to the foundations of wellbeing, basic needs, opportunity and inclusion, and prosperity and growth, which were aligned to the Community Vision for Surrey 2030.
 - there was both a fixed index with pre-defined indicators which was shown in a screenshot, as well as a flexible index which allowed users to build a bespoke index by choosing indicators of interest to them.
 - through a demonstration of the fixed index he provided an overview of:
 - the indicators via the dashboard and the aggregated components and dimensions. Data was available at the following levels: borough and district, local community networks, primary care networks and wards; with scores between 0-100 for each indicator and a rank showing how an area compared to others. There were three different 'views': Overall, Place and Indicator.
 - data at a more granular level by ward mapped across the boroughs and districts highlighted the disparities between neighbouring wards such as Oxshott and Stoke D'Abernon (Elmbridge) and its direct neighbour Leatherhead North (Mole Valley), where for the Wellness component, Leatherhead North ranked 184th, while Oxshott and Stoke D'Abernon ranked 6th; there was also an approximately ten year difference in healthy life expectancy between the two wards.
 - Board members were asked to consider how the Surrey Index might be used to inform strategy, commissioning, new service design and local interventions.
 - over the next few months there would be roadshows and demonstrations on the Surrey Index.
 - the Alpha Version was the draft version which would be updated in phase two by early July with additional datasets to refine some of the issues, with the final version out by the autumn. Further data would be added from the most recent 2021 Census and with each update the change in scores and ranks overtime would provide a useful 'trend' view.
 6. The Chairman encouraged all to navigate the Surrey Index themselves, noting that the more the data and knowledge could be amassed the more useful it will be in helping drive the system-wide strategies.
 7. The Chairman noted that the Board would welcome further updates at future meetings explaining how the data was being developed and that the work on the renewed vision for data provided a single lens on what was happening across Surrey's communities and which areas needed to be addressed.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

In relation to the system capability:

1. Endorsed the need to renew the ambition around data and intelligence, recognising that we need to jointly design the data infrastructure and analytics capability to inform and monitor the ambitions of the refreshed Health and Wellbeing Strategy.
2. Confirmed support for the areas for collaboration and next steps (see sections 5, 7 and 9) and suggest any additional areas.
3. Agreed that Chief Constable Gavin Stephens (Surrey Police), leads on behalf of the wider system, the development of a longer-term vision and roadmap to progress our shared intelligence ambitions and outcomes, and works with the Chair of the Surrey Office of Data Analytics (Michael Coughlin, Surrey County Council) and relevant data and intelligence leads in partner organisations, to deliver it.

In relation to the JSNA:

4. Agreed the renewed governance for the JSNA through an operational oversight group with representatives from the CIA Steering Group, to include Surrey County Council public health, adult and children's services, the Insight & Analytics team, the CCGs, Community Teams, Healthwatch and Districts & Boroughs. Others may be co-opted as appropriate.
5. Agreed that the new operational oversight group will oversee delivery of the JSNA.

In relation to the Alpha Version of the Surrey Index:

6. That the use of the Surrey Index to guide local level decision making and targeted interventions in local areas be supported.
7. Individual and collective leadership to ensure the Surrey Index is used to inform partnership and organisational strategies and decisions around future service delivery and resource allocation be provided.
8. That the Surrey Index in their respective organisations, other partnership forums, and with local communities and residents be championed.
9. Buy-in from partners, including District and Borough councils be built, so that more local level up to date data can be included in future iterations.

Actions/further information to be provided:

Further updates on the development of the data and Surrey Index will be scheduled for a future Board meeting.

20/21 ADDRESSING WIDER DETERMINANTS OF HEALTH INEQUALITIES IN SURREY: POVERTY [Item 7]

Witnesses:

Michael Coughlin - Deputy Chief Executive (SCC) and Chair of SODA
 Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)

Key points raised in the discussion:

1. The Deputy Chief Executive (SCC) and Chair of SODA noted that:
 - the report set out the evidence demonstrating the strong relationship between poverty and poor health, and conversely the impact that poor health could have on an individual's income.
 - poverty was a key wider determinant of health to which many parts of Surrey were not immune as highlighted through the Surrey Index and Surrey-i.
 - economic pressures had been exacerbated by Covid-19 through the lockdowns, furloughing and redundancies, often interrelated with issues in relation to rent affordability, debt, Universal Credit and in some cases addiction and mental health issues.
 - the worrying uptake in free school meals, the prevalence of food banks, and the delivery of food parcels were all indicative of the extent in the extremes of poverty felt by some people.
 - emotive feedback was received at the Mental Health Summit through individual's testimonies experiencing poor mental health. Similarly with poverty, the most powerful imperative to act came from having the awareness and understanding of the lived experience of individuals, families, and communities.
 - in terms of health impacts of poverty they were most acutely felt by children in the early stages of life, leaving impacts that potentially last throughout a lifetime, noting the importance of the recent Surrey County Council motion on child poverty.
 - the table in the report set out a number of initiatives in Surrey aimed at mitigating the effects of poverty, it was evident that solutions to resolve poverty had been more difficult to identify and the recommendations sought to identify the causes of poverty; linking in with the work on the refresh of the Health and Wellbeing Strategy incorporating poverty into Priority Three with the need to ensure deliverables and engaging with those with lived experiences.
 - it was vital to review best practice across Surrey and nationally, a working group would be established to support the delivery of the action plan.

Jason Gaskell left the meeting at 11.31am

2. The Priority Three Sponsor:
 - paid tribute to colleagues for their work on the report and noted that thirteen years after the last economic recession and having had up to £10 billion worth of public investment in the county every year, the report showed that poverty was increasing across the country and all ages, and had been exacerbated by Covid-19.
 - echoed the Chairman's opening remarks recognising the real poverty experienced by large numbers of residents in the county, and so it was vital to align poverty with health inequalities.
 - noted that the challenge going forward was how to move from the insights into real action that would make a positive difference to people's lives, he welcomed its inclusion in Priority Three and the momentum going forward from the upcoming refresh of the Strategy.
3. Referring to recommendation five the Chairman queried what the timescale would be for the Board to receive the further report from the working group.

- In response the Deputy Chief Executive (SCC) and Chair of SODA noted that there was not a definitive timescale for that report until the working group was established, however noted that it could be at the end of the year or towards the beginning of next year.
- The Priority Three Sponsor added that following the formation of the working group, the intention was that a programme of reporting would be established.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Noted the significant demands, issues, and concerns raised about the changing nature of poverty through the pandemic and its impacts on people, and in particular health inequalities.
2. Endorsed the inclusion of action against poverty as a delivery programme within the refresh of the Health and Wellbeing Strategy.
3. Confirmed support for the ongoing examination of best practice across Surrey, and the country, with a view to highlighting key initiatives which could positively impact residents and communities experiencing poverty in Surrey.
4. Initiated a delivery programme to target reduction of poverty at system level, as part of the Health and Wellbeing Strategy refresh, drawing together a working group of key partners across Surrey to coordinate best practice initiatives and a jointly-owned action plan to address the causes and experience of poverty in Surrey.
5. A further report, through this working group, outlining different approaches in tackling poverty across other counties in the UK to elaborate on a potential future strategy for Surrey would be received.

Actions/further information to be provided:

As per recommendation five, the Board will receive the further report in due course.

21/21 SURREY CARERS STRATEGY 2021-24 [Item 8]

Witnesses:

Sue Tresman - Independent Carers Lead, Surrey Heartlands Integrated Care System
 Adam Watkins - Senior Joint Carers Lead (Carer Contingency Planning), Surrey Heartlands Integrated Care System
 Anna Waterman - Head of Commissioning for Disabilities, Autism and Carers (SCC)

Key points raised in the discussion:

1. The Independent Carers Lead (Surrey Heartlands ICS) highlighted:
 - the inclusive working model across Surrey and its Integrated Care Partnerships (ICPs), working with carers in developing the Strategy to ensure that their experiences arising from living and caring for family members were at the heart of the Strategy and the development of support services for carers across Surrey.
 - the role of carers in overseeing the ongoing governance and evaluation of the objectives of the Strategy through the Carers Strategic Partnership Board and proposed commissioning arrangements.
 - the new Senior Commissioning Manager for Carers (SCC).

2. The Senior Joint Carers Lead (Carer Contingency Planning) (Surrey Heartlands ICS) explained that:
 - the Strategy presented a joint vision for unpaid carers across the system, in which carers should be recognised, valued and supported both in their caring role and as an individual; that carers would be respected as partners in care, that they would have a strong voice that influences improvement and would equally be able to access the support they needed in the way that worked best for them.
 - the Strategy set out system-wide ambitions and commitments, whilst also being place-based and aligned to local provision.
 - a Young Carers Strategy focusing on the needs of young carers was in its advanced stage of development and would be aligned with the Strategy to ensure an all-ages approach to unpaid carers.
 - the Strategy had been driven by a process of ongoing engagement with ICPs, Borough and District Councils, the Voluntary, Community and Faith Sector (VCFS) and other community groups, as a shared set of values and priorities was a key enabler to achieving consistency across the system - normalising the work of unpaid carers across the system.
 - delivery of the Strategy would be monitored through the system-wide action plan and local action plans under development.
 - a joint 'carers dashboard' was being developed, with work underway through the Carers Strategic Partnership Board, with the creation of a Carers Co-production Action Group being explored.
 - in response to feedback, a citizen-friendly document would be developed, and an Easy Read version has been commissioned.
 - subject to the Strategy's approval, communications teams would work on a launch plan which would include key messaging through other media such as short videos.
3. The Head of Commissioning for Disabilities, Autism and Carers (SCC) noted that:
 - the carers budget in Surrey was allocated out of the Better Care Fund - £6.5 million - pooled across health and social care, the spending was monitored by the Carers Strategic Commissioning Group and the Carers Strategic Partnership Board.
 - going forward to realise the commitments set out in the Strategy it was vital to ensure robust governance across the system-wide action plan and local action plans.
 - contracts and grant agreements for a range of commissioned carers services would end in March 2022 and so a re-procurement exercise would begin in September to look at the right services for carers going forward and to realise the commitments in the Strategy - there would be a market engagement event on 10 June.
 - it was vital to recognise the impacts of Covid-19 on carers as part of the wider determinants of health approach, as carers have provided a greater share of health and social care throughout the pandemic and additional funding was set aside for carers breaks with carers receiving a 5% uplift for inflation across contracts.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Approved the Surrey Carers Strategy 2021-24.
2. Supported and promoted the implementation of the Surrey Carers Strategy 2021- 24 as the Surrey-wide strategy to inform the ongoing development, delivery and improvement of services for carers in Surrey.
3. Adopted the values identified in the Surrey Carers Strategy 2021-24, which were developed in partnership with carers and partners across Surrey.
4. Agreed the strategic priorities 2021-24, which were developed based on what carers have said matters most and would make the biggest difference to them, and the specific commitments made in order to deliver against these priorities.
5. Supported the proposal for delivering the Surrey Carers Strategy 2021-24, which will see the development of a system-wide and local action plans, and the monitoring of the strategy through the Carers Strategic Partnership Board and the Joint Carers Strategic Commissioning Group.
6. Noted and agreed the proposal for the development of a Young Carers Strategy, which will dovetail with the Surrey Carers Strategy to create a truly all-ages approach.

Actions/further information to be provided:

None.

22/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [Item 9]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Sinead Mooney - Cabinet Member for Adults and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that:
 - Covid-19 infection rates had begun to slowly rise in the past few weeks as a result of the easing of the national lockdown and the rise in infections from the Gamma and Delta Variants of Concern (VOCs); data on the more prevalent Delta VOC was shared through the weekly COVID-19 Intelligence Summary report.
 - current areas of concern included Reigate and Banstead with rates rising in the 10-19 age group although the overall rate was around 60 per 100,000 population which was significantly lower than previous rates; rates were also rising in Epsom and Ewell.
 - The vaccination message remained vital as there were still residents eligible to get their vaccination, noting the importance of the Equalities, Engagement and Inclusion Group.
2. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted that:
 - LOEB members continued to be regularly informed of key updates from the Public Health team (SCC) and the Communications team (SCC) and the LOEB continued to engage positively with residents.
 - the Community (COVID) Champions programme was progressing well and reached across most of the county.
 - the LOEB continued to take its steer from its regional and national level equivalents and partners, keeping a close eye on the pandemic in the county.

RESOLVED:

The Board noted the verbal update on the work of the Surrey Local Outbreak Engagement Board.

Actions/further actions to be provided:

None.

23/21 DATE OF THE NEXT MEETING [Item 10]

The Chairman thanked all Board Members for their work across the system and contributions to the Board, noting the challenge of Covid-19 recovery and Surrey's ambitious plans to improve the health and wellbeing of its residents.

It was noted that a date for the proposed informal public meeting in July to discuss the refresh of the Health and Wellbeing Strategy would be confirmed in due course.

The date of the meeting was noted as 9 September 2021.

Meeting ended at: 11.56 am

MINUTES of the **INFORMAL** meeting of the **HEALTH AND WELLBEING BOARD**
held at 10.30 am on 9 September 2021 via Microsoft Teams.

These minutes are subject to noting by the Committee at its meeting on Thursday, 2 December 2021.

Board Members:

(Present = *)

- * Fiona Edwards
Dr Charlotte Canniff (Vice-Chairman)
- * Jason Gaskell
Dr Russell Hills
- * Tim Oliver (Chairman)
- * Kate Scribbins
- * Simon White
- * Ruth Hutchinson
Dr Claire Fuller
- * Graham Wareham
Joanna Killian
- * Sinead Mooney
- * Clare Curran
Rob Moran
- * Rod Brown
- * Jason Halliwell
- * Carl Hall
Gavin Stephens
- * Mark Nuti
- * Steve Flanagan
Vicky Stobart
Michael Wilson CBE
- * Professor Helen Rostill
- * Rachel Hargreaves
- * Rachael Wardell
- * Borough Councillor Nick Prescot
Lisa Townsend
- * Siobhan Kennedy (Associate Member)

Substitute Members:

Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)

Karen McDowell - Surrey Heartlands Integrated Care System (ICS) Chief Operating Officer / NHS Surrey Heartlands Clinical Commissioning Group (CCG) Deputy Accountable Officer

Sailesh Limbachia - T/Detective Chief Superintendent - Public Protection Command, Surrey Police

Nicola Airey - Executive Place Managing Director - Surrey Heath, NHS Frimley Clinical Commissioning Group (CCG)

In attendance

Rachel Crossley - Joint Executive Director - Public Service Reform, Surrey County Council (SCC)

Guests

Kate Barker - Strategic Commissioning Convener for Children (Frimley ICS, Surrey Heartlands ICS and SCC)

Liz Williams - Strategic Commissioning Convener for Learning Disabilities (Frimley ICS, Surrey Heartlands ICS and SCC)

Alison Leather - Strategic Commissioning Convener for Mental Health (Frimley ICS, Surrey Heartlands ICS and SCC)

The Chairman welcomed the following new Board members:

- Borough Councillor Nick Prescot - Leader of Runnymede Borough Council, to serve as a Board member representing the Surrey Leaders' Group.
- Borough Councillor Hannah Dalton - Leader of Epsom and Ewell Borough Council, to serve as a deputy/substitute Board member representing the Surrey Leaders' Group.

The Chairman noted farewell to a Board member:

- Rod Brown - Rod would be stepping down as Chair of the Prevention and Wider Determinants Delivery Board and so also from the Health and Wellbeing Board. He thanked him for all his work on the Health and Wellbeing Board and the Prevention and Wider Determinants Delivery Board, noting his contribution to the Health and Wellbeing Strategy and as Priority One Sponsor.

24/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Lisa Townsend - Alison Bolton substituted, Dr Claire Fuller - Karen McDowell substituted, Dr Charlotte Canniff, Rob Moran, Dr Russell Hills, Gavin Stephens - Sailesh Limbachia substituted, Fiona Edwards - was present until 11.34 am - Nicola Airey substituted.

25/21 MINUTES OF PREVIOUS MEETINGS: 4 MARCH 2021 AND 2 JUNE 2021 (INFORMAL) [Item 2]

The minutes were noted as true records of the meetings and would be agreed at the next formal public Board meeting.

26/21 DECLARATIONS OF INTEREST [Item 3]

There were none.

27/21 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions [Item 4a]

None received.

b Public Questions [Item 4b]

None received.

c Petitions [Item 4c]

There were none.

28/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Before introducing the item, the Chairman reflected on the upcoming changes regarding the Health and Care Bill 2021 which was working its way through Parliament, expected to become legislation in April 2022.

He noted that the current Integrated Care System Boards would be combined with the Clinical Commissioning Groups, to form a single NHS-centric Integrated Care Board, its focus would be on the delivery of healthcare across the system.

Alongside that Board, there would be an Integrated Care Partnership, which it was envisioned in Surrey would either overlap with or take the place of the Health and Wellbeing Board; which already had a broad membership. Discussion would be had on the future changes including the terms of reference and transition arrangements, ensuring the continued collaborative approach to improving the health and the wellbeing of Surrey's residents.

Witnesses:

Rod Brown - Head of Housing and Community, Epsom and Ewell Borough Council (Priority One Sponsor)

Professor Helen Rostill, Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority Two Sponsor)

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Priority One Sponsor highlighted:

- The importance of collaborative working across different partners.
- That progress had been made on embedding the social prescribing model through the Green Social Prescribing Working Group.
- That joint working amplified key messages, partners such as Catalyst, Family Centres, and District and Borough Councils had shared national alcohol and tobacco campaigns to prevent substance misuse.
- That over the last month the Council had been awarded £2.8 million in funding through the Changing Futures programme to provide additional tailored support in partnership to those facing multiple disadvantage, including homelessness, substance misuse, poor mental health, domestic abuse, and contact with the Criminal Justice System.
- That active travel was a key area of focus with the Council currently consulting on the new draft Transport Plan including plans to reduce carbon emissions by 46% and redesigning neighbourhoods; the consultation survey would end on 24 October 2021.
- Local Cycling and Walking Infrastructure Plans (LCWIPs) were being undertaken across Surrey to support active travel, with plans in each District and Borough to be developed by 2023.
- The Surrey Safer Travel Team had secured an additional £175,000 travel demand management grant from the Department for Transport, of which some funding had been directed to supporting secondary schools.

- The agenda item on the Movement for Change strategy to 2030 for tackling physical inactivity and inequality whereby co-production was central.
 - That it had been a privilege to serve on the Board, thanking the Chairman and colleagues in Priority One.
2. The Priority Two Sponsor highlighted:
- The challenge of delivering significant improvement whilst facing ongoing demand within the mental health system, an emergency response group had been set up in January to mitigate the pressures.
 - That one key initiative that developed out of the emergency response group included the accommodation task and finish group led by the Council in partnership, it looked at more sustainable accommodation options for people with mental health needs and those discharged from acute hospitals or those in crisis, as well as in-home support.
 - That another key initiative set up in June by the Mary Frances Trust and Catalyst, was an in-reach initiative into Surrey's acute mental health wards, supporting individuals and their families pre- and post-discharge and connecting them to other community assets.
 - The enhanced paediatric offer regarding wraparound support with acute hospitals, out of hours mental health services, weekend services and the children's crisis line; to support the increasing number of children going into Accident and Emergency with mental health crises.
 - That Surrey was being supported by NHS England to set up a Tier 4 unit for those children who were most unwell and facing crises, a twelve bed unit in east Surrey was anticipated to be open by early summer, ensuring that children did not have to travel outside of the county.
 - That the Mental Health Delivery Board had a workshop to review the recommendations concerning the Mental Health Improvement Plan and as a result ten workstreams had been established and three cross-cutting themes identified.
 - The programme infrastructure was being developed to drive the Improvement Plan forward and an Interim Programme Director and workstream sponsors were in place.
 - That under the first workstream of Early Intervention & Prevention Vision and Strategy, the Independent Mental Health Network had led a piece of consultation work alongside Catalyst with service users and carers to gather their views on the Vision; as a result of the consultation, lunch and learn sessions were being set up to ensure co-production.
 - Regarding the improving access and preventing service gaps workstream, the different access points within the complex mental health landscape were being reviewed and Public Health (SCC) had been working to map those different points and support partners to look at how those points could be brought together to make access easier for local people; three workshops would be run in September led by Public Digital.
 - That an emotional wellbeing conference was hosted for local employers in June, the workforce wellbeing collaboration was led by the Council with third sector partners and the Surrey and Borders Partnership NHS Foundation Trust (SABP), as a result a follow up programme was underway with employers.
 - That services launched to support new parents included the new Maternal Mental Health Service and a psychotherapy in-reach into the neonatal services.
 - That the Surrey Dementia Strategy had been refreshed to provide enhanced support, noting the gap in the provision of post-diagnostic

- support. Funding had been used for Admiral Nurses and noted the use of the Technology integrated Health Management (TiHM) monitoring service.
- The Behaviour & Intentions workstream included the commissioning of the Independent Mental Health Network, Surrey Minority Ethnic Forum and Healthwatch Surrey to lead a three-month piece of work on user-led design beginning with SABP, ensuring users were at the centre of governance structures.
 - Regarding the Integrated System working workstream, a pilot was underway in Epsom to align the community mental health services into Primary Care, and the continued rollout of the GP Integrated Mental Health Service (GPIMHS) programme.
 - That SABP had allocated executive leads at place level, to be followed by operational and clinical leads, helping develop the Communications & Engagement workstream.
 - That the Time to Change Surrey programme had been relaunched, lived experience champions were in place working with the public to look at attitudes to mental health and to challenge the existing stigma.
 - That work was underway to align some of the mental health improvement work alongside the Health and Wellbeing Strategy refresh.
3. On behalf of the Priority Three Sponsor, the Director of Public Health (SCC) highlighted:
 - That as a result of the Health and Wellbeing Strategy refresh there would be a particular focus on the wider determinants of health.
 - The Board's whole system approach to poverty, focusing on aspects of the Community Impact Assessment which highlighted the disproportionate affected of Covid-19 on certain population groups.
- Borough Councillor Nick Prescot joined the meeting at 10.58 am*
- That Appendix 3: Digital Inclusion Programme Initiation Document (PID) was a key system capability for reducing health inequalities through the digital inclusion programme, the deadline for any initial comments was 24 September 2021.
 - That Appendix 2: All Age Autism Strategy 2021-26 reflected the partnership working across Surrey and the ambition to achieve an autism-friendly approach; involvement with children, young people, adults, families and carers and key community groups was fundamental.
 - That within the Strategy there were five workstreams with clear objectives, including the understanding and awareness of autism education.
4. The Chairman welcomed the updates which highlighted the interlinkages between programmes concerning skills and access to information, noting the importance of the interlinkages between the Board and the Growth Board.
 5. Regarding the All Age Autism Strategy 2021-26 and reference to Independent Living, a Board member asked whether the evidence of some people being admitted to hospital because there were not the right specialist residential placements was included in the Strategy to be addressed.
 - In response, a Board member explained that:
 - there was a commitment which was backed up with a substantial part of the capital programme to roll out supported living for all client groups.
 - there were two complicating factors to address, the first was around ensuring that hospital admission would not result in people losing their

- existing accommodation; and the second factor related to the offer made under the Care Act 2014 to people with autism which related to a proportion of that population.
- people with autism were better supported when they were children than when they are adults, a change in legislation was vital to ensure a comprehensive offer for people with autism.
6. A Board member highlighted the successful organisation of holiday camps for children over the summer holidays that the Council launched and ran, to which she visited. Although universally available, the clubs were targeted at children from disadvantaged groups and those facing food poverty - exacerbated by the pandemic. Lunches were provided and she added that the clubs focused on catch up learning and healthy living, the activities were enjoyable, and she hoped that the camps would continue in the future.

RESOLVED:

1. Noted the progress against the Strategy.
2. Board members would share the Highlight Report across their networks (direct links to quarterly highlight reports available at www.healthysurrey.org.uk/about).
3. Endorsed (informally) the All Age Autism Strategy as a system-wide strategy for Surrey including the priority actions set out in the implementation plans in Year 1 and supported their delivery across the system.
4. Board members were encouraged to provide feedback from their organisations on the Local Transport Plan and the Digital Inclusion Programme Initiation Document.

Actions/further information to be provided:

None.

29/21 HEALTH AND WELLBEING STRATEGY REVIEW AND REFRESH [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) highlighted:
 - That the Board was at Stage Three of Four regarding the Health and Wellbeing Strategy refresh.
 - That Stage One was conducted in June 2021 whereby the reframed priorities, outcomes, system capabilities and priority populations were approved - a slight revision was contained in Appendix 1 as noted in the first recommendation.
 - That Stage Two was conducted in July 2021 whereby the principles and the empowering communities agenda was reviewed - which linked to tackling health inequalities.
 - That Stage Three sought approval of the principles and programmes as discussed at the private informal Board meeting in July, whereby the three guest speakers - Lord Nigel Crisp KCB, Hazel Stuteley OBE, Dr Gillian Orrow - led a workshop challenging the Board to look at how it could create the conditions for health improvement.

- The challenge considered at the private informal Board in July was how to move from a system led 'top down' approach to a community led 'inside out' approach.
 - The Population Intervention Triangle which had been adopted by the health inequalities work programme, it was proposed that the Board adopt it as part of its Strategy to reduce health inequalities through: community-led, civic-led and service-based interventions; also fulfilling the requirements within the NHS Long Term Plan.
 - That the key questions and feedback from the private informal Board in July, such as building on the Board's existing strengths were incorporated into the refresh and the ten draft Strategy implementation principles had been updated and converted into Internal Programme Management Guidance, with the following new principles 'four Cs' for endorsement under the second recommendation: community capacity building, co-designing, co-producing and community led action.
 - Recommendations three and four underpinned the work across the three Priorities through two commitments to action: the enhanced partnership effort to work creatively with communities particularly in areas with the poorest health outcomes, and the exploration of the system-wide adoption of the Health in All Policies approach to which the Local Government Association had offered support.
 - That Stage Four would commence in October-December to discuss and approve the governance arrangements, the details of the implementation plans and the new Health and Wellbeing Strategy metrics.
2. A Board member drew attention to the connection between the first recommendation concerning the community work in relation to areas of deprivation and the ongoing work around poverty - including child poverty - whereby it was vital to address the areas with the greatest deprivation; noting the need to ensure an explicit interconnected approach between the two.

RESOLVED:

1. Endorsed (informally) the Strategy's revised Priorities, Outcomes, Priority Populations, System Capabilities and new, internal Programme Management guidance.
2. Endorsed (informally) the set of core Principles for Working with Communities for incorporation into the Surrey Health and Wellbeing Strategy.
3. Endorsed (informally) an enhanced collaborative effort to work creatively with those communities in geographic areas of deprivation with the poorest health outcomes - with the Executive Director of Customer and Communities (SCC) asked, on behalf of the system, to coordinate with colleagues and produce a fuller proposition for the next Board meeting.
4. Supported the exploration of the adoption of a Health in All Policies (HiAP) approach across the Surrey system, with a report on its potential roll out across the Surrey system to be brought to the next Board meeting.

Actions/further information to be provided:

None.

**30/21 HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN 2021/22
REVIEW [Item 7]****Witnesses:**

Andrea Newman - Strategic Director for Communication, Public Affairs and Engagement (SCC)

Giselle Rothwell - Director of Communications and Engagement, Surrey Heartlands ICS

Key points raised in the discussion:

1. The Strategic Director for Communication, Public Affairs and Engagement (SCC) noted that she would welcome the opportunity to report into the Board on a more frequent basis going forward, in order to provide a deeper dive into some of the campaigns and communications activities undertaken.
 - In a later comment the Chairman welcomed both periodic updates and deep dives into key areas and campaigns at future Board meetings.
2. The Strategic Director for Communication, Public Affairs and Engagement (SCC) highlighted:
 - That having taken over chairing the Health and Wellbeing Communications Sub-Group alongside the Director of Communications and Engagement, Surrey Heartlands ICS; there had been a shift in the Sub-Group's approach to ensure a more strategic focus in its work and to utilise the breadth of experience available.
 - That the Sub-Group met periodically and worked collaboratively which had become more important as the Multi-Agency Information Group (MIG) had been disbanded post-Covid; collaborative working was key within the winter communications planning sub-group and the communications groups for the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board.
 - That the Communications Plan was split into three workstreams and had been updated to reflect the changes regarding the Health and Wellbeing Board's Priorities and she welcomed feedback on the Plan.
 - That despite the focus over the last year on Covid-19 and the vaccine rollout, there had been a multitude of other communications campaigns.
3. The Director of Communications and Engagement (Surrey Heartlands ICS) highlighted:
 - The communications overview 2020/21, noting the communications campaigns around Covid-19 and the partnership approach through the MIG, where key messages, assets including videos were disseminated and health and wellbeing support was signposted.
 - That new tactics had been explored whilst in the middle of the pandemic, including the SoonSurrey Instagram account for young people and the wide use of trusted voices across the partnership promoting that consistent messaging and would be vital going forward in continuing to help support the Health and Wellbeing Strategy.
 - That the Covid-19 vaccination programme highlighted the proactive joint working across the system and key partners, maximising local relationships with the Imam at the Shah Jahan Mosque in Woking, with the Surrey Minority Ethnic Forum, the Gypsy, Roma and Traveller Community, the universities and the District and Borough Councils helped with reaching into local communities.

- That a joint approach had been taken to address vaccine hesitancy and misinformation through targeted campaigns based on behavioural insights and noted the work to reducing health inequalities through the joint equalities and engagement communications group and stakeholder reference group.
 - The mental health campaign called the 'We Are the Face of Support' to raise awareness of the preventative steps for residents and signposting to support services, featuring mental health practitioners and staff. The campaign supported the work of the Mental Health Partnership Board and was the first-time partners had formed a major system-wide collaboration on mental health and wellbeing. It would be launched during World Mental Health Day in October.
4. The Strategic Director for Communication, Public Affairs and Engagement (SCC) highlighted:
- The successful Surrey Together leaflet produced last winter which was sent to all households in Surrey and provided a list of helpful telephone numbers and signposted residents to services in the midst of the pandemic.
 - That a leaflet would be provided again this year as part of a wider winter wellness campaign.
 - The domestic abuse work undertaken through working closely with Women's Aid and Your Sanctuary, domestic abuse had been exacerbated due to the pandemic; noting that whilst a high level of engagement was important, what was key was having an impact on those most affected which was shown through the 76% increase in impressions and hits on Your Sanctuary's website compared to the previous year.

Carl Hall joined the meeting at 11.30 am

- That looking ahead to the winter, work was underway concerning the coordinated campaigns and messages around winter pressures and preparedness.
5. The Chairman noted that the communications campaigns and messaging throughout the pandemic had been tremendous, noting positive feedback from residents; and going forward the issue was about maintaining that level of engagement.
6. The Joint Executive Director - Public Service Reform (SCC) noted the link with the 2021/22 NHS System Operational Plans - Surrey Heartlands HCP and Frimley Health and Care ICS and the five must do's for the NHS concerning health inequalities, three of those were relevant to communications and engagement, digital inclusion and targeting those most at risk of health inequalities or of being excluded. One key area to focus on was around restoring the NHS inclusively and the data on that was being reviewed.
- In response, the Director of Communications and Engagement (Surrey Heartlands ICS) explained that the areas above were being supported through the research and insight work particularly on digital exclusion and on expanding primary care access, it was vital to ensure resident engagement going forward with those different areas of work.
7. A substitute Board member queried whether the translation of messages to communities that might not understand English was included within the Communications Plan.
- In response, the Strategic Director for Communication, Public Affairs and Engagement (SCC) explained that all of the communications materials

were translated into easy-read versions and multiple languages, noting the work with the Imam of the Shah Jahan Mosque in Woking to translate Government advice, including videos in Urdu and Bengali shared across WhatsApp communities.

Fiona Edwards left the meeting at 11.34 am

RESOLVED:

1. Supported the refreshed communications plan for 2021/22 and Board members would endorse the approach within their respective organisations.
2. Noted the communications highlights information.

Actions/further information to be provided:

1. The Strategic Director for Communication, Public Affairs and Engagement (SCC) will be invited to provide both periodic updates and deep dives into key areas and communications campaigns at future Board meetings.

31/21 POLICE AND CRIME COMMISSIONER FOR SURREY'S POLICE AND CRIME PLAN 2021-24 CONSULTATION [Item 8]

Witnesses:

Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)

Key points raised in the discussion:

1. The Chief Executive (OPCC) introduced the report on behalf of the Police and Crime Commissioner for Surrey and highlighted:
 - The ongoing consultation around the Police and Crime Commissioner (PCC) for Surrey's Police and Crime Plan for 2021-24.
 - Police and crime plans were statutory documents set by every PCC after they were elected, and the purpose of that Plan was to set the strategy for policing and for community safety over the PCC's tenure.
 - The PCC would use the Plan to hold the Chief Constable of Surrey Police to account and residents would use the Plan to hold the PCC to account.
 - That when Lisa Townsend was elected in May 2021 as Surrey's PCC, she was clear that she wanted her Plan to be informed by and reflective of the different views of residents and stakeholders across the county.
 - That over the summer the PCC and the Deputy PCC, had undertaken a multitude of consultation exercises with various groups and across a range of themes such as rural crime, violence against women and girls (VAWG), sexual violence and road safety.
 - That the PCC wanted to ensure that the key strategic boards in the county such as the Health and Wellbeing Board had the opportunity to provide input into the Plan before moving to the next consultation phase.
 - That the key questions to guide feedback on the future priorities for Surrey Police and for community safety were included in the report and asked that Board members share the questions with colleagues within their organisations and agencies.

- Responses were to be provided by the end of the month to Sarah Haywood - Policy and Commissioning Lead (OPCC) via her email address as noted in the report.
- It was hoped that the Plan would be finalised in November following the approval of the Chief Constable of Surrey Police and the Surrey Police and Crime Panel.

RESOLVED:

1. Considered the questions posed by the Commissioner below at this Board meeting, in order to provide input into the development of the Surrey Police and Crime Plan.
2. Board members would pose the Commissioner's questions within their own organisations and would provide their responses to the Office for Police and Crime Commissioner in a timely manner.

Actions/further information to be provided:

None.

32/21 2021/22 NHS SYSTEM OPERATIONAL PLANS - SURREY HEARTLANDS HCP AND FRIMLEY HEALTH AND CARE ICS [Item 9]

Witnesses:

Karen McDowell - Surrey Heartlands Integrated Care System (ICS) Chief Operating Officer / NHS Surrey Heartlands Clinical Commissioning Group (CCG) Deputy Accountable Officer

Nicola Airey - Executive Place Managing Director - Surrey Heath, NHS Frimley Clinical Commissioning Group (CCG)

Key points raised in the discussion:

1. The Chief Operating Officer (Surrey Heartlands ICS)/Deputy Accountable Officer (NHS Surrey Heartlands CCG) highlighted:
 - That the Surrey Heartlands Health and Care Partnership (HCP) 2021/22 operational plan set out how it would be delivered against the NHS 21/22 NHS Priorities and Operational Planning Guidance which included six national priorities over April-September, covering areas such as the recovery of services, continued partnership working and addressing health inequalities.
 - That NHS England and Improvement South East Region rated Surrey Heartlands HCP 2021/22 operational plan for the first half of the year as Green overall, with further guidance to be received imminently regarding the plan for October-March.
 - That senior responsible officers for each of the priorities and executive leads had been identified; the milestones were starting to be reported against each of the priorities through the Surrey Heartlands assurance report.
2. The Executive Place Managing Director - Surrey Heath (NHS Frimley CCG) highlighted:
 - That NHS England and Improvement South East Region also rated the Frimley Health and Care ICS 2021/22 operational plan for April-September as Green overall.

- That the planning guidance for October-March was expected on 16 September, the plan for the second half of the year would be a continuation of the narrative of the plan for April-September but with updated finance and activity data.
 - Reassured the Board that although both plans were responding to the national priorities, those national priorities were in line with the Surrey Health and Wellbeing Strategy.
3. The Chairman noted that with the national announcement yesterday it looked as though the plans for the second half of the year would roll on from the April-September plans which was positive in terms of long-term planning.

RESOLVED:

1. Noted the Surrey Heartlands HCP and Frimley Health and Care ICS 2021/22 operational plans for April-September, from a Surrey-wide perspective.
2. Board members would share the operational plans within their organisations.
3. Noted the South West London Health and Care Partnership operational plan 2021/2022 for reference.

Actions/further information to be provided:

None.

33/21 CREATING A WHOLE SYSTEM APPROACH TO PHYSICAL INACTIVITY [Item 10]

Witnesses:

Elizabeth Duggan - Managing Director - Active Surrey (SCC)

Key points raised in the discussion:

1. The Managing Director - Active Surrey (SCC) highlighted:
 - The activity over the last year in developing the system approach to physical activity through consulting with residents and their experiences and challenges.
 - That being active was positive for all ages, noting the proven benefits of a more active lifestyle such as the reduction in: the risk of osteoarthritis by over 80%, the risk of type 2 diabetes by up to 50%, heart disease, stroke, depression and dementia by up to 30%, as well as the confirmed link between regularly active people and less severe Covid-19 outcomes.
 - That beyond the health benefits, active travel had an important role to play against the climate emergency, community led initiatives were vital as for example sport and physical activity played an important part in reducing anti-social behaviour and addressed social isolation by creating a sense of belonging.
 - That physical activity levels were tracked nationally via Active Lives survey data, and over the course of the pandemic activity levels were low nationally; and in Surrey there had been some significant declines in numbers of regularly active people with levels at their lowest on record since 2015 with over 220,000 people who moved for less than thirty minutes a week.

- That where there was inactivity there was inequality as those who had the most to gain, were the least able to take part in physical activity. A disproportionate number of those 220,000 inactive people were from deprived communities, such as those from ethnic minority groups, those with disabilities or long-term health conditions.

Alison Bolton left the meeting at 11.51 am

- That the Movement for Change physical activity strategy set out the long-term and ambitious commitments for a more active county, running parallel to and as a sustainable way to support the Community Vision for Surrey by 2030.
 - That co-production was central to the strategy, listening to all residents but with a focus on inactive residents, the process was led by a cross-system steering group to ensure a whole system responsibility.
 - That through undertaking co-production two key priorities were identified to make it easier for everyone to move more and the research highlighted the importance of a focused approach to those needing extra support, facing the barriers of time, money and self-worth.
 - The strategy highlighted four priority areas to focus on:
 - giving a positive start to children and young people, through working with schools, parents and the young people themselves to establish the foundations for a healthy active lifestyle.
 - connecting communities and under-represented groups, recognising the importance of community led action to ensure a place-based approach to physical activity.
 - creating active environments, noting the focus on active travel and the rise in sedentary behaviour particularly throughout the pandemic; it was vital to reframe being active as the daily norm for people again.
 - creating a stronger link between physical activity and health including mental health, by creating more targeted provision and links through the healthcare system for people with long-term health conditions and continuing to promote active aging.
 - That it was a 'Movement' as it demanded collective action and system-wide change, a whole system approach was being fostered through the work of the Board, through the Green Social Prescribing Working Group and the countryside transformation programme.
 - That to drive forward the aims of the strategy, a dedicated resource was needed to upscale and mobilise others to maintain momentum, to test and learn and to embed physical activity into place-based working.
 - That in the recent review of the Everybody Active, Every Day: 5 years on Public Health England framework, it was highlighted that the major challenge to its success was 'the limited and uneven resource dedicated to increasing physical activity'.
 - That the next steps for Movement for Change included the formation of cross-system working groups for each of the four priority areas in order to develop detailed operational plans - she welcomed senior champions for those priorities - and to explore different long-term funding opportunities.
2. A Board member emphasised the importance of the strategy not least because the evidence base on physical activity was strong, but also due to the framing of the strategy in a way so that the key targets aligned with the

- Health and Wellbeing Strategy, particularly in reducing health inequalities. Behavioural change was key but ensuring the right infrastructure to embed the strategy was vital, she thanked Active Surrey for its work.
3. A substitute Board member welcomed the strategy and asked how the link between the Surrey-wide strategy and the place-based delivery would work whereby place-based referred to engaging with local communities and neighbourhoods; she welcomed a further conversation with the Managing Director - Active Surrey (SCC) to provide support through the established mechanisms and groups to link into the neighbourhood level across the county.
 - In response, the Managing Director - Active Surrey (SCC) explained that the intention was to pilot Movement for Change place-based working to put physical activity at the heart of place-based health creation.
 - The Managing Director - Active Surrey (SCC) further noted that work on pilot areas was underway with the Executive Director of Customer and Communities (SCC), including Canalside in Woking and community bike schemes were established.
 - The Managing Director - Active Surrey (SCC) noted that scaling up community engagement through working in partnership was vital and following the meeting she was happy to have conversations with Board members and organisations to look at how Active Surrey could support initiatives in other areas.
 - The Managing Director - Active Surrey (SCC) emphasised the importance of co-production and community engagement through the principle of 'nothing about us without us', ensuring community representation and the need to work with Community Champions.
 4. The Chairman highlighted a comment in the Teams chat from a guest attendee about whether the work around the strategy would link to social prescribing and navigators.
 - In response, the Managing Director - Active Surrey (SCC) noted that Active Surrey was represented on many of the green social prescribing groups and had its own post linking thriving communities with social prescribing, social prescribing was an explicit subpoint within the health priority area.
 5. The Chairman noted the various offers by Board members to have further conversations with the Managing Director - Active Surrey (SCC) and that going forward it would be vital to join up the activities and initiatives across Surrey in order to understand what was happening within communities.

RESOLVED:

1. Provided endorsement (informally) to adopt Movement for Change as Surrey's Physical Activity Strategy to 2030.
2. Provided commitment to the objectives contained within Movement for Change and would advocate for its future funding and implementation.
3. That the intent behind Movement for Change is that it really becomes a movement, and physical activity is adopted as a lens through which the development of all future services and provision should be viewed. That individual Board members considered how they could adopt Movement for Change within their own organisations.
4. Board Champions would to drive forward the Strategy's aims within its 4 priority areas:
 - i. Creating positive experiences of being active for young people.

- ii. Connecting communities and using physical activity to bring people together and create better places to live.
- iii. Creating active environments which make it easier for people to be active in their everyday lives.
- iv. Building stronger links between physical activity and health and wellbeing.

Actions/further information to be provided:

1. The Managing Director - Active Surrey (SCC) will follow up on the offer of support around place-based delivery through the established mechanisms and groups to link into the neighbourhood level across the county, by the Executive Place Managing Director - Surrey Heath (NHS Frimley CCG).
 - As well as the other various offers by Board members to have further conversations to join up the activities and initiatives across Surrey in order to understand what was happening within communities in order to look at how Active Surrey could support those initiatives in other areas.

34/21 IMPLEMENTING A WHOLE SYSTEM APPROACH TO OBESITY [Item 11]

Witnesses:

Jane Semo - Public Health Development Worker (SCC)

Key points raised in the discussion:

1. The Public Health Development Worker (SCC) highlighted:
 - The multitude of factors that influence a person's weight throughout their life, noting the enablers and barriers to maintaining a healthy weight.
 - The common areas to tackle obesity identified as part of a whole systems approach, for example increasing active travel, educating people about the benefits of a healthy lifestyle and exercise, and providing access to weight management support.
 - The overview of the whole systems approach framework which was commissioned by Public Health England and developed by Leeds Beckett University who piloted the approach with several local authorities in the country.

Nicola Airey left the meeting at 12.04 pm

- That the framework followed six phases using all parts of the system to effect change through identifying the gaps in provision rather than focusing on individual interventions, beginning with the set-up, building the local picture, mapping the local system, taking action, managing the system network and ending on reflect and refresh.
- Other pieces of work in relation to helping people to achieve a healthier weight as part of the whole systems approach included the use of grant payments from the Contain Outbreak Management Fund (COMF) to enable YMCA Redhill, Active Prospects, Stanwell Family Centre, Home Start (Runnymede, Woking and Ewell, Banstead) and Voluntary Action north west Surrey - all receiving £16,000 each with a further £4,000 having established an action plan in phase four of the framework.

- That Surrey Heath Borough Council was taking a whole systems approach with support from Voluntary Action north west Surrey, and Active Surrey had been funded to support each project.
 - That the next steps entailed the monitoring and supporting of the progress of the whole systems approach pilots and developing an evaluation framework.
 - The recommendation which asked the Board to expand the whole systems approach and embed the framework in the other District and Borough Councils across Surrey as the framework was aimed at local authorities, with advocacy from the leadership to identify a person to lead on the approach - particularly someone from Reigate and Banstead Borough Council to support YMCA Redhill on the matter.
2. The Chairman noted that regarding ensuring engagement from the District and Borough Councils, it would be beneficial to get the matter onto the agendas of the Surrey Leaders' Group and the Surrey Chief Executives' Group.
 3. The Priority Two Sponsor agreed with the importance for District and Borough Councils to embrace the framework and was happy to assist on the matter.
 4. The Chairman noted a comment in the Teams chat whereby the Executive Director for Children, Families and Lifelong Learning (SCC) was happy to flag the whole systems approach to obesity which would fit into the work around Healthy Schools; at the planning session regarding an upcoming District and Borough Children's meeting.

RESOLVED:

1. Board members would persuade and support Surrey's Borough and District Councils to embed the Whole System Approach (WSA) Framework across their organisations, to establish advocacy from their leadership teams and identify a person within their organisation to lead on this approach.

Actions/further information to be provided:

1. That regarding ensuring engagement from Surrey's District and Borough Councils, the Whole System Approach (WSA) Framework to obesity will be put onto future agendas of the Surrey Leaders' Group and the Surrey Chief Executives' Group.
2. The Public Health Development Worker (SCC) to follow up with offers from Board members and partners, including the Priority Two Sponsor and the Executive Director for Children, Families and Lifelong Learning (SCC) on their offers to embed the WSA Framework to obesity across Surrey's District and Borough Councils.

35/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD - UPDATE [Item 12]

Witnesses:

Sinead Mooney - Cabinet Member for Adults and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman highlighted:
 - That since the last Health and Wellbeing Board, the LOEB had met twice.

- The continuing collaborative work undertaken amongst the partnerships, agencies and the LOEB members in responding to and managing Covid-19; which had strengthened throughout the pandemic.
 - The Covid-19 data gathering and intelligence dissemination across the county, which was shared on a regular basis at the LOEB through the Covid-19 Surveillance Update.
 - The successful Surrey Community (Covid-19) Champions Programme established in nine Districts and Boroughs - with a further one to follow and the outstanding one was being engaged with - set up according to best practice in other London Boroughs at the start of the pandemic.
 - The offers of support from outside of Surrey, noting the Managed Quarantine Service hotel in Surrey accommodating British nationals and refugees from Afghanistan and the offer of help received from West Sussex County Council to support the Afghan refugees - providing essential items such as clothing, shoes and nappies.
 - The fluid communications and engagement strategy through the NHS Test and Trace Communications Plan for Surrey which evolved throughout the pandemic, with continuing communications via social media and traditional forms of media to residents.
 - The ongoing updates within the Surrey COVID-19 Local Outbreak Management Plan agenda item on: the national easing of restrictions or Roadmap out of national lockdown for England, the Covid-19 vaccination rollout programme, Covid-19 testing updates including local contact tracing and updates from Surrey Police, Adult Social Care (SCC) and Children, Families and Lifelong Learning (SCC).
 - That it was good to see that LOEB members were taking the information provided at the meetings away and sharing it across their organisations; the next public LOEB meeting was on 19 November 2021.
2. The Chairman noted that the LOEB covered a broad range of issues around Covid-19 and praised the work of the LOEB and the Public Health (SCC) and the Communications (SCC) teams over the past eighteen months.

RESOLVED:

The Board noted the verbal update on the work of the Surrey Local Outbreak Engagement Board.

Actions/further information to be provided:

None.

36/21 DATE OF THE NEXT MEETING [Item 13]

The date of the meeting was noted as 2 December 2021.

A date for the proposed private informal public meeting in late October/early November will be confirmed in due course, it is being provisionally planned to enable discussion of the Integrated Care Board and the Integrated Care Partnership as part of the Health and Care Bill 2021 following the publishing of recent guidance.

Meeting ended at: 12.18 pm

This page is intentionally left blank

Health and Wellbeing Board

1. Reference information

5

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report
Author:	Helen Johnson – Health and Wellbeing (SCC) helen.johnson1@surreycc.gov.uk Mobile: 07974 631 972
Priority Sponsor(s):	<ul style="list-style-type: none">• Ruth Hutchinson, Director of Public Health (in lieu of Priority 1 Sponsor)• Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership/Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)• Rob Moran, Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)
Paper date:	2 December 2021
Related papers:	<ul style="list-style-type: none">• Appendix 1: HWBS Priorities Summary highlights (as of 22 November 2021)

2. Executive summary

This paper provides an overview of the progress of local shared projects supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 November 2021. This is via a new Highlight Report format that is intended for wider use with partners and the public, and to support a wider understanding of the priorities within the Health and Wellbeing Strategy.

The Highlight Report provides an overview of each Priority, describes what has been achieved in the previous period and how collaborative working has aided this progress. It also has a spotlight section on key items. Please note the progress reported against the three priorities.

3. Recommendations

It is recommended that Board members:

1. Note the progress against the Strategy.
2. Share the Highlight Report across their networks (direct links to quarterly highlight reports available at www.healthysurrey.org.uk/about), now including a Communications Update.

3. Endorse a proposal to consider a whole system approach to poverty framework at the next informal HWB Board meeting.

5

4. Reason for Recommendations

That the Board receives an overview of the progress of local shared projects supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 November 2021.

5. Strategy Delivery and Implementation

See Appendix 1 for the Highlight Report for each priority.

6. Key risks, issues and opportunities

- Detailed implementation plans with risk ratings (currently subject to review and refresh) continue to sit behind the Highlight Report P1 and P2, with risks escalated to the Board as necessary.
- A comprehensive implementation plan for the significantly revised Priority 3 is in development (including community safety).
- Changing Futures fund has awarded Surrey £2.8m to provide additional, tailored support to substance misuse, mental health, domestic abuse, contact with the criminal justice system and homelessness (those experiencing multiple disadvantage) to rebuild lives under Priority 1.
- Work has resumed on Healthy Behaviours, a programme within Priority 1.
- There continues to be a significant opportunity to align Priority 2 of the Strategy with findings from the Mental Health Partnership Board review.
- With an SCC officers meeting taking place before the end of the year and Public Health looking into a whole system approach to Poverty, there is an opportunity to revisit and update on progress and thinking at an informal Board meeting in the New Year.

7. Next steps

Refreshed HWB Strategy outcomes are now being utilised in the Highlight Report. The Highlight Report will report on progress from the revised Implementation Plans in 2022.

Appendix 1:

Highlight Report (attachment)

Health and Wellbeing Strategy: Priority 1 - Supporting People Live Healthy Lives

Appendix 1 Healthy Surrey

DELIVERING THE
COMMUNITY VISION FOR SURREY

IMPACT SUMMARY



Improved physical health through prevention and the promotion of physical well-being

OUTCOMES

By 2030:

- People have a healthy weight and are active
- Substance misuse is low (drugs/alcohol/smoking)
- The needs of those experiencing multiple disadvantage are met
- Serious conditions and diseases are prevented
- People are supported to live well independently for as long as possible

WHO IS LEADING THIS?

Priority sponsor (interim):

Ruth Hutchinson, Director of Public Health, SCC

Programme Manager:

Helen Tindall, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. It also outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 1 currently focuses on enabling and empowering residents to lead physically healthier lives. This priority area is entirely focused on prevention, removing barriers and supporting people to become proactive in improving their physical health. Priority 1 programmes include those which are

- Working to reduce obesity, excess weight rates and physical inactivity
- Supporting prevention and treatment of substance misuse, including alcohol
- Ensuring that everybody lives in good and appropriate specialist housing
- Promoting prevention to decrease incidence of harm due to the experience of multiple disadvantage, serious conditions and diseases
- Improving environmental factors that impact people's health and wellbeing
- Living independently and dying well

How has collaborative working between HWB Board organisations added value and contributed to the achievement of the Outcomes?

There has been significant success in sharing drug alert and awareness information through the 'Drug Related Harm Prevention Forum'. This group has grown to over one-hundred front line workers and partners in the county who are now subscribed. Alerts and information sharing regarding risk and harm are reaching far and wide across the system. This has led to a significant improvement in prompt communications with partners, principally police partners and drug liaison officers so that shared intelligence is escalated and distributed rapidly when required.

A North-West Surrey Community Practice pilot is currently working well to bring together staff in North-West Surrey working in a wellbeing role. The pilot has brought together Social Prescribing Link Workers, Care Coordinators, Health and Wellbeing Coaches, Hospital Discharge Officers, Social Care Development Coordinators and many more. Staff are from various organisations, including the Voluntary Sector, Districts & Boroughs and the Frailty Hub. Meetings take place for two hours every quarter and enable staff to understand each other's roles and create a shared narrative. The pilot is also enabling the sharing of learning and the creation of a Social Prescribing eco-system.



New strategies

- The Physical Activity Strategy, Movement for Change, has been signed off. A virtual launch event for the Physical Activity Strategy launch took place on the 22nd September with just over 100 people in attendance. Work is ongoing with resident panels to ensure we have community engagement for the Physical Activity Strategy and to check and challenge our progress with residents.
- The Commissioning Strategy for Older People 2021-2030 has been drafted and is pending final sign-off at Cabinet on 30th November.
- Colleagues in Children's Services are in the process of drafting the Young Carers Strategy.

People have a healthy weight and are active

- Surrey Heath's Whole System Approach (WSA) to Obesity continues to progress. A survey has been circulated to Surrey Heath residents and around 400 replies were received. Analysis will be completed by University of Surrey final year students. We are on track with the local mapping of obesity data, identifying key groups and localities and are aiming for a finish date of December.
- One You Surrey adult weight management programme was launched on the 13th September. One You Surrey are now delivering an integrated health behaviour service consisting of stop smoking, weight management and NHS health check services.
- Adult weight management pilot has been launched with One You Surrey and SABP for people engaged with mental health services.

Substance misuse is low (drugs/alcohol/smoking)

- The first formalised 'Overdose Awareness' campaign was rolled out to align with International Overdose Awareness Day on the 31st August. The campaign has been incredibly successful in raising general awareness of our harm reduction services.
- In conjunction with the OPCC, and using funding received through PHE's universal grant, we have secured designated substance misuse workers to work alongside police and probation colleagues in supporting those at risk of re-offending. This provides targeted interventions to those entrenched in the criminal justice system and offers diversionary opportunities to those engaged in the Police's Checkpoint Plus Programme.
- The South-East E-cigarette position statement was announced in July 2021 and shared across Surrey.

The needs of those experiencing multiple disadvantage are met

- Surrey has a capital allocation grant of £2.9M of LAD2 funding to improve the energy efficiency rating of a range of properties. Delivery plans for this money are currently being determined.
- Further development of the Crisis Fund is taking place with the enhancement of the Debit Card Scheme and other offers to help people in need this winter.
- The self-contained cabins in Surrey Heath have provided crisis accommodation for 14 individuals including individuals known to Surrey Adults Matter. Trauma-informed, person-centred care and support are being provided.
- Nine new Housing First units were opened in Surrey, offering intensive trauma-informed care and support to those with multiple disadvantage.

Serious conditions and diseases are prevented

- Since changes have been made to payments, uptake of CVD screening in priority groups has increased.
- One You Surrey are launching a remote carers health check, components of which will focus on CVD. Carers will be invited to book a face-to-face health check if they would like one. The health check is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. It will also look at the wider health concerns faced by carers such as sleep deprivation.

Living and dying well

- The Carers Service launched a Staff Carers Passport on the 24th of September 2021. The passport is a way to support working carers.
- According to Carers UK, Surrey are the best performers in the country for the Carers Covid Vaccination Programme. Around 89% of our carers are fully vaccinated.
- The Learning Disability and Autism Reablement Service went live at the beginning of August.
- The Reablement Service is currently recruiting a Mental Health Occupation Therapist and Mental Health Reablement Workers.
- The Collaborative Reablement Service went live on the 1st of October. The service will help to build capacity and to ensure an equal offer between community and hospital referrals.

IN THE SPOTLIGHT: Changing Futures

Surrey has been awarded £2.8m as one of the fifteen partners for the national Changing Futures Programme which looks to "improve systems and services in order to achieve better outcomes for people with multiple disadvantage plus their families and support groups." A person with multiple disadvantage will have three or more of the following issues:

- Mental health
- Substance misuse
- Contact with criminal justice system
- Victim/perpetrator of domestic abuse
- Homeless or at risk of homelessness

350 participants across Surrey, including those with lived experience and stakeholders across the system, were engaged with to create a 'Theory of Change' that informed the Changing Futures bid. Feedback showed that: the voice of the service user is not always heard; unrealistic expectations are made of service users; the systems into mental health and substance misuse are complex; the timelines to receive support are too long; people are often sent up blind alleys and professionals do not always understand what is available.

One of the aims of the Changing Futures Programme is that the culture of the whole system, including all work practices and settings, reflect a trauma-informed approach. Our goal is that all services will understand trauma, its effects and survivor adaptations. Surrey has received money for trauma-informed, person-centred outreach services for the most complex clients (utilising community assets). Money has also been allocated for clinical psychological consultant support for homeless and domestic abuse charity outreach workers.

In Surrey, we will look at technology-enabled solutions for those experiencing multiple disadvantage, including integrated case management and therapeutic robotics. We will also be developing lived experience and peer mentoring networks.

Changing Futures hopes to provide assistance for 300 beneficiaries per year. This would include pre-SAM and SAM clients and those who have experienced domestic abuse. Changing Futures will work closely with Surrey Adults Matter (SAM) and the multi-agency group to tackle multiple disadvantage (MAG). SAM arranges bespoke, person-centred support for complex clients as part of the national Making Every Adult Matter programme (MEAM) and aims to reduce re-offending. The estimated average cost to the system of one SAM client is £1m in adult life.

For more information, please contact Collette Le Van Gilroy at Collette.LeVanGilroy@surreycc.gov.uk.

Health and Wellbeing Strategy: Priority 2 - Supporting Mental Health and Emotional Well-being

IMPACT SUMMARY



Improved mental health through prevention and the promotion of emotional well-being

OUTCOMES

By 2030:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

WHO IS LEADING THIS?

Priority sponsor:

Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership

Programme Manager:

Kirsty Slack, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The community vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who experience greater inequalities in health and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority two of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.

Priority two aims to impact upon the three following outcomes:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

How has collaborative working between HWB Board organisations added value and contributed to the achievement of the Outcomes?

The Men's Suicide Prevention Pilot Project in Elmbridge is being run in partnership between Catalyst, Public Health and Surrey Police. The initial pilot will run until March 2022.

Real time surveillance system and suicide audit data was reviewed to identify the target area for the pilot.

Three key occupational groups were identified for the pilot (with an increased risk themselves and with a lot of contact with male clients): taxi drivers, builder's merchants and barbers. A database has been created compiled of these occupational groups and companies in Elmbridge

Staff have been recruited for the project and are attending suicide prevention and first aid for mental health training.

A charity that has successfully engaged with and trained taxi drivers in Ireland have been commissioned to engage with and deliver training to taxi drivers in Elmbridge. Training scheduled for late February 2022.

Target for this pilot project: mental health and suicide prevention training for approximately: 100 taxi drivers, 15 builders' merchants, 15 barbers.

For more information please contact Maya Twardzicki maya.twardzicki@surreycc.gov.uk

DELIVERING THE
COMMUNITY VISION FOR SURREY



Strategy update

Dementia Strategy

In August, the Mental Health Delivery Board supported the development of One Surrey joint health and social care strategy for dementia. The dementia strategy action board is now working to co-produce the strategy, which focuses on reducing inequalities that people face throughout all strands of the dementia care pathway, including: prevention; diagnosing well; living well; supporting well and dying well. The strategy will be centred on individuals, their carers and families' experiences of living with dementia, based on recent local research conducted by HealthWatch Surrey and national research conducted by the Alzheimer's Society. The aim is to launch the strategy consultation late 2021 to enable a broad reach and to secure further insights on people's experiences. The consultation will be available via the Surrey Says website. For more information please contact jane.bremner@surreycc.gov.uk

People with depression, anxiety and mental health issues have access the right early help and resources

Young Person's Safe Haven

- Following feedback from the Young Adults reference group, a Young Person's Safe Haven Pilot is running in the Guildford Safe Haven. This is due to commence in November 2021 for 6 months in partnership with Catalyst/Oakleaf.

Time to Change

- A new website launched in October www.timetochangesurrey.org.uk. Time for change social media content over this last quarter included special messages for suicide prevention, World Mental Health Day.
- A short drama has been created about stigma within the Gypsy Roma Traveller community (script written & will be acted by GRT community members)
- 10 new Champions recruited. Champion training being co-designed and delivered by Jo Loughran – ex national Time to Change CEO. Arranging and recording of Champions' stories is underway.

Suicide Prevention

- A Surrey suicide audit for 2017- 2020 has been completed led by Public Health. Plans are in place to hold local workshops with partners to share the learning and identify possible actions.
- A children and young people suicide prevention working group has been set up. We are working with children safeguarding, representatives from education on a suicide prevention checklist for schools.
- Establishing a pilot project with SABP, A&E and Samaritans, as a third party referral process for people discharged from A&E. The pilot will run for 4 weeks and we will be looking to roll the programme out across Surrey.

Face of Support Communication Campaign

- Commenced System Wide Mental Health Communication campaign
- World Mental Health Day – 4 posts including videos from faces of support, links to national campaign
- External comms in Surrey Matters E-Newsletter October edition – circulated to 180k
- Surrey wide leaflet/door drop – 22nd and 27th November
- Radio Advertising – launch 22nd November

The emotional wellbeing of parents and caregivers, babies and children is supported

First 1000 Days strategy implementation

- Providing a common language/framework for practitioners to support relationship development between parents and babies
- Psychotherapist support in place for families with babies in Surrey Heartlands Neonatal Units
- Embedding the Baby Buddy App to improve access to info – formal launch Jan 2022
- Birth to School Partnership (due April 2022) to support family engagement

Isolation is prevented and those that feel isolated are supported

Surrey joint health and social care strategy for dementia

- Strategy will identify where there is still work to be done on establishing dementia friendly communities. The accompanying strategy delivery plan will seek to identify resources to address this inequality.
- Improving access to Dementia Navigator support services. There have been a total 904 referrals made to Dementia Connect Service in Surrey in the second quarter, exceeding previous referrals by 35%.

IN THE SPOTLIGHT : Green Social Prescribing

Surrey Heartlands has been awarded £500K to be one of the seven national 'test & learn' sites for green social prescribing in England.

The project will focus on the health benefits of nature and green space for mental health and wellbeing.

The Surrey Heartlands green social prescribing test and learn site will focus on communities hardest hit by coronavirus. This includes areas around **Spelthorne, Woking, Guildford and Reigate & Banstead**, as well as people across Surrey who have **mental health conditions**, are living with **dementia** or who are caring for someone, who have a **learning disability**, or are from **Black, Asian or ethnic minority backgrounds**.

The Surrey Heartlands green social prescribing project will deliver:

- new community-led nature-based health initiatives to improve mental health and emotional wellbeing.
- new strategic partnerships between green sector providers, health, and environment.
- a Green Health and Wellbeing Network for stakeholders and partners to share learning and influence policy across sectors.

Impact of the pilot is expected to:

- Make it easier for people to find nature-based opportunities
- Lead to the development of new nature-based health and wellbeing initiatives
- Ensuring nature-based interventions are of high quality
- Provide an evidence base for health & wellbeing benefits of nature
- Explore new commissioning and sustainable funding models for green health
- Create and sustain cross-sector strategic partnerships for systems-change

A national team led by the University of Exeter will be evaluating the green social prescribing 'test and learn' site in Surrey Heartlands. A local evaluation plan, co-led by colleagues from Public Health and the Surrey Hills AONB and supported by the green social prescribing project team, will feed into this national review.

For more information please contact Jane Soothill Jane.Soothill@surreycc.gov.uk

Health and Wellbeing Strategy: Priority 3 - Supporting People to reach their Potential

IMPACT SUMMARY

 Children, young people and adults reach their potential

OUTCOMES

By 2030:

- People's basic needs are met (food security, poverty, housing strategy etc)
- Children, young people and adults are empowered in their communities
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe (community safety incl domestic abuse; safeguarding)

- The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)


WHO IS LEADING THIS?

Priority sponsor:

Rob Moran, Chief Executive, Elmbridge Borough Council

Programme Manager:

Helen Johnson, Senior Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via

healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role communities and staff/organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 3 of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead healthier lives. This priority area is focused on primary prevention and addressing the wider determinants of health. Priority 3 cuts across five outcomes and programmes currently include

- Ensuring that everybody has enough income to live on and lives in good and appropriate specialist housing
- Building social capital in communities
- Improving access to training and jobs
- Preventing crime and supporting the victims of crime including domestic abuse -supporting and empowering survivors
- Improving environmental factors that have an impact people's health and wellbeing

How has collaborative working between the HWB Board organisations added value and contributed to the Outcomes?

A bid to National Institute for Health Research is being put together by partners in collaboration with University Surrey to build research capacity and translation of research into policy development around the wider determinants of health.

Surrey Police, Office of the Police and Crime Commissioner and SCC officers have met to discuss consistent approaches across the system to working with communities, to effectively support community-led problem solving in the future.

On the back of the informal HWB Board in November, member organisations will begin to converse with the Local Government Association to build consensus around a bespoke LGA support package to enable partners in Surrey to implement a Health in All Policies approach.



New strategies

SCC's public consultation on the draft new Surrey Local Transport Plan ran from 5th July to 1 November 2021. Proposals within the plan to improve walking and cycling were well received and respondents suggested a number of changes that would encourage them to walk and cycle more. SCC will review these suggestions as the Plan is revised. Proposals included policies to reduce carbon emissions and 75% of respondents supported the ambitions of the Plan and the measures proposed to shift to more sustainable forms of travel. All responses are now being reviewed to help revise the Local Transport Plan and ensure it works for everyone in the area.

People's basic needs are met

- Contain Outbreak Management Fund -£200k to Community Foundation for Surrey that will be matched by public donations – creating an open grant programme for the third sector for poverty mitigation initiatives.
- Household Support Fund (new £5M Surrey allocation) will continue food vouchers for children on FSM for holiday periods up to Easter 2022. A proportion to be distributed to B&D councils to link up with local agents/existing activities and deliver to households in need with a proportion to be used to top up foodbanks to help with food and fuel vouchers. A proportion also to be used for countywide bodies to distribute as far and wide as possible and increase reach.
- Crisis Fund will receive a £364k top up from COMF and another £150k from Household Support Grant – this will not only ensure service is maintained at the current level/offer until the end of the financial year, but enhanced in line with inflationary rises.
- An SCC poverty officer working group will be convened before end 2021, with PH looking at the framing for a system wide response.

Children, young people and adults are empowered in their communities

- Time for Kids – has refreshed its website. This approach will re-focus the system to put children and young people at the heart of everything we do – to listen to them and, together, to consider the best outcomes for them, to build a social movement across Surrey public sector and third sector organisations to drive up awareness, enthusiasm and adoption of the Time for Kids [5 keys principles](#).

People access training and employment opportunities within a sustainable economy

- The Surrey Skills Leadership Forum will have its inaugural meeting on the 2nd December 2021. Members represent the Surrey employment, skills, and inclusion voice, holding a whole-Surrey perspective, vision and set of ambitions. It brings together key players who support Surrey's skills needs – both the immediate needs and those which we know our businesses will need to drive economic success in the future. The Skills Forum links directly into the One Surrey Growth Board which, in turn links into other strategic boards, including the HWB, thereby providing strong, interconnected local governance. It will oversee research to evidence and better understand workforce skills demand such as green skills (for the short, medium, and long term), review workforce skills provision and focus on access to the skills systems for those who face barriers and provide support for progression through system.

People are safe and feel safe

- The County Lines intensification week 11-17 October saw Surrey Police coordinate a range of actions, including communications activity across the week via a variety of Police & partner channels, hotspot patrols, warrants and stop-checks, over 70 safeguarding and prevention visits to vulnerable individuals, and the use of property Closure Orders. Results from the week's activity included 11 arrests, multiple seizures of drugs, phones, cash, jewellery & clothing, and the disruption of at least 8 county lines.
- OPCC now has confirmed 3yr funding for the Cuckoo Outreach Service with a SCC PH and PHE amalgamated contribution to ensure continued delivery of this service and the ability to meet the demand from the increasing complexity of cases .
- A clear success this quarter has been the incidence of domestic abuse being identified through hospitals with Independent Domestic Violence Advisors (IDVAs) now embedded within hospitals.
- Surrey Police have launched a new child exploitation video: <https://www.youtube.com/watch?v=Rfw-KqIYxQI&t=3s> . Partners are asked to send the link out via parentmail, community newsletters, or incorporated into any staff training sessions; Share/retweet social media posts which will be regularly promoted on the Surrey Police Facebook, Instagram and Twitter account using the #SeeTheBiggerPicture; create your own social media content using the video – Include a link to our video on your websites and in any of your e-newsletters

The benefits of healthy environments for people are valued and maximised

- Drivers and operators have been invited to attend webinars and test drives of Electric Vehicles. The educational element will include publicity material (a short animation video) to promote the uptake of further EVs as Taxis/Public Hire Vehicles. Runs for 12 months.
- Surrey has reached the second round of applications for an Active Travel social prescribing multiagency bid. The bid focuses on our two most deprived areas in Surrey Merstham and Maybury/Sheerwater. The result of this application should be known by end 2021.

IN THE SPOTLIGHT :

COMM

Empowered and Thriving Communities in Surrey

Partners from across health, local government and wider have started to develop a different approach to empowering communities based on building strong community networks in several areas across Surrey. Beginning with engaging local communities to start conversations, involve communities in the decisions about their communities and encourage community led projects that help connect people and develop healthier empowered communities. Evidence of this type of working has been demonstrated in Stoke (Guildford) and Horley during the last 6 months. Trialling different ways of engaging that are more joined up, bring together a richer understanding and build the next steps to open conversations and action.

How partners are working together on the Community Network Approach in Horley

Growing Health Together (GHT): Growing Health Together invites people living and working in communities across East Surrey to collaborate, in order to co-create conditions in which everyone's health and wellbeing can flourish. The initiative led by a local GP in Horley which aims to support and enable communities in East Surrey to lead change for a healthier, fairer and more sustainable future; with a strong current focus on COVID-19 recovery. The community are a key driver and have expressed interest in projects around growing food, community kitchens, avoiding food waste, improved cycle / footpaths, School Streets schemes, improving signposting for local patients and nature-based health interventions. Due to the success of the model this is now being replicated in other areas of East Surrey. <https://growinghealthtogether.org/>

Community Health and Wellbeing Projects in Horley

- Riverside wellbeing space for teenagers with additional needs and their families
- Horley Health Hub Community Garden, with plans to start a 'Men in Sheds' project to support older men who are at risk of social isolation.
- Participatory budgeting – Working with RBBC to ask the community how they would like to spend £10,000 funding to improve health in Horley.
- Partners supporting the food club and looking at options for a Community Fridge to reduce food waste and supporting those on low income.
- Systems approach to obesity, partners from health, charities, local authorities coming together to address and take steps to reduce obesity in young people across the borough.

For more information, please contact jane.last@surreycc.gov.uk .

WINTER COMMUNICATIONS PLAN

SCC Strategic Director of Communications, Public Affairs & Engagement, Andrea Newman, leads a sub-group of communications partners from across Surrey to ensure a coordinated approach to winter preparedness communications. Representatives from Surrey County Council, Surrey Heartlands, CHS Surrey, Healthy Surrey, Acute trusts and other local organisations are in attendance. Priorities identified by the sub-group include:

- promotion of flu vaccination and Covid-19 boosters, building on national campaigns, delivering tailored content to Surrey residents
- a focus on raising awareness of the respiratory syncytial virus (RSV) which can cause bronchiolitis in young children
- Coordinated approach to supporting wider system pressures, directing people to the most appropriate service for their needs alongside promoting self-care messages
- Surrey-wide campaign for mental health and wellbeing campaign and wider messaging (launched 10 October on World Mental Health Day and still running across Surrey)
- Continuation of work to support our wider objective to tackle health inequalities and ensure no one is left behind – including digital inclusion work and support to the wider recovery agenda
- As well as continuing to support Covid-19 response and recovery, winter health communications will span non-Covid messaging such as winter wellness and fuel poverty

Building on the success of a Surrey County Council Winter mailout sent to residents last year, a joint SCC & NHS leaflet is being sent to all Surrey households from the end of November. This leaflet will include joint public health messaging on a range of subjects including COVID-19, flu jabs, booster jabs, signposting for help and information advice on hardship allowances and mental health services to name a few. A copy of the leaflet, which has only just gone to print so is not yet in the public domain but is attached for reference.

COMMUNICATING COVID CASE RATES

The Communications team continues to work hand-in-hand with the Public Health team, monitoring infection rates across Surrey and communicating changes to residents. Where rates have been higher, geo-targeted communications have been used to inform residents and advise what actions to take. Tailored design assets and messages have been developed to address common exposures, such as leisure centres and after-school clubs.

Data dashboards continue to be shared with the public twice a week across social media platforms in an accessible format. These are also published on the Surrey County Council Coronavirus pages alongside a fuller intelligence report.

A ‘back to basics’ campaign has continued to remind residents of the all-important prevention behaviours in the Autumn/Winter plan - including masks, hand washing and symptom-free testing. Testing communications targeted to secondary school children and their families (age groups with higher infection rates) have been ongoing, including reminders to test over half term and before going back to school.

SCHOOLS COMMUNICATIONS

A weekly operational bulletin is sent to all schools in Surrey that includes information on Covid rates and any changes in guidance. At the start of term an open video message from Rachael Wardell, Executive Director of Children, Families and Learning, in preparation for the start of the academic year to encourage schools and parents to test regularly and follow guidelines to mitigate impact on children’s education.

Letters sent to schools resulted in 2,300 12-15 vaccination bookings at Sandown vaccination centre during half term. Schools have also been provided with resources, such as the Everything Covid microsite, to share with young people. Where necessary, support has been offered to schools following peaceful vaccination protests.

VACCINATION PROGRAMME

To support NHS partners, Surrey County Council has developed an ongoing multi-channel engagement campaign on the latest stage of the vaccine rollout, aimed at 12-15 year olds and their parents.

Research and focus groups were carried out within Surrey to inform the communications plan and build messaging to address any concerns that parents or young people may have.

As a result, the SCC Communications team has worked with the Council Advertising Network (CAN) on a TikTok influencer campaign. It has also collaborated with CAN and three other councils to develop www.everythingcovid.info – a microsite co-created with young people. ‘Everything Covid’ is now a successful national resource providing vaccine and testing information to young people.

Healthy Surrey Communications Update

MENTAL HEALTH AND WELLBEING

A communications group comprised of system partners is working to raise awareness of the preventative steps people can take to look after their mental wellbeing and the support available for them in Surrey. A multi-channel campaign is underway which aims to promote the mental health literacy of Surrey residents and increase people's knowledge and understanding of actions they can take themselves and the range of support services on offer which can help prevent problems escalating.

The campaign covers three broad stages - self-care actions to improve and maintain wellbeing, support for people who would benefit from intervention and crisis services for those who need them. The campaign includes practitioners and frontline staff who feature as "faces of support" to enable people to visualise the friendly and reassuring support that's waiting for them.

As a preventative campaign, the aim is to improve the knowledge and understanding of adults and young people across Surrey. Within this, we're aiming to reach some specific groups including people with mental health difficulties relating to specific issues such as financial worries or loneliness.

The ongoing campaign is running across a range of channels and is the key theme of the Winter mailout being sent to all Surrey households. The faces have featured on 53 billboards across Surrey including 13 at mainline rail stations raising awareness of local help and support. Activity to mark World Mental Health Day on October 10 included specific social media and a video for staff.

Activity so far has seen a 67% increase in visits to the Healthy Surrey mental wellbeing pages – more than 1,000 additional visits. In October, three out of the top five most visited pages on Healthy Surrey were related to mental wellbeing. Further planned activity includes work with the Council Advertising Network (CAN) and targeted radio advertising.



KEEPING WARM THIS WINTER

With high energy prices in the news, advice and signposting for residents on support to heat their homes this winter is being promoted through communications channels. Social media promotion including through the local social network Next Door has collectively reached tens of thousands of people, with residents encouraged to link through to Healthy Surrey advice pages.

Advice and signposting on heating homes during the colder months has also featured as a theme in the Surrey Matters e-newsletter this autumn and will be further highlighted in the winter mailout being sent to all Surrey households.



Health and Wellbeing Board

1. Reference information

Paper tracking information	
Title:	Health and Well-being Strategy Review and Refresh - Stage 4 (Metrics, Implementation and Governance) including update on Key Localities Proposition and whole system approach to Health in All Policies (HiAP)
Related Health and Wellbeing Priority:	All (Priorities 1-3)
Author:	Phillip Austen-Reed, Principal Lead – Health and Wellbeing (SCC); phillip.austen-Reed@surreycc.gov.uk
Sponsor:	Ruth Hutchinson, Director of Public Health (SCC)
Paper date:	2 December 2021
Related papers:	<ul style="list-style-type: none"> • Health and wellbeing strategy dashboard • Surrey Index • Appendices 1-3 (below)

2. Executive summary

The Health and Well Being Strategy priorities and related outcomes were endorsed in September; this report provides an update on the refresh of the implementation plans and on the metrics that show progress against the three priorities. The plans provide a summary of programmes supporting delivery of the strategy. Together these inform what is included in the regular [highlight reports](#) that are provided each quarter to the Board.

The developing revised set of metrics will build on those [originally published for the Strategy](#) and aim to represent the greater focus on reducing health inequalities, the wider determinants of health and the new Health and Well-being Strategy priority groups. The final metrics will draw together local data sets within a designated space on the Surrey Index (replacing the existing Health and Well Being dashboard) and will ensure alignment with the Surrey Heartlands ICS health inequalities dashboard and other publicly available health inequalities indicators used by partner organisations across the system.

Once finalised the metrics will draw on the national health inequalities dashboard that is soon to be published and align with the health inequality indicators in scope within local organisational strategies, the relevant elements of population health management work locally and the Surrey-wide data strategy.

In addition, further to the agreement at the November informal Board meeting, this report provides confirmation of the endorsed Key Localities for Working with Communities and HiAP (Health in All Policies) propositions that will be adopted to support the greater focus on reducing health inequalities.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Agree “difference (inequality) in Life expectancy across Surrey” as a common overall long term impact indicator to reflect the strategic focus on reducing health inequality.
2. Note the developing set of metrics as a reflection of the greater focus on reducing health inequalities and wider determinants of health.
3. Agree to locating the HWB Strategy metrics and dashboard as part of the Surrey Index as part of ongoing work to better align related dashboards.
4. Note the range of current and developing programmes currently within the updated draft HWBS implementation plans which support the strategy priorities and outcomes.
5. Formally agree the next steps outlined in the November informal meeting with regards to taking forward the Health in All Policies (HiAP) and the Key Localities proposition.

4. Reason for Recommendations

Following the production of the initial set of HWBS metrics in 2019, significant new workstreams have moved forward locally which is improving our understanding of the outcomes required to reduce health inequalities. This includes the development of the Surrey Index, progress of the Surrey Heartlands Health Inequalities workstream dashboard and the wider data ecosystem under development as part of the Surrey-wide data strategy.

To be effective and ensure a common understanding across partners, it is beneficial to align these areas of work with the revised set of HWBS metrics and implementation plans to ensure we can have a common long-term view of the progress being made with regards to assessing health and well-being and reducing health inequalities in Surrey.

Two key developments to move forward in terms of the Board’s acceptance of the population intervention triangle as a useful model to guide its work are the propositions that identify Key Localities in which to work with communities and the HiAP approach.

5. Review and update of HWBS metrics

As part of the refresh of the Health and Wellbeing Strategy this year, [the current Strategy metrics](#) are being reviewed to ensure they more fully reflect the refreshed focus on health inequalities and the wider determinants of health. To provide a clear indicator to assess progress against our over-arching ambition of ‘reducing health inequalities so no-one is left behind’ it is proposed to include a new indicator that shows the gap in life expectancy for males and females between the highest and lowest Local Super Output Areas (LSOAs) in Surrey (Appendix 1).

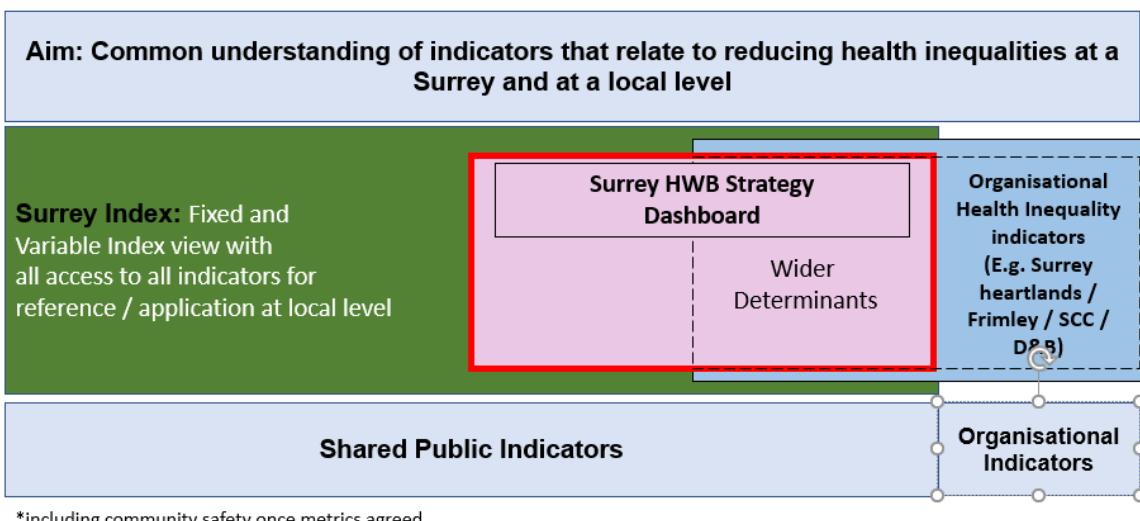
To further ensure a focus on reducing health inequalities and the wider determinants it is proposed that we align the [current published Strategy dashboard](#) with the wealth of wider data that now sits within the [Surrey Index](#), which include components such as business, economy and transport.

Adopting this approach will introduce additional indicators to the HWBS metrics that are already included within the Surrey Index, many of which relate to the Strategy’s priority populations of identity, whilst also enabling interrogation of the data at a more local, geographic level. This is helpful in being able to assess progress with priority populations of geography. Appendix 2 provides an overview of the current set of indicators along with examples of the additional potential indicators that are present within the Surrey Index as well as those that are drawn from the Surrey Heartlands Health Inequalities Dashboard.

Placing the Health and Wellbeing Strategy dashboard within the Surrey Index would also have the benefit of promoting it as the common reference point for health inequality indicators that relate to the wider determinants of health. These are often included and referenced in individual organisational strategies, however with no single organisation being

able to significantly impact individually, this will ensure a common system wide view of these indicators which supports the ambition of the developing Surrey-wide data strategy. The proposed alignment of these various elements is represented below in figure 1.

Figure 1: shows how the Health and Wellbeing Strategy dashboard will sit within the Surrey Index and link with other sets of organisational indicators where they relate to the wider determinants of health.



Organisational Health Inequality related indicators including Surrey Heartlands Health Inequalities workstream

With the greater system wide focus on reducing health inequalities, individual partner organisations are progressing work to enable a better understanding of their progress against indicators that contribute to reducing health inequalities.

One example of this is as part of the Equality and Health Inequalities (EHI) Board within Surrey Heartlands where a set of process and outcome indicators has been identified that are most relevant to the ICS. These indicators are regularly reviewed by the EHI Board and include internal process indicators along with some Surrey-wide (intermediate to long-term) outcome indicators that are also within the current HWB Strategy metrics.

Further to the above it is recognised that the Surrey-wide data strategy will provide a collective approach and data ecosystem across the wider system to capture and align processes and dashboards.

6 Updating programme / project implementation plans

Implementation plans were previously shared with the Health and Well-being Board in [December 2019](#). These provide a summary of the programmes in Surrey that contribute to the delivery of the Health and Wellbeing Strategy. They also provide the basis for the regular [HWB Highlight Reports](#) that are used to both report on progress and more importantly, through programme engagement with senior responsible officers, raise key challenges that need collaborative action at a community, service and system level.

The programmes included within these implementation plans are regularly reviewed with the named senior responsible officers via the relevant sub-boards and the priority sponsors to ensure they remain relevant. For priority one this is via the prevention and wider determinants board with priority three being included within the boards scope from the new

year. For priority two this is being developed and reviewed via the mental health delivery board.

Given their ongoing regular review, Appendix 3 shares a current update to the implementation plans which are a broad snapshot of programmes either included or which are in scope for inclusion following the refresh of the strategy and other related developing workstreams,

6

For priority one (Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being), outcomes and programmes around housing, domestic abuse and environmental factors have now moved into the priority three implementation plan, as per the refreshed strategy.

For priority two (Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being), it is important to particularly note that additional work is in progress to ensure full alignment with the mental health improvement plan regarding prevention and early intervention.

For priority three (Supporting people to reach their potential by addressing the wider determinants of health), there has been a significant expansion of outcomes to enable greater clarity of focus on the wider determinants of health. This has meant the need to consider a significantly wider range of existing and new programmes which have the potential to be included within its implementation plan.

Ensuring ongoing alignment with related workstreams and strengthening these implementation plans to reflect the refreshed strategy will involve the Health and Wellbeing Team continuing work with nominated/new leads in 2022/23 to develop a clear understanding of how programmes meet the new HWBS Programme Management Guidance, including how they:

- aim to reduce health inequality
- focus on priority populations
- require collaborative support of HWB partners and
- demonstrate milestones and short/medium term indicators to contribute to relevant outcomes within the Strategy.

This approach will support the HWB strategy and the business of the HWB Board in becoming more focused on activity that explicitly reduces health inequalities.

7. Key Localities Proposition

As well as the specific programmes that are incorporated within the implementation plans, a key feature of the refreshed approach within the Health and Wellbeing Strategy is to align with the empowered and thriving communities approach. This has been recognised as crucial in ensuring that work moves forward within the “community led interventions” element of the population intervention triangle.

Following the significant engagement from board members at the informal November HWB meeting, a focused approach to key localities based on the Index of Multiple Deprivation (IMD) has been proposed. This highlighted the 18 lower super output areas that are within deciles two and three of the IMD. Partners agreed the following five areas will be the priority focus of multiagency resources and efforts to work creatively alongside communities in a way that builds trust, understanding, and helps stimulate community led action alongside the work of agencies:

- Hooley, Mersham & Netherne
- Canalside
- Westborough
- Stoke
- Stanwell North

The principles for working with communities agreed as part of the refreshed HWB Strategy will guide this work and it will build on what is strong in these communities. The specific approaches in each area will be developed over the coming months through local partnership engagement.

8. Health in All Policies proposition

Following the informal Health and Wellbeing Board discussion in November all partners agreed to engage with the Local Government Association’s associate, Steve Bedser, to move this work forward. Through a series of scoping calls with representatives of member organisations, the associate will enable a greater understanding of what changes in approach that can be adopted across partners to fully embrace the Health in All Policies approach and enable understanding of what can be progressed as part of the “civic level interventions” element of the population intervention triangle.

9. Challenges and opportunities

- Some indicators relevant to assessing progress of the Strategy’s priorities continue to only be available at a higher Surrey footprint which limits the benefit of use at a local system level.
- The new approach to align with the Surrey Index does mean however that where more local data is available this will be more obviously accessible which supports the Surrey-wide data strategy and work to align dashboards and processes within the health inequalities landscape.
- A recent local National Institute for Health Research submission has the potential to provide five years of funding. The aim of this initiative will be to develop a sustainable research and governance infrastructure in SCC to build knowledge about local health determinants which can be translated into evidence based and impactful policies to improve health outcomes and reduce health inequalities. If successful, this will also

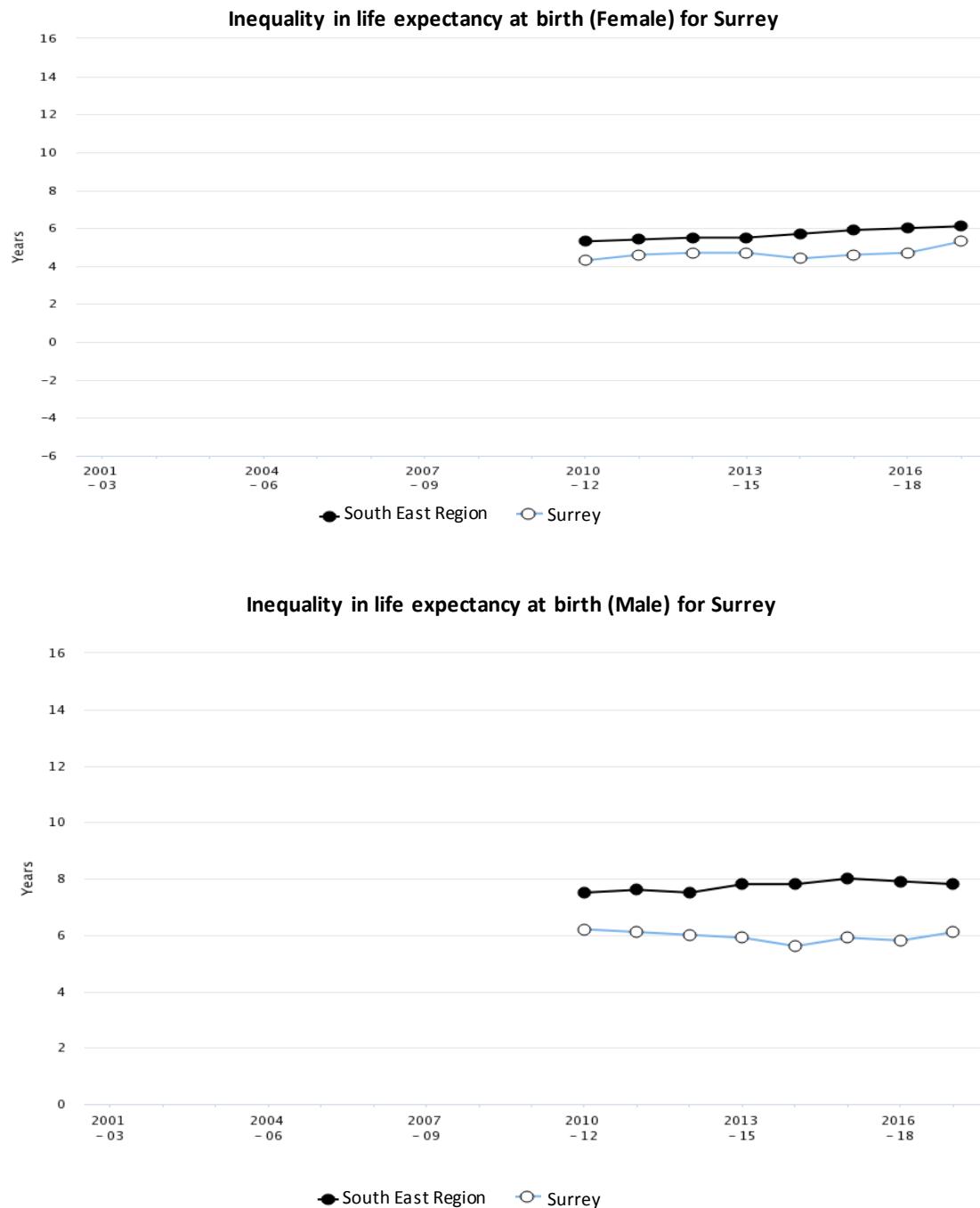
strengthen and support our understanding about the effectiveness and impact of programmes on the delivery of Health and Wellbeing strategy outcomes.

10. Next steps

- Publish an updated Surrey Health and Wellbeing Strategy in January 2022 incorporating the refreshed outcomes on Healthy Surrey alongside the [regular quarterly highlight reports](#)
 - Progress logic model planning with SROs to identify short to medium term indicators as part of the implementation plans for outcomes.
 - Using a finalised set of agreed metrics, colleagues leading the Surrey Index will produce a Health and Wellbeing Strategy ‘view’ for use and reference by all partners. This will be available from April 2022.
 - Progress the key localities proposition through discussion with health place-based partnerships and Surrey chief executives.
 - Progress HWB Board member organisation engagement in HiAP (Health in All Policies) through scoping conversations with the LGA Associate, to inform a workshop as part the next informal HWB Board meeting in the new year.
-

Appendix 1: Proposed new overarching indicator for inclusion in HWB strategy dashboard to reflect focus on reducing health inequalities (female / male)

This indicator shows the difference and inequality in life expectancy at birth between the highest and lowest LSOA in Surrey. Whilst for both female and male the surrey figure (blue) is below the Southeast region average (black) it is either increasing (female) or static (male). Due to the significant lag on this data being reported, it takes a significant time to see the impact of any actions taken however it is useful as a long-term indicator of progress against reducing this high-level geographical indicator as the determining factors for life expectancy are many and varied.



Appendix 2: Current and potential additional longer term outcome Indicators

Whilst not exhaustive, the following states the current strategy metrics alongside potential additional indicators that could be introduced to the Joint Health and Wellbeing Strategy dashboard following alignment with the Surrey Index and other publicly available indicators currently being referenced by local partner organisations. Whilst many directly link to the strategy priority populations, work is ongoing to understand how those currently available as general indicators can be broken down by priority populations.

Priority One: Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being

Indicator	Status
Children aged 5 with 2 doses of MMR %	Existing
Deaths in usual place of residence %	Existing
Patients with diagnosed hypertension %	Existing
Physically inactive adults %	Existing
Active travel - cycling	Existing
Active travel - walking	Existing
Adults with LD in paid employment	Existing
Adults with LD in settled accommodation	Existing
Alcohol-related hospital admissions for U18s	Existing
Bowel cancer screening coverage	Existing
Cervical screening coverage	Existing
Diabetes diagnosis rate	Existing
Effectiveness of reablement services	Existing
Excess winter deaths index	Existing
Measles incidence rate	Existing
Number of rough sleepers	Existing
Obesity-related hospital admissions	Existing
PLACEHOLDER: domestic abuse	Existing
Smoking rates in adults working in routine and manual jobs	Existing
Unplanned hospitalisations	Existing
Y6 pupils at a healthy weight	Existing
CHD prevalence	Potential
Diabetes prevalence	Potential
Rate of overweight and obesity	Potential
Prevalence of colorectal cancer	Potential
Prevalence of breast cancer	Potential
Cancer prevalence	Potential

Priority Two: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being

Indicator	Status
12-month Health Visitor reviews	Existing
Access to IAPT services	Existing
Adults with mental ill health in appropriate accommodation	Existing
Dementia diagnosis rate	Existing
Emergency admissions for dementia	Existing
Employment of people with mental illness	Existing
Self-reported high anxiety	Existing
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability (Persons, 16-64 years)	Potential
percentage of adult carers who have as much social contact as they would like (18+ years)	Potential
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Potential
People reporting low life satisfaction	Potential
Percentage of people expected to have dementia locally who have a diagnosis of dementia	Potential

Priority Three: Supporting people to reach their potential by addressing the wider determinants of health

Indicator	Status
% Children in care achieving 5A*-C GCSEs	Existing
% FSM children achieving 5A*-C GCSEs	Existing
% FSM children achieving good level of development	Existing
Participation rate (education, training)	Existing
Unemployment rate	Existing
Use of outdoor space for exercise/health	Existing
Food vulnerability Index Score	Potential
Financial Vulnerability Index Score	Potential
Current average energy efficiency of domestic buildings	Potential
FSM recipients/educational attainment – key stages	Potential
Children 0-15/0-19 in absolute/relative poverty	Potential
Households in Fuel Poverty	Potential
Community Needs Index Score – active/engaged community	Potential
Violent crime, DA and sexual offences rates	Potential
Carer's income support	Potential
Carer's allowance	Potential
Households on Universal Credit	Potential
Housing benefit	Potential
Accessibility of fast-food outlets	Potential
Hospital admissions for violent crime	Potential
Individuals/households not meeting min income standard	Potential
Long term claimants of job seekers allowance	Potential

*Additional mental health related indicators will be available for inclusion following alignment with the mental health improvement plan

Appendix 3: HWB strategy Summary Implementation Plans
(Draft as at December 2021)

This page is intentionally left blank

Health and Wellbeing Strategy: Priority 1 - Supporting People Live Healthy Lives

Appendix 3 Healthy Surrey

DELIVERING THE

COMMUNITY VISION FOR SURREY



Improved physical health and wellbeing

OUTCOMES

By 2030:

- People have a healthy weight and are active
- Substance misuse (drugs/ alcohol/ smoking) is low
- The needs of those experiencing multiple disadvantage are met
- Serious diseases are prevented through vaccination and early diagnosis
- People with a disability or lifelong limiting illness are supported to live independently for as long as possible

WHO IS LEADING THIS?

Priority sponsor: (interim sponsor)
Ruth Hutchinson, Director of Public Health

Programme Manager:

Helen Tindall, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

Last updated:
December 2021

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. It also outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 1 currently focuses on enabling and empowering residents to lead physically healthier lives. This priority area is entirely focused on prevention, removing barriers and supporting people to become proactive in improving their physical health.

How are we measuring our progress:

Indicator	Status
Children aged 5 with 2 doses of MMR %	Existing
Deaths in usual place of residence %	Existing
Patients with diagnosed hypertension %	Existing
Physically inactive adults %	Existing
Active travel - cycling	Existing
Active travel - walking	Existing
Adults with LD in paid employment	Existing
Adults with LD in settled accommodation	Existing
Alcohol-related hospital admissions for U18s	Existing
Bowel cancer screening coverage	Existing
Cervical screening coverage	Existing
Diabetes diagnosis rate	Existing
Effectiveness of reablement services	Existing
Excess winter deaths index	Existing
Measles incidence rate	Existing
Number of rough sleepers	Existing
Obesity-related hospital admissions	Existing
PLACEHOLDER: domestic abuse	Existing
Smoking rates in adults working in routine and manual jobs	Existing
Unplanned hospitalisations	Existing
Y6 pupils at a healthy weight	Existing
CHD prevalence	Potential
Diabetes prevalence	Potential
Rate of overweight and obesity	Potential
Prevalence of colorectal cancer	Potential
Prevalence of breast cancer	Potential
Cancer prevalence	Potential



System Capabilities in Focus

The following system capabilities will be important in the successful delivery of this priority

- **Empowered and Thriving Communities**
- **Clear Governance**
- **Estate management**
- **Workforce recovery & development**
- **Programme management**
- **Equality, Diversity & Inclusion incl. digital**
- **Data insights & evidence**
- **Integrated Care**

Outcome 1: People have a healthy weight and are active - Working to reduce obesity, excess weight rates and physical inactivity

- Implementation of Surrey's Physical Activity Strategy, Movement for Change
- Implementation of a whole systems approach to healthy weight, including targeted intervention programmes for obesity – deprivation/residential care/ carers
- Development of consistent approaches to healthy behaviour promotion for Surrey to enable the right messages to reach our residents
- Social prescribing service in Surrey that connects residents to help and support within local communities
- Surrey Healthy Schools Programme implementation, for example the implementation of the BE Your Best service

Outcome 2: Substance misuse (drugs/ alcohol/ smoking) is low - Supporting prevention and treatment of substance misuse, including alcohol

- Development and implementation of Drug and Alcohol Strategy, early identification of problematic alcohol consumption using the MECC approach and effective treatment for drug and alcohol dependency
- Smoking cessation services in Surrey, focusing on targeted approaches for priority populations and addressing geographical priority areas

Outcome 3: The needs of those experiencing multiple disadvantage are met

- Effective mapping of homelessness and implementation of the Housing First model and 'Homeless Friendly Surrey'
- Change Futures programme implementation to change systems and services and Surrey Adults Matter service implementation
- Development of specialist housing solutions for those experiencing multiple disadvantage, including emergency accommodation sites
- Implementation of the Surrey Carers' and Young Carer's Strategies

Outcome 4: Serious diseases are prevented through vaccination and early diagnosis - Promoting prevention to decrease incidence of serious conditions and diseases

- Improvements in the diabetes pathway across identification, prevention, treatment and management
- Implementation of a Surrey-wide CVD prevention screening programme, including by delivering health checks to priority groups
- Dementia prevention activities by risk factors across organisations, services and communities as part of the Dementia Strategy implementation
- Targeted bowel and cervical cancer screening programme uptake activities for those at high risk

Outcome 5: People with a disability or lifelong limiting illness are supported to live independently for as long as possible

- Alignment of the Better Care Fund to the Health and Wellbeing Strategy to ensure the fund supports Surrey's health and wellbeing priorities
- Implementation of an integrated reablement service that maximises the independence of Surrey residents, including by strengthening collaborative reablement and the use of technology-enabled care and by employing a strengths-based approach
- Implementation of the End of Life strategy, including bereavement support and information for friends and family
- Delivery of specialist housing and housing adaptations to enable Surrey residents to stay independent for longer
- Delivery of a falls prevention service that maximises independence
- Implement a hoarding protocol and establish a panel to enable multi-agency discussion and solutions

Priority Populations in Focus

- People across Surrey who experience the poorest health outcomes**
 - Carers and young carers
 - Children in care and care leavers
 - Children with Special Educational Needs and disabilities
 - Adults with learning disabilities and/or autism
 - People with long term health conditions, disabilities or sensory impairment
 - Older people 80+ & those in care homes
 - Black and Minority Ethnic groups
 - Gypsy Roma Traveller community
 - Young people out of work
 - People experiencing domestic abuse
 - People with serious mental illness
 - People with drug and alcohol problems
 - People experiencing homelessness
- People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

Highlighted - priority populations referenced left TBC

Health and Wellbeing Strategy: Priority 2 - Supporting mental health and emotional well-being



Improved mental health and wellbeing

OUTCOMES

By 2030:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

WHO IS LEADING THIS?

Priority Sponsor:

Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership

Programme Manager:

Kirsty Slack, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via

healthandwellbeing@surreycc.gov.uk

Last updated:

December 2021

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who experience greater inequalities in health and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority two of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.

How are we measuring our progress?

Additional indicators are being considered to better align with the prevention and early intervention elements of the Mental Health Improvement Plan. This will be added following further review and input from the MHD Board.

Indicator	Status
12-month Health Visitor reviews	Existing
Access to IAPT services	Existing
Adults with mental ill health in appropriate accommodation	Existing
Dementia diagnosis rate	Existing
Emergency admissions for dementia	Existing
Employment of people with mental illness	Existing
Self-reported high anxiety	Existing
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability (Persons, 16-64 years)	Potential
percentage of adult carers who have as much social contact as they would like (18+ years)	Potential
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Potential
People reporting low life satisfaction	Potential
Percentage of people expected to have dementia locally who have a diagnosis of dementia	Potential



System Capabilities in Focus

The following system capabilities will be important in the successful delivery of this priority

- **Empowered and Thriving Communities**
- **Clear Governance**
- **Estate management**
- **Workforce recovery & development**
- **Programme management**
- **Equality, Diversity & Inclusion incl. digital**
- **Data insights & evidence**
- **Integrated Care**

Outcome 1: People with depression, anxiety and mental health issues have access the right early help and resources

- Children's Emotional Wellbeing and Mental Health Transformation - Alliance in place/ implementation of THRIVE Framework
- Ongoing development and implementation of Mental Health support in schools – including referral pathways to services
- Public Health Mental Health Development programme to reach out and engage with communities at increased risk of poor mental health
- Mapping and development preventative mental health support access for Older People
- Promotion of IAPT access for Older People, putting social prescribing into acute mental health pathways
- Time to Change Surrey – delivery of a campaign and programmes to raise awareness and reduce stigma around mental health.
- Use of technology to support physical and mental health – wg TIHMS, virtual consultations
- Partnership working on physical and mental health links - Physical Health Check reporting for people with SMI, LD, Autism and Carers / MECC training , IAPT support for LTCs, eating disorders
- Surrey Wellbeing Workplace Collaborative activities
- Development of a new integrated Crisis models of care to support people at risk of admission to secondary mental health services
- Community Models of Care Transformation implementation – GPIMHs, 18-25, peer support workers
- Dementia Strategy implementation
- Mental Health support for those within, or at risk of entering, criminal justice system
- Implementation of Strategic commissioning for supported living for people with a mental health problem
- Suicide Prevention Strategy implementation - delivered through Surrey Suicide Prevention Partnership
- Surrey wide communications campaign to build awareness of self care and support available/drive an increase in support seeking
- System wide review of first point of access for Mental Health Support and Services
- Surrey Mental Wellbeing Training Collaborative - Mental Health First Aid (MHFA), Suicide Awareness and Trauma Informed Care training.
- Green Social Prescribing implementation - Test and Learn site will focus on targeted groups. BAME/LD/Dementia/ MH diagnosis and fours geographic areas of multiple deprivation

Outcome 2: The emotional wellbeing of parents and caregivers, babies and children is supported

- First 1000 Programme development and delivery - projects include:
- Peer support programme
- Psychotherapy support for families with babies in neonatal units
- Improved understanding of inequalities to transform services
- Support to ensure the needs of families experiencing the poorest the outcomes are met
 - Pregnancy Healthy Behaviours Framework development and implementation
 - On going delivery of Emotional Wellbeing and Mental Health Strategy for CYP
 - Delivery of Continuity of maternity care for women from ethnic minority backgrounds

Outcome 3: Isolation is prevented and those that feel isolated are supported

- Community transport -delivery
- Support for youth social isolation, including bullying prevention with schools and young people in not in education/training/employment
- Surrey Dementia Action Alliance – establishment of Dementia Friendly communities across Surrey , (as per Oxted, Woking, Hindhead)
- Meaningful work and volunteering opportunities for those at risk of mental ill health and social isolation eg Careers for carers
- Engagement to develop more community resources to support those at risk of mental ill health and social isolation - Includes Tech to Community Connect project led by Surrey Coalition of Disabled People.

Priority Populations in Focus

- **People across Surrey who experience the poorest health outcomes in Surrey**
 - Carers and young carers
 - Children in care and care leavers
 - Children with Special Educational Needs and disabilities
 - Adults with learning disabilities and/or autism
 - People with long term health conditions, disabilities or sensory impairment
 - Older people 80+ & those in care homes
 - Black and Minority Ethnic groups
 - Gypsy Roma Traveller community
 - Young people out of work
 - People experiencing domestic abuse
 - People with serious mental illness
 - People with drug and alcohol problems
 - People experiencing homelessness
- **People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

Highlighted - priority populations referenced left TBC

Health and Wellbeing Strategy: Priority 3 - Supporting people to reach their potential

Healthy Surrey

DELIVERING THE

COMMUNITY VISION FOR SURREY



Children, young people and adults reach their potential



OUTCOMES

By 2030:

- People's basic needs are met (food security, poverty, housing strategy etc)
- Children, young people and adults are empowered in their communities
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe (community safety incl domestic abuse; safeguarding)
- The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)

WHO IS LEADING THIS?

Priority sponsor:

TBC

Programme Manager:

Helen Johnson, Senior Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

Last updated:
December 2021

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030:

By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.

In light of the community vision and the vital role communities and staff/organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 3 of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to improve their sense of autonomy, resilience - building social capital in the process. This priority area is focused on addressing the wider determinants of health.

How are we measuring our progress?

Indicator	Status
% Children in care achieving 5A*-C GCSEs	Existing
% FSM children achieving 5A*-C GCSEs	Existing
% FSM children achieving good level of development	Existing
Participation rate (education, training)	Existing
Unemployment rate	Existing
Use of outdoor space for exercise/health	Existing
Food vulnerability Index Score	Potential
Financial Vulnerability Index Score	Potential
Current average energy efficiency of domestic buildings	Potential
FSM recipients/educational attainment – key stages	Potential
Children 0-15/0-19 in absolute/relative poverty	Potential
Households in Fuel Poverty	Potential
Community Needs Index Score – active/engaged community	Potential
Violent crime, DA and sexual offences rates	Potential
Carer's income support	Potential
Carer's allowance	Potential
Households on Universal Credit	Potential
Housing benefit	Potential
Accessibility of fast-food outlets	Potential
Hospital admissions for violent crime	Potential
Individuals/households not meeting min income standard	Potential
Long term claimants of job seekers allowance	Potential

Related System Capabilities

The following system capabilities will be important in the successful delivery of this priority

- Empowered and Thriving Communities
- Clear Governance
- Estate management
- Workforce recovery & development
- Programme management
- Equality, Diversity & Inclusion incl. digital
- Data insights & evidence
- Integrated Care

Outcome 1: People's basic needs are met (food security, poverty, housing strategy etc)

- Poverty mitigation activities eg Crisis Fund and Food Bank support
- Household Support Fund activities
- Surrey Housing Strategy Development
- Poverty prevention activities eg Benefit maximisation advice

Outcome 2: Children, young people and adults are empowered in their communities

- Surrey Healthy Schools Programme Implementation – D of E award schemes, pastoral and careers guidance, PSHE curriculum delivery developments, GRT programmes
- Local Area Co-ordination / Community Development / Engagement activities
- Place-based regeneration

Outcome 3: People access training and employment opportunities within a sustainable economy

- Skills Leadership Forum activities
- Delivery of Surrey Skills and Inclusion Framework - Engagement; Barrier removal ; Vocational Activity; Supporting job entry; In work support .
- Careers for Carers programme delivery
- Hidden Talent programme delivery for people with learning difficulties
- Employment & Skills No One Left Behind Network –improved navigation of employment support, particularly for vulnerable cohorts
- Apprenticeship Levy maximisation
- Anchor institutions development
- Social Value Act activities

Outcome 4: People are safe and feel safe (community safety incl domestic abuse; safeguarding)

- Community Safety Agreement Implementation Plan TBC incl. Domestic Abuse Strategy Implementation eg
- System Implementation of the requirements of the Domestic Abuse bill
- Service procurement of new DA service, establishing governance/ information sharing etc.
- DA Perpetrator Intervention service in C-SPA
- Ongoing Implementation of IDVA's in Surrey's A&E Settings
- Establishment of Identification and Referral to Improve Safety Training (IRIS) across Surrey- Identifying funding envelope and then phased roll out
- Coercive Control- training for frontline professionals to identify and respond appropriately to coercive control
- Safe Accommodation service – review into its sustainability.
- Drive Smart programme implementation
- Children and Adults' Safeguarding annual plan implementation
- Surrey Healthy Schools Programme – pastoral support and referral to services

Outcome 5: The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)

- Surrey Healthy Schools Programme implementation - Eco-schools programme implementation
- Air Quality Alliance activities focused on high risk groups/areas
- Planning and Health Forum activities incl development of strategic guidance documents
- Engagement in Development Consent Order for Heathrow and Gatwick
- Health Impact Assessment system implementation
- Greener Futures Climate Change Delivery Plan implementation including themes – Greener Futures Communities; Build Back Greener; Grow Back Greener; One Net Zero Public Estate strategy implementation
- Local Transport Plan delivery and Local Cycling and Walking Infrastructure Plans implementation at place

Priority Populations in Focus

- **People across Surrey who experience the poorest health outcomes**
- Carers and young carers
- **Children in care and care leavers**
- Children with Special Educational Needs and disabilities
- **Adults with learning disabilities and/or autism**
- People with long term health conditions, disabilities or sensory impairment
- Older people 80+ & those in care homes
- Black and Minority Ethnic groups
- **Gypsy Roma Traveller community**
- **Young people out of work**
- **People experiencing domestic abuse**
- People with serious mental illness
- People with drug and alcohol problems
- People experiencing homelessness
- **People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

Highlighted – priority populations referenced left TBC

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Proposals for the Surrey Heartlands Integrated Care Partnership
Related Health and Wellbeing Priority:	System Capabilities
Author(s):	Louise Inman, Health Integration Policy Lead - Surrey County Council; Louise.Inman@surreycc.gov.uk
Sponsor(s):	Tim Oliver - Leader of Surrey County Council
Board date:	2 December 2021
Related papers:	N/A

7

2. Executive summary

As part of the reforms set out in the Health and Care Bill 2021-22, Integrated Care Systems are being asked to establish Integrated Care Partnerships.

This paper outlines proposals for the Surrey Heartlands Integrated Care Partnership, including purpose, membership of the partnership and frequency of meetings.

Final decisions on the purpose and membership of the partnership are reserved for Surrey County Council and Surrey Heartlands Integrated Care Board

3. Recommendations

The Health and Wellbeing Board is asked to note the proposals for establishing the Surrey Heartlands Integrated Care Partnership.

4. Detail

Legislation establishing Integrated Care Partnerships

The Health and Social Care Bill (2021) sets out a requirement for each Integrated Care System to establish an Integrated Care Partnership, and for this partnership to prepare an integrated care strategy, unless they consider the existing joint local health and wellbeing strategy is sufficient. Guidance published by NHSE proposes the following purpose and functions for the partnership:

- Align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes.

- Facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development
- To develop an ‘integrated care strategy’
- Built bottom up from an assessment of needs and assets at place
- Based on JSNAs
- Focused on improving health and care outcomes, reducing inequalities, and addressing the consequences of the pandemic for communities.
- Champion inclusion and transparency- formal sessions held in public
- Support place based and neighbourhood level engagement
- Ensure system is connected to communities

Integrated Care Partnerships in Surrey

Surrey Heartlands Integrated Care System is in a relatively unusual position of only having one Upper Tier Local Authority within the geography of its health system. Typically, Integrated Care Systems span more than one unitary or upper tier local authority, and therefore multiple Health and Wellbeing Boards, and/or multiple local authorities with responsibility for delivering adult social care. In such situations, the Integrated Care Partnership serves a useful function of bringing together its local authority partners in a forum to develop an integrated care strategy for its whole ICS population.

In Surrey Heartlands ICS, this function is already delivered by the Surrey Health and Wellbeing Board, through the Surrey-wide Health and Wellbeing Strategy.

Furthermore, Surrey County Council is in the unusual position of having social care responsibilities that span more than one Integrated Care System as Surrey County Council is also a statutory partner of Frimley Integrated Care System, and a statutory member of Frimley’s Integrated Care Partnership. Again, the Health and Wellbeing Board, as a Surrey-wide entity, provides a forum to bring together these two Integrated Care Systems alongside the Council’s public health, adult social care, children’s services and community safety responsibilities to work in partnership to address the wider determinants of health and wellbeing.

Proposed purpose of the Surrey Heartlands Integrated Care Partnership

To avoid duplication of purpose with the Surrey-wide Health and Wellbeing Board, we propose that in Surrey Heartlands Integrated Care System, its Integrated Care Partnership discharges the Health and Wellbeing Board’s responsibilities with regards to the Better Care Fund within the Surrey Heartlands geography.

Working to this remit, the role of the partnership would be to coordinate place-based plans across Surrey Heartlands and prepare national Better Care Fund submissions in order to further progress the existing functions of the Health and Wellbeing Board.

Membership would therefore include representation from Surrey Heartland’s place-based partnerships, district and borough councils and voluntary sector organisations.

We propose that the Partnership meets on the same day as the Health and Wellbeing Board, initially with the same frequency

Proposed membership of the Surrey Heartlands Integrated Care Partnership

1. The Leader of Surrey County Council (Chair Designate)
2. Joint Executive Director for Adult Social Care and Integrated Commissioning, Surrey County Council/Surrey Heartlands ICS
3. Director for Children's Services, Surrey County Council
4. Director for Public Health, Surrey County Council
5. Representative of Healthwatch Surrey
6. Chief Executive Officer of Surrey Heartlands Integrated Care System
7. Joint Executive Director for Public Service Reform (Surrey Heartlands ICS/Surrey County Council)
8. Lead Primary Care Network Clinical Director,
9. Representatives of the District/Borough Councils (Elected)
10. Representatives of the District/Borough Councils (Officer)
11. Representatives of the Voluntary, Community and Faith Sector (standing)
12. Representatives of the Voluntary, Community and Faith Sector (selected each meeting)
13. Representatives of the Voluntary, Community and Faith Sector (selected each meeting)
14. Representative of G&W place-based partnership
15. Representative of NW Surrey place-based partnership
16. Representative of Surrey Downs place-based partnership
17. Representative of East Surrey place-based partnership

- Participant: Chair of Surrey Heartlands Integrated Care System

5. Challenges

- There is an interdependency between the task of establishing the statutory Integrated Care Board from April 2022 and establishing the Integrated Care Partnership. In practical terms, as the ICP will be established by the Integrated Care Board and Local Authority within an area jointly, so cannot formally be established until the ICB designated chair and Chief Executive of the Integrated Care System is in place. It will not be possible to formally convene the Integrated Care Partnership before the Integrated Care Board has been established.
- The BCF plan is Surrey-wide, so the Health and Wellbeing Board would need to retain responsibility for formal sign off of submissions. Oversight of performance and planning within Surrey Heartlands would sit with the ICP. Mechanisms for coordination with Frimley ICS with regards to those areas of Surrey within the Frimley system would be developed as the working relationships between the two ICSs and Surrey County Council evolve.
- Currently, responsibilities relating to the Better Care Fund sit with the Commissioning Collaborative and Committees in Common. These interdependencies will need to be reviewed as the ICSs start to operate in shadow form.

6. Timescale and delivery plan

NHS England are expecting Integrated Care Partnerships to have appointed an ICP Chair Designate by February 2022 and expect all ICPs to be operating in interim form from April 2022, and to have been able to build their membership to a steady state by September 2022.

Surrey Heartlands Integrated Care System is working towards standing up the ICP in shadow form from January 2022. Further engagement with VSCE partners will take place during this time.

7

7. How is this being communicated?

Proposals for the Integrated Care Partnership, once finalised, will be communicated as part of the overall Surrey Heartlands Integrated Care System Development communication strategy and incorporated into Frimley ICS communication plans.

8. Next steps

- These proposals will be reviewed and agreed by the ICB Chair designate, the ICS Chief Executive and the Leader of Surrey County Council.
 - The ICS governance group will coordinate with other partnerships to develop a better understanding of the interdependencies and areas of common interest in different forums including Urgent Care Delivery Board, Neighbourhood Board etc.
-

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Surrey Safeguarding Adults Board Annual Report 2020/21
Related Health and Wellbeing Priority:	All (Priorities 1-3)
Author(s):	Simon Turpitt – SSAB Independent Chair Sarah McDermott – SSAB Board Manager surreysafeguarding.adultsboard@surreycc.gov.uk
Sponsor(s):	Sinead Mooney – Cabinet Member for Adults and Health, Surrey County Council
Board date:	2 December 2021
Related papers:	<ul style="list-style-type: none">Annex 1 - Annual Report 2020/21 (an interactive/PowerPoint version is available on request)

8

2. Executive summary

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency board with responsibilities set out in the Care Act 2014. The SSAB is chaired by an independent chair, Mr Simon Turpitt.

There is a statutory duty for all Safeguarding Adult Boards to publish an annual report and disseminate to various parties, of which the Health and Wellbeing Board is one.

3. Recommendations

It is recommended that the Health and Wellbeing Board:

1. Considers and notes the attached Surrey Safeguarding Adults Board Annual Report 2020/21.
2. Considers the SSAB Annual Report in relation to the HWB strategic priorities to ensure collaborative working between the boards.

4. Reason for Recommendations

Recommendations demonstrate that the SSAB is fulfilling its statutory requirement under the Care Act 2014 to present to the Health and Wellbeing Board.

It supports the SSAB to be transparent by providing information to the public on performance of the Board and delivery of the SSAB strategic plan.

Ensures that the Health and Wellbeing Board is aware of the work of the Safeguarding Adults Board and the interface with the Health and Wellbeing Board strategic priorities.

5. Detail

Surrey has had a Safeguarding Adults Board (SAB) in place for over a decade with the board being statutory since the implementation of the Care Act 2014. The primary duty of the SAB is to ensure the main statutory agencies work together to improve practice which protects and promotes the safety of adults at risk of abuse and neglect in Surrey.

It is a statutory requirement under the Care Act for the Annual Report to be sent to the Chief Executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable, Healthwatch, and the Chairman of the Health and Wellbeing Board.

The Board would like members of the Health and Wellbeing Board to have a good understanding of the range of abuse and neglect issues that can affect adults with care and support needs and of the importance of balancing safeguarding with empowerment, and how this links with the HWB priorities. It is anticipated the annual report will increase this understanding.

The report highlights the work of the board over the past year in relation to the strategic priorities:

- Prevent Abuse and Neglect
- Improve the management and response to safeguarding concerns and enquiries
- Learn lessons and shape future practice

The report also includes data from Surrey County Council Adult Social Care, Surrey Police and Trading Standards. SSAB agencies were asked to contribute to the report and highlight their achievements and challenges within the 2020/21 year in relation to their safeguarding adults work.

6. Challenges

The Annual Report is a description of the Board's activities and challenges faced during the year for both the SSAB and partner agencies.

7. Timescale and delivery plan

The Safeguarding Adults Annual Report covers the 2020/2021 year.

8. How is this being communicated?

The Annual Report is a description of the Boards activities undertaken during the 2020/21 year. As a multi-agency report all members of the Board were consulted on the contents and invited to contribute. The Annual Report was presented to Cabinet in October 2021.

9. Next steps

The SSAB Annual Report will be:

- Published on the Surrey Safeguarding Adults Board website
- Circulated with the Surrey SAB newsletter (next Edition)
- Distributed electronically to:
 - Chief Executive of the County Council and the Leader of the Council
 - The Police and Crime Commissioner
 - The Chief Constable
 - Healthwatch Surrey
 - Board members for them to cascade within their own organisations

This page is intentionally left blank

Surrey Safeguarding Adults Board

8



Annual Report 2020-21

www.surreysab.org.uk

Message from the Chair



8

This has been a challenging year for residents, families and carers but especially those with care and support needs. Covid drove lock down which caused isolation, fear, mental health pressures and families split by barriers.

Aligned with this is the pressure on staff with risk, PPE, etc. whilst trying to reassure and support their patients or clients. Home visits which if used at all were major operations built around keeping people safe.

This is the background that the Board was operating in.

The issue that has most concerned us during the year was overcoming the difficulty in ensuring that safeguarding is not lost in the challenges that individuals, families, and carer face, so ensuring that they had access to the safeguarding support services that they need.

The Board is seeing positive trends in data giving us assurance that we are measuring the right things and focusses on getting it right first time but that this is still a journey of improvement and making sure the Board actions relate to areas of need.

We are seeing a continual rise in referrals for Domestic Abuse and are making sure that those affected receive the right help and support at the earliest opportunity, cooperation across Surrey has ensured a strong focus on this area.

There has also been the increase in enquiries for neglect and this is a challenge that we are focussing on to improve the data to gain more insight into what is wide area which needs clearer definition so that we can better address this rise.

Towards the end of the year there was a significant increase in requests for Safeguarding Adult Reviews (SAR's) some of which have been joint reviews with Domestic Homicide. This increase was partially expected as once lockdown started to ease, referrals increased and this then, in some cases became SAR's. Any SAR is tragic and the point of them is to ensure we learn from how multi agency working was effective and where we can improve on and share that learning and use this to prevent future incidents.

A new Board Manager joined us right at the start of lockdown which was a challenge but she has had a really positive impact on the way the Board works and building strong relationships despite the challenge.

Message from the Chair

We reorganised our senior subgroup of the Board, it has become the Adult Safeguarding Executive with senior leaders from Adult Social Care, Health, Police, District and Boroughs and the PCC's office and reporting directly to the Board. Throughout the year senior leaders were incredibly supportive and worked effectively together. Initially we had weekly meetings to ensure risks were managed this then moved to monthly allowing to react quickly to any issues

8

There has been much greater engagement with the other Boards in Surrey primarily with the Health and Well Being Board, Children's Partnership, Domestic Abuse Board and Community Safety Partnership. This strengthened alignment and avoided duplication of action.

We have been members of the National Safeguarding Adults Chair's Executive which has allowed us to influence the national agenda from a Surrey perspective and have access to good practice. The Board via the Chair has also been a member of the Mental Health Partnership Board

Though Covid has had some really negative impacts there have been a few positives, board partners have worked more effectively together using video conferencing to have more effective meetings better communication and participation allowing a quicker response to issues.

Our risks going forward are around missed incidents because of covid, less training opportunities and staff resilience due to the pressures of the last twelve months. We will continually review these and our mitigations with partners to manage these.

I recognise that the coming year will also be challenging, and I must thank all staff for their focus and support of those adults with care and support needs.

Simon Turpitt
Independent Chair
Surrey Safeguarding Adults Board

Our Story

Safeguarding Adults Boards (SABs) were established under The Care Act 2014



The Objective of the SAB is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does.

8

The three core duties on SABs are to:

1. Publish a Strategic Plan
2. Publish an annual report
3. Undertake Safeguarding Adult Reviews



An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective

Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs



Broaden engagement with the voluntary sector to help get the right messages to the right people

Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice



Our Story



Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.

8

Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Be transparent – the SAB leads a learning culture where best practice is identified this will be shared and recommended, where concerns are identified these will be communicated appropriately

Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.



Partnership

The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from each member agency.

8 The Board is facilitated by an independent Chair and supported by a small team.

The partnership is made up of:

Frimley Health and Care



NHS

Surrey and Sussex Healthcare NHS Trust



NHS
Frimley Health
NHS Foundation Trust



healthwatch
Surrey



South East Coast NHS Ambulance Service

EPSOM &
EWELL
BOROUGH COUNCIL

GUILDFORD
BOROUGH



Page 98

virgincare



SURREY
COUNTY COUNCIL



SURREY
POLICE
With you, making
Surrey safer

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP



Surrey
age UK



NHS

Epsom and St Helier
University Hospitals
NHS Trust



Action for Carers
Surrey



NHS
North East Hampshire
and Farnham
Clinical Commissioning Group



Public Health
England

NHS
Royal Surrey
NHS Foundation Trust

Community Rehabilitation Company

NHS
Ashford and St. Peter's
Hospitals
NHS Trust

First
Community
Health and Care

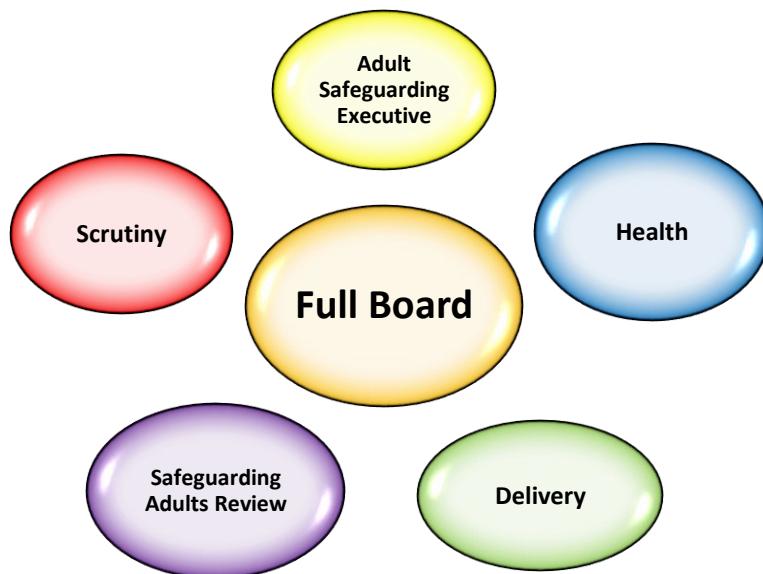
NHS
Surrey and Borders Partnership
NHS Foundation Trust



Mole Valley
District Council

NHS
Surrey Heath
Clinical Commissioning Group

How the Board works



8

Full Board

- The Surrey SAB meet four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives and voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding work.
- Provides direction to all subgroups.

Adult Safeguarding Executive

- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

Safeguarding Adults Review Group

- Considers cases for a Safeguarding Adults Review
- Manages the reviews once they are commissioned
- Leads on sharing the lessons from reviews

Delivery Group

- Oversees the safeguarding training of the Board
- Requests and receives QA data from agencies (sends to Scrutiny group)
- Oversees the multi-agency policy and procedures

Health Group

- Defines the strategic direction for planning and delivery of health services to adults at risk.
- to provide a forum for discussion of key issues for Surrey health services

Scrutiny Group

- Scrutinises the Quality Assurance data from partners Identifies areas of best practice and/or concern
- Raises questions on data received before being submitted back to the delivery group

Other work in 2020-21

Priority: Prevent Abuse and Neglect



During 2020/21 the SAB continued to raise awareness by providing multi-agency training, updating the website, promoting the newsletter and presenting at different forums.

8



Surrey Skills Academy also offered training accessible to care providers and offered 2 courses equivalent of the SABs Essentials course.



Attendance at SAB and subgroup meetings has increased, potentially due to the moving to virtual meetings.



The SAB Board Manager presented at the Registered Managers network to promote the work of the SSAB and highlight the Care Home and Domiciliary Care webpage.



The SAB promoted all relevant leaflets and guides on the SAB website and utilised it's Twitter account to highlight relevant issues.



Links were strengthened with the Health and Wellbeing Board with regular meetings between the Board managers to ensure safeguarding adults is highlighted.

Other work in 2020-21

Priority: Prevent Abuse and Neglect



A presentation on What are Care and Support needs? was presented to the SSAB and included on the website and within the newsletter.



The SAB Board Manager attended partnership meeting to ensure that the SAB is engaged with other work streams, this included:

- Domestic Abuse Management Board
- Surrey Adult Matters
- Sexual Abuse and Missing Management Board
- DHR Oversight Group



The SAB linked with the Cuckooing project provided by Catalyst and they provided an update on the service

Other work in 2020-2021

Priority: Improve the management and response to safeguarding concerns and enquiries:

8



The Contributing to Section 42 enquiry training course delivery was unfortunately impacted upon by Covid-19. Whilst the SSAB had trained a number of trainers their availability to provide this for the SSAB was limited due to their resources being required elsewhere. .



To support agencies it was agreed that one agency would trial the course in a one day virtual course and that the SSAB would commission a trainer to deliver it over 2 half-days. The different methods have enabled the SSAB to determine what is needed in 21/22 for this training.



The value of this training has been recognised and will be reviewed based on feedback from attendees and trainers



The Pressure Ulcer protocol was updated as was the Escalation Policy to include timescales.



LGA/ADASS Framework Understanding what constitutes a safeguarding concern and how to support effective outcomes was reviewed and tasked to a sub-group to determine next steps

Other work in 2019-20

Priority: Learn lessons and shape future practice

The SAB focus on learning from SARs, both national SARs and those that occur closer to Surrey, by holding a workshop at a SSAB meeting.

8

The SAB members consider 5 questions with a 1 minute feedback session. This provides agencies with an opportunity to consider what learning can be taken back to their own agency as well as any actions.

Learning briefings were published on the Board's website to assist with ensuring wider dissemination of the learning from reviews.

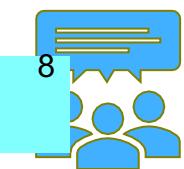
The impact of Covid on learning events has been significant with no in person events being held. Alternate ways were considered by the SSAB with the view that these will be implemented within the 21/22 year.

The Registered Managers Network was presented the Person 1 Safeguarding Adults Review (SAR) to highlight to providers the need to consider SARs as there may be learning for their agencies to take forward.

Priority: Learn lessons and shape future practice



The Analysis of Safeguarding Adults Reviews April 17-19 commissioned by the Care and Health Improvement Programme (CHIP) was reviewed and an action plan for the Surrey Safeguarding Adults Board is under development.



A presentation on Safeguarding Adults Reviews(SAR) an the criteria for a SAR was developed and presented to the SSAB with copies included in the newsletter and on the website.



Learning from Learning Disability Reviews (LeDeR) was considered by the Board and during the 21/22 year this relationship will be strengthened.



There was a survey of SSAB members to gain an understanding of how we can ensure that the Board is more effective. Elements of feedback have been incorporated into how the SSAB operates

Surrey Prevent (Counter-Terrorism) and Channel Panel

The UK government's counter terrorism strategy, CONTEST, is made up of 4 strands:

-  Pursue
-  Prevent
-  Protect
-  Prepare

8

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by 'stopping people becoming terrorists or supporting terrorism'.

Prevent focuses on all forms of violent extremism and terrorism and is a multi-agency approach to safeguarding and prevention.

The Counter Terrorism and Security Act 2015 introduced a new Prevent Duty. Specified authorities must have "due regard to the need to prevent people from being drawn into terrorism".

It also introduced a duty for local authorities to provide support for people vulnerable to being drawn into terrorism, through Channel Panels.

Channel Panel is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to individual to protect and divert them away from being drawn into terrorism.

In Surrey, Channel Panel hold monthly multi-agency meetings Chaired by Surrey County Council.

Between April 2020 to March 2021,

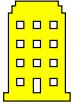
8

-  100% of the adults known to the Channel Panel had care and support needs.
-  71% of the adults known to the Channel Panel were also known to adult social care.
-  71% were known to adult mental health services
-  71% had care and support needs related to mental health issues
-  14% had care and support needs related to substance misuse issues
-  14% had care and support needs related to autism

The Home Office is currently collating national data on the prevalence of Autism Spectrum Disorder in Channel cases, exploring the link between ASD and vulnerability to radicalisation and how best to support such individuals.

- Average age of adult Channel Cases 2020/21 – 33 years
- Average length of time adult cases open to Channel 2020/21 – 3 months
- 87% - Male
- 13% - Female

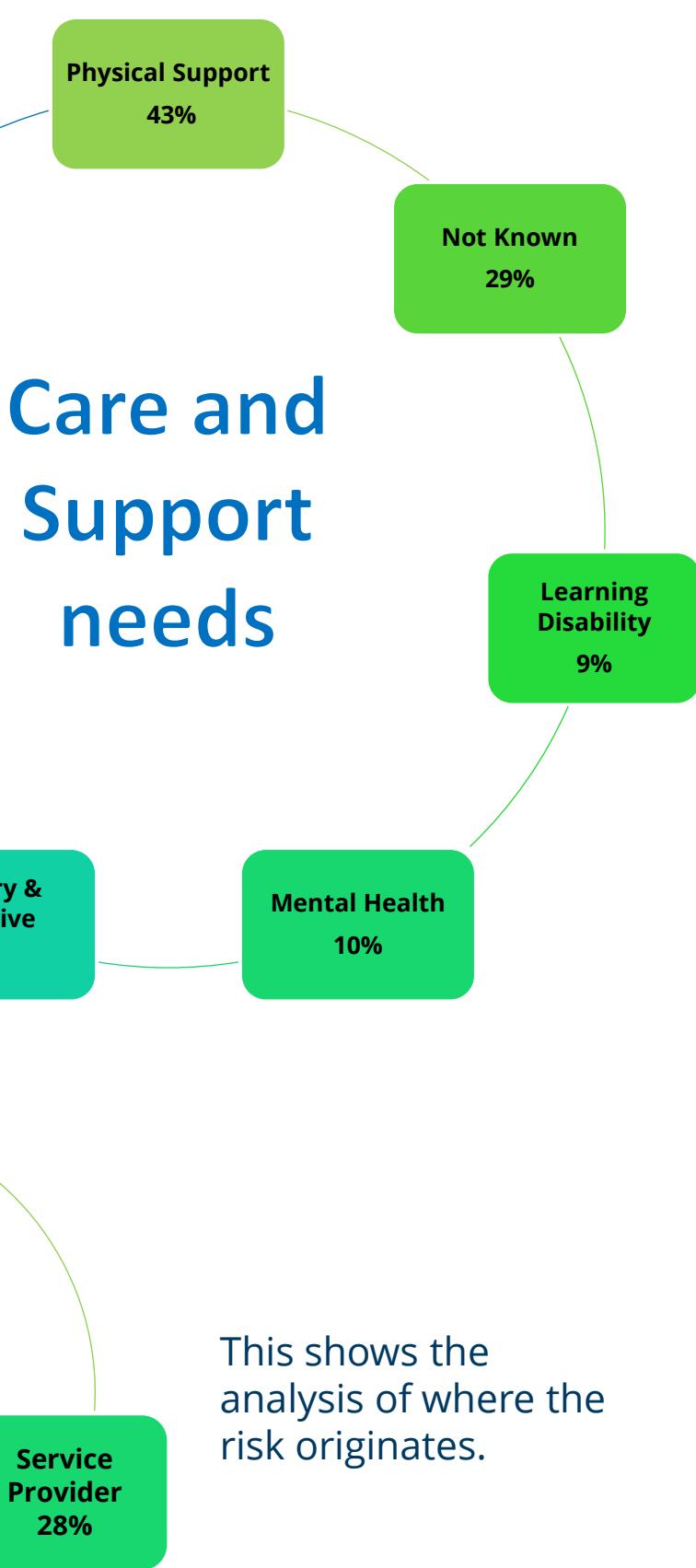
The Channel Panel has also:

-  Worked with community safety colleagues to run sessions on Channel and Prevent for key staff
-  Worked with community safety colleagues to run sessions on Channel and Prevent for key staff
-  Given SCC leadership team regular briefings on Counter terrorism in Surrey

Adults in Surrey

This shows the primary support need for adults for whom the safeguarding concern relates to. The majority of adults who are the subject of a safeguarding concern have a need for physical support.

8

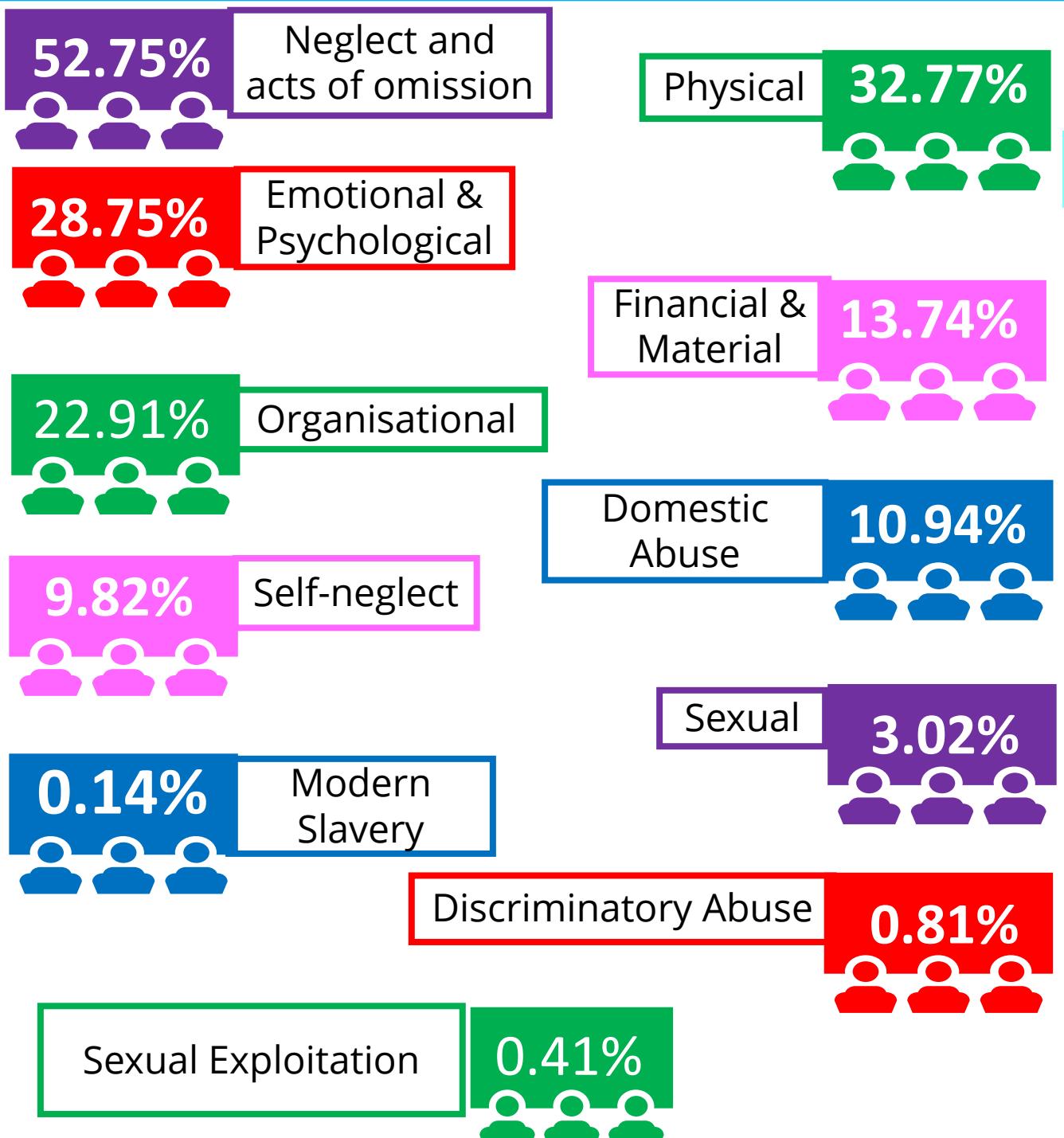


Source of Risk

This shows the analysis of where the risk originates.

What Abuse is happening?

This information comes from adult safeguarding enquiries, where the types of abuse/ neglect were identified by the referred and recorded by Surrey County Council Adult Social Care as being...



The numbers will add up to more than 100% as each case can have multiple forms of abuse present.

What the data says about our response to abuse

- Adult Social Care

1,199,870

Estimated population of Surrey *

8

13,788

69%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014

The number of Safeguarding enquiries completed under S42 Care Act 2014, an increase of 2,085 from the previous year.

9,453

52.75%

Neglect or acts of omission were a concern in over half of the safeguarding enquiries undertaken

The percentage where the risk remained after the safeguarding enquiry work.

9%

73%

The percentage where the risk to the adult was reduced following completion of the safeguarding enquiry work (a decrease from the previous year)

The percentage where the risk was removed following completion of the safeguarding enquiry work (a decrease from the previous year)

18%

86%

The percentage where individuals or their representative were asked about their outcomes

The percentage where the individual or their representative said outcomes were fully or partially met when asked

98%

What the data says about our response to abuse

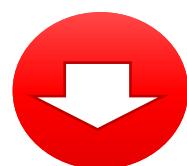
- Surrey Police

837

The number of Adult Abuse (AA) incidents recorded. A decrease of 462 recorded incidents in the previous year.

0.47%

The percentage of total crimes recorded in Surrey during 2020/21 of which are adult abuse* (approx.)



Surrey has seen a downward trend in the number of adult abuse offences recorded since March 2018. This is believed to be the result of training received by front line officers and use of appropriate adult Abuse flagging.

The percentage of the arrest rate below the same period last year.

1.3%

243

The number of Adult Abuse flags for Psychological/ Emotional abuse

100

The number of Adult Abuse flags for Sexual abuse.

102

100

The number of Adult Abuse flags for Neglect.

7

The number of Adult Abuse flags for Institutional abuse.

21

The number of Adult Abuse flags for physical abuse.

249

29.6%

The percentage of cases recorded for those over 75 years of age. A increase of 2% on last year.

8

18

Safeguarding Adults Reviews (SARs)

The Safeguarding Adults Review (SAR) subgroup received six SAR notifications during 20/21.

8

- 
- All six notifications have progressed to either a SAR or a joint DHR/SAR.

An improved process for SAR notifications has reduced the risk of erroneous referrals.

The group continues to oversee one joint SAR/DHR and one NHSE review from 2018/19.

The SSAB published 2 SARs in the past year

- Person 1
- Sasha

For the 2 published SARs action plans have been developed and the SAR and Learning group is responsible for the review of these.

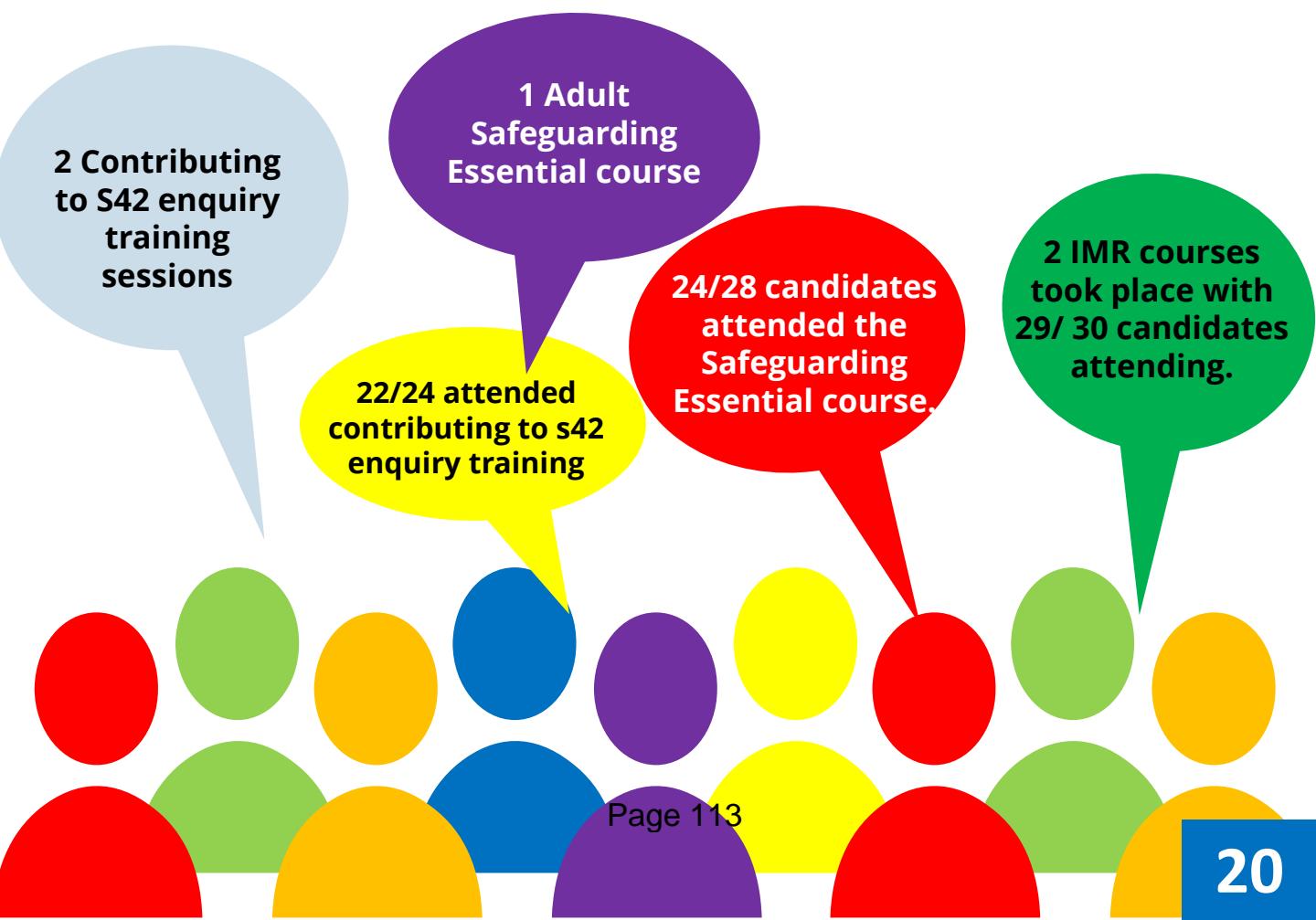
Safeguarding Training

COVID had an impact on the SSAB training programme, however with modifications, a number of the courses continued to be delivered on a virtual platform.

8

The following training courses were provided;

- Adult Safeguarding Essentials
- Individual Management Review Writing (IMR)
- Contributing to Section 42 Enquiries



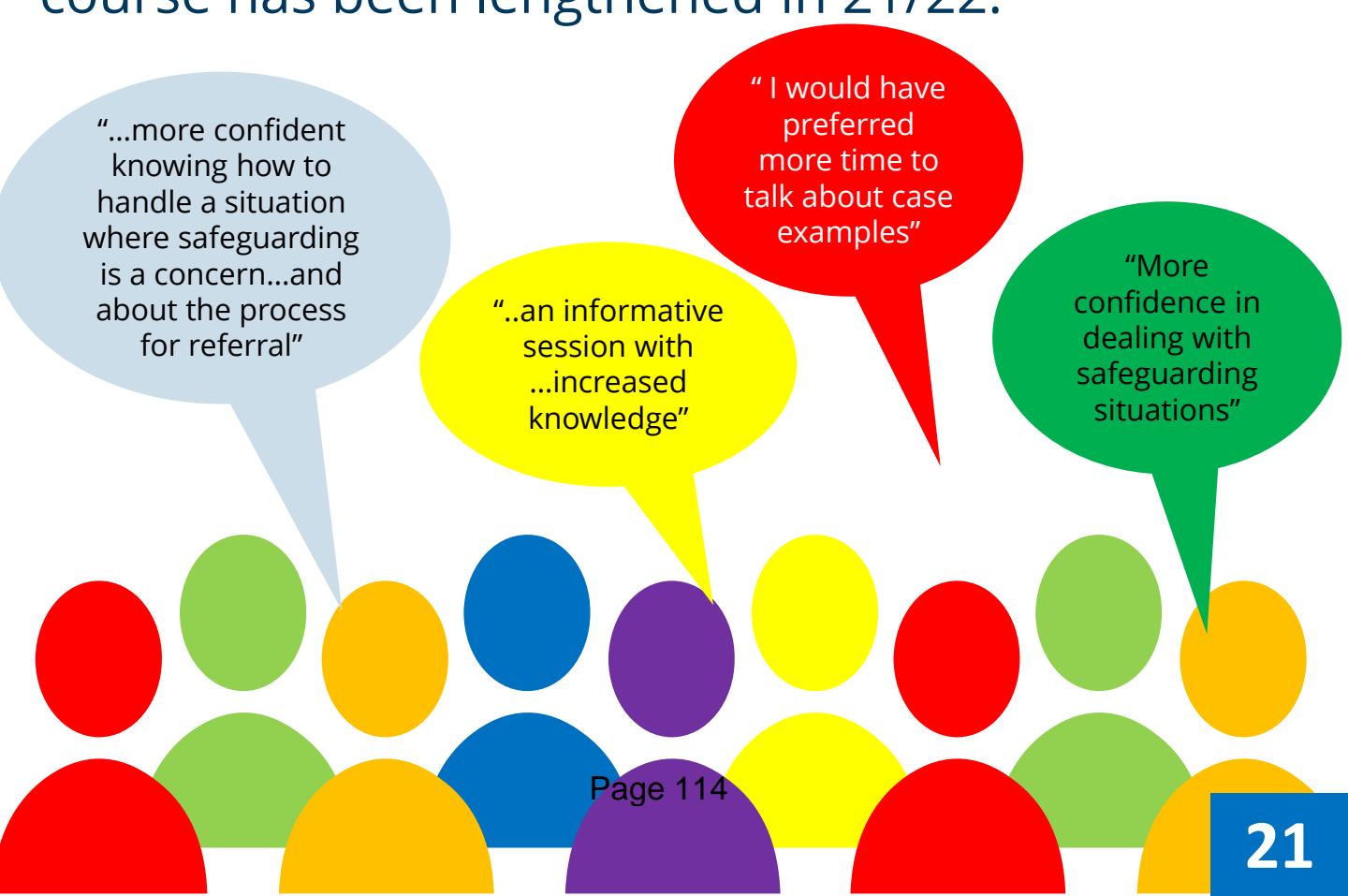
Feedback on training

All training sessions offered allow for feedback from participants. This allows for training to be reviewed as appropriate as well as gain understanding of how the training impacted on participants.

8

Feedback across the courses was generally positive with the majority of participants rating training as good or very good and attendees would recommend it.

Following comments the Safeguarding Essentials course has been lengthened in 21/22.



“...more confident knowing how to handle a situation where safeguarding is a concern...and about the process for referral”

“..an informative session with ...increased knowledge”

“ I would have preferred more time to talk about case examples”

“More confidence in dealing with safeguarding situations”

SSAB Communications

SSAB Newsletter



The SSAB has been publishing a newsletter for a number of years. In 2020 the newsletter was updated with a new template and quarterly publications to enable the contents to be more relevant and include updates from the SSAB and its subgroups, partners, new guidance and policy updates, safeguarding awareness campaigns etc.

The Newsletter is circulated to over 4,500 recipients and the SSAB team continues to promote this whenever possible. Over the past year there has been an increase in private and voluntary sector agencies subscribing to the newsletter ensuring the SSAB raises awareness across Surrey.

Safeguarding Adults Awareness Week

**National
Safeguarding
Adults Week 2020**

16 to 22 November 2020

During National Safeguarding week social media was used by a range of partners with the SSAB chair, Surrey Police and CCG Safeguarding team all supplying videos in support of the themed days to accompany social media posts.

[SSAB Ind. Chair](#)
[Surrey Police](#)
[CCG Safeguarding Team](#)

**Do you know your
role in safeguarding?**

#SafeguardingAdultsWeek

ann craft trust

SSAB Communication

SSAB Website

The screenshot shows the Surrey Safeguarding Adults Board website. At the top, there's a navigation bar with links for 'Concerned about an Adult' and 'Safeguarding Adult Reviews'. Below this is the Surrey Safeguarding Adults Board logo, featuring two stylized figures holding hands. A secondary navigation bar includes links for 'Concerned about an Adult?', 'Public', 'Professionals', 'Care Home & Domiciliary Care', 'SARs', 'Training', 'About Us', and a 'Search' bar. To the left, a blue vertical bar has the number '8' on it. In the center, there's a section titled 'Coronavirus Information and advice' with a green box containing 'CORONAVIRUS 5 things you can do to help yourself and your community' and five icons: a laptop, a person with an info icon, a hand being washed, a person stretching, and a phone. A small 'GOVERNMENT' watermark is visible above the icons. Below these sections are three purple buttons: 'Concerned about an Adult?' (purple), 'Safeguarding Adult Reviews' (blue), and 'Coronavirus - Information and advice' (purple).

In December 2018, the SSAB launched its current website and during 20/21 updates were made to ensure that the website met accessibility requirements.

New pages were created, one related to Covid-19 information and a further page specifically for Care/Nursing homes and Domiciliary Care agencies.

The SSAB monitors 'hit's to the website to determine where alterations are required and if certain pages need further promotion.

To contact the Surrey Safeguarding Adults Board email

surreysafeguarding.adultsboard@surreycc.gov.uk

In an emergency always dial 999



Copyright © Surrey Safeguarding Adults Board 2021 | Site by [Phew](#)

Pooled Budget

The Surrey SAB was funded by partner agencies during 2020/21. Financial contributions totalled £298,555, an increase of £10,000 with the introduction of South East Coast Ambulance's (SECAmb) contribution on the 20/21 budget. Partners contributions ensure that the SAB can continue to operate, showing a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board. In addition to contributing financially, SAB partners continued to contribute staff time to ensure effective working of the SSAB.



Breakdown of partners contributions.



Partner Agency	Partner Contribution 2020/21	% split
Surrey CC	£117,450	39.34%
CCG	£117,450	39.34%
Surrey Police	£29,000	9.71%
SECAmb	£10,000	3.35%
NHS Trusts	£13,050	4.37%
Districts & Boroughs	£11,605	3.89%
Total Contributions	£298,555	100%

Due to Covid, there was no income from training during 2020/21

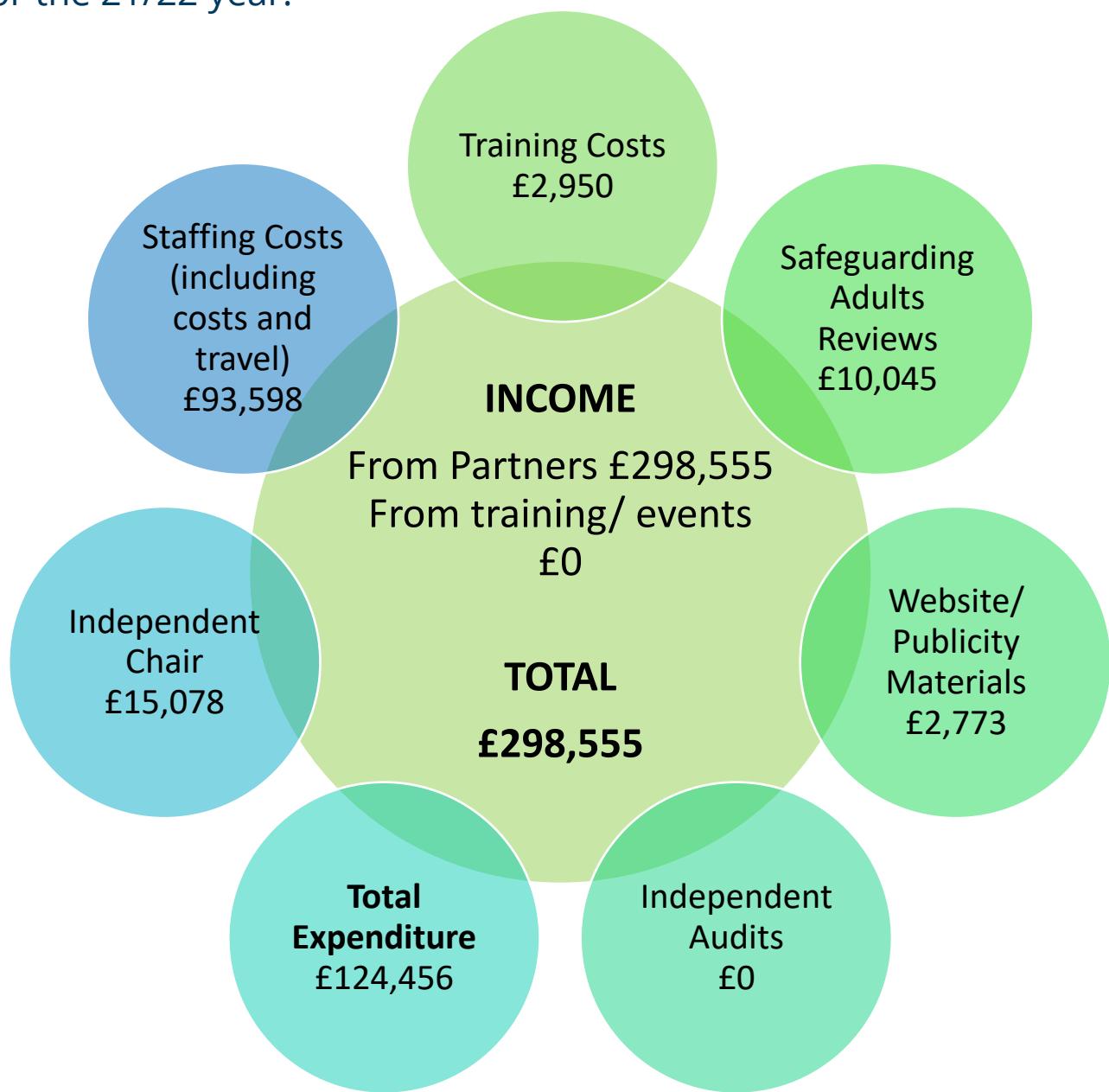


During 2020/21 the Surrey Safeguarding Adults Board spent £124,456.00. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews.

Pooled Budget

The SSAB had an underspend within the 20/21 year, however, recognising that potential costs in 21/22 would be greater due to an increase in the number of agreed statutory reviews, it was agreed that £50,000 would be carried forward into the 21/22 budget. The balance of the underspend was offset against agency contributions for the 21/22 year.

8



Journey for 2021-22

The priorities identified in the three-year strategic plan (2019-22) for the Surrey SAB are to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

The SSAB structure was reviewed and existing subgroups functions were altered and new subgroups as well as forums will be established for the 21/22 year to take forward the work of the SSAE.⁸

Each sub-group will develop a work plan based on the SSAB annual plan and these workplans will be monitored by the Adult Safeguarding Executive.

The SSAB subs groups for 21/22 are:

Delivery Group – responsible for policy and procedures and training

SAR and Learning group – responsible for reviewing SAR notifications, overseeing statutory review including monitoring action plans as well as developing and promoting learning from review

Communication Group – will develop a communication strategy and work on the SSAB communication needs

Quality Assurance Group – responsible for ensuring that the QA framework of the SSAB is implemented

Health Forum – will engage with the health system across Surrey

Prison Forum – to ensure that the SSAB engages with the 5 prisons in Surrey and shares relevant issues

Engagement Forum – to ensure that the SSAB engages with the private and voluntary sector within Surrey, to raise awareness with groups that haven't previously been engaged with the SSAB

District and Borough Forum – to work with the 11 District and boroughs on relevant issues

Journey for 2021-22



Priority 1:

To prevent Abuse and Neglect

- Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs
- Broaden engagement with the voluntary sector to help get the right messages to the right people
- Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice.



Priority 2:

Improve the management and response to safeguarding concerns and enquiries

- Have clear, consistent definitions, keep up to date with national legislation that are shared across agencies.
- Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.
- Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.
- Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.



Priority 3:

Learn Lessons and shape future practice

- Disseminate relevant lessons to partner organisations using appropriate methods to enhance the accessibility of message. Providing clear directions on the SABs expectation of wider dissemination.
- Be transparent – the SAB leads a learning culture where best practice is identified this will be shared and recommended, where concerns are identified these w⁸ be communicated appropriately
- Host learning workshops on a range of different themes, using lessons learned from SARs to operationalise the message.
- Undertake scoping and scanning to identify new and emerging risks.

Agency Updates

8

All agencies who are members of the SSAB were asked to input into this report, highlighting the work they have done over the 2020/21 year to support the work of the SSAB.

Surrey County Council - Adult Social Care



8

In 2020/21, ASC responded to 13,788 adult safeguarding concerns, a 32% increase over the previous year. Of these, 69% resulted in us carrying out an adult safeguarding enquiry under s42 of the Care Act 2014. Despite this increase we have maintained both the timeliness and quality of our adult safeguarding work, and we report on this to each meeting of Surrey Safeguarding Adults Board.

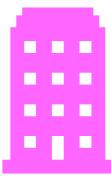
Other achievements during this year include

- We launched a major revision to our adult safeguarding recording systems. Our new process better supports our staff to do high-quality, person-centred adult safeguarding work, and it has improved the data we use to ensure our work is meeting our standards, and that we can provide to the Board to help it understand the experiences of adults in Surrey with care and support needs who are experiencing or at risk of abuse and neglect
- We continued to improve our domestic abuse related adult safeguarding work, with 77 of our staff attending 2 days Trusted Professional training under the "Change that Lasts" program

Challenges we face in 2020/21 include

- The ongoing challenge of sustained increases in the volume of adult safeguarding work, which is likely to continue
- Acting on the early learning from Safeguarding Adults Reviews and Domestic Homicide Reviews that are in progress, particularly around working with people with care and support needs who are experiencing domestic abuse
- Responding to the ongoing challenges arising from the COVID19 pandemic for our adult safeguarding work and the other work we do in adult social care.

Surrey Police



In 2020/21 Surrey Police saw a decrease in their recorded adult risk incident of 40% less than the previous year. Of those recorded a decrease in adult abuse crimes of 50.1% than the previous year.



8

To support the SSAB strategy to Prevent Abuse and Neglect; Manage and Respond to Concerns and Enquiries; and Learn Lessons and Shape Future Practice, Surrey Police have continued to regularly promulgate 'Adults at Risk' considerations via internal media circulations. Elder Abuse Day during our Domestic Abuse awareness week. Our campaigns have highlighted the importance of safeguarding adults and how they are often perceived as the 'poor relation'. The information shared highlighted what makes an adult 'at risk' and refreshed signposting and referral processes for officer and staff awareness.

Surrey Police also commenced a series of learning events focussing on Adult at Risk investigations within Care Settings and this comprised:

- A Trainer led input to clarify the need for focus on Adults at Risk in Care settings.
- An input by an intermediary, about their role and working with victims and suspects.
- Adult Social Services input on their role and the benefits of Multi Agency working; understanding DOLS; Signposting to support resources; sharing an understanding of abuse, versus carer stress.
- CQC input covered their role and assistance to criminal investigations; a shared understanding of 'acceptable' standards of care; exploring professional curiosity; and obligations under The Care Act for each agency".
- Trainer led input on "Understanding Capacity". This covered areas of exploitation, professional curiosity & relevant legislation; achieving best evidence (ABE) guidelines & victims code requirements

Surrey Clinical Commissioning Groups (CCG's)



Primary Care

- Primary Care safeguarding Audit undertaken during October/November and findings shared.
- Primary care safeguarding training delivered via webinars covering: 1. Hot Topics in safeguarding (Covid-themed) 2. Domestic abuse 3. Mental Capacity Act/Deprivation of Liberty Safeguarding and safeguarding in care homes 4. Modern day slavery.

Care Homes

Pilot safeguarding assurance audit was undertaken during November/December 2020 and finding shared with SSAB.



The pilot of the Surrey Wide care home safeguarding assurance audit and the Primary Care safeguarding audit have both been very positive with good engagement from professionals despite the ongoing challenges of the pandemic. This demonstrates a commitment to safeguarding within both the care sector and primary care. Both audits will help to provide assurance of good safeguarding adult practice to the Surrey CCGs, the Surrey Safeguarding Adults Board and NHSEi

Surrey Clinical Commissioning Groups (CCG's) cont.



Domestic Violence and Abuse Bill

Across Surrey we are working towards compliance with the Act to ensure providers fully understand the new protections for domestic abuse survivors and their families

8

COVID19 Vaccination sites

The Surrey Wide CCG Safeguarding team have worked alongside colleagues to audit all vaccination centres. Assurance has been gained that each hub have a safeguarding lens to their work and understand the safeguarding referral process



District & Borough Councils



During 2020/21 District & Borough Councils across Surrey have further embedded SSAB business and updates into their quarterly Safeguarding Lead Officer meetings and in turn strengthened their representation at SSAB meetings, including: SAR, QA, Executive and Delivery subgroups.

8

This has improvement in relationships between the SAB and District & Borough Council has led to almost Surrey wide reviews of safeguarding policy and procedures.

During the Covid pandemic District & Borough Councils were responsible for much of the welfare response within their areas in relation to ensuring vulnerable residents had access to essential supplies such as food and medicines.



Many developed their own food distribution hubs whilst other have built strong relationships with voluntary sector organisations to provide essential services.



All District & Borough Councils made every effort to find accommodation for all rough sleepers during the pandemic and this has provided, for many, a pathway to more permanent accommodation which they may otherwise not have achieved.

Acute Trusts



Ashford & St Peters Hospital

The Trust is an active participant of the Board, supporting this work through attending the Board, and subgroups (Health, SAR and chairing the Delivery group.) During 2020/21 the Trust ensured that safeguarding activity remained a key part of care delivery, managing and responding to concerns and enquiries to make sure that learning was not lost despite the challenges Covid brought.

8

The Trust has fully supported the approach being taken by adult social care with regard to improvements in the MASH; seeing consistent decision making and improved focus on identifying and meeting patient/carer/family outcomes in regard to s42 enquiries.



Frimley Park Hospital

It is important to note that the Trust experienced unprecedented times during 2020/2021 due to Covid19 and the normal working environment changed significantly. During the 1st wave, a slight reduction in referrals was noted however this did not last long. Following release of restrictions within the local communities, presentations to the Emergency Departments increased.

The Safeguarding adult teams proactively support staff on wards, assisting with DoLS applications, MCA assessments and referrals to adult social care. There has been an increase in s42 enquiries and disclosures of Domestic Abuse especially in the older generation.

Audit competition was suspended during the pandemic given the demands on the trust

Acute Trusts cont.



Royal Surrey Hospital Foundation Trust

The Safeguarding team continued to provide a constant service provision throughout the duration of the Covid response, providing onsite support and referrals for both patients and staff throughout 2020/21 and continuing to meet with patients in emergency and wards.

In addition to this the Safeguarding team adapted to the need for clinical teams to maintain safeguarding competencies whilst responding to significant pressures including sickness, shielding and social distancing requirements.

Level 3 safeguarding training was adapted into 6 modules totalling 8 hours, the team delivered 10 of these 8 hour study days to approx. 450 staff.

The Safeguarding team continued to submit all its external dashboards within timescales to partners.

Analysis of the teams referral data and thematic analysis from 2020/21 indicates greater awareness of newer types of abuse, and a significant increase in referrals in 2020, (2020 saw an increase to 735 referrals, in contrast to 548 referrals to the team in 2019, and 260 in 2018). The safeguarding team are identifying greater numbers of family based domestic abuse, along with supporting increasing numbers of male victims and staff experiencing Domestic Abuse.



Surrey and Sussex Healthcare (SASH)

The adult safeguarding team have focused on improved monitoring of safeguarding concern forms, response times to s42 requests and outcomes. This work continued through the pandemic.

In recognition of the continued commitment that safeguarding is everybody's business the trust now hold a register of 50+ safeguarding ambassadors (staff across the site with an interest in adult safeguarding).

In Feb/Mar 2021 55% of the open s42 were in relation to hospital discharge, it is expected workstreams will be assigned.

Community Provider

First Community Health & Care



Active partners supporting the SSAB priorities and contributing to the work of the board by providing consistent attendance to the Safeguarding Adult Board (SSAB) and Subgroups.

During the COVID Pandemic the Safeguarding team has ⁸ been "business as usual". The Adult Safeguarding Team have remained as a supportive resource to provide advice and guidance throughout the pandemic. The team recognised an increase this year of risk to adults of abuse and neglect during the pandemic including domestic abuse and self-neglect. The team worked to ensure that all FCHC employees were aware of these increased risks.



During the last year, the organisation identified a need for increased resources to support the adult safeguarding agenda. The resources were increased to 1 whole time equivalent which enabled the team to work more closely with clinical staff and to raise the profile of the team. In response to the pandemic the audit plan was paused and instead the team focused on disseminating priority information including Safeguarding Adult Reviews information and learning from the Board. Due to the increase of resources, our audit plan for next year will resume with a focus on Mental Capacity and Making Safeguarding personal.

Due to the learning from a s42 Enquiry, First Community has changed systems and processes in regard to insulin administration, which will has resulted in risk reduction for future patients.



Community Provider cont.

CSH Surrey



CSH Surrey support the SSAB with the work of its strategic plan, they also prioritise their work stream dependent on identified areas of need. They have attended and engaged in the essential SSAB meeting and subgroups. This includes any engagement work that the Board or sub groups identify i.e. Task & Finish Groups. The CSH safeguarding team have been engaging and working with the SSAB to help in the delivery of their strategic plan.

Working and collaborating with the Adult Social Care Teams in each locality: (Spelthorne, Woking, Runnymede & Elmbridge) monthly meetings have been established since the end of September 2020, to discuss Safeguarding cases which is helping with joint working, building multi-agency professional relationships and also discussing/resolving any concerns early.



Internal audits in line with SSAB priority on MSP and MCA and DoLS (SSAB priority 2 which is around improving the management response to safeguarding concerns and enquires.)

There is a clear safeguarding workplan which incorporates the 'Think Family' approach which was approved by the CSH Surrey Safeguarding Meeting group members and is discussed at every meeting to review progress. The work plan has incorporated SSAB strategic priorities and NHS England priorities.

Buckinghamshire and Surrey Trading Standards

-  253 Call blocking devices
-  £76,852 Total impact of doorstep crime interventions
-  53,321 nuisance calls blocked
-  14,650 scam calls blocked
-  8,425 Friends Against Scams trained and registered
-  136 Business Against Scams trained and registered
-  £143,292 estimated future savings from scam interventions
-  22 victims signed up to be Scam Marshalls
-  £19,759,538 Total impact of scam interventions
-  Trading Standards Team received Hero Award from the Chartered Trading Standards Institute.

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Surrey Safeguarding Children Partnership Annual Report 2019-2020
Related Health and Wellbeing Priority:	All (Priorities 1-3)
Author(s):	Paul Bailey, Partnership Development Manager – Surrey County Council; 07929 183 945, Paul.Bailey@surreycc.gov.uk
Sponsor(s):	<ul style="list-style-type: none">• Simon Hart – Independent Chair of the Surrey Children Safeguarding Partnership• Clare Curran – Cabinet Member for Children and Families, Surrey County Council
Board date:	2 December
Related papers:	<ul style="list-style-type: none">• Annex 1 - Independent Scrutineer's Report• Annex 2 - SSCP Annual Report 2019-2020

9

2. Executive summary

The Annual Report of the Surrey Safeguarding Children Partnership (SSCP) is part of the safeguarding partners accountability to members of the full Partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.

3. Recommendations

The Annual Report has been approved by the Executive and the full Partnership and has been published.

We are asking the Health and Well-Being Board to note the report. We are also asking the Board to note the SSCP's priorities for 2020 to 2021. We also ask the Board to note the need to focus on the impact of activity of improving the quality of our work with children and families and being able to evidence improvements in the lived experience for children.

4. Reason for Recommendations

It is important that the Health and Well-being Board is sighted on the SSCP's priorities.

5. Detail

This report is organised into the following sections:

Section 1: Safeguarding the context of COVID-19

Section 2: SSCP Performance Its Priorities and Key Actions Taken

Section 3: Journey of the Child Through the Safeguarding System

Section 4: Learning from SCRs and Local Child Safeguarding Practice Reviews

Section 5: The effectiveness of SSCP Arrangements

Section 6: Next Steps: SSCP Priorities for 2021-2024

The report aims to shift from an update of activities towards reporting on the effectiveness and impact of our collective activity to keep Surrey's children safe and promote their welfare. The Annual Report seeks to answer the following questions:

- **What did we do?** What are the levels of activity?
- **How well did we do it?** What is the quality and impact of safeguarding – auditing
- **Is Anyone better off?** Using the voice, experience of children, young people and families & the voice of practitioners to evidence quality and impact
- **What are we going to do next? Action Planning:** What do we do to improve and when will we know that we have improved?

The report represents the SSCP's self-evaluation.

As an addendum we have added the Independent Scrutineer's evaluation and comment.

6. Challenges

None identified.

7. Timescale and delivery plan

Not applicable.

8. How is this being communicated?

The Annual Report is available on the SSCP's website.

9. Next steps

See section 6 of the report (**Next Steps: SSCP Priorities for 2021-2024**).



Surrey Safeguarding Children Partnership

Annual Report 2019 -2020

Report of the Independent Chair/Scrutineer

1. BACKGROUND

The arrangements to create a (local) Safeguarding Children Partnership are set out in Statutory Guidance, Working Together 2018, and Chapter 3 alongside the requirement for Statutory Partners to establish independent arrangements for scrutiny and to report annually on the effectiveness of the Partnership

One requirement of the Statutory Partners is to produce an Annual Report. The purpose of this report is to provide the comment of the Independent Chair /Scrutineer on the SSCP Annual Report, which is also a requirement of the Statutory Guidance.

The Annual Report explains the reasons why, on this occasion, it covers an extended period up to 31 December 2020. Given the reporting timetable to the Health and Wellbeing Board I have taken the opportunity to make a small number of further comments based on the continued progress of the Partnership's work.

2. SSCP ARRANGEMENTS & GOVERNANCE

The Statutory Partners responded positively to the change in guidance and consulted widely in their preparation of Governance arrangements for the new Surrey Safeguarding Partnership which subsequently came into operation from September 2019. At that point the need to significantly develop and improve the arrangements of the former LSCB was recognised and addressed.

The Partners also recognised the opportunity to support the County Council in its Improvement Programme for Childrens Service's and, following consultation with the Department for Education, agreed to undertake the function of the Ofsted Priority Action Board (OPAB).

Responsibility for the Partnership rests clearly with the 3 Statutory Partners. However, their clear ambition was to recognise the importance of the potential contributions to

safeguarding of Schools and Education providers, District and Borough Councils and the Surrey Police and Crime Commissioner; all of whom have been included in the SSCP's extended leadership arrangements

Careful thought has gone into broader representation of 'relevant partners' covering a very wide range of safeguarding interests. This is supported by governance arrangements which enable a full contribution through the representative 'Forum' structure, clearly set out in the Partnership Governance arrangements. In this regard a very welcome and encouraging feature is the Forum which enables the very large, energetic and diverse Third Sector of voluntary and community agencies to have increasing influence over the direction of strategy and quality of practice in regard to safeguarding.

The function, role and purpose of the Partnership is clear and strategic priorities for the first year have driven the work of the Partnership and are clearly set out in the 'Arrangements document' and Annual Report. Each of the strategic priorities is aligned as a particular work stream and assigned to a formal Sub-Group, chaired at senior level and accountable to the Executive.

The SSCP's Priorities are regularly monitored through a Business Group and are broadly on track with any delay being accountable and well managed. The senior leadership arrangements help ensure that drift does not occur. (Given the timing of this report it is also possible to confirm that in light of experience these arrangements and strategic priorities have been appropriately reviewed, updated and published.)

It is important to ensure that where Partners carry statutory responsibilities for safeguarding, they are comfortable with the arrangements for representation. This has been an area of careful scrutiny and confirmed to be satisfactory and proportionate, including through the findings of a Peer Review.

However, equally importantly it is clear that the extended leadership arrangements have created a far greater opportunity to realise the contribution and support of Schools and Education providers, District and Borough Councils and the sustained support of the Surrey Police and Crime Commissioner

The SSCP Arrangements and Governance are therefore seen to be inclusive and fit for purpose.

3. SCRUTINY PROCESS

Whilst the guidance is clear that the scrutiny process should be subject to local determination, it is expected to be '*objective, act as a constructive critical friend and promote reflection to drive continuous improvement.*' It is expected that the Independent Scrutiny element be part of wider arrangements that include regulation and inspection and have a focus on impact for young people and their families.

In the event the Partnership has set in place thorough arrangements to ensure that ongoing scrutiny is challenging and constructive, including:

- Appointment of an Independent Chair and Scrutineer with a role to continually challenge and reflect
- Peer Review undertaken by Isles of Scilly and Cornwall Safeguarding Children Partnership
- Co-operation with the Surrey County Council Select Committee for Overview and Scrutiny
- Reference to regulation and Inspection
- Undertaking the function of the Ofsted Priority Action Board
- Case review process and relationship with (national) Child Safeguarding Practice Review Panel
- Learning from Practice and performance scrutiny
- Escalation process

The Partnership has rightly taken the view that ongoing scrutiny is a continuous activity that needs to be focussed over any period of time. There is acknowledgement that the scrutiny process needs further development, and this will be supported as a priority of the Partnership Development Team in consultation with the Independent Chair and Statutory Partners.

Sensibly, the Partners have agreed that the approach needs to be focussed and have resisted the temptation to 'try and do everything'. The focus of scrutiny and challenge throughout this first reporting period (and beyond) has been on activity related to assurance on governance arrangements and addressing strategic priorities. Some illustrations include:

Case Review - A complete review of commissioning and management arrangements for case reviews, which are now considered effective and fit for purpose (see also more detailed comments below)

Governance - Arrangements are now in place that have been validated through internal consultation and review within the Partnership and also through an Independent Peer Review undertaken by Cornwall & Isles of Scilly Safeguarding Partnership

Inspection - Aside from the ongoing commitment to support the Children's Service improvement programme through OPAB, the Executive has also held to account the improvement programme following the report of HMI Probation in 2019, culminating in the de-escalation of Surrey by the Youth Justice Board from Priority Status.

Work is also underway to gather information relating to the inspection of schools and children's residential homes which will form part of the focus for the coming year, albeit it remains necessary to determine a clearer programme of inspection activity related to other Partner services .

Performance - whilst the Partnership does not assume direct management responsibility for any services, it is expected to have an overview and capacity to challenge performance that may indicate risk. To that end the Partnership, with particular support from Surrey County Council, has made good progress in agreeing a multi-agency data set that gives an indication of performance with a bias toward safeguarding. This has enabled the partnership to receive regular exception reports, where there may be pressures building in services and the capacity to comment, challenge and where necessary encourage change and improvement.

Through OPAB activity, the Partnership has also been able to access and comment upon casework audit activity and through the Learning from Practice Group, a programme of multi-agency audits is in place.

9
Through the Children Act 2004 (section 11) and Education Act 2002 (sections 157/175) there are statutory responsibilities to provide safeguarding assurance and in Surrey this is achieved through a bi-annual audit process which is commissioned and accountable to the SSCP. This is a self-assessment process which is well managed, subject to moderation, and was reported to the SSCP in July 2021.

Escalation Arrangements - The challenges facing many families are becoming increasingly complex, and safeguarding is substantially reliant on effective partnership working. When assessing levels of need and vulnerability, it is vitally important to utilise the skills, knowledge and perspectives of all agencies who may be involved in some way. However, from time to time, there will be occasions when agencies (and indeed families) are unable to agree on the best and most appropriate way forward. It is important, therefore, that clear and swift arrangements are in place to resolve such disagreements and ensure that families' needs are recognised and appropriately met.

Challenge - As Independent Chair and Scrutineer, I have been encouraged to challenge and promote reflection. Whilst this has become an integral style and culture of the Partnership, it is also evidenced through particular challenges on 'legacy cases', contact levels and mental health services, all of which are well documented.

The SSCP has therefore put in place arrangements which are intended to ensure that disagreements can be resolved in the minimum time necessary albeit they have not yet been sufficiently tested to determine a level of effectiveness. This remains a challenge to all Partners to utilise the arrangements in the interests of those families with whom they work.

4. CASE REVIEW

Unfortunately, the SSCP inherited a significant backlog of case reviews at various stages of completion, and where it was clear the arrangements for both commissioning and management was in urgent need of review

As can be seen in the Annual Report, this challenge was taken extremely seriously within SSCP and in respect to the families concerned, all partners quickly agreed to a completely renewed culture for the management and the conduct of case reviews.

This required a significant commitment from all of those Partners with leadership responsibilities concerned with the work of the Case Review Group. At the time of reporting, the backlog has been addressed and all outstanding case reviews completed, including consultation with the families concerned.

Arrangements are now in place to ensure that any future cases that require this level of review will be addressed swiftly and without unnecessary delay.

However, the SSCP did recognise that the backlog also represented a unique opportunity to derive a substantial degree of learning, and to improve practice across the Partnership. This work has largely been taken forward through the Learning from Practice Group and has resulted in improved management information, changes to procedures and practice, and additional focussed training. This work has also influenced the strategic priorities of the SSCP but, most importantly, also resulted in the commissioning of two important Thematic Reports concerned with a case review findings and separately adolescent suicide. These reports were published by the Partnership in September 2020, and particularly in the case of the latter have been instrumental in driving change to the culture and accessibility of mental health services in Surrey.

A significant lever in the delivery of this important responsibility, has been the revised approach to case review set out in statutory guidance alongside the introduction of a 'Rapid Review' process which requires initial reviews to be completed within 15 days. In Surrey, this deadline has been consistently met in all cases considered. The arrangements are supported through national oversight of the Child Safeguarding Practice Review Panel (CSPRP) where a helpful and open dialogue has emerged, giving SSCP credibility in managing this activity. CSPRP has recognised the quality of work undertaken to address the initial difficulty and has been complimentary about the thematic reports and the approach taken by the Partnership.

However, the SSCP still face a major challenge which is to ensure that the learning from past and current reviews can be consistently embedded into practice and make a real difference in helping keep children and young people in Surrey safe. This will remain an ongoing and accountable priority for the Partnership with a commitment to reporting evidence of change.

Looking forward, an important development is the commitment to work alongside the Surrey Safeguarding Adults Board and all Community Safety Partnerships to ensure that learning can be aggregated alongside the findings from Serious Adult Reviews and Domestic Homicide Reviews, respectively.

It is also important to include the messages emerging from the Child Death Overview Panel –which remains consistently well led and supported. This panel is required to publish an annual report in its own right which can be accessed via the following link:

<https://www.surreyscp.org.uk/documents/surrey-cdop-report/>

5. CHILDREN'S SERVICES IMPROVEMENT

The Annual Report gives a detailed account of Childrens Service Improvement, which has been closely monitored by SSCP through its discharge of the OPAB responsibility. There is good support for the Effective Family Resilience Model and all Partners regard Early Help as a cornerstone in supporting families with particular needs.

The report makes clear that a great deal of work has been undertaken to enable a shared view of levels of need and to harmonise understanding and recognition in areas such as neglect. However, these approaches are not yet consistent and remain a feature of the improvement programme.

Similarly, whilst progress has been reported in the amalgamation of the Children's Single Point of Access (C-SPA) and the Learners' Single Point of Access (L-SPA) –the C-SPA continues to operate alongside the Police led P-SPA. This is a potential weakness in current arrangements and represents a consideration in regard to a safe pace of change to local arrangements. However, I am pleased to be able to report that aligned to consideration of contact levels into C-SPA, this is under the close consideration of senior leadership teams.

Through its performance and quality arrangements, alongside OPAB responsibility, the report outlines the continuing improvement of Childrens Services in Surrey. This is further evidenced through the positive messages received through the periodic Ofsted Monitoring visits to which the SSCP has access. However, as evidenced through the variations in tracking the numbers of children on child protection plans, it is not entirely clear what the impact of the COVID-19 Pandemic has been. However, the arrangements to ensure correct decision making are far more robust and managers are clear that where child protection plans are in place, they are indeed appropriate and necessary.

It is perhaps unrealistic to consider that all partners will be entirely agreed on all aspects of practice and delivery. However, there now exists a strong and co-operative culture within the Partnership that enables contentious issues to be identified and considered in a constructive way. This is no better illustrated than through the positivity in the Mental Health Partnership Board in tackling the immense challenges presented through escalating levels of mental health –a national as well as local challenge.

6. COVID-19

The SSCP responded swiftly to the onset of the COVID-19 pandemic and through its Executive initiated regular weekly then fortnightly meetings with a focus on safeguarding assurance. These meetings proactively sought to identify emerging risk to safeguarding across all sectors and to ensure local resilience arrangements were able to take into account safeguarding concerns as they emerged. Particular concerns included the building pressures in all services and ability to maintain frontline capacity. This challenge was exacerbated by the need to find different ways of working in circumstances where face to face contact was not possible and the impact of challenges to mental health within families.

These dedicated meetings were sustained for a considerable period to ensure that local resilience arrangements were sufficient to mitigate risk and were not stood down until Partners were satisfied that revised management arrangements were in place and working satisfactorily. COVID-19 remains a standing item on Executive meetings.

The Executive was able to receive evidence of much highly skilled and innovative work aimed at supporting families through an unprecedented period. Given the significant pressure on time, it is reassuring to report that attendance for these additional meetings remained very strong throughout.

7. RESOURCES

The Annual Report clearly sets out the financial resource base for the Partnership, which despite financial pressures within funding agencies has been maintained in indeed increased. The Partnership also has ambition to significantly further develop its activity especially in regard to engagement with children, young people and their families together with a closer connection with front line practitioners. To that end some discussion is underway to consider further funding opportunities.

However, alongside this financial commitment it has to be acknowledged that the launch of the ‘new partnership’ has been accompanied by a significant commitment from Partners to ensure that the Governance arrangements are given the time and support they need to work well. To that end, agencies such as Health, Surrey Police and Surrey County Council have additionally funded particular pieces of work, but all Partners have also ensured strong and consistent support and attendance for all of the formal meetings and work streams. This has undoubtedly enabled a far stronger ‘ownership’ of safeguarding responsibility at a partnership level.

8. CONCLUSION

The Annual Report gives a detailed and balanced account of the Partnership’s first 18 months of operation, giving a clear rationale for the new operating arrangements and the reasons why significant change in style and culture was necessary. The arrangements are now well led by the Strategic Partners and supported by other Partners who feel more influential in sharing responsibility for safeguarding and driving change.

Strategic priorities and performance monitoring arrangements are clear and realistic in their appraisal of progress made and understandably there has been a reliance on OPAB activity to determine the degree to which children and young people in Surrey are safe.

Particular strengths in this first period are undoubtedly;

- The unequivocal commitment to support and engage with children young people and their families
- Realisation and delivery of the need to enable the huge sectors of District and Borough Councils, Schools and Education providers and the extensive Surrey Third Sector to have a voice and influence
- The absolute transformation of work associated to the backlog of case reviews and impact on culture and practice

9

Strategic priorities have been assessed, reviewed and updated and commitments are in place to enable the continued development and access to multi-agency data as part of the local assurance arrangements. This is clearly strengthened by the Partners approach to moving beyond having good governance and arrangement's in place to a clear understanding of the impact and benefit for families, delivered through a continuous approach of;

- **What did we do?**
- **How well did we do it?**
- **Is anyone better off?**

Overall, therefore, it is evident the Safeguarding Partnership has grown in confidence and is well positioned to accelerate progress through the commitment of partners and the strong agreement to deliverable strategic priorities .It is helpful that sections of the Annual Report also set out some of the challenges which lie ahead.

The SSCP is committed to collaborative working and has developed good relationships within the Surrey Partnership Governance structures, including close working with the Health and Wellbeing Board, Surrey Safeguarding Adults Board, Community Safety Strategy and the networks involved in contextual safeguarding.

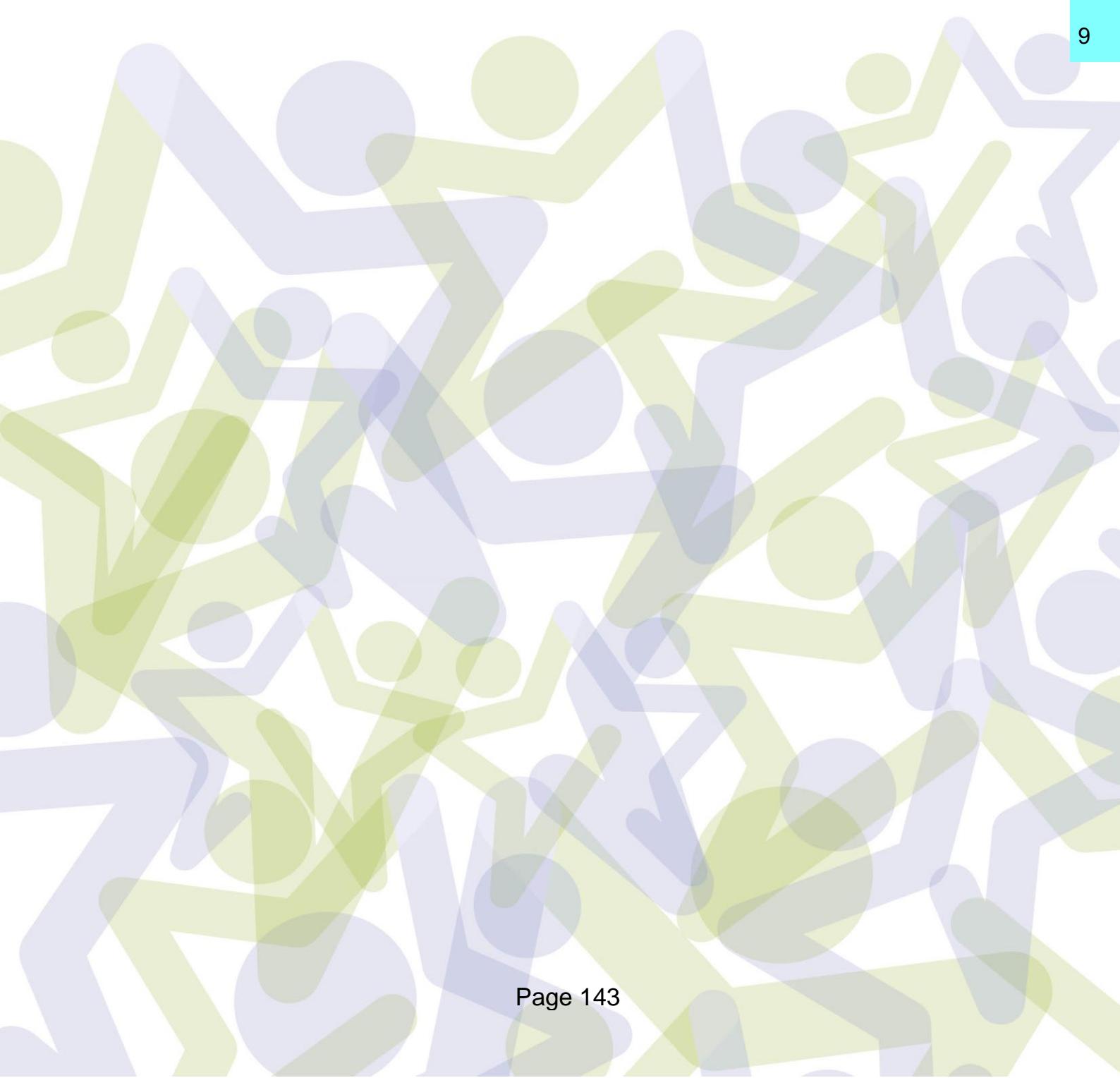
Perhaps a relatively small cost in setting an ambitious agenda for its first 18 months results in the Annual Report falling a little short in meeting all of the requirements for content set out in statutory guidance. This is something that the Partnership Development Team intends to address.

Nevertheless, the report gives an honest and open account of the Partnership's response to a range of very significant challenges and illustrates a growing confidence in consolidating a safer approach for children young people and their families in Surrey.



Annual Report

2019 - 2020

A large, abstract graphic at the bottom of the page consists of numerous stylized human figures, rendered in shades of light green and light purple. These figures are depicted in various dynamic poses, some appearing to be running or reaching out, creating a sense of movement and community. In the top right corner of this graphic, there is a small, solid teal square containing the number "9".

9

Contents

Introduction

Section 1:

Safeguarding in the context of COVID-19

Pages 6-14

Section 2:

SSCP performance in relation to its priorities
and key actions taken

Pages 16-34

Section 3:

Journey of the child through the safeguarding
system

Pages 36-42

Section 4:

Learning from Serious Case Reviews
(SCRs) and Local Child Safeguarding Practice
Reviews (LCSPRs)

Pages 44-48

Section 5:

The effectiveness of SSCP arrangements

Pages 50-62

Section 6:

Next Steps: SSCP priorities for 2021-2024

Pages 64-67

Appendices

Budget and SSCP team

Pages 69-71

Introduction

Working Together 2018, provides that -

The safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

In addition, the report should also include:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.¹

The Surrey Safeguarding Children Partnership current arrangements and structure

The Surrey Safeguarding Children Partnership was established on 1 September 2019 in response to the 2016 Wood Review of Local Safeguarding Children Boards, the Children and Social Work Act 2017 and statutory guidance Working Together to Safeguard Children 2018.

The Surrey Safeguarding Children Partnership consists of the three safeguarding partners, Surrey County Council, Surrey Police and the Guildford and Waverley Clinical Commissioning Group. In addition, the Surrey Safeguarding Children Partnership includes Education and Schools. The Surrey Safeguarding Children Partnership (SSCP) is led, jointly and equally, by Surrey County Council, Surrey Police and Guildford and Waverley Clinical Commissioning Group (on behalf of all CCGs and NHS providers in Surrey). As per the SSCP's published arrangements the three named statutory 'Safeguarding Partners' has formed an Executive Group for the Partnership, joined by representatives from the county's schools and colleges, district and borough councils, and the Police and Crime Commissioner's office. The published arrangements also provide that representatives of the Third Sector will attend the Executive Group on an issue by issue basis.

The membership of the Children's Safeguarding Partnership now includes 'relevant agencies' and this group has been extended to more fully represent the breadth of interests/stakeholders in children's safeguarding in Surrey.

The SSCP is structured as follows:

The Executive Group - The members of this group form the strategic leadership group and 'virtual management team' for Surrey's safeguarding arrangements.

The Surrey Safeguarding Children Partnership - the overall aim of the Partnership is to ensure Surrey's arrangements fulfil the vision and values of the partnership in their operation.

¹ Working Together 2018, chapter 3, pp. 80-81, paragraphs 41 to 43,

The Business Group - the key role of the Business Group is to ensure the business of the Safeguarding Partnership and decisions taken are progressed efficiently and effectively.

SSCP sub-groups

The Case Review Panel - the purpose of this group is to ensure that the SSCP fulfils its responsibilities in relation to reviewing child serious safeguarding practice incidents and translating learning into practice improvements.

The Engagement and Communications Sub-Group - this group will take the lead in an annual programme of engagement and communications with both users of safeguarding services and with practitioners across the safeguarding Partnership workforce.

Learning from Practice Sub-Group - The role of the Learning from Practice Group, on behalf of the partnership, is to embed a learning culture and 'cycle' into the new safeguarding arrangements that improves outcomes for children and families.

9 The Neglect Sub-Group - The purpose of the Neglect Sub-Group is to take ownership and be accountable for the strategic oversight of the effectiveness of multi-agency practice in cases of neglect in Surrey.

In addition to the SSCP's Sub-Groups, the published arrangements include the following sector-led safeguarding forums and networks:

- **the District and Borough Councils' Safeguarding Forum**
- **the Health Safeguarding Forum**
- **the Schools and Education Safeguarding Forum**
- **the Third Sector Safeguarding Network.**

The Annual Report of the SSCP is part of the Surrey safeguarding partners' accountability to members of the full partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.

This inaugural report covers an extended period of activity as the Partnership came into existence in autumn 2019; this report therefore covers the period from September 2019 until 31 December 2020. This report aims to provide a transparent assessment of the quality of multi-agency safeguarding practice in Surrey. The report will also include an analysis of the effectiveness of the SSCP, including the SSCP's performance against its agreed priorities; it will also include an analysis of any areas where there has been little or no evidence of progress on the SSCP's agreed priorities, the report will also seek to provide, where possible, evidence of the impact of the work of the safeguarding partners and relevant agencies, including training.

We will also provide a summary of the key decisions and actions taken by the partners in the report's period and actions which are planned to be taken to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements. Throughout the report we will highlight the ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.

This report is organised into the following sections:

Section 1: Safeguarding in the Context of COVID-19	Pages 6-14
Section 2: SSCP Performance in Relation to Its Priorities and Key Actions Taken	Pages 16-34
Section 3: Journey of the Child Through the Safeguarding System	Pages 36-42
Section 4: Learning from Serious Case Reviews (SCRs) and Local Child Safeguarding Practice Reviews (LCSPRs)	Pages 44-48
Section 5: The Effectiveness of SSCP Arrangements	Pages 50-62
Section 6: Next Steps: SSCP Priorities for 2021-2022	Pages 64-67
Appendices: Budget and SSCP team	Pages 68-71

In reporting on the performance of the Partnership, we will want to indicate a shift from an outline of the Partnership's activities, towards reporting on the effectiveness and impact of our collective activity to keep Surrey's children safe and promote their welfare. To help us achieve this, we will seek to answer the following questions:

1. **What did we do?** What are the levels of activity?
2. **How well did we do it?** What is the quality and impact of safeguarding – auditing?
3. **Is Anyone better off?** Using the voice, experience of children, young people and families and the voice of practitioners to evidence quality and impact.
4. **What are we going to do next? Action Planning:** What we will do to improve and when will we know that we have improved?

Section 1

Multi-agency safeguarding in the context of COVID-19

In 2020 the United Kingdom, like all other nations across our world, was deeply affected by the global pandemic identified as COVID-19. COVID-19 has radically changed the way in which services to safeguard children and promote their welfare are delivered across Surrey. In addition, the Impact of COVID-19 raised the levels of risks that vulnerable children and families are exposed to including domestic abuse and increased vulnerability relating to poor mental health coupled with limited opportunities for contact and support.

1. What did we do?

The SSCP Executive quickly responded to the COVID-19 Lockdown on 23 March 2020 by putting a COVID-19 Business Continuity Plan in place that allowed the SSCP, the Executive, the full Partnership its Sub-Groups, its forums and networks to continue to meet and conduct the core business of the Partnership virtually.

In addition, the SSCP held a number of COVID-19 Contingency Planning Meetings throughout 2020. During the March to July lock down, these meetings were held on a weekly basis, then moved to bi-weekly meetings as required. The focus of these meetings was to ensure that all safeguarding partners and relevant agencies were updated regarding challenges facing each agency, and the range of single and multi-agency initiatives to respond to the safeguarding issues and pressures emerging as a result of the pandemic. The SSCP worked closely with the Local Resilience Forum to ensure that critical safeguarding issues were considered and addressed.

The Executive also put in place a process to ensure that key decisions and actions would continue to be taken by the Executive remotely, as opposed to through face to face or virtual meetings.

The response of education and school settings

There was a robust response from all schools throughout the year. A multi-agency group was created, co-chaired by the Director of Quality and Performance and the Schools and Education representative on the Safeguarding Executive. Members of this group included colleagues from Social Care, Vulnerable Learners and Schools Relationships. Working together towards the shared goal of ensuring the best possible attendance for children with Social Workers, the group implemented processes and procedures, along with relevant communications, that supported conversations with families so that their children took up their school place. The impact of this was that Surrey was significantly above the national average for the attendance of vulnerable pupils. Children's Social Care worked closely with headteachers to ensure that children were visited by their Social Workers. Vulnerable children in Surrey were three times more likely to attend schools during 'lockdown' than the national average (11%).

Like all Local Authorities, the numbers of parents requesting Elective Home Education – particularly from the Autumn term 2020 – grew exponentially (since September we have had 562 new requests from parents to Electively Home Educate their children and the number on Surrey's register is 1494 compared to 1021 at this time in the previous year). To address the consequent concern there was a robust multi-agency response which included increased activity and scrutiny of the parents' decision-making by the Inclusion Service and where necessary by Social Care, in conjunction with School partners. As a result Surrey's numbers, whilst high, were not as high as some of its statistical neighbours. The Chair of the Safeguarding Executive has written to the Secretary of State for Education, on behalf of Surrey Schools on two occasions to ask for a more robust National response to this issue.

Throughout COVID-19, The Education Recovery Cell has worked closely with Surrey Schools and Head Teachers to respond to a range of issues including:

- personal protection equipment
- testing in schools
- support for vulnerable pupils
- school meals for vulnerable families

Surrey Police response

Surrey Police experienced increasing demand during the pandemic. Several meetings were held with Detective Chief Inspectors who manage the Safeguarding Investigation Units and Child Exploitation and Missing Units who agreed strategies to manage any increases in demand; this included using staff from other departments (Complex Abuse Unit, Public Protection Support Unit, Sexual Offences Investigation Team, CID) should the need arise.

9

Throughout the national Lockdown, the Police continued to deliver key communication messages on the importance of looking out for children, internally when attending and responding to incidents and reports and externally via our social media channels.

Surrey Police managed to maintain service delivery with regard to safeguarding during the COVID pandemic, responding effectively and appropriately to a range of issues presented to the police. Police Safeguarding Investigations Units have also continued to deliver safeguarding services as usual throughout this COVID period. The police have also adjusted ways of working, including conducting some enquires on virtual platforms; however, the police have ensured that they were able to conduct investigations as usual when required, by carrying out COVID 19 risk assessments prior to any face to face contact with children and families and using appropriate safety measures.

The police anticipated that early on in the pandemic, there would be a rise in Domestic Abuse cases due to lockdown measures, and ensured they were equipped to respond to an increase in demand by introducing a dedicated Domestic Abuse Response Team, available to respond at short notice.

The police ran numerous campaigns both internally and externally to raise community and practitioner awareness of children being victims of domestic abuse as well as suffering from other forms of abuse including neglect and physical abuse. The Police have delivered repeated Comms messages on the importance of seeing and hearing the child when attending incidents, publicising case studies where the Police have, or could have, made a difference by listening to the voice of the child. The Police also promote that every contact they have with a child can make a difference and leave a lasting impression. When the police are required to carry out reviews of Child Abuse investigations, the review team works closely with partners to ensure that these reviews are child-focussed, that investigators have the child at the centre of the investigations and that their voice is heard.

Throughout the summer holidays Surrey Police relaunched the ***Child Criminal Exploitation Targeted. Tested. Trapped #SeeTheBiggerPicture*** campaign, as phase one of the Serious Organised Crime Launch. This included TV adverts, Youtube adverts, using targeted social media, bus interiors etc. These campaigns were designed to raise awareness within the community to safeguard children from criminal exploitation and other forms of abuse.

Prior to the schools going back in September 2020, Surrey Police social media accounts focused on 'Back to school' safety with angles such as Sportsafe, new gadgets and importance

of online safety, prevalence of exploitation particularly when starting new schools and meeting new friends etc. The Police also continued to promote the **Targeted. Tested. Trapped** video towards young people on Facebook and Instagram.

To support with schools' wider understanding of Domestic Abuse, particularly with regard to the increased likelihood of disclosures once schools returned in full in September 2020, the Partnership held School-only training for Domestic Abuse to enable Designated Safeguarding Leads (DSLs) and school staff to recognise signs of abuse, respond to disclosures and take appropriate action, once a relevant concern had been raised. Evaluations from this training were very positive with school staff reporting they felt their offer to parents in such a situation was much more rounded and effective.

In addition to this, Surrey Police worked closely with Children's Services and Surrey Schools to identify vulnerable children and families where issues like domestic abuse were known to be a factor. The Police supported with conducting safe and well checks for children and families where there were concerns.

Children's social care response

In Surrey County Council (SCC), Children's Services responded quickly to the changing situation introducing a range of contingency arrangements. SCC Introduced a suite of guidance documents to support practitioners within Children Services to continue keeping children and families safe, this included information and guidance around undertaking and recording virtual visits, use of Personal Protection Equipment (PPE) when working face-to-face with children and families and new Risk Management guidance. SCC also introduced a process for RAG rating² children based on their risk to aid decision making as to which children and families could be visited by a 'virtual visit' and which children and families still needed to be seen face-to-face.

SCC also redeployed staff in the wider Children's Services workforce (including commissioned services), and elsewhere in the Council, to ensure that SCC could continue delivering a safe and effective service. SCC also created a new, temporary, residential setting to support children coming into care and utilising staff and facilities at Surrey Outdoor Learning Centre, to provide short-term support so as to prevent long-term family breakdown, and to prevent escalation of need.

SCC increased emergency, out of hours staffing capacity to ensure effective support for children and families who need support out of normal working hours. This included youth workers, family group conference coordinators, the Gateway team (placements), additional social workers and a mental health triage nurse. This actively prevented need escalating, family breakdown and so helped keep our children and families safe.

SCC worked in partnership to manage and meet demand across the county, including working closely with colleagues in Education Sector to ensure vulnerable children took up places at school and/or continued accessing education provision. As part of this work, SCC regularly updated the Children, Families and Lifelong Learning Directorate Plan to reflect the COVID-19 situation, specifically adding a priority to highlight the changes that were implemented and how services can recover and learn from the situation to support the improvement journey.

Throughout lockdown periods in 2020, SCC continued with the improvement plan in Children's Services.

² **RAG** (Red-Amber-Green) ratings, also known as 'traffic lighting,' are used to summarise indicator values, where green denotes a 'favourable' value, red an 'unfavourable' value and amber a 'neutral' value.

To ascertain the effectiveness of these arrangements, the SCC commissioned Auditors reported that the process of RAG rating and virtual visits kept children safe, whilst allowing professionals to minimise the spread of COVID-19. Audits showed that recording and ensuring children were seen and their voice heard in virtual visits needed to improve. Further support and guidance were provided to professionals which audits then showed improved practice in these areas.

SCC have continued to restore services through 2020 with most up and running in a ‘normal way’ (under COVID-19 restrictions) and nearly all of our children and families have continued to be seen face to face rather than virtually - in line with government guidance. As of 18 December 2020, 82% of Looked After Children have been visited (face to face) within timescales, 73% of children subject to a Child Protection Plan and 67% of children subject to a Child in Need Plan have been visited (face to face) within timescales. The entire COVID-19 situation has seen demand for support increase significantly, which has put a significant strain on the system.

The increase in contacts to the Children’s Single Point of Access (C-SPA) during lockdown and throughout the pandemic has led to a similar increase in referrals to social care. This has impacted on the re-referral rate and the number of children subject to a repeat assessment, Section 47 and Initial Child Protection Conference (ICPC). Whilst this has not impacted on timeliness for a child to progress through the system, where targets are being achieved, we continue to see increases in the number of children who are the subject of a Child Protection plan for a subsequent time. SCC report that there are currently over 1300 open assessments in social care teams, the number of open assessments increased incrementally between April 2020 and October 2020. Assessment timeliness remains high with just under 95% completed within required timescales.

In the second half of 2020 there was an increase in strategy discussions and Section 47 enquiries which has led to a 15% increase in the number of children subject to Initial Child Protection Conferences. The number of children who are subject to a Child Protection plan has increased to 802, a 28% increase compared to this time in the previous year.

It is noted that there has been an increase in children coming into care during lockdown, specifically teenagers on section 20 (voluntary) agreements. Comparisons with national, regional and statistical neighbours suggests Surrey is potentially an outlier in this area. Excluding 26 Unaccompanied Asylum-Seeking Children (UASC), there has been 182 new entrants to the care system between July and December 2020. Almost two thirds of these children and young people started with a voluntary, Section 20 agreement. There were 36 (32%) children aged between 10 and 15 years of age in this cohort and 29 (26%) young people aged 16 or 17 years of age when they entered care on a Section 20 agreement.

As at 30 November 2020, there were 1039 children looked after by Surrey County Council, 84 of these are UASC. The rate per 10,000 is 39 children and young people. This remains significantly below statistical neighbours (48), the region (53) and national figures for 2018/19 (65).

SCC has appointed 40 newly qualified Social Workers recently however these practitioners do not have a full caseload until the latter part of their first year in social work employment. Some additional funding specifically to mitigate the impact due to COVID-19 has been used to add capacity to the teams in the medium-term.

SCC will continue learning from what has worked and what has not worked as a result of changes in practice in response to COVID-19. SCC will also continue to work in partnership with key agencies to meet demand and meet the needs of children and families at the right time.

SCC will continue to deliver services in accordance with the latest [national guidance for children's social care services](#), this guidance highlights the key principles that will continue to underpin this work during these exceptional times. This includes ensuring that SCC remains

- **Child-Centred** - promoting children's best interests: nothing is more important than children's welfare; children who need help and protection deserve high-quality and effective support as soon as a need for help is identified
- **Risk-Based** - prioritising support and resources for children at greatest risk
- **Family-Focused** - harnessing the strengths in families and their communities
- **Evidence-Informed** - ensuring decisions are proportionate and justified
- **Collaborative** - working in partnership with parents and other professionals
- **Transparent** - providing clarity and maintaining professional curiosity about a child's wellbeing.

9

The response from Health including Acute Trusts

Throughout 2020, the SSCP received comprehensive reports across the Health economy. Including questionnaire responses from Ashford and St Peters Hospital NHS Trust, Central Surrey Health, First Community Health and Care, Surrey and Borders Partnership NHS Trust, Royal Surrey County Hospital NHS Trust. Each NHS Acute Trust and Community Health Provider reported their identified and assessed risks, outlining in detail the actions taken by the organisation to mitigate these risks.

The risks identified included:

- **increased incidences of Domestic Abuse**
- **increased presentations to paediatric A&E (PED) activity to increase to potentially pre pandemic levels.**
- **high numbers of patients attending PED and also those patients with mental health issues presenting to PED and being admitted to the paediatric ward in a crisis.**
- **increases in CAMHs presentations**
- **increases in eating disorders in young people**
- **increases in incidents and presentations of self-harm in young people**
- **increases in the use of Suite 136**
- **increases in demand for CAMHs beds**
- **localised increases in the North West Quadrant and the South East Quadrant.**

Colleagues across Health agencies reported in detail the actions taken to mitigate these risks including:

- **redeploying staff to critical areas of need**
- **working with statutory and voluntary organisations to prioritise need and to offer targeted support**
- **CAMHs services reported how they used a combination of telephone, online (virtual) and face to face interventions**
- **working closely with A&E departments and Children's Services.**

In spite of the exceptional challenges and pressures placed on health agencies, colleagues in health continued to prioritise safeguarding vulnerable children and families. This included

contributing to child in need meetings, attending Child Protection Conferences, participating in core group meetings and other multi-agency processes and continuing visits to vulnerable patients.

The response of the Third Sector – working through COVID

Organisations in the third sector worked in partnership with key statutory and non-statutory agencies to ensure good joint working. The sector was represented on a number of the recovery cell groups including health and education to provide input in relation to the offer from the sector to support children, families and young people and raise any concerns and respond to emerging issues.

Third sector organisations rose to the challenge of COVID-19, by very quickly adapting their services to be able to continue supporting children, young people and families during lockdown and after. As a sector, organisations were willing to collaborate and share good practice, guidance and policies to support others as they transitioned from face to face work to virtual provision. As a whole, the sector has been able to remain open and have been innovative in their approach to working alongside children, young people and families. This has included text messaging, telephone calls, video conferencing for one to one and group work. For those young people that have been hard to reach organisations have delivered food parcels, sent arts and crafts packs through the post etc. in order to keep in touch. Additional funding that has been provided from commissioners within Surrey, the Community Foundation for Surrey and from national sources, have enabled charities to continue their work and pay for much needed PPE and other additional resources needed due to the pandemic.

However:

- some organisations have been unable to work at the capacity that they provided pre COVID due to social distancing guidelines relating to group work. This means they have been unable to reach and support as many young people as pre-March 2020. A range of organisation provided details of how they were supporting clients virtually including use of only meeting platforms such as Zoom and MS Teams.
- venues that organisations have previously used to provide provision are not available due to risks and costs associated with COVID. The cost of cleaning and the risk of cross-contamination in multi-use venues have limited the ability for organisations to run some projects.
- as to be expected, staffing issues, in terms of keeping staff safe, supporting their wellbeing, losing staff due to illness and commitments at home, furlough and inability to recruit staff has impacted on delivery for some organisations.
- funding – some organisations rely on fundraising to cover their core costs and this has been impacted due to the cancellation of events. Costs have not diminished as the same number of staff or more staff are required to host smaller groups or an increase in one to one support, to cover the costs of PPE and venues. This will continue to impact their revenue.
- charities have seen an increase in referrals and the level of complexity of needs has increased. In addition, there has also been an emergence of a different profile of children and young people being referred to organisations – particularly those presenting issues for the first time who have not been supported previously by other teams.

The third sector in partnership with statutory agencies have listened to children, young people and families. During COVID-19, three reports were published and shared widely across the Partnership to provide areas for reflection to guide strategy and practice. These reports have been used in different forums (including Education Recovery Cell, First 1000 Days Steering Group, SSCP Executive COVID Recovery Group, two Surrey and Borders Partnership Anxiety

Webinars) to inform practice in light of COVID-19. The reports focused on the experiences of lockdown for:

- children and young people aged 5+years
- parents with children under 5 years
- families with children with additional needs.

Key findings were:

- one size doesn't fit all – children and families have all had different experiences during COVID-19.
- relationships are very important – many appreciated having time with family, but others struggled, and many missed their friends despite technology.
- education - some children thrived with home learning and others couldn't wait to return to school. Many were worried about falling behind and the impact of COVID-19 on exams.
- anxiety and mental health were a strong theme – focusing on COVID-19 and the associated risks, school – peer pressure, falling behind, transition etc.
- activities – many children and young people enjoyed exercise and hobbies, but many families were anxious about going out after lockdown, to the shops, school etc. in case they caught COVID-19 or spread it amongst family.

2. How well did we do it?

The SSCP asked a range of agencies to complete a COVID-19 Recovery Questionnaire the findings of this survey are detailed below.

Most agencies reported that they were anticipating surges in activity as Surrey and the rest of the UK emerged from lockdown in July 2020. The majority of organisations RAG-rated their agency's readiness to mitigate anticipated surges. Four respondents rated their organisations as red. Two of these organisations were local charities which identified risks to funding which could not be managed. The District and Borough Councils' return identified financial risks and shared that plans were in place to monitor and manage local resources. Surrey and Borders Partnership (SABP) identified the financial costs related to pressures on bed placements and out of area placements. SABP outlined actions taken to mitigate these risks. Nine organisations gave themselves an amber rating and provided details of plans to address identified risks. Ten organisations rated themselves as green. One organisation did not provide a rating.

In terms of particular services expected to come under pressure, organisations/services included Domestic Abuse support services, Early Years provision, transport services to children with special educational needs, missing persons. Surrey Children's services and the Police both referred to delays in court proceedings and the backlog of open court cases. Children Services identified increases in Looked After Children cases and increased demand in Emergency Duty Team.

Other services expected to come under pressure also included support for vulnerable groups including Gypsy Roma and Traveller children, Unaccompanied Asylum-Seeking Children, Children in Care and Children with Special Educational Needs and Disabilities. Child and adolescent mental health services (CAMHS) highlighted increasing demand for Bed Requests, Adult Mental Health Crisis and reflections on demand, presentations to Accident and Emergency Departments (A&E) continue to increase, increases in demand for tier 4 services,

136 suite³ presentations, Referrals into Community, CAMHS, Children's Eating Disorder Services. Surrey Police expressed concern regarding the possible surge in violent and sexual offending post-lockdown

All agencies had a clear view of risk with plans in place to mitigate against the possibility of increased demand and other risks, but agencies' confidence in their ability to fully cover these risks was varied.

In relation to the sustainability of current arrangements, seventy five percent of respondents felt that these arrangements were not sustainable in the medium to long term and that additional support would be needed.

Fifty-two per cent of respondents (12 out of 23 responses to this question) had identified specific financial threats to services as a result of the impact of COVID-19.

What is clear from this snapshot of services is that all agencies have been impacted by COVID-19 and are working hard to respond effectively. There is a great deal of uncertainty and concern about the sustainability of arrangements to ensure service delivery and the financial impact for services during and post lockdown.

Key services to safeguard children and promote their welfare had plans in place to mitigate the impact of COVID-19. The Executive continues to meet with key agencies to monitor the delivery of these plans in the interest of Surrey's children and young people. The COVID Recovery report was sent to the Local Resilience Forum so that system-leaders would remain sighted on the work of the SSCP and the key issues related to safeguarding children and promoting their welfare throughout the pandemic.

Challenge activity

The SSCP worked closely with the Surrey Local Resilience Forum to ensure that they were sighted on issues affecting agencies who worked directly with children and families.

In addition, the Independent Chair and OPCC wrote jointly to the Secretary of State for Education, this letter was also sent to the Children's Minister on behalf of the SSCP, regarding the need for Personal Protection Equipment (PPE) and testing in Surrey's schools. The Independent Chair also worked with The Association of Safeguarding Professionals (TASP) to make representations to the Minister for Education regarding testing. The SSCP also wrote making representations to the Department of Education regarding increases in Elective Home Education (EHE) during the pandemic.

As noted above, EHE continues to be a significant concern for the Partnership during the successive lockdowns and the course of the pandemic. In previous years Surrey had approximately just over 1000 families who electively home educated their children. During the COVID-19, this number has risen sharply to approximately 1500 families in December 2020. This is a national issue and the SSCP and Partners are continuing to raise concerns and develop responses locally.

3. Is anyone better off?

The commitment of all agencies to prioritise the safeguarding of vulnerable children and families is also clear and has been demonstrated in each return. National organisations such as the

³ The Mental Health Act, Section 136 (s136) provides the police have the power to take you to a place of safety or keep you in a place of safety. The 136 suite is a place of safety with hospitals

Probation Service and the Children and Family Court Advisory and Support Service had a higher level of confidence in the sustainability of their future plans; however, both organisations described how COVID-19 had impacted the way that services were delivered. As a result of the actions taken by key agencies the SSCP has good assurance that the majority of children in Surrey continue to be safeguarded during the pandemic. There are a minority of children who were placed at additional risk of Domestic Abuse and being adversely affected by poor parental mental health, and poor child and adolescent mental health. The SSCP have been assured that the C-SPA had robust processes in place to provide additional support.

As outlined above, the SSCP continues to be concerned about children and young people's emotional health and mental well-being. The Partnership is also concerned with the number of adolescents becoming looked after and are working to understand how we can support families more effectively. The SSCP is also concerned regarding the number of accidental injuries to pre-mobile infants and younger children. This is a national issue. The Child Death Review Team are undertaking a thematic review of Sudden and Unexpected Death's in Infancy (SUDI). This review will be presented to the Case Review Sub-Group in January 2021. The SSCP will also benchmark local practice against the Child Safeguarding Practice Review Panel's review of sudden death in infancy, '***Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm***' published in July 2020.

9

4. What are we going to do next? Action planning

The SSCP will continue to ensure that agencies work together to safeguard children and to promote their welfare throughout the pandemic. To achieve this, the Executive will continue to meet regularly to monitor the work being done and provide support and challenge to ensure that all organisations fulfil their responsibilities in relation to ensuring the safety and well-being of all Surrey's children and their families during COVID-19. The SSCP will also work with agencies to understand their risk assessments (including financial risk) that might impact on their ability to deliver services to children and families.

In particular the SSCP will:

- maintain oversight of critical areas including
 - domestic abuse
 - child and adolescent mental health and emotional well-being
 - support to families to ensure that younger children are safeguarded
 - support to adolescents who are on the edge of care
- seek assurance that all agencies ensure that their frontline staff have PPE and there are safer working guidelines available to all staff
- work with the Local Resilience Forum and its relevant cells to ensure that information and guidance regarding lock downs, key workers, vaccinations for staff is clear and accessible.
- seek assurance from all agencies that contingency and business continuity plans are in place to mitigate the impact of the pandemic on:
 - staff
 - service delivery
 - financial and other resources.

Section 2:

9

SSCP performance in relation to its key priorities

The SSCP Safeguarding Children Strategic plan identifies the key priorities for the continuing improvements to safeguard Surrey's children and young people and ensure that they are seen, safe and heard. The SSCP's priorities were agreed in September 2019, these were published as part of the Partnership Arrangements. The Safeguarding Children Strategic Plan was approved by the full Partnership in May 2020 and covers the period 1 April 2020 to 31 March 2021.

In developing its priorities, the Safeguarding Children Strategic Plan aims to demonstrate its commitment to continuous improvement by ensuring that the plan builds on the work achieved in Surrey to date. The priorities identified in the strategic plan highlights the critical areas to which the SSCP will give conspicuous oversight in ensuring that each priority identifies the key actions to be taken by each agency in the SSCP. The Safeguarding Children Strategic Plan was developed and delivered in the context of the COVID-19 pandemic and the SSCP's response to the pandemic and its impact is highlighted within each priority as appropriate.

The Safeguarding Children Strategic Plan is monitored by the Executive Group, with exceptions being presented for review and resolution at each meeting of the Business Group. The Safeguarding Children Strategic Plan is aligned to the SSCP's Multi-Agency Quality Assurance Framework and its performance indicators. This ensures that there is a clear line of sight between the priorities of the Partnership and the work of each Sub-Group.

9

Priority one: thresholds and Early Help

Strategic Objective we will seek to ensure that there is a clear understanding of thresholds for different levels of intervention.

Specifically the SSCP committed to the following actions:

- the SSCP will seek assurance regarding evidence that the understanding and application of thresholds is helping to keep children safe.
- ensuring that the C-SPA is responding to referrals effectively during the COVID 19 crisis
- the SSCP will seek to learn from Serious Case Reviews and Local Child Safeguarding Practice Reviews which highlight circumstances where conventional application of thresholds may not be appropriate
- the SSCP will conduct a multi-agency audit on the quality of decision-making at referral and key stages in multi-agency intervention'.

1.What did we do?

There is some assurance that there is increasing understanding of thresholds for support and intervention in Surrey. From 1 April 2018 to 31 March 2019 there were 7023 early help contacts into the Children's Single Point of Access (C-SPA). In the period from 1 April 2019 to 31 March 2020 this number was reduced to 3993. The Effective Family Resilience model was launched, and we were clearer as a partnership as to who we needed to work with and how. This was as a result of the introduction of the C-SPA and a new approach to managing referrals and contacts including greater clarity of referrals with the Police.

As outlined in section one of this report, on the SSCP's actions in response to COVID-19, we saw an increase in contacts to the C-SPA during lockdown and throughout the pandemic we have seen a similar increase in referrals to social care. We have been assured that the C-SPA is responding to referrals effectively during the COVID 19 crisis

The SSCP has worked closely with Partners to review and update the Effective Family Resilience Model so that it takes account of the fact that there are circumstances where conventional application of thresholds may not be appropriate and other forms of multi-agency support and intervention are required. We have updated and approved the SSCP Escalation Procedure so that a clear process is in place to ensure that professionals remain child focused and are able to come to a resolution as quickly as possible.

2. How well did we do it?

To more clearly understand the effectiveness of decision making in relation to early help and thresholds, the Learning From Practice Sub-Group conducted a multi-agency audit into the effectiveness of decision making and thresholds within Child Protection Conferences.

We received 88 returns from 100 children chosen within this cohort. Case numbers were provided from the Performance Team. Of those children, completed numbers were as follows:

9

- Police audited 25 cases
- Surrey Children's Services (SCS) audited 23 cases
- health audited 26 cases
- education audited 14 cases; there were 11 cases where there was no involvement from Education

The findings from this audit tell us that we need to get better at completing early help assessments. Early help assessments were completed in only 33% of relevant cases. We are getting better at presenting clear reasons for referral; this is evident in approximately 80% of relevant cases. A significant number of cases gave evidence of historical involvement.

The audit found that by the nature of some family's complex needs, there will inevitably be children who return to Level 4 services despite previous interventions, but if services are effective this will be a small minority. The information from this sample suggests that children are returning to Level 3-4 services due to a lack of addressing the key safeguarding issues within previous involvements.

Surrey Police Early Help pilot

The pilot took place between 15 June to 15 September, Woking and Surrey Heath have piloted an early help approach in their respective neighbourhood policing teams. The aims of the pilot were to:

- reduce risk of child emerging into exploitation
- reduce childhood demand
- identify and address the needs of children who experience Adverse Childhood Experiences (ACEs) and trauma.

The pilot identified 3 main entry routes to this approach:

1. A child recognised by Surrey County Council as emerging risk of exploitation – level 2 or 3.
2. A child in the top 5 of children causing the most demand on policing in that borough.
3. Referral through the C-SPA with ACEs / Trauma informed indicators – screened through the early help co-ordinator .

In each of the 11 boroughs in Surrey Police, the neighbourhood team was involved in researching the crime or incidents which have occurred in the previous 24 hours. This provided the police with opportunities to identify cases for early help, using ACEs as a guide and to highlight to partners including schools, the opportunity to provide support.

The pilot found that the Early Help Offer is not always clear to partner agencies or social work teams and the challenge remains to ensure that this is fully understood and effective.⁴

The pilot also found that Surrey has a well-resourced front door and good range of early help services. There are remaining questions regarding early help and safeguarding, for instance, how strong is targeted Early Help/family support services that work intensively with families just below the social work (level 4) threshold? A related question is how strong is the CIN offer in Surrey.⁵ It is expected that these questions will be resolved in the next period of SSCP activity.

3. Is anyone better off?

The Police Early Help Pilot provided the following example of positive impact

A 16-year-old male, who was using drugs and violence as well as being engaged in low level crime (bike thefts) to fund his drug use. This young person was not attending school and there was evidence that he was being exploited. There was also concern that he was at risk of further criminal and antisocial behaviour as well as call outs for domestic abuse at his home address. In addition, he was on the top 5 list of children at risk as well as a nominal on the criminal exploitation list. Given the severity of the problem solving needed he was allocated to the Youth Engagement Officers(YEO) team to support and problem solve. After numerous unsuccessful attempts at engagement, the YEO / Child Exploitation and Missing Unit (CEMU) joint team approach slowly built a rapport with him over time. Expectations were set from an early stage. Recognising the problems, and by establishing a rapport, they were able to secure his agreement to work with them. As a result they were able to him move away from the 'friends' that were negative influences. He is now living in a separate part of the country with a family member. The YEO has visited him and with this positive relationship, he has since ceased his involvement in criminal behaviour and stopped abusing drugs; he has now enrolled in college.

4.What are we going to do next? Action planning

We know from audits and reports to the SSCP that frontline multi-agency practice that the Team Around Family and Lead Professional role needs to be strengthened. We also know that early help assessments need to be joined up so that there is a complete picture of a family's needs and a clear, multi-agency support plan in place which is regularly reviewed with the family and practitioners who are supporting them. We also know that we are not yet at a place where there is a shared understanding and consistent application of thresholds across Surrey. The work with regards to early help and thresholds needs to be strengthened and early help and thresholds will remain an area of focus during 2021-2022.

⁴ December 2019 Commissioner visit

⁵ Surrey stocktake Essex feedback September 2020

Strategic developments to support Early Help Helping Families Early Strategy

The launch of the Helping Families Early Strategy was delayed by the pandemic but went live on 3 November 2020 through a Webinar which was attended by in excess of 170 people. The strategy is supported by Family Resilience Networks in each of the quadrants. These Networks meet at least quarterly and SSCP will receive a quarterly report on the progress of the strategy. All four quadrants have now hosted their first Network which have been well attended with representatives from a range of agencies across the sector. Throughout 2021-2022, the SSCP will seek evidence and assurance that this work is embedded and that this strategy is making a difference in providing effective support and early help to families.

Family Safeguarding Model

In Surrey, the Family Safeguarding Model brings together under one roof all the professionals needed to help children. The specialist workers for domestic abuse, substance misuse and mental health expertise have now joined the teams, and the model represents a shift to more multi-disciplinary case discussions and have new tools to support direct work with children and their families. Motivational Interviewing techniques are key to this practice model and the training offer has continued over the last few months with a new rollout being planned for SCC staff and partners during 2021.

Through its audit and quality assurance work, the SSCP has identified a range of legacy cases which illustrate some of the difficulties and professional tensions involved in threshold decisions. An audit was commissioned to explore the learning from these legacy cases with a view to informing improvements in the multi-agency understanding of levels of need and the application of thresholds for support and intervention.

As a multi-agency partnership there is a need to further improve our work in relation to early help and thresholds so that we are able to provide good evidence of a shared multi-agency understanding of needs, thresholds and pathways for support. We want to ensure that the Partnership is able to evidence consistency and transparency in the application of thresholds, so that decisions regarding thresholds are truly multi-agency and are in the best interests of children and families. The SSCP has also identified the need to improve the quality of professional challenge and escalation in cases where it is necessary to agree solutions that work for children and their families.

The aim of this work is that the SSCP is able to demonstrate effective multi-agency working and this includes improving the quality of early help assessments and strengthening practice around the Lead Professional Role and Team Around Family processes. The SSCP will seek assurance from all agencies that this work, including the Helping Families Early Strategy and the Family Safeguarding Model, is making a difference for children and families. Early Help and Thresholds for support will continue to be one of our key priorities for 2021 to 2022 where we will seek to further improve and embed the effectiveness of multi-agency practice.

Priority two: neglect

Under the published partnership arrangements for Surrey Safeguarding Children Partnership neglect has been identified as a key priority. This acknowledges that although responding to neglect is considered core safeguarding business, it also requires additional cohesive multi-agency responses, strategy, planning, scrutiny and oversight.

1.What did we do?

Through the work of the Neglect Sub-Group, we launched the Graded Care Profile 2 (GCP2) as Surrey's assessment framework in cases of neglect. The goal is to equip the multi-agency children's workforce in Surrey with a clear practice tool for assessment and action in cases of suspected and actual neglect. The GCP2 is an assessment tool which helps practitioners measure the quality of care that a child is receiving. This tool has been developed and evaluated by the NSPCC and they have found it to be effective in helping identify whether a child is at risk of neglect.

A plan was developed to implement the GCP2 across Surrey. This implementation plan has moved forward. A project manager has also been recruited to oversee the multi-agency implementation and embedding of the GCP2. In addition, a GCP2 Project Board has been set up and has held its initial meeting. The Project Board will work closely with the Children's Workforce Academy to offer further GCP2 training to increase the number of staff being trained in the effective use of the tool.

9

2.How well did we do it?

The neglect self-evaluation

A template was devised based on learning and findings from the report which followed the Joint Targeted Area Inspection (JTAI) on Neglect which was published in 2017. The multi-agency self-assessment of neglect had a strong response from statutory services and agencies from the Third Sector.

Areas of positive practice and developing identified by agencies in the self-evaluation included increasing consideration of the voice of children. There was evidence that Neglect Champions were in place in key agencies. There was clear organisational accountability and commitment to addressing neglect. Agencies provided evidence that training, and supervision included a 'Think Family' approach. It was also clear from the self-assessment that neglect awareness is understood as a key priority area. There were examples of improving C-SPA and MAP responses and successful escalation processes (informal and formal). In addition, there was good multi-agency representation at CIN meetings and Core Groups and evidence of improved communication at step down. The self-evaluation returns also show evidence of commitment to the Family Safeguarding Model and Pilot for GCP2. Finally, there was evidence of a reduction in the number of re-referrals for neglect.

The self-evaluation also identified a number of areas where further focus is required. There was evidence of the need for move towards a consistent understanding of cumulative harm as a result of on-going neglect rather than incident led responses. There was also a need for improved inter-agency communication and multi-agency interpretation of thresholds. Multi-agency information sharing was cited as both a strength and a cause for concern. The self-evaluation highlighted the need for a more consistent use of chronologies and scope for a multi-agency chronology and pro-forma. All agencies needed to improve their understanding of adolescent neglect. The need for a neglect specific supervision training offer, which strengthened identification and challenges over optimism, superficial assessment, drift and supports and empowers practitioners was also highlighted. There was also a need for the C-SPA to provide consistent feedback to referrers. The self-evaluation also demonstrated the need for clear Neglect Indicators/Typology and the need to refresh the SSCP's neglect strategy.

This self-evaluation tells us that multi-agency practice in relation to recognising and assessing cases of neglect shows some signs of improvement. However, the message coming from the self-evaluation and local case reviews is that there is more work to be done. Evidence from case reviews and audits tell us that our collective response to neglect is too variable and not sufficiently robust.

3. Is anyone better off?

Child neglect has been a concern in Surrey for some time and there has been a great deal of activity to address neglect in all its forms; however, there is insufficient focus on the impact of our actions on improving multi-agency practice and ensuring that fewer children in Surrey experience neglect. We also know that, in cases where neglect is identified as a factor, our response is not consistently effective. As a safeguarding Partnership we are clear that multi-agency practice in relation to neglect needs to improve. We also need to focus more on improved outcomes for children and young people.

9

4.What are we going to do next?

In 2021-2022 we will seek to further develop our strategic response to neglect; we will also seek to evidence that the work we have done is having an impact in ensuring that children who experience neglect or who are at risk of being neglected receive effective help and support to ensure that they are safeguarded. Also we will seek to embed the GCP2 across Surrey. To achieve this we will ensure that the GCP2 Board maintains oversight of the quality of multi-agency practice in relation to neglect, focusing on addressing the areas for development highlighted in the self-evaluation.

The SSCP's neglect strategy is being reviewed and will be approved and implemented in 2021. We will also be seeking to communicate and implement the updated neglect strategy and will carefully monitor how this is embedded across all agencies through an agreed quality assurance framework. The work of the Graded Care Profile II Project Board will be key in ensuring that this work is embedded. Neglect will continue to be one of our key priorities in 2021-2022.

Priority three: domestic abuse

The SSCP is determined to improve practice in safeguarding children in families where domestic abuse takes place. The SSCP aimed to ensure that there was a clear, agreed multi-agency approach to responding to domestic abuse, which safeguarded children, supported victims/survivors and held perpetrators to account.

1.What did we do?

Domestic Abuse is led by Healthy Surrey which is overseen by the Health and Well-Being Board and Community Safety Team. There is a good multi-agency approach to Domestic Abuse which includes, statutory services, universal services and Third Sector organisations across Surrey. There is also a Domestic Abuse Executive Group which collectively commissions and oversees the work related to Domestic Abuse. The Domestic Abuse Management Board oversees multi-agency practice.

Members of the SSCP Executive met with the Domestic Abuse Commissioner, Nicole Jacobs, to discuss Domestic Abuse in Surrey and the implications of the Domestic Abuse Bill; the focus of this discussion was to share with partners an understanding of what good practice in cases of domestic abuse looks like.

Domestic Abuse and our collective response are regularly discussed at a range of SSCP's safeguarding forums and networks. To help understand instances of domestic abuse and the multi-agency response, a dashboard and dataset with a narrative was submitted by health providers; this focused on safeguarding during COVID-19. As a result of this work by the Surrey Wide CCG Safeguarding team, there is good assurance that key safeguarding priorities, such as domestic abuse, are being focused on within health.

The Surrey Children's Workforce Academy offers a variety of Domestic Abuse training and workshops including:

- Domestic Abuse: Understanding the Multi-Agency Approach (One day)
- Domestic Abuse: Safely Engaging with Perpetrators (One day)
- Domestic Abuse: Working with Children Affected by Domestic Abuse (Two days)
- Domestic Abuse: Legal Framework (Half day)
- Domestic Abuse within the Lesbian, Gay, Bi-Sexual & Transgender Population (Half day).

This training is advertised widely throughout the partnership. The training also includes learning from Serious Case Reviews (SCRs), the SSCP's thematic review of SCRs and Domestic Homicide Reviews (DHRs). Each workshop is evaluated to give an indication of how learning will be put into practice. The Surrey Children's Academy offers a free 30 minute e-learning course on domestic abuse via the [MeLearning](#) platform. The full training framework, including available courses and booking information, is available on the Surrey Against Domestic Abuse webpages here: <https://www.healthysurrey.org.uk/domestic-abuse/professionals/awareness-training>. The training programme also focuses on the DHR process and learning from DHRs.

Both the partnership managers of the Safeguarding Adults Board and SSCP are now members of the DHR Oversight Board. There is also SSCP representation at the Domestic Abuse Management Board and the Domestic Abuse Executive.

The Terms of Reference of the DHR Oversight Board has been strengthened to include the link with the Safeguarding Boards and the relationship between case reviews.

As part of the action plan for the Oversight Group there is a bespoke piece of work to improve the join up between the case reviews. This includes:

- developing early alerts between all parties involved to when there is a DHR which might need Adult and or Children Service's involvement and likewise when a case reviews has evidence of Domestic Abuse and therefore might constitute a DHR.
- improving the guidance and toolkits to better show how the reviews link together
- getting some national guidance on joint reviews
- improving the recommendations that relate to Adults and Children's Services.

Ongoing workstreams on Domestic Abuse include looking at perpetrators, early intervention and health e.g. Domestic Abuse support as part of the Family Safeguarding model, introducing Independent Domestic Violence Advisors (IDVAs) in Surrey's acute hospital settings, the opening of a Domestic Abuse refuge, and a commitment to extend the funding for this project for a further two years.

Early help/C-SPA report the positive affect of having Domestic Abuse Workers co-located in the C-SPA. This has supported the effectiveness in triaging cases so that the correct level of support is offered. In COVID-19, this has moved to virtual/online support. A bid was submitted in October 2020 to the Transformation Support Unit to make this a permanent feature and have 2

Domestic Abuse workers in the C-SPA. This would strengthen the front door and help with the anticipated surge of Domestic Abuse referrals until Nov 2021. The C-SPA handle more than 30% of referrals relating to Domestic Abuse. The C-SPA receive between 1031 to 1760 SCARFs from the Police on a monthly basis, this represents 44% of C-SPA work.

Throughout the COVID-19 pandemic, the SSCP has maintained careful oversight of cases of domestic abuse where there are children in the households. A survey of third sector organisations during COVID identified how Domestic Abuse organisations were adapting their plans and activities to continue to support families during COVID-19. A report on the voice of children and young people reported during COVID-19 has been circulated widely across the partnership.

As noted above, an additional refuge opened during COVID-19 supported by Reigate and Banstead and YourSanctuary. [East Surrey Domestic Abuse Services \(ESDAS\)](#), circulated a briefing by the Chief Executive for partners. This briefing contained advice and information to support parents/carers and families in keeping people safe from domestic abuse and preventing homicide as a result of Domestic Abuse during the COVID-19 pandemic and associated lockdowns. The SSCP supports and oversees progress in this work through Third Sector Forum meetings and agenda planning.

The SSCP has worked closely with colleagues from Surrey Police and Public Health to ensure that there is a good multi-agency awareness across Surrey regarding coercive control and Clare's Law. In March 2020 at the Full Partnership meeting, the SSCP received a presentation from the High Harm Perpetrator Unit (HHPU) regarding Stalking Protection Orders.

The learning from SCRs and other reviews is shared across Surrey so that there is a good understanding of Clare's Law and coercive control.

The Case Review Panel Sub-Group has delivered workshops to cascade learning from the thematic review of Surrey SCRs from 2016 to 2020. Evaluations from this event provides an indication of how learning will be put into practice. As a result of the learning from recent SCRs, children in families where there is domestic abuse should be better protected from harm. There has also been some useful discussions and feedback around the impact of the new Domestic Abuse Bill at Health Safeguarding Forum meetings. Organisations have agreed to assess the impact by completing the pro-forma. Feedback to the CCGs will be analysed and where gaps are identified support and guidance will be provided. It has been agreed at the Schools and Education Safeguarding Forum that domestic abuse will feature highly in its work for 2020/21 due to the cumulative impact of lockdown on the children and young people who are experiencing domestic abuse.

2. How well did we do it?

Our collective response to domestic abuse is improving. However, the evidence from local and national Domestic Homicide Reviews (DHRs) is that there is more work to do. An analysis of the recommendations coming out of 70 local DHRs highlighted the following themes⁶ for improvement:

- the need for research informed approaches and response to domestic homicides
- system capability to focus resources to provide appropriate support/responses
- assessment of risk

⁶ Domestic Homicide Reviews Oversight Group Update December 2020

- recording and information sharing
- the need for training and improved awareness of domestic abuse and adult vulnerability
- the need to develop specific policies.

3. Is anyone better off?

As a result of the work that is being done in relation to domestic abuse, the SSCP has assurance there is a coordinated response to Domestic Abuse.

The Partnership has assurance that learning is shared across all agencies in relation to SCRs, Local Child Safeguarding Practice Reviews, and DHRs where Domestic Abuse is a significant factor.

All acute hospitals for example, Surrey and Sussex Healthcare NHS Trust ensure that maternity services have an e-system in place that asks at each ante/post-natal consultation about Domestic Abuse/ partner involvement.

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings to discuss how to help domestic abuse victims, aged 16 or , at high risk of murder or serious harm. The work of the MARAC is overseen by the Domestic Abuse Management Board. The MARAC considers the victim, the family including children and perpetrators, the meeting shares information and develops plans to reduce risk. There are a number of criteria used to determine whether a case should be referred to MARAC including: DASH risk assessment score. visible high risk, professional judgement, potential escalation, harmful traditional practices and repeat cases.

MARACs also employ disruption tools and powers on the perpetrator with the aim of reducing offending behaviour and supporting associated criminal justice processes as required for example: Domestic Violence Disclosure Scheme (Claire's Law), non-molestation and occupation orders, prevention of harassment orders, Domestic Violence Prevention Notices (DVPNs), Domestic Violence Prevention Orders (DVPOs) and Stalking Protection Orders.

4.What are we going to do next? Action planning

Surrey County Council and Surrey Office of the Police and Crime Commissioner (OPCC) submitted a successful bid and will therefore have the opportunity to work with SafeLives who will provide strategic support in developing and implementing a clear and ambitious local perpetrator strategy, including support to develop business cases and identifying funding options for perpetrator interventions.

The Domestic Abuse Executive Group endorsed the roll out of Independent Domestic Abuse Advisors (IDVAs) across the Surrey's A&E settings as part of the 'Recovery Phase' to Covid-19. The IDVA's will be based in A&E settings and will be working across the Trust for example in the Maternity and Paediatric departments. The programme team are working with the following Trusts to implement IDVAs: Epsom Hospital, Royal Surrey Community Hospital, Surrey and Sussex Healthcare NHS Trust and Ashford and St Peter's Hospital. Frimley Park Hospital have already commissioned this service, and therefore, will not require the same level of support from the programme team. However, the programme team will be working closely with Frimley to ensure the same delivery of services and shared outcomes.

The Partnership is developing a **readiness assessment in preparation for the new Domestic Abuse Bill** which will impose significant new responsibilities on the public sector.

The new coercive control workstream is jointly chaired by the Office of the Police and Crime Commissioner and the Children's Academy but ensuring that there are links to the adult world as well. The terms of reference have been developed and membership reviewed to ensure we get those involved that can really make a difference to survivors.

SCC Commissioners met with our Refuge Partners to agree on a collaborative approach on how Surrey's Refuge Needs Analysis will be carried out. Findings from the Community Impact Assessment will also feed into this project, together with the Safe Accommodation part of the DA Bill to ensure that this whole area of work is joined-up.

Priority four: contextual safeguarding

1.What did we do?

The SSCP will work to increase our understanding of contextual safeguarding and related risks across all agencies.

9

Statutory guidance ***Working Together to Safeguard Children (2018)*** and ***Keeping Children Safe in Education (2020)*** now make reference to and provide a definition of Contextual Safeguarding. This has supported a conceptual framework for the multi-agency understanding of contextual safeguarding and supports agencies with assessing and reducing the risk of harm from outside the family home.

Working Together 2018 notes,

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse, or exploitation from outside their families. These threats can take a variety of different forms and children can be vulnerable to multiple threats including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and influence of extremism leading to radicalisation.⁷

Keeping Children Safe In Education 2020 states,

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.⁸

Surrey's approach to Contextual Safeguarding is based on research and extensive trials in multi-agency safeguarding hubs, led by Dr Carlene Firmin, Principal Research Fellow, University of Bedfordshire.

Surrey is continuing to develop a strategic, multi-agency response to adolescent safeguarding which includes research and data analysis to enable agencies to better understand the risk profiles of children and of those who exploit them within the extra-familial context.

⁷ Working Together to Safeguard Children (2018), paragraph 33

⁸ Keeping Children Safe in Education (2020), paragraph 21, p.8

Contextual Safeguarding working group

A multi-agency Contextual Safeguarding working group has been established, which meets monthly and is attended by key partners from the children's workforce.

Representatives from Surrey Police attended the Bedfordshire University training on Contextual Safeguarding to enable a detailed understanding of the contextual dynamics of extra-familial harm and how these interact with adolescent development. The aim of this training was to develop experience of using 'Context Weighting' activities to assess the welfare of young people at risk of harm beyond their homes and to understand and be able to describe the core features of a Contextual Safeguarding approach. This training will also enable agencies to have experience of using key resources from the Contextual Safeguarding network to support the development of responses to extra-familial harm and to be able to identify opportunities for implementing a Contextual Safeguarding approach in Surrey.

Surrey is continuing to develop its approach to Contextual Safeguarding beginning with Early intervention and Safeguarding through the work of the family safeguarding teams Targeted Youth Support and Safeguarding Adolescents Teams. Surrey also works closely with the Community Safety Partnerships in each district and borough, using Community Harm and Risk Management Meetings, Joint Action Groups, and in Licensing processes to think and act contextually. In addition, we work closely with Parents and carers and with education settings including schools, pupil referral units, and alternative provision.

Surrey is committed to disruption of exploitation and enforcement of the law including the prosecution of perpetrators. In order to support this work, the Police have dedicated child exploitation and missing units within each Division, there are active investigations on each case where a child is identified as experiencing exploitation, all children offered Single Point of Contact, there is effective sharing of partnership intelligence and information and there are in place Districts and Boroughs joint action groups.

The SSCP is working hard to ensure effective integration and closer working by reduce the amount of silo across services. We are developing our Trauma-informed approach with a recognition of the role and impact of adverse childhood experiences (ACEs) and ensuring that there is a multi-agency understanding of the lived experience of children and their families.

As highlighted above, the SSCP is continuing to learn from research and the analysis of local data by working to ensure that all agencies recognise and intervene at 'teachable moments' (such as point of arrest, presentation at A&E departments and with children who are at edge of school exclusion).

2. How well did we do it?

What is the quality and impact of safeguarding – auditing.

The evidence from current practice is that our work in relation to contextual safeguarding is developing. There are some examples of good practice, and practitioners in Children's services, Health, Education and the Police are growing in their understanding of adolescent vulnerability including trauma informed approaches and our collective understanding of ACEs. However, it is also clear that this work needs to be developed and embedded across all key agencies in Surrey.

There is good evidence that our developing approach to contextual safeguarding is making a difference in keeping children safe. This evidence includes:

- a growing awareness and understanding of contextual approaches to safeguarding adolescents
- increasing examples of good multi-agency practice of safeguarding adolescents in contexts beyond the family and home
- we are beginning to map areas/contexts of risks and vulnerability
- we are now able to identify when children and young people are at risk and have a profile of local vulnerability.

3. Is anyone better off?

CASE STUDY: Operation Hillmead

Operation Hillmead relates to child sexual exploitation that is suspected to have occurred at the Travelodge at Woking.

9

In October 2019 four females were found in a Woking hotel. Two of these females were 18 years of age and believed to be the hooks⁹ and two other girls were aged 15-years-old. It was suspected that sexual activity was taking place in the hotel room and drug packages being passed within the hotel. Operation Hillmead uncovered that a number of other hotels were being used. The operation investigated the criminal exploitation (drug running/ fraud) alongside sexual exploitation.

In terms of outcomes nine suspects were arrested and eleven victims identified and supported. This was an example of effective joint working between the Police child exploitation and missing unit, Children's Services, Libertas Children's home, the Hotel Chain Representative, the Woking Safer Neighbourhood team, Woking Council, Education providers, and colleagues from Health. Ongoing support to safeguard children included frequent complex multi-agency strategy meetings to oversee the safeguarding and disruption plan.

4. What are we going to do next? Action planning

In Surrey we want to embed a culture of understanding about the complexity of Safeguarding Adolescents where we identify adolescents as children first and we understand the developmental needs of adolescents. We also want to ensure that we understand the needs and risks for adolescents with SEND and understand the range of influences in adolescents' lives, including those outside the family context. In doing this, we will maintain a focus on the risks that adolescents are exposed to in contexts outside the family, and that we respond with the right kinds of conversations and the right actions at the right time; we will also consider the positive and negative impact of risks adolescents take in exploring their growing independence. As a Partnership, we want to ensure that we value the diverse range of experiences of adolescents across Surrey and respond to the needs of adolescents of all genders, ethnicities, sexual identities and beliefs.

To achieve this vision we will work with all agencies to consider the multi-faceted issues of adolescent development and safeguarding and respond to these issues in a comprehensive way. We will also work together to respond to peer networks, pull factors, and the influence of

⁹ Usually younger attractive males or influential females who have the ability to impress potential victims with money, lifestyle etc. before passing the victim on to others.

individuals and groups that cause harm to adolescents and can lead them to make choices that increase the risks they are exposed to. We will ensure that all agencies act to reduce the gender bias reinforced by traditional approaches, particularly around harmful sexual behaviour, child sexual exploitation and gangs. The SSCP also aims to respond effectively to the needs of adolescents with SEND who may be at a higher risk of abuse due to physical frailty, early levels of communication, a lack of understanding of social boundaries, or limited sense of agency and/or self-esteem.

In developing our approach to safeguarding adolescents, we will also work to respond to the risk factors that can have negative impacts on adolescent outcomes including substance use, negative social media use, and poor mental health issues. We will do this through the provision of a consistent and flexible practice framework and workforce development plan that creates a culture shift in the way we deliver services for adolescents. We will also support practitioners across thresholds and disciplines to be brave and innovative, to hold and manage risk, and to eliminate language and responses that blame and stigmatise adolescents.

In response to the Child Safeguarding Practice Review Panel's report on criminal exploitation, ***It Was Hard To Escape***¹⁰, the SSCP has developed a self-evaluation tool which has been sent to all agencies. The tool identifies key learning points which includes:

1. problem identification
2. supporting your staff
3. service design and practice development
4. quality assurance.

The SSCP Executive will use the returns from this self-assessment tool to benchmark current understanding and practice in relation to criminal exploitation in Surrey. The self-evaluation tool is due to be completed by key agencies by 31 January 2021.

Priority five: emotional well-being and CAMHS

1.What did we do?

The SSCP recognises that there has been a lot of work undertaken during 2019/20 to redesign and recommission services to support children and young people's emotional wellbeing and mental health. Mobilisation of the new service model has started and will continue throughout 2020/21. The new service model includes use of the Thrive framework to ensure that all agencies focus on promoting children and young people's resilience and are aware of the support that is available for emerging, mild and moderate mental health difficulties (with clinical CAMHS focussed on helping those with severe and enduring mental health problems). The new contract includes significant additional investment in early intervention services so that children and young people are not left without support when they do not reach the threshold for clinical CAMHS help.

The Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey was developed in February 2019 and was updated in early 2020. The ambitions outlined in the Emotional Well-Being Mental Health Strategy are as follows:

- to develop a new **culture** around children and young people's emotional wellbeing and mental health that promotes resilience, whilst ensuring access to specialist services when needed.

¹⁰ [The Child Safeguarding Practice Review Panel - It was hard to escape - report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- to develop how we **support** children and young people with their emotional wellbeing and mental health.
- to develop appropriate emotional wellbeing and mental health **services** for children and young people.

The Strategy will be reviewed in 2022.

The SSCP has played an active role in informing and influencing the recommissioning of the CAMHs. This has included high level challenge from the SSCP Executive regarding the sufficiency and timeliness of services to children and young people. The SSCP has also worked with commissioners and key stakeholders to ensure that they were fully sighted on the learning coming out of serious case reviews, local child safeguarding practice reviews and scoping reports for Rapid Reviews. This work includes ensuring that the recommissioning of the new CAMHS contract includes the learning and recommendations emerging from these reviews.

In September 2020, the SSCP published a Thematic Review of Adolescent Suicide in Surrey. The thematic review was completed in partnership with the Child Death Review Team. The thematic review included analysis of key themes and learning from the suicides of 12 young people from 2014 to 2020. The review found that:

- 92% of parents included in the review were aware of the (ACES) including trauma
- over two thirds of the young people were adolescent boys
- 58% were diagnosed with attention deficit disorder or autistic spectrum disorder
- 50% of the young people who were considered in the review were known to children's social care
- 45% were accessing CAMHS at the time of their death
- 50% of the young people were using social media in a way that caused concern
- 33% of the young people had medication started or increased within a month previous to their death
- 25% of the children included in the review were accessing privately funded therapeutic services
- 8% of the children included in the review did not meet CAMHS' thresholds for support.

The Thematic Review has been shared across all key agencies and strategic groups in Surrey including the Health and Well-Being Board, Safeguarding Adults Board, the CCG, Surrey Police. In addition, the Case Review Panel has delivered workshops to cascade learning from the suicide thematic review and a SSCP Suicide Prevention Toolbox¹¹ has now been published on the SSCP website, which contains multi-agency resources to help prevent suicide and support partners/Carers, Children/Young People and practitioners dealing with critical situations. The evaluation forms will give an indication of how learning will be put into practice. The Thematic Review is supported by an action plan which seeks to ensure that the recommendations of the review are implemented across Surrey. The Thematic Review Action Plan is closely monitored by the Case Review Panel Sub-Group.

As a result of the learning from several cases involving probable suicide by adolescents, the potential risks for vulnerable young people should be better managed resulting in fewer such cases in Surrey and elsewhere if the learning is shared on the NSPCC site.

A Mental Health and Wellbeing Task and Finish group has been set up. There are discussions regarding how the £158,000 given to the local authorities can be used to embed the mental

¹¹ [Surrey Safeguarding Partnership Toolbox December 2020](#)

health toolkit across Surrey; this work includes looking at building additional capacity into frontline mental health practitioners in terms of a phoneline. The Third Sector is looking into providing cover in different localities. This is work in progress at the Schools and Education Safeguarding Forum (SESF).

The Primary Mental Health Team have increased their presence with and in schools from the beginning of term and are offering consultations, direct assessments and short-term treatments through a revised pathway. Training packages are now available online for schools. As part of the 'Emotional Wellbeing Return to School' COVID Grant, Primary Mental Health Teams (PMHTs) will be working closely with colleagues from other targeted and universal services to deliver specific online training for schools around emotional wellbeing.

Early Intervention Locality Meetings have started and are supporting new ways of working with colleagues in universal and targeted services. This work is already being praised by the wider system and education for providing more joined up ways of working and linking up of school-based support in each area.

Surrey Heath and Surrey Heartlands have been successful in their bid to host 3 Mental Health Support Teams (MHSTs) in Surrey. These teams can offer early intervention mental health support to parents of primary and secondary aged children and directly with secondary aged young people with mild mental health problems. They will also work closely with the school staff to embed the 'Whole School Approach' Training for the teams will be provided by Sussex University from mid-November and then to start their training in the school setting in early 2021. Each team will work with a small number of schools initially and then gradually increase to serve up to 8,000 primary and secondary children.

The Partnership is working with all relevant agencies to seek assurance that each agency has in place an effective agency response to adolescent mental health, self-harm and suicide prevention. In order to do this, the SSCP is in a process of developing a self-harm protocol which will be signed off and implemented in early 2021.

The SSCP has worked with the Children's Workforce Academy to ensure that Adverse Childhood Experiences and Trauma Informed Responses are part of all relevant multi-agency training. We are assured that an understanding of ACES and Trauma Informed Responses is being embedded across all agencies including Surrey Children's Services, the Children's Single Point of Access, Education, the CCG, Surrey Police.

The new Early Intervention Funding (EIF) was launched in April 2020 and is managed by the Early Years Governance Panel, which is made up of multi-disciplinary professionals from Education and Health teams. The funding is a supplement of Early Years Funded Entitlement and is designed to address the barriers to young children reaching their full potential. This includes special educational needs and disabilities as well as environmental factors such as early trauma and social and economic deprivation. The funding can be used to enhance the staff ratio, to provide training for the workforce, to support transitions into school and for other specific interventions all of which are focused on closing the attainment gap between the most disadvantaged and their peers.

As outlined in section two and throughout this report, the SSCP has worked closely with key agencies to seek assurance that there is a package of support to children and young people whose emotional and mental health have been adversely affected by COVID-19. COVID-19 Education Recovery cells have fed into the key areas of work of the Schools and Education Safeguarding Forum.

2. How well did we do it?

From the report of activity, it is clear that during 2019 to 2020 a great deal of work has been undertaken to ensure that the support for children and young people with emotional and mental health challenges is appropriate, timely and effective. Much of this work has been focused on working with commissioners on the commissioning of the new contract for CAMHS. The SSCP acknowledges that there has been a significant amount of good work to support CAMHS needs across Surrey. We are also aware that nationally CAMHS are facing increasing pressure on limited resources. The waiting times for children and young people to access higher tier services is too long and this also accords with the national picture.

Our work this year has shown that the current CAMHS contract does not meet the needs of Surrey's children who need support:

- thresholds and support pathways are not understood
- the response to children and families is too variable
- there is not a shared understanding of risk and children and families do not receive a timely response to requests for support.

9

The SSCP have raised these concerns with commissioners and providers.

3. Is anyone better off?

There is strong evidence that mental health and well-being are areas of priority across all agencies. In addition, there is a greater understanding of the need for effective and timely support to ensure the emotional well-being and mental health of children and young people in Surrey. Through reporting via commissioning of our Mental Health Services, and local learning reviews, alongside a similar national picture, the SSCP remains concerned that we are still not consistently getting it right for children suffering mental health issues. Still too many children do not receive the support they need in a timely way. Practitioners and providers share with us some examples of good practice, and some children receive good outcomes from interventions. However, the system is not able to report on this effectively and still too many children do not receive the support they need.

We have worked with children and families to ensure that their voices and concerns have been fully considered in the commissioning of the new CAMHS contract to be delivered from 1 April 2021.

The SSCP remains concerned regarding the efficacy and timeliness of support to children and young people who present with acute mental health needs. We are also concerned regarding the increasing numbers of children who are presenting with eating disorders, self-harm and suicidal ideation. There is growing evidence nationally and through local reports that COVID-19 has exacerbated these forms of harm and it is essential that we further develop and embed robust multi-agency responses, which address all levels of need and harm as a result of mental ill-health in children and young people. The SSCP has raised this concern with commissioners and providers and will prioritise this area of work for 2021-2022.

4. What are we going to do next? Action planning

The SSCP will continue to work with Commissioners and providers to ensure that arrangements are in place to monitor the effectiveness and the delivery of the new contract.

The emotional and mental health and well-being of adolescents including well-being online continues to be a priority for the partnership. Throughout 2021-2022 we will give focus on the

work being done across all agencies to ensure that children's emotional health and well-being is supported; this includes ensuring that there are pathways of support which are aligned to the Effective Family Resilience Model and offers timely and appropriate support at every level of need.

Priority six: children with SEN and disabilities

Our concern is that we are not confident about capacity, access, timeliness and consistent quality of opportunity. It was agreed that there would be a review of the whole pathway for Children with Disabilities to ensure that the child's welfare and safeguarding is incorporated at all stages by all services.

1.What did we do?

The SEND transformation programme Reset in July 2019 to underpin delivery of the SEND strategy, owned by Surrey SEND System Partnership. This work was informed by exploratory work with families and services to identify the state of the system. Building the foundations of a strong system, the focus has been on:

- improving both culture and behaviours
- restoring trust between agencies
- improving relationships with families.

The SEND Prevention and Early Help Pathway has been reviewed and improved to ensure that children's SEND needs are identified and responded to early, that support is received at the point of need and that families are equipped with all relevant information and tools. In addition, health, schools, early years settings and the local authority share responsibility for providing support; also educational settings have been equipped with capacity, knowledge and skills to deliver a graduated response.

In relation to Education Health and Care Plans (EHCP), the focus has been on working alongside families to improve children's outcomes. In addition, this work included improving the effectiveness of multi-agency decision-making and practice with an increased focus on ensuring value for money through effectively navigating and managing the provider market. The purpose of this work is to ensure that children with SEND are able to effectively engage in education.

The Surrey SEND System Partnership has ensured that the SEND pathways are aligned to the Effective Family Resilience Model so that the SEND pathway delivers an appropriate level of support whilst maintaining focus on resilience and independence for both child and family, there is also a stronger process for early identification of need. There is now in place a means for ensuring that the system is effective in helping schools continue to develop the capacity and skills required to embed the graduated response.

2. How well did we do it? and 3. Is anyone better off?

The SEND Partnership has strengthened the system through regular meetings and focussed mini workshops. As a result, the timeliness of new EHCPs has improved steadily to 76% in July 2020, and 88% as at 26 August 2020. Quality assurance has also been strengthened so that complaints and enquiries regarding SEND are reducing.

In response to COVID-19, the Surrey SEND System Partnership have used technology to develop new ways of working and innovative methods for engaging young people, including undertaking annual reviews and providing therapies.

The Surrey SEND System Partnership has also introduced a Learners Single Point of Access (LSPA). This has improved the experience of parents 365 out of 500 calls in the first month were resolved on the first contact, signposting to early support has also been strengthened.

There has also been the development of a streamlined Key Stage Transfer process for 2021. There has also been the introduction of an advocacy service for young people with SEND.

SEND services and support will continue with its journey of improvement and transformation. There is a partnership SEND transformation programme leading this.

Our progress against our improvement has been noted by Ofsted and CQC in December 2020 where they reported back that they will be ceasing their close, formal monitoring of our SEND system with regards to absence and exclusion, communication with partners including parents re. our approach and measuring impact of our work. This is because fewer children are missing school due to persistent absence; mainstream school attendance has improved over time.

Surrey is able to provide support and challenge to schools through the attendance monitoring, looking at trends overall and identifying particular issues. In addition, there has been a reduction in absences in Secondary school pupils with EHCPs. Medical conditions have been cited as the main reasons for absences for children with SEND. Fixed term and permanent exclusions have fallen since March 2019. Surrey has seen a reduction in Education health and care (EHC) assessment requests. This is due to the introduction of initiatives such as the learning 'single point of access' (SPA), and a focus on early intervention and the graduated response team providing early intervention support for vulnerable learners. Also, Surrey is working hard to engage with parents and holds regular meetings to bridge the knowledge and support gap, reaching a wider number of parents; there has also been joint working with parents during the COVID 19 pandemic and this has been positive. Partnership working with colleagues in health is established and there has been an improvement in the timeliness of EHCPs, at 79%.

In addition Surrey has achieved the following:

- creation of 200 additional specialist places for 2020/21 reducing the need for out of county placements
- increased opportunities for post 16 placements and internships
- Autism Strategy under consultation
- 0-4 Review completed and strategic action plan in place
- graduated response reviewed by system partners and embedding throughout Surrey
- introducing an early years inclusion fund focussed on outcomes and not additional hours support
- special school funding review is underway and principles following consultation in September 2020

In relation to safeguarding SEND children in COVID-19, there has been a coordinated response across schools, the local authority and health. The top 800 Vulnerable Learners in residential accommodation have all been jointly risk assessed, and emergency action plans agreed. There has been a risk assessment of children and young people in Surrey with an EHCP in conjunction with schools, health and care. In addition, there has been a targeted use of funding to maintain sustainability of placements, early years settings and transport. There is ongoing support for our most vulnerable cohorts; which includes doorstep visits to check and assess their well being. The response has also included delivering learning packs to those who have no access to IT and delivering laptops to vulnerable students.

This support included encouraging vulnerable students to attend school and monitoring their attendance. 23% of Surrey children with an EHCP were attending school settings in July 2020 compared to 16% nationally. Food parcels were supplied via 1215 (SCC provider). There has been the delivery of flexible learning and therapies virtually. There has also been the provision of QWELL – mental health support and counselling for parents and carers of children with SEND.

4. What are we going to do next? Action planning

The next steps for the SEND Partnership are to ensure the improvement for vulnerable cohorts of learners by an improved focus on those who are missing education (CME), children who are educated otherwise than at school – alternative provision, receiving tuition or on part-time timetables or children who are electively home educated (EHE). Ensuring all of our Children Missing Education have an action plan for their return to education.

Going forward, the priority will include identifying and focusing on vulnerable cohorts who may have one or more vulnerability for example those with an EHCP who are known to the Youth Offending Service, Looked After Children, families who Electively Home Educate their children, and Children Missing Education. This will include working more closely with Children's Services through introducing a Designated Social Worker for SEN.

The Surrey SEND System Partnership wants to continue using the innovation of the L– SPA to address the levels of request for an EHCP when targeted support could meet needs helping to create a sustainable response close to home. We also want to establish robust processes for ensuring all our EHE pupils receive an annual monitoring visit and those with an EHCP an annual review.

We will be focused on implementing the recommendations of the Alternative Provision review and renewing the PRU estate. We also want to align the review of SEMH provision in Education with the focus on vulnerable adolescents in social care. Finally, we want to bring services together to create Teams around the Quadrants to refine our working together arrangements as well as service delivery for our vulnerable families and young people.

Section 3:

Journey of the child through the safeguarding system

This section provides the local context in Surrey and the safeguarding of children in specific circumstances.

Children Services' Improvement

The SSCP still retains a role in relation to the monitoring of Children Services' improvement through the Ofsted Priority Action Board (OPAB). Following Ofsted's judgement in 2018 that Surrey's children's services were 'inadequate', Ofsted conduct regular two day 'Monitoring Visits' to assess our services, frontline practice and the delivery of key improvements. SCC have so far had four of these visits and only one in the reporting period of this Annual Report in October 2019. The next visit was scheduled for April 2020, and it could not take place due to the COVID-19 pandemic. All inspection activity has been suspended, except where there are immediate and urgent safeguarding concerns.

Children's services are continuing to deliver the improvement priorities and as part of this have established a detailed quality assurance programme to identify and address practice weaknesses. We have also welcomed the external review of our progress both from Ofsted, our improvement and peer review partners Essex County Council, and Cornwall County Council, who were appointed by the Department for Education as the Commissioner and, welcome feedback from inspectors when Ofsted confirm the next steps for the inspection programme.

Over the 2021-2022 period, all remaining transformation work planned as part of the Family Resilience programme is expected to be fully implemented. This includes:

- **Getting to Good:** The next iteration of the improvement plan - the 'Getting to Good' plan - has been developed over the summer with input from all services through a collaborative approach and with strong buy-in from across the management and senior leadership team. The plan goes beyond the inspection findings from 2018; Effective Family Resilience is an entirely new practice model and therefore a more ambitious and innovative improvement plan is required to 'Get us to Good'.
- **L-SPA & C-SPA Integration:** Children's Services are merging the Children's Single Point of Access (C-SPA) and the Learners Single Point of Access (L-SPA) to ensure there is one route for families to contact us, where there is a concern about the child or young person's needs, whether safeguarding, Early Help, learning and/or developmental needs. The C-SPA was set up in Spring 2019 and has been working successfully; SCC has built on this and the lessons learnt to help launch the integrated L-SPA in summer 2020 alongside a relocation of these services to a larger workspace in Woking.
- **Emergency Duty Team (EDT):** SCC have evaluated the impact of the model of delivery introduced in 2020, researched other counties' EDT models and have agreed a new service model that enables SCC to continue the extended level of out-of-hours support as our business as usual model.
- **Universal Youth Work:** In June 2020, SCC's Universal Youth Work consultation concluded after running for over 6 months and as a result SCC have agreed that:

We enable the community, voluntary and faith sector (CVFS) to use the youth centres for the benefit of young people at little or no cost. We act as an enabler and facilitator of open access universal youth work rather than providing the service directly. The SCC expertise that is valued by residents - and in particular young people - can then be remodelled to continue to support specific vulnerable groups.

A note on data

In order to ensure that SSCP performance is benchmarked across national indicators and those of our statistical neighbours as comparators, the reporting period for key statistical information related to early help, children in need, child protection, looked after children and care leavers relates to data as of 1 April 2019 to 31 March 2020.

1. Early Help

Between 1 April 2019 and 31 March 2020, Surrey had 3,993 early help contacts. This is a significant reduction from the period from 1 April 2018 to 31 March 2019 in which Surrey had 7,023 early help contacts. This demonstrates that there is a greater understanding of thresholds for support across agencies.

There has also been a significant reduction in the numbers of repeat contacts in early help. For example, in the period from 1 April 2018 to 31 March 2019, there were 4,035 repeat early help contacts. In the period 1 April 2019 to 31 March 2020 there were 1,715 repeat contacts. There was also a significant improvement in the conversion rate from early help contacts to early help assessments. In the period 1 April 2018 to 31 March 2019, the conversion rate was 55% of early help contacts resulting in an early help assessment. In the period from 1 April 2019 to 31 March 2020, the conversion from early help contact to an early help assessment was 59%. As of 31 March 2020, there were 722 early help open cases; this is a reduction of 459 cases in 2018 to 2019.

2. Child in need

In the period from 1 April 2019 to 31 March 2020, there were 8,519 Child In Need (CIN) referrals to children's social care. This is a reduction in the number of referrals for the same period in 2018 to 2019, when the number of referrals for CIN were 10,635. This is below the national average for children in need referrals which was 14,259 and the averages for Surrey's statistical neighbours which was 12,381.

We also saw a four per cent reduction in the numbers of re-referrals in a 12-month period from 1 April 2019 to 31 March 2020; this is a drop from 26% in 2018-2019 to 22% in 2019 to 2020.

In the period from 1 April 2019 to 31 March 2020, there were 8,724 CIN assessments completed in Surrey. The percentage of assessments where children were assessed as not needing support was 6%. This is a 50% reduction in the percentage number of assessments where children were not deemed to need support in 2018-2019, where 12% of assessments resulted in no support needed. This is also below the national average and the averages of Surrey's statistical neighbours which was at 29% respectively. Thirty per cent of these children have been on CIN plans for a period of two years. This is a reduction of 4% in 2018-2019 and is 2% below the national average which was 32% as of 31 March 2020.

As of 31 March 2020 there were 2,020 children on CIN plans, this meant that the overall number of children in need open to Children's Social Care was 5,751.

3. Children on Child Protection Plans

As at 31 March 2020 there were 685 children on child protection plans in Surrey. This is a reduction from 959 children being on child protection plans as at 31 March 2019. This represents 26% per 10,000 of the population. This represents a 10% reduction from 31 March 2019 when the percentage rate was 36%. This is below the national average of 47.7% and our statistical neighbours where the rate was 35.6%.

In the period 1 April 2019 to 31 March 2020, 714 children started on child protection plans. This is a reduction in the number of children who started on child protection plans in 2018-2019, which was 1,136. The number of Surrey's children starting on a plan in 2019-2020 is below the national average, which was 1,461 as at 31 March 2020 and Surrey's numbers of children starting on child protection plans for our statistical neighbours which was 1,264 as at 31 March 2020.

In the period 1 April 2019 to 31 March 2020, there was an increase of the number of children who was on a child protection plan for a second or subsequent time from 10% in 2018-2019 to 15% in 2019-2020. Colleagues in Children's Social Care are working to understand the reasons for this increase. We are pleased to say that the numbers of children who are on child protection plans for a period of two years or more is reducing from 10% in 2018-2019 to 7% in 2019-2020. This figure remains slightly above the national average which was at 6% at 31 March 2020; however, this figure is below the average number for our statistical neighbours which was at 9% as at 31 March 2020.

Break down by category of abuse at initial child protection conference as at 31 March 2020

Neglect	461
Emotional Abuse	154
Physical Abuse	17
Sexual Abuse	27

4. Children looked after by Surrey

As at 31 March 2020 the overall number of children looked after by Surrey was 981. The number of children who became looked after during the period from 1 April 2019 to 31 March 2020 was 381. The number of children who ceased to be looked after during this period was 370. The percentage of children with three or more placements in the 12-month period from 1 April 2019 to March 2020 was 8%. The per centage of children who remained in the same placement for two years or more was 67%. This represents a two-percentage point increase on the number of children in the period for 2018-2019. Surrey is now only 2% below the national average of 69% and 2% below our statistical neighbours who are at 69% for looked after children who have remained in their placements for two years or more.

The percentage of Surrey's looked after children who are placed more than 20 miles outside of the county during this period was 31% as of 31 March 2020. This is 3% below the number of children who are placed more than 20 miles outside of the county as of 31 March 2019. However, this is significantly above the national average, which was 15% as of 31 March 2020, and below the percentage of Surrey's statistical neighbours which was 26% as of 31 March 2020. Some of these placements relate to the breadth of Surrey as a geographical area.

We are working hard to reduce the number of our looked after children who go missing from home. In the period from 1 April 2019 to 31 March 2020, the percentage of young people who went missing was 14%. This was a 2% reduction from the previous year; yet this is below the national average of 11% for this period and our statistical neighbours which is 13%.

To support the work that is being done to support our looked after children and foster carers, Surrey have developed two key strategies: No Wrong Door and Mockingbird. These developments are summarised below.

No Wrong Door

In 2020 SCC Corporate Parenting teams started developing a local 'No Wrong Door' service, a well-evaluated short term residential model that was first developed in North Yorkshire in 2015 and offers an integrated approach to supporting some of the most vulnerable teenagers who are either in care, or at risk of coming into care. The service will be up and running by April 2021 and will initially operate from two of our current children's homes before two purpose-built hubs are completed in 2022 under a capital development programme.

Mockingbird

Following implementation of the new Mockingbird Family Model for fostering in October 2019, in the midst of COVID-19 restrictions, the third Mockingbird Hub was launched in August 2020, and feedback from those foster carers involved indicates that it provides a truly supportive network to the benefit of both children in care and their carers.

5. Care leavers

9

As of 31 March 2020 Surrey had 656 care leavers aged 18 to 25 years old. 514 of these young people were aged 19-21. This is below the national average, which is 652 and above our statistical neighbours, which was an average of 455 care leavers as of the 31 March 2020.

The percentage of care leavers in touch during this period was 83%. This figure has dropped slightly from 87% in 2018 to 2019. This is below the national average, which is 93% and Surrey's statistical neighbours is at 92%.

The percentage of care leavers in suitable accommodation as of 31 March 2020 was 78%; this is a significant drop from 86% in 2018-2019.

The percentage of Surrey's care leavers in education, training or employment is at 53%. This is slightly above the percentages for the national average and our statistical neighbours which were both at 52% for 2019-2020.

The data shows:

- pathway plan completion has improved to 99% overall. 53% of all looked after children have a pathway plan completed at 16 years and 3 months or having been in care for 31 weeks
- 96% of 19-21-year olds are in suitable accommodation and 71% are in education, employment or training (EET). For 17-18-year olds, 89% are in suitable accommodation and 70% are identified as EET.
- the recording of EET status & Suitable Accommodation has reduced slightly in the last month. Of the 17-18-year olds there remain 25 young people for whom we hold no information.

Areas identified as Strengths include:

- SCC has increased capacity this year with an additional Personal Advisor being appointed to each team. In addition, a dedicated Asylum Team for 18+ Care Leavers has been created
- the organisational changes leading to one Service Manager with responsibility for Care Leavers and Looked After Children has improved working relationships and the awareness of issues impacting Care Leavers amongst LAC social workers
- Independent Living Allowance payments have increased to £60 per week, enabling Care Leavers to access all of their financial entitlement. During the pandemic, additional

financial support has been provided to Care Leavers and regular contact has been maintained by Personal Advisors

- SCC updated and published the Care Leavers Offer and the Care Leavers Finance Policy
- Care Leavers Forum in place alongside existing Care Council meetings
- improvements to the recording system and further reporting developed to support practice and enhance understanding of key areas of focus.

Areas for Improvement / Priorities for 2021:

- SCC accommodation offer has been reviewed and we've started to identify sufficiency needs however the development of an affordable local accommodation offer for Care Leavers remains a priority
- To improve the preparedness of young people for independence, using the Independent Skills Programme with a pilot commencing in January 2021 and a full roll-out by April 2021
- To develop a Care Leaver welcome pack which sets out clearly what Care Leavers can expect from their Personal Advisors in terms of contact, communication and their role and responsibilities.

9

Safeguarding of children in particular circumstances

Children at risk of exploitation

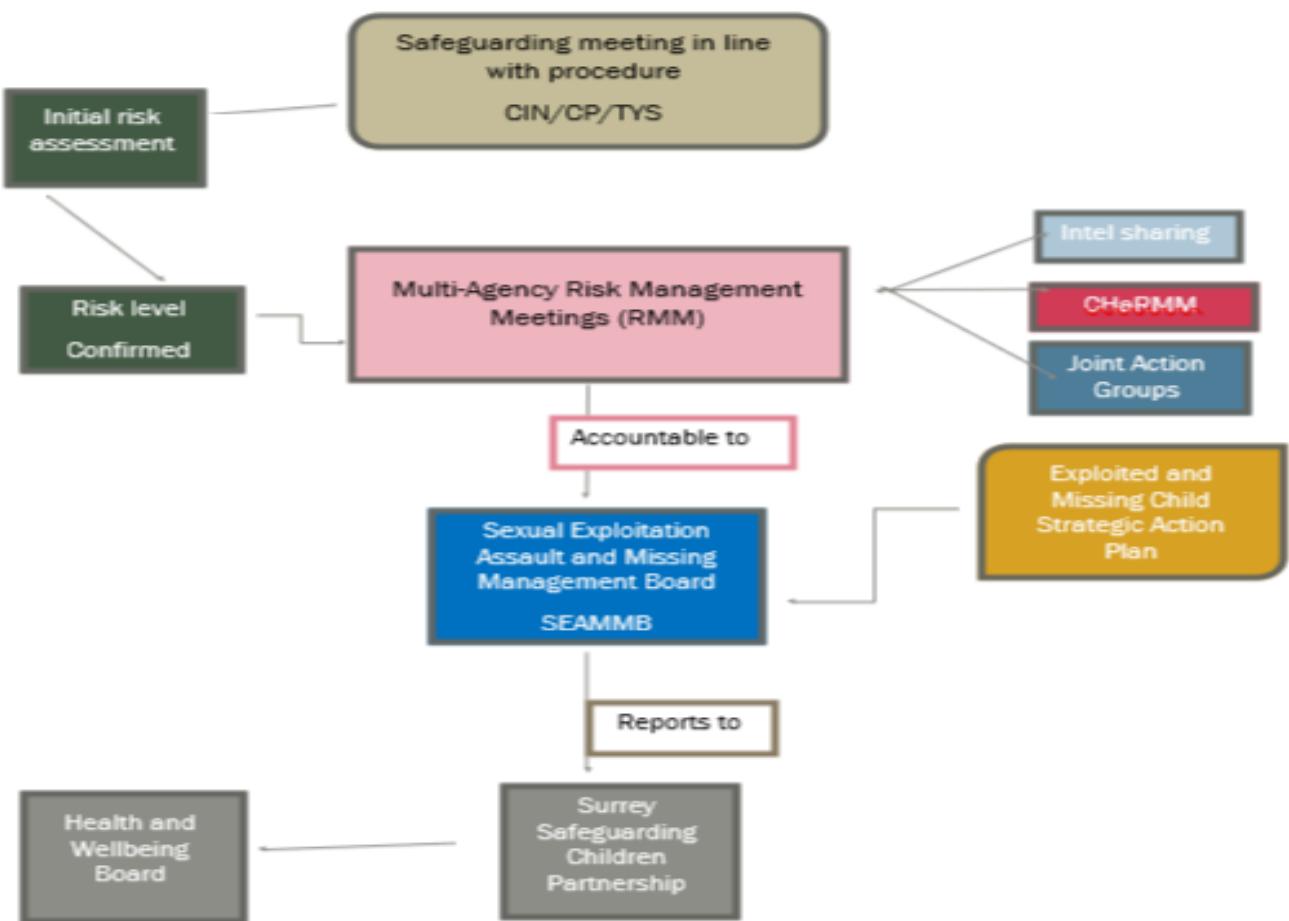
Exploited and Missing Children Oversight Group

The Child Exploitation and Missing Delivery Group has become the Exploited and Missing Child Oversight Group. There is a new Terms of Reference along with a new two-year multi-agency strategic action plan. All members of this oversight group have been allocated actions to achieve and there is an expectation that in-between meetings, activity takes place across the partnership.

Surrey has mapped the Contextual Safeguarding risks across all 11 districts and boroughs in Surrey. We are developing our intelligence regarding the numbers of children at risk and we have been able to map the profile of children.

Surrey now has in place a governance structure to oversee the work in relation to children going missing, child exploitation, serious youth violence and context-related harm. This is detailed below:

Child exploitation governance structure



9

There is a total of **154** children on the Child Exploitation list

Gender

- Boys **83**
- Girls **69**

Type of exploitation

- **40%** considered at risk of Child Sexual Exploitation CSE
- **60%** considered at risk of Child Criminal Exploitation CCE

Risk rating

- **21** Experiencing harm (**14%**)
- **42** Significant harm (**27%**)
- **82** Emerging harm (**53%**)

Age of children

- 10 -11yrs (**2**)
- 12-13yrs (**13**)
- 14-15yrs (**56**)
- 16 – 17yrs (**73**)

- 18yrs (8)

Vulnerability

- 27% are children looked after
- 15% child protection plans
- 25% child in need
- 19% Early Help
- 14% not known/closed

Children missing education

The number of children missing education cases on 31 March 2020 was 224. This is a slight decrease in the number of children reported on 31 March 2019 which was 233. These children are broken down by gender as follows:

CME Male	141
CME Female	83
CME with EHCP or SEN Support	120
Breakdown only available from March 2020	
Average Time missing Education (months)	4.3
Breakdown only available from March 2020	

Female Genital Mutilation (FGM)

In the period from 1 April 2019 to 31 March 2020, no children were identified as being at risk of FGM. During this period, 10 individuals were identified as having FGM through maternity services. Each person identified was advised of the health implications of FGM and of the illegalities and harm to children of FGM.

Prevent

The Surrey arrangements regarding Prevent cases are part of the South East England Regional Arrangements.

In 2018-2019 there were 742 Prevent Referrals in the South East region.

In 2019-2020 there were 867.

During 2018-2019 there 133 cases discuss at the South East Channel Panel.

In 2019-2020 this figure rose to 133.

In 2018-219 74 cases were adopted as a Channel Case.

In 2019-2020 72 cases were adopted as a Channel Case.

Section 4:

9

Learning from Serious
Case Reviews (SCRs)
and Local Child
Safeguarding Practice
Reviews (LCSPRs) and
Section 11

In September 2019, the former Surrey Safeguarding Children's Board left the legacy of a backlog of approximately 23 case reviews. This included statutory case reviews and partnership reviews; all of these reviews were in various stages of completion with no quality assurance process in place to ensure the quality and timeliness of reviews.

A key priority of the **SSCP** was to develop clear processes for managing the commissioning, oversight and publication of Serious Case Reviews (SCRs) and Local Child Safeguarding Practice Reviews. This guidance was approved in January 2020 and updated in September 2020.

Key Learning from reviews in this period

Domestic Homicide Reviews

The SSCP has worked with Reigate and Banstead Borough Council to publish an executive summary of a Domestic Homicide Review in respect of a person identified as Doris. This Executive Summary outlines the process and findings of a joint Domestic Homicide Review (DHR) and Serious Case Review (SCR) undertaken by East Surrey Community Safety Partnership and Surrey Safeguarding Children Board into the tragic killing of Doris, the injury to Lee and the emotional wellbeing of Sam. The review began in July 2016 and concluded with a submission of the report to the Home Office in July 2019. The Home Office requested some amendments in March 2020, and that the report should be published in a fully anonymised format.

[DHR Doris Executive Summary](#)

This DHR is available on the SSCP's website.

Rapid Reviews

From September 2019 until 31 December 2020, the SSCP has conducted 8 Rapid Reviews in respect of serious safeguarding incidents which were notified to the Child Safeguarding Practice Review Panel in accordance with statutory guidance **Working Together 2018** and the **Child Safeguarding Practice Review Panel: practice guidance** April 2019. Three of these reviews did not meet the criteria for a local child safeguarding practice review (LCSPR); one case met the criteria for a LCSPR; however, the rapid review process identified the key learning and practice improvements in this case, obviating the need for further review. Two cases resulted in a LCSPR. Two other cases met the criteria for a LCSPR, however, the decision was taken to include these cases in thematic reviews and not to commission LCSPRs.

Local Child Safeguarding Practice Reviews

The SSCP has commissioned two local child safeguarding practice reviews which are due to be published in early 2021: these are the Child Z LCSPR and the Family B LCSPR.

Serious Case Reviews (SCR)

Throughout 2019 and 2020, the SSCP's Case Review Panel Sub-Group has worked diligently to clear the backlog of serious case reviews. During this period, the SSCP has published the following SCRs:

- SCR Child A: Executive Summary
- SCR Child D
- SCR Child G
- SCR Executive Summary in relation to three children HH, II & JJ

- SCR Baby KK
- SCR Baby LL
- SCR Family M.

These reports are available on the SSCP's website.

The Case Review Sub-Group and the Learning from Practice Sub-Group are working closely to ensure that the learning from these reviews are integrated into practice. The SSCP also works closely with the Surrey Children's Workforce Academy to ensure that the lessons from reviews are widely disseminated.

The SSCP completed an additional SCR which is part of a parallel Police investigation; decisions are being made regarding publication.

Implementation of the recommendations of SCRs and Local Child Safeguarding Practice Reviews

9

When commissioning local child safeguarding practice reviews and other safeguarding reviews, the Case Review Panel Sub-Group works with Independent Review Authors to ensure that, where possible, that the learning and recommendations are specific to agencies and areas of practice, that they relate to measurable improvements in the quality of practice and that there are clear timescales for the implementation of these recommendations.

The SCRs and LSCPRs published in 2019-2020 include a total of 52 recommendations. To ensure that all recommendations and their implementation are tracked, the SSCP keeps a log which outlines:

- the name and year of the review
- the recommendation theme or area for improvement
- the key or lead agency
- timescale for implementation
- the RAG rating for progress.

This plan is reviewed at every meeting of the Case Review Panel.

Thematic Reviews

As noted above, the SSCP published two thematic reviews:

- SSCP Thematic Review of Adolescent Suicide 2014-2020
- SSCP Thematic Review of Surrey SCRs and Case Reviews 2016-2020

The cases reviewed in the **Thematic Review of Surrey SCRs from 2016-2020** included children subject to a range of safeguarding risks and the cases identified that there were a number of risks present including:

1. chronic neglect
2. domestic abuse including coercive control
3. emotional abuse
4. physical abuse
5. sexual abuse
6. adolescent Vulnerability and Safeguarding
7. parental mental health
8. parental substance misuse.

The practice themes highlighted in the Thematic Review included:

1. listening to the voice and experience of children
2. assessment planning and intervention
3. special guardianship orders
4. effective multi-agency working
5. information sharing
6. the need to 'Think-family'
7. issues of escalation and professional disagreement including stepping down (de-escalating concerns).

Other issues identified in the Thematic Review of Surrey's SCRs included:

- Professional curiosity
- Disguised compliance
- Authoritative practice
- Multiple referrals and re-referrals
- Parental Capacity
- Understanding lived experience of the child.

The work of the SSCP in relation to reviewing serious safeguarding children cases has been transformational. The local authority is notifying the Child Safeguarding Practice Review Panel in a timely and proportionate way. Rapid Review meetings, following notifications, are held within statutory timescales and in most cases the Child Safeguarding Practice Review Panel have agreed with SSCP decision making regarding the commissioning of LCSPRs. It is appropriate to express the SSCPs gratitude to the Case Review Panel sub-group for their diligence and the hard work that has been done to clear the backlog of SCRs and develop effective processes for commissioning and publishing SCRs and LCSPRs.

Listening to children and families

In the past twelve months considerable efforts have been made to refine how SSCP engages with children and understands their thoughts, concerns and ideas. The Engagement and Communication Sub-Group has been central to the partnership work and having a voluntary sector co-chairperson has demonstrated a clear commitment to operating differently. This has brought about clear benefits and there are reports of greater accessibility, different mind-sets and increased challenge.

Significant work was undertaken to engage with children and understand from them how they were affected by COVID 19. There was good engagement with a wide number of children from different backgrounds and as well as providing valuable information, it demonstrated the willingness of the partnership to listen and respond.

The Case Review Panel sub-group has an excellent focus on the voice of the child through its engagement with families of children who are subjects of reviews. It has achieved good levels of engagement and through positive relationships has gathered key information to assist reviews. The health leadership of the group has enabled dedicated professionals to have the time and space to develop these relationships and as a result they have gathered information that has enriched the reviews.

The Engagement and Communication Group has enabled the voice of the child to become more tangible and a young person spoke at the Executive Group during the Autumn of 2020. This had a significant impact on Executive Group members, highlighting issues regarding online

safety for them to consider and has caused them to reflect how they can build on the opportunity to further safeguard children in online spaces.

The Engagement and Communication Group has identified a difference in how children, in particular adolescents, communicate and how that differs from adults involved with child safeguarding. This has developed into a key piece of work for the group, looking at the best way of communicating key information to children.

Section 11

Section 11 of the Children Act 2004 places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children. **Working Together to Safeguard Children 2018 (WTG 2018)** defines a range of standards that need to be considered and met, when putting these arrangements in place.

Every two years, the SSCP requires its partner agencies to complete a self-assessment against the WTG 2018 standards, to provide evidence and reassurance to the SSCP to show that each agency understands their safeguarding responsibilities and have the necessary arrangements in place to meet them. This enables the SSCP to assess the effectiveness of local safeguarding arrangements within Surrey. The SSCP provides its partners with an audit tool to enable them to carry out and record the outputs from this self-assessment.

The last two self-assessments were carried out in 2016 and 2018 and were undertaken using an online tool provided by PHEW, a software solutions company. PHEW also currently host the SSCP website and SSCP procedures platform.

The Surrey Section 11 self-assessment process was launched on 1 October 2020 and is due to run until 31 October 2020. For the first time this year, non-statutory agencies have been invited to participate in the full S11 assessment alongside Statutory organisations. In total there will be around 70 reports submitted for scrutiny.

As in previous years it is proposed that the Scrutiny Panel will be made up of Senior Managers from the three Lead Partners - Police, Local Authority and Health, along with members of the SSCP team, the Independent Chair of the SSCP, the SSCP Lay Member (NEW for 2020) and a representative from the Third Sector (NEW for 2020):

- Independent SSCP Scrutineer and Chair
- SSCP Partnership Manager
- Director of Safeguarding CCG
- Head of Quality and Improvement SCC
- Safeguarding Lead - Surrey Police
- CEO of Surrey Youth Focus (Representing Non-Voluntary Organisations)
- SSCP Lay Member.

Stage 1

A meeting (or meetings) of the Scrutiny Panel will be arranged to work through each report focusing on the aspects outlined above.

Stage 2

A meeting will be arranged by the SSCP Business Support Team between the Head of Service for that agency, the S11 lead and nominated members of the Scrutiny Panel.

S11 (2020-2021) final report

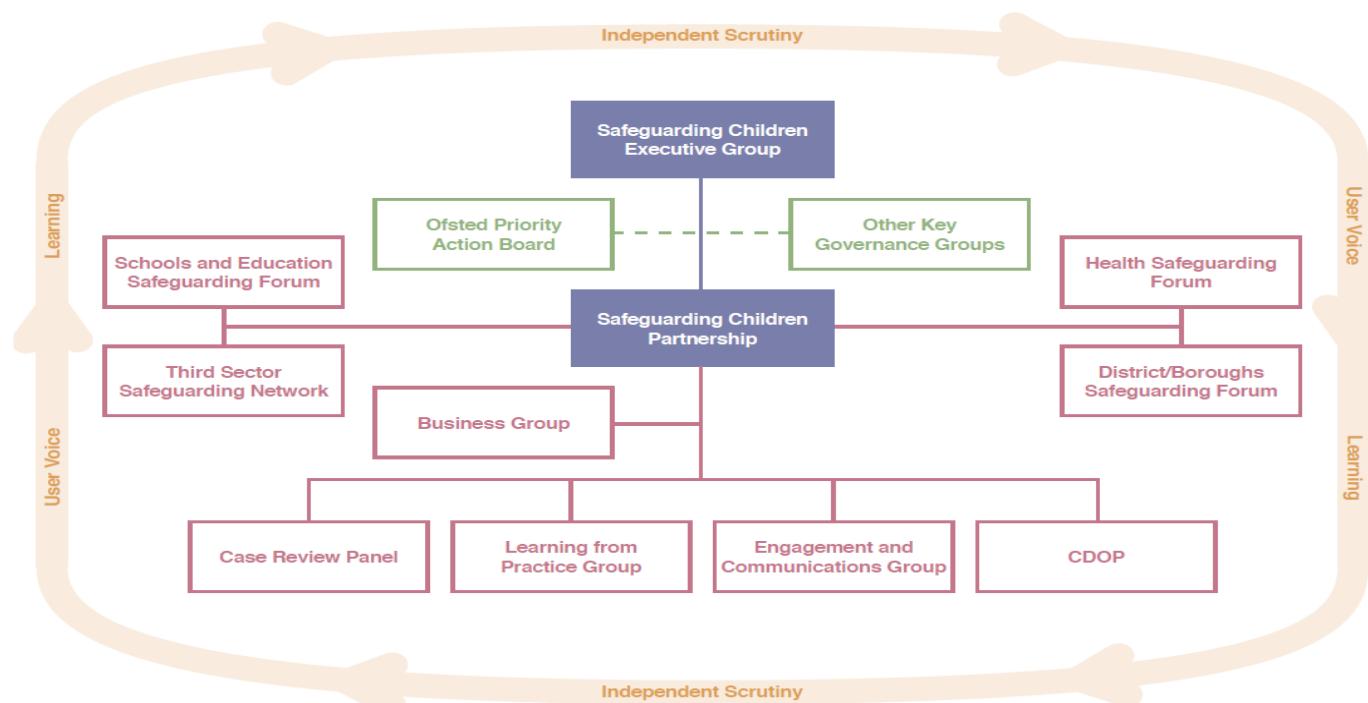
Once all stages of the S11 scrutiny process have concluded, a summary report will be produced and presented, in the first instance, to the SSCP Learning from Practice Group for discussion and approval. The final report with recommendations agreed by the Learning from Practice Group will then be presented to the Executive Group in March 2021. Agency actions will be tracked throughout 2021-2022 and a summary of the Section 11 findings will be reported in the SSCP Annual report for this period.

Section 5:

The effectiveness of SSCP arrangements

SSCP structure

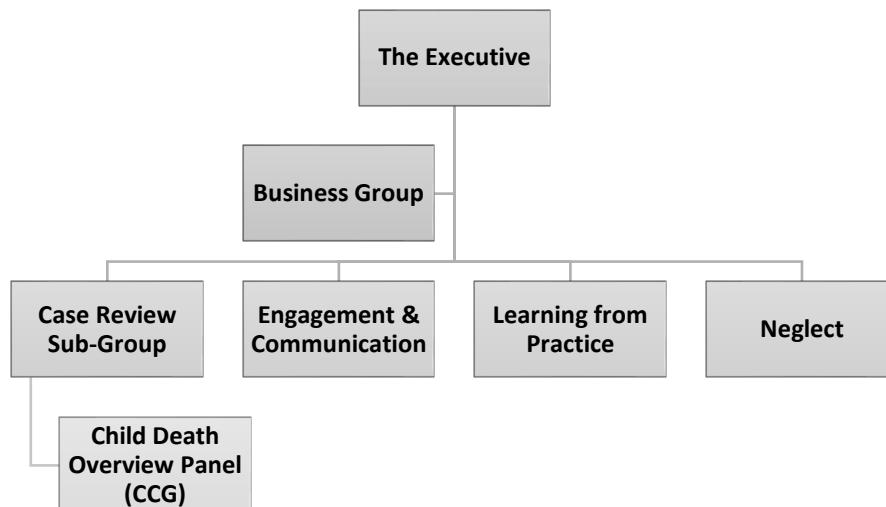
THE SAFEGUARDING PARTNERSHIP STRUCTURE



9

SSCP Sub-Groups

The above structure outlines the proposed Sub-Groups of the SSCP at the time the SSCP's arrangements were published. In the process of delivering our multi-agency safeguarding arrangements, the SSCP determined that the Partnership would consist of the Sub-Groups as follows:



Case Review Panel Sub-Group

The Case Review Panel Sub-Group meets on a monthly basis. The Sub-Group has an agreed membership; they have agreed their terms of reference and have recruited a lay member to sit on the Sub-Group.

The Sub-Group inherited a backlog of serious case reviews (SCRs) and non-statutory, partnership learning and improvement reviews and there were historic issues of late notification

of serious incidents. The Case Review Sub-Group has been very effective in clearing the backlog of case reviews inherited from the LSCB. In addition, the Case Review Sub-Group has approved guidance which ensures that statutory notifications are made, serious incident notification processes (led by the local authority) and rapid review processes (led by the SSCP) are held within statutory timescales, and the recommendations of the rapid reviews are sound, as demonstrated by confirmation of decision-making by the national Child Safeguarding Practice Review Panel. LCSPRs are commissioned appropriately, managed by a case review panel of senior managers, completed within appropriate timescales, quality assured and published. The recommendations of SCRs and LCSPRs are implemented, and this is monitored by the SSCP, although this is an area for further development.

The key achievements of the Case Review Sub-Group are detailed as follows:

- work to complete reports where there have been significant delays. The backlog of SCRs has been effectively cleared with publication decisions pending
- effective engagement with families in review processes, this is a particular area of strength, with excellent support being provided by the Child Death Review Team and Surrey CDOP
- recruitment of a lay member
- the publication of the Thematic Review of Adolescent Suicides
- the publication of the Thematic Review of Surrey SCRs
- the development of a Suicide Prevention Toolbox which includes advice and guidance for practitioners, parents and children
- organising a series of Learning events to disseminate learning from the thematic reviews
- work being undertaken around development of a Pool of Independent Review Authors
- seven reviews published between March 2020 and May 2020
- rapid reviews undertaken within timescales
- links with the Surrey Safeguarding Academy to share learning and good practice from case reviews
- development of robust processes for commissioning and managing reviews
- positive alignment of the panel's assessment of cases with the National panel judgements.

The Case Review Sub-Group reported good attendance and engagement with the SSCP Case Review Panel Sub-Group agenda, and effective and robust work undertaken by task and finish groups; this has had the impact of ensuring key project work is developed and driven forward as the key enablers of effectiveness.

Engagement and Communications Sub-Group

The Engagement and Communications Sub-Group meets on a bi-monthly basis. The Sub-Group has agreed its membership and terms of reference and has a work plan in place, which is aligned to the priorities of the SSCP and the SSCP's Safeguarding Children Strategic Plan. The Sub-Group is co-chaired by the CEO of Surrey Youth Focus, a third sector charity working across Surrey, and the County Council's Children, Families & Learning department's Assistant Director for Quality Relationships. The Engagement and Communication Sub-Group noted that co-chairing by two different organisations, with different knowledge and perspectives, created a synergy which, they considered was enabling effectiveness. The Sub-Group has been effective in championing the voice and experience of children and families in Surrey.

The achievements of this Sub-Group include:

- Supporting the User Voice and Participation (UVP) survey: “Our Voice Matters Surrey”. The response rate included 1,207 children and young people. The findings will be used to agree future priorities for the group.
- The UVP team manager is a standing member of the Engagement and Communication Sub-Group and supports the attendance and direct participation of children and young people, when this is relevant and appropriate. Feedback and action cards from children and young people accessing services in Surrey are shared and workers are then deployed to support specific projects.
- The COVID-19 voice work led by Surrey Youth Focus and the User Voice and Participation Team made excellent use of the partnership to collect a wide range of voices via different agencies and to distribute the findings out to a wide range of partners. This resulted in three qualitative reports published in July and August 2020 by Surrey Youth Focus:
 - Report 1 – COVID-19 - the views of children & young people in Surrey
 - Report 2 – COVID-19 - Listening to parents with young children in Surrey
 - Report 3 - COVID-19 - Listening to children & young people with special educational needs & disabilities and their families.

These reports were shared with the SSCP Executive at its COVID-19 Contingency Planning Meetings and formed part of the SSCP’s report to the Local Resilience Forum.

- The Sub-Group also leads the work in raising awareness across the SSCP regarding how and where children and young people are accessing information in order to form their social and political views about a wide range of issues including race, gender, politics, mental health and emotional well-being including suicide and self-harm. This work included updating the Executive regarding the risks of unverified and ‘fake’ news which proliferates across social media. A report and presentation were provided to the Executive in October 2020.
- The Sub-Group has also worked to bring together the communications leads from different agencies on a regular basis for better partnership working and to coordinate essential information to safeguard children and promote their welfare.
- The Sub-Group is focused on developing an approach to drive engagement with children and families across the safeguarding partnership’s strategic priorities.
- The Sub-Group has also commissioned a social media task and finish group.
- The Sub-Group is also initiating the creation of a new Practitioners Engagement Forum.

Learning from Practice Sub-Group

The Learning from Practice Sub-Group has met five times since October 2019. The Sub-Group has in place the group’s terms of reference and agreed its work plan for 2020-2021 and this is aligned to the SSCP’s priorities.

In relation to its achievements, the Learning from Practice Sub-Group has:

- Completed a multi-agency audit on thresholds on children stepping down from a CP plan, this was a detailed audit. This audit included all sub-group partners (including Health, Education, Social Care and the Police); this allowed their overview and contributions in undertaking a review of 100 children, resulting in a detailed report and briefing that has recently been signed off at the partnership. Group attendance is good at each meeting and a forward planner and series of learning events are currently being planned.

- Completed the SSCP multi-agency performance management and quality assurance framework and dataset. This has been approved and will be presented, with analysis to the Executive in November.
- Designed and agreed the Section 11 process and maintains close oversight of its implementation.
- Agreed the multi-agency audit plan for 2020-2021.

Neglect Sub-Group

The Neglect Sub-Group meets on a bi-monthly basis and has met five times since October 2019. The Sub-Group is well attended and has agreed its membership and terms of reference.

The achievements of the Sub-Group over the last year are detailed as follows:

- worked with Partners and relevant agencies to ensure that there is a clear framework for the assessment and action in cases of neglect
- the Neglect screening tool is now ready for sign off
- overseen the work of the GCP2 task and finish group; GCP2 virtual training sessions and communications around this are ready to be rolled out
- completion and evaluation of GCP2 pilot in the SE quadrant
- new Project Manager appointed to oversee the GCP2 roll out and a Project Board set up to monitor this
- ECiNs¹² identified as a storage platform for GCP2 and work is ongoing to ensure a data storage solution is in place that is easily accessible for all key agencies to record and update assessments
- the neglect self-evaluation tool was completed to ensure that appropriate quality assurance activity takes place in each agency and that relevant findings are analysed and acted upon as necessary
- the information in the self-evaluation, GCP2 and neglect screening tool plus a community impact assessment on BAME and GRT communities will feed into the Health Needs Analysis work on neglect due for completion start October
- group has maintained awareness of national developments in the field of neglect and will ensure that these are incorporated into our key documents and plans; there is now a working group set up to refresh the Neglect Strategy
- public Health completed a profile of Child Neglect that was shared at conference November 2019
- secured agreement to commence NSPCC GCP2-antenatal pilot January 2021.

The Neglect Sub-Group reported that the awareness and understanding of neglect as a safeguarding concern across agencies was a barrier to progress. The Sub-Group also raised the fact that the recruitment of a Project Manager was a particular challenge. However, this person has now been recruited.

A review of Sub-Group functioning and effectiveness was commissioned, by the Business Group in September 2020, as part of the Surrey Safeguarding Children Partnership's commitment to self-evaluation and continuous improvement. The Surrey Safeguarding Children Partnership (SSCP) has been in existence for 12 months. The first year has been focused on

¹² ECiNs is a secure, GDPR compliant multi-agency case work database and information storage system which is used in Surrey

developing effective patterns of working including agreeing terms of reference, membership, patterns and frequency of meetings, and aligning work plans with the SSCP's priorities.

The terms of reference for this review included consideration of Sub-Group:

- functioning
- culture
- voices of children and young people
- reporting
- impact

The evidence of this review is that all Sub-Groups are functioning in that each Sub-Group has agreed its terms of reference (which sets out the purpose, membership and priorities of the Sub-Group); each Sub-Group has a regular pattern of meetings which are well-attended. Each Sub-Group has developed a work plan or a draft work plan that is, to a greater or lesser extent, aligned to the priorities of the SSCP.

SSCP forums and networks

The District and Borough Network

The Districts and Boroughs (D&Bs) purpose is to ensure strong and effective partnership working in child protection and safeguarding practice across the county and to promote the continuous improvement of these services. The Forum is focused on information exchange and on addressing issues where district and borough councils can play important roles in shaping and implementing safeguarding policies and practice at a local level. Through the connection with Partnership Governance arrangements the D&B's Forum is influential in forward planning, co-ordination and determination of safeguarding priorities. Through representation, the Forum should contribute to and influence the work of the Partnership and Executive. Members of the Forum should contribute to other lead areas of work aligned to the Partnerships strategic priorities and enjoy full engagement with partner organisations as outlined in the "New Surrey Safeguarding Children Arrangements 2019".

The Districts and Boroughs Safeguarding Forum has met two times (February and July 2020). A planned meeting for November 2020 however this was postponed in response to parts of Surrey moving into tiers three and four.

The Schools and Education Safeguarding Forum

The role of the Schools and Education Safeguarding Forum is to:

- promote and influence effective safeguarding practice in all educational settings from Early Years to post 16
- ensure that the partnership priorities are reflected in the work plan
- promote effective inter-agency working that keeps the child or young person at the centre of everything we do
- be responsive to local and/or national emerging needs and patterns.

The responsibilities of the Schools and Education Safeguarding Forum include:

- ensure that the statutory obligations of the Surrey Safeguarding Children Partnership, set out in the Working Together to Safeguard Children 2018 (as updated on 21 February

2019), are fulfilled and that the priorities of the Surrey Safeguarding Children Partnership are met

- provide a forum for communication, learning and improvement for members to discuss initiatives, identify good practice, identify and address issues of concern relating to inter-agency working and to share the outcomes of discussions with the Surrey Safeguarding Children Partnership
- report on education and schools-related safeguarding issues and matters to the Partnership
- undertake initiatives which promote safeguarding in education; consistent with the requirement to safeguard and promote the welfare of children under Section 11 of the Children Act, 2004
- assist Surrey County Council in managing the compliance of schools and settings with the audit of statutory duties under sections 157 and 175 of the Education Act, 2002
- assist Surrey County Council in ensuring actions resulting from the sections 157 and 175 audits are implemented and
- assist in the dissemination of lessons learned from serious case reviews, monitor the completion of recommendations from each serious case review action plan and ensure outcomes are communicated with staff.

The School and Education Forum met three times in 2020-2021 (February, June and October). As part of the COVID 19 response:

- an updated Appendix to the Schools Safeguarding Policy was circulated to all schools.
- risk assessment templates to identify vulnerable learners was drafted and circulated to all schools
- joint promotion with schools to ensure that the most vulnerable continued to attend during lockdown or to ensure home contacts were made
- Non-attendance of vulnerable children process was implemented by Education in collaboration with Childrens Services to ensure that non-attendance by vulnerable children expected to attend was followed up by Vulnerable Learners teams and Social Workers
- targeted work with parents and carers to increase the number of CIN/CP pupils attending
- targeted work has been undertaken by the Vulnerable Learners team with SEND pupils and their families not attending and likely not to re- engage
- supported settings to ensure that pupils could return in greater numbers safely from 1 June.

At the meeting in May the forum looked at the changing patterns of referrals. Using this intelligence a Task and Finish group has sent out comprehensive training and support details to schools around a wide range of issues including emotional resilience, recovery curriculum work and Domestic Abuse webinars. BAME pupils and families have also been considered in this work. In response to the suicide thematic review, school nursing provision over the summer holiday has been reconfigured and advice to parents regarding the Mental Health and Well-Being of their children has been circulated to schools to share.

The forum has a work plan that includes a response to the thematic reviews, the adolescent strategy, Children Missing Education and Children Missing from Education.

The Health Safeguarding Forum

The Health Safeguarding Forum is a group within the structure of the Surrey Safeguarding Children Partnership (SSCP). Its overarching purpose is to provide scrutiny of child safeguarding arrangements across the health community in line with statutory duties under

Section 11 of the 2004 Children Act and Children and Social Work Act 2017. The forum will enable the lead Clinical Commissioning Group (CCG) to engage Surrey's other health stakeholders in contributing to the priorities of the Surrey Safeguarding Children Partnership.

The role of the forum includes:

- provide strategic oversight, challenge and ongoing monitoring of all Section 11 processes undertaken by Surrey CCG's and health providers which are reported back to the SSCP
- to address and take appropriate actions of the SSCP priorities in respect of health agencies
- share and monitor the implementation learning from child safeguarding practise reviews / partnership reviews / domestic homicide reviews / audits / deep dive activities, CQC and Ofsted inspections
- discuss key health issues to ensure consensus of the "health voice" presented at the SSCP
- review safeguarding systems and processes and make or recommend changes as appropriate to the Surrey Safeguarding Executive Group and the SSCP
- discuss national guidance and new initiatives, informing SSCP responses to government and regional consultations and sharing best practice
- influence the strategic direction in relation to the planning, commissioning and delivery of services to vulnerable children in order to achieve a consistent and responsive approach to meeting the needs of all children and specifically those who require safeguarding interventions and to provide a forum for discussion of key issues for health services arising from local and national safeguarding guidance.

The Health Safeguarding Forum met three times in 2020-2021 (in January, July and October). The Health Safeguarding Forum. Each meeting has been focused on progressing key aspects of the SSCP's key priorities. The Membership of the Health Safeguarding Forum consists of Executive Leads and Heads of Safeguarding from Surrey CCGs, NHS England, NHS Providers, Public Health, Dentistry and representation from the Surrey Wide CCG Safeguarding Team.

The Third Sector Forum

The Third Sector Safeguarding Network is part of the Surrey Safeguarding Children Partnership. The Safeguarding Children Partnership feeds into the Surrey Safeguarding Children Executive Group made up of Surrey County Council, Surrey Police and Surrey Heartlands, Guildford and Waverley Clinical Commissioning Group. The purpose of the Third Sector Safeguarding Network is to contribute to improving the health, wellbeing and the safety of children and young people in Surrey. The network will reach out and engage with as many third sector organisations as possible. The network will help third sector organisations in Surrey who work with children and young people in the following ways:

- supporting each organisation's understanding of their responsibilities for keeping children and young people safe and promoting their welfare.
- sharing good practice across the sector
- informing the work of the Safeguarding Children Partnership from the Third Sector perspective
- disseminating important information and learning from the Safeguarding Children Partnership across the sector.

The core aims of the Third Sector Safeguarding Network are as follows:

1. to increase awareness of safeguarding across the Third Sector
2. to encourage the adoption of high safeguarding standards across the sector through training and sharing good practice
3. communicate the experience of the Third Sector organisations and the children and young people they serve to the Surrey Safeguarding Children Partnership
4. communicate the work of the Surrey Safeguarding Children Partnership across the Third Sector
5. encourage and drive system-wide change to ensure children and young people are safe and have the best possible outcomes in Surrey, by identifying concerns and sharing innovative practice
6. contribute to strategies and action plans relating to safeguarding as appropriate.

The Third Sector Safeguarding Network meets quarterly. Despite only holding the first meeting in May 2020 the network managed to meet four times during the rest of the year. The meetings are well attended by a wide range of third sector organisations. It has quickly become established as a valued forum for Designated Safeguarding Leads from voluntary sector organisations across the county to come together to share experiences, increase knowledge and understanding, build relationships and share concerns.

The network has established terms of reference, a workplan and forward plan that are aligned with the SSCP priorities. Each meeting aims to focus on a specific priority of the SSCP that the Third Sector can contribute to. To date meetings have focused on contextual safeguarding, thresholds and emotional health and wellbeing with a specific focus on suicide. Achievements to date include:

- Working with the Early Help Partnership team to ensure that third sector organisations are consulted and included. Early Help Partnership has agreed to promote good practice to ask the family/child/young person about any involvement/engagement they have with the 3rd sector so they can be involved in any future work which could include a TAF. In addition the Early Help Partnership will add to the TAF one-minute guide and the one min Guide for virtual TAFs to consider the 3rd sector and invite to the meeting where appropriate.
- To develop minimum safeguarding training standards for third sector organisations in line with the requirements set out by the Surrey Skills Academy.
- To provide clarity for third sector organisations regarding access to safeguarding training from the Surrey Skills Academy.
- To explore the need for peer support for designated safeguarding leads in the Third Sector with a view to developing a model to provide this.
- To open the Third Sector Safeguarding Network Meeting up to the wider SSCP for a discussion on supporting young people and schools following a suicide in the context of the thematic review of adolescent suicide. This discussion was led by a third sector organisation to share their experience and expertise.
- Set up a small working group to explore approaches for supporting schools and young people post suicide that could add value to the resources already available within Surrey.
- Inclusion of the third sector in the full s11 audit.

Child Death Overview Panel (CDOP)

The Child Death Overview Panel reports to the SSCP Executive. Child Death Review (CDR) is the process to be followed when responding to, investigating, and reviewing the death of any child under the age of 18, from any cause. It runs from the moment of a child's death to the

completion of the review by the CDOP. A CDR must be carried out for all children regardless of the cause of death.

The new CDR arrangements came into operation on 29 September 2019. Following substantial investment from SCDRP, Surrey CDR team are now able to offer a 7-day week service (9-5pm) for any child death that requires a Joint agency response (JAR), and all families are now allocated a CDR Nurse to support them throughout the CDR process.

Achievements in 2019-20 have included:

- the introduction of eCDOP, a secure, flexible and web-based solution which is accessible 24/7 and enables practitioners to promptly submit child death information
- the CDR team have established links with the LeDeR process in Surrey with the CDR process being the primary review process for children with learning disability
- all families in Surrey are allocated a CDR Nurse who fulfils the role of keyworker
- annual CDR training sessions are offered and delivered across the partnership
- an audit of the JAR covering the timeframe 1 April 2019 - 31 March 2020
- CDOP Learning Event held in January 2020. Theme: Asthma
- challenges in 2019-20 have included
- Surrey CDOP and Neonatal CDOP membership
- impact of Pandemic COVID-19.

Between 1st April 2019 and 31st March 2020, Surrey CDR Partnership was notified of 81 deaths of which 53 were children who were resident in Surrey. While the number of child deaths in 2019-20 is lower than the same period in 2018-19, it should be noted that these child deaths were more complex involving safeguarding concerns so required a greater amount of input from the CDR team. Of the deaths notified to date, 26% (14) required a Joint Agency Response (JAR). Surrey CDOP held eight meetings in the past year (including three neonatal panels). 54 deaths were reviewed in that period. Of the 54 Surrey child deaths notified to CDOP between 1 April 2019 – 31 March 2020, 24% (13/54) of the deaths have been identified to have potentially modifiable factors.

It is planned that the 6-month update to this annual report due at the end of the year will include national data if available. We approached the geographical neighbouring counties of Hampshire, Berkshire, Sussex and Kent to request their data to allow for comparison. We received a response from Hampshire, which is also one of our statistical neighbours in time for inclusion in this report. Please note, this report contains limited finalised data regarding modifiable factors and learning for 2019 - 2020 as not all deaths have been reviewed and closed at CDOP. To date, there are potentially 17 preventable deaths with modifiable factors between April 209 and March 2020 relating to Suicide, Road Traffic Accident (RTA), Sudden unexpected deaths (SUD) and infection.

Following each child death, any immediate action needed to ensure the safety of other children is taken and any potential for practice learning is disseminated. Final categorisation including modifiable factors and any further learning from the death is identified once a case has been discussed and closed at CDOP panel. Following each CDOP meeting, the CDR team produce a CDOP Learning Bulletin highlighting national and local learning including Regulation 28 reports which is shared with all the multi agencies across Surrey for further dissemination to staff.

During this period identified learning points to be considered from child deaths and recommendations made to member agencies of the SSCP included learning from sudden

unexpected deaths in infancy, road traffic accidents, deaths associated with measles, asthma and referrals relating to safeguarding concerns.

Identified learning points to be considered from neonatal child deaths included communication between professionals, use of steroids in preterm labour and the process to be followed when a neonate requires a review by a senior professional.

The new CDR process is working well within Surrey with good engagement by all agencies. The process of expertly reviewing all children's deaths is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths. In Surrey, we have a high-quality service which fulfils the statutory requirements and most importantly keeps families central to the CDR process.

Training and the Surrey Children's Workforce Academy (SCSA)

The SCSA, launched in January 2019, went live on 1 April 2019. SCSA aims to be '*a hub for all learning and development for everyone working with children and families in Surrey*'.

9

The COVID 19 pandemic has had a significant impact on the Academy, both in preventing planned face-to-face training from going ahead but also in hindering the planned development process. It was originally envisaged that this development would take two to three years and it is still at a comparatively early stage of development.

The learning offer:

The SSCP on-line training programme offer includes a wide range of available courses.

The SSCP Training Pathway (July 2020) identifies the need for:

Level 1 – basic safeguarding training; the agency has the responsibility for providing this training (either Face to Face or by e-learning) and the Surrey CC provided e-learning package is available to staff and partners, for refreshing every 3 years.

Level 2 – Module 1, Multi-agency Safeguarding Children-family Resilience and e-learning training is provided for frontline staff working predominantly with children, covering areas of CE, DA, Neglect, Prevent and HBV.

Level 3 - Module 2: Child Protection Conferences, Plans and Core Groups is provided for Senior Officers/Managers/Deputy/Designated Safeguarding Leads (DSLs).

Single agency training is not the SSCP responsibility, although the pathway appears to suggest that:

- the SSCP is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations
- the SSCP is responsible for quality assurance.

Aims:

- to share knowledge and explore understanding of their differing roles
- to understand how safeguarding operates in Surrey by sharing good practice, resources and processes - this includes Effective Family Resilience and Family Safeguarding model
- to learn from each other's experience and practice in terms of safeguarding and delivering positive outcomes for children.

Attendance:

The Academy report prepared for the Executive in October indicates that 2019/20 had been a busy and productive year for SCSA:

- the training programme delivered 241 training courses/workshops to practitioners on 48 different safeguarding areas
- it delivered workshops/training to 5318 practitioners across the partnership
- demand for partnership training remained high with attendance at 87%
- positive engagement and take up of learning from a range of partner agencies including Surrey County Council, Early Years, Education and Health
- proactive engagement with the third/voluntary sector to ensure maximum uptake.

It remains a challenge for the Academy to meet the learning needs of all organisations, due to the number of professionals employed across the range of statutory, voluntary and independent organisations in Surrey. Many agencies disseminate SCSA learning to practitioners through single agency training, including DSLs.

The Academy provides evaluation of the effectiveness of stated objectives, course learning, experiences and course content, using the Kirkpatrick four-level evaluation model. Pre and post course questionnaires are mandatory for booking and certification.

Post course mandatory responses of 40.5% remain low for this reporting period.

A further 90-day questionnaire to provide evidence of changed practice is not mandatory. It has been the intention to also provide focus groups where practitioners can discuss the long-term impact of learning on practice, however this has been impossible due to COVID 19.

Evaluation of the impact of work of the Partnership and Safeguarding Statement

In order to have an independent evaluation of the effectiveness of our Partnership arrangements, the SSCP commissioned a peer review led by Cornwall and the Isle of Scilly in Autumn 2020.

The review of our arrangements focused on the following five priority areas for the review:

1. Has Surrey SSCP addressed the required improvements identified in the 2018 inspection of the Surrey Safeguarding Children's Board?
2. Have the new governance arrangements of the SSCP enabled delivery against priorities in an effective way?
3. How effective are the working arrangements with the local authority and three statutory partners?
4. How effective is the role of the Independent Chair?
5. How effective is the supporting structure and supporting arrangements for the Partnership?

An additional area was identified for consideration as the review began:

6. How well is SSCP engaging and understanding the voice of the children and young people in Surrey?

The peer review addressed these questions through six key lines of enquiry:

1. leadership
2. partnership

3. reviews
4. Quality Assurance and Scrutiny
5. multi-agency learning
6. the Voice of the Child and Young People

In relation to the effectiveness of the Independent Chair and Challenge, the review found:

- Governance, oversight and constructive challenge from the Independent Chair are welcomed; he has provided clear expectations and has demonstrated his engagement, interest and involvement, for example by attendance at forum meetings; ‘a force to be reckoned with’. A good example was provided by the children’s mental health services report provided to H&WBB; this report reflected that the current child and mental health services were not thought to be credible nor reflective of lived experience. Thus, the SSCP successfully provided a far more robust challenge than had been brought previously.¹³

9

In relation to the SSCP Structure and the functioning of the SSCP and Sub-Groups the peer review found:

- Feedback from the meetings with Sub-Group chairs and partners indicated that there had been a ‘positive streamlining, revisiting, refreshing, clarity in strategies’. It ‘feels more organised’ and the sense that ‘no stone is unturned’ was missing before. The structure facilitates a clear reporting line from the subgroups, via the business group and to the Executive. There are ‘the right people round the table’ to resolve issues at the Executive group.¹⁴

In relation to the effectiveness of partnership working, the peer review included the following direct feedback from partners

‘The partnership feels more visible – information and guidance and engagement. A cultural step change and a massive shift towards strategic improvement; inclusive working relationships and improved trust and respect with partner agencies, ‘feeling an equal partner’. Better understanding of progress of work in other agencies.

The new partnership arrangements are much better than previously. However, there are still on the ground concerns around Voice of the Child and despite more diverse engagement, including the third sector, work is still needed to engage agencies e.g. probation, rights and participation team. However, it feels that the child is at the heart of the discussions.

Reporting has changed with a clear work plan and continuity and a focus on priorities; guidance and support is more available. Partners considered that complex issues could be fed back to Executive for discussion.’¹⁵

The report found that the organisation and structures of the SSCP are helpful and expectations for inter-agency working were clear, to:

- model good practice
- challenge poor behaviour
- show mutual respect, and

¹³ Surrey Peer Review Report

¹⁴ ibid

¹⁵ ibid

- provide leadership within own organisation.

In relation to the work to clear the backlog of SCRs and other reviews, the peer review found:

The partnership, through the work of the Case Review group, has successfully addressed the SCR backlog. This has been achieved through a focus on producing two thematic reports – the *Thematic Review Deaths of Children and Young People through probable suicide 2014 - 2020* and *Serious Case Reviews 2016-2020 Briefing Paper*.

This was an effective route to collate the learning from a number of cases and share that learning across the partnership.

The learning from both thematic reviews was widely disseminated through newsletters, seven-minute briefings and a programme of webinar workshops, provided jointly by the SSCP and Surrey County Council; this also included learning and good practice from other DHRs, reviews and audits.¹⁶

In relation to the effectiveness of quality assurance and scrutiny, the peer review found that the SSCP has in place a range of methods and processes for seeking assurance and scrutinising the quality of the multi-agency work to safeguard children and promote their welfare. This includes:

- Section 11 self-assessment by individual organisations
- Section 175/157 Education Act 2002 self-assessments by individual schools and colleges
- multi-agency case auditing
- single agency case auditing
- analysis of performance data.

However, the peer review found that most of these processes were too focused on process and compliance and not sufficiently focused on the impact of activity and improved outcomes for children. The peer review report noted

SSCP has made progress with quality assurance and scrutiny and recognises it has work to do. From an external perspective it is not clear what difference is being made to the lives of children and their families. There does not appear to be a focus on outcomes, rather one on processes, compliance and outputs. It would be useful for SSCP to review how it uses the significant resources deployed for quality assurance and scrutiny in the best possible manner.¹⁷

¹⁶ ibid
¹⁷ ibid

Section 6:

Next steps: SSCP priorities for 2021-2024

The overarching priorities are key actions which will deliver systemwide improvement in a critical area of multi-agency safeguarding practice. These proposed priorities have been informed by the work that has taken place across the Partnership over the last 12 months. Subject to consultation with children and young people and other key stakeholders, the proposed priorities for the SSCP for 2021 to 2024 are:

1. Early Help and thresholds
2. Child and Adolescent Resilience and Support – this priority includes the following work streams
 - a. promoting the emotional well-being and mental health of children and young people and ensuring the CAMHs contract delivers effective and timely support
 - b. supporting child and adolescent well-being in online spaces including social media platforms
 - c. further developing our response to Contextual Safeguarding
 - d. Safeguarding children with SEN-D
3. Improving and embedding better practice in relation to neglect.

Our proposed priorities are outlined in detail as follows:

Thresholds are clearly understood, and consistency applied, with effective multi-agency working and clear pathways for support.

A great deal of work has been done in relation to our thresholds and there is some evidence of improvement. However, there is still more work to be done. We want to ensure that

1. There is a shared understanding of thresholds with clear evidence of effective partnership working across all agencies
2. Levels of need and pathways of support are clearly understood and consistently applied across our system. There is evidence from practice (including audit), feedback from children and families and partners that this is working to keep children safe and promote their well-being
3. Threshold decision making is truly multi-agency with the voice of all partners being heard
4. Threshold decision making is transparent and consistent
5. The escalation process is effective in keeping children safe and resolving professional disagreements and there is strong evidence to support this

Child and Adolescent Resilience and Support (including Child and Adolescent Mental Health and Well-being, adolescent resilience in online spaces and contextual safeguarding)

Child and Adolescent Mental Health and Well-being

The concern regarding the re-commissioning of the CAMHs contract. The SSCP will have a keen interest in ensuring that this contract works for Surrey's children. To achieve this we will:

1. work with commissioners and providers to ensure that processes are in place to monitor the effectiveness of delivery of the contract
2. we will ask commissioners and providers to provide evidence from parents, children and partners, that the CAMHs offer is working and that children receive the help they need when they need it
3. we will develop and approve a self-harm protocol and will seek evidence that this protocol is working to improve practice and support to children and families where self-harm is a factor.

Contextual Safeguarding

The SSCP will continue to develop and embed its response to adolescents who are vulnerable to safeguarding risks beyond the home including peer on peer abuse, sexual exploitation, criminal exploitation and other forms of harm related to context. We will:

1. ensure that multi-agency staff have a Practice Guidance document that gives guidance and practical tips on how to plan, assess, formulate a hypothesis with a family, develop a plan of work with a family and professional network
2. ensure that multi-agency staff have Training and practice support sessions for staff to support implementation
3. ensure that there are clear pathways and dedicated work streams around Mental Health, Contextual Safeguarding and Family Relationships and improve multidisciplinary working with our partner agencies
4. ensure that multi-agency practitioners have practice toolkits to support their working with either Mental Health, Contextual Safeguarding or Family Relationships
5. ensure that multi-agency practitioners have access to systemic Family Therapy clinics across the quadrants to support the development and embedding of Motivational Interviewing and systemic practice and give access to systemic Family Therapy to families in a timely way.

Online Safeguarding

Evidence from our thematic review of adolescent suicides and presentations to the Executive have highlighted the need to support children and young people to stay safe online. We will:

1. work with children, families, schools and key agencies to develop effective multi-agency responses, tools and approaches to address online risks and keep children safe
2. we will also work with children, families, schools and key agencies to develop tools and approaches that promote the emotional health and well-being of children and young people in online spaces. This may include access to online therapies, peer support, sites that promote emotional health and well-being.

Supporting Children and Young People with SEN-D who may be at risk

Evidence from the *Thematic Review of Adolescent Suicides in Surrey 2014-2020* and national reports on child exploitation and adolescent safeguarding highlight the fact that having a special educational need, or a disability can be an additional risk factor. Children with social, emotional and communication conditions like Autistic Spectrum Disorder can be at a higher level of risk particularly of various types of exploitation and in online spaces.

1. We will ensure that our approach to adolescent safeguarding includes the need to understand and to respond to a child's special educational needs.
2. We will ensure that the autism strategy includes information and guidance on safeguarding autistic children.

Neglect

Neglect remains one of the most prevalent forms of harm experienced by children in Surrey. We want to ensure that practitioners in all agencies are supported with the skills, awareness and tools to effectively intervene in cases where neglect is a factor. We want to:

- achieve full implementation of GCP2 by the partnership; the utilisation of an evidence-based tool in cases of Child Neglect in Surrey
- evaluate, monitor and challenge the impact of the GCP2 partnership response (including GCP2A an antenatal pilot) through the use of a multi-agency platform 'ECINS' and data capture for Neglect. Impact is also to be monitored through SSCP audit and independent scrutiny. The Surrey Academy will ensure that the learning is taken forward across the wider partnership
- Surrey multi-agency professionals are trained and confident in utilisation of the GCP2 tool (and the screening tool which sits alongside it for professionals who have brief interventions with children and families)
- to improve awareness and understanding of Neglect within communities (public, voluntary services, community services for example) to share preventative messaging so that early identification can be achieved
- development of a Neglect communication strategy to be led by the SSCP partnership team
- an increased understanding and a shared narrative of Neglect across the partnership through the adoption of an evidence-based model and typology for Neglect.

The above proposed priorities will be evaluated on an annual basis.

Business as usual

The SSCP will continue to give conspicuous oversight of the continuing improvement in Children's Services so that the issues identified in the 2018 Ofsted inspection are fully addressed and we make progress towards getting to 'Good'.

We will continue to focus on the following areas of multi-agency safeguarding practice.

The journey of the child

- Early help and promoting good developmental progress and well-being for all children
- Children in need including SEN-D
- Children on CP plan
- Children looked after by the County Council
- Care Leavers

Specific safeguarding concerns

- Domestic abuse
- Children at risk of exploitation
- Children missing from home, school and care

Scrutiny and quality assurance

- Strengthening the ability of the Partnership to demonstrate improvement in practice and impact on safeguarding children

User voice and influence

- Developing our working in ensuring children and young people's voice and influence on our work

Practitioner voice and influence

- Ensuring that the work we do is practice led and practice informed

9

Appendix one:

Budget for 2019-2021

SSCP budget for 2020-2021

	Proposed budget £
Staffing	
Direct	218,100
Indirect	146,100
Total staffing	364,200
Non-Staffing:	
Independent Chair/Scrutineer	40,000
Training (Staff Development)	5,000
Venues	2,500
Miscellaneous	2,500
Subscriptions	1,500
ICT Development and Phones	5,000
Independent Case Reviews	72,000
Innovation Budget	20,000
Staff Travel	3,200
Other (balancing figure)	107,280
	258,980
Total Expenditure	623,180
Partner Contributions 2020/21	-269,091
SCC Contribution	-183,300
Partners carry forward	-71,394
SCC Carry forward	-59,396
Training Income	-40,000
Income	-623,181
Shortfall/(Surplus)	0

Appendix two:

SSCP team

SSCP Partnership Development Team

Senior Administrative Officer:
Business Support Coordinator

Partnership Development & Engagement Officer
Partnership Development & Engagement Officer
Partnership Development & Engagement Officer

Board Manager
Partnership Development Manager

Vikkiey Scott-Mitchell
Mikaela George

Liz Cassini
Maggie Pugh
Dr Sharon Young

Ruby Lam
Paul Bailey

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Digital Inclusion Strategy 2021-22
Related Health and Wellbeing Priority:	System Capability - Digital
Author(s):	Samantha Hooper, Project Lead Samantha.hooper3@nhs.net
Sponsor(s):	<ul style="list-style-type: none">• Rob Moran, Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)• Dr Negin Sarafraz-Shekary (non-Board member)
Board date:	2 December 2021
Related papers:	<ul style="list-style-type: none">• Annex 1 - Digital Inclusion in Surrey Heartlands Strategy 2021/22

2. Executive summary

A citizen-centric approach to tackling the issue of Digital Inclusion across Surrey Heartlands. With an estimated 200,000 residents (just under 20%) excluded due to a lack of basic digital skills, as well as additional factors such as connectivity, affordability, and access to appropriate technology, there is an increasing need for improved support for residents and service providers to tackle this issue with citizens most at risk of falling behind due to lack of digital visibility.

3. Recommendations

It is recommended that the Health and Wellbeing Board endorses:

1. Top-down change to project design approaches and assessment documents to ensure digital inclusion is a consideration from the beginning, both for service providers when working with a new client, or NHS/Government-led projects that impact citizens in any way.
2. A comprehensive hub of support and training available to all citizens, and also for service providers to refer clients for assistance in engaging with digital.
3. Improved engagement with all existing support available across Surrey Heartlands, from charities and key service providers to community-led initiatives and localised groups offering digital skills training.
4. A targeted improvement plan around connectivity, technology and digital skills training for care home staff and residents.
5. A comprehensive public-facing communications plan around available help, focused on appropriate channels for digitally excluded residents.
6. Quality assessments done on more traditional engagement platforms such as face to face time, telephone and postal communications to ensure those services are still offering the best level of service to those who wish to use them.

7. Ensuring that choice is the key message to citizens – making support tools easily accessible if they wish to make use of them, but equally respecting the individual's choice whether or not to engage with digital services.

4. Reason for Recommendations

It is key to improve communication between service providers and citizens on what is a deeply personal issue. From our citizen interviews, we hear that many residents are distrustful of programmes set out by official parties, so linking in citizen groups and local community hubs is key to ensuring maximum engagement with any support that is rolled out.

As we move into an ever more digital age, it is vitally important that service providers start looking at digital inclusion and digital poverty as key drivers in their service design, to ensure citizens who do not wish to engage digitally, or for any reason are unable to (for example, those in domestic abuse situations) are still able to access the full scope of help and support that they need.

10

5. Detail

Please see the main report (Annex 1) for a comprehensive breakdown of the strategy.

6. Challenges

The key challenge with the project, as it sits over multiple workstreams and focuses on engagement with numerous service providers and community groups, is time management and working around everyone's availability and workloads.

Ensuring that we involve these groups from the beginning stages of support design and rollout will give us the best opportunity to build these allowances into our delivery plan and minimise delays.

7. Timescale and delivery plan

Please refer to pages 10-11 for a detailed breakdown of timescales and delivery

8. How is this being communicated?

Please see page 12 for a list of key reporting lines, regular Board updates and steering groups

9. Next steps

Within the scope of this initial 12 month project, we have capacity to focus on adults and families at the highest risk of digital exclusion. There is a strong case for this to be extended for an additional 12 months to allow us to include digital accessibility work with under 18s, which would require additional funding and some additional staffing resource.

This page is intentionally left blank

Digital Inclusion in Surrey Heartlands Strategy 2021/22

Contents

Background	3
Key Identifiable Challenges	5
Solutions and Support	6
Project Timeline	10
Stakeholders, Reporting and Resourcing	12
Outcomes and Impact Measuring	13
Project Summary	14

Appendix 1: Digital Excluders in Surrey Heartlands	16
Appendix 2: Who is at Risk?	19
Appendix 3: Citizens Opinions on Digital	23
Appendix 4: Care Homes in Surrey Heartlands	26
Appendix 5: External Reference Sources	27
Appendix 6: Research & Insight Data	28
Appendix 7: Stakeholder & Citizen Interviews	29
Appendix 8: Key Stakeholder List	30

Background

The Government Digital Inclusion Strategy describes digital inclusion, or rather, reducing digital exclusion, as making sure that people have the capability to use the internet to do things that benefit them day to day.

Digital inclusion is often defined in terms of:

Digital skills - being able to use computers and the internet.

Connectivity - and access to the internet.

Accessibility - services should be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

Each of these definitions addresses a single specific barrier that some, but not all, people and organisations face. There is seldom just one reason why people are digitally excluded, and there is no single approach to solving it.

Technological change means that digital skills are increasingly important for connecting with others, accessing information and services and meeting the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods. This divide has been particularly highlighted through the Covid pandemic, with social exclusion, loneliness and mental health issues becoming more prevalent as citizens were unable to physically interact with each other.

It is important to note that there is a clear distinction between internet usage and digital skills: users of the internet can still be digitally excluded because they lack the skills to be able to confidently and safely navigate the digital world even if they are online.

The Government has worked with industry partners to develop the Essential Digital Skills Framework which sets out the following five categories of essential digital skills for life and work:

Communicating – communicate, collaborate and share

Handling information and content – find, manage and store digital information and content securely

Transacting - register and apply for services, buy and sell goods and services, and administer and manage transactions online

Problem Solving - find solutions to problems using digital tools and online services

Being safe and legal online - stay safe, legal and confident online

These skills are underpinned by foundation skills, which all adults need. These include being able to turn on and control a device, make use of accessibility tools, interact with the home screen, access information and content via the internet, connect to safe and secure wi-fi, open a browser and use websites, understand the need for passwords and update and change them when prompted to do so.

Sources: *Government Digital Inclusion Strategy; Lloyds Banking – Key Digital Skills; Government Essential Digital Skills Framework (see Appendix 5)*

These skills are underpinned by foundation skills, which all adults need. These include being able to turn on and control a device, make use of accessibility tools, interact with the home screen, access information and content via the internet, connect to safe and secure wi-fi, open a browser and use websites, understand the need for passwords and update and change them when prompted to do so.

The number of adults who have either never used the internet or have not used it in the last three months, described as internet non-users (those who have never used the internet or last used it more than 3 months ago), has been declining over recent years. Since 2011, this number has almost halved, but in 2019 there were still 4.8 million adults in the UK, or 9.1% of the adult UK population, in this situation. This percentage is lower in the South East, at 7.0%, and was even lower in East (1.4%) and West (6.6%) Surrey*.

There is also regional variation in the proportion of adults with all five basic digital skills, and the proportion with zero basic skills. The UK average for adults with all five skills in 2018 was 79%, which rises to 86% in the South East; 5% of adults in the South East have zero basic digital skills.

There are noted barriers to digital inclusion. The Government strategy states that:

37% of those who are digitally excluded are **social housing tenants**

17% of **people earning less than £20,000** never use the internet, as opposed to 2% of people earning more than £40,000. 44% of people without basic digital skills are on lower wages or are unemployed

33% of **people with registered disabilities** have never used the internet. This is 54% of the total number of people who have never used the internet

53% of people who lack basic digital skills are **aged over 65**, and 69% are over 55

6% of people who lack digital skills are between 15 and 24 years.

27% of young people who are offline are in full-time employment

Among working age adults who are internet non-users, a higher proportion (25.6%) are **economically inactive** compared to other economic activity statuses

* Using 2016 NUTS level 3 boundaries. West Surrey covers Elmbridge, Guildford, Runnymede, Spelthorne, Surrey Heath, Waverley and Woking; East Surrey covers Epsom and Ewell, Mole Valley, Reigate and Banstead and Tandridge

Sources: *Government Digital Inclusion Strategy*; *ONS Exploring the UK Digital Divide* (see Appendix 5)

Key Identifiable Challenges

From our research gathered to date, we identify these as the main challenges we need to address in order to enable and empower residents across Surrey Heartlands to engage more in digital services, and ensure they have all the support, funding and technical assistance they need to do so.

From our engagement research, we can see that we must allow that there are likely to be many citizens who simply have no wish to engage more with digital services, and prefer to continue with face to face and/or telephone support. It is important that the quality of those services are not compromised in the push to digitise more services in the future, as many residents rely on face to face interaction to combat the risk of loneliness, social isolation and depression.

Progress has already been made in some areas, but there is more to be done to ensure all citizens have the ability to engage digitally if they wish to.

System Improvements

- Digital Inclusion added to client assessments and Equality Impact Assessments, and Digital Poverty to be a consideration for healthcare provision along with associated problems such as mental health issues, loneliness and isolation
- A support platform for stakeholders and charity partners, where they can find details on available local support for clients as well as ways to refer them for training and further assistance as required
- Improved links between all existing support available at local level across Surrey Heartlands

Connectivity

- Access to reasonable Broadband speeds (particularly an issue in rural areas), in line with the Government USO
- Affordable and/or free access to internet and WiFi provision for all residents

Technology

- Funding of equipment for residents in need
- Sourcing of suitable equipment for residents with disabilities or impairments that require specialist resources
- Access to, and public awareness of, options around voice activated technologies
- Support with installing and learning how to use technology

Digital Skills

- Access for all Surrey residents to a digital skills learning platform that can be self-taught or trainer-taught, at home or in an easily accessible community space, depending on the resident's individual needs
- A volunteer programme for individuals or companies to help teach digital skills to residents in need of help
- Increased support at ICS level for organisations already offering small pockets of support, particularly for residents with disabilities, impairments and other issues that require more particular support requirements

All of this should be supported by a robust communications plan to ensure all residents and stakeholders are aware of the support available and how to access it.

Solutions and Support

System Improvements

	Action	Outcome
1	Update Equality Impact Assessments at ICS level to include Digital Inclusion	A system-wide assurance that Digital Inclusion is a consideration at the forefront of all future projects
2	Work with stakeholders to include Digital Inclusion in initial client assessments	Increased awareness of digital inclusion-related issues amongst clients, and identified actions to address
3	Create a central hub of support information and place to refer residents for support	An easy resource for stakeholders to secure the right support and information to assist their client
4	Include Digital Poverty in the Population Health Management tool for healthcare professionals	Ensures that GPs and social prescribers can see data relating to digital poverty, and use that to assign funding and services accordingly
5	Formation of localised Digital Inclusion steering groups across all four PBPs (including citizen representation)	Ensuring the wider conversations about Digital Inclusion continue and that all parties are involved in the creation and distribution of support

Connectivity

	Action	Outcome
6	Ensure all identified problem postcodes with low broadband speeds are included in the Openreach 'Fast Fibre' programme	All Surrey Heartlands residents have broadband upload and download speeds that meet the Government USO of minimum 10mbp/s
7	Clear communication to all residents how/where they can report low speeds	No households are missed, particularly if broadband services have dropped in quality since temperature maps were created
8	Gather and communicate information on organisations and charities operational in Surrey that can assist with financial support for broadband or data packages	A directory of available support that is easy to navigate, that stakeholders would also have access to in order to assist residents who have no digital access at all
9	Create an easy to use mapping tool that shows all locations in Surrey Heartlands that offer free WiFi	A comprehensive map of locations that would be searchable by postcode to show all locations offering this service close to their home

Technology

Action		Outcome
Page 225	10 Compile a directory of support available for grants, funding and loan of technical equipment	Another addition to a comprehensive support library for stakeholders, also accessible by the public
	11 Gather details of organisations and charities operational in Surrey that can assist with sourcing suitable technology for use by residents with additional/specific needs	Directory of services and support for stakeholders and residents, and use of the steering groups to align requests for help from clients with help available
	12 Link in with companies offering voice activated technologies and plug-ins for existing tech, include details in public comms and stakeholder support	Raising awareness and accessibility of a newer tech form that could benefit many residents who struggle with conventional tech options
	13 Source companies or self-employed professionals with experience of installing and activating tech and WiFi equipment	An easy to use database of professionals able to assist with teaching someone how to use a new piece of technology, or install new routers, available for stakeholders to refer clients for assistance but also accessible by the public

Digital Skills

Action		Outcome
14	Source or build a digital skills platform where basic digital skills can be learnt and practiced safely	A comprehensive free resource of training and learning materials for all residents of Surrey Heartlands
15	Source and promote a volunteer platform to enlist volunteers from the community and our stakeholder partners to assist citizens in learning these skills with one on one support at a local level	A database of volunteers, with teacher training and DBS checks where deemed necessary, on hand to partner with residents who require some one to one support in learning new skills relating to all things digital
16	Map and connect with all community groups, charities and third parties who have been doing this work in their local communities throughout Covid-19	An improved network of existing support live at a local level, with more connectivity and linking around funding opportunities for those running those groups
17	Identify community hubs and other venues around Surrey Heartlands who would be open to hosting training sessions	A database of venues able to host one to one or even groups learning sessions, as an option for residents who prefer to learn face to face

From the actions listed previously there are clear opportunities to link requirements into one central hub, as a 'one stop shop' of available support for both stakeholders and the public.

As this would be a resource primarily for our partner organisations and volunteer groups who already have a high level of digital literacy, a central website of information makes sense as an easy way to amalgamate and share knowledge. 'www.digital-surrey.co.uk' would provide stakeholders and volunteers with the following contents, regularly updated and improved as new services or funding became available:

Page 226

-  Online registration as a Digital Champion volunteer
-  Online referral of a resident for support with digital skills learning
-  Interactive map of available support and services
-  Directory of local businesses and partner organisations offering support
-  News and updates from partners and connected projects
-  Access to the Digital Skills training hub and additional learning materials

This resource will be an invaluable tool for stakeholders and service providers who work with us to develop their client assessments to ensure Digital Inclusion is covered in those initial conversations with Surrey Heartlands residents.

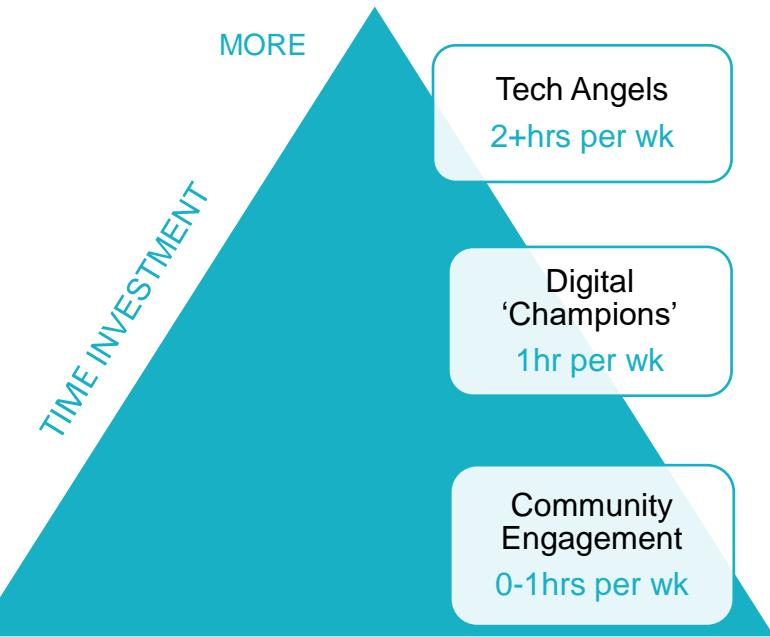
With these tools, a service could:

- Connect their client with a local organisation who provides equipment such as **laptops or tablets** for free on long term loan
- Book them funded **time with an IT professional** who can teach them how to use their new equipment
- Sign them up to receive **one to one teaching support** with learning basic digital skills, as well as further training materials to explore in areas that they are interested in for personal development
- Use their postcode to locate multiple locations near the resident's home that can **offer free WiFi**, such as a community hub space or a local library
- Link them in to larger **learning groups** as a way to increase social interaction and self-confidence
- Offer opportunities to **gain experience volunteering** themselves, which could consist of increased social engagement as a Digital Outreach Volunteer, or completion of a free accredited Digital Skills Teaching course to help others learn how to use digital services more efficiently
- Link up with **other services** offering support with digital skills such as Surrey Choices, who focus on digital skills for work such as CV building and job searching online

The volunteer programme gives us an opportunity to work closer with existing projects operating around Surrey Heartlands and nationwide, whilst also tailoring the content to the identified needs of our residents. Resources and funds can be combined to work together and create a more cohesive and comprehensive support offering to any citizen requiring support.

Involvement can be tailored to fit a volunteer's availability and time, and can make the most of existing skillsets and interests they may have.

Page 227



The Barclay's 'Digital Eagles' programme of digital skills training materials is a resource that we are delighted to be partnering with in this project. In addition to an extensive library of existing learning tools for self teaching or one to one volunteer-led learning, the Barclay's team are committing to supporting us with trained staff to deliver onsite training at designated community hubs across Surrey Heartlands, as well as access to their in-house accredited teacher training programme for our volunteers to benefit from.

As a Community Engagement volunteer, we will encourage our volunteer to engage with the community at local meetups like coffee mornings and social groups to raise awareness of the support available to any residents who would like help with any aspect of digital exclusion.

Citizens Online already have a well established volunteer 'Digital Champions' programme in place, which we hope to partner with to grow their database of helpers whilst also ensuring maximum awareness of their scheme via our service providers and stakeholders, as well as public-facing comms.

The Tech Angels programme, run by the Surrey Coalition of Disabled People, have done some incredible work in this area right through the Covid-19 pandemic, assisting some of our most vulnerable residents with engaging more digitally in order to gain independence and tackle social isolation and loneliness amongst those who were high risk and unable to see friends or relatives. Anyone volunteering to join their team of experts would require some additional DBS checks and training, as they often visit residents in their homes and work with limiting physical and learning disabilities.

Project Timeline

Below is a breakdown of the identified actions, and progress made against each area to date. Currently, the project runs to the end of August 2022.

Green: Completed

Blue: In Progress

Yellow: Upcoming Work

	2021												2022										
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
Page 228	Interviews & Insight	Desk Research	Stakeholder Interviews			Citizen Interviews										Citizen Interviews Revisit (Impact)							
Data Analytics	Initial Data Mapping					SODA analytics							Updating temp. maps with new Census data										
Updated Assessment Criteria to include Digital Inclusion	CCG Equality Impact Assessments updated								Draft	Working with Service Providers at a local level to update their Initial Client Assessments													
'Digital-Surrey.co.uk'						Supplier source and design phase		Build, first data load		Test	Release to Service Providers and ongoing development of content (mapping etc.)												
Formation of PBP Steering Groups		All 4 groups now in operation, meeting every 6-8 weeks - membership growing																					
Broadband Speeds		Postcodes passed to Openreach									Public Comms to raise awareness of available help												

Green: Completed

Blue: In Progress

Yellow: Upcoming Work

	2021										2022							
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Digital Skills Platform				Planning and Partnerships			Design and Build			Integration and Testing		Launch						
PT Professionals Database							Partnerships and Funding			Integration and Testing		Launch						
Partner venues for in-person training										Contacting Venues		System Loading and Mapping	Launch					
Voice activated technologies										Exploration & Partnerships		System Loading and Mapping	Launch					
Care Homes workstream				Partnerships			Design and Planning			Launch Support and Training								
Key Reports to Board			Completed		Completed		In Progress		Upcoming		Upcoming		Upcoming		Upcoming		Upcoming	
Public Comms							Design and Planning w/SCC Comms Team					Release						

Stakeholders, Reporting and Resourcing

This project sits over multiple programmes, and as such has several different reporting lines.

Predominantly, there are scheduled updates every 2 months to:

- Health & Wellbeing Board
- Health & Inequalities Board

In addition, there are regular updates to:

- ICS Digital Board
- Adults Digital Programme Board
- Adults & Health Select Committee

As part of this project, we have also established 4 steering groups who receive an overview update at each meeting. These groups cover:

- Guildford & Waverley PBP
- East Surrey PBP
- Surrey Downs PBP
- North West Surrey PBP

Please see Appendix 8 for a full list of stakeholders.

From the project timeline we can see that good progress has been made in all areas, with a lot of back end work now completed ready to roll out across Surrey Heartlands in 2022.

Currently there has been only one team member running this project stream with support from the Surrey County Council Research & Insight Team, Surrey Office of Analytics (SODA) and external research partners Lighthouse Research & Consultancy. As we move this into the final design and delivery phases, there will be additional team members joining to assist with that work – primarily, administrative support and 3 months with a contracted Business Analyst.

Administrative support is being sourced through Surrey County Council's 'Kickstarter' programme, offering paid apprenticeships for 16-24 year olds looking for their first professional role. We believe that this project is an ideal starting point for a young adult entering the workplace, with a wide range of areas to get creatively involved in and offer real value to the development of all workstreams.

If this project were to extend past 12 months, with scope to expand the support platform to include under 18s as well as adults, there would be additional resourcing required in research, admin and service design capacities.

Outcomes and Impact Measuring

One challenge with this project is measurability – how do we ensure the support we are rolling out is reaching the right people, and at a reasonable speed? Unfortunately there is no easy answer, and though it would be ideal to be able to take a spreadsheet of 200,000 people who lack the basic digital skills and tick those numbers off as training reached them, that is simply not possible in this instance.

Thanks to the data analytics work that Surrey Office of Analytics (SODA) are undertaking, leading on from the stakeholder and citizen interviews, we hope that by the end of December 2021 we will be able to put approximate numbers and geographical ‘hotspots’ to the main high risk groups of residents who are most at risk of digital exclusion – that insight will allow us to focus our support rollout to citizens most in need first.

However, those numbers will not add up to the expected 200,000 number we saw from the Citizens Online research. As mentioned previously in this strategy, there will be a large proportion of citizens who are technically digitally excluded (in that they don’t have all of those 5 basic digital skills), but are economically comfortable, have no disabilities and have family members who assist them with anything they may need to do online – these residents will not be reachable through our stakeholder partners as they are not registered with them as clients, and may have no interest in learning further skills as they are perfectly happy with their current digital skill set.

We know from our research that there will also be a percentage of residents who simply do not wish to engage with digital services of any kind – this decision

should be absolutely respected and appreciated in terms of the continuation and quality of face to face and telephone services currently available across the County for healthcare and all other service provision.

With this in mind, it is believed that the best approach to measuring impact in this project’s instance is to ensure we hit a series of rollout markers, that will ensure maximum engagement and awareness of support that is available should residents wish to take advantage of it:

- All key service providers in Surrey Heartlands requested to work with us to develop their client assessments to include Digital Inclusion insight
- All service providers given access to the Digital-Surrey platform with all the support services accessible, including the interactive map of local training venues, WiFi spots, community hubs and more
- A robust public communications plan that focuses on digitally excluded comms County-wide, with a smaller percentage of online/social media coverage to raise awareness of the support available to friends and family of those in need of help
- Revisiting the citizen and stakeholder engagement work in Q2 of 2022 with our highest risk groups to ensure support is reaching those most in need and measuring impact on individuals
- A goal of 400 Digital Champions signed up in Surrey Heartlands to help their local community with learning digital skills by the end of August 2022
- A progress case study working with the SCC Adult Social Care team on impact and involvement of clients in the Programme

Project Summary

It is clear from our research that there is a significant problem with digital exclusion on a national scale. Looking at the local picture, Citizens Online's survey suggests that almost 20% of the Surrey Heartlands population are excluded due to lack of basic digital skills alone, and the Covid-19 pandemic has brought this issue to the forefront of peoples' awareness.

It is important to highlight that this is not just about getting more residents using digital services to access NHS services – social isolation and loneliness are hugely impacted by being excluded from digital, leading to issues with depression, anxiety and wider mental health problems. In addition, lack of digital skills and access to appropriate technology limits independence and options relating to personal development and employment.

Though there certainly are identifiable correlations between lack of digital engagement and socio-economic factors, we can see that the biggest challenge in Surrey Heartlands is around digital skill levels. We believe that the joint approach of changing service provider approaches to digital exclusion, the provision of support tools and the hub of available support through Digital-Surrey.co.uk, and the fusing of different skills training and support available across the County will make a significant impact in tackling this issue. The detailed analytics work due for completion by SODA in December 2021 will give us clear insight into the most at risk groups, including approximate numbers and best options to provide support in a way which will benefit them most.

The role of this project is not to invent new ways of tackling an existing problem – rather, is it to connect existing services into one easy to access hub, whilst also providing those services (both Government/charity-led and community-led) with a support network, opportunity to share best practice, and visibility to available funding to expand their reach.

There will be a percentage of residents who simply do not wish to engage with digital services, and that needs to be taken into account when looking at impact measures and public-facing communications. As long as we ensure there is clear and concise information that is easily publicly available to both digital and non-digital users to inform about the support available, how to access it, and reassurance around digital safety and security where possible, it is then the individual's [choice](#) whether to engage with the available support or not.

It is also clear from citizen feedback that trust is a huge element to their confidence in asking for or accepting support in an area they are less skilled in – we believe working with service providers and community groups that they [trust](#), we can maximise our engagement across Surrey Heartlands.

However, as we move into an ever more digital age, it is key that the more traditional services are not left behind in terms of service reach and quality for citizens who prefer to engage face to face or over the telephone. There is a significant danger of these services being left behind as more funding is geared to the development of digital tools, which runs the risk of excluding an even higher percentage of citizens nationwide from quality care and support across multiple areas. We have a responsibility to our residents to ensure that [personal choice](#) remains at the heart of all service provision, including the NHS.

Appendices

Appendix I: Digital Excluders in Surrey Heartlands

Taking the 3 previously identified key factors for enabling digital inclusion, we can look at Surrey Heartlands in particular and assess our citizens' requirements against the national picture.

Connectivity

Issues around connectivity can take the form of slow broadband speeds and affordability of broadband or data packages.

The Government's Universal Service Obligation (USO) for broadband is a UK-wide measure intended as a "safety net" to deliver broadband to those premises that do not have access to a decent and affordable connection. The Government have defined a decent connection as one that can deliver 10 megabits per second (Mbps) download speed and 1 Mbps upload speed (along with other defined quality parameters). That USO is to be delivered in the form of Fast Fibre or Fibre-to-Cabinet connection.

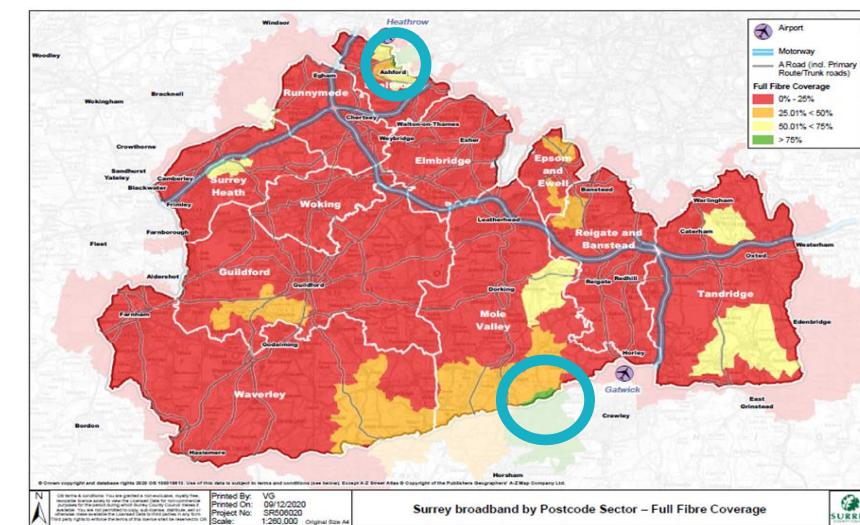
Currently, only 2 postcode sectors in Surrey Heartlands have 75%+ of residents connected to Full Fibre – these are both sectors where the larger proportion of the area sits in another County, as both border Surrey Heartlands.

Working with Ofcom, the USO states that the maximum fee for broadband should be £45 per month, however this is financially still an excluder for many low income families and individuals across Surrey.

In general, connectivity is not a significant barrier to digital inclusion in Surrey. Nearly all areas have at least superfast broadband. Having said that, there are 18 postcode areas where at least 75% of households are not able to receive speeds of 2 Mbit/s and **at least 5 care homes** with no WiFi connection at all, all of which have clients with learning disabilities and/or autism.

21% of people are concerned to some degree about broadband or connectivity at home going forward.

23% of people think that improving access to faster and more reliable digital connections should be a key priority for Surrey's recovery.



Sources: SCC Research & Insight Data Analytics (see Appendix 6)

Access to Appropriate Technology

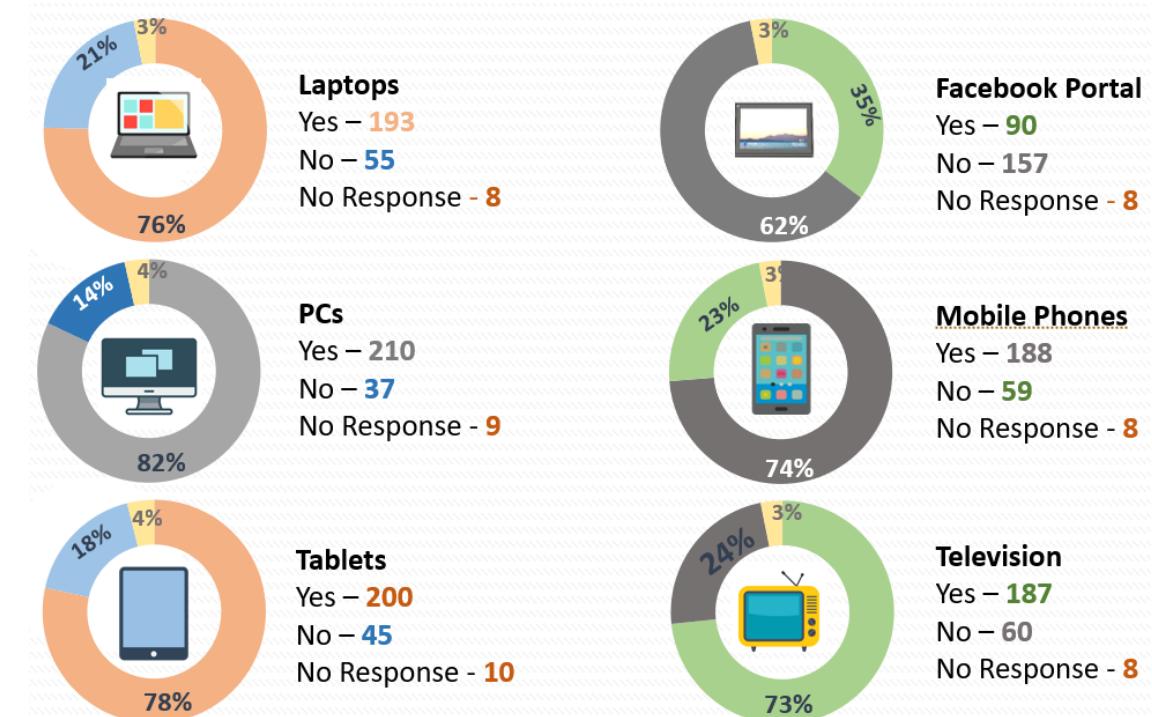
In 2019, Citizens Online were commissioned by Surrey County Council to conduct a study into digital inclusion issues in Surrey.

They found that the vast majority of the Surrey population owns a mobile phone (95%), but around **12.9%** (122,000) are estimated to not own a laptop, around one in four do not own a smartphone (236,000) or do not own a PC (235,000), around **39.6%** (377,000) do not own a Tablet or similar device, and **12.5%** (119,000) never use mobile internet.

In October 2020, an audit of technology in care homes across Surrey Heartlands was conducted, to establish what equipment was available to residents and where additional support may be required. Out of 400 care homes, 261 took part in the audit.

From these results we see a healthy number of PCs and laptops (though many are likely to be prioritised for staff use), but we can see that there is a definite lack of alternative tech for residents who may have sensory or physical impairments that some equipment (typing on a keyboard, for example) is not suitable to their needs.

Citizen engagement interviews taking place in November 2021 are getting similar feedback – that there is not enough access available to alternative tech to meet needs of many residents, particularly relating to voice activated technology which is coming across strongly as the best available tech for citizens with disabilities or impairments.



Audit of tech in Care Homes, completed Oct 2020

Sources: *Citizens Online Study* (see Appendix 5)

Digital Skills

Our research to date suggests that lack of digital skills is the main reason for digital exclusion in Surrey Heartlands.

The 5 basic digital skills identified as being the main excluders are:

- Owning and operating an email address
- Being able to do an online food shop
- Being able to navigate online banking
- Accessing basic NHS digital services, such as ordering a repeat prescription or attending a virtual consultation
- Being able to use social media sites or services such as Zoom or WhatsApp

Page 23

The research carried out by Citizens Online in 2019 concluded that:

- At a best estimate, across Surrey approximately **84,000** people have no Basic Digital skills and **128,000** are without the full five basic digital skills
- Around **126,000** people in Surrey are estimated to be low volume internet users (13.2% of the adult population)
- Approximately **125,000** (13.2%) of people are estimated to avoid purchasing items on the internet

We can expect to see a more accurate estimation of numbers by April 2022 when the new Census data is available and can be incorporated into our data packs, however this is a good indicator to base initial development work on.

Though this is a difficult one to accurately measure, data available to us can contribute to creating a more detailed heatmap of likely problem areas based on measures such as socio-economic factors, age and registered disabilities.

It is important to allow for the fact that there will be a large proportion of Surrey Heartlands citizens who are technically digitally excluded (in that they don't have all of those 5 basic digital skills), but are economically comfortable, have no disabilities and have family members who assist them with anything they may need to do online – these residents will not be reachable through our stakeholder partners as they are not registered with them as clients, and may have no interest in learning further skills as they are perfectly happy with their current digital skill set.

Many small community groups were formed during the Covid-19 pandemic to try and assist their local community with digital skills, particularly to ensure individuals could connect virtually with friends and family during a time when face to face meetings were not an option to most. The majority of these groups, ranging from organisations like Surrey Coalition for Disabled People right down to local church or WI groups, did this with little or no access to funding or any kind of support network of other groups doing similar work.

Part of our approach should be to contact, link and support these groups into one network to provide opportunities to share best practice, challenges, and funding opportunities to continue or expand their wonderful efforts in their local communities around Surrey Heartlands.

Appendix 2: Who is at Risk?

Exploring the most vulnerable groups likely to be at risk of digital exclusion

Over 65s

One of the largest groups at risk of digital exclusion are the elderly. In 2017, 65.1% of nonusers of the internet were retired despite making up just 28.3% of the general population (Good Things Foundation, 2017). More recently in 2020, the elderly continue to be overrepresented in the digitally excluded, accounting for 77% of those with very low digital engagement (Lloyds Banking Group, 2020), and over 75s the least likely to use the virtual consultation service offered by the NHS during the pandemic (Surrey Heartlands, August 2020).

Whilst they continue to be one of the least digitally engaged groups, there have been improvements as a result of the pandemic. In April 2020 registrations for online banking among the over 70s were three times greater than at the same time the previous year (Lloyds Banking Group, 2020), although the sample size for this survey was very small. Since 2011, there has been a significant decline in the proportion of over 65s who had never used the internet to 29%, and an increase in recent internet usage for retired adults to 67% in 2019 (ONS, 2019d). More recently, there has been a 7% increase in the number of single person households over 65 with internet access in 2020 (ONS, 2020b). Whilst there is potential for digital inclusion of this group, they continually rank as one of the least digitally engaged populations.

Women

Globally, there is a significant digital divide between men and women, with 58% of men and 48% of women worldwide using the internet in 2019 (ITU 2019 Bridging the Gender divide).

However, in the UK, the digital gender divide is not as significant and has improved over the years. In 2011, 82% of men were online, and just 77% of women, but in 2019, this had risen to 92% of men and 90% of women recently using the internet (ONS, 2019d). This not only shows an overall increase in internet use but also a narrowing of the gender divide.

Despite improvements, 8.7% of women still had never used the internet compared with 6.3% of men (ONS, 2019d), with women accounting for 58% (3.1 million) of total non-users (ONS, 2019b). This disparity is greatest for the elderly, as 54% of men but just 41% of women over 70 recently used the internet (ONS, 2019d). Clearly there are still improvements to be made in this area, especially amongst older age groups.

Domestic Violence Victims

Domestic violence victims are at risk of digital exclusion, as online technologies are increasingly used to control and perpetrate abuse. The number of recorded domestic abuse related offences have been steadily rising over the years, as there was a 7% increase during March – June 2020 when compared to the same period in 2019, however this could be due to improvements in recording offences, and also more willingness for victims to report them (ONS, 2020a). Social media, online communication, and search engines can be monitored, with 29% of victims reporting the use of GPS and spyware by their abusers (Women's Aid, 2017). However, the internet can provide vital social support to victims, and access to resources to help their situation. Understanding privacy and security online is therefore increasingly important to facilitate safe access to the internet for victims, including when living in domestic violence shelters. The barriers this group faces are unique and centre around building the digital skills required to stay safe online, protect their privacy, and understand how technologies can be exploited for harassment and stalking. With the correct digital safety skills, domestic violence victims would be better able to safely and privately access resources to search for housing, jobs, financial support, and healthcare (Jerry Finn et al., 2009).

Minority Ethnic Groups

Looking back in 2011, there was a significant digital divide between white ethnicities and ethnic minorities. For example, non-users made up 20.3% of the total UK population, but accounted for 31.4% of Bangladeshi adults, clearly showing overrepresentation in this minority. In 2018 there had been significant improvements, with only 8% of Bangladeshi adults considered non users, which was below the national average (10%) (ONS, 2019b). The digital gap between white ethnicities and ethnic minorities has significantly narrowed and in some cases reversed. In 2019, recent users accounted for 90% of Indian and White ethnic groups, and approximately 92-93% of other ethnicities, including Bangladeshi, Pakistani, and Black, however Chinese ethnicities were the most digitally active at 98.6%. In the South East of the UK in particular, white ethnicities were the least digitally active, with only 92.4% reporting recent internet use compared to 97-99%+ of all other ethnicities, suggesting that white ethnicities now lag behind in their digital engagement (ONS, 2019a). Once again, age is a compounding factor for digital engagement of BAME groups. Recent internet users accounted for 83.6% of Asian ethnicities aged 55-64, but 93-95% of all other ethnicities. Data becomes very scarce for elderly BAME groups, meaning population samples were too low to assess Black and Mixed populations aged 65+. For ages 65-74, only 64.8% of Asian ethnicity were recent internet users compared with 3.8% of white ethnicity, with the gap widening even further for over 75s (ONS, 2019a).

Low Formal Education

A lower level of formal education is a risk factor for digital exclusion that commonly but not exclusively co-exists with a number of other risk factors such as low income, or the elderly. Of those offline, 78.3% left school before the age of 16 but only 7.8% left school aged 19+ (Good Things Foundation, 2017). Due to its co-existence in other commonly excluded groups it could be overlooked when assessing risk of digital exclusion. It could also identify younger populations usually thought of as digital natives that are actually at risk of exclusion.

Travellers and the Homeless

Traveller and homeless communities face many inequalities, with lower life expectancies and higher illiteracy rates. As they are also most likely to be economically inactive, there are many factors involved that place them at a very high risk of digital exclusion. In 2018, it was estimated that 20% of the gypsy and traveller population had never used the internet, which was twice the national average and only 42% used it daily (approximately 50% less than the national average). Those who had never accessed the internet were all over 40 with very low literacy (Friends Families and Travellers, 2018).

Benefit Claimants and Low Income Households

The type of employment or social class of an individual are significant factors in determining risk of digital exclusion. In a 2017 survey, 49.5% of those offline were considered to be in the DE socio-economic class (Good Things Foundation, 2017), which is defined as manual workers, unemployed, or state pensioners (National Readership Survey, 2016). Of those offline, 63.2% had an annual household income <£17,500, and 44.5% had an income <£11,500 (Good Things Foundation, 2017). Further to this, the unemployed accounted for 19.2% of those offline, but only 16.6% of the total UK population (Good Things Foundation, 2017).

Benefit claimants (for disability, housing, income, job seekers etc) are also at risk of exclusion, with 40% of this group categorised as having very low digital engagement, as opposed to 33% of the total UK population (Lloyds Banking Group, 2020). Contrastingly, universal credit claimants have a higher level of digital engagement with 49% reporting a high level of digital engagement, and 21% with a very high level; significantly higher than the national average (Lloyds Banking Group, 2020). This could be due to the increased universal credit uptake at the start of the pandemic forcing claimants to move online for the application, subsequently exposing and motivating otherwise digitally inactive people to the online world and improving their digital skills.

Those with a Disability/Impairment

In 2017, 47.7% of the offline population had a disability, infirmity, or chronic illness (Good Things Foundation, 2017). In 2020, only 84% of those with a disability were recent internet users, compared to 91% of non-disabled people, and twice as many disabled people reported to have not used the internet in the last 3 months (8%) (ONS, 2020b).

Once again, this disparity is greater in the elderly, as although there is little difference between disabled and non-disabled adults aged 16-24, only 41% of disabled adults over 75 were recent users compared with 54% of non-disabled adults (ONS, 2019d). Of those with low levels of digital engagement, 42% are classified as having an impairment (Lloyds Banking Group, 2020).

It is important to remember that carers are also at high risk of digital exclusion, as many are unable to leave the house or the friend/relative they are caring for in order to explore options of further learning or personal development in regards to technology and digital skills.

Overlap Between High Risk Groups

When considering the risk factors for digital exclusion it is vital to consider the significant overlap between the different demographics, especially when considering the design of possible criteria to identify them. For example, only 37% of those impaired are in employment, compared to a 60% employment rate in the UK, and 38% are over 65. Of those offline, 55.1% are classified as both disabled and in the DE socio-economic class, whilst 44.5% are both over 75 and in the DE socio-economic class (Good Things Foundation, 2017). Those who are retired are more likely to lack any formal qualifications, have a low household income, and lack access to the internet or devices. Retirees are also highly likely to be of white ethnicity, single person households, and/or female (Lloyds Banking Group, 2020).

Out of the non-user population, 95% of those aged 65+ were either disabled, in the DE socio-economic class, and/or left education under the age of 16. When evaluating 'limited users' i.e. rarely use the internet or do very little on the internet, the same trends are observed and they are much more likely to have left education early, or have some kind of disability. Interestingly, social class becomes much less of a factor in the over 75s, with a much more equal proportion of limited users across social classes in this age group (Good Things Foundation, 2017).

Appendix 3: Citizen Opinions on Digital

Stakeholder and citizen interviews gathered over the last 4 months have provided us with some invaluable insight into Surrey residents' opinions and attitudes to digital services. Stakeholders were targeted according to the highest risk citizen groups identified in the temperature check data gathering, and represented:

- The elderly
- Those with a disability and specifically, those with a sensory impairment
- Those in temporary accommodation
- Those fleeing domestic violence
- Those suffering from poor mental health
- Those currently unemployed
- Carers

Citizens were then chosen to ensure no gaps in our data and understanding of requirements across different requirements groups. Feedback from these interviews has given us 8 clear resident 'personas' across the spectrum from least resistant to most resistant to using digital services. These are incredibly useful in ensuring that whatever support we design to tackle this issue will be meaningful and helpful to each of these key groups, and that it is delivered in the most effective way for each of them.



Sources: Stakeholder Engagement commissioned by this project (see Appendix 7)

Segment 3: "I've tried and can't get on with it – given up"

- Defer / rely on others if no non-digital alternative
- One bad experience can put them off e.g. forget password / takes too long
- Not that different to segment 1 but they are simply apathetic rather than feeling a strong rejection
- Digital is a low priority in their life – unlikely to understand the benefits
- Expert Reference Group resonated with this group and felt that this was a large segment

Any age

Likely to feel overwhelm easily – could have poor physical or mental health

Segment 4: "I don't have the support to do what I want even if I wanted to"

- May be poorly physically or mentally and not wanting to engage with outside world
- Those aged 75+ with no younger influencers / family to help
- Language barrier that person does not want to address - esp. older
- Illiterate with no sign of wanting to address (NB they may not want their illiteracy exposed)
- Those with a sensory impairment and able to afford aids but struggle due to lower level of literacy

- A mental or physical disability that prevents from using without support (includes dexterity issues in their hands - arthritis, neuropathy, neurological problems)
- Support person lacks skill or enthusiasm

Segment 5: "My environment means that I can't access what I want in the way that I want to"

- May lack privacy as reliant on inter-generational help or support person
- Some feel intimidated to ask family to help them (family will just do it rather than show or explain)
- Home has insufficient access and decision out of their hands e.g. care homes lacking in broadband or WiFi
- An abuser (domestic violence or modern slavery) is stopping or controlling digital behaviour
- Connection issues in rural areas - lots of GRT sites don't have a broadband connection so reliant on 4G or 5G and that can be more costly

Most resistant

Anxiety

Apathy

Access

Ability

Least resistant

1

2

3

4

5

6

7

8

Sources: Stakeholder Engagement commissioned by this project (see Appendix 7)

Segment 6: "I am not able to engage at the moment due to affordability (devices, broadband, data)"

- Can be an issue at certain times e.g. end of the month
- Lots of people in household e.g. a big family and only one device to share
- Addiction problems and selling devices
- Signing up to broadband too big a commitment
- In debt
- Digital (broadband) perceived as a luxury rather than essential
- A perception that the cost of using digital will be high
- Cash poor (but may be property rich e.g. older)
- Those with a sensory impairment and unable to afford aids such as magnifying or Alexa (sight issues) or voice activation software
- Homeless, off grid or living in temp. accommodation

Segment 7: "I am just a bit behind - playing 'catch up.'"

- Just not needed till now - been living in a cash culture
- May have just moved to UK (refugees, asylum seekers)
- Digital not been a part of their working life – may have been in manual jobs and now need to engage digitally with services such as HMRC etc.
- Illiterate / language may be an issue but these people are happy to expose their difficulties and want to improve their level of literacy

- Expert Reference Group felt this was another fairly large segment but hard to identify – they often have a smartphone and a broadband connection and engage with some digital tasks such as using social media

Segment 8: "I enjoy using digital technology but may have some issues"

- May have a learning disability; have no fear but may need a lot of support
- May have early signs of dementia
- May not use tech enough for it to become ingrained and keep needing help and support to do the same things
- They may be comfortable with specific digital tasks (Zoom) but avoid others.
- Non-digital channels are their comfort blanket
- There may be safeguarding issues for some of those with a learning disability

These segments give us useful insight into attitudes to digital and using digital services. There is a clear feeling of distrust and anger among some residents, who feel they are being 'pushed' towards digital and that face to face services (particularly in relation to NHS online services vs in-person consultations) are being removed. There is also a large proportion who would like to learn more digital skills but do not currently know how to find that support.

Most resistant

Anxiety

Apathy

Access

Ability

Least resistant

1

2

3

4

5

6

7

8

Sources: Stakeholder Engagement commissioned by this project (see Appendix 7)

Appendix 4: Care Homes in Surrey Heartlands

From our data and research phases we can see a larger scale problem with care homes in Surrey that includes connectivity issues, digital skill levels amongst both staff and residents, and quantities of appropriate technology that work for residents often more specific physical needs.

This issue is something that requires a focused collaborative approach with the Surrey Care Association, Primary Care and other related organisations to ensure we can offer not only appropriate support but also that it is offered in the right way, to a group of professionals who are already struggling with workload and time pressures. We need to ensure that what we can offer them is beneficial to all, and will not take up a large proportion of their time.

Though much of the groundwork of data gathering and research has been completed in this area and relationships built with many of the participating organisations and stakeholder partners, the service design and implementation phases of work in this area will take place in 2022 to allow time to perfect our approach in a way that will work best for care homes and all of their staff and residents in the most successful way possible.

It is worth noting that care homes in Surrey Heartlands total 400, and between them offer accommodation to just over 10,000 residents. Though many of these homes are provided for elderly and infirm citizens, many of whom may have additional needs in the form of a degenerative condition or similar, there are several who provide a home for younger adults with learning disabilities and autism.

:

As such, there are not yet definitive actions in this area however we know that the main areas that will need support are:

- Ensuring all care homes have WiFi access throughout the home, for access by both staff and residents
- Potential assistance with installing routers and teaching staff how to use new equipment
- Possible assistance with upgrading or refurbishing old or ageing equipment for staff to allow greater flexibility of use
- Sourcing/funding additional technology for resident use, particularly voice-activated or adapted equipment for residents with physical or learning disabilities
- A time and cost efficient solution for upskilling care home staff in digital skills
- Ensuring care homes are linked in to the digital skills volunteer programme, so that residents can benefit from additional training in digital skills
- Connecting care homes in with the raft of events and engagement activities taking place both online and in person, including virtual events such as tea dances, or Inter-generational Music Making's mixed media programme of events for residents to enjoy

Given additional pressures on care homes over the upcoming winter and the Government Covid vaccination initiative for all NHS staff which may lead to staff shortages, there needs to be a realistic discussion around what is feasible to achieve in this initial project scope up to the end of August 2022, and what would need to carry over into a new 12 month period.

Appendix 5: External Reference Sources

Government Digital Inclusion Strategy

<https://www.gov.uk/government/publications/government-digital-inclusion-strategy>

Lloyds Banking – Key Digital Skills

<https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index/essential-digital-skills.html>

Page 25

Government Essential Digital Skills Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/738922/Essential_digital_skills_framework.pdf

People, Population & Community

<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

Citizens Online Survey Summary – Surrey Heartlands

[..\\Data - SCC\\Citizens Online - Surrey Heartlands.pdf](#)

Appendix 6: Census, Ofcom and Public Health Data

A copy of the initial data gathering and temperature maps can be viewed here:

[..\Data - SCC\Initial Analysis Summary - March 2021.pptx](#)

Page 246

This includes:

- Key findings and recommendations, used to shape the development of the research work carried out on this project
 - Temperature maps showing key geographical areas likely to require support
 - Postcode areas identified as having the lowest broadband speeds
 - Initial citizen mosaics used to shape the development of the stakeholder engagement work

This data is also now available to view on the Surrey Index online tool.

Appendix 7: Desk Research, Stakeholder & Citizen Interviews

The full desk research piece can be read here:

[..\Data - Desk Research\Digital Exclusion Desk Research 2021.pdf](#)

Page 247

The summary of feedback from stakeholder interviews can be seen here:

[..\Data - Stakeholder Engagement\Stakeholder Engagement Summary Sept 2021.pptx](#)

Feedback from the citizen interviews and SODA data analysis will be added to this Appendix when completed in December 2021.

Appendix 8: Key Stakeholder List

Name	Organisation/Team
Dr Negin Safaraz-Shekary	Public Health, Surrey County Council
Paul Young	Social Care & Health Integration, Surrey County Council
Clare Burgess	Surrey Coalition of Disabled People
Neil Selby	Frailty & Integrated Care, Surrey Heartlands CCG
Ali Porteous	Surrey Care Association
Michelle Harcus	Locality Team, NHS Primary Care
Nina Crump	Digital First Primary Care
Mark Cossons	Barclays Digital Eagles
Ruth Hutchinson	Chairperson, Health & Inequalities Board
Jo Blount	Chairperson, Adults Digital Board

Page 248

Name	Organisation/Team
Richard Stockley	Research & Insight, Surrey County Council
Russ Bourner	Population Insight, Surrey County Council
Camilla Bertoncin	Surrey Office of Data Analytics
Lucy Evans	Lighthouse Research Consultancy
Non Hill	Healthwatch Surrey
Lucy Dixon	Research, Surrey County Council
James Milne	Information Governance (Digital), Surrey Heartlands CCG
Rik Jackson	Digital Accessibility, Surrey County Council
Jay Saggar	London Office of Technology & Innovation

In addition to this list of key stakeholders, we have steering groups across all 4 Place Based Partnerships in Surrey Heartlands who provide feedback and ideas around support tool design. Additional stakeholders will come onboard over the next 3-4 months, so this document will be updated accordingly.

Appendix 4: Key Stakeholder List

The following organisations took part in our stakeholder interviews as part of the research work, and we look forward to continuing our work with them to deliver support to the citizen groups most at risk of digital exclusion across Surrey Heartlands:

British Red Cross	Tandridge Voluntary Action
Age UK Surrey	Community Psychiatric Nursing Team
Surrey Choices	YMCA
Womens Refuge RWBA	Surrey Care Association
Mary Frances Trust	Surrey Community Action
Universal Credit Office	Surrey Choices
Surrey Coalition of Disabled People	Sight for Surrey
Maryanne's Cafe	Tech Angels Volunteer Programme

This page is intentionally left blank

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Draft Police and Crime Plan 2021-2025
Related Health and Wellbeing Priority:	Priority 3
Author(s):	Sarah Haywood, Commissioning and Policy Lead for Community Safety, Office of the Police and Crime Commissioner Telephone: 01483 631120 Email: sarah.haywood@surrey.pnn.police.uk
Sponsor(s):	<ul style="list-style-type: none">• Lisa Townsend - Police and Crime Commissioner for Surrey• Gavin Stephens - Chief Constable of Surrey Police
Board date:	2 December 2021
Related papers:	<ul style="list-style-type: none">• Appendix A - Draft Police and Crime Plan 2021-2025

2. Executive summary

This report introduces the draft Police and Crime Plan 2021-2025 to the Health and Wellbeing Board and considers the opportunities for the Police and Crime Commissioner and the Board to work together.

3. Recommendations

It is recommended that the Board:

1. Note the report and the draft Police and Crime Plan.
2. Consider the opportunities for great collaboration with the Police and Crime Commissioner.

4. Reason for Recommendations

This paper recommends a new Police and Crime Plan to the Board for the following reasons:

- Meets the statutory duty of the Police Reform and Social Responsibility Act 2011 to corporate with partners, and
- Seeks to find opportunities for the Board and the Police and Crime Commissioner to work together.

5. Detail

Purpose of the Police & Crime Plan

Police & Crime Plans are a statutory requirement for all police force areas introduced as part of the Police Reform and Social Responsibility Act 2011. Whilst every plan will be localised in nature, they will share a common aim in communicating a Commissioner's vision and objectives during his or her term of office. The Plan is intended to set out a range of activities that will tackle crime and improve community safety in an efficient and effective way. It will impact upon a wide variety of stakeholders and has a number of different intended audiences including the public, victims of crime, Chief Officers of Police, the Secretary of State, the Police and Crime Panel, private and voluntary sectors and partner agencies such as criminal justice and local authorities.

The Surrey Police and Crime Commissioner (PCC) is required to issue a new Police & Crime Plan "as soon as practicable" after taking office. Until a new plan is issued, the plan set by the previous PCC remains in place. The PCC is obliged to prepare a draft in consultation with the Chief Constable and should also consult to obtain the views of local people, victims of crime and partner agencies such as community safety partnerships to inform her priorities.

The content, style and focus of the plan is a matter for the Commissioner. However, the Police Reform and Social Responsibility Act 2011 identified several items that must be contained within every Plan, as follows:

- the Commissioner's police and crime objectives for the area;
- the policing of the police area which the chief officer of police is to provide;
- the financial and other resources which the Commissioner is to provide to the chief officer of police;
- the means by which the chief officer of police will report to the commissioner on the chief officer's provision of policing;
- the means by which the chief officer of police's performance in providing policing will be measured; and
- the grants which the Commissioner is to make.

In addition, there are several statutory responsibilities that the Commissioner must consider when formulating the police and crime plan, including to:

- Co-operate with responsible authorities in formulating and implementing local crime and disorder strategies and have regard to the relevant priorities of each responsible authority;
- Make arrangements for engaging with local people;
- Achieve value for money;

- Co-operate with local criminal justice bodies to provide an efficient and effective criminal justice system for the police area;
- Ensure that the Chief Constable fulfils their duties relating to equality and diversity;
- Have regard to the need to safeguard and promote the welfare of children;
- Have regard to the Strategic Policing Requirement issued by the Secretary of State;
- Have regard to any guidance or codes of practice issued by the Secretary of State.

Draft Police and Crime Plan

All of the above requirements have been considered in formulating the draft Police & Crime Plan which is attached as Appendix A to this report.

The PCC and Deputy PCC have carried out extensive consultation with partners and residents. A wide range of partners were consulted including councillors, Police and Crime Panel members, MPs, schools, police officers and staff across the organisation, community safety partners and safeguarding partners, rural communities, and diverse groups. The Health and Wellbeing Board was presented the consultation and ways to respond at the September 2021 (Informal) Board.

The priorities for the Police and Crime Plan most identified by partners, in order of 'mentions', were:

- County Lines / drugs;
- Children and young people;
- Anti-Social Behaviour;
- Tackling Violence Against Women/ Domestic Abuse;
- Visibility/ local policing;
- Police engagement with communities;
- Reduced Killed/ Seriously injured and improved road safety.

A full report on the results of stakeholder consultation can be provided. This document is not made public as partners gave their views in confidence.

The PCC also carried out a survey with residents. The results of this survey were used to inform the priorities and content of the plan will be published on the PCC's website. The main priority areas identified by residents in the survey were:

- Catching offenders and bringing to justice
- Visible police presence
- Tackling Anti-Social Behaviour
- Tackling violence against women and girls
- Reducing burglary

The Commissioner has consulted with the Chief Constable and his team throughout the development of the Plan. In addition, consideration was given to the intelligence and strategic analysis of crime problems in Surrey; partnership strategies including

the Health and Wellbeing Strategy; views of professionals in policing and the OPCC; national priorities; current performance; finances and financial outlook and the Force Management Statement.

The plan has also been developed alongside the budget and consideration given to what is achievable with the police precept set and funding available for wider community safety work.

Priorities

The priorities set in the plan are:

- ***Preventing violence against women and girls in Surrey***
- ***Protecting people from harm in Surrey***
- ***Working with Surrey communities so that they feel safe***
- ***Strengthen relationships between Surrey Police and Surrey residents***
- ***Ensuring safer Surrey roads***

The Plan details the key actions to be taken by Surrey Police and the PCC's own office to achieve those aims. In addition, there is a section on resources for Surrey Police and the PCC and a section to cover other statutory requirements for a Police and Crime Plan.

Opportunities

In March 2020 when the Community Safety Board and the Health and Wellbeing Board merged it was anticipated that the benefits would include;

- enabling the Surrey system to share priorities across health and criminal justice with a greater awareness of the threats to our communities and ways to prevent criminal activity through addressing the wider determinants.
- offering opportunities to explore commissioning and project delivery collaboratively in line with the national Policing, Health and Social Care Consensus, and
- allowing clearer governance and performance monitoring which will provide greater clarity for Surrey residents and system partners.

The new Plan presents a new opportunity to develop joint initiatives between the Health and Wellbeing Board and the PCC's Office, as well as across the community safety and criminal justice partnership.

Particular areas where the Health and wellbeing Board may consider working closer together to be of mutual benefit is mostly detailed in the Police and Crime Plan priority 2 – Protecting People From Harm, which focuses on vulnerability, young people, mental health and hidden crimes.

Monitoring Progress Against Police and Crime Plan

Along with the development of the Plan, the OPCC has been working with Surrey Police to develop the measures to monitor progress against the plan. Once agreed by the PCC and Chief Constable these will be used to form the scorecard for the

Force Service Board, for reporting to the public by the PCC during her accountability meetings with the Chief Constable and for reporting progress to the Panel.

6. Challenges

This is an ambitious plan but as part of its formation consideration was taken around the ability to deliver. The budget and resources will be monitored over the term of the plan.

7. Timescale and delivery plan

The plan covers the term of the PCC. Delivery will be reported on to the Surrey Police and Crime Panel.

8. How is this being communicated?

Once the draft plan has been agreed (reported to the Surrey Police and Crime Panel on 24 November 2021) and formatted there will be a full communication plan to partners, stakeholders and residents of Surrey.

This page is intentionally left blank

Surrey Police and Crime Commissioner

Police and Crime Plan 2021-2025

Cover Page

Contents

Section	Page
Foreword from the Police and Crime Commissioner	x
Foreword from the Chief Constable	x
Police and Crime Plan Priorities <ul style="list-style-type: none">• Reducing violence against women and girls in Surrey• Protecting people from harm in Surrey• Working with Surrey communities so that they feel safe• Strengthen relationships between Surrey Police and Surrey residents• Ensuring safer Surrey roads	X X X X X
About Surrey	x
About Surrey Police	x
Roles and Responsibilities	x
Ensuring Surrey Police has the Right Resources	X
Grant Giving and Commissioning	X
Measurement of Progress Against the Police and Crime Plan	
Holding the Chief Constable to Account	X
Working in Partnership	X
Collaboration	X
Equality and Diversity	X
Strategic Policing Requirement and National Priorities	X
Consultation, Reporting and Review	X
Contributors	X
Contact	X

Police and Crime Commissioners are elected every four years to oversee policing, victim services and community safety for each police force area in England and Wales. Lisa Townsend was elected as Police and Crime Commissioner for Surrey in May 2021. Lisa is responsible for overseeing the work of Surrey Police, holding the Chief Constable to account, helping to tackle the crime issues that matter to people in Surrey and commissioning services to support victims of crime. She is also required to set out a Police and Crime Plan for the county.

Foreword from the Police and Crime Commissioner

When I was elected as Police and Crime Commissioner in May, I pledged to keep residents' views at the heart of my plans for the future. One of the most important roles I have is to represent the views of those live and work in Surrey in how our county is policed and I want to make sure the public's priorities are my priorities. So I am delighted to present my Police and Crime Plan which set out the key areas I believe Surrey Police need to focus on during my term of office.

There are a number of issues our communities have told me are important to them such as tackling anti-social behaviour in their local area, improving police visibility, making the county's roads safer and preventing violence against women and girls. This plan has been designed to reflect those priorities and will provide the basis on which I hold the Chief Constable to account for delivering a policing service our communities expect and deserve.

A lot of work has gone into developing this plan and I wanted to ensure it reflects as wide a range of views as possible on those issues that are important to people in Surrey. With the help of my Deputy PCC, Ellie Vesey-Thompson, we undertook the widest consultation process ever carried out by the Commissioner's office. This included a county-wide survey of Surrey residents and direct conversations with a key groups such as MPs, councillors, victim and survivor groups, young people, professionals in crime reduction and safety, rural crime groups and those representing Surrey's diverse communities.

What we heard was lots of praise for the Surrey Police officers, staff and volunteers across the county, but also a desire to see a more visible police presence in our communities, tackling those crimes and issues that are important to people where they live.

Our police teams of course cannot be everywhere and much of the crime they have to deal with, such as domestic abuse and fraud, happens out of sight - in people's homes and on-line. We know that a visible police presence can provide reassurance to residents, but we need to make sure that this is directed to the right places and has a purpose.

I am in no doubt that these are challenging times. In the last 18 months policing has been under great stretch as it adapted to delivering services and maintaining resources during the Covid-19 pandemic. And more recently there has been intense public scrutiny following the shocking death of Sarah Everard at the hands of a serving police officer. This has sparked much debate about the continued epidemic of violence that women and girls experience and the police service has much work to do to combat this problem, tackle the root causes of offending and restore confidence in policing.

I have heard from you how important it is that those who offend, who target our vulnerable people or threaten our communities need to be brought to justice. I have also heard how important it is to you to feel connected to Surrey Police and to be able to get help when you need it.

Balancing these demands is the challenge our police leaders face. We are receiving more funding for police officers from the Government but it will take time for these officers to be recruited and trained. Having spent a great deal of time out and about with our policing teams since I was elected, I have seen first-hand the hard work and dedication they put in every day to keep our county safe. They deserve the continued thanks of us all for their continued commitment.

Surrey is a fantastic place to live and work and I am committed to using this plan and working with the Chief Constable to ensure we have a policing service this county can continue to be proud of.

Lisa Townsend, Police and Crime Commissioner for Surrey

Foreword from the Chief Constable

To follow

Gavin Stephens, Chief Constable for Surrey Police

Police and Crime Plan Priorities

The priorities in this Police and Crime Plan reflect those areas that residents and the key groups we spoke to felt were important to them. I also considered current crime trends and professional analysis from the police on where resources are needed to keep Surrey safe.

The priorities set out in this plan are:

- ***Preventing violence against women and girls in Surrey***
- ***Protecting people from harm in Surrey***
- ***Working with Surrey communities so that they feel safe***
- ***Strengthen relationships between Surrey Police and Surrey residents***
- ***Ensuring safer Surrey roads***

More information on how each of these priorities will be achieved is given in the next pages.

Preventing violence against women and girls in Surrey

Women and girls should be able to live free from fear of violence, but sadly that fear is grown from a young age. Whether it is experiencing harassment in the street through to other forms of gender-based abuse, being the victim of such behaviour has become ‘normalised’ as part of daily life. I want women and girls in Surrey to be safe and feel safe in public and private spaces. Combatting the scourge of Violence Against Women and Girls needs widespread societal change to address misogyny and gender inequality. Everyone has a role to play in addressing unacceptable behaviour in others. Violence Against Women and Girls encompasses a wide range of gender-based crimes, including domestic abuse, sexual offences, stalking, harassment, human trafficking and ‘Honour’ Based Violence. We know these crimes disproportionately affect women and girls, with women four times more likely to experience a sexual assault than men.

To support women and girls who are victims of violence:

Surrey Police will...	My office will...
Fully implement and deliver against the Surrey Police Violence Against Women and Girls Strategy 2021-2024, including high quality support to victims and improved understanding of violence and abuse	Commission specialist services that are accessible to women from diverse backgrounds and are informed by the voices of victims
Provide reassurance and build public confidence in the police to investigate violence against women and girls and empower all officers and staff to flag inappropriate behaviour amongst colleagues	Identify lessons and actions needed from domestic death reviews, safeguarding adult and safeguarding children reviews and work with partners to ensure families feel seen and heard
Intervene with stalking and domestic abuse perpetrators at early stages to address behaviour and prevent abuse by using protection orders	Play an active role in all key strategic partnership boards and groups focussed on tackling violence against women and girls
Commission services informed by the risks around abuse that cause women to become involved in the criminal justice system	

To bring offenders to justice:

Surrey Police will...	My office will...
Invest in investigation capability and skills to solve more cases and to break the cycle of reoffending for perpetrators	Work with the Criminal Justice System to ensure that the current backlog of court cases is cleared, improve timeliness and support victims so that cases can be taken to court where appropriate
Work with partners to promote happy and healthy relationships amongst children and young people that help them to recognise what's acceptable and what's not	

Men and boys are also victims of violence and sexual offences.

To support men and boys:	
Surrey Police will...	My office will...
Work closely with specialist services to ensure tailored and easily accessible support is available for men and boys to enable them to cope and recover	Review and understand the current provision of services to male victims, including the police response, victim support services and the effectiveness of safety planning for male victims

DRAFT

Protecting people from harm in Surrey

As Police and Crime Commissioner, I recognise that vulnerability comes in many forms and my office will be unwavering in its commitment to ensure all of our communities are protected from harm and victimisation, both online and offline. This may be abuse against children, older people or minority groups, hate crime, or harm to those who are vulnerable to exploitation.

To support victims vulnerable to harm:	
Surrey Police will...	My office will...
Meet the requirements of the new Victims' Code	Ensure the voices of victims are both heard and acted upon, that they are central to my office's approach to commissioning and shared formally with the wider criminal justice system
Ensure that victims of all crimes receive the highest possible quality of care through the Surrey Police Victim and Witness Care Unit	Seek out additional sources of funding to support delivery of local victim services.
Use feedback from victims, through surveys and feedback sessions, to understand their experience and improve the police response and wider criminal justice process	
Build confidence in those that have previously suffered in silence to seek support	
Work in partnership to protect people from harm by ensuring representation on key statutory boards in Surrey, maintaining constructive relationships and sharing good practice and learning.	

Children and young people can be particularly vulnerable to being targeted by criminals and organised gangs. I have appointed a Deputy Police and Crime Commissioner who will take a lead on working with police and partners to support children and young people.

To support young victims vulnerable to harm:	
Surrey Police will...	My office will...
Be guided by the National Child Centred Policing Strategy to improve the quality of policing for children and young people by acknowledging their differences, recognising their vulnerabilities and meeting their needs	Work alongside children and young people at every opportunity and help with education on the dangers of drugs and County Lines criminality
Work with education partners to make schools safe spaces and help inform children and young people around exploitation, drugs and County Lines criminality	Advocate for more funding to tackle the threat and risks that face our children and young people. I will call for more immediate resources to increase our preventative work and safeguard children and young people
Explore new approaches to tackling offenders who exploit our children	Ensure Surrey has appropriate services in place to help young victims cope and recover from their experiences
Work with partners to explore the impact of technology, supporting and developing preventative	

initiatives for communities, parents and the children and young people themselves

To reduce violence and knife crime:	
Surrey Police will...	My office will...
Carry out operations aimed at reducing knife crime and educating communities about the dangers of carrying knives	Commission support services to intervene and reduce violence and knife crime such as the Child Criminal Exploitation Targeted Support service and the Early Help Project
Work with and support the serious youth violence partnership. Poverty, school exclusions and having multiple disadvantages are some of the driving factors and I am committed to working with the partnership to find solutions to these big issues	

To support people with mental health needs:	
Surrey Police will...	My office will...
Engage and work with all relevant partners to ensure police resources are being used appropriately for children and adults experiencing a mental health crisis	Take forward at a national level the issue of mental health provision for those in crisis and monitor the impact of government reforms of the Mental Health Act
Use the Surrey High Intensity Partnership Programme and trauma-informed services to support those who need regular support	Work with partners to maximise the use of government funding awarded by the Changing Futures programme to improve local services for people experiencing multiple disadvantage and evaluate the outcomes for those involved in the criminal justice system
Continue to support a multi-agency approach to enable an appropriate response for people with a combination of mental health, substance misuse, domestic abuse and homelessness issues who are coming into regular contact with the criminal justice system	

To reduce fraud and cybercrime and support victims:	
Surrey Police will...	My office will...
Support the most vulnerable victims of fraud and cyber crime	Ensuring that services are in place to protect vulnerable and older people, linking in with national and local partners
Support cyber crime prevention activity being included in day-to-day policing, local government and local business practices	
Working with partners to develop a common understanding among local partners of the threats,	

To reduce reoffending:	
Surrey Police will...	My office will...
Support the use of restorative justice in Surrey and ensure that victims are informed about and offered restorative justice services as laid out in the Victims' Code	Continue to support the reducing reoffending fund which delivers a broad range of projects, many of which are aimed at offenders experiencing multiple disadvantage, with the intention of diverting them away from the revolving door of offending behaviour
Implement the national Integrated Offender Management Strategy aimed at cutting neighbourhood crime, including burglary and robbery	Continue to support the Integrated Offender Management Team through the commissioning of services which to date has included housing schemes and a substance misuse service
Work with services that support children and young people to reduce reoffending	

Modern Slavery is the exploitation of people who have been forced, deceived, or coerced into a life of labour and servitude. It is a crime hidden often from society where victims are subjected to abuse, inhumane and degrading treatment. Examples of enslavement include a person who is forced to work, is controlled by an employer, is bought or sold as 'property' or has restrictions placed on their movements. It happens across the UK, including in Surrey, in situations such as car washes, nail bars, servitude and sex workers. Some, but not all, victims will also have been trafficked into the country.

To tackle Modern Slavery:	
Surrey Police will...	My office will...
Work with law enforcement agencies, local authorities, non-governmental organisations and charities to co-ordinate the local response to modern slavery through the Surrey Anti-Slavery Partnership, particularly looking at ways to raise awareness and protect victims	Support victims through our work with Justice and Care and the newly appointed Barnardo's Independent Child Trafficking Guardians
Work with the National Anti-Trafficking and Modern Slavery Network	

Working with Surrey Communities so that they feel safe

I am committed to ensuring all residents feel safe in their local communities. Through my consultation it was clear many people feel their communities are impacted by crime in their local area such as anti-social behaviour, drug related harm or environmental crime.

To reduce anti-social behaviour:	
Surrey Police will...	My office will...
Work with Surrey communities to develop a problem-solving approach and interventions that work, putting the community at the heart of the response	Ensure victims and the community have easy access to the Community Trigger process
Improve the police response for victims of anti-social behaviour, ensuring Surrey Police and partners use the powers available to them, seek innovative ways to problem solve and work with communities to find lasting solutions	Support the specialist service in place in Surrey to support victims of anti-social behaviour
Support the Force's Problem-Solving Team in developing initiatives that target an area or crime type and using Designing Out Crime Officers to find solutions to anti-social behaviour	Identify opportunities to bring additional funding to communities through projects like the Safer Streets initiative

To reduce drug related harm:	
Surrey Police will...	My office will...
Reduce the community harm caused by drugs, including crime committed to fuel drug dependence	Continue to commission the Cuckooing Service which supports those who have been exploited by criminal gangs
Tackle organised criminality, violence and exploitation that go hand-in-hand with the production and supply of drugs	Work with partners to develop and fund services that support those affected by substance misuse
Work with partners including education providers to inform children and young people about the danger of drugs, the dangers of getting involved in county lines and how they can seek help	

My Deputy PCC is taking a lead on rural crime issues and working with rural communities in Surrey. We will work with the Chief Constable to ensure the Force combat offences such as theft of machinery and wildlife crime.

To tackle rural crime:	
Surrey Police will...	My office will...
Support the Rural Crime Team's initiatives to address crimes such as livestock worrying, theft and poaching	Ensure there is regular engagement with the rural community and feedback is provided to our community leaders
Support the countywide protocol being developed by the Surrey Waste Partnership to provide a consistent and robust response to those that illegally dump waste on public or private land	Reduce environmental anti-social behaviour, such as fly-tipping, through financially supporting Joint Enforcement Teams

To tackle business crime:	
Surrey Police will...	My office will...
Explore ways to increase reporting and intelligence, linking what we know with wider problem-solving techniques	Work with the business community to understand their needs and to promote investment in crime prevention activity
Ensure Surrey's business and retail community feel listened to and have increased confidence in police	

To reduce acquisitive crime:	
Surrey Police will...	My office will...
Disrupt the criminal gangs that carry out acquisitive crimes such as burglary, shoplifting, vehicle (including bicycle) and catalytic converter thefts, particularly looking at their operational activity, community engagement and awareness raising	Explore funding opportunities for initiatives to tackle acquisitive crime, such as the Home Office Safer Streets fund
Work with partners, both at a strategic level through the Serious and Organised Crime Partnership and local tactical groups such as the Serious Organised Crime Joint Action Groups	Support Neighbourhood Watch activity to promote prevention messages
Work alongside partners during weeks of operation to share communications and encourage intelligence gathering from partners and the community	

Strengthen relationships between Surrey Police and Surrey residents

My aim is for all residents to feel that their police force is visible in tackling the issues that matter to them and that they can engage with Surrey Police when they have a crime or anti-social behaviour problem or need other police support. We must recognise that types of crime have changed considerably over the last decade or so, with a great deal of crime taking place in people's homes and online. A visible presence on our streets provides reassurance to communities and that must continue. But we must balance this with the need for a police presence in places that aren't always seen by the public, such as tackling online crimes and working to bring offenders to justice.

To give communities a visible police presence:	
Surrey Police will...	My office will...
Ensure police are aware of local issues and work with communities and partners to solve local problems	Do our part to help promote the existing local policing teams so that Surrey communities know who they are and how to contact them
Balance the desire from communities to see a physical policing presence, with the increasing demands from crimes committed in homes and online	
Direct increased resources funded by the Government uplift programme into the areas of greatest need to keep Surrey's communities safe	

11

To ensure residents can contact Surrey Police:	
Surrey Police will...	My office will...
Ensure there are a range of ways to contact Surrey Police that suit individual needs	Promote the different ways in which residents can contact police, including telephone and online reporting
Ensure that people can get hold of the right person in Surrey Police and that their contact is responded to in a timely manner	
Maintain a high performance for answering 999 police emergency calls and improve the current waiting times for the 101 non-emergency service	
Ensure that when people have a complaint, they know who to contact, have their complaint investigated and receive a timely response	

To ensure that children and young people in Surrey feel engaged in policing:	
Surrey Police will...	My office will...
Work with schools, colleges and youth groups on	Engage with children and young people and listen

crime and community-safety related issues and find joint solutions	to their concerns and ideas while promoting Surrey Police as an organisation that respects and responds to their needs
Support a forum with schools, colleges and youth groups to share intelligence and receive updates on current threats, trends and data	Support the work of the Youth Engagement Officers and the Surrey Volunteer Police Cadets

To ensure that there is feedback to residents on policing:

Surrey Police will...	My office will...
Improve feedback to individuals who have reported crime or concerns	Hold engagement meetings, surgeries and events with partners and residents
Improve feedback to local communities on crime trends, crime prevention advice and on success stories in reducing crime catching offenders	

I want to make sure that all of Surrey's diverse communities feel safe, whether those are geographical communities or communities with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

To ensure that all communities in Surrey feel safe:

Surrey Police will...	My office will...
Ensure that the Surrey Police Equality and Diversity strategy is implemented, including an aim to better reflect Surrey's communities in the workforce	Meet with a wide and diverse range of community groups that represent residents across Surrey
Ensure that the PCC's and Surrey Police's websites and other communications are accessible to Surrey's communities	
Work with communities and the travelling community to find solutions to unauthorised encampments, including working with partners to develop a transit site in Surrey	

Engagement between Surrey residents and police can be strengthened through community volunteering. My office runs the Independent Custody Visiting Scheme in which members of the community go into police custody to check on the welfare of detainees. There are also volunteering opportunities in Surrey Police, such as Special Constables and Police Support Volunteers.

To support volunteering:

Surrey Police will...	My office will...

Promote and recruit to police volunteering opportunities	Continue to operate an effective Independent Custody Visiting Scheme, supporting the volunteers and working with the Chief Constable on any issues identified
--	---

DRAFT

Ensuring safer Surrey roads

Surrey is home to some of the busiest stretches of motorway in the UK with significant numbers of vehicles using the county's road network every day. Our roads carry over 60% more than the national average amount of traffic. Events such as the Olympics Road Race and RideLondon, coupled with the beauty of the countryside, have made the Surrey Hills a destination point for cyclists and walkers as well as off-road vehicles, motorcycles and horse riders. Our roads, footpaths and bridleways are vibrant and open Surrey up to economic prosperity as well as leisure opportunities. However, concerns raised by communities' highlight that many people misuse our roads in Surrey and cause distress to those living and working here.

To reduce serious road collisions:	
Surrey Police will...	My office will...
Support the Force's Road's Policing Unit and the development of the Fatal Five Team. This team is focused on changing driver behaviour via a multi-agency preventative approach to tackle the fatal five causes of accidents on our roads: speeding, drink and drug driving, using a mobile phone, not wearing a seatbelt and careless driving	Work with Surrey County Council, Surrey Fire and Rescue Service, the Highways Agency and others to create a partnership plan that reflects the needs of all our road users and shifts the focus to harm reduction
Working with the Safer Surrey Roads Partnership to develop initiatives that reduce the number of killed and seriously injured on our roads. This includes Vision Zero, Rural Speeds project and the development of the Safety Camera Partnership	

To reduce anti-social road use:	
Surrey Police will...	My office will...
Improve the ease with which residents can report anti-social road use such as cycling on footpaths, using E-Scooters in prohibited places, causing distress to horse riders and some parking obstructions so that trends and hot spots can be identified	Involve communities in the solution to anti-social driving by supporting Community Speed Watch groups by purchasing more equipment and listening to their concerns

To make Surrey's roads safer for children and young people:	
Surrey Police will...	My office will...
Address the proportionately higher number of fatalities in those aged 17 to 24 by continuing to support and develop interventions such as Safe Drive Stay Alive and making young driver courses more accessible	

Work with schools and colleges to support initiatives such as Bike Safe and the new Surrey Safer Roads Plan, to ensure children and their families feel confident to walk or cycle to school and in their communities

To support victims of road collisions:

Surrey Police will...	My office will...
Work with criminal justice partners to ensure justice is seen for victims of dangerous driving	Explore the support given to victims and witnesses of road collisions and work with existing support organisations

DRAFT

About Surrey and Surrey Police

Surrey map to be added

Surrey is an area of varied geography, with a mix of busy towns and rural villages, and a population of 1.2m residents.

Surrey Police allocate their officer and staff resources at a number of different levels. Its neighbourhood teams operate at a borough and district level, working locally with communities. These connect communities into more specialist policing services, such as response policing and investigative teams, which often work at a divisional level. Surrey-wide teams such as major crime investigation, firearms, roads policing and police dogs, work across the county and in many cases, in collaborated teams with Sussex Police.

Surrey Police demand map to be added

Surrey Police has a workforce establishment of 2,105 warranted police officers and 1,978 police staff. Many of our police staff are in operational roles such as specialist investigators, Police Community Support Officers, crime analysts, forensics and contact centre staff taking 999 and 101 calls. With funding from the Government's police uplift programme, Surrey Police is currently increasing its number of police officers and is working on improving representation of the workforce to reflect the diversity of Surrey's communities.

11

Roles and Responsibilities

The Police Reform and Social Responsibility Act (2011) established the role of the Police & Crime Commissioner (PCC) to be a visible and accountable bridge between the Police and the public. The Chief Constable retains responsibility for delivering operational policing, whilst the PCC holds him to account for doing so. The PCC is held to account by the public and the Police and Crime Panel scrutinises the decision of the PCC.

The Police and Crime Commissioner:

- Sets the strategic direction for policing in Surrey through the publication of the Police and Crime Plan
- Sets the budget and precept for policing in Surrey
- Holds the Chief Constable to account for delivery of the Police and Crime Plan and for efficient and effective policing
- Appoints and, if necessary, dismisses the Chief Constable
- Commissions services to help victims cope and recover
- Works with partners to reduce crime and improve community safety in Surrey

The Chief Constable:

- Delivers an efficient and effective policing service which meets the needs of Surrey residents
- Manages the resources and expenditure of the police force
- Is operationally independent of the Police and Crime Commissioner

The Police and Crime Panel:

- Scrutinises the key decisions of the Police and Crime Commissioner
- Reviews and makes recommendations on the Police and Crime Plan
- Reviews and makes recommendations on the proposed policing precept (council tax)

- Holds confirmation hearings for the appointment of the Chief Constable and key staff supporting the PCC
- Deals with complaints against the PCC

Ensuring Surrey Police have the right resources

As Police and Crime Commissioner, I receive all funding relating to policing in Surrey, via government grants and through local council tax precept. We are facing a challenging financial environment ahead with the impact of the Covid-19 pandemic and the prospect of higher inflation and energy costs on the horizon. It is my role to set a revenue and capital budget for Surrey Police and determine the level of council tax raised to fund policing. For 2021/22, a gross revenue budget of £261.70m has been set for both my office and services and Surrey Police. Only 46% of this is funded by Central Government as Surrey has one of the lowest levels of grant funding per head in the country. The remaining 54% is funded by local residents through their Council Tax which currently stands at £285.57 for a Band D property.

Staffing costs represent over 86% of the total budget with premises, equipment and transport making up a good part of the remainder. For 21/22 my office had a total gross budget of almost £4.2m of which £3.1m is used to commission services to support Victims and Witnesses and promote Community Safety. My staff have also been particularly successful in securing additional funds during the year for initiatives such as Safer Streets and will continue to pursue these opportunities as they arise. Of the £1.1m remaining £150k is required for audit leaving £950k to fund staffing and services of my office including myself.

I am currently working with the Chief Constable to consider funding for next year and future years of this plan and will be consulting with residents later in the year. I am also robustly scrutinising Surrey Police plans for making savings and ensuring they operate efficiently. I will also campaign nationally for the Force to get its fair share of government grant and for a review of the current funding formula.

Surrey Police should have the people, estates, technology and skills it requires to police the county in the most effective and efficient way possible. Our residents are in the unenviable position of paying the highest proportion of local policing costs in the country. I therefore want to use this money wisely and efficiently and ensure we give them the very best value from their local police service. We will do this by having the right staff in place, securing fair funding for Surrey Police, planning for future demands and ensuring we operate as efficiently as possible.

Staffing

I will support the Chief Constable to make sure that we can:

- Attract the very best people into policing, with the right skills and from a diverse range of backgrounds that represent the communities we police
- Ensure our officers and staff have the skills and experience they need in order to flourish and provide and the right equipment to do their jobs effectively, efficiently and professionally.
- Make sure that our increased officer resources are used to the best effect – aligned to policing demand and to those areas of priority that are identified in this plan.

Resources for Surrey

I will aim to get fair funding for Surrey Police by:

- Ensuring Surrey's voice is heard at the highest levels in government. I will seek to work with ministers to address the inequalities in the funding formula that results in Surrey receiving amongst the lowest level of government funding per head in the country
- Continuing to pursue grants to enable investment in crime prevention and support for victims which are vital to making residents feel safer.

Planning for the future

I will work with the Chief Constable to address future policing needs by:

- Delivering new estate facilities that are fit for the future and meet the Force's needs but also are deliverable and affordable
- Ensuring that Surrey Police exploits the best of technology to enable it to improve its services, be a modern police service and to deliver efficiencies.

Police efficiency

I will work with the Chief Constable to improve efficiency within Surrey Police by:

- Delivering efficiencies through better use of technology and effective collaboration to ensure that more money can be allocated to the operational policing that residents want.
- Building on the existing arrangements already in place within Surrey Police where collaboration with other forces can deliver a clear operational or financial benefit

11

Efficiency in the Criminal Justice System

I will work with the Chief Constable to improve efficiency in the Criminal Justice System by:

- Ensuring that the evidence submitted to the courts by Surrey Police is both timely and of high quality
- Working with the criminal justice system to address the backlogs and delays that were intensified by the Covid-19 pandemic, bringing additional stress and trauma to those who are all too often at their most vulnerable
- Working with partners to influence an efficient and effective justice system that works for victims and does more to tackle the root causes of offending

Grant Giving and Commissioning

As Police & Crime Commissioner, in addition to core police funding, I receive funding to commission services which support victims of crime to help them cope and recover as well as funding to reduce reoffending.

One of the key services I fund is the Surrey Police Victim and Witness Care Unit (VWCU). I am proud of the collaboration between my office and the Force to establish this dedicated team, which provides a service to all victims of crime from the point of reporting, through the criminal justice process and beyond. The unit is also able to support victims of crime who self-refer for support. I will continue to oversee its development, ensuring that victims of all crimes receive the highest quality of care possible and that Surrey Police are compliant with the requirements of the Victims' Code.

I also set aside some of the policing budget to provide funding for projects which improve community safety in Surrey. I am reviewing this funding programme but have set out some key principles:

- I will commission a broad spectrum of specialist, good quality and easily accessible services, which prevent crime and protect people of all ages against harm.
- I will listen to people's diverse and specific needs, which underpin all the commissioning activity of my office.
- I will commission specialist support to help victims of crime cope and recover
- I will invest in preventing future crimes and addressing community safety issues, such as anti-social behaviour.
- I will do specialist work with offenders, working with them to address root causes of their behaviour.
- I will commission services to protect our children and young people, working alongside them to give them the tools to keep safe and make informed choices about their life.

These services are a vital part of a collective effort to make Surrey a safer and better place to live. I will be working with partners to join up our efforts and co-commission services where possible to make the best use of resources and provide value for money for the Surrey public.

Funding will be accessible to organisations of all sizes. I will value the way small and locally based charities and community organisations respond to people's needs in a way that really matters to them. It's vital we tackle inequalities we know the pandemic has exacerbated and research evidences these organisations' distinctiveness in who they support, how they carry out their work, and the role they play in their communities.

At the time of publishing my plan, my total commissioning budget from Government funding, successful one off grant bids and from my office budget is in excess of £4 million and I will ensure the highest level of transparency with regards to my office's commissioning expenditure, allowing residents to fully understand how their money is being spent and the difference it is making.

Full details of funding levels and how it's allocated can be found on my website: <https://funding.surrey-pcc.gov.uk/>

Measurement of progress against the Police and Crime Plan

To measure the success of this plan and the safety of people in Surrey, I will work with the Chief Constable to develop a scorecard of policing data which will include:

- Measures of crime levels and police outcomes for areas such as violence, sexual offences, fraud, burglary and car crime
- Measures of anti-social behaviour
- Levels of satisfaction and public confidence
- Support provided to victims of crime
- Road traffic collision data
- Resources and efficiency data

I will report on these measures in public meetings and on my website and I will also report on the progress against the plan to the Surrey Police and Crime Panel.

To further inform my oversight, I will look at the results of inspection reports from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). These provide a more professional assessment of the work of Surrey Police to put data and trends into context. I will also ask partners for their feedback on how the plan is progressing as well as asking the public for their views through surveys and during my meetings with residents.

Arrangements for holding the Chief Constable to account

I have developed this plan in consultation with the Chief Constable and he has signed up to its delivery. I have set up a governance and scrutiny structure which allows me to formally hold the Chief Constable to account for delivery and progress against the policing elements of this plan and the measures associated with it. I publish the agenda and minutes of my scrutiny meetings and they are webcast for the public to view every quarter.

Working with partners

Working in partnership is integral to cutting crime and making our communities safer. At the heart of this plan is the aspiration to develop relationships with communities, businesses and our partners who share a vision to make Surrey safer by looking at the bigger picture and recognising that prevention and early intervention is crucial. I have spoken to a wide range of partners in developing this plan and have aimed to ensure that it fits with the key partnership strategies already in place in Surrey.

Collaboration

Surrey Police has a strong history of collaboration with other police forces, most notably with Sussex Police. Several operational policing areas have collaborated teams, as well as much of our back office services. This allows smaller, specialist units to come together to share resources and expertise, facilitates joint training and operating models, improves the policing of criminals operating across borders and helps drive out efficiencies and savings. Collaborated operational areas include firearms, the Dogs Unit, public order, roads policing, homicide and major crime, serious and organised crime, forensic investigations, surveillance, cyber-crime and economic crime.

In order to make savings and reduce management costs, most of the support services for the two forces are also collaborated, including people services, information technology, finance, estates and fleet. Surrey Police also collaborates regionally with Hampshire, Kent, Sussex and Thames Valley on reducing serious and organised crime and on counter-terrorism and sharing specialist police technology.

Equality and Diversity

I will develop and maintain good links with all the diverse communities in Surrey, working with the Independent Advisory Group for Surrey Police, meeting a range of community groups and consulting widely on my plans. I support and will oversee the Surrey Police Equality, Diversity and Human Rights Strategy and I am committed to seeing how workforce diversity in Surrey Police can be improved.

I also aim to make sure those who go through the criminal justice system are dealt with fairly and effectively. I will work with partners to look at equality of service and help to identify those elements that could be improved.

Strategic Policing Requirement and National Priorities

Police forces in England and Wales need to tackle a wide range of threats to keep the public safe. There are some that go beyond county boundaries and require police forces to provide a joint national response.

A Strategic Policing Requirement (SPR) has been produced by the Home Office in consultation with the National Police Chiefs Council. It describes the main national threats for England and Wales and requires each Police and Crime Commissioner and Chief Constable to provide enough resources from their local areas to collectively meet the national threats of: terrorism; civil emergencies, serious and organised crime, public disorder, large-scale cyber incidents and child sexual abuse.

Commissioners and Chief Constables need to collaborate with others to ensure there is sufficient capacity to deal with national threats. I will work with the Chief Constable to make sure Surrey balances its requirement to meet national issues with protecting Surrey locally.

I will also take into account the Policing Vision 2025, set out by the National Police Chiefs' Council and the Association of Police and Crime Commissioners, and the National Policing Measures set recently by the Government.

Consultation, Reporting and Review

I have consulted widely on the priorities set out within this plan. You can view the more detailed results of these exercises on my website. I will report progress against this Police and Crime Plan publicly to the Police and Crime Panel and I will issue an Annual Report to inform the public, partners and stakeholders what has been happening in the previous 12 months.

Contributors

I wish to thank all those residents and stakeholders who met with me and my Deputy PCC or completed our consultation survey. These included:

The 2,593 residents who responded to the Police and Crime Plan Survey
Surrey MPs
Elected representatives from Surrey's County, Borough, District and Parish Councils
The Surrey Police and Crime Panel
The Chief Constable and his senior team
Surrey Police officers, staff and representatives from their unions
Schools, Colleges and Universities in Surrey
Children and young people - professionals and representatives
Mental Health support services
Victims Support Services
Prisons, Probation and other Criminal Justice partners
Road Safety representatives
Rural Crime representatives
Partners working to reduce youth violence
Community Safety Representatives
The Surrey Police Independent Advisory Group

Contact:

If you have any comments on this plan, or would like to know more about the PCC please contact:

E-mail: surreypcc@surrey.police.uk

Telephone: 01483 630200

Post: Office of the Police and Crime Commissioner
PO Box 412
Guildford
Surrey
GU3 1BR

Website: <http://www.surrey-pcc.gov.uk>

Facebook: www.facebook.com/SurreyPCC

Twitter: www.twitter.com/SurreyPCC

Instagram: www.instagram.com/surreypcc

To sign up to the In the Know community message system, visit www.intheknow.community

For police news, crime prevention advice, help for victims of crime and ways to contact Surrey Police please visit www.surrey.police.uk.

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	2021/22 Better Care Fund Planning Template and Narrative Plan Submission
Related Health and Wellbeing Priority:	Priority 1 and 2
Author(s):	<ul style="list-style-type: none">Kirsty Slack, Policy and Programme Manager (Health and Wellbeing); Kirsty.Slack@surreycc.gov.ukPhill Austen-Reed, Principal Lead - Health and Wellbeing, Surrey County Council; phillip.austenreed@surreycc.gov.uk
Sponsor(s):	Simon White, Interim Executive Director for Adult Social Care, Surrey County Council
Board date:	2 December 2021
Related papers:	<ul style="list-style-type: none">Annex 1 - BCF Planning templateAnnex 2 - BCF narrative plan

2. Executive Summary

The Better Care Fund is a local single pooled budget that facilitates integrated working between health, social care, and wider partners. The planning template submission for 2021/22 (Annex 1) sets out the areas of spend for Surrey's Better Care Fund, together with metrics along with an updated Narrative Plan (Annex 2) that provides more detail and examples of the approaches being taken in Surrey.

3. Recommendations

The Health and Wellbeing Board are asked to provide final approval for the 2021/22 Better Care Fund Submission, noting the national planning conditions have been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.

4. Reason for Recommendations

Following a very tight timescale that has been set nationally, the 2021/22 Better Care Fund submission and updated narrative for Surrey has been produced following local discussions with a wide range of stakeholders, including strategic leaders, finance colleagues, and commissioners. The areas of spend set out in the plan will support

joint working to deliver integrated, holistic services that put Surrey residents at the centre of their health and social care services.

5. Detail

1. Summary:

- 1.1.1 The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services.
- 1.1.2 The 2021/22 submission sets out the planned schemes to be funded through the BCF along with the metrics and narrative plan which provides more detail of the approach being taken and examples of practice.

2. Planning requirements

- 2.1.1 Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published during 2020/21 due to the COVID-19 pandemic. It was directed that they should prioritise continuity of provision, social care capacity and system resilience and spend from ringfenced BCF pots based on local agreement in 2020/21, pending further guidance. Given the ongoing pressures on systems, Departments and NHS England and NHS Improvement agreed that formal BCF plans would not have to be submitted to NHS England and NHS Improvement for approval in 2020/21.
- 2.1.2 NHS England did not publish the necessary guidance and planning requirements to enable 2021/22 BCF budget proposals to be confirmed until the end of September 2021. This has meant approximately 4 weeks has been available to produce the plan for submission due to the need to obtain local sign off before submission. That is why this report about the current year BCF budget plans is being brought to the Committee so far into the financial year.
- 2.1.3 The Better Care Fund brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF) which now includes the Winter Pressures grant.
- 2.1.4 The 2021/22 submission includes financial details, an updated set of metrics, confirmation that we meet the various planning requirements, and an updated local BCF narrative plan based on the framework provided by the national team.
- 2.1.5 With regards to the updated set of metrics, the ambitions set out have largely been set out utilising past performance in recognition of the fact that with the expected winter context that we shall be entering and the continued affects of the pandemic, even maintaining performance will be a significant achievement. This approach has been tested with key data and performance colleagues from ICS, ASC and one representative of an acute provider who

are broadly in agreement with this approach. The national BCF team have confirmed that these ambitions will not be used for performance management specifically.

- 2.2 The national expectation is for the delivery of the Better Care Fund through 2021/22 will continue to deliver the strategic aims agreed in prior Surrey Better Care Fund plans:
- 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 and effective and increase public confidence to remain out of hospital or residential/nursing care; and
 - 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.
- 2.3 Benefits to Surrey residents of proposed action
- 2.3.1 Delivery of the Surrey Better Care Fund in 2021/22 will support the achievement of outcomes for older adults set out in the Surrey Health and Wellbeing Strategy:
- Within Priority 1, ‘helping people in Surrey to lead healthy lives’, it supports the specific focus areas around ‘promoting prevention to decrease incidence of serious conditions and diseases’, and ‘helping people to live independently for as long as possible and to die well’.
 - Within Priority 2, ‘supporting the emotional wellbeing of people in Surrey, it supports the specific focus areas around ‘enabling...adults and elderly with mental health issues to access the right help and resources’, and ‘preventing isolation and enabling support for those who do feel isolated’.
- 2.3.2 The Surrey Community Impact Assessment, Surrey Joint Strategic Needs Assessment, and local area profiles have been used to inform the updated Surrey BCF submission.
- 2.3.3 Included with in this is reference to the Surrey Community Impact Assessment¹ which explores **health, social and economic impacts** of COVID-19 among communities across the county, **communities' priorities** for recovery, and **what support these communities might continue to need** throughout the pandemic.
- 2.3.4 It found that the health impacts have been felt the most in areas with higher numbers of over 80s and care homes. The focus of the Better

¹ <https://www.surreyi.gov.uk/covid-impacts/>

- Care Fund for 2021/22 remains on supporting adults, and older adults in particular.
- 2.3.5 We are seeing that residents who aren't used to needing support are also beginning to struggle, and so prevention and early intervention continues to form a key part of the work being undertaken in each locality. The after effects of Lockdowns has left many individuals feeling isolated and cut off from friends and family, and with a lack of knowledge about how and when to seek help. The commissioned programmes within the 21/22 submission are beginning to include a range of schemes to support residents' emotional wellbeing and to improve information and advice available for Surrey residents.

3. Consultation/ Public Engagement:

- 3.1 The Better Care Fund submission is Surrey-wide, however, local delivery is tailored in each area through the commissioning of different schemes to suit the local population. In developing the local plans that this BCF submission is built upon, local providers have been engaged with through each of the Local Joint Commissioning Groups (LJCGs). It has also received approval from Surrey Health and Social Care Commissioning collaborative and senior officers from both the local Integrated Care Systems and Surrey County Council¹.
- 3.2 The important role district and borough councils play in the provision of local preventative services, engagement within local communities and as the local housing authority, is fully recognised in Surrey. The Disabled Facilities Grant (DFG) for 2021/22 will be pooled and cascaded to the eleven district and borough councils in line with the national guidance, with discussions in each locality to agree the use of the funds.

4. Risk Management and Implications:

- 4.1.1 The Section 75 Agreements that will form part of the next steps are an essential part of the governance arrangements for the BCF and will set out the range of mechanisms that will be in place to manage the BCF pooled fund and the associated risks.

5. Financial Implications

- 5.1.1 The BCF submission in the Annexe sets out the plan for how £109.0m of funding across Surrey's health and social care system will be spent. This includes the £80.6m minimum contributions from CCGs to the BCF, £11.1m of iBCF grant funding paid directly to SCC and £10.2m of Disabled Facilities Grant monies paid to D&B Councils.
- 5.1.2 The minimum amount Surrey's CCGs are required to add into the BCF as stipulated by NHSE is increasing in 2021/22 by £4.0m (5.2%). Of this increase, £2.4m will be allocated to Adult Social Care based on the minimum ASC spending requirement published by NHSE. The Annexe confirms how

this increased funding will be spent in line with agreements reached between SCC and CCG partners.

6. Equalities and Diversity

- 6.1.1 The specific schemes listed within the submission are commissioned, managed and scrutinised at Local Joint Commissioning Group level, where the equality and diversity impacts are considered through specific Equality Impact Assessments.

6. Next Steps

1. Section 75 partnership agreements will be updated and agreed between Surrey County Council and CCGs for 2021/22.
2. The 2022/23 Better Care Fund planning process will begin formally as soon as national guidance is released. However as this is likely to be within a very short timescale and too late to enable significant proactive planning for 2022/23, it is intended to begin informal discussions as soon as capacity allows.
3. With the refresh of the health and wellbeing strategy and more explicit focus on health inequalities, a more proactive and local approach will be developed to ensure BCF programmes fully support this within the three local strategy priorities.

Annexes:

Annex 1: Surrey Better Care Fund 2021/22 planning template submission

Annex 2: Surrey Better Care Fund 2021/22 Narrative plan

¹ Consulted:

- Surrey Local Joint Commissioning Groups
- ICS data and relevant topic leads eg. discharge
- Acute (Frimley Representative)
- Transformation leads
- Surrey Commissioning Collaborative
- Adult Social Care Business intelligence Team
- Public health Intelligence Team
- Adult Social Care Leadership Team

This page is intentionally left blank

Better Care Fund 2021-22 Template

1. Guidance

Overview

12

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:

https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.

- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.
- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Please Note:

- You are rem

- to be shared more widely than is necessary to complete the return.*

 - Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".*
 - Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.*
 - This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

Health and Wellbeing Board:	Surrey
Completed by:	Kirsty Slack, Policy and Programme Manager, Surrey County Council
E-mail:	Kirsty.Slack@surreycc.gov.uk
Contact number:	07790 836779
Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):	
Job Title:	Chair of Surrey Health and Wellbeing Board, Leader of Surrey County Council
Name:	Tim Oliver
Has this plan been signed off by the HWB at the time of submission?	No
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Thu 02/12/2021
	<< Please enter using the format, DD/MM/YYYY Please note that plans cannot be formed before the 1st January of the following year.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Tim	Oliver	tim.oliver@surreycc.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Claire	Fuller	clairefuller1@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Fiona	Edwards	fiona.edwards18@nhs.net
	Local Authority Chief Executive		Joanna	Killen	joanna.killian@surreycc.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Simon	White	simon.white1@surreycc.gov.uk
	Better Care Fund Lead Official		Kirsty	Slack	Kirsty.Slack@surreycc.gov.uk
	LA Section 151 Officer		Leigh	Whitehouse	Leigh.Whitehouse@surreycc.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Senior Public Health Lead		Phillip	Austen- Reed	phillip.austenreed@surreycc.gov.uk
	Senior Finance Business Partner		Andy	Wickes	andy.wickes@surreycc.gov.uk

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed	
	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

[Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Surrey

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£10,155,847	£10,155,847	£0
Minimum CCG Contribution	£80,627,513	£80,627,513	£0
iBCF	£11,073,082	£11,073,082	£0
Additional LA Contribution	£2,026,266	£2,026,266	£0
Additional CCG Contribution	£5,153,614	£5,153,614	£0
Total	£109,036,322	£109,036,322	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£22,914,695
Planned spend	£33,629,748

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£47,499,054
Planned spend	£48,073,581

Scheme Types

Assistive Technologies and Equipment	£6,183,359	(5.7%)
Care Act Implementation Related Duties	£2,610,001	(2.4%)
Carers Services	£9,008,636	(8.3%)
Community Based Schemes	£33,607,565	(30.8%)
DFG Related Schemes	£10,155,847	(9.3%)
Enablers for Integration	£608,274	(0.6%)
High Impact Change Model for Managing Transfer of Care	£9,366,728	(8.6%)
Home Care or Domiciliary Care	£10,619,075	(9.7%)
Housing Related Schemes	£298,708	(0.3%)
Integrated Care Planning and Navigation	£1,593,250	(1.5%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£6,935,154	(6.4%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£434,132	(0.4%)
Prevention / Early Intervention	£4,321,511	(4.0%)
Residential Placements	£11,073,082	(10.2%)
Other	£2,221,000	(2.0%)
Total	£109,036,322	

[Metrics >>](#)

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	708.0	673.0

Length of Stay

	21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the Hwb, who have been an inpatient in an acute hospital for: i) 14 days or more	LOS 14+	10.5%
ii) 21 days or more		10.4%
As a percentage of all inpatients	LOS 21+	5.6%
<small>(SUS data - available on the Better Care Exchange)</small>		

Discharge to normal place of residence

	21-22 Plan
Percentage of people, resident in the Hwb, who are discharged from acute hospital to their normal place of residence	0.0%

(SUS data - available on the Better Care Exchange)

Residential Admissions

	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	468

Reablement

	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board:

Surrey

12

Local Authority Contribution	
	Gross Contribution
Disabled Facilities Grant (DFG)	
Surrey	£10,155,847
DFG breakdown for two-tier areas only (where applicable)	
Elmbridge	£976,997
Epsom and Ewell	£785,282
Guildford	£805,901
Mole Valley	£886,819
Reigate and Banstead	£1,286,692
Runnymede	£874,205
Spelthorne	£943,241
Surrey Heath	£884,021
Tandridge	£522,380
Waverley	£852,606
Woking	£1,337,703
Total Minimum LA Contribution (exc iBCF)	£10,155,847

iBCF Contribution	Contribution
Surrey	£11,073,082
Total iBCF Contribution	£11,073,082

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes
--	-----

Checklist

Complete:

Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Surrey	£1,553,614	Carry forward from 20/21
Surrey	£472,652	Additional LA contribution
Total Additional Local Authority Contribution		£2,026,266

Yes

CCG Minimum Contribution	Contribution
NHS East Berkshire CCG	£820,959
NHS East Surrey CCG	£12,478,307
NHS Guildford and Waverley CCG	£13,928,320
NHS North East Hampshire and Farnham CCG	£3,047,653
NHS North West Surrey CCG	£23,908,398
NHS Surrey Downs CCG	£19,998,738
NHS Surrey Heath CCG	£6,445,138
Total Minimum CCG Contribution	£80,627,513

Yes

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes
Additional CCG Contribution	
NHS East Surrey CCG	£3,545,589
NHS Guildford and Waverley CCG	£223,792
NHS North East Hampshire and Farnham CCG	£163,121
NHS Surrey Downs CCG	£446,624
NHS Surrey Heath CCG	£484,002
NHS East Berkshire CCG	£160,121
NHS North West Surrey CCG	£130,364
Total Additional CCG Contribution	£5,153,614
Total CCG Contribution	£85,781,127

Yes

	2021-22
Total BCF Pooled Budget	£109,036,322

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

12

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: **Surrey**

Running Balances		Income	Expenditure	Balance
DFG		£10,155,847	£10,155,847	£0
Minimum CCG Contribution		£80,627,513	£80,627,513	£0
iBCF		£11,073,082	£11,073,082	£0
Additional LA Contribution		£2,026,266	£2,026,266	£0
Additional CCG Contribution		£5,153,614	£5,153,614	£0
Total		£109,036,322	£109,036,322	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£22,914,695	£33,629,748	£0
Adult Social Care services spend from the minimum CCG allocations	£47,499,054	£48,073,581	£0

Checklist

Column complete:

Yes													
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Expenditure								
						Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	ES 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£373,696	Existing
2	ES 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,552	Existing
3	ES 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£17,752	Existing
4	ES 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£380,000	Existing
5	ES 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,066,575	Existing
6	ES 4 - Prescription Schemes	Social Prescription	Prevention / Early Intervention	Social Prescribing		Social Care		CCG			Local Authority	Minimum CCG Contribution	£518,005	Existing
7	ES 5 - Community Grants	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£143,650	Existing
8	ES 6 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£120,341	Existing
9	ES 7 - FCHC Discharge to Assess	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£205,718	Existing
10	ES 8 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£538,773	Existing
11	ES 9 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£88,000	Existing
12	ES 10 - Stroke Support	Contribution to Stroke Support contract	Integrated Care	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£17,000	Existing
13	ES 11 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£120,000	Existing
14	ES 12 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£36,881	Existing
15	ES 13a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£226,513	Existing

16	ES 13b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£72,836	Existing
17	ES 14 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£41,046	Existing
18	ES 15 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£495,139	Existing
19	ES - 16 Autism Friendly Communities	Providing support to communities in Surrey to be inclusive of	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,500	New
20	ES 17 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£6,909	Existing
21	ES 18 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£1,268,237	Existing
22	ES 19 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£1,679,134	Existing
23	ES 20 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£3,545,589	Existing
24	ES 21 SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£245,589	Existing
25	GW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£427,399	Existing
26	GW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£5,207	Existing
27	GW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£20,394	Existing
28	GW 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£435,000	Existing
29	GW 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,878,840	Existing
30	GW 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£141,927	Existing
31	GW 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£168,501	Existing
32	GW 6 - Psychiatric Liaison Services	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£174,983	Existing
33	GW 7 - Mental Health wards	Mental Health Support	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Mental Health		LA			Local Authority	Minimum CCG Contribution	£162,740	Existing
34	GW 8 - Funding for NEA in acute	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£200,000	Existing
35	GW 9 - Blue Box	Discharge to Care Homes	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			CCG	Minimum CCG Contribution	£6,054	Existing
36	GW 10 - Falls Co-ordinator	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£54,590	Existing
37	GW 11 - Care Home Matrons	Discharge to Care Homes	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			Private Sector	Minimum CCG Contribution	£77,187	Existing
38	GW 12 - Hoppa Bus	Relieving pressure in A&E/reduce admissions	High Impact Change Model for Managing	Monitoring and responding to system demand		Social Care		CCG			Local Authority	Minimum CCG Contribution	£160,363	Existing
39	GW 13 - Let's get steady, Fall prevention	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£26,000	Existing
40	GW 14 - Very High Intensity Users Programme	Focused support for High Intensity Users	Integrated Care Planning and Navigation	Support for implementation of anticipatory		Community Health		CCG			CCG	Minimum CCG Contribution	£56,067	Existing
41	GW 15 - Reconnections matched funding	Match funding for Reconnections contract	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£50,000	Existing
42	GW 16 - Carers Partnership Manager shortfall	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Community Health		CCG			CCG	Minimum CCG Contribution	£18,128	Existing
43	GW 17 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£524,195	Existing
44	GW 18 - Falls Prevention Packs	Falls Prevention	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Local Authority	Minimum CCG Contribution	£10,136	New
45	GW 19 - GP in A&E	GP based in A&E	Community Based Schemes	Low level support for simple hospital		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£86,065	New
46	GW 20 - Social Prescribing Administrator	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£33,000	New
47	GW 21 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£49,000	Existing
48	GW 22 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£20,000	Existing
49	GW 23 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£107,000	Existing
50	GW 24 - Information and Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£43,180	Existing
51	GW 25a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£258,264	Existing
52	GW 25b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£83,044	Existing
53	GW 26 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£44,186	Existing
54	GW 27 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£586,216	Existing
55	GW 28 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£60,000	Existing
56	GW 29 - Safe & Settled	Discharge from Hospital - low level support required	Community Based Schemes	Low level support for simple hospital		Social Care		LA			Local Authority	Minimum CCG Contribution	£65,443	New
57	GW 30 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£7,895	Existing
58	GW 31 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£1,253,448	Existing
59	GW 32 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£1,922,931	Existing
60	GW 33 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£223,792	Existing
61	GW 34 - SCC Carry Forward 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£223,792	Existing
62	NW 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£734,033	Existing
63	NW 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£8,943	Existing
64	NW 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£35,025	Existing
65	NW 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£747,000	Existing

66	NW 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£7,120,650	Existing
67	NW 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£237,148	Existing
68	NW 5 - Mental Health Virtual Wards	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£414,132	Existing
69	NW 6 - Acute Contributions	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,687,000	Existing
70	NW 7 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£605,119	Existing
71	NW 8 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	Minimum CCG Contribution	£96,998	Existing
72	NW 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£33,000	Existing
73	NW 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£210,000	Existing
74	NW 11 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£71,104	Existing
75	NW 12a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£441,414	Existing
76	NW 12b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£141,938	Existing
77	NW 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£90,056	Existing
78	NW 14 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£810,538	Existing
79	NW 15 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£12,824	Existing
80	NW 16 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£3,622,770	Existing
81	NW 17 - Improve BCF 20/21	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£3,300,370	Existing
82	NW 18 - SCC Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£130,364	Existing
83	NW 19 - CCG Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£130,364	Existing
84	SD 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£610,436	Existing
85	SD 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£7,437	Existing
86	SD 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£29,127	Existing
87	SD 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£621,000	Existing
88	SD 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£5,805,580	Existing
89	SD 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£173,715	Existing
90	SD 5 - End of Life Care Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£318,160	Existing
91	SD 6 - Integrated Teams	Integrated Community Health Team	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£502,685	Existing
92	SD 7 - Care Home support post	Support to Care Homes	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			CCG	Minimum CCG Contribution	£37,000	Existing
93	SD 8 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£429,817	Existing
94	SD 9 - Local CCG Schemes mapped to BCF projects	Various small contracts	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£83,899	Existing
95	SD 10 - Funding for NEA in acute	Contributions to Acute contracts	Other		Acute contracts	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£334,000	Existing
96	SD 11 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£582,471	Existing
97	SD 12 - Hospital to Home Support Service	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£70,000	Existing
98	SD 13 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£31,000	Existing
99	SD 14 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£225,000	Existing
100	SD 15 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£63,357	Existing
101	SD 16a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£352,044	Existing
102	SD 16b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£113,200	Existing
103	SD 17 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£66,178	Existing
104	SD 18 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£840,202	Existing
105	SD 19 - Social Prescribing	Social Prescription	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£103,000	Existing
106	SD 20 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£10,854	Existing
107	SD 21 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£2,763,648	Existing
108	SD 22 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£2,744,174	Existing
109	SD 23 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£446,624	Existing
110	SD 24 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£446,624	Existing
111	NEHF 1a - Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£92,462	Existing
112	NEHF 1b - Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,126	Existing
113	NEHF 1c - Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,412	Existing
114	NEHF 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£94,000	Existing
115	NEHF 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health	Page 294	CCG			NHS Community Provider	Minimum CCG Contribution	£1,061,934	Existing

116	NEHF 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£31,396	Existing
117	NEHF 5 - End of Life Care - Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£37,500	Existing
118	NEHF 6 - Integrated Team Management	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			Local Authority	Minimum CCG Contribution	£60,000	Existing
119	NEHF 7 - Discharge to Assess	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			CCG	Minimum CCG Contribution	£40,000	Existing
120	NEHF 7a - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£121,837	Existing
121	NEHF 8 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,070	Existing
122	NEHF 9 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,000	Existing
123	NEHF 10 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£24,000	Existing
124	NEHF 11 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£9,566	Existing
125	NEHF 12a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£52,623	Existing
126	NEHF 12b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£16,921	Existing
127	NEHF 13 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£11,039	Existing
128	NEHF 14 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£188,141	Existing
129	NEHF 15 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£1,966	Existing
130	NEHF 16 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£282,969	Existing
131	NEHF 17 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£415,979	Existing
132	NEHF 18 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£163,121	Existing
133	NEHF 20 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£163,121	Existing
134	EB 1a - New Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£24,531	Existing
135	EB 1b - New Responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£299	Existing
136	EB 1c - New Responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,170	Existing
137	EB 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£25,000	Existing
138	EB 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£235,143	Existing
139	EB 4 - Podiatry - Frimley NHS	Podiatry Service	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£22,495	Existing
140	EB 5 - D2A Risk Contingency Pool	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Community Health		CCG			CCG	Minimum CCG Contribution	£10,600	Existing
141	EB 6 - End Of Life TVHC	-End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£25,000	Existing
142	EB 7 - Commissioning Reserve	Support to Commissioning	Enablers for Integration	Joint commissioning infrastructure		Community Health		CCG			CCG	Minimum CCG Contribution	£48,905	Existing
143	EB 8 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£1,000	Existing
144	EB 9 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£8,000	Existing
145	EB 10 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,090	Existing
146	EB 11a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£17,198	Existing
147	EB 11b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£5,530	Existing
148	EB 12 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£4,355	Existing
149	EB 13 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£45,450	Existing
150	EB 14 - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£31,634	Existing
151	EB 15 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£82,287	Existing
152	EB 16 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	iBCF	£110,437	Existing
153	EB 17 - CCG Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£160,121	Existing
154	EB 18 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£160,121	Existing
155	SH 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£200,019	Existing
156	SH 1b - New responsibilities under the Care	Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,437	Existing
157	SH 1c - New responsibilities under the Care	Safeguarding	Care Act Implementation Related Duties	Other	Safeguarding Board	Social Care		LA			Local Authority	Minimum CCG Contribution	£9,544	Existing
158	SH 2 - Carers Funding	Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£204,000	Existing
159	SH 3 - Health Commissioned Services	Community Health Contracts	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,512,132	Existing
160	SH 4 - Supported Employment	Mental Health Employment Support	Prevention / Early Intervention	Other	Employment Sup	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£83,615	Existing
161	SH 5 - End of Life Care Contract	End of Life Contract	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£77,626	Existing
162	SH 6 - End of Life Care Clinical Lead	Staffing costs	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£11,093	Existing
163	SH 7 - Mental Health - Psychiatric Liaison	Mental Health Support	Prevention / Early Intervention	Other	Psychiatric Liaison	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£198,000	Existing
164	SH 8 - Integrated Care Team	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£383,861	Existing
165	SH 9a - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			CCG	Minimum CCG Contribution	£137,829	Existing

166	SH 9b - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		CCG			CCG	Minimum CCG Contribution	£59,069	Existing
167	SH 9c - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		CCG			CCG	Minimum CCG Contribution	£5,099	Existing
168	SH 9d - Out of Hospital	D2A	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			CCG	Minimum CCG Contribution	£5,099	Existing
169	SH 10a - Social Prescribing Post	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£32,000	Existing
170	SH 10b - Social Prescribing Post	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£32,000	Existing
171	SH 11a - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£10,000	Existing
172	SH 11b - Time to Talk	Mental Health Support	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			CCG	Minimum CCG Contribution	£10,000	Existing
173	SH 12a - Neighbourhood resilience Social	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£5,000	Existing
174	SH 12b - Neighbourhood resilience Social	Social Prescription	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			CCG	Minimum CCG Contribution	£5,000	Existing
175	SH 13a - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£26,490	Existing
176	SH 13b - Locality Director	Staffing costs	Enablers for Integration	Integrated models of provision		Social Care		CCG			CCG	Minimum CCG Contribution	£26,490	Existing
177	SH 14a - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes			Social Care		CCG			CCG	Minimum CCG Contribution	£6,250	Existing
178	SH 14b - MH Case Worker (Homelessness)	Homelessness	Housing Related Schemes			Social Care		CCG			CCG	Minimum CCG Contribution	£6,250	Existing
179	SH 14c - Community Schemes	Grants to Community Organisations	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			CCG	Minimum CCG Contribution	£209,756	Existing
180	SH 15 - Carer's E Learning	Carers Services	Carers Services	Other	E Learning	Social Care		CCG			CCG	Minimum CCG Contribution	£20,000	Existing
181	SH 16 - Home from Hospital	Home First	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£10,920	Existing
182	SH 17 - Stroke Support	Contribution to Stroke Support contract	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£9,000	Existing
183	SH 18 - TECS	Technology Enabled Care Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£55,000	Existing
184	SH 19 - Information & Advice	Information and advice for the public to navigate the care sector	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£20,124	Existing
185	SH 20a - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£121,856	Existing
186	SH 20b - Mental Health Community	Mental Health Support	Prevention / Early Intervention	Other	Mental Health community support	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£39,183	Existing
187	SH 21 - Handy Persons	Handy Persons - not DFG funded	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£29,348	Existing
188	SH 22 - Community Equipment	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£314,673	Existing
189	SH 23 - BCF Administration	Staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Staffing Costs	LA			Local Authority	Minimum CCG Contribution	£3,951	Existing
190	SH 24 - Disabled Facilities Grant	Funding passported to Borough and District Councils	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£882,488	Existing
191	SH 25 - Improve BCF 21/22	Support to D2A process through Care Home packages	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Local Authority	IBCF	£900,057	Existing
192	SH 26 - CCG Carry forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Community Health		CCG			CCG	Additional CCG Contribution	£484,002	Existing
193	SH 27 - SCC Carry Forward from 20/21	This is the carryforward from the previous year, bids are made against	Community Based Schemes	Other	Carry forward	Social Care		LA			Local Authority	Additional LA Contribution	£184,002	Existing
194	CW 1 - Integrated Multi Disciplinary	Hospital, Reablement and Occupational Therapy Staffing	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,868,853	Existing
195	CW 2 - Integrated Multi Disciplinary	Integrated Mental Health Teams	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Mental Health		LA			Local Authority	Minimum CCG Contribution	£250,243	Existing
196	CW 3 - Protection of Carers Service	Contribution to Carers Contracts	Carers Services	Respite services		Social Care		LA			Local Authority	Minimum CCG Contribution	£6,482,636	Existing
197	CW 4 - Protection of Community Equipment	Contribution to ASC Community Equipment Costs	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,100,000	Existing
198	CW 5 - Protection of Reablement Staffing	Contribution to ASC reablement costs	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum CCG Contribution	£5,835,154	Existing
199	CW 6 - Protection of Hospital ASC Teams	Contribution to ASC Hospital Staffing	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,555,202	Existing
200	CW 7 - Protection of OP HBC	Contribution to Home Care or Homecare Service Provision	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum CCG Contribution	£10,619,075	Existing
201	CW 8 - Protection of Collaborative Reablement	Reablement partnerships	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,100,000	Existing
202	CW 9 - D2A Staffing	Contribution to ASC D2A Staffing costs	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,000,000	New
203	CW 10 - All Age Autism Strategy	Providing support to people with Autism in Surrey	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£500,000	New
204	GW 35 - Community Discharge Nurse	Planning discharge to community settings	Community Based Schemes	Low level support for simple hospital		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£22,919	New
205	SD 25 - Community Connect	Technology Enabled Care Services	Assistive Technologies and Equipment	Digital participation services		Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£54,000	New
206	SD 26 - Care Home Improvement	Care Home Improvement Coordinator to work	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£37,000	New

2021-22 Revised Scheme types

12

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoulsd be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

6. Metrics

Selected Health and Wellbeing Board:

Surrey

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	708	673	The 21-22 plan represents a 5% reduction of Avoidable admissions from the forecast figure for 20/21 based on BCF supplied figure 2014-2019. Due to the predicted rise in Flu, COVID and other anticipated conditions, we believe that a 5% reduction in the projected 20/21 figure in avoidable admissions should	Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

[>> link to NHS Digital webpage](#)

Checklist

Complete:

Yes

8.2 Length of Stay

	21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.5%	10.4% The figures are forecasts based on BCF supplied figures Apr 19 to Aug 21 and largely represent maintenance of performance given expected pressures on the system in 2020/21 following discussion with ICS and some colleagues from acute settings.	Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.
	Proportion of inpatients resident for 21 days or more	5.6%	5.5% Local ICSs have Urgent and Emergency Care Board to oversee the delivery of the urgent care strategy and maintain oversight of our system response to surge.	

Yes

Yes

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.2%	The figure is a forecast based on BCF supplied figures Apr 19 to Aug 21. Whilst representing a slight decline on latest figures it aligns with expected pressures during 21/22 and still represents a challenging ambition given the fluctuating data of the past 24 months.	Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

Yes

8.4 Residential Admissions

	19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	514	515	468	462 19-20 figures were provided by the BCF with this template. 20-21 figures were supplied via local intelligence team and suggested approach is to maintain 20/21 performance figure which given expected pressures continues to represent a challenging ambition given the reduction seen in	Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
	Numerator	1,175	1,173	1,076	1,076	
	Denominator	228,704	227,896	229,900	232,820	

Yes

Yes

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

	19-20 Plan	19-20 Actual	21-22 Plan	Comments	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.6%	72.5%	69.7% 19-20 figures were provided by the BCF with this template. 20/21 figures were supplied via local intelligence team and suggested approach is to maintain 20/21 performance figure which given expected pressures continues to represent a challenging ambition	Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
	Numerator	533	444	405	
	Denominator	696	612	581	

Yes

Yes

Yes

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Selected Health and Wellbeing Board:

Surrey

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Checklist
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Following input from Health and social care colleagues the Plan has been reviewed and agreed by placed based Local Joint Commissioning Groups, the Surrey-wide Health and social care commissioning collaborative and has been			Yes
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include <ul style="list-style-type: none"> - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these 	Narrative plan assurance	Yes	Narrative plan p 6-9			Yes
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Narrative plan Confirmation sheet	Yes	Narrative plan p 13			Yes
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> • Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: <ul style="list-style-type: none"> - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts? 	Narrative plan assurance Expenditure tab Narrative plan	Yes	Narrative plan p 3, 13			Yes
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> • Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Narrative plan p 7,8,13 Narrative plan 6,7,8,11,12			Yes
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> • Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more? 	Metrics tab	Yes	Yes, engagement with local partners suggest broad alignment however timescale provided for provision of plan has not allowed full engagement with all partners and trusts			Yes

This page is intentionally left blank

Surrey Countywide Better Care Fund Plan 2021/22

1. Executive Summary

Surrey's three strategic priorities for the Better Care Fund continue to be:

- 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 and 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

Alongside ongoing investment in existing BCF Schemes, examples of newly BCF Surrey-wide and local place-based funded activity for 2021 – 2022 includes:

- Across Surrey £1,000,000 for Discharge to Assess staffing
- £500,000 to support the Surrey All Age Autism Strategy
- Local area-based investment in:
 - Autism Friendly Communities - providing support to communities in Surrey to be inclusive of people with Autism
 - Falls Prevention Packs supporting people to stay well at home
 - GP based in A&E to help reduce avoidable admissions
 - Safe and Settled service – supporting discharge from Hospital where low-level support is required
 - Community Discharge Nurse – planning discharge to community settings
 - In East Surrey, the Growing Health Together programme will aim to engage local communities with over 15 social and health projects and additional GP support jointly funded by each PCN. Each PCN will be working on different initiatives that reflect the needs and priorities of their individual communities
 - Community capacity to support referrals from social prescribers and health and wellbeing coaches in Surrey Heath
 - New roles supporting hospital discharge and flow in Surrey Heath
 - Commitment to support homelessness case worker in Surrey Heath

In Surrey, as nationally, Covid-19 has further exposed some of the health and wider inequalities that persist in our populations. Surrey's Health and Wellbeing Strategy has been refreshed to include a strengthened focus on health inequalities. This is reflected in work developing across system partners to better target and reduce health inequalities. Surrey's Better Care Fund Plan for 2021 - 2022 contains a number of schemes that focus on addressing health inequalities and, through regular review, we will continue to develop its support for the ambitions and priorities of the Health and Wellbeing Board.

2. Introduction and Involvement of Stakeholders

Surrey Health and Wellbeing Board covers the geography of a complex health and care system. Surrey has one county council, two CCGs, eleven district and borough councils, five acute hospital trusts, one mental health trust, multiple community care providers and well over 120 GP surgeries. In addition, there are a wide range of other providers, including voluntary and community organisations that deliver essential health and care services to Surrey residents.

The two ICS footprints covered within Surrey's Health and Wellbeing Board are:

- Frimley Health and Care - covering the geographic areas of Ash, Farnham and Surrey Heath (excluding Chobham and West End which are covered by Surrey Heartlands)
- Surrey Heartlands - covering the geographic areas of East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs

The Better Care Fund in Surrey has local commissioning arrangements that operate through Local Joint Commissioning Groups (LJCG). As with previous plans, the Surrey 2021 – 2022 BCF plan continues to have input from the LJCGs, Surrey Heartlands CCG, Frimley CCG and Surrey County Council partners. It takes into consideration relevant ambitions and strategies across Surrey, including Urgent Care and Emergency Care Plans.

BCF projects are aligned to the Surrey-wide BCF priorities and local plans, including the county's Health and Wellbeing Strategy, local District & Borough Council strategies, ASC commissioning intentions, and NHS Long-term Plan priorities.

All LJCGs include core membership from the CCG and Surrey County Council. LJCGs each develop their approach to engagement on plans and activity with partners at a place-based level and these include relevant local VCS and District and Borough Councils. Many also have representation from relevant local A&E delivery boards or are developing links via relevant governance routes.

Examples of this local place-based approach include:

- **Guildford and Waverly LJCG** meets monthly. Wider partners, including the two Borough Councils, attend on a quarterly basis. Commissioning actively involves VCS organisations and supports with applications for BCF. Outcomes of BCF-funded schemes are shared through forums such as the Local A&E Delivery Board (LAEDB) and the Alliance Finance and Assurance Committees to ensure partners are aware of the plan.
- **Surrey Downs and East Surrey LJCG** have regular meetings with Districts and Boroughs. This discussion shapes commissioning decisions and has led to the adoption of an outcomes framework that brings together the strategic commitments published in strategy documents. Key members of the LJCG regularly engage with local stakeholders both through officially contracted services and via local forums including area network meetings. At a wider place-based level, East Surrey is working closely with an external organisation to facilitate the development of a strong, effective, place-based partnership. This includes engagement with local residents, VCS, and other statutory and local service providers.
- The **Surrey Heath LJCG** meets bi-monthly with core members from SCC, Surrey Heath Borough, Public Health and Surrey Heath CCG staff. Through this forum, engagement with wider stakeholder groups is organised using other partnership meetings or through invitation for specific items to the LJCG. The priorities for the

local BCF activities are informed by discussions in these wider partnership meeting. Within Surrey Heath there has been a recent focus on strengthening the involvement of the Borough Council as a core member of the LJCG. Benefits are already being seen in terms of better understanding of the opportunities around the Disabled Facilities Grant and greater integration around particular local population cohorts, for example those who are homeless. Senior Borough representatives are attending all bi-monthly meetings and significantly adding to the quality and effectiveness of joint planning, delivery and decision-making.

North West Surrey meet monthly with all key partners as an Alliance Board. This is a formal place-based partnership that includes four District and Boroughs, Voluntary Sector, NHS providers and commissioners. In addition, the focus on outcomes required from the BCF are managed through the **Local Joint Commissioning group** where opportunities to be innovative (maximising the use of the voluntary sector and developing relationships with Housing, and housing improvement agencies for the use of DFG) are explored and actioned. Avoiding unnecessary hospital admissions and supporting discharge by the use of District and Borough Discharge Officers is making a difference especially for patients on pathway 0.

As mentioned, our place-based arrangements are supported by individual A&E Delivery Boards that are coordinated through the Integrated Care partnership (ICP) Urgent Care Board. As part of our Urgent Care 10 Point Plan, we have focused the governance arrangements to support patients across the system, including through daily 'Gold Calls' to ensure support for specific areas (where required) through mutual aid. This allows for additional attention and aid to be given to areas who may require support in areas such as critical care and length of stay. The BCF and its commissioned services have been integral to this work.

Finally, the 2021/22 Better Care Fund plan is shared with Surrey's Health and Wellbeing Board for approval and discussion of future pro-active planning opportunities. The Board's membership includes representatives from Surrey County Council, place-based partnerships, ICSs, CCGs, District and Boroughs, HealthWatch Surrey, the VCS, the University of Surrey and the Police and Probation services.

3. Governance

The Better Care Fund in Surrey has local commissioning arrangements. Seven Local Joint Commissioning Groups (LJCGs) provide a joint commissioning framework for the delivery and implementation of the BCF Plan enabling locally relevant place-based decisions.

Each LJCG meets and oversees the delivery of Surrey-wide initiatives such as the Handyperson Scheme, Community Equipment and Carers services to ensure that they are tailored appropriately for their Place. The LJCG also oversees the delivery of local initiatives. The remit of LJCGs includes oversight of the performance of schemes.

The Surrey-wide Strategic Health and Care Commissioning Collaborative maintains oversight of the quarterly reporting submissions and Better Care Fund plans to NHS England and can request deep dives into BCF performance as required, particularly with regard to countywide commissioned schemes.

Additional audits are undertaken through SCC's Internal Audit Team with recommendations complementing the above. Previous audits have looked at governance, performance reporting and monitoring arrangements.

The Surrey Commissioning Committee-in-Common (which includes necessary delegated authority) oversees the development of the Surrey-wide integrated commissioning governance between Surrey County Council and the Clinical Commissioning Group Governing Bodies meaning this also has the local Better Care Fund within its scope.

As set out within planning requirements, Surrey's Health and Wellbeing Board signs off the final plan as it aligns to, and is an important contributor for, achieving the priorities within the Health and Wellbeing Strategy. This is a ten-year strategy first published in 2019 and was the result of extensive collaboration between the NHS, Surrey County Council, District and Borough Councils and wider partners, including the Voluntary and Community Sector and the Police. This engagement has been used for and continues to be considered in the shaping of local BCF programmes.

In 2021/22, to reflect the impact of the pandemic, the Health and Wellbeing Strategy and priorities have been refreshed to strengthen the focus on health inequalities during COVID recovery and also provide a greater focus on the wider determinants of health. This has also included an enhanced understanding and definition of priority populations of identity, alongside those based on geographies with the highest levels of deprivation.

The Health and Wellbeing Strategy now sets out how different partners across Surrey work together with local communities to transform services to achieve these aims, focused around three key priorities:

- Priority one: Supporting people in Surrey to lead healthy lives
- Priority two: Supporting the mental health and emotional wellbeing of people in Surrey
- Priority three: Supporting people in Surrey to fulfil their potential by addressing the wider determinants of health

To support this renewed focus, a strong link is also forming locally with the growing 'Empowered and Thriving Communities' agenda. This is due to the aspiration agreed in the refreshed strategy for the Health and Wellbeing Board to enable more community-led interventions to reduce health inequalities. Whilst only recently agreed, BCF governance and forums will be essential in taking forward this renewed focus and the work to narrow the gap

in health outcomes within the county. The health inequalities agenda within the Health and Wellbeing Strategy is covered more comprehensively later in this narrative plan.

4. Overall Approach to Integration

Surrey's three strategic priorities for the Better Care Fund continue to be:

- 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 and 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

Integrated working is a key theme across Surrey and is integral to our ongoing response to mitigating demand and supporting earlier intervention and prevention. This wider approach incorporates addressing pressures, including those particularly seen during winter months. Integrating care is also an important way in which we are wrapping care around the person to ensure the support and services that meet their needs are joined-up.

Across the county, there has been a focus on the development of integrated services. This started with services for older people but we are now enhancing the integration in services for working age adults too. Work is continuing to build on and extend the remit of existing Integrated Care Teams that include community health, social care, voluntary organisations and primary care. These teams are based on the principles of: people receiving person-centred care based on their needs; users only telling their story once and care coordinated around the person. Social care, community health and the wider team continue to work together to deliver services to keep people out of hospital and to return them home as quickly as possibly following an acute admission.

Alongside this system-wide work, place-based approaches ensure service delivery is tailored to local populations. Locally, through developing Place-Based Partnerships and LJCGs, stronger partnerships continue to develop between health, social care and VCFS groups.

In our 2020/2021 BCF end of year return, we reported how established relationships through the Local Joint Commissioning Groups aided effective joint-working and decision-making from the beginning of the COVID – 19 pandemic and this has continued in 2021/22. The Groups gave transparency and governance to decisions that needed to be made quickly and aided some of the very challenging issues to be addressed and resolved.

Strengths-based, person-centred care remains at the heart of service delivery in Surrey and is an essential way in which we are supporting residents to lead more independent lives and not rely on long-term support services. The aim is to support people in their own homes, providing reablement/rehabilitation and short-term services that maximise independence.

Whether on a county-wide basis, an Integrated Care System footprint, a Place-Based Partnership level or through local Primary Care Networks, Surrey's Better Care Fund continues to be used to drive organisations to work across boundaries to deliver outcomes for Surrey residents. All BCF partners are fully engaged with delivering joint objectives across all service delivery systems and within all partner contract management processes. A strategic approach to service delivery is promoted via Local joint Commissioning Groups and reflected within local plans which reflect the developing local Health and Wellbeing Strategy. Individual BCF service contracts ensure patient choice is at the heart of service delivery and contract reviews ensure KPIs reflect patient engagement with services.

The key actions that are being undertaken across Surrey for 21/22 to embed person-centred, integrated care models are:

- Putting the organisational infrastructure in place so that partners can join up to tackle the wider determinants of health (for example housing).
- Implementing an effective Information and Advice Service to help residents to navigate the health and care system.
- Ensuring providers are working together across the system to develop person-centred workforce planning and relevant training. Across the system, our staff are being trained in trauma-informed and strengths-based approaches to care.
- Risk stratification tools in place to ensure proactive case finding is becoming more commonplace for better targeting and prioritisation of patients using data and intelligence.
- Ensuring proactive/anticipatory care planning is more joined up.
- Integrating Intermediate Care between the NHS community services and Local Authority Reablement Service as a component of community-based care models.
- Investing in appropriate technology in care and digital solutions that drive integration and offer greater independence for patients.
- Embedding joint leadership roles. For instance, Surrey Heath's joint leadership roles across health and social care and their 'one team approach' are helping to secure an integrated approach to improving outcomes for people being discharged from hospital.
- Joint client assessments are being put in place. As an example, clinics between Occupational Therapists and Council Grants Officers are allowing client clinical needs to be assessed while also providing early guidance on financial eligibility for DFG or other assistance.
- Admission avoidance schemes are being successfully linked up, for instance frailty programmes and falls prevention work.
- We are strengthening our strategic approach to key issues and initiatives such as Social Prescription and Community Inclusion. Approaches have developed over time in each locality, however there is scope to focus to a greater extent on addressing inequalities in health, early intervention, the prevention of hospital admissions and facilitating discharge while remaining tailored to local need.
- Taking an alliance approach to delivery that capitalises on strengths across the system. For instance, the new children's Emotional Wellbeing and Mental Health Service launched in April 2021 and is delivered through an alliance of NHS and third sector providers.
- Integrated MDT approaches are being used to target and review patients proactively identified as most at risk of crisis. By the end of the year, across Surrey Heath and Farnham, a digital hub will be in place for professionals across the system to case manage and monitor MDT patients.

To support continued development of successful joint commissioning across Surrey, key strategies are co-produced with joint priorities articulated that form the basis for commissioning decisions. This year, Surrey County Council has been working with NHS and wider system colleagues to develop a Commissioning Strategy for Older People which sets out our ambitions to 2030. In addition, our Surrey Carers Strategy 2021-2024 was launched in September 2021 and will ensure Surrey is a place where carers are recognised, valued and supported. Our aim is that across Surrey, carers are respected as partners in care who have a strong voice that influences improvement and how we work together across the system.

We are also currently co-producing a Physical and Sensory Disabilities Strategy. This will respond to feedback from people across Surrey and from practitioners in social care that care pathways need to be reviewed and customer journeys improved. The Strategy stresses the need for choice and control and for personalisation, facilitated by a greater uptake of direct payments. Joint commissioning decisions going forward will reflect these priorities.

Joint commissioning across Surrey is being supported by the development of local clinical networks where expertise is shared and pooled. Currently in Surrey, Primary Care Mental Health services are strengthening local clinical networks between GPs, social care professionals and mental health professionals.

We recognise the importance of Direct Payments as a tool for facilitating greater independence, choice and control for Adult Social Care (ASC) users. We are therefore currently co-producing with our key stakeholders a Direct Payments Strategy, with the overarching aim of increasing take-up. Workstreams in the delivery plan will include streamlining the customer journey from considering DP as an option to accessing support. This will require streamlined care pathways and is interwoven with our commitment to strength-based practice.

Our strategic approach to Community Inclusion is currently under review. We recognise that our offer and range of preventative initiatives makes an important contribution to the extent to which individuals are able to lead meaningful, engaging lives. A range of options are being developed that will facilitate users to access the appropriate level of support that reflects their potential independence, including their skills, abilities and aspirations. Across many services we are looking to engage individuals with active communities through targeted projects focused on preventing diabetes, increasing physical activity, reducing social isolation via befriending, and wellbeing services that tackle non-clinical issues impacting on an individual's health. These all strongly reflect the preventative nature of the three Health and Wellbeing Strategy priorities.

In Surrey East and Surrey Downs LJCGs, a specific initiative that demonstrates how the LJCG is using the BCF to embed integrated approaches to the prevention agenda is the Growing Health Together project. This project supports the adoption of preventative and proactive care in local communities by linking GPs and other healthcare professionals with their local communities to create sustainable, healthy communities. The BCF also supports links between acute services and community services in Surrey East and Surrey Downs by the funding of an acute-based Occupational Therapist linking with Social Care, Community and acute OT Teams.

In Farnham the BCF funds posts such as a Reablement Team Leader, a Reablement Support worker and a Rehab Support worker. All these roles are supporting the Intermediate Care teams and facilitating the further integration between health and care. The focus is on admission avoidance and supporting discharge. Also, within the Farnham area, the tackling loneliness project has brought together health, social care and the voluntary sector to support specific groups of people with isolation. This has included working with the Town Council as well as the PCN.

Support for carers that enables maintenance of their own health and wellbeing is funded largely by the BCF. There are Surrey-wide contracts that report to each of the LJCGs to ensure appropriate tailoring for each place. This year the specifications for these services have been significantly refreshed ahead of an open procurement exercise for a new suite of contracts commencing in April 2022.

Working in partnership with Guildford and Waverley place-based partnership and Procare (on behalf of the four PCNs), a more joined-up approach has been reached with social prescribing, in line with the NHS's directive to work in partnership with Local Authorities. There is now one specification, joint contract monitoring and shared outcomes covering BCF and PCN.

Within Surrey Heath and Farnham, there is a strong focus on giving people and communities more control and a greater voice in helping to deliver the priorities of the BCF. Housing, DFG and associated services continue to optimise their impact on the three BCF priority areas. This includes a recurrent commitment to jointly fund a homelessness case worker in Surrey Heath.

Looking forward, whilst not currently directly funded by the BCF, new approaches such as those being developed through use of the money awarded to Surrey through the successful Changing Futures bid are also being discussed by local joint commissioning groups. This will help us to better understand potential alignment with future BCF planning. The Changing Futures Programme is a three-year stream of funding secured by Surrey partners to improve how the system functions to better support those experiencing multiple disadvantage in Surrey. There is a clear link with both the local BCF priorities, and the multiple partners involved in the Health and Wellbeing Board and Strategy.

5. Supporting Discharge (national condition four)

Supporting people home from hospital is a key feature of Surrey's BCF plan and has been a feature of integrated working in Surrey since before the introduction of the Better Care Fund. Surrey is committed to continuous improvement in managing transfers of care and has built local plans to address areas for development.

BCF funding actively supports safe, timely and effective discharge from hospital with a range of provision supporting individuals across all discharge pathways. We have been strengthening our approach to supporting patients to be discharged from hospital successfully and to achieve good outcomes with many different initiatives in Surrey.

Across the county, prevention and self-management is taking place using a strengths-based approach which recognises the assets of the individual. We continue to place emphasis on personalised care across the system. This is being complemented by our strong personal budget offer in Surrey. Social prescribing services are working with people to develop tailored plans and connect them to local groups and support services.

To support successful discharge, across the county there is improved access to urgent and planned primary care, through extended hours and e-consultation. Supported discharge from acute hospital setting is taking place using in-reach, discharge to assess and step-up/down services. In addition, countywide stroke support services for patients on 'supported discharge' continue to be commissioned to prevent readmission. Post-acute patients are referred to Stroke Support Workers before discharge and arrangements are made for follow-up when the person is at home.

Within this year's Better Care Fund £1,000,000 is allocated to staffing for D2A. In Surrey, our Discharge to Recover and Assess (D2A) scheme is a key way in which we will be trying to support people to go to their usual place of residence from hospital and to be ready for discharge as soon as possible in the same day. We want our Discharge to Recover and Assess scheme to enable individuals to receive care and support out of hospital before being assessed for long-term needs. This means that they can be assessed over a period of time and at the right time and in the right place. This increases opportunities for independence. The D2A scheme in Surrey is ensuring people leave hospital with a package of care in their own home rather than entering more formalised care arrangements such as residential and nursing care.

Learning from the D2A approach has also highlighted the risks of social care placements being made at pace without the necessary infrastructure in place locally and County-wide to make these placements in a considered and appropriate manner. We intend to use this learning locally by enhancing community wrap-around support to help people settle back in their homes following discharge and by continuing to build on our offer of patient transport, home from hospital, home adaptations and short-term support.

A key tenet of D2A is effective integrated working between partners in health and social care in Surrey. We are strengthening this by developing plans to grow our therapeutic and wrap-around support offer to ensure that people coming out of hospital are supported to recover and rehabilitate without having to rely on long-term support where possible.

Across all LJCGs there is a focus on enabling people to return home soon from hospital and remain well at home as set out in our county-wide ambitions for the BCF.

Within this year's BCF, a number of programmes and schemes are being implemented and developed with the aim of reducing delays and supporting timely discharge, without increasing admissions:

- The Handypersons Service to help patients remain safe at home preventing admission and supporting patients post-discharge.
- BCF funded Community Equipment Services will continue to enable quicker discharge from hospital so that people can live comfortably at home. We have increased the budget and resources into this area.
- Home from hospital schemes to support people with low-level needs to return safely to home from hospital such as The British Red Cross Independent Living Service and other local Safe and Settle Schemes. These aim to prevent readmissions and support people to settle back at home with effective reablement.
- Investment in Adult social care and CHC assessment capacity.
- Investment in staff roles that support discharge and prevent admission. In Guildford and Waverly, the BCF supports a jointly-funded administrative post to assist with the discharge hub and funds a GP in A&E to help prevent admissions. In Surrey Heath there has been investment in Increased Physiotherapy capacity to support discharges.
- Hoppa Bus – a dedicated service taking residents to Royal Surrey County Hospital and all other health facilities between Haslemere and Guildford.
- BCF supports additional home care resource to enable early and safe discharge to individual's homes with a reablement approach to increase independence. Further information is set out below.
- BCF funding is supporting Technology Enabled Care Services which are currently in phase 2 of a pilot.
- Within East Surrey, the need for further development of services to support timely discharge from hospital and reduce length of stay is recognised. Partners are therefore developing plans for an Integrated Discharge Home to Recover Service which will support people to return home with short-term care and multi-disciplinary wrap around support. As part of this approach, new integrated approaches to recruitment are being explored and we will use the learning to develop a future sustainable model. This work will report into the A and E Delivery Board as well as the East Surrey Health and Care Partnership Board.

Surrey's Better Care Fund continues to invest in the Reablement workforce and Integrated Intermediate Care Teams to best support timely discharge from hospital. This is a key element in enabling people to live in their own homes, and in assisting people in the transition from hospital to home following treatment.

Over the past year, we have been developing a new model of reablement in Surrey based on a therapy-led approach, which is an investment in Occupational Therapists. The transformation of reablement was initiated by the Practice Improvement Programme and is continuing under a new programme, Care Pathways.

This has begun to improve client outcomes and promote a strengths-based approach. The aim is to reduce the need for ongoing services and create an improved quality of life for clients and greater independence. SCC's focus on proactive and preventative interventions includes active engagement with technology-enabled care.

As part of Surrey's transformation project and implementation of a therapy-led reablement model, SCC is working collaboratively with home-based care providers to deliver a short-term period of strength-based, reablement-focused care to residents. The SCC Reablement Service is a key part of this system. Individuals receive personalised skills-gains programmes within their own homes for up to a maximum of six weeks. This helps prevent hospital admissions and supports hospital discharge.

The purpose of the Reablement Transformation Project is to develop an in-house reablement service to support people within the community by:

- Reviewing the reablement organisational structure, developing and embedding a therapy-led offer, and increasing capacity through recruitment.
- Developing the workforce by delivering a strengths-based practice approach and upskilling staff to further promote independence.
- Digital transformation within the in-house Reablement Service, including staff management system and care management.
- Collaborative Reablement Service: in-house Reablement Service and domiciliary services working together to increase the reablement offer.
- Work with the Technology Enabled Care project to roll-out reablement initiatives
- Develop an integrated and specialist offer of reablement for Learning Disabilities and Autism and Mental Health.

Surrey County Council (SCC) recognises that to be healthy and well, with dignity and independence and to remain in your own home can prove more challenging for some than others but wants this to be the aspiration for all residents living in Surrey.

6. Disabled Facilities Grant (DFG) and Wider Services

In Surrey, DFG funding is pooled and cascaded to the eleven District and Borough Councils in line with national guidance, with discussions in each locality to agree the use of the funds

The DFG is at the heart of the housing assistance services offered by local Councils and is the core mechanism by which most authorities are able to improve the housing conditions and promote independence of people with disabilities or care needs. This includes adaptations such as level access showers to allow safer and more independent bathing, stair lifts to facilitate safe access around the home and ramps to provide easier access in and out of properties. These simple adaptations can make an enormous difference to the lives of those with disabilities or care needs, as well as their families.

The strategic approach to use of the DFG is coordinated via the Surrey Equipment and Adaptations Steering Group. It includes representatives from the eleven Districts and Boroughs, as well as Surrey County Council and Clinical Commissioning Groups, and meets quarterly. The Group is designed to act as a forum for agencies involved with equipment and adaptations in Surrey to discuss and plan opportunities for increased efficiencies and effectiveness of the Home Improvement Agencies and Handyperson Services, including their links to Health and Social Care.

The membership of the Steering Group promotes closer links and more effective partnership working with social care teams. This creates a greater scope for mutual understanding of service user needs and how they can be met.

Further strategic partnership development has taken place between the County and District Councils following a review of the local Handyperson Services provided within each locality. The review has welcomed input from the local providers to understand:

- Criteria for access to service
- Relationship with the DFG
- Outcomes captured and recorded

The review has been a success with thorough engagement from the Surrey Equipment and Adaptations Steering Group to drive continuous improvement and share best practice across the county. It has been evidenced that this service is supported financially both by the local providers' investment and the DFG and the BCF. The County Council (as a commissioner of the service for the BCF provision) has drafted a new service specification to be agreed at the local BCF forums to provide clear expectations for delivery, eligible individuals, and primary outcomes to focus on and measure success.

Another example of the integration between Housing Adaptations Services and Social Care is the Surrey-wide agreement currently in place on the Community Equipment Service (CES). The CES provides clients with items of equipment or simple adaptations such as ramps and handrails and is free to the client. The CES is a jointly commissioned service between Surrey County Council and Surrey Health Partners. It provides access to a catalogue of equipment for over 1000 clinicians from the partners' operational teams in the community, community hospitals and acute hospitals.

The primary purposes of the CES is to:

- Promote independence, reablement and meet long-term need.
- Delay increases to care needs
- Avoid hospital admissions and admission to care establishments
- Facilitate hospital discharges
- Support with palliative care

Use of the DFG at place is also discussed at LJCGs. Examples of this approach include:

- Quarterly meetings with Districts and Boroughs to discuss DFG.
- Occupational Therapists are involved with ensuring provision is reasonable and appropriate.
- Boroughs work closely together on their approach to ensure consistency and best use of resources.
- Local prioritisation of greater partnership working between health, care and housing to ensure all opportunities are realised to support people in their own homes. This includes (in some areas) senior managers in the Borough Council who are operationally responsible for housing services and the DFG, being core members of the LJCG.

7. Equality and Health Inequalities

System response to addressing Health Inequalities:

In Surrey, as nationally, Covid-19 has further exposed some of the health and wider inequalities that persist in our populations.

In 2020, a COVID Community Impact Assessment (CIA) was carried out in Surrey. This found that it is likely that the pandemic has had a disproportionately negative impact on certain groups of residents. It identified 10 vulnerable groups with pre-existing vulnerabilities at a greater risk of mortality from Covid-19 and a series of 'Rapid Needs Assessments' were then carried out to understand the impact the pandemic has had on each of these groups. The 10 vulnerable groups identified were: people with long-term physical health conditions, Care Home residents & families, Black, Asian and Minority Groups, people with mental health conditions, people experiencing domestic abuse, children with Special Education Needs and Disabilities, people with drug or alcohol problems, the Gypsy Roma Traveller Community, young people out of work and people experiencing homelessness¹. These have been adopted as Priority Populations of Identity in the refreshed Health and Wellbeing Strategy. Going forward, we will look at how local programmes are targeting activity to ensure a focus on reducing health inequalities within one or more of these groups.

Some of the impacts identified within the CIA that particularly relate to BCF-funded programmes include:

- The health impacts have been felt the most in areas with higher numbers of over 80s and care homes.
- Residents living in residential care homes have felt more isolated.
- People from Black, Asian and Minority Ethnic (BAME) communities have struggled to access support.
- Lockdown has impacted many residents' mental health.
- The pandemic had significant impacts on those already using mental health services.

Our local Integrated Care Systems have both adopted a further focus on inclusively supporting those in greatest need through working with communities and across the NHS, Local Authorities, and other partners. In Surrey Heartlands, the Equality and Health Inequality Workstream has combined with the 'Turning the Tide' Board to consider both the outcome of the Health and Wellbeing Board's Community Impact Assessments and the issue of equality and health inequalities for our citizens and patients but also the workforce that supports this care. The role of the new Equality and Health Inequalities Board is to respond to the immediate disproportionate effects of Covid-19 on our populations that are alluded to in the RNAs (e.g. Black, Asian and Minority Ethnic communities) but also to focus on our response to the NHS Operational Planning Guidance which outlines five priority areas for tackling health inequalities.

Following on from this, an Insight and Analytic Task and Finish Group has developed an internal Health Inequalities Dashboard, looking at 51 indicators which are soon to be expanded upon to consider elements related to waiting times, diagnostics, and referral rates for BAME, Sex, Deprivation, LD and SMI. The Task and Finish Group has focused on ensuring that there is equity of access within the system across elective and non-elective care. It has reviewed the data that has been gathered and then focused its work on potential areas of concern.

¹ [Impact of Covid-19 on our Communities – Surrey-i \(surrey-i.gov.uk\)](https://www.surrey-i.gov.uk/Impact-of-Covid-19-on-our-Communities)

Where relevant this will consider and include the data made available on BCF metrics that includes ethnicity and age information to support analysis and response across the system.

Key to this work on health inequalities is our need for continued and greater engagement with communities and the third sector which is represented in the refreshed Health and Wellbeing Strategy.

In the context of Frimley Health and Care Integrated Care System, the Local Plan ambitions include reducing inequalities. A range of insights have been gathered to identify specific cohort groups across communities where further action is needed. This work cuts across all areas of the ICS plans including elective recovery, mental health transformation and community redesign.

Locally, within areas such as the Frimley ICS, population health management approaches, data segmentation and risk stratification have been used to provide insight into those facing the greatest health inequalities and/or with the most complex needs that would benefit from local, targeted, personalised and multidisciplinary support.

This also involves work with Voluntary and Local Government partners to reach minority communities whose access has been most affected by Covid and/or the shift towards digital contact and to detail plans to mitigate the risk of digital exclusion. Frimley ICS will be strengthening leadership in this area with the appointment of a system lead for equality, diversity and inclusion who will sit on the ICS Partnership Board.

The rationale for the refresh of Surrey's Health and Wellbeing Strategy – as set out in the Governance section – is to address the impact of COVID on health inequalities. It has been agreed that the existing overarching ambition that 'No-one is left behind' be more obviously emphasised and linked specifically to a reduction in health inequalities – 'Reducing health inequalities so no-one is left behind'. This incorporates the action outlined above and ensures it links with the work happening within the wider determinants of health to also reduce health inequalities.

The Population Intervention Triangle (PHE, 2017) was adopted to guide strategy implementation, and this has subsequently been adapted to reflect Surrey's aspirations for community-led interventions that can reduce health inequalities. An updated list of priority populations for the strategy has been developed based on the 2020 CIA. The refreshed strategy also sets out an enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes and establishes a system-wide adoption of a Health in All Policies approach.

How the BCF tackles health inequalities in Surrey:

When developing BCF plans, LJCGs take into consideration strategic commitments to reduce health inequalities in relevant place-based plans, ICS operational plans, District and Borough and Surrey County Council strategies.

Rather than an overarching Equalities Impact Assessment being in place for the high-level BCF plan, all commissioned programmes locally (including those in the BCF) include specific Equality Impact Assessments to not only ensure compliance with the Equality Act 2010 but more importantly ensure all opportunities for access for those with protected characteristics are maximised.

Specific examples of how the BCF in Surrey contributes to programmes to reduce health inequalities and promote equality include:

- Investment to support Surrey's All Age Autism Strategy. Surrey's All-Age Autism Strategy 2021-2026 aims to improve the lives of the estimated 12,300 autistic people living in Surrey, by breaking down barriers and inequalities that autistic children, young people and adults face in education, health, social care, work and communities.
- In Farnham, The Tackling Loneliness project has brought together health, social care and the voluntary sector to support targeted groups of people who were at the highest risk of loneliness and isolation. Projects funded include: Farnham Neighbours Network, The Farnham Craft Café, Carer's Coffee Break, Men in Sheds.
- Sight for Surrey Friendship Group Grant - the grant supports Sensory Services by Sight for Surrey's specialist worker and team via the Friendship Group to identify people with combined sight and hearing loss so that they receive appropriate support to be able to communicate. This is vital if they are to maintain physical and mental health, and thus remain independent.
- Grant to Outline, a registered charity supporting people in Surrey who are Lesbian, Gay, Bisexual and Trans (LGB&T) or are questioning their sexuality or gender identity. Current service provision of a helpline and support groups delivering services for local people by local people.
- Free access to digital services for isolated individuals with provision of free equipment and data.
- In September, East Surrey LJCG approved BCF funding to pilot an Autistic Friendly Communities initiative, which is expected to reduce the demand for health and care services by enabling people to enjoy a healthy and active life within their communities. It will support the development of individual' social networks, which have a significant impact on health and prevent unnecessary hospital admissions. Social networks have been shown to be as powerful predictors of mortality as common lifestyle and clinical risks.
- Developing local communities in areas of deprivation via the Growing Health Together Programme across East Surrey.
- In Surrey Heath, funding from the BCF enables targeted support to reduce inequalities, including for those with protected characteristics under the Equality Act, as part of the Whole System Obesity project. This enables people to stay well by 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. There is known variation and inequalities across the community and the approach is tailored to local needs. including the needs of those people with protected characteristics
- Reablement services – Surrey County Council is endeavouring to develop an 'access to all' reablement model. This would include clients with mental health conditions, learning disabilities and autism. We are working towards this by expanding our specialist knowledge and broadening available capacity by working collaboratively with providers.
- Funding for Social Prescribing Services that are targeted to address health inequalities and the wider determinants of health by supporting people with their non-clinical needs and by connecting them to sources of help and support within local communities.

Health and Wellbeing Board

1. Reference Information

13

Paper tracking information	
Title:	Mental Health Improvement Plan and Mental Health Partnership Board Update
Related Health and Wellbeing Priority:	Priority 2
Author(s):	Michael Coughlin, Executive Director – Partnerships, Prosperity and Growth (SCC) michael.coughlin@surreycc.gov.uk ; 07974 212290
Sponsor(s):	<ul style="list-style-type: none">• Tim Oliver - Leader of Surrey County Council• Alan Downey, Chair Mental Health Partnership Board (non-Board member)
Board date:	2 December 2021
Related papers:	<ul style="list-style-type: none">• Annex 1 - Full update on progress presented to MHPB October 2021• Annex 2 - MHIP: Executive Presentation for Health and Wellbeing Board

2. Executive summary

The purpose of this report is to provide an update for the Health and Wellbeing Board on the activity, initiatives and achievements that are being undertaken by a range of agencies working collaboratively across Surrey and the progress being made, under the auspices of the Mental Health Partnership Board, in delivering the recommendations of the peer-led independent review of the mental health system and improving mental health outcomes, experiences and services.

The 19 recommendations from the Peer led review have been incorporated into the Mental Health Improvement plan, the implementation of which is overseen by the Mental Health Delivery Board, which acts as the system vehicle for the delivery of a co-ordinated and cohesive approach to the transformation and improvement of Mental Health services across Surrey.

3. Recommendations

The Health and wellbeing Board is asked to:

1. Note and welcome the progress made in the mobilisation and establishment of the improvement programme to date

2. Approve the key next steps in the programme, as set out in section 11.0 of this report and support system-wide awareness of them and their progress by proactively cascading them.
3. Note and support the organisation of a second Surrey Mental Health Summit to be held on 1st December 2021.
4. Note the key programme risks as outlined in section 12.0 of the paper.

4. Reasons for Recommendations

The structured, focused, multi-agency and transformational work of the Mental Health Partnership Board and Mental Health Delivery Board is a clear priority for the Health and Wellbeing Board. Bringing the work of those Boards and the recommendations arising from the work to the Health and Wellbeing Board ensures the appropriate wider system leadership oversight, to provide accountability and drive for the work.

The successful progress and delivery of the Improvement programme will benefit Surrey residents by ensuring better mental health services, which are better co-ordinated to meet their needs, improve experiences when engaging with mental health services and better mental health outcomes for individuals. This aligns strongly with the Health and Wellbeing Board's Priority 2 objectives.

5. Detail

The Surrey Mental Health Summit in November 2020 initiated a positive, proactive system response to the very serious concerns and issues presented. Part of this response included the establishment of an independently chaired Mental Health Partnership Board and commissioning of a Peer Challenge. The recommendations arising from the Peer Challenge have been translated into a comprehensive Improvement Programme (considered by this Board at its meeting in June 2021), the delivery of which is being lead and overseen by a multi-agency Delivery Board.

The Health and Wellbeing Board are in a good place to ensure that this programme of work addresses the emotional wellbeing and mental health needs of Surrey's residents across a wide spectrum; ranging from supportive employers, educated and informed neighbours, friends and family all the way through to the availability of caring, accessible and supportive services for people with mental ill health and that this service model is driven by a sound evidence base, is co-produced by users and carers of services, has positive outcomes for all and is designed to respond and react to individual needs and the future, using technology and human relationships to drive forward the vision of a healthier and happier Surrey.

The Mental Health Partnership Board received and reviewed a progress report from the Delivery Board and heard presentations from workstream leads at its meeting on Friday 22 October. This is provided at Annex 1 for this Board's consideration.

In discussing the report, the MHPB acknowledged the significant effort and good progress to which all partners had contributed. The Board welcomed the detail in the update report concerning activities and practical changes, although questioned the degree to which these were meaningfully impacting at a middle-management and/or front line/clinical level across the system.

The MHPB were particularly keen to hear from schools/teachers on their perceptions of the changes that had and were being made, as due to the meeting being held during half-term, none were able to attend. This will be addressed at the next meeting.

The changing role of the MHPB was recognised, as the improvement work and associated governance had been developed, as moving towards a greater emphasis on oversight, scrutiny and challenge, holding the Delivery Board and leads to account. With this in mind, a particular focus was given to ensuring clearer, transparent deadlines and timescales for the delivery or achievement of key milestones for each workstream element and more robust, outcome and evidence-based evaluation, which would be presented to the Board's next meeting.

6. Challenges

See Section 12 in Annex 1.

7. Timescale and delivery plan

The Mental Health Improvement Plan incorporates the 19 recommendations from the peer-led review and was approved by the Health and Wellbeing Board in June 2021, with an expected implementation timescale of 12 to 18 months. The report in Annex 1 sets out delivery priorities for the next three months. An evaluation framework linking project milestones and success criteria is in development and will be presented at the next Mental Health Partnership Board.

8. How is this being communicated?

Extensive communications support and activity is being provided for the improvement programme and constituent elements of it e.g. the 'Face of Support' campaign which was launched following the recommendation from the MHPB. The objectives were to build awareness of the support available and help early intervention and prevention, helping people access services. This campaign was 'soft' launched in September, on social channels. A podcast and three videos that talk about three different services and what they offer was launched in October. There was a 350% increase in visits to the website during the launch of the campaign.

A joint NHS and Surrey County Council 'household drop' leaflet in November will feature mental health and Winter well-being information. January 2022, will see a focus in communications on a healthy new year.

All campaign work is shared with key stakeholders, including NHS Partners, District and & Borough Councils, VCFS and is being cascaded to frontline staff and co-ordinated through the multi-agency comms group.

9. Next steps

These are set out in section 11.0 of Annex 1 to this report.

Surrey Mental Health Improvement Plan Update October 2021

13

- 1.1** The purpose of this update is to provide assurance to the Mental Health Partnership Board on the progress that is being made on delivering the recommendations of the peer-led independent review of the mental health system.

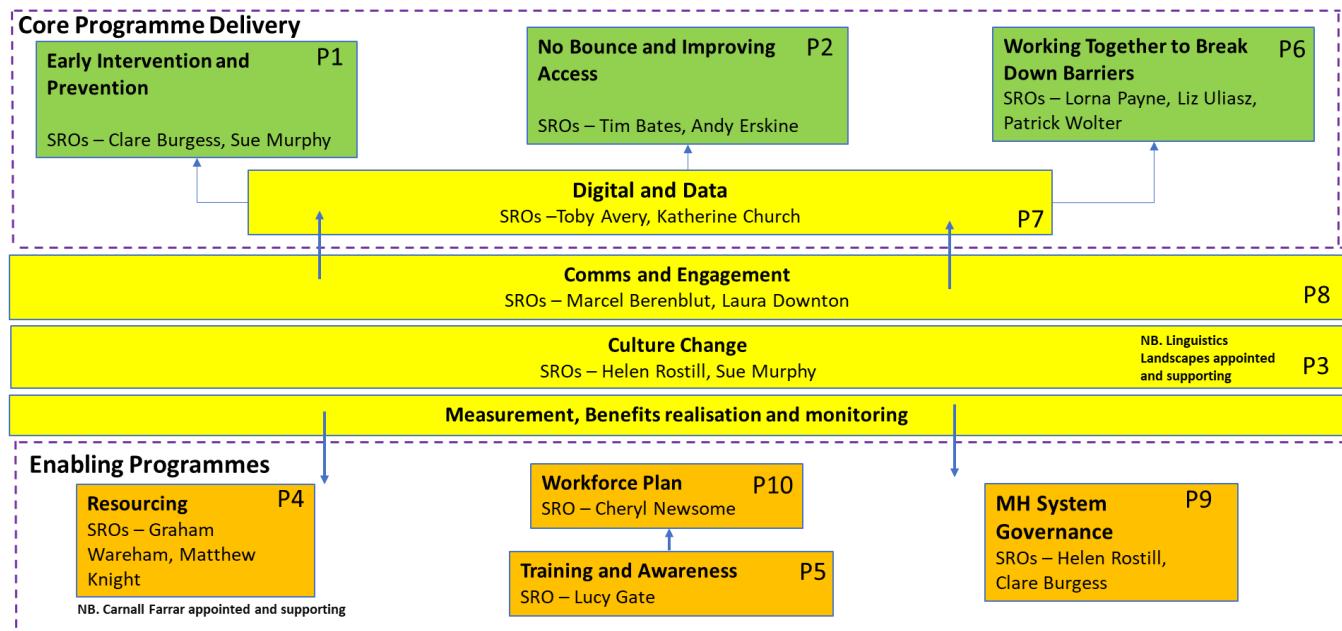
The 19 recommendations from the Peer led review have been incorporated into the Mental Health Improvement plan which acts as the system vehicle for the delivery of a co-ordinated and cohesive approach to the transformation of Mental Health services across Surrey .

The scale and ambition for the programme is that it will transcend organisational boundaries and cultures and will maintain a relentless focus on delivering transformational projects to improve Mental Health services for Surrey residents.

2.0 Establishing the Programme

- 2.1** A delivery architecture for the programme has been created see Fig.1.0 to help to focus the resources into those areas that will have the biggest impact on residents of Surrey in the short term and have the greatest coverage of the recommendations outlined in the Mental Health review.

Fig 1.0



- 2.2** We have refreshed the language within the delivery architecture to ensure it reflects the language used in the peer-led review and provides a clear baseline for evaluating impact.

The Core programme delivery structure prioritises:

Programme Area	Original Title	Refreshed Title

P1	Early Intervention and Prevention	Early Intervention and Prevention <i>"Together, we build and nurture good mental health for all. People can get help and support when they need it"</i>
P2	Improving Access and Preventing Service Gaps	No Bouncing and Improving Access <i>"No-one is turned away from a service without being given support to get the help they need"</i>
P6	Integrated System Working	Working Together to break down barriers <i>"Services work together to do the right thing for every person seeking help and support"</i>

- 2.3 A Programme Director has been funded at risk by SABP to oversee delivery. The core workstreams in the programme all have project management (PM) resource allocated to support the appointed SRO's in the delivery of these activities. All PM resources are allocated part-time from Surrey County Council and SABP as part of the commitment to deliver the plan. Due to the limited PM resources available the Enabling workstreams do not have resource allocated to support delivery in the short term.
- 2.4 As illustrated in Fig. 1.0 above we are creating an additional workstream which focusses on the development and embedding of approaches around measuring improvement, benefits realisation and monitoring. This work is being led by Public Health and we are currently engaging with Kent, Surrey and Sussex AHSN. Over the next 4-week period the programme will develop a clear methodology for evaluation including measures of success and performance indicators.
- 2.5 In parallel to accelerating delivery, the programme has undertaken a detailed Project mapping exercise across the system to establish the current inflight work that is underway across the core workstreams. This exercise has shown that there is currently in excess of 150 improvement, transformation or service development initiatives underway across the mental health system in Surrey that align to the 19 recommendations contained with the Mental Health review document.

The next phase of the Project mapping exercise is to filter the projects to support the rationalisation of this scope so that the Mental Health Improvement Plan only focusses on projects that are strategically important to the system and those that have impact.

i.

The following sections focussed on delivery. The format of each sections describes:

- i) **Programme workstream description**
- ii) **Project description**
- iii) **Recommendation the workstream is addressing**

3.0



P1: Early Intervention and Prevention: *Together, we build and nurture good mental health for all. People can get help and support when they need it*

3.1 A Vision for Mental Health and Emotional Well Being

13

Addressing Recommendation 2 (5.2.2): Focus on a shared, co-produced vision for emotional wellbeing and mental health

Objective	What did we do	What have we achieved
Co-production and active engagement with Surrey citizens to shape our vision	<p>We took the draft vision put forward by peer reviewers and engaged with organisations working with people with lived experience and carers, asking them to talk to people they support about it. We also went directly out to people with lived experience and carers in our network and asked them for their views directly.</p> <p>We presented 3 re-worked suggestions of the vision statement to Delivery Board, along with a survey, to get consensus. We used all the feedback to shape the final proposed vision.</p>	<p>We have re-worked and co-produced the vision for mental health (see figure 3.0 below)</p>

The re-worked and co-produced vision for Mental Health in Surrey is;

Fig 3.0

The re-worked draft vision

"Together, we build and nurture good mental health and emotional wellbeing for all. If anyone needs help, they will find services on offer for themselves, their family and carers, which are welcoming, simple to access and timely. No-one is turned away from a service without being given support to get the help they need"



3.2 Surrey Workforce and Wellbeing Collaborative was formed in March 2021

Addressing Recommendation 1 (5.2.1): Focus on a more preventative and early help approach

Objective	What did we do	What have we achieved and next steps
To establish a Surrey Workforce and Wellbeing Collaborative to engage with and support wellbeing of those working in Surrey businesses.	The Surrey Workforce and Wellbeing Collaborative was formed in March 2021, bringing together Surrey County Council, Public Health, SABP, Working Mind, Oakleaf Enterprises, and Surrey Chambers of Commerce.	<p>"Good Mental Health is Good Business Sense" event held on 30 June 2021. 82 people attended the event. Over 40% were from SCC, work is now underway to broaden out our reach. Positive feedback in creating a space where people can share real life business experience, overcome obstacles and learn from others.</p> <p>Action plan in development for the next 6 months to include:</p> <ul style="list-style-type: none"> • Develop the Surrey Workforce Wellbeing Framework • Development of training and resources for Surrey businesses (in addition to what is already available on the Healthy Surrey website) • Accessing existing forums, newsletters and meetings to promote our collaborative and the impact of productivity on poor MH • Develop case studies/vignettes of good practice to share

3.3 Co-Design and Engagement

Addressing Recommendation 16 (5.4.2): Establish a pilot methodology of deep engagement with target groups currently identified as being underserved or experiencing inequality

Objective	What are we doing	What have we achieved and next steps
Engagement with Black, Asian and Minority Ethnic Groups	Surrey Minority Ethnic Forum (SMEF) who are working in partnership with the Independent Mental Health Network (IMHN) to co-design an engagement programme	<ul style="list-style-type: none"> • A BAME stakeholder group, IMHN representatives (for co-production projects) from ethnically diverse backgrounds. • Pro-active outreach programme to Faith and Community Leaders to ensure user/carer voice and bought back to the stakeholder group. • Implementation and adoption of the insight report that SMEF/IMHN shared last year.
Engagement with those with multiple disadvantages	<p>There is an established Changing Futures Programme for People with Multiple Disadvantages as part of Priority 1 in the Health and Wellbeing Strategy.</p> <p>SAM and MAG are who groups who are focus tackling multiple disadvantages.</p>	<p>SAM and MAG achievements April 2020-September 2021:</p> <ul style="list-style-type: none"> • Created and implemented Standard Operating Procedures including Public Health Protection procedures for homeless people who are Covid 19 symptomatic • Implemented Trauma Informed Training programme for third sector and in – house outreach workers • Arranged a crisis line for mental health emergencies for homeless individuals and alcohol and substance dependency

	<p>Surrey Adults Matter Steering Group (SAM), launched in February 2020, provide a team around the person approach and arrange bespoke coordinated support with the aim to reduce reoffending.</p> <p>Multi Agency Group (MAG) launched in April 2020 in response the pandemic, drive forward practical system and service gaps arising from SAM.</p>	<p>support at emergency and temporary accommodation</p> <ul style="list-style-type: none"> • Contributed / led refreshes to Duty to Refer Protocols, Flowcharts and training across the wider system • Scenario planned for future Covid wave with the housing departments of Ds and Bs • Identified sites to administer vaccinations • Providing regular information on commissioned Mental Health, Substance Misuse. Care at Home Services and Supported Living provision to Housing Departments • Successful bid of £1.5M to Contain Management Fund - Cabins sites, 10 new Housing First units, range of Covid-secure measures with third sector for 2021 /2022 • Successful bid of £2.8M to Changing Futures Fund
Engagement with 18-25 year olds	<p>A Young Adult Reference Group (YARG) has been established as part of the CMHTP to ensure the voices of young adults remain at the heart of the programme. YARG is a dynamic group and is open to young adults who have experience of accessing mental health services. YARG are representatives from existing young adult forums such as:</p> <ul style="list-style-type: none"> - User Voice and Participation Team - CAMHS Youth Advisors - Young Healthwatch Surrey - CAMHS Service User Experience and Participation group for East Berkshire 	<p>Following feedback from the Young Adults reference group, a Young Person's Safe Haven Pilot is running in the Guildford Safe Haven. This is due to commence 15th November 2021 for 6 months and is in partnership with Catalyst and Oakleaf.</p>
Engagement with people with an Eating Disorder	<p>Establishment of a 12-month FREED (first episode rapid early intervention for eating disorders) pilot which is a national initiative targeted at supporting 18-25 year olds with an ED of 3 years duration or less.</p>	<p>The aim of the FREED pilot is to reduce wait times for assessment and to subsequently start treatment with anticipated outcomes of helping people to recover fully so they don't come back into or remain in services.</p> <p>In addition, SABP are in the process of hiring and expert by experience to support and inform the Adult Eating Disorder providing collaborative going live in November 2021.</p>

4.0



P2: No Bouncing and Improving Access: *No-one is turned away from a service without being given support to get the help they need*

4.1 Community Connections Recovery and Connect Pilot

13

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Objective	What are we doing	What have we achieved and next steps
Community Connections pilot to provide additional support to those who are identified through meetings with and referrals from SABP's all-age adult Single Point of Access (SPA).	The 12-month pilot is established and running from Apr 21 – Mar 22. The pilot service is funded by SABP and provided by Community Connections partners, Mary Frances Trust, Catalyst and the Richmond Fellowship. A team works assertively in an outreach capacity with a caseload of individuals for up to 3 months. Each organisation provides 2x Recovery & Connect workers linked to the adult SPA.	The Recovery and Connect workers work assertively with individuals around their mental health and social circumstances, review and update crisis plans, work with community connections around social wellbeing support, work with lead professional to bridge care to other services, remove barriers to support, assist in booking/attending/accessing services, advise/information/signposting. There are plans to begin to evaluate the success of the pilot and its impact on SPA.

4.2 Improving Mental Health Access Points

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Objective	What are we doing	Next Steps
Improved Access Point for Mental Health referrals	Public Health have mapped all access points across the system for mental health support	Provider workshop planned for November to model integrated contract points

5.0



P6: Working Together to Break Down Barriers: Services work together to do the right thing for every person seeking help and support

5.1 GPIMHS

13

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What are we doing	What we have achieved and next steps
Continued roll-out of GPimhs across Surrey	<p>To date there are established GPIMHS in 11 PCNS and the model has supported over 9000 patients that would previously been unable to access Mental Health services to access support.</p> <p>The service is delivered through a partnership between SABP, Community Connections and Surrey County Council.</p>	<p>There are clear plans to continue the roll out and expansion of these services from the 11 PCNS that this model currently supports, extending this to 25 PCNS by the end of 2023. 9 new sites are rolling out in 2021/22.</p> <p>A new pathway for people with traits of personality disorder has been established and is operational across surrey which includes the managing emotions courses, Psychologically Informed Consultation and Training, and the Service User Network.</p> <p>Additional investment has been secured to develop earlier intervention support for adults with eating disorders and the FREED workers are in place.</p> <p>A Young Adults Reference Group has been established and are developing a new transitions pack for those moving from children's to adult services.</p> <p>A pilot has been proposed to embed Citizen's Advice Bureau support workers within the model.</p> <p>Work is underway to recruit Alternative Roles Reimbursement Scheme mental health practitioners into all PCNs to work alongside GPimhs.</p> <p>GPimhs has received positive qualitative feedback from users and General Practitioners. However, further work is required through the Community Transformation Programme to assess the measurable impact of GPIMHS on the mental health system and outcomes for patients.</p>

5.2 Secondary Care Integration – Epsom and Integrated Care Partnership PCN Pilot

13

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What we are doing	Next steps
Epsom and The Integrated Care Partnership PCN's have been selected to pilot the next phase of maturing the system towards a new integrated, community-focused service model.	<p>This pilot goes live at the end of October 2021. The pilot includes:</p> <ol style="list-style-type: none"> Embedding age inclusive care pathways that integrate primary & secondary care Aligning our CMHRS and CMHT and GPimhs boundaries making it easier for place-based integrated working through coterminous structures and service delivery Further developing and rolling out the 'easy in and easy out' initiated in Wave 1 	The pilot will test the effectiveness and efficiency of the model and inform future roll out across SH ICS and Blackwater.

5.3 Community Connections In-reach Pilot

Addressing recommendation 17 (5.4.3): In parallel with a shift to more preventative approaches, undertake a review of capacity for crisis and inpatient care, including alternatives to beds and **support for people coming out of hospital**, to ensure capacity is better aligned with need and demand.

Objective	What are we doing	What we have achieved and next steps
Community Connections pilot to provide additional support to individuals and their families through the transition from SABP's acute wards back into the community.	<p>The 12-month pilot is established and has been running from Apr 21 – Mar 22. The pilot service is funded by SABP and provided by Community Connections Partners, Mary Frances Trust, Catalyst and the Richmond Fellowship. The three organisations each provide an In-Reach team (2x workers) to provide specialist staff to work with a patient, and their family/carers, on the ward for 2 weeks before discharge and up to 3 weeks after.</p>	<p>Support provided includes - someone to talk to, travel, home preparation, assistance with booking and attending appointments, accessing services, advice/information/sign posting.</p> <p>Early indications are that people using services and families feel it offers a good source of support and improves the experience of discharge from the wards. The impact of the pilot will continue to be evaluated.</p>

5.4 Development of the Adult Mental Health Alliance

Recommendation 4 (5.2.4): Improving relationships at every level of the system

13

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What we are doing	What we have achieved and next steps
The development of a Surrey Mental Health Alliance to bring together service users and their families, statutory, non-statutory and third sector partners.	A Surrey Mental Health Alliance Core Group has been established to oversee, steer and enable the establishment of a Surrey Mental Health Alliance for adult services. The Alliance will be the platform for partners to engage in joined-up planning in an equal partnership, collaborate on investment, aligning resources to key Surrey Heartlands priorities, enable shared capability development, and broadening existing relationships.	<p>The Surrey Mental Health Alliance Core Group has been holding fortnightly meetings since August 2021 and will continue the organisation development work needed until the Surrey Mental Health Alliance has been formally established. This group will be working through principles for working together, vision & purpose, terms of reference, operating procedures, and alliance and system governance. A programme of development work is underway currently supported by the Public Office.</p> <p>The roadmap for the new Alliance is aiming for MoU sign-off by all partner organisations by January 2022 and soft-launch in April 2022.</p>

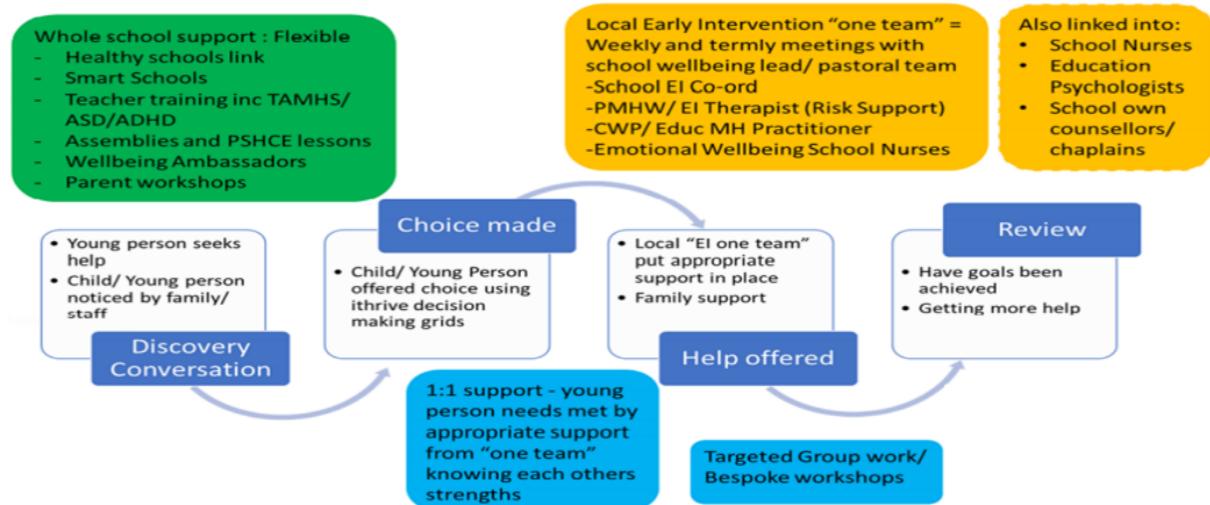
5.5 School Based Needs Service

Addressing Recommendation 8 (5.2.8): Focus on engaging and supporting schools

Objective	What we are doing	What we have achieved and next steps
As Development of a new locally-based School Based Needs (SBN) service and training offer as part of the new 'Mindworks' Surrey partnership. This will enable mental health services to work with schools to best support young people and their families to get the	<p>We are building a new team to support our SBN's early intervention offer which includes Primary Mental Health Team, Early Intervention Co-ordinators, Mental Health Support Teams and Child Wellbeing Practitioners. The teams will be able to:</p> <ul style="list-style-type: none"> • Support children and young people when they begin to feel emotionally or mentally unwell by helping them to build resilience. 	Every mainstream school in Surrey will have a named practitioner as a point of contact to offer consultation, support and advice. We began to mobilise this service in September 2021 and will continue to roll out the new Cluster-based model in all localities this year.

right help at the right time.	<ul style="list-style-type: none"> Work with individuals to improve their wellbeing and reduce the chances of problems becoming more serious. The early intervention support for children, young people, parents, carers and other professionals such as teachers, identifies and prevents mental ill-health issues like depression and anxiety and helps young people access the right support at the right time. See Fig 4.0 below for more on the School-based needs model. 	
-------------------------------	--	--

Figure 4.0



6.0



P3: Culture Change

6.1 P3 Culture Change– Commissioned work

Addressing Recommendation 4: Improving relationships at every level of the system

Objective	What are we doing	What we have achieved and next steps
To understand the changes we need to make to our current	Linguistic Landscapes are being procured to	Given the complexity of the ICS and mental health as a sub-system within it, a small number of critical

<p>ways of working both across and within organisations to improve user experience within the mental health system.</p>	<p>gather deeper insights. A number of scoping workshops and meetings have taken place. Surrey Minority Ethnic Forum, Independent Mental Health Network, and Heathwatch Surrey have been commissioned by SABP to lead work on developing user voice at all levels of the organisation.</p>	<p>relationships and fracture points have been identified for further analysis:</p> <ul style="list-style-type: none"> • Patient support and transfer from District General Hospitals (DGH) to Mental Health acute beds/services • Referral from SABP Single Point of Access to Primary Care • Mental health support in schools • Accommodation and packages of care for people with complex mental health needs • Strategic system work <p>The outputs of the first phase of work will be available from December 17th.</p>
---	--	---

7.0 P4: Resourcing

Addressing Recommendation 7 (5.2.7): Focus on the resource and capacity needed to deliver

Objective	What are we doing	What we have achieved and next steps
<p>Carnall Farrar have been engaged by the Mental Health Improvement plan to deliver the recommendations contained within the MH Improvement plan on resourcing and capacity.</p>	<p>This work commenced on 20th September. There are 4 key deliverables that will be provided through the independent review of resourcing:</p> <ol style="list-style-type: none"> 1. Demand and capacity model 2. Opportunities to achieve a better value for money resourcing model 3. Financial model 4. Contracting mechanism 	<p>Carnell Farrar are working towards a baseline analysis in mid-November, with the final report ready for mid-December. See figure 5 below.</p>

This work will also support in addressing 'Recommendation 19: Review the funding, commissioning and provision of the six IAPT services' as a specific focus on IAPT service is contained within the scope of this work.

Figure 5.0

There are four key deliverables that will be provided through the independent review of Resourcing

13

	Description	Steps involved
1	Demand and capacity model Description: Assessment of the sufficiency of the emotional wellbeing and mental health services funding in the context of both current and (modelled) future demand / acuity of need	<ul style="list-style-type: none"> Understand current and future service demand Understand current resourcing model Understand quality, access and outcomes Sensitivity modelling
2	Opportunities to achieve a better value for money resourcing model Description: Develop options for a safe, effective and efficient future resourcing model that delivers value for money and prioritise these opportunities using a benefits and risk analysis	<ul style="list-style-type: none"> Identify gaps between future demand and current resourcing model Develop options for a preferred resourcing model Conduct risk and benefits analysis of the new resourcing model
3	Financial model Description: Model the level of funding required (based on population needs) to deliver the prioritised option including modelling for a potential change in cost profile over the next five years	<ul style="list-style-type: none"> Identify current cost base of MH services Develop subsequent cost base, both fixed and variable Model future funding required Explore different options of costing models
4	Contracting mechanism Description: Recommend options for the optimal contracting mechanisms and partnership / Alliance models	<ul style="list-style-type: none"> Review the funding requirements Align on pace of change and contracting mechanism options Review modelling outputs with stakeholders and develop recommendations

8.0



P5: Training and Awareness

8.1 The Multi-Agency Training Collaborative

Addressing Recommendation 12 (5.3d): Develop and roll out emotional wellbeing and mental health awareness, literacy, education, training for all employees who are working across the system

Objective	What are we doing	What we have achieved and next steps
Development of a Multi-Agency Emotional and Mental Wellbeing Training Collaborative.	<p>The Multi-Agency Emotional and Mental Wellbeing Training Collaborative was launched 23rd September. Key stakeholders have been identified and objectives for the collaborative are agreed.</p> <p>The overall aim of the collaborative is to scale up and systematise the uptake of Mental Health First Aid (MHFA), Suicide Awareness and Trauma Informed Care training across frontline staff.</p>	<p>Short term plan of the collaborative is:</p> <ul style="list-style-type: none"> Mapping of the current training offer and in-flight activities Identification priority frontline staff for phase 1 roll out Protocol for organisations to adopt systematic approach to training roll out and follow up support with implementation of learnings. Engagement and Communications Plan. key aims: 1. Implement a protocol for systematic roll out of MHFA and Suicide Awareness Training. 2. Promote the open access emotional and mental wellbeing training offer. Scoping for a wider review is underway and will be supported by funding from Health Education England, this will provide recommendations for roll out of systemic approaches to Trauma Informed Care in the medium to long term, this post holder will also co-ordinate the training programme.

9.0



P7: Data and Digital

9.1 Public Digital

Addressing Recommendation 6 (5.2.6): Focus on good data and using it to good effect

13

Objective	What we are doing	What we have achieved and next steps
The development of a high level mental health service model for Surrey Heartlands ICS and the data and digital infrastructure and capacity needed to support the service model	Public Digital have been appointed through the MHIP to support the development of the Digital and Data workstream	2 of 3 workshops have already been delivered with a focus on understanding the key system challenges that could be resolved through the deployment of digital solutions. The outcome of this work will be to narrow the scope of the Digital and Data challenge to identify areas and opportunities to mobilise high impact transformational change. The final workshop on 15 th November.

It is important to note that the digital and data workstream is a key enabler to the majority of recommendations in the mental health improvement plan. We will continue to map the interdependencies as all workstreams evolve. For example, good data is key to access.

10.0 P8: Communication and Engagement



P8: Communication and Engagement

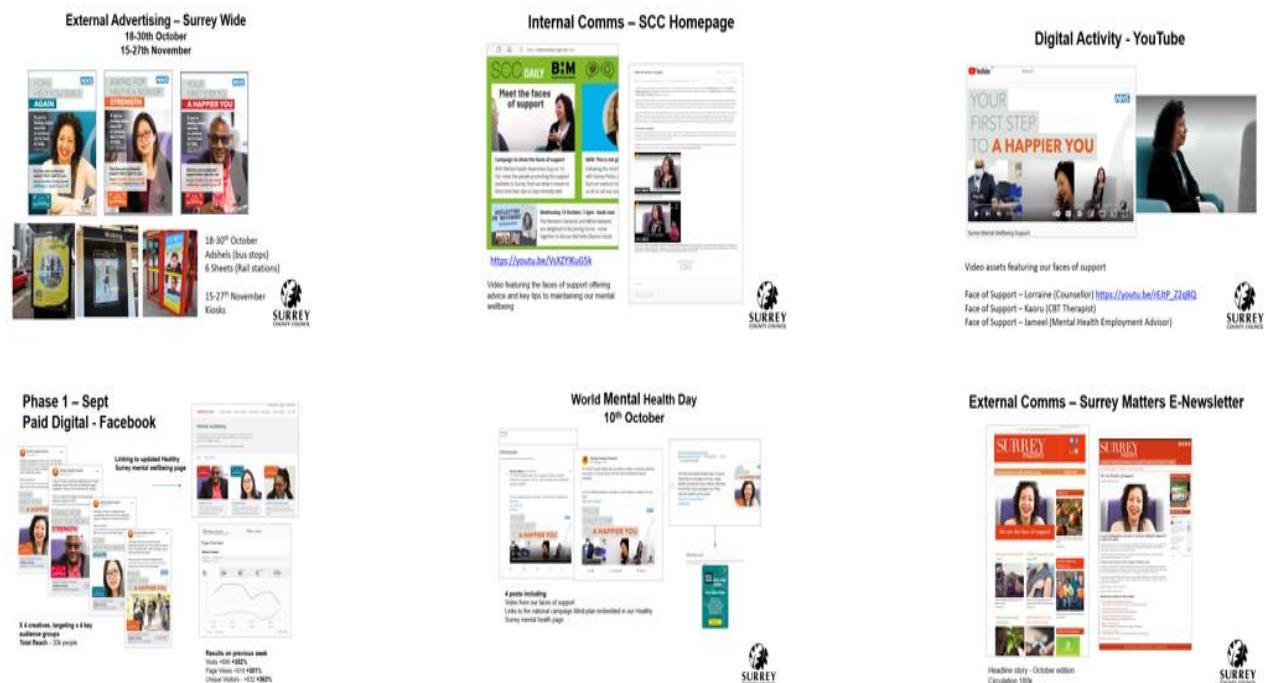
10.1 Face of Support Mental Wellbeing Campaign

Addressing Recommendation 13 (5.3e): Building on the work to date, refresh and expand a Surrey-wide communications campaign around the priority afforded to emotional wellbeing and mental health, the positive preventative steps that individuals can take and the support, services and help on offer.

Objective	What we are doing	What we have achieved and next steps
Development of a Surrey-wide communications campaign	<p>The objective of the campaign is to:</p> <ul style="list-style-type: none"> • build awareness of the range of support available in Surrey • drive an increase in the number of people seeking support for their mental health • contribute to reducing demand on crisis services by signposting people to support contribute to the system's overall goal of tackling health inequalities 	<p>Activity to date:</p> <ul style="list-style-type: none"> • Paid Facebook digital campaign – x3 creatives, targeting x4 key audience groups. Total reach 30k • World Mental Health Day – 4 posts including videos from faces of support, links to national campaign • External comms in Surrey Matters E-Newsletter October edition – circulated to 180k • Internal comms – SCC homepage • Digital activity on YouTube – video assets featuring faces of support <p>Next Steps:</p> <ul style="list-style-type: none"> • Surrey wide leaflet/door drop – 22nd and 27th November • Radio Advertising – launch 22nd November

Figure 6.0 Screenshots of Campaign activity

13



Improving Access		level	NB. Some of this work will be addressed through the GPIMHS programme but further evaluation of interdependencies and the scope of this work is required. W/C 01/11/21
P2 No Bouncing and Improving Access	Addressing recommendation 14 (5.4.1)	Non-acceptance of referrals and bouncing	<p>Further action is required to align the system on Non acceptance of referrals and the definitions of bouncing. Specific projects focussing across the system on the root causes of bouncing need to be mobilised.</p> <p>The immediate priority area is;</p> <ul style="list-style-type: none"> - Review of thresholds for acceptance <p>Other areas to review are;</p> <ul style="list-style-type: none"> - System and Culture around referrals in CMHRS - Contracting and commissioning arrangement around IAPT services - GP referral patterns, quality of referrals - Establishment of a System rule book or code of practice around referral management
P6 Working Together to Break Down Barriers	Addressing recommendation 17 (5.4.3)	Review of Crisis Pathway	Work has already been delivered by PPL to review Crisis pathways; this work now needs to be refreshed in the context of the current operating environment. Plan for the management and delivery of this to be formulated through the MHIP steering group and MH delivery board
P6 Working Together to	Addressing recommendation 18 (5.4.4)	Review of S136	Surrey Police have already been engaged on the review of s136. The first meeting to formulate the structure of this project between the Police Mental

Break Down Barriers			Health leads, SABP and the MHIP is due to take place on the 18/10/21
P7 Digital and Data	Addressing recommendation 6 (5.2.6)	Public Digital Workshops	2 of 3 workshops have already been delivered with a focus on understanding the key system challenges that could be resolved through the deployment of digital solutions. The outcome of this work will be to narrow the scope of the Digital and Data challenge to identify areas and opportunities to mobilise high impact transformational change. The second workshop will take place on 18 th October and final workshop on 15 th November.
All workstreams	Measuring impact	Evaluation	Appointment of resources to support the establishment of the Measurement, Benefits realisation and Evaluation workstream. W/C 25/10/21

12.0 Risks

Risk Number	Risk Description	Impact Description	Mitigation
2	Capacity of workstream leads to provide necessary time commitment to ensure the success of the programme	Pace of the programme and speed at which system mental health challenges can be addressed will be slow	Ensure the necessary Project management resources are in place to support key Programme activities
4	Alignment of the programme to the key priorities of A review of mental health in Surrey - 'A review of outcomes experiences and services'	The programme does not deliver against the recommendations of the A review of mental health in Surrey - A review of outcomes experiences and services	Project mapping exercise to be undertaken and then a gap analysis will be undertaken to assess the programme against the external review recommendations
11	No baseline metrics, KPI's and monitoring to assess and measure the impact of the programme	Difficulty in assessing the impact of the programme and measurable tangible delivery	Introduce a dedicated workstream on Benefits realisation and monitoring with the necessary expertise to support projects in measuring tangible delivery
12	Interdependecies of inflight work to be defined	Duplication of effort , governance structures and potential to de-stabilised already established delivery mechanisms	Project mapping exercise to be undertaken to define Inflight projects and determine the most efficient model for monitoring and assurance through the MHIP back into the system
13	Resources to fund the programme on an ongoing basis	No funding to resource the programme management team and or use as enabling funds to initiate new improvement activities	Business case to be developed and submitted to the system to fund the programme on an ongoing basis

15.0 Financial commitments supporting the programme

Further support will be required from the system to allocate a funding model that will sustain the development of the programme and support the appointment of resources to work alongside Senior leaders and subject matter experts in the delivery of Improvement activities.

The Mental Health Improvement Plan business case is currently in development, this case sets out the requirements for investment to cover the costs already committed in the formation and development of the MHIP to this date.

It also sets out the costs required to sustain the programme to the end of Mar' 22. Please refer to the table below for a draft summary of the programme costs invested at risk and to the end of the financial year 21/22.

In summary the committed costs to date for the programme are £385,000. The estimated additional costs to fund the programme to the end of the financial year 21 are an additional £550,000. The total estimated costs for the programme to the end of 21/22 FY are £935,000

Mental Health Improvement Programme

Executive Presentation for Health and Wellbeing Board

December 2021

Introduction

This pack provides the Health and Wellbeing Board with:

- An Update on progress made since June 2021 when the Health and Wellbeing Board signed off the Mental Health Improvement Plan
- A forward look on key priorities in the coming three months to progress improvement

We have also developed an accompanying word document which provides more detail on this programme

Our Roadmap So Far

Since recommendations were signed off by the Health and Wellbeing Board in June, an ambitious programme of work has been stood up led by the Mental Health Delivery Group to improve how we address mental health for all ages across Surrey. Core changes are focussed on **earlier intervention and prevention (P1)**, **no bouncing and improving access (P2)** and **working together to break down barriers (P6)**

September 2021

MAPPING AND PRIORITISATION

- MH Interim Programme Director starts
- Programme architecture refreshed to focus on high impact core programmes
- Mapping in-flight schemes commences
- School needs offer rolled out
- GPIHMS further spread and scaling
- SABP Executive Directors allocated to Place

December 2021

MEASURING EARLY IMPACT

- MH Summit 1st December
- CF resourcing report complete
- Linguistic landscape early work on ways of working complete
- Cultural diagnostics planning underway
- Findings from user-led design work in SABP

August 2021

PMO/SPONSORS LEAD WORK

- Programme sponsors identified
- PMO support stood up
- Outsourced support commissioned
- IMHN review vision and strategy consulted with Surrey citizens
- Campaign planning work underway
- Work on adult mental health alliance kicks off

October 2021

ACCELERATING PROGRAMME ACTIVITY

- Epsom pilot rolled out
- Mindworks Surrey children's Alliance re-branded
- GP community of practice commences
- Public comms campaign rolled out
- Planning for MH summit commences
- NHSE funding for Tier 4 Unit confirmed

November 2021

STRENGTHENING OUR OFFER

- Public campaign door drop planned
- Impact work commences
- Co-production strengthened
- Digital prioritisation agreed and kicked off.
- Independent review of SABP adult SPA

June 2021

July 2021

CALL TO ACTION

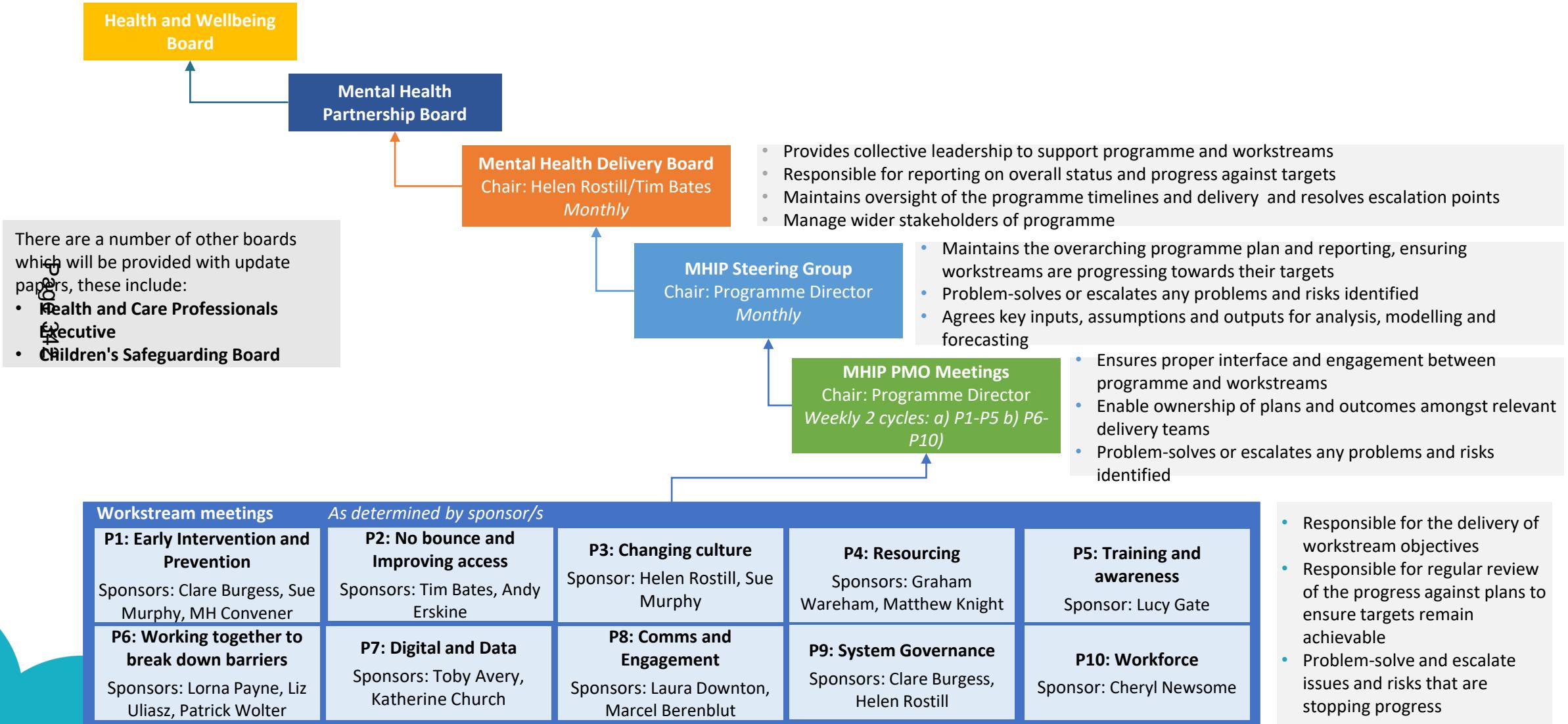
Following MH summit:

- call for action initiated (Dec 20)
- Peer led review undertaken (May 20)
- Health and Wellbeing Board sign off on recommendations

PROGRAMME DEVELOPMENT

- SROs through MHDB kick off work
- System wide workshop delivered
- Programme structure agreed
- Priority programmes identified

How We Are Overseeing Improvements



Key Actions We Have Already Taken: Core programmes (1 of 2)

To manage the scale and pace of the work, we have identified 3 core programmes - **Earlier intervention and prevention (P1)**, **no bouncing and improving access (p2)** and **working together to break down barriers (P6)**. This is based on where we can make greatest impact in the short term to Surrey citizens. Below is a high level summary of completed actions:

P1: Early Intervention and Prevention

- ✓ Revised vision statement co-developed with Surrey citizens
- ✓ Established the Surrey Workforce and Wellbeing Collaborative. Good Mental Health Makes Good Business Sense conference held 30th June.
- Page 8 of 18
- Focussed work and co-production with BAME communities
- ✓ Embedding of new Mindworks Wellbeing champions

The re-worked draft vision

"Together, we build and nurture good mental health and emotional wellbeing for all. If anyone needs help, they will find services on offer for themselves, their family and carers, which are welcoming, simple to access and timely. No one is turned away from a service without being given support to get the help they need"



P2: No Bouncing and Improving Access

- ✓ Embedding VSCEs into Mindworks (children) and Adult Single point of access
- ✓ Standing up professionals lines to support blue light services out of hours
- ✓ 24/7 Safe Haven pilot in Woking completed
- ✓ GP community of practice launched
- ✓ Secured funding for CAMHS Tier 4 specialised provision in county
- ✓ Refresh of Healthy Surrey landing page for ease of access
- ✓ Launch of Mindworks Surrey
- ✓ Mapping of all access points and establishing the E-Hub



P6: Working together to break down barriers

- ✓ Implemented enhanced school based needs offer
- ✓ Launched new enhanced School based Needs model as part of Mindworks
- ✓ NHSE investment secured for further role of GPIMHS now reaching 11 PCNs
- ✓ Launched new pathway for people with traits of personality disorder
- ✓ Young Adults Reference Group established and working on transitions pack
- ✓ NHSE investment secured to support earlier intervention for adults with eating disorders
- ✓ New Epsom Secondary integrated service piloted
- ✓ Community connections in reach service in place to support discharge from adult wards and community integration
- ✓ Created the Surrey Mental Health Alliance Core Group for adult services



Key Actions We Have Already Taken: Cross Cutting Themes and Enablers(2 of 2)

To support the core programmes, we have also accelerated progress on a number of the cross cutting and enabling workstreams. A brief summary of some of the key achievements are summarised below:

P3: Changing Culture

- ✓ Surrey Minority Ethnic Forum, Independent Mental Health Network and Healthwatch Surrey commence lived experience and user-led design work in SABP
- ✓ We have commissioned Linguistic Landscapes to take a deep dive into understanding how, where and why fracture points across the system impacting on the way we work together
- ✓ Young adults reference group to shape and inform new services for 18-25
- ✓ Focussed work on Eating disorders through new Provier Collaborative and community work through FREED programmes

P4: Resourcing

- ✓ Carnell Farrer work has commenced work to review resourcing and capacity across the system for us to better understand demand, allocation, inefficiencies and gaps



P7: Data and Digital

- ✓ 2 of 3 digital workshops facilitated by The Public Office have been completed with the aim of understanding key challenges that could be resolved through the deployment of digital solutions

Measurement, Benefits Realisation & Monitoring

- ✓ Led by Public Health, planning has started with KSS AHSN on developing a framework for measuring the impact the programme is having on Surrey Citizens

P5: Training and Awareness

- ✓ New Collaborative launched with aim of joining up training and scaling up Mental Health First Aid (MHFA), Suicide Awareness and Trauma Informed Care training across frontline staff

P8: Comms and Engagement

- ✓ Commenced System Wide Mental Health Communication campaign
- ✓ Refreshed Healthy Surrey website



In the coming three months we have a range of deliverables planned including:

Programme Area	Next Steps
P1 Early Intervention and Prevention	<ul style="list-style-type: none"> Agree new vision statement Extend engagement with under represented groups and feedback learning to shape vision for early intervention and prevention Implementation of recommendations from the SMEF learning from covid report Produce Surrey Wellbeing Framework and training and resources for businesses Continue design work to improve navigation of the Healthy Surrey Website
P2 No Bouncing and Improving Access Page 345	<ul style="list-style-type: none"> Independent review of the SABP all-age adult SPA thresholds and process, develop improvement plans to drive 'no bounce' and open referral culture As part of the above evaluate Pilot of voluntary sector in SPA and spread good practice Establishment of a System rule book or code of practice around referral management by working with people with lived experience and other stakeholders Mental health provider workshop to develop plans to integrate access points through the primary care E-Hub at PCN level Continue to develop the GP mental health community of practice and use this forum to build relationships with mental health professional leads Complete governance processes for the CAMHS Tier 4 unit, finalise operational and clinical model and architectural plans
P6 Working Together to Break Down Barriers	<ul style="list-style-type: none"> Work has already been delivered by PPL to review Crisis pathways; this work now needs to be refreshed Take forward plans to develop an additional Crisis House in Surrey S136 - Police Mental Health leads, SABP and SCC continue to develop plans to for out of hour support pathway Continue roll out of a further 9 GPimhs sites for 2021/22 Gather insights from the Epsom pilot and develop spread plans to other localities SABP Place alignment work (workshop 11th November) building on Executive leads at Place and identifying operational and clinical leadership Evaluate impact VCSE integration into acute mental health wards and consider spread plans Continue to work with the Public Office to develop the Adult Mental Health Alliance, with sign-off of the MoU expected January 2022 Complete roll out of every school in Surrey having a named practitioner

Programme Area	Next Steps
P3 Changing Culture	<ul style="list-style-type: none"> Launch Linguistic Landscapes work early November, with draft findings expected mid-December SMEF/IMHN/Healthwatch Surrey user-led design work in SABP – posts recruited to and early insights from the 3 moth programme available in December Roll out of new 18-25 Safe Haven based on Young Adults reference Group Going live with new Surrey Heartlands Eating Disorder Provider Collaborative from November 2021
P4 Resourcing	<ul style="list-style-type: none"> Carnall Farrar to complete resourcing review with findings expected in late December 2021
P5 Digital and Data	<ul style="list-style-type: none"> 2 of 3 workshops have already been delivered with a focus on understanding the key system challenges that could be resolved through the deployment of digital solutions. The outcome of this work will be to narrow the scope of the Digital and Data challenge to identify areas and opportunities to mobilise high impact transformational change. The second workshop will take place on 18th October and final workshop on 15th November.
P8 Comms and Engagement	<ul style="list-style-type: none"> Surrey wide leaflet/door drop – 22nd and 27th November Radio Advertising – launch 22nd November
P9 Governance	<ul style="list-style-type: none"> Develop proposals for involvement of people with lived experience and carers within the mental health system governance building on inclusion of voice organisations within the Mental Health Delivery Board
Evaluation	<ul style="list-style-type: none"> Appointment of resources to support the establishment of the Measurement, Benefits realisation and Evaluation workstream. W/C 25/10/21

Summary of key messages

- This is an ambitious programme of work
- We have strong commitment and engagement from system partners
- We have focussed on ensuring the voices of service users, family and carers are well heard and helping us shape our programmes of work
- We are focussing on the areas with greatest impact and will continue to keep this under close review
- A significant amount of work has been delivered at pace which has brought together “in flight” programmes as well as standing up a range of new areas of work
- We have ensured that the Mental Health Improvement Plan adds value and does not duplicate so have aligned to other key strategic priorities and programmes of work
- There remains a need for more resourcing to support the delivery of work
- We will bring back to the next Partnership Board more detail on how programme evaluation and success criteria

MHPB commentary

- Acknowledged the significant effort and good progress to which all partners had contributed and welcomed the detail in the update report concerning activities and practical changes
- Questioned the degree to which these were meaningfully impacting at a middle-management and/or front line/clinical level across the system and sought a focus on this going forwards.
- Keen to hear from schools/teachers on their perceptions of the changes that had and were being made (due to the meeting being held during half-term, none were able to attend. This will be addressed at the next meeting)
- The changing role of the MHPB was recognised as moving towards having a greater emphasis on oversight, scrutiny and challenge, holding the Delivery Board and leads to account.
- Particular focus on ensuring clearer, transparent deadlines and timescales for the delivery or achievement of key milestones for each workstream element to be addressed in advance of the next meeting
- More robust, outcome and evidence-based evaluation is required and planned, which will be presented to the Board's next meeting.