

Surrey Health and Social Care

SURREY-WIDE COMMISSIONING COMMITTEES IN COMMON

AGENDA

This meeting will be webcast live via the Surrey County Council website via: <https://surreycc.public-i.tv/core/portal/webcasts> with the agenda, papers and minutes being published on the Surrey County Council website.

Questions from the public are welcome and should be emailed to the Team in advance of the meeting so a response can be provided, via: syheartlandscg.governance@nhs.net

Committees in Common between the following CCGs and Surrey County Council

NHS Frimley CCG	✓
NHS Surrey Heartlands CCG	✓
Surrey County Council	✓

Date	Wednesday 29 September 2021	Time	10:00 – 10:40
Venue	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)		

Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Convener				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG			
Members				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG (Chair)	✓		
Vacant	Lay Member, Surrey Heartlands CCG	-		
Jonathan Perkins (JP)	Lay Member Finance, Surrey Heartlands CCG	✓		
Steve Hams (SH)	Registered Nurse, Surrey Heartlands CCG	✓		
Dr Claire Fuller (DrCF)	Interim CCG Accountable Officer	A		

Karen McDowell (KMc) <i>On behalf of DrCF</i>	CCG Deputy Accountable Officer/ ICS Chief Operating Officer	✓		
Matthew Knight (MK)	Chief Finance Officer	✓		
Dr Timothy Bates (TB)	GP for Surrey-wide Services, Surrey Heartlands CCG	✓		
Steven Clarke (SC)	Clinical Leader, Frimley CCG		A	
Kathy Atkinson (KA)	Lay Member, Frimley CCG		A	
Tony Fitzgerald (TF)	Lay Member Primary Care, Frimley CCG		A	
Nicola Airey (NA)	Managing Director, Frimley CCG (Chair)		A	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		✓	
Cllr Denise Turner-Stewart (DTS)	Cabinet Member for Education and Learning			✓
Cllr Sinead Mooney (SM)	Cabinet Member for Adults (Chair)			✓
Cllr Clare Curran (CCu)	Cabinet Member for Children			✓
Attendees				
Jo Neville-Rye (JNR) <i>(For Item 7)</i>	Senior Commissioning Manager, Surrey County Council		✓	
Natasha Moore (NM)	(Minute-taker) Governance Manager		✓	

Item No.	Timings	Item	Action	Presenter	Paper No
1.	10:00 (5mins)	Welcome, Introductions and Apologies a) Confirmation of Convener	To note	Convener	Verbal
2.		Declarations of Interest a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. b) To receive any declarations of interest pertinent to items on this agenda.	To note	Convener	1
3.		Quorum *	To confirm	Convener	Verbal
4.	10:05 (5mins)	Minutes from the previous meeting on 30/06/2021	To approve	Convener	2
5.		Action Log	To review	Convener	3
6.	10:10 (5mins)	Questions from members of the public	To respond	Convener	Verbal

7.	10:15 (10mins)	Procurement of Better Care Fund Carers Services Part A	To approve	JNR	4
8.	10:25 (10mins)	Community connections services: contract extension	To approve	Cllr SM	5
AOB					
9.	10:35 (5mins)	AOB	To note	All	Verbal
10.	10:40	Meeting close	To note	Convener	Verbal
Date of future meetings for 2021/22: (all Wednesdays, 10:00- 12:00) <ul style="list-style-type: none"> • 24 November 2021; Virtual meeting • 30 March 2022; Virtual meeting 					

***Quorum** and membership agreed by organisation CCG individually. Details on Quoracy and voting are included in the Terms of Reference for each CCG as below:

Organisation	Quorum
Frimley CCG	One member
Surrey Heartlands CCG	A minimum of three members including: <ul style="list-style-type: none"> • Clinical Chair or GP Member; • A Lay/ Independent Member; and • Accountable Officer or Chief Finance Officer.
Surrey County Council	Any three Cabinet members

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REGISTER OF INTERESTS

Definition of an interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be, impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases, it is important to still manage these perceived conflicts in order to maintain public trust.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each Individual to exercise their judgment in deciding whether to register any interests that may be construed as a conflict. If any Individual is unsure as to whether an interest should be declared then he or she should seek guidance from the Governing Body Secretary or, if relevant, from the committee or sub- committee chair

(Examples below are non-exhaustive.)

Source: [NHS England Revised Statutory Guidance on Managing Conflict of Interest for CCGs](#) and the [CCG's Standards of Business Conduct Policy](#).

Financial Interests

This is where an individual may get Direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A Director, including a non-executive Director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A management consultant for a provider.

This could also include an individual being:

- In secondary employment;
- In receipt of secondary income from a provider;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and having a pension that is funded by a provider (where the value of this might be affected by the success or failure of a provider).

Non-Financial Professional Interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests, e.g. in dermatology, acupuncture, etc.;
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the are Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher;
- GPs and Practice Managers, who are members of the Governing Body or Committees of the CCG should declare details of their roles and responsibilities held within their GP practice.

Non-Financial Personal Interests

This is where an individual may benefit personally in ways which are not Directly linked to their professional career and do not give rise to a Direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

Indirect Interests

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example:

- A spouse/partner;
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend; or
- Business partner.

A declaration of interest for a "business partner" in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners

Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

REGISTER OF INTERESTS: Surrey-wide Commissioning Committees in Common Members and Attendees

Interests **highlighted in yellow** have been updated since the last meeting

Updated: 20/09/2021

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
Nicola	Airey	Managing Director, Frimley CCG	Frimley CCG	Y	N	N	Direct	Executive Managing Director for NHS Frimley CCG, covering Surrey Heath place.	01/01/2021	Present	Interest Noted
			SECamb	N	N	N	Indirect	Close family member is student paramedic Brighton University. Placements with SECamb who provide 999 ambulance services to residents within the CCG area	September 2019	Present	Interest Noted
Kathy	Atkinson	Lay Member, Frimley CCG	Safer Tourism Foundation	Y	N	N	Direct	Chief Executive	01/12/2016	Present	Interest Noted
			Volunteer Action South West Surrey	tbc	tbc	tbc	Direct	Volunteer role as Trustee of VASWS, which has in the past received funding from the CCG.	01/04/2021	Present	Interest Noted
Dr Tim	Bates	Surrey-wide GP, Surrey Heartlands CCG	Fort House Practice, Walton on Thames	Y	N	N	Direct	Senior Partner	01/04/2020	Present	Withdrawn from specific commissioning decisions and discussions
			NICS Federation	Y	N	N	Direct	Practice is a member	01/04/2020	Present	Withdrawn from specific commissioning decisions and discussions
			WHAM PCN practice member	Y	N	N	Direct	WHAM PCN	31/08/2020	Present	Withdrawn from specific commissioning decisions and discussions
			Point of Recovery Ltd	Y	N	N	Direct	Acupuncture company. Ceased practicing medical acupuncture in February 2020 but still hold 25 shares	07/04/2013	Present	Withdrawn from specific commissioning decisions and discussions
			NICS vaccination centres	Y	N	N	Direct	Worked as a GP in vaccine centre	01/01/2021	Present	Interest Noted
Dr Charlotte	Canniff	Clinical Chair, Surrey Heartlands CCG	Sunbury Health Centre	Y	N	N	Direct	Member of Local NICS Federation	2017	Present	Withdraw from specified commissioning discussion and decisions

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
			Sunbury Health Centre	Y	N	N	Direct	GP Partner	2002	Present	Withdraw from specified commissioning discussion and decisions
			SASSE 1 PCN	Y	N	N	Direct	Member of SASSE 1 Primary Care Network	Sept 2019	Present	Withdraw from specified commissioning discussion and decisions
			Sunbury Health Centre	Y	N	N	Indirect	Close family member is Practice Manager	01/012015	Present	Interest Noted
			Various Vaccination Hubs locations across North West Surrey	Y	N	N	Direct	Clinical lead in the Covid Vaccination hubs on an adhoc basis. Most of the sessions have been in seconded CCG time on a free basis but when I have done shifts at the weekend in or my non CCG working time I have raised an invoice for payment.	21/12/2020	Present	Interest Noted
Steven	Clarke	Clinical Leader, Frimley CCG	Brankenswood Healthcare Centre	Y	N	N	Direct	Outside Employment	01/04/2021	Present	Withdraw from specified commissioning discussion and decisions
Clare	Curran	Cabinet Member for Children, Surrey County Council	Bookham United Charities	N	N	Y	Direct	Trustee of Bookham United Charities	tbc	Present	Interest Noted
			Bookham Residents' Association	N	N	Y	Direct	Director of Bookham Residents' Association	tbc	Present	Interest Noted
			Surrey Choices Ltd	N	N	Y	Direct	Non-Executive Director and Chairman of Surrey Choices Ltd	tbc	Present	Interest Noted
Daryl	Gasson	Managing Director, Frimley CCG	No interest(s) to declare								
Tony	Fitzgerald	Lay Member Primary Care, Frimley CCG	Lightwater Surgery	N	N	Y	Direct	Patient at Lightwater Surgery, one of the member practices	01/04/2021	Present	Withdrawn from specific commissioning decisions and discussions
Dr Claire	Fuller	Interim Accountable	Park Road Surgery, Camberley	Y	N	N	Direct	Locum GP	01/08/2017	Present	Withdrawn from specific commissioning decisions and discussions

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
		Officer, Surrey Heartlands CCG	Frensham Heights School	N	N	Y	Direct	Trustee on the Board of Governors	01/01/2016	Present	Interest Noted
Steve	Hams	Registered Nurse, Surrey Heartlands CCG	Gloucestershire Hospitals NHS FT	Y	N	N	Direct	Employee (Director of Quality and Chief Nurse)	Sept 2017	Present	Interest Noted
			University of Worcester	N	Y	N	Direct	Visiting Professor	Nov 2019	Present	Interest Noted
			Curhams Limited	Y	N	N	Direct	Director	Nov 2014	Present	Interest Noted
			Oxford University Hospitals NHS FT	Y	N	N	indirect	Partner is an employee	June 2017	Present	Interest Noted
			Care Quality Commission	N	Y	N	Direct	Well led reviewer	June 2019	Present	Interest Noted
Matthew	Knight	Chief Finance Officer, Surrey Heartlands CCG	No interest(s) to declare								
Sinead	Mooney	Cabinet Member for Adults, Surrey County Council	Governor for Ashford and St Peters NHS Foundation Trust	N	N	Y	direct	I am a SCC appointed Governor for Ashford and St Peters NHS Foundation Trust	01/08/2018	04/05/21	Withdraw from specified commissioning discussion and decisions
Robert	Morgan	Chief Finance Officer, Frimley CCG	East Berkshire Primary Care Out Of Hours	Y	N	N	Indirect	Family member works 10 hours per week as call handler	01/04/2021	Present	Interest Noted
Jonathan	Perkins	Lay Member General, Surrey Heartlands CCG	The Worshipful Company of Spectacle Makers	N	N	N	Indirect	Family member is the Clerk to the Worshipful Company of Spectacle Makers, a City Livery company and I regularly attend events at which senior figures within the optical world are also present.	01/06/2015	Present	Interest Noted
			Princess Alice Hospice	N	N	Y	Direct	Currently an Ambassador for Princess Alice Hospice and a former Trustee	01/09/2016	Present	Interest Noted
			CSH Surrey Mass Vaccination Project	N	N	Y	Direct	A volunteer Vaccinator with CSH on the mass vaccination project in Surrey	17/05/2021	Present	Interest Noted

First name	Last Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
				Financial	Non-financial Professional	Non-Financial Personal			From	To	
Denise	Turner-Stewart	Cabinet Member for Education and Learning, Surrey County Council	Turnex Tools Ltd	Y	N	N	Direct	Employee of Turnex Tools Ltd (aviation company with close family members as directors)	tbc	Present	Interest Noted
			St George's College, Addlestone	N	N	N	Indirect	Close family member employed by St George's College, Addlestone	tbc	Present	Interest Noted
			Staines Parochial Charities	N	N	Y	Direct	Trustee of Staines Parochial Charities	tbc	Present	Interest Noted
CEASED INTERESTS/ PREVIOUS MEMBERS' INTERESTS (to remain on register for 6 months following cessation)											
Mary Ceased as a member May 2021	Lewis	Cabinet Member for Children, Young People and Families, Surrey County Council	No interest(s) to declare								
Jacqui Ceased as a member 30/06/21	Burke	Lay Member Audit, Surrey Heartlands CCG	Bells Solicitors (Farnham)	Y	N	N	Direct	Employment - Part Time Employee: Role - Financial Management	01/01/92	Present	Interest Noted
			Mind Body EDS	N	Y	N	Direct	Volunteer Bookkeeper (Role as Trustee & Chairperson period June 2017 to 06/09/2019). Registered Charity (as of 16/02/2018) "Mind Body EDS". Concerned with Raising Awareness of the Symptoms of Ehlers Danlos Syndromes and providing financial relief to sufferers of the condition.	June 2017	Present	Interest Noted
Tim Ceased as a member 30/07/21	Oliver	Leader, Surrey County Council	Surrey County Council	Y	N	N	direct	Employee	23/05/18	present	Interest Noted
			Surrey Heartlands ICS	Y	N	N	direct	Independent Chair	01/04/19	present	Interest Noted
			HNS Data Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted
			Oakem Associates Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted
			Pledgit Ltd	N	Y	N	direct	Director	23/05/18	present	Interest Noted

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Surrey Health and Social Care

SURREY COMMISSIONING COMMITTEES IN COMMON MINUTES

Committees in Common between the following organisations:

NHS Frimley CCG	✓
NHS Surrey Heartlands CCG	✓
Surrey County Council	✓

Date	Wednesday 30 June 2021	Time	10:00 – 10:05
Venue	Virtual meeting		

Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Convener				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG			
Members				
Dr Charlotte Canniff (CC)	Clinical Chair, Surrey Heartlands CCG (Chair)	✓		
Jacqui Burke (JB)	Lay Member Audit, Surrey Heartlands CCG	✓		
Jonathan Perkins (JP)	Lay Member Finance, Surrey Heartlands CCG	✓		
Steve Hams (SH)	Registered Nurse, Surrey Heartlands CCG	✓		
Dr Claire Fuller (DrCF)	Interim CCG Accountable Officer	A		
Matthew Knight (MK)	Chief Finance Officer	✓		
Dr Timothy Bates (TB)	GP for Surrey-wide Services, Surrey Heartlands CCG	✓		
Steven Clarke (SC)	Clinical Leader, Frimley CCG		A	

Reviewed by: CC (07/07/2021)

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Kathy Atkinson (KA)	Lay Member, Frimley CCG		A	
Tony Fitzgerald (TF)	Lay Member Primary Care, Frimley CCG		A	
Nicola Airey (NA)	Managing Director, Frimley CCG (Chair)		✓	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		A	
Cllr Tim Oliver (TO)	Leader of the Council (Chair)			✓
Cllr Sinead Mooney (SM)	Cabinet Member for Adults			✓
Cllr Clare Curran (CCu)	Cabinet Member for Children			A
Cllr Denise Turner- Stewart (DTS) <i>On behalf of CCu</i>	Cabinet Member for Education and Learning			✓
Attendees				
Natasha Moore (NM)	(Minute-taker) Governance Manager		✓	

Item No.	Discussion and actions raised	Who	By when
1	<p>Welcome, Introductions and Apologies The Convener welcomed members and attendees; apologies were received as detailed above.</p> <p>The Convener notified members and those present that the meeting was being webcast live via the Surrey County Council website. Additionally, she reminded all present that the meeting would be recorded for administration purposes only; and the recording would be deleted once the minutes had been approved.</p> <p>The Convener also confirmed that the Surrey County Council Committee were meeting 'in person' to fulfil their decision-making requirements. NHS Frimley and NHS Surrey Heartlands CCGs were meeting virtually.</p> <ul style="list-style-type: none"> • Confirmation of Convener The Committees confirmed CC as Convener for this meeting. 		
2	<p>Declarations of Interest</p> <p>a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. The Convener noted the register of members' and attendees' interests included in the meeting papers. The Chair invited members and attendees to report any new declarations or any amendments to the register. The following was raised:</p> <ul style="list-style-type: none"> • NA noted that the entries pertinent to Frimley CCG required review following the creation of Frimley CCG from April 2021, however she confirmed that the content remained accurate. <p>b) To receive any declarations of interest pertinent to items on this agenda. The Convener invited members and attendees to report any conflicts pertinent to items on this agenda. None were received.</p>		
3	<p>Quorum The required quorum was met for the following organisations:</p> <ul style="list-style-type: none"> • NHS Frimley CCG • NHS Surrey Heartlands CCG • Surrey County Council 		
4	<p>Minutes from last meeting on 31/03/2021 The minutes of the last meeting were presented. The following minor amendment was raised:</p> <ul style="list-style-type: none"> • TB requested that 'TB' be amended to 'TO' in the minutes in 		

Item No.	Discussion and actions raised	Who	By when						
	<p>reference to an additional interest.</p> <p>Decision Applicable to:</p> <table border="1" data-bbox="252 376 1070 495"> <tr> <td data-bbox="252 376 933 416">NHS Frimley CCG</td> <td data-bbox="938 376 1070 416">✓</td> </tr> <tr> <td data-bbox="252 416 933 456">NHS Surrey Heartlands CCG</td> <td data-bbox="938 416 1070 456">✓</td> </tr> <tr> <td data-bbox="252 456 933 495">Surrey County Council</td> <td data-bbox="938 456 1070 495">✓</td> </tr> </table> <p>The above Surrey-wide Commissioning Committees:</p> <ul style="list-style-type: none"> • APPROVED the minutes of the last meeting, subject to the above minor amendments. NM to amend. 	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓	NM	23/07/2021
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								
5	<p>Action Log</p> <p>It was noted that shaded actions on the log were marked as completed and would only be discussed by exception. All actions had been completed.</p>								
6	<p>Questions from members of the public</p> <p>No questions from the public were received.</p>								
7	<p>AOB</p> <p>No other business was raised.</p>								
8	<p>Meeting close</p> <p>Meeting closed at 10:30.</p>								
<p>Date of next meeting: Wednesday 29 September 2021, 10:00- 12:00; Virtual meeting</p>									
<p>Signed and agreed by:</p> <p>Date: DD MMM YYYY</p> <p>Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG (Convener)</p>									

Surrey-wide Commissioning Committees in Common Action Log- Part I

Last updated 06/07/2021; NM

Meeting where action raised	Agenda Number/ Item	Action	By whom	Deadline	Status	Update
30/06/2021	4. Minutes of the previous meeting	NM to amned 'TB' to 'TO' in the minutes with reference to declarations of interest.	NM	23/07/2021	Completed	06/07/2021- Minutes amended.

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Agenda item: 7

Paper no: 4

Title of Report:	PROCUREMENT OF (BCF) CARERS SERVICES: PART I	
Status:	TO APPROVE	
Committee:	Surrey-wide Commissioning Committees in Common	Date: 29/09/21
Venue:	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)	
Presented by:	Jo Neville-Rye, Senior Commissioning Manager, SCC	
Author(s)/ Lead Officer(s):	Jo Neville-Rye, Senior Commissioning Manager, SCC Anna Waterman, Head of Commissioning Disabilities and Carers Shelley Prince, Head of Commissioning – Children’s Health and Wellbeing	

Executive Summary:

The prevention and early intervention services that currently support carers are in place to the end of March 2022.

In October 2021 a formal tendering process is scheduled. This will be underpinned by refreshed specifications that signal a new approach that is future facing and seeks to establish carer friendly practice across the health and social care system and community inclusion for people who have additional caring responsibilities.

The refreshed specifications address issues regarding equity of access that were highlighted in developing the Carers Strategies, ones that are common across the country. Some services represent the next evolutionary step in provision, others represent a more significant shift in approach, reflecting legislation and good practice, for example in place shaping, and building on learning from experience during the Covid-19 pandemic.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting:	Committee name: Health Select Committee Meeting date: Paper circulated outside of meetings Outcome: No concerns highlighted	
Freedom of Information:	Open – no exemption applies. Paper is suitable for publication. There is a Part II paper that provides additional financial information.	✓

Decision Applicable to:

Decision applicable to the following Committee/s:	NHS Frimley CCG	✓
	NHS Surrey Heartlands CCG	✓
	Surrey County Council	✓

Recommendation(s):

The above Surrey-wide Commissioning Committee/s are asked **TO APPROVE** the Procurement plan for Carers services.

Reason for recommendation(s):

Improving support for and the experience of carers is a key objective of Government as set out in the National Carers Action Plan 2018-2020 and locally in the Surrey Adult Carers Strategy 2021-2024 and the Young Carers Strategy 2021 -2024, due to be published in November 2021. Supporting, empowering and enabling carers to look after their physical health and wellbeing is be a priority; providing a responsive breaks service for adult carers in Surrey is a key tool in meeting this priority. Support that prevents the escalation of need through early intervention enables carers to protect their own health and wellbeing and cost effectively reduces the need for statutory services.

In relation to Children's services, the procurement of the young carers provision will seek to support, advocate, raise awareness and recognition of young carers, whilst seeking to reduce the inequalities linked to being a young carer.

Next Steps

The proposed route to market is through setting up a new framework agreement under the light-touch regime as the most suitable approach for commissioning of Carers Services for Adults and Children's. The light-touch regime allows more flexibility to design the tender and award criteria during the procurement process.

The procurement process commencing in October 2021 that will ensure that new contracts are in place for 1st April 2022 when current contracts will end. Unless otherwise stated, the services to be procured will be subject to four-year contracts with extension option with cumulative duration up to 36 months.

Procurement process key dates:

Documents issued to Bidders via tender platform	Early October 2021
Tender Live (to the market)	30 Days
<ul style="list-style-type: none"> Clarification period (bidders can ask questions via the tendering platform) 	Open from tender go live date, closes 7 days before tender submission deadline
Suppliers submission deadline	Early November 2021
Contract award	December 2021
Mobilisation	January to March 2022
Contract start date	1 April 2022

1. Context

1.1 Introduction

A carer is someone of any age who provides unpaid support to family or friends who could not otherwise cope. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Based on the 2011 Census and population projections we can estimate that in 2016 there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population¹.

Unpaid carers make a considerable contribution to the health and social care economy. Based on the Valuing Carers 2015 research, if carers' support had to be replaced with provision from statutory services, it would cost the NHS, social services and other statutory bodies around £32 billion a year nationally, £1.8 billion a year in Surrey². Support for carers in the community is an important factor in preventing emergency admission.

The latest data for Surrey shows 7,430 carers getting a Carers Allowance payment in November 2015, which amounts to 24% of the total carers that care for more than 20 hours per week, and 37% of the carers who provide care for more than 50 hours per week.

Effective support for carers is critical for the effective delivery of both health and social care services.

1.2 Impact of caring responsibilities

The caring role can be detrimental to carers' health, including stress and physical injury. The educational, social and personal development opportunities of young carers might also be affected. Young Carers "are at greater risk of mental and emotional difficulties and are more likely to do badly at school or college"³

Many family carers of young people express concerns about what will happen to their relatives after they leave full time education, with the transition process described as 'falling off a cliff'⁴.

Family carers of adults commonly express concerns about what will happen to their relatives when they are no longer able themselves to provide care and support.

Carers may experience financial hardship as a result of their caring role as their ability to maintain paid employment can be reduced.

1.3 Responsibilities of Local Government

The Care Act 2014 mandates that Councils must consider the impact that the role of carer has on the carer's wellbeing:

- Supporting them to maintain their own independence, physical health and emotional wellbeing
- Supporting them to manage their caring roles and have a life outside of caring;
- Ensuring they receive the right support, at the right time and in the right place;

¹ Office for National Statistics. 2011 Census and population projections. Available from: <https://www.ons.gov.uk/census/2011census/2011censusdata>

² Carers UK. Valuing Carers 2015 – The Rising Value of Carers' Support, 2015. Available from: <http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

³ Young Adult Carers: The Impact of Caring on Health and Education - Becker - 2019 - Children & Society - Wiley Online Library

⁴ <http://static.carers.org/files/policy-and-resources-pack-final-low-res-4604.pdf>

<https://carers.ripfa.org.uk/overarching-resources/evidence-review-of-social-work-practice-with-adults-and-carers/>

- Respecting the carer’s decision about how much care they will provide⁵.

1.4 Commissioned support

SCC spends £6.92m on carers services: £6.52m on a range of contracts & grants covered by the procurement in this paper and £0.4m on care packages for carers (largely direct payments) sourced by social care practitioners as agreed as part of developing support plans to meet individuals’ assessed care needs. The services outlined in this paper focus on prevention and early intervention, support that is available to carers before they have received a Care Act ‘carers assessment’ or when they have been assessed but found ineligible for the statutory offer.

All Commissioning of prevention and early intervention support for Carers is done jointly with our NHS Colleagues, with SCC taking the lead, using the ringfenced ‘Carers Budget’ within Surrey’s Better Care Fund. There is a Carers Commissioning Group which oversees all prevention and early intervention activity and comprises Adult Social Care Commissioning, Children’s Commissioning and CCG Commissioners.⁶ The Commissioning Group is supported by a joint Carers Team comprising a Senior Commissioning Manager and a Commissioning Manager, both hosted by ASC, an NHS Partnership Manager (Carers) hosted by Surrey Heartlands Integrated Care System and an Integrated Carers Programme Lead hosted by Surrey Heartlands Integrated Care System, a Senior Commissioning Officer and Commissioning Officer for Children’s Services.

There is a mix of contracts and grant agreements with third sector organisations⁷. The current set of services, listed in appendix one, are coming to the end of a four-year lifespan.

2. Procurement Activity Autumn 2021

- 2.1 The Carers Strategy 2021-2024, signed off at the Health and Wellbeing Board in June, refers to the procurement process commencing in October 2021 that will ensure that new contracts are in place for 1st April 2022 when current contracts will end.
- 2.2 Unless otherwise stated, the services to be procured will be subject to four-year contracts with the option for two extensions, cumulative duration up to 24 months. Refreshed service specifications align with feedback received from carers and other stakeholders. Services targeted to Young Carers, the Strategy, 2021 -2024, due to be published in November 2021, have been informed by the refreshed needs assessment, consultations of young carers and their families and system partners, to inform the future service model.
- 2.3 The values of each service to be procured is the subject of a Part II paper. If the procurement plan is approved at CiC in September, the formal process for the procurement will commence. The services are:

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf>

⁶ Support provided as a result of Care Act Carers Assessments is funded through Adult Social Care budgets. Personal Health Budgets are used by GPs to ensure that Carers have timely access to support that can prevent their needs from escalating to a level where they require statutory support.

⁷ Generally grant agreements are for a finite period of time, for a lower level of funding and commonly used when innovative work / new approaches are being piloted.

2.3.1 Carers Hubs

These will provide a range of high-quality services to adult carers with the aim of improving their quality of life: this includes emotional, financial, physical and mental health and wellbeing. There will be five, in alignment with the Place Based Partnership areas⁸.

Services will include information, advice, support and advocacy to individual adult carers and young adult carers in Surrey. They will comprise a virtual as well as face-to-face offer.

A personalised approach will be taken to supporting individual carers. As part of a whole family approach, children in the household who may be young carers should be identified and referred for support as appropriate.

2.3.2 Supporting Young Carers

The specification will adopt a whole family approach and will seek to undertake the following:

- Early identification of young carers across education settings and by GPs to reduce health and education inequalities
- Improved school-based awareness, development of appropriate programmes of support for young carer, training, and development for staff
- Appropriate, easily accessible, and timely support and activities which reduce isolation, stress and poor emotional wellbeing and mental health
- Improved access to information and easier communication for young carers, parents/carers and practitioners about what resources and information is available for young carers
- Place based provision – recognising that for a Young Carer, navigating the large geographical span of Surrey can be very difficult and daunting, with a limited public transportation offer

The service will seek to address the inequalities faced by young carers and work with/engage system partners to realise the outcomes set within the specification. Direct payment to young carers may be allocated following assessment to alleviate the financial burden that young people incur as a result of their caring responsibilities.

The service will be young carer centric and assist young carers and their families to navigate all of the touchpoints/pathways that young carers may engage.

The Emotional Wellbeing and Mental health response to young carers is being reviewed and will be piloted within the new emotional wellbeing and mental health alliance contract, to ensure a seamless system response to associated support needs.

2.3.3 Replacement Care and Carer Breaks

Respite care allows the family carer to take a break from care-giving; to recharge, ease their stress, and avoid burnout. The longer a family carer can provide appropriate care, the longer their relative is able to stay comfortably at home⁹. The service is available to carers of all ages

This service will offer individually tailored flexible support, following an assessment by the provider to understand the carer's role and needs. The replacement care

⁸ Farnham and Englefield Green will be covered by services provided to G&W PBP area and NWS PBP area respectively.

⁹ <http://themosaiccaregroup.co.uk/2017/03/17/how-family-caregivers-can-benefit-from-respite-care/>

might either be home based or take the individual receiving care on a leisure activity. The service will be designed to relieve stress on carers and their families, to help sustain the caring relationship and to enable the carer to have time to themselves.

2.3.4 End of Life Replacement Care and Carer Breaks

This service largely mirrors the above service, focusing on the specific support needed by carers who are caring for someone at the end of life (with a prognosis of approximately 12 months of life or less). It has strong focus on the ability to deliver positive outcomes for carers and the person/s they care for. The service is available to carers of all ages.

2.3.5 Supporting Carers' Personal Health Budgets

The service will process payments for the GP Carer Personal Health Budgets Scheme in Surrey, managing the process from end-to-end; receiving and processing referrals from GPs via the Surrey Carers Prescription; liaising with carers to understand their needs and create meaningful support plans; onward referral to other carer information and support services; processing of direct payments to carers under the scheme. This PHB Scheme is funded entirely by the NHS and is distinct from the Care Act carers assessments undertaken within social care. The contract will be for three years with the option for two extensions, cumulative duration up to 24 months.

2.3.6 Supporting Carers in Hospital Settings

This service is specifically aimed at supporting carers in a hospital setting and carer contact will usually take place within the hospital. It provides person-centred advice, information, support and advocacy to carers and is a key tool in helping carers navigate the range of care and support options available, facilitating interaction with hospital staff and teams, enabling carers to better understand hospital processes and be partners in decision making (e.g. discharge). The contract will be for three years with the option for two extensions, cumulative duration up to 24 months.

The service's other aim, through close partnership working, is to ensure hospitals are carer friendly environments, empowering staff to be more 'carer aware'; recognising carers who might need support, understanding issues they may face, and the importance of their role as 'partners in care'. The service is available to carers of all ages.

2.3.7 Carer Emergency Planning and Carers Passports

In line with the commitment in the NHS Long-Term Plan, this service will ensure that carers do not have to cope alone in emergencies. Adopting a strength-based approach, the service will support carers to create a personalised emergency plan that identifies and records the support available in emergency situations. Where possible, plans will focus on enabling carers to manage within their existing capacity and personal networks; where this is not possible, the service will identify and facilitate options for replacement care (short-term). The service will provide and promote to stakeholders, including 'blue light services', a single point of contact for carer emergency planning, enabling plans to be activated 24 hours a day, 365 days a year and, where necessary, providing support to carers to activate them. The service is available to carers aged 18 years and over. As this is a new service, the contract will be for a period of three years with the option for two extensions, cumulative duration up to 24 months.

2.3.8 Independent Giving Carers a Voice

Giving Carers a Voice is key to delivering Surrey's commitment to co-design and co-production, ensuring that carers of all backgrounds and experiences are part of designing, developing, shaping, monitoring and evaluating services. The service will enable and facilitate regular, meaningful and diverse opportunities for carers voices to be heard and have influence, essential if services are to be planned effectively, and using a strength-based approach.

As the specification for this service is significantly changed from the 'Voice' service currently in operation, the contract will be for a period of three years with the option for two extensions, cumulative duration up to 24 months.

2.3.9 Service(s) Carers of people using Mental Health Support

This is a new service, as a result of feedback received during the development of the Carers Strategy. The specification will be co-produced with stakeholders, notably the Independent MH Forum and it is anticipated that it will initially be piloted over two/three years to inform a longer-term approach. The service will not be procured as a lot within the wider procurement process but will initially be established as a pilot, with an intended start date of Spring 2022, duration to be determined.

The service will aim to:

- Support carers of people with mental ill health, taking a whole family approach
- Through close partnership working, establish carer friendly environments within Mental Health acute settings
- Ensure that Mental Health Community Services operate using Carers Friendly practice

Currently, an 'Online Support for Mental Health Carers' service is commissioned. This addresses the specific needs of mental health carers, providing them with online psycho-educational support, which will engage, educate, and train carers to develop personalised strategies and build on their carer skills and abilities so they can care with more confidence. Multiple individuals (e.g. families) can participate in sessions in order to maximise the benefits and outcomes of the intervention; and to reduce risk of other logistical barriers impeding access. The specification will be reviewed along with the development of the specification for the broader service outlined above and therefore will not be procured as a lot within the wider procurement process but alongside the pilot service.

2.3.10 Moving and Handling

This service will provide individual, personalised moving and handling information, advice and support to adult carers in Surrey, through a mix of one-to-one provision (including in people's own homes) and a suite of online resources. It will provide information and practical support (e.g. moving and handling techniques), as well assisting with sourcing specialised equipment when necessary and as appropriate. The service will be provided by appropriately trained and qualified staff, working with a wide range of professionals and practitioners (e.g. occupational therapists, GP surgeries, district nursing). During the lifespan of the contract, the Carers Team will be seeking to ensure that mainstream support is suitably resourced to support Carers and therefore render a separate service unnecessary. In the light of this, the contract will be for a period of three years with the option for two extensions, cumulative duration up to 24 months.

- 2.4 It has been agreed that Carers themselves will evaluate specific method statement(s) to ensure that their views are integral to the evaluation process. The full set of evaluation questions are currently being finalised.

3. Consultation / Public Engagement

- 3.1 The approved Strategy, a public document, was co-created with a range of stakeholders and the final draft taken out for wider engagement Nov 20 – Jan 21. Appendix four of the strategy details engagement initiatives.
- 3.2 The Young Carers Strategy is due to be published in November 2021. The needs assessment and extensive consultation that has been undertaken across the system and with carers and their families to develop the strategic direction have informed the specifications.
- 3.3 A market engagement event to establish dialogue with potential providers of the services was held in June 2021. A second one will be held shortly before the tender goes live.
- 3.4 Councillor Mooney, the Cabinet Member for Adults and Members' Lead for Carers has monthly updates with the Head of Service and the ASC Area Director Lead for Carers. A briefing note regarding the intended procurement was circulated to SCC's Adults and Health Select Committee in July 2021.
- 3.5 All commissioning activity is joint with our health colleagues and is steered through the joint Carers Commissioning Group. At its meeting on 28 June 2021, the Commissioning Group, chaired by Sue Tresman, Independent Carers Lead for Surrey Heartlands, approved draft specifications for each of the services (with the exception of the new service 'Support for Carers of people using Mental Health Services', as this is a new service for which the specification will be co-produced).
- 3.6 As referenced above, the tender appraisal panels will include carers (adults and Young Carers).

4. Risk Management and Implications

- 4.1 The providers of the current services may challenge the approach to establishing a system of support for carers. However this is seen as a low risk, given the following mitigation activity:
- 4.1.1 The specifications, as refreshed, stress the importance of the different service providers to work in partnership with each other and as an integral part of the wider health and social care system. This responds to feedback that customer journeys should be improved.
- 4.1.2 The specifications will require providers to evidence the delivery of outcomes differently than previously required. This is to ensure that there is a shared understanding and evidence base of what needs to be done for carers in the future
- 4.1.3 The refreshed specifications also stress the importance to pro-actively monitor uptake against the demographic breakdown of Surrey and to take corrective action if particular groups are under-represented. This responds to a specific theme in the

feedback received in the development of the strategy – that we needed to ensure the offer was equitable, ensuring fair access to services for all carers.

- 4.1.4 The specifications are founded on feedback from partners in the development of the Strategy. The market engagement events also discussed the revised model.
- 4.2 The contract for some of the services, for example ‘Support for Carers of people using Mental Health Services’ and ‘Carer Emergency Planning’, will have a shorter lifespan than the majority of the services. This is to reflect the fact that they are new pilot initiatives. Evaluation of the new pilot services will inform a longer-term approach.
- 4.3 There is a risk that current providers might perceive the budgetary adjustments as a cost cutting exercise.
 - 4.3.1 Some of the specifications are significantly different and the financial envelope attached is therefore also different to that attached to the current services.
 - 4.3.2 The refreshed services will offer greater value for money. Benchmarking data suggests that some services can be provided more cost effectively, in part by greater use of the wider health and social care system and in part by restructuring the pricing model for some services.

The adjustments to the financial allocation should facilitate current providers in recognising the strategic vision as set out in the tender paperwork. Furthermore, the cumulative value of the services being procured will demonstrate that the level of funding for the services has not been reduced. This is therefore considered to be a low risk.

- 4.4 The specifications that support the current contracts were developed over five years ago and do not reflect current strategic drivers such as:
 - Strength Based approaches to care and support
 - Addressing inequalities in health
 - Place-shaping
 - Community inclusion
 - Facilitating resilient communities

The end of the current contracts’ lifespans on 31 March 22 provides an opportunity to ensure that the services from April 2022 respond to these drivers.

5. Financial and ‘Value for Money’ Implications

- 5.1 As indicated in section 4.3.2 above, the new contracts will offer greater value for money. Benchmarking data suggests that some services can be provided more cost effectively, in part by greater use of the wider health and social care system and in part by restructuring the pricing model for some services.
- 5.2 The cumulative value of the services to be procured, including the direct payment they will administer will be £5.653m. This is 87.8% the Carers Budget, a ring-fenced element of the Better Care Fund of value £6.52m.
- 5.3 In order to ensure that support for carers is recognised as ‘everyone’s business’ approximately 4.7% of the Carers Budget is being directed to SCC’s Contact Centre and services that support young people, with additional

reporting requirements to monitor access to and uptake of these services by Carers and Young Carers respectively.

- 5.4 There is within the budget provision for an innovation fund, which will be used for initiatives to address needs that become apparent in-year. It currently has a value of £168.5k but can be expected to flex depending on:
- i the confirmed value of the overall Better Care Fund, expected winter 2021/2022;
 - ii performance against the 'cap and collar' contracts outlined below.
- 5.5 A portion of the Carers Budget is retained to cover infrastructure costs (4.9%).
- 5.6 The total value of carers services funded by the Better Care Fund has increased in recent years as SCC and NHS partners have recognised the vital contribution that carers services make to the health and social care economy in Surrey. The current total financial envelope will remain the same for the proposed procurement of new carers services set out in this paper, but it is expected greater value will be generated from the newly procured services which will contribute to mitigating pressures in ASC and the NHS.

6. Section 151 Officer Commentary

- 6.1 Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
- 6.2 As such, the Section 151 Officer supports the proposed procurement plan for carers services set out in this paper on the assumption that these services remain funded by the Better Care Fund. At present, the government has not confirmed the future of the Better Care Fund beyond 2021/22 and so SCC and NHS partners will need to review how these services are funded subject to further government announcements about the future of the Better Care Fund. Should the government withdraw, reduce or change the basis of current funding provided through the Better Care Fund during the term of the carers services that are procured then it may be necessary to alter the delivery of these carers services subject to what alternative funding is available to SCC and NHS partners. The outcome of the procurement will be factored into the Medium-Term Financial Strategy.

7. Legal Implications – Monitoring Officer

- 7.1 This report seeks approval of the Committee in Common to approve the plan to procure carers services up to a value of £6.5 million.
- 7.2 Under the Constitution Part 3 paragraph 8.28 the Committee in Common has authority to make strategic decisions relating to the Better Care Fund programme. Following approval, the report must go to Cabinet for approval of funding and placing

the procurement plan on the Annual Procurement Forward Plan, Procurement and Contract Standing Orders order 1.6.

- 7.3 Pursuant to the Public Contracts Regulations 2015 (as amended) the services must be procured competitively in accordance with one of the stated procedures. The correct procurement decision has yet to be decided for this procurement.
- 7.4 Under the Care Act 2014 the Council has a general duty in exercising its functions under Part 1 of the Act to promote the well-being of individuals.

8. Equalities and Diversity

- 8.1 The association between socio-economic deprivation and caring is now well established, and it is recognised that caring can affect health outcomes.
- 8.2 Based on the 2011 Census and population projections, Surrey's 2016 projected BAME carers population is 18,817 (16.3% of the total carers population). This group has been identified as facing particular difficulties in accessing and using support services¹⁰ for reasons such as language barriers and a lack of culturally-appropriate information.
- 8.3 As is the case in many authority areas, there is under-identification of young carers in Surrey.
- 8.4 Feedback from stakeholders including individual Carers, as the Carers Strategy 2021-2024 was developed, was that carers of people with mental ill-health, people with dementia and people on the autistic spectrum had poor access to support in Surrey. We are addressing this in the services procured in the Autumn, as outlined in section 1.5.9 above.
- 8.5 An EIA informed the development of the strategy and is included as a background paper to this report.
- 8.6 An EIA specific to the procurement of services is in draft form and will be submitted to the Directorate Equalities Group in September.

9. Other Implications

- 9.1 **Business continuity:** The specifications for carers' services outlined in section 1.5 have been significantly refreshed. Depending upon the outcome of the procurement process, providers may remain the same or may change. Regardless of outcome, the procurement process builds in a mobilisation period of three months which will facilitate the necessary changes to be implemented.
 - 9.2 **Safeguarding Responsibilities for Vulnerable Children and Adults:** The contract terms and conditions include reference to action to prevent and/or respond to safeguarding incidences that is required of the provider.
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¹⁰ In line with [GOV.uk guidance](https://www.gov.uk/guidance), we use 'ethnic minorities' to refer to all ethnic groups except the White British group. Ethnic minorities include White minorities, such as Gypsy, Roma and Irish Traveller groups.

Consulted:

Details of who has been consulted:

1. Councillor Sinead Mooney, Cabinet Member for Adults and Members Lead for Carers
2. Councillor Alison Griffiths, former Members' Lead for Carers
3. Avril Mayhew, ASC Area Directors' Lead for Carers
4. Hayley Connor, Director of Commissioning, CFLC
5. Carers Commissioning Group:
Sue Tresman, Independent Carers Leads for Surrey Heartlands
Steve Manley and Cyane Sullivan, Frimley Integrated Care System
Adam Watkins, formerly Senior Joint Carers Lead, now Joint Carers Programme Lead
Debbie Hustings, NHS Partnership Manager for Carers
Gary Wood, Commissioning Officer for Children's Health and Wellbeing
Ron Critcher, Carers Commissioning Manager, ASC SCC
Jo Neville-Rye, Senior Commissioning Manager
6. A Market Engagement Event was held on 10 June 2021. The organisations that attenders include: White Lodge Centre, Simply carers, County Care, Complete care, Action for Carers, Sovereignty care, Kind care UK, Surrey SILC, Care mark, Healthwatch Surrey, Agincare.com, Assist care group, Autism Hampshire, Home group, Heart view care, People plus, Space2byou, Surrey Choices, Watershed care, Optima care, Sylvian care, Carer centre, Runnymede, Complete care, People plus, Watershed care and Princess Royal Trust for Carers Hampshire. The specifications have evolved as a result of feedback received.
A second Market Engagement Event will be held shortly before the tender goes live.
7. The approved Adult Carers Strategy, a public document, was co-created with a range of stakeholders and the final draft taken out for wider engagement Nov 20 – Jan 21. Appendix four of the strategy outlines engagement initiatives.

Annexes:

Slide pack used at the market engagement event on 10 June 2021- attached.

Sources/background papers:

- [Carers Strategy 2021-2024](#)
 - [EQIA: approved for the strategy in May 2021](#)
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Surrey Carers Services

Market engagement on Carers
Services Procurement

10th June 2021



Section 1. Introduction (20 mins)

1. Agenda and purpose of the market engagement event
2. Meet the team
3. Overview of carers in Surrey
4. Overview of Surrey Carers Strategy 2021-24

Section 2. Information on the services (15 mins)

5. Information on the Lots
6. Further technical information

Section 3. Outline of approach to the tender (15 mins)

7. High level outline of tender process
8. Indicative timescales
9. Questions received by e-mail

Questions and answers

Close

Meet the team

- ❖ **Sue Tresman**, Independent Carers Lead
- ❖ **Anna Waterman**, SCC Head of Commissioning for Disabilities, Autism, Carers and for East and Mid Surrey
- ❖ **Debbie Hustings**, NHS Partnership Manager for Carers
- ❖ **Jo Neville-Rye**, SCC Senior Commissioning Manager for Carers
- ❖ **Ron Critcher**, SCC Commissioning Manager for Carers
- ❖ **Adam Watkins**, Senior Joint Carers Lead
- ❖ **Shelley Prince**, SCC Head of Commissioning for Children's Health and Wellbeing
- ❖ **Gary Wood**, SCC Commissioning Officer for Children's Health and Wellbeing
- ❖ **Cyane Sullivan/Steve Manley**, Frimley Integrated Care System
- ❖ **Tarek Alakari**, SCC Procurement Manager

Welcome and House Keeping

- Today's session is scheduled for 2 hours.
- This event is being recorded and will be shared with all participants within 24 hours, please inform us now if you don't consent of being recorded
- Q&A time will follow presentation, please send your questions at any time using chat feature.
- Please remain muted unless you need to speak to minimize background noise while presenting.

Who are carers?

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age looking after siblings, parents or other relatives.

Overview of carers in Surrey

- From the 2011 Census and subsequent population projection figures, there are an estimated 115,216 carers of all ages who live in Surrey. This includes 31,850 people caring for more than 20 hours a week, while 68,943 juggle work with caring.
- We have 18,870 carers from ethnic minority communities and there are also an estimated 14,700 young carers under the age of 18.
- Carers UK research undertaken by YouGov (June 2020) indicates that there are an estimated 4.5 million new carers nationally due to COVID-19 who are not reflected in the figures above. New data will be provided by the 2021 Census.
- The GP Patient survey estimates the real caring population is nearer 17%. For Surrey this would mean a caring population is closer to 200,000 carers of all ages.
- See the Surrey Joint Strategic Needs Assessment (JSNA) for more details on the numbers of carers in Surrey and their needs:
 - [JSNA Data about Carers](#)
 - [JSNA Data about Young Carers and Young Adult Carers](#)
- The work that carers do is incredibly important, not just to those for whom they care but also for the wider health and care system; it is estimated that unpaid carers save the public purse approximately £1.8 billion per annum in Surrey alone by caring for individuals who would otherwise need more support from the state.

Surrey Carers Strategy 2021-24

The Surrey Carers Strategy 2021-24:

- is informed by Government legislation, national and local policies, National Institute for Excellence (NICE) Guidance and, most importantly carers' views and wishes;
- provides the chance to reaffirm our commitment and determination to help carers continue caring if that they are willing and able, and to support their health and wellbeing by achieving outcomes they have identified matter most to them;
- has been developed in line with "Together for Carers", a memorandum of understanding between health and social care and a wide range of partners to work together to enhance support for carers of all;
- identifies priorities that build on those previously included in our strategy for 2016 to 2020, taking account of progress towards them and feedback from our carers and many varied organisations supporting them within our Surrey network.

Strategic priorities

Commissioning
high quality
services for
carers

Promote carers'
rights

Increase
visibility of
carers

Strengthen
carer voice

Support working
carers

Effective
communication
and
engagement

Our vision is:

“Surrey should be a place where carers are recognised, valued and supported, both in their caring role and as an individual. Carers will be respected as partners in care, will have a strong voice that influences improvement, and will be able to access the support they need, when they need it, and in the way that works best for them. This support will be available equally to all carers.”

Values

Carers have told us about the values they believe should underpin all action and we have put them at the heart of the strategy. They have also been shaped by contributions from our partnership of NHS and social care, children’s services, our borough and district councils, education, voluntary, and community and faith sector, comprising many local charities and groups.

- ✓ ***Carer focused***
- ✓ ***Inclusivity***
- ✓ ***Whole family***
- ✓ ***Collaboration***
- ✓ ***Every contact counts***
- ✓ ***Continuous improvement.***





Implementing and monitoring the strategy

- Delivery of the strategy will be overseen by the Carers Strategic Partnership Board.
- A joint 'carers dashboard' is in development, in co-production with the Carers Strategic Partnership Board, which will draw together performance data to monitor progress. Health and social care will develop a joint local Carers Outcomes Framework that addresses national performance measures and those identified locally.
- Each partner in Surrey will use an agreed set of key performance indicators (KPIs), to include those developed to monitor outcomes specific to their service/s. These will be reported on using their local governance procedures, with oversight through contract monitoring arrangements.
- Carers should be routinely involved in performance monitoring and evaluations. We will revisit with carers the commitments we have made, including what we have said they can expect as part of our Vision, and whether the strategy is making a difference to them.

Young carers

There is a significant number of young carers in Surrey – children and young people who provide support and/or care. We are committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate. A Young Carers Strategy is being developed in the first half of the financial year 2021-2022. This considers the specific experience of young carers and the needs they present. It commits to ensuring the support available to them is appropriate, tailored and readily accessible. The Young Carers Strategy will dovetail with this document to create a truly all-age approach. Action plans to secure delivery of the strategies will align. In year two of this Strategy's lifespan we will review the two strategies to merge them into a single all-age strategy.



Approach

Provider/s must work:

- to ensure that carers are enabled to influence how the service is provided in a meaningful way;
- to continually demonstrate practice which responds appropriately, proactively and flexibly to address the particular circumstances of individual carers;
- to proactively reach in to and engage with the diverse range of communities in Surrey to help ensure that appropriate support is accessible and contributes to improved outcomes;
- to take a whole family approach, including providing support to families where the service can help reduce pressure on children in the household who may be young carers;
- to work effectively in partnership with the NHS, social care, voluntary and community sector, and business or corporate sector to provide the best possible outcomes for carers;
- to reflect the principle of the parity of esteem for mental health carers. This is defined as valuing mental health equally with physical health;
- with carers and Commissioners, to develop new systems for providing more individual and personalised services;
- to the [standards set out in the Surrey Compact](#).

Section 2. Information on Carers Services



Information on the services to be procured

1. Independent Adult Carers Support
2. Independent Young Carers Support
3. Home Based Breaks
4. End of Life Care Carer Breaks
5. GP Carer Personal Health Budgets
6. Hospital Carer Support
7. Carer Emergency Planning and Carer Passport
8. Online Support for Mental Health Carers
9. Moving and Handling
10. Welfare Rights and Benefits Advice and Support
11. Giving Carers a Voice
12. Workforce development

Service description

(High level – further detail provided in prospectus)

Independent Adult Carers Support

The purpose of the Independent Adult Carers Support Service is to provide a range of high quality services to carers with the aim of improving their quality of life: this includes emotional, financial, physical and mental health and wellbeing.

Services will include information, advice, support and advocacy to adult carers and young adult carers (caring for people of all client groups) in Surrey. As part of a whole family approach, children in the household who may be young carers should be identified and referred for support as appropriate.

Effective support for carers will be based on the active promotion of carers' rights, promoting carer choice and opportunities for carers to have a life outside of caring. The service will take a personalised approach to supporting individual carers.

Service delivery will be rooted on the local context while ensuring coordination across Surrey to ensure equity of provision across the five localities identified.

The provider is expected to display innovation, particularly in attracting and engaging with carers not previously known to services.

Service description

(High level – further detail provided in prospectus)

Independent Young Carers Support

The purpose of this service to provide a range of high quality services to young carers, caring for people of all client groups, with the aim of improving their quality of life - emotional, physical and mental health and wellbeing. Services will include information, advice, support and advocacy.

The service will take a personalised approach to supporting individual carers, reflecting family circumstances.

Service delivery will be rooted in the broader system of support for young people and will facilitate young carers' inclusion within peers networks.

The provider is expected to display innovation, particularly in attracting and engaging with carers from diverse backgrounds and those not previously known to services.

Service description

(High level – further detail provided in prospectus)

Carers Breaks

The purpose of this service is to offer a flexible breaks service, replacement care to enable carers to take a break and maintain / improve their own health and wellbeing.

Individually tailored support will be offered, following an assessment by the provider to understand the carer's role and needs. The replacement care might either be home based or take the individual receiving care on a leisure activity.

The service will provide trained staff (according to standards require by the Care Quality Commission and in carer awareness) to provide substitute care to people receiving support, including to families where support reduces pressure on children in the household who may be young carers.

The provider is expected to work collaboratively with carers as partners in care.

The service will be a flexible and responsive home based support service designed to relieve stress on carers and their families, to help sustain the caring relationship and to enable the carer to have time to themselves.

Service description

(High level – further detail provided in prospectus)

End of Life Care Carer Breaks

The purpose of this service is to provide support for carers caring for someone at the end of life through the provision of a flexible breaks service. The service is provided to relieve stress on carers and their families, to help sustain the caring relationship and to enable the carer to have time to themselves. It has strong focus on the ability to deliver positive outcomes for carers and the person/s they care for.

The service will provide staff, trained in the delivery of end of life interventions (according to standards require by the Care Quality Commission and in Carer Awareness), to provide substitute care, including to families where support reduces pressure on children in the household who may be young carers.

The provider is expected to work collaboratively with carers as partners in care.

The service is for Surrey residents (registered with a Surrey GP) who are unpaid carers addressing the support needs of someone for whom the prognosis is approximately 12 months of life or less.

Service description

(High level – further detail provided in prospectus)

GP Carer Personal Health Budgets (PHBs)

The purpose of this service is to enable carers to have a break from caring, through the facilitation of the GP Carer PHB Scheme in Surrey.

The Provider/s will manage the process from end-to-end, including:

- receiving and processing referrals from GPs via the Surrey Carers Prescription;
- onward referral to other carer information and support services;
- liaison with carers to understand their needs and create meaningful carer care and support plans;
- processing of direct payments to carers under the scheme.

The service will be flexible and responsive, enabling carers to have some time for themselves and reduce their stress levels. Through a personalised approach to understanding the individual carer's role and needs, the service aims to improve carers' quality of life, including emotional, physical and mental health and wellbeing.

Service description

(High level – further detail provided in prospectus)

Hospital Carer Support

The purpose of this service is to achieve the best possible outcomes for carers through the provision of information, advice, support and advocacy, where deemed appropriate and consent is provided. The service is specifically aimed at supporting carers in a hospital setting and carer contact will usually take place within the hospital.

This service provides person-centred advice, information, support and advocacy to carers when the person they care for is in hospital or is receiving hospital treatment. The Hospital Carer Support service is a key tool in helping carers navigate the range of care and support options available.

The Hospital Carer Support service also acts as a liaison between hospital staff and teams, enabling carers to better understand hospital processes and be partners in decision making (e.g. discharge). The service will help empower staff to be more 'carer aware', including identifying carers, understanding the issues they may face, and the importance of their role as 'partners in care'.

There should be local delivery, but a coordinated approach must also be maintained so as to ensure consistency of response across the four ICP localities.

Service description

(High level – further detail provided in prospectus)

Carer Emergency Planning (CEP) and Carer Passport

In line with the commitment in the NHS Long-Term Plan, this service will ensure that carers do not have to cope alone in emergencies. Adopting a strength-based approach, the service will support carers to create a personalised emergency plan that identifies and records the support available in emergency situations. Where possible, plans will focus on enabling carers to manage within their existing capacity and personal networks; where this is not possible, the service will identify and facilitate options for replacement care (short-term).

The service will act as the central point of contact for carer emergency planning in Surrey, enabling plans to be activated 24 hours a day, 365 days a year, where necessary providing support to carers to activate them.

As part of effective planning for carers, the service will also oversee the delivery of the Carer Passport in Surrey, which acts as the universal identification tool for carers.

Service description

(High level – further detail provided in prospectus)

Online Support for Mental Health Carers

The service will address specific needs of mental health carers. The purpose of the service is to enhance carers' quality of life by providing them with online psycho-educational support, which will engage, educate, and train carers to develop personalised strategies and build on their carer skills and abilities so they can care with more confidence.

The service will use an online platform that enables carers to access this support from their own homes/location of choice. The service will be delivered online in order to maximise potential reach; to enable multiple individuals (e.g. families) to participate in sessions, as appropriate, in order to maximise the benefits and outcomes of the intervention; and to reduce risk of other logistical barriers (such as travel, multiple locations, and/or personal preferences regarding environment) impeding access to the service.

The service will cover the administrative county of Surrey, including the area of Surrey within NHS Frimley CCG.

Service description

(High level – further detail provided in prospectus)

Moving and Handling

The purpose of the service is to provide an individual, personalised moving and handling information, advice and support to adult carers in Surrey, through a mix of one-to-one provision (including in people's own homes) and a suite of online resources. This specialist service will be provided by appropriately trained and qualified staff.

The service will support carers to achieve positive health outcomes for them and the person/s they care for, protecting their physical and emotional wellbeing. This will be achieved by providing information and practical support (e.g. moving and handling techniques), as well as assisting with sourcing specialised equipment when necessary and as appropriate.

The service will work with a wide range of professionals and practitioners (e.g. occupational therapists, GP surgeries, district nursing), as well as other support services across the system, to promote safe moving and handling practice.

Service description

(High level – further detail provided in prospectus)

Welfare, Rights and Benefits Advice and Support

The Welfare Rights and Benefits Advice and Support Service will promote carer health and wellbeing through providing expert information support regarding welfare rights and facilitating appropriate access to UK benefits.

The service will operate as a second-tier information and advice service, providing financial expertise to agencies that come into direct contact with carers and/or services that provide information and support to carers. The service also provides specialist training to a range of professionals and practitioners who work with carers. In complex cases it provides additional expert support and information (e.g. appeals) to carers.

Service description

(High level – further detail provided in prospectus)

Giving Carers a Voice

The purpose of the service is to support putting adult carers at the heart of what we do in Surrey through providing means and opportunity for carers to engage, get involved, and share their lived experiences in their own words. All adult carers should be given the opportunity to engage if they wish to do so.

Giving Carers a Voice is a vital tool in delivering Surrey's commitment to co-design and co-production, ensuring that carers of all backgrounds and experiences are part of designing, developing, shaping, evaluating and monitoring services in Surrey. The service will enable and facilitate regular, meaningful and diverse opportunities for the carer voice to be heard and have influence.

The service will develop and maintain a strategic, coordinated approach so that carers feel empowered to voice their views and share their experiences, without being overwhelmed by different and/or multiple asks.

This service is for adult carers aged 18 years or above. Engagement with young carers will be delivered through a separate specialist contract, however partners are expected to collaborate where work impacts all ages.

Service description

(High level – further detail provided in prospectus)

Workforce development

The Strategy highlights a commitment to ensuring that the workforce across all partners and providers have the skills, knowledge and understanding necessary in effectively identifying, supporting and working with carers.

This service will contribute to this, supporting :

- The development and delivery of high quality training materials to suit the needs of different providers and professional communities.
- The development and delivery of high quality carer awareness training, including understanding and promoting carer rights
- The development of skills in the digital and alternative communications sphere to enhance reach to all Carers to enhance and promote agility and greater choice of support offered.

Considerations for discussion:

- 1. The relative benefits of aggregating different services into the same contract, e.g.:**
 - Financial viability
 - Independence
 - Expertise
- 2. Duration**
 - Financial viability
 - Flux in the system
 - Innovation and mainstreaming
- 3. Geographical coverage**
 - County wide consistency
 - Local presence
 - Local tailoring

Further technical information

Carers legislation and policy:

- The Care Act 2014
- The Children and Families Act 2014
- The Health and Social Care Act 2012
- The Children's Act 2010
- Mental Capacity Act 2005
- Work and Families Act 2006
- The Equalities Act 2010
- NHS Long Term Plan
- Public Procurement policy 2021

Section 3. Outline of approach to the tender

Aims of the procurement

Essential requirements of winning bidder/s:

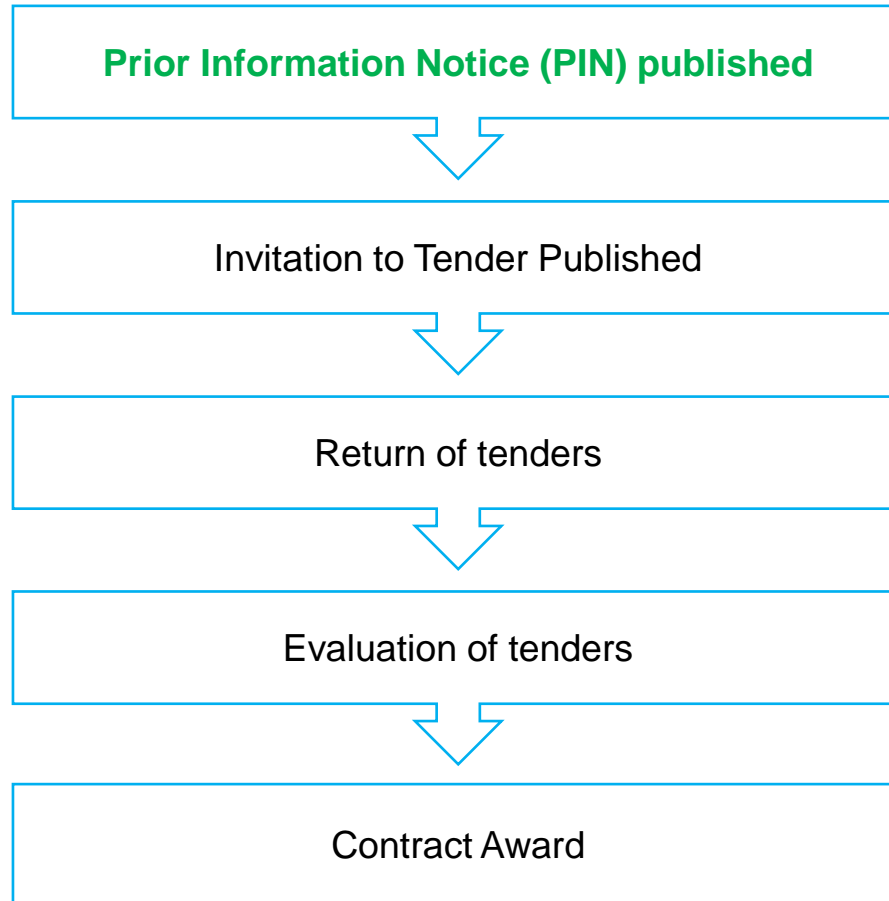
- Demonstrable experience
- Ability to operate in or near Surrey for duration of contract
- Demonstrable knowledge of Surrey context
- Appropriate accreditations as required by individual lots

Additional information:

- Consortia
- Alliance bids

High Level Outline of Tender Process

Surrey County Council will publish and conduct an Open Procedure to procure Carers Services.



Indicative timescales

Task List	Date
Documents issued to Bidders via tender platform	September 2021
Tender Live (to the market)	30 Days
Clarification period (for bidders to ask questions via the tendering platform)	Open from tender go live date (closes 7 days before tender submission deadline)
Suppliers submission deadline	October 2021
Successful and Unsuccessful letters to be sent to bidders	December 2021
Mobilisation	January to March 2022
Contract start date	1 April 2022

Q&A



Questions and answers

Q1 - Can you please tell me the names of the organisations covering the lots currently, and which ones are new?

This procurement relates to a set of support services that together reflect the specialist system to support carers going forwards. New specifications have been drafted to underpin the new support services - the lots do not reflect the current contracts.

Q2 - Please can you clarify the position around the Young Carers contract? Specifically, will this form part of the September tendering process and, if not, when will the re commissioning of the Young Carers contract be scheduled?

It is intended that support for young carers will be procured alongside the other services.

Questions and answers

Q3- In terms of independent carers support;

- **Five localities are referenced in the slide deck - please can you confirm the respective localities?**

- North West Surrey Integrated Care Partnership (covering Woking, Runnymede, Spelthorne and Elmbridge practices based in NWS ICP)
- Guildford and Waverley Health and Care Alliance (covering Guildford and Waverley)
- Surrey Downs Integrated Care Partnership (covering Epsom and Ewell, Banstead, Mole Valley and the remaining Elmbridge practices)
- East Surrey (covering Reigate, Redhill, and Horley and Tandridge)
- NHS Frimley CCG (covering Surrey Heath and Farnham)

- **The Young Adult Carers element is now rightly included in the independent carers support contract – please will you confirm that the funds currently allocated for the YAC contract will be in addition to the £1.142m currently allocated to the Adult Carers Support contract?**

Pricing for the contracts will be released along with the tender documents and the ITT guidance document. The pricing will not mirror the current contract as the specifications have been revised.

- **If the detailed specification allows providers to select which localities they will tender for, in the event that different providers were to secure different geographic areas how could carers be guaranteed equitability and consistent quality of service provision across the County?**

Where there are different providers in different localities they will be required to work together effectively to deliver an equitable standard of care across Surrey that achieves the best possible outcomes for carers rooted in the local context. It will be a requirement of all providers to ensure joined up working for and with carers across the system. This will be monitored as part of regular contract monitoring. This partnership approach across the system is embedded in the Surrey Carers Strategy 2021-24, and will be a requirement in the specifications for all lots.

Questions and answers

Q4 - In the scenario described and again dependent on the specification;

- **if, for example, an adult is supported by one service provider but a young carer is supported by another, how does this support the critical 'whole family' approach/framework legislated for in 2014 Care Act and The Children's and Families Act? i.e. there is a significant risk that the 'whole family' approach would, at best, be diluted.**

The lots as currently outlined are the themes that support services will address. Regardless of how services are finally grouped for procurement, it will be a requirement in the specifications for all services to ensure joined up working for and with carers across the system. All providers will be required to tailor support to the individual carer within a whole family approach, ensuring equity of access and provision. There are services that are not commissioned though the Carers portfolio that will be an important part of the support system. This partnership approach across the system is embedded in the Surrey Carers Strategy 2021-24, as is the need to take a whole family approach, and providers' performance will form part of regular contract monitoring.

- **how will data be shared between providers? (i.e. issues to consider include but are not exclusive to disparate databases/consents/GDPR)**

Data sharing agreements will be required for all providers.

- **would different providers have their respective points of entry i.e. call centres?**
- **aligned to the previous bullet, from a commercial perspective and in the scenario described, operational/support infrastructure costs (e.g. admin/support resources; HR; Finance; ITC etc.) would increase i.e. economies of scale would be lost diverting finite resources away from supporting carers which would be detrimental to outcomes.**

A consistent county-wide approach is needed, with the ability to be locally responsive. If different providers were contracted to provide the IACS in different localities, referrals would be routed to the relevant providers through their respective points of entry. It is envisaged that the Surrey Carers Prescription will continue to act as a single point of access. "

Questions and answers

Q5 - Coupled with this, in terms of Hospital Carers Support Advisers;

- **from a carers perspective, please can you explain the advantages to a carer of the segmentation of HCSAs from the independent carers support contract? Hospital Carer Support Advisers are, in the current model, fully integrated - this joint working provides carers with both a seamless/joined up service of support and, where necessary, dual support. There is a risk that this would be lost in the proposed model.**

The Hospital Carer Support Adviser Service will have a key role in 'normalising' carer identification, recognition and support in the hospital setting. The service will be required to work in close partnership with other services in the system, to support and enable onward referral where needed.

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is the specification for all hospitals or could a provider choose which acutes to bid for?

A consistent county-wide approach is needed, with the ability to be locally responsive, including the potential to offer satellite support to community hospitals associated with the acute trusts. This contract will be for a single provider to deliver hospital carers support across the four Surrey Heartlands acute hospital trusts: Royal Surrey NHS Foundation Trust; Ashford and St Peter's NHS Foundation Trust; Epsom and St Helier University Hospitals NHS Trust, and; Surrey and Sussex Healthcare NHS Trust. Partners in the Frimley Integrated Care System will determine their own model for hospital carers support at Frimley Park Hospital.

in addition to the 5 acutes currently supported, are any other hospitals (e.g. Mental Health units/acutes out of area) included in the specification?

For hospitals 'out of area', it is expected that the provider/s and partners will work within the parameter set out in the forthcoming Cross-border Protocol for Carers.



Questions and answers

Q6 - On slide 27, an indicative timetable is provided - please can you clarify the 30 days live to market? i.e. is this, as historically, 30 working days? In addition, when will the finalised timetable be published?

It is 30 calendar days. This is not the final timetable; specific dates will be published along with the tender documents and the ITT guidance document.

Q7- From an Employment Law perspective, please can you confirm that should a new provider be appointed that TUPE applies including any associated redundancy costs should an employee(s) choose not to transfer?

It is the responsibility of the organisations involved to ascertain their particular TUPE issues. SCC will ensure that the correct steps regarding its own responsibilities are followed during the procurement process.

Q8- The evidence base both Nationally and locally highlights the increase in demand for carers support coupled with a significant rise in the complexity of cases. As we know, unpaid carers in Surrey save Health & Social Care c.£1.8bn pa. As such, will there be an increase in contract values? In addition, please can you confirm if an inflationary element be built into the respective contracts?

Pricing for the contracts will be released along with the tender documents and the ITT guidance document.

Questions and answers

Q9 - Since we began working with Surrey and North East Hants to provide the online therapeutic intervention for mental health carers, we have been working with the three key agencies to develop a collaborative approach which aims to ensure that carers receive the most effective support as they need it. One of the key features is working towards a 'one stop shop' for carers whereby one or two agencies gatekeeper referrals to other services based on assessment of carer needs. Will this idea be incorporated in the new procurement activity to prevent fragmentation of services and increased burden for carers?

In essence Surrey will be establishing a 'one-stop shop' approach. However, access to services will be delivered using a 'no wrong doors' approach with a requirement of all providers to ensure joined up working for and with carers across the system. All providers will be required to tailor support to the individual carer within a whole family approach, ensuring equity of access and provision. This can be expected to require partnership work. These requirements will be monitored as part of regular contract monitoring. This partnership approach across the system is embedded in the Surrey Carers Strategy 2021-24 and will be a requirement in the specifications for all lots.

Questions and answers

Q10 – Currently, we focus on mental health. Increasingly, co-morbid Autism is a feature of referrals. Given the challenge of finding suitable support for those living with/caring for adults with Autism we would welcome the inclusion of Autism within the remit of online support for mental health carers.

Provision for co-occurring conditions, including autism, will be included within the specification for this specialist, step-up service (Online Support for Mental Health Carers). It is envisaged that, in line with the Surrey Carers Strategy 2021-24, carer action plans for specialist providers will ensure that identification, recognition and support for carers is normalised as part of their service delivery.

Thank you for your time today



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Agenda item: 8

Paper no: 5

Title of Report:	Community connections services: contract extension	
Status:	TO APPROVE	
Committee:	Surrey-wide Commissioning Committees in Common	Date: 29/09/2021
Venue:	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)	
Presented By:	Councillor Sinead Mooney	
Author(s)/ Lead Officer(s):	Jane Bremner, Head of Commissioning mental health, Adult Social Care Stephen Murphy, Head of Commissioning mental health, Surrey Heartlands CCG	

Executive Summary:

Community connections services are a key part of the mental health offer in Surrey. These jointly funded contracts are due to end in March 2022 and we are proposing the extension of the contracts by one further year.

Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Committee name: Surrey Strategic Health and Care Commissioning collaborative Meeting date: 10/09/2021 Outcome: Noted	
Freedom of Information: The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to the following Committee/s:	NHS Frimley CCG	✓
	NHS Surrey Heartlands CCG	✓
	Surrey County Council	✓

Recommendation(s):

The Surrey-wide Commissioning Committees are asked:

1. **TO APPROVE** the extension of community connections contracts by one further year so that these contracts will then expire on 31 March 2023.

Reason for recommendation(s):

Community connections services are an integral part of the mental health support offer for Surrey citizens; they deliver value for money services that improve people's outcomes. The Covid-19 pandemic, changing organisational structures and delivery models, and uncertainty about future mental health need has highlighted the necessity of taking more time to enable a more integrated approach to delivering community connections in the future, with opportunities to explore alliance models and expanding the service offer.

Next Steps

1. Extend all community connections contracts by one further year from 1 April 2022 to 31 March 2023.
2. From October 2021, develop joint commissioning and procurement plan for community connections services from April 2023 onwards.
3. Brief stakeholders on outcomes from paper presented to Surrey-wide Commissioning Committees in Common meeting on 29 September 2021.

1. Details:

- 1.1 Mental health is a priority in Surrey. Published in June 2021, the mental health partnership board report and improvement plan outline areas for improvement in mental health services in Surrey, with a focus on a more preventative and early help approach.
- 1.2 Community connections services are a key part of the mental health early help offer for adults in Surrey. They are jointly funded by Adult Social Care and Health, via the Better Care Fund. The services are delivered by 3 voluntary sector lead providers (Catalyst, Mary Frances Trust and Richmond Fellowship). They are universal access services that support people with mental health needs to stay well in their communities through social connections and networks, contributing to early intervention and prevention.
- 1.3 The services are an integral part of the pathway for people who experience mental health problems, often bridging the gap between primary mental health care and secondary mental health care. They deliver support both on a one to one basis, in groups and via training. Throughout the pandemic, they have substantially grown their online virtual offer. Groups include regular drop-in sessions as well as arts and crafts, photography, Pilates, sports and walking groups. Training covers subjects from mindfulness and coping with stress and anxiety to basic IT skills.

- 1.4 As a result of being a Community Connections lead provider, Mary Frances Trust, Catalyst and Richmond Fellowship also deliver Safe Havens in partnership with Surrey and Borders Partnership Trust. They are also key players in the new primary care integrated mental health services (GPiMHS and MHICS services) and are the 'go to' voluntary sector providers for additional support for the mental health system in Surrey.
- 1.5 There are 5 joint Surrey County Council and CCG contracts making up the community connections offer covering all of Surrey, total value of c. £1.9 million. The community connection contracts are due to expire on 31 March 2022 however we wish to extend these contract by one further year for the following reasons:
- 1.5.1 Covid-19 has meant that all mental health services have been extremely busy and organisational structures in the health service are in a period of change, making market engagement very difficult throughout this time period.
- 1.5.2 Also as a result of the pandemic, we are unclear what the longer term impact will be on people's mental health and wellbeing. The Centre for Mental Health forecasts that 8.5 million adults will require mental health support as a direct result of the pandemic over the next 3-5 years and local evidence indicates demand for mental health services is increasing. As a result, this makes it difficult to plan ahead to right size the services and ensure the financial envelope is appropriate to the size of service delivery.
- 1.5.3 Further time is required to develop the specification to make sure it is fit for purpose in the new environment we are experiencing e.g. digital inclusion and online service delivery.
- 1.6 The services demonstrably improve people's outcomes and offer a value for money service. They have a broad reach, accessible to people with additional needs and other protected characteristics, contributing to reducing inequalities in health.
- 1.7 Extending the current contracts will enable a more integrated approach to delivering community connections in the future, with opportunities to explore alliance models and expanding the service offer.

2. Consultation:

- 2.1 The community connections services are co-produced with people with lived experience of mental ill-health, their carers and families. There is continual engagement and feedback with the people who use the services, which enables the services to develop and meet local needs.
- 2.2 Councillor Sinead Mooney and Councillor Luke Bennett have been consulted on this paper, as have Procurement and Legal colleagues in Surrey County Council.

2.3 Surrey Commissioning Collaborative at their meeting on 10 September 2021 also reviewed the recommendation in this paper.

3. Risk Management and Implications:

3.1 The following key risks associated with extending the contracts been identified, along with mitigation activities, in the table below:

Category	Risk Description	Mitigation Activity
Financial	Services do not deliver quality outcomes expected to demonstrate increased value for money	Key Performance Indicators are in place and monitored in quarterly review meetings.
	Better Care Fund funding has not been confirmed	We fully expect BCF to continue. We also have clauses in the contracts which allow Surrey County Council to terminate the contracts on 30 days notice in writing in the event any grant from Central Government or a recognised third party to fund the services is withdrawn, reduced or delayed.
Reputational	Data Protection or Safeguarding breach	The Termination Clauses allow Surrey County Council to terminate the contracts immediately in the event of a safeguarding or data protection breach.
Service Delivery	Quality of service delivered does not meet objectives and needs.	Strong contract management and quarterly contract review meetings.

4. Financial and ‘Value For Money’ Implications

4.1 The cost of the one year extension is £1.9 million across the 5 contracts. The services are funded through Better Care Fund (BCF) and the funding is available for 2022-23 subject to the continuation of the BCF, which we fully expect to happen.

5. Section 151 Officer Commentary

5.1 Although significant progress has been made over the last twelve months to improve the Council’s financial position, the medium term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to

consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.

- 5.2 As such, the Section 151 Officer supports the proposed one year extension of the Mental Health Community Connections services on the assumption that these services remain funded by the Better Care Fund. At present, the government has not confirmed the future of the Better Care Fund beyond 2021/22 and so SCC and NHS partners will need to review how these services are funded subject to further government announcements about the future of the Better Care Fund. Should the government withdraw, reduce or change the basis of current funding provided through the Better Care Fund then it may be necessary to alter the delivery of these services subject to what alternative funding is available to SCC and NHS partners. SCC and NHS partners will also need to consider how the financial envelope for the proposed procurement of new services from April 2023 is set and funded subject to the future of the Better Care Fund. The extension of this service will be factored into the Medium-Term Financial Strategy.

6. Legal Implications – Monitoring Officer

- 6.1 Services contracts of this value need to be competitively tendered for under The Public Contracts Regulations 2015, as amended, (PCRs).

- 6.2 Rule 2.7a Summary table of Surrey County Council's Procurement and Contract Standing Orders (PCSOs) requires the Council to tender for services of this value.

- 6.3 Regulations 72(1)(b) and 72(1)(c) of the PCRs enables Surrey County Council to modify contracts without a new procurement process:

where “(b) for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—

(i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, or

(ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority, provided that any increase in price does not exceed 50% of the value of the original contract;

(c) where all of the following conditions are fulfilled:—

(i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;

(ii) the modification does not alter the overall nature of the contract;

(iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement.”

- 6.4 Regulation 72(3) of the PCRs requires Surrey County Council to send a notice to that effect, in accordance with Regulation 51, for publication.
- 6.5 The value of the 1 year extensions total £1.9m across the 5 contracts so the extension is therefore allowed under Regulations 72(1)(b) and 72(1)(c) of the PCRs as the increase in price does not exceed 50% of the value of the original contracts which were for an initial period of 3 years with the option to extend by 2 further periods of up to 12 months each.
- 6.6 Rule 2.7 of Surrey County Council's PCSOs states that any procurement, including extensions and variations to Contracts set out in the Annual Procurement Forward Plan and approved by Cabinet, are deemed authorised irrespective of the contract value and must be signed/sealed in line with table 2.7 a columns F-J. Any procurement not authorised as above must be authorised in accordance with table 2.7. a Summary table column E.
- 6.7 Legal will draft the Deeds of Extension and will arrange to have the same executed by the parties.

7. Equalities and Diversity

- 7.1 An equality impact assessment (EIA) was developed for the original contractual agreements and is available [here](#). This EIA was presented as part of Cabinet paper signed off in January 2017 and the summary is included in the table below.

Information and engagement underpinning equalities analysis	<p>The services are evidence-based and promote mental health and wellbeing and recovery.</p> <p>The service specification for community connections has been informed by a range of quantitative and qualitative local data.</p>
Key impacts (positive and/or negative) on people with protected characteristics	<p>The commissioning and procurement of community connections services have positive impacts on people with protected characteristics. The commissioning process has been mindful of equalities and accessibility and service specifications and performance monitoring frameworks developed to ensure equalities data is captured.</p>
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	N/A
Potential negative impacts that cannot be mitigated	N/A

7.2 The proposal to extend by one further year will continue to impact positively on people with protected characteristics. Throughout the lifetime of the contracts, equalities data has been captured and mitigating actions put in place where it appears there has not been equality of access. For example, when it became apparent that men were not accessing the services as expected, this was picked up in regular performance monitoring meetings and providers worked with men to develop groups and activity that men wished to access. Numbers of men and women accessing the services are now more representative of the Surrey population.

8. Other Implications:

8.1 Safeguarding Responsibilities for Vulnerable Children and Adults Implications

8.1.1 The terms and conditions of the contracts stipulate that the providers will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, information, requirements, guidelines and good practice as recommended by the Council. This is monitored and measured through the contractual arrangements.

8.1.2 The service will operate a client centred approach, working collaboratively with other Health and Social Care Services.

8.2 Public Health Implications

8.2.1 Community connections services play a vital part in the early intervention and prevention agenda, and link with Public Health priority areas including suicide prevention and addressing stigma.

Consulted:

- Councillor Sinead Mooney
- Councillor Luke Bennett
- Simon White, Executive Director – PH SCC & Heartlands
- Liz Uliasz, Deputy Director ASC
- Jonathan Lillistone, Assistant Director Commissioning, Adult Social Care
- Wil House, Strategic Finance Business Partner for Adult Social Care and Public Health
- Danielle Bass, Procurement Partner, ASC and Public health
- SCC Legal
- Stephen Murphy, Head of Commissioning Mental Health, Surrey Heartlands CCG
- Independent mental health network

Sources/background papers:

- [Equality impact assessment](#) for mental health community connections services January 2017
 - Mental health partnership board [report](#) June 2021
 - Mental health improvement action [plan](#) June 2021
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