

## 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](mailto:syheartlandscg.governance@nhs.net)

#### Committees in Common between the following organisations:

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

Date	Wednesday 30 March 2022	Time	10:00 – 11:00
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	A		
Vacant	Lay Member, Surrey Heartlands CCG	-		
Jonathan Perkins (JP)	Lay Member Finance, Surrey Heartlands CCG (Chair)	✓		
Steve Hams (SH)	Registered Nurse, Surrey Heartlands CCG	✓		
Dr Claire Fuller (DrCF)	Interim CCG Accountable Officer	A		
Karen McDowell (KMc) On behalf of DrCF	CCG Deputy Accountable Officer/ ICS Chief Operating Officer	✓		

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
Matthew Knight (MK)	Chief Finance Officer/ Designate Chief Finance Officer ICB	✓		
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)		✓	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		A	
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			✓
<b>Attendees</b>				
Mark Rapley (MR) (For Item 3)	Mark Rapley, Older People's Commissioner, Surrey County Council		✓	
Anna Kwiatkowska (AK) (For Item 4)	Head of Procurement, Surrey County Council		✓	
Danielle Bass (DB) (For Item 4)	Procurement Partner, Social Care and Health (Adult Social Care and Public Health) Surrey County Council		✓	
Simon White (SW) (For Item 5)	Executive Director- Adult Social Care and Integrated Commissioning, Surrey County Council		✓	
Louise Inman (LI) (For Item 5)	Health Integration Policy Lead, Surrey County Council		✓	
Tapiwa Songore (TS)	(Minute-taker) Interim Governance Manager		✓	
Debo Sokoya (DS)	Governance Coordinator		✓	

Item No.	Timings	Item	Action	Presenter	Paper No
1.	10:00 (5mins)	Welcome, Introductions and Apologies a) Confirmation of Convener	To note	Convener	Verbal

Item No.	Timings	Item	Action	Presenter	Paper No
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 24/11/2021	To approve	Convener	2
5.		Action Log <i>No actions from last meeting</i>	To review	Convener	Verbal
6.	10:10 (5mins)	Questions from members of the public	To respond	Convener	Verbal
7.	10:15 (10mins)	Advocacy Services -Provision in Surrey	To approve	Mark Rapley	3
8.	10:25 (10mins)	Annual Procurement Forward Plan 2022.2023 -Surrey County Council	To approve	Danielle Bass/ Anna Kwiatkowska	4
9.	10:35 (10mins)	Partnership Agreement integrated commissioning – pooled budgets	To approve	Simon White	5
10.	10:45 (5mins)	Mental Health Accomodation with Care and Support Transformation Programme: Extension of Housing Related Support (HRS) Contract	To approve	Kirsty Gannon- Homes	6
11.	10:50 (5mins)	Terms of Reference (TOR) review	To note/ To approve	TS	7
<b>AOB</b>					
12.	10:55 (5mins)	AOB	To note	All	Verbal
13.	11:00	Meeting close	To note	Convener	Verbal
<b>Date of future meetings for 2021/22:</b> (all Wednesdays, 14:30- 16:30) <ul style="list-style-type: none"> <li>22 June 2022; Virtual meeting</li> </ul>					

**\*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:

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

## 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: 22/03/2022

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
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
			St Nicholas, Great Bookham	N	N	Y	Direct	Member of the Parochial Church Council at St Nicholas, Great Bookham	24/11/2021	Present	Interest Noted
Daryl	Gasson	Managing Director, Frimley CCG	No interest(s) to declare								
Andrew	Lloyd	Lay Member Primary Care, Frimley CCG	tbc	tbc	tbc	tbc	tbc	tbc	tbc	Present	Withdrawn from specific commissioning decisions and discussions
Dr Claire	Fuller	Interim Accountable Officer, Surrey Heartlands CCG	Park Road Surgery, Camberley	Y	N	N	Direct	Locum GP	01/08/2017	Present	Withdrawn from specific commissioning decisions and discussions
			Frensham Heights School	N	N	Y	Direct	Trustee on the Board of Governors	01/01/2016	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	
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
			Infection Prevention Society	N	Y	N	Indirect	Independent Chair and Trustee - unremunerated	10/01/2022	Present	Interest Noted
			ShinyMind	N	Y	N	Indirect	Member of the Nursing Advisory Board - Unremunerated	01/01/2022	Present	Interest Noted
			North Bristol NHS Trust	N	Y	N	Indirect	Employed as Chief Nursing Officer	02/02/2022	Present	Interest Noted
Matthew	Knight	Chief Finance Officer, Surrey Heartlands CCG/ Designate Chief Finance Officer ICB	No interest(s) to declare								
Karen	McDowell	CCG Deputy Accountable Officer/ ICS Chief Operating Officer	SWL CCG	N	N	N	Indirect	Husband is employed as the Locality Finance Director for Wandsworth & Merton CCG	23/07/2018	Present	Interest Noted
Sinead	Mooney	Cabinet Member for Adults, Surrey County Council	Spelthorne Borough Council	N	Y	N	direct	Borough Councillor for Spelthorne	07/05/2015	Present	Withdraw from specified commissioning discussion and decisions
			South East Coast Ambulance Service NHS Foundation Trust	tbc	tbc	tbc	tbc	Governor	tbc	tbc	
			Daybreak (Charity)	tbc	tbc	tbc	tbc	Trustee	tbc	tbc	



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	
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
Gareth	Robinson	Clinical Lead for North East Hampshire and Farnham Place part of Frimley CCG	Frimley CCG	tbc	tbc	tbc	tbc	tbc	01/10/2020	Present	
			PCN Yateley, Hampshire	tbc	tbc	tbc	tbc	PCN CD	tbc	Present	Withdrawn from specific commissioning decisions and discussions
			Oakley Health Group	tbc	tbc	tbc	tbc	GP Partner	tbc	Present	Withdrawn from specific commissioning decisions and discussions
			GP Federation – Farnham is a member	tbc	tbc	tbc	tbc	Director of Salus	tbc	Present	Withdrawn from specific commissioning decisions and discussions
			Community Services Partnership Board	tbc	tbc	tbc	tbc	Board member for the service provided to North East Hampshire, Surrey Heath and Farnham	tbc	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)											
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
Steven Ceased as a member 24/11/21	Clarke	Clinical Leader, Frimley CCG	Branksomewood Healthcare Centre	Y	N	N	Direct	Outside Employment	01/04/2021	Present	Withdraw from specified commissioning discussion and decisions
Tony Ceased as a member 24/11/21	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
Clare	Curran	Cabinet Member for Children, Surrey County Council	Surrey Choices Ltd	N	N	Y	Direct	Non-Executive Director and Chairman of Surrey Choices Ltd	tbc	24/11/21	Interest Noted
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



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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	✓

<b>Date</b>	Wednesday 24 November 2021	<b>Time</b>	10:00 – 10:45
<b>Venue</b>	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	✓		

Reviewed by: CC (11/10/2021)

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands CCG	Frimley CCG	Surrey County Council
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)		✓	
Daryl Gasson (DG)	Managing Director, Frimley CCG		A	
Rob Morgan (RM)	Chief Finance Officer, Frimley CCG		A	
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			A
Cllr Matt Furniss (MF) <i>On behalf of CCu</i>	Cabinet Member for Transport and Infrastructure			✓
<b>Attendees</b>				
Simon White (SW) <i>(For Item 8)</i>	Executive Director- Adult Social Care and Integrated Commissioning, Surrey County Council		✓	
Maureen Attewell (MA) <i>(Observer)</i>	Deputy Cabinet Member for Children and Lifelong Learning, Surrey County Council		✓	
Tapiwa Songore (TS)	(Minute-taker) Interim Governance Manager		✓	
Debo Sokoya (DS)	Governance Coordinator		✓	

Item No.	Discussion and actions raised	Who	By when
1	<p><b>Welcome, Introductions and Apologies</b></p> <p>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>		

Item No.	Discussion and actions raised	Who	By when						
	<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"><li><b>Confirmation of Convener</b> The Committees confirmed CC as Convener for this meeting.</li></ul>								
2	<p><b>Declarations of Interest</b></p> <p><b>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> 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.</p> <ul style="list-style-type: none"><li>SM reported that she was no longer a Governor at Ashford and St Peter’s NHS FT.</li><li>SM reported that she was a Councillor at Spelthorne Borough Council.</li></ul> <p><b>b) To receive any declarations of interest pertinent to items on this agenda.</b> The Convener invited members and attendees to report any conflicts pertinent to items on this agenda. None were received.</p>								
3	<p><b>Quorum</b> The required quorum was met for the following organisations:</p> <ul style="list-style-type: none"><li>NHS Frimley CCG</li><li>NHS Surrey Heartlands CCG</li><li>Surrey County Council</li></ul>								
4	<p><b>Minutes from last meeting on 29/09/2021</b> The minutes of the last meeting were presented.</p> <p><b>Decision Applicable to:</b></p> <table><tr><td>NHS Frimley CCG</td><td>✓</td></tr><tr><td>NHS Surrey Heartlands CCG</td><td>✓</td></tr><tr><td>Surrey County Council</td><td>✓</td></tr></table> <p><b>The above Surrey-wide Commissioning Committees:</b></p> <ul style="list-style-type: none"><li><b>APPROVED</b> the minutes of the last meeting.</li></ul>	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓		
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								

Item No.	Discussion and actions raised	Who	By when						
5	<b>Action Log</b> It was noted that all actions had been completed.								
6	<b>Questions from members of the public</b> No questions from the public were received.								
7	<b>CiCs Committee Effectiveness Review 2021/22</b>								
	<p>CC reported that the Committee would undertake a review of its effectiveness which would be useful for improving governance. A series of open-ended questions had been developed to help with the process.</p> <p>Members reflected on the growth and maturity that the Committee had gone through and hoped that an equally effective forum would be in place to deal with all the crossover issues as the ICS was developing.</p> <p>It was agreed that the questions would be circulated together with the Terms of Reference and written responses would be discussed at the next meeting.</p> <p><b>Recommendation(s):</b></p> <p><b>The Surrey-wide Commissioning Committees are asked to approve the questions for the review</b></p> <table><tr><td>NHS Frimley CCG</td><td>✓</td></tr><tr><td>NHS Surrey Heartlands CCG</td><td>✓</td></tr><tr><td>Surrey County Council</td><td>✓</td></tr></table> <p><b>The Surrey-wide Commissioning Committees</b></p> <ul style="list-style-type: none"><li>approved the questions for the review.</li></ul>	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓	TS	Dec 21
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								
8	<b>Better Care Fund plan submission</b>								
	<p>SW presented a report on the 2021/22 Better Care Fund Submission outlining the national planning conditions which had been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.</p> <p>The submission set out the plan for how £109.0m of funding across Surrey’s health and social care system would be spent and this included the £80.6m minimum contributions from CCGs,</p>								



Item No.	Discussion and actions raised	Who	By when						
	<p>£11.1m of iBCF grant funding paid directly to SCC and £10.2m of Disabled Facilities Grant monies paid to D&amp;B Councils.</p> <p>The narrative for Surrey has been agreed following local discussions with a wide range of stakeholders, including strategic leaders, finance colleagues, and commissioners.</p> <p><b>Recommendation(s):</b></p> <ul style="list-style-type: none"><li>• <b>The Surrey-wide Commissioning Committees are asked to note the 2021/22 Better Care Fund Submission</b></li><li>• <b>Note the next steps and procurement process timeline.</b></li></ul> <table><tr><td>NHS Frimley CCG</td><td>✓</td></tr><tr><td>NHS Surrey Heartlands CCG</td><td>✓</td></tr><tr><td>Surrey County Council</td><td>✓</td></tr></table> <p><b>The Surrey-wide Commissioning Committees.</b></p> <ul style="list-style-type: none"><li>• <b>noted the 2021/22 Better Care Fund Submission</b></li><li>• <b>Noted the next steps and procurement process timeline.</b></li><li>• <b>Recommended it for approval by the Health and Wellbeing Board.</b></li><li>• <b>Commended the team working on the submission for their hard work in producing the work within short timescales</b></li></ul>	NHS Frimley CCG	✓	NHS Surrey Heartlands CCG	✓	Surrey County Council	✓		
NHS Frimley CCG	✓								
NHS Surrey Heartlands CCG	✓								
Surrey County Council	✓								
9	<p><b>AOB</b></p> <p>CC reported that the governance team had advised that there would be a meeting in January 2022 and dates would be circulated.</p>								
10	<p><b>Meeting close</b></p> <p>Meeting closed at 10:25</p>								
<b>Date of next meeting: 26 January 2022</b>									
<b>Signed and agreed by:</b>									
<b>Date: DD MMM YYYY</b>									
<b>Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG (Convener)</b>									

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**Agenda item: 7**
**Paper no: 3**

	Surrey County Council use	CCG/s use
Section 151 Finance cleared on:	20/10/21	Dd/mm/yy
Legal cleared on:	19/10/21	
Executive Director cleared on:	09/03/22	Dd/mm/yy
Cabinet Member cleared on:	14/03/21	

<b>Title of Report:</b>	<b>PROVISION OF ADVOCACY SERVICES IN SURREY</b>	
<b>Status:</b>	<b>TO APPROVE</b>	
<b>Committee:</b>	<b>Surrey-wide Commissioning Committees in Common</b>	<b>Date:</b> 30/03/2022
<b>Venue:</b>	MS Teams -Virtual	
<b>Presented by:</b>	Mark Rapley, Older People's Commissioner, Surrey County Council	
<b>Author(s)/ Lead Officer(s):</b>	<b>Adult Instructed Advocacy:</b> Mark Rapley, Older People's Commissioner, Surrey County Council <b>Adult Non-Instructed Advocacy:</b> Jim Poyser, Senior Manager, Mental Capacity Deprivation of Liberty Safeguards (DoLS) Team. SCC <b>Children's Advocacy:</b> Natasha Garthwaite, Senior Commissioning Manager, Corporate Parenting. SCC	

**Executive Summary:**

1. To extend current contracts from 31 March 2022- 30 June 2022- Current providers have been informed and have agreed – (see part 2)
2. To inform CiC of outcome of retendering of advocacy contract 2022 - 25.

Contracted service(s) will provide an advocacy service for Surrey that meets all statutory requirements placed on the Council for 3 years from July 2022 with an option, on review, to extend by a further two years. Contracts will prioritise statutory provision and provide a range of discretionary advocacy services to empower individuals and prevent needs escalating, in line with the wider determinants of health and wellbeing.

**Governance:**

<b>Conflict of Interest:</b>	None identified	✓
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<p><b>Previous Reporting:</b> (Relevant committees report has previously been presented to)</p>	<p>In December 2019, the Committees in Common (CIC) were presented and subsequently approved the Annual Procurement Forward Plan within which the provision of Advocacy Services was included. CIC at this time requested that a Commissioning and Procurement strategy paper was to be presented to Committees in Common prior to taking a tender to market.</p> <p>In Sept 2021, the Committees in Common approved the Commissioning and Procurement Plan for contracting of advocacy services in Surrey from 1 April 2022. Subsequently, in January CIC requested that it be informed of the outcome of commissioning and procurement process.</p> <p>This additional request required CIC to be informed at the January 2022 meeting of the committees. The required information was not available at this time because the Council was still following procurement compliant tendering and award timescales agreed within the Procurement Forward Plan.</p> <p>As such, the report was requested for submission to CIC in March 2022 and therefore current procurement and award activity has been held at a standstill. With the revised timeframe for CIC approval and to enable service mobilisation post CIC, new contracts will not now begin in April 22, but will instead commence from July 1<sup>st</sup>, 2022.</p> <p>Current providers have agreed to contract extensions and waivers have been drafted for this purpose. This ensures essential service continuity for Surrey residents. The Instructed Adult Advocacy provider Surrey Disabled People's Partnership (SDPP) applied to SCC to cover retention costs of staff for the 3-month period of the extension which amounted to £37k. This was agreed to be paid from the Workforce Retention Grant, provided SDPP paid retention monies to staff before 31<sup>st</sup> March as this the end of the grant period.</p>	
<p><b>Freedom of Information:</b> The Author considers:</p>	<p>Open – no exemption applies. Part I paper suitable for publication.</p>	<p>✓</p>
	<p><b>RESTRICTED – Part II paper:</b></p> <ul style="list-style-type: none"> <li>Commercially Sensitive Annex in Part 2 agenda</li> </ul>	<p>✓</p>

**Decision Applicable to:**

<p>Decision applicable to the following Committee/s: <i>Please tick (☐) as appropriate.</i></p>	<p>NHS Frimley CCG</p>	<p>✓</p>
	<p>NHS Surrey Heartlands CCG</p>	<p>✓</p>
	<p>Surrey County Council</p>	<p>✓</p>

**Recommendation(s):**

CIC has already approved the Commissioning and Procurement Strategy for Advocacy Services in Surrey and we now seek approval from Committees in Common to:

- 1) Extend current contracts until 30<sup>th</sup> June 2022 to ensure service continuity for Surrey residents and to allow sufficient time to mobilise the new contracting arrangements.
- 2) Award new contracts to commence on 1<sup>st</sup> July 2022 on the basis of the tender evaluation outcome as set out in the part 2 report.
- 3) Award contracts for a period of three years with the option to extend for a two-year period.

### **Reason for recommendation(s):**

Advocacy Services detailed in this report are defined in legislation (Care Act 2014, Mental Health Acts; Mental Capacity Acts & Children's & Adoption Acts) and some "discretionary" advocacy services are also re-procured.

- Due to existing contracts coming to an end, retendering of current service(s) arrangements was required.
- As stated above, current contracts are subject to waiver and require extension until 30<sup>th</sup> June 2022 from 31<sup>st</sup> March 2022.
- New contracts will not now initiate on 1<sup>st</sup> April 2022 but for reasons outlined above will be postponed until 1<sup>st</sup> July 2022. In order to deliver Surrey-wide Independent Advocacy services, contracts are for three years plus the option to extend for up to two years. This will ensure the continued delivery of these essential services within the current financial envelope.

## **1. Introduction**

1.1 The provision of a Children's Advocacy service is a statutory requirement and promotes delivery of seven principles of social work detailed in the Children and Social Work Act 2017 toward children and young people:

- To act in their best interests and promote physical and mental wellbeing
- To consider their views, wishes and feelings
- To encourage expression of their views, wishes and feelings
- To help them gain access to, and make best use of, services provided by the local authority and its relevant partners
- To seek to secure the best outcomes
- To be safe and stable in their home lives, relationships and education or work
- To prepare them for adulthood and independent living

1.2 Under the Care Act 2014, local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in assessing their options, and assist them in making their own decisions. The advocacy duty applies from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. Advocacy is a statutory service, that supports vulnerable people to:

- access information and services
- be involved in decisions about their lives
- explore choices and options
- defend and promote their rights and responsibilities
- speak out about issues that matter to them

## **2. Types of Advocacy & Current Contracts**

- 2.1 Due to the complex legislative environment, and the needs of people requiring advocacy being similarly complicated, Surrey County Council is looking to contract one or more providers to deliver advocacy services as three separate contracts to meet the following legislative requirements. It is important to highlight that the professional competencies, codes of practice, verification and training is different for each type of advocate.

### **Non-Instructed Advocacy:**

- 2.2 This relates to statutory advocacy typically described as “non –instructed” advocacy for adults unable to instruct an advocate as they, at least in the short-term lack mental capacity and subject to the Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLS). This also applies to people who under the terms of the Care Act 2014 lack capacity to instruct an advocate but might not meet MCA/DoLS criteria.
- 2.3 This contract is a cost and volume contract spot commissioned and funded directly by the Deprivation of Liberty Safeguards (DoLS) team on a spot commissioned case by case basis rather than block commissioned as is currently the case Adults instructed advocacy contract.
- 2.4 This contract was awarded to Matrix Ltd for two years commencing 1<sup>st</sup> April 2018- 31<sup>st</sup> March 2020 with the option to extend for a period of one-year subject to annual review.
- 2.5 This extension option was initiated in 2020/21 by application of Procurement & Contract Standing Orders (Annual plan) in July 2019 and extensions approved and notice issued 6 months in advance (@ 1st October 19) of date of original contract termination dates.
- 2.6 However, because of the Covid 19 pandemic and associated easement of statutory instruments (Care Act), it was not possible to engage with the market or to comply with procurement regulations and timescales. The Lead Commissioner sought approval to extend the current contract by a further year by means of a waiver/Deed of Variation and this was approved by legal services 15 September 2020 to enable contracting of provision in 2021- 22.
- 2.7 Re-tendering preparation has begun, and the intention is to secure a 3 +2-year contract starting July 2022. This will align adult and children advocacy contracts and tendering processes.

### **Instructed Advocacy**

- 2.8 This relates to statutory advocacy for people able to instruct an advocate.
- 2.9 The people concerned might be:
- Detained under the Mental Health in line with statutory legislation and will include those detained under Part 2 of the Mental Health Act such as those under section, guardianship, community treatment order (CTO) or Part 3 of the Mental Health Act such as those under section 37/41, 47 and 48.
  - Residents of other boroughs detained in Surrey facilities under the mental health acts
  - People in Prison or approved premises (in line with statutory legislation and best practice guidance and includes Care Act advocacy)
  - Entitled to advocacy under the Care Act 2014 – for example people who have substantial difficulty understanding: (in line with statutory legislation and best practice guidance regarding Care Act advocacy, safeguarding support and young carer’s assessment and applies equally to carers in accordance with the parity they are given in the Care Act).
  - Care Act advocacy for young people (in line with statutory legislation and best practice) moving from Children’s to adult’s services.

- 2.10 The instructed advocacy specification also encompasses non-statutory/discretionary advocacy to people at risk and who require preventative support around a range of preventative issues in line with best practice such as people:
- accessing mental health services
  - receiving substance misuse support
  - living with a long-term condition or diagnosis, such as HIV
  - with care and support needs who have difficulty understanding or retaining information and are at high risk of an escalation in care needs if preventative measures are not taken
- 2.11 The current block commissioned contract is valued at £450K per annum funded in partnership between:<sup>1</sup>
- SCC's Adult Social Care service - to meet statutory duties under the Care Act (SCC annually £361k) for clients with capacity to instruct an advocate
  - SCC's Public Health service - to provide support to people with substance misuse needs (£26k)
  - Surrey Heartlands CCG on behalf of all CCGs in Surrey - to support engagement of people needing advocacy in health and public health settings (£63k)
- 2.12 Originally, this contract was awarded to Matrix Ltd/Surrey Disabled Peoples Partnership (SDPP) in collaboration for a fixed term of three years commencing on 21<sup>st</sup> April 2017- 20<sup>th</sup> April 2020, with the option to extend for a period of one-year subject to annual review.
- 2.13 This extension option was initiated in 2020/21 by application of Procurement & Contract Standing Orders (Annual plan) in July 2019 and extensions approved and notice issued 6 months in advance (@ 1<sup>st</sup> October 19) of date of original contract termination dates. The intention was to use this time to work with the market to develop specifications and identify unmet needs in the light of imminent changes in legislation.
- 2.14 For 21/22 originally, this contract was awarded to Matrix Ltd/Surrey Disabled Peoples Partnership (SDPP) in collaboration for a fixed term of three years commencing on 21<sup>st</sup> April 2017- 20<sup>th</sup> April 2020, with the option to extend for a period of one-year subject to annual review.
- 2.15 The intentions for the new procurement of this instructed service should be set out here in the same way as is the case for the non-instructed service in para 2.7 above.

### **Advocacy under Children's & Adoption Acts**

- 2.16 Advocacy provides a confidential opportunity for Children and Young People (C&YP) to share information and concerns about their care or treatment, awareness rights and access to independent representation.
- 2.17 Advocacy towards children and young people is subject to different statutory construction although Mental Health Acts still apply. Duties are detailed in the Adoption and Children Act 2002 and Children Act 1989. In summary, Councils have statutory duties to offer confidential independent advocacy to empower and enable young people to have a voice through the delivery of independent information, advice, and support, including Looked After Children, Care Leavers making or intending to make representation under section 24D of the Children Act and for children making or intending to make a representation under section 26 of the Children Act 1989. Further, Article 12 of the UN Convention on the Rights of the Child upholds children's rights to participation in decision-making about matters of concern to them.

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<sup>1</sup> The contract value for new arrangements is reduced by £25k to £425k and redirected to Non - Instructed Advocacy to provide advocacy for people who qualify for an IMHA but at time of application do not have capacity.

- 2.18 Advocacy must also be delivered as a direct response to Ofsted recommendations (published 16 May 2018) that 'Children and Young People who are on child protection plans or in care should understand the role of independent advocates and have easy access to them if they choose to seek help'.
- 2.19 Children have dissimilar needs to adults by virtue of being children. Resultantly, advocacy to children is highly specialised and requires different competencies, application and training compared to advocates delivering to adults. Furthermore, for this reason and developmental/emotional circumstances some individuals lack competence so effectively some require non-instructed or instructed advocacy, and sometimes both.
- 2.20 After the Ofsted report in 2018, Coram Voice were approached to deliver an advocacy service to include; all Looked after children/young people, care leavers, children and young people going through Child Protection procedures and those with Special Educational Needs and Disabilities (SEND) who are; over the age of 16 with an education health and care plan (EHCP), any age with an EHCP and English as an additional language or under 16 with an EHCP but no capable parent to advocate on their behalf, within and outside of the Surrey area.
- 2.21 In April 2020, Coram Voice began delivering independent advocacy on behalf of Surrey County Council (SCC). The current waiver contract was put in place to allow SCC to pilot an advocacy service; gain an understanding of what the service can offer in response to demand and service user need and to inform planning for future advocacy services.
- 2.22 For Children's advocacy there is a waiver in place to extend the contract until 31<sup>st</sup> March 2022 – estimated contract budget £140,000 (actual spend £113,000) approved January 2020.
- 2.23 The contract specification states that Coram Voice is to:
- Provide up to 100 advocacy support cases for looked after children, care leavers and children subject to child protection planning.
  - Provide up to 50 advocacy support cases for children and young people who have special education needs or disabilities (SEND) and/or have an education health care plan (EHCP)

### **Procurement**

- 2.24 A light-touch open procurement was agreed as the most suitable approach for commissioning of Advocacy Services for Adults and Children. The light-touch regime allowed more flexibility to design the tender and award criteria during the procurement process. The procurement process commencing in October 2021 ensured that new contracts are in place for 1<sup>st</sup> April 2022 when current contracts will end.
- 2.25 Unless otherwise deemed appropriate through contract management or service delivery expectations not being fulfilled, the services to be procured will be subject to three-year contracts with extension option with cumulative duration up to 24 months.
- 2.26 The tender consisted of 3 lots (non-instructed and instructed Adults Advocacy, and Advocacy under Children's & Adoption Acts), and the plan was to have only one provider for each service at the end of the procurement process.

### **Procurement process key dates:**

Documents issued to Bidders via tender platform	Early October 2021
Tender Live (to the market)	30 Days



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
Successful and unsuccessful letters to be sent to bidders	December 2021
Previous Mobilisation	January to March 2022
Previous Contract start date	1 April 2022

Revised Mobilisation	April - July 2022
Revised Contract Start Date	1 July 2022

### **Consultation/Public Engagement:**

- 2.27 Internally, Officers from Adults Social Care, Children's Services, Public Health, Finance, Legal Services and Procurement and Commissioning.
- 2.28 Engagement meetings took place between the CCGs, current providers, (Matrix & SDPP) and Surrey Coalition of Disabled People, Surrey Independent Living Council, and Healthwatch Surrey) to help confirm the scope of re-procurement, identify unmet need, and refine proposed specifications.
- 2.29 Additionally, we worked with current /recent users of instructed advocacy services (co production volunteers) to help design and refine key operational standards included in the service specifications currently being drafted.

### **3. Risk Management and Implications:**

#### **Liberty Protection Safeguards**

- 3.1 DOLS are to be replaced by The Liberty Protection Safeguards (LPS) via the Mental Capacity Amendment Act, which gained Royal Assent in 2019. Currently the new Act is scheduled for implementation from 1<sup>st</sup> April 2022 but set back to an unspecified future date.
- 3.2 The Mental Capacity Act and LPS code of practice were expected to be published by government in June 2021 but at time of writing, this has not happened. Once published, a three-month consultation period will follow. This new legislation is expected to have a huge impact on the amount of Advocacy required under the IMCA contract to support those that are subject to LPS. All contracts will contain clauses to be expanded to meet increased demand (of relevance to the non-Instructed contract particularly) within commissioning and budgetary constraints.

### **4. Financial and 'Value for Money' Implications**

- 4.1 All advocacy Services amount to a reinvestment by virtue of statutory expectations. The procurement of these advocacy services will enable SCC to meet its statutory duties in relation to the provision of advocacy services for children, young people, and adults with care needs. The planned procurement for each of the three proposed lots is within the current budget envelope for these services, although as set out below the demand for services for the non-instructed IMCA may increase.

- 4.2 Independent Adult Instructed Advocacy (IMHA) is a block commissioned contract with a total value of £425k and set out in paragraph 2.11 this service is funded by a combination of SCC's Adult Social Care service, Public Health service and Surrey Heartlands CCG.
- 4.3 Independent Non-Instructed Mental Capacity Act Advocacy (IMCA) is a cost and volume contract spot commissioned to meet the needs of people subject to MCA and/or Deprivation of Liberty Safeguards (DoLS); and Care Act Advocacy for clients who lack capacity to instruct an advocate.
- 4.4 Projected expenditure between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2022 is estimated at £842k, or £212.5k annually. However, DOLS are to be replaced by Liberty Protection Safeguards (LPS) via the Mental Capacity Amendment Act, which gained Royal Assent in 2019. Currently the new Act is scheduled for implementation from 1<sup>st</sup> April 2022. This new legislation is expected to have a huge impact on the amount and aggregate cost of advocacy to support those that are subject to the LPS. Although it is not possible to predict the total cost of services because they are volume driven, we do not believe that unit costs will reduce as demand increases. However, we can include this aspiration in tender documentation going forward.
- 4.5 Children's Advocacy (Instructed & Non-Instructed) is a block commissioned contract delivering up to 100 advocacy support cases for looked after children, care leavers and children subject to child protection planning and up to 50 advocacy support cases for children and young people who have special education needs or disabilities (SEND) and/or have an education health care plan (EHCP). The contract budget is £140,000 per annum currently.

## **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 most of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority to ensure stable provision of services in the medium term.
- 5.2 As such, the Section 151 Officer supports the proposed procurement plan for the advocacy services set out in this paper. The outcome of the procurement will be factored in the Medium-Term Financial Strategy (MTFS). If demand for independent non-instructed Mental Capacity Act Advocacy services does increase, then the Council will need to confirm how any proposed increase to service provision to meet this demand growth could be funded within available budget resources before this is actioned. In addition, the total cost impact on SCC of the implementation of Liberty Protection Safeguards is being considered as part of developing ASC's latest budget proposals for the MTFS. These assumptions will need to be reviewed and updated when the government confirms plans for the implementation of the new legislation.

### **Legal Implications – Monitoring Officer**

- 5.3 Under the Constitution Part 3 paragraph 8.28 the Committee in Common has authority to make strategic decisions relating to children's community services and decisions related to services supporting mental health.
- 5.4 Due to the proposed contract values being more than the Light Touch Regime threshold the Public Contract Regulations 2015 (PCR 2015) will be applicable and therefore must be observed and complied with. It has been highlighted that the proposed contract periods will include the option to extend for 2 years. For the purposes of Reg 72, it will be prudent to ensure the option to extend is provided for in the initial tender documentation in clear and precise terms.

- 5.5 It is noted that there are current contracts already in place with incumbent providers and these terms and conditions will need to be reviewed to deem whether they remain fit for purpose. These contracts are due to expire in April 2022, the proposed route to tender timelines will ensure continuity of a statutory provision.

## **6. Equalities and Diversity**

- 6.1 Advocacy promotes social inclusion, equality, and social justice for vulnerable and hard to reach groups across a range of age groups, needs and settings including young people in transition to adult services, older people, adults with disabilities, including carers, those with sensory impairments, learning difficulties, Autism, physically disabled and those with mental health issues and individuals with limited capacity, for example, with Dementia or an acquired head injury.

## **7. Other Implications:**

### **Corporate Parenting/ Looked After Children Implications**

- 7.1 As a result of this service children and young people will have a voice throughout their journey within the care system. Children & Young People feel listened to, safe, cared for and have their views taken into consideration throughout any decision -making process regarding their care from the Local Authority. Children and young people will feel confident and empowered to contribute to the decisions that are made about them and carry this skill with them on the journey to adulthood.
- 7.2 Provision of advocacy to children and young people will support SCC to deliver statutory duties.

### **Safeguarding Responsibilities for Vulnerable Children and Adults Implications**

- 7.3 Providers will demonstrate a strong commitment to creating and maintaining a safe working environment where children and young people and vulnerable adults are subject to safeguarding under national legislation & national guidance described earlier in this report and to Surrey safeguarding policies, processes and procedures. These will be part of performance management and quality arrangements going forward. Providers must draw up their own guidelines and procedures that must be acceptable to the Council and in accordance with the safeguarding policy<sup>2</sup>.

### **Environmental Sustainability Implications**

- 7.4 None relevant.

### **Sources/background papers:**

- None
- 

<sup>2</sup> <http://www.surreyscb.org.uk/professionals/guidance-protocols/>  
<http://www.surreycc.gov.uk/social-care-and-health/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals>





<b>Agenda item: 8</b>
<b>Paper no: 4</b>

	<b>Surrey County Council use</b>	<b>CCG/s use</b>
<b>Section 151 Finance cleared on:</b>	16/03/22	xx/xx/xx
<b>Legal cleared on:</b>	11/03/22	
<b>Executive Director cleared on:</b>	21/12/21	xx/xx/xx
<b>Cabinet Member cleared on:</b>	21/12/21	

<b>Title of Report:</b>	<b>Health and Social Care Commissioning: Surrey County Council's Annual Procurement Forward Plan 2022/23</b>	
<b>Status:</b>	<b>TO APPROVE</b>	
<b>Committee:</b>	<b>Surrey-Wide Commissioning Committees in Common</b>	<b>Date: 30/03/2022</b>
<b>Venue:</b>	Microsoft Teams -Virtual	
<b>Presented by:</b>	Anna Kwiatkowska, Head of Procurement, Surrey County Council Danielle Bass, Procurement Partner, Surrey County Council	
<b>Author(s)/ Lead Officer(s):</b>	Anna Kwiatkowska, Head of Procurement, Surrey County Council Danielle Bass, Procurement Partner, Surrey County Council	

### Executive Summary:

In March 2019, Surrey County Council's Cabinet approved the recommendation to delegate authority and decision making, related to the strategic commissioning of Health and Social Care services across Surrey, to the Surrey Wide Committees in Common (CIC) Board.

This included the delegation of key decision-making authority regards specific commissioning functions (Core Better Care Fund, ASC Learning Disabilities, ASC Mental Health, Children's Community Services/Emotional Health and Wellbeing, Continuing Healthcare and Public Health services) to the SCC Sub-Committee.

The revised Procurement and Contract Standing Orders agreed by the Council in May 2019 require the preparation of an Annual Procurement Forward Plan (APFP) during the business planning cycle for all goods/services over the regulatory threshold.

The APFP has been developed for 2022/23 and the Surrey Committees in Common is asked to give Approval to Procure for all the projects listed in the CiC Tab (Annex 1), allowing implementation of the identified procurement activity that is led or jointly procured with Health by Surrey County Council.

**Governance:**

<b>Conflict of Interest:</b> The Author considers:	None identified	✓
<b>Previous Reporting:</b> (relevant committees report has previously been presented to)	N/A	
<b>Freedom of Information:</b> 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 above Surrey-wide Commissioning Committee/s are asked to:

1. Give Approval to Procure for the projects listed in Annex 1 – “Surrey County Council Annual Procurement Forward Plan for 2022/23” in accordance with Surrey County Council’s Procurement and Contract Standing Orders.
2. Agrees that where the first ranked tender for any projects listed in Annex 1 is within the +/-5% budgetary tolerance level for Surrey County Council, the relevant Surrey County Council Executive Director, Director or Head of Service (as appropriate) is authorised to award such contracts while consulting with the relevant Cabinet Member as appropriate. It is noted that for joint procurements the appropriate scheme of delegation will need to be followed for each contracting party.
3. Agrees the procurement activity that will be returned to Committee in Common for review of the commissioning and procurement strategy prior to going out to market, and which is highlighted in grey in Annex 1.

### **Reason for recommendation(s):**

- To comply with the Procurement and Contract Standing Orders agreed by Surrey County Council in May 2019.
- To provide the Committee in Common with strategic oversight of planned procurement projects led or jointly procured with Health by Surrey County Council for 2022/23.
- To ensure Committee in Common oversight is focussed on the most significant procurements.
- To avoid the need to submit multiple individual requests for Approval to Procure as well as individual contract award approvals for work taking place in 2022/23.

### **Next Steps**

1. The approved plans will be delivered during the financial year 2022/23.
2. The procurement activity that is highlighted as per recommendation (3) will be returned to the Committee in Common for review of the commissioning and procurement strategy prior to going out to market.

## **1. Details:**

- 1.1 Surrey County Council's Cabinet approved an Annual Procurement Forward Plan for all procurement activity to be delivered throughout the upcoming financial year:
  - 1.1.1 to comply with the Procurement and Contract Standing Orders agreed by Council in May 2019.
  - 1.1.2 to provide Cabinet with strategic oversight of planned procurement projects for FY 2022/23.
  - 1.1.3 to ensure Cabinet's oversight is focussed on the most significant procurements.
  - 1.1.4 to avoid the need to submit multiple individual requests for Approval to Procure as well as individual contract award approvals for work taking place in FY 2022/23.
- 1.2 As decisions relating to various commissioning functions were delegated to the SCC Sub-Committee as part of the Surrey joint health and wellbeing strategy in March 2019, the Approval to Procure for the services in scope must be sought from the SCC Sub-Committee. While the SCC Sub-Committee holds the decision-making authority for their delegated functions, the decision will be taken in line with the Committee in Common ethos to:
  - 1.2.1 consider and make collective decisions for all delegated functions
  - 1.2.2 discuss strategic commissioning decisions across Surrey
- 1.3 Annex 1 lists all known projects over £213,477 (inc. VAT) that are in scope of the Committee in Common and due for procurement in 2022/23. They include services that are funded by Surrey County Council. These projects will be publicised in due time using the established e-procurement platforms.
- 1.4 Please note that there may be services included in Annex 1 for which the procurement is likely to be led by the CCGs or another partner. They are included so that the SCC Sub-Committee can approve in principle the Surrey County Council funding for the service.
- 1.5 Procurement of social care services that are outside scope of the SCC Sub-Committee are approved by SCC Cabinet.
- 1.6 The Council is bound by The Public Contracts Regulations 2015 to advertise and conduct a public tender for supply and services contracts above the procurement threshold of £213,477 (inc. VAT). However, services concerning social care have a procurement threshold of £663,540 (inc VAT).
- 1.7 Budgets will be agreed with the service, finance, and partners (where applicable) through the development of a detailed procurement report and finalised before going to the market.
- 1.8 Once the Approval to Procure is granted by the SCC Sub-Committee, SCC officers may proceed to procurement without delay. Award decisions for SCC contracts are delegated to Executive Directors, Directors, or Heads of Service, while consulting with the relevant Cabinet Member as appropriate. It is noted that for joint procurements the appropriate scheme of delegation will need to be followed for each contracting party.



- 1.9 There will only be additional approvals required at the award stage of each SCC procurement in the event that the outcome is outside a +/-5% tolerance of the budget agreed when each project begins. Any project with an outturn not within tolerance will be reported and approved as follows:
- 1.9.1 Under £1m: Section 151 Officer
  - 1.9.2 Over £1m: Section 151 Officer and relevant service Portfolio Holder
  - 1.9.3 Over £5m: Section 151 Officer and SCC Sub-Committee
- 1.10 By approving the APFP in this way, there will be no need to gain Approval to Procure for each individual project for the remainder of this financial year. This will streamline governance processes and ensure focus on the most important projects throughout the year. However, it is likely that unforeseen projects will arise, and officers will need to seek Approval to Procure for these separately.
- 1.11 Where significant transformation or material change to the delivery of a commissioned service is proposed these projects have been identified in grey in Annex 1. Depending on the nature of the changes, public consultation and equality impact assessments may also be necessary. Further situations not currently anticipated (but included in Annex 1) may arise during the year. In any situation, the final proposed commissioning strategy and, if applicable, the outcome of any public consultation and equality impact assessment, will be brought back to the SCC Sub-Committee as an exception report for a new Approval to Procure.
- 1.12 Whilst the APFP is integral to the business planning cycle, it is not intended to set budgets for coming years, a task which is handled via the council's annual budget report that is approved by Full Council in February each year. Where the contractual limits and the available budgetary provision are not in alignment, the lower of the two will generally prevail.

## **2. Consultation/ Public Engagement:**

- 2.1 Consultation will take place for individual projects as appropriate to the products or services required.

## **3. Risk Management and Implications:**

- 3.1 If Surrey County Council does not manage the contract renewal programme effectively and efficiently it could lead to a detrimental impact on value for money and required outcomes and benefits from our contracted services. Good forward planning will enable adequate resources and sufficient time is dedicated to ensure appropriate procurement strategies and commercial negotiations to take place.
- 3.2 Also, by bringing forward member and partner approval to an earlier stage in the governance process, there will be the opportunity for the review and influence of plans in advance of any procurements being carried out.

#### **4. Financial and ‘Value for Money’ Implications**

- 4.1 The APFP approach has been designed to facilitate better planning, early engagement, and strategic oversight and, therefore, allows for more efficient and effective use of resources to support delivery of commissioning intentions.
- 4.2 The financial resources for each project will be reviewed and agreed based on the budget set for the relevant Council service in its Medium-Term Financial Strategy.

#### **5. Section 151 Officer Commentary**

- 5.1 Although significant progress has been made to improve the Council’s financial position, the medium-term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding 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 The Section 151 Officer supports the Annual Procurement Forward Plan, which sets out the contracts expected to be tendered during the 2022/23 financial year. It remains however, the responsibility of the relevant Executive Director, Director or Head of Service to ensure that any expenditure committed to as a result of these procurements remain within approved budget envelopes and is consistent with the Directorate Commissioning Strategy.

#### **6. Legal Implications – Monitoring Officer**

- 6.1 Committees in Common is being asked to give formal Approval to Procure for the projects listed in Annex 1 in accordance with the Council’s Procurement and Contract Standing Orders. In making this decision, Committee in Common should be cognisant of its fiduciary duty to Surrey residents to ensure services are provided effectively while also maintaining a balanced budget.
- 6.2 For projects where additional statutory duties arise at a later date, for example as a result of a change in commissioning strategy, the Approval to Procure given at this stage will no longer be valid. Once additional statutory requirements have been satisfied, a report will need to return to Cabinet for a new Approval to Procure. Legal Services will advise in relation to any such situations on a case-by-case basis.

#### **7. Equalities and Diversity**

- 7.1 Equality Impact Assessments will take place for individual projects as appropriate to the products or services required.

#### **8. Other Implications:**

- 8.1 There are no significant implications upon key council priorities and policy areas

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**Consulted:**

Surrey County Council - Service Directors, Finance, Legal, Head of Procurement

**Annexes:**

Annex 1 – “Annual Procurement Forward Plan for 2022/23”

**Sources/background papers:**

Surrey County Council’s Procurement and Contract Standing Orders 2019

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Directorate	Service	Contract Name (over Regulatory Threshold and over £213,477 Inc VAT)	Procurement Activity Required (Renewal of Existing/ Replacement with New Service/ New Procurement Requirement)	Route to Market	To be reserved by CiC to review commissioning and procurement strategy before going to market? (Yes / No)	CiC report Part 1 / Part 2	Reasons for Part 2
Health Wellbeing & Adult Social Care	Adult Social Care	Discharge to Assess Services	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Hospital Discharge Bridging Service	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Residential and Nursing Care Learning Disabilities and Autism	New Procurement Requirement	Existing DPS agreement	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Day Opportunities	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Short Breaks Adult Services	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Care and Support at Great Meadows	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Public Health	Integrated Lifestyle Services	New Procurement Requirement	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Public Health	Drug and Alcohol Residential Beds	New Procurement Requirement	Tender	Yes	Part 1	N/A

#### FYI - PROJECTS CARRIED FORWARD FROM THE 2021/2022 APFP

Health Wellbeing & Adult Social Care	Adult Social Care	Community Connections	Replacement with New Service	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Adult Social Care	Stroke Support Services	Replacement with New Service	Tender	Yes	Part 1	N/A
Health Wellbeing & Adult Social Care	Public Health	Family Weight Management	New Procurement Requirement	Light Touch Regime	No	Part 1	N/A
Health Wellbeing & Adult Social Care	Public Health	Integrated Livingwell	New Procurement Requirement	Tender	No	Part 1	N/A
Health Wellbeing & Adult Social Care	Public Health	Surrey Children's Community Health Services <i>A range of universal and targeted services including Health Visiting, School Nursing, Therapies and Community Paediatric Medical services</i>	Replacement with New Service	Light Touch Regime	Yes	Part 1	N/A

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**Agenda item: 9**

**Paper no: 5**

	<b>Surrey County Council use</b>	<b>CCGs use</b>
<b>Section 151 Finance cleared on:</b>	11/3/22	14/02/22
<b>Legal cleared on</b>	17/03/22	
<b>Executive Director cleared on:</b>	01/03/22	01/03/22
<b>Cabinet Member cleared on:</b>	14/03/22	

<b>Title of Report:</b>	<b>Entering into a staffing partnership agreement to support integrated commissioning in Surrey, and the creation of a Section 75 agreement regarding a pooled budget for jointly funded posts</b>	
<b>Status:</b>	<b>TO APPROVE</b>	
<b>Committee:</b>	<b>Surrey-wide Commissioning Committees in Common</b>	<b>Date:</b> 31/03/2022
<b>Venue:</b>	MS Teams - Virtual	
<b>Presented By:</b>	Simon White, Director of Adult Social Care, Surrey County Council	
<b>Author(s)/ Lead Officer(s):</b>	Louise Inman, Health Integration Policy Lead, Surrey County Council	

### **Executive Summary:**

To improve integration of health and social care services, commissioning partners in the Surrey health and care system are integrating health and social care commissioning teams and establishing other integrated directorates, including creating joint posts and integrated teams, where staff from one organisation have authority to line manage staff from another organisation, and to act as budget holders for partner organisations' budgets. At this point in time Frimley are not intending to designate any of these joint posts as budget holders for any Frimley budgets.

A Partnership Agreement is required to provide a legal framework to underpin these integrated ways of working. The staffing Partnership Agreement described in this paper has been co-developed by Surrey County Council, Surrey Heartlands CCG and Frimley CCG and describes a framework acceptable to all parties.

A Section 75 Agreement is required to provide a legal framework for management of the pooled budget required to fund the joint posts created to support integration of health and care services. The Section 75 Agreement proposed in this paper has been co-developed by Surrey County Council, Surrey Heartlands CCG and Frimley CCG and describes a framework acceptable to all parties. Please note that the section 75 elements may be incorporated into the body of the Partnership Agreement.

### **Governance:**

<b>Conflict of Interest:</b>	None identified	✓
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<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	Committee name: Surrey Strategic Health and Care Commissioning Collaborative Meeting date: 11 <sup>th</sup> March 2022 Outcome: The Collaborative approved the recommendations of the paper and indicated that they would be happy for the agreement to be signed by Officers without coming back to Committees in Common, assuming that a) the final agreement reflects the heads of terms outlined in this paper and b) that the financial amounts to be included within the Section 75 pooled budget arrangements are within a 5% margin of the financial values proposed in this paper.  Committee name: ICS Executive Meeting date: Feb 2022 Outcome: approved	
<b>Freedom of Information:</b>	Open – no exemption applies. Part I paper suitable for publication.	✓

#### Decision Applicable to:

Decision applicable to the following partners of the Committees in Common:	NHS Frimley CCG	✓
	NHS Surrey Heartlands CCG	✓
	Surrey County Council	✓

#### Recommendation(s):

The Surrey-Wide Commissioning Committees are asked to:

1. note the proposed contents of the staffing Partnership Agreement and the Section 75 Agreement (which may be incorporated into one Agreement); and
2. note that the proposed agreement will need to be supported by a Collaborative Commissioning MoU setting out host and lead commissioning arrangements between the three partners.
3. approve entering into a Partnership Agreement and a Section 75 Agreement (which may be incorporated into one Agreement) to provide a legal and financial framework to underpin the joint working of integrated commissioning teams.

#### Reason for recommendation(s):

Surrey Heartlands Health and Care Partnership, Surrey County Council and Frimley CCG/ICS are committed to partnership working to improve health and care outcomes for Surrey's residents. As part of its new operating model, Surrey Heartlands CCG/ICS executive has created integrated and joint roles, directorates and teams. There are several posts that are jointly employed by the three organisations. The Partnership Agreement and Section 75 are required to provide a



legal framework to formalise the new working arrangements for these new team structures and roles.

### **Next Steps**

1. For the draft text of the Partnership Agreement and Section 75 (which may be incorporated into one Agreement) to be reviewed by CCG legal teams before being agreed by each partner prior to signature (completion end of May 2022)
2. For the three partners to draft and develop a Commissioning Collaborative MoU setting out host and lead commissioning arrangements between the three partners.

## **1.1 Introduction**

- 1.2 Surrey Heartlands Health and Care Partnership, Surrey County Council and Frimley CCG/ICS<sup>1</sup> are committed to partnership working to improve health and care outcomes for Surrey's residents. As part of its new operating model, Surrey Heartlands CCG/ICS executive has created integrated directorates. Two Joint Executive Director posts now oversee the management of teams comprising staff employed by Surrey Heartlands CCG/ICS and Surrey County Council. An integrated commissioning team for Children's services brings staff from both organisations under a single director for children's commissioning under the Executive Director for Children, Families and Lifelong Learning. The three partners have also employed three system conveners to operate across the Surrey footprint. As the partnership evolves, more joint posts and integrated teams may be established. Some of the posts within these teams are jointly funded by some or all partners.

## **1.3 Definitions:**

- A joint post: a post where Staff will undertake functions and responsibilities on behalf of a partner organisation (i.e., recruitment, hiring, line management)
- An integrated team: a team comprising Staff employed by more than one organisation
- An integrated directorate: a directorate comprising Staff employed by more than one organisation
- A jointly funded post: a staff role funded by two or more partner organisations.

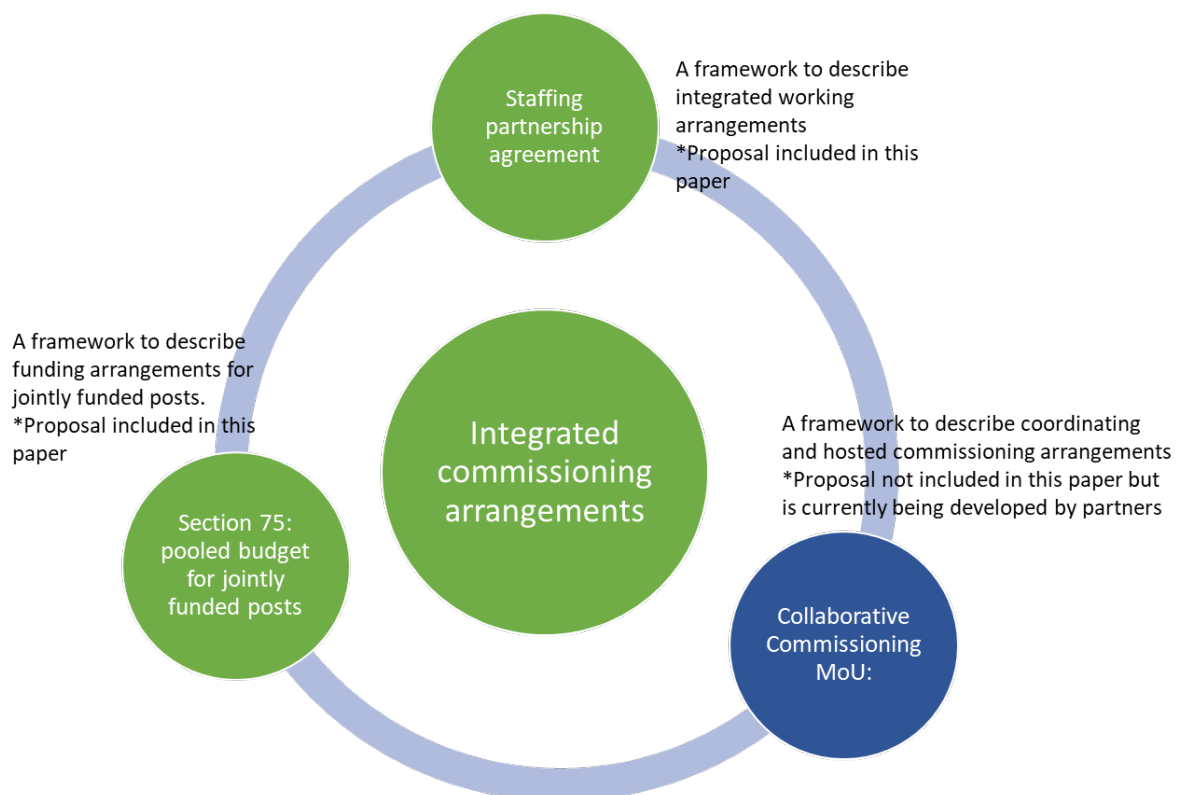
- 1.4 Three elements are required to underpin integrated commissioning arrangements at this stage:

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<sup>1</sup> Although both Frimley CCG and Surrey Heartlands CCG are operating in shadow form as Integrated Care Systems, until the Health and Care Bill has become law, Clinical Commissioning Groups are the legal entity responsible for making decisions on behalf of the local NHS. Employment contracts are currently between CCGs and their staff. This paper therefore refers to CCG/ICS to reflect this transition state.

- 1.4.1 A Partnership Agreement to describe integrated working arrangements for joint posts within the partnership.
  - 1.4.2 A section 75 pooled budget for jointly funded posts.
  - 1.4.3 A memorandum of understanding to provide a framework for commissioning arrangements across the partnership.
- 1.5 These are described in more detail below.

Figure 1: The three elements of proposed integrated commissioning arrangements



## 1.6 Purpose of the staffing partnership agreement

- 1.7 These integrated teams and joint posts require a legal framework to underpin these integrated ways of working so that staff employed by one organisation have the legal authority to conduct their work on behalf of partner organisations. A Partnership Agreement is the preferred mechanism for creating this legal framework. This Agreement is not intended to change the respective accountability or statutory responsibilities of each partner and it does not cover arrangements through which Partners will commission services on behalf of each other. The purpose of this staffing Partnership Agreement is therefore solely to

Surrey-wide Commissioning Committees in Common 30 March 2022/ Decision to enter into a partnership agreement

create a framework within which integrated teams and joint posts can operate without the need for individual secondment agreements. The agreement will cover all staff in joint posts and partners will not need to produce separate agreements such as secondment agreements for them.

## 1.8 Purpose of the Section 75

Some (but not all) of the joint posts are jointly funded posts. The creation of joint posts incurs financial and non-financial costs to partners in the form of staff salaries and on-costs. A Section 75 agreement is required but please note that the Section 75 elements may be incorporated into the Partnership Agreement. The purpose of the Section 75 is to provide a legal framework for the management of a pooled budget to fund costs associated with jointly funded posts. The budget amount to cover these staff costs is detailed in table 1, below.

Surrey County Council	NHS Surrey Heartlands CCG	NHS Frimley CCG	Total
£857,027	£900,624	£44,900	£1,802,552

Table 1: Value of the pooled budget for shared funded post.

## 1.9 Collaborative commissioning arrangements

- 1.10 Many of the integrated teams, joint posts and jointly funded roles will be supporting Surrey County Council, Surrey Heartlands CCG/ICS and Frimley CCG/ICS to commission collaboratively. Collaborative commissioning arrangements do not fall within the scope of either the staffing Partnership Agreement or its associated Section 75. A legal arrangement is required in order for staff who hold commissioning responsibilities within their job descriptions to be able to operate effectively across the Surrey footprint to ensure high quality, consistent services with best patient outcomes for all Surrey's residents. A separate memorandum of understanding (MoU) is being developed which will provide a framework for establishing a range of coordinating and hosted commissioning arrangements around key contracts and service areas, including those that fall within the scope of these integrated commissioning teams. This MoU is being developed with reference to this staffing Partnership Agreement and Section 75 but is not considered within this paper.

### 1.11 Heads of Terms for the Staffing Partnership Agreement

- 1.12 The staffing Partnership Agreement will document the following:

### 1.13 Agreed HR arrangements:

- 1.13.1 an agreement by the partners to each place staff at the disposal of the other<sup>2</sup>;
  - 1.13.2 that the terms and conditions of the contractual employer will apply. Staff will be employed by one partner organisation and will be subject to the terms and conditions set out in their contract of employment.
  - 1.13.3 that there will be joint posts that will have responsibilities in partner organisations.
  - 1.13.4 that partners can delegate responsibilities to staff employed by another partner organisation for posts identified and agreed as joint.
  - 1.13.5 processes to identify, assess and approve requests to:
  - 1.13.6 create a new post with joint responsibilities across partners
  - 1.13.7 to change a post to have joint responsibilities across partners
  - 1.13.8 to create a new post with shared funding arrangements across partners
  - 1.13.9 to change the host organisation [and funding] of a joint post
  - 1.13.10 to authorise additional expenditure for a joint post
  - 1.13.11 principles for the management of staff in integrated teams, including joint posts
- 1.14 Agreed arrangements for accommodation and provision of facilities:**
- 1.14.1 arrangements to ensure access to work in specified and agreed partner building locations
- 1.15 Agreed IT and digital provision**
- 1.15.1 a set of principles for the provision of IT required to operate as a joint post or within an integrated team
  - 1.15.2 arrangements to access relevant partner applications and systems and ensure acceptable use.
- 1.16 Agreed data confidentiality arrangements**

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<sup>2</sup> The legal framework for local government to operate in partnership with NHS bodies is Section 113 of the Local Government Act, which permits a local authority to enter into an agreement with the CCG to 'place staff at the disposal' of these partners. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. Section 75(2)(d) allows CCGs to put their staff at the disposal of the Council.

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- 1.16.1 each organisation will comply with their obligations under data protection legislation and assist partners to comply with their obligations.
- 1.16.2 ISAs to enable access to and sharing of confidential business data and staff/personal data and commit to use of data in compliance with these ISAs.

#### **1.17 Freedom of information (FOI) and environmental information regulations (EIR)**

- 1.17.1 An agreed FOI/EIR process

#### **1.18 Complaints**

- 1.18.1 Individual organisations complaints procedures shall apply, and partners agree to assist one another in the management of complaints arising from this Agreement or as a result of integrated commissioning for health and social care services. Partners will keep a record of all complaints and provide these for review by Committees in Common, as the body responsible for oversight of this Agreement.

#### **1.19 Funding arrangements**

- 1.19.1 Many (but not all) joint posts will have shared funding arrangements. Shared funding arrangements for joint posts will be governed by a Section 75 Agreement (which may be incorporated into the Partnership Agreement) between the three partners. Whether a post is to be jointly funded or not will be decided on a case-by-case basis.
- 1.19.2 Each partner shall provide the non-financial contributions as required to comply with its obligations under the Partnership Agreement in respect of joint working. These contributions shall be provided at no charge to the other partner. Non-financial contributions include, but are not limited to:
  - IT Support
  - Premises
  - HR support, including advisory support for Managers to undertake formal HR employee relations processes and access to OD and strategic HR input via a senior member of the respective HR teams.
- 1.19.3 Where costs are incurred in order for staff to fulfil their duties and comply with the obligations proposed in the Partnership Agreement, they will be resolved collaboratively, enabling the views of all affected partners to be considered.

#### **1.20 Agreed financial arrangements for joint posts and integrated working**

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1.21 a set of financial principles, including that partners will:

- 1.21.1 maintain separate budgets and manage their respective budgets, funding and expenditure, unless specific arrangements are made;
- 1.21.2 gain appropriate internal approval to allow financial authority to be delegated to Staff that are not employed by their organisation.
- 1.21.3 Manage budgets in line with internal governance processes, and in line with schemes of delegation and collaborative arrangements where they exist.
- 1.21.4 Manage conflicts of interest when making decisions affecting partners and, where possible, avoid creating cost pressures for partners or third parties to the gain of another, unless by specific agreement made separate to this Partnership Agreement.
- 1.21.5 Work together to develop joint financial reporting based on an open book approach, so that post holders with budgetary responsibilities across partner organisations can see a consolidated summary of their combined budget positions and provide clarity on the financial position for each key budget area in each organisation.

**1.22 Term of the agreement**

- 1.22.1 The proposed term of Agreement is three years, with each partner required to give at least six months' notice to terminate. The requirement to draft and agree an Exit Plan will also be included in the Agreement.

**1.23 Dispute resolution**

- 1.23.1 The expectation is that the partners will seek to operate the agreement through consensus and resolve issues locally. Matters that cannot be resolved by executive leadership will be referred to the Committees in Common. The Agreement will set out a process for dispute resolution.

**1.24 Insurance**

- 1.24.1 The Agreement will contain appropriate levels of insurance.

**1.25 Liabilities and indemnity**

- 1.25.1 The Agreement will include liability and indemnity clauses to reflect what has been agreed by the partners.

**1.26 Standards of Conduct and Service**

- 1.26.1 The Agreement will set out expectations of partners in relation to corporate governance, including clinical governance.

## **1.27 Governance**

- 1.27.1 Committees in Common (CiC) holds responsibility for making health and care commissioning decisions for Surrey residents and therefore is proposed as the Committee responsible for oversight of the Partnership Agreement. If there is an issue with the agreement or its implementation, partners will contact the secretariat of CiC. Issues will be raised with CiC for review, discussion and resolution, or delegated to an appropriate forum.
- 1.27.2 The Health and Wellbeing Board will be updated regularly on the operation of the partnership agreement and any recommendations for amendments or changes.
- 1.27.3 The Adults and Health Select Committee and Children, Families and Lifelong Learning Select Committee have scrutiny responsibilities for all decisions taken by Committees in Common. Both committees will be updated regularly on the progress of arrangements.

## **1.28 Review/monitoring and reporting**

- 1.28.1 The agreement will set out expectations for reporting against this agreement, including an annual report about its implementation to be provided to Committees in Common.

## **1.29 Schedules within the staffing Partnership Agreement.**

- 1.30 Specific schedules will set out the detail of the processes and protocols agreed in the Partnership Agreement. These schedules can be amended, if necessary, by agreement of the partners. The schedules to be included within this Agreement are:
  - 1.30.1 The governance arrangements for management of integrated teams and joint posts.
  - 1.30.2 Details of the shared financial principles and processes as required.
  - 1.30.3 A list of the service areas to be covered by joint arrangements
  - 1.30.4 A list of joint posts that, once the Agreement has been signed by all parties, will have responsibilities in partner organisations. These joint responsibilities could be joint strategic/professional responsibilities, joint line management responsibilities or joint financial management responsibilities.
  - 1.30.5 Details of the staff management protocol
  - 1.30.6 A list of jointly funded posts and shared funding arrangements
  - 1.30.7 Details of agreed IT principles

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### **1.31 Heads of Terms for the Section 75 Agreement**

1.32 The Section 75 Agreement will document the following but as mentioned above, may be incorporated into the Partnership Agreement:

### **1.33 The purpose of the Agreement**

1.33.1 The purpose of the Agreement is to set out the terms and principles on which the partners have agreed to pool budgets for staffing costs associated with joint staffing arrangements. It is not a means by which partners will hold funds centrally.

### **1.34 Aims of the Agreement**

1.35 The aims of partners entering into the agreement are to:

1.35.1 Share the funding of costs for posts that have joint staffing arrangements

1.35.2 Make decisions regarding shared costs in an efficient manner.

### **1.36 Term of the Agreement**

1.37 The intention is to backdate the start of the Agreement to April 2021, in order to include costs incurred since then. It is proposed that the length of the term is aligned with that of the Partnership Agreement.

### **1.38 Scope of the Agreement**

1.39 The scope of the Agreement is solely to cover staffing costs for posts with shared funding.

### **1.40 Pooled budget management**

1.41 The Section 75 will set out how the pooled budget is to be managed, including the proposal that Surrey County Council host the budget, and arrangements for management of the budget, including processes and mechanisms for managing:

1.41.1 Financial and non-financial contributions

1.41.2 Risk-sharing arrangements

1.41.3 Processes for managing underspends and overspends

1.41.4 Processes for billing and payments

1.41.5 Processes for complaints, dispute resolution etc (aligned with the Partnership Agreement)

### **1.42 Governance of these arrangements**

- 1.43 Tripartite governance of these arrangements sits with Committees in Common, supported by the Surrey Strategic Health and Care Commissioning Collaborative. The Collaborative provides a forum for senior leadership to come together to discuss matters pertaining to Surrey-wide integrated working.

#### **1.44 Next steps**

- 1.45 Once the teams working on the draft Agreements (which may be incorporated into one Agreement) have finalised the text in line with the proposals outlined in this paper, this will need to be agreed by legal representatives of the three partners prior to signature. Once finalised, the Partnership Agreement will need to be approved by the Surrey Heartlands CCG/ICS executive before it is presented to Committees in Common. Other partners may also wish to request additional governance.

## **2. Consultation:**

- 2.1 Consultation with affected staff has taken place where required as part of the establishment of the new working arrangements.

## **3. Risk Management and Implications:**

- 3.1 The main risks associated with the proposals of this paper are those arising either a) as a result of entering into a partnership agreement and an associated Section 75 pooled budget arrangement (which may be incorporated into one Agreement) or b) as a result of \*not\* entering into the Agreement(s) as recommended.
- 3.2 These risks are described below, including any significant risks, any negative implications and the mitigating actions being taken to address them.
- 3.3 Risks arising as a result of entering into a Partnership Agreement and an associated Section 75 pooled budget arrangement arise from the commitment that each partner will make to adhere to an agreed set of processes and ways of working. As mentioned above, the Section 75 elements may be incorporated into the Partnership Agreement.
- 3.4 For example, by entering into the Partnership Agreement, partners agree to follow certain HR processes to support the recruitment and management of Staff in joint posts, integrated directorates and teams. There is a risk that where a process is unfamiliar to a Partner organisation's HR team, Staff are not properly supported in accordance with the processes as set out in the Agreement and associated schedules. This could expose an organisation to risk where issues of grievance or performance are taken to external tribunals.
- 3.5 Similarly, the Agreement commits partners to following a set of processes with regards to compliance with organisational data security policies, including a

commitment that each organisation will assist partners to comply with their obligations.

3.6 Finally, the Partnership Agreement exposes partners to the operational risks of joint working, in that the Agreement is predicated on an understanding that all Partners will commit sufficient resource to support effective working of the joint posts, integrated directorates and teams.

3.7 For all these risks, the mitigating actions are similar:

3.7.1 The protocols and processes described in the Partnership Agreement and Section 75 have been jointly developed by the relevant teams within the Partner organisations and have been agreed as acceptable to all parties.

3.7.2 Training and guidance will be provided to all staff supporting joint posts, integrated directorates and teams to ensure that all are aware of the agreed processes and protocols.

3.7.3 Regular monitoring and reporting on the implementation of the agreement to this Committee, to identify and address any issues as they arise.

3.7.4 Appropriate and agreed liability and indemnity clauses will be included in the legal Agreement(s) to cover all parties.

3.8 The risks associated with \*not\* entering into the Agreement(s) as recommended fall within the same categories as described above, with significant risks in the following categories:

3.8.1 HR

- Without a Partnership Agreement, staff will not be able to recruit or manage staff from a separate organisation, and the partners will not be able to fully realise their ambitions of more integrated working.
- The two Joint Executive Directors recently appointed by Surrey Heartlands CCG and Surrey County Council will not be able to oversee integrated directorates as intended.

3.8.2 IT&IG

- Without a Partnership Agreement, staff will not have formally agreed processes to support the provision of essential IT equipment for joint posts and staff in integrated teams and directorates to be able to perform their assigned duties.

3.8.3 Finance

- Without agreement of the financial principles as described in the Partnership Agreement, and the various mechanisms for management of the pooled budget as described in the Section 75 arrangements, partners will not be able to manage the shared funding of posts as agreed.

3.9 The Partnership Agreement is intended to mitigate against the key risks associated with joint working outside of any formal arrangements. It is therefore recommended that the Committee approve the decision to enter into the arrangements as proposed.

## **4. Financial and ‘Value For Money’ Implications**

4.1 The Partnership Agreement facilitates integrated commissioning of health & social care services, including management of services budgets across partner organisations by post holders with joint responsibilities. It does not have any direct financial implications on the service budgets of each partner organisation, although it is expected that improved joint working will deliver some efficiencies across the system. It is too early to be able to quantify the potential benefits at this stage.

4.2 The Section 75 pooled budget for joint posts will involve partners committing to funding posts across Surrey’s health & social care system on an ongoing basis. In most cases, the cost of these posts is already built into each organisation’s budget based on their agreed funding share. However, the creation of the pooled budget will formalise the joint funding of these posts on an ongoing basis until such time as partners agree to change the arrangements for a post in line with the agreed processes.

## **5. Section 151 Officer Commentary**

5.1 Although significant progress has been made to improve the Council’s financial position, the medium term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding 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 In this context the Section 151 Officer recognises how the Partnership Agreement and Collaborative Commissioning MoU will enable the Council to work more effectively with its health partners in making sound joint commissioning decisions to ensure the combined and limited resources across the whole health and social care system are invested to maximise value for money in service provision. Further consideration and approval will be required should it be proposed that

commissioning budgets are pooled or integrated in some from across partners as these joint commissioning arrangements develop.

- 5.3 The Section 75 Agreement to create a pooled budget for jointly funded posts will provide clarity in funding arrangements for joint posts where funding is shared across partners and establish a clear mechanism for accounting for costs across partners. The Council's funding shares for each post will factored into its Medium Term Financial Strategy.
- 5.4 It is noted that Legal Services may incorporate the Section 75 elements into the Partnership Agreement.

## **6. Legal Implications – Monitoring Officer**

- 6.1 Subject to the requirement to consult in respect of Section 113 (1A)(a) of the Local Government Act 1972, the Council can enter into an agreement with CCGs (a) for the placing at the disposal of CCGs for the purposes of their functions, on such terms as may be provided by the agreement, of the services of officers employed by the local authority (b) for the placing at the disposal of the local authority for the purposes of their functions, on such terms as may be provided by the agreement, of the services of officers employed by CCGs.
- 6.2 Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. Section 75(2)(d) allows CCGs to put their staff at the disposal of the Council. The partners will be entering into the Partnership Agreement in exercise of those powers under and pursuant to the NHS Regulations 2000.
- 6.3 Legal Services have amended the draft Partnership Agreement and will consider the draft Section 75 Agreement. Legal Services may also incorporate the Section 75 elements into the draft Partnership Agreement.
- 6.4 Legal Services will arrangement to have the legal documentation/Agreement(s) executed by the parties.
- 6.5 Legal Services will provide such help and assistance as is required and will advise on any issues as and when they arise.

## **7. Equalities and Diversity**

- 7.1 This work is expected to contribute to more aligned efforts to address health inequalities. There are no expected impacts on any specific group with protected characteristics.

## **8. Other Implications:**

- 8.1 The potential implications for the following priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

### **8.2 Corporate Parenting/ Looked After Children Implications**

- 8.2.1 The aim of the staffing partnership agreement and associated section 75 pooled budget is to facilitate improved partnership working between Surrey County Council and its health partners. Our ambition is that this improved partnership working leads to improved joint planning and more joined up provision of placements for Surrey's Looked After Children, in particular where those placements have tripartite funding arrangements to meet a child's health, education and care needs.
- 8.2.2 We anticipate that improved joint planning and joint provision will lead to benefits for individual children by helping ensure sufficiency of provision for Looked After Children. The Staffing Partnership Agreement should enable commissioners to work more closely in partnership to ensure that where Looked After Children are placed in County, that there is sufficient and appropriate provision of health services wrapped around care home or foster care provision.
- 8.2.3 The staffing partnership agreement and associated section 75 pooled budget arrangements do not change or affect any individual partner's statutory responsibilities to corporate parenting and looked after children.

### **8.3 Safeguarding Responsibilities for Vulnerable Children and Adults Implications**

- 8.3.1 The Staffing Partnership Agreement is underpinned by individual data sharing agreements to support the joint working of integrated teams. We anticipate that integrated structures will result in improved information sharing, for example clearer escalation routes where there are safeguarding concerns.
- 8.3.2 We anticipate that improved joint working will lead to a more holistic overview of safeguarding risks through more joint oversight of service provision.
- 8.3.3 We anticipate that improved joint planning will reduce the risk of safeguarding issues.
- 8.3.4 The staffing partnership agreement and associated section 75 pooled budget arrangements do not change or affect any individual partner's statutory safeguarding responsibilities for vulnerable children or adults.

Surrey-wide Commissioning Committees in Common 30 March 2022/ Decision to enter into a partnership agreement 16

## **8.4 Environmental Sustainability Implications**

- 8.4.1 An Environmental Sustainability Assessment is not required for this decision.
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### **Consulted:**

The proposals outlined in this paper have been discussed with stakeholders in Surrey Heartlands ICS and Frimley ICS, the Chair and Vice-Chairs of the Adults and Health Select Committee and the Chair and Vice-Chairs of the Children, Families, Lifelong Learning and Culture Select Committee.

### **Annexes:**

No annexes have been attached to this report.

### **Sources/background papers:**

No background papers have been attached to this report.

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<b>Agenda item: 10</b>
<b>Paper no: 6</b>

	<b>Surrey County Council use</b>	<b>CCGs use</b>
<b>Section 151 Finance cleared on:</b>	04/03/22	xx/xx/19
<b>Legal cleared on</b>	04/03/22	
<b>Executive Director cleared on:</b>	08/03/22	xx/xx/19
<b>Cabinet Member cleared on:</b>	14/03/19	

<b>Title of Report:</b>	<b>MENTAL HEALTH ACCOMMODATION WITH CARE AND SUPPORT TRANSFORMATION PROGRAMME: EXTENSION OF HOUSING RELATED SUPPORT CONTRACTS</b>	
<b>Status:</b>	<b>TO APPROVE</b>	
<b>Committee:</b>	<b>Surrey-wide Commissioning Committees in Common</b>	<b>Date: 30/03/2022</b>
<b>Venue:</b>	Virtual: MS Teams	
<b>Presented By:</b>	Kirsty Gannon-Holmes, Senior Mental Health Commissioning Manager, Surrey County Council	
<b>Author(s)/ Lead Officer(s):</b>	Kirsty Gannon-Holmes, Senior Mental Health Commissioning Manager, Surrey County Council and Zoe Henry, Strategic Commissioning Development Support Manager	

### **Executive Summary:**

Housing Related Support (HRS) services help socially excluded groups of people within Surrey to obtain benefits and manage money; provide support to improve safety, health and wellbeing; help to avoid social isolation; to access mainstream services, manage everyday tasks, to develop new skills and move into employment. They are early intervention and prevention services, which aim to prevent, reduce or delay access to Adult Social Care (ASC). They consist of accommodation-based services for people experiencing homelessness, people with mental health needs and other marginalised groups alongside floating support services.

The HRS existing contracts have been in place since 2014 and renewed annually. The review has identified that one of the barriers facing providers is the short length of the contracts. The review also highlighted that the level of need and complexity of demand has changed. Extending the contracts will give ASC sufficient time to work with providers and other partners to understand how services can be re-shaped to meet the change in demand and need.

This report is asking for approval to extend the length of the contracts to three years, plus one, plus one. This length of contract is in line with other recent contracts that have been tendered for by ASC. The contract value will not increase because of the extension to the length of the contracts. No additional funding is being sought as part of this request.

**Governance:**

<b>Conflict of Interest:</b> The Author considers:	None identified	✓
	<b>CONFLICT(S) NOTED</b> • None	
<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	This recommendation was presented to the Commissioning Collaborative on 11.03.22. It also formed part of the Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs paper approved by Cabinet on 30.11.21. Committee name: Commissioning Collaborative Meeting date: 11/03/22 Outcome: Approved.	
<b>Freedom of Information:</b> The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

**Decision Applicable to:**

Decision applicable to the following partners of the Committees in Common:	Surrey County Council	✓
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**Recommendation(s):**

The Surrey-wide Commissioning Committees-in-Common are asked to:

1. Approve the extension of Housing Related Support contracts for Supported Living and Homeless services commissioned by the Adult Social Care, Mental Health Commissioning Team to three years, plus one, plus one.
2. Approve the extension of the Housing Related Support contracts for Floating Support commissioned by the Adult Social Care, Mental Health Commissioning Team, to three years.

**Reason for recommendation(s):**

The extension in contract length will give providers the security and stability they require to invest in services, make long term plans and work with ASC to re-shape existing services and support to meet existing and emerging needs. The length of contract being requested is in line with other recent contracts that have been tendered for by ASC. The contract value will not change because of the extension to the length of the contracts.

## Next Steps

- Take paper to Committees in Common on 30th March 2022.
- Extend contracts from 1st April 2022 to 31st March 2025.
- Work with procurement, legal and finance to prepare contracts for sign off by 1st April 2022.
- Outcomes will be communicated with the HRS providers, District & Borough colleagues by the ASC Mental Health Commissioning Team.
- There will be ongoing work with commissioners, providers, partners and people with lived experience to ensure that these services continue to meet the needs of people in the most appropriate way.

## 1. Details:

### **1.1 Context of HRS services:**

**1.1.1** 'Supporting People' as it was originally branded, was launched in 2003 as the government's national programme for housing related support. It was a partnership programme of joint working relationships with service providers and partner agencies such as Borough and District Councils, probation, and health. The programme was initially managed by a discrete team of commissioners and a national monitoring system.

**1.1.2** The funding was originally ring-fenced by government, but this has since been removed. In 2012 a decision was made to bring housing related support and the associated budget into ASC.

**1.1.3** In 2017 ASC undertook a large-scale review and consultation on HRS. As a result of the review, Cabinet agreed on [26.09.17](#)<sup>i</sup> to cease HRS funding for older people (sheltered accommodation) and for people with learning, physical and sensory disabilities.

**1.1.4** The 2017 review agreed to continue funding for the socially excluded: those with mental health issues, those who are homeless or at risk of homelessness, ex-offenders and the gypsy and traveller community but at 20% reduction on the values of the contracts.

**1.1.5** Mental Health formally became part of the Accommodation with Care and Support (AwCS) Transformation Programme in November 2021. This was endorsed by a paper taken to SCCs [Cabinet on 30.11.21](#)<sup>ii</sup>. The mental health AwCS programme will contribute to tackling health inequality and empowering our communities by making sure no one is left behind. It will enable a strong focus on prevention and addressing services gaps, alongside improving outcomes for people with mental health needs. It will achieve this by focusing on three specific areas: a place to call home, support to recover, and short-term support. The HRS review is part of workstream two 'support to recover.'

**1.1.6** The HRS services currently being commissioned fall into three main groups: floating support; supported living accommodation and homelessness accommodation. There are eighteen contracts delivered by sixteen providers. The contracts are currently a mixture of rolling contracts, direct awards and service level agreements that have been in place since 2014.

**Floating Support** - aims to prevent, reduce and delay vulnerable and socially excluded people from becoming homeless, by helping them to maintain their tenancies. Seven providers are commissioned to deliver this service in Surrey by SCC.

**Supported Living** – aims to provide access to specialist accommodation and care that supports recovery, promotes independence and integration into the community. Enables people to stay in Surrey and meets a range of needs of people with serious mental health and substance misuse problems. Six providers are commissioned to deliver this service in Surrey by SCC.

**Homelessness Funding** – aims to provide a range of homeless support including night shelters, short term support, long term support. Six providers commissioned to deliver this service in Surrey by SCC.

**1.1.7** After extensive consultation with the HRS providers as part of the review, it was established that annual rolling contracts do not offer the stability needed to allow for long term planning and development of services. Extending the length of the contracts will give the providers in partnership with other organisations to re-shape their services to better suit the changing needs of the residents of Surrey and address the increased demands for mental health services.

**1.1.8** Extending the length of the contracts supports recommendation 10 made by the Mental Health task group on [03.03.iii21](#), which stated that all future contracts to the third sector should be for five years. Extending the contracts will also give ASC sufficient time to work with partners to understand how services could be re-shaped to meet the change in demand and need.

**1.1.9** The services provided through the HRS contracts should meet the following objectives:

- Supporting people to maximise their income.
- Supporting people to participate in community, leisure, cultural and faith-related activities.
- Signposting to other services where appropriate to assist in meeting people's identified support needs.
- Supporting people to establish and maintain contact with family and friends.
- Supporting people to maintain their physical and mental health.
- Supporting people to access local provision for home adaptations.
- Supporting people to maintain their tenancy and accommodation.

## **1.2. Surrey Homeless Needs Audit Report**

**1.2.1** [The Surrey Homeless Health Needs Audit Report](#) undertaken in 2016 showed that homeless people in Surrey are frequent users of GP, hospital and ambulance services. In contrast, those who are well housed, with appropriate levels of support, use health services far less. Vulnerable people who receive HRS are 30% less likely to use GP services and 30% less likely to go to hospital.

The impact of homelessness on health can be severe and wide ranging. Rough sleepers can suffer from mental health problems, severe depression, psychotic disorders, addictions or personality disorders, and families in temporary accommodation have a higher risk of illness than the general population.

**1.2.2** The government introduced new duties for borough and district councils through the Homelessness Reduction Act which came into force in 2018. The Act amended the definition of homeless and extended the range of people that local councils must help.

Local housing authorities have a legal duty to secure accommodation for people who are homeless or threatened with homelessness. However, certain criteria need to be satisfied before an individual can receive this assistance and must be in 'priority need'.

**1.2.3** The 2016 Surrey Homeless Health Needs Audit Report found that:

- 76.66% (or 243 of 317) of the homeless people interviewed at one time had been told by a doctor or health professional that they suffer from depression. This compares with an estimated 4-10% lifetime prevalence (LTP) of depression amongst the rest of the population
- 18.48% (or 56 of 303) said they had at one time been told by a doctor or health professional that they suffer from psychosis (including schizophrenia or bipolar disorder). This compares with a 0.4% annual prevalence for all psychotic disorders in the UK adult population

Mental health issues have a long association with stigma and discrimination and homeless people with mental health problems also run the risk of being excluded and falling between services.

### **1.3 Strategic context for supporting people with mental health needs**

Supporting people with mental health needs is a priority in Surrey. A focus on improving mental health and wellbeing, particularly for those with severe and enduring mental health needs, fits with the [Community Vision for Surrey 2030<sup>v</sup>](#) which states 'By 2030, Surrey will be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.'

SCC's [Organisational Strategy 2021 to 2026<sup>vi</sup>](#) sets out four priority areas and this programme of work will contribute towards achieving two of those priorities, which are: 'Growing a sustainable economy so everyone can benefit' and 'Empowering Our Communities'.

[Surrey's Health and Wellbeing Board \(HWB\) published a 10 year Health and Wellbeing Strategy<sup>vii</sup>](#) in 2019, with three priorities. This work relates to one of these priorities, "Supporting the mental health and emotional wellbeing of people in Surrey".

In response to rising pressures on mental health services a Surrey Mental Health Summit (The Summit) took place in November 2020. It was a valuable awareness raising and 'call to arms' event which renewed commitment and energy to work together

as system partners to design and invest in transformative solutions that will improve emotional wellbeing and mental health outcomes for residents of Surrey.

As a result of The Summit, a mental health partnership was established, and this partnership published a [Mental Health partnership Board Report<sup>viii</sup>](#) and [Improvement Plan<sup>ix</sup>](#) in June 2021 outlining areas for improvement in mental health services. The report placed a focus on a more preventative and early help approach, as well as improving access to and preventing gaps in mental health services.

Mental Health is also a clear priority as part of the 'No One Left Behind' agenda as announced by Leader of Surrey County Council Tim Oliver.

## **2. Consultation:**

**2.1.** Extensive engagement has taken place with HRS providers, District and Borough Council Housing Teams and people with lived experience. The consultation has directly informed this report and the ongoing work to re-shape the services.

**District and Boroughs** – all 11 District and Borough Council Housing Teams have been engaged with at an individual level, an area basis and at large scale events with providers present. This has given us greater clarity on what the need is in each area and how the services are performing and supporting the local housing teams.

**HRS Providers** – all HRS providers have been engaged with both an individual and group basis. This consultation gave greater clarity on how the services might need to be changed to better support socially excluded people.

**People with Lived Experience** - there has also been significant engagement with service users and people with lived experience to understand their experiences of the services we commission. Several events have been held where a range of service users attended to share their experiences. This consultation will be shared in the form of an engagement report that will influence further discussions regarding any changes to service delivery.

**2.2** Two workshops were held that brought these partners together to establish how collaborative working can be improved. A commitment has been made to continue these lines of communication in the form of forums which will allow all partners to be more aware of circumstances.

**2.3** The Commissioning Collaborative has also been consulted and a paper was approved by the Commissioning Collaborative on 11.03.22. As part of this the Cabinet Member for Adults and Health has been briefed as has the Director for ASC, the Deputy Director for ASC, Head of Commissioning for ASC, Head of Mental Health Commissioning ASC and Public Health.

**2.4** Wider partners have also been aware of the review via attendance and presentations at the Multi Agency Homeless Group and the Mental Health Emergency Response Group, which includes representatives from Surrey and Borders Partnership NHS Foundation Trust.

### **3. Risk Management and Implications:**

**3.1.** There is a risk that if the contracts are not extended that these services over a period of time will no longer be able to meet both current and future needs and demands of socially excluded people. Which will place pressure on other services across the health and social system and with our housing partners. The contract extensions will enable ASC to have different conversations with providers and partners to discuss how current services can be re-shaped and improved and new services developed in the future. Without this commitment from SCC these conversations may not take place or would be more challenging.

**3.2.** Throughout the user engagement exercises a cohort of people that “fall through the gaps” have been identified. These are people who not eligible for ASC support but have complex needs that are difficult for providers to manage in HRS properties. The extension of these contracts will allow providers to make amendments to their services which will cater to those with complex needs better by training their staff and making changes to their workforce among other things.

**3.3** There is a risk that without extending the length of the HRS contracts and continuing to work with these providers in a more collaborative way that these services will no longer be viable in Surrey and providers may choose to pull out of delivering services in Surrey. By demonstrating a clear commitment to the providers and recognising the importance of these services it is less likely that this will happen.

**3.3.** These risks can be mitigated by the assurance of longer contracts which will allow providers to make longer term plans for their workforce and any adaptations to the service offer as required. Working more closely with Surrey and Borders Partnership NHS Foundation Trust and health colleagues will also help to mitigate the risks identified.

**3.4.** The risk services do not deliver quality outcomes expected to demonstrate increased value for money or quality of service delivered does not meet objectives and needs following contract extension. This will be mitigated by the submission of performance monitoring data, strong contract management and regular contract monitoring meetings.

### **4. Financial and ‘Value For Money’ Implications**

**4.1** HRS are early intervention and prevention services, which aim to prevent, reduce or delay access to ASC. User engagement data suggests that providers, given the security and stability they require, will invest in services, make long term plans and work with ASC to ensure resident outcomes are met and new services developed to meet emerging needs. Accordingly, by extending the existing HRS contract to three years, plus one, plus one, new contracts will offer greater value for money through enabling greater investment from providers, earlier intervention and better client outcomes.

**4.2** This length of contract is in line with other recent contracts that have been tendered for by ASC. The current total financial envelope of cumulative services is c. £3.8m per annum which will not change because of the extension to the length of the contracts set out in this paper. The only changes to contract values will be the application of any inflationary awards agreed annually as part of the Council's budget setting process. It is



expected that greater value will be generated from the altered contracted period which will contribute to mitigating pressures in ASC.

## **5. Section 151 Officer Commentary**

5.1 Although significant progress has been made to improve the Council's financial position, the medium term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding 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 extension of three years, plus one, plus one of HRS services on the basis that these preventative services act as an enabler to achieving efficiencies and the total financial envelope across all services will remain the same as for the current contracts. The extension of these services will be factored into the Council's Medium-Term Financial Strategy.

## **6. Legal Implications – Monitoring Officer**

- 6.1 There are legal implications as part of the request to extend the contracts. Each contract has been reviewed in depth by Legal Services, Procurement and ASC to understand what the legal implications are for each contract.
- 6.2 The history of how each contract has previously been awarded has been reviewed to agree on the most appropriate method to extend these contracts.
- 6.3 This review will ensure that the contractual arrangements going forward are fully up to date and refreshed for the next contractual period.
- 6.4 The HRS services are discretionary services.
- 6.5 Due to the length of the contracts, the extensions are required to be directly awarded in order to ensure compliance with the Public Contracts Regulations 2015.

## **7. Equalities and Diversity**

7.1. A full Equality Impact Assessment was completed for the Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs, which was approved by SCC Cabinet on 30.11.21. Therefore, as this work is part of the programme a new EIA is not required. The [EIA](#)<sup>x</sup> for the programme is attached in the annex.

## **8. Other Implications:**

The potential implications for the following priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.



## **8.1 Corporate Parenting/ Looked After Children Implications**

8.1.1 Improvement to HRS services will have a positive impact for residents who have left care, and previously been a Looked After Child. User engagement has identified that this cohort of people do make use of the HRS services currently, and the aim of these services is to improve the experience for this cohort of people.

## **8.2 Safeguarding Responsibilities for Vulnerable Children and Adults Implications**

8.2.1 Extending the HRS contracts is expected to improve the accommodation offer for people with mental health needs. This can be expected to have a positive impact, ensuring that vulnerable adults can live within safe, secure environments with appropriate support services designed around their needs and aspirations. The effective management of Safeguarding and the requirements for reporting incidents is specified in the contract with care providers.

## **8.2 Environmental Sustainability Implications**

HRS properties maximise on the value of accommodation being near community facilities including public transport.

The approval of the contract extension for HRS Support may allow providers to invest in their own properties due to long term stability. This may include changes in the infrastructure of their property, improving insulation or decorative amendments.

## **9. Public Health Implications**

Housing Related Support services can positively impact on public health outcomes, including:

- Increased wellbeing and reduced isolation and/or loneliness through social inclusion, active participation in community life and engagement in learning opportunities / with support offers to employment
- Improved health outcomes resulting from improved contact with community health services.
- Improved wellbeing resulting increased independent living skills, e.g., financial management, exercising choice and control.

SCC Public Health officers have been consulted on the Programme and have shared their endorsement for this approach.

9.1.1 Extending the length of the HRS contracts also supports the delivery of the Changing Futures Programme and the work with people who face multiple disadvantages.

## **Consulted:**

- 11 District and Borough Housing Teams
- HRS providers
- People with lived experience of services
- Public Health
- Cllr Sinead Mooney, Cabinet Member for Adults and Health
- Simon White, Executive Director for ASC
- Liz Uliasz, Deputy Director ASC
- Jon Lillistone, Assistant Director Commissioning, ASC
- Jane Bremner, Head of Mental Health Commissioning, ASC
- District & Boroughs (All 11 have been consulted)
- Surrey and Borders Partnership NHS Foundation Trust

## **Annexes:**

Annexe 1: Proposals for the Future of Housing Related Support, SCC Cabinet Paper, 26.09.17

Annexe 2: Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for People with Mental Health Needs, SCC Cabinet Paper, 30.11.21.

Annexe 3: Update on the Implementation of the Mental Health Task Group Recommendations, Adults and Health and Select Committee, 03.03.21

Annexe 4: Homeless Needs Audit 2016

Annexe 5: Surrey Community Vision 2030

Annexe 6: SCCs Organisational Strategy 2021-2026

Annexe 7: Surrey Health and Wellbeing Board 10 Year Plan 2019

Annexe 8: Mental Health Partnership Board Report

Annexe 9: Mental Health Improvement Plan

Annexe 10: Equalities Impact Assessment, Transformation of Accommodation with Care and Support for Working Age Adults: Modernising and Transforming Accommodation with Support for people with Mental Health Needs, SCC Cabinet Paper, 30.11.21

## Sources/background papers:

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- i [Item 06 - Housing Related Support Report.pdf \(surreycc.gov.uk\)](#)
- ii [1.0 Part 1 Cabinet Report - Master Mental Health AwCS.pdf \(surreycc.gov.uk\)](#)
- iii [Report \(surreycc.gov.uk\)](#)
- iv [Surrey Homelessness Health Needs Audit 2016 – Surrey-i \(surreyi.gov.uk\)](#)
- v [Community vision for Surrey in 2030 - Surrey County Council \(surreycc.gov.uk\)](#)
- vi [Organisation Strategy 2021 to 2026 - Surrey County Council \(surreycc.gov.uk\)](#)
- vii [Health and wellbeing strategy - Healthy Surrey](#)
- viii [Item 6 - Annex 1 - Mental Health Partnership Board Report.pdf \(surreycc.gov.uk\)](#)
- ix [Item 6 - Annex 2 - MHPB Improvement Programme.pdf \(surreycc.gov.uk\)](#)
- x [Equality Impact Assessment - Surrey County Council \(surreycc.gov.uk\)](#)

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## Surrey Health & Social Care

### Surrey-wide Commissioning Committee

#### Terms of Reference

Applicable to the following organisations:

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

**Approved:** December 2020

**Next review due:** December 2021

#### 1. Context

- 1.1. Surrey County Council and the three Surrey CCGs wish to collaborate and integrate the commissioning of Health & Social Care.
- 1.2. The integration approach varies across the three CCGs.
  - The three Surrey CCGs will each establish a Surrey Commissioning Committee that will meet in Common with a Commissioning Committee established by Surrey County Council.
  - The collaborative working between the CCGs and Surrey County Council will be underpinned through an agreement of a suite of agreements under section 75 of National Health Services Act 2006.
  - The three CCGs are members of three different Integrated Care Systems (ICS) and therefore:
    - may not be able to make some collaborative decisions with their Surrey partners. However, there will be a need for them to participate in the discussion with other Surrey decision-making Committees' members to order to manage the consequences of a decision on their services; and/ or
    - will need to report into their own ICS for oversight and assurance purposes.

#### Introduction

- 1.3. Each of the three Surrey Clinical Commissioning Group Governing Bodies has resolved to establish a committee of the Governing Body known as the Surrey

Commissioning Committee ('the Committee') in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act").

- 1.4. The Committee is established in accordance with each of the CCG's constitution and, where agreed, any delegation of functions from NHS England (also known as 'the NHS Commissioning Board' or the 'Board' under section 13Z of the NHS Act). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution.
- 1.5. Under Section 9E of the Local Government Act 2000, the Leader of a local authority operating executive governance arrangements, such as Surrey, may determine to whom executive functions are delegated. Such delegation of functions may be made to a number of defined groups, including a sub-committee of the executive. So long as that sub-committee meets the general local government requirements for taking decisions, it may meet in any location to transact its business. Surrey County Leader will establish committee called the "Surrey Commissioning Committee" and delegate to it the decision-making of Surrey County Council health-related commissioning functions.
- 1.6. The Committee will meet "in common" with one or more of the other Surrey CCGs, an equivalent Surrey County Council Commissioning Committee and an NHSE Officer. (The Committee may meet individually where there is a matter that is only relevant to a single organisation.)

## **2. Purpose & Objectives**

- 2.1. The Committee exercises oversight for health and social care commissioning across Surrey including any responsibilities delegated to it from local and national partners. The Committee will be outcomes led, taking into account best clinical & social care practice and the views of the citizens of Surrey.
- 2.2. The Committee is:
  - A forum for bringing together representatives from the County Council, the three Surrey Clinical Commissioning Groups and NHS England to develop and discuss proposals and make aligned decisions relating to the commissioning of Surrey health and social care services.
  - Responsible for taking commissioning decisions within the scope/ set of functions delegated to it by local/ national partners.
- 2.3. The Committee will operate in line with the principles, vision and objectives set out in:
  - The Surrey Joint Health & Well-being Strategy;
  - Surrey Heartlands Devolution Trilateral Agreement (the "Surrey Heartlands Vision").

- 2.4. The Committee will make health & care commissioning decisions for Surrey residents.
- In developing the scheme of delegation (including any functions delegated to Surrey CCGs by national partners), the Committee will pay due regard to the principle of subsidiarity to ensure that decision making authority is delegated to the most appropriate level.
- 2.5. The Committee may only make decisions that the Governing Body / Surrey County Council Cabinet has delegated to it (listed in Annex 1). The Committee may enter into discussions with other committees that are making a decision for services that have not been delegated to it. This allows the Committee to be informed and inform the other committees of the impact of their decisions on the Committee. <sup>1</sup>

### **3. Accountability/ Delegated Authority**

- 3.1. The Committee is accountable to the Governing Body/ Surrey County Council Cabinet.
- 3.2. The minutes of Committee meetings shall be formally recorded and submitted to the Governing Body/ Surrey County Council Cabinet. The Chair shall draw to the attention of the Governing Body/ Surrey County Council Cabinet any issues that require consideration or require executive action. (For clarity – Any minutes from the confidential part of a meeting (Part II) will be considered in the Part II Governing Body / Surrey County Council Cabinet meetings.)
- 3.3. The Committee also reports strategic or “at scale” decisions to the relevant Integrated System Board and integrated care partnerships (where applicable) for delivery.
- 3.4. Where a “Committees in Common” meeting arrangement is used, the minutes will be written as if only the Committee met<sup>2</sup>.
- 3.5. The Committee is authorised by the Governing Body/ Surrey County Council Cabinet to investigate any activity within these terms of reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body/ Surrey County Council Cabinet to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

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<sup>1</sup> As of 14/01/2021, this is subject to change following establishment of a system-wide Mental Health Partnership Board; potential future delegation to Surrey Heartlands CCG Integrated Care Partnerships; and other wider system changes. These Terms of Reference are currently under review, pending these areas.

<sup>2</sup> The minutes will be usually written generically e.g. “The Committee agreed that” and therefore identical for all the committees meeting in common. The start of the minutes will have a Header denoting the name of each Committee participating in the meeting in common.

3.6. There is a three stage mechanism for delegating decisions to the Surrey Commissioning Committee:

**a) Enable Delegation to the Surrey Commissioning Committee**

The Governing Body / Surrey County Council Cabinet decides to delegate the preparation of a list of collaborative decisions to their executive and that the decisions for these are delegated to the Surrey Commissioning Committee.

**b) Describe the Scope of the Surrey Commissioning Committee**

The Surrey Commissioning Committee advises its parent bodies the scope of services that are suitable for collaborative commissioning and adds these as at Annex 1 to these Terms of Reference.

**c) Delegation of Decisions to the Surrey Commissioning Committee**

The executive of each participating organisation decides what in-scope decisions it will delegate to Surrey Commissioning Committee. The individual organisation's list is approved by its Governing Body / Surrey County Council Cabinet and added to Annex 1.

## **4. Sub Committees & Delegation**

4.1. The Committee may delegate tasks to such individuals, sub-committees or third parties as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

## **5. Responsibilities**

5.1. Subject always to the Surrey Health & Care Vision, the key responsibilities of the Committee are:

- To develop and agree the mechanism and protocol to determine what should be commissioned at a Surrey or CCG level, subject to agreement by the relevant partners;
- To exercise oversight of the commissioning of health and social care services for the people of Surrey;
- To develop proposals for policies and / or agree the principles for the procurement of and/or the award of contracts to deliver health and social care services in Surrey;
- To agree the overall principles for the allocation of resources across Surrey reflecting for health the responsibility for budgetary allocations of Integrated Care Systems (where applicable);
- To review and pay due regard to the outcome of any consultations in relation to proposed significant services changes;



- To ensure decisions are taken and resources allocated to give the best value for money/ outcomes for residents;
- To define (and rationalise where required) the supporting governance arrangements for the Committee particularly where it meets “in common”.

5.2. (For Surrey Heartlands CCG only) As set out in the Surrey Heartlands Investment Framework, the Committee may receive delegated responsibility to enable the application and approval of transformation funds across Surrey:

- Formally deciding on opportunities to prioritise and case for change;
- Formally deciding on the approval of Level 3 investments.

## **6. Membership**

6.1. The membership of the Committee is described in Annex 2.

6.2. The membership must be sufficient for the Committee to make decisions that have been delegated to it. The membership may be different to the partner organisations participating in the “in common” meeting. Each organisation will recognise the need of establishing a functional “in common” meeting.

6.3. Appointment of Members:

- The members of the Committee shall be appointed with approval from the Governing Body/ Surrey County Council Cabinet.
- There shall be no bar to a particularly valued member returning to the Committee if a vacancy occurs in future years.

6.4. Members of the Committee should aim to attend all scheduled meetings. The Chair of the Committee will review with the Chair of the Governing Body/ Surrey County Council Cabinet any circumstances in which a Member’s attendance falls below the expected threshold for that organisation.

## **7. Co-opted members/ deputies/ attendees**

7.1. Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

7.2. No person attending the meeting in one role can additionally act on behalf of another person as their deputy. A member may attend a meeting and simultaneously be a member or a deputy for a member of another meeting that is meeting “in common”.

7.3. People from a range of areas may be invited to attend based on the needs of the agenda.

## **8. The Convener – (Committees in Common)**

- 8.1. Where the Committee is using the “Committees in Common” meeting approach, the participating Chairs will either select:
  - a “Convener” from amongst themselves; or
  - an independent individual to be the “Convener”.
- 8.2. All the participating Committees will agree to allow the selected Convener to Chair the committees in common meeting.
- 8.3. The Convener will rotate amongst the participating Chairs, although there may be occasions when the business will indicate which of the Chairs would be most appropriate to be the Convener.

## **9. Quorum**

- 9.1. The quorum for the Committee is described in Annex 2.
- 9.2. The quorum may be different to the partner organisations participating in the “in common” meeting.
- 9.3. The Convener will ask each of the participating Chairs to decide if the meeting is quorate after any actions have been taken to manage any declared conflicts of interest.
- 9.4. Nominated deputies attending Committee meetings, on behalf of substantive members, will count towards quorum.
- 9.5. If a meeting is not quorate, the Convener may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Committee Chair will have the final decision as to their suitability.
- 9.6. Any decisions put to a vote at a Committee meeting shall be determined by a majority of the votes of members present. (For clarity: members may be physically attending the meeting or participating by an agreed telecommunications link). In the case of an equal vote, the Chair shall have a second and casting vote. The Chair will declare the result of the vote.

## **10. Meetings**

- 10.1. The Committee will meet formally on a quarterly basis and have an annual rolling programme of meeting dates and agenda items. Meetings may be cancelled or deferred where there is no business to conduct.
- 10.2. In addition to the above formal meetings, the Committee may meet informally in private for development sessions/ seminars.
- 10.3. The Committee will operate in accordance with the CCGs’/ Surrey County Council’s Standing Orders.

- 10.4. The CCGs'/ Surrey County Council's Corporate Office will be responsible for ensuring administrative support to each Committee.
- 10.5. The Surrey Heartlands' CCGs Governance Team will administer all meetings held "in Common". This will include:
- Giving notice of meetings (including, when the Chair of the Committee deems it necessary in light of the urgent circumstances, calling a meeting at short notice);
  - Issuing an agenda and supporting papers to each member and attendee no later than 5 days before the date of the meeting;
  - Ensuring an accurate record (minutes) of the meeting.
- 10.6. The Committee will meet in public and agendas and papers will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:
- information given to any of the partners in confidence;
  - information about an individual that it would be a breach of the Data Protection Act to disclose; or
  - information the disclosure of which could prejudice the commercial interests of any of the partners or third parties.
- 10.7. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 10.8. With the agreement of the Chair and by exception, one or more Members of the Committee may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
- 10.9. An extra meeting of the Committee can be called at the request of the Chair.
- 10.10. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.
- 10.11. The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 10.12. Non-voting people present at a meeting may be required to withdraw from the confidential part of the meeting.
- 10.13. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide

objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

## **11. Agenda Preparation**

- 11.1. The Committee will develop the forward-looking rolling Agenda programme, maintained by the secretariat.
- 11.2. The Convener will work with the secretariat on the preparation of the next meeting agenda and consult with the other participating Chairs.

## **12. Managing Conflicts of Interest**

- 12.1. The members of the Committee must comply fully with NHS England Guidance and CCG Policy regarding Conflict of Interest<sup>3</sup>.
- 12.2. The Convener is responsible for managing conflicts of interest at a meeting of the Committee. If the Convener has a conflict of interest, then one of the other participating Chairs or another member of the Committee is responsible for deciding the appropriate course of action.
- 12.3. At the start of the meeting, the Convener will invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.
- 12.4. The Convener will decide any necessary course of action to manage a declared conflict of interest as advised by the CCGs' Conflict of Interest Policy.
- 12.5. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the CCG Conflict of Interest Policy. In summary the information recorded is
  - the name of the person noting the interest;
  - the nature of the interest and why it gives rise to the conflict;
  - the item of the agenda to which the interest related;
  - how it was agreed that the conflict should be managed;
  - evidence that the conflict was managed as intended.

## **13. Decision-making (Committees in Common)**

- 13.1. The aim of the Committee is to achieve consensus decision-making wherever possible.
- 13.2. The Committee will normally meet using the "Committees in Common" arrangement with the other Surrey CCGs and Surrey County Council. When the Convener

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<sup>3</sup> The Management of Conflicts of Interest is included in the CCG Business Conduct Policy.

determines a consensus has been achieved by the members present then the decision will be considered to have been made by the Committee.

- 13.3. Each voting member of the Committee shall have one vote. (It should be noted that an individual may be a member of more than one committee and is entitled to place their vote in each of their committees.)
- 13.4. If the Convener determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the Committee members. (The other CCG Committees meeting at the same time will likewise take a vote.) The vote will be passed with a simple majority the votes of the Committee members present. In the case of an equal vote, the Chair shall have a second and casting vote.
- 13.5. The outcome of the vote will be shared with the other participating organisations in the “in common” meeting. There are two possible results:
  - a) **All Committees support the decision** – The decision is supported and becomes binding on the participating organisations.
  - b) **One or more Committees do not support the decision** – The meeting makes a judgement as to whether the decision can be delivered only in the organisations supporting the decision. If this is not possible the decision is declared as not being supported by all participating organisations.

For clarity – The “In-Common” meeting cannot force an individual organisation to support a decision.

- 13.6. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other committees participating in the decision.
- 13.7. All decisions taken in good faith at a meeting of the Committee shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

## **14. Decision-making (Single Committee Issue)**

- 14.1. On occasions, an agenda item at a CIC meeting will be considered that is pertinent to only one participant Committee. All meeting members may contribute to the discussion. When a decision needs to be made, the Convener will invite committees not affected by the item to abstain from the decision-making.
- 14.2. A record of the discussion and decision need only be included in the minutes of the Committee involved in the item.

## **15. Emergency/ Chair's action**

- 15.1. The Committee will delegate responsibility for emergency powers and urgent decisions to the Chair of each Committee who must consult at least one other member of the Committee.
- 15.2. Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

## **16. Secretariat**

- 16.1. The Surrey Heartlands' Governance Team will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the Convener, Committee Chair and Committee members.
- 16.2. The Surrey Heartlands' Governance Team will be responsible for supporting the Convener in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 16.3. The Meeting Secretary will ensure minutes of the Committee will be presented to the next meeting for formal sign off and made available to the participating organisations for publication on their website. Minutes or sections of minutes which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the participants' websites.

## **17. Policy and Best Practice**

- 17.1. The Committee will apply best corporate governance practice in its decision-making processes, covering a clear ethical basis to the business being considered; aligned business goals; an effective strategy incorporating stakeholder values; a well governed organisation and reporting systems to provide transparency and accountability.

## **18. Conduct of the Committee**

- 18.1. The CCG/ Surrey County Council has policies covering code/s of conduct which define required standards of behaviour for individuals working within this organisation and those performing or authorising activities or advisory duties on our behalf. The Committee and its membership will conduct itself in accordance with these standards and principles.
- 18.2. The CCG code/s of conduct specifically covers an employee/member's responsibility in relation to hospitality and gifts, and has regard to:

- Professional Standards Authority: Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England,
- NHS Business Services Authority: Standards of Business Conduct Procedure,
- Nolan seven principles of public life.

18.3. The Surrey County Council code of conduct covers members'/ employees' responsibilities in relation to managing conflicts of interest, hospitality and gifts.

## 19. Review of Terms of Reference

- 19.1. The Committee will also self-assess its performance on an annual basis (normally starting each November), referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.
- 19.2. These terms of reference will be reviewed annually by the Committee membership. Any proposed significant changes to the ToR and responsibilities will be presented to the CCG Governing Body/ Surrey County Council Cabinet for approval.

## 20. Review History

20.1. These Terms of Reference are used by all three Surrey CCGs and Surrey County Council.

Version Date	Reviewed by	Status	Comments/ Changes since last version
30/09/2020	Committees	FINAL	Amendments: <ul style="list-style-type: none"> <li>• Changes in membership approved;</li> <li>• Section 10.8 amended in relation to virtual meetings to allow for virtual meetings to become more 'the norm';</li> <li>• Agreed for organisations involved to discuss.</li> </ul>
03/12/2020	Committees individually outside of the meeting	DRAFT	Following areas for consideration at the CinC meeting on 09/12/2020: <ul style="list-style-type: none"> <li>• Amendments to sections 3 and 5.1.</li> <li>• Minor amendments through for accuracy.</li> <li>• Changes to membership for Surrey Heath CCG.</li> </ul>
09/12/2020	Committees	FINAL	Following changes approved: <ul style="list-style-type: none"> <li>• Previous 3.6- removed;</li> <li>• 5.1- amended to reflect responsibility of budgetary allocations of ICSs;</li> <li>• Annex 1 and 2- updated for NEH&amp;F and Surrey Heath CCGs;</li> <li>• Immaterial/ operational changes made to 3.3, 5.2, 6.4, 10.1, 10.2 and 18.1.</li> </ul>

## Annex 1: List of commissioning decisions delegated<sup>4</sup> to Surrey Commissioning Committees in Common

Service/ Scheme	Surrey Heartlands CCG	North East Hants & Farnham CCG	Surrey Heath CCG	Surrey County Council
<b>Acute Commissioning</b>				
Patient Transport Service	Delegated	Delegated	No	No
<b>Mental Health Services</b>				
Mental Health Services –Adult (Core contract)	Delegated	Delegated	Delegated	Delegated
Childrens Emotional Health and Wellbeing Service	Delegated	Delegated	Delegated	Delegated
Local Authority / Joint Services - CAMHS	Delegated	Delegated	Delegated	Delegated
IAPT Service	Delegated	No	No	No
Mental Health - Transformation	Delegated	No	No	No
Mental Health - SLAs-Other providers (non-NHS, inc. VS)	Delegated	No	No	No
Mental Health - NCAs	Delegated	No	No	No
<b>Learning Disability Services</b>				
Learning Disability Services	Delegated	Delegated	Delegated	Delegated
<b>Community</b>				
Healthy Children & Families	Delegated	Delegated	Delegated	Delegated
Wheelchair services	Delegated	Delegated	Delegated	No
Children - SLAs - Other providers (Non-NHS, incl. VS)	Delegated	No	No	No
<b>Continuing Health Care</b>				
Continuing Care Services (All Care Groups)	Delegated	Delegated	Delegated	Delegated
Funded Nursing Care	Delegated	Delegated	Delegated	Delegated
Children Services -	Delegated	Delegated	Delegated	Delegated

<sup>4</sup> This table outlines the broad delegations given to these areas but there may be some specific decisions which are in or out of scope of the committee/s. For example, for mental health transformation, some funding is national, which would be within scope of the committee/s for all but for other areas, funding for NEH&F and Surrey Heath CCGs may come from the Frimley Collaborative, which would be out of scope for these Committee/s. In these cases, it is the responsibility of the Executive Lead for the delegation area to liaise with their Governing Body/ Cabinet, following advice from the Committees in Common Secretariat, as to whether the decision is in or out of scope of the committee/s (notwithstanding any individual organisational governance/ scheme of delegations, or equivalents).



Service/ Scheme	Surrey Heartlands CCG	North East Hants & Farnham CCG	Surrey Heath CCG	Surrey County Council
Children Services - Continuing Care Services	Delegated	Delegated	Delegated	Delegated
Hosted - Continuing Healthcare Assessment & Support	Delegated	Delegated	Delegated	Delegated
<b>Better Care Fund</b>				
Better Care Fund	Delegated	No	No	Delegated
<b>Public Health</b>				
Public Health	No	No	No	Delegated

## Annex 2: Committee Membership and Quorum

Organisation	Voting members		Quorum
	Role	Post-holder	
<b>Surrey Heartlands CCG</b>	Clinical Chair	Dr Charlotte Canniff	<p>A minimum of three members including:</p> <ul style="list-style-type: none"> <li>• Clinical Chair or GP Member;</li> <li>• A Lay Member or the Registered Nurse; and</li> <li>• Accountable Officer or Chief Finance Officer.</li> </ul>
	GP for Surrey-wide Services	Dr Timothy Bates	
	Lay Member Audit	<del>Jacqui Burke</del> <u>Vacant</u>	
	Lay Member General	Jonathan Perkins	
	Registered Nurse	<del>Julia Dutchman-Bailey</del> <u>Steve Hams</u>	
	Accountable Officer	Dr Claire Fuller (Interim CCG AO)	
	Chief Finance Officer	<del>Karen McDowell</del> <u>Matthew Knight</u>	
<b><del>Frimley North East Hants &amp; Farnham CCG</del> (NEH&amp;F) and <del>Surrey Heath CCG</del></b> <i>(Members listed can represent <del>both the</del> organisations unless specified otherwise)</i>	Clinical member of the Governing Body	<del>Steven Clarke</del> <u>Gareth Robinson</u> , Clinical Leader <i>(representing NEH&amp;F only)</i>	<p>One member for each organisation (the same member may represent both organisations at a meeting). The CCG may also invite a subject matter expert to help inform the decision.</p>
	Chief Clinical Officer Frimley Collaborative	<del>Dr Andy Brooks</del>	
	Lay Member	Kathy Atkinson, Lay Member; OR <del>Tony Fitzgerald</del> <u>Andrew Lloyd</u> , Lay Member	
	An Executive Director	Nicola Airey, Managing Director, <del>Frimley Surrey Heath</del> CCG; OR Daryl Gasson, Managing Director, <del>NEH&amp;F</del> <u>Frimley</u> CCG OR Rob Morgan, Chief Finance Officer, <del>Surrey Heath</del> <u>Frimley</u> CCG	

Organisation	Voting members		Quorum
	Role	Post-holder	
Surrey County Council	Cabinet Member for Education and Learning	Cllr Denise Turner-Stewart*	Any three Cabinet Members.
	Cabinet Member for Adults and Health	Cllr Sinead Mooney*	
	Cabinet Member for Children and Families	Cllr Clare Curran*	
	*Deputy will be any other SCC Cabinet Member as nominated by the Leader of the Council.		

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