

Notice of Meeting

Health and Wellbeing Board



Date & time
Wednesday, 15 June 2022 at 2.00 pm

Place
Council Chamber,
Woodhatch Place, 11
Cockshot Hill, Reigate,
Surrey, RH2 8EF

Contact
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We're on Twitter:
[@SCCdemocracy](https://twitter.com/SCCdemocracy)

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

This meeting will be held in public. If you would like to attend, please contact Amelia Christopher on 07929 725663.

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

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

Board Members

Fiona Edwards

Chief Executive of the Frimley Health and Care Integrated Care System (ICS) and Accountable Officer for NHS Frimley CCG

Dr Charlotte Canniff (Vice-Chairman)

Clinical Chair, Surrey Heartlands Clinical Commissioning Group / Joint Chief Medical Officer for Surrey Heartlands ICS

Jason Gaskell

CEO, Surrey Community Action, VCFS representative

Dr Russell Hills

Clinical Chair, Surrey Downs ICP

Tim Oliver (Chairman)

Leader of Surrey County Council

Kate Scribbins

Chief Executive, Healthwatch Surrey

Liz Bruce

Executive Director of Adult Social Care and Integrated Commissioning, Surrey County Council

Ruth Hutchinson

Director of Public Health, Surrey County Council

Professor Claire Fuller

Surrey Heartlands ICS CEO Designate / Interim CCG Accountable Officer

Graham Wareham

Chief Executive (Interim), Surrey and Borders Partnership

Joanna Killian

Chief Executive, Surrey County Council

Sinead Mooney

Cabinet Member for Adults and Health, Surrey County Council

Clare Curran

Cabinet Member for Children and Families, Surrey County Council

Mark Nuti

Cabinet Member for Communities, Surrey County Council

Karen Brimacombe	Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 and Priority 3 Sponsor)
Jason Halliwell	National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection
Carl Hall	Deputy Director of Community Development, Interventions Alliance
Gavin Stephens	Chief Constable of Surrey Police
Kevin Deanus	Cabinet Member for Community Protection, Surrey County Council
Steve Flanagan	Representative, North West Surrey Integrated Care Partnership and Community Provider voice
Vacancy	Integrated Care Partnership Director and Director of Clinical Integration, Guildford and Waverley ICP
Vacancy	Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers
Professor Helen Rostill	Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
Professor Deborah Dunn-Walters	Professor of Immunology and leads the Lifelong Health research theme, University of Surrey
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning, Surrey County Council
Borough Councillor Nick Prescott	Leader of Runnymede Borough Council (Surrey Leaders' Group)
Lisa Townsend	Surrey Police and Crime Commissioner
Siobhan Kennedy	Homelessness, Advice & Allocations Lead, Guildford Borough Council (Associate Member)

TERMS OF REFERENCE

The Health and Wellbeing Board:

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

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 16 MARCH 2022

(Pages 1
- 18)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*9 June 2022*).

b Public Questions

The deadline for public questions is seven days before the meeting (*8 June 2022*).

c Petitions

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

- 5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT
INCLUDING: APPROVAL OF THE NEW TERMS OF REFERENCE OF
THE SURREY PREVENTION AND WIDER DETERMINANTS OF
HEALTH DELIVERY BOARD** (Pages 19 - 36)
- This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the three Health and Wellbeing Strategy priorities as of 20 May 2022 with the priority population groups. The Highlight Report provides an overview of each Priority, describes what has been achieved in the previous period and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').
- Changes to the outcomes of HWBS Priority 2 to be endorsed and the new Terms of Reference to the Surrey Prevention and Wider Determinants of Health Delivery Board are included for the Board's approval.
- 6 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REFRESH,
PROGRESS AND NEXT STEPS** (Pages 37 - 48)
- The process for refreshing Surrey's Joint Strategic Needs Assessment (JSNA) is well underway and, now that we are acclimatising to 'live with COVID-19', updating the JSNA has moved on from a period of adaptation to business as usual. To be the valuable planning resource it is intended to be, the production of the JSNA must now receive fresh engagement from system partners, and resource must be carefully coordinated and balanced against parallel strategic commitments.
- 7 PRIORITY 1: BETTER CARE FUND (BCF) REVIEW** (Pages 49 - 84)
- In December 2021 it was agreed that a review of the current Better Care Fund (BCF) programme be undertaken and the Health and Wellbeing Board is asked to agree the recommendations from the review.
- 8 PRIORITY 2: MENTAL HEALTH INVESTMENT FUND** (Pages 85 - 94)
- In January 2022 Surrey County Council announced as part of the county's No One Left Behind agenda, an extra £8m of focused investment in Early Intervention and Prevention mental health interventions in Surrey. Senior Officers from across the system have met to draft the proposed criteria and principles for consideration by the HWB and elected Members at the Adults and Health Select Committee.
- 9 INTEGRATED CARE SYSTEMS (ICS) UPDATE** (Pages 95 - 96)
- The Board is asked to note the update provided on the development of the Integrated Care Systems (ICS) - Surrey Heartlands and Frimley.
- 10 2022/23 NHS SYSTEM OPERATIONAL PLANS - SURREY
HEARTLANDS ICS AND FRIMLEY ICS** (Pages 97 - 102)
- The report describes the Surrey Heartlands ICS and Frimley ICS response to the 2022/23 NHS Priorities and Operational Planning Guidance.

11 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD - UPDATE

The Board is to receive a verbal update on the work of the Surrey Local Outbreak Engagement Board (LOEB), which is a sub-committee of the Surrey Health and Wellbeing Board. The LOEB is a member-led Board created in response to the COVID-19 pandemic, which leads the engagement with local communities and is the public face of the local response in the event of an outbreak.

12 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 28 September 2022.

**Joanna Killian
Chief Executive
Surrey County Council**

Published: Tuesday, 7 June 2022

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

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

Please note:

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

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

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

Thank you for your co-operation

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 16 March 2022 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 15 June 2022.

Board Members:

(Present = *)

(Remote Attendance = r)

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

Substitute Members:

Maureen Attewell - Deputy Cabinet Member for Children and Lifelong Learning, Surrey County Council (SCC)
Hayley Connor - Director – Commissioning (SCC)
Cate Newnes-Smith - CEO, Surrey Youth Focus

In attendance

Rebecca Paul - Deputy Cabinet Member for Levelling-Up (SCC)

1/22 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Russell Hills, Rachael Wardell - Hayley Connor substituted, Clare Curran - Maureen Attewell substituted, Graham Wareham, Fiona Edwards, Jason Gaskell - Cate Newnes-Smith substituted, Borough Councillor Nick Prescott, Professor Claire Fuller, Steve Flanagan.

2/22 MINUTES OF PREVIOUS MEETING: 2 DECEMBER 2021 [Item 2]

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

3/22 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/22 QUESTIONS AND PETITIONS [Item 4]**a Members' Questions [Item 4a]**

None received.

b Public Questions [Item 4b]

None received.

c Petitions [Item 4c]

There were none.

5/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT INCLUDING: CONFIRMING THE PRIORITY POPULATIONS OF GEOGRAPHY ('KEY NEIGHBOURHOODS') [Item 5]**Witnesses:**

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 and Priority 3 Sponsor)

Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)

Dan Shurlock - Head of Design, Empowered and Thriving Communities Lead (SCC)

Key points raised in the discussion:***Priority One***

1. The Priority One Sponsor highlighted:

- that carers were a priority population across the Health and Wellbeing Strategy, referring to the 'in the spotlight' section on the joint report 'Carers' Experiences of Hospital Discharge' published in autumn 2021 by Healthwatch Surrey and Action for Carers. The report highlighted the risks and consequences of poor communication with carers and work with Healthwatch Surrey on sharing carers' experiences would continue.

- outcome one - 'People have a healthy weight and are active':
 - the eighteen-month healthy weight project focusing on Looked After Children was underway.
 - the Physical Activity Strategy now has a year one implementation plan; a risk related to the resourcing of the Active Surrey team.
- outcome three - 'The needs of those experiencing multiple disadvantages are met':
 - the Changing Futures and Surrey Adults Matter programmes continue to prioritise partnership working to create system improvements.
 - thirty networks had been identified in the mapping of lived experience and peer mentoring with further consultation to follow.
 - alignment with district and borough councils was taking place.
 - Surrey County Council was embedding four new assistant social worker posts within Adult Social Care.
 - a training collaborative through Changing Futures had been formed as well as a whole system strategy for Trauma Informed Culture.
- outcome four - 'Serious conditions and diseases are prevented':
 - the Blood Pressure Plus Project was relaunched in December with a focus on areas of deprivation.
 - a risk identified was the low number of referrals into their Thrive Tribe carers health checks, now being mitigated through communications.

Priority Two

2. The Priority Two Sponsor highlighted:
 - the continued pressure within mental health services, only one third of people receive support from mental health services; support largely comes from schools, workplaces, families, or from communities.
 - that focusing on early intervention and prevention and reducing inequality in access was key to the Strategy, noting the work on this by the Public Health team (SCC).
 - the start of the refresh of the mental health chapter for the Joint Strategic Needs Assessment (JSNA).
 - item 7 - the refreshed Joint Health and Social Care Dementia Strategy for Surrey (2022-2027) which was well-informed through the insights.
 - outcome one - 'People with depression, anxiety and mental health issues have access the right early help and resources':
 - the focus this quarter was on children and young people as requested at the December Board. A launch event led by Mindworks Amplified (User Voice) team would be held in May and requested that Board members inform her if they had not received a hold the date invite.
 - that there was more to do concerning school-based needs and building better relationships with schools and suggested that an

- update on the outcomes in the Elmbridge school cluster be provided at the next Board.
- that work was underway within schools around suicide prevention and self-harm.
- that work was underway around enhanced and rapid support for care homes across Surrey Heartlands and Frimley, such as testing a model of advice and guidance and workforce training; an update to be provided at the next Board.
- outcome two - 'The emotional wellbeing of parents and caregivers, babies and children is supported':
 - the Baby Buddy launch had been rolled out across Surrey and there would be a review on introducing a portal to hold electronic records.
- outcome three - 'Isolation is prevented and those that feel isolated are supported':
 - Richmond Fellowship was delivering an employment support service which had been endorsed by a local MP and had been nationally accredited. Employment support officers were embedded into community mental health support services and into the GPIMHS teams; 60 to 70% of those people with serious mental illness were now in employment compared to 9% nationally.
- 3. The Chairman reinforced the importance of the work being done with schools, noting that Surrey County Council had ringfenced 1% of the increase in the Council Tax band - £8 million - to focus on accelerating prevention and early intervention initiatives.

Priority Three

4. The Priority Three Sponsor highlighted:
 - that the new comprehensive implementation plan for this revised Priority was in development and required capacity within the Health and Wellbeing team (SCC) to provide effective oversight - extra resourcing was being pursued by the Public Health team (SCC) and would be used to address the need for continued planning for a system-wide approach to poverty.
 - that 'in the spotlight' was the refreshed Information and Advice Strategy about care and support 2021-2026; providing good and accessible information was critical in delivering the Health and Wellbeing Strategy - partnership work was vital to ensure that residents can make informed choices and are signposted to specialist support.
 - the Board's responsibility since 2019 over community safety and implementing the Community Safety Agreement.
 - outcome four - 'People are safe and feel safe':
 - the Police and Crime Commissioner for Surrey (PCC) awarded £100,000 to the charity Catch22 to launch a new service 'Music to My Ears' on 1 April 2022 until 2025 for young people at risk of or affected by criminal exploitation across Surrey. The service had

- been successful in Guildford and Waverley Clinical Commissioning Group (CCG) since 2016.
- the Office of the Police and Crime Commissioner for Surrey (OPCC) had funded two Stalking Advocates and provided associated training.
 - the Youth Using Violence and Abuse (YUVA) service had launched through Surrey County Council.
5. A Board member referring to the Senior Responsible Officer for fuel poverty, noted that it was likely that in the coming months the situation would deteriorate further, having a knock-on effect to childhood hunger and asked whether the Board could give attention to that.
- In response, the Priority Three Sponsor recognised that there were various initiatives underway regarding fuel poverty and would follow the matter up.

Key Neighbourhoods Methodology (priority populations of geography)

6. The Head of Design (SCC) noted that:
- the section of the report related to recommendations three, four and five and built on partner and Board discussions, with agreement from the Board in December on adding geographies or key neighbourhoods - areas with poor health outcomes and deprivation - to the priority population groups in the Health and Wellbeing Strategy.
 - the Board was asked to confirm the set of key neighbourhoods and the method for determining them, a further discussion on the implications of that work would happen at the April informal Board.
 - there was no perfect methodology regarding geographies as lives do not end at borders and the key neighbourhoods provided a focus.
 - three developments:
 - the approach aligned to the national Core20PLUS5 approach from NHS England and Improvement around tackling health inequalities.
 - the methodology focused on children and young people and their prospects, there was a cross-check against income deprivation affecting children and education skills and employment sub-indicators; resulting in three additional small areas being added to the list.
 - thanked Public Health's Intelligence and Insight team (SCC) who tested the application of the methodology.
7. The Vice-Chairman supported the key neighbourhoods identified and linked in a previous comment by a Board member noting that where work was underway to prioritise fuel poverty it would be good to look at the issue over the five key neighbourhoods identified as having the highest need; the effect of cold weather on people's health and non-health outcomes was well known.
8. The Chairman referred to the Highlight Report regarding Priority Three which stated that the Strategy team (SCC) was undertaking research on fuel poverty and the findings would be shared in early March - he asked for an update.
- In response, the Head of Design (SCC) would follow the above requests up and would circulate an update to Board members as soon as possible.

RESOLVED:

1. Noted progress against the three priorities of the Strategy in the Highlight Report.
2. Would share the Highlight Report across their networks (direct links to quarterly Highlight Reports available at www.healthysurrey.org.uk/about), including a Communications Update.
3. Agreed the use of a methodology based on the Index of Multiple Deprivation (see Annex 2, figure 1) to determine the priority populations of geography ('key neighbourhoods) in the Health and Wellbeing Strategy.
4. Confirmed the final list of 21 wards (key neighbourhoods) encompassing the 22 small geographic areas which result from the application of this methodology (see Annex 2, figure 2).
5. Agreed that within this list there will be an initial primary focus on five wards (key neighbourhoods) encompassing the small geographic areas with the very highest levels of deprivation in the county – noting this aligns with the new NHS England definitions and guidance for priority action on health inequalities (see Annex 2, section 3).

Actions/further information to be provided:

1. *Priority Two* - Board members will inform the Priority Two Sponsor if they have not received a hold the date invite for the launch event in May led by Mindworks Amplified (User Voice) team.
2. *Priority Two* - An update on the Elmbridge school cluster will be provided at the next Board.
3. *Priority Two* - An update on the work underway around enhanced and rapid support for care homes across Surrey Heartlands and Frimley will be provided at the next Board.
4. *Priority Three* - The Board will give attention to the knock-on effect of fuel poverty on childhood hunger over the coming months; the Priority Three Sponsor will follow the matter up.
5. *Priority Three* -
 - a) The Head of Design (SCC) will follow up the request on looking at fuel poverty in relation to the five key neighbourhoods identified as having the highest need.
 - b) The Head of Design (SCC) will follow up the request on providing an update as soon as possible on the findings of Surrey County Council's Strategy team's research on fuel poverty.

6/22 PRIORITY 1: ECINS CASE MANAGEMENT SYSTEM WITHIN SURREY AND FUTURE FUNDING ARRANGEMENTS [Item 6]**Witnesses:**

Alison Barlow - Temporary Assistant Chief Constable, Surrey Police
 Iain Gibbins - ECINS Manager, Surrey Police

Rachel Crossley - Joint Executive Director (Public Sector Reform), SCC and Surrey Heartlands ICS
Alison Bolton - Chief Executive (OPCC)

Key points raised in the discussion:

1. The Temporary Assistant Chief Constable (Surrey Police) noted that:
 - Empowering Communities Inclusion and Neighbourhood System (ECINS) in place since 2019, is a secure multi-agency case management system, widely used across the UK by police and partners and brought together case management information relating to individuals across crime, disorder as well as wider health and social care activity for example.
 - there were wide benefits to partners in the sharing of case management across the ECINS platform, since its introduction there were over 1,200 registered users across Surrey.
 - the OPCC had funded the licence for ECINS since 2019 and both Surrey Police and the OPCC would share the funding for another year, the licence renewal fee would increase in June 2022 following a favourable deal secured in 2019.
 - it was hoped that partners would contribute to the licence renewal and the support team based on their percentage usage - or suitable funding formula - from 2023.
2. The Vice-Chairman asked whether for example the Surrey Multi-Agency Safeguarding Hub (MASH) used the ECINS platform.
 - In response, the Temporary Assistant Chief Constable (Surrey Police) noted that the MASH used its own separate platform but noted that there were various workstreams relating to projects such as Surrey Adults Matter (SAM) - the ECINS Manager (Surrey Police) confirmed the above position on the interoperability of ECINS.
3. The Vice-Chairman sought to understand what the NHS' engagement and involvement was with the platform and what the implication might be for the NHS in terms of funding going forward. Noting the increase in the licence fee from £40,000 currently to around £90,000 for 2023-24 she asked how that cost compared with other systems on the market.
 - In response, the Temporary Assistant Chief Constable (Surrey Police) recognised that there were other systems on the market, however ECINS was a Government pre-approved supplier and was used widely by partners. There were areas in development around the health and wellbeing agenda and Appendix 1 provided an example from a health perspective regarding TinyLife in Northern Ireland.
4. The Chairman sought reassurance that ECINS and the various databases in Surrey would be joined up, noting the Surrey Care Record and the work of Surrey Office of Data Analytics (SODA).
 - In response, the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that the Chairman as Leader of Surrey County Council, had commissioned a Surrey-wide data strategy -

- sponsored by the Chief Constable of Surrey Police - and that would be reported to the next public Board meeting.
- The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that as part of that data strategy, all the different systems capabilities were being mapped and evaluated to see where they could be maximised effectively, joining up policing, health and social care, the local authorities', and voluntary sector perspectives where appropriate.
 - A Board member emphasised that ECINS is a practical day-to-day case management solution which stops cases falling between the gaps of different agencies and it encouraged joint working. Referring to Appendix 1, he noted the example of targeting a reduction in permanent exclusions in Peterborough through ECINS, whereby ECINS would be a good platform to link into the work on school exclusions undertaken at Royal Holloway University of London.
5. The Chairman noted that whilst he could confirm Surrey County Council's contribution, he noted that the recommendation on the funding of ECINS needed to go through the different authorities' decision-making processes and could not be confirmed by the Health and Wellbeing Board on their behalf.
- The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that therefore as part of the work on the data strategy, it would be timely to review the linkages with the ECINS, over the year a business case could be developed to review all the systems within the data strategy including ECINS and to ensure that ECINS goes through the right governance processes.
 - A Board member noted that the one-year lead in to renew the ECINS licence would allow colleagues time to plan their governance processes. He suggested an action to produce a more detailed funding formula for contributions that would incentivise use, so as many people as possible use the system, as opposed to the current proposal based on percentage usage.
6. The Chairman asked whether there was a reason why NHS Surrey Heartlands ICS and NHS Frimley ICS would not also contribute funding towards ECINS.
- The Vice-Chairman commented that it would be useful to understand how ECINS would work for the NHS and what the degree of financial support might be; before taking it through the right governance process working in conjunction with the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS).
7. The Chief Executive (OPCC) noted that having visited several Borough and District Councils with the PCC, she queried whether there was more the Board could do at a strategic level to engage partners to use ECINS.
- The Priority One and Three Sponsor responded that she would raise the matter of ECINS at the next Surrey Chief Executives' Group meeting. She noted that contributing to the future funding of ECINS would be a decision to be made within the Borough and District Councils.

- The Chairman commented that Board members would look to progress the call for the future funding of ECINS through their respective organisations.

RESOLVED:

1. Agreed the continued use of ECINS as the Surrey partnership case management system for community safety and other health and social care activity.
2. Would seek agreement from partners for future funding of the 2022-25 ECINS system licence which is due for renewal and the small team which supports it.

Actions/further information to be provided:

1. The various databases, systems and their linkages - ECINS, the Surrey Care Record and the work of Surrey Office of Data Analytics (SODA) - will be reviewed and will be included in the agenda item on the Surrey-wide data strategy at the next public Board meeting.
2. Following the report on the Surrey-wide data strategy a business case will then be developed to ensure that ECINS goes through the right governance processes:
 - as part of that business case a more detailed funding formula for contributions that would incentivise use will be produced.
 - the Vice-Chairman will work with the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) to understand how ECINS would work for the NHS and what the degree of financial support might be.
 - to raise the profile of ECINS across the county, the Priority One and Three Sponsor will raise the matter of ECINS at the next Surrey Chief Executives' Group meeting.
3. Board members will look to progress the call for the future funding of ECINS through their respective organisations.

7/22 PRIORITY 2: JOINT HEALTH AND SOCIAL CARE DEMENTIA STRATEGY FOR SURREY (2022-2027) [Item 7]

Witnesses:

Kate Scribbins - Chief Executive, Healthwatch Surrey
 Dr Sophie Norris - GP Womersley Surgery Mental Health and Dementia Clinical Lead for Guildford and Waverley ICP (NHS Surrey Heartlands CCG)
 Jane Bremner - Head of Commissioning Mental Health (Adult Social Care) (SCC)

Key points raised in the discussion:

1. The Chief Executive, Healthwatch Surrey noted that:
 - the insights gathered through Healthwatch Surrey were of people who had gone through the experience of a dementia diagnosis, where timely and ongoing information through the right channel was vital.

- there was positive feedback on Dementia Navigators who signposted individuals to support services including informal support groups whose provision relied on a few volunteers.
 - areas for improvement were the inconsistent access to Dementia Navigators and people felt shocked at the lack of information and support that they were given within primary care.
 - three key recommendations followed from those findings and had been taken forward:
 - build access to Dementia Navigators;
 - undertake a strategic overview of the support groups;
 - empower primary care to signpost effectively.
2. The GP (Wonersh Surgery) and Mental Health and Dementia Clinical Lead for Guildford and Waverley ICP (NHS Surrey Heartlands CCG) noted that:
- co-production on the Dementia Strategy and engagement with those with dementia and their carers and loved ones was hugely important.
 - there were more than 10,000 people living with dementia across Surrey, with many more people yet to be diagnosed.
 - the Dementia Strategy Action Board sought to bring together various interrelated workstreams such as care homes, frailty, end of life and learning disability care.
 - the Dementia Strategy Action Board met bi-monthly and co-produced the Dementia Strategy with Surrey and Borders Partnership (SABP), Alzheimer's Society, Age UK, service user groups and Healthwatch Surrey.
 - the Dementia Strategy identified that people with dementia were a health inequality group and sought to ensure they are not left behind in discussions around commissioning and mental health for example.
 - the Dementia Strategy was based on the mental health for dementia care pathway which is an NHS framework and has five components: preventing well, diagnosing well, living well, supporting well and dying well; not just solely focusing on dementia diagnosis rates.
 - through working in partnership, localised recommendations for Surrey had been drawn up, alongside a clear action plan with target dates.
3. The Head of Commissioning Mental Health - Adult Social Care (SCC) welcomed comments on how Board members could provide support to develop a programme of work particularly around prevention.
4. A Board member commented that in her capacity as Cabinet Member for Adults and Health (SCC) she had been involved in ensuring that the Dementia Strategy went through the scrutiny process and was sent to relevant partners - feedback had been positive and had been incorporated. She thanked the three item presenters for their work, including the work of Healthwatch Surrey ensuring that the voices of those with dementia were heard and thanked the informal groups across Surrey such as DayBreak Respite Care in Spelthorne.
5. The Vice-Chairman commended the Dementia Strategy which had clear deliverables and timelines. She offered her support to achieving those deliverables from an NHS perspective. Referring to item 5 around the key

neighbourhoods, she suggested whether targeted mapping could be undertaken so support could be given - noting the unwarranted variation across Surrey in the availability of Dementia Navigators - as often the areas of highest deprivation are also those without key community support networks.

6. A Board member echoed the support offered by colleagues, the clear targets and focus on prevention in the Dementia Strategy. She emphasised that prevention was a focus across Priority One and that programme management support was in place to continue to align the work with the Dementia Strategy.
7. The Chairman requested an update within a year or so on the progress made in terms of achieving the targets set out in the Dementia Strategy. He praised the Dementia Strategy and thanked those involved in producing it.

RESOLVED:

1. Approved the Joint Health and Social Care Dementia Strategy for Surrey.
2. Supported identifying resources to develop services that reduce inequalities in access for people with dementia, their carers and families.
3. Supported the inclusion of dementia specific prevention activities in the programme of work included in priority 1: supporting people to live healthy lives.

Actions/further information to be provided:

1. Board members' comments will be taken on board and an update on the progress made in terms of achieving the targets set out in the Dementia Strategy will be given in a year or so.

8/22 PRIORITY 3: POLICE AND CRIME PLAN FOR SURREY 2021-2025 AND COMMUNITY SAFETY [Item 8]

Witnesses:

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

Key points raised in the discussion:

1. The Police and Crime Commissioner for Surrey noted:
 - her thanks to the Commissioning and Policy Lead for Community Safety (OPCC) for putting together the report.
 - that the Police and Crime Plan for Surrey 2021-2025 was published in early December, it had been widely consulted on and it was resident focused.
 - the importance of the priority on: 'Preventing violence against women and girls in Surrey', which was high up on the national agenda.
 - the priority on: 'Protecting people from harm in Surrey', which included dealing with vehicle theft.

- that partnership work with the Health and Wellbeing Board and in other forums across the county was vital in order to deliver a Surrey that is safe and feels safe for all of its residents.
 - that whilst crime and policing were important to her role, so too was commissioning whereby working with partners was crucial on areas around prevention and safety, working with Board members, East Surrey Domestic Abuse Service (ESDAS), or Women's Aid.
 - that the Deputy PCC had a responsibility over youth and prevention work, which ran through the entire plan - rather than being a specific priority.
 - that she was the national lead for mental health and custody for the Association of Police and Crime Commissioners (APCC) - mental health ran through the entire Plan and the OPCC was working with Women's Aid.
 - that value for money also ran through the entire Plan.
 - the intention for a biannual meeting to agree the community safety strategic direction - with the inaugural meeting to happen in May - a forum to consider community safety in detail.
 - that it is an evolving Plan and encouraged Board members to engage with the OPCC on areas of focus and improvement.
2. A Board member echoed the PCC's call for support from Board members, particularly regarding the sections on 'together we will'.
 3. The Chairman noted that the Board considered the draft Plan at its last meeting.
 4. The Chairman stressed that partnership working was key to delivering the Plan and the Board would continue to consider the opportunities for greater collaboration with the PCC and community safety partners.
 5. The Chairman asked that the details of the upcoming biannual meeting be shared with Board members.

RESOLVED:

1. Noted the report and the Police and Crime Plan for Surrey 2021-2025.
2. Would continue to consider the opportunities for greater collaboration with the Police and Crime Commissioner for Surrey and community safety partners.
3. Endorsed the proposal to hold a biannual meeting to agree the community safety strategic direction.

Actions/further information to be provided:

1. The details of the upcoming biannual meeting will be shared with Board members.

Witnesses:

Louise Inman - Health Integration Policy Lead (SCC)

Key points raised in the discussion:

1. The Health Integration Policy Lead (SCC) noted that:
 - the White Paper published on 9 February set out the Government's ambitions to accelerate the delivery of joined up health and social care at place level - comparatively in England, Surrey was fairly advanced in the integration of health and social care.
 - the proposals include a single accountable person for place, place level governance arrangements and a review of pooled budgets and a shared outcomes framework by April 2023.
 - the White Paper also included other enablers of integration around workforce - such as creating more opportunities for staff to switch between health and care career paths, funding to develop care certificates and the introduction of integrated skills passports - digital and data - such as around shared care records, digital social care records for at least 80% of CQC registered providers, a population health management platform by 2025 and a suite of standards for Adult Social Care to ensure consistent information.
 - Annex 1 set out a number of questions about the proposals in the White Paper with a response due on 7 April 2022, Board members are to submit any views in relation to best practice and any risks, to the report author - Health Policy Advisor (SCC) in the next ten days.
2. The Chairman noted that the White Paper was a large piece of work, alongside an upcoming Health Inequalities White Paper and the Health and Care Bill, and discussions around section 83 of funding of Adult Social Care.
3. The Chairman noted that it was vital for the health system, local government and other partners to work more efficiently together - recognising the increased centralisation in some areas such as the creation of a national data centre and the focus on the individual through individual care plans - such as through the new Integrated Care Systems and their respective Integrated Care Boards and Integrated Care Partnerships.

RESOLVED:

Noted that the Integration White Paper is in line with Surrey's ambitions to integrate health and local government services where doing so will help improve outcomes for our residents and deliver the Community Vision for Surrey by 2030.

Actions/further information to be provided:

1. Board members will submit any views in relation to best practice and any risks regarding the White Paper, to the report author - Health Policy Advisor (SCC) in the next ten days.

10/22 REVIEW OF HEALTH AND WELLBEING BOARD MEMBERSHIP [Item 10]

Witnesses:

Phill Austen-Reed - Principal Lead – Health and Wellbeing (SCC)

Key points raised in the discussion:

1. The Principal Lead - Health and Wellbeing (SCC) introduced the report and provided context to the recommendations which sought to ensure that the Board's membership would reflect the evolution within the system.
2. The Principal Lead - Health and Wellbeing (SCC) requested that if there were any additional changes that can be incorporated over the next few months, Board members were to contact the Health and Wellbeing team (SCC).
3. The Chairman noted possible future changes to the Board's membership with the move into the new statutory Integrated Care Systems (ICSs). He clarified that the Health and Wellbeing Board owns Surrey's Health and Wellbeing Strategy, the Integrated Care Board (ICB) would lead on the health aspects and the Integrated Care Partnership (ICP) would lead on the partnership aspects of the Strategy.
4. The Chairman noted that as the overarching body it was vital that the Health and Wellbeing Board has the right representation from organisations.

Karen Brimacombe left the meeting at 3.29 pm

RESOLVED:

The Board considered and approved the proposed developments and changes to membership:

1. Once established, VCSE alliance to nominate three representative members to the board (this would increase membership by two, enabling rotation depending on board business and content).
2. Following changes in structures and roles at Surrey Heartlands ICS, the following approach to ensuring appropriate membership is proposed alongside its formal establishment in July 2022:
 - a. Engage current board members representing “place based partnerships” to explore and ensure appropriate representation of each partnership and appropriate links to the Integrated Care Partnership as that develops recognising the dual representative role of some existing members.

- b. Confirm strategic clinical input and role of Vice-Chairman will continue through role of Surrey Heartlands Chief Medical Officer from 1 July when current clinical chair role will end.
- 3. Confirmed representation for mental health via membership of the newly appointed Chief executive of SABP (Graham Wareham) and the chair of the Mental Health Delivery board (Helen Rostill) in the continued role of priority two sponsor.
- 4. Confirmed representation from probation is through Head of Probation Delivery Unit (Jason Halliwell) along with provider representation continuing through Deputy Director of community interventions, interventions alliance (Carl Hall), following the ending of the Community Rehabilitation Company in 2021.
- 5. Confirmed new membership to Cabinet Member for Community Protection to reflect community safety function of the board following the 2020 merger and recent creation of portfolio.

Actions/further information to be provided:

1. Board members will raise any additional changes with the Health and Wellbeing team (SCC) to the Board's membership that can be incorporated over the next few months.

11/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 11]

Witnesses:

Dr Charlotte Canniff - Vice-Chairman of the HWB / Clinical Chair, Surrey Heartlands CCG

Key points raised in the discussion:

1. The Vice-Chairman noted that the latest Surrey Heartlands ICB report had been shared with Board members and included an update on Covid-19 incident management, Surrey Heartland's three main priorities: ongoing response to the Covid-19 pandemic, the recovery and restoration of its services and supporting the health and wellbeing of its workforce.
2. Representatives from Frimley ICS were not in attendance so no update from Frimley ICS was provided - Board members had been sent a report.

RESOLVED:

The Board noted the verbal update on the development of the Integrated Care System (ICS) - Surrey Heartlands - including the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

Actions/further information to be provided:

None.

Witnesses:

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

Ruth Hutchinson - Director of Public Health (SCC)

Rachel Crossley - Joint Executive Director (PSR), SCC and Surrey Heartlands ICS

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted that:
 - the Government had published its 'Living with COVID-19' plan on 21 February 2022 which included the timeline for removing restrictions including: on 1 April the use of the NHS COVID Pass would no longer be recommended in certain settings; free symptomatic and asymptomatic universal testing for the general public in England would no longer be provided; working safely guidance would be replaced.
 - information on the UK COVID-19 Public Inquiry launched by Government was available on the independent website.
 - Surrey's Local Outbreak Management Plan (LOMP) had been updated as a result of the national policy changes.
 - the intention was to hold the final meeting of the LOEB in April - to discuss living with Covid-19 - to be reviewed later in the year.
2. The Director of Public Health (SCC) emphasised the importance of the LOMP in light of the increase in Covid-19 rates in the last week and following the change in regulations. She explained that the system was preparing to incorporate Covid-19 into business as usual whilst being prepared to react to a case surge.
3. The Chairman asked whether the Surrey Local Resilience Forum (LRF) was undertaking work on lessons learnt from Covid-19 and outbreak management.
 - In response, a Board member explained that there was a previous lessons learnt exercise and a paper was taken to the executive board last week.
 - The LOEB Chairman suggested that an item be added on the LOEB agenda for the April meeting on lessons learnt - the Chairman agreed.
 - The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that many organisations including health and Surrey County Council were looking at the terms of reference around the UK COVID-19 Public Inquiry, whereby feedback on lessons learnt could be incorporated.
4. The Chairman asked whether there would be any further guidance on Covid-19.
 - In response, the Director of Public Health (SCC) explained that the guidance remained the same for self-isolation and the legal restrictions had been lifted which would be challenging with the changes to testing.
5. The Chairman asked whether there would be a fourth Covid-19 jab and how that would be distributed.

- In response, the Vice-Chairman noted that it had been confirmed that there would be a fourth Covid-19 jab - second booster - in spring, which would be six months after the initial booster for patients aged over 75 and those most clinically vulnerable. The roll out would be through the current model of local and mass vaccination sites and community pharmacies.

RESOLVED:

That the Board noted the verbal update on the work of the LOEB.

Actions/further information to be provided:

1. An item will be added on the LOEB agenda for the April meeting on lessons learnt from Covid-19 and outbreak management.

13/22 DATE OF THE NEXT MEETING [Item 13]

The date of the next public meeting was noted as 15 June 2022.

Meeting ended at: 3.37 pm

Chairman

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Health and Wellbeing Board (HWB) Paper

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1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report Including: Approval of the new Terms of Reference of the Prevention and Wider Determinants of Health Delivery Board
HWBS Priority - 1, 2 and/or 3:	1, 2 & 3
Outcome(s)/System Capability:	All
Priority populations:	All
Civic level, service based and/or community led interventions:	All
Author(s):	<ul style="list-style-type: none"> • Helen Johnson (Senior Policy and Programme Manager - Health and Wellbeing) • Kirsty Slack (Policy and Programme Manager – Health and Well-being, Priority 2)
Board Sponsor(s):	<ul style="list-style-type: none"> • Karen Brimacombe, Chief Executive, Mole Valley District Council (Priority 1 and 3 Sponsor) • Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership/Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
HWB meeting date:	15 June 2022
Related HWB papers:	A final version of the refreshed Health and Well-being Strategy is now available here (accessible version available from 15 June 2022).
Annexes/Appendices:	Annex 1 - Health and Wellbeing Strategy Highlight Report (including new Priority 2 outcomes) Annex 2 - New Terms of Reference of the Prevention and Wider Determinants of Health Delivery Board

2. Executive summary

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the three Health and Wellbeing Strategy priorities as of 20 May 2022 with the priority population groups. The Highlight Report provides an overview of each Priority, describes what has been achieved in the previous period and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').

Following the refresh of Priorities 1 and 3 and their related outcomes, the outcomes of HWBS Priority 2 have been reviewed via partners represented on the Early Intervention and Prevention Workstream of the Mental Health Improvement Programme. This group considered them alongside the recommendations of the 2021 Mental Health Partnership Board Report in relation to prevention. Changes to the outcomes are detailed in the Highlight Report and have been approved by the Mental Health Delivery Board.

Priority 2 of the Health and Wellbeing Strategy continues to cover projects and programmes focussed on primary/secondary/ tertiary prevention & mental health promotion. The new fourth outcome for Priority 2 is proposed to reflect the recommendations of the 2021 Mental Health Review with regards to primary prevention. This ensures alignment with the Mental Health Improvement Plan.

The greater focus on addressing the wider determinants of health through Priority 3 of the Health and Wellbeing Strategy has led to a review of the Prevention and Wider Determinants of Health Delivery Board in terms of membership and its focus. This has led to a revision of the Terms of Reference which are attached for approval.

A final version of the refreshed Health and Well-being Strategy is now available [here](#) (accessible version available from 15 June 2022).

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress against the three priorities of the Strategy in the Highlight Report.
2. Endorse the changes to the outcomes of Priority 2 of the Health and Well-being Strategy.
3. Approve the revised Terms of Reference of the HWB's Prevention and Wider Determinants of Health Delivery Board.
4. Utilise the link to the refreshed Health and Well-being Strategy to increase awareness through their organisations to elicit support for reducing health inequalities (as per findings of the HWB Health in All Policies workshop, March 2022).

4. Detail

See Highlight Report at Annex 1 (including new Priority 2 outcomes) and new Terms of Reference of the Prevention and Wider Determinants of Health Delivery Board at Annex 2.

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5. Opportunities/Challenges

- Implementation plans with risk ratings (subject to ongoing review and refresh) continue to sit behind the Highlight Report P1 and P2, with risks escalated to the Board as necessary.
- A new comprehensive implementation plan for the significantly revised Priority 3 is developing (including community safety). This will be supported by an additional role to resource this more effectively.
- With this additional capacity in the SCC Public Health team, it will be possible to progress the coordination of an initial whole system approach to poverty from the Summer.
- A new Public Health Consultant is also in position now and will take on development of Health in All Policies approaches following the recent engagement of the Health and Wellbeing Board which will support all three priorities of the HWB Strategy at a civic level.

6. What communications and engagement happened/needs to happen ?

The HWB Communications sub-group are holding a workshop in July to update the existing communications plan to fully reflect the refreshed Strategy.

7. Next steps

- The Highlight Report continues to be reoriented to reflect the programmes and projects that form part of the refreshed Implementation Plans.
- On Fuel Poverty, there will be a presentation of the draft planned approach at the informal July HWB meeting by the Senior Responsible Owner (SRO).

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IMPACT SUMMARY



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

OUTCOMES

By 2030:

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

WHO IS LEADING THIS?

Priority sponsor:

Karen Brimacombe, Chief Executive, Mole Valley District Council

Programme Manager:

Helen Tindall, Policy and Programme Manager, Surrey County Council

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

What will be different for people in Surrey?

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

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

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

- Working to reduce obesity, excess weight rates and low levels of physical inactivity
- Supporting prevention and treatment of substance misuse, including alcohol, and smoking cessation
- Ensuring that the needs of those experiencing multiple disadvantage are met.
- Promoting prevention to decrease incidence of serious conditions and diseases
- Living independently and dying well

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

- A Falls Prevention Workshop took place on 19th May 2022 with stakeholders from across the system, in particular place leads. The intention was to understand the current offer across Surrey, develop logic models and create solutions for improving the falls prevention offer moving forward. A report summary and recommendations /actions will be shared with the Prevention and Wider Determinants Board and Integrated Care Boards in Surrey and Frimley.
- Approximately 50 Vocational, Community and Social Enterprise (VCSE) staff and volunteers have attended 15 hours of Trauma Informed Training as part of the Changing Futures Programme to enable staff to meet the needs of those experiencing multiple disadvantage and, together with the much wider system (including the housing departments of the Districts and Boroughs), have been offered Suicide Prevention and mental health First Aid training.



Data, insights and challenges

- Healthwatch Surrey has recently conducted a Waiting Well Survey on peoples' experiences of waiting for hospital appointments or treatment. A full report, including recommendations, will be published in due course. 180 people responded to the survey.
- Some key insights are as follows:
 - Most of those waiting 5 months or more felt negatively about their wait (80%+).
 - Negative effects of waiting included physical effects (24%), mental health (18%) and socio/economic detriment (8%).
 - Only 1/3 felt the hospital had given them helpful information and support and ¼ felt their GP had given them helpful information and support.
 - When asked what information they would have liked to receive, 25% spontaneously mentioned information about the length of their wait. 56% said they'd not received enough information about waiting time.
 - 64% agreed the hospital should update them every month-three months on the length of their wait.
 - 64% said they would be happy to attend a different local hospital for their treatment if it meant they could be seen sooner.

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 1 OUTCOMES?

People have a healthy weight and are active

- Currently completing an evidence review of the Whole System Approach (WSA) to Obesity and also an evaluation of how we are implementing the WSA. The next steps will be to look at how we expand the WSA across D&Bs. Surrey Heath BC will be developing a report on their progress.
- Looked After Children WSA to obesity is moving forward and the team is planning its first stakeholder engagement workshop.
- The test sites for WSA (Surrey Heath BC, Home Start (Runnymede and Woking and Epsom and Ewell) are pulling together action plans.
- The National Diabetes Prevention Programme (NDPP) now forms part of the tier 2 pathway and a new contract for the NDPP will be announced shortly with mobilisation in July as part of an enhanced service.
- Working with Surrey Coalition on a disability specific Physical Activity Strategy building out from Movement for Change which will be led by a dedicated Physical Activity Navigator funded by Sport England's Together Fund.
- Free/discounted leisure centre access for Looked After Children and Care Leavers scheme due to launch on 1st June 2022, with, for the first time ever, a single and consistent offer across the whole county. £20K funding secured to support 100 more bikes for LAC/care leavers.

Substance misuse is low (drugs/alcohol/smoking)

- Waiting for new project lead for smoking cessation and CVD to start in May. Will then develop a workplan supported by a logic model and evaluation plan. The new lead will be taking forward the finalisation of the Tobacco Control Strategy as well as looking at the Tobacco and Alcohol Control Alliance.
- Evaluation of smoking cessation service run by One You Surrey in Surrey taking place to assess effectiveness and identify opportunities for improvement.

The needs of those experiencing multiple disadvantage are met

- Changing Futures "Bridge the Gap" Trauma Informed Assertive Outreach Service, which is being provided by the ten local VCSE homeless, mental health and domestic abuse charities, will "go live" from May 2022. 14 new full time staff will be recruited to support approx. 300 people in the community for up to eight hours a week.
- In support of these and other staff (and volunteers) within the VCSE sector, a full time Clinical Psychological Consultant will be appointed from May 2022 to work within the Trauma Team of SABP.
- 38 Lived Experience and Peer mentoring networks have been identified. Best practices with regards to renumeration for people I with lived experience are being implemented.

Serious conditions and diseases are prevented

- The next HWB Board Comms Group will explore prevention messages for dementia with an update going to the Dementia Strategy Action Board.
- Currently developing a community outreach hypertension and AF detection model (supermarkets, community centres, etc) in most deprived areas, areas with the low detection rate and high non-elective hospital attendance for CHD and stroke.
- Beginning to explore the reinstatement of Make Every Contact Count (MECC) training and hope to take this forward in September time. Will be looking at how the Community Champion work might complement the MECC approach.

People are supported to live well independently for as long as possible

- Social Prescribing Development Coordinator is now in post and leading on:
 - Wellbeing Newsletter for SPLWs in partnership with Active Surrey
 - Collaborative platform for social prescribing managers/providers hosted on NHS Futures
 - Developing new Community of Practice for Wellbeing Roles for Surrey Downs – building on success of the Northwest Surrey CoP which has now been running for 12 months

IN THE SPOTLIGHT – Health Inequalities Faced by People with Learning Disabilities in Surrey

In its 2021-22 plan, Surrey Heartlands ICS committed to a clear focus on those with Learning Disabilities (LD) and to drive efforts in significantly improving their life expectancy leading up to 2030. A [report](#) was commissioned to support the ICS's efforts in reducing the inequalities faced by people with LD, particularly the mortality gap.

People with LD encounter significant health inequalities. There are systematic and unfair differences in their health outcomes and access to healthcare services when compared to people without LD. The clearest instance of this is life expectancy: on average, women in Surrey with LD live 22 years fewer than their counterparts without LD; men in Surrey with LD live 11 years fewer.

In relation to inequalities between people with and without LD in Surrey, key findings in the report were as follows:

- People with LD in Surrey face considerable health inequalities – most notably for Type 2 diabetic blood glucose, obesity, and hypertension. The proportion of people with LD in Surrey with a BMI \geq 25 increases significantly between the 14-19 and 20-29 age groups.
- For inequalities related to age of mortality, diabetes, BMI, and hypertension, the gap is greater for women with LD than men with LD. Conversely, men with LD are more likely than women to have raised blood pressure and to smoke.
- People with LD in Surrey are significantly less likely than people without LD to receive cancer screenings.
- There is marked overlap between risk factors and related interventions for the most common causes of mortality, which means that interventions can target the main causes of mortality simultaneously.

Please take a look at the report to see the full suite of recommendations to help improve health outcomes for those with LD. Below are a few recommendations focused on the whole Surrey population with LD:

- Improve the robustness and comprehensiveness of AHC discussions, so that they lead to more effective health interventions.
- Improve the provision of follow-up support post-AHC, to ensure that interventions are more effective in the long-term.
- Establish a health inequalities screening role to boost uptake of cancer screenings amongst people with LD.

For more information, contact Liz Williams, Joint Strategic Commissioning Convenor for Learning Disability and Autism, liz.williams@surreycc.gov.uk

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

IMPACT SUMMARY



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

OUTCOMES

By 2030:

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

WHO IS LEADING THIS?

Priority sponsor:

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

Programme Manager:

Kirsty Slack, Policy and Programme Manager, Surrey County Council

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

What will be different for people in Surrey?

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

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

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

Priority two aims to impact upon the three following outcomes:

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

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

Developing a Multi-Agency Community Empowerment Model for Mental Health:

Community mental health asset mapping work is being led by the Surrey County Council Public Health team in partnership with the voluntary sector, District and Borough Councils, NHS partners and the Communities Team at Surrey County Council. The model is first being developed in Sheerwater before being rolled out to priority populations by geography (Key Neighbourhoods). The project brings together partners and local area coordinators to work better together to get community insight in a more strategic way.

Key programmes which will contribute to this work are:

- HOPE project – new community project using community development to explore theme of Hope in the Community
- Surrey Workplace Wellbeing Being Collaborative – including engagement with local businesses
- Surrey Mental Health Training Collaborative
- Mind outreach workers

The programme will take on learnings from the vaccination programme in Sheerwater.

The gathered insight will feed into the development of an integrated access point for Mental Health Support.

For more information please contact Lucy Gate Lucy.Gate@surreycc.gov.uk

Formation of Adult Mental Health Alliance:

An MoU was signed off in April between partner organisations – VCSE Community Connections, SCC Adult Social Care, Surrey and Borders Partnership, and Surrey IAPT providers. A shadow board will be meeting from May 2022 to frame the future scope, governance and operations of the Alliance.

DELIVERING THE COMMUNITY VISION FOR SURREY



Data, insights and challenges

From a recent evaluation of One You Surrey Stop Smoking Service:

- Having a **Mental Health dedicated stop smoking advisor** has been successful in terms of building relationships with partners in mental health and increasing referrals.
- Service users with a mental health condition may benefit from **support beyond the standard 12 weeks**.
- Long term quits are a key challenge highlighted for these service users, with **significant drop-outs at follow up** and no evidence of 26 or 52 week quits. This is compared to 9% of all services users having still quit at 52 weeks.

Recommendations:

- Conduct insight work with pregnant and mental health service users to understand barriers to long term quitting and how the service could support these service users to quit in the long term.
- Look to improve responses to 52 week abstinence data for mental health service users e.g. by adding response incentives
- Explore a pilot to offer support in mental health services beyond the standard 12 weeks.
- Engage with Surrey H to implement an inpatient smoking ser

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 2 OUTCOMES?

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

- Mindworks: Schools Based Needs Clusters are developing a bespoke model for special schools –continuing to work with providers and Special School Heads to review requirements and to co-produce solutions.
- Green Social Prescribing (GSP):
 - Nature Connection Fund (NCF) - 8 GSP provider projects are up and running and collecting data (total of approx. £100k shared across them) Full details of all projects can be found [here](#). E-booklet of all NCF projects has been shared with health and social care professionals across the county
 - Green Health training webinar currently being put together and soon to be made available to Health Care Professional's across Surrey for the Surrey Training Hub
- Time to Change – One training session held for MH champions which explored the impact of stigma and discrimination on people's lives. Several Mental Health Champions' Lived Experiences stories recorded (some will be uploaded onto Time to Change website)
- Suicide Prevention:
 - Secured suicide bereavement funding from Surrey Heartlands and are currently tendering a new service
 - Currently recruiting a new post in partnership with Papyrus, who will work with Secondary schools in Surrey to support them with the implementation of a suicide prevention toolbox
- Youth Mental Health First Aid training is completely booked up until next term (September), places remain available on Self-Harm Awareness and Suicide Prevention training.
- Over the past six months work has been underway to improve the communication between acute hospital settings and schools when a young person has presented in A&E with self-harm, suicidal ideation or emotional distress. Currently commissioning a provider to put a training animation together on how to build trust and confidence with a young person for them to give consent when asked if the hospital can share their safety plan with the school.
- Work continues to enhance support to build confidence amongst care homes to offer placements to individuals with dementia/delirium/complex behaviours so that they can be appropriately discharged from hospital. Advice and Guidance model for care homes has now been spread across Surrey Heartlands and south Frimley. Wellbeing support is now available for care home workers across Frimley from resilience hubs and further staff training is being developed to support work with complex behaviours
- Joint Health and Social Care Dementia Strategy for Surrey - progress made against the action plan includes:
 - Dr Sophie Norris confirmed as the clinical lead for Dementia and will to co chair the Dementia Strategy Action Board with Jane Bremner, Head of Commissioning Mental Health (Adult Social Care) (SCC)
 - The strategy is due to be published shortly with supporting resources being developed.

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

- First 1000 days is still in strategy refresh and an overarching pregnancy to five strategy (Best Start Strategy) is being created to start aligning programmes. First 1000 Days Programme delivery is still underway whilst strategy refresh is undertaken. The new Best Start strategy is a system strategy for Surrey, spanning all partners, bringing together existing strategies under one to help drive collaboration and alignment (including First 1000 Days existing priorities). A statement of intent has been produced laying out ambitions and the next step is to develop it further in conjunction with families and wider stakeholders.
- [A new film has been produced](#) to highlight the work of the Parent Infant Mental Health Service. The service is providing specialist support in neonatal intensive care units to families to enable early relationship development between parent and baby. Focus is given to families who have very poorly babies often linked with their prematurity, as well as those unable to be with their baby due to isolation and restrictions. The service started in April 2021 and is delivered in the neonatal units in the 4 acute hospitals within Surrey Heartlands. In the 12 months until March 2022 350 families were offered psychological support.

Isolation is prevented and those that feel isolated are supported

- Richmond Fellowship -working with SABP to integrate Employment progress case notes into the NHS Shared record. This is a positive milestone for ensuring that employment as a recovery tool is embed into the clinical process.
- The focus of May's Mental Health Awareness week has been loneliness and the Healthy Surrey social media pages have shared a range of resources and information.

IN THE SPOTLIGHT: Refresh of Priority Two Outcomes

Throughout the refresh of our Health and Wellbeing Strategy it had been noted that further development of the Priority 2 outcomes would follow. This has now progressed to ensure appropriate alignment with the wider Mental Health Improvement programme areas of focus.

The following are the revised outcomes produced following engagement with the initially convened Mental Health Delivery Board's Early Intervention and Prevention workstream and which have been agreed by both the Surrey Heartlands and Frimley MHD Boards.

Outcome 1: Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources (*amended to clarify covers all ages across the priority populations.*)

Outcome 2: The emotional wellbeing of parents and caregivers, babies and children is supported (*no change*)

Outcome 3: Isolation is prevented and those that feel isolated are supported (*no change*)

Outcome 4: Environments and communities in which people live, work and learn build good mental health (*proposed new outcome to fully reflect the recommendations of the 2021 Mental Health Review with regards to primary prevention. This ensures alignment with the Mental Health improvement Plan, the retention of the strong focus on primary prevention under Priority 2 of the Health and Wellbeing Strategy and the development of links to interventions that address the wider determinants of health*)

A proposed Priority Two steering group is currently being explored which would enable oversight and progress against these revised outcomes. This group would create links with the existing Prevention and Wider Determinants of Health Delivery Board, a sub-group of the HWB Board, which covers Priority One and Priority Three of the HWB Strategy.

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

IMPACT SUMMARY



Children, young people and adults
reach their potential

OUTCOMES

By 2030:

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

WHO IS LEADING THIS?

Priority sponsor:

Karen Brimacombe. Chief Executive, Mole Valley District Council

Programme Manager:

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

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

What will be different for people in Surrey?

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

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

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

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

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

After discussions at the HiAP workshop in March, partners have come together in May to consider the impact of air quality on physical/mental health and the implications of this impact on commissioning and procurement.

The impact of poor air quality on physical health has a strong evidence base and is well-known, as is its higher prevalence in areas of deprivation. But at the May meeting, partners also learned about a [study published in the British Journal of Psychiatry in 2021](#) that found residential air pollution exposure is associated with increased mental health service use among people recently diagnosed with psychotic and mood disorders. Assuming causality, interventions to reduce air pollution exposure could improve mental health prognoses and reduce healthcare costs.

Next steps are for SCC Public Health to review the evidence base to support progress, consideration of links between the Surrey Air Quality Alliance, existing environmental/transport strategies & interventions and any further opportunities for other commissioning and procurement activity to positively impact air quality.



Data, insights and challenges

Healthwatch/CQC have been talking to people for whom English is not their first language about access. Awareness of pathways of care Some people said that they're not aware of how best to access care when they need it, with low levels of awareness of 111 and 999, they often access healthcare with the support of their key worker or social worker.

General Practice People are relying on family members to help access care when language is a barrier, which impedes on people's privacy and independence. For some, going online is difficult because, although they can speak English, they find reading and writing difficult. For others, they find talking on the phone more difficult and struggle to get the receptionist to listen to them.

Translation services Most people spoken to have said that translation services have been offered when needed. People have told us how important this has been to them and how it helps them to access the care they need.

Other services can utilize these findings in reviewing their own for residents from English is not their first language. The JSN so be exploring this.

WHAT HAS BEEN ACHIEVED LAST QUARTER UNDER REFRESHED PRIORITY 3 OUTCOMES?

People's basic needs are met

- Housing: A draft scope of work for a commission to develop a countywide Housing and Homes Strategy is being engaged on by SCC.
- SCC are developing a system-wide Food Strategy to include food security.
- Early consultation on a system-wide Fuel Poverty programme plan is ongoing with a presentation coming to the July HWB Board.
- Government Household Support Fund to support food and fuel poverty has been distributed in Surrey £5.3m - (Oct 2021 – March 2022) with another £5.3m to be distributed April to September 2022, alongside £1.3m allocated to provision in the voluntary sector primarily.
- A health welfare support hub has been created on the SCC website, incl. signposting to [financial support](#) initiatives.

Children, young people and adults are empowered in their communities

- An interactive training programme for as many roles as possible involved in information provision, advice or signposting across health, care and voluntary sector. As part of this training, four videos will be developed to help bring the content to life and help people understand the role and impact of information and advice and how it can keep residents independent, safe and well. One video will focus on what resources are available, which organisations provide support and the impact information and advice can have including autonomy and independence. The other three videos will highlight the impact of information and advice using three personas – a family carer, an adult with a learning disability and someone who arranges and pays for their own care. Each video will showcase our range of information and advice resources by including demonstrations of Surrey Information Point, Healthy Surrey and county council ASC web pages and the impact information and advice has. For more information, contact siohan.abernethy@surreycc.gov.uk.
- Local Area Coordination: Fourth location is confirmed as Camberley (Old Dean / St Michael's) alongside Canalside, Horley, Hurst Green. Other 'Key Neighbourhoods' are expressing an interest in / need for this model.

People access training and employment opportunities within a sustainable economy

- SCC has been allocated £4.7m over the next three years from the UK Shared Prosperity Fund to support adult numeracy interventions through the Multiply programme. An Investment Plan to set out how we will utilise the funding, including how we will focus on specific groups of need and the range of learning opportunities we will commission needs to be submitted by end of June
- The wider funding through UK Shared Prosperity Fund is going directly to District and Borough councils, with the expectation that the funding for skills and training interventions will not come in until 2024/25. We will work with D&Bs to ensure our plans for Multiply and any other skills support programmes are aligned and avoid duplication
- Following the development of a Partnership Agreement, an action plan has been developed between SCC and DWP to establish specific interventions to support local residents into training and employment opportunities. Some of the first actions include a deep dive into our communities of need and providing a jobs and providers fair in Old Dean (one of our Key Neighbourhoods).
- The No-one Left Behind Employment/Skills Network is progressing, incl. with research into who faces the biggest employment barriers.

People are safe and feel safe

See 'IN THE SPOTLIGHT'

The benefits of healthy environments for people are valued and maximised

- Surrey County Council has been selected to carry out a feasibility study into a new scheme where GPs would prescribe cycling and walking measures to enhance the mental and physical wellbeing of their patients in Maybury/Sheerwater and Merstham areas.
- Local Transport Plan: SCC has undertaken additional engagement with targeted groups, including those with a disability, to provide more representative response to support Cabinet approval in May and Council adoption in July.
- The Planning and Health Forum has re-convened and will update and roll-out of the Creating Healthier Built Environments Guidance.

IN THE SPOTLIGHT : Community Safety Assembly

On Monday 16th May, seventy colleagues from across Surrey came together for the first Surrey Community Safety Assembly. The aim of the event was to -

- Listen to the current data and trends to enable a collective response to countywide and local concerns
- Develop a shared response to the Community Safety Agreement from across community safety, criminal justice and health and social care, and
- Create opportunities to explore more holistic responses which work alongside communities

The afternoon was rooted around the Community Safety Agreement and focused in on some of the detail. Speakers included the Police and Crime Commissioner for Surrey Lisa Townsend, the Chair of the Health and Wellbeing Board Tim Oliver and the Chief Constable Gavin Stephens along with Becky Molyneux, Jo Grimshaw, Dan Sherlock and Alick James who took participants through themes of vulnerability, community harm and community empowerment.

The afternoon was important in reconnecting colleagues face to face, sharing knowledge and create a collective voice on issues that matter to people in Surrey. What they achieved was the start of the development of the implementation plans for the HWBB priority theme focus area of People are safe and feel safe.

Three interactive sessions took place where participants were asked to consider what their recommendations would be to the HWBB regarding the Community Safety Agreement. Full analysis is still being completed but early themes include, investment in early intervention, sharing knowledge and data, especially around those who are vulnerable, accessible services, community problem solving and investment in development work in communities.

Next steps are to complete a full report on all the feedback and comments and return to the HWBB with recommendations that will sit within the Implementation Plans. The report will also recommend focus areas for some of our specialist Boards such as the Serious and Organised Crime Partnership and officers will work with Community Safety Partnerships to see what local actions can be developed.

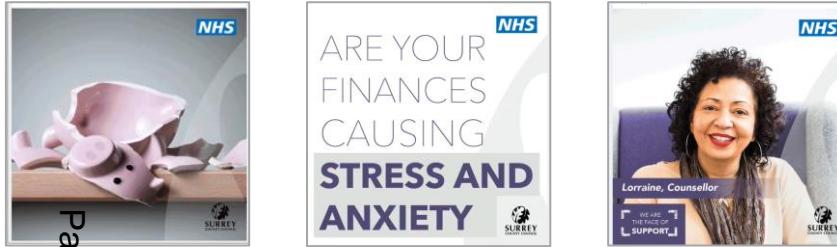


Communications Update

The Health and Wellbeing Board Communications Group is co-chaired by Andrea Newman, Strategic Director for Communication, Public Affairs and Engagement at Surrey County Council and Giselle Rothwell, Director of Communications and Engagement at Surrey Heartlands, and brings together communications colleagues across Surrey.

MENTAL HEALTH AND WELLBEING

We have continued to build on the success of the 'Face of Support' mental health campaign this quarter, with a new focus on the anxiety and stress caused by financial pressures faced by our residents, signposting to mental wellbeing services through the Healthy Surrey website.



Since the campaign, which also has a children and young people's strand, began in September

- Online advertising has been seen three million times overall
- Adverts on traditional and digital radio have been played more than one million times
- Outdoor advertising in 100 Surrey locations and mailer delivered to 500,000 households
- 14,922 visits to Healthy Surrey bespoke mental health page during main campaign period, 3 times as many as the previous period (up from 4,091)
- 76% increase in traffic from Healthy Surrey to major provider of Talking Therapies, which can help prevent difficulties escalating
- Nearly 19,000 referrals in past 12 months to Mind Matters Talking Therapies, exceeding predicted 15,000 and the highest in its history
- 20% increase in new referrals to Community Connections which offers group activities and one-to-one sessions

During Mental Health Awareness Week we launched a [Sky digital TV Ad](#) featuring our faces of support. The geo-targeted advert will run on Sky TV digital subscription channels including sky sports, movies and entertainment. The ad will be delivered 300k times over a 6 week period, reaching approx. 45k residents.

COVID-19: LIVING WITH COVID

With Covid rates remaining high and free testing no longer available, we continued to emphasise the importance of staying home if you have symptoms of any respiratory illness. We communicated the new, broader list of symptoms which helps people understand when they should be avoiding contact with others – especially those at risk of serious illness



As the Easter holidays approached we continued to issue travel advice, explaining the changes to testing and other requirements on entry back into the UK and included reminders to make sure you are vaccinated and to check the requirements of the country you are travelling to.

We continued to support central government and local NHS vaccination messaging in a localised, targeted way. This has included: children's boosters, 5-11 vacs, pregnant women, Spring boosters, vaccine scams and myth busting.

HELPING RESIDENTS TO ACCESS SERVICES – HEARTBEETZ

When people are unwell or injured there are a range of NHS services available to help them. However people aren't always sure of all the service or of which one to choose. The ICS has been continuing its Heartbeetz campaign, encouraging people to seek help in the most appropriate place, ahead of, and during bank holiday weekends. Further activity is also planned for half term and the jubilee weekend, where we are working with NHS England and Improvement colleagues on the placement of ads and the use of ad vans in areas with high expected footfall over this period (linked to events and other activities that are happening across Surrey Heartlands).

Continued Communications Update

IMPROVED PHYSICAL HEALTH THROUGH PREVENTION – SEXUAL HEALTH CHLAMYDIA TESTING

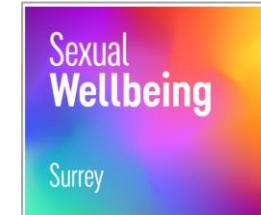
Chlamydia is the most commonly diagnosed sexually transmitted infection in England, the prevalence of infection being highest in young sexually active women (15 to 24-year-olds). Chlamydia often has no symptoms but, if left untreated, can have serious health complications in women.

We created a campaign to raise awareness about regular testing for chlamydia and increase the number of tests taken. The campaign creative was in a current, magazine style to engage the young target audience. The campaign included digital advertising which was delivered primarily through snapchat as a preferred social platform for our audience; we have reached over 110k young women and had 46k video views. We have also produced posters with QR codes for pharmacies and editorial content. In addition, we've introduced a new identity for sexual health services in Surrey, with a bright new logo which appeals to all ages and genders. This logo will appear on all sexual health materials and services, including stickers which will help residents quickly identify where services are available.

NATURE ON PRESCRIPTION

From wild swimming to themed walks and outdoor mindfulness courses, seven projects exploring how nature can improve health and wellbeing in Surrey are sharing grants worth £85,000 from the Nature Connection Fund. The grants are being awarded thanks to Surrey's involvement in a cross-government "green social prescribing" project aimed at linking people with nature and green spaces to help tackle and prevent mental ill-health.

We released [news](#) of the grant awards and highlighted a [new video](#) which the national team put together to explain and showcase the initiative. In March, [we threw a spotlight on Surrey's involvement](#) in the scheme to mark Social Prescribing Day.



CHILDREN'S HEALTH IMPROVEMENT THROUGH PREVENTION – CHILDHOOD IMMUNISATIONS

During the pandemic we have seen a gradual, but marked, decline in childhood immunisation rates in Surrey. There's likely to be many reasons for this, not least the disruption of home life, routines and working patterns that people have experienced. We created a childhood immunisation campaign to increase awareness of the childhood immunisation programme and the importance of getting babies and children vaccinated when vaccines are due. The engaging creative featured children as little superheroes with the power to fight preventable childhood diseases.

The campaign targeted parents and carers of children under five, through a wide range of marketing communications both digital and offline. The campaign included outdoor media across Surrey in 34 key locations including high streets, outside schools and supermarkets. We ran digital radio advertising which included the Dave Berry breakfast show on Absolute radio popular with our target audience. We reached parents through an editorial and advertising in the Surrey Family Grapevine parenting magazine distributed through libraries, leisure centres, early years childcare settings and new parent packs. Digital advertising had a reach of 440k with a total of 2M impressions (ad views).

Surrey Prevention and Wider Determinants of Health Delivery Board

Terms of Reference

5

1. Context

- 1.1 In 2019, the Surrey Health and Well-Being Board published a ten-year Health and Well-Being Strategy which aims to improve the health and well-being of all people living in Surrey, closing the gap between communities that experience good health outcomes and those that are more likely to experience ill-health. The Strategy was developed collaboratively with the NHS, County Council, Boroughs and Districts, Community and Voluntary Sector and wider partners, including the police. The Strategy outlines a fundamental shift in approach to focus on prevention by addressing the root causes of ill health.
- 1.2 In 2021, a refresh of the Strategy was undertaken to strengthen the focus on reducing health inequalities so no-one is left behind through civic level, service based and community-led interventions. This will be achieved by systematic delivery of actions targeted to the needs of specified priority population groups of identity and geography. Action will continue to be driven through the three priority areas:
 - Priority One: Supporting people to Lead Healthy Lives by Preventing Physical Ill Health and Promoting Physical Well-being
 - Priority Two: Supporting People's Mental Health and Emotional Well-Being by Preventing Mental Ill Health and Promoting Emotional Wellbeing
 - Priority Three: Supporting People to reach their Potential by Addressing the Wider Determinants of Health
- 1.3 To support an integrated approach across health and wider determinants outcomes, the Prevention and Wider Determinants of Health Delivery Board ('the Delivery Board') has oversight and responsibility for the development and implementation of Priority One and Priority Three. It will act to enable collaboration between the NHS, County Council, Boroughs and Districts, the Community and Voluntary Sector, and wider partners deliver across the five outcomes in Priority One and the five outcomes in Priority Three:

Priority One

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

Priority Three

- People's basic needs are met
- Children, young people and adults are empowered in their community
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe
- The benefits of healthy environments for people are valued and maximised

1.4 To achieve the impact required to address Priority One and Three, a whole systems approach is required. This will include primary prevention through community asset-based approaches and addressing the wider determinants of health. Secondary and tertiary prevention will also be required via targeted services.

2. Purpose

2.1 The purpose of the Delivery Board is to:

2.1.1 Provide Surrey-wide oversight on the implementation of Priority One and Priority Three.

2.1.2 Ensure that local partners work together to share knowledge and develop systematic approaches to deliver the outcomes in strategy.

2.1.3 Provide assurance that local, organisational delivery plans are aligned to the Health and Well-Being Strategy.

3. Role and Responsibilities

3.1 The Health and Well-Being Strategy provides the Surrey framework for partnership working to improve outcomes in reducing health inequalities. The Delivery Board focuses on the implementation of Priority One and Priority Three, with much of the delivery happening through pre-existing structures such as local health and well-being boards, local joint commissioning groups and existing partnerships such as the Substance Misuse Partnership Board. The Delivery Board will enable escalation of local issues to a Surreywide level.

3.2 The Delivery Board will:

3.2.1 Oversee the delivery of Priority One and Three by encouraging local accountability, maintaining oversight of Surrey-wide progress or changing trends and ensuring alignment of local plans;

3.2.2 Oversee programme development and implementation to ensure each relevant outcome is focussed on priority populations and is reviewed and addressed;

3.2.3 Report to the Health and Well-Being Board and other Boards as required. This reporting will include progress against outcomes and highlight areas for attention where the Health and Well-Being Board may offer support with wider Surrey partners and networks;

3.2.4 Work closely with the Mental Health Delivery Board for Priority Two to ensure alignment.

4. Principles

4.1 The following principles describe how Delivery Board members will work together. Delivery Board members will:

4.1.1 Prioritise resources and make decisions in the best interests of the Surrey population based upon evidence and data;

- 4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;
- 4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me';
- 4.1.4 Hold each other (and the organisations and partnerships represented by Delivery Board members) to account for delivering on commitments made and agreed actions and ensure all partners are engaged in activity to deliver the Health and Well-Being Strategy;
- 4.1.5 Seek to align and add value to local and system level success wherever possible;
- 4.1.6 Champion the Principles for Working with Communities of the Health and Well-Being Board;
- 4.1.7 Support the strengthening of the system capabilities of the Health and Well-Being Strategy;
- 4.1.8 Agree opportunities to reduce health inequalities through organisational change and partnership working.

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5. Chair

- 5.1 The Chief Executive of Reigate and Banstead Borough Council will be the chair of the Delivery Board. This will be reviewed annually.
- 5.2 The Director of Public Health will be Deputy Chair of the Delivery Board. This will be reviewed annually.

6. Membership

- 6.1 The Delivery Board membership will be as follows:

- **Chair** Chief Executive of Reigate and Banstead Borough Council
- **SCC Representatives**
 - *Director of Public Health (Deputy Chair)*
 - *Public Health*
 - *ASC Communities and Prevention*
 - *Community Safety Team*
 - *Community, Partnerships and Engagement Team*
 - *Economy and Growth*
 - *Adult Education*
 - *Active Surrey*
 - *Environment, Transport and Infrastructure*
- **ICS Representatives**
 - *Place-based Representatives Frimley and Surrey Heartlands ICS*
 - *System Convenors*
 - *Clinical Lead*
- **NHSE&I Representatives**
 - *NHSE&I Regional Team Deputy Director of Healthcare*

- o NHSE&I Regional Team Population Health Programme Manager
- **Districts & Boroughs Representatives**
 - o Community Services
 - o Health and Well-Being Leads
 - o Housing
 - o Social Housing Provider
 - o Environmental Health
- **Criminal Justice**
 - o Surrey Police
- **OPCC Representative**
 - o Community Safety Commissioning Manager
- **Acute Hospital Trusts Representative**
 - o Medical Director
- **Voluntary, Community and Faith Sector Representative**
- **Lay Member**
- **Carers Lead**
- The Programme Managers for Priority One and Priority Three will also be in attendance.
- Senior Responsible Officers for Priority One and Priority Three outcomes who wish to present papers will also attend and SROs will be circulated all Delivery Board papers.

Additional representation as required.

6.2 Delivery Board members will ensure consistent attendance at the Delivery Board.

6.3 Delivery Board members will need to be a member of their organisation's/directorate's Senior Management Team and have the ability to progress and address issues raised at the Delivery Board.

6.4 Delivery Board members will have responsibility for communicating key decisions and actions back to their own organisations, relevant work streams and networks.

6.5 Delivery Board members are able to nominate a deputy who can attend in their absence but deputies must have delegated authority to make decisions. There should be a consistent deputy appointed to attend for members in their absence.

7. Quorum

7.1 For all meetings, there should at least be **50%** representation from all members or their nominated deputy.

7.2 The intention is that the membership provides place-based programme oversight to the Delivery Board. The Delivery Board will keep membership under review to ensure we achieve this.

8. Decision-making

- 8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Delivery Board. All partners are committed to finding solutions that everyone actively supports.
- 8.2 Decision-making authority is vested in individual members of the Delivery Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

5

9. Meeting Frequency

- 9.1 The Delivery Board will meet every six weeks. The frequency of the meetings will be kept under review.

10. Reporting and Relationships

- 10.1 The Delivery Board will report to the Surrey Health and Well-Being Board and the Boards of system partners across Surrey as necessary.
- 10.2 Existing or future groups that manage delivery of prevention work that sits under Priority One and Priority Three of the Health and Wellbeing Strategy will be of key interest to the PWDH Delivery Board. The PWDH Delivery Board will coordinate closely with such groups. If a group is appointed as a formal sub-group to the PWDH Board, this will be reflected in an amended Terms of Reference and the minutes from any sub-groups will be circulated to the PWDH Delivery Board members.

11. Review of Terms of Reference

- 11.1 Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the Delivery Board members and approved by the Health and Well-Being Board.

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Joint Strategic Needs Assessment (JSNA) Refresh, Progress and Next Steps
HWBS Priority - 1, 2 and/or 3:	1, 2 and 3
Outcome(s)/System Capability:	Potential to impact on all outcomes and system capabilities.
Priority populations:	All priority populations.
Civic level, service based and/or community led interventions:	Individual JSNA chapters are likely to recommend interventions in each trident of the population intervention triangle for reducing health inequalities.
Author(s):	<ul style="list-style-type: none"> • Ruth Hutchinson - Director of Public Health, Surrey County Council ruth.hutchinson@surreycc.gov.uk • Tom Bourne - Public Health Analyst Team Lead, Surrey County Council tom.bourne@surreycc.gov.uk • Marcus Butlin - Advanced Public Health Intelligence Specialist, Surrey County Council marcus.butlin@surreycc.gov.uk
Board Sponsor(s):	Ruth Hutchinson - Director of Public Health, Surrey County Council
HWB meeting date:	15 June 2022
Related HWB papers:	<p>Adaptation of approach to JSNA during COVID-19: Intelligence to Support Recovery (Health and Wellbeing Board, June 2020)</p> <p>A renewed vision for data: driving insight-led decision making, demand management and performance to improve outcomes, including</p> <ul style="list-style-type: none"> • refreshing the Joint Strategic Needs Assessment • the Surrey Index – Alpha Version <p>(Health and Wellbeing Board, June 2021)</p>
Annexes/Appendices:	Appendix 1 - JSNA and Health and Wellbeing Strategy alignment

2. Executive summary

The process for refreshing [Surrey's Joint Strategic Needs Assessment \(JSNA\)](#) is well underway and, now that we are acclimatising to 'live with COVID-19'¹, updating the JSNA has moved on from a period of adaptation to business as usual. To be the valuable planning resource it is intended to be, the production of the JSNA must now receive fresh engagement from system partners, and resource must be carefully coordinated and balanced against parallel strategic commitments.

To recap, the JSNA is a statutory and integral part of Surrey's intelligence system capability. It should involve a continuous process of assessment and evidence-gathering that drives planning and decision making by the local system. During the COVID-19 pandemic it was necessary to initially pause, then adapt the JSNA refresh. [Community Impact Assessments](#) and [Rapid Needs Assessments](#) were published in the interim, focusing on groups thought to be those most affected by the impact of the pandemic.

In line with recommendations adopted by the Health and Wellbeing Board (HWB), a JSNA Operational and Oversight Group (organisationally representative of the local planning system) with delegated responsibility from the HWB was established in 2021 to strategically manage the JSNA refresh. It has overseen the production of an agile JSNA plan of work for 2021-22 and 2022-23. Prioritisation in the work plan is fully aligned to the Health and Wellbeing Strategy (HWBS) for Surrey and includes a focus on target population groups and reducing health inequalities, whilst continuing to publish chapters under a life-course framework focusing on critical stages and transitions in life. Several individual chapter updates are now close to sign-off and publication.

3. Recommendations

The Health and Wellbeing Board is asked:

1. To note that:
 - a JSNA Operational and Oversight Group (Oversight Group) has been established to oversee and direct the production of the JSNA refresh;
 - a comprehensive governance structure has been established underneath the Oversight Group to ensure the delivery of individual JSNA chapters; and
 - there is ambition to deliver 10 Chapter refreshes by quarter four 2022-23, although this is dependent on resourcing and engagement from the local system.
2. To approve the continuation of a life-course based structure to the JSNA, i.e., publication of chapters under a life stage matrix.² However, we also ask the

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056229/COVID-19_Response_-_Living_with_COVID-19.pdf

² <https://www.surreyi.gov.uk/jsna/>

HWB to note that chapters have been intentionally structurally aligned to HWB strategy priorities, outcomes and priority populations. This approach has already been agreed by the Oversight Group, but we are also seeking HWB approval.

3. To provide support to ensure that the local system considers and makes use of the findings from individual JSNA chapters as they are published, specifically to inform local health and care strategies and subsequent implementation plans. We propose that, subject to HWB approval, procedures are designed and embedded to HWB protocols to ensure that any strategy brought to the HWB is quality assured for its use-of, and reference-to, JSNA evidence.
4. To provide support to increase awareness of and participation in the JSNA from partners across the Surrey health and social care system.
5. To request the HWB task the Oversight Group with connecting and aligning the ongoing development of the JSNA communication plan to the work of the Health and Well-Being Board Communications Group.

6

4. Reason for Recommendations

The success of the JSNA will depend upon all HWB member organisations. Its production requires resource from teams across the local system and engagement from a range of partners to develop the evidence base needed to improve health and wellbeing. To achieve the maximum impact possible, both the production and use of the JSNA needs to be acknowledged as a priority among all partners

Summer 2022 is a seminal moment to ensure that the relaunch of the JSNA process maintains strong momentum. Engagement with JSNA chapter production has been strong, but we need to ensure regular senior input at the JSNA Operational and Oversight Group.

The HWB also has a timely opportunity to influence operational level resourcing decisions across the system. Analytical capacity is now emerging as the need to produce real-time surveillance to manage the COVID-19 pandemic lessens. It is therefore important to ensure that the JSNA is built into the operational service plans of all HWB partners, so that all those required can assist with the development and writing of the JSNA.

As well as identifying local needs, the importance of the JSNA lies in how its evidence is used locally. The HWB have previously stated that the JSNA must be embedded to support Council and NHS organisational processes to spend money, prioritise resources and respond to need. There is an opportunity to build on the hitherto strong collaboration seen on chapter production to embed processes that will ensure that any refreshed JSNA chapters are fully utilised in local planning processes.

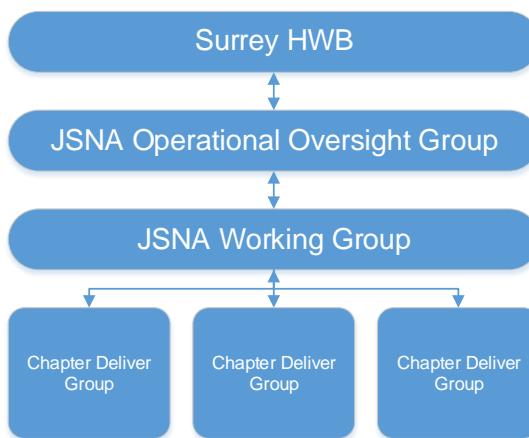
5. Detail

JSNA Background

6

Nationally published guidance on JSNAs states that they are to be a *continuous* process of strategic assessment and planning³. Their purpose is to inform the setting of evidence-based Health and Wellbeing Board's priorities. They are a joint responsibility of both Local Authorities and the local NHS. They should focus on health and wellbeing needs that can be addressed by these partners, including considering wider determinants and assets. They must aim to reduce inequality. They must involve others including boroughs/districts, Healthwatch and the local community.

Governance Structure



Surrey HWB has the overall responsibility for publication of the JSNA. It delegates the responsibility and management for the JSNA to the JSNA Operational Oversight Group (Oversight Group). The Public Health Consultant (Intelligence and Insight) / DPH (Director of Public health) chairs the Oversight Group and reports to the HWB.

The **JSNA Operational Oversight Group** (Oversight Group) has representatives from Surrey County Council Public Health, Social Care, the CCGs, Voluntary Community and Faith Sector (VCFS) representation, Healthwatch, Districts and Boroughs and many other wider determinant partners. Representation from further organisations are co-opted as required. This group owns the process for final chapter sign-off.

The delivery of the JSNA will be overseen by the **JSNA Working Group**, which will report on progress to the Oversight Group and will be chaired by Public Health.

A **Chapter Delivery Group** is set up for each topic area. These groups include user voice representation, analyst support, project management support as well as relevant experts in the field from across the system. The Chapter Delivery Groups agree detailed level scoping, timelines and progress and report to the JSNA Working

³ Page 4, fourth paragraph. [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)

Group. Public Health support chapter delivery groups with project management materials to ensure consistency of approach.

Topic Selection and Progress in 2021 and 2022

The JSNA consists of 40 chapters, and, as such, must be updated across staged rounds of work.

The Oversight Group has overseen the production of an agreed plan of work for 2021-22 and 2022-23.

Existing legacy [JSNA](#) and [Rapid Needs Assessments](#) chapters were first presented by Public Health to the Oversight Group, who then suggested key priorities for the first round of refreshed chapters. This produced a list of possible chapter topics that were taken through a decision-tree process and further workshops with experts to further refine priorities.

In January 2022, the Oversight Group revised planned chapters in line with the draft HWBS priorities. Changes introduced as part of this process led to the inclusion of all HWBS priority population groups within chapter proposals, and several new topic areas. **See Appendix 1.**

The chapters selected for the first round of refresh were:

JSNA Chapter	HWBS priority
1. Children and young people with additional needs and disabilities (previously referred to as SEND)	Priority population of identity
2. Substance misuse	Priority 1 & Priority population of identity
3. The Surrey context: people and places	All priority areas
4. Oral health	Priority 1
5. Mental health	Priority 2
6. Learning disabilities and/or autism	Priority population of identity
7. Screening and immunisations	Priority 1

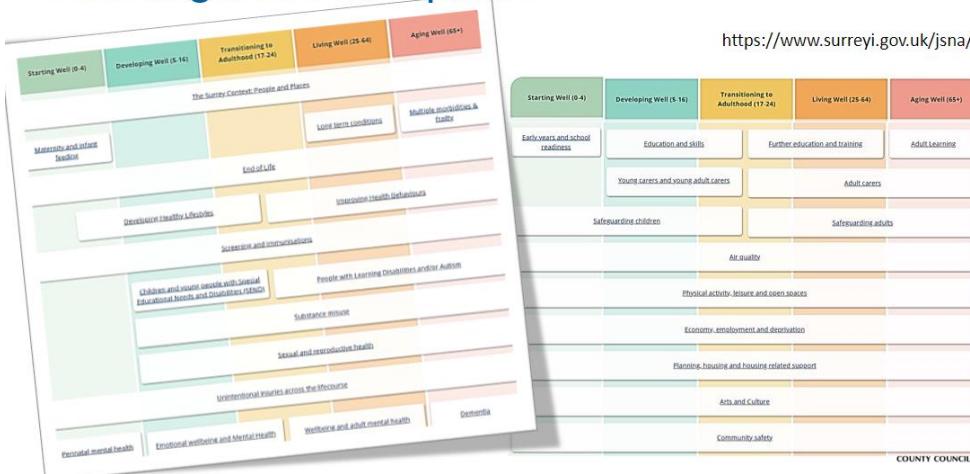
A second round of chapters for refresh will be selected by the Oversight Group by the end of August 2022. The Oversight Group will continue to use the HWB priorities and priority population groups of identity as a framework to help frame ordering. It is noted that the next stage of prioritisation must include topics central to priority 3.

The current JSNA continues to publish chapters under a **Life-Course** approach. This recognises that a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of

social, economic, and environmental factors, alongside behavioural risk factors which often cluster in the population, reflecting real lives. All these factors can be categorised as protective factors or risk factors.

6

Existing JSNA chapters



<https://www.surreyi.gov.uk/jsna/>

Alignment with Surrey Wide Data Strategy (SWDS)

Both the JSNA and the Surrey Wide Data Strategy (SWDS), share the aim of helping deliver better care and services to Surrey residents now, and in the future, and it will be important to closely align their development. In particular, the SWDS articulates an ambition to build a truly interoperable data ecosystem across partner organisations, and this would support the inclusion of insightful whole population, linked, person-level analytics in the JSNA. It will be important to ensure that the JSNA fully draws on all data benefits realised by the SWDS. A further paper on the SWDS will be brought to the HWB in July 2022.

6. Challenges

The process for refreshing the JSNA for the first-time post COVID-19 is in progress. However, to achieve the maximum impact possible, the production and use of the JSNA needs to be a priority among all partners within the HWB.

Consistently strong attendance at the Oversight Group needs to be ensured if this group is to manage the JSNA under devolved responsibility from the HWB. Challenges and dependencies managed at this group.

The need for updating the JSNA at pace, must be reconciled with several considerations, including:

- A high quality, high value, JSNA chapter meeting statutory requirements must be:
 - be meaningfully informed by Surrey's residents
 - incorporate user-voice

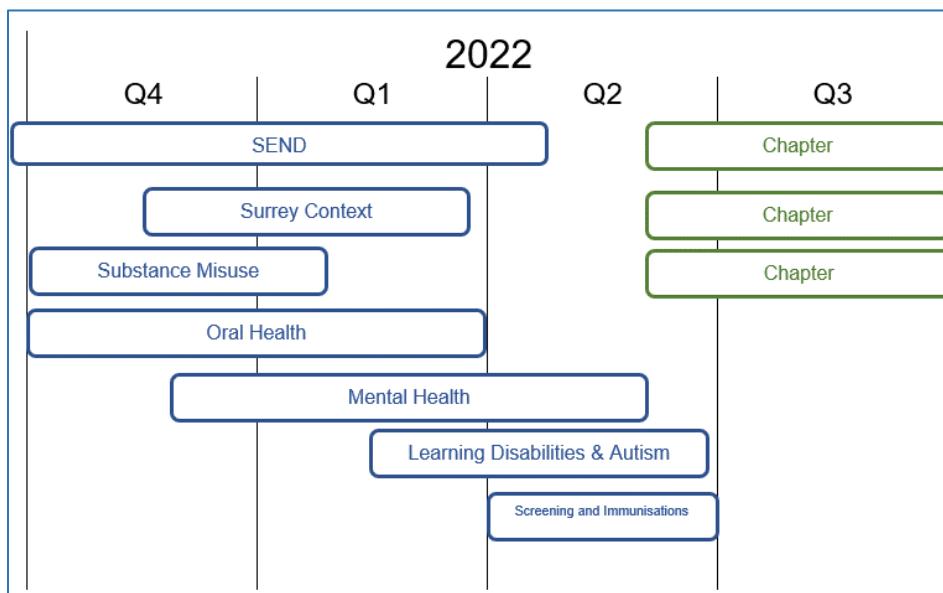
- co-produced by a range of partner organisations, and
- include a detailed and up-to-date empirical evidence base.

This comprehensive process means that an individual chapter can take around three to four months to complete. There are 40 chapters to refresh across the whole JSNA. Further resourcing and system prioritisation would be required at several levels to increase the speed of delivery. Alternatively, there may be opportunity to vary the approach taken on a chapter-by-chapter basis to reduce resourcing requirements.

- Capacity is currently a challenge right across the local health and social system and to work in partnership. When agreeing timescales and deliverables for the JSNA, different organisations are required to be respectful of competing delivery responsibilities.

7. Timescale and delivery plan

The diagram below shows the current high level chapter delivery plan for the JSNA in 2022 (including time built in for sign-off and publication processes). Subject to the HWB's agreement, the JSNA Oversight Group has ambition to publish four refreshed chapters by the beginning of 2022-23, continue with three further ongoing chapter updates across quarter two and initiate three further chapter updates in quarter three. It will then continue with a rolling programme of chapter updates. Exact chapter timings will be agreed at Chapter Delivery Group level.



8. What communications and engagement has happened/needs to happen?

The JSNA refresh is documented as a central delivery commitment within the Public Health department's service plan for 2022-23. The JSNA is included in the Public Health department's 2022-23 communications plan, which, in turn, will seek to connect to the work of the Health and Well-Being Board Communications Group.

At chapter delivery level, strong engagement has been received from user-voice representatives and subject matter experts from initial planning to authoring responsibilities.

Recommendation 4 within this paper seeks HWB support in trying to achieve more consistent representation from senior leaders across the local system at the JSNA Oversight Group.

9. Next steps

- The work plan for the JSNA will continue to be managed by the Oversight Group and accomplished by a series of Chapter Delivery Groups overseen by a Working Group.
 - We are seeking immediate support with recommendation 4.
-

Appendix 1 - JSNA and Health and Wellbeing Strategy alignment

Existing JSNA/RNA chapters and newly proposed chapters align to the HWBS priorities. NB: Bold border Chapters cover two Outcomes.

Priority 1: Supporting people to lead healthy lives by promoting physical ill health and promoting physical wellbeing

Outcome 1 People have a healthy weight and are active	Outcome 2 Serious conditions and diseases are prevented	Outcome 3 Substance misuse (drug, alcohol) and smoking prevalence is low	Outcome 4 The needs of those experiencing multiple disadvantage are met	Outcome 5 People are supported to live independently for as long as possible
Maternity and infant feeding	Screening and immunisations	Substance misuse and alcohol	Surrey context	Multiple morbidities and frailty
Developing healthy lifestyles (CYP)	Sexual and reproductive health	Developing healthy lifestyles (CYP)	Multiple morbidities and frailty	End of life
Improving health behaviours (adults)	Long term conditions	Improving health behaviours (adults)		
	Unintentional injuries across the lifecourse			
	Oral health			

Appendix 1 - JSNA and Health and Wellbeing Strategy alignment

Priority 2: Supporting people's mental health and emotional wellbeing by preventing mental ill health and promoting emotional wellbeing (TBC)

Outcome 1

Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources

Outcome 2

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

Outcome 3

Isolation is prevented and those that feel isolated are supported

Outcome 4

Environments and communities in which people live, work and learn build good mental health
(Proposed new outcome)

Page 46

[Perinatal mental health](#)

[Perinatal mental health](#)

NEW: Loneliness and social isolation

[Surrey context](#)

[Children - Emotional wellbeing and mental health](#)

[Children - Emotional wellbeing and mental health](#)

[Young carers and young adult carers](#)

[Adults - Emotional wellbeing and mental health](#)

[Adults - Emotional wellbeing and mental health](#)

[Adult carers](#)

[Dementia](#)

Appendix 1 - JSNA and Health and Wellbeing Strategy alignment

Priority 3: Supporting people to reach their potential by addressing the wider determinants of health

Outcome 1 People's basic needs are met (food security, poverty, housing strategy etc)	Outcome 2 Children, young people and adults are empowered in their communities	Outcome 3 People access training and employment opportunities within a sustainable economy	Outcome 4 People are safe and feel safe	Outcome 5 The benefits of healthy environments for people are valued and maximised
Surrey context	Early years and school readiness	Economy, employment and deprivation	Safeguarding adults	Surrey context
Economy, employment and deprivation	Education and skills	Further education and training	Safeguarding children	Planning housing and housing related support
Planning housing and housing related support	Adult learning		Community safety	Air quality, open spaces, green spaces
NEW: Digital inclusion ⁴	Arts and culture			NEW: Transport and health

⁴ Related SODA work: <https://www.surreyi.gov.uk/2022/02/03/understanding-digital-exclusion-in-surrey>

Appendix 1 - JSNA and Health and Wellbeing Strategy alignment

Priority populations aligned with existing JSNA/ RNA chapters

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Carers and young carers
Related [JSNA young adult carers](#)
Related [JSNA adult carers](#)

Children in care and care leavers
NEW topic

Children and young people with Special Educational Needs and Disabilities
Related [JSNA](#)
Related [RNA](#)

People with learning disabilities and/or Autism
Related [JSNA](#)
Related [RNA](#)

Older people 80+ & those in care homes
Related [RNA: Residential Care Rapid Needs Assessment](#)

Black and Minority Ethnic Groups
Related [RNA](#)

Gypsy and Roma Traveller community
Related [RNA](#)

Young people out of work
Related [RNA](#)

People with serious mental illness
Related [JSNA](#)
Related [RNA](#)

People experiencing domestic abuse
Related [RNA](#)

People experiencing homelessness
Related [RNA](#)

People with long term health conditions, disabilities, or sensory impairment*
Related [RNA](#)

People with drug and alcohol problems
Related [JSNA](#)
Related [RNA](#)

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Better Care Fund (BCF) Review
HWBS Priority - 1, 2 and/or 3:	1, 2 and 3
Outcome(s)/System Capability:	Empowered and Thriving Communities Clear Governance Programme Management Equality, Diversity and Inclusion incl. digital Data Insights and Evidence Integrated Care
Priority populations:	All
Civic level, service based and/or community led interventions:	All
Author(s):	Jon Lillistone - Assistant Director Commissioning Health, Wellbeing and Adult Social Care, Surrey County Council Jonathan.lillistone@surreycc.gov.uk
Board Sponsor(s):	Liz Bruce - Executive Director, Adult Social Care and Integrated Commissioning
HWB meeting date:	15 June 2022
Related HWB papers:	N/A
Annexes/Appendices:	Annex 1 - BCF Review (Full report) Annex 2 - BCF Annual Return Annex 3 - Internal Audit Report, Better Care Fund, 2021/22

2. Executive summary

In December 2021 it was agreed to undertake a review of the current Better Care Fund (BCF) programme in order to:

- Review the strategic purpose: are we spending the full BCF amount (~£100m) on the programmes, interventions and services that will make the most difference to the people of Surrey (in the context of national requirements of the programme)?
- Review each item of spend to identify opportunities to reallocate funding, including opportunities to stop or reduce spend, or transfer programmes into 'Business as Usual'

- Develop a strategic framework for allocating future funding, subject to grant conditions.

This review was led by Jon Lillistone (Assistant Director of Commissioning, Adult Social Care) with input from each of the seven Local Joint Commissioning Groups (LJCGs) that currently oversee local allocations of funding, and CCG and SCC Finance leads.

7

3. Recommendations

The Health and Wellbeing Board is asked to agree the recommendations from the review:

- The BCF programme continues in a 'steady state' for FY22/23.
- That we review the governance across each of the Local Joint Commissioning Committees with the aim of creating a common governance framework between the places.
- That BCF spend is brought into the scope of the 'Prevention Spend Mapping' exercise currently being undertaken across the system.
- That the analysis from this exercise is used to inform a recommendation on the direction of travel to be taken from FY2023/24.
- This new direction of travel will be presented to ICS exec in Q3 22/23.
- The new direction of travel includes a commitment to longer-term funding arrangements where appropriate (rather than 1-year contracts). This decision acknowledges that the BCF is likely to continue with 1 year planning frameworks but that longer-term funding arrangements are likely to result in better value for money.
- That the new direction of travel includes a commitment to use the BCF to address health inequalities, in line with national guidance and the refreshed HWB strategy, which has a strong focus on health inequalities and priority populations.
- To note the end of year report submission for 2021/22.

4. Reason for Recommendations

- The BCF is a significant amount of money (circa £110m) therefore it is important for the system to achieve maximum impact and outcomes for investment.
- The initial review identified key themes on which further work is needed
- Initial engagement with representatives from local joint commissioning

groups suggests a broad consensus that the current approach to allocation for the scheme is working well to allow for local innovation and to develop solutions tailored to local need. Any change to this could pose risk to schemes that are working well. At a system level, we could do more to support local initiatives through:

- Setting system-wide expectations and ambitions regarding outcomes.
- Providing support to evidence impact and outcomes of schemes.
- Providing formal mechanisms to support sharing of good practice and reporting impacts and outcomes.

5. Detail

Review Methodology

Interviews were undertaken with each of the Local Joint Commissioning Group chairs in advance of two workshops with ASC and NHS representatives from the LCJGs. In addition, SCC finance undertook some high-level analysis of BCF spend across the seven places. Parallel to this review, SCC have also conducted an internal audit of the BCF programme. The purpose of this audit was to provide assurance that controls are in place to meet the following objectives:

- There are plans in place to ensure BCF spend outcomes align with the LJCGs, Surrey-wide and national priorities;
- A robust governance structure is in place to support good practice across the county; and
- There are effective reporting arrangements in place that promote and enable the sharing of good practice.

The recommendations of this audit are included alongside the other findings of the review.

Findings

Interview themes and issues

The following themes, issues and questions emerged from the 1-1 interviews:

System wide priorities & local flexibility & allocations

- LCJG stakeholders are to keep delegation of BCF at place level as it is one of the most flexible partnership budgets and money will be best utilised if local places can utilise monies as they see fit for their populations.
- The right balance between the national BCF agenda, system priorities and local autonomy could be exercised through clear system wide priorities that aligned at place.
- Allocation of BCF money on any other formula than per capita, for e.g. inequalities, could set an unwanted precedent for future decision-making within and between systems and places.

- Recognition that current per capita allocations might need updating, but will need to manage carefully if this results in significant reduction in any one place.

Accountability & evidence

- Collective accountability of how we spend money is important and we should commit to evidence how we have used resources and the impact they have had.
- We need to collectively hold each other accountable that BCF money is being used to best effect and therefore need to be more robust in evidencing outcomes.

7

Impact of year-on-year planning

- The year-on-year approach we have taken to funding BCF programmes limits the impact of these programmes, particularly with regards to recruitment. Although this has been driven by the national BCF planning cycle. It is possible to make longer term commitments at risk. This happens in some schemes on an ad-hoc basis (i.e. Community Equipment Service) but we should consider formalising this process across the fund.
- The BCF doesn't just fund schemes, it funds posts and recurrent people that give us delivery capacity – some places treat it as a recurrent fund and therefore do make long term investments in people. - to commit to recruiting good people we need to be able to offer permanent roles.

Underspend

- Surrey has often had BCF underspends. This is in part due to national planning processes, but this has been exacerbated during the pandemic.
- While underspends can create capacity for testing new ideas and proof of concept schemes, ideally spend should be fully utilised on the population. That underspend is routine within Surrey's BCF indicates that we are not spending BCF money as efficiently or effectively as we could.

Workshop 1

These themes and issues were used to shape the first workshop discussion, in which participants were asked:

- Are we spending our money on the right things?
- What things must we deliver?
- What would we like to deliver?
- Are there obvious areas in which we should stop spending, spend less or spend more?

Discussion themes

Hospital Discharge

- Hospital discharge will always be an area of focus in national guidance
- BCF is likely to be the only dedicated funding stream
- There are likely to significant budget pressures with Discharge to Assess, so it

will be important to ensure sufficient BCF funding is available.

Local vs system-wide decision-making

- Some LCJGs use BCF for innovative grant funding. This sits best at a local level.
- BCF is the only joint funding source that enables local collaborative/partnership innovation.
- Reducing the amount available locally (i.e., undertaking more Surrey-wide commissioning) will limit innovation at place.

Core funding

- In Adult Social Care, a lot of BCF money is used as core funding. Any withdrawal of these funds would put programmes at risk unless other funding sources could be identified.
- In some places, BCF monies underpin long-established and highly effective system working. Identifying alternate sources of funding would be challenging.

Districts and Boroughs

- Districts and Boroughs are important partners and their local intelligence can add significant value when the relationships are working effectively.

Spend analysis

- For all areas, Community Equipment Services are on of the highest categories of spend.
- Areas with larger scheme budgets invest in a greater number of schemes
- North West Surrey invests in relatively fewer schemes and invests a relatively higher % of spend on acute services
- Most areas have a mix of 2-3 large schemes and a larger number of smaller funded schemes.

Workshop 2

The agenda for the second workshop included:

- Review of segmented spend analysis
- Allocation methodology
- Peer learning exercise

Discussion themes:

Allocation, inputs, outputs and outcomes

- To date, the approach in Surrey has focused too much on allocation and inputs instead of outputs and outcomes.
- A statement of ambition on inequalities as an output or outcome from schemes would have more impact than adjusting allocations based on deprivation or similar criteria.

- A top-down approach to determining what is allocated to system vs place would stifle local innovation. Historically, places have worked well together where it makes sense to do so. Setting system wide ambitions re. outputs and outcomes will naturally lead to places coming together to achieve those ambitions where it makes sense to do so.
- Much local variance in spend can be explained by differences in the local context, particularly with regard to community services and hospice funding. Each place uses the BCF to supplement community services differently, because of the different community contracts in each place.
- Any changes to local allocations would require places to find alternate funding which could have significant system impacts.

Peer learning

- There are opportunities to learn from each other to establish best practice as to how we identify, evidence and track outcomes.

Resource

- Any detailed review of the BCF would require significant input from local stakeholders, and this will not be work that can be undertaken quickly.

Audit findings

- All LJCGs receive regular updates on progress but reporting arrangements are inconsistent. While uniformity of approach could be counter-productive, greater consistency could promote better understanding of schemes at place and county level. If reporting on county-wide schemes included more place-level detail, this would be more informative to local decision-making.
- There are currently no formal mechanisms in place for LJCGs to share practice across the county, although ad-hoc arrangements exist at place and between places through individual relationships.

6. Challenges

- Ongoing system pressures around funding.
- Workforce challenges.
- Social care funding reforms.
- Post pandemic adjustments.
- Risk of BCF funding being withdrawn.

7. Timescale and delivery plan

30 May: Formulated a project plan for next steps as detailed below.

June, July, August: Further consultation with LJCGs and formulation of 'New Direction of Travel' plan with timescales.

Autumn: Provide and update to the HWB.

8. What communications and engagement has happened/needs to happen?

In undertaking this review, Jonathan Lillistone met with members of each LJCG separately, then held two workshops, as detailed in the main report.

The report has already been submitted to ICS exec and Commissioning Collaborative meetings.

The implementation of the recommendations will happen through continuing consultation with the LJCGs and the Twin Track team.

7

9. Next steps

- Use the Surrey County Council twin track work and prevention spend mapping exercise to further analyse local spend.
 - Develop governance arrangements to clarify decision-making and support system wide approaches to outcome measurement and sharing best practice.
 - Develop a proposal for Discharge to Assess funding for consideration by LJCGs.
 - Develop a proposal for VCSE Alliance funding for consideration by LJCGs.
 - In the Autumn, set out a direction of travel for the programme to take effect from 23/24.
 - The new direction of travel will include a commitment to longer-term funding arrangements where appropriate (rather than 1-year contracts). This decision acknowledges that the BCF is likely to continue with 1 year planning frameworks but that longer-term funding arrangements are likely to result in better value for money.
 - The new direction of travel will include a commitment to use the BCF to address health inequalities, in line with national guidance.
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Better Care Fund Review

May, 2022

Introduction

In December 2021 it was agreed to undertake a review of the current Better Care Fund (BCF) programme in order to:

- Review the strategic purpose: are we spending the full BCF amount (~£100m) on the programmes, interventions and services that will make the most difference to the people of Surrey (in the context of national requirements of the programme)?
- Review each item of spend to identify opportunities to reallocate funding, including opportunities to stop or reduce spend, or transfer programmes into ‘Business as Usual’
- Develop a strategic framework for allocating future funding, subject to grant conditions.

This review was led by Jon Lillistone (Assistant Director of Commissioning, Adult Social Care) with input from each of the seven Local Joint Commissioning Groups (LJCGs) that currently oversee local allocations of funding, and CCG and SCC Finance leads.

Background

The Better Care Fund (BCF), introduced in the Government’s 2013 spending round, is a local, pooled budget that enables integrated working between health, social care, and wider partners. The BCF in Surrey commenced in April 2015 and is underpinned by Section 75 agreements to facilitate jointly commissioned health and social care services.

The BCF is intended to support the council and its health partners to comply with their respective statutory duties while placing people’s wellbeing at the centre of health and care services. There are three locally agreed strategic aims of the BCF in Surrey:

- (i) Enabling people to stay well;
- (ii) Enabling people to stay at home; and
- (iii) Enabling people to return home sooner from hospital.

Each year, NHS England (NHSE) publishes BCF guidance and planning requirements, although this was suspended during 2020/21 due to the pandemic. The 2021/22 planning requirements were published in late September 2021, and Surrey’s BCF plan set out 206 schemes, including 10 new schemes, to be funded through the BCF, which were expected to impact and help deliver the strategic aims above. The planning framework for 22/23 is expected to be published after local elections in May, with submissions due back in early July. ICBs have been advised to assume a minimum contribution to the BCF and the minimum BCF contribution to social care will rise by 5.66%. It is expected that the new guidance will include

direction that the BCF is used to tackle health inequalities.

Seven Local Joint Commissioning Groups (LJCGs), one for each of the former boundaries of Clinical Commissioning Groups (CCGs) in Surrey, provide a joint commissioning framework for the delivery and implementation of the BCF plan. The remit of LJCGs includes oversight of the performance of schemes. Whilst Surrey Heartlands CCG was created from the merger of four CCGs in 2020, and Frimley CCG was created from the merger of three CCGs from 2021, the LJCGs currently remain across the previous seven boundaries and are valued by their local members for enabling local, place based decisions.

The total pooled BCF budget for 2021/22 was £109m, comprising:

- £10.2m Disabled Facilities Grant from the Ministry of Housing, Communities and Local Government, paid to borough and district councils;
- £80.6m minimum contributions from CCGs;
- £11.0m Improved Better Care Fund, including the Winter Pressures Grant;
- £2.0m additional local authority contribution from SCC; and
- £5.1m additional CCG contribution.

Table 1: How the BCF is spent 21/22

BCF strategic priorities	Boroughs and Districts	CCG	Surrey County Council	Grand Total
BCF Administration			44,400	44,400
Disabled Facilities Grant	10,155,847			10,155,847
Enabling People to Return Home from Hospital Sooner		2,189,746	15,562,071	17,751,817
Enabling People to Stay at Home		922,442	2,070,415	2,992,857
Enabling People to Stay at Home / Enabling People to Return Home sooner from Hospital		25,389,870	24,248,295	49,638,165
Enabling People to Stay Well		2,349,157	12,591,111	14,940,268
Improved BCF			11,073,080	11,073,080
Not analysed		3,405,021		3,405,021
Grand Total	10,155,847	34,256,237	65,589,372	110,001,456

Review Methodology

Interviews were undertaken with each of the Local Joint Commissioning Group chairs in advance of two workshops with ASC and NHS representatives from the LJCGs. In addition, SCC finance undertook some high-level analysis of BCF spend across the seven places. Parallel to this review, SCC have also conducted an internal audit of the BCF programme. The purpose of this audit was to provide assurance that controls are in place to meet the following objectives:

- There are plans in place to ensure BCF spend outcomes align with the LJCGs, Surrey-wide and national priorities;

- A robust governance structure is in place to support good practice across the county; and
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The recommendations of this audit are included alongside the other findings of the review.

Findings

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The following themes, issues and questions emerged from the 1-1 interviews:

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- The right balance between the national BCF agenda, system priorities and local autonomy could be exercised through clear system wide priorities that aligned at place.
- Allocation of BCF money on any other formula than per capita, for e.g. inequalities, could set an unwanted precedent for future decision-making within and between systems and places.
- Recognition that current per capita allocations might need updating, but will need to manage carefully if this results in significant reduction in any one place.

Accountability & evidence

- Collective accountability of how we spend money is important and we should commit to evidence how we have used resources and the impact they have had.
- We need to collectively hold each other accountable that BCF money is being used to best effect and therefore need to be more robust in evidencing outcomes.

Impact of year-on-year planning

- The year-on-year approach we have taken to funding BCF programmes limits the impact of these programmes, particularly with regards to recruitment. Although this has been driven by the national BCF planning cycle. It is possible to make longer term commitments at risk. This happens in some schemes on an ad-hoc basis (i.e. Community Equipment Service) but we should consider formalising this process across the fund.
- The BCF doesn't just fund schemes, it funds posts and recurrent people that

give us delivery capacity – some places treat it as a recurrent fund and therefore do make long term investments in people. - to commit to recruiting good people we need to be able to offer permanent roles.

Risk

- If we are to commit to longer term funding, then we will need to improve our processes for programmes funded at risk so that we have robust solutions and mitigating actions in place for if funding does need to stop. These risks should be held centrally.

7

Underspend

- Surrey has often had BCF underspends. This is in part due to national planning processes, but this has been exacerbated during the pandemic.
- While underspends can create capacity for testing new ideas and proof of concept schemes, ideally spend should be fully utilised on the population. That underspend is routine within Surrey's BCF indicates that we are not spending BCF money as efficiently or effectively as we could.

Workshop 1

These themes and issues were used to shape the first workshop discussion, in which participants were asked:

- Are we spending our money on the right things?
- What things must we deliver?
- What would we like to deliver?
- Are there obvious areas in which we should stop spending, spend less or spend more?

Discussion themes

Hospital Discharge

- Hospital discharge will always be an area of focus in national guidance
- BCF is likely to be the only dedicated funding stream
- There are likely to significant budget pressures with Discharge to Assess, so it will be important to ensure sufficient BCF funding is available.

Local vs system-wide decision-making

- Some LCJGs use BCF for innovative grant funding. This sits best at a local level.
- BCF is the only joint funding source that enables local collaborative/partnership innovation.
- Reducing the amount available locally (i.e., undertaking more Surrey-wide commissioning) will limit innovation at place.

Core funding

- In Adult Social Care, a lot of BCF money is used as core funding. Any withdrawal of these funds would put programmes at risk unless other funding sources could be identified.
- In some places, BCF monies underpin long-established and highly effective system working. Identifying alternate sources of funding would be challenging.

Districts and Boroughs

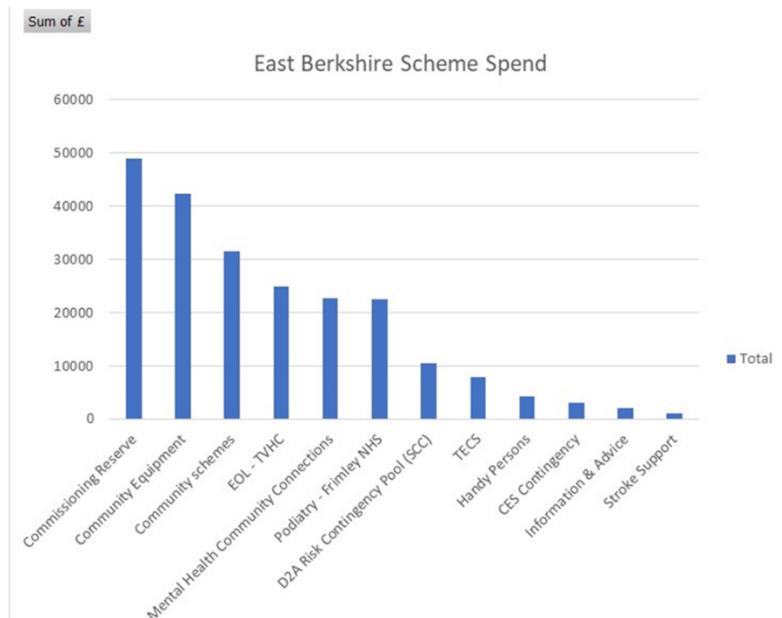
- Districts and Boroughs are important partners and their local intelligence can add significant value when the relationships are working effectively.

Spend analysis

- For all areas, Community Equipment Services are one of the highest categories of spend.
- Areas with larger scheme budgets invest in a greater number of schemes
- North West Surrey invests in relatively fewer schemes and invests a relatively higher % of spend on acute services
- Most areas have a mix of 2-3 large schemes and a larger number of smaller funded schemes.

East Berkshire

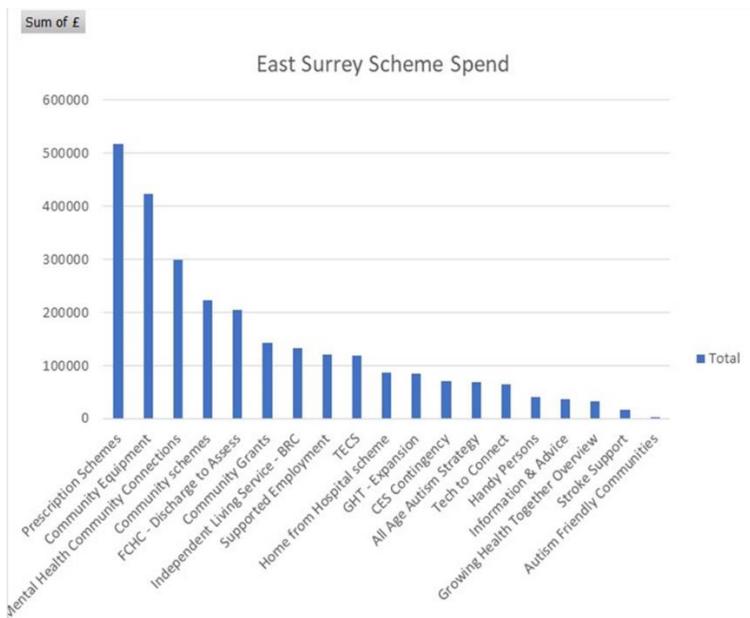
- Total Scheme spend £222k
- 22% spend on Commissioning Reserve
- 20% spend on CES
- 14% spend on Community Schemes



East Surrey

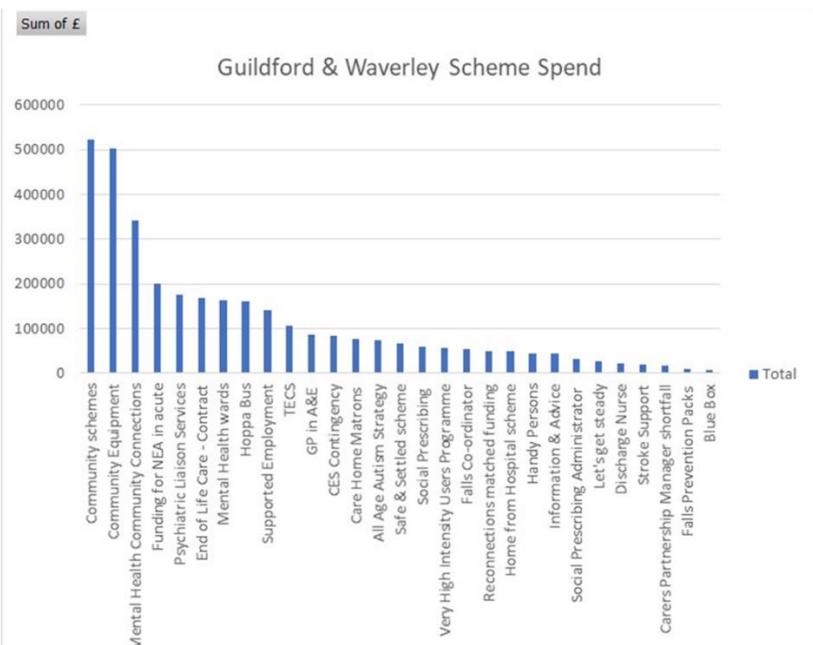
- Total Scheme spend £2.7m
- 19% spend on Prescription Schemes
- 18% spend on CES
- 11% spend on MH Community Connections

7



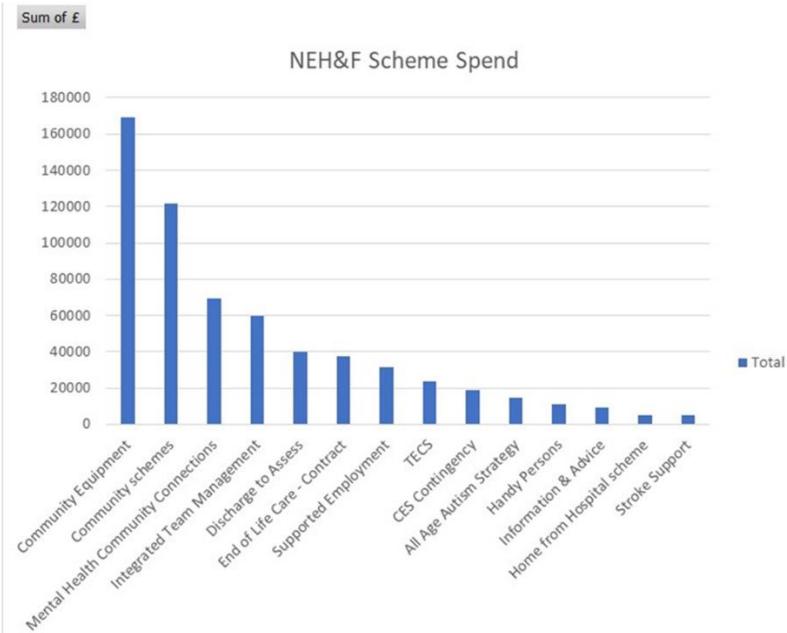
Guildford and Waverley

- Total Scheme spend £3.4m
- 17% spend on CES
- 16% spend on Community Schemes
- 10% spend on MH Community Connections



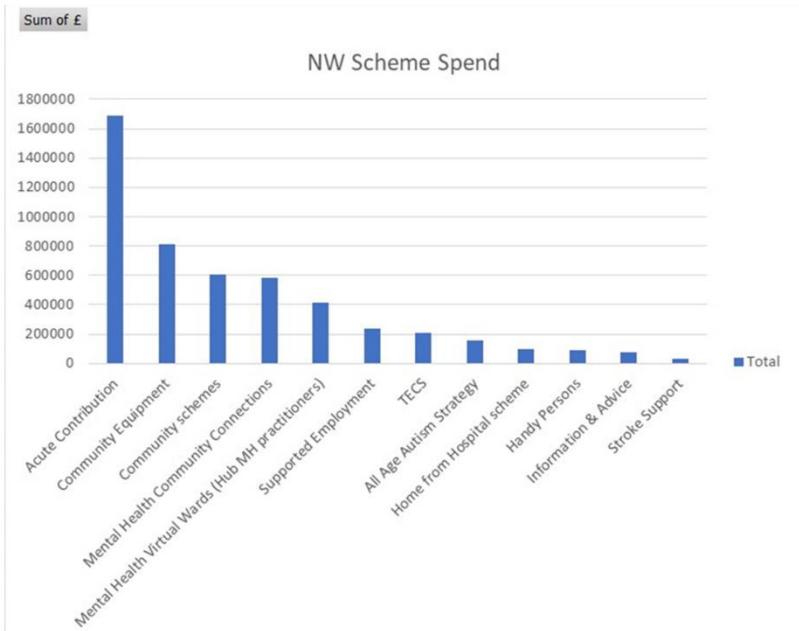
North East Hants and Farnham

- Total Scheme spend £618k
- 30% spend on CES
- 20% spend on Community Schemes
- 11% spend on MH Community Connections



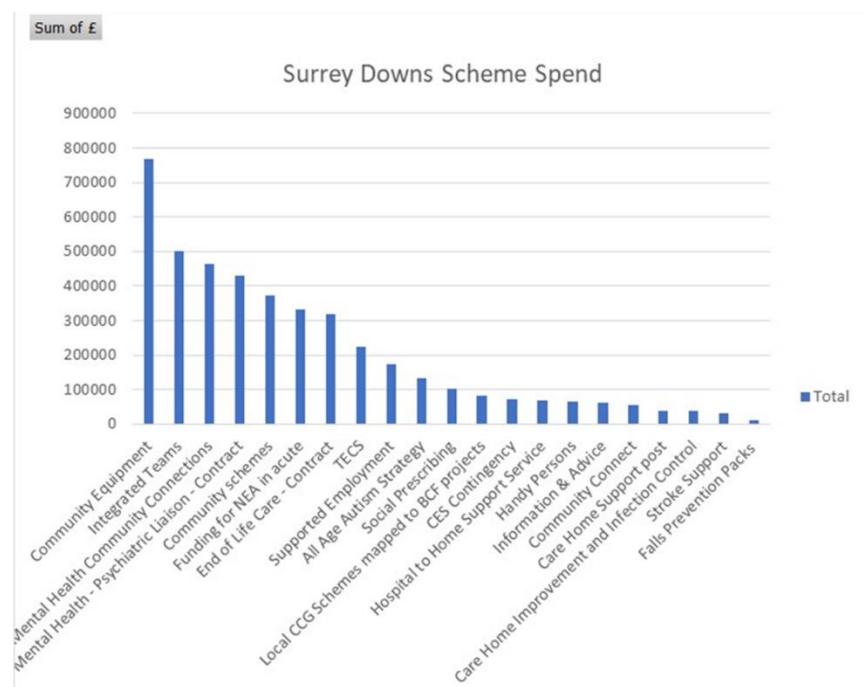
North West Surrey

- Total Scheme spend £5.0m
- 34% spend on Acute Contribution
- 16% spend on CES
- 12% spend on Community Schemes



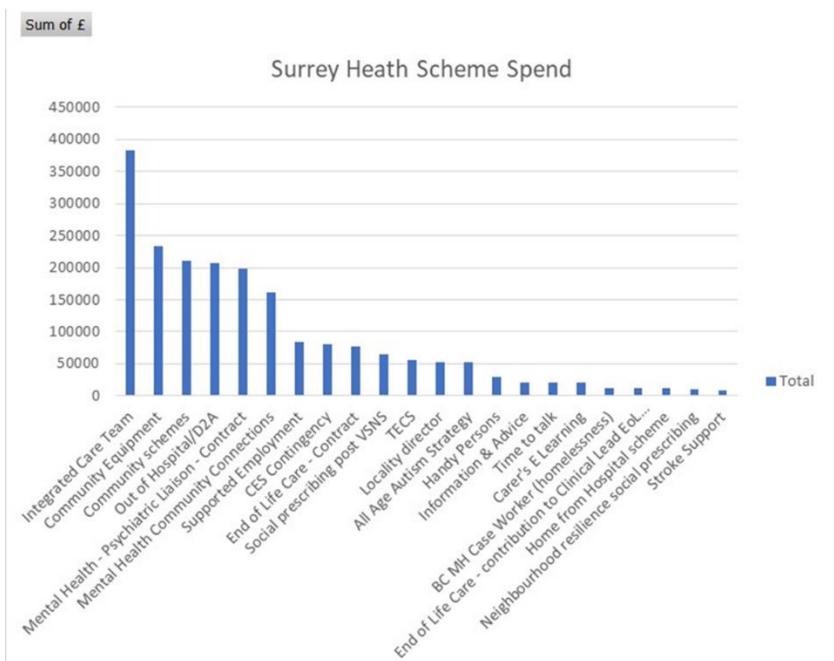
Surrey Downs

- Total Scheme spend £4.4m
- 19% spend on CES
- 12% spend on Integrated Teams
- 11% spend on MH Community Connections



Surrey Heath

- Total Scheme spend £2.0m
- 19% spend on Integrated Care Team
- 16% spend on CES
- 10% spend on Community Schemes



Workshop 2

The agenda for the second workshop included:

- Review of segmented spend analysis
- Allocation methodology
- Peer learning exercise

Discussion themes:

Allocation, inputs, outputs and outcomes

- To date, the approach in Surrey has focused too much on allocation and inputs instead of outputs and outcomes.
- A statement of ambition on inequalities as an output or outcome from schemes would have more impact than adjusting allocations based on deprivation or similar criteria.
- A top-down approach to determining what is allocated to system vs place would stifle local innovation. Historically, places have worked well together where it makes sense to do so. Setting system wide ambitions re. outputs and outcomes will naturally lead to places coming together to achieve those ambitions where it makes sense to do so.
- Much local variance in spend can be explained by differences in the local context, particularly with regard to community services and hospice funding. Each place uses the BCF to supplement community services differently, because of the different community contracts in each place.
- Any changes to local allocations would require places to find alternate funding which could have significant system impacts.

Peer learning

- There are opportunities to learn from each other to establish best practice as to how we identify, evidence and track outcomes.

Resource

- Any detailed review of the BCF would require significant input from local stakeholders, and this will not be work that can be undertaken quickly.

Audit findings

- All LJCGs receive regular updates on progress but reporting arrangements are inconsistent. While uniformity of approach could be counter-productive, greater consistency could promote better understanding of schemes at place and county level. If reporting on county-wide schemes included more place-level detail, this would be more informative to local decision-making.
- There are currently no formal mechanisms in place for LJCGs to share practice across the county, although ad-hoc arrangements exist at place

and between places through individual relationships.

Conclusion and next steps

Initial engagement with representatives from local joint commissioning groups suggests that there is broad consensus that the current approach to allocation for the scheme is working well to allow for local innovation and to develop solutions tailored to local need. Any change to this could pose risk to schemes that are working well.

At a system level, we could do more to support local initiatives through:

- Setting system-wide expectations and ambitions re. outcomes
- Providing support to evidence impact and outcomes of schemes.
- Providing formal mechanisms to support sharing of good practice and reporting impacts and outcomes.

Next steps:

- Use the Surrey County Council twin track work and prevention spend mapping exercise to further analyse local spend.
- Develop governance arrangements to clarify decision-making and support system wide approaches to outcome measurement and sharing best practice.
- Develop a proposal for Discharge to Assess funding for consideration by LJCGs
- Develop a proposal for VCSE Alliance funding for consideration by LJCGs
- In the Autumn, set out a direction of travel for the programme to take effect from 23/24.
- The new direction of travel will include a commitment to longer-term funding arrangements where appropriate (rather than 1-year contracts). This decision acknowledges that the BCF is likely to continue with 1 year planning frameworks but that longer-term funding arrangements are likely to result in better value for money.
- The new direction of travel will include a commitment to use the BCF to address health inequalities, in line with national guidance and the refreshed HWB strategy, which has that strong focus on health inequalities and priority populations.
- To note end of year report submission for 21/22

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

7

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercaresupport@nhs.net

(please also copy in your respective Better Care Manager)

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

Better Care Fund 2021-22 Year-end Template
2. Cover
Version 2.0
Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However, as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

7

<p>Health and Wellbeing Board:</p> <p>Surrey</p>	<p>Completed by:</p> <p>Jude Middleton</p>	<p>E-mail:</p> <p>jude.middleton@surreycc.gov.uk</p>	<p>Contact number:</p> <p>7946425013</p>	<p>Checklist</p> <p>Complete:</p> <p>Yes</p>		
				Yes		
				Yes		
				Yes		
				Yes		
<p>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</p> <p>No, subject to sign-off</p>				Yes		
<p>If no, please indicate when the report is expected to be signed off:</p> <p>Wed 15/06/2022</p>		<p style="color: red; margin-left: 10px;"><< Please enter using the format, DD/MM/YYYY</p>		Yes		
<p>Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>Job Title:</p> <p>Joint Executive Director, Adult Social Care & Integrated Commissioning</p> </td> <td style="width: 60%; vertical-align: top; background-color: #ffffcc;"> <p>Name:</p> <p>Liz Bruce</p> </td> </tr> </table>				<p>Job Title:</p> <p>Joint Executive Director, Adult Social Care & Integrated Commissioning</p>	<p>Name:</p> <p>Liz Bruce</p>	Yes
<p>Job Title:</p> <p>Joint Executive Director, Adult Social Care & Integrated Commissioning</p>	<p>Name:</p> <p>Liz Bruce</p>					
				Yes		

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

Complete															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; background-color: #2e6b2e; color: white;"> Complete: </th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">2. Cover</td> <td style="width: 85%;">Yes</td> </tr> <tr> <td>3. National Conditions</td> <td>Yes</td> </tr> <tr> <td>4. Metrics</td> <td>Yes</td> </tr> <tr> <td>5. Income and Expenditure actual</td> <td>Yes</td> </tr> <tr> <td>6. Year-End Feedback</td> <td>Yes</td> </tr> <tr> <td>7. ASC fee rates</td> <td>Yes</td> </tr> </tbody> </table>		Complete:		2. Cover	Yes	3. National Conditions	Yes	4. Metrics	Yes	5. Income and Expenditure actual	Yes	6. Year-End Feedback	Yes	7. ASC fee rates	Yes
Complete:															
2. Cover	Yes														
3. National Conditions	Yes														
4. Metrics	Yes														
5. Income and Expenditure actual	Yes														
6. Year-End Feedback	Yes														
7. ASC fee rates	Yes														
<< Link to the Guidance sheet															

[^^ Link back to top](#)

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Surrey

Confirmation of Nation Conditions			Checklist
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board:

Surrey

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Checklist
Complete:

7

Metric	Definition	For information - Your planned performance as reported in 2021-22 against the metric plan for planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	673.0				Data not available to assess progress	Due to the pandemic, many patients have not come forward until they are at crisis point. The workforce is stretched and recruitment is challenging. Data not being effectively tracked. Comparitively high	MDTs are up and running. Urgent care priority highlighted need for additional capacity at the front door as well as primary care access.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3) 10.5%	14 days or more (Q4) 10.4%	21 days or more (Q3) 5.6%	21 days or more (Q4) 5.5%	Data not available to assess progress	More crisis patients follows on to longer stays. High occupancy and pressures creates an inefficient system overall. Children and dementia patients don't move through the system efficiently.	Relationships with providers has improved. Flexibility of agencies has increased. A more united front across the sector has been achieved. D2A pathways established.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.2%				Data not available to assess progress	Level of acuity. Lack of domestic care workforce and difficulties recruiting.	Holding to strategic principles in difficult times. Care homes have been notable for their efforts to accept as many patients as possible.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	462				Not on track to meet target	The change in discharge from hospital arrangements along with the challenge to recruit to the social care workforce has had an impact on the number of people moving into long term residential and nursing	Continuing to support people to stay at home as much as possible.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	69.7%				Not on track to meet target	The change in discharge from hospital arrangements along with the challenge to recruit to the social care workforce has had an impact on the number of people moving into long term residential and nursing	Collaborative Reablement made use of BCF funds to increase the service provided.

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Surrey

Income

	2021-22	
	Planned	Actual
Disabled Facilities Grant	£10,155,847	
Improved Better Care Fund	£11,073,082	
CCG Minimum Fund	£80,627,513	
Minimum Sub Total	£101,856,442	
CCG Additional Funding	£5,153,614	
LA Additional Funding	£2,026,266	
Additional Sub Total	£7,179,880	£24,229,880
	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£109,036,322	£126,086,322

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

The increase in income for 21-22 is due to CCGs giving additional contributions to BCF to spend on a variety of BCF-appropriate projects.

Checklist

Complete:

Yes

Yes

Yes

Expenditure

	2021-22
Plan	£109,036,322

Do you wish to change your actual BCF expenditure?

Yes

Yes

Actual

£100,142,556

Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

Actual spend was significantly below Plan in 2021-2022 due to the late setting of BCF budgets, in turn due to ongoing issues in Health and Social Care system caused by the COVID-19 pandemic response. Underspends will be carried to 22-23 and used for one-off programmes.

Yes

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22.

There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Surrey

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	There is a well established relationship between Surrey County Council and the CCGs/Surrey Heartlands ICS and this has been strengthened to integrate further with District and Borough Councils and partners. Joint Health and Social Care posts further support integrated working, along with strong governance and well functioning Local
2. Our BCF schemes were implemented as planned in 2021-22	Agree	The vast majority of schemes were implemented with COVID-19 being the main reason for variances.
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF plan supports a number of jointly commissioned schemes between health and social care, most notably Discharge to Assess. This helps the local system to align priorities, improve outcomes and reduce inefficiencies. There has been a strong focus on evaluation, co-production and system alignment.

Checklist

Complete:

Yes

7

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	9. Joint commissioning of health and social care	Many practical steps have been enabled by this enabler, allowing procurement and delivery of goods and services in innovative and effective ways. Examples include: Surrey Carers Support Service, cross-organisational administrative posts, joint purchasing of step-down flats, home care provision. In addition, joint commissioning has helped provide financial sustainability while enabling teams to identify and solve system bottlenecks.
Success 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Initiatives to help residents manage their own health and wellbeing include a falls prevention pack, which has resulted from a system-wide approach supported by Acute, PCNs, Boroughs and Adult Social Care from production to distribution. Further, a jointly funded initiative to support healthy weight has continued, led by SH Borough Council with support from Surrey County Council and the CCG/Surrey Heartlands ICS.

Yes

Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Integration is proving challenging for a number of reasons: Recruitment is challenging and the process is still separate, training is also provided separately by each organisation and COVID-19 has hindered efforts in the area. Integrating the workforce is a key priority for 22/23
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The impact of the pandemic and other external factors (cost of living, recruitment difficulties across the sector, for example) have been significant and have led to difficulties sourcing care provision, resulting in delays and issues with capacity

Yes

Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

7. ASC fee rates

Selected Health and Wellbeing Board:

Surrey

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to the exclusions set out below.

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Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions/user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.

2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).

3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.

4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

Checklist

Complete:

Yes

Yes

Yes

Yes

14 characters remaining

Footnotes:

* "..." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.

(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.



Internal Audit Report

7

Better Care Fund (2021/22)

Final Report

Assignment Lead: Deb Read, Auditor

Assignment Manager: Reem Burton, Principal Auditor

Prepared for: Surrey County Council

Date: April 2022

Report Distribution List

- Simon White, Executive Director of Adult Social Care & Integrated Commissioning
- Jon Lillistone, AD – Commissioning
- Rachel Crossley, Joint Executive Director – Public Service Reform
- Ruth Hutchinson, Director – Public Health
- Phillip Austen-Reed, Principal Lead - Health and Wellbeing
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- David Mody, Strategic Risk Business Partner
- External Audit, Grant Thornton UK LLP

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This audit report is written for the officers named in the distribution list. If you would like to share it with anyone else, please consult the Chief Internal Auditor.

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1. Introduction

- 1.1. The Better Care Fund (BCF), introduced in the Government's 2013 spending round, is a local, pooled budget that enables integrated working between health, social care, and wider partners. The BCF in Surrey commenced in April 2015 and is underpinned by Section 75 agreements to facilitate jointly commissioned health and social care services.
- 1.2. The BCF is intended to support the council and its health partners to comply with their respective statutory duties while placing people's wellbeing at the centre of health and care services. There are three strategic aims of the BCF in Surrey:
- (i) Enabling people to stay well;
 - (ii) Enabling people to stay at home; and
 - (iii) Enabling people to return home sooner from hospital.
- 1.3. Each year, NHS England (NHSE) publishes BCF guidance and planning requirements, although this was suspended during 2020/21 due to the pandemic. The 2021/22 planning requirements were published in late September 2021, and Surrey's BCF plan set out 206 schemes, including 10 new schemes, to be funded through the BCF, which were expected to impact and help deliver the strategic aims above.
- 1.4. Seven Local Joint Commissioning Groups (LJCGs), one for each of the former boundaries of Clinical Commissioning Groups (CCGs) in Surrey, provide a joint commissioning framework for the delivery and implementation of the BCF plan. The remit of LJCGs includes oversight of the performance of schemes. Whilst Surrey Heartlands CCG was created from the merger of four CCGs in 2020, and Frimley CCG was created from the merger of three CCGs from 2021, the LJCGs remain across the previous seven boundaries to enable local, place based decisions.
- 1.5. The total pooled BCF budget for 2021/22 was £109m, comprising:
- £10.2m Disabled Facilities Grant from the Ministry of Housing, Communities and Local Government, paid to borough and district councils;
 - £80.6m minimum contributions from CCGs;
 - £11.0m Improved Better Care Fund, including the Winter Pressures Grant;
 - £2.0m additional local authority contribution from SCC; and
 - £5.1m additional CCG contribution.
- 1.6. Previous internal audits of the BCF have reviewed the planning, submission and approval process; compliance with internal and external reporting requirements; and the management of CCG-managed schemes. This review considers how the BCF funded schemes are reporting on their outcomes and practices, and how these are reviewed and understood across Surrey.
- 1.1. This review is part of the agreed Internal Audit Plan for 2021/22. This report has been issued on an exception basis whereby only weaknesses in the control environment have been highlighted within the main body of the report.

2. Scope

2.1. The purpose of this audit was to provide assurance that controls are in place to meet the following objectives:

- There are plans in place to ensure BCF spend and outcomes align with the LJCJs, Surrey-wide, and national priorities;
- A robust governance structure is in place to support good practice across the county; and
- There are effective reporting arrangements in place that promote and enable the sharing of good practice.

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3. Audit Opinion

3.1. **Substantial Assurance** is provided in respect of **Better Care Fund 2021/22**. This opinion means that controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.

Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.

4. Basis of Opinion

We have been able to provide **Substantial Assurance** over the controls operating within the area under review because:

Governance

- 4.1. There is a clear governance structure in place for the BCF. The Health & Wellbeing Board (HWB), membership of which includes both officers and councillors from NHS and SCC partners, is responsible for the Joint Health and Wellbeing Strategy, which the BCF contributes to. There is a Committee-in-Common in place, the remit of which includes oversight of BCF commissioning. The LJCJs are underpinned by a comprehensive Terms of Reference, which has recently been updated.
- 4.2. Surrey's BCF represents collaborative working, not only between SCC and NHS colleagues, but also with all eleven borough and district councils, five acute hospitals, and numerous providers including those in the voluntary and community sector (VCS). Conversations with NHS and council colleagues from each of the LJCJs included comments on the collaborative nature of LJCJs, supported by open and honest conversations and integrated decision-making. The Co-Chairs of Frimley LJCJ were particularly keen to highlight how these positive working relationships have had a positive, direct impact on BCF spend and outcomes.
- 4.3. We are aware that a full review of the existing BCF programme is currently being developed in recognition of the fact that there have been minimal changes since the new CCGs were created. This joint review with NHS partners will incorporate consideration of the strategic purpose of the programme and the strategic framework for allocating funding, as well as a

review of each scheme. This should ensure that spend is optimised to address wellbeing needs across the county.

Alignment of spend with priorities

- 4.4. The BCF plan was developed in consultation with LJCGs, with input from their local areas, and is designed to deliver the three strategic BCF aims across Surrey. Minutes from the HWB meeting held in December 2021 confirmed the national planning conditions were met in 2021/22. The plan also addresses national priorities, such as ongoing health inequalities that have been further highlighted by the pandemic.
- 4.5. Almost three-quarters of BCF spend is on core, county-wide schemes, such as equipment services and carers. Some health colleagues expressed a level of disconnect from these schemes, both in terms of decision-making and reporting at place level. This appears to be, in part, due to limited understanding of how funding is allocated between areas, and both NHS and SCC colleagues acknowledged the need to improve wider communication with LJCGs. Management may wish to consider including this in the BCF review.
- 4.6. LJCG members welcome the flexibility that the BCF offers to support place-based planning, and the carry forwards of underspent funds following the pandemic have enabled more flexibility to implement additional, local schemes. These place level schemes are implemented based on local knowledge, and LJCGs shared examples of successful schemes that addressed local needs, such as Growing Health Together and Tech to Connect. While we recognise the necessity and benefits of certain schemes being managed centrally, we believe that some degree of flexibility should be maintained to enable benefits to be realised at place level.

Outcomes

- 4.7. Overall outcome metrics for the BCF are reported to NHSE quarterly using a template. However, at LJCG level there is no consistent approach to assessing the progress or success of schemes. We acknowledge that a proportionate approach is required, such that a small, VCS-led project that received seed funding does not have the resources to produce monthly reports. Further, the limitation of quantitative data in reflecting the full impact on local communities, and the difficulty of measuring qualitative benefits, is recognised.
- 4.8. Some areas are making use of existing health baseline data to contribute to the evaluation of outcomes, and their impact on communities, pre- and post-intervention. Other areas are reliant on surveys capturing ‘before and after’ information. Outcome frameworks have been developed for some VCS schemes and include overlaying place based and Surrey-wide information. The fact that different LJCGs reported different methods for measuring success suggests that good practice in this area is not being shared.

Sharing practice

- 4.9. Historically, LJCG Chairs sat on a BCF board, which provided a forum for sharing good practice. However, this stopped in early 2020, at the beginning of the pandemic, and has not been reinstated. Current networking is on an ad hoc basis and, while there is no formal

mechanism to share good practice between all LJCJs, most have a link with at least one other LJCJ with whom they work closely.

- 4.10. The LJCJ for East Surrey is in the process of introducing biannual networking events for all partners where good practice and experiences from schemes can be shared. We advocate this being introduced for other LJCJs both individually and as a group.

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5. Action Summary

- 5.1. The table below summarises the actions that have been agreed together with the risk:

Risk	Definition	No	Ref
High	This is a major control weakness requiring attention.		
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources.		
Low	This represents good practice, implementation is not fundamental to internal control.	2	1, 2
Total number of agreed actions		2	

- 5.2. Full details of the audit findings and agreed actions are contained in the detailed findings section below.
- 5.3. As part of our quarterly progress reports to Audit and Governance Committee we track and report progress made in implementing all high priority actions agreed. Medium and low priority actions will be monitored and re-assessed by Internal Audit at the next audit review or through random sample checks.

6. Acknowledgement

- 6.1. We would like to thank all officers who provided assistance during the course of this audit.

Internal Audit Report – Better Care Fund (2021/22)

Detailed Findings

Ref	Finding	Potential Risk Implication	Risk	Agreed Action
1	<p>Progress reporting</p> <p>All LJCGs receive regular updates on progress of schemes but reporting arrangements are inconsistent. For example, one LJCG has an outcomes measurement tool, while some are using questionnaires pre- and post-intervention, and others rely solely on quantitative data.</p> <p>While we acknowledge that not all schemes require the same level of scrutiny, greater consistency in the approach to reporting could promote better understanding of the impact of schemes at both place and county level.</p> <p>County-wide schemes have more formal monitoring and reporting arrangements, but the updates shared with LJCGs include minimal detail at a place level, limiting full consideration of the benefits to residents within the local area.</p>	Inconsistencies in reporting of scheme progress may limit assessment of the impact of schemes at place and county level.	Low	This will be addressed as part of the review of the BCF.
Responsible Officer:		AD – Commissioning	Target Implementation Date:	30 September 2022

Internal Audit Report – Better Care Fund (2021/22)

Detailed Findings

Ref	Finding	Potential Risk Implication	Risk	Agreed Action
2	<p>Sharing practice</p> <p>All LJCGs have informal, ad hoc mechanisms through which good practice (and lessons learnt from failed schemes) is shared. This is through a combination of networks within individual organisations, forums such as the Local A&E Delivery Board, and the fact that some officers are part of multiple LJCGs.</p> <p>However, there is no formal mechanism in place for LJCGs to share practice across the county.</p>	Inconsistencies in the sharing of practice across all LJCGs may result in a feeling of disconnect with Surrey-wide priorities and limits the sharing of good practice or lessons learnt.	Low	This will be addressed as part of the review of the BCF.
Responsible Officer:		AD – Commissioning	Target Implementation Date:	30 September 2022

Appendix A

Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Management Responsibilities

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

This report, and our work, should not be taken as a substitute for management's responsibilities for the application of sound business practices. We emphasise that it is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal Audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Mental Health Investment Fund
HWBS Priority - 1, 2 and/or 3:	Priority 2
Outcome(s)/System Capability:	All Priority 2 outcomes
Priority populations:	Potential to benefit all HWBS priority populations
Civic level, service based and/or community led interventions:	Civic level
Author(s):	<ul style="list-style-type: none"> • Kate Barker - ICS Joint Strategic Commissioning Convener, Children and Young People • Liz Williams - ICS Joint Strategic Commissioning Convener, Learning Disability and Autism • Phill Austen-Reed - Principal Health and Wellbeing Lead, Surrey County Council
Board Sponsor(s):	Liz Bruce - Executive Director of Adult Social Care and Integrated Commissioning, Surrey County Council
HWB meeting date:	15 June 2022
Related HWB papers:	N/A
Annexes/Appendices:	Annex 1 - Mental Health Investment Fund - Draft: Funding Applications and Investment Criteria

2. Executive summary

In January 2022 Surrey County Council announced as part of the county's No One Left Behind agenda, an extra £8m of focused investment in Early Intervention and Prevention mental health interventions in Surrey.

Senior Officers from across the system have met to draft the proposed criteria and principles for consideration by the HWB and elected Members at the Adults and Health Select Committee.

Nominated Senior Officers will:

- a. Ensure that the funding criteria are met and demonstrated in each 'bid' submitted;
- b. Ensure that each 'bid' is supported by an Implementation Plan and SMART

deliverables;

- c. Confirm that each 'bid' clearly articulates the Benefits and how they will be measured;
- d. Assure that each Project is fully evaluated at six and 12 months.

Feedback will be used to take final proposal on the criteria, principles and governance arrangements of the fund for approval via either SCC Cabinet or Committees in Common for consideration and approval.

3. Recommendations

8

The Health and Wellbeing Board is asked:

To review and comment on the proposed criteria, principles, and governance.

4. Reason for Recommendations

To ensure that the HWB has awareness of the Fund and can disseminate details across the system for applications.

5. Detail

- i The Mental Health Investment Fund has been established by Surrey County Council and is set at a value of £8m in recognition that this as a key area of focus, particularly given the unprecedented impact of the Covid-19 pandemic on mental health and emotional wellbeing. In line with this there has been an increased allocation relating to mental health of £7.9m, including a new £6.5m transformation investment to encourage match funding from partners, including the health sector
- ii The £7.9m is equivalent to the 1% increase in Council tax to fund additional investment in mental health. This £7.9m is made up of £1.4m of increased MH expenditure within service budgets and a £6.5m Mental Health (MH) Investment Fund.
- iii The £1.4m increased Mental Health expenditure in service budgets was spread as follows:
 - £0.7m Adult Social Care MH care packages.
 - £0.3m ASC MH contracts & grants and MH staffing.
 - £0.3m MH services in Children, Families and Learning.
 - £0.1m Public Health MH services.
- iv. In addition to that Surrey Heartlands CCG agreed to pay a match funding contribution to SCC at 2021/22-year end of £4m which the Council received and has transferred to reserves to be draw down against agreed MH investments. As such, the total amount available for investment is £10.5 million.

Initial meetings of Senior Officers across the system have met to draft the criteria, principles and governance, they include representatives from:

- Adults and Children's Social Care – Surrey County Council
- Strategic Commissioning Convenors – Surrey Heartlands ICS
- Public Health - Surrey County Council
- Voluntary Community and Social Enterprise Sector

Full Terms of Reference are yet to be agreed. The proposed purpose and scope is summarised within Annex 1.

Engagement with Frimley ICS is ongoing.

Applications for funding requests will be considered as often as required and the decision-making process will be kept a simple and as flexible as possible to ensure timely investment and responsive service development.

6. Challenges

The following risks have been identified:

- Governance is too complicated resulting in untimely decision making.
- Funding is not used in the way it has been described.

7. Timescale and delivery plan

The new Fund will be launched following approval of the final criteria, principles and governance arrangements by Cabinet / Committees in Common.

8. What communications and engagement has happened/needs to happen ?

A comprehensive communication exercise is required and has been planned to launch the Fund and ensure that all stakeholders are aware of how to access it.

9. Next steps:

- Consideration by elected Members at the Adults and Health Select Committee.
- Final proposal on the criteria, principles and governance arrangements of the fund to be taken for approval via either SCC Cabinet or Committees in Common to consider and approve.

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Mental Health Investment Fund

Page 89

Draft

Funding Applications and Investment Criteria.

Introduction

Purpose

The purpose of this paper is ask to Members to review and consider the proposed governance and principles for investment of the Mental Health Investment Fund as recommended by Officers of Surrey County Council Adult Social Care, Surrey County Council Children's Services, Surrey Heartlands ICS and other key stakeholders including Surrey and Borders Partnership Trust, Surrey Coalition, Surrey Children's Alliance and Surrey Mental Health Alliance.

Context

- Surrey County Council made a commitment in its 2022/23 budget to invest an additional £7.9m in Mental Health (MH) service provision. This as a key area of focus, particularly given the unprecedented impact of the Covid-19 pandemic on mental health and emotional wellbeing.
- The £7.9m is equivalent to the 1% increase in Council tax.. This £7.9m is made up of £1.4m of increased MH expenditure within service budgets and a **new £6.5m transformation investment** to encourage match funding from partners, including the health sector.
- The £1.4m increased MH expenditure in service budgets was spread as follows:
 - £0.7m ASC MH care packages.
 - £0.3m ASC MH contracts & grants and MH staffing.
 - £0.3m MH services in Children, Families and Learning
 - £0.1m Public Health MH services
- In addition to that Surrey Heartlands CCG agreed to pay a match funding contribution to SCC at 2021/22 year end of £4m which the Council received and has transferred to reserves to be draw down against agreed MH investments. **As such, the total amount available for investment is £10.5m.**



Proposed Criteria & Principles

Purpose

- Targeted funding for Early Intervention and Prevention.
- To support recovery and maintenance e.g. helping people back into employment, independent living.
- To support for example those experiencing family crisis or breakdown; impact of bereavement; ending of a relationship; homelessness, eviction or a period of insecure housing; moving to a new area and losing a support network; loneliness and social isolation; unemployment or loss of a job; poverty or problems with benefits; increasing use of drugs or alcohol and exposure to stress from other sources.
- To reduce demand on statutory services.
- To reduce long term costs the system will face in the future.
- To promote innovation for example use of technology, or peer support, or a series of interventions around a particular vulnerable group and that allows organisations to be creative in how they responded.
- To support the implementation of Surrey County Council Commissioning intentions, NHS Long term Plan and Health and Wellbeing Strategy Priorities.

Scope

- All Age Mental Health Services and Learning Disability and Autism.
- Those disproportionately affected by mental ill health e.g. BAME and other hard to reach groups and or marginalised groups.
- Primarily for VCSE however applications will be considered from existing partnerships including those with statutory agencies thus creating opportunities for matched funding.
- Multi-year projects recognising that benefits realisation may not always be immediate.
- To address any current funding gaps based on a systemwide understanding of current services.
- Increased appetite for risk - innovation versus transformation and recognition that investment into innovative service development may not always deliver the results required.

Proposed Criteria & Principles

• Finance

- No upper limit per application to be set however each application must demonstrate high value impact.
- Applications should demonstrate how investments will deliver long term benefits for Surrey residents.
- Funding will be held in a dedicated reserve and only drawn down once investments have been approved through the agreed governance.
- As such there is no expectation that the full value of the fund will be spent in the first year.
- Successful applicants will sign up to an agreed delivery plan for their approved investment. Progress in delivery of these plans must be reported through the agreed governance process including benefits realisation. If a bidder fails to deliver the agreed milestones then their investment may be curtailed or in the worst case a bidder could even be requested to repay the investment if they completely fail to deliver the agreed objectives.

• How

- By working with and through and with charitable partner organisations such as the Community Foundation for Surrey, or through direct application from larger voluntary organisations with access to charitable funds.
- By harnessing capacity such as through local communities through charities, the voluntary sector and local communities and work places.
- By promoting and enabling choice, control and independence.
- By attracting matched and charitable funding where possible.
- Through development of evidence building as well as evidence led service development.

Proposed Governance

A new governance framework will be established, it will ensure that:

- There is Members contribution to deciding how it is spent.
- It will frame and guide without being prescriptive based on the criteria and principles agreed.
- Applications for funding requests are considered by a multi-stakeholder committee.
- Decision making is timely and effective.
- It will be agile with a clear audit trail of how funding is invested ensuring transparency.
- Flexible, simple and as streamlined as possible.
- Evaluation of new projects is undertaken with preference for consideration of the LOGIC model.
- Learning from other areas will be considered in its development such as the investment of COMF that considers nine criteria: summary of request; amount required to invest; who is accountable; timescales; what other funding has been invested; evaluation and sustainability.

Discussion & next steps

Feedback from the HWB and Adults and Health Select Committee will be used to help shape final proposals for the Mental Health Investment Fund which will then be presented in a report to SCC Cabinet (and/or potentially Committees in Common).

- Democratic Services have advised governance arrangements of the fund to be taken for approval via either SCC Cabinet or Committees in Common to consider and approve the criteria, principles and governance arrangements of the fund.
- It would depend if the final decision making is planned to sit with members or with officers as we would need to seek a delegation to either a member or sub-group of Cabinet members such as CiC or an officer and not both. In terms of putting a delegation in place this would sit with the Leader and Cabinet for approval.
- If the decision making for this fund sat with CiC then it would cover the key decision part as this group has the authority to take decisions over £1m.
- Members are asked to consider and discuss the proposed approach in particular:
 - How they would like to contribute to, and or be represented on the Mental Health Investment Fund Oversight Group, and future decision making with regard to Mental Health investment?; and
 - How they would like to be informed of outcomes through the agreed evaluation of individual projects?

ICS Development Programme Update

Change and transition update

Following Royal Assent and the establishment of the Health and Care Act (2022), work continues to establish Surrey Heartlands Integrated Care System (ICS). The ICS will have two statutory Boards:

- 1) The Integrated Care Board (ICB) and
- 2) The Integrated Care Partnership (ICP)

Delivering local and national priorities in the year ahead

We are on target to meet the Health and Care Act (2022) requirements in readiness for ICS establishment by 1st July. We have established the Surrey Heartlands Integrated Care Board (“NHS Surrey Heartlands”) in shadow. This Board will lead integration bringing together all those involved in planning and providing NHS services to agree and deliver shared priorities linking to the wider local partnership arrangements.

We have established the Surrey Heartlands Integrated Care Partnership Board in shadow. This Board will drive direction and priorities, support population health strategies and take an open and inclusive approach to the development of an Integrated Care Strategy. The ICP includes partners such as Healthwatch Surrey, Surrey County Council, representatives of Surrey’s District and Borough Councils and representatives from Surrey’s voluntary, community, and faith sector

Working across boundaries for the benefit of the Surrey population

We are developing a System Plan for 2022/23 which sets out our approach to improving outcomes, tackling inequalities, improving productivity and supporting social and economic development. Public involvement remains an important part of our plan so we are developing a ‘Working with People and Communities’ strategy to drive this work in a meaningful way.

We will continue our journey to transform how we provide health and care, working in partnership with residents, our communities, staff and wider partners to create a thriving integrated care system.



Change and Transition Update

Following Royal Assent being given and the establishment of the Health and Care Act (2022) in law, work continues for the establishment of our future NHS organisations and partnership constructs.

We are on track for the establishment of the Frimley Integrated Care Board (to be known as "NHS Frimley") on the 1st July. Recruitment to Board level executive and non-executive positions is now complete and we are now in the final phase of working with partner organisations to identify a further eight colleagues to join the Board. These eight seats will be filled with members who are working in the Local Authority, Primary Care and NHS Provider sectors and will ensure we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.

We continue to work with our broader system colleagues to design a vision for how the future partnership can operate effectively. Over the course of 2022 we will be refreshing the Frimley system strategy to ensure that we understand where our greatest challenges are for the 800,000 people who live in our system and to identify which areas of focus will form our collective priorities for 2023 onwards.

Delivering local and national priorities in the year ahead

In April we submitted our system plan for 2022/23 which sets out our approach to meeting the main challenges of the year ahead. As a partnership we have submitted an ambitious plan which will ensure we can improve patient care and access throughout the year whilst living within the financial allocation which has been made available to us.

Working across ICS boundaries for the benefit of the Surrey population

We continue to explore new ways of working which ensure that the population of Surrey as a whole receives high quality, equitable access to health and care. Our organisations continue to work well together in examining new options for making the best use of section 75 pooled budget arrangements to deliver the greatest benefits for those Surrey residents who live within the Frimley ICS footprint. Supported by further work on the Surrey Commissioning Memorandum of Understanding, we will continue to use these opportunities to maximise the outcomes our joint working arrangements can bring to local people.

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	2022/23 NHS System Operational Plans - Surrey Heartlands ICS and Frimley ICS
HWBS Priority - 1, 2 and/or 3:	Priorities 1 -3
Outcome(s)/System Capability:	<p>Priority 1</p> <ul style="list-style-type: none"> • Serious conditions and diseases are prevented • People are supported to live well independently for as long as possible <p>Priority 2</p> <ul style="list-style-type: none"> • People with depression, anxiety and mental health issues have access to the right early help and resources <p>Priority 3</p> <ul style="list-style-type: none"> • People are safe and feel safe <p>System Capabilities</p> <ul style="list-style-type: none"> • Workforce recovery and development • Equality, Diversity and Inclusion • Data insights and evidence • Integrated Care
Priority populations:	All priority populations
Civic level, service based and/or community led interventions:	Service based intervention
Author(s):	<ul style="list-style-type: none"> • Sue Robertson, Associate Director of Strategic Planning and Integrated Assurance sue.robertson@nhs.net • Kathryn Croudace, Head of Strategic Planning Surrey Heartlands k.croudace@nhs.net • Nicola Airey, Executive Place Managing Director, Surrey Heath, Frimley CCG nicola.airey@nhs.net
Board Sponsor(s):	<ul style="list-style-type: none"> • Professor Claire Fuller, Chief Executive Designate, Surrey Heartlands ICS, Interim Accountable Officer, Surrey Heartlands CCG • Fiona Edwards, Chief Executive Designate Frimley ICS, Interim Accountable Officer Frimley CCG
HWB meeting date:	15 June 2022
Related HWB papers:	N/A
Annexes/Appendices:	N/A

2. Executive summary

The summary below describes the Surrey Heartlands ICS and Frimley ICS response to the 2022/23 NHS Priorities and Operational Planning Guidance. Our plans for the next 12 months are set against a challenging backdrop to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the Covid-19 pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.

Draft system plans were submitted to NHS England on the 17 March 2022 and final system plans were submitted to NHS England on 28 April 2022. Post submission, NHS England have requested some updates to system operational plans, which will be submitted by 20 June 2022. Separate Mental Health workforce plans were submitted in draft on 28 April 2022, with final plans due by 23 June 2022.

Both system plans are set in the context of national and local priorities and align strongly with the overarching ambition of the Surrey Health and Wellbeing Board to reduce health inequalities.

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3. Recommendations

The Health and Wellbeing Board is asked:

To note the 2022/23 NHS System Operational Plans for Surrey Heartlands ICS and Frimley ICS submitted in April 2022.

4. Reason for Recommendations

Delivery of the NHS operational planning requirements supports the ambitions of Surrey's Health and Wellbeing Strategic priorities.

Both systems' draft operational plans were 'fully assured' overall by NHS England and Improvement South East Region, evidencing system maturity and delivery capability. Frimley's financial plan was 'partially assured', Surrey Heartlands' finance plan was 'unassured'. Additional actions are being agreed between Surrey system partners and NHSEI to support the submission on 20 June 2022.

5. Detail

NHS England and Improvement (NHSEI) [22/23 NHS Priorities and Operational Planning guidance](#) required submission of system activity, performance, workforce and finance plans, with supporting narrative for **health inequalities, workforce, elective recovery** (including cancer & diagnostics) and **urgent emergency & community care**. These NHS priorities are a subset of the full NHS priorities for 2022/23:

- A. Invest in our **workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling

substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

- B. Respond to **COVID-19** ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- C. Deliver significantly more **elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- D. Improve the responsiveness of **urgent and emergency care** (UEC) and build **community care** capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (Eds) and minimising ambulance handover delays.
- E. Improve timely access to **primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- F. Improve **mental health** services and services for people with a **learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- G. Continue to develop our approach to **population health management, prevent ill health and address health inequalities** – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- H. Exploit the potential of **digital** technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- I. Make the most **effective use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- J. **Establish ICBs and collaborative system working** – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Frimley ICS: Key Points to Note:

- NHSE's feedback concluded that the Frimley system provided a "Comprehensive and strong narrative plan indicative of a mature ICS, with partner organisations working well together to deliver system priorities"
- Local priorities for the Frimley system include:
 - Seeking opportunities to reducing health inequalities in all areas of care
 - Investing in our workforce and being more inclusive
 - System stocktake of children's service provision to inform an improvement plan with a specific focus on children's mental health

- Responding to backlogs in mental and physical care including waiting list reduction
 - Improving access and care experience for people needing urgent and emergency services
 - Making best use of allocated resources, improving efficiency and use of digital technology and addressing underlying deficit position
 - Co-produce changes with our communities and partners
- The Frimley plan delivers all national operational requirements with three exceptions:
- **Elective recovery:** Frimley Health Foundation Trust expects to carry out 99 per cent of the amount of elective activity it did in 2019-20, short of the 104 per cent target set by NHS England and government in their elective recovery plan. The Trust faces a unique situation as theatres at Frimley Park will need to be taken out of use to allow for urgent work on its roof (RACC planks safety issue)
 - **Mental health out of area placements:** Whilst the Surrey and Borders Partnership (SABP) New Hospital's Programme will result in the elimination of dormitory accommodation and result in a better long-term experience for patients, it results in the system not achieving zero out of hospital placements in 22/23.
 - The system submitted a **financial deficit plan** of £36.3m. There is a further risk of £29.7m which will need to be mitigated through local action. The plan already includes efficiencies of £46.6m (3.6%).

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Surrey Heartlands ICS Key Points to Note

The Surrey Heartlands plan is available via the ICS website:

[Our Vision - Surrey Heartlands Health and Care Partnership](#)

- Surrey Heartlands ICS developed a plan for all NHS Priorities, to produce a holistic system plan.
- NHSEI's feedback on the draft submission noted the plan included all the key elements for delivery with clear governance structures for monitoring and assurance, risks, and mitigations, in conjunction with a strong focus on the productivity and capacity programmes to achieve a reduction in backlogs.
- Local priorities for Surrey Heartlands are:
 - Tackling Health Inequalities, which remains a key driver for the system, focusing on Core 20 plus 5 and our priority populations.
 - Elective Recovery – to deliver the national ambition of increased activity and reducing waiting times. Our planned 'value-weighted' activity for 22/23 is 102.5% compared to the pre-pandemic year 2019/20. The system plans further efficiency improvements, in line with the three-year elective recovery plan.

- Achieving financial sustainability: 22/23 will be year 1 of a 3-5 year strategic plan, developed with the support of PWC and involving all system partners.
- Significant pressures in mental health being addressed through recovery plans.
- Surrey Heartlands does not expect to meet the mental health 'out of area placement' ambition this year, whilst construction and local premises improvements are made as part of Surrey and Borders New Hospital's Programme, to eliminate dormitory accommodation and provide a better experience for patients in the long term. Mitigations are in place.
- The system submitted a financial deficit plan. The plan will be reviewed in the June submission.

6. Challenges

Risks and associated mitigations are noted within the operational plans.

Financial risks are under discussion between NHSEI South East Region and systems.

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7. Timescale and delivery plan

The NHS Priorities will be delivered during 2022/23.

8. What communications and engagement has happened/needs to happen?

A wide range of people within each system and place have been involved in the development of the plans. Both systems will produce public summaries covering all the NHS priorities which will be made available on their websites.

A public facing version of the systems NHS Priority plans, will be made available on the respective Frimley ICS and Surrey Heartlands ICS websites.

9. Next steps

- Submission of updated system operational plans by 20 June 2022.
- Submission of final mental health workforce plans by 23 June 2022.
- Continued surveillance reporting of the delivery of our recovery plans and monthly assurance reporting against the 22/23 operational plan metrics.

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