

## Surrey Health and Social Care

### SURREY-WIDE COMMISSIONING COMMITTEES IN COMMON

#### AGENDA Part One

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

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

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

NHS Frimley ICB	✓
NHS Surrey Heartlands ICB	✓
Surrey County Council	✓

<b>Date</b>	Wednesday 22 March 2023	<b>Time</b>	14:30- 15:00
<b>Venue</b>	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)		

#### Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands ICB	Frimley ICB	Surrey County Council
<b>Convener</b>				
Ian Smith (IS)	Chair, Surrey Heartlands ICB			
<b>Members</b>				
Ian Smith (IS)	(Chair) Chair	✓		
Clare Stone (CS)	Director of Multi-Professional Leadership and Chief Nurse	A		
Prof Claire Fuller (ProfCF)	Chief Executive Officer	✓		
Matthew Knight (MK)	Chief Finance Officer	✓		
Dr Tim Bates (TB)	Clinical Director – Integrated Services	✓		

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands ICB	Frimley ICB	Surrey County Council
Tracey Faraday-Drake (TFD)	(Chair) Director for Children and Young People and All Age Learning Disabilities and Autism		✓	
Sarah Bellars (SBe)	Chief Nursing Officer		✓	
Samuel Burrows (SBu)	Chief Transformation & Digital Officer		A	
Richard Chapman (RC)	Chief Finance Officer		✓	
Cllr Tim Oliver (TO)	(Chair) Council Leader			A
Cllr Clare Curran (CC) <i>On behalf of TO</i>	Cabinet Member for Education and Learning			✓
Cllr Sinead Mooney (SM)	Cabinet Member for Children and Families			✓
Cllr Mark Nuti (MN)	Cabinet Member for Adults and Health			✓
<b>Attendees</b>				
Anna Kwiatkowska (AK) <i>For item 7</i>	Head of Procurement, Surrey County Council		✓	
Danielle Bass (DB) <i>For item 7</i>	Procurement Partner, Surrey County Council		✓	
Natasha Moore (NM)	(Minute-taker) Governance Manager, Surrey Heartlands ICB		✓	

Item No.	Timings	Item	Action	Presenter	Paper No
1.	14:30 5 mins	Welcome, Introductions and Apologies a) Confirmation of Convener	To note	Convener	Verbal
2.		Declarations of Interest a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. b) To receive any declarations of interest pertinent to items on this agenda.	To note	Convener	1
3.		Quorum *	To confirm	Convener	Verbal
4.	14:35 5 mins	Minutes from the previous meeting on 14/12/2022	To approve	Convener	2

Item No.	Timings	Item	Action	Presenter	Paper No
5.		Action Log <i>No open actions on the log</i>	To note	Convener	Verbal
6.	14:40 <i>5 mins</i>	Questions from members of the public	To respond	Convener	Verbal
<b>Surrey County Council only items</b>					
7.	14:45 <i>10 mins</i>	Annual Procurement Forward Plan 2023/24	To approve	AK/ DB	3
<b>AOB</b>					
8.	14:55 <i>5 mins</i>	AOB	To note	All	Verbal
9.	15:00	Meeting close	To note	Convener	Verbal
<b>Date of future meetings for 2023/24:</b> <i>(All hybrid meetings, with 'in person' facility at Woodhatch Place for SCC colleagues)</i> <ul style="list-style-type: none"> <li>• Wednesday 14 June 2023; 10:00-12:00</li> <li>• Wednesday 20 September 2023; 10:00- 12:00</li> <li>• Wednesday 13 December 2023; 10:00- 12:00</li> <li>• Wednesday 20 March 2024; 10:00- 12:00</li> </ul>					

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

Organisation	Quorum
<b>Frimley ICB</b>	One member
<b>Surrey Heartlands ICB</b>	A minimum of three members
<b>Surrey County Council</b>	Any three Cabinet members

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## REGISTER OF INTERESTS

### **Definition of an interest**

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

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

Source: [NHS England Revised Statutory Guidance on Managing Conflict of Interest for ICBs](#)

<p><b>Financial Interests</b></p> <p>This is where an individual may get Direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A Director, including a non-executive Director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A management consultant for a provider.</li> </ul> <p>This could also include an individual being:</p> <ul style="list-style-type: none"> <li>• In secondary employment;</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and having a pension that is funded by a provider (where the value of this might be affected by the success or failure of a provider).</li> </ul>	<p><b>Non-Financial Professional Interests</b></p> <p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests, e.g. in dermatology, acupuncture, etc.;</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for the are Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher;</li> <li>• GPs and Practice Managers, who are members of the Governing Body or Committees of the ICB should declare details of their roles and responsibilities held within their GP practice.</li> </ul>	<p><b>Non-Financial Personal Interests</b></p> <p>This is where an individual may benefit personally in ways which are not Directly linked to their professional career and do not give rise to a Direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure group with an interest in health.</li> </ul>	<p><b>Indirect Interests</b></p> <p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example:</p> <ul style="list-style-type: none"> <li>• A spouse/partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend; or</li> <li>• Business partner.</li> </ul> <p>A declaration of interest for a "business partner" in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners</p> <p>Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.</p>
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## REGISTER OF INTERESTS: Surrey-wide Commissioning Committees in Common Members

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

Updated: 14/02/2023

Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
			Financial	Non-financial Professional	Non-Financial Personal	From			To		
NHS Surrey Heartlands ICB											
Ian Smith	Chair, Surrey Heartlands ICB	Trilantic Partners	Y			Direct	Private Equity	01/01/2005	Present	N/A	
		Allsripts	Y			Direct	US Healthcare IT	25/06/2018	Present	N/A	
		Ministry of Defence	Y			Direct	Ministry of Defence	01/05/2018	Present	N/A	
		Edyn.care	Y			Direct	Ordinary	01/01/2015	Present	N/A	
		On the Mend	Y			Direct	Ordinary	15/12/2021	Present	N/A	
		Time for Medicine	Y			Direct	Ordinary	01/05/2010	Present	N/A	
		Blenheim Chalcot	Y			Direct	Ordinary	01/04/2000	Present	N/A	
		Metabolic Health Institute	Y			Direct	Investment	17/05/2022	Present	Withdrawn from specific commissioning decisions	
Clare Stone	Director of Multi-Professional Leadership and Chief Nurse	Nil declaration									
Prof Claire Fuller	Chief Executive Officer	Surrey University		Y		Direct	Visiting professor faculty of health sciences	10/05/2021	Present	Withdrawn from specific commissioning decisions	
		Pfizer	Y			Direct	Life long pension from Pfizer, following death of spouse.	24/04/2004	Present	Interest Noted	
		Park Road Group Practice		Y		Direct	Work in the practice weekly on voluntary basis as a Locum GP - not financially remunerated.	01/11/2021	Present	Withdrawn from specific commissioning decisions. Declare and withdraw from decision, should decisions affect Surrey Heath PCN.	
Karen McDowell	Chief Operating Officer/ Deputy Chief Executive	SWL ICB				Indirect	Close Family Member is employed as the Locality Finance Director for Wandsworth & Merton Place	23/07/2018	Present	Interest Noted	
Matthew Knight	Chief Finance Officer	Nil declaration									
Dr Tim Bates	Clinical Director – Integrated Services	Fort House Practice, Walton on Thames	Y			Direct		01/04/2020	Present	Withdraw from specified commissioning discussion and decisions	

Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
			Financial	Non-financial Professional	Non-Financial Personal	From			To		
		NICS Federation	Y			Direct	Practice is a member	01/04/2020	Present	Withdraw from specified commissioning discussion and decisions	
		WHAM PCN practice member	Y			Direct	WHAM PCN	03/08/2020	Present	Withdraw from specified commissioning discussion and decisions	
		NICS vaccination centres	Y			Direct	Worked as a GP in vaccine centre	01/01/2021	Present	Interest Noted	
NHS Frimley ICB											
Tracey Faraday-Drake	Director for Children and Young People and All Age Learning Disabilities and Autism	Frimley ICB			Y	Direct	Close family member works as part of Frimley ICB finance bank team as an Invoice Validator, 12 hours per week whilst studying for a Banking degree at the University of Sussex	09/10/2022	Present	Works to a different budget and portfolio. Deputy CFO is aware of the relationship as is his manager.	
Sarah Bellars	Chief Nursing Officer	FHFT			Y	Indirect	Two close family members work for FHFT	01/04/2021	Present	Seek the advice of other senior members of the executive and non-executive team if there is a potential conflict	
Samuel Burrows	Chief Transformation & Digital Officer	Nil declaration									
Richard Chapman	Chief Finance Officer	Nil declaration									
Surrey County Council											
Tim Oliver	Council Leader	Surrey County Council	Y			Direct	Health & Wellbeing Board Member	23/05/2018	Present	Interest Noted	
		County Councils Network		Y		Direct	Chair	01/01/2020	Present	Interest Noted	
		Shooting Star Childrens' Hospital		Y		Direct	Vice President	01/01/2015	Present	Interest Noted	
		Surrey County Council	Y			Direct	Employee	23/05/2018	Present	Interest Noted	
		Surrey Heartlands ICS	Y			Direct	Independent Chair	01/04/2019	Present	Interest Noted	

Name	Role	Declared Interest (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect	Nature of interest	Date of Interest		Action taken to mitigate risk
			Financial	Non-financial Professional	Non-Financial Personal	From			To		
Cllr Clare Curran	Cabinet Member for Education and Learning	Bookham United Charities			Y	Direct	Trustee of Bookham United Charities	tbc	Present	Interest Noted	
		Bookham Residents' Association			Y	Direct	Director of Bookham Residents' Association	tbc	Present	Interest Noted	
		St Nicholas, Great Bookham			Y	Direct	Member of the Parochial Church Council at St Nicholas, Great Bookham	24/11/2021	Present	Interest Noted	
Cllr Sinead Mooney	Cabinet Member for Children and Families	Daybreak (Charity)		Y		Direct	Trustee nominated by Spelthorne BC	tbc	Present	Withdraw from specified commissioning discussion and decisions	
Cllr Mark Nuti	Cabinet Member for Adults and Health	Chertsey Cricket Club			Y	Direct	Chairman	tbc	Present	Interest Noted	
		Henry Smith Charity			Y	Direct	Chairman of Trustees	tbc	Present	Interest Noted	
		Feoffees of Chertsey Market			Y	Direct	Trustee	tbc	Present	Interest Noted	
		Chertsey Almshouses			Y	Direct	Trustee	tbc	Present	Interest Noted	
		Chertsey Town Football Club			Y	tbc	Vice Chairman	tbc	Present	Interest Noted	
		Chertsey Black Cherry Fair			Y	tbc	Committee Member	tbc	Present	Interest Noted	
		Chertsey Christmas Goose Fair			Y	tbc	Chairman	tbc	Present	Interest Noted	
		Stepgates Community School	tbc			tbc	Co-opted Governor	tbc	Present	Interest Noted	
		Runnymede Borough Council	tbc			tbc	Borough Councillor	tbc	Present	Interest Noted	
<b>CEASED INTERESTS/ PREVIOUS MEMBERS' INTERESTS</b> (to remain on register for 6 months following cessation)											
None											





## Surrey Health and Social Care

### SURREY COMMISSIONING COMMITTEES IN COMMON MINUTES

Committees in Common between the following organisations:

NHS Frimley ICB	✓
NHS Surrey Heartlands ICB	✓
Surrey County Council	✓

<b>Date</b>	Wednesday 14 December 2022	<b>Time</b>	14:30 – 15:50
<b>Venue</b>	Virtual meeting/ Woodhatch Place, Reigate (Surrey County Council)		

#### Members/ Attendees:

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands ICB	Frimley ICB	Surrey County Council
<b>Convener</b>				
Ian Smith (IS)	Chair, Surrey Heartlands ICB			
<b>Members</b>				
Ian Smith (IS)	Chair	✓		
Clare Stone (CS)	Surrey Heartlands ICB Director of Multi-Professional Leadership and Chief Nurse	✓		
Prof Claire Fuller (ProfCF)	Chief Executive Officer	A		
Karen McDowell (KMc) <i>On behalf of ProfCF</i>	Chief Operating Officer / Deputy Chief Executive	✓		
Matthew Knight (MK)	Chief Finance Officer ICB	✓		
Dr Timothy Bates (TB)	Clinical Director – Integrated Services	A		
Sarah Bellars (SB)	Chief Nursing Officer		✓	
Samuel Burrows (SBU)	Chief Transformation & Digital Officer		A	
Richard Chapman (RC)	Chief Finance Officer		✓	

Name	Title/ Role	Attendance (✓)/ Apologies (A)		
		Surrey Heartlands ICB	Frimley ICB	Surrey County Council
Tracey Faraday-Drake (TFD)	Director for Children and Young People and All Age Learning Disabilities and Autism		✓	
Tim Oliver (TO)	Council Leader			A
Cllr Clare Curran (CCu) <i>On behalf of TO</i>	Cabinet Member for Children			✓
Cllr Sinead Mooney (SMo)	Cabinet Member for Children and Families			✓
Cllr Mark Nuti (MN)	Cabinet Member for Adults and Health			✓
<b>Attendees</b>				
Jane Bremner (JB) <i>For Item 7</i>	Head of Commissioning: Mental Health, Adult Social Care, Surrey County Council		✓	
Stephen Murphy (SMu) <i>For Item 7</i>	Deputy Director of Mental Health Commissioning, NHS Surrey Heartlands ICB		✓	
David Wimblet (DW) <i>For Item 7</i>	Commissioning Manager, Mental Health / Guildford & Waverley Adult Social Care		✓	
Sarah Ford (SF) <i>For Item 8</i>	Senior Commissioning Manager, Surrey County Council		✓	
Liz Bruce (LB) <i>For Item 9</i>	Joint Executive Director - Adult Social Care and Integrated Commissioning, Surrey County Council		✓	
Andrew Evans (AE) <i>For Item 9</i>	Health and Care Integration Programme Manager		✓	
Debo Sokoya (DS)	(Minute-taker) Governance Manager, Surrey Heartlands ICB		✓	

Item No.	Discussion and actions raised	Who	By when
1	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Convener welcomed members and attendees; apologies were received as detailed above.</p> <p>The Convener notified members and those present that the meeting was being webcast live via the Surrey County Council website. Additionally, he reminded all present that the meeting would be recorded for administration purposes only.</p> <p>The Convener also confirmed that the Surrey County Council Committee were meeting 'in person' to fulfil their decision-making requirements. NHS Frimley ICB and NHS Surrey Heartlands ICB were meeting virtually.</p> <ul style="list-style-type: none"> <li><b>Confirmation of Convener</b> The Committees confirmed IS as Convener for this meeting.</li> </ul>		

Item No.	Discussion and actions raised	Who	By when						
2	<p><b>Declarations of Interest</b></p> <p><b>a) To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete.</b> The Convener noted the register of members' and attendees' interests included in the meeting papers. The Convener invited members and attendees to report any new declarations or any amendments to the register.</p> <p><b>b) To receive any declarations of interest pertinent to items on this agenda.</b> The Convener invited members and attendees to report any conflicts pertinent to items on this agenda. None were received.</p>								
3	<p><b>Quorum</b></p> <p>The required quorum was met for the following organisations:</p> <ul style="list-style-type: none"> <li>• NHS Frimley ICB</li> <li>• NHS Surrey Heartlands ICB</li> <li>• Surrey County Council</li> </ul>								
4	<p><b>Minutes from last meeting on 21/09/2022</b></p> <p>The minutes of the last meeting were presented.</p> <p><b>Decision Applicable to:</b></p> <table border="1" data-bbox="252 1151 1070 1267"> <tbody> <tr> <td data-bbox="252 1151 935 1189">NHS Frimley ICB</td> <td data-bbox="935 1151 1070 1189">✓</td> </tr> <tr> <td data-bbox="252 1189 935 1227">NHS Surrey Heartlands ICB</td> <td data-bbox="935 1189 1070 1227">✓</td> </tr> <tr> <td data-bbox="252 1227 935 1267">Surrey County Council</td> <td data-bbox="935 1227 1070 1267">✓</td> </tr> </tbody> </table> <p><b>The above Surrey-wide Commissioning Committees:</b></p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the minutes of the last meeting.</li> </ul>	NHS Frimley ICB	✓	NHS Surrey Heartlands ICB	✓	Surrey County Council	✓		
NHS Frimley ICB	✓								
NHS Surrey Heartlands ICB	✓								
Surrey County Council	✓								
5	<p><b>Action Log</b></p> <p>It was noted that there were no actions from the last meeting.</p>								
6	<p><b>Questions from members of the public</b></p> <p>No questions were received from the public.</p>								
7	<p><b>Approval request for Community Connections: contract extension</b></p> <p>JB, SMu and JL presented the paper and gave a background of the provision of community connection services. JB confirmed that the request was to extend current contracts by a year and to give time for an innovative and legally compliant and procurement of Community Connections plus other identified services. She highlighted the intention to continue to work collaboratively with a range of providers and commissioners to deliver a co-produced and co-ordinated voluntary sector mental health offer in Surrey for future years.</p>								

Item No.	Discussion and actions raised	Who	By when
	<p>SMu advised that the activity had increased year on year. This has resulted in a high-volume service of about six thousand (6000) people being supported by the Community Connections across Surrey. This also fits into the NHS long term plan regarding growing and expanding the voluntary sector services to people requiring mental health support.</p> <p>JL highlighted that previous reviews demonstrated good positive outcomes and that the providers had brought significant additional added value through their ways of working over a number of years and had been able to leave additional funding over and beyond the funding that is made available through the contracting arrangements. This is an area Community Connections want to build on in the future model and to work well with partners to coordinate effectively and get the best possible value out of the money available to invest.</p> <p>The Convener advised that he recently visited the Woking Safe Haven and confirmed that the people were excellent and provided a great impressive service. He asked if there was any intention for the Woking Safe Haven to open during the daytime. SMu advised that a daytime opening could be achieved as Woking Safe Haven was opened for 24 hours during the pandemic as extra support and there was some increase in activity. As part of the finance recovery, a review of how much the increased hours could support the rest of the clinical system was underway and a meeting is scheduled for Friday to discuss this issue.</p> <p>MK advised that he was aware the service was going to be reviewed over the next 12 months. He asked JL in the event that the review has to be carried out quickly, if it was possible to incorporate a notice period into the contract, to enable a position to enact service changes more quickly. JL confirmed he would review the contract and insert the notice period to ensure that the wording of any extension, if approved today is up to the period specified, through to the 31st of March 2024 or sooner and subject to being able to complete the work.</p> <p>SMo asked for details of how the services at Woking Safe Haven are checked and measured to provide the needs of the residents particularly during out of hours. SMu in response explained that there is a service specification in place with all the details that are required for the provider to deliver and submit monthly data returns. This provides details of the number of people accessing the service and also some narrative of their experience. Feedbacks are also taken from workers and the people who access the service.</p> <p>Additionally, there is an 'open system' and technically anyone can attend, i.e. they do not have to live in the area or be</p>		

Item No.	Discussion and actions raised	Who	By when						
	<p>registered with a GP. Personal data such as names or date of birth are not requested as service users felt this was intrusive and were not comfortable to share this information when they attend the service.</p> <p>JB advised that an engagement work was conducted as part of the bigger picture project with a number of people who use Safe Havens. The staff and people who use the services were engaged and the feedback gathered informed the newly revised service specification for when the new services come online and continuous feedbacks are sort to help improve the service. The committee encouraged the sharing of the data from the feedback of service users.</p> <p>The Convener advised that when he visited Woking St Peters Hospital, it was encouraging to note that the staff were very complimentary of the service because it has helped to reduce some of the pressures in the A&amp;E department.</p> <p>The committee noted the details of the good service provision provided to service users with lots of common-sense listening advice on lifestyles and commended the team for their excellent work.</p> <p><b>Recommendation: The Surrey-wide Commissioning Committees are asked:</b></p> <ul style="list-style-type: none"> <li><b>TO APPROVE</b> a one-year additional extension of Community Connections contracts, taking the expiry date to 31 March 2024.</li> </ul> <p><b>Decision Applicable to:</b></p> <table border="1" data-bbox="252 1368 890 1480"> <tr> <td>NHS Frimley ICB</td> <td>✓</td> </tr> <tr> <td>NHS Surrey Heartlands ICB</td> <td>✓</td> </tr> <tr> <td>Surrey County Council</td> <td>✓</td> </tr> </table> <p><b>The Surrey-wide Commissioning Committees:</b></p> <ul style="list-style-type: none"> <li><b>APPROVED</b> a one-year additional extension of Community Connections contracts, taking the expiry date to 31 March 2024.</li> </ul>	NHS Frimley ICB	✓	NHS Surrey Heartlands ICB	✓	Surrey County Council	✓		
NHS Frimley ICB	✓								
NHS Surrey Heartlands ICB	✓								
Surrey County Council	✓								
8	<p><b>Outcome of the first procurement of providers to the Supported Independent Living Approved Provider List</b></p> <p>SF presented the paper advising that it was for information and it set out the outcome of the first round of procurement of providers to the Supported Independent Living Approved Provider List (APL). SF highlighted the following key background information and next steps: A provider list (APL) for supported independent living providers was established; although historically, the team had not worked in this way. Everything purchased was on a spot basis with individual providers and negotiating on a case-by-case</p>								

Item No.	Discussion and actions raised	Who	By when
	<p>basis. This led to a lot of variation between providers and variations in quality or value for money.</p> <p>The approved provider list (APL) was established in the wider context of the accommodation with carers support strategy. A tender opportunity was presented to the market and providers were asked to submit bids. The providers were asked to bid on two lots: LOT 1 was standard support and LOT 2 was enhanced support. This allowed for the selection of providers who have more skills and experience, for example with behaviour that challenge people with learning disability and autism.</p> <p>The approved provider list (APL) would operate initially for 15 months with an option of extension. The future plan is to move towards a dynamic purchasing system for supported independent living and to conduct some of the preparation work during the life of the APL. A significant amount of engagement and consultation events was held to focus on establishing the list. A significant amount of feedback from providers impacted the way the APL developed. Approximately 4,050 providers attended each event and some internal consultation took place with the workforce who would be impacted by the operation of the APL.</p> <p>SF advised that the plan is to review the APL list about every 3 months to allow new providers to join and to provide an opportunity for those who did not get through the initial procurement exercise to bid again. The marketing engagement would continue to be part of the ongoing development progress.</p> <p>A Task and Finish Group was also set up to manage some of the key feedbacks from providers, particularly on rates for example for sleep inn, policies relating to voids and absences and to help shape the model of care in the market.</p> <p>JL advised that a structure on quality was key with a very clear structure set of expectations on service standards, outcomes and deliverables. Previous pattern of structures has changed and part of the development of the DPS approach was introduced. The commercial element of the pricing structure which is critical to both the Council and the wider system as a whole is essential to move forward. A good structure, fairness in pricing to help align carefully and closely to people's assessed needs would be a key point of focus moving forward. The management of disability provisions is an area of ongoing joint commissioning and working through the DPS, which provides an opportunity to further the collaboration between the Council and Surrey Heartlands.</p> <p>The Convener advised that the more engagement made with providers and understanding of where they are coming from and getting service level agreement is a great trend across the system.</p>		

Item No.	Discussion and actions raised	Who	By when
	<p>TFD suggested that there was a need to figure out how to capture the accommodation and support needs of those with autism and learning difficulties with complex needs in a framework approach as a specialist area.</p> <p>Jl in responding explained that this was a big theme of the discussions in the marketing engagement events hence the two different 'lot' structures to help differentiate the service. Learning is also taking place through the work with providers where care cube has been used to access packages and level of spend. Jl further explained the need for tailoring of service at an individual personalised level to reflect, the complexity of different ways in which autism can present itself. Therefore, the team has an exception process to provide some structure and consistency and most importantly, transparency to be fair to the individuals, providers and the public.</p> <p>SF clarified that for providers that wanted to bid for the enhanced 'lot', they were asked to address a specific question which was how they would be able to meet the needs of individuals who may have behaviour that challenges or may have particularly complex needs.</p> <p>SF assured the committee of the consultations and engagements with services users, providers and taking views from some of the benchmark authorities to adequately support and address needs.</p> <p>MK highlighted that the process falls under a different legal framework than the CHC framework, that the NHS is used to using. Therefore, for the next stage of the process, the finance team would have to get involved, which might probably need a legal review from an NHS point of view.</p> <p>SMo thanked SF, Jl and the team for their work of producing a strong commissioning strategy that reduces the financial risk to the Council and providers, she was very pleased to see progress made so far.</p> <p>The Convener thanked the team for their brilliant work which is progressing well.</p> <p><b>Recommendation: The Surrey-wide Commissioning Committees are asked:</b></p> <ul style="list-style-type: none"> <li>• <b>TO NOTE</b> the update.</li> </ul> <p><b>The Surrey-wide Commissioning Committees:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update.</li> </ul>		

Item No.	Discussion and actions raised	Who	By when
9	<p><b>Surrey Integrated Commissioning System - Legal and Financial Framework (Approval of Integrated Commissioning MOU and Partnership Agreement)</b></p> <p>LB introduced the paper and advised that the attached document illustrated the journey towards integrated commissioning, how business is done together and how we work together in a way that is successful.</p> <p>LB advised that part of the work was to ensure the right governance is in place for the ICS. The partnership agreement relates to commissioning and delivery of health and care services. She emphasised that there is a shared ambition for the future of health and care services and for the system across Surrey County Council, Surrey Heartlands and Frimley and a commitment to integrate and deliver better outcomes and also to support a sustainable health and care system.</p> <p>Therefore to ensure that whatever is done is sustainable there is a partnership agreement to set out the terms and principle through which we work together as partners to bring staff and resources together in joint posts or to work in integrated teams. The Memorandum of Understanding sets out the high-level principles of how to do business together.</p> <p>LB outlined that there was a need to have in addition a legislative framework, the section 75 (part of the NHS Act 2006), which enables partners to do business legally together. Therefore, an MOU, a partnership agreement and a legislative framework are required. LB advised that there was more work to do to develop further how we join our commissioning functions and activity and maximize our resources together.</p> <p>AE highlighted the mechanisms and tools that enable working together to enable effective integrated commissioning. He reiterated that these documents reflect a point in time as many staff and colleagues are already operating within the context of the framework and making use of the processes that are outlined, particularly in the partnership agreement and the section 75 joint posts, which does not just mean joint funded posts but joint line management and responsibilities across organisations.</p> <p>AE explained that the partnership agreement was developed with HR, Legal and Finance colleagues across the three organisations. There will be unforeseen things, people will come into the system and go, some would share experiences that have worked very well somewhere else and there is an overall commitment to keep these documents living, up to date as we learn and develop together.</p> <p>AE acknowledged that the MOU was slightly less developed although it had some high level principles which many would</p>		



Item No.	Discussion and actions raised	Who	By when
	<p>recognise as standard principles of ways of working. He outlined what would feature in an updated MOU in the next six to 12 months for clearer articulation are: a program of work to reaffirm our ambition, where we want to be heading towards, what the governance would look like, what resources we need in place, some clarity on roles and responsibilities, how we are going to build our culture and behaviours together and what infrastructure would underpin it.</p> <p>TFD asked how to support the MOU without the detail around the specification or the schedules. NB acknowledged the challenges highlighted by LB and AE and explained that there are ongoing work needing sufficient material that reflects our coming together in integrated ways although there are overarching principles that would help govern decision making in each of the services and teams. There is the need to do the detailed work across the three organisations with the right people and the right teams having the conversations.</p> <p>There is now a description of what the mental health team have historically done up until now which is developing as a system and having a more integrated way of delivery showing some ways that it is evolving and changing. The agreement of the MOU would give in principle a baseline for high level principles for each service teams to further develop.</p> <p>SM highlighted the operational arrangement between Frimley and Surrey Heartlands for mental health commissioning the section 117 as an example. The simple detailed collaborative arrangement documented would be shared for learning.</p> <p>MN thanked AE and the team for the very detailed paper as it enables working together, commissioning together and providing services together to make sure that all residents are supported. Agreeing the MOU would assist and move forward the commissioning process at pace.</p> <p><b>Recommendation: The Surrey-wide Commissioning Committees are asked:</b></p> <ul style="list-style-type: none"> <li>• <b>TO APPROVE</b> the Surrey Health and Care Integration Commissioning Partnership Agreement, which includes the Section 75 financial schedule for joint posts.</li> <li>• <b>TO AUTHORISE</b> Legal Services to seal the Partnership Agreement, which includes the Section 75 financial schedule, the same on behalf of the Council.</li> <li>• <b>TO APPROVE</b> the content of the Memorandum of Understanding with the intention to update this document as the shared ambition and new operating model for integrated commissioning is agreed and implemented over the next 6-12 months (and beyond).</li> </ul>		

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	<p><b>Decision Applicable to:</b></p> <table border="1" data-bbox="256 264 1070 376"> <tr> <td data-bbox="256 264 935 300">NHS Frimley ICB</td> <td data-bbox="940 264 1070 300">✓</td> </tr> <tr> <td data-bbox="256 306 935 342">NHS Surrey Heartlands ICB</td> <td data-bbox="940 306 1070 342">✓</td> </tr> <tr> <td data-bbox="256 349 935 385">Surrey County Council</td> <td data-bbox="940 349 1070 385">✓</td> </tr> </table> <p><b>The above Surrey-wide Commissioning Committees:</b></p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the Surrey Health and Care Integration Commissioning Partnership Agreement, which includes the Section 75 financial schedule for joint posts.</li> <li>• <b>AUTHORISED</b> Legal Services to seal the Partnership Agreement, which includes the Section 75 financial schedule, the same on behalf of the Council.</li> <li>• <b>APPROVED</b> the content of the Memorandum of Understanding with the intention to update this document as the shared ambition and new operating model for integrated commissioning is agreed and implemented over the next 6-12 months (and beyond).</li> </ul>	NHS Frimley ICB	✓	NHS Surrey Heartlands ICB	✓	Surrey County Council	✓		
NHS Frimley ICB	✓								
NHS Surrey Heartlands ICB	✓								
Surrey County Council	✓								
10	<p><b>AOB</b> None</p>								
11	<p><b>Meeting close</b> Meeting closed at 15:50.</p>								
<p><b>Date of next meeting:</b> 22 March 2023, 14:30- 16:30</p>									
<p><b>Signed and agreed by:</b></p> <p><b>Date: DD MMM YYYY</b> <b>Ian Smith NHS Surrey Heartlands ICB (Convener)</b></p>									

Directorate	Service	Contract Name (over Regulatory Threshold, £213,477 inclusive of VAT)	Contract Description (up to 250 characters)	Capital/ Revenue/Grant funded/Mixed	Contract Length in months (including extensions)	Current Contract End Date	Procurement Activity Required (Renewal of Existing/ Replacement with New Service/ New Procurement Requirement)	Route to Market	Start date of new contract(s) (enter as dd/mm/yy)	To be reserved by CiC to review commissioning and procurement strategy before going to market? (Yes / No)
Adult Social Care	Adult Social Care	Day Opportunities	Day Opportunities services to include: Day centres Community day activities Outreach Employment support and anything further identified need in the development of the strategy	Revenue	TBC	N/A	New Procurement Requirement	Light Touch Regime	TBC	No
Adult Social Care	Adult Social Care	Short Breaks	Short breaks provision (different models) to support people with Learning Disabilities and/or Autism.	Revenue	96	N/A	New Procurement Requirement	Light Touch Regime	TBC	No
Adult Social Care	Adult Social Care	Collaborative Re-ablement Partnerships	Collaborative Re-ablement Partnership service with Home Based Care providers	Revenue	48	30/09/2023	Replacement with new service	Light Touch Regime	01/10/2023	No
Adult Social Care	Adult Social Care	Dementia Navigators	Provision for a Dementia Navigators Service	Revenue	48	31/05/2023	New Procurement Requirement	Light Touch Regime	01/06/2023	Yes
Adult Social Care	Adult Social Care	Social Inclusion	Planning to move forward with a framework for social inclusion support to support eligible individuals.	Revenue	TBC	N/A	New Procurement Requirement	Creation of Framework Agreement	TBC	No
Adult Social Care	Adult Social Care	Carers Mental Health Pilot	Carers Mental Health Pilot	Revenue	TBC	N/A	New Procurement Requirement	Light Touch Regime	TBC	No
Adult Social Care	Older People	Residential and Nursing Care - Specialist Care Lot	Specialist Care Lot to be commissioned under the Councils Residential & Nursing DPS	Revenue	TBC	N/A	New Procurement Requirement	Light Touch Regime	TBC	No
Adult Social Care	Adult Social Care	Supported Independent Living - DPS	Provision of Care and Support that includes Independent Living accommodation support.	Revenue	TBC	31/03/2024	Replacement with new service	Light Touch Regime	01/04/2024	No
Adult Social Care	Adult Social Care	Shared Lives	Provision of Care and Support within a family home setting	Revenue	TBC	N/A	New Procurement Requirement	Light Touch Regime	TBC	No
Adult Social Care	Adult Social Care	Mental Health & Substance Misuse Supported Living	Provision of Mental Health & Substance Misuse Supported Living service	Revenue	TBC	N/A	New Procurement Requirement	Dynamic Purchasing System	TBC	Yes
Adult Social Care	Adult Social Care	Winter Pressures – Home Based Care for people with Mental Health	The scheme is an Interim Home Based Care Service primarily supporting Mental Health hospital admission avoidance and discharge from hospital of social care and continuing health care patients. The key principles of this service is for SCC, the Mental Health Hospitals to work in partnership with the service provider to support: •timely discharge of patients to their own homes when medically fit •reablement/skills gain of residents •admission avoidance •the capacity of hospital beds.	Revenue	TBC	N/A	New Procurement Requirement	Light Touch Regime	TBC	No

Children Families & Lifelong Learning & Public Service Reform	Health	Childrens Community Health Services	A range of 0-19 universal and targeted services including health visiting and school nursing through to therapies and safeguarding support.	Revenue	84	31/03/2024	Replacement with new service	TBC	01/04/2024	Yes
Public Service Reform	Public Health	Be Your Best	Integrated Lifestyle Services Contract: One You Surrey behaviour change service providing; smoking cessation, adult weight management & NHS Health Check services. One You Surrey support residents to improve their health & wellbeing & reduce their risk of preventable diseases such as cardiovascular disease, diabetes & cancer.	Revenue	60	31/03/2024	Replacement with new service	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Healthy Weight Management	Integrated Lifestyle Services Contract: One You Surrey behaviour change service providing; smoking cessation, adult weight management & NHS Health Check services. One You Surrey support residents to improve their health & wellbeing & reduce their risk of preventable diseases such as cardiovascular disease, diabetes & cancer.	Revenue	60	31/03/2024	Replacement with new service	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Outreach Health Checks	Integrated Lifestyle Services Contract: One You Surrey behaviour change service providing; smoking cessation, adult weight management & NHS Health Check services. One You Surrey support residents to improve their health & wellbeing & reduce their risk of preventable diseases such as cardiovascular disease, diabetes & cancer.	Revenue	60	31/03/2024	Replacement with new service	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Mental Health Investment Fund	Mental Health Investment Fund focused on prevention, removing barriers and supporting people to become proactive in improving their emotional health and wellbeing.	Mixed	Mixed	n/a	New Procurement required	TBC	TBC	Yes
Public Service Reform	Public Health	Remodelling public health agreements for GPs	Contracting on a regional basis for GP public health agreements with approx. 125 GPs - lead provider model through the primary care networks (PCN)	Revenue	60	Annually rolling	Renewal of Existing	Light Touch Regime	01/04/2025	No
Public Service Reform	Public Health	Smoking Cessation	Integrated Lifestyle Services Contract: One You Surrey behaviour change service providing; smoking cessation, adult weight management & NHS Health Check services. One You Surrey support residents to improve their health & wellbeing & reduce their risk of preventable diseases such as cardiovascular disease, diabetes & cancer.	Revenue	60	31/03/2024	Replacement with new service	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Young people substance mis-use service	Substance misuse support service for Young People	Revenue	72	31/03/2024	Renewal of Existing	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	CF Bridget the Gap Alliance Contract	Trauma informed outreach service through VCSE Bridge The Gap Alliance. Transfer to contract from SLA	Revenue / Grant	36	31/03/2024	New Procurement Requirement	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Anti-Stigma (End Stigma Surrey)	To reduce the stigma and discrimination experienced by people with direct and indirect experience of mental health issues in Surrey. In future this may be expanded to also address other sources of stigma	Revenue	60	31/03/2024	New Procurement Requirement	Light Touch Regime	01/04/2025	No
Public Service Reform	Public Health	Telephone helpline for Substance Misuse	A combined drug & alcohol helpline service.	Revenue	72	31/03/2024	Renewal of Existing	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	CF Clinical Psychologist contract	Continuation of Clinical Psychological support for Bridge The Gap alliance of organisations	Revenue / Grant	36		New Procurement Requirement	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Drug and Alcohol Residential Beds	Provision of beds in supported accommodation for people in substance misuse recovery	Revenue	72	31/03/2024	Renewal of Existing	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Drug and Alcohol Residential Beds	Provision of beds in supported accommodation for young adults in substance misuse recovery	Revenue	72	31/03/2024	Renewal of Existing	Light Touch Regime	01/04/2024	No
Public Service Reform	Public Health	Equity Audits	Equity Audits for the mental health system	Revenue	24	Not started	New Procurement required	Light Touch Regime	TBC	No