

SURREY COUNTY COUNCIL**CABINET****DATE: 26 MARCH 2019****REPORT OF: MR TIM OLIVER, LEADER OF THE COUNCIL****LEAD OFFICER: JOANNA KILLIAN, CHIEF EXECUTIVE****COMMUNITY COUNCIL****VISION
OUTCOME:****SUBJECT: SURREY JOINT HEALTH AND WELLBEING STRATEGY****SUMMARY OF ISSUE:**

In light of the new 2030 community vision for Surrey, and the vital role people and organisations in the health and care system have to play in its delivery, partners have developed a new draft Joint Health and Wellbeing Strategy for Surrey. The draft is presented to the Cabinet for review and endorsement ahead of it being finalised and approved by the Health and Wellbeing Board in April 2019.

To support the delivery of the Strategy and strengthen integrated commissioning of health and care services across Surrey, this report asks the Cabinet to endorse a new Surrey-wide decision making arrangement with NHS partners and the creation of a Cabinet sub-committee to enable the County Council to take part.

RECOMMENDATIONS:

It is recommended that the Cabinet:

1. Review and endorse the draft Joint Health and Wellbeing Strategy ahead of the Surrey Health and Wellbeing Board being asked to approve the final version on 4 April 2019.
2. Endorse the establishment of a Committees-in-Common approach between the County Council and six Clinical Commissioning Groups in the county to align decision-making related to the strategic commissioning of health and care services across Surrey.
3. Agree to establish a sub-committee of the Cabinet with a membership of the Leader of the Council (Chair), the Cabinet Member for Adults and Public Health, and the Cabinet Member for Children, Young People and Families.
4. Delegate authority to the sub-committee of the Cabinet to take decisions in relation to the functions (and associated budgets) detailed in paragraph 19 of this report.
5. Authorise the County Council's Director of Law and Governance to make the relevant updates to the Council's constitution.

REASON FOR RECOMMENDATIONS:

Improving the health and wellbeing of the population is an important part of delivering the new community vision for Surrey. The draft Health and Wellbeing Strategy for Surrey identifies a set of priorities based upon a robust review of evidence and analysis of health needs, the views of residents and stakeholders from across the Surrey health and care system. Taking a ten year view with a focus on prevention and tackling the root causes of poor health will improve outcomes for Surrey residents and help to secure a financially sustainable health and care system.

DETAILS:

Background and context

1. Over the spring and summer of 2018, Surrey County Council engaged with residents, communities and partners across the county to understand what Surrey should look like by 2030. Informed by those conversations, a new community vision for Surrey was created:

'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.'

2. In light of the new community vision, and the vital role people and organisations in the health and care system have to play in its delivery, partners initiated a rigorous process for developing a new and fully aligned Joint Health and Wellbeing Strategy (the 'Strategy') for Surrey.
3. The executive summary, annexed to this report (Annex one), provides an overview of the draft Strategy. The Strategy has been published as a draft for comment to test the priorities and ambition within it as part of a four week engagement period. A copy of the full Strategy document and supporting appendices can be accessed at <https://www.surreysays.co.uk/adult-social-care-and-public-health/hwbstrategy/>. Feedback gathered during the engagement period will be presented to the Surrey Health and Wellbeing Board to enable a final Strategy document to be prepared and published in April 2019.

A new Health and Wellbeing Strategy for Surrey

4. The draft Joint Health and Wellbeing Strategy is the product of unprecedented collaboration between Surrey County Council, the NHS, district and borough councils and our wider partners, including the voluntary, community and faith sector and the police. The Strategy focusses on the importance of prevention and addressing root causes of poor health and wellbeing – including things like poor housing and the environment – and not simply on treating the symptoms.
5. The Strategy sets out the challenges facing the Surrey health and care system as part of the case for change and describes the priorities for the system focusing on the wider determinants of health to create long-term and generational change for the population. These are described under three interconnected priorities:
 - Leading healthy lives;
 - Having good emotional wellbeing; and
 - Fulfilling potential.

6. In addition to the priority areas, and to avoid any groups of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within some specific groups of people which are often overlooked or most at risk. Those population groups are:
 - The general population
 - Children with special education needs and disabilities and adults with learning disabilities and / or autism
 - Young and adult carers
 - People who need support to live with illness, live independently, or to die well
 - Deprived or vulnerable people
7. For each of the population groups the Strategy describes: the difference intended to be made through key measures of success (10 year outcome targets); example initiatives or programmes that have been identified; and how partners will need to work together differently to achieve the ambitions.
8. The final section of the Strategy describes a set of 'system capabilities' that will need to be developed across Surrey to achieve the target outcomes and describes how the different parts of the Surrey system will need to work together and collaborate to be successful. The eight system-wide capabilities identified in the Strategy are:
 - Strengthening community development
 - Clearer governance
 - A single approach to estates
 - Equipping and developing a future workforce and culture
 - Effective programme and performance management
 - Digital and technology (information systems working together within / across organisational boundaries)
 - Intelligence (data sharing and intelligent analytics)
 - Maximising the benefits from devolution and the alignment of incentives within the system
9. The Strategy focuses on a single set of agreed priorities for the county, in particular where partners can effect change as a partnership. It is not intended to include everything being done across the health and care sector, and therefore doesn't cover sector specific, organisational or local plans although these will all need to be aligned to this overarching work.
10. The draft strategy is supported by a suite of appendices that contain further detail including summaries of the evidence used to inform the priorities, the approach and methodology used to develop the Strategy, and further details about how the outcomes will be measured and system capability development.

11. Partners have followed a rigorous and in depth process to fully understand the challenges the system is facing, the experience and outcomes current secured for Surrey's residents, and identified those priority areas that will have the biggest impact on the health and wellbeing of the population. This work has included:
- a thorough review of evidence and population health needs – benchmarking data and root-cause analysis into wider socio-economic factors impacting on people's health and wellbeing;
 - listening to experts and key stakeholders from across the system – over 150 people's views gathered through more than fifty 1:1 meetings and fifteen focus groups and workshops;
 - two 'whole-system' workshops bring together over 100 people from partner organisations across Surrey to help shape the draft Strategy;
 - a review of existing strategies and plans learning from what is already in place; and
 - listening to the views of people in Surrey – residents, patients, those who use health and care services – using for example the feedback gathered through the Surrey Residents Survey; the Connected Care Survey; the Mental Health Survey; deliberative research carried out with residents by the Surrey Heartlands ICS; and the feedback captured as part of the most comprehensive resident engagement exercise the County Council has embarked upon in the development of the Surrey 2030 vision.
12. The draft Strategy is currently published for comment with the engagement period due to close on 27 March. Feedback gathered through this period will be summarised and shared with the Health and Wellbeing Board on 4 April 2019 to enable any changes to the draft to be agreed – a final Strategy will be published in April.

Supporting delivery of the new Strategy

13. An important next step to support the delivery of the new Strategy is to further integrate the commissioning of health and care services across Surrey.
14. On 17 July 2018 the Cabinet received a report setting out proposals for joining up decision making with partners from the Surrey Heartlands Integrated Care System – those proposals would've seen budgets pooled between the Council and NHS partners but only for the central part of the county. Further work has now been completed with NHS commissioning partners and this report takes those proposals a step further in recommending the establishment of a Surrey-wide forum for aligning decisions between the Council and NHS partners. In addition to the proposal included in this report, work continues with health partners to identify where a legal agreement (under section 75 of the NHS Act 2006) would enable or enhance greater integration, for example by pooling budgets and/or to enable the commissioning lead to transfer from one organisation to another
15. Establishing a committees-in-common arrangement will enable the Council and Clinical Commissioning Groups (CCGs) to align decision-making across a number of key commissioning functions focussing on those areas where partners agree working 'at scale' provides the greatest opportunity to secure the best outcomes and value for money for residents. The Council has taken part in committee-in-common arrangements previously but on individual functional areas - the proposal set out below is for a more comprehensive and regular approach to aligned decision making with health partners.

16. The proposal, described in more detail in Annex two, is also being presented to the six CCGs across Surrey for agreement. In summary it includes:
- Establishing a committees-in-common arrangement with the six CCGs across Surrey;
 - This arrangement will replace the current Surrey Heartlands joint commissioning committee;
 - Each participating organisation establishing a sub-committee of its Cabinet or Governing Body and delegating to it the decision-making for a prescribed list of functions. The resulting seven committees will meet “in common” to consider and make “collective” decisions for their delegated functions;
 - Each participating organisation making a commitment to make the committees-in-common the primary forum for discussing strategic commissioning issues across Surrey; and
 - The new Committees in Common (CiC) making commissioning decisions of a strategic nature, with the participating organisations agreeing the most appropriate route for implementation.
17. An advantage of using the CiC meeting arrangement is that, where necessary and appropriate, only a subset of the participating organisations need attend a meeting. For example, decisions around Surrey Heartlands NHS transformation funding would only apply to the organisations within the geography of Surrey Heartlands. Whilst the approach does not prohibit the sub-committee from meeting and taking decisions outside the CiC arrangement, this should be by exception for the agreed ‘in scope’ functions with all partners making a commitment to make relevant decisions through the CiC arrangement.
18. It is proposed that a sub-committee of the Cabinet be established to take part in the CiC with authority delegated to it to take decisions related to the commissioning functions and budgets included in the table below.
19. The prescribed list of commissioning functions to be included within the scope of the sub-committee of the Cabinet initially (from 1 April 2019) is as follows (the indicative Council budgetary resources are subject to review as part of the finalisation of 2019/20 operational budgets):

‘In scope’ functions	Description	Indicative SCC budgetary resources (19/20)
Core Better Care Fund (excluding Learning Disability or Mental Health services)	Strategic decisions relating to the Better Care Fund (BCF) programme – this includes signing off the BCF plan on behalf of the County Council and any associated section 75 legal agreement for pooling BCF funds.	£37M
ASC Learning Disabilities	Strategic decisions relating to all aspects of services for people with a learning disability (including residential, supported living, day centres, transforming care, behavioural and personal support and employment opportunities).	£188M

ASC Mental Health	Strategic decisions relating to services supporting mental health (including inpatient mental health services, direct care services, supported housing, floating support and community connections).	£22M
Children's community services / emotional health and wellbeing	Strategic decisions relating to children's community services and emotional health and well-being support provision.	£3M
Continuing Health Care (CHC)	Strategic decisions relating to policy and joint delivery of CHC.	£1M
Public Health – 0-19 years	Strategic decisions relating to children's public health services including health visiting, school nursing and Family Nurse Partnership.	£12.4M
Public Health - Substance Misuse	Strategic decisions relating to substance misuse services including drugs and alcohol specialist treatment services.	£5.6M
Public Health - Sexual Health	Strategic decisions relating to sexual health services including specialist treatment services and public health agreements with GPs and pharmacists.	£7.1M
Public Health - Smoking Cessation	Strategic decisions relating to smoking cessation including specialist treatment services and public health agreements with GPs and pharmacists.	£0.8M
Public Health - Health Checks	Strategic decisions relating to Health Checks including public health agreements with GPs.	£0.4M

20. The intention is for the list of functions included within the scope of the CiC to grow over time (subject to agreement by the Cabinet and partner organisations).
21. It is proposed that the membership of the sub-committee of the Cabinet be the Leader of the Council, the Cabinet Member for Adults and Public Health, and the Cabinet Member for Children, Young People and Families. It is also proposed that the sub-committee will include lead officers in advisory roles (i.e. without decision-making authority) as determined by the Leader of the Council who would chair the sub-committee.
22. This proposal, if agreed, delegates decision-making from the Cabinet and individual Cabinet members to the sub-committee but does not change other aspects of the scheme of delegation – so for example, day to day decisions taken by officers under the current scheme of delegation will continue as is.

CONSULTATION:

23. Citizen engagement has and will continue to form an important part of the development of the Surrey Health and Wellbeing Strategy. The Strategy itself describes a three stage citizen engagement process as part of the development and implementation of the Strategy – the following is a direct extract from the Strategy:

Citizen engagement

- Phase one: Using the feedback we have.

In developing our strategy, we have used a wide range of resident and patient feedback to inform our priorities. These include the findings from: the quarterly Surrey Residents' Survey; the Connected Care Survey; the Mental Health Survey; and the widest resident engagement exercise ever undertaken by Surrey County Council in the development of the Surrey 2030 vision. Alongside this, our stakeholder workshops involved Healthwatch Surrey and a range of service user / patient representative organisations to ensure a strong resident / patient voice, alongside the expertise of key stakeholders.

- Phase two: Publishing the draft plan to test it.

Whilst we are confident that the approach we have taken to develop this draft strategy was robust – based on evidence, resident / patient views and the expertise of professionals working across the system - it was important to make this draft strategy available for people to comment on. This will help test that we've got it right and that we have translated the evidence available into a set of priorities and ambitions that are clearly understood and recognised. So we're now asking for your feedback before taking the draft strategy to the Health and Wellbeing Board for approval.

- Phase three: co-design and co-production

Our strategy is ambitious – we want to secure the best health and wellbeing outcomes possible for our population. But no single organisation or group of organisations can do this without the active involvement of citizens – i.e. residents, patients and carers. Partners across Surrey are committed to working with residents to co-design and co-produce the solutions we need to achieve the outcomes described in this strategy. We know this will require partner organisations to work differently and to redefine how citizens and our organisations work together. We're embedding this as one of the key enabling programmes ('system capabilities') described later in this document to help ensure we maintain our focus on citizen engagement and involvement.

24. This report is being presented to the Cabinet during phase two of the above to give Members the opportunity to comment on the draft Strategy. The draft Strategy and supporting appendices have been published on the Surrey Says website (<https://www.surreysays.co.uk/adult-social-care-and-public-health/hwbstrategy/>) to enable residents and stakeholders across Surrey to provide feedback on the priorities and level of ambition within the draft Strategy.
25. The Health Integration and Commissioning Select Committee have also reviewed the draft Strategy during this engagement period – a summary of all the feedback received will be presented to the Health and Wellbeing Board on 4th April to enable them to consider and agree any changes to the draft Strategy before it is finalised.

RISK MANAGEMENT AND IMPLICATIONS:

26. Key actions within the draft Strategy include establishing a partnership programme management office with clear accountabilities to support the Health and Wellbeing Board oversee implementation of the 10 year plan through regular progress reports, escalation of risks and barriers for resolution.

27. Through the development of implementation plans for the Strategy, the Council and its partners will assess and ensure effective controls are in place to manage and mitigate any identified risks. In addition, any risks identified specifically for the Council will be included within the relevant service, directorate or strategic risk register.

FINANCIAL AND VALUE FOR MONEY IMPLICATIONS

28. Delivery of the Health and Wellbeing Strategy with its focus on prevention and the wider determinants of health will support a more financially sustainable health and care system – supporting and enabling people to stay healthier for longer and reducing the burden on statutory health and care services. Financial modelling is being completed alongside the Strategy to identify the likely financial impact (saving) over the next ten years to inform the implementation planning and programmes of work to deliver the Strategy.
29. The alignment of strategic commissioning decisions is intended to help the Council and NHS commissioning partners make the best value use of collective resources and reduce duplication and avoid making decisions in isolation that result in additional costs occurring in other parts of the system.

SECTION 151 OFFICER COMMENTARY

30. The Section 151 Officer has been fully involved in the preparation of this report and in the development of the proposed committees-in-common decision-making arrangements. The proposals involve no change in the financial management arrangements for the in-scope services and therefore do not expose the Council to any additional financial risk. Any future proposals to pool budgets across health and social care bodies or to manage financial risk differently will be the subject of subsequent decision reports. The focus of the Health and Wellbeing Strategy on prevention and the wider determinants of health will provide a clear direction towards the better use of financial resources across the health and social care system. The Committees-in-Common will enable more agile and aligned decision-making, but there is no change in the financial regulations of each of the participating organisations.
31. The focus of the Health and Wellbeing Strategy on prevention and the wider determinants of health will provide a clear direction towards the better use of financial resources across the health and social care system.

LEGAL IMPLICATIONS – MONITORING OFFICER

32. Joint working arrangements between local government and health are subject to legislation that has not kept pace with modern developments in practice. The Department for Health has consulted both local authorities and the health sector on proposed changes to the legislation but Parliamentary time has not yet been allocated. Consequently, the proposed Committees-in-Common approach to joint working is an established method of working together within the existing, restrictive legal parameters.
33. The functions proposed for delegation are all executive functions. They currently reside with the Council's Cabinet and applicable Cabinet Members, accordingly. Under Section 9E of the Local Government Act 2000 a local authority operating executive governance arrangements, such as the Council, may determine to whom executive functions are delegated. Functions may be delegated to a number of

statutorily defined groups, including a committee of the Cabinet. So long as that committee meets the general local government requirements for taking decisions, it may meet in any location to transact its business.

34. The new committee of Cabinet will take all decisions in the place of Cabinet Member or full Cabinet in relation to the functions listed in paragraph 19 and any functions subsequently delegated to it. The committee will take decisions at the same time and location as committees from the partner CCGs. However, the committees will not take decisions jointly; each committee will take its own sovereign decision on matters presented.
35. If the new committee is approved, the Council's constitution will need to be updated to reflect the changes to the scheme of delegation. Authority is sought in this report for the Director of Law and Governance to make the necessary changes and a further report to full Council will be required to notify them of the amendments.

EQUALITIES AND DIVERSITY

36. Equality analysis and Equality Impact Assessments (EIAs) will form an important part of any planning for changes to services across health and social care to assess the impact upon residents, people who use services, carers and staff with protected characteristics. Where they represent a service, or policy change, individual schemes and programmes (as part of the implementation of the Health and Wellbeing Strategy) will have equality analysis / EIAs completed and included as part of the specific plans.

CORPORATE PARENTING/LOOKED AFTER CHILDREN IMPLICATIONS

37. The further integration of health and social care services will support the Council's role as a corporate parent and services for looked after children. More joined up service delivery by organisations will aid the identification and support of people vulnerable to abuse and enhance consistency of approach and training to safeguarding issues.

SAFEGUARDING RESPONSIBILITIES FOR VULNERABLE CHILDREN AND ADULTS IMPLICATIONS

38. The further integration of health and social care services will support the safeguarding of vulnerable Surrey residents. More joined up service delivery by organisations will aid the identification and support of people vulnerable to abuse and enhance consistency of approach and training to safeguarding issues.

PUBLIC HEALTH IMPLICATIONS

39. Integration across health and social care will support and promote the health of the Surrey population, more closely aligning outcomes and resources.

WHAT HAPPENS NEXT:

- a. Engagement period for draft Health and Wellbeing Strategy closes on 27 March 2019.
- b. The Health and Wellbeing Board will consider the feedback gathered at its meeting on 4 April 2019 and agree any changes to the draft before a final Strategy is published in April 2019.

- c. Subject to approval by the participating organisations, the Surrey-wide commissioning committees-in-common will be established from April 2019.
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Contact Officer:

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Consulted:

The programme of work to develop the draft Health and Wellbeing Strategy has included the engagement and involvement of a wide range of stakeholders from across Surrey – this includes Members and officers from Surrey County Council, district and borough councils, NHS commissioners and providers, Surrey Police, the voluntary, community and faith sector, and patient and service user group representatives.

Paragraphs 23-25 above describe in more detail the approach to engagement and appendix three of the draft Strategy provides further detail of the individuals and organisations involved.

Annexes:

Annex one – executive summary of the draft Health and Wellbeing Strategy

Annex two – summary of the proposed Committees-in-Common approach

Sources/background papers:

The draft Health and Wellbeing Strategy and appendices can be found at:
<https://www.surreysays.co.uk/adult-social-care-and-public-health/hwbstrategy/>

Cabinet report – 17 July 2018: Surrey Heartlands Health and Care Partnership – Implementation of the Devolution Agreement
