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Monday, 31 August 2020

To: The Members of the **External Partnerships Select Committee**
(Councillors: Robin Perry (Chairman), Morgan Rise (Vice Chairman), Dan Adams, Richard Brooks, Vivienne Chapman, Sarah Jane Croke, Paul Deach, Tim FitzGerald, Shaun Garrett, Emma-Jane McGrath, Pat Tedder, Helen Whitcroft and Kristian Wrenn)

In accordance with the Substitute Protocol at Part 4 of the Constitution, Members who are unable to attend this meeting should give their apologies and arrange for one of the appointed substitutes, as listed below, to attend. Members should also inform their group leader of the arrangements made.

Substitutes: Councillors Graham Alleway, Rodney Bates, Edward Hawkins, Ben Leach, Charlotte Morley, Darryl Ratiram, Graham Tapper and Valerie White

Dear Councillor,

A meeting of the **External Partnerships Select Committee** will be held Virtually - Public Meeting on **Tuesday, 8 September 2020 at 7.00 pm**. The agenda will be set out as below.

Please note that this meeting will be recorded and live streamed on <https://www.youtube.com/user/SurreyHeathBC>

Yours sincerely

Tim Pashen

(Acting) Chief Executive

AGENDA

	Pages
1 Apologies for Absence	
2 Chairman's Announcements and Welcome to Guests	
3 Minutes of the Last Meeting	3 - 8
To confirm and sign the minutes of the meeting held on 9 June 2020.	
4 Declarations of Interest	
Members are invited to declare any disclosable pecuniary interests and non-pecuniary interests they may have with respect to matters which are	

to be considered at this meeting. Members who consider they may have an interest are invited to consult the Monitoring Officer or the Democratic Services Officer prior to the meeting.

5	Voluntary Support North Surrey	9 - 14
6	Surrey Heath Clinical Commissioning Group	15 - 60
7	Covid-19 Update - Recovery Phase and Preparation for 2nd Wave	61 - 62
8	Committee Work Programme	63 - 66

Minutes of a Meeting of the External Partnerships Select Committee held at Council Chamber, Surrey Heath House, Knoll Road, Camberley, GU15 3HD on 9 June 2020

+ Cllr Robin Perry (Chairman)
+ Cllr Morgan Rise (Vice Chairman)

+ Cllr Dan Adams	+ Cllr Emma-Jane McGrath
+ Cllr Richard Brooks	+ Cllr Pat Tedder
- Cllr Vivienne Chapman	+ Cllr Helen Whitcroft
+ Cllr Sarah Jane Croke	+ Cllr Kristian Wrenn
+ Cllr Paul Deach	
+ Cllr Tim FitzGerald	
+ Cllr Shaun Garrett	

+ Present
- Apologies for absence presented

In Attendance: Cllr Rodney Bates, Cllr Alan McClafferty, Cllr Victoria Wheeler and Cllr Valerie White

1/EP Minutes

The minutes of the meeting held on 11 February were confirmed and to be signed by the Chairmen.

2/EP Surrey Heath Borough Council's Covid-19 Response, Surrey Heath Prepared and Surrey Heath Age Concern

The Committee received a presentation from Louise Livingston, Executive Head of Transformation, on the Council's response to the Covid-19 pandemic and the local authority's statutory duty to respond to the emergency. This was followed by presentations by James Robinson, Chairman of Surrey Heath Prepared, and Tracey Hiney, Charity Manager, Surrey Heath Age Concern; whose organisations worked in close collaboration with the Council during the Covid-19 response.

Surrey Heath Borough Council

The Council worked as part of the Local Resilience Forum, which included the other Surrey Boroughs and Districts and representatives from bodies such as the Police, Health, Surrey County Council and the military. The forum disseminated instructions from Central Government and coordinated implementation of these instructions accordingly.

Some key features of the Surrey Heath response included:

- The redeployment of staff to allow the making of more than 20,000 welfare calls to Council identified 'vulnerable', and 'centrally' shielded residents.

- The payment of over £13.8 million in business grant support to over 1000 local businesses and a pledge of £57,000 in emergency grants for charities.
- The successful management of increased demand for Council refuse collection services and meals at home services.
- Only 16% of Council staff continued to solely carry out their day job; and 65% of staff split their time between their day job and the Council's Covid-19 response. 17% of Council staff worked solely on Covid-19 response related activities.

The Council was now in the process of moving into the recovery plan and maintenance stage of its response. The Council's Welfare Cell had been reconfigured to be led by the Contact Centre and Welfare Calls were being realigned so that the emphasis would be for the public to call in for help.

Surrey Heath Prepared

Surrey Heath Prepared (SHP) was a voluntary organisation that was formed to provide Surrey Heath residents with emergency support through the Covid-19 pandemic.

It was emphasised that the structure of Surrey Heath Prepared took the form of a 'coalition of the willing', rather than a top down 'off the shelf' modelled organisation. SHP centred on a 'good neighbours' approach, where each electoral ward had individual coordinators and a group of street volunteers. The organisation had formed 8 days before formal 'lockdown', as a result managed to refine its governance structures and processes before its workload spiked.

SHP's main outputs focussed on the coordination of food deliveries and the delivery of prescriptions. It was acknowledged that the delivery of food parcels, was a major logistical challenge on its own and took the forms of a click and collect service, a deposit service scheme for volunteers to buy food on a resident's behalf and an emergency food parcel scheme.

Looking ahead SHP's active services were to draw down to an end on 1 July 2020. However the framework, structures and utilities were well placed for reactivation in case of a further need. SHP's website had been built in consultation with risk management consultants and would be a ready-trying solution for a second wave.

Surrey Heath Age Concern

Surrey Heath Age Concern (SHAC) was an independent, local charity which worked to provide services to enhance the lives of older people within Surrey Heath. The Charity befriended socially-isolated individuals within their homes and in social-settings, such as the Rainbow Café, where possible.

Before Lockdown, following an effort to work closer with local partners and organisations, SHAC successfully applied for a grant to employ a befriending coordinator. This in turn significantly reduced SHAC's waiting list of those waiting for a befriender within Surrey Heath to 16 from previously double that number.

SHAC worked quickly in response to the news of the outbreak of Covid-19 in the UK; and rapidly moved to transfer all necessary paper work to home offices. In addition the charity, enhanced its befriending services to reassure isolated residents and to alleviate worries with a familiar voice. Befriending calls were increased from one to two or more calls a week and SHAC set up an out of hours phone number, in case of emergency help being required. SHAC also worked in partnership with the Council's Welfare Cell and Surrey Heath prepared to provide practical help in respect of food and medication worries and arranging the topping up of energy top up cards.

The service and support, which SHAC provided, evolved post-lockdown with the sending of postcards and email befriending services; in addition to phone calls. SHAC also provided increased support to older residents in respect of accessing online services, which held greater prevalence during lockdown. Going forward SHAC was looking at provision to enable befriending in residents' gardens with use of suitable PPE requirements.

Having to alter its services during the peak of the pandemic had caused challenges to SHAC, including a drain on staff resilience, and although many new befrienders were recruited, it was anticipated that many of these befrienders would be lost as people started to return to their jobs.

Arising from Members' questions and comments the following points were noted:

- It would be useful to know the number of liable parties who took up the option of extending their Council Tax instalments from 10 instalments a year to 12 instalments. Whilst the Council had not experienced any recent reduction in the payment of Council Tax, this may alter as a result in the reining back of the national Furlough Scheme.
- Whilst the Council did a successful job in providing the homeless within Surrey Heath with emergency accommodation, there was an acknowledged need for a longer term plan for those individuals, whilst also striking the balance with the Council's financial constraints.
- Surrey Heath Prepared was ready to 'reactivate', in case of a second wave of Coronavirus cases and that a 'Lockdown' situation naturally freed up a group of people to become volunteers.
- Closer collaboration between Surrey Heath Prepared, the Council and Surrey Heath Age Concern would be desirable, but not necessarily possible. The organisations successfully partnered in order streamline food parcel deliveries and frequently referred cases between themselves. However due to data sharing issues they were not able to work in partnership around nationally shielded individuals.
- The Council needed to be ready to react to a large a number of residents facing financial hardship within Surrey Heath in light of the bleak economic situation. It was acknowledged that Surrey Heath had a duty of care to its disadvantaged and vulnerable residents; and as a result, whilst its welfare calls would be reconfigured, its Welfare Cell would continue to offer first-hand support and also accept referrals from the formally-drawn down Surrey Heath Prepared Service.
- A specific workstream of the Council's Recovery and maintenance stage of the Council's pandemic response was dedicated to bolstering and

maintaining resilience in the local economy. In practise this meant the creation of grant schemes, giving advice to businesses on Covid-19 processes and joined up work and advice via the Council's Economic Development and Business Rates teams. In addition the Council was working with bodies such as the Local Enterprise Partnership and Business South to work on providing new training and skills initiatives.

- There was a significant volume of informal; underlying ground level support between neighbours, which may be naturally drawn-down as a result of normal life returning. Surrey Heath Prepared was in liaison with its local ward coordinators in respect of this and was in a position to identify levels of need on a local basis and feed this back to the Council's Community Development Officer.

The Committee thanked the presenters for their presentations and their respective organisations' work during the crisis.

3/EP Surrey Police

Surrey Police

Detective Inspector Allick James, Surrey Heath Borough Commander, gave a presentation in respect of his role as new Borough Commander and the Challenges facing Surrey Police in Surrey Heath.

Inspector James joined Surrey Heath and brought significant experience from his background in investigations and working with Chief Constables on their respective criminal justice and neighbourhood policing portfolios.

In his role as Borough Commander, Inspector James had the goal of making Surrey Heath Residents, 'Being Safe and Feeling Safe', via formal and informal engagement with the community and the prioritisation of prevention. The overarching prevention focus would take the form of the concentration of resources on the most vulnerable groups and people, and in the most dangerous locations according to statistics. In addition it was key to focus and target the activities of repeat offenders, drug abusers and those highlighted by the Prevent strategy. This was intertwined with implementation of a problem solving approach to work with the community to make early interventions.

Operation Apollo was run as Surrey Police's response to the Covid-19 Pandemic. Particular attention was paid to the analysis of the peak times and locations for Anti-Social behaviour instances which had gone up during the pandemic. This analysis fed into active patrols, which engaged, explained and encouraged dispersal of groups before the implementation of fixed penalty notices; as well as specifically focussed social media messages.

In addition there was an awareness of risk during the lockdown that many victims were potentially trapped in homes with their abusers; with supermarkets and pharmacies being their only sanctuary. As a result Surrey Police maintained more of a presence at supermarkets in order to pick up cases of domestic abuse.

Looking forward, a Youth Engagement Officer and 2 safer neighbourhood specialists were in the process of being recruited to the safer neighbourhood team; in addition to the future planned use of analysts whom were part of the wider prevention of harm strategy.

Following Members' questions and comments the following points were noted:

- There was a perception from Members' constituents that Surrey Police took little action in relation to low level crimes and this in turn discouraged the reporting of such crimes. It was acknowledged by Inspector James that such patterns of low-level crime caused 'harm', and fear amongst communities and whilst residents visited certain locations. Inspector James planned to tackle these patterned instances of low level crime by specifically targeting locations where crime takes place and the specific times.
- There was a chance of a rise in crime levels as a result of a potential economic downturn. Surrey Police was continuing to monitor the crime statistics, to identify any such trends which may develop. In addition the structures set up by Operation Apollo encouraged intelligence sharing across the organisation which allowed for an overarching analysis of crime rates.
- There had been a case of door to door scammers on the Old Dean; which in future could be tackled by PCSOs carrying out preventative work in the form of warning local residents of scammers in the local area by both door to door methods and via social media.
- Engagement work needed to be undertaken in areas where reports of crime and ASB were low potentially showing high levels of disengagement. It was acknowledged that there was great value in community engagement events to allow for communities to get to know and trust their PCSOs. Inspector James had meetings in the pipeline to discuss ways to improve the current engagement strategy.
- Despite this, it was reminded to Members that the best way to report non-emergency crimes was to report them through Surrey Police's contact centre, to ensure efficient recording and management of resources.
- Relationships between Councillors and individual Officers had changed; and as a result it would be useful for Councillors to be sent round the details for the specific officers covering their individual wards.
- Engagement with the Surrey Police social media pages, in particular with younger residents. In addition there was an appetite for a fostering of two way dialogue between residents and the Local Neighbourhood Team on social media; rather than a one way feed of information from Surrey Police.

The Committee thanked Inspector James for informative presentation and update.

4/EP Committee Work Programme

Members asked Officers to invite Enterprise M3 to a meeting in the near future to look at how they were looking to provide business relief during the economic downturn.

Chairman

Voluntary Support North Surrey

Portfolio	Transformation

Purpose

To receive a presentation from Solette Sheppardson, Chief Executive Officer.

1.0 Background

1.1 Voluntary Support North Surrey (VSNS) is a not for profit organisation that covers the areas of: Surrey Heath, Spelthorne and Runneymede. Its role is primarily designed to be an infrastructure organisation which focuses on supporting the community and voluntary organisations, that average 400 within Surrey Heath.

1.2 During the Covid-19 lockdown period VSNS worked in partnership with Surrey Heath Prepared and their comprehensive community support. With the closure many of the volunteers chose to keep volunteering. This is shown with the first quarter registered numbers of 1683, of which 1654 were referred and to date 204 have been placed. For this same period there were no requests for vetting and barring (DBS) checks, but this is expected to pick-up now that the lockdown measures have eased.

1.3 The organisation works hard in providing a good communication platform of the services and support with 800+ emails being sent weekly providing the latest information available, amongst other awareness building initiatives. Other services offered consist of training opportunities, governance and specialist funding advice.

1.4 The staffing levels that provide the service in 3 Boroughs equates to 6 FTE.

1.5 The corporate volunteering and engagement programme continues to grow and has engaged with Costa, ADP, Enterprise, and Collectively Camberley.

2.0 The Finance

2.1 The organisation receives a revenue grant of £30,000 for the services provided within Surrey Heath, and this is consistent with other districts who contribute to the overall operational funding.

From April 2020 a further £10,000 was added to meet the demand for the visiting and befriending service that was launched by VSNS, named Time To Talk, which now provides a telephone befriending service to 47 people and has attracted a further 3 new volunteers to call isolated people in Surrey Heath.

VSNS are located in the Ian Goodchild Centre, along with Camberley Care and other local groups. A new 2 year lease will start from the 1st April 2019, which the Council will continue to support by subsidising rent at £2,550 per annum, plus maintenance costs and reduced car parking charges. It is estimated that this will provide a benefit in kind value of £9,000.

3.0 Working in Partnership with Surrey Heath Clinical Commissioning Group

The Social Prescribing service partners consist of SHBC/VSNS/Citizens Advice and Surrey Heath Clinical Commissioning Group and its aim is to put local residents in touch with a wide range of activities and local services in the community to support overall wellbeing.

The range of services includes accessing social and leisure activities, independent living, transport, financial advice, disability and mental or emotional support. A social prescription is available to all adults who are registered with a Surrey Heath GP Surgery. This is the successful outcome of a bid co-ordinated by VSNS that will provide a dedicated social prescribing link and officer resource for the next 4 years.

Partnership Working

4.0 The Amigo Project

The Amigo Project is delivered in partnership with Catalyst and is designed to enhance emotional well-being was launched in 2018. The project volunteers support people who need encouragement to move forward on their journey of recovery from mental ill health, by making connections within the local community and enable them to take up interesting activities to boost confidence and increase motivation. VSNS recruit volunteers who are trained and supported. This project covers the residents of; Runnymede, Spelthorne, Surrey Heath, West Elmbridge and Woking.

4.1 Time to Talk Project

'Time to Talk' is a specific project that was introduced in early 2019 in order to meet a local need with VSNS. Via a dedicated member of staff, the project enabled local volunteers to work within the community to deliver the project which is designed to alleviate isolation and loneliness.

The service is fully compliant and supported through ongoing training. One of our Time to Talk volunteers states 'I would definitely recommend volunteering to anyone that is able to do it. An hour a week is nothing, yet it makes such a difference to someone else's life'.

Recommendation

The Committee is asked to consider the presentation in relation to Surrey Heath any future steps which Members would wish to recommend to the Executive and/or Council.

Background Papers: None Service Level Report Q1 20/21
Author: Jayne Boitoult 01276 707464
e-mail: jayne.boitoult@surreyheath.gov.uk

Service Head: Louise Livingston Executive Head of Transformation

Q1 report 2020/21



Jayne

Please find below details for Quarter1 2020/21.

Volunteering

The Volunteer figures for the quarter were as follows:

	Registered	Referral	Placed
Surrey Heath	1683	1654	204

These figures include a large number of volunteers who registered with Surrey Heath Prepared. As part of the exit plan we have been contacting anyone wishing to continue volunteering to match up with established groups looking for fresh intake such as Camberley Care, Bagshot Care and SH Age Concern.

Time to Talk update befriending

Telephone volunteering during COVID-19 has been highly successful through collaboration with Brigitte Trust, Camberley Care and SH Age Concern.

Some clients have taken part in face-to-face distanced befriending in gardens but generally a reluctance to meet up leaves telephone befriending as the most successful option.

Time to Talk has helped 47 people in Surrey Heath access telephone befriending support. This has been a combined effort between Time to Talk, the Brigitte Trust and Camberley Care volunteers. All referrals were from Surrey Heath Borough Council for people who were shielding.

Fifteen Time to Talk volunteers have continued to keep in touch with the residents they were befriending before lockdown. They have stayed in touch by telephone, visited people in socially distanced meetings and helped with shopping and prescription collection.

In the last two months, Time to Talk has recruited and trained three new volunteers who are all now supporting someone with telephone befriending.

In recent weeks, there have been 10 volunteer enquiries, all of which have been followed up and we now await application forms.

Amigo

Referrals starting to come through but we need to work closely with Catalyst to generate more. Our new member of staff Leeah Jones joined at the end of March and has been successfully trained up and is very active.

6 clients already embarked on buddy walking.

DBS Checks

No DBS carried out in this quarter due to COVID-19 but we have already been contacted by some groups requesting DBS checks for volunteers moving from SHP to join established groups reopening. We anticipate a high volume of DBS requests in the next quarter.

Social Prescribing/Capacity building

Libby continues to support Surrey Heath groups & is now actively contacting groups coming out of lockdown to carry out health checks. We have given governance advice to Camberley and District Open Minds Association and are supporting Field of Grace, an eating disorder charity, in successfully gaining charity status. We anticipate a demand for funding coming out of lockdown, see below for Suzie's involvement there.

Libby is in regular contact with the Social Prescribing Team to feed them information on voluntary group activity and to ensure groups comply with the NHS requirements.

Funding & Social Media Advice

Suzie is proactively contacting groups to give funding advice and ensure charities remain robust in the face of increased demands. Charities supported this quarter include CSSEF, SHAC, Surrey Heath Singers, Field of Grace, Camberley Nepali Society, CAB, DI, Home Start, Mustard seed Autism Trust, The Hope Hub, The Vine Centre, Veterans & Families listening project, Helping Hands

Surrey Heath Show

Planning of the Surrey Heath show 2021 to start in September.

Old Dean Community Group

Libby sits on the committee on bi-monthly basis. The group has been active throughout lockdown in encouraging grants and supporting St Martin's in community support.

We continue to administer and grow the Surrey Heath Community Fund.

Many thanks

Solette Sheppardson
Chief Executive Officer

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Presentation – Surrey Heath Clinical Commissioning Group (SHCCG)

Portfolio	Community
Ward(s) Affected:	All

Purpose

To receive a presentation from Nicola Airey, Surrey Heath Clinical Commissioning Group.

Background

1. NHS Surrey Heath Clinical Commissioning Group (CCG) is made up of the seven GP practices (10 surgeries) in Surrey Heath and Ash Vale and spends around £114m on community and hospital care for around 95,000 people registered at these surgeries.
2. The CCG's vision is to improve the health of local people by commissioning (buying) hospital and community health care to meet the needs of the population, and to ensure that local health services are high quality, value for money and meet the needs of the population.
3. This is one of smallest clinical commissioning groups in the country, serving a local population of 95,000, but its location is well-placed to work closely with the community to improve health and wellbeing.
4. The practices are based in Camberley, Bagshot, Lightwater, Frimley and Ash Vale, with the CCG governing body including a GP from every surgery.
5. Frimley Health and Care is a partnership of organisations working together to improve health and care services for the 800,000 people in the wider local area. It has a shared vision for the best use of combined resources to make a positive difference for communities, residents, patients and staff.
6. Throughout 2019 the ICS (Integrated Care System) has been developing a new five-year strategy. This process has incorporated a large amount of stakeholder and public engagement including: Mapping engagement and feedback across the ICS
 - a. Healthwatch led community engagement (Health and wellbeing survey with more than 1500 responses and supporting focus groups)
 - b. Inspiration Station – innovative stakeholder engagement sessions for over 250 people including staff, voluntary sector and patient representatives.
 - c. Frimley Health and Care Community Panel has more than 1,700 members (recruited throughout the Summer of 2019) representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor. The panel help to gather views from a representative section of the communities served to understand their needs and experiences when planning and improving health and care. Panel members are asked to contribute their views in a number of ways including completing surveys, attending discussions via focus groups or workshops and attending relevant events. The panel received their first survey, focussed on health and wellbeing, in October 2019, the full results have now been analysed and can be viewed on the website.
 - d. Frimley Health and Care ICS actively works and collaborates with the Local Healthwatch and local Voluntary, community and faith sector colleagues. In 2017 the ICS established a Healthwatch Leads Network which brings together Healthwatch partners from across the ICS area (Hampshire, Surrey, Windsor,

- Ascot & Maidenhead and Slough). In 2018 the ICS also established a Voluntary Sector Leads network bringing together our CVS and volunteer centre partners.
- e. A dedicated Maternity website – This is a patient-focused site, covering the entire maternity journey, from planning a pregnancy to parenthood. The site was developed by local women, working with midwives and doctors to design and test it, to ensure it was effective and easy to use.
 - f. End of life work – The three Clinical Commissioning Groups in Frimley Health and Care agreed to work together on End of Life Care to standardise care across the system to simplify treatment for patients and to bring the best practices from each area to bear for the whole community.
 - g. Self-care – Online resources aimed at supporting local people to better care for themselves, whether by treating their own minor ailments or improving their ability to understand and use local health services in a more effective way.
 - h. Further information and updates about ICS engagement work can be found here: www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/

7. Local Vision – SHCCG’s local vision is to allow local NHS Users to

- a. Be supported to remain as healthy, active, independent and happy as they can be
- b. Benefit from more coordination within the health and social care system – a ‘no wrong door’ approach
- c. Know who to contact if they need help and be offered care and support in their home that is well organised, only having to tell their story once
- d. Work in partnership with a care and support team to plan and manage their own care, leading to improved health, confidence and wellbeing
- e. Find it easy to navigate the urgent and emergency care system, with most of their care easily accessed close to where they live
- f. Have confidence that the treatment they are offered is evidence-based and results in high quality outcomes wherever they live
- g. Increase their skills and confidence to take responsibility for their own health and care in their communities
- h. Benefit from a greater use of technology that offers easier access to information and services
- i. Be assured that care is provided in an efficient and integrated way.

Working in Partnership with Voluntary Support North Surrey

8. The Social Prescribing Service partners consist of SHBC/VSNS/Citizens Advice and SHCCG and aims to put local residents in touch with a wide range of activities and local services in the community to support overall wellbeing. The range of services and areas that the service offers support includes accessing social and leisure activities, independent living, transport, financial advice, disability and mental or emotional support. It focuses upon offering one to one meetings with a Social Prescriber to talk about concerns and the factors affecting health. The Social Prescriber will organise assistance delivered by voluntary and community organisations and council services available locally. A social prescription is available to all adults who are registered with a Surrey Heath GP Surgery.
9. Surrey Heath CCG – AGM is being hosted on Wednesday 23rd September from 9.30am-10.30am to find out more information about working together on Covid-19, supporting mental health and wellbeing and developing new adult community health services please email to reserve a virtual place: shccg.communications@nhs.net

Recommendation

10. The Committee is asked to consider the presentation in relation to Surrey Heath any future steps which Members would wish to recommend to the Executive and/or Council.

Background Papers:

Annual Report 2019/20 p 1-41

Author:

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Service Head:

Louise Livingston Executive Head of Transformation

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Annual Report and Accounts 2019-2020



Foreword

This year we have had to respond to one of the biggest issues that health and care organisations have faced in a generation. We have had to rise to the unprecedented challenges presented by Covid-19, which have changed the way we do business, care for our staff, and continue to provide high quality services for local people.

Although you can never be fully prepared for a pandemic situation, we are confident that the progress we have made as the Frimley Collaborative - a partnership of Clinical Commissioning Groups, and as Frimley Health and Care Integrated Care System over the last year, has put us in a strong position to meet the challenges and respond in an effective, integrated way.

This year, three NHS England highly rated Clinical Commissioning Groups have come together to form the Frimley Collaborative, representing people across Surrey Heath, North East Hampshire and Farnham and East Berkshire. We aim to provide a seamless service for our local people, really understanding what they need in local places, and then working together to provide the infrastructure, support and connectivity into specialist and hospital services.

We have had another year of success with standout projects that will make a real difference to local people's lives, their health and their wellbeing. In Surrey Heath we were delighted to once again be awarded an 'Outstanding' rating by NHS England. We have jointly procured and launched a new community services contract in an innovative partnership between an NHS and a private provider.

As a local GP in Surrey Heath I am passionate about how to connect communities to their health and care services and shape and design together our future ways of working. I was very proud to be appointed as Clinical Clinical Chief Officer for the Frimley Collaborative, and continue in my role as Clinical Clinical Chief Officer of Surrey Heath CCG. I am passionate about integrating health and social care and designing services around the needs of individuals, and I know these are goals I share with the teams I now have the privilege to work with.

Together we have made some significant developments and changes for the benefit of our local population this year and I would encourage you to find out more within this report.



Dr Andy Brooks
Clinical Clinical Chief Officer
FRIMLEY Collaborative

For more information about the CCG's work, please visit our [website](http://shccg.contactus@nhs.net) or email us at shccg.contactus@nhs.net.

- [Performance Report](#)
- [Accountability Report](#)
- [Financial Statements](#)

Performance Report

This first section of the report covers:

Overview

- [Who we are and what we do](#)
- [Local needs](#)
- [Our business model](#)
- [Successes in 2019-20](#)
- [Principal Risks and Uncertainties Facing the CCG](#)
- [CCG Assurance \(including Going Concern\)](#)

Performance Analysis

- [How the CCG performed against constitutional standards and performance targets](#)
- [What the CCG spent in 2019-20](#)
- [How the CCG Delivered its Plan for 2019-20](#)
- [Improving Quality](#)
- [Involving the Public](#)
- [Reducing Inequalities](#)
- [Sustainable Development](#)
- [Sustainability Report](#)
- [External Environment](#)
- [Equality Duty](#)

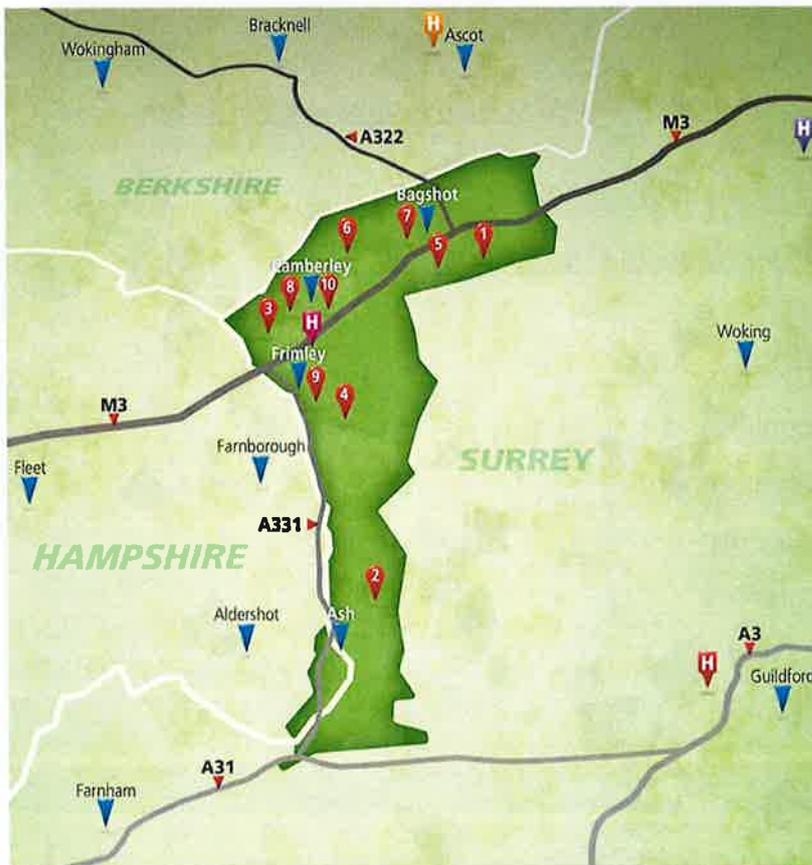
Overview

Who we are and what we do

The vision of Surrey Heath CCG (the CCG) is to deliver the best possible health and wellbeing outcomes for our local community within the resources available. This is achieved through using the combined leadership of local GPs, independent lay people, public health, local authority and NHS commissioning staff to make informed decisions about local healthcare.

The CCG serves a population of around 100,000 across Surrey Heath and Ash Vale. We are responsible for identifying the health and care needs of people registered with the 10 GP surgeries in Camberley, Bagshot, Lightwater, Frimley and Ash Vale to ensure these health needs are met through commissioning high quality and effective health and care services.

We also work in partnership with colleagues from NHS England, NHS Trusts and other providers, CCGs, Surrey Health & Wellbeing Board, Public Health Surrey, local authorities and the voluntary sector.



- Surrey Heath Clinical Commissioning Group**
- 1 Lightwater Surgery
 - 2 Ash Vale Health Centre
 - 3 Camberley Health Centre
 - 4 Frimley Green Medical Centre
 - 5 Heatherside Surgery
 - 6 Old Dean Surgery
 - 7 Park House Surgery
 - 8 Park Road Surgery
 - 9 Station Road Surgery
 - 10 Upper Gordon Road Surgery
 - H Frimley Park Hospital
 - H Royal Surrey County Hospital
 - H Heatherwood Hospital
 - H St Peter's Hospital

The CCG is part of the Frimley Health and Care Integrated Care System (Frimley Health and Care ICS). In an integrated care system, NHS organisations, work in partnership with local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health and well-being of the population they serve. A number of the CCG's service improvement schemes are now planned and delivered in a consistent way across the Frimley Health and Care ICS.

The Frimley Health and Care ICS covers the population of 800,000 people registered with GPs in Surrey Heath, North East Hampshire and Farnham and East Berkshire. In addition to the three CCGs, the membership of the Frimley Health and Care ICS includes Frimley Health Foundation Trust, Berkshire Healthcare Trust and Surrey and Borders Partnership Trust along with a whole host of other organisations covering services and such as General Practice and Local Authorities.

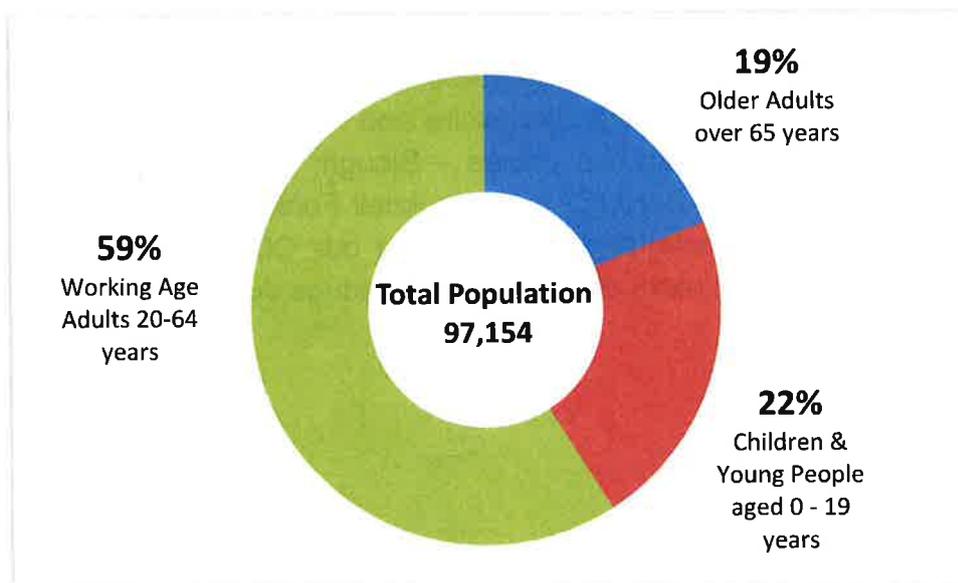
During the year, we have also formed the Frimley Collaborative (the Collaborative), a single commissioning function with a single Accountable Officer. The Collaborative is comprised of the three CCGs in the Frimley Integrated Care System – Surrey Heath CCG, East Berkshire CCG and North East Hampshire and Farnham CCG - with its commissioning resource organised into five places – Slough, Surrey Heath, North East Hampshire & Farnham; Royal Borough and Bracknell Forest. The purpose of the Collaborative is to improve commissioning, enabling our CCGs to accelerate improvements in patient care, to be more effective, and to reduce duplication.

Local Needs

The CCG uses the Surrey Public Health Profile to understand the local needs of people in Surrey Heath and this is illustrated below.

As identified in previous Annual Reports, the dominant feature remains the increase in the number of people aged over 65 and in particular the increase in those aged over 85, who often experience long term conditions, depression, falls, social care needs and loneliness.

The majority of people in Surrey Heath are of working age so we have to ensure that we commission health care services that are available both during the day and outside normal working hours.



Surrey Heath has seen a substantial increase in the over 65 population of 12.6% between 2012 and 2017, higher than the increase at seen in Surrey or nationally and this section of the population is expected to increase by 9.8% (around 1,700 people) by 2024, and by 22.5% (around 4,000 people) by 2029. This increase is even sharper for over 85s, increasing by around 21% by 2024, and around 43% by 2029.

An increasing proportion of older people in our population brings new health needs and challenges to address. For a significant number of older people, advancing age is associated with frailty – bringing increased risk of falls, disability, admission to hospital, or the need for long-term care.

Although Surrey Heath's working age population has remained relatively constant, there has been an increase in 50-64 year olds, with decreases in 16-49 year olds (a similar pattern can be seen to a lesser extent in Surrey and nationally).

The working age population is projected to slightly decrease over the next 10 years, decreasing by 0.6% from 2019-2024, and decreasing by 2.0% from 2019-2029 (a decrease of around 1,100 people). The population of children under 16 is projected to slightly decline, decreasing by 0.4% from 2019-2024, and 3.3% from 2019-2029 (a decrease of around 600 children).

In terms of the local population there are several key groups with particular health and care needs:

- **People with physical disabilities**

We must ensure services are accessible particularly to support conditions that are likely to affect people in this group (falls, respiratory and urinary tract infections). This group also need to have access to mental health support as well as to services for their physical needs.

- **People with Learning disabilities**

Around 350 people with Learning Disabilities are registered with GP surgeries in Surrey Heath (circa 0.4% of the population). This group are more likely to suffer from long term conditions such as epilepsy, diabetes, coronary vascular disease, hypertension and dementia and often are less likely to access health services for their physical needs, which can prevent onset of some of these conditions.

- **Specific groups with specific health needs**

Although the CCG population is predominantly white British (around 90%), there are other ethnic minority groups, as well as armed forces personnel, veterans and their families, gypsy, Roma and traveller communities living in Surrey Heath. All these groups have specific health needs.

- **Carers**

We have just over 9,000 people registered as carers in Surrey Heath, with around 1,200 of these being under the age of 18 and around 2,500 being over the age of 65. It is vitally important to ensure that the health of all our carers is well looked after as they provide essential care, allowing those who need their help to stay in their own homes. The duty to meet the needs of carers is part of the Care Act 2014.

- **The wider determinants of health, life expectancy and inequality**

Healthcare plays a relatively small part in differences in health outcomes compared to social circumstances. Health outcomes are largely determined by

- social circumstances;
- disposable income,
- where people live
- experiences and nutrition in childhood
- the education they receive both at school and at home and
- The built environment.

The CCG works closely with Public Health and Surrey County Council to ensure that these factors are considered when designing and delivering health care services for the population.

Although deprivation overall is low in Surrey Heath, there are wards where some elements of deprivation are higher than the national average and one ward, Old Dean, which ranks as one of the more deprived wards nationally. There are also pockets of deprivation where children are living in poverty. Deprivation has a significant impact on average life expectancy, with 2009-2013 data from the Office for National Statistics showing a life expectancy gap for women of 11.1 years between the most deprived ward (Old Dean) and the least deprived ward (Heatherside) in Surrey Heath. The gap for men is 6.7 years. For healthy life expectancy (the number of years lived in good health), the gap between the two wards was 9.7 years for men and 12.7 years for women.

People living in deprived communities often need additional support to ensure they pursue healthy lifestyles, such as stopping smoking, healthy eating and opportunities for exercise. A particular focus on children and young people is required to prevent them falling into poor lifestyle patterns.

In Surrey Heath, around 10% of people aged 18 and over smoke, compared to a national average of just over 15% (Data source: Annual Population Survey (APS), Public Health England). There is however a significant level of variation within Surrey Heath, being nearly 26% in some parts of the area. Smoking prevalence has gradually declined year on year, although smoking rates are much higher among our more deprived communities, having a significant impact on increasing health inequalities by reducing life expectancy in these groups.

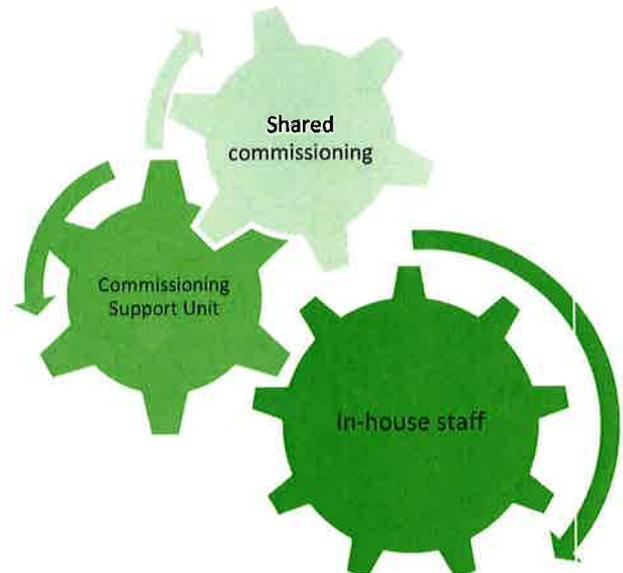
More information about the priorities in the Joint Strategic Needs Assessment can be found at www.surreyi.gov.uk. This pulls together information about people in Surrey, how they live, where they live and their health and wellbeing needs.

Our Business Model

Surrey Heath CCG is one of the smallest in the country and relies on its ability to work closely and effectively with partner organisations to deliver services for the community of Surrey Heath and Ash Vale.

Surrey Heath CCG has three components:

- In-house staff
- South, Central and West Commissioning Support Unit
- Shared commissioning expertise.



This balance between in-house, shared and bought-in services enables us to retain ownership of statutory responsibilities while benefiting from economies of scale of other larger NHS organisations. We also benefit from joint appointments with Surrey County Council which facilitates close working across Adult Social Care and CCG teams allowing a more integrated service for residents.

We work closely with North East Hampshire and Farnham CCG, East Berkshire CCG, our partners in the Frimley Collaborative along with the Local Authorities and other partners within the Frimley Health and Care ICS to provide joined up health, care and wellbeing for our population.

The Frimley Health and Care ICS operates through a range of mechanisms, including

- a single leader,
- a system wide Board,
- a system wide operating plan,
- a system-level accountability framework,
- a system financial control total for health
- a blend of system and local governance which meets all required standards.

The partner organisations in the Frimley Health and Care ICS are working together with a single operating plan and a single financial control total. This means that the system has a shared set of priorities and plan of how to deliver them. We have signed a Memorandum of Understanding with our partner organisations to underpin partnership working and support relationship building. Working with a single financial

control total allows us to make partnership based local investment decisions to support the change programme set out in the operating plan as well as delivering our 'business as usual' services. There is a delegated responsibility structure in place which supports the Frimley Health and Care ICS Board. The governance structure aligns with that already in place locally with a view to strengthening system level improvement and assurance mechanisms. Over time this will reduce duplication while respecting the current legislative framework. During the year, the three CCGs in the Frimley Health and Care ICS came together as a Collaborative under a single Accountable Officer and with a shared Executive team, bringing greater consistency to our ways of working and strengthening our partnership approach.

Local CCG Team

Surrey Heath CCG is based at Surrey Heath Borough Council offices in Knoll Road, Camberley. This central location makes us easily accessible to all member practices and enables CCG staff to work closely with colleagues from Adult Social Care, Surrey Heath Borough Council and the Police who are all based in the same building.

In July 2019 our neighbouring CCG, North East Hampshire and Farnham CCG, took the decision to work more formally with NHS East Berkshire and Surrey Heath CCGs to form the Frimley collaborative and began to transition away from being part of the Hampshire and Isle of Wight Partnership of CCGs.

The Collaborative was created to improve the health and care services provided to its residents by working in a more joined-up way, helping us to understand and respond to the needs of our local populations.

The closer relationships between the CCGs also enable us to make the best possible use of our people and our financial resources and to avoid duplication, making us more efficient and cost-effective.

Our CCG Governing Bodies have created a shared decision-making body – The Frimley Collaborative Board – and have agreed a formal way of working based around five 'Places':

- North East Hampshire and Farnham
- Bracknell Forest
- Slough
- Surrey Heath
- The Royal Borough of Windsor and Maidenhead

This structure will help us to maintain a local focus while working across the broader area of the Frimley Health and Care ICS.

Surrey Heath CCG's Executive and Operational Leadership Teams have social care colleagues as core members. Planning and decision making has continued to jointly consider the totality of individual needs within the Surrey Heath locality.

South, Central and West Commissioning Support Unit

The Commissioning Support Unit (CSU) plays a key role in supporting the CCG by providing expertise in a range of management areas such as information governance, IT and contracting. We have benefited from using the CSU since our inception, building strong working relationships and benefitting from knowledge gained across over 40+ Clinical Commissioning Groups.

Shared commissioning expertise

Frimley System CCG collaborative commissioning

The CCG continued its joint arrangements for commissioning from its major acute hospital Frimley Health NHS Foundation Trust (FHFT). The three main CCG commissioners of services from FHFT all use the same CSU which enhances the ability to co-ordinate contract management and information reporting.

Collaborative working across the Frimley Health and Care ICS and the use of a shared Project Management Office (PMO) to plan delivery of system wide transformation has continued, bringing closer alignment between partners and enhancing a more consistent approach for the Frimley Health and Care ICS population.

Surrey CCG collaborative commissioning

There are six CCGs in Surrey which commission services on behalf of each other and we also work with NHS England specialist commissioning teams who commission services, eg for veterans' mental health, at a national level. The CCG also works closely with Surrey County Council to commission services across Surrey including Child and Adolescent Mental Health Services (CAMHS).

The current shared commissioning arrangements are as follows:

- Support services from the safeguarding adult and children team
- Children's Services Commissioning including Children and Adolescent Mental Health (CAMHS)
- Adult Mental Health
- Learning Disabilities

- Emergency Ambulance Services, Patient Transport Services
- Continuing Health Care and NHS Funded Nursing Care

Delegated Commissioning

This is the second year that the CCG has been responsible for commissioning General Practice service for Surrey Heath, as a delegated function on behalf of NHS England. This year has been one of significant change for General Practice as a result of the 5 year framework for GP contract reform signalled in the NHS Long Term Plan and considerable new investment being made available nationally to drive change and to ensure sustainability in general practice.

In January 2019, NHS England set out a comprehensive series of reforms with 4 main goals:-

- Secure and guarantee extra investments in Primary Care;
- Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
- Deliver service expansion and improvements in quality and outcome over the 5 year period;
- Ensure value for money bearing in mind the scale of the investments.

Fundamental to the success of the reforms has been the establishment nationally, of Primary Care Networks (PCNs). These are seen as an essential building block of Integrated Care Systems (ICS), with General Practice taking a leading role in each PCN.

In Surrey Heath, the 7 practices who worked together for the provision of services under their former GP Federation arrangement, decided along with their community partner organisations, to form a single PCN covering the whole CCG population. The Surrey Heath PCN became operational from 1st July 2019. Building on a well-established team, the PCN is led by Dr Mark Pugsley GP Partner at Park Road Group Practice, as the Clinical Director.

To support practices and community partners to participate and work in partnership with PCNs, national funding has been made available through a PCN contract.

One of the fundamental pillars of the reforms has been a commitment to address workload issues resulting from workforce shortfalls through a new Additional Roles Reimbursements Scheme (AARS). In the first year, 2019-20, the Surrey Heath PCN has been able to employ additional clinical pharmacists and social prescribing link workers into General Practice. The Surrey Heath PCN has been successful in getting these additional roles into post and has also commenced recruiting physiotherapist

and other professional roles that become reimbursable in future years. This additional workforce is seen as fundamental to supporting General Practice to meet workload pressures. Funding for further roles will be made available in future years to support the recruitment of physician associates and paramedics.

In addition to the new roles, increasing the numbers of nurses and doctors working in general practice has been boosted by increased funding for core services.

Having a well-established and mature PCN in Surrey Heath, has meant that as opportunities have arisen across the Frimley Health and Care ICS the PCN has been successful in securing pilot status and funding for a number of projects such as the Transforming Mental Health project being run in conjunction with Surrey & Borders NHS Foundation Trust that will see Community Mental Health Practitioners co-located in general practice, helping to better meet the needs of certain Mental Health patients.

The PCN has also been fundamental in the rollout and successful implementation of optimisation of back office functions across the practices and has built on the individual practice based work undertaken in 2018-19 to set up a central hub to drive out more efficiencies and ensure resilience across the PCN.

As well as the developments around PCNs and the new contractual changes the CCG has continued to build on its strong foundations in primary care.

Results from the most recent GP survey found that our population felt the following:-

- Overall experience of GP practice was good or above 85% (national average 83%)
- Helpfulness of receptionist at GP practice 91% (national average 89%)
- Ease of using GP practice website for accessing services 82% (national average 77%)

Across a whole range of indicators the CCGs practices still perform well compared to national figures. However there is variation and we continue to work practices to maintain the highest levels of performance.

One of the enablers to help General Practice move forward has been the use of technology and to this end:

- The CCG has been ensuring that a capital refresh programme of its IT infrastructure is underway, with PCs and mobile working and server upgrades being put in place.
- All practices are being migrated across to Health and Social Network (HSCN) allowing data to be used more flexibly across the system to support integration that will provide more resilience and capacity through its IT connectivity. The

additional bandwidth will improve performance and allow the potential for practice based video consultations.

- In the last quarter of 2019-20 all practice systems have been enabled to allow direct booking of patients by NHS 111 into GP appointments in core hours between 8am and 6.30pm.
- All GP practices now have in place use of DXS, a system whereby GPs can access latest information and advice on pathways of care across the Frimley Health and Care ICS, This helps streamline referral processes and allows the most up to date information to be easily available to the clinician during the consultation with patients.
- 100% of referrals are now made electronically across the seven practices.
- All patients can now book appointments, order prescriptions and access their medical records online

Some aspects of responsibility for delegated functions have been retained by NHS England including:

- Individual GP performance management (medical performers' list for GPs, appraisal and revalidation).
- Management of Practice Lists
- Terms and conditions of GMS contracts and nationally determined elements of PMS and APMS contracts
- Commissioning of pharmacies, dentists and opticians

Collaborative commissioning across health and adult social care

Local Developments

In 2019-20, the CCG entered its second full year of an Integrated Services Agreement with Surrey County Council, maintaining the strong relationships between the two organisations. Both organisations are committed to the continuous development of a variety of services, where the benefits for the population are enhanced through the pooling of funds and shared decision making.

The schemes jointly managed and funded through this arrangement include:

- Joint commissioning
- Integrated care services
- Hospital interface services
- Intermediate care services
- Adult community health services
- Neighbourhood and community resilience

This arrangement allows the two organisations to work closely together, eliminating duplication and unnecessary handovers which benefit patients and staff, by delivering a more seamless care pathway. It has particularly enabled pressures over the winter period to be managed more effectively and this has supported residents to stay at home for longer and be discharged more quickly should a stay in hospital have been required.

Surrey County Council

The CCG also works closely with Surrey County Council across other services, such as Learning Disabilities, Children's Services, Mental Health, where all Surrey CCGs and the County Council jointly commission services.

Surrey Health and Wellbeing Board

The Surrey Health and Wellbeing Board is a key forum for ensuring county wide strategic priority setting and oversight of implementation. This included the delivery of the Better Care Fund plan in 2019-20 through local governance arrangements.

The Board comprises NHS commissioners, care providers, public health, social care, local councillors, Surrey police, borough and district council and public representatives that work together to improve the health and wellbeing of people in Surrey. It was set up according to the duties in the Government's Health and Social Care Act 2012 and is about bringing people together, influencing and identifying areas of work that can be done better in partnership. The Board does not have its own budget and does not directly commission services as a collective. It does however identify opportunities for collaboration and integration across organisations and is a place for challenge, discussion and the involvement of local residents.

The Board meets every month either in public or private. At these meetings, it oversees the delivery of strategic priorities and focuses on other topics set out in its forward work programme. The work programme is subject to ongoing review and is amended depending on external events and Government policy. Surrey residents are encouraged to attend the public meetings. Please visit the Surrey County Council website for details of how to attend a public meeting and to access published papers.

Joint Strategic Needs Assessment

The Board has a duty under the Health and Social Care Act 2012 to produce a Joint Strategic Needs Assessment. This looks at the current and future health and care needs of Surrey's residents to inform the planning and buying of health, wellbeing and social care services.

Joint Health and Wellbeing Strategy

In 2019, the Surrey Health and Wellbeing Board published a 10 year Health and Wellbeing Strategy. Based on evidence from the Surrey Joint Strategic Needs Assessment and the views of Surrey residents, the strategy sets out how different partners across Surrey can work together with local communities to tackle the wider determinants of health and improve wellbeing.

It is focused around three key priorities:

- **Priority one: Helping people in Surrey to lead a healthy life**
- **Priority two: Supporting the mental health and emotional wellbeing of people in Surrey**
- **Priority three: Supporting people to fulfil their potential**

For more detail, please visit www.healthysurrey.org.uk

Better Care Fund

The Better Care Fund (BCF) provides the framework to enable Surrey County Council (SCC) and the CCG to jointly plan and deliver local services and pool budgets.

It is designed to:

- Improve outcomes for people
- Drive closer integration between health and social care.
- Increase investment in preventative services in primary care, community health and social care
- Support the strategic shift from hospital based care to the community and to protect social care services.

A 'local' approach has been taken to Surrey's BCF development - using six Local Joint Commissioning Groups (LJCGs) that have been established between SCC and the CCGs, schemes and plans have been developed that are appropriate for each local area based on local need. Through these plans, the CCG is committed to achieving consistent, improved health and social care outcomes whilst recognising that to achieve that, solutions may look different in each area.

The Surrey Health LJCG has provided the governance structure for both the BCF and the Integrated Services Agreement during 2019 -2020.

Successes in 2019-20

The CCG has delivered high quality services for local people through its providers with strong performance on NHS Constitutional requirements. It has also met its statutory financial obligations.

In addition, we have:

- A population that consistently rates the quality of their health services highly. Friends and Family test for both Frimley Health NHS Foundation Trust and Surrey & Borders Partnership NHS Foundation Trust consistently performed well when benchmarked nationally.
- High quality local acute hospital services with Frimley Health Foundation Trust again being rated as good by the Care Quality Commission across all domains.
- Exceptionally high quality family doctor services with all General Practices rated good or outstanding by the Care Quality Commission.
- Exceptionally high quality adult community services provided by Virgin Care Services Ltd, who have been rated overall good by the Care Quality Commission, with their leadership rated outstanding.
- Continued to deliver an integrated response to system pressures, working closely with partners across acute, community, health and social care.
- In benchmarked staff satisfaction survey results in 2019 (National Staff Survey/Picker Institute), the CCG was ranked 5th of all the organisations taking part, continuing to be one of the top rated CCG's by its staff.

Other successes we have seen in 2019-20 include:

- National recognition for the developments made in supporting people living with frailty and delivering a more proactive anticipatory response to enable people to remain independent in their own homes. We introduced a new service run by our Community Frailty Practitioner in partnership with GP practices to proactively identify people living with frailty who would benefit from additional support. Early feedback indicates that people have felt supported to make positive steps forward to help them in their everyday life.
- Our adult community services contract with Virgin care Services Ltd expired on 31st March 2020. We undertook a procurement exercise with North East

Hampshire and Farnham CCG and were successful in awarding contracts to Frimley Health Foundation Trust Ltd and Virgin Care Services Ltd to commence on 1st April 2020. Frimley Health Foundation Trust (supported by Virgin Care) will be providing community inpatient services and specialist nursing services in a joint contract with Surrey Heath CCG and North East Hampshire and Farnham CCG. Virgin Care will continue to provide community nursing and intermediate care services for Surrey Heath CCG. The process was at times quite demanding both for the CCGs and the providers, but we are delighted to have secured two providers who will work in partnership with us to deliver high quality, responsive community services for our population.

- Continued management of demand for acute services through availability of high quality community based alternatives such as integrated care, musculoskeletal and dermatology services.
- The Frimley Health and Care ICS received additional funding for hospices and palliative care services which has been used to support both children and adult end of life care services. The CCG was also successful in bidding with other Surrey CCGs for matched funding from NHS England for children's end of life care services which will see an increase in our funding for Chase Hospice from 2020/21.
- Following a successful procurement exercise in 2019-20 residents across Surrey Heath, the wider Surrey area and North East Hampshire will benefit from a new streamlined wheelchair service provided by Millbrook Healthcare from 1st July 2020 which will provide a single point of access for wheelchair services and mobility equipment.
- A new local innovative service run by Macmillan Community Cancer Navigators has been introduced to support people living with and beyond cancer and their family members or carers. The service provides general information, advice and guidance about cancer and cancer services and organises community based events to promote health and wellbeing.

Principal Risks and Uncertainties Facing the CCG

Principal risks and uncertainties facing the CCG are recorded on the Governing Body Assurance Framework (GBAF). Until December 2019, this was reviewed by the Governing Body at its public meetings. Subsequently, the GBAF continues to be reviewed at the Frimley Collaborative Board. More details on the CCGs approach to risk can be found in the Annual Governance Statement section: [The Clinical Commissioning Group Risk Management Arrangements and Effectiveness \(p101\)](#)

The strategic risks included here are latest set of risks which the CCG has included on its GBAF.

Strategic objective: to work together for the best possible outcomes for our local community

Strategic risk: If the existing collaborative arrangements around the local health and social care system are not maintained then the CCG's strategic plans for the local population will be at risk. The geographical footprint in which the CCG operates is complex. As STP's gain in strength they may impact on the existing collaborative arrangements.

The CCG ensures that it actively participates in discussions and decisions in systems other than the Frimley Health and Care ICS. There are various relationships which will impact on our population and in addition to being a partner in the Frimley Health and Care ICS we are a member of the Surrey Collaborative where decisions relating to services commissioned across Surrey, such as Children's services (including CAMHS) are taken and we also work in partnership with Hampshire CCGs in relation to Integrated Urgent Care.

Strategic objective: to continuously improve the quality of services

Strategic risk: If pressure on health care (demand and funding) affects the quality of services then patients will be put at risk and patient safety compromised

Throughout 2019-20 the CCG has been proactive in managing clinical risks as demand for services continues to increase. The CCG monitors the quality and safety of those services, recognising that financial pressures are often a signal that services may be adversely impacted. Providers, councils and CCGs are all facing funding pressures as a result of increasing demand and it is vital that the quality of services remains under scrutiny

Strategic objective: to deliver our strategic plan within the resources available

Strategic risk: If the CCG financial position worsens it may lead to decisions being made in the short term which compromise the medium and longer term benefits of the population.

The CCG has achieved all financial targets each year since it was authorised. In 2019-20, the CCG continued to see its underlying expenditure being greater than its funding stream. This risk was mitigated through the availability of non-recurrent resources in year but the underlying issue remains and work will be ongoing in 2020-21 to address this as a system.

Strategic objective: to build an effective, clinically owned and sustainable organisation

Strategic risk: If the high risks associated with transforming local models of care are not balanced by the proposed opportunities and improvements for local people then the CCG may not be able to sustain the investment in services, and may lead to the cessation of some services

We continue to work with our Frimley Health and Care ICS partners in developing a financially sustainable system delivering high quality services. This entails actively participating in a variety of projects across the system, from looking at reducing variation in services provided across the geography to ensuring that primary care and community services continue to develop to deliver effective and responsive care to our population, helping to manage the demand placed on acute services.

We have an agreement with Adult Social Care under section 75 of the National Health Service Act 2006 which allows us to pool funds for the delivery of integrated health and social care services. It mitigates the associated risks by focusing on strong governance structures and providing capacity within the CCG to be able to deliver this vision and plan.

Looking ahead

The biggest risk facing the CCG in common with the whole of the NHS is the ongoing challenge of responding to the COVID-19 pandemic. This emergency has already had a significant impact on front line services and we continue to prioritise providing both support and leadership to all our partners and services, to ensure that patients and staff remain safe and services resilient. This has resulted in significant changes to ways of working which will continue to unfold over the coming months. Our staff are rising to the challenge and continue to work flexibly, taking on new responsibilities whilst ensuring that essential business as usual activities are maintained. We recognise the vital importance of working collaboratively with all partners in the Frimley Health and Care ICS and beyond, in order to respond quickly and effectively to the rapidly changing environment.

The CCG operates in a geographical area which links into many different health and care systems. The establishment of the Sustainability and Transformation Partnerships (STP's) continues to impact the strategic risks mentioned above. The Frimley STP is coterminous with the Frimley Health and Care ICS providing the strategic leadership for the delivery of health and care services to the population.

The CCG is in a period of significant change. During the latter part of the year, the CCG's in the Frimley Health and Care ICS (East Berkshire CCG, North East Hampshire & Farnham CCG and Surrey Heath CCG) formed the Frimley Collaborative (whilst remaining separate statutory organisations) under a single Accountable Officer, Dr Andy Brooks. A Frimley Collaborative Executive Director team has been appointed and Executive Place Based Managing Directors have also been appointed to lead the five Places in the Frimley Collaborative (Surrey Heath, North East Hampshire and Farnham, the Royal Borough, , Bracknell Forest and Slough). The Executive Directors were appointed on behalf of the Frimley Collaborative Board in December 2019. Whilst there is a considerable amount of work to do to develop each of the Places in terms of its role and responsibilities, coupled with establishing the collaborative arrangements that need to be in place to support that, the appointment of the senior team to take this forward is a very positive step towards this.

Whilst being a partner in the Frimley Health and Care ICS it is vital for us to retain strong links into Surrey and other systems in order to be able to deliver the best possible outcomes for its population. The national financial situation within the NHS continues to be challenging and whilst we enter the next financial year having achieved the financial targets and rules as set by NHS England for 2019-20, the financial landscape for 2020-21 will be testing and will require robust partnership working with all systems. The CCG will continue to improve risk management processes and develop comprehensive risk processes in conjunction with the other CCGs in the Collaborative, utilising best practice and learning from partners. We will continue to be open and transparent in our approach to risk with strong leadership and governance underpinning the risk framework.

A more detailed account of the CCG's risk management is found in the Annual Governance Statement in this report.

CCG Assurance

At the time of publishing the Annual Report for 2019-20, the final Assurance rating for the year had not been published. In July 2019, the ratings for the previous year were published and the CCG was rated **OUTSTANDING**.

The CCG Improvement and Assurance Framework has 4 domains for:

- Better Health – looking at how the CCG contributes to the health and wellbeing of its population
- Better Care - focusing on care redesign, outcomes, performance against NHS Constitutional standards
- Sustainability - looking at financial performance and how the CCG stays in financial balance and secures value for money for its population.
- Leadership across the ICS – looking at the quality of leaderships, the quality of our plans and the CCG works with partners and the governance processes to ensure probity and the management of conflict of interests

In 2018 the Frimley Health and Care ICS gained Level 3 status which means that it is trusted as a self-assuring Integrated Care System. The three CCGs in the Frimley Health and Care ICS have recently submitted a self-assessment of the quality of their leadership. This was undertaken as a joint exercise across the three CCGs in the Collaborative rather than at individual CCG level. The outcome of this assessment has not yet been received.

The most recent published Assurance Rating for Surrey Heath CCG is **OUTSTANDING**. This relates to the financial year 2018-19.

Going Concern

Public sector bodies are described as a “going concern”, where the continuation of the provision of a service is expected to continue into the future. The CCG accounts have been prepared on this basis. The CCG’s ‘Going Concern’ status is reviewed on an annual basis by the Audit Committee

The Directors of the CCG are required to make an assessment of the CCG as a ‘going concern’ and have used the following evidence to validate this:

- The CCG has been allocated funds from NHS England for the financial year 2020-21 and further 3 years.
- The CCG has been operating since 1 April 2013 as a statutory body with an agreed Governance Framework.

- The CCG submitted detailed financial plan 2020-21 to NHS England
- The CCG is included in the latest financial submission for the Frimley Health and Care ICS and it's a partner to the overall Operating Plan for the system
- The CCG has agreed its contracts for 2020-21 with the main providers.
- Financial provision for these services is included in published documents.
- The CCG has access to national funding to support additional costs it incurs as a result of the COVID-19 pandemic.

Performance Analysis

Surrey Heath CCG commissions health services from a wide range of local and specialist providers, to meet the needs of local people. (See Appendix 1 for full list of providers).

Approximately two thirds of our commissioning expenditure is with five key providers:

- Frimley Health NHS Foundation Trust – acute hospital services
- Surrey & Borders Partnership NHS Foundation Trust – mental health and learning disability services
- Virgin Care Services Ltd – adult community healthcare services
- South East Coast Ambulance Service NHS Foundation Trust – 999 Emergency Services
- North Hampshire Urgent Care – out of hours GP support.

We also commission services from primary care providers (GPs, pharmacists and opticians), the voluntary sector, and a number of smaller providers of both physical and mental health services.

The CCG uses the measures detailed in the next section to review its performance each month, alongside other key indicators including activity and financial. These measures are reviewed by the senior management team to monitor progress, assess risks and agree actions to address areas of concern. They have been presented to our Governing Body and since February, to the Surrey Heath Place Committee. During the year reviews of other specific areas such as Improved Access to Psychological Therapies (IAPT) have also been taken to the Governing Body for a more focused discussion.

The performance of the key providers is included in this Annual Report and can be found below.

How the CCG performed against constitutional standards and performance targets

Targets and Performance

The NHS Outcomes Framework and NHS Constitution sets out the goals and responsibilities for CCGs and other NHS bodies during 2019-20. Surrey Heath CCG works with its partners to achieve nationally mandated targets as well as delivering on locally determined outcome measures.

A summary of performance against the key targets for 2019-20 is given below. The targets cover the full range of services commissioned by the CCG

Performance in 2019-20

Surrey Heath CCG and its providers are committed to delivering excellent quality of care to patients and this culture is reflected in the high performance levels achieved in a number of areas.

Cancer Targets

Performance against national cancer targets across the year has generally been very good for the CCG in 2019-20 with the CCG exceeding all but one of cancer targets across the 12 months. There were some months where we did not meet the required threshold and in these months all breaches are reviewed by the clinical quality team and followed up through contract review meetings with providers.

With the exception reporting requirements where breaches greater than 104 days are fully investigated to ensure no harm is done, we work with the lead Commissioner and Frimley Health NHS Foundation Trust where there are robust processes to ensure any lessons learnt are followed through.

Overall performance at Frimley Health NHS Foundation Trust level has been excellent in 2019-20 with the Trust meeting the targets in all cancer categories throughout the year. Over the last year one area noted as requiring improvement was referral times where care is shared between providers, most notably with Royal Surrey County Hospital NHS Foundation Trust which acts as the main local cancer centre for Surrey Heath residents and who undertake all radiotherapy treatments, some chemotherapy and surgical treatments. The CCG breaches in the cancer targets has seen a small number of breaches for the 31 day standard to start radiotherapy, but overall the Royal Surrey at Trust level has met the standard in the majority of months reported.

A national focus has been to improve performance against the three 62 day standards. We have only had two months where a breach occurred which is an improvement compared to last year. There have been no breaches in this cohort for Frimley Health and Royal Surrey performance has improved since 2018-19.

Dementia Diagnosis Rate

Target 67%

Our dementia diagnosis rate has exceeded target for the whole of 2019-20 achieving 71.7% in March 2020. We are benchmarked against other CCGs in Hampshire and Thames Valley, where the average has been 65.5% and against others CCGs within the Frimley Health and Care ICS where performance is on average of 67.8%.

Diagnostic Waiting Times

Standard: less than 1% of patients waiting over six weeks for diagnostic tests

Compared to 2018-19 performance for diagnostic waiting times has been more stable this year. In February 2020, we achieved 97.1% against a target of 99%. This performance should be seen in the context of increasing demand and the constraints on capacity that has been experienced by providers in 2019-20. The number of patients waiting in excess of 6 weeks increased at the end of February 2020 was 44 compared to 9 in March 2019. In March 2020, we achieved only 89.7% against the target, as diagnostic waiting times have been significantly impacted by the the COVID-19 pandemic as Trusts directed capacity to meet demands elsewhere.

Performance at Frimley Health NHS Foundation Trust has been very high with the Trust meeting the target in all but three months to the end of February. The bulk (92%) of Surrey Heath resident's access diagnostic services at Frimley Park Hospital and are therefore seen within the planned timeframe.

Other providers who treat Surrey Heath patients, most notably the Royal Surrey County Hospital NHS Foundation Trust and toward the end of the year Ashford & St Peter's have had problems in specific areas such as waiting times for echocardiograms and limited endoscopy capacity, respectively. Breaches of the standard by providers outside the Frimley Health and Care ICS, impact the CCGs performance significantly.

Improving Access to Psychological Therapies (IAPT)

In 2019-20, we continued to meet the majority of its IAPT targets including recovery rates and waiting times. Waiting times for this service remain good.

The target for IAPT access rate was set at 22% (an increase from 19.3% in 2018-19). For the month of January 2020 the CCG achieved a rolling quarterly access rate of 5.66% which is line with national target. However, across the year performance has struggled to consistently meet the national threshold, although in recent months this has shown improvement and there has been a significant improvement compared to 2018-19. The recovery rate for the month of January 2020 is at 56.1%, above the 50% threshold, and waiting times have met the required standards achieving 93.3% for 6 week waits and 100% for 18 week waits.

Looking forward into 2020-21 the target for access to psychological therapies rises to 23%. The CCG is putting in place plans to achieve all of the IAPT standards, but this will be challenging. The CCG will continue to actively promote the IAPT service both with professionals and the community, in addition focusing on increasing uptake by those with long term conditions. Whilst trying to improve referral levels the CCG will continue to focus on ensuring those who are referred to the service have short waiting times and good outcomes. We have commissioned sufficient capacity to deliver waiting time standards and access rates, but it is likely that a number of people are receiving psychological support privately and they are not reflected in the our access rates.

IAPT and mental health indicator performance is set out below:-

NATIONALLY REQUIRED TARGETS	19/20 Target	Reporting Period	Monthly Performance
Dementia Diagnosis rates			
Dementia Diagnosis rates (single month)	67%	March '20	71.7%
Improving Access to Psychological Therapy (IAPTS)			
IAPT Access rates	22%	Jan '20	5.7%
IAPT Recovery rate	50%	Jan '20	56.1%
IAPT commencing treatment < 6 weeks	75%	Jan '20	93.3%
IAPT commencing treatment < 18 weeks	95%	Jan '20	71.7%
Other Mental Health Indicators			
Early interventions in Psychosis (EIP) -2week waits	53%	Reporting ceased Sept 19. Last data for Aug 19	100%
Child & Young People - Eating Disorders waiting times	95%	Q4	100%

Challenges

There are some areas where the CCG will be working with providers to improve performance in 2020-21:

Referral to Treatment Times (RTT)

Standard: 92% of patients on an incomplete pathway should receive treatment within 18 weeks

In previous years, our performance against the RTT standard has been very good. However, 2019-20 has proved more challenging reflecting the national picture where Trusts have struggled to run additional clinics and waiting list sessions owing to constraints in terms of clinical capacity to support extra lists. Changes to tax arrangements have affected the NHS pension scheme and have impacted Consultant staff in particular, meaning that they no longer wish to undertake additional work outside their core contract.

The focus in 2019-20 was to ensure that at least 92% of inpatients and outpatients were seen within 18 weeks. We did not achieve the standard in any month in 2019-20 and this is reflective of the picture nationally. Across the 11 months to February 2020, the average performance for the CCG was 88.8% of patients treated within the 18 week target, a reduction from 90.9% achieved in 2018-19. At the end of February 2020 the total number waiting was 4,621 compared to 4,288 in 2018-19.

With the COVID-19 pandemic severely impacting the volume of elective work undertaken within Trusts in March 2020, RTT performance against the target fell to 66.67%. In addition, the CCG did not meet the target to have fewer patients waiting for non urgent treatment on 31st March 2020 compared to 31st March 2019.

Our main provider Frimley Health NHS Foundation Trust who met the standard in 11 of the 12 months in 2018-19 has struggled to meet the standard all year. Reasons include capacity restrictions and the impact of increased referrals which have impacted the delivery of the RTT standard.

A key focus for us in 2020-21 is to continue to work with both our GPs to manage demand for services and with Frimley Health NHS Foundation Trust to meet future demand and to ensure people are seen within 18 weeks.

Accident & Emergency waiting times

Standard: 95% of patients to be seen within four hours

The NHS Constitution standard remains for 2019-20 that 95% of patients should be seen and discharge within 4 hours. This is a standard that many Trusts and CCGs have struggled to achieve and nationally a programme has been undertaken to look at alternative measures. In 2019-20 our main provider of A&E services Frimley Health Foundation Trust has been participating in a national pilot (with 15 other providers) looking at revised measures to assess performance within A&E departments.

The new measures being assessed include:-

- Average time to initial assessment
- Average time spent in A&E
- Average time spent in A&E for patients who go on to be admitted
- Average time spent in A&E for patients who are not admitted
- Number of patients who spend over 12 hours in A&E since arrival
- Number of A&E attendances

Work from the pilot sites is being assessed nationally with the view to informing new national measures to be used in future years.

Demand for A&E services for Surrey Heath residents at Frimley Health NHS Foundation Trust has remained stable year on year compared to the national trend which shows an increase.

Ambulance Quality Indicators (AQI's)

This is the second year that Ambulance services have been monitored against AQI's. Calls are classified into 4 categories and dependent on the classification of the call varying response time targets apply.

- Category 1: immediately life threatening illnesses (av.7minutes)
- Category 2: emergency calls (av. 18 minutes)
- Category 3: urgent calls (90% within 2hrs)
- Category 4: less urgent calls (90% within 3 hrs)

The CCG's Emergency ambulance service is provided by South East Coast Ambulance Service NHS Foundation Trust. Whilst previously the Trust has been subject to a formal recovery regime following reviews by the Care Quality Commission (CQC) in 2019-20 the Trust had a follow up report by the CQC and were assessed as "good" overall and "excellent" in a number of areas.

In addition, 2019-20 was the second year whereby CCGs across Surrey, Sussex and Kent working alongside NHS England and NHS Improvement agreed funding based on the findings from a Demand and Capacity Review finalised in spring 2018. This

investment supported required increases to staffing levels (frontline and back office staff) and for investment in vehicles and systems to bring about performance improvements. The Trust have done well in meeting its recruitment trajectories and new vehicles have come online throughout the year. New IT systems have been put in place so the building blocks for performance improvement are now in place.

However the assumption had been made that with the additional investment, the service should be routinely achieving Category 1 and 2 standards in the first quarter of 2019/20 (ie April to June 2019)., There would also be significant improvement across Categories 3 and 4. Significant progress has been made in Category 1 and 2 performance levels but improvements in Category 3 & 4 have not materialised as planned for. For Category 2 performance the Trust is routinely being the 2nd or 3rd best performing Ambulance Trust in the country. For the majority of the year Category 3 and 4 performance had good average wait performance times which were on target. However, the measurement against the 90th centile targets which can give a more representative view of actual wait times are much longer than target levels.

AMBULANCE QUALITY INDICATORS	19/20 Target	Reporting Period	Monthly Mean Performance
Category 1 calls (average wait)	<7 minutes	Mar-20	7.52 minutes
Category 2 calls (average wait)	<18 minutes	Mar-20	21.26 minutes
Category 3 calls (average wait)	< 2hours	Mar-20	1hr 44 mins
Category 4 calls (average wait)	< 3hours	Mar-20	2hr 11 mins

Mixed Sex Accommodation (MSA)

In 2018-19, we reported on the impact of revised guidance had on breach levels at Frimley Health, which meant that in March 2019 the CCG reported 34 breaches (346 breaches for the year 2018-19). The Trust has throughout 2019-20 implemented its improvement plan to resolve MSA breaches which involved a significant element of building works in the day case units at both the Frimley Park and Wexham Hospital sites. Across the year as work was completed breach numbers have fallen. There remain residual issues particularly in areas such as critical care where revised guidance means that a breach occurs as soon as a patient is ready for stepdown care. As at February 2020 we had reported 2 breaches in month and 84 for the year to date. Since July 2019 breaches per month have been less than 4 per month. This is a significant improvement.

The task and finish group established to rectify the situation, reported regularly on progress through the Quality Contract Review Group.

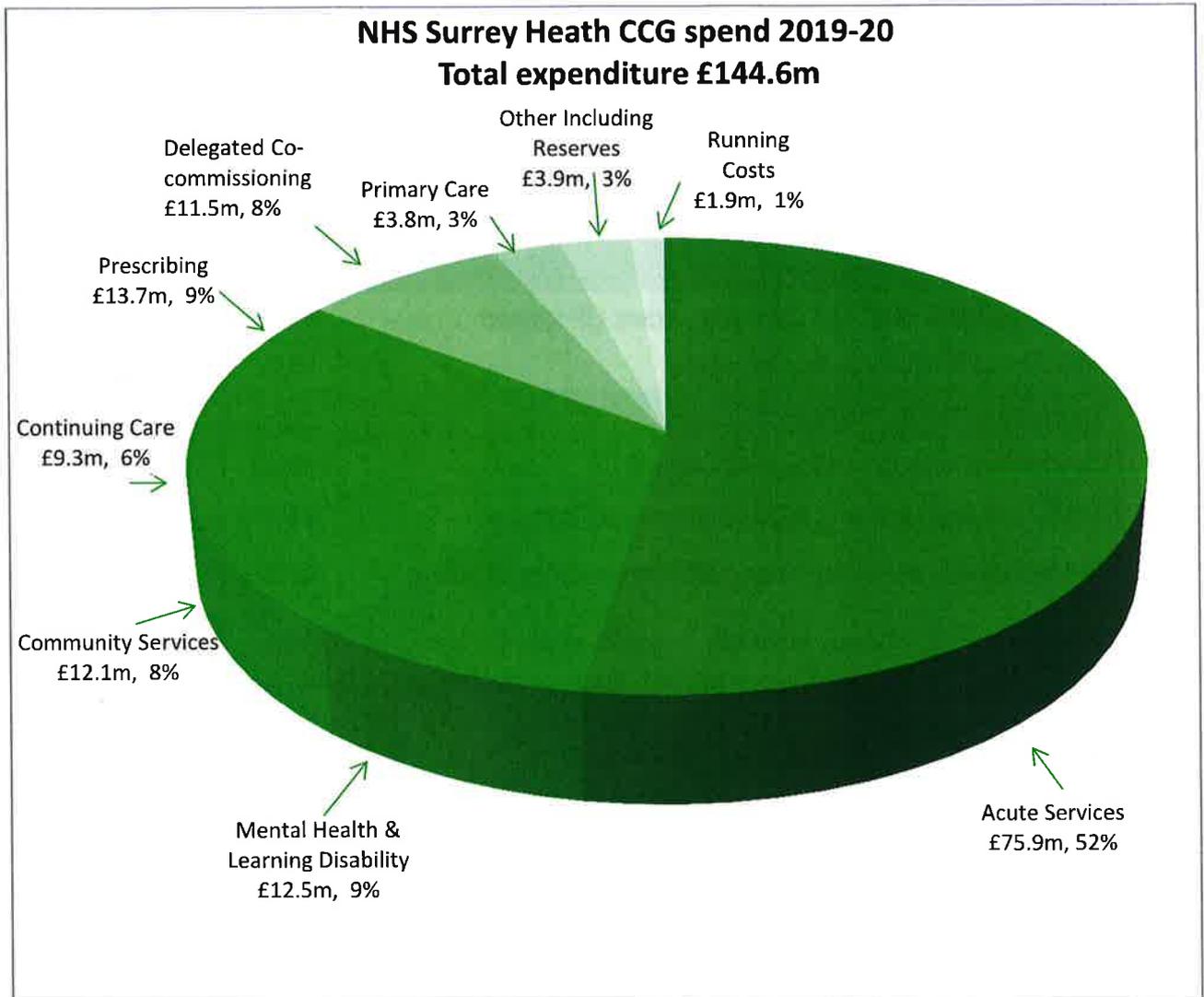
Targets and achievements

The NHS Outcomes Framework and NHS Constitution set out the goals and responsibilities for Surrey Heath CCG and other NHS bodies during 2019-20. We have been working with our partners to achieve all nationally mandated targets as well delivering on locally set outcomes measures.

A summary of performance against the key targets for 2019-20 is given below. The targets cover the full range of services commissioned by the CCG.

NHS CONSTITUTION INDICATORS		19/20 Targets	February 2020	March 2020
Referral to Treatment (RTT) waiting times for non urgent consultant-led treatment				
RTT: % of incomplete pathways (people who did not complete the course of treatment)	92%	85.5%	80.6%	
Diagnostic test waiting times				
Diagnostic waiting: % of patients waiting over 6 weeks	99%	97.9%	89.7%	
Cancer 2 week waits				
Cancer patients seen <14 days after urgent GP referral	93%	95.2%	95.7%	
Breast cancer referrals seen <2 weeks	93%	100.0%	100%	
Cancer waits – 31 days				
Cancer diagnosis to treatment <31 days	96%	100.0%	96.4%	
Cancer patients receiving subsequent surgery <31 days	94%	100.0%	100%	
Cancer patients receiving subsequent Chemo/Drug <31 days	98%	100.0%	100%	
Cancer patients receiving subsequent radiotherapy <31 days	94%	100.0%	100%	
Cancer waits – 62 days				
Cancer urgent referral to treatment <62 days	85%	94.4%	83.9%	
Cancer patients treated after screening referral <62 days	90%	80.0%	0.0%	
Cancer patients treated after consultant upgrade <62 days	86%	75.0%	50.0%	
Mixed sex accommodation				
Mixed sex accommodation breaches	0	2	n/a	
Healthcare Associated Infections				
HCAI: Clostridium Difficile (C.Diff)	13	0	0	
HCAI: Incidence of MRSA	0	0	0	
HCAI: Incidence of eColi	70	6	4	

What the CCG spent in 2019-20



The diagram above indicates the split of the £144.6m total expenditure by service groups in 2019-20. There have been no significant changes between 2018-19 and 2019-20 so any comparison between the 2 years will be valid.

The largest element of spend is on Acute services (hospital based and ambulance service) accounted for 52% of the total spend with prescribing costs the second highest at 9%.

The CCG spent:

- £59.6M with Frimley Health NHS Foundation Trust, our main provider. This accounted for 78.5% of expenditure on acute services
- £3.0M with Royal Surrey County Hospital NHS Foundation Trust, our second largest provider of acute hospital services.

- £3.5M with South East Coast Ambulance Services NHS Foundation Trust for emergency ambulance services
- £13.4m on other acute services which was spread across numerous other providers, including locally based pain, dermatology and physiotherapy service providers
- £8.5M with Surrey & Borders Partnership NHS Foundation Trust on Mental Health and Learning Disabilities services and £1.6M for Children's services.
- £6.2M with Virgin Care Services Ltd, the main Community Services provider
- £9.3m on Continuing Health Care, the majority of which represents payments to care homes.
- £11.5M on delegated co-commissioning functions which in the main forms payments to the 7 GP practices in Surrey Heath CCG.

The CCG received £2.1M allocation for its running costs, which are ring fenced from the funds used to pay for commissioned health and care services. At the end of the year, running costs showed a small underspend of just under £200K..

For the year ended March 2020, the CCG achieved a surplus of £35K. This surplus will be carried forward for drawdown in future years. When combined with the surplus brought forward from 2018-19 of £3.038M the cumulative surplus now stands at £3.073M.

The Annual Accounts for 2019-20 have been prepared under a Direction issued by NHS England under the National Health Service Act 2006 (as amended).

How the CCG delivered its plan in 2019-20

During 2019-20, we continued to work towards the improvements detailed in our existing CCG and Frimley Health and Care ICS operating plans. Due to the good services provided in the CCG area both plans focus on emphasis for improvement and sustainability rather than gaps in service. The plans support the national priority areas of Urgent and Emergency Care, Mental Health & Learning Disabilities, Maternity, Children and Young People and Cancer.

We continued to focus on the following key commissioning themes building on the previous year's improvements.

- A focus on prevention and self-care
- "Home first" approach reducing reliance on bed based care
- Commissioning for value – the right care for the right person in the right place, getting the best value for our money
- Improve access, outcomes and services for children and young people
- Further integrate our urgent care services
- Further integrate health and social care and the model of how it is delivered
- Continue to ensure we have good quality General Practice that is sustainable

A preventative approach – focus on prevention and self-care

We have continued to strengthen the shared prevention plan for Surrey Heath and work in partnership across statutory agencies to prevent ill-health, promote wellness, identify problems early and ensure effective support is in place for people. Prevention, partnership and self-care are core components of the Frimley Health and Care ICS Plan and our own local Surrey Heath Health and Wellbeing Plan.

Examples of what this has meant are detailed below:

Smoking Cessation



We have worked in partnership with the One You service to set up stop smoking services with manual workers at Surrey Heath Borough Council (SHBC) depot and with the Hope Hub, homeless service. This is in addition to information and carbon

monoxide testing delivered at the fun day on the Old Dean Estate in September, one of our areas of deprivation.

Supporting Carers

We have continued to work in partnership with the Surrey Heath Carers Organisations Group to improve the support given to adult and young carers. This group has continued to support two self-financed “respite “ events in the summer and at Christmas for carers which attracts support from local organisations including U3A, Inner Wheel, Costa and Boots the Chemist. In collaboration with North East Hampshire and Farnham CCG and East Berkshire CCG we have bid successfully for funding to support working age carers within the Frimley Health and Care ICS.

We facilitated the delivery of a Death café run for all staff working in the Borough Council building. The conversation was guided by The Brigitte Trust to prepare people properly for thinking and dealing with end of life and death. Feedback from the attendees was very positive.

National Diabetes Prevention Programme

We worked in partnership with NHS England, East Berkshire CCG and North East Hampshire and Farnham CCG to procure a Diabetes Prevention Programme for our area. The new provider has mobilised effectively and



supports people identified by GP practices as being at the pre-diabetic stage. The programme offers intensive support and health advice to try to prevent the onset of diabetes. In NDPP awareness week April we delivered daily sessions for staff within the Borough Council building with various sessions including Yoga, walking for health and “weigh ins” during the lunch hours.

Identifying and supporting people “Living with Frailty”

In Surrey Heath we want to ensure people are supported to live healthy and independent lives, in their own homes, for as long as possible. To achieve this, we are working with adults who are at risk of loss of independence and increased vulnerability – this can be described more generally as living with frailty. Following successful launch in 2017, our proactive approach to frailty management has helped maximise and maintain independence for people living with severe frailty, prevent unnecessary hospital admissions and support positive experiences of care. In 2019 we expanded our approach to support people living with moderate frailty.

Through this model 590 people have been discussed at frailty Multi-Disciplinary Teams (“MDT’s) since its launch in October 2017 with a total of 1,230 individual

interventions recommended. Our approach to frailty has reduced A&E visits and emergency admissions and has reduced prescriptions of medications which can increase the risk of falls. Positive feedback has been received from patients and staff and our approach is being mirrored in other areas.

Staff in Surrey Heath fed back very positively about this approach as part of the staff survey and impact assessment in December 2019:

“Refreshing to be proactive and look long term rather than crisis management. Feel supported in managing some of the complex patients.”

“I believe those who are discussed at panel get an amazing service.”

“Working with older people means that a lot of our clients are frail/living with frailty and it is amazing to have a MDT looking at this, especially polypharmacy”

Patients and carers receive a 3 month follow up phone call and have also commented very positively on the service:

“I would like people to know that I have been very lucky to have had incredible support from the nurses and carers that have visited... they have really lifted my spirits and helped me feel listened to... we got on and they understood how I ticked... everyone has encouraged and supported me, my life is better now”

As part of the ongoing work to support our local population we introduced a pilot service to all GP practices in August 2019 to proactively identify people living with moderate frailty who would benefit from an assessment and additional support. This service is being piloted by the Community Frailty Practitioner who works in partnership with GP practices to identify people appropriate for the service.

The Community Frailty Practitioner carries out a holistic assessment in the person's home or their GP practice and identifies what matters to them before making recommendations to keep them safe and well at home. Frailty related interventions may include providing equipment, advice, signposting and referring to other services. Early feedback indicates that people have felt supported to make positive steps forward to help them in their everyday life.

Falls Prevention

We ran a successful falls workshop in Surrey Heath with wide representation from a range of health and care professionals and members of the public. The workshop helped to identify priority areas relating to falls prevention and will be used to make recommendations locally and across the ICS.

Commissioning for value: The right care for the right person in the right place, getting the best value for our money

We have focused on the following 6 areas across the ICS

- Cardiovascular disease
- Musculoskeletal conditions
- Diabetes
- Respiratory disease
- Gastrointestinal conditions
- Neurology

Pathways of care have been redesigned and standardised treatment has been introduced across the system in all of the above areas. Some of the benefits from this re-design include:

Cardiovascular

We have seen a continued rise in the number of Computerised Tomography or CT-angiograms we use for low risk chest pain in line with NICE guidance and chest pain nurses continue to support the rapid turnaround of patients. Holter ECG monitoring has been successfully delivered for patients experiencing palpitations and they can now receive testing at their local GP practice.

We have agreed an approach to deliver the elective care transformation sought by NHS England, including the addition of advice and guidance to support primary care and we are in the process of reviewing options for outpatients.

Improvements in anticoagulation rates for high risk AF patients continue as we work towards our target of 90% for all.

Musculoskeletal (MSK)

MSK work continues to re-design pathways that reduce the use of diagnostics and reinforce the messages for self-care and physiotherapy. In addition, shared decision making is being piloted to enable clinicians and patients to work together to select the best tests, treatments, management or support for the individual, based on clinical evidence and the patient's informed preferences.

Diabetes

The education and support available to people with Diabetes has been enhanced through additional resources being made available. We have worked with Virgin Care and Oviva to enable people diagnosed with Type 2 diabetes to choose the way they access support and education. Remote support (available online or telephone) has now started and aims to complement the face-to-face support and education that was already in place. This enhanced offer has meant an improved take up in education which is now around 60%, a significant increase from the historic value of approximately 40% of people engaging with the support offered.

We have also implemented a scheme called "Diabetes Walks for Health". Working with Surrey Heath Borough Council and our community Diabetes Specialist Nurse the initiative supports people diagnosed with diabetes to improve their fitness over a twelve week programme and enhancing their understanding of their condition to support self management. The programme was so successful the programme will continue to be delivered next year.

Gastrointestinal Conditions

A webinar has been recorded relating to Irritable Bowel Syndrome and an information leaflet and video for GPs has been shared. A new Irritable Bowel Disorder poster has been developed. There is a new weight management scheme proposal under review and NAFLD (non-alcoholic fatty liver disease) pathway design and modelling work has commenced.

Neurology

Further improvements continue from last year's work to develop the Frimley Health and Care ICS wide model for neurology. New staff recruitment is underway and training has been delivered to MDT teams. The epilepsy pathway now has improved relationship and communication channels with the Learning Disabilities team. Regular meetings are now in place with their team as well as direct points of contact to discuss caseloads.

Cancer

We are working in partnership with the Surrey & Sussex Cancer Alliance to improve the survival rates and experience for our patients living with and beyond cancer across the Frimley Health and Care ICS. Part of this work will involve working with GP practices to support earlier diagnosis of cancer in primary care through improving uptake for all three national screening programmes (bowel, breast, cervical) and

raising greater awareness of cancer and the importance of self-management to stay well.

A new local innovative service run by our Community Cancer Navigator is supporting people living with and beyond cancer, providing general information and support about cancer and cancer services to enable people to navigate the health and social care system and make informed choices about their cancer and their life.

Community cancer navigators delivered the 5th Health and Wellbeing event, providing a rolling programme of sessions and working with the local community to deliver the 'watch me' events with activities for both men and women to improve their wellbeing.

We are also beginning work to support people living with cancer to prepare for treatment by promoting healthy behaviours and prescribing exercise, nutrition and psychological interventions based on a person's needs.

The CCG in a successful bid with Macmillan set up the Community Cancer Navigator team across Surrey Heath CCG & North East Hampshire & Farnham CCG to work in tandem with the Frimley Health Foundation Trust Hospital Navigators, providing signposting for people to community support and services for people living with and beyond cancer. Community Cancer Navigators delivered the 5th Cancer Health & Wellbeing event together with their new service providing a rolling programme of health & wellbeing sessions on fatigue, diet etc. and working with local community to deliver the "Watch Me" events delivering activities for both men and women to improve their wellbeing

The Cancer Lead contributed to the NESTA Bowel Cancer & Collective Intelligence Workshop in London which resulted in a visual map of what was needed for a better patient experience

Children's Services

Our vision is to improve access, outcomes and services to children, young people and their families with physical and mental wellbeing needs

We all acknowledge that waiting times for some services are longer than we would want and we continue to work closely with our providers to improve waiting times...

First 1000 Days

The First 1000 Days Programme brings together partners from across Surrey to work in collaboration to improve outcomes for children and families from a child's conception to age 2.

150 colleagues from across the system (including local authorities, the health system, voluntary organisations, housing and prison staff) and 50 families from across Surrey attended our First 1000 Days conference in July 2019. Feedback from families and professionals at this event has shaped our vision and strategy, which is currently out for comment with professionals and families.

Since April 2019, the Gypsy, Roma and Traveller Outreach Health Visiting programme has cared for just under 500 individuals, with a variety of health issues being picked up, including hypertension, safeguarding and poorly managed chronic illnesses. There have been numerous referrals to partner services, including six GP referrals, preventing A&E attendances.

As part of our planning to further support parents with young children we are in the process of developing and testing peer support models. These will be piloted during 2021-2022.

Asthma

An Asthma learning event was facilitated in January 2020. Keynote speakers brought home the true cost of asthma to the audience. Data was shared and the Healthy London Toolkit was introduced to participants, who were asked for their views on how to improve asthma care and management and patient understanding and compliance. Many people have asked to be involved in the work which has now begun to introduce a Surrey version of the Health London Toolkit across hospitals, schools, primary and community care, parents and carers and pharmacies. It is hoped that this work will link with additional Carbon Monoxide monitoring, smoking cessation and obesity management.

Acute Paediatric Clinical Advisory Group (CAG)

This group started in November 2019 and is comprised of clinicians and operational leads from all of the five acute hospitals across Surrey, along with CCG commissioning and Clinical leads. The key function of the group is to provide expert advice to support the commissioning and development of Acute Paediatric services for the Surrey population, whilst recognising financial constraints and the complexities of working across borders and being aligned to different Integrated Care System priorities.

Children with a learning disability

Surrey is committed to ensuring quality care for people with learning disability and autism

Covid-19 Update – Recovery Phase and Preparation for 2nd Wave

Portfolio	Transformation

Purpose

To receive a presentation from Louise Livingston, Executive Head Transformation

Background Information March – July 2020

1. Surrey Heath Prepared (SHP) is a temporary community group that came together in March to fill a local and immediate need in response to the Coronavirus pandemic. The organisation provided a huge amount in a short time by providing a helping hand where it was most needed, in the form of collecting prescriptions, shopping, and delivering food parcels to those who were vulnerable, shielded, and at a higher risk of infection. Each of the 16 wards within the Borough had been represented by a coordinator where people can ask for help that kept them safe at home. The operation ceased from the 1st July and requests for support services have been diverted where necessary.
2. The Government officially withdrew the shielding category from the 1st August, which ceased delivery of Government provided food parcels.
3. Food parcels continue to be supplied from either Besom or The Woking Foodbank to support those with welfare or hardship needs within Surrey Heath. Surrey Heath have recently received £42,000 from Central Government to divest within our community to ensure that food banks are sufficiently funded to meet local need.

Covid-19 Welfare Support Service

4. The Council has worked in partnership with SHP and the local legacy organisations who continue to meet local need, although demand is very much reduced now. Our community to a greater extent are self-sufficient and the vast majority do not require or need any assistance. Those who are older and vulnerable have been written to and provided with the Council’s contact details in order to be able to access help if required.
5. The Tactical team continues to work with Applied Resilience to ensure that as far as possible we are as prepared as possible for a 2nd Wave, and a desktop exercise was undertaken in August, where the theories were tested, and it was clear that from the 1st wave the teams not only dealt with the day to day issues but learnt from it as well, with robust plans in place to ensure we are able to deal with a 2nd wave.

Recommendation

6. The Committee is asked to consider the presentation in relation to Surrey Heath, and any future steps which Members would wish to recommend to the Executive and/or Council.

Background Papers:

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Service Head:

Louise Livingston Executive Head of Transformation

**External Partnerships Select Committee
Work Programme 2020/21**

Portfolio:	Corporate
Ward(s) Affected:	n/a

Purpose

To consider the Committee Work Programme for the 2020/21 municipal year

Background

1. The External Partnerships Select Committee will be appointed by the Council at its annual meeting on 20 May for the period 2020/21.
2. Part 4 of the Constitution requires the Committee to agree a work programme for each municipal year.
3. The Committee Work Programme may develop through the forthcoming municipal year, to meet new demands and changing circumstances. The Committee will be expected to review its work programme from time to time and to amend as required.

Work Programme 2020

4. The Committee is responsible for scrutiny of other agencies which affect the economic, social and environmental well-being of the Council's area, including the Health and Wellbeing Board and the Police and Crime Panel. It also carries out the Council's statutory crime and disorder function and will receive regular updates on community safety in Surrey Heath from the Borough Commander.
At the Executive on the 21st January 2020, awarded revenue grants to new organisations and the External Partnerships Select Committee may choose to invite some or all organisations to attend
5. The work programme for 2020/21 is set out below:

Meeting Date	External Partner
1 December 2020	<ul style="list-style-type: none"> • Accent Housing • Citizens Advise Surrey Heath • The Hope Hub • Catalyst Support
2 March 2021	<ul style="list-style-type: none"> • Camberley Job Club • Basingstoke Canal Authority • Blackwater Valley Countryside Partnership

6. A list of other possible items is attached at Annex A, though this is not comprehensive and only intended to be indicative of the sort of areas covered in previous years.

Proposal

7. Members are asked to agree an outline work programme for 2020/21.

Resource Implications

8. Resource implications will depend on the issues brought before the Committee. The implications both in terms of prior to/during the meeting and any resultant work will have to be assessed when individual meetings are planned and the Committee decisions are known.

Recommendation

9. The Committee is asked to consider a work programme for the 2020/21 municipal year.

Background Papers: None

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**External Partnerships Select Committee
Possible Areas of Interest**

Standing Responsibilities/Recurring Items

- Surrey Heath Health and Wellbeing Board
- Surrey Police and Crime Panel/Crime and Disorder

Other Possible Future Items

Revenue Grant Awards

Citizens Advice Surrey Heath
Voluntary Support Surrey Heath
Tringhams
Surrey Heath Age Concern
Camberley Central Job Club
Basingstoke Canal Authority
Blackwater Valley Countryside Partnership
Surrey Heath Sports Council
Surrey Heath Arts Council
Catalyst Support
The Hope Hub
The Autism Trust

Community Fund Grant Awards

Camberley Cricket Club
Frimley Green Village Hall
Parity for Disability
Camberley Judo Club
Bisley Village Hall
Chobham Burymead Football Club
Frimley Cricket Club
Heatherside Community Centre
Camberley Alzheimer Café

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