



Please reply to:

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Date: 12 September 2022

Notice of meeting

Community Wellbeing and Housing Committee

Date: Tuesday, 20 September 2022

Time: 7.00 pm

Place: Council Chamber, Council Offices, Knowle Green, Staines-upon-Thames TW18 1XB

To the members of the Community Wellbeing and Housing Committee

Councillors:

M.M. Attewell (Chairman)	J. Button	R.W. Sider BEM
O. Rybinski (Vice-Chairman)	S.A. Dunn	J. Vinson
C.L. Barratt	N.J. Gething	S.J. Whitmore
C. Bateson	H. Harvey	

Substitute Members: Councillors J.T.F. Doran, R.D. Dunn, K.M. Grant, R.O. Barratt, M. Beecher, A. Brar, R. Chandler, I.T.E. Harvey and V. Siva

Councillors are reminded that the Gifts and Hospitality Declaration book will be available outside the meeting room for you to record any gifts or hospitality offered to you since the last Committee meeting.

Spelthorne Borough Council, Council Offices, Knowle Green

Staines-upon-Thames TW18 1XB

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Agenda

Page nos.

1. Apologies and Substitutes

To receive apologies of absence and notification of substitutions.

2. Minutes

5 - 8

To confirm the minutes of the meeting held on 14 June 2022 as a correct record.

3. Disclosures of Interest

To receive any disclosures of interest from Councillors in accordance with the Council's Code of Conduct for members.

4. Questions from members of the Public

The Chair, or his nominee, to answer any questions raised by members of the public in accordance with Standing Order 40.

At the time of publication of this agenda, no questions had been received.

5. Ward Issues

To consider any issues raised by ward councillors in accordance with Standing Order 34.2

At the time of publication of this agenda, no ward issues had been received.

6. Afghan Citizens Resettlement Scheme (ACRS)

9 - 34

This report seeks to inform decision making on the Council's participation in the Afghan Citizens Resettlement Scheme.

7. Spelthorne Place Arrangements To Facilitate Health Outcomes

35 - 82

To consider a new model of governance that meets the requirements of place based timely health interventions.

8. Spelthorne Winter Warmer Project

To follow.

9. Capital Monitoring Report (Qtr 1 April-June)

83 - 94

This report seeks to update members of the Community Wellbeing &

Housing Committee on the performance of the allocated capital projects against the approved budget, as at 30 June 2022.

10. Revenue Monitoring Report (Qtr 1 April-June)

To follow.

11. Leisure Centre Update

To receive a verbal update on the leisure centre development.

12. Forward Plan

To consider the forward plan for committee business. There are currently no items on the forward plan of committee business.

13. Exclusion of public and press

To move the exclusion of the public and press in order to discuss the next item in view of the likely disclosure of exempt information within the meaning of Paragraph 4 or Part 1 of Schedule 12A of the Local Government Act 1972:

Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

The service plans are exempt by virtue of them detailing potential changes to staffing structures, that are still subject to consultations or negotiations.

14. Service Plans

To follow.

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**Minutes of the Community Wellbeing and Housing Committee
14 June 2022**

Present:

Councillor M.M. Attewell (Chairman)
Councillor H. Harvey (Vice-Chairman)

Councillors:

C.L. Barratt	N.J. Gething	J. Vinson
C. Bateson	O. Rybinski	S.J Whitmore
S.A. Dunn	D. Saliagopoulos	

Substitutions: Councillors J.T.F. Doran

Apologies: Councillors J. Button

In Attendance: Councillors M. Beecher

61722 Minutes

Minutes of the meeting held on 29 March 2022 were approved as a correct record of the proceedings.

61822 Written Answers to Questions Raised at Previous Meeting

The Committee **resolved** to note the written responses to questions raised at the previous meeting of this Committee.

61922 Disclosures of Interest

There were none.

62022 Questions from members of the Public

There were none.

62122 Ward Issues

There were none.

62222 Allocation Policy Review

Councillor Harvey joined the meeting at 19:17

Councillor Saliagopoulos joined the meeting via Teams at 19:19

The Committee considered a report from the Strategic Lead, Housing that sought approval of the revised Allocation Policy.

The Committee were advised that a public consultation had taken place on the revised policy and that the Registered Providers, with portfolios in Spelthorne and Knowle Green Estates were also to be consulted with.

Proposed by Councillor N Gething

Seconded by Councillor H Harvey

The Committee **resolved** to approve the revised Allocation Policy

62322 Discretionary £150 Council Energy Rebate Scheme

The Committee considered a report from the Housing Benefit Manager that was presented by the Deputy Chief Executive, Terry Collier that sought agreement from the Committee as to the best way to distribute the £309,000 funding Spelthorne had received from Central Government to fund discretionary payments.

The Committee were asked to consider the 6 options outlined in the report and agree which one/s provided the best way of distributing the £309,000. The Deputy Chief Executive stated that a scheme would need to be agreed and procedures put in place to distribute the money as quickly as possible to assist those residents struggling financially.

After consideration of all the options the Committee **resolved** to approve options 1 & 5 as outlined in the report but agreed that the £45 top up in option 5 be increased to £50.

62422 Household Support Fund Phase Two

The Committee considered a report from the Deputy Chief Executive, Terry Collier that sought approval of the recommendations outlined in the report.

The Committee were advised that the funding received under Phase 1 had all been allocated and that in line with the Government's steer emphasis was placed on supporting households with children, with at least 50% of the funding going to these households.

Under Phase 2 Spelthorne Borough Council had received funding totalling £265,313. £182,866 of this funding will be going to pensioner households with the remainder (£82,447) being distributed to support working age households. All Surrey Authorities had agreed that they would all aim to pay £100 per household with pensioners.

The Committee **resolved** to approve the four recommendations outlined in the report.

62522 Emergency Assistance Centre Plan

The Committee were advised that this report had been removed from the agenda and would not be discussed at this meeting.

62622 Disabled Facilities Grant Policy

The Committee considered a report that sought a recommendation from the Community Wellbeing & Housing Committee to Corporate Policy & Resources Committee to approve the Disabled Facility Grant and Better Care Funding Policy for disabled residents.

The Committee were advised that under the existing Disabled Facility Grant the Council means test all applications with the exception of those submitted for meeting the needs of disabled children and those where the applicant is in receipt of qualifying benefits. The revised Disabled Facility Grant will, in line with other neighbouring authorities, remove the requirement to means test applicants if they are applying for funding to instal stairlifts and level access showers

The Committee **resolved** to recommend to the Corporate Policy & Resources Committee that the Disabled Facility Grant and Better Funding Policy for disabled residents be approved. This was subject to paragraphs 1.9 and 1.10 being removed from the report as this issue was to be brought back to the committee at a later date.

62722 Forward Plan

The Committee **resolved** to note the Forward Plan for the business of the committee and were asked to advise the Chair or Vice-Chair if they wanted any item added to the plan to be discussed at future meetings.

62822 Exclusion of Public & Press

Proposed by Councillor N Gething
Seconded by Councillor C Barratt

The Committee **resolved** to move the exclusion of the public and press in order to discuss the next item in view of the likely disclosure of exempt information within the meaning of Paragraph 3 or Part 1 of Schedule 12A of the Local Government Act 1972.

62922 Leisure Centre Operator Contract Specification

The Committee considered a report that sought approval of Option 2 as outlined in the report in respect of the proposed concessions price categories.

63022 Urgent business

The Committee were advised that a member of the Community Wellbeing & Housing Committee was invited to sit on the UK Shared Prosperity Fund Working Group to represent the Committee.

Councillor Gething put his name forward and this was seconded by Councillor Barratt.

Councillor Dunn put her name forward and this was seconded by Councillor Vinson.

A vote was taken resulting in 5 votes for each candidate. The Chair used her casting vote and the Committee **resolved** to elect Councillor Gething to represent the Committee on the UK Shared Prosperity Fund Working Group.

Community Wellbeing and Housing Committee

20th September 2022



Title	Afghan Citizens Resettlement Scheme (ACRS)
Purpose of the report	To make a decision
Report Author	Steph Green, Housing Strategy & Policy Officer
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	N/A
Corporate Priority	Community and service delivery
Recommendations	Committee is asked to: Decide if Spelthorne Borough Council should participate in ACRS. The recommendation is to make a small pledge.
Reason for Recommendation	The Council's Refugee Scheme policy requires us to investigate and consider all schemes that are brought forward by the Home Office. Making a pledge enables us to have the flexibility in accessing funding to support Afghan refugees moving-on from the Spelthorne bridging hotel.

1. Summary of the report

- 1.1 In February 2022, Spelthorne Borough Council approved a Refugee Scheme policy. The policy requests the Council to assess and examine the details of Refugee Schemes brought forward by the Home Office, for its impact on the local community, the Council's resources to support the scheme, and deliverability. This report seeks to inform decision making on the Council's participation in ACRS.

2. Key issues

- 2.1 ACRS aims to provide up to 20,000 women, children and others at risk, with a safe and legal route to settle in the UK. It prioritises those who have assisted UK efforts in Afghanistan or stood up for UK values such as democracy, women's rights, freedom of speech and rule of law; and vulnerable people such as women and girls at risk, and members of minority groups (including ethnic / religious minorities and LGBTQ+).
- 2.2 Families who relocate through the ACRS will receive indefinite leave to remain in the UK, with an opportunity to apply for British citizenship after 5 years in the UK under existing rules.
- 2.3 The scheme is not application-based. Instead, eligible individuals are prioritised onto the scheme through one of three referral pathways:

- (a) Pathway 1: Some of those evacuated under Op PITTING, including women's rights activities, journalists, prosecutors, and Afghan family members of British nationals, will be granted a place on the ACRS. Those eligible who were called forward or specifically authorised for evacuation but were not able to board flights can also be resettled.
 - (b) Pathway 2: Vulnerable refugees who have fled Afghanistan will be referred for resettlement to the UK by the United Nations High Commissioner for Refugees. Referrals are based on assessments of protection needs and vulnerabilities. The Home Office anticipate receiving up to 2,000 referrals during the first year.
 - (c) Pathway 3: In the first year, places will only be offered to eligible at-risk British Council and GardaWorld contractors and Chevening alumni. The Home Office anticipate receiving up to 1,500 people under this pathway.
- 2.4 The Foreign, Commonwealth & Development Office (FCDO) launched an online system 20th June 2022 for 8 weeks for eligible individuals to express an interest to be resettled to the UK. Any offer of resettlement under ACRS is contingent on security screening and provision of biometric information.
- 2.5 Alongside the approval of the Council's Refugee Scheme policy, several refugee schemes have been brought forward by the Home Office:
- (a) Afghan Relocation Assistance Policy (ARAP) – This scheme offers relocation to former Locally Employed Staff in Afghanistan. In September 2021, the Community Wellbeing and Housing Committee approved to welcome up to 5 households under this scheme. So far, 3 families have been assisted into privately rented accommodation via the Council's Spelthorne Rent Assure scheme.
 - (b) Homes for Ukraine – The Government set-up this scheme to allow Ukrainian nationals and their immediate family to be sponsored to come to the UK as 'guests' for up to 3 years. Local authorities are expected to facilitate the delivery of this scheme by carrying out safeguarding checks on sponsors and providing community integration support to guests. As of 22nd July 2022, over 90 guests have arrived with 3 sponsor/guest relationships sadly breaking down and the Council owing a homelessness duty to help.
 - (c) Ukraine Family Scheme – Family members of British nationals, UK settled persons and certain others are permitted to come to or stay in the UK for up to 3 years under the Ukraine Family Scheme. Councils have not been instructed to provide support so there is little oversight on the number of applicants accessing this scheme. However, applicants arriving are also eligible for the Council's homelessness assistance.
- 2.6 Several challenges have been noted in delivering the ARAP scheme. It has been difficult to source suitable properties due to the larger-sized homes required and frequent landlord apprehensions despite reassurances from our staff. When a property has been successfully sourced, there have been delays by the Home Office to match a suitable family due to the household refusing a property; families are able to make up to 2 refusals. These placements are resource intensive due to the work required to source and furnish the properties, run financial administration of the scheme, and support the new arrivals with settling into the community and maintaining their

tenancy. These difficulties must be considered before deciding to participate in ACRS as it operates almost identically to ARAP.

- 2.7 The North East Surrey Family Support team are providing the majority of the wrap-around support needed by Afghan refugees to access education, employment and welfare benefits. There are currently 2 dedicated Afghan Support workers. One has a caseload of 10 households for the ARAP scheme (split evenly between Spelthorne and Elmbridge) and the other works with up to 90 residents at the bridging hotel within Spelthorne. Of these 90, 12 are currently under the ACRS scheme. In addition, the Council has been recently notified by the Home Office, of their intention to expand the capacity of the current Bridging Hotel in Spelthorne from 46 to 88 rooms. The expansion will add additional pressure on the resources at the hotel, as well as may lead to increased demand on housing in the form of increase of homelessness applications from the Afghan families residing at the hotel. It is worth noting that Elmbridge Borough Council are considering an increase in their pledge from 5 to 8 households. The North East Surrey Family Support team are looking to increase resource to support hotel guests in finding alternative accommodation and to provide wrap around support.

3. Options analysis and proposal

To make a pledge (recommended)

- 3.1 We would need to commit to a particular number of households under the ACRS scheme that we would help rehouse and resettle into the community. Opting in to ACRS would support the government's efforts to help with the current refugee crisis in Afghanistan. However, there is no guarantee that we would be able to quickly source suitable properties due to the challenges we have faced accommodating those under the ARAP scheme. Therefore, the target would likely need to be a small number to ensure it is deliverable. It is recommended that this figure mirror the increased target set by Elmbridge Borough Council. A pledge of 3 households would create an overall total of 8 across both ARAP and ACRS. So far, 3 properties have been found for ARAP households so the recommendation would be for the remaining 5 placements to be shared across both ACRS and ARAP. This will allow flexibility in accessing funding from the Home Office and maximise chances of deliverability. Furthermore, the North East Surrey Family Support Team resources could be overstretched based on current resource. However, the team are looking to expand in the near future and have confirmed that they could cope with this small pledge increase.

To not make a pledge

- 3.2 We would not participate in ACRS despite a request from the Home Office to make a pledge. If ACRS households currently in the Spelthorne bridging hotel decide to move to a property within the borough, the Council will not be able to claim funding to support these families if it has not made a pledge. If these families require further housing or homelessness advice in the future and an interim accommodation is owed, it will be costly to place these families into emergency accommodation due to the large size of the household. Subsequently, it will be difficult to find further settled accommodation for these households due to the size required and lack of larger properties available to let. However, the Council must consider whether it can reasonably source

suitable properties to meet the needs of ACRS refugees given the difficulties noted with sourcing properties for the ARAP scheme.

- 3.3 The Council will continue to actively participate in other refugee schemes implemented by the Home Office including ARAP and Homes for Ukraine whilst maintaining a balance to support existing and future homelessness pressures faced by residents. The current Family Support Team will also be able to continue maintaining an ample service to support refugees without overstretching resources.

4. Financial implications

- 4.1 As like the funding for ARAP, local authorities will receive the same level of grant funding for supporting ACRS. The local authority may claim funding for the first year following the commencement of the provision of support under the scheme, and for subsequent years until the end of the third year. On the day that the Council commences the provision of support, 40% grant funding can be claimed with the remainder to be paid in equal instalments in months four and eight.

The funding instructions released for 2022/23 are as follows:

- £10,500 per person for the first year (with separate additional funding for children's education).
 - £6,000 per person for the second year.
 - £4,020 per person for the third year.
- 4.2 As the level of funding remains the same for ACRS as it is ARAP, a copy of the financial considerations for the previous ARAP report is included as Appendix C. The Council's Finance team considered the cost of the support provision as well as the grant funding offered by the Government and confirmed that the grant funding will cover the cost of the management of the scheme and support required.
- 4.3 As more families find their own accommodation and move out of bridging hotels, local authorities who can provide integration support for these families can use funding flexibly to help assist families with move-on. ARAP and ACRS integration support funding can be used to help with start-up costs to procure accommodation in the private rented sector. This may include deposits, landlord incentives, letting fees and necessary furnishings. Councils can flexibly allocate funding within the tariff for move-on options but will be expected to provide full integration support for 36 months. If the local authority chooses to provide only the deposit and initial rent without further support, this must come from other monies outside the funding.

5. Risk considerations

- 5.1 The main risks associated with this report is competing demand for local affordable housing and tenancy sustainment support. The Council will need to balance the demands of existing pressures as well as anticipate future demand. There are increased risks of homelessness approaches due to the cost-of-living crisis and several refugee schemes operating in parallel. To minimise risk, the Council would only be able to pledge a small number towards the ACRS efforts. Furthermore, the North East Surrey Family Support team are working with the families into the hotel to educate the guests on affordability to avoid future tenancy failure and prevent homelessness. If the Council make

a pledge, funding can be used flexibly to support the bridging hotel residents into the private rented sector.

6. Legal considerations

- 6.1 As with the ARAP and the Ukrainian refugee schemes, those accessing ACRS will also be eligible for the Council's statutory homelessness assistance service. Where families struggle to find suitable accommodation or tenancies breakdown, the Council's homelessness prevention or relief duty will kick-in meaning interim accommodation may need to be sought.

7. Other considerations

- 7.1 It is worth noting that Spelthorne has two hotels within the borough operating to support refugees. The first is a bridging hotel for Afghan refugees, there are approximately 90 people there at any one time waiting to be moved on to settled accommodation. This hotel is expected to remain in place until at least December 2023 (subject to further extension if needed). The second hotel in Spelthorne is being used as asylum accommodation to comply with the Home Office's statutory duty to accommodate people seeking asylum who are at risk of destitution by utilising contingency accommodation. Residents await the outcome of their asylum application. Whilst waiting for their decision, residents do not have recourse to public funds meaning they are ineligible for homelessness assistance.

8. Equality and Diversity

- 8.1 An Equality and Diversity Impact Assessment has been carried out and is provided in Appendix D. This assessment has not identified any significant impact on equalities.

9. Sustainability/Climate Change Implications

- 9.1 The proposed scheme itself does not have any impact on the Council's sustainability / climate change position.

10. Timetable for implementation

- 10.1 If the Council wishes to participate in ACRS, we will liaise with the Home Office to support the scheme as early as practical to do so.

11. Contact

- 11.1 Housing Strategy and Policy Team: HousingStrategy@spelthorne.gov.uk

Background papers: See the council's Refugee Scheme policy

Appendices:

Appendix A: CEX Letter for Resettlement Pledges for 2022-23

Appendix B: CEX Letter Annex - Resettlement Pledges

Appendix C: Afghan ARAP & ACRS Support Budget

Appendix D: Equality and Diversity Impact Assessment

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Home Office

Lord Richard Harrington
Minister for Refugees



Department for Levelling Up,
Housing & Communities

**Home Office and Department for Levelling
Up, Housing and Communities**

2 Marsham Street
London SW1P 4DF

Email: PSRichardHarrington@levellingup.gov.uk

27 June 2022

Dear Chief Executive,

Resettlement Pledges for 2022/23

I am writing with regards to the UK's commitment to Afghanistan. Since I became the Minister for Refugees earlier this year I have had the pleasure of meeting and working with many of you to discuss the Ukraine situation. I continue to be hugely grateful and impressed with the work, engagement and leadership Local Authorities have played in delivering the Homes for Ukraine scheme, as you also did with those fleeing from Syria and more recently, in welcoming Afghan families to the UK.

Earlier this month I laid out in Parliament that in line with the Government's standing commitment to resettle those fleeing Afghanistan, that we will shortly be opening new pathways to resettle more of the most vulnerable people to a safe life in the UK. We are all aware of the importance of settling and integrating those arriving under this scheme as quickly as possible and accordingly, we need to increase the number of pledges and offers of accommodation.

I am determined to move both existing and new arrivals out of bridging accommodation as quickly as possible to help people integrate most successfully into their new lives in the UK. As such, I am asking all councils to again help through bringing forward the most generous number of pledges possible for placements for the year ahead. In addition to our Afghan schemes, I am committed to resettling refugees under the UK Resettlement Scheme (UKRS) and I also seek your support and pledges for UKRS. To register your pledges, I would be very grateful if you could contact your regional strategic migration partnership (details provided in the attached Annex) so we can ensure coordination at a regional level.

As you consider what you are able to pledge, I thought it might be helpful to give you a sense of the challenge over the coming year, issues I know that many councils are all too familiar with:

- There are c.12,000 Afghans in bridging hotels, with c.10,500 requiring accommodation. We require more than 2,000 additional properties to move these families out of bridging and into settled accommodation. With 68% of the population being larger families, we need over 500 4-bedroom houses. We welcome offers of closely co-located smaller properties, for larger families to be split where the makeup of the family allows.
- As of week commencing 13 June 2022, we have fewer than 100 properties available to us to match to families.
- Arrivals under the Afghan Relocations and Assistance Policy (ARAP) are forecast to continue, at a rate of up to 500 per month.
- We expect 2,000 referrals from the UNHCR this year under the Afghan Citizens Resettlement Scheme (ACRS) pathway 2.
- We could see up to 1,500 arrivals under ACRS pathway 3.

The annex to this letter sets out some of the basic information about the schemes, including the grant funding packages, an indication of the accommodation and integration support needed and information about the matching process. More information is available from your strategic migration partnership.

I am acutely aware that this ask comes at a time when we are asking a lot of you in our support for Ukraine and at a time when the private rented sector is particularly challenging. I understand the pressures that this puts on you; the collective challenge for us is significant.

We have a number of initiatives underway to support with this challenge. We plan to make it easier for you to access the £25.5m Housing Costs fund, to help you meet the costs of housing. We are working with councils to develop the Find Your Own Accommodation Pathway (via the private rented sector) and have provided flexibility in our funding instructions, allowing councils to receive funding for families moving to properties in this way. We are reaching out to landlords, property developers and the wider private rented sector, including Rightmove, to encourage further offers of properties, either directly to local authorities or through our housing portal, which was set up to allow people to submit offers of housing support for people arriving from Afghanistan. We are also working with education establishments on the conversion of properties that we hope can be used as long-term accommodation for families.

I am keen to discuss other ways that we can collectively address this very real challenge. I hope to continue to speak to colleagues over the following weeks and months and always welcome any opportunity to discuss your thoughts and ideas. I would be grateful if you shared this letter with your local authority elected leaders.

Should you wish to speak with me directly, please do not hesitate to get in contact. I firmly believe that working together we can get there; the reward is seeing lives of thousands of people – mothers, fathers, children – transformed.

Yours sincerely,

A handwritten signature in blue ink that reads "Richard". The signature is written in a cursive style with a large, prominent 'R'.

Lord Harrington
Minister of State for Refugees

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Annex

UK Resettlement Scheme

The UK Resettlement Scheme (UKRS), which started in March 2021, is an ongoing humanitarian resettlement scheme whose purpose is to resettle vulnerable refugees in need of protection from a range of regions of conflict and instability across the globe. We work closely with the United Nations High Commissioner for Refugees (UNHCR), the global refugee agency, to identify those living in formal refugee camps, informal settlements and host communities who would benefit most from resettlement to the UK. Our resettlement schemes are not selective on the basis of employability or integration potential. The number of refugees we resettle every year through the UKRS depends on a variety of factors including future government funding commitments and local authorities' capacity for supporting refugees.

Funding available to local authorities who resettle families under UKRS is set out [here](#).

Afghan Citizens Resettlement Scheme

ACRS formally opened on the 6 January 2022, providing up to 20,000 women, children, and others at risk, with a safe and legal route to resettle in the UK. ACRS will prioritise those who have assisted UK efforts in Afghanistan and stood up for UK values such as democracy, women's rights, freedom of speech and rule of law; and vulnerable people such as women and girls at risk, and members of minority groups (including ethnic / religious minorities and LGBT+). 6,500 of those already evacuated, including women's rights activists, journalists, prosecutors, and Afghan family members of British Nationals were the first to be resettled under the ACRS and will be granted indefinite leave to remain. From spring, UNHCR will refer refugees to the scheme, based on assessments of protection need. We will continue to receive such referrals to the scheme in the coming years.

Afghan Relocations and Assistance Policy

The ARAP launched on 1 April 2021 and this scheme offers relocation or other assistance for those who worked with the UK in Afghanistan. 7,000 people have been relocated under ARAP so far. The scheme is not time limited, and the Government is working to facilitate the continued relocation of those who are eligible.

Funding available to councils who resettle families under ACRS and ARAP is detailed in our funding instruction [here](#) and amounts to £20,520 per person over three years, up to £4,500 per child for education, £850 to cover English language provision for adults requiring this support and £2,600 to cover healthcare.

Enhanced Matching Process

Under the enhanced matching process, households in bridging accommodation will be given two offers of 'appropriate' accommodation, with the expectation being that they will accept the first accommodation offer made to them, unless they have a 'good reason' to refuse it.

If a household rejects an appropriate accommodation offer, the Home Office will review the offer, consider their reasons, and if it was a good reason to refuse, the offer will be discounted. If this is not the case and the review finds that the offer was appropriate, the household will be informed of this and then given their second appropriate accommodation offer. If the household reject the offer (and it is still deemed appropriate upon review) then they will be given a minimum of 56 days' notice to leave the bridging hotel and find their own accommodation.

We hope that given the improvements to the matching process there will be increased uptake of housing offers, and few circumstances in which the Home Office need to give notice to leave bridging accommodation.

For more information about the enhanced matching process please refer to the letter issued by the Home Office and DLUHC on 9 May 2022.

Strategic Migration Partnerships

REGION	SMP LEAD	EMAIL ADDRESS
South East	Roy Millard	RoyMillard@secouncils.gov.uk
North East	Janine Hartley	Janine_Hartley@middlesbrough.gov.uk
Yorkshire & Humber	David Brown	David.2.Brown@migrationyorkshire.org.uk
West Midlands	Dally Panesar	Dalvinder.Panesar@birmingham.gov.uk
East Midlands	Brein Fisher	Brein.Fisher@emcouncils.gov.uk
East of England	Gosia Strona	Malgorzata.Strona@eelga.gov.uk
North West	Katie Jones	katie.jones@manchester.gov.uk
South West	Kelly-Anne Phillips	kelly-anne.phillips@swcouncils.gov.uk
London	Mark Winterburn	Mark.Winterburn@london.gov.uk
Wales	Anne Hubbard	anne.hubbard@wlga.gov.uk
Scotland	Andrew Morrison	andrew@cosla.gov.uk

Afghan Relocations and Assistance Policy Costings

Support from Central Govt.

Repayments as follows

Stage 1	40% on arrival
Stage 2	40% at end of 4 months
Stage 3	20% at end of 8 months

As at 16 August 2021

People						
1.00	2.00	3.00	4.00	5.00	6.00	

Rent Support

per person per day	15.00	1,825.00	3,650.00	5,475.00	7,300.00	9,125.00	10,950.00
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for 4 months =
122 days (4
months only
then benefits) 121.67

Integration support	10,500.00	10,500.00	21,000.00	31,500.00	42,000.00	52,500.00	63,000.00
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12,325.00	24,650.00	36,975.00	49,300.00	61,625.00	73,950.00		
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Cash support

Weekly single

under 25	59.20
Over 25	74.70
Couple	117.40
Children under 1	37.75

Single person under 25	1,028.95
1 person's rent & integration	12,325.00
	13,353.95

Single person over 25	1,298.36
1 person's rent & Integration	12,325.00
	13,623.36

Couple	2,040.52
2 persons rent & Integration	24,650.00
	26,690.52

Family of 3 - child under 18

Couple	2,040.52
1 child under 18	656.13
3 persons rent and integration	36,975.00
	<u>39,671.65</u>

Family of 4 - two children under 18

Couple	2,040.52
2 children under 18	1,312.26
4 persons rent and integration	49,300.00
	<u>52,652.79</u>

Family of 5 - three children under 18

Couple	2,040.52
3 children under 18	1,968.39
5 persons rent and integration	61,625.00
	<u>65,633.92</u>

Family of 6 - four children under 18

Couple	2,040.52
4 children under 18	2,624.52
6 persons rent and integration	73,950.00
	<u>78,615.05</u>

For every person over 18 and under 25 add £13,393.95 to the above

For every person over 25 add £13,623.36 to the above

English speaking allowance £850.00 per person

Costs

		per family	5 families	
Rent per calendar month	1,700.00	6,800.00	34,000.00	Per Housing noting that support is available for up to 9,125
White Goods		3,000.00	15,000.00	Per Housing
Initial welcome pack per family		100.00	500.00	recommended
Essential maintenance		500.00	2,500.00	Estimate
Integration	10,500.00	5.00	52,500.00	262,500.00 Up to
Weekly cash				
	Couple	2,040.52	10,202.62	per position statement
	Children	1,968.39	9,841.96	per permission statement
Selling white goods		0.00	0.00	will return to the charity shop
		<u>66,908.92</u>	<u>334,544.58</u>	

Annualised costs staff for 6 months

0.5 WTE	20,700.00
Clinical supervision	450.00
Transport	2,000.00
Training	1,000.00

24,150.00

Summary

Costs for five families 334,544.58

0.5 FTE	24,150.00
	<u>358,694.58</u>

Maximum Funding based on 5 families 3 children under 18

65,633.92	<u>328,169.58</u>
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(Surplus)/Deficit funds	<u>30,525.00</u>
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Difference

0.5 FTE	24,150.00	is FTE being funded by intergration money?
Essential maintenance	2,500.00	funded from integration pack?
White goods	15,000.00	funded from integration pack?
Welcome pack	500.00	funded from integration pack?

Rent Charged 34,000.00

Rent support	45,625.00	-11,625.00	Will we get the maximum allowance or just what the rent charge is
		<u>30,525.00</u>	

Difference -0.00

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Equality Analysis

Directorate: Community Wellbeing Service Area: Housing Strategy & Policy	Lead Officer: Steph Green Date completed: 25 July 2022
Service / Function / Policy / Procedure to be assessed: Afghan Citizen Relocation Scheme (ACRS)	
Is this: New / Proposed <input checked="" type="checkbox"/> Existing/Review <input type="checkbox"/> Changing <input type="checkbox"/>	Review date: In line with any council review of ACRS

Part A – Initial Equality Analysis to determine if a full Equality Analysis is required.

What are the aims and objectives/purpose of this service, function, policy or procedure?

The Government wrote to all Local Authorities asking for them to pledge support and accommodation for Afghan refugees under ACRS.

The aims of the scheme are:

- To provide up to 20,000 women, children and others at risk, with a safe and legal route to settle in the UK. It prioritises those who have assisted UK efforts in Afghanistan or stood up for UK values such as democracy, women's rights, freedom of speech and rule of law; and vulnerable people such as women and girls at risk, and members of minority groups (including ethnic / religious minorities and LGBTQ+). Families who relocate through the ACRS will receive indefinite leave to remain in the UK, with an opportunity to apply for British citizenship after 5 years in the UK under existing rules.
- To provide accommodation and wraparound support for the families including; financial and language support; NI application; registration with GPs, schools and the local Job Centre Plus; and, advice on employment, claiming welfare benefits, housing, health, education and setting-up utility bills.

Please indicate its relevance to any of the equality duties (below) by selecting Yes or No?

	Yes	No
Eliminating unlawful discrimination, victimisation and harassment	✓	
Advancing equality of opportunity	✓	
Fostering good community relations	✓	

If not relevant to any of the three equality duties and this is agreed by your Head of Service, the Equality Analysis is now complete - please send a copy to **NAMED OFFICER**. **If relevant**, a Full Equality Analysis will need to be undertaken (PART B below).

PART B: Full Equality Analysis

Step 1 – Identifying outcomes and delivery mechanisms (in relation to what you are assessing)

What outcomes are sought and for whom?	<p>The main outcome of ACRS is to provide a safe haven through accommodation where Afghan families can integrate into the local community and build support networks to lead healthy and happy lives.</p> <p>Affected groups will include (not exhaustive):</p> <ul style="list-style-type: none"> • All adults (and associated dependants) who are eligible to make an application under ACRS; • Partners involved in sourcing and furnishing suitable accommodation; • North East Surrey Family Support Team and other partners involved in the delivery of advice and support services.
Are there any associated policies, functions, services or procedures?	<ul style="list-style-type: none"> • ACRS policy statement • The Council's Refugee Scheme Policy 2022 • Homelessness and Rough Sleeping Strategy 2020-2025
If partners (including external partners) are involved in delivering the service, who are they?	<p>Partners involved in sourcing and furnishing suitable accommodation e.g. Spelthorne Rent Assure and Surrey Crisis Fund.</p> <p>Partners involved in the delivery of advice and support services e.g. North East Surrey Family Support Team, Job Centre Plus, Citizens Advice, DWP, Surrey County Council, voluntary and community faith groups [not exhaustive].</p>

Step 2 – What does the information you have collected, or that you have available, tell you?

What evidence/data already exists about the service and its users? (in terms of its impact on the 'equality strands', i.e. race, disability, gender, gender identity, age, religion or belief, sexual orientation, maternity/pregnancy, marriage/civil partnership and other socially excluded communities or groups) and **what does the data tell you?** e.g. are there any significant gaps?

General Spelthorne context

According to the Indices of Deprivation 2019, the most deprived borough in Surrey is Spelthorne. Spelthorne has the highest number of lone parent families and the highest level of child poverty in Surrey; it also has the highest under-18 conception rate in the county. That said, residents are largely healthy, with life expectancy for both males and females slightly above the national average.

Spelthorne has a low rate of unemployment: 1.4% of those economically active aged 16 to 64, compared to the South East (2.2%) and UK as a whole (3.5%). Heathrow Airport is a significant local employer, with 8.3% of Spelthorne's working population employed there. Significantly, 21.5% of those in work in Stanwell North are in low level employment compared to an average of 11.6% in Surrey. Average wages are slightly above regional averages at £630 per week for full-time employees.

Whilst house prices remain well above the national average, most residents are owner-occupiers (73%), followed by private rented (13%) and social rented (12%).

We're awaiting the full release of the 2021 census data so existing data is based on the 2011 census. First release of the new census data highlights a population increase in Spelthorne by 7.7%, from around 95,600 in 2011 to 103,000 in 2021. Spelthorne is the 14th most densely populated of the South East's 64 local authority areas with 2,295 of residents per square kilometre. Initial data also provides updates to both categories of age and sex as outlined below.

Gender / gender identity

Census data from 2021 shows that 50.9% of residents in Spelthorne were female, with the remaining 49.1% being male. There is no data known to be held in relation of other gender identities.

Source: ONS Census, 2021 – Population and household estimates, England and Wales: Census 2021

A White Paper published in December 2018 (Help shape our future: the 2021 Census of population and housing in England and Wales) set out the ONS recommendation for what the census should contain and how it should operate. The White Paper recommended that the census in 2021 include a question about gender identity, asking respondents whether their gender is the same as the sex they were registered as at birth. The question is separate from the question about sex (i.e., whether the respondent is male or female), which is phrased in the same way as previous years. There is currently no official data about the size of the transgender population (the word 'transgender' is used here to describe people whose gender identity does not match the sex they were assigned at birth). The Government Equalities Office (GEO) has said that there may be 200,000 to 500,000 transgender people in the UK, but stresses that we don't know the true population because of the lack of robust data. The ONS has identified user need for official estimates in order to support policy-making and monitor equality duties and has added a voluntary question on gender identity for people age 16 years and over. The 2021 data set has not yet been published by the ONS.

Source: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8531>

Age

Spelthorne has a slightly lower population of under-30s (33%) compared to the rest of the country (36%), and a slightly higher population of 30-69 year olds (53%) compared with the national average of (51%). The number of 70+ is 14%, which is broadly in line with the rest of the nation. Source: ONCS Census, 2021 – Population and household estimates, England and Wales: Census 2021.

Ethnicity

The ethnic make-up of Spelthorne is largely in line with the UK average, although we have more residents who identify as Asian and fewer residents who identify as Black than the national average.

Ethnic group	Spelthorne		Region	UK
	Number	%	%	%
White	83,455	87.3%	90.7%	87.2%
Mixed	2,382	2.5%	1.9%	2.0%
Asian	7,295	7.6%	5.2%	6.9%
Black	1,545	1.6%	1.6%	3.0%
Other	921	1.0%	0.6%	0.9%
Total	95,598	100.0%	100.0%	100.0%

Source: <https://commonslibrary.parliament.uk/home-affairs/communities/demography/constituency-statistics-ethnicity/>

Disability

As of July 2019 there were around 2,020 PIP claimants in Spelthorne constituency. In comparison, there was an average of 2,500 claimants per constituency across the South East. Within Spelthorne, psychiatric disorders were the most common reason for claiming PIP. They accounted for 37% of awards, compared to 36% in Great Britain. 'Psychiatric disorders' include anxiety and depression, learning disabilities and autism. The second most common reason for awards was musculoskeletal disease (general), which accounted for 17% of awards within the constituency and 21% in Great Britain. Musculoskeletal disease (general) includes osteoarthritis, inflammatory arthritis and chronic pain syndromes.

Source:

<http://data.parliament.uk/resources/constituencystatistics/personal%20independence%20payment/PIP%20claimants%20in%20Spelthorne.pdf>

Religion

Residents of Spelthorne predominately identify themselves as either Christian or having no religion. There is a smaller Muslim population compared with the national average, but a larger Hindu and Sikh population.

	Constituency		Region	UK
	Number	%	%	%
Has religion	67,392	70.5%	65.0%	66.7%
of which				
Christian	60,954	63.8%	59.8%	58.8%
Muslim	1,808	1.9%	2.3%	4.5%
Hindu	2,332	2.4%	1.1%	1.4%
Buddhist	420	0.4%	0.5%	0.4%
Jewish	206	0.2%	0.2%	0.4%
Sikh	1,325	1.4%	0.6%	0.7%
Other	347	0.4%	0.5%	0.4%
No religion	21,511	22.5%	27.7%	26.1%
Not stated	6,695	7.0%	7.4%	7.2%

Source: <https://commonslibrary.parliament.uk/home-affairs/communities/constituency-data-religion/>

Sexual orientation

There is no accurate dataset which can be used to reflect solely Spelthorne. The White Paper recommends asking a new question about sexual orientation. The ONS has identified a user need for better data on sexual orientation – particularly for small areas – to inform policy-making and service provision, as well as monitoring equality duties. The ONS has previously used the Annual Population Survey (APS) to estimate the size of the lesbian, gay and bisexual (LGB) population in the UK. According to these estimates, just over 1 million people identified as LGB in 2016 (around 2% of the population). However, the sample population used in the APS isn't big enough to provide robust estimates of the LGB population in smaller areas.

Source: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8531>

Marriage / Civil Partnership

More people in Spelthorne are married compared to the rest of England and Wales, and fewer people identify as single.

Marital Status	Spelthorne		England and Wales	
All usual residents aged 16+	78,089		45,496,780	
Single (never married or never registered a same-sex civil partnership)	24,562	31%	15,730,275	35%
Married	38,984	50%	21,196,684	47%
In a registered same-sex civil partnership	153	0%	104,942	0%
Separated (but still legally married or still legally in a same-sex civil partnership)	2,042	3%	1,195,882	3%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	6,870	9%	4,099,330	9%
Widowed or surviving partner from a same-sex civil partnership	5,478	7%	3,169,667	7%

Has there been any consultation with, or input from, customers / service users or other stakeholders? If so, with whom, how were they consulted and what did they say? If you haven't consulted yet and are intending to do so, please list which specific groups or communities you are going to consult with and when.

None

Are there any complaints, compliments, satisfaction surveys or customer feedback that could help inform this assessment? If yes, what do these tell you?

None

Step 3 – Identifying the negative impact.

a. Is there any negative impact on individuals or groups in the community?

Barriers:

What are the potential or known barriers/impacts for the different 'equality strands' set out below? Consider:

- **Where** you provide your service, e.g. the facilities/premises;
- **Who** provides it, e.g. are staff trained and representative of the local population/users?
- **How** it is provided, e.g. do people come to you or do you go to them? Do any rules or requirements prevent certain people accessing the service?
- **When** it is provided, e.g. opening hours?
- **What** is provided, e.g. does the service meet everyone's needs? How do you know?

* Some barriers are justified, e.g. for health or safety reasons, or might actually be designed to promote equality, e.g. single sex swimming/exercise sessions, or cannot be removed without excessive cost. If you believe any of the barriers identified to be justified then please indicate which they are and why.

Solutions:

What can be done to minimise or remove these barriers to make sure everyone has equal access to the service or to reduce adverse impact? Consider:

- Other arrangements that can be made to ensure people's diverse needs are met;
- How your actions might help to promote good relations between communities;
- How you might prevent any unintentional future discrimination.

Equality Themes	Barriers/Impacts identified	Solutions (ways in which you could mitigate the impact)
Age (including children, young people and older people)	<p>Arrivals generally have good command of the English language but dependents may be in need of language support.</p> <p>Many children will also need support to cope with parental separation, parental death, and cope with</p>	<p>The North Surrey Family Support Team will assist households with applying to local schools / seek English tutoring.</p> <p>The North Surrey Family Support Team will work with the family as a unit and the children individually to understand and address support needs. The</p>

	some household members who may have mental health issues or misuse alcohol.	North Surrey Family Support Team will make appropriate referrals to the appropriate organization to support family recovery. Safeguarding of children is a priority.
Disability (including carers)	Anecdotally we know that physically disabled people accessing settled accommodation have much more limited options available to them.	When sourcing properties, the Council will ensure properties are suitably adapted for households. Homes England are undertaking a matching exercise to ensure properties are suitable for the families that arrive, this will ensure properties are matched to meet the support needs of each family.
Gender (men and women)	<p>Accompanying partners of the main household applicant may be in need of language support.</p> <p>The Home Office reports 90% of women in Afghanistan have experienced at least one form of domestic violence (17% have experienced sexual violence and 52% physical violence). 92% of 15-49 year old women believe that a husband is justified in beating his wife. Many women will need support with domestic violence.</p>	<p>The North Surrey Family Support Team will assist households with applying for language courses and seeking English tutoring.</p> <p>The North Surrey Family Support Team will make appropriate referrals to the appropriate organization to support victims of domestic abuse. Safeguarding of adults will be a priority.</p>
Race (including Gypsies & Travellers and Asylum Seekers)	Some participating local authorities reported issues of racism within the community.	The North Surrey Family Support Team will work with the family and the Council to address any issues of racism or harassment in the borough. This issue has not been noted in Spelthorne when participating in the separate Afghan Relocation Assistance Policy scheme.
Religion or belief (including people of no religion or belief)	The majority of Afghans are Sunni Muslims, but participating local authorities report that in their experience, many are not practising Muslims.	The North Surrey Family Support team will ensure families are connected to local community and faith-based groups. This will help integrate families into the community and identify suitable places of worship as well as specific regional food shops.
Gender Re-assignment (those that are going through transition: male to female or female to male)	No negative impacts have been identified.	N/A
Pregnancy and Maternity	No negative impacts have been identified.	N/A

Sexual orientation (including gay, lesbian, bisexual and heterosexual)	No negative impacts have been identified.	N/A
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Step 4 – Changes or mitigating actions proposed or adopted

Having undertaken the assessment are there any changes necessary to the existing service, policy, function or procedure? What changes or mitigating actions are proposed?

No changes required.

Step 5 – Monitoring

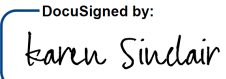
How are you going to monitor the existing service, function, policy or procedure ?

The service will be operationally monitored by the North Surrey Family Support team. The service will be strategically monitored by Spelthorne Borough Council's Strategic Housing Group who meet monthly.

Part C - Action Plan

Barrier/s or improvement/s identified	Action Required	Lead Officer	Timescale
n/a	n/a	n/a	n/a

Equality Analysis approved by:

Group Head:	DocuSigned by:  BB3EBC3BDA2B47D...	Date: 04 August 2022 6:51 AM BST
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Community Wellbeing and Housing Committee



20 September 2022

Title	<i>Spelthorne Place Arrangements To Facilitate Health Outcomes</i>
Purpose of the report	To make a Key Decision To make a recommendation to Policy and Resources Committee To make a decision and a recommendation to Council
Report Author	<i>Karen Sinclair & Stephen Mortimer-Cleevely</i>
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	
Corporate Priority	Community Recovery Service delivery
Recommendations	<p>Committee is asked to:</p> <ol style="list-style-type: none"> <i>To endorse the Council's approach to expanding the Health and Wellbeing Board to take account of the new requirements under the Health and Care Act and the associated White Paper, Health and social care integration: joining up care for people, places and populations (Option 2)</i> <i>To rename the Health and Wellbeing Board the Spelthorne Healthy Communities Board, with an expanded terms of reference, a wider membership of community participants and increased ability to award financial and other assistance using 'pooled budgets' from Health, Adult Social Care and the Council.</i> <i>To request devolved authority to this board, within strict spending limits, to utilise 'pooled budgets' to expedite community-based health initiatives. Initially using £50,000 of £132,000 awarded for prevention made by NWS Alliance.</i>
Reason for Recommendation	Spelthorne has been identified by health partners as being an innovator and has the potential to be an exemplar for Surrey, leveraging our system skills and offering a mature innovation

	platform that could help inform national models of working for the newly incorporated ICS governance structure.
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1. Summary of the report

Following legislative changes local partners have been asked to devise a new model of governance that meets the requirements of place based timely health interventions.

The council would like to take the lead and seeks to achieve, as a minimum, the following outcomes:

- A real focus on delivering actual improved outcomes for actual people.
- A focus on learning by doing.
- A structure that will evolve over time that is focussed on delivery.
- A principle of decisions taken as locally as possible
- Develop an enabling environment “can-do” and entrepreneurial culture.
- Meetings will be purposeful, and outcomes driven, with the right individuals with the right skill sets who will be identified through the terms of reference.

SBC consider the local Health and Wellbeing Board, with the suggested improvements and enhancements, to be the appropriate, existing, vehicle to meet these new system requirements. Whilst still protecting the principles of local accountability and ward councillor representation. If we put this in place we will be ahead of the curve in relation to local place based governance and will enhance our exemplar reputation.

2. Key issues

2.1 Local government, at all levels, holds many levers which influence health and wellbeing, so have a crucial role to play at the level of Integrated Care Partnerships and place.

Integrated care systems (ICSs) have become statutory bodies from July 2022. Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. We are now part of the Surrey Heartlands ICS, of which the NWS Alliance are one of three Integrated Care Partnerships.

Earlier this year, a further White Paper was published, *Health and social care integration: joining up care for people, places and populations*. The title illustrates what it aims to achieve. Yet integration still seems to mean different things to different people ranging from the closer alignment of health and care services, through to an entirely different way of working across systems to tackle population health management and the broader determinants of health and wellbeing.

The White Paper recognises some of the challenges and asks some specific questions. Many of these relate to the key components of good public financial management: outcomes, accountability and financial frameworks. These are critical elements in enabling effective collaboration across organisations which have such different systems and cultures.

2.2 CIPFA have set out some of the key issues in relation to funding prevention at place level:

Place, prevention, and partners:

A greater emphasis on place and prevention is welcome, as is the recognition of local government as equal partners.

Local government, at all levels, holds many levers which influence health and wellbeing, so have a crucial role to play at the level of Integrated Care Partnerships and place.

Finance and integration:

A shared understanding of the different financial systems across the NHS and local government is essential if the aims of integration are to be realised.

A lack of funding certainty stifles the ability to plan and invest in priorities with longer-term horizons, such as preventative interventions and reducing health inequalities.

A targeted approach based on local priorities is likely to have greater impact than pooling budgets 'wherever possible'.

The commitment to review arrangements for pooling is welcome. However, a more overarching view of aligning resources would be more helpful, with the aim of removing the need for complex workarounds.

Delegation of functions and resources to place should be underpinned by a joint financial framework to ensure that funding flows reflect where decisions are made and best support delivery of shared outcomes.

Principles for joint financial arrangements could be combined with those for accountability arrangements, to provide a single principles-based framework for different stages of development as places evolve over time.

2.3 '...district and borough councils are clearly becoming much more involved in some aspects of integration, on the Integrated Care Partnerships. From that perspective, one of the challenges is how we better align health and wellbeing strategies and take a longer-term view in terms of prevention and investment in the wider determinants of health and wellbeing.'

Terry Collier, Spelthorne Borough Council

3. Options analysis and proposal

3.1 Option 1

Do nothing and risk new models of governance being imposed by other organisations in 'place' leading to a potential loss of influence and control.

Option 2 (preferred option)

Subject to adoption, that the Council promote the suggested new Spelthorne Healthy Communities Board as the preferred vehicle to deliver, influence and monitor the health prevention and intervention agenda in Spelthorne the 'place'. An open and accountable forum that will be responsive and flexible based on resident metrics, offering value for money and empowering communities.

Option 3

Alternative models of governance have been explored with system partners including NWS Alliance, other boroughs and Well North Enterprises however this risks dilution of Spelthorne Council involvement and has the potential to see resources diverted to local acute care needs rather than community-based preventative services.

4. Financial implications

- 4.1 The Council have been awarded non recurrent funding from the NWS Alliance ICP of £132,000. It is recommended that an element of this is assigned to this board. A proportion of this funding is already earmarked for preventative services delivered by SBC. There is no deadline to spend this by March 2023 but there is an expectation of timely use. Officers recommend, in the first instance, that £50,000 be assigned to the board.
- 4.2 It is likely that if we create a robust structure to govern the 'pooled budgets' we are in a good place to leverage more funding from external sources including central government, NHS England and the NWS Alliance for the benefit of Spelthorne residents.

5. Risk considerations

- 5.1 Main risks highlighted in the options appraisal, more broadly the ICS model presents opportunities for local authorities but this is sometimes complex in a two tier system.
- 5.2 These initiatives and additional responsibilities that are created by a system approach draw heavily on our limited resources. There are staffing implications here that need to be funded by the NWS Alliance.

6. Legal considerations

- 6.1 The legislative principles are in place following the implementation of the Health and Care Act 2022 and associated White Paper. It is proposed that the newly expanded board and terms of reference will be embedded in the ICS governance structure enabling a flow of information through to the Health and Wellbeing Board at SCC and the NWS Transformation Board.

7. Other considerations

- 7.1 The Council can agree and endorse this model of governance, though it still requires 'buy in' from all stakeholders which will be leveraged through an Autumn 2022 engagement event.

8. Equality and Diversity

- 8.1 This new governance structure seeks to improve and enhance community led approaches to health inequalities. Particularly by making funding and support available to neighbourhoods.

9. Sustainability/Climate Change Implications

- 9.1 The proposed governance model encourages a local neighbourhood approach which encourages a reduction in miles travelled per intervention and supports local procurement.

10. Timetable for implementation

- 10.1 The Council are proposing to hold a Health and Wellbeing stakeholder event in Autumn 2022 and would like to launch the Spelthorne Healthy Community Board at this event. This does not require the approval of the NWS Alliance Transformation Board but officers intend to present for information.

11. Contact

- 11.1 Karen Sinclair 01784 446206. Stephen Mortimer-Cleevely 01784 448616

Background papers: *Spelthorne Health & Wellbeing Strategy 2022-2027, Integrating Care Putting the Principles in Place,*

Appendices:

1 Previous ToR

2 Suggested ToR

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SPELTHORNE HEALTH AND WELLBEING GROUP

Chairman: Cllr Maureen Attewell and Deborah Ashman

Membership, Terms of Reference and Operating Arrangements

SPELTHORNE HEALTH & WELLBEING GROUP

1. PURPOSE

The purpose of the group is to improve the Health and Wellbeing in Spelthorne. The group will discuss and determine the Health & Wellbeing priorities for Spelthorne with targets and performance reviews outlined in the Spelthorne Health & Wellbeing Strategy. The group will raise awareness and communicate Health & Wellbeing information in Spelthorne and will provide an annual report to the joint committee of Spelthorne Borough Council and Surrey County Council.

2. MEMBERSHIP

We will invite representatives from the following organisations:

- (a) Spelthorne Borough Council including the Portfolio Holder and Group Head for Community Wellbeing, and representatives from relevant Council departments
- (b) Surrey County Council representatives including Adult Social Care and Children's Services. A SCC councillor who is appointed by Joint Committee at the start of each municipal year.
- (c) Voluntary organisations such as Voluntary Support North Surrey, Action for Carers and Catalyst
- (d) A representative from North West Surrey Clinical Commissioning Group
- (e) A representative from one of the third sector community care borough wide forums or groups (for, children with disabilities, older people and adults with physical and sensory disabilities—Appendix 1) or a suitable representative from the community.
- (f) Other members from relevant organisations will be invited where appropriate and dependant on topical projects. These may include Surrey and Borders Partnership NHS Foundation Trust, or Ashford & St Peter's Hospital's NHS Trust

Members commit to attending meetings or to ensure that they send a representative at an appropriate level if they are unable to attend a meeting.

3. TERMS OF REFERENCE

The responsibilities of the Health and Wellbeing Group are:

- (a) To oversee progress towards the Spelthorne priorities as outlined in the Spelthorne Health & Wellbeing Strategy and to identify any new priorities that should be addressed. The group will provide an annual report to the Spelthorne Joint Committee.
- (b) To develop an action plan for the Health and Wellbeing Strategy outlining clear targets; to be monitored quarterly and reviewed annually. Produce criteria to enable performance as red/amber/green.
- (c) To consider any issues raised by members of the group or the wider community and to determine what needs to be done to resolve these issues.
- (d) To provide an opportunity for the sharing of relevant information between agencies.
- (e) To link to other local, partnership groups as appropriate
(These responsibilities are underpinned by a statement of principles on equalities (shown in Appendix 2) to ensure that the work of the group pays due regard to issues of discrimination, equality of opportunity and the promotion of good relations between people from different backgrounds.

4. OPERATING PROCEDURES

(a) Support

Administrative support will be carried out by Spelthorne Borough Council.

(b) Chairman

The Chairman will be the Spelthorne Borough Council Group Head for Community Wellbeing in conjunction with the portfolio holder for Community Wellbeing. The Chairman will be responsible for reporting to the Spelthorne Joint Committee.

The Chairman will be supported by a Vice-Chairman and Co-ordinator. Together they will be responsible for the operation of the theme group, its delivery of the action plan and reporting on progress to the Spelthorne Joint Committee.

(c) Frequency of meetings

The Health and Wellbeing Group shall meet at least quarterly.

(d) Reporting to the community

The Group will feed back to its partners on its activities and to the community through this group as well as ad hoc communications such as press releases issued by partner organisations.

(e) Decision making

The Group will seek to operate by consensus.

5. LIFETIME OF THE GROUP

The Group is not time limited and will seek to evolve according to the needs of the community and partner organisations.

APPENDIX 1

Roles of Forums and Groups in Spelthorne Health & Wellbeing Group

1. To identify the unmet need of local people for health and wellbeing.
2. To assess the effectiveness of existing services in meeting local need and make proposals for improvements or variation in service delivery.
3. To identify gaps and unmet needs in services, and to ensure that development proposals and recommendations are made to Spelthorne Health and Wellbeing Group.
4. To receive relevant consultation documents, commenting back to relevant organisations and to the Spelthorne Health and Wellbeing Group, as appropriate.
5. To provide a focal point for multi-agency debate with users and carers on health and wellbeing, with a view to improving communications, information sharing, evaluation, identifying best practice, service development and funding issues.
6. To actively engage in a range of methods of consultation with users and carers working, where possible, toward their full participation in Forums, and the appointment of service users as Forum Chairmen.
7. To take part in any sub-groups or task focused groups as necessary.
8. To encourage full membership of all sections of the community, as set out in the Equality Act 2010. All members are given equal status and access.
9. To ensure essential representation by the Chairman or nominated representative at Spelthorne Health and Wellbeing Group where appropriate.
10. To receive feedback from and report to Spelthorne Health and Wellbeing Group via the Chairman or nominated representative.
11. To review Terms of Reference when necessary.

APPENDIX 2
SPELTHORNE HEALTH AND WELLBEING GROUP
EQUALITIES STATEMENT

Spelthorne Health and Wellbeing Group will work together to ensure that any decisions or actions it takes have due regard to age, gender, ethnicity, disability, sexual orientation, religious belief and that no one is discriminated against unlawfully or unfairly.

Spelthorne Health and Wellbeing Group is committed to:

- Promoting equality of opportunity for all, and recognising and valuing the diversity of the Spelthorne community.
- Promoting good relations between people from different backgrounds through its work.
- Listening to and understanding the needs of all people in Spelthorne.

This commitment builds on that of each individual partner organisation and their responsibilities under the relevant equalities legislation for promoting equality of opportunity in policy development, service provision, training and employment. Members will continue to assess Spelthorne Borough Council policies and functions according to their own procedures and, where concerns arise, will raise these with the rest of the Group.

Through this commitment, the Group aims to encourage diverse and equal representation of all communities in Spelthorne. Within the Group, it is the responsibility of each individual member to respect and value differences between themselves and other members.

SPELTHORNE HEALTHY COMMUNITIES PARTNERSHIP

Membership, Terms of Reference and Operating Arrangements

SPELTHORNE HEALTHY COMMUNITIES PARTNERSHIP

1. PURPOSE

The purpose of the group is to explore new ways of delivering services and interventions that address the wider determinants of health and wellbeing. The aim being to improve the health and wellbeing outcomes for Spelthorne residents. The group will discuss, share and help determine the health & wellbeing priorities for Spelthorne in conjunction with stakeholders across the system. The group will also help raise awareness and support the communication of health & wellbeing information in Spelthorne.

2. FOUNDING MEMBERS

We will invite representatives from the following organisations:

- (a) Spelthorne Borough Council including the chair and vice chair of Community Wellbeing committee and Group Head for Community Wellbeing, and representatives from relevant Council departments
- (b) Surrey County Council representatives including Adult Social Care and Children's Services. A SCC councillor who is appointed by Joint Committee at the start of each municipal year.
- (c) Voluntary organisations such as Voluntary Support North Surrey, Action for Carers and Catalyst.
- (d) A representative from North West Surrey Alliance (ICP).
- (e) A representative from one of the third sector community care borough wide forums or groups (for, children with disabilities, older people and adults with physical and sensory disabilities–Appendix 1) or other suitable representative from the community.
- (f) A representative from CSH.
- (f) Other members from relevant organisations will be invited where appropriate and dependant on topical projects. These may include Surrey and Borders Partnership NHS Foundation Trust, or Ashford & St Peter's Hospital's NHS Trust

Members commit to attending meetings or to ensure that they send a representative at an appropriate level if they are unable to attend a meeting.

3. TERMS OF REFERENCE

The responsibilities of the Spelthorne Healthy Communities Partnership are to:

- (a) oversee progress towards the Spelthorne priorities as outlined in the Spelthorne Health & Wellbeing Strategy and to identify any new priorities that should be addressed.
- (b) drive change in neighbourhoods and support the delivery of what works well locally in step with our communities.
- (c) support the delivery of improved outcomes for residents.
- (d) encourage a focus on learning by doing.
- (e) create a pragmatic structure that can evolve over time that continues to be focussed on delivery and outcomes.
- (f) develop an enabling environment and entrepreneurial culture.
- (g) meetings will be purposeful, and outcomes driven.
- (h) retain a 'pooled budget' that can facilitate community led health interventions.
- (i) consider any issues raised by members of the group or the wider community and to determine what needs to be done to resolve these issues.
- (j) provide an opportunity for the sharing of relevant information between agencies.
- (e) link to other local, partnership groups as appropriate

(These responsibilities are underpinned by a statement of principles on equalities (shown in Appendix 2) to ensure that the work of the group pays due regard to issues of equality, diversity and inclusion.

4. OPERATING PROCEDURES

(a) Support

Administrative support will be carried out by Spelthorne Borough Council.

(b) Chair

The Chair will initially be the Spelthorne Borough Council Group Head for Community Wellbeing in conjunction with the chair of Community Wellbeing Committee. With the opportunity for any of the founding members to take on a rolling chair arrangement with continued administrative support from SBC.

(c) Frequency of meetings

Spelthorne Healthy Communities Partnership shall meet at least quarterly.

(d) Reporting to the community

The Group will feed back to its partners on its activities and to the community through this group as well as ad hoc communications such as press releases issued by partner organisations.

(e) Decision making

The Group will seek to operate by consensus.

5. LIFETIME OF THE GROUP

The Group is not time limited and will seek to evolve according to the needs of the community and partner organisations.

DRAFT

APPENDIX 1

Roles of Forums and Groups in Spelthorne Healthy Communities Partnership

1. To identify the unmet need of local people for health and wellbeing.
2. To assess the effectiveness of existing services and interventions in meeting local need and make proposals for improvements or variation in service delivery.
3. To identify gaps and unmet needs in services, and to ensure that development proposals and recommendations are made to Spelthorne Healthy Communities Partnership.
4. To receive relevant consultation documents, commenting back to relevant organisations and to the Spelthorne Healthy Communities Partnership.
5. To provide a focal point for multi-agency debate with users and carers on health and wellbeing, with a view to improving communications, information sharing, evaluation, identifying best practice, service development and funding issues.
6. To actively engage in a range of methods of consultation with users and carers working, where possible, toward their full participation in Forums, and the appointment of service users as Forum Chair.
7. To take part in any sub-groups or task focused groups as necessary.
8. To encourage full membership of all sections of the community, as set out in the Equality Act 2010. All members are given equal status and access.
9. To ensure essential representation by the Chairman or nominated representative at Spelthorne Healthy Communities Partnership.
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Spelthorne Healthy Communities Partnership:

- Promoting equality of opportunity for all, and recognising and valuing the diversity of the Spelthorne community.
- Promoting good relations between people from different backgrounds through its work.
- Listening to and understanding the needs of all people in Spelthorne.

This commitment builds on that of each individual partner organisation and their responsibilities under the relevant equalities legislation for promoting equality of opportunity in policy development, service provision, training and employment. Members will continue to assess Spelthorne Borough Council policies and functions according to their own procedures and, where concerns arise, will raise these with the rest of the Group.

Through this commitment, the Group aims to encourage diverse and equal representation of all communities in Spelthorne. Within the Group, it is the responsibility of each individual member to respect and value differences between themselves and other members.

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Foreword



I am proud to introduce the second Spelthorne Health and Wellbeing Strategy and the first Council Strategy following on from the Coronavirus Pandemic. Over the last two years, the Covid-19 pandemic has impacted the lives of each and every one of us. We have all lived through unprecedented

times and now, more than ever, we must all play a role in positively influencing our own health, alongside others, and the wider community. Whilst the Council doesn't directly deliver healthcare services, we can play an active role in influencing health behaviours and lifestyle factors such as exercise, housing and community safety. To demonstrate our commitment to the National Health Services (NHS) Long Term Plan we have chosen to create our own health and wellbeing strategy, with an extensive action plan which far exceeds our statutory responsibilities. As active members of the North West Surrey Health and Care Alliance we can influence both health and social care agendas and leverage both assets and funding for our communities. The Health and Wellbeing Strategy forms a statement of intent over the next five years, where we will work together, with our partners to achieve our priorities. The Strategy aims to put prevention first to empower residents to take positive steps towards looking after their own health as well as focusing on Council led initiatives with prevention at their heart. Furthermore, sustainability will be critical to ensure our outcomes and initiatives can benefit residents in the long term.

Cllr Sandra Dunn, Chair of Community Wellbeing and Housing Committee

Spelthorne in numbers

The Borough of Spelthorne lies to the south west of London and is situated in the north-west of the county of Surrey. It covers an area of 20 square miles. Located 15 miles from central London, it shares its border with Heathrow Airport in the north and the River Thames in the south.



20 parks in the Borough

Spelthorne is ranked as the **most deprived** borough in Surrey



There are **23** looked after children and **32** care leavers



67.2% of adults are classified as overweight or obese

26.6% of adults and **26.3%** of children are inactive (less than 30 mins per day)



1902 adults and **181** young people are registered with Action for Carers in Spelthorne

Life expectancy at birth for males is **80.4** years and females is **83.9** years

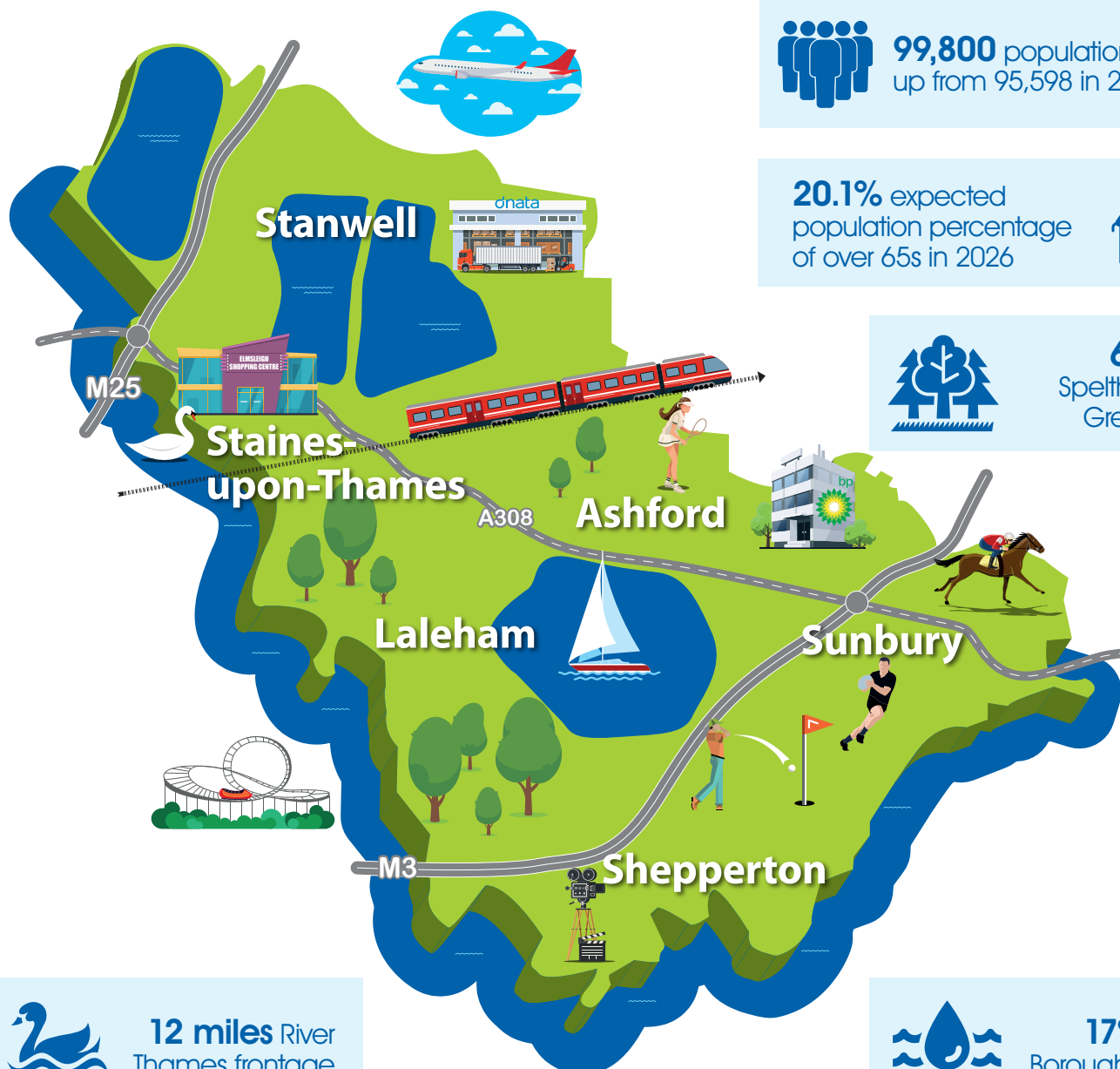


99,800 population in 2021, up from 95,598 in 2011

20.1% expected population percentage of over 65s in 2026



65% of Spelthorne is Green Belt



12 miles River Thames frontage



17% of the Borough is water

Overall, the health of people in Spelthorne is better than the England average. However, when compared to the rest of Surrey, Spelthorne residents experience poorer health than other Surrey boroughs which is more in line with their London neighbours. There are health inequalities within the borough, with life expectancy being 5.6 years lower for men and 6.0 years lower for women in the most deprived areas of Spelthorne than in the least deprived areas. The Covid-19 pandemic has exacerbated these health inequalities. This is where we will focus our initial efforts using detailed health metrics to identify areas of priority need.

All North West Surrey Integrated Care Partnership (ICP) partners including Spelthorne Borough Council (SBC) adopted an Alliance Agreement which set out a shared vision, values and objectives, as well as a framework for the collective oversight of resources and decision making. The Alliance Board oversees the delivery of these objectives and the Council's Chief Executive is a member of the Alliance Board.



The objectives of the Alliance are:

- To help to prevent ill health and manage own care
- To reduce health inequalities, using collective resources to support those with the highest need and deliver excellent outcomes for all North West Surrey residents
- To deliver planned, responsive joined up health and care services
- To create a culture of excellence and supportive environment for staff
- To deliver innovative solutions supported by technology and digital infrastructure
- To provide services as close to people's homes as possible
- To create one team to facilitate the best holistic care and to attract and retain the best talent
- To reduce duplication and waste
- To consider the way resources are invested, focusing on prevention and the wider determinants of health outcomes
- To work with local communities to build new forms of partnership between public sector, local citizens, community groups, the voluntary sector and local business
- To develop a vibrant, sustainable Alliance between partner organisations

This strategy has been informed by the 10 year Surrey Health and Wellbeing Strategy which identifies the priorities of:

- Helping people in Surrey lead healthier lives
- Supporting the mental health and emotional wellbeing of people in Surrey
- Supporting people in Surrey to fulfil their potential

We have shared our priorities with partners across the county including colleagues at Surrey Heartlands, North West Surrey Integrated Care Partnership (NWS ICP), Voluntary Support North Surrey (VSNS), A2 Dominion and Adult Social Care.

We have engaged with officers across all service areas in a series of workshops.

Spelthorne Borough Council has drawn on its expertise in the borough and numerous statistics that are added for completeness in our appendix to inform this council owned strategy. We are committed to working alongside our partners, both internal and external, to support the delivery of our detailed action plan.

We will cover in detail the scope of our strategy, reflecting on the uniqueness of Spelthorne's geography, population and our remit in relation to social care services which includes the service area of Independent Living, where nationally this sits with county or unitary authorities.



Principles of the Strategy

- To embed health and wellbeing in Spelthorne Borough Council (SBC) practice and decision making
- An instrument to encourage positive change
- To include health and wellbeing impact assessments in the Council's management and committee structure
- Bring together funding streams from Health, Care, Leisure, Arts and the Built Environment to support People, Places and Communities in Spelthorne

Vision

Moving beyond the Covid-19 pandemic, Spelthorne is a place of choice to live, where children have a healthy start in life, and residents have the opportunity to lead happy, active, healthy and independent lives, achieving their full potential into later life.

Council Corporate Priorities



To put our communities at the heart of everything we do, building strong relationships with our residents and businesses, and helping to forge links within those communities, so that they feel empowered, included, supported, safe and healthy.

To deliver housing which meets the needs of all sections of our communities, building new homes, helping people to stay in their existing accommodation and ensuring that none of our residents are homeless.

To provide support and guidance to our residential and business communities to enable them to recover from the significant effects of the COVID-19 pandemic.

To work with our communities and partners to minimise our effects on the environment, play our part in tackling the threat of climate change and to maintain a clean, green and attractive Borough, which recognises and protects biodiversity.

To deliver efficient and effective services which meet the changing needs of our communities, adapting to meet new challenges, new ways of working and different ways of interacting with our communities.

Scope of the Strategy

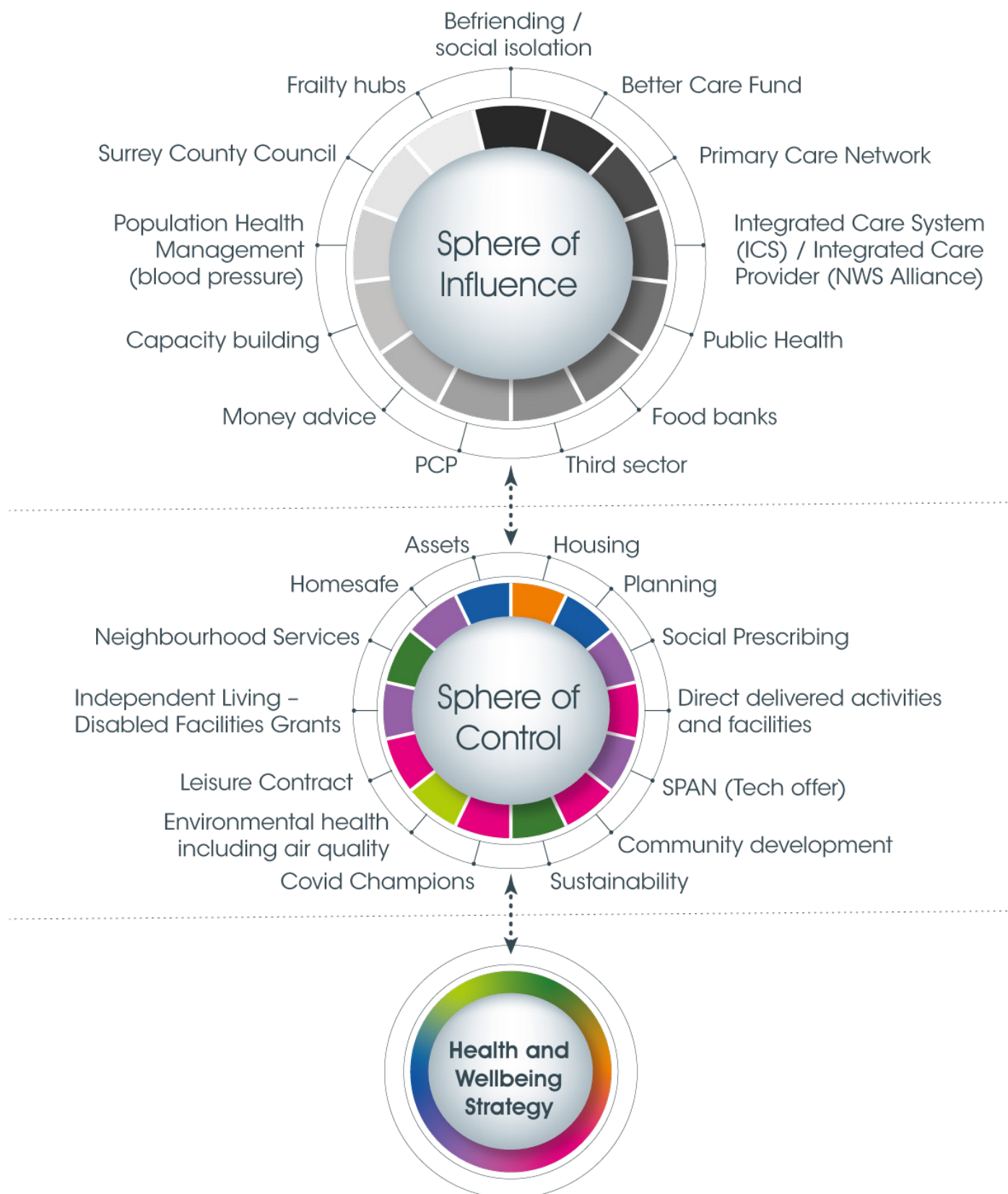
Numerous factors play a role in contributing to overall health as explained in the Determinant of Health model below:

Health behaviours 30%	Socioeconomic factors 40%	Clinical care 20%	Built environments 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental quality 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community safety 5%		

Source - Communities and Health; Kings Fund May 2021

Scope of the Strategy

As a Council, we can play an active role in influencing numerous factors listed above. Spelthorne Council has a wide area of influence alongside a narrower area of control. This has helped shape the scope of this Strategy which is demonstrated in the diagram below:



Council services to promote health and wellbeing

- Housing
- Leisure and Community Development
- Environmental Health
- Independent Living
- Neighbourhood Services
- Regeneration and Growth
- Other Council services

		 Enabling Move-On Options	 Community centres
		 Walking for Health	 Junior Citizen
 Climate change action group	 Homelessness Prevention Grant	 Out of hours noise service	 Cycling for Health
 Eat Out Eat Well	 Surrey Youth Games	 Disabled Facilities Grants	 Housing Disrepair Actions
 Affordable housing delivery	 Community Safety Spelthorne Safety Stronger Partnership	 Licencing	 Social Prescribing
 Playgrounds and parks	 Rough Sleeper Initiative Fund (RSI)	 Xplorer	 Economic Development
 Leisure Centres	 Customer services	 Strategic Planning	 Water Safety Group
 River Thames task group	 Swimming pools and sports grounds	 Food safety and the food hygiene rating scheme	 Active travel
 Air quality monitoring and air alert service	 Meals on wheels	 Partnership Action Day	 Spelthorne Museum
 Discretionary Housing Payment	 Warmer home grants	 SPAN services	 Family Support
 Outdoor Gyms	 Community grants	 Tree planting	 Knowle Green Estates

Priorities

The Strategy is formed of three pillars which are the Borough's Health and Wellbeing priorities for the next five years. Under each priority, there are three focus areas.



People – enable residents to take positive action to improve their own health

- Enable residents to manage their physical health
- Support residents to manage their mental health positively following Covid-19
- Enable residents to increase their physical activity in an accessible and affordable way

Place – encourage a positive environment to improve health

- Residents have homes that meet their needs
- Residents are happy in their neighbourhoods
- Maximise use of parks and open spaces

Community – foster communities which are integrated where residents feel connected

- Community led services reaching all members of community
- Maximise use of parks and open spaces
- Help build community resilience

Summary of council services to support priorities

Community services

Spelthorne offers a range of services to support residents in their own homes, there is an increased pressure from the system to support people over 65 to live in their own homes independently:

- 1)** Spelthorne partners with Runnymede, Woking and Elmbridge via Homesafe Plus – to enable a safe and coordinated approach to discharge from hospital and also provides support in the first few weeks on their return home.
- 2)** Spelthorne's Older People Actively Living (OPAL) groups continue to expand – these groups provide supported Day Centre type input across the borough for residents with numerous long term conditions. Operated from our community centres in Ashford and Shepperton they provide support for up to 25 clients per day and enable residents to stay living independently for as long as possible with a mix of care and support.
- 3)** Meals on Wheels service – providing affordable nutritionally balanced meals 365 days of the year, enabling residents to continue living at home who find it difficult to prepare their own meals.
- 4)** Spelthorne Personal Alarm Network – this community alarm service enables residents to live at home independently with the confidence to know that if they fall or have a medical emergency that help is at hand. We currently serve 1200 residents.
- 5)** Handyperson Service – commissioned by Spelthorne but managed by Woking Borough Council, this service provides minor adaptations including grab rails and keysafes. The service supports rapid hospital discharge and promotes independence.
- 6)** Community Equipment Store – Spelthorne Borough Council funds works required by residents that supports their discharge or independence. The community equipment store provides items such as hospital beds and hoists.
- 7)** Disabled Facilities Grants – Administered by Spelthorne, Disabled Facilities Grant (DFG) is a means-tested grant for people with a permanent disability of any sort, including physical and learning disabilities, sensory impairments and mental illness. A DFG will enable you to make changes to your home that will help you to continue living there.
- 8)** Home Improvement Agency – An in-house service enabling the resident to maximise the benefit of their Occupational Therapy assessment based on their needs, support to access the DFG or alternative support to make adaptations to their home. This includes the support of a case manager, technical officer and access to a borough employed Occupational Therapist.
- 9)** Step Down Accommodation – Spelthorne Borough Council, leads on this service fully funded by the North West Alliance, providing nine units across North West Surrey to support the rapid discharge of medically fit for discharge clients. These units are available for up to six weeks to support residents to ultimately return to independent living.





Social Prescribing

Many things affect your health and wellbeing. General Practitioners tell us that a lot of people visit them feeling isolated, lonely, or stressed out by work, money, and housing problems. These are issues that cannot be fixed by doctors and medicine alone. At its most basic, a social prescription offers the kind of help that doesn't come in a prescription. The idea behind social prescribing is to help you to have more control over your healthcare and find ways to manage your needs in a way that suits you. There are many different ways of providing social prescribing services. It often starts with a conversation, Spelthorne first assign a link worker, they are there to listen to you and put you in touch with whatever it is you might need in order to feel better. That might mean being introduced to a community group, a new activity or local club. It could be legal advice for volunteers to help around the house. It might just be information and guidance, a bit of inside knowledge on your situation, and what local resources there are available. It could even be some support in how to create something new.



Studies show that individuals with social prescriptions get better and feel better faster than those treated with medicine alone. And because it works, we have embedded this service into the heart of what we do at the council.

Frailty hub

In order to support the work of the multi-disciplinary frailty team, there has been early involvement from all partners to build linked datasets that can analyse a patients pathway and aggregate all those pathways up into system wide dashboards. There is still ongoing work to develop this, but using the principles of Population Health Management this has shown that linked data can be a powerful tool in understanding how interventions can effect a patients pathway and longer term prevention work around falls prevention.

Leisure and Community Services

- 1) Walking for Health – group walks between 1 and 5 miles in and around Spelthorne, led by trained volunteers, at least three times a week, particularly aimed at beginners who are looking to get more physically active
- 2) Cycling for Health – group cycle rides between 5 and 12 miles in and around Spelthorne, led by trained volunteers once a week
- 3) Spelthorne ParaSports Club – a multi-sports club for young people with disabilities aged between 5 and 25, offering the opportunity to play boccia, goalball, tennis and numerous other sports
- 4) Specsavers Surrey Youth Games – a programme of free sports activities aimed at reaching our less advantaged young people which culminates in a weekend festival, participating alongside young people across Surrey
- 5) Xplorer – family orienteering events in our parks, offering a friendly navigation challenge that is educational and fun
- 6) Music in the parks – free weekly concerts held in the Walled Garden and Lammas Recreation Ground for residents to enjoy listening to local performers
- 7) Arts and cultural activities – offering the opportunity for residents to participate in creative initiatives, particularly through projects developed as part of Surrey Arts Partnership
- 8) Resource centre – offers scrap materials for fun and creative arts. A craft club for young people aged 5-11 years and open days are offered throughout the year
- 9) Everyone Active – our operator of Spelthorne and Sunbury Leisure Centres who deliver GP referral, weight management programmes amongst a wide programme of activities and events

Whole systems approach to obesity

Actions to tackle obesity at a local level do not just benefit people's health. They can also have positive impacts on other local agendas including employability and productivity of local populations, as well as the potential to reduce the demand for health and social care. There is growing recognition that a whole systems approach, involving stakeholders from across the local system, is what is needed to tackle obesity. A whole systems approach enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating, and where there are the greatest opportunities for change. Stakeholders agree actions and decide, as a network, how to work together in an integrated way to bring about sustainable long-term systems change.

Be Your Best

A free family weight management service for families with children under 11 years old to help achieve a healthier lifestyle through 1:1 sessions, nutrition workshops and family activity sessions.



Housing

Enabling Move-On Options

The Council supports Knowle Green Estates Housing Delivery Programme to provide affordable homes to residents and keyworkers. Two high quality housing developments are now available within the borough of Spelthorne which will provide much needed emergency accommodation for residents who are facing homelessness. The White House, Ashford, provides specialist accommodation for single homeless people with multiple or complex needs. Harper House, Ashford, provides self-contained emergency accommodation for up to 20 homeless families whilst they await a move to settled accommodation.



The Council provides a 24-month rent guarantee scheme “Spelthorne Rent Assure”. The Council guarantees to pay landlords the full market rent for their property, for up to two years. The scheme also offers one month’s rent in advance, a five-week repair bond, a free inventory to landlords, arrangement of property viewings, initial tenant training and ongoing support for both the landlord and tenant for the duration of the scheme.

Homelessness Prevention Grant

Each year, central government allocate a fund to local government to put towards homelessness prevention initiatives. This funding is used to support homeless households with deposit payments, rent in advance, rental payment support, and mortgage support. Additional costs associated with storage, transport, legal/court fees, court desk duty, a medical advisor, an out of hours service and translation and legal services are also included within this budget. Built within the budget is a projects element to allow for a small number of strategic initiatives to be implemented as part of the Homelessness and Rough Sleeping Strategy action plan. The Council’s contract with Rentstart to support single homeless people and childless couples, contract with Citizens Advice to provide debt and support advice as well as the Council’s contribution to the contract for floating support provided by Look Ahead is also covered through the fund.



Discretionary Housing Payment (DHP)

Central government allocate a proportion of DHP each annum which the Council top-up. DHP awards are designed as a temporary measure to support households with some financial relief. An annual DHP review is presented to Strategic Housing Group to demonstrate how DHP is awarded and to ensure targeting towards homelessness prevention.

Rough Sleeper Initiative (RSI) Fund

RSI funding was introduced to support the Government’s ambition to end rough sleeping by 2025. RSI is made up of four elements: prevention, intervention, recovery and systems support. A Rough Sleeper Coordinator and Outreach Worker was appointed from 2019 to work with rough sleepers in Spelthorne which has seen a reduction from an average of 8 rough sleepers per night to 2. Whilst the officer predominantly provides an outreach service, they also have a smaller caseload to help support rough sleepers placed in accommodation to sustain their tenancy and avoid returning to sleeping rough.

Furthermore, in preparation for the anticipated surge in evictions due to the economic impact of Covid-19, RSI funding was used in 2021/22 to commission several advice and support services with A2Dominion. This included ‘Project Breakthrough’ aimed at providing tenancy support to those aged 18-30 including employment, skills, and training. A specialist tenancy support worker for residents aged 50+ with multiple needs who needed tenancy sustainment intervention. And ‘Advice Plus’ - a borough-wide drop-in advice service.

The priorities explained

People

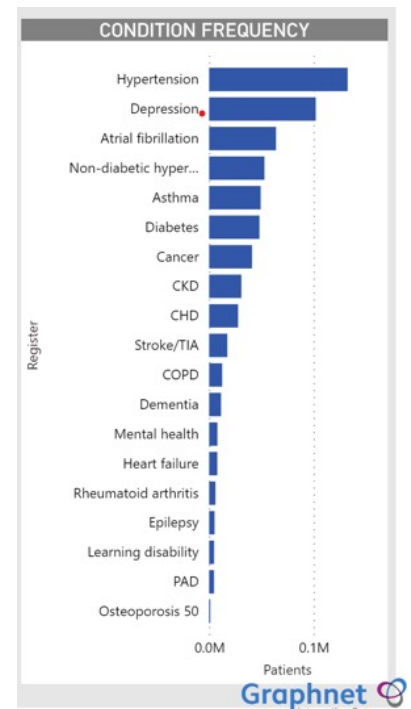
'Evidence supports the case for a shift to more person and community-centred approaches to health and wellbeing. Actively involving citizens in prevention programmes and strengthening community assets is a key strategy in helping to improve the health of the poorest fastest' (Communities and Health; Kings Fund May 2021)

Exercise is the key not only to physical health but to peace of mind.

- Nelson Mandela

What are the challenges locally?

- The Medical Imperatives*
- The Social Imperatives
- Mortality rate / life expectancy
- Deprivation
- Physical inactivity
- Obesity
- Nutrition
- Smoking
- Alcohol use
- Sexual health
- Mental health



*The Medical Imperatives



How are we going to address this?

Enable residents to manage their physical health

- Social Prescribing
- Nutrition – providing meals for schools, foodbanks, meals on wheels
- Be Your Best
- Whole systems approach to obesity
- Access to GP
- Hypertension
- Blood pressure
- Falls prevention
- Frailty hub
- SPAN services
- Sexual health services
- Smoking cessation – smoke free alliance
- Alcohol consumption

Support residents to manage their mental health positively following Covid-19

- Community Centres
- Commissioning new Crisis Support
- Increasing funding to CAB

Enable residents to increase their physical activity in an accessible and affordable way

- Leisure projects
- New Leisure Centre
- Active travel

What will success look like?

- The gap between life expectancy in the most and least deprived areas to narrow
- Physical activity to be embedded into everyone's daily lives
- Obesity levels to decrease and residents to stop smoking
- Residents to make good behaviour choices towards nutrition, alcohol consumption, and sexual health
- Residents to access opportunities to boost their mental health

The priorities explained

Place

'The gap in healthy life expectancy in England between the most and least deprived areas is 19 years, and for life expectancy it is 9.4 years for males and 7.4 years for females (2015 to 2017) – the gap in life expectancy is growing.

The extra cost to the NHS from health inequalities have been calculated as £4.8 billion a year in greater hospitalisations alone.

Health inequalities reduce employment and productivity, which costs national and local economies – acting on health inequalities and is, therefore, an investment for England's national and local economies.

Health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area, or place - this means that local areas have a critical role to play in reducing health inequalities' (PHE Place based approaches for reducing health inequalities)

“The natural environment is the great outpatient department where we can go for healing.”

- Dr William Bird

What are the challenges locally?

- Homelessness
- Overcrowding on the register
- Property prices and rental levels
- Lack of social/truly affordable housing
- Excess winter deaths
- Air pollution related mortality
- Noise pollution
- Access to parks and open spaces
- Levels of crime and disorder
- Fear of crime

How are we going to address this?

- Residents have homes that meet their needs
- Homelessness and rough sleeping work
- Fuel poverty
- Downsizing scheme
- Hoarding policy
- Extra care and retirement housing
- Hospital discharge – Integrated Care System and Spelthorne
- Disabled Facilities Grants
- Affordable housing delivery

How are we going to address this? - Continued

- Residents are happy in their neighbourhoods
- Shopping centre developments
- Spelthorne Museum
- Arts and Culture Strategy
- Air quality work
- Staines Development Framework
- Development of Heathrow
- Safe Streets Initiative
- Cycling and walking infrastructure



Maximise use of parks and open spaces

- Playing Pitch Strategy
- Use of parks / open spaces
- CIL / s106
- Climate change action group
- River Thames task group
- Tree planting
- Outdoor gyms
- Park licences – tennis, outdoor gyms
- Music in the parks
- Skate Parks



What will success look like?

- Increase of homelessness prevention to ensure households do not have to spend any length of time in emergency accommodation
- In instances where this is not possible, and a resident becomes homeless. The Council would consider not having to use costly nightly paid Bed and Breakfast accommodation and clients spending less time in temporary accommodation as a measure of success
- No clients returning within a 12-month period demonstrating tenancy sustainment success. Resident are assisting in managing their own tenancies, finances, health, and wellbeing which in turn helps them to live independently
- No rough sleepers in Spelthorne
- Increase in genuine affordable housing options available to residents with longer tenancy security
- There will be fewer avoidable winter deaths
- Air and noise pollution levels will decrease, with less complaints being received
- Residents will enjoy and experience the benefits of parks and open spaces, close to their homes
- Reductions in crime and disorder levels
- Reduction in anti-social behaviour levels

Community

'Community life, the places where people live, and having social connections and a voice in local decisions, are all factors that make a vital contribution to health and wellbeing and help buffer against disease. Despite progress in supporting population health, health inequalities persist and the gap is widening. Communities and populations that experience socioeconomic deprivation and/or marginalisation and powerlessness have worse health than those that are more affluent.' (Kings Fund May 2021)

“The power of community to create health is far greater than any physician, clinic or hospital.”

- Dr Mark Hyman

What are the challenges locally?

- Loneliness
- Unemployment
- Financial resilience
- Digital exclusion
- Living arrangements



How are we going to address this?

- Use Council resources to enable community led services reaching all members of our community
- Community Grants – encourage alignment of criteria more closely with the Health and Wellbeing strategic aims
- Support young carers
- Support ethnic minority groups
- Spelride development
- Community centre offers
- Support Older Peoples Forum
- Community Lettings Policy
- Shopmobility
- Family Support Programme
- Volunteer opportunities
- Develop creative initiatives and cultural partnerships

Work with partners to maximise community engagement and cohesion

- How do we work with housing associations, Knowle Green Estates, community investment teams
- Development of Health and Wellbeing Group
- Prevent / Community Safety initiatives
- Digital inclusion

Build community resilience post Covid-19

- Community Champions
- Development of community navigators
- Consider using Support4Spelthorne as a vehicle for response and change

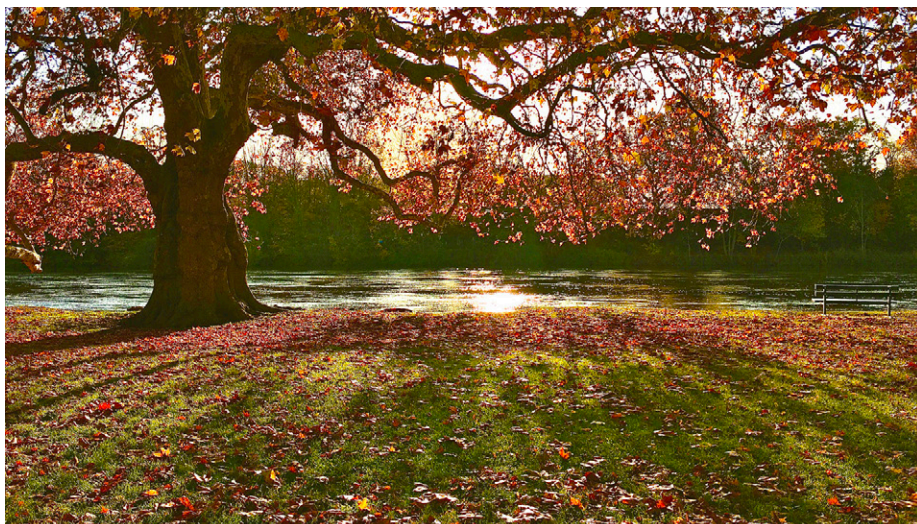
What will success look like?

- Residents will feel connected with their community and loneliness will reduce
- Employment levels will increase, residents will be upskilled, and volunteering opportunities will be boosted
- Residents will be financially resilient
- More residents will be digitally connected
- All residents will be able to access appropriate and affordable services

Monitoring and evaluation

The Action Plan comprises clear targets of how we will implement actions on an annual basis to achieve our priorities. We will work in partnership with the Spelthorne Health and Wellbeing Group, as well as other relevant local partnerships to ensure we deliver our priorities.

We will monitor our success using the measures above and report annually on our progress to the Community Wellbeing and Housing Committee.



Integrating care:

putting the principles in place?

May 2022

Now that the Health and Care Act has passed, it's full steam ahead for integrated care systems (ICSs) to become statutory bodies from July 2022. Earlier this year, a further White Paper was published, *Health and social care integration: joining up care for people, places and populations*.¹ The title illustrates what it aims to achieve. Yet integration still seems to mean different things to different people ranging from the closer alignment of health and care services, through to an entirely different way of working across systems to tackle population health management and the broader determinants of health and wellbeing.

The White Paper recognises some of the challenges and asks some specific questions. Many of these relate to the key components of good public financial management: outcomes, accountability and financial frameworks. These are critical elements in enabling effective collaboration across organisations which have such different systems and cultures.

This briefing builds on a roundtable discussion, where senior finance professionals from across the NHS and local government discussed these aspects of the White Paper. Going forward, we intend to build on this in a further publication, expanding on the issues raised here and drawing on case studies and good practice to provide solutions. We hope that this will be helpful to finance practitioners, and to the Department of Health and Social Care (DHSC) and NHS England as they develop further guidance.

If you are interested in joining CIPFA's [Integrating Care](#) hub, or have experience of the issues raised here which you would like to share to inform our future work, please contact us on integratingcare@cipfa.org.

Key messages

Place, prevention, and partners →

- A greater emphasis on place and prevention is welcome, as is the recognition of local government as equal partners.
- Local government, at all levels, holds many levers which influence health and wellbeing, so have a crucial role to play at the level of Integrated Care Partnerships and place.

The wider landscape and aligning policy →

- The crowded policy landscape presents competing priorities for the NHS and local government, which can distract from and add tensions to, the integration conversation.
- Amongst these competing pressures faced by both the NHS and local government, it is difficult to see how integration will be able to progress 'further and faster' as expected in the White Paper.
- Some areas of government policy compete with the integration agenda and require complex workarounds. Improving policy alignment would be the ideal solution but sharing experience to improve understanding would be a welcome first step.
- There is a clash between 'here and now' pressures and the long-term view. Good financial management requires consideration of the entire breadth of responsibilities to ensure outcomes and value for money are achieved.

Shared outcomes →

- A national outcomes framework should provide a single set of shared goals across the wider health and care landscape, without adding another tier of bureaucracy. It must be adaptable to local circumstances, enabling a focus on local priorities.
- It is for local systems and places to determine a set of appropriate priorities and metrics, based on evidence and against which progress can be measured, rather than national prescription driving local activity.

Clear accountability in place →

- Given the significant variation between places, a single 'one size fits all' set of criteria for accountability arrangements and the requirement for a single accountable person does not seem appropriate.
- A principles-based framework setting minimum expectations for different stages of development, as places evolve, would be more appropriate.

Finance and integration →

- A shared understanding of the different financial systems across the NHS and local government is essential if the aims of integration are to be realised.
- A lack of funding certainty stifles the ability to plan and invest in priorities with longer-term horizons, such as preventative interventions and reducing health inequalities.
- A targeted approach based on local priorities is likely to have greater impact than pooling budgets 'wherever possible'.
- The commitment to review arrangements for pooling is welcome. However, a more overarching view of aligning resources would be more helpful, with the aim of removing the need for complex workarounds.
- Delegation of functions and resources to place should be underpinned by a joint financial framework to ensure that funding flows reflect where decisions are made and best support delivery of shared outcomes.
- Principles for joint financial arrangements could be combined with those for accountability arrangements, to provide a single principles-based framework for different stages of development as places evolve over time.

Place, prevention and partners

The focus on prevention and place in the White Paper is welcome. These are factors which local government understand well and have significant influence over. The White Paper also places more emphasis on local government as equal partners. Yet it continues to refer to local government as a whole, with no recognition of the different tiers and the valuable roles they can play.

While social care and public health are crucial to the integration agenda, district and borough councils also hold many of the levers which influence the health and wellbeing of their population.

With Integrated Care Boards (ICBs) being established as statutory bodies from July 2022, the current focus remains on health structures. But July is just the starting line. Integrated Care Partnerships (ICPs) will be established but are unlikely to be in their final form. Place-based

arrangements are being considered, but, again, are likely to evolve over time. It is at these levels of place and ICP, that all levels of local government will have key roles to play.

‘...district and borough councils are clearly becoming much more involved in some aspects of integration, on the Integrated Care Partnerships. From that perspective, one of the challenges is how we better align health and wellbeing strategies and take a longer-term view in terms of prevention and investment in the wider determinants of health and wellbeing.’

Terry Collier, Spelthorne Borough Council

The wider landscape and aligning policy

Health and care landscape

The integration White Paper sits amongst a variety of other policies – the introduction of the Health and Care Levy and social care charging reform,² a White Paper on wider reform of adult social care,³ the levelling up White Paper⁴ and reform of the public health system at national level.⁵ A further White Paper on addressing health inequalities is awaited. For the NHS there are numerous priorities,⁶ and there is huge pressure to tackle the backlog of elective care.⁷ The NHS long-term plan is also to be updated, with revised delivery expectations.⁸

So, the health and care policy landscape is particularly crowded. Also, the experience of the COVID-19 pandemic and the focus on recovery looms large, with the true impact on services unlikely to be understood for some time.

‘...it’s not the easiest landscape to look at system change... it’s a system under immense pressure... dealing with a whole host of ‘here and now’ issues.’

Carol Culley, Manchester City Council

Whilst some of these priorities may be ‘mutually reinforcing’,⁹ they are also complex and difficult to navigate, prioritise and resource. Scarce funding and the impact of rising inflation and the cost-of-living crisis are also biting. For both the NHS and local government, navigating a coherent path through this complex landscape and finding the bandwidth for integration amongst these competing priorities is problematic, leading to additional tensions and distractions. Amongst these competing pressures faced by both the NHS and local government, it is difficult to see how integration will be able to progress ‘further and faster’ as expected in the White Paper.

Competing policy agendas

The *Health and Care Act 2022* has stripped away many of the competitive elements within the NHS which acted as barriers to the integration agenda. However, there are remaining policy misalignments that continue to impede progress. Examples include the difference between the NHS as free-at-point-of-use and social care as a paid-for service, or the differential VAT regimes across the NHS and local government. Over the years, many systems have identified and successfully established workarounds for these issues. However, this adds to the complexity involved.

Improving the alignment of competing policies within and across government departments, to remove the need for complex workarounds would be the ideal solution. However, simply sharing experience and improving the understanding of these potential solutions would be helpful and prevent undue focus on these issues which distract from the aim of integrating further and faster.

Short-term versus long-term thinking

Achieving the vision, with a focus on prevention and improved population health, requires long-term thinking and investment. However, there is often a clash between the short- and long-term view which can create tensions amongst partners and impede progress.

In local government, the uncertainty around the financial implications of adult social care charging reform is a cause of concern amongst all partners. The NHS is facing huge political pressure to address the elective backlog and reduce waiting times. Such ‘here and now’ issues compete with the longer-term view of the benefits of investing in prevention, addressing health inequalities and improving health and wellbeing outcomes.

‘...elective waiting lists are important, but that doesn’t mean it’s got to be the job of every single person that works in the NHS.’

Richard Douglas, South East London ICB

Good public financial management requires a focus on the full extent of responsibilities in the long term, to ensure that outcomes are achieved and value for the public pound is maximised. This requires certainty of funding in the medium to long-term, as well as coherence of policy and priorities. This is true of any organisation but is even more crucial when taking a whole systems approach. All partners need to know what they can bring to the table and contribute to achieving the overall outcomes.

Shared outcomes

Balancing variation and clarity of outcomes

The integration White Paper was published while the Health and Care Bill was still passing through Parliament and amongst a plethora of guidance,¹⁰ further adding to the complex landscape.

‘I was surprised at the timing of a White Paper on integration, given where people had got to with the legislation that was going through...’

Bob Alexander, CIPFA

Different ICSs are at different stages of the integration journey, in terms of both the relationships and the progress made. There is also variation in size, population need, geographic footprint and co-terminosity of partners. This is true not only of ICSs, but also the places within them. As CIPFA have previously highlighted, even what is meant by ‘integration’ can be interpreted in a variety of ways.¹¹

The White Paper and much of the guidance is written in what could be considered ‘loose language’ in an understandable attempt to cover all this variation. However, this can lead to confusion and lacks clarity.

‘There’s a long history to get us to this policy point. Lots of different expectations across different parts of sectors... so I suspect partners around the table will have slightly different expectations of what they wanted to see from an integrated system. I think this has developed into something that involves a lot more structural reorganisation that was envisaged at the start, which has added a degree of instability.’

Carol Culley, Manchester City Council

NHS England has previously set out the core aims of ICSs,¹² and the White Paper defines successful integration as:

‘...the planning, commissioning, and delivery of co-ordinated, joined up and seamless services which support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole.’

It goes on to state that the approach to designing shared outcomes will have at its centre improving population health and reducing health disparities.¹³ While these ambitions are admirable, they are extremely wide-ranging and do not provide clear, specific, measurable outcomes to work towards.

An alternative may be to address one ‘element’ of integration at a time. For example, starting with greater integration of commissioning services may enable a more manageable concentration of efforts and provide more certainty around what successful governance and financial arrangements would need to look like.

Whilst there is significant variation between systems, places and the progress of integration, clarity of the intended outcomes at national level is essential. This must be balanced with a broad enough view that enables all systems to contribute to national outcomes in a manner appropriate to their local circumstances, regardless of what stage of the integration journey they are at.

Balance between local and national – subsidiarity versus prescription

As previously noted, the policy landscape is crowded, and the White Paper refers to ‘mutually reinforcing’ reforms. A national framework should clarify the outcomes to be achieved across all these reforms to provide a single set of shared goals across the health and care sector. This

should aid in clarifying the requirement and perhaps remove some of the tensions and competing priorities.

Care should be taken to ensure that any national framework does not add yet another tier of bureaucracy on top of existing 'sector specific' national priorities. This would require a truly integrated approach to be taken from the centre, with different government departments coming together to clarify priorities and the related outcomes to be achieved through integration.

'...we need to ensure that it actually fits within the refresh of the NHS long-term plan and the levelling up agenda, and the other key policy drivers that are influencing what's going on in local places.'

Andrew Burns, CIPFA

Such an aligned national framework must provide sufficient autonomy for systems and places to take forward in a manner appropriate to their local circumstances. It should allow for more detailed, tailored frameworks at ICS level, reflecting the ICP's plan, which can be further translated down to place level.

'...unless there's some local determination of the desired outcomes... then it's pointless having the partnership. Unless they have some responsibility for something, people won't come along.'

Richard Douglas, South East London ICB

One way to achieve this may be by formulating minimum national standards, which may have greater/lesser priority in each locality. This requires national outcomes to be expressed in a manner that does not involve a detailed set of performance metrics which then drives local activity. The focus should be on local priorities reflecting the national, rather than national prescription stifling local innovation and/or need.

Importance of data in determining progress

Good public financial management requires making evidence-based decisions on the allocation of public funds and the ability to track progress and ensure value for money is being achieved.

A baseline assessment of health and wellbeing of populations at system level could provide a starting point against which to track progress towards defined metrics (and longer-term outcomes) over time. This is likely to be more meaningful than a single set of national targets/output measures which may not translate to system/place level.

Given that funding flows are expected to work at system level, then any performance metric should be set at the same level, to inform decision making on resource allocation. Where functions are delegated, this may be more appropriate at place level for some outcomes/outputs, but should be able to be 'built up' to system level to provide a more strategic view.

'...how can you have performance metrics that aren't at a system level when you are expecting funding flows to work that way?'

Nicci Briggs, Leicester, Leicestershire and Rutland CCGs

One potential approach could use existing data from joint strategic needs assessments (JSNAs) and health and wellbeing strategies to provide an overall picture of place. These could then be aggregated to provide a system-wide view. This can then be considered through the appropriate 'lens' – such as health inequalities or prevention – to give a view of differential needs or cohorts across the system.

Clear accountability in place

The recognition of place as the engine for delivery and reform is welcome. The White Paper states there is no intention to prescribe accountability arrangements at place level. Given the significant variation between places, even within a single system, a prescriptive approach would not be appropriate. However, it does commit to set criteria for place-level arrangements, and sets the requirement for a *'single person, accountable for the delivery of the shared plan and outcomes for the place'*.

'...part of the benefit of moving to the ICB was that we're able to delegate and work in a way that's best for the system. The more I'm reading the White Paper, the more I worry it's all prescribed again.'

Nicci Briggs, Leicester, Leicestershire and Rutland CCGs

The single accountable person is perhaps the most contentious issue in the White Paper, and it remains unclear exactly whom they would be accountable to, or whether this is for local determination. There is also the concern that an individual is held accountable for the decisions and actions of the non-statutory place as a whole, and how this might operate in practice. There remains a question around how they would interact with providers (or provider collaboratives) which will likely cover multiple places, and with contracts sitting at ICB level.

'I find it a little bit difficult to see how it would work, particularly in two tier areas, to have as a single person accountable, I think accountability of place... that is the better way to go.'

Terry Collier, Spelthorne Borough Council.

'...we've got 10 local authorities, 10 providers, but where does that relationship between locality and providers sit, when the contract sits at ICB level?'

Richard Paver, Greater Manchester ICB

The nature and level of delegation to place is likely to evolve over time, so the single accountable person may mean different things in different places and at different times – they may effectively find themselves operating between moving goalposts.

The CIPFA/IFAC International Framework defines governance as: *'...the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved'*.¹⁴ Thus, appropriate and proportionate arrangements depend not only on the particular circumstances of place and what functions/resources are delegated to it, but also what outcomes they are trying to achieve. Given the level of variation, a single one-size-fits-all set of criteria for governance and accountability at place level does not seem reasonable.

An alternative would be to consider the level of 'maturity' of each place, depending on their local circumstances. This would suggest a principles-based framework, setting out a minimum expectation for arrangements at differing levels, as systems and places evolve and develop over time. It would then be for the locality to determine the appropriate governance and accountability arrangements for their circumstances, and for others to assure themselves that these are sufficient.

Finance and integration

In recent years there has been much focus on the NHS financial regime, moving towards 'system finance' and population-based payment mechanisms.¹⁵ However, there appears to be little consideration of how the differing financial frameworks in the NHS and local government interact.

Financial regimes, cultures and terminology differ between health and local government and the need to foster a shared understanding or 'common language' between partners is essential to the success of integration.¹⁶ Some of the differences which create problems include differences in how services are funded, funding flows, planning cycles, reporting requirements and timing.

...medium to long-term planning needs to be linked between local authorities and the NHS. And the timescales need to be the same, because you're never going to get alignment if you can't even align dates...

Nicci Briggs, Leicester, Leicestershire and Rutland CCGs

A lack of long-term funding certainty for both the NHS and local government is a further concern, as it stifles the ability to conduct medium- to long-term financial planning. This is particularly true around ambitions with long-term horizons such as reducing health inequalities and greater investment in prevention.

...as long as we're so short term in the way that finances are managed across the NHS, we're never going to be at a point where we can have those longer-term discussions.

Nicci Briggs, Leicester, Leicestershire and Rutland CCGs

Pooling budgets

Delegating resources to place level can considerably increase the chance of improving outcomes, and so increase value for the place-based pound. However, pooling is merely a tool, and some of the complexities involved may disincentivise closer collaboration, particularly in times of financial pressures on both the NHS and social care. For example, in some areas where pooled budgets have been used for years, concerns are now being raised around the future financial implications of social care charging reform and the potential impact on risk sharing, thus stifling progress already made.

The White Paper states that pooled budgets should be used 'wherever possible...eventually covering much of funding for health and social care services at place level'.¹⁷

...we have a massive habit...when we bring organisations together, of boiling the ocean...my biggest concern for this is we recreate CCGs, but at place level.

Nicci Briggs, Leicester, Leicestershire and Rutland CCGs

A more targeted approach based on local priorities is likely to be appropriate. Where functions are delegated to place level, then resource should also be delegated. Focusing on particular priority pathways or cohorts (eg community care, mental health or learning disabilities) and using pooled/aligned budgets as a tool to address these specific issues may lead to improved outcomes, rather than pooling across the board - seemingly for the sake of it.

While there is considerable experience of local government and CCGs pooling budgets for commissioning, there is much less experience of pooling with NHS providers. A particular concern relates to the likely need for greater considerations around due diligence and the impact on the overall

financial position of the NHS Trust. This is likely to be further complicated by different arrangements for NHS Trusts and NHS Foundation Trusts.

... there's a fairly well-established history on how you pool with a CCG partner, and ways through how you manage that...pooling with a provider trust is a very different kettle of fish.

Carol Culley, Manchester City Council

While it is true that there are many issues which can be problematic, some of the complexities go beyond the issue of pooling budgets. Again, over time, systems have established workarounds, but this adds complexity and impedes progress. The commitment to review arrangements for pooling budgets and provide further guidance is welcome, but addressing the wider issues involved would be more helpful.

'...there's a variety of solutions you can look at, but it isn't all about pooling. In our arrangement...which will bring together community health and social care, we backed away from a fully pooled budget. [Instead] we went for delegation of responsibilities and functions and an alignment of the resources beneath it. So, you've got the budget in one place and full visibility over it. But the level of due diligence required, and the complexities around risk share - made it too difficult a proposition to do a fully pooled budget at this stage.'

Carol Culley, Manchester City Council

Joint financial frameworks

Financial frameworks determine how you use your financial resources to best achieve the intended outcomes. They should also provide a mechanism against which progress can be evaluated and measured, which in turn informs decisions on use of resource.

The ICB will have overall responsibility for the overall NHS system budget. Some functions and resources will be appropriately managed at system level, for example acute contracts. However, based on the principle of subsidiarity, others will be more sensibly deployed at place level.

Any delegation of function to place level needs to be underpinned by appropriate financial arrangements – a joint financial framework – reflecting where decisions are most appropriately made and enabling funding flows to best support delivery of shared outcomes. Within such a joint framework, several tools could be employed, including pooling, aligning or joint commissioning/provision arrangements. However, focusing on pooled budgets alone is unlikely to ensure that resources can move around the system to best effect.

'If we tried to do a place pool for everything that was within the remit of place, I think we'd fall over because your money alignment would be out of step with where your decision-making accountability is.'

Carol Culley, Manchester City Council

The nature of such a joint financial framework should reflect the variation amongst systems and places, allowing for local determination and flexibility. Different types of service commissioning and/or provision may also lend themselves to different financial arrangements. ICBs and their places are likely to evolve over time, so the joint financial framework may have to become more sophisticated to reflect this evolution.

Such variation means that a one-size-fits-all approach would be unsuitable. However, taking a principles-based approach to developing a joint financial framework, could allow systems/places to adapt and evolve over time and formulate a framework appropriate to their circumstances.

As financial arrangements are fundamental to ensuring appropriate and proportionate

accountability arrangements, it makes sense to align principles for joint financial arrangements alongside those for accountability. This would provide a single, principles-based framework setting out minimum expectations for financial and accountability arrangements appropriate at different stages, as places evolve over time.

Roundtable participants

CIPFA would like to thank the following people for their participation in the roundtable and ongoing support of our work in this area.

- **Bob Alexander**, Associate Director, CIPFA
- **Nicci Briggs**, Executive Director of Finance, Contracting and Governance, Leicester, Leicestershire and Rutland CCGs
- **Andrew Burns**, Associate Director, CIPFA
- **Terry Collier**, Deputy Chief Executive and Chief Finance Officer, Spelthorne Borough Council
- **Carol Culley**, Deputy Chief Executive and Chief Finance Officer, Manchester City Council
- **Richard Douglas**, Chair Designate, South East London ICB
- **Richard Paver**, Audit Committee Chair, Greater Manchester ICB

Endnotes

- ¹ DHSC, [Health and social care integration: joining up care for people, places and populations](#), February 2022
- ² HM Government, [Build Back Better: Our plan for health and social care](#), September 2021
- ³ DHSC, [People at the heart of care: adult social care reform white paper](#), December 2021
- ⁴ DLUHC, [Levelling up the United Kingdom](#), February 2022
- ⁵ Public Health England has been replaced by the [UK Health Security Agency](#) and the [Office for Health Improvement and Disparities](#). A [Health Promotion Taskforce](#) has also been established at Cabinet level to move forward prevention agenda.
- ⁶ Priorities for 2022/23 set out in NHS England, [2022/23 priorities and operational planning guidance](#), December 2021 and DHSC, [NHS Mandate 2022 to 2023](#), March 2022
- ⁷ NHS England, [Delivery plan for tackling the COVID-19 backlog of elective care](#), February 2022
- ⁸ As detailed in DHSC, [NHS Mandate 2022 to 2023](#), March 2022
- ⁹ As suggested in the white paper: DHSC, [Health and social care integration: joining up care for people, places and populations](#), February 2022
- ¹⁰ At the time of writing there were 70 pieces of guidance on implementing legislative change published on the [Future NHS](#) platform alone (login required).
- ¹¹ CIPFA, [The practicalities of integration](#), 2018
- ¹² NHS England, [Integrating care: Next steps to building strong and effective integrated care systems across England](#), November 2020
- ¹³ DHSC, [Health and social care integration: joining up care for people, places and populations](#), February 2022
- ¹⁴ CIPFA/IFAC, [International framework: good governance in the public sector](#), 2014
- ¹⁵ NHS England, [Management of NHS resources by integrated care boards](#), October 2021 and NHS England, [Introduction to Population-based Payment](#), September 2021 [Accessed via Future NHS platform – login required]
- ¹⁶ CIPFA, in collaboration with HFMA, have advocated for this through work such as [‘An introduction and glossary to NHS and local government finance and governance in England’](#) and [‘Guidance for CFOs working in health and local government.’](#)
- ¹⁷ DHSC, [People at the heart of care: adult social care reform white paper](#), December 2021

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Community Wellbeing & Housing Committee

20 September 2022



Title	<i>Quarter 1 (30 June 2022) Capital Monitoring report</i>
Purpose of the report	To note
Report Author	<i>Paul Taylor Chief Accountant</i>
Ward(s) Affected	All Wards
Exempt	No
Corporate Priority	Community Affordable housing Recovery Environment Service delivery
Recommendations	The Committee is asked to note the £14.7m projected overspend on capital expenditure for the Community Wellbeing & Housing Committee against its Capital Programme provision as at 30 June 2022 for the Council, as set out in 2.7(a) and 3.3 of the attached report and appendices which were discussed at the Corporate Policy & Resources Committee meeting on 12 September 2022.

1. Summary of the report

- 1.1 This report seeks to update members of the Community Wellbeing & Housing Committee on the performance of the allocated capital projects against the approved budget, as at 30 June 2022.
- 1.2 Officers will be available to answer questions on the Committee's capital projects at the meeting.

2. Contact

- 2.1 Paul Taylor p.taylor@spelthorne.gov.uk

Background papers: None.

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CAPITAL MONITORING REPORT AT 30 JUNE 2022

Portfolio / Service Head	Cost Centre	Description	Current Cumulative Budget	Cumulative Actuals to date for the project	Managers Projected Outturn at 30 June	Cumulative Budget vs Projected Outturn Variance	Comments
Community Wellbeing & Housing							
Karen Sinclair	42014	LOCATA	49,900	0	49,900	0	Being implemented in Autumn 2022
Karen Sinclair	42074	Property acquisition for families	35,000,000	0	35,000,000	0	£35m to be spent over the next 5 years, with Project Managers post being advertised to deliver this project and the post will be funded from this budget.
Total			£35,049,900	£0	£35,049,900	£0	
Lee O'Neil	41024	Spelthorne Leisure Centre Development	48,370,000	2,820,537	48,370,000	0	Main build contract to be signed imminently, start on site end of July.
Lee O'Neil	41328	Ashford MSCP Residential Scheme	15,000,000	103,573	16,600,000	1,600,000	Public consultation completed early July, targeting a planning submission early Autumn. The forecast increase shown is due to the anticipated increase in construction costs since the previous scheme was reviewed in October 2021. However, following the conclusion of the public consultation process the scheme is being reappraised with the intention of freezing the design parameters with an updated forecast being made available in August.
	42042	Benwell Development & Building cost Phase 1	13,800,000	11,148,616	11,200,000	-2,600,000	Project complete - additional costs incurred for replacement trees, still negotiating final account to be paid with developer.
	Memorandum Item	Benwell Land & Building cost Phase 1	10,123,100	10,746,000	10,746,000	622,900	Land acquired on 30/09/17.
	Memorandum Item	Whitehouse Land Acquisition	1,319,721	1,319,721	1,319,721	0	Land acquired on 30/09/17.
Lee O'Neil	42052	Whitehouse - Design Fees & Construction Phase B	3,910,000	538,106	3,800,000	-110,000	Planning application targeted end of September '22. An improved more efficient design has allowed an increase in proposed units from 12 to 17 and has also provided an opportunity for a more cost-effective building. Now that the public consultation has concluded the next stage is to review the scheme and freeze the design parameters. Cost appraisals will be run in August with the aim of having up to date costs for discussion in early September.
Lee O'Neil	42054	Thameside House	54,430,000	1,795,654	56,000,000	1,570,000	No change to financials since last quarter - DSC approved revisions for a GF +10+8+4 storey scheme. Public consultation completed, target planning submission end of September '22. Construction budgets as risk due to market volatility.
	Memorandum Item	Thameside House Land & Building cost	9,860,000	9,700,000	9,700,000	-160,000	No change to reported financials
Lee O'Neil	42055	West Wing	5,780,000	5,722,605	5,850,000	70,000	No change to financials. Project complete. Final account being negotiated with contractor - delay due to insurance claim for water damage.
Lee O'Neil	42056	Whitehouse Hostel - Phase A	4,417,000	4,661,718	4,773,000	356,000	No change to financials. Project complete - negotiating final account to be paid.
Lee O'Neil	42057	Victory Place (Ashford Hospital car park site)	31,470,000	1,757,608	31,470,000	0	Full planning consent granted in March 2022. Main contract negotiation on going. Demo to start early Autumn.
	Memorandum Item	Victory Place Land Cost	5,260,000		5,260,000		
Lee O'Neil	42060	Oast House	105,200,000	21,588,980	118,600,000	13,400,000	Significant cost increases due to moratorium & design consultations delays. Council approved 12+10+9 max storey heights residential + NHS centre on 28 April 2022. Public consultation undertaken, planning submission targeted end of October '22.
Lee O'Neil	42062	Harper House Redevelopment	3,390,000	3,184,504	3,390,000	0	No change to financials. Project complete - negotiating final account to be paid.
Total			£312,329,821	£75,087,621	£327,078,721	£14,748,900	
Committee Total			£347,379,721	£75,087,621	£362,128,621	£14,748,900	

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CAPITAL MONITORING REPORT AT 30 JUNE 2022

Portfolio / Service Head	Cost Centre	Description	Current Cumulative Budget	Cumulative Actuals to date for the project	Managers Projected Outturn at 30 June	Cumulative Budget vs Projected Outturn Variance	Comments
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Housing Investment Programme

Community Wellbeing & Housing- DFG Annual Programm

Karen Sinclair & De	40203	Disabled Facilities Mandatory	943,200	149,918	943,200	0	
Karen Sinclair & De	40204	Disabled Facilities Discretion	29,600	5,211	29,600	0	
		Grants received from Central Government	-972,800	-155,130	-972,800	0	
		Net Cost of Disabled Facilities Grants	£0	-£0	£0	£0	Annual Programme
Total For HIP			£0	-£0	£0	£0	

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Corporate Policy & Resources Committee

12 September 2022



Title	<i>Quarter 1 (30 June 2022) Capital Monitoring report</i>
Purpose of the report	To note
Report Author	<i>Paul Taylor Chief Accountant</i>
Ward(s) Affected	All Wards
Exempt	No
Corporate Priority	Community Affordable housing Recovery Environment Service delivery
Recommendations	<p>The Committee is asked to note the (£8.6m) underspend on capital expenditure against its Capital Programme provision as at 30 June 2022 for the Council and in particular the Corporate Policy & Resources Committee.</p> <p>(Please note that individual committees will receive a full copy of this report once issued as part of the papers for Corporate Policy and Resources Committee (CPRC) meeting on 12 September and that the Elmsleigh project has been disaggregated from 1 April 2022.</p>

1. Summary of the report

- 1.1 This report seeks to update Councillors on the performance of our capital projects against the approved budget, as at 30 June 2022.
- 1.2 Please note that this report is based on activity at 30 June 2022, subsequent events may have changed and if material, will be highlighted in the report.

2. Key issues

- 2.1 The Capital Monitoring report covers the cumulative actual expenditure to date, against the cumulative Council approved Capital Programme budget and compares this against the latest forecast outturn from Officers.
- 2.2 Although the projects may have a budget allocation in the Capital Programme, any increases in budget will require prior approval by Corporate Policy & Resources Committee before drawing down on the budget.
- 2.3 Officers are beginning to see the impact of Brexit, longer term economic impacts of COVID-19 on our building costs, availability of labour and shorter

fixed price guarantees from building suppliers. Over the next few years the uncertainty around the inflationary risk to our development projects, is not clear. As with the Bank of England forecasts, some commentators expect to see construction cost inflation rise, while others predict a fall. The impact of global events continues to influence commodity prices, whilst Brexit has created a shortage of labour in the construction sector, and finally the impact of the Cost of Living crisis cannot be ignored, therefore, taking these issues into account, officers will continue to closely monitor these risks and assess the impact on our Estimated Capital Programme for 2022/23 to 2025/26.

- 2.4 As reported last quarter (31 March 2022) officers continue to monitor the impact of the inflation on the material and labour costs for our development contracts, which is forecast to have a £40m+ adverse impact on the Council's Capital budgets (over the current 2022/23 to 2025/26 estimated Capital Programme) and this will have a knock-on impact on our revenue budgets due to increased interest charges, as notified by the Public Works Loan Board (PWLb) and greater costs to be financed.
- 2.5 Further, a number of projects have been handed over as completed, such as West Wing and we are awaiting the final contract to be signed off. Officers don't believe that there will be any further increase in the forecast for these projects.
- 2.6 For the quarter ended 30 June 2022 our approved Capital Programme was £394.1m (March: £337.4m). The latest forecast outturn position is £385.6m (March: £350.5m), giving a projected aggregate underspend of (£8.5m) (March: overspend of £13.1m) as per Appendix A below.
- 2.7 The projected aggregate overspend by Committee as per Appendix B is as follows:
 - (a) Administrative – projected underspend (£171k) (March: underspend (£35k) no change since last quarter.
 - (b) Community Wellbeing & Housing – projected overspend £14.7m (March: overspend £13.0m).
 - (c) Environment & Sustainability – projected overspend £87k (March: overspend £81k
 - (d) Corporate Policy & Resources Committee – projected underspend (£23.2m) (March: over/underspend £nil).
- 2.8 In arriving at the cumulative expenditure to date, the Finance Team account for capitalised borrowing costs, salaries, and all costs of acquisition on each development project.
- 2.9 As highlighted last quarter, the average monthly cost to the Council for the delays in moving the development properties forward is £170k (£140k revenue and £30k capital)
- 2.10 **Capitalisation of borrowing costs**
- 2.11 Under normal circumstances, officers would capitalise the borrowing costs associated with the six development properties in Staines-upon-Thames area based on the requirements of section 4 of the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on Local Authority Accounting, however, the delays caused by the moratorium and the Planning

Committee process in approving the Council's plans has had a significant impact on the Council's finances.

- 2.12 As the Council progresses with the plans for each development, following the end of the moratorium, officers, in consultation with our external auditors, will have to reassess each project and if the design of the buildings has significantly altered, once the Planning Committee has approved the revised plans and in order to comply with the above CIPFA Code, Council may have to charge the design fees for the previous building designs from Capital to the Revenue budget and this could have a significant adverse impact on the revenue outturn, increasing the predicted budget deficit even further.

3. Variance analysis

- 3.1 We report on any significant movement in forecast variance over £50k or 20% of budget, whichever is the highest, or if there has been a significant development since last quarter, by committee as follows:
- 3.2 Administrative – projected underspend (£171k) (March: underspend (£35k))
- (a) Scan Digital Rollout – underspend (£20k) (March: underspend (£20k)) Data scanning progressing well has now been incorporated within the digital transformation processes, which will reduce paperwork and thus reducing need for scanning. Funds no longer required and the capital programme will be amended to reflect this saving.
 - (b) Corporate Electronic Document Management System (EDMS) Project – underspend (£131k) (March: £nil over/underspend). A substantial amount of the work will be dealt with from the SharePoint budget (Cost centre 43512) and therefore £131,200 is no longer required and the capital programme will be amended to reflect this saving.
 - (c) Forward Scanning – underspend (£20k) (March: (£20k)) Data scanning progressing well has now been incorporated within the digital transformation processes, which will reduce paperwork and thus reducing need for scanning. Funds no longer required and the capital programme will be amended to reflect this saving.
- 3.3 Community Wellbeing & Housing – projected net overspend £14.1m (March: overspend £14.5m)
- (a) Ashford MSCP - £1.6m overspend, (March: £500k overspend) due to building material and labour cost inflation, Development Subcommittee to receive a request for increased budget in September.
 - (b) Benwell 1 - £2.6m underspend (March: (£2.7m) underspend) an additional £100k spent on replacement trees.
 - (c) Oast House - £13.4m overspend (March: £13.4m overspend). As directed by Corporate Policy & Resources Committee at their July meeting, Officers will present in October, a revised budget based on the plans currently being finalised, to Development Subcommittee for approval.

- 3.4 Environment & Sustainability – projected overspend £87k (September: £83k overspend)
- (a) Laleham Park Upgrade – Overspend £87k, unchanged from last quarter. As requested by Development Subcommittee, Officers will shortly be submitting revised plans for approval by the Development Subcommittee.
- 3.5 Corporate Policy & Resources – Underspend (£23.2m) (March: £nil under/overspend)
- (a) Acquisition of a potential housing/regeneration asset – underspend (£20m) (March: £nil over/underspend) project will not proceed, therefore, the funds will be removed from the capital programme.
- (b) 91/93 High Street – Underspend (£1.2m) (March: (£1.2m) underspend) Please note that these projects have been disaggregated from the global budget for Elmsleigh Centre, with effect from 1 April 2022
- (c) Former Decathlon unit – underspend (£2m). Subject to signing the contract with Surrey County Council, this capital expenditure is no longer required and the capital programme will be amended to reflect this saving.

4. Financial implications

- 4.1 Once a project is completed, any underspend on the approved Capital Programme enables the Council to invest the monies to gain additional treasury management investment income or to fund additional schemes.
- 4.2 Working closely with our Treasury Management advisors, officers are currently saving the Council more than £1,300k per annum in interest charges, through prudent use of short-term interest rates to fund regeneration development projects.
- 4.3 Upon completion of each project, officers obtain fixed rate interest loans to significantly reduce the Council's exposure to risk of future interest rate rises over the next 50 years.

5. Risk considerations

- 5.1 The significant risks for our capital programme continues to be the delay in commencing our development projects, which in turn is seeing costs rise as the construction industry experiences significant inflationary increases in building and labour costs. Further, the recent upward trend in interest base rates is impacting on our development properties, as the Council funds these projects from short term borrowing, before fixing the loan interest via the Public Works Board on completion of each project.

6. Legal considerations

- 6.1 None.

7. Other considerations

- 7.1 During 2022/23 officers will be expected to progress their capital projects, and where projects have not commenced, may be requested to cancel the project and reapply for capital funds, so that the unused funds can be utilised

elsewhere by council, rather than being tied up in projects that are not progressing.

8. Equality and Diversity

- 8.1 This Council is committed to delivering equality, improving diversity and being inclusive in all our work as a service provider and an employer.
- 8.2 We incorporate equality into our core objectives, making every effort to eliminate discrimination, create equal opportunities and develop good working relationships between different people.

9. Sustainability/Climate Change Implications

- 9.1 Spelthorne Borough Council has declared a climate emergency and each capital project will be looking to reduce its carbon footprint within the financial constraints imposed on it.

10. Timetable for implementation

- 10.1 Not applicable.

11. Contact

- 11.1 Paul Taylor p.taylor@spelthorne.gov.uk

Background papers: None.

Appendices:

Appendix A – Summary Capital Monitoring Report by Committee as at 30 June 2022.

Appendix B – Detailed Capital Monitoring Report by Committee as at 30 June 2022.

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