

COMMUNITY WELLBEING & HOUSING COMMITTEE



26th September 2023

Title	<i>North West Surrey Role Mapping Risks and Opportunities</i>
Purpose of the report	To note and make recommendations.
Report Author	Stephen Mortimer-Cleevely & Karen Sinclair
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	N/A
Corporate Priority	Community, Environment and Service Delivery
Recommendations	<p>Committee is asked to:</p> <ul style="list-style-type: none"> • To note the range of roles that support residents through a Health and Wellbeing lens. Appendices 1 & 2 • To note the current approaches to our populations through this lens by major stakeholders including North West Surrey Health and Care Alliance and Surrey County Council. • Make recommendations in relation to the level of engagement expected with these similar initiatives. • Consider opportunities offered as a system partner.
Reason for Recommendation	<p>Initiatives from both the NWS Health and Care Alliance, the Integrated Care System (Surrey Heartlands) and Surrey County Council are progressing at a pace, not least as some of our areas have some of the highest health inequalities in the county and some of the most diverse and 'left behind' communities. This year Stanwell, Ashford and Sunbury will be in receipt of particular focus from both health partners and the county. It is the intention of this report to promote debate and ultimately frame our corporate approach to these external drivers and initiatives. There is no doubt that these initiatives in their broadest sense seek to improve outcomes/experience for residents, objectives which drive our corporate plan and all our interactions with residents.</p>

1. Summary of the report

- 1.1 Committee is asked to note the diversity of health and wellbeing roles in the area and recommend an approach or position statement.
- 1.2 Committee is asked to consider opportunities in this system space.

2. Key issues

- 2.1 The North West Surrey Health & Care Alliance have identified 12 Neighbourhoods across their footprint, 3 of which are in Spelthorne. The exact boundaries of these have yet to be decided. They plan to operationalise their Ashford and Stanwell neighbourhood this summer. SBC officers have suggested that a great deal of this work is done already in virtual teams but alongside their neighbourhood aspirations the Alliance are carrying out a strategic estates review with a view of physical hosting these neighbourhood teams. The neighbourhood principles are:
- Team to respond to local population, addressing health inequalities and increasing focus on the wider determinants of health
 - All services provided in the neighbourhood team.
 - Learning by doing culture.
 - Change should be identified and delivered closest to residents.
 - No referrals between team members.
 - Proactive support for residents.
 - Seamless transfer between business units where transfer is required.
 - Standardised process for analysing local population need, to allow variability in team in terms of size and roles.
 - Flexibility for local team to design new and different team roles.

All neighbourhoods are set up around a core vision:

To introduce multi-disciplinary teams from across the Alliance partners with a single operational lead. This is about bringing together a broad range of professionals with different skills to work as a team on a day-to-day basis to serve the needs of a defined 'neighbourhood'. This means a geographical footprint that the Alliance view makes sense to residents, for example: Ashford and Stanwell.

What difference will this make?

For staff:

Staff will work alongside and learn from colleagues from different disciplines.

There will be less time spent making referrals and it will be easier to discuss someone's care with the most appropriate professional.

It will be easier to put in place different solutions from a wider network of support for the people you are caring for.

It will be easier to access and share the information you need to care for people.

For local people:

They will see the right professional at the right time, closer to home.

They won't have to tell your story repeatedly to different professionals.

Their health and wellbeing will be looked after, and we will link you to support that can help with everything from diet and mental health to housing and community support.

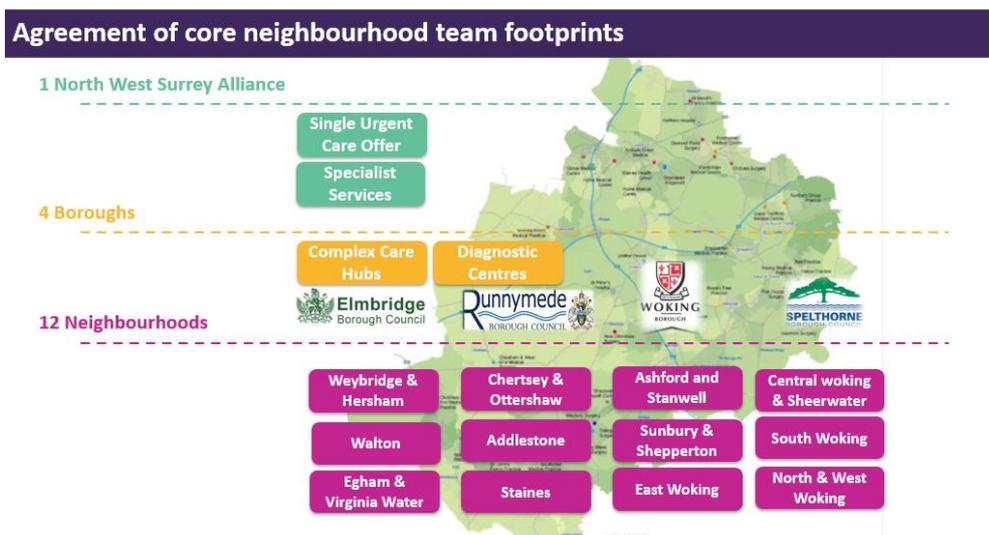
To improve outcomes for patients, service users and carers, particularly those with possible multi-morbidities and complex long term health conditions, by overcoming issues of fragmentation through seamless care pathways and better coordination of care

To remove referrals between primary and community care, reducing primary care appointments.

To ensure residents with long term conditions are aware of the individual that is coordinating their care and knows how to contact someone for advice.

Better connections to the local voluntary and community sector, giving people a wider range of support.

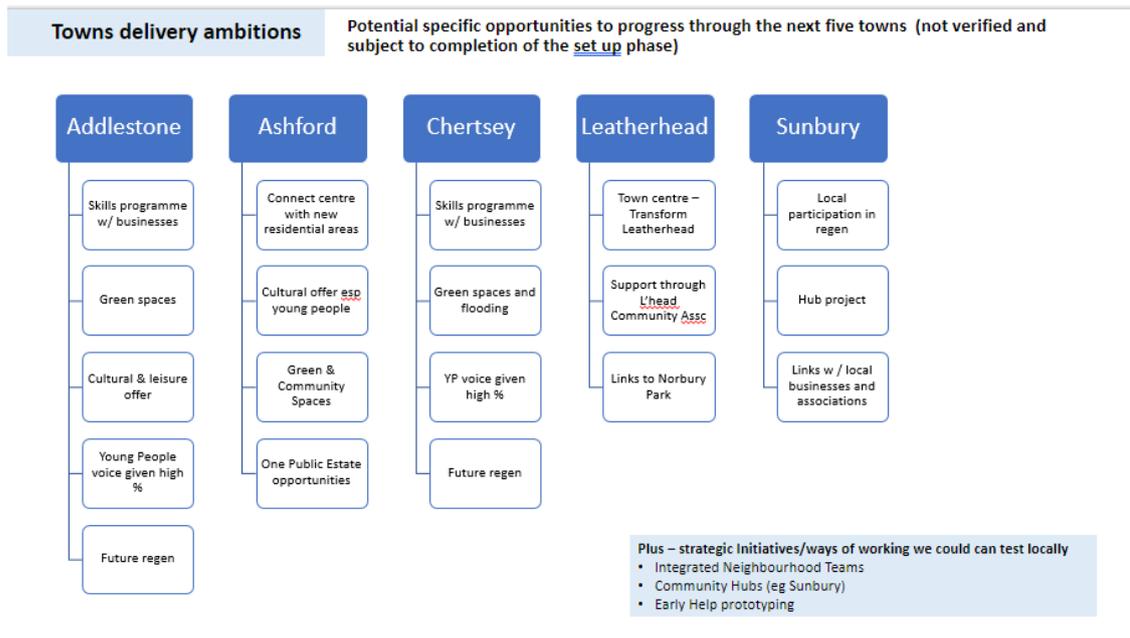
The driver behind this approach is mainly derived from the Fuller Stocktake report which is attached as Appendix 7. It must be noted here that there is currently no additional capacity in the system if these initiatives increase demand for services.



2.2 On 17th May this year Surrey County Council Thriving Communities team presented their Delivering in Partnership: Towns proposal to the Integrated Care Board – Surrey Heartlands. This set out a number of principles in relation to Surrey County Council’s approach to its strategic towns of which Surrey County Council has identified 27. These towns have been chosen based on LOSA data which is basically a data driven geographical concept, a Lower Layer Super Output Area. Surrey County Council have identified 5 of these strategic towns where they are starting now. The towns are Addlestone, **Ashford**, Chertsey, Leatherhead and **Sunbury**. In the next 6 months the stated objectives of this initiation phase are:

- Gain in depth understanding of the town and stakeholders, including work to date.
- Make clear link with the plan for the integrated neighbourhood health & care teams.
- Convene and lead multi-agency town ‘crews’.
- Town crews will collate insights and intelligence and will work with the community and wider stakeholders to establish key priorities for the town.

- Engagement teams (from across agencies) will work with the crew to support the design and delivery of community engagement work.
- Town crews will connect, align and co-ordinate others as required to deliver outcomes for the town – spotting opportunities for prototyping and new initiatives.
- Local Councillors will be kept engaged informally, will link town co-ordinators to local stakeholders, inform priorities, advocate the partnership model and support progress. Town sponsor and town co-ordinator will ensure regular engagement points with Councillors.
- Identify who will play which ongoing roles after the initial set up phase (with the set up phase “sponsors” and “coordinators” changing / moving on).



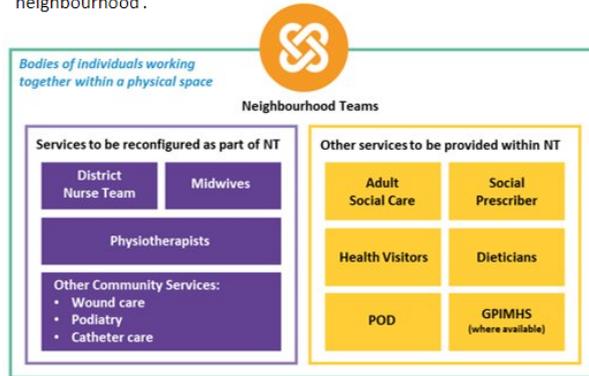
2.3 Work is underway to understand and ensure the most sensible alignment between the strategic town footprints and the developing geographies for integrated neighbourhood health and care teams – so there is a clear shared language and definitions that can support analysis of data insights (using LSOAs as building blocks) and local planning and delivery. Service leads at SBC feel that this cannot be done without us.

Neighbourhood integrated health and care teams – a key component in all towns and villages

Note: the below is drawn from NW Surrey model given focus of the next five towns - similar proposals being introduced across all 4 Surrey Heartlands places

Vision:

We will introduce multi-disciplinary teams with a single operational lead. This is about bringing together a broad range of professionals with different skills to work as a team on a day-to-day basis to serve the needs of a defined 'neighbourhood'.



Difference it will make for local people:

- You will see the right professional at the right time, closer to home
- You won't have to tell your story repeatedly to different professionals
- Your health AND wellbeing will be looked after and we will link you to support that can help with everything from diet and mental health to housing and community support.

2.4 A number of the roles referred to in both the NWS Roles PowerPoint and word document (Appendices 1 & 2) are currently hosted by Woking Borough Council. The majority of them are externally funded with both redundancy and pension cost underwritten by the NWS Health and Care Alliance. With WBC subject to a Section 114 process, Commissioners have requested that service managers reach out to partners to explore opportunities. Colleagues in Woking are required to make all efforts to downsize their service regardless of whether these services are externally funded.

Woking alongside Spelthorne have been very innovative in the health space and have created a number of system embedded initiatives which not only improve resident/patient outcomes but stand as exemplars nationally. There is a risk that these roles will be lost if hosting cannot happen in partner organisations. Officers have been informally approached by Woking Borough Council in relation to hosting these posts. See Appendices 4 & 5 to see the impact both out of hospital and in the community of these roles.

2.5 The wider community services landscape is also in a period of flux, not least with the Woking impact on discretionary services but also the change in strategic direction for community services at Elmbridge Borough Council and a new CEO at Runnymede Borough Council.

3. Options analysis and proposal

3.1 The options considered within this report are: -

Option 1 – Approve a proactive approach to neighbourhoods.

- The Council adopt the approach of placing ourselves at the heart of the neighbourhood agenda.
- Commit resource and officer time ensuring full engagement with both NWS Health and Care Alliance and Surrey County Council Thriving Communities, ensuring we are the lead, place-based voice.
- Use the Spelthorne Healthy Communities Partnership Board as the conduit for these initiatives with the potential to expand the remit to

include more voluntary sector input and representation from Economic Development and Housing. See Appendix 8 for Terms of Reference.

Option 2– do nothing (not recommended)

4. Financial implications

4.1 There are none bar additional officer resource

5. Risk considerations

5.1 Doing nothing in this emerging landscape risks a lack of local control a diminishing of our impact and reach in our communities and a potential destabilisation of our discretionary services. See Appendices on both Borough Discharge and Social Prescribing outcomes.

5.2 The additional officer time committed to these initiatives is not funded through either Alliance or SCC workstreams, this also stands for VSCE colleagues where the expectation is also for these groups to engage with the initiatives in place.

6. Procurement considerations

None identified.

7. Legal considerations

7.1 None yet identified, if post hosting was considered, then there will be TUPE considerations and potential Service Level Agreements

8. Other considerations

Does Spelthorne Borough have the physical capacity or the corporate appetite to host additional roles.

9. Equality and Diversity

9.1 The Surrey County Council 'no one left behind' is the key driver for this initiative and seeks to create a universal offer for all residents.

9.2 Improved Access to primary and secondary care, when and where it's needed by residents is the driver for the NWS Health and Care Alliance.

10. Sustainability/Climate Change Implications

10.1 Both initiatives seek to maximise resource locally and both encourage active travel and 15 minute town principles.

11. Timetable for implementation

11.1 These projects are underway externally, we are seeking guidance through MAT to act.

12. Contact

12.1 Stephen Mortimer-Cleavelly.

Appendices:

Appendix 1 NWS Roles Powerpoint

Appendix 2 NWS Role Mapping

Appendix 3 SCC role descriptions

Appendix 4 WBC BDSO data

Appendix 5 SPLW data

Appendix 6 GP Funded Roles

Appendix 7 Fuller Stocktake

Appendix 8 Spelthorne Healthy Communities Partnership Board Terms of Reference