Notice of Meeting

Health and Wellbeing Board

SURREY COUNTY COUNCIL

Date & time
Thursday,
4 April 2013
at **1.30 pm**
*Please note: a pre-meeting will be held for Board Members at **1pm**.*

Place
Committee Room C,
County Hall,
Kingston upon Thames,
Surrey KT1 2DN

Contact
James Stanton / Huma Younis
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Chief Executive
David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9068, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email huma.younis@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact 020 8213 2725 or email huma.younis@surreycc.gov.uk.

Board Members

The following is a list of the membership of the Shadow Health and Wellbeing Board. The statutory membership of the Health and Wellbeing Board will be confirmed by the nominating bodies prior to the meeting. The Board will also consider the appointment of non-statutory members at the meeting (agenda item 6).

Dr Akeem Ali	Director of Public Health
Mrs Mary Angell	Cabinet Member for Children and Families
Dr Andy Brooks	Surrey Heath Clinical Commissioning Group
Dr Jane Dempster/ Dr Andy Whitfield	North East Hampshire and Farnham CCG
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Mr Michael Gosling	Cabinet Member for Adult Social Care and Health
Dr Liz Lawn	North West Surrey Clinical Commissioning Group
Dr Joe McGilligan	EsyDoc Clinical Commissioning Group
Sarah Mitchell	Strategic Director of Adult Social Care and Health
Nick Wilson	Strategic Director of Children, Schools and Families
Norma Corkish/ Richard Davy/ Mark Sharman	Surrey Healthwatch

Additional Invitees

Cllr James Friend	Deputy Leader, Mole Valley District Council
John Jory	Chief Executive, Reigate & Banstead Borough Council
Cllr Joan Spiers	Leader, Reigate & Banstead Borough Council

PART 1
IN PUBLIC

1 APPOINTMENT OF CHAIRMAN

To agree chairing arrangements for the Board.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Board Members in respect of any item to be considered at the meeting.

4 QUESTIONS AND PETITIONS

4a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting *(27 March 2013).*

4b Public Questions

The deadline for public questions is seven days before the meeting (*28 March 2013)*.

4c Petitions

The deadline for petitions was 14 days before the meeting. No petitions were received.

5 ESTABLISHMENT OF THE BOARD AND TERMS OF REFERENCE (Pages 1 - 16)

(a) To note the report to Council of 19 March 2013 and Article 8A of the Council's Constitution (attached) formally establishing the Health and Wellbeing Board

(b) To agree terms of reference for the Health and Wellbeing Board (draft attached) in line with the provisions set out in statute and the Council's Constitution.

To be presented by Mr Michael Gosling (Cabinet Member for Adult Social Care and Health).

6 MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

To agree any arrangements for additional members of the Board, their role and voting rights. To be presented by Mr Michael Gosling (Cabinet Member for Adult Social Care and Health).

7 HEALTHWATCH

To receive a presentation from Surrey Healthwatch.

8 JOINT STRATEGIC NEEDS ANALYSIS (Pages 17 - 26)

To consider the Joint Strategic Needs Analysis (JSNA). To be presented by Dr Akeem Ali (Director of Public Health).

9 JOINT HEALTH AND WELLBEING STRATEGY FOR SURREY (Pages 27 - 38)

To agree the Joint Health and Wellbeing Strategy for Surrey. To be presented by Dr Joe McGilligan (EsyDoc Clinical Commissioning Group).

10 FORWARD WORK PLAN (Page 39)

To agree the Board's work programme for the year. Proposed Forward Work Plan attached.

David McNulty
Chief Executive
Revised: 2 April 2013

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in the Council's Constitution.

Please note:

1. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
2. Questions will be taken in the order in which they are received.
3. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
4. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

MOBILE TECHNOLOGY – ACCEPTABLE USE

All mobile devices (mobile phones, BlackBerries, etc) should be switched off or placed in silent mode during the meeting to prevent interruptions and interference with the PA and Induction Loop systems.

Those attending for the purpose of reporting on the meeting may use mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. This is subject to no interruptions, distractions or interference with the PA and Induction Loop systems being caused. The Chairman may ask for mobile devices to be switched off in these circumstances.

Thank you for your co-operation

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Health and Wellbeing Board

4 April 2013

Establishment of the Board and Terms of Reference

5(a) Report to Council, 19 March 2013 establishing the Health and Wellbeing Board

For information.

5(b) Draft Terms of Reference Health and Wellbeing Board

For discussion and agreement.

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SURREY
COUNTY COUNCIL

OFFICER REPORT TO COUNCIL

AMENDMENTS TO THE CONSTITUTION - HEALTH AND WELLBEING BOARD AND HEALTH SCRUTINY

KEY ISSUE/DECISION:

To ensure the Constitution is in line with recent legislation and regulations, the Council is asked to agree a new article introducing a Health and Wellbeing Board and revisions to the arrangements for the scrutiny of health services.

BACKGROUND:

1. Given new legislation and associated regulations, some aspects of the Constitution are out of date or do not accurately reflect current working practices.

2. This report asks the Council to look at two specific parts of the Constitution and agree changes to ensure it accurately reflects current legislation.

HEALTH AND WELLBEING BOARD:

3. The Health and Social Care Act 2012 requires that the Council establish a Health & Wellbeing Board from 1 April 2013 as a committee of the local authority to oversee the production of the Joint Health & Wellbeing Strategy, Joint Strategic Need Assessment and to encourage integrated working. Uniquely, the Board will include representatives of local Clinical Commissioning Groups (CCGs), senior officers of the Council and a representative of the newly established local Healthwatch organisation.

4. As an early adopter, Surrey has operated a Health and Wellbeing Board in shadow form since Spring 2011. Surrey County Council, the NHS, borough and district councils and local users representatives have worked together to pilot the proposals in anticipation of the adoption of formal powers and responsibilities from 1 April 2013. The shadow Board has successfully laid the groundwork that will enable the formal Health and Wellbeing Board to hit the ground running with established working

relationships. This will help to enable those involved in health and social care to continue to work together to improve the health and wellbeing of the people of Surrey. This new partnership will continue to identify opportunities for collaboration and integration across agencies and will develop direct links to services users, patients and local stakeholders.

5. Whilst the Health and Social Care Act 2012 set out the statutory membership requirements and key functions of Health and Wellbeing Boards, much of the detail of their operation was reserved for regulation. The recently published Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide local authorities with the powers to overcome some initial incompatibilities between the intentions of the Act and existing legislation governing local authority committees.

6. In recognition of the unique nature and particular role of the Health and Wellbeing Boards, the Regulations modify a number of the legislative requirements which apply to local authority committees so that they do not apply to the operation of the Board. The modifications are:

    a. Regulations 3 and 4 modify s102 of the Local Government Act 1972 to allow the functions of the Board to be carried out by a sub-committee and to allow the Board to appoint a sub -committee to advise them
    b. Regulation 5 modifies s104 of the Local Government Act 1972 to remove the restrictions which would prevent local authority officers from being members of a Council committee
    c. Regulation 6 modifies s13(1) of the Local Government and Housing Act 1989 (the 1989 Act) to enable all members of the Board, whether or not they are elected members, to vote at meetings unless the Council decides otherwise
    d. Regulation 7 modifies ss15 and 16 and Schedule 1 of the 1989 Act to remove the requirement for political balance that applies to other local authority committees.

7. A new article, Article 8A Health and Wellbeing Board, setting out the membership and proposed governance arrangements has been drafted for the Constitution and is attached as **Appendix 1**.

8. The establishment and terms of reference of the Board as set out in the draft article have been drawn directly from the primary and secondary legislation, with the intention that the Board will decide its own detailed operating procedures, including voting arrangements, as required.

9. The Board will be subject to the same requirements of openness and transparency as other section 102 committees. This means that voting members of the Board will be governed by the Council's code of conduct, and will be required to complete the register of member's interests and to disclose any disclosable pecuniary interests at meetings where any matter to be considered relates to their interest.

10. The requirements of the Local Government Act 1972 in relation to publication of agendas and minutes, and of the Local Government Act 2000 in relation to provision for public access to meetings also apply to meetings of the Board. The Board is subject to scrutiny as set out below. However, the core functions of the Board are not executive functions, and are not therefore subject to call in.

HEALTH SCRUTINY:

11. The Health and Social Care Act 2012 included a number of changes to the local authority health scrutiny function and powers, due to come into effect from 1 April 2013. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 recognise the need to ensure that new organisations (such as the Health and Wellbeing Board, Clinical Commissioning Groups and the NHS Commissioning Board) are subject to appropriate scrutiny. As a result of this new legislation and regulations, there is a need to update Article 8 of the constitution. The suggested amended article is attached as **Appendix 2**.

12. The key changes can be summarised as follows:
    - The NHS Commissiong Board, Clinical Commissioning Groups, NHS trusts or foundations trusts and other relevant health service providers providing NHS services in the area may be subject to health scrutiny, and will be required to consult the local authority where they are considering any proposals for a substantial development or substantial variation in the health service provision in the area.
    - Local HealthWatch will have the power to refer matters to the Health Scrutiny Committee.
    - Health and Wellbeing Boards will be subject to overview and scrutiny.
    - The commissioners and providers of Public Health Services will be subject to overview and scrutiny.

Discharge of the Health Scrutiny Function

13. A key change within the regulations is that the health scrutiny function and powers are conferred on the local authority, rather than directly onto a health scrutiny committee. The regulations therefore allow local authorities to either retain its Health Scrutiny Committee or arrange their health scrutiny functions to be discharged by:
    - An overview and scrutiny committee of the Council
    - A joint overview and scrutiny committee appointed by the Council and one or more other local authorities
    - Another committee or sub-committee of the Council
    - An overview and scrutiny committee of another local authority

14. It is recommended that the Council should delegate its health scrutiny function to the Health Scrutiny Committee. The Committee is well-established in Surrey and given the current state of change in the health system there will be benefit to maintaining continuity in how the scrutiny function is exercised.

Delegation of power of referral to Secretary of State

15. Another key change within the regulations is that the power of referral, whereby contested proposals for substantial change/variation in service can be referred to the Secretary of State for Health will be given to the full Council (it currently sits with the Health Scrutiny Committee). However, where a council retains a health scrutiny committee it can delegate the power of referral to this committee but it cannot delegate it to any other committee or sub-committee.

16. It is recommended that Council delegates the power of referral to the Health Scrutiny Committee but that the Chairman of that Committee will ensure all Members are notified when this power is utilised. It should be noted that the power of referral is very much a last resort, to be used when all other negotiations have failed.

RECOMMENDATIONS:

(1) The new Article 8A Health and Wellbeing Board be adopted as part of the Council's Constitution as attached at Appendix 1.

(2) Article 7 Select Committees be amended to reflect the changes to Health Scrutiny as set out in Appendix 2.

(3) That the Council delegates responsibility for health scrutiny in Surrey to the Health Scrutiny Committee.

(4) That the Council delegates power of referral to the Secretary of State to the Health Scrutiny Committee.

Lead/Contact Officer:
Rachel Crossley
Democratic Services Lead Manager
Tel: 020 8541 9993

Sources/background papers:
Health and Social Care Act 2012
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

ARTICLE 8 – REGULATORY AND OTHER COMMITTEES

8.1 The Council will appoint committees with the terms of reference set out in Part 3 of this Constitution and these committees will follow Parts 2 and 3 of Standing Orders as apply to them.

ARTICLE 8A – HEALTH & WELLBEING BOARD

The Council will appoint a Health and Wellbeing Board to discharge the functions conferred by the Health and Social Care Act 2012 and in accordance with regulations as set out below.

8A.1 **Membership**

In accordance with section 194 of the Health and Social Care Act 2012 the membership of the Health and Wellbeing Board is to consist of—

(a) at least one councillor of the local authority, nominated by the executive leader of the local authority. The executive leader of the local authority may, instead of or in addition to making a nomination, be a member of the Board,

(b) the director of adult social services for the local authority,

(c) the director of children's services for the local authority,

(d) the director of public health for the local authority,

(e) a representative of the local Healthwatch organisation for the area of the local authority,

(f) a representative of each relevant clinical commissioning group,

(g) such other persons, or representatives of such other persons, as the local authority thinks appropriate. At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (g), consult the Health and Wellbeing Board,

(h) such additional persons as the Health and Wellbeing Board think appropriate.

8A.2 **Functions**

The Health and Wellbeing Board has the following functions under the Health and Social Care Act 2012:

1. a duty to encourage integrated working (section 195 of the Act) and:

(i) must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;

(ii) must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services;

(iii) may encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board; and

(iv) may encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

2. The exercise of the functions of the local authority and its partner clinical commissioning groups under sections 116 (joint strategic needs assessments) and 116A of the Local Government and Public Involvement in Health Act 2007 (joint health and wellbeing strategies). (section 196(1) of the Act)

3. By arrangement of the local authority, the exercise of any functions that are exercisable by the authority (this power does not apply to the functions of the authority by virtue of section 244 of the National Health Service Act 2006). (section 196(2) of the Act)

4. The Health and Wellbeing Board may give the local authority that established it its opinion on whether the authority is discharging its duty under section 116B of the 2007 Act (duty to have regard to assessments and strategies). (section 196(3) of the Act)

8A.3 **Terms of Reference**

In accordance with section 194(11) of the Health and Social Care Act 2012, the Health and Wellbeing Board is a committee of the local authority and, for the purposes of any enactment, is to be treated as if it were a committee appointed by the authority under section 102 of the Local Government Act 1972.

Regulations may provide that any enactment relating to a committee appointed under section 102 of that Act of 1972—

(a) does not apply in relation to a Health and Wellbeing Board, or
(b) applies in relation to it with such modifications as may be prescribed in the regulations.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following enactments therefore do not apply or are modified as prescribed:

1. Section 101(2) of the 1972 Act modified to enable certain functions of Health and Wellbeing Boards to be carried out by a sub-committee of a Health and Wellbeing Board and for functions of Health and Wellbeing Boards under section 196(2) of the 2012 Act to be carried out by a sub-committee of the Board or an officer of the local authority. The modification will also enable a sub-committee of the Board to arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority. (Regulation 3)

2. Provision for section 102(2) of the 1972 Act to apply subject to section 194(2) to (9) of the 2012 Act and modifies section 102 to allow a Health and Wellbeing Board to appoint a sub-committee to advise the Board. (Regulation 4)

3. Section 104(1) of the 1972 Act in so far as that provision relates to Health and Wellbeing Boards, a sub-committee of such a Board, or a joint sub-committee of two 18 or more such Boards so as to remove the restrictions which would prevent certain local authority officers from being members of Health and Wellbeing Boards. This does not apply in so far as it relates to section 80(1)(b) and (d) of the 1972 Act. (Regulation 5)

4. Section 13(1) of the Local Government and Housing Act 1989 (c.42) ("the 1989 Act") modified so as to enable all members of Health and Wellbeing Boards to vote in a section 102 committee meeting unless the local authority directs otherwise. (Regulation 6)

5. Political balance requirements disapplied as set out in sections 15 and 16 of, and Schedule 1 to the 1989 Act, which apply to local authorities in relation to appointments to committees and sub-committees under section 102 of the 1972 Act in so far as those provisions relate to Health and Wellbeing Boards, a sub-committee of such a Board or a joint sub-committee of two or more such Boards. (Regulation 7)

The modification and disapplication provisions above also apply to sub-committees of Health and Wellbeing Boards and joint sub-committees of such boards.

The terms of reference and working arrangements for the Health and Wellbeing Board not set out in this article are to be determined by the Health and Wellbeing Board in accordance with applicable legislation and regulations at its first meeting and subject to review and revision by the Board as may be necessary.

Appendix 2

Health Scrutiny Committee

Terms of Reference

1.1. The Committee may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

a) arrangements made by NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;

b) the provision of such services to those inhabitants;

c) the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;

d) the public health arrangements in the area;

e) the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;

f) the plans, strategies and decisions of the Health and Wellbeing Board;

g) the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;

h) any matter referred to the Committee by Healthwatch under the Health and Social Care Act 2012;

i) social care services and other related services delivered by the authority.

1.2. The Committee may require partner authorities to provide information in respect of matters relating to the health service in the authority's area.

1.3. In addition, the Committee will be required to act as consultee to NHS bodies within their areas for:

a) substantial development of the health service in the authority's area; and

b) any proposals to make any substantial variations to the provision of such services.

1.4. These terms of reference include health services provided from a body outside the local authority's area to inhabitants within it.

1.5. The Health Scrutiny Committee shall appoint a joint committee where an NHS body intends to consult on a substantial development or variation to health services that extends beyond the area covered by the Committee and agree:

i) the size of any joint committee appointed for this purpose in consultation with other appropriate authorities which have an interest as consultees;

ii) the share of the Council's seats on each such joint committee; and

iii) the County Council's membership of any such joint committee in accordance with the wishes of political groups.

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Item 5(b)

Surrey Health and Wellbeing Board

Draft Terms of Reference
4th April 2013

Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article.

Context

The Health and Social Care Act received Royal Assent on 27 March 2012. The Act clearly sets out the requirement for each upper tier local authority to have a Health and Well-being Board in place from April 2013.

Surrey was granted early implementer status by the Department of Health and therefore established its shadow board in May 2011. During its shadow year the Surrey Board has developed a shared set of values, including:

- A local focus on outcomes and demonstrable improvement in health and well-being
- Strong local leadership for improvement in health and well-being
- Promoting health improvement work in boroughs/districts, including the local implementation of recommendations from the Public Health Delivery Plan
- Overseeing the development of community based preventative services locally
- Enabling the involvement of service users in developing a strategic role as part of this discussion, including local Healthwatch
- Identifying opportunities to work across organisational boundaries in health and well-being, including further development of joint financial arrangements where appropriate and integrated approaches
- Ensuring the implementation of priorities set out in the Health and Wellbeing Strategy, the strategies of individual organisations and delivery of local commissioning plans
- Ensuring that commissioning decisions and implementation follow agreed principles of co-design and engagement
- A commitment to transparency, inclusion and innovation
- Confirmed voting rights of all formal Board members, as per the Board membership list

Shared purpose

"*Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people*"

Key functions

The Health and Wellbeing Board is a full County Council Committee with the following functions and responsibilities:

- Oversight of the commissioning expenditure across all health and social care organisations during its shadow period to ensure that the board is in a position to take responsibility for this expenditure from April 2013;
- Oversight of the development of the JSNA and other commissioning strategies during the shadow period to ensure that the board can take full ownership of these plans from April 2013;
- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services;
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Well-being Board;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- To comment on the Commissioning Consortia annual plans and commissioning intentions and ensure they are aligned to the Joint Strategic Needs Assessment;
- Bring together elected representatives and the key NHS, public health, social leaders and patient representatives to work in partnership;
- Responsibility for the Joint Strategic Needs Assessment; and
- Responsibility to produce a joint health and wellbeing strategy.

Procedures

Openness and transparency

The Health and Wellbeing Board is a council committee under section 102 of the Local Government Act 1972 and is subject to the requirements of openness and transparency. Voting members of the Board are governed by the Council's code of conduct, and are required to complete the register of member's interests and to disclose any disclosable pecuniary interests at meetings where any matter to be considered relates to their interest.

The requirements of the Local Government Act 1972 in relation to publication of agendas and minutes, and of the Local Government Act 2000 in relation to provision for public access to meetings also apply to meetings of the Board.

The work of the Board is subject to scrutiny via the council's scrutiny arrangements. The core functions of the Board are not executive functions, and are not therefore subject to call in.

Board members

- Will have an individual voting right
- Must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- Must at the Board provide opinion on each *partner's* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to the NHS Commissioning Board)
- As part of their annual report, review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- *All partners* must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS
- The Board must provide its opinion on each *partner* Plan and this should be included in the final published version of each plan (the HWB Board can also express its opinion to the NHS Commissioning Board (NHS CB))
- As part of their annual report, CCGs must review the extent of their contribution to the delivery of the JHWS for their area in consultation with the Board
- In undertaking its annual performance assessment of CCGs, the NHS CB must assess how well each one has met the duty to 'have regard' to its Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy.

Meetings

The Board will meet quarterly following an agreed calendar of meetings.

The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements.

The meetings will be held at venues across Surrey as agreed by the Board.

Chairing

To be decided at the first meeting of the Board.

Attendance and substitutes

Each statutory member of the Board, with the exception of elected Members, will provide the details of one named substitute authorised by their organisation to attend Board meetings in the event of their absence. A list of the substitute

members will be agreed by the Board and maintained as part of the administration of the body.

Board members will inform the Board, via the Committee Manager, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

Substitutions are not required for development sessions and workshops.

Working practice

Board members have agreed the following principles and working practices for all meetings:

1. Board members are responsible for relaying messages to and from the Board discussions to their organisation and colleagues

2. That agendas, papers, presentations and any communication should avoid jargon and aim to use language understood by all

3. That development meetings provide a forum for challenge and questioning of topics, concepts, ideas and interpretation

4. That governance arrangements must make clear
   - Membership of the Board
   - Expected attendance and nominated substitutes
   - Facilitate and strengthen commitment to partnership development

5. That meetings should begin and end with clear aims/objectives

Board membership

In addition to the statutory membership of the Board, as set out in Article 8A, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate.

The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees eg for one year, the length of council or as a permanent addition to the full membership.

Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

In addition, the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of the JSNA and the development of the JHWS and to join the Board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the Board.

JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

SURREY COUNTY COUNCIL

Health and Wellbeing Surrey

Created by the Communications Design Team. 03.13.RN.CS2085.

FOREWORD

Over one million people live in Surrey. Each and every one of them has their own health and wellbeing needs. Meeting those needs is a complex task. It means everybody – health, social care, third (voluntary) sector and community leaders – working together to succeed in supporting people to resolve these needs in an effective and efficient manner every time.

The Joint Strategic Needs Assessment (JSNA) pulls together lots of information about people in Surrey. It tells us about how they live, where they live and the health and wellbeing issues which affect them. The JSNA offers everybody working to improve health and wellbeing in Surrey access to a single source where the same facts and figures are always at their fingertips. With a good JSNA in place, the best decisions can be made about planning services to meet these needs for people in Surrey in a consistent manner.

This summary gives a quick and easy way to understand the type of information that is available in the full JSNA which offers a powerful tool for health commissioners, such as the Health and Wellbeing Board. This summary sits alongside a summary of the JSNA produced for Clinical Commissioning Groups (CCGs). Further summaries are now being prepared such as for districts and borough councils.

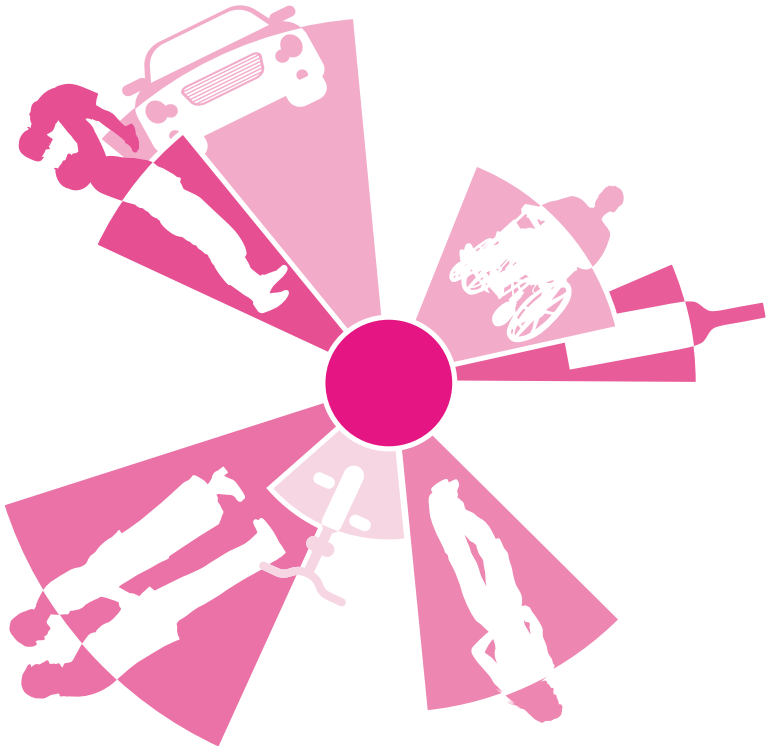
On top of raw data, analysis and insight are crucial. The insights highlighted in the JSNA enable decision makers to act decisively about which services will be more appropriate, effective and relevant to put in place for people in the county. More and more, the production of the JSNA in Surrey will include this extra step of identifying 'actionable insights' and make it easy to quickly understand what is most important and requires action.

This summary comes in five sections:

1. Surrey: an overview
2. How we live our lives
3. Children and young people
4. People with specific and long-term conditions and their carers
5. Older people

Each section lists some key facts and insights. It then explains what they currently mean for Surrey. Needs change constantly and so does the JSNA. The latest full version is always available online at www.surreyi.gov.uk.

Surrey's JSNA is an incredible resource. We hope you find this summary a useful introduction that will inspire your work on behalf of the people in Surrey. If you have any thoughts about this summary or the JSNA as a whole please e-mail us at jsnafeedback@surreycc.gov.uk



SECTION 1

SURREY: AN OVERVIEW

Surrey people generally enjoy good health and wellbeing. They expect to live a long and healthy life. Life expectancy is high: 84 years for women and 81 years for men. That's almost two years longer than the average for England.

This is partly because Surrey is one of the least deprived counties in the country. But there are small pockets of relative deprivation (specific wards) especially in parts of Spelthorne, Woking, Guildford, Reigate and Banstead and Surrey Heath. These wards have been made 'priority places' so they can get the resources they need to improve the lives of people living there.

Although Surrey is a prosperous county there are at least 23,090 children (under the age of 20) living in poverty. This means they may not get good food and nutrition or live in poorer housing conditions. They are likely to do less well in school, resulting in poorer job opportunities. They are likely to live five years less than their peers.

Surrey has a higher proportion of older people compared with England. Projections suggest that the number of people aged 85 and over in Surrey will double from 32,600 in 2013 to 69,000 by 2033.

Surrey relies heavily on car-based transport. For those who don't have access to a car, transport is costly and not always accessible.

We estimate that nearly 24,000 adult women under 60 in Surrey could face domestic abuse each year. The number of children affected by domestic abuse is rising.

There are five prisons in Surrey with a total of around 2700 prisoners. Prisoners have high health needs and taking opportunities to tackle their health issues is crucial.

Supporting communities and encouraging people to improve their health and wellbeing is central.

What does this mean for Surrey?

This backdrop of a generally affluent county is in vivid contrast to the areas of poverty, poorer health and avoidable premature deaths that are scattered across Surrey. These areas have faced deprivation for a long time, but there is potential to change this. The JSNA highlights where these areas are, the characteristics of the people who live there and what could be done to improve their lives.

Assets in Surrey

This summary highlights the key needs in Surrey. However, the JSNA will also have an increased focus on identifying the range of assets within Surrey that can help meet these needs and that have an impact on people's general health and wellbeing. These include the physical environment as Surrey has some of England's finest parks, woodland and open spaces. It's about the people that live and work in Surrey. More than 20,000 people volunteer in Surrey and there are over 3000 charities and thousands of voluntary groups. These groups help people to take greater control of their own health and can help people manage long-term conditions. It also includes building upon the success of sporting events like the Olympic cycle race that took place around Box Hill in Dorking.

over 23,0000 children living in poverty

number of people aged 85 and over will double to 69,000 by 2033

nearly 24,000 adult women under 60 could face domestic abuse each year

more than 20,000 people volunteer

SECTION 2

HOW WE LIVE OUR LIVES

Seven out of Surrey's eleven boroughs are in the highest ten nationally for the percentage of adults engaging in 'increasing risk' drinking of alcohol. This means that one in four adults drink above the daily recommended sensible drinking levels. Rates of alcohol-related hospital admissions have almost doubled since 2002.

Surrey has the 2nd highest rate for "increasing risk" drinking in the country behind Leeds and is significantly higher than the England average of 20%. This pattern of drinking is thought to be linked with the affluence of the county and with frequent drinking at home where people don't realise the amount of alcohol that they consume.

Drinking too much alcohol causes a whole range of problems and includes alcohol related illness and injuries, increasing levels of crime and violence and teenage pregnancies. It can also impact on people's ability to work and in extreme cases can cause people to become homeless. In addition, the impact of parental alcohol misuse can be devastating for children.

In Surrey, just under a third of adults (31%) eat the minimum of five fruit and vegetables per day. This is slightly higher than the 2010 average for England of 28.7%. Good food and nutrition is important in the prevention and management of diet-related conditions such as cardiovascular disease, cancer, diabetes and obesity.

The number of pupils spending at least three hours each week on school sports is lower in Surrey than in other parts of England. However, more adults meet the recommended level of physical activity (walking, running, cycling etc) compared to England overall.

Surrey has a lower rate of obesity amongst adults and children than the average for England. Even so, levels are concerning as obesity contributes to poor health, disability and premature death.

Smoking remains the single most important cause of early death and ill health in Surrey and we need to do more to help people quit. Estimates are that one in six people in Surrey smoke.

In Surrey, teenage pregnancy rates are falling but some areas have higher rates than the national average for teenage conceptions. Understanding why some young people engage in risky sexual behaviour will also help us to target interventions and reduce the costs associated with treating sexually transmitted infections, abortion and maternity services, and ongoing support for teenage parents and their children.

What does this mean for Surrey?

Lifestyle has a huge impact on whether someone develops long-term health problems. We need to support and help people of all ages to adopt healthy lifestyles. We need to focus efforts on groups that might find it harder to change. Taking action now to change unhealthy behaviours could reduce the demand on health and social care services in the future. It will also address the widening gap in life expectancy between the least and most deprived communities.

SECTION 3

CHILDREN AND YOUNG PEOPLE

The number of children on a Child Protection Plan has gone up. The number of vulnerable children requiring social care support as Children in Need has also risen.

Children are more likely to become healthy and productive adults when their family life is stable. So it is important to support parents and carers who are facing a range of problems or who are experiencing change, for example separating parents, lone parents, military families, young parents and kinship carers.

Despite a high proportion of women who start breastfeeding in Surrey, six to eight weeks later only just over half are still managing it. The World Health Organisation recommendation is to exclusively breastfeed for at least six months.

Uptake of childhood immunisations is lower in Surrey than average for the region and the country. Crucially, for some diseases such as measles, uptake is below immunity levels that prevent the spread of disease.

There are a small number of young people who commit a disproportionate number of crimes or offences, which has lead to the Surrey Youth Justice Service adopting a new approach to working with these offenders.

What does this mean for Surrey?

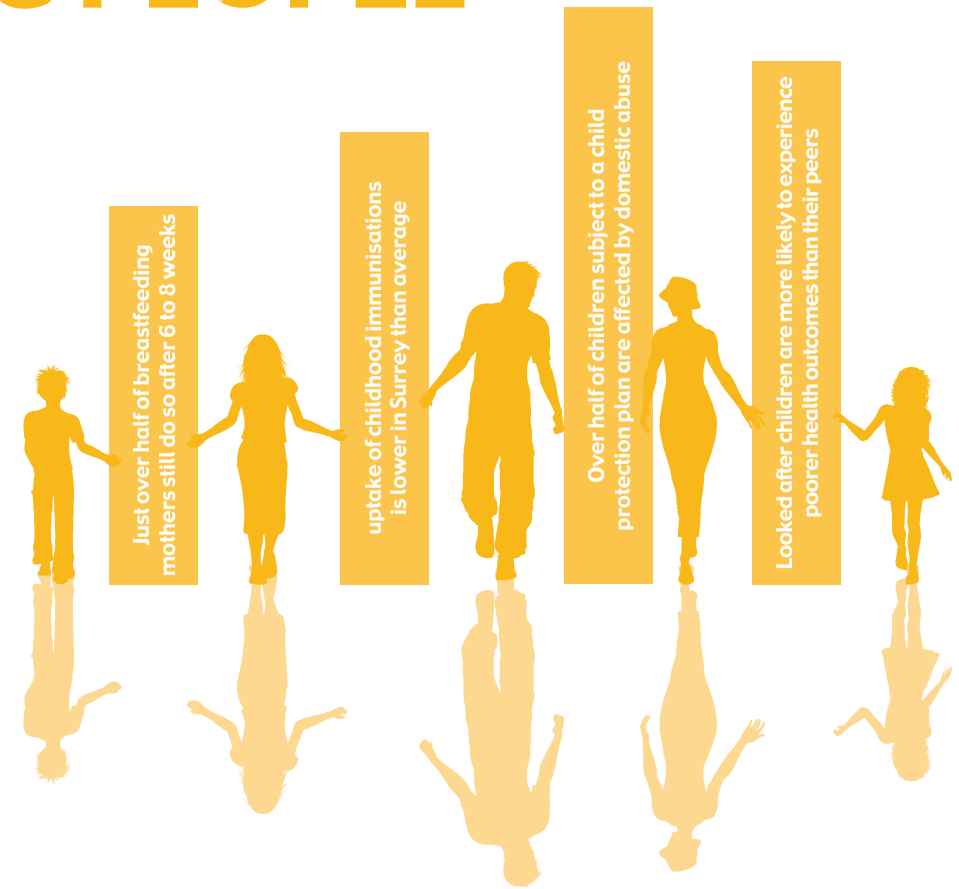
Most children and young people in Surrey do well. However, looked after children, those affected by domestic abuse and Gypsy, Roma and Traveller children and young people are less likely to do as well as others.

Gaps still exist in our knowledge about the needs of children, young people and their families in Surrey.

These include:

- The estimated 2,000-3,000 children and young people with a disability who do not access any social care, education or health support services;
- The significant gap between the number of children experiencing domestic abuse and those receiving services; and
- The prevalence of alcohol and drug misuse among children and young people.

More efficient data collection and sharing can help to develop a more holistic picture and better understanding of need in Surrey.



SECTION 4

PEOPLE WITH SPECIFIC AND LONG-TERM CONDITIONS AND THEIR CARERS

The number of people with conditions such as diabetes, Coronary Heart Disease (CHD) and chronic obstructive pulmonary disease (COPD) is expected to increase over the next five to ten years.

Over the last ten years, the rate of early deaths from heart disease and stroke has fallen. Rates are better than the national average but these diseases still remain the county's biggest killers and changes in lifestyle, such as quitting smoking could reduce the death rate further.

Surrey has a significantly lower incidence of most cancers than England and the South East apart from breast cancer and malignant melanoma (skin cancer) which are seemingly high. Overall mental health needs in Surrey appear to be relatively low; however there are some areas where known needs are higher than the national average. These areas closely match with the areas of greatest deprivation.

Children and young people with disabilities are a particularly vulnerable group in society. The numbers of those with a disability is likely to increase over the next ten years. Avoidable risk factors include premature birth and/or low birth weight babies, maternal use of drugs and alcohol, and economic disadvantage.

There are an estimated 54,965 people with a moderate physical disability and 16,398 with a serious physical disability in Surrey.

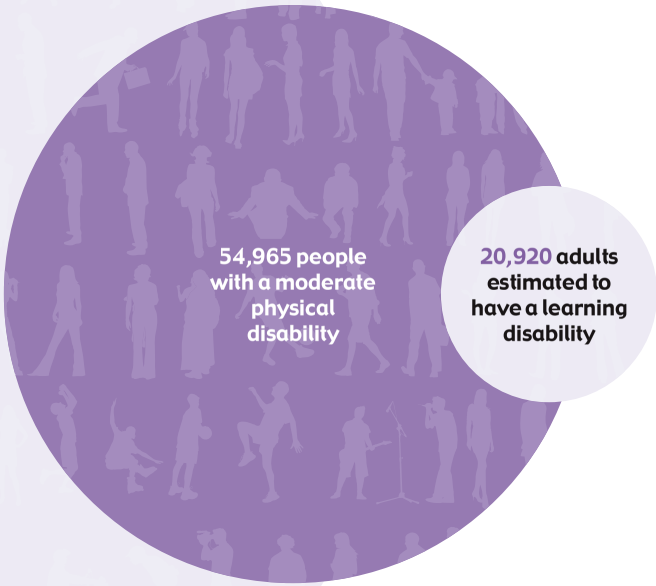
In Surrey there are 20,920 adults estimated to have a learning disability (with 16,766 aged 18-64). 4,334 of this group would have a moderate to severe learning disability and are more likely to require services. This figure is due to rise to 4,577 in 2020.

In Surrey, in 2012, the estimated number of carers will be just over 106,700 or 9.6% of the population. There may be as many as 12,000 young carers in Surrey. It is vital we have the right support services in place so they can live a full life, do not miss out on education and remain mentally and physically well.

What does this mean for Surrey?

As the population of Surrey gets older so will the number of people with long-term conditions. This will increase demand on health and social care resources as well as the voluntary sector and carers. Helping people stay well will be vital. Preventing illness will become ever more important. We need to enable people to manage their own conditions. In addition, as the number of children and young people with a disability is likely to increase it is important to ensure that the right services are in place to prevent childhood disability and to support youngsters who are disabled.

106,700 estimated number of carers



SECTION 5

OLDER PEOPLE

In Surrey, an estimated 15,100 people have dementia: that's one in 15 people aged over 65. Fewer than half of them would have been diagnosed formally. Numbers are predicted to rise to 19,000 by 2020 and 25,000 by 2030.

The number of people aged over 65 years with learning disabilities is estimated at 4,154 in 2012 (projected to rise to 4,902 in 2020), and of this group, 558 are estimated in the moderate to severe category. Those with moderate and severe disabilities, living at home, are likely to have high dependency as they age. There will be an increase in the need for age appropriate services as well as high levels of support to enable them to access community facilities.

The National Service Framework suggests that 40% of admissions into long-term care are due to older people falling. If this is the case approximately 427 2010/11 admissions to care homes in Surrey were because of falls. Hip fractures also lead to particularly prolonged stays in hospital and this appears to be increasing year on year as the population of older people increases in Surrey.

10% of the population aged 60 years and above live in low income households; a very high proportion in Woking and Runnymede.

More needs to be done to ensure people can die in their preferred place. Currently over half of all deaths occur in hospitals, which may not be the individual's preference. An end of life care strategy has been developed to ensure people can choose where to die and that they are supported with dignity and care.

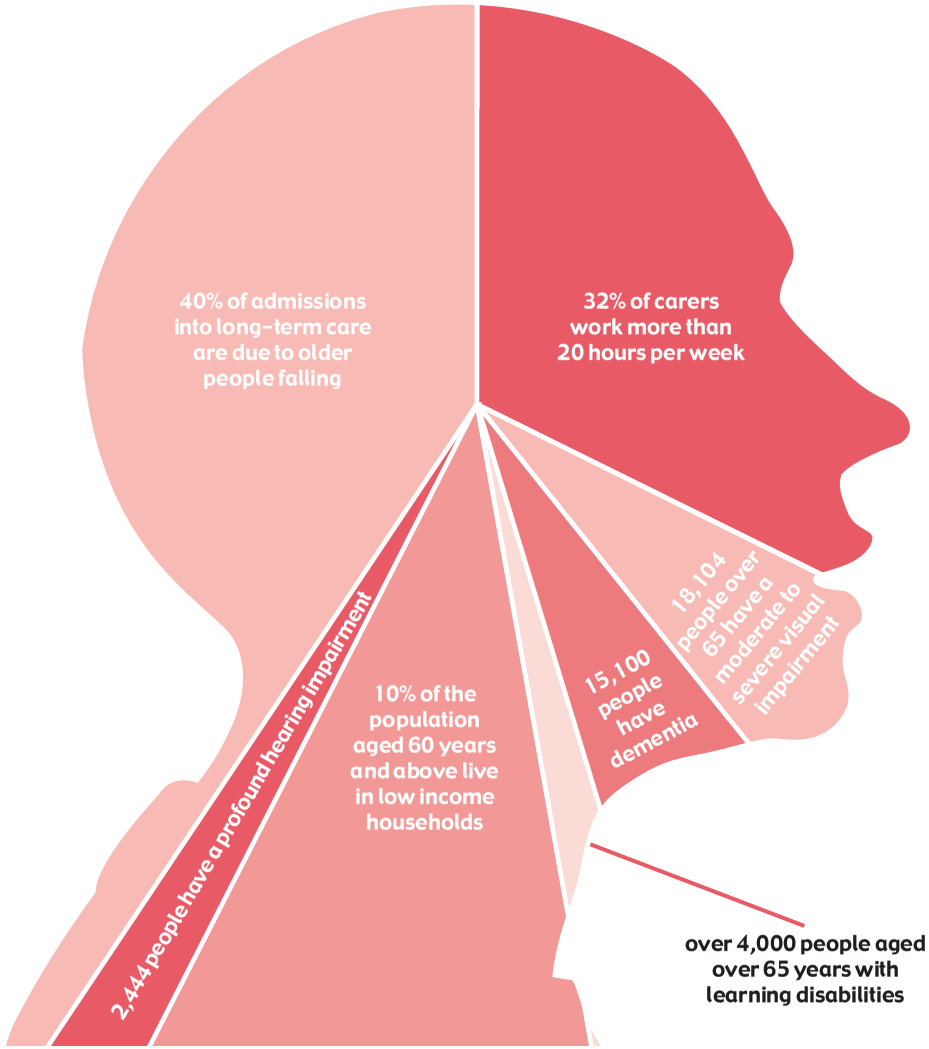
There are an estimated 23,829 carers in Surrey over the age of 65 and 7,770 of this group provide more than 20 hours of care per week.

In Surrey there are an estimated 18,104 people over 65 with a moderate to severe visual impairment, projected at 21,331 in 2020. And there is an estimated 2,444 people with a profound hearing impairment (projected at 2,980 in 2020). The steep rise in these figures is due to expected changes in population.

There are an estimated 38,952 people over 65 in Surrey who are unable to manage at least one physical activity on their own. This includes going out of doors and walking down the road, getting up and down stairs, getting around the house, going to the toilet and getting in and out of bed. This number is predicted to rise to 46,883 in 2020.

What does this mean for Surrey?

A growing elderly population will have an impact on social and health services. Planning must account for this. Part of the challenge will be to ensure the right preventative and support services are in place so older people can remain independent for as long as possible.



FURTHER INFORMATION

The detail and in-depth analysis that provides a full understanding of these issues can be found at www.surreyi.gov.uk on the Joint Strategic Needs Assessment (JSNA) page.

Demography

1. Ethnicity
2. Sexual Orientation
3. Population Estimates and Projections
4. Religion

Deprivation

5. Children Living in Poverty
6. Health Inequalities
7. Index of Multiple Deprivation (IMD) 2010
8. Priority Places

Environment

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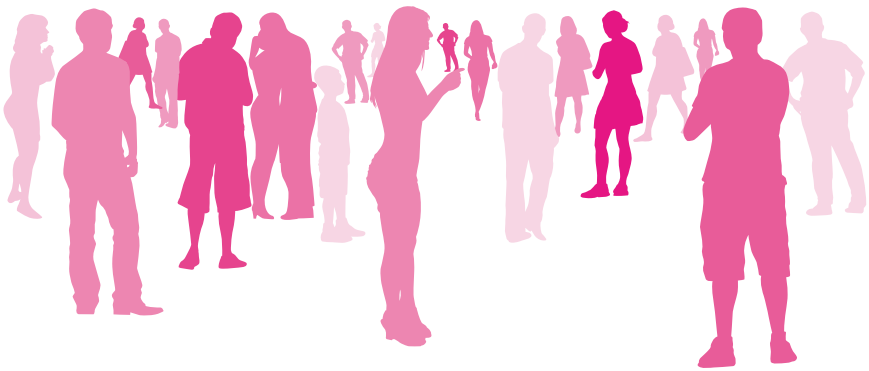
People and Society

43. Antisocial Behaviour
44. Carers
45. Children with Disabilities
46. Children in Need known to Social Care
47. Children Subject to a Child Protection Plan
48. Domestic Abuse
49. End of Life Care
50. Excess Winter Deaths
51. Falls
52. Family Stability
53. Gypsy, Roma and Travellers
54. Health of Offenders in Community
55. Maternity
56. Neonatal Care and Infant Mortality
57. Prisoner's Health
58. Parenting
59. Sex Workers
60. Unaccompanied (and former unaccompanied) Asylum Seeking Children
61. Young Carers

Chapters due to be published

- Military and Veterans
- Participation in Education Employment and Training (PETE)
- Looked after Children
- Education: Behaviour and Attendance
- Education: Special Education Needs (SEN)
- Education: Other educational risk factors



JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

Health and Wellbeing Surrey

SURREY COUNTY COUNCIL

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Surrey's Joint Health and Wellbeing Strategy

"Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people"

Health and Wellbeing Surrey

Dear Residents/Patients

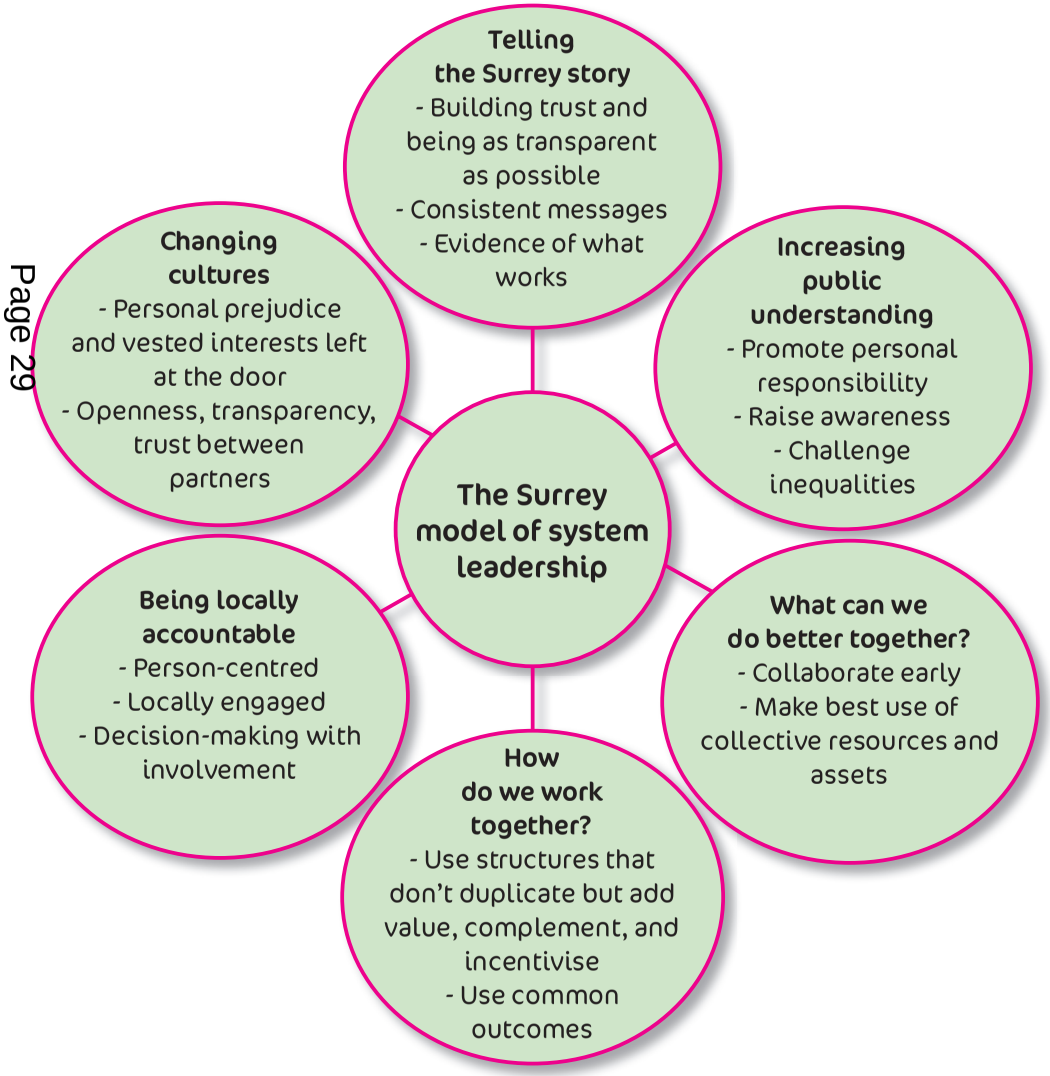
All of us at some time are patients. This is the first joint strategy between health and social care presented by the Health and Wellbeing Board. The criteria for selecting our priorities is what can we do better together than apart that will benefit all. The joint strategy is an evolutionary document and the start of a conversation with you, our patients, people who use services, their carers, families, and partners.

Michael Gosling
Cabinet Member for Public Health and Health and Wellbeing Board
Joint Chair – Surrey Health and Wellbeing Board

Dr Joe McGilligan
Chair – East Surrey Clinical Commissioning Group
Joint Chair – Surrey Health and Wellbeing Board

Health and Wellbeing Boards are being set up around the country as part of the Government's changes to the NHS. The Board is the place for the NHS, Public Health, children's and adult social care, local councillors and service user representatives to work together to improve the health and wellbeing of the people of Surrey.

This joint strategy is the first to be developed by Surrey's Health and Wellbeing Board, which has set itself the ambitious challenge of developing the most innovative and effective health and social care system in the country. During its shadow year Surrey's Board has built a strong foundation for leading this change:



The Board sets direction and makes sure that direction is translated into activity, supporting each partner organisation. Some areas are led by specific partners and some are led by the Board as a whole.

This year the Board asked for the help of Surrey residents, partner organisations and key stakeholders, to decide what it should focus on. While lots of work continues across all the areas considered, you helped us select five priorities where the Board should work together.

These are:

Improving children's health and wellbeing

Developing a preventative approach

Promoting emotional wellbeing and mental health

Improving older adults' health and wellbeing

Safeguarding the population

You can find more information about all the priorities in the Joint Strategic Needs Assesment at **www.surreyi.gov.uk**. This pulls together lots of information about people in Surrey, how they live, where they live and their health and wellbeing needs.

Priority 1: Improving children's health and wellbeing

Improving children's health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.

Our Joint Strategic Needs Assessment tells us that:

- A high proportion of women start breastfeeding in Surrey, but data suggests that after six to eight weeks just 56% of women are still breastfeeding
- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Around 8,500 children with a disability live in Surrey
- Surrey supports around 1,200 young carers (children caring for siblings and other family members) but this may represent as little as 10% of the total number of young carers
- Looked after children and care leavers are more likely to experience poorer health and education outcomes than other people, as well as behavioural, emotional or mental health disorders. At any one time there are approximately 800 looked after children. Around 390 children leave care every year
- There are certain groups in Surrey who experience health inequalities. For example, the percentage of Gypsies, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population.

Priority 1 - If we get this right we hope to see the following outcomes:

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient.

Priority 2: Developing a preventative approach

We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they:

Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.

You can find out more about this from: **www.instituteofhealthequity.org**

Our Joint Strategic Needs Assessment tells us that:

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children

- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the '5-a-day' recommendation

- 14% of children in year 6 are classed as 'obese', this is five percentage points below the English average of 19%

- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day

- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)

- About 25% of people aged 16+ in Surrey drink in a way classed as "increasing risk", meaning more than 3-4 units a day on a regular basis. This is the second highest level of "increasing risk" drinking in the country, and is higher than the national average which is 20%

- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

Priority 2 - If we get this right we hope to see the following outcomes:

- The gap in life expectancy across Surrey will narrow

- More people (people means all people in this strategy- children and adults) will be physically active

- More people will be a healthy weight

- The current increase in people being admitted to hospital due to drinking alcohol will slow

- There will be fewer avoidable winter deaths.

Priority 3: Promoting emotional wellbeing and mental health

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

Our Joint Strategic Needs Assessment tells us that:

- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Of the 145,860 children and young people aged 5 to 15, 10,356 (one in 14) have a mental health issue
- Generally, although rates of mental health disorders in children are lower in Surrey, some areas have a higher rate than the national average.
- Nearly one in four adults is estimated to experience some form of mental distress. This would be 215,741 people aged 16+ in Surrey
- National stigma and discrimination studies indicate nearly nine out of ten people (87%) with mental health problems have been affected by stigma and discrimination
- Depression is the biggest form of mental illness in older people, with more than 24,000 people aged 65 and over (around one in seven) estimated to have either depression or severe depression
- The World Health Organisation has projected that by the year 2030, depression will be the greatest cause of disease burden in high-income countries.

Priority 3 - If we get this right we hope to see the following outcomes:

- More people (people means all people in this strategy - children and adults) will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination.

Priority 4: Improving older adults' health and wellbeing

More people in Surrey are living longer. This is great news, but there are also some challenges. The growing number of older people in Surrey will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing.

Our Joint Strategic Needs Assessment tells us that:

- The number of older people aged 65 and over in Surrey is projected to rise from 181,500 in 2013 to 233,200 in 2020
- It is estimated that the number of people aged 85 and over in Surrey will increase from 32,000 people in 2013 to 46,000 by 2020
- Dementia is a significant issue in Surrey. Around 14,500 people over 65 have a diagnosis of dementia, but this is likely to be an under-estimate
- Although the 65+ population accounted for 17.6% of the county's total population in 2011, people aged 65 or over accounted for almost 41% of all hospital spells in Surrey from 2011 to 2012, and accounted for over 67% of total bed usage
- Around 75,000 people over 65 have a long term health condition, which is projected to rise to 90,000 in 2020
- An estimated 7,770 carers aged 65 and over are providing more than 20 hours of care every week
- People from all ethnic groups are affected by dementia. Across the country the number of people with dementia in minority ethnic groups is around 15,000 but this is set to rise sharply. People from some communities access support services less than people from other communities. This is because of many different reasons, for example language challenges (in many Asian languages there is no word for dementia) or social stigma.

Priority 4 - If we get this right we hope to see the following outcomes:

- Older adults will stay healthier and independent for longer
- Older adults will have a good experience of care and support
- More older adults with dementia will have access to care and support
- Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
- Older carers will be supported to live a fulfilling life outside caring.

Priority 5: Safeguarding the population

Living a life that is free from harm and abuse is a fundamental right of every person and everyone has a responsibility for safeguarding children and adults. Any individual can be hurt, put at risk of harm or abuse regardless of their age, gender, religion or ethnicity. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues, with the individual's views at the heart of the process.

Protecting this right means that people can grow up and live safely, and live a life that makes the most of their opportunities.

Our Joint Strategic Needs Assessment tells us that:

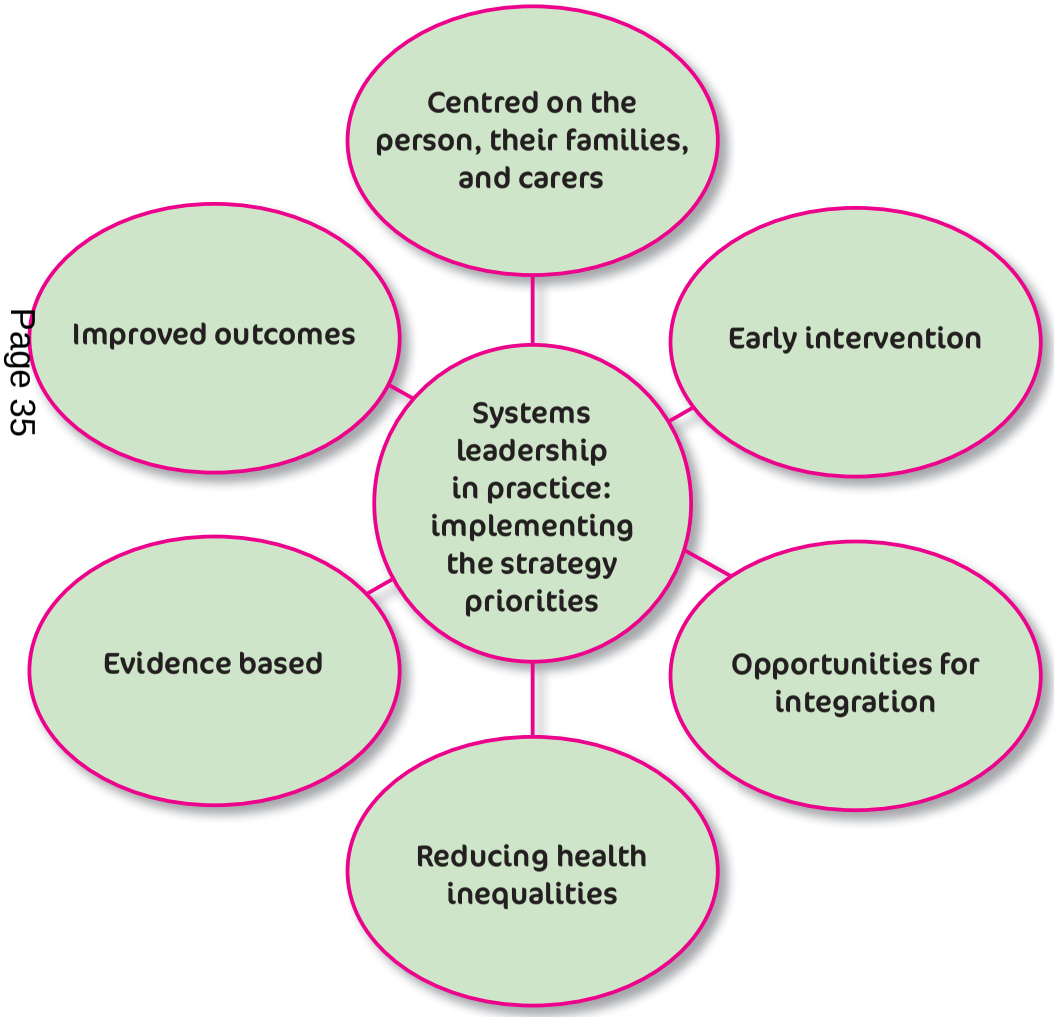
- Currently around 800 children are subject to a Child Protection Plan; this is a slight increase from the last year
- More than half of children with a Child Protection Plan were affected by domestic abuse within their family
- The number of vulnerable children needing social care support has risen to around 5000
- Estimates indicate that 21,000 women between 16 and 59 years old in Surrey could be experiencing domestic abuse each year
- As awareness of the issue of abuse of vulnerable adults has improved among partner agencies and the wider public, the number of initial contacts about potential abuse has increased. During 2011-12, Surrey Adult Social Care received 3,176 contacts about potential abuse, from members of the public, police and other agencies. Of these, 853 progressed to a full safeguarding investigation
- Physical abuse (34%) and neglect (33%) are the most common types of alleged abuse of vulnerable adults reported in Surrey.

Priority 5 - If we get this right we hope to see the following outcomes:

- People (people means all people - children and adults) whose circumstances make them vulnerable will be safeguarded and protected from avoidable harm
- People will receive care in hospital that always promotes their health and wellbeing
- People who use services will feel safe
- Fewer people will experience domestic abuse and repeat incidents of domestic abuse.

The Health and Wellbeing Board is the place to ensure each of these priorities is clear and present in the plans and actions of all its partner organisations.

The Board has agreed a set of principles that will underpin its work together on each priority. The principles provide reference points for each discussion at the Board and will help to identify where to facilitate an improved outcome, support existing arrangements, challenge underperformance, or develop new ways of working:



The Board wants everybody in Surrey to be involved in improving their health and wellbeing.

You can keep an eye on the Board and let us know what you think or share any ideas you have by following us on **www.surreycc.gov.uk/healthandwellbeingboard**. As well as joining us at Health and Wellbeing Board meetings you can find out what is going on in your local area.

Healthwatch Surrey represent the views of local people on health and social care issues, and they are members of the Health and Wellbeing Board. You can contact them and they always welcome new members who want to be involved.

We will be reviewing our strategy and looking at what we will need to do in the future. We really need your help to do this so please join in.

Working to improve your health and wellbeing

The Surrey Health and Wellbeing Board membership is made up of the following representative organisations:

Councillor Michael Gosling - Co-Chair of Surrey Health and Wellbeing Board, Cabinet Member for Adult Social Care and Health, Surrey County Council

Dr Joe McGilligan - Co-Chair of Surrey Health and Wellbeing Board, Chairman, EsyDoc Clinical Commissioning Group

Councillor Mary Angell - Cabinet Member for Children and Families, Surrey County Council

Sarah Mitchell, Strategic Director of Adult Social Care and Health, Surrey County Council

Nick Wilson, Strategic Director of Children, Schools and Families, Surrey County Council

Dr Akeem Ali, Director of Public Health, Surrey County Council

Dr Andy Whitfield, Chair, North East Hampshire and Farnham Clinical Commissioning Group

Dr Jane Dempster, North East Hampshire and Farnham Clinical Commissioning Group

Dr Andy Brooks, Chief Officer (designate), Surrey Heath Clinical Commissioning Group

Dr Liz Lawn, Chair, North West Surrey Clinical Commissioning Group

Dr Claire Fuller, Vice Chair, Surrey Downs Clinical Commissioning Group

Dr David Eyre-Brook, Chair, Guildford and Waverley Clinical Commissioning Group
John Jory, Chief Executive, Reigate and Banstead Borough Council (district and borough officer representative)

Councillor James Friend, Deputy Leader, Mole Valley District Council (district and borough elected member representative)

Councillor Joan Spiers, Leader, Reigate and Banstead Borough Council (district and borough elected member representative)

Surrey Healthwatch

Useful links and references

For further details on the Board's work visit
www.surreycc.gov.uk/healthandwellbeingboard

To find your nearest healthcare services and for comprehensive online information to help people make choices about their health visit: **www.nhs.uk**

For health advice and information about local services call NHS Direct on **0845 46 47**.

For information about the health needs of the Surrey population visit:
www.surreyi.gov.uk

To find out what local support and services are available in your area visit
www.surreyinformationpoint.org.uk

Health and Wellbeing Surrey

Health and Wellbeing Surrey

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Meeting dates	**4th April 2013**	**13th June 2013**	**19th September 2013**	**12th December 2013**	**20th March 2014**	**19th June 2014**
Planned agenda items **30 mins**	Appoint Chair Terms of Reference Membership of Board Welcome Surrey Healthwatch Joint Strategic Needs Assessment Joint Health and Wellbeing Strategy (JHWS) Work programme for next 12 months (version 1)	JHWS Priority Plan: Emotional wellbeing and mental health JHWS Priority Plan: Children's priority plan Update on local Health & Wellbeing forums Review Healthwatch work programme Public engagement session	JHWS Priority Plan: Older adults priority plan Aligning commissioning cycles: - CCG plans - County Council plans Public engagement session	JHWS Priority Plan: developing a preventative approach Review of forecast budget positions: - CCG's - County Council -borough/districts Public engagement session	JHWS Priority Plan: safeguarding the population Report from outcomes group (JSNA steering group): 1) progress review of Emotional wellbeing and mental health JHWS priority 2) progress review of children's priority Public engagement session	To develop Public engagement session

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