

Notice of Meeting

Health and Wellbeing Board

**Date & time**

Thursday, 5 September
2013
at 1.00 pm

Place

New Council Chamber,
Reigate Town Hall, Castlefield
Rd, Reigate, Surrey RH2 0SH

Contact

Huma Younis
Room 122, County Hall
Tel 020 8213 2725
huma.younis@surreycc.gov.uk

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 8213 2725, 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 Huma Younis on 020 8213 2725.

Board Members

Mr Michael Gosling (Co-Chairman)	Cabinet Member for Public Health and Health and Wellbeing Board
Dr Joe McGilligan (Co-Chairman)	East Surrey Clinical Commissioning Group
Mrs Mary Angell	Cabinet Member for Children and Families
Helen Atkinson	Public Health
Dr Andy Brooks	Surrey Heath Clinical Commissioning Group
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Dr Liz Lawn	North West Surrey Clinical Commissioning Group
Sarah Mitchell	Director, ASC
Dr Andy Whitfield	North East Hampshire and Farnham Clinical Commissioning Group
Dr Jane Dempster	North East Hampshire and Farnham Clinical Commissioning Group
Nick Wilson	Director, CSF
Councillor James Friend	Mole Valley District Council
John Jory	Reigate and Banstead Borough Council
Councillor Joan Spiers	Reigate and Banstead Borough Council
Healthwatch Member TBC	Healthwatch

TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

2 MINUTES OF PREVIOUS MEETING: 13 JUNE 2013

(Pages 1
- 8)

To agree the minutes of the previous meeting held on 13 June 2013.

3 DECLARATIONS OF INTEREST

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

4 QUESTIONS AND PETITIONS

As the Health and Wellbeing Board is a statutory committee of Surrey County Council, there is an opportunity for Surrey County Councillors and residents to ask questions at the start of the meeting.

- The deadline for questions from County Councillors is 12pm four working days before the meeting (**30 August 2013**).
- The deadline for public questions is seven days before the meeting (**29 August 2013**).
- The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 MEMBERSHIP OF THE BOARD

To agree any additional Members to the Board.

6 FORWARD WORK PROGRAMME

(Pages 9
- 10)

To consider the Board's Forward Work Programme and confirm the agenda for the next meeting on 12 December 2013.

7 BOARD APPROVALS

To discuss arrangements for approving items referred to the Board for consideration.

8 ALIGNING COMMISSIONING CYCLES: CLINICAL COMMISSIONING GROUPS AND COUNTY COUNCIL PLANS

(Pages
11 - 12)

A presentation on the headline commissioning plans and priorities of the CCG's and the County Council to be presented to Members of the Board.

**9 JOINT HEALTH & WELLBEING STRATEGY PRIORITY PLAN:
CHILDREN'S HEALTH AND WELLBEING** (Pages
13 - 62)

To agree the action plan for the Children's Health and Wellbeing Priority as part of the implementation of Surrey's Joint Health & Wellbeing Strategy.

10 DISABLED CHILDREN'S CHARTER (Pages
63 - 64)

To consider the Disabled Children's Charter for Health and Wellbeing Boards.

11 HEALTHWATCH WORK PROGRAMME (Pages
65 - 70)

To note the update on the Healthwatch work programme.

12 PUBLIC ENGAGEMENT SESSION

An opportunity for Members of the public to ask Members of the Board questions arising from content and issues discussed at the meeting (i.e. items 6 – 11 above).

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 28 August 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 Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
2. 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.
3. Questions will be taken in the order in which they are received.
4. 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.
5. 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

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 being caused to any PA or Induction Loop systems. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that all other mobile devices (mobile phones, BlackBerries, etc) be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 13 June 2013 at New Council Chamber, Reigate Town Hall, Castlefield Rd, Reigate, Surrey RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 19 September 2013.

Elected Members:

- * Mr Michael Gosling (Co-Chairman)
- * Dr Joe McGilligan (Co-Chairman)
- * Mrs Mary Angell
- * Helen Atkinson
- Dr Claire Fuller
- * Sarah Mitchell
- * Nick Wilson
- * Councillor James Friend
- * John Jory
- * Councillor Joan Spiers
- * Healthwatch Member TBC

Apologies received from:

Dr Andy Brooks
Dr David Eyre-Brook
Dr Liz Lawn
Dr Andy Whitfield
Dr Jane Dempster

Ex officio Members:

Co-opted Members:

In attendance

14/13 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Liz Lawn and Dr David Eyre- Brook.

Nicola Airey substituted for Dr Andy Brooks and Ros Hartley substituted for Dr Andy Whitfield/Dr Jane Dempster.

15/13 MINUTES OF PREVIOUS MEETING: 4 APRIL 2013 [Item 2]

The minutes of the last Board Meeting on 4 April 2013 were agreed as a true and correct record by the Board.

16/13 DECLARATIONS OF INTEREST [Item 3]

There were none.

17/13 QUESTIONS AND PETITIONS [Item 4]

There were none.

(a) MEMBERS' QUESTIONS [Item 4a]

There were none.

18/13 PUBLIC QUESTIONS [Item 4b]

There were none.

19/13 PETITIONS [Item 4c]

There were none.

**20/13 JOINT HEALTH & WELLBEING STRATEGY PRIORITY PLAN:
EMOTIONAL WELLBEING AND MENTAL HEALTH [Item 5]****Witnesses**

Donal Hegarty, Senior Manager in Commissioning (Adult Social Care), Surrey County Council

Key points raised during the discussion:

1. A presentation was given to members of the Board by Donal Hegarty, Senior Manager in Commissioning with Ros Hartley (North East Hampshire and Farnham Clinical Commissioning Group). The Board was reminded that emotional wellbeing and mental health had scored highly during the Boards prioritisation process and had been approved by the Health and Wellbeing Board as one of the five priority areas.
2. The Co-Chairman, Michael Gosling said that he had spoken to Surrey and Borders Partnership NHS Foundation Trust who were positively engaged with the work on the Emotional Wellbeing and Mental Health priority.
3. In discussion, the following points were raised:
 - A member of the Board asked if there would be any reassurance that children's mental health would be picked up earlier by the Integrated Commissioning Group. The Senior Manager in Commissioning stated that the team was working with families at an earlier stage to ensure any issues relating to children's mental health could be picked up as soon as possible. That the Districts and Boroughs had more to offer to the Emotional Wellbeing and Mental Health priority plan in terms of employability and housing. There was an opportunity to train various Local Authorities in the integrated systems pathway theme. It was also commented upon that the green space in Surrey, especially Surrey parks could be used to help improve the overall wellbeing of Surrey residents.
 - If any Surrey resident or stakeholder felt they had not been consulted in discussions and actions relating to the strategic priorities they were invited to contact Dr Joe McGilligan and/or Councillor Michael Gosling.

Resolved:

The presentation was noted.

The Board endorsed the proposed actions set out in the presentation and asked for the work to be taken forward on that basis.

Actions/Next Steps:

A progress report against delivery of the priority action plan is to be presented to the Board on 20 March 2014.

21/13 BETTER SERVICES BETTER VALUE (BSBV) [Item 6]

Witnesses

Sarah Tunkel, Better Services Better Value (BSBV)

Key points raised during the discussion:

1. A presentation was given to Members of the Board from Sarah Tunkel representing Better Services Better Value (BSBV). Sarah Tunkel, stated the demands of the health service had significantly changed over the years and Surrey hospitals faced challenges in meeting demands and meeting the Royal College (and equivalent) guidelines and the London Quality Standards.
2. In discussion, the following points were raised:
 - A member of the Board commented that on Slide 5 of the presentation, it had been stated that it would not be possible to deliver recommended improvements across all five sites without making significant changes. The Board Member asked for financial information supporting this. The Board also asked for financial information relating to the investment in 'Community Services' to be provided. The BSBV representative stated that she would provide this information for Board members.
 - That Surrey Downs Clinical Commissioning Group (CCG) had not yet agreed to the consultation proposed by BSBV. Dr Claire Fuller, Surrey Downs CCG said that a local committee had been set up with representatives of all seven CCGs involved in the BSBV programme (including Surrey Downs CCG) – the local committee will decide on whether the BSBV proposals should go to public consultation and will consider the response to the consultation if it goes ahead. The comments of the Board will feed into Surrey Downs CCGs contribution to the BSBV process.
 - That the report did not contain any financial analysis and the importance of a sustainable financial model was stressed. Concerns were also raised over the accuracy of travel timings and questioned specifically where the evidence to support these times had come from. The BSBV representative said that the business case detailing the financial analysis and travel timings could be found in the appendix of the report.
 - That although travel times had been considered it would be important to factor in the time for assessment and treatment in the consultation report (not just time to get to individual hospitals).
 - Concerns were raised about the timing of the consultation and the possibility the consultation process would not start until the Autumn.

- Board Members stated that changes provided an opportunity for a more innovative 'community approach' which gave the public the opportunity to co design services in their communities. CCGs were seizing the opportunity on paying closer attention to their out of hospital strategies.

Resolved:

The presentation was noted.

Actions/Next Steps:

- **The BSBV representative to provide financial data to the Board relating to the supposed non-viability in delivering recommended improvements across all five sites (slide 5).**
- **The BSBV representative to provide financial data to the Board relating to the investment in community services.**

22/13 FORWARD WORK PROGRAMME [Item 7]

Witnesses:

None

Key points raised during the discussion:

1. The items on the agenda for the meeting on 19 September 2013 were confirmed by the Board.

23/13 UPDATE ON LOCAL HEALTH AND WELLBEING FORUMS [Item 8]

Witnesses:

None

Key points raised during the discussion:

1. An update on local health and wellbeing groups was provided by John Jory, Chief Executive, Reigate and Banstead Borough Council. Good progress had been made in the development of local health and wellbeing groups in each of the 11 district and boroughs across Surrey, working with both CCGs and Surrey County Council.

2. In discussion the following points were raised:

- It was felt that preventative initiatives needed to be a strong focus to deliver improved outcomes and that local health and wellbeing groups would play a key role in their delivery.
- The good work that had been done between local health and wellbeing groups and CCGs was acknowledged by the Board. Sharing expertise and providing support for local health and wellbeing groups would be vital for the success of these groups.
- The importance of local health and wellbeing groups feeding back any concerns they may have to the Board was noted and that ongoing engagement with residents was needed to better understand residents' needs.

Resolved:

The presentation was noted.

Actions/Next Steps:

- **The Lead Manager for the Health and Wellbeing Board to collate information from the local health and wellbeing groups and feedback the results to the Board when necessary.**

24/13 PUBLIC ENGAGEMENT SESSION (Q&A) [Item 9]

Witnesses:

None

Key points raised during the discussion:

1. The Chairmen stated that it would be useful to get members of the public more involved with the work of the Board. Members of the Board agreed that it would be good practice to have a short Q&A session for members of the public at the end of each meeting.
2. A member of the public asked if it was possible for the Board to publish notes from informal private meetings that were held. The Chairmen stated that it was important for as much information as possible to be public but that some issues discussed at the private meetings may be sensitive and could not be shared at that time. It was agreed that a summary of the discussions from the informal meetings would be published.
3. A member of the public questioned the progress being made on the suicide prevention strategy. The Acting Director for Public Health

stated the Public Health team was leading on this and that work on this had paused but would restart very shortly. A new group which would be working on refreshing the Suicide Prevention Strategy was being organised.

4. A representative of Surrey and Borders Partnership NHS Foundation Trust stated the organisation welcomed the priority given to promoting emotional wellbeing and mental health in Surrey's Joint Health and Wellbeing Strategy and was looking forward to working on the forward plan for the priority.
5. The Strategic Director for Children's, Schools and Families (CSF) commented on the importance of engagement, stating that Surrey Youth Forum and Surrey Youth Parliament, amongst others, all wanted involvement with the work of the Board. The Chairman also raised the question as to how to involve the Voluntary Community Faith Sector (VCFS) in the work of the Board. The representative for Healthwatch also stated the need for more involvement from the public in order for Healthwatch to meet its objectives.

Resolved:

- **That a public question session of up to 30 minutes would be held at the end of each board meeting.**

Actions/Next Steps

None

Meeting finished at 3.09pm.

Meeting ended at: 3.09 pm

Chairman

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Public meeting dates	4 th April 2013	13 th June 2013	5 th September 2013	12 th December 2013	20 th March 2014	5 th June 2014
Planned agenda items 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 Update on local Health & Wellbeing forums Presentation on BSBV proposals	JHWS Priority Plan: Children’s Health and wellbeing Disabled Children’s Charter Aligning commissioning cycles: - CCG plans - County Council plans Healthwatch work programme Membership of the Board Board Approvals	JHWS Priority Plan: Older adults priority plan Review of forecast budget positions: - CCG’s - County Council - Borough/ districts	JHWS Priority Plan: developing a preventative approach 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	JHWS Priority Plan: safeguarding the population Report from outcomes group (JSNA steering group): 1) progress review of Older adults priority	Public engagement session Public engagement session Public engagement session Public engagement session Public engagement session
30 mins		Public engagement session	Public engagement session	Public engagement session	Public engagement session	Public engagement session

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Surrey Health and Wellbeing Board

Date of meeting	5 September 2013
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Item / paper title: Aligning commissioning cycles – Clinical Commissioning Groups and Surrey County Council plans

Purpose of item / paper	To share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups and Surrey County Council. Whilst this is essentially an 'information sharing' item, in doing so it is intended to help highlight opportunities, gaps and challenges for the Board in implementing the Joint Health and Wellbeing Strategy. The item will be delivered as a presentation / discussion at the meeting.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The commissioning plans of the Clinical Commissioning Groups and Surrey County Council will support the delivery of all five of the priorities set out in Surrey's Joint Health and Wellbeing Strategy.
Financial implications - confirmation that any financial implications have been included within the paper	There are no direct financial implications as a result of this item (no decisions are being requested of the Board). However, the presentations will provide (at a headline / summary level) an indication of how the commissioning budgets of the Clinical Commissioning Groups and Surrey County Council are being / to be spent.
Consultation / public involvement – activity taken or planned	No specific consultation / public involvement has taken place for this item however, in addition to consultation / public involvement activity undertaken by each of the organisations represented on the Board, commissioning intentions and priorities have been informed by Surrey's Joint Health and Wellbeing Strategy which was the product of extensive consultation throughout 2012/13.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	Surrey County Council and all Clinical Commissioning Groups have a statutory duty to ensure compliance with the Equality Duty, showing they have had due regard to eliminate unlawful discrimination, advance equality of opportunity as well as foster good relations between people who share a protected characteristic and people who do not.
Report author and contact details	Cover report – Justin Newman – justin.newman@surreycc.gov.uk The presentation at the meeting will be give by representatives of each Clinical Commissioning Group and Surrey County Council.
Sponsoring Surrey Health and Wellbeing Board Member	Councillor Michael Gosling, Dr Joe McGilligan

Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>Note the presentation given by the representatives of the Clinical Commissioning Groups and Surrey County Council</p> <p>Consider and discuss any opportunities, gaps or challenges that have been identified in the presentation</p> <p>Agree any further actions required to support the development and alignment of commissioning plans</p>
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Surrey Health and Wellbeing Board

Date of meeting	5 September 2013
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9

Item / paper title: Joint Health and Wellbeing Priority Plan: Children and Young People's Health and Wellbeing

Purpose of item / paper	To approve the Joint Health and Wellbeing Priority Plan for Children's Health and Wellbeing and ongoing monitoring arrangements
Surrey Health and Wellbeing priority(ies) supported by this item / paper	This action plan sets out how the Priority for Children and Young People's Health and Wellbeing will be delivered
Financial implications - confirmation that any financial implications have been included within the paper	This action plan will shape the collective spend on children and young people's health and wellbeing of the following organisations: Surrey County Council, Clinical Commissioning Groups and District and Borough Councils. This includes £325m Children, Schools and Families (not including schools) and £23m (Public Health total budget)
Consultation / public involvement – activity taken or planned	The action plan has been informed by extensive public consultation on the Health and Wellbeing Strategy and needs analysis including service user experiences. Actions have been developed through workshops with the Health and Wellbeing Board. The detail of delivery will be further shaped by engagement with wider stakeholders for each action and further co-production with service users where appropriate.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	The analysis of need that informs this action plan systematically identifies inequalities in health and wellbeing. The action plan has been developed to help to mitigate those inequalities. For example through our approach to supporting children with complex needs, targeting interventions to promote healthy behaviours, tackling the causes of poorer outcomes for children which can include parental issues like substance misuse and domestic abuse.
Report author and contact details	Caroline Budden, Lucy Botting, Joe McEvoy
Sponsoring Surrey Health and Wellbeing Board Member	Nick Wilson, Dr David Eyre-Brook

Relevant portfolio holder	Councillor Mary Angell
Actions requested / Recommendations	The Surrey Health and Wellbeing Board is asked to: Approve the Joint Health and Wellbeing Priority Plan for Children's Health and Wellbeing and ongoing monitoring arrangements

Surrey Health and Wellbeing Board

Children and Young People's Health & Wellbeing: turning priorities into action

**25% of our population
100% of our future**

5 September 2013

**Health and
Wellbeing
Surrey**

The journey so far

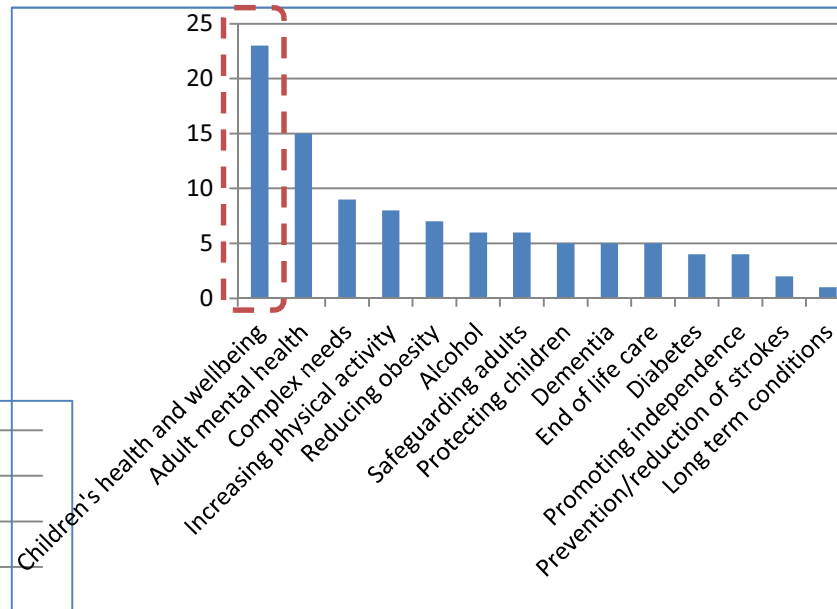
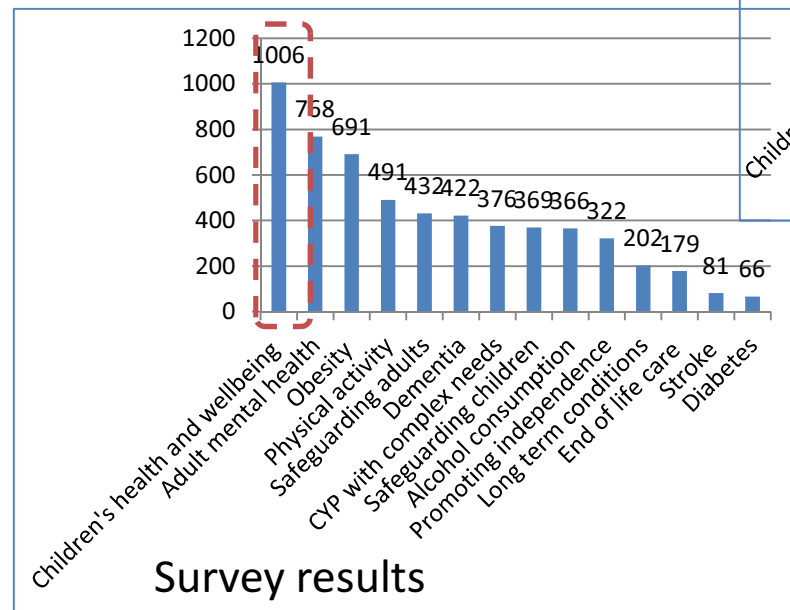
- 2012: **extensive engagement** on priorities for Health and Wellbeing Strategy
- April 2013: Surrey's Joint Health and Wellbeing **Strategy approved** by the Health and Wellbeing Board with Children and Young People's Health and Wellbeing as one of five priority areas
- July/August 2013: evidence of **need** was reviewed, **themes** were identified through Children's Health and Wellbeing Group and Children and Young People's Partnership
- 4 July and 1 August 2013: Health and Wellbeing Board developed **ideas** for action
- 5 September 2013: Health and Wellbeing Board to agree **action plan**

Why we chose this priority?

Children's health and wellbeing scored highly in the Board's prioritisation process

For children to achieve their self confidence and esteem is key

Start at a young age so children take those ideas forward with them into adulthood.



To promote the physical and mental health of the next generation

Clear joint working

Feel it is important for future generations to achieve

Health and Wellbeing Surrey

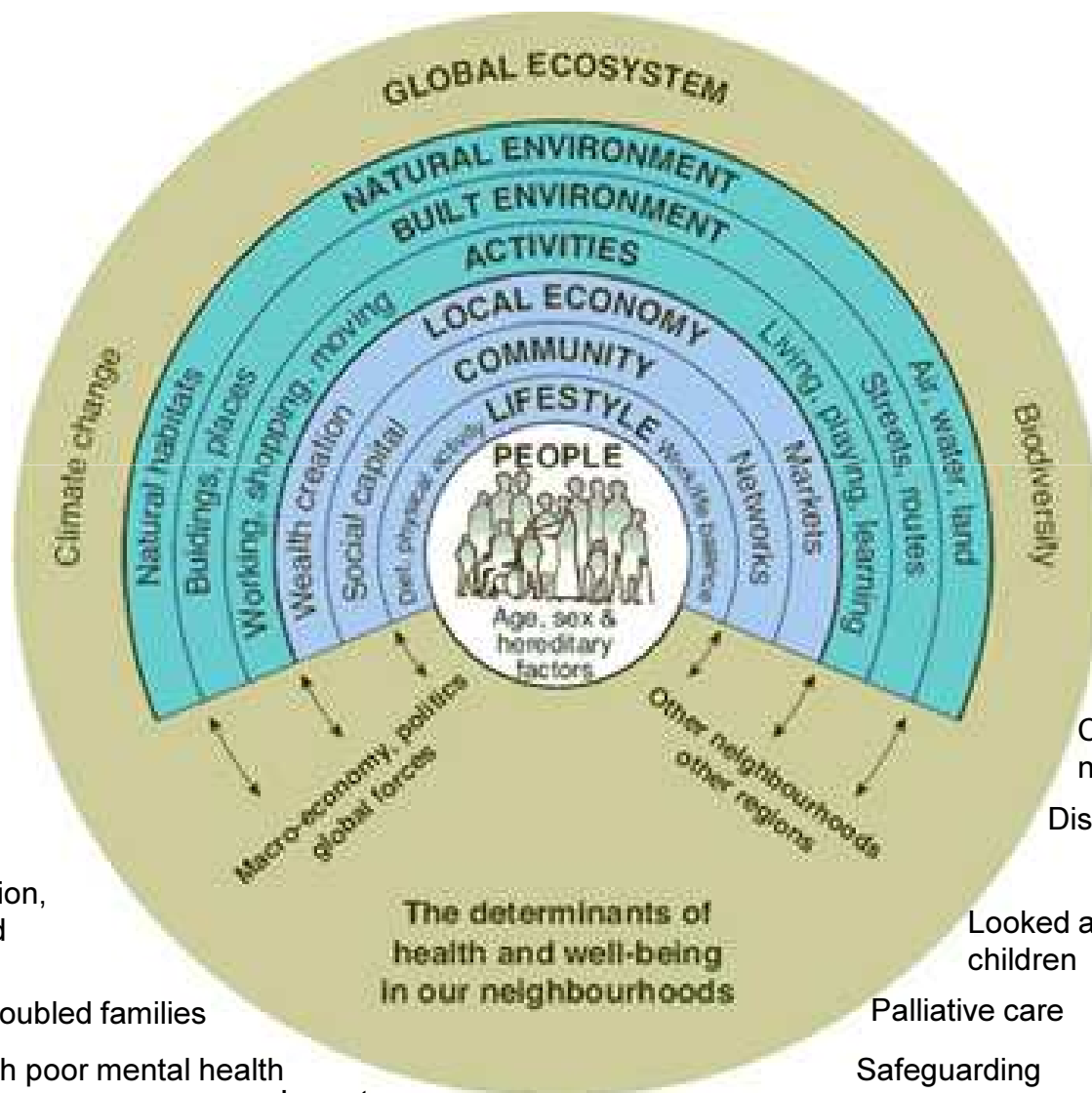
What outcomes we aim to achieve

Through the Health and Wellbeing Strategy, the Health and Wellbeing Board commits to the following outcomes for children and young people:

- 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
- CYP and families are safeguarded

Wider determinants of health & wellbeing

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Primary care

Health promotion, prevention and improvement

Troubled families

Children with poor mental health

Urgent care for acute illness

Long-term conditions

Medicines to optimise health outcomes

Complex health needs

Disabilities

Looked after children

Palliative care

Safeguarding

Health and Wellbeing Surrey

Scoping the priority

Themes were identified based on issues emerging from the [Joint Strategic Needs Assessment \(JSNA\)](#) (please also see [summary document](#)) and engagement events, and priorities identified through Children and Young People's Strategic Partnership. These are areas where the Health and Wellbeing Board could add value to what is already happening.

- Mental health and emotional wellbeing
- Accident and emergency admissions (A&E) and out of hours services
- Healthy behaviours

Explored through workshop on 4 July

- Early help
- Complex needs
- Commissioning for children

Explored through workshop on 1 August

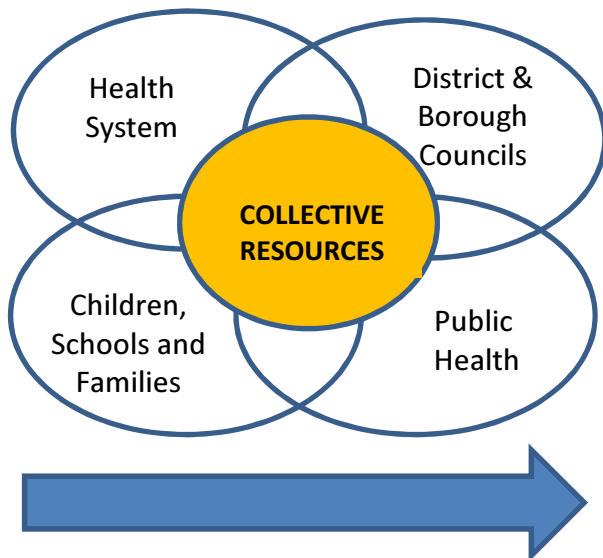
- Domestic abuse – including underlying factors
- Risky behaviours
- Shared understanding of need

Further development of actions through Children's Health and Wellbeing Group with Children and Young People's Partnership

Improving outcomes for children and young people

The organisations that make up the Health and Wellbeing Board have the collective resources and influence to improve children and young people's health and wellbeing in these areas. This is especially crucial in a period of reducing resources. This action plan shows how the Board can work together to achieve this over the coming five years.

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Early help – what is an early help approach?

An early help approach identifies and addresses early the root cause of problems for children, which can mean putting in place the necessary support and services to support parents and families' wider issues.



A → B → C
(Antecedent) (Behaviour) (Consequence)

Health and
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Surrey

Early help – where are we now?

Lead organisations – SCC and CCGs

Aim: An early help approach is needed to develop services that identify and address the needs of Surrey’s children and families early, reducing the need for more intensive, acute or specialist support.

Early help aims to increase wellbeing and resilience in our children, young people and families and our communities

Increased demand:

846 CPP
5, 410 CIN
834 LAC
c.5,500 SEN

Increasing social disadvantage:

4,000-7,000 families with multiple problems
23, 090 CYP living in poverty (9.9%)

Spend:

c.£32.2m of SCC budget spent on early help services

Growth in the population:

5.2% growth in the number of households
Growth of the under-five population (73,600 in 2020)

Health and Wellbeing Surrey

Early help – where are we now?

Current activity

- Developing Early Help Strategy with clear outcomes and principles through Early Help Partnership Reference Group
- Agreed multi-agency level of need document
- Agreed process including: developing Early Help Assessment to replace Common Assessment Framework in April 2014. This is to be used as a single assessment for working with families.

Early help – where do we want to be?

Actions

- Commit to an early help approach including:
 - development of an early help system with partners, which includes a range of family support interventions e.g. The Family Support Programme
 - partners using consistent and common language around early help and common thresholds
 - jointly commissioning early help and timely intervention services to achieve agreed outcomes and priorities
 - developing the market of local services
 - implementing an 'Early Help Assessment' encompassing a team around the child/family approach, clear role for lead professional and electronic recording system to improve information sharing
 - supporting workforce reform including: partnership training, induction on use of Early Help Assessments and development of lead professional role

Early help – where do we want to be?

Outcomes

- Families are resilient and feel supported to tackle issues and problems as soon as they arise
- Families receive a minimum intervention as early as possible to prevent escalation of problems
- Children and young people make good relationships
- Children and young people are happy, healthy and well
- Children and young people maximise life opportunities

A&E Admissions and Out of Hours Services – where are we now?

Lead organisation – CCGs

AIM: To develop a systematic approach to supporting CYP and families out of hours, including ensuring they will not attend A&E where they can be treated successfully elsewhere either by primary care, community health services or self care.

c.75,000 Surrey children attend A&E each year

Up to 50% 0-1 year olds and 25% of older children attend A&E each year

c.75% of children in A&E are fit enough to be discharged

Why?

- Families don't have confidence in GP out of hours service and don't like waiting for GP to call back (*anecdotal evidence*)
- Lack of parental education and confidence to manage minor illness and injury within community
- Families attend A&E late afternoon and early evening when it is difficult to secure a GP appointment
- Lack of understanding of location of walk in centres/ minor injury units, their opening times and what services

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A&E Admissions and Out of Hours – where are we now?

Current activity

- Developing social marketing campaigns that explain local service options and how to manage minor injury and illness at home
- Exploring with Children's Centres options for working together on parent education programmes
- Re-tendering out of hours service
- Reviewing care pathways for wheezy children, fever & bronchiolitis
- Launching pathways for head injury and gastroenteritis

A&E and Out of hours – where do we want to be?

Actions

Improved access to out of hours services

- Pilot Children's evening GP clinics in walk in centres
- Pilot 'GP Front Door' – patients attending A&E are seen first by a GP

Community nursing

- Improved and reactive Community Nursing and Social Care Services
- Review role of community nursing in supporting provision of urgent care and reducing the number of attendances & admissions

Pathways

- Implement pathways for primary care to ensure conditions are managed as effectively in the community
- Links to overarching Clinical Commissioning Groups (CCG) unplanned care strategies
- Production of high volume condition pathways for use by all CCGs (fever/bronchiolitis/viral illness)

A&E and Out of hours – where do we want to be?

Further actions

- Work with schools to run the 'choose well' children's education package
- Improved in hours access to GPs for children, young people and their families
- Improved input and provision of red book advice for new parents

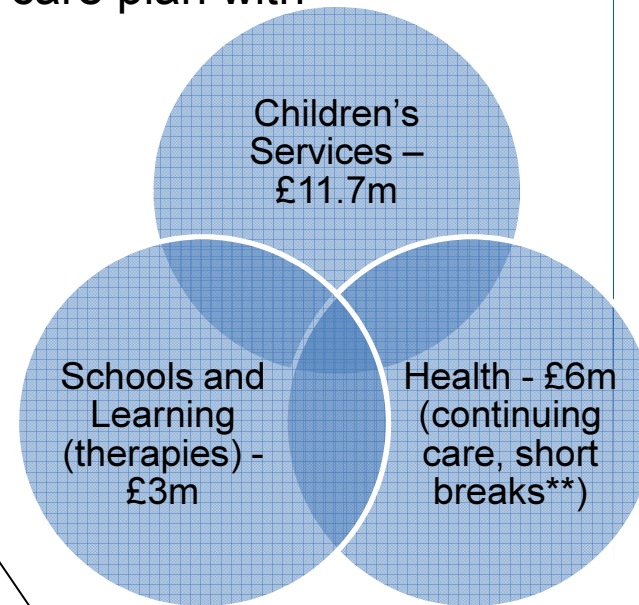
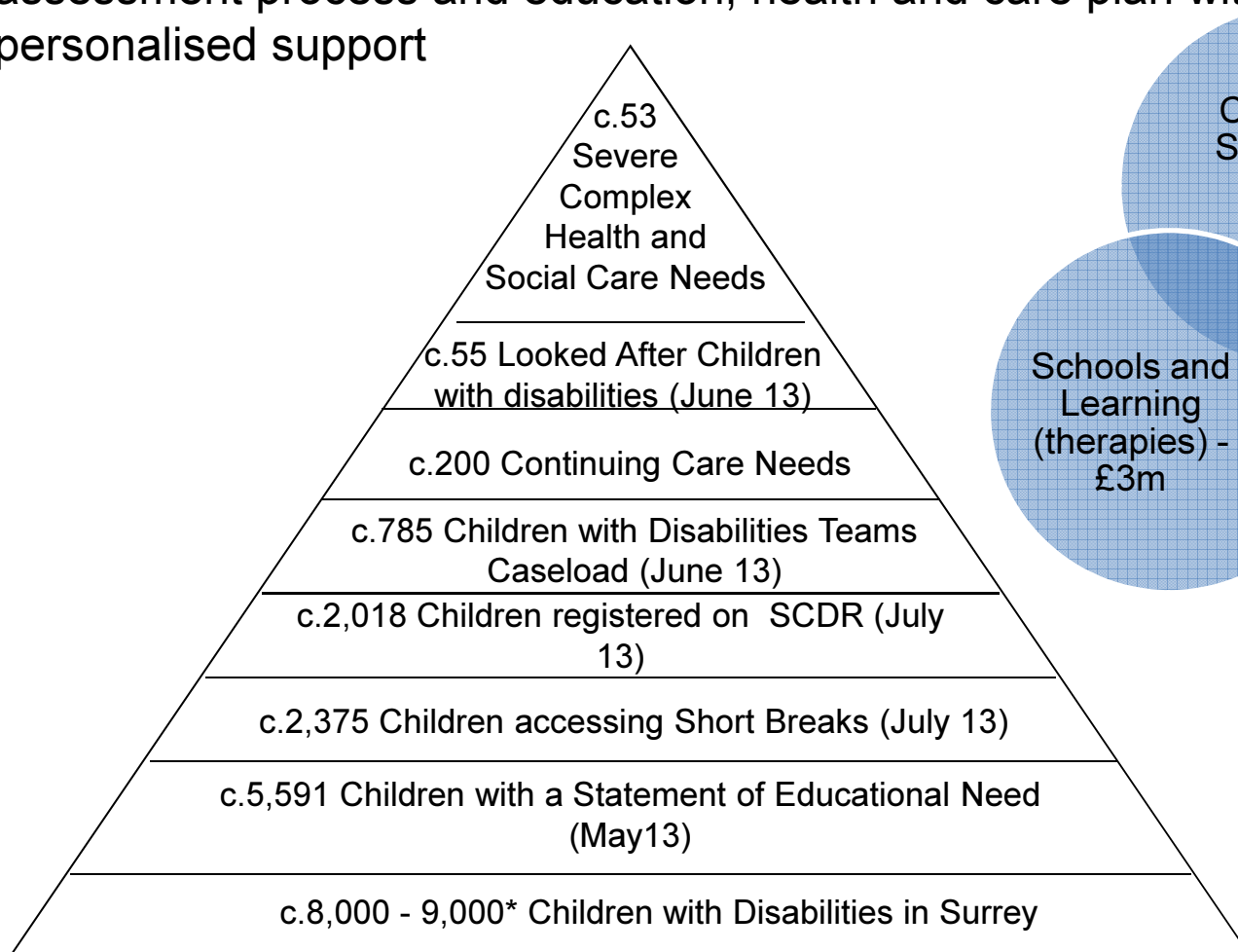
Outcomes

- Developing a systematic approach to supporting CYP and families out of hours.
- No children and young people will have to attend A&E when they could be treated successfully elsewhere either by primary care, community health services or self care.
- A 30% overall reduction in A&E attendances for children and young people by 2017

Complex needs – where are we now?

Lead organisations – SCC and CCGs

Aim: children and young people with complex needs have a single assessment process and education, health and care plan with personalised support



Health and Wellbeing Surrey

Complex needs – where are we now?

Current activity

- Commissioning Strategy developed with market position statement linked to JSNA
- Joint procurement project for short breaks and personal support (framework)
- Piloting single assessment and preparing for implementation of Children and Families Bill through SEND 14
- Joint strategic review of short breaks
- Public Value Programme Disability project

Complex needs – where do we want to be?

Actions

- Commit to implementing Children and Families Bill in Surrey including: single assessment, Education, Health and Care Plan and personal budgets
- Support the achievement and progression of young people with complex needs through integrated planning, commissioning and delivery
- Joint commissioning including paediatric therapies
- Publish local offer

Complex needs – where do we want to be?

Outcomes

- CYP and families have greater control and choice in decisions through co-production
- Children and young people receive more personalised services
- Increase in use of personal budgets
- Integrated assessment – families will not have to repeat their stories more than once
- Good quality transition and preparation for adulthood
- Assessment of need is in line with early intervention
- Delivery of services CYP and families receive will be more co-ordinated

Healthy behaviours – where are we now?

Lead organisation – SCC

Aim: To ensure Surrey children and young people develop and maintain healthy behaviours.

Surrey has 4th lowest teenage conception rate in country. Approx. 200 babies are born to teenage mothers and around 280 teenagers have terminations each year

In 2011/12 at Reception 11.6% of children were overweight and 6.8% were obese. At Year 6, this increased to 13.6% and 14.5% respectively

Relatively low immunisation rates for under-fives compared to regional and national averages

22.6% of children in Surrey begin primary school aged 5, with an experience of dental decay. This has remained around 20% for over 10 years

There have been a number of child deaths in Surrey from parents co-sleeping with their babies, under the influence of alcohol

Positivity for Chlamydia testing for 15-24 year olds in Surrey in 2012/13 is 5.95%. There is a need to focus on those young people most at risk

1 in 4 young people aged 16+ in Surrey are engaged in increasing risk drinking compared to 1 in 5 nationally

The percentage of Surrey mothers initiating breastfeeding is high (82%). At 6-8 weeks this drops to just 58.2%.

Health and Wellbeing Surrey

Healthy behaviours – where are we now?

Current activity

Tobacco control / smoking cessation services

- Refresher training for toolkit for schools

Substance Misuse and Alcohol

- Evaluating drug and alcohol toolkit 2013/14 (Babcock 4S)
- Commencing new young people's substance misuse service, including universal prevention and targeted interventions from November 2013

Sexual Health

- A range of services are currently offered including: C-card Scheme, Chlamydia screening office, emergency contraception in pharmacies free to under 25s, GPs to provide long acting reversible contraception and School nurses providing teenage advice clinics and 'clinic in a Box'
- In addition all sexual health services 'You're Welcome' Accredited (young person friendly)

Healthy behaviours – where are we now?

Current activity

Emotional health and wellbeing

- Targeted Mental Health in Schools (TAMHS) full evaluation completed by Royal Holloway

Healthy weight and healthy eating

- Nutritional analysis by Surrey Commercial Services to show compliance
- Surrey Commercial Services have been awarded silver from Food for Life

Physical activity

- Active Surrey coordinating delivery of Change4Life in 126 primary schools in 2013/14
- JSNA Physical Activity chapter is under review and currently being rewritten
- 4 School Games Organisers are helping to coordinate competitive sport opportunities
- A PE and School Sport Strategy Group for secondary schools is in place and a primary version is being developed

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Surrey

Healthy Behaviours – where do we want to be?

Actions

Generic:

- Build on health improvement initiatives in children's centres (Year 1)
- Health improvement training for all professionals working with CYP (Ongoing)
- Reinstate annual survey to obtain more accurate data on the prevalence of health behaviours (Year 1)
- Promotion materials available through a range of young person friendly means (Year 1)

Physical Health (All year 2)

- Implement a replacement for the annual national PE & School Sport Survey.
- Improve health improvement in primary schools, including primary school sports premium to be partly used for after school sport/physical activities
- Cookery leader training to continue (funding only secured for 2013/14)

Healthy Behaviours – where do we want to be?

Actions

PHSE/Drugs and alcohol:

- Drug and Alcohol Education Guidance for Surrey should be updated in-line with current protocol (Year 1)
- PSHE provision in schools to be monitored and support provided for new PSHE staff (Year 2)
- Surrey Secondary Schools should be supported to take part in the National PSHE Continued Professional Development (CPD) Programme (Year 2)
- A day or half day of funded PSHE – Drug, Alcohol and Tobacco training should be provided for all Surrey Secondary Schools

Healthy Behaviours – where do we want to be?

Actions

Sexual Health:

- Improve access to contraception and advice services (Ongoing)
- Improve the consistency of messages about sex and relationship education within schools and GPs (Year 1/2)
- Focus education and resources at geographical hotspot wards and priority groups (Year 2)

Accident Prevention:

- Improve the awareness of the importance of helmet wearing when on a bike and at skate parks (Year 2)

Breastfeeding:

- Funding to be made available to support breastfeeding peer support programme (Year 3)

Healthy behaviours – where do we want to be?

Outcomes

- CYP will be living in home circumstance where there are parents are leading healthy lifestyles that do not negatively impact their children
- Interventions to be evidence based and available to all schools, children centres and youth services with tailored and more intensive support for 'priority' schools and children centres and youth centres with greatest need.
- **Breastfeeding:** Increase percentage of women who initiate and continue to exclusively breastfeed for 6 months.
- **Substance Misuse, tobacco control and alcohol:** Fewer children and young people start smoking and misusing substances
- **Sexual Health:** Fewer teenage conceptions, increase positivity in those tested for Chlamydia
- **Healthy Weight:** Fewer children classified with excess weight

Mental health – where are we now?

Lead organisations – SCC and CCGs

Aim: Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed

Parental issues are strongly linked to issues in CYP. Poor parental mental health and poor parenting skills have been found to result in a 4 to 5 fold increase in the onset of emotional and conduct disorders in children.

Over half of children subject to a Child Protection Plan (CPP) in 2010 in Surrey were affected by poor parent/carer mental health

Roughly 56% of Targeted Mental Health Services at School (TaMHS) consultations and 64% of TaMHS referrals with CAMHS Community Nurses in Surrey are for children aged five to 11 years old

An estimated 10,450 children and young people in Surrey have a mental health issue; this indicates a potentially significant level of poor parental mental health

Roughly 40% of TaMHS consultations and 33% referrals with CAMHS Community Nurses in Surrey are for young people aged 11-16+ years old.

Nationally: Perinatal mental health problems in mothers are common. About 40% of teenage mothers suffer from post natal depression

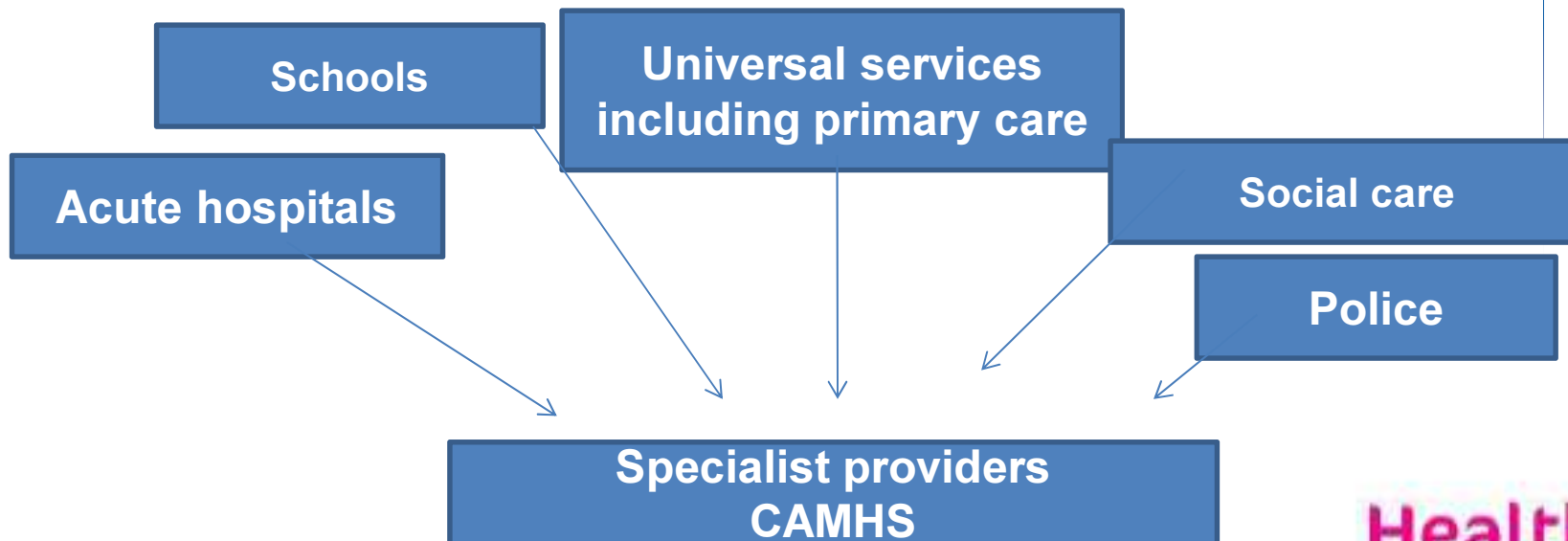
Nationally: People with physical illnesses are six times more likely to have a mental illness than people without one.



Mental health – where are we now?

Current activity

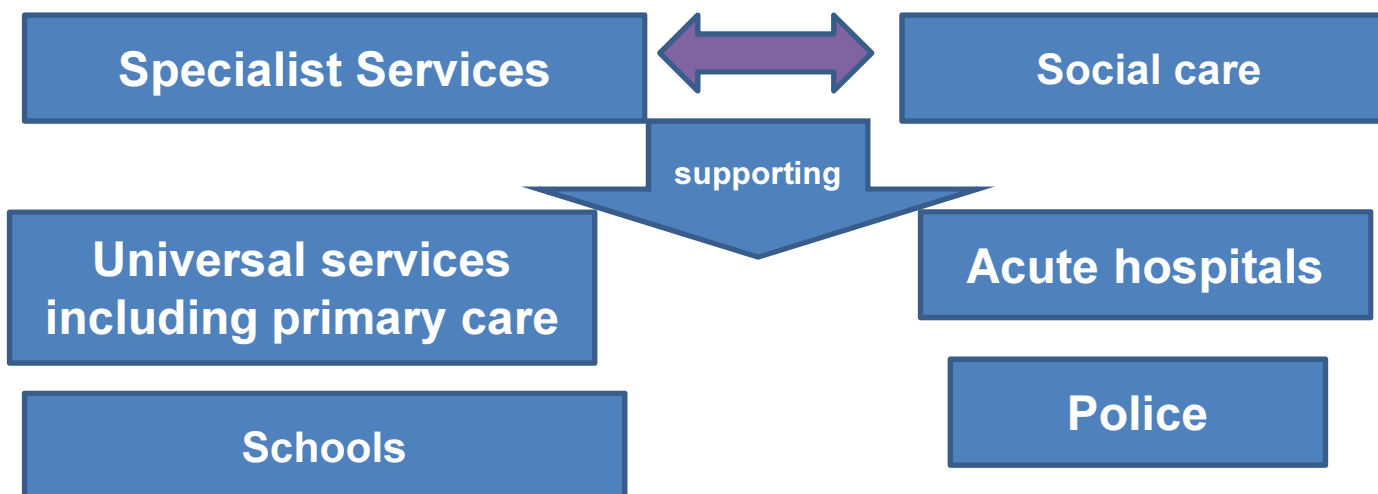
- All services refer into tier 3 specialist Child and Adolescent Mental Health provision (CAMHS)
- Working to develop understanding of need as basis for re-commissioning CAMHS



Mental health – where do we want to be?

Actions

- Enable practitioners in schools, GPs and universal settings to enhance skills to support children with emotional health issues at an early stage
- Enable staff in specialist services such as A&E and Police to identify emotional health needs and identify appropriate pathways
- Re-commission specialist services based on shared understanding of need
- Develop pathway for children and young people needing more specialist services



Mental health – where do we want to be?

Outcomes

- Children and young people are supported by people they know in their local area
- Families feel supported
- Professionals working together for the young persons identified outcome
- Children, young people and their families know where to seek help
- Parents are supported to have good mental health and emotional wellbeing

Domestic abuse – where are we now?

Lead organisation(s) – to be decided by Children's Health & Wellbeing Group

AIM: To mitigate the causes of domestic abuse and its impact on children and their families

Most cases of domestic abuse are accompanied by other issues e.g. alcohol misuse, mental health issues

A factor in all three Serious Case Reviews in Surrey since September 2011

Cost of domestic abuse to Surrey services and economy estimated to be £466m each year

Second largest single category of incidents/crimes recorded in 2012/13. 12,567 (15.6%). Approx. a third of these incidents are repeats.

Nearly one in four (estimate) young people witnessed at least one type of domestic abuse during childhood

Around 30% of domestic abuse starts or worsens during pregnancy or immediately after birth. Locally just under 3% of individuals contacting domestic abuse services reported being pregnant, indicating a potential hidden need

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Domestic abuse – where are we now?

Current activity

- Children's Social Care, Police and Health implementing Central Referral Unit with ambition of a multi-agency safeguarding hub (MASH)
- Initial work has begun to compile an understanding of need and service provision
- Significant engagement with survivors of domestic abuse and CYP affected by it
- Multi-agency audits of Child Protection Cases, Core Groups etc. where domestic abuse is factor
- Piloting IRIS referral system within Holmhurst Medical Practice and commitment of East Surrey CCG to commission the service locally
- Working between Children's Social Care and Surrey domestic abuse services to develop risk assessment tools for the children's workforce
- Commissioning of specialist domestic abuse services for CYP
- Surrey Safeguarding Children Board has made domestic abuse a priority
- Reviewing Surrey domestic abuse training framework
- Developing domestic abuse champions within Social Care Teams and programme of specialist training developed in South East Surrey
- Surrey Against Domestic Abuse website launched in January 2013
- Evaluating best practice such as Operation Encompass (Plymouth)

Domestic abuse – where do we want to be?

Actions

- To progress the initial work that is aimed at gaining an understanding of need and service provision to become fully countywide.
- Improve understanding of need (including those needs of children and young people who witness domestic abuse)
- Through evidence-based research identify and jointly commission effective interventions to help children, young people and families achieve positive outcomes
- Improve referral at the earliest opportunity e.g. through IRIS, information sharing, data collection and joint response to cases of domestic abuse
- Develop and promote a healthy relationship education package to be delivered in schools
- Review and adopt education programmes aimed at adults – victims and perpetrators

Domestic Abuse – where do we want to be?

Outcomes

- Reduction in incidents and harm from domestic abuse
- Victims and their children feel safe
- Effective co-ordinated, multi-agency, right first time response to incidents
- Preventative work with children and young people having a real impact
- Cultural shift from reactive working to prevention and early intervention
- A full understanding of need, service provision and gaps
- Joint commissioning based on the above

Risky behaviours – where are we now?

Lead organisation – SCC: Public Health

AIM: To ensure children, young people and families are supported to lead healthy lifestyles and prevent risk taking behaviours by taking a systematic family approach

Parental issues are strongly linked to issues in CYP.

Substance and alcohol misuse:

We do not have a complete picture of need in Surrey. There is a lack of linked local data on both child and parental misuse. However we do know:

- In 2009/10 approximately 30% of people in drug treatment in Surrey were parents.
- Parental substance misuse was recorded for over 205 of children on CPP.
- Estimated that more than 25% of adults in Surrey who drink do so above recommended safe levels.

Sexual Health:

- 18% reduction in under 18 conception rate
- 33% reduction in under 16 conception rate.

Healthy living in pregnancy:

- Disadvantaged groups tend to have a poorer diet; are less likely to take supplements such as folic acid; are more likely to be over or under weight during pregnancy; and their babies are more likely to have a low birth weight.
- The percentage of mothers smoking during pregnancy in Surrey is 7.7%, significantly lower than the national and regional averages

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Risky behaviours – where are we now?

Current activity

Substance and alcohol misuse

- The Surrey Drug and Alcohol Action Team (DAAT) commissions services aimed at 11 to 21 year olds. Catch 22 service provide services.

Healthy weight and eating

- On-going collection of data on free school meals (FSM). Previous targeted interventions from Babcock 4S has seen increase in uptake of FSM. (Change in funding since April 2013 and funding now goes directly to schools.)
- Targeted interventions with PRUs and identified pupils year 8/9 to improve cooking skills and qualification in food hygiene, offered by Babcock 4S

Surrey Healthy Schools Programme & Consultation via Babcock 4S

- Targeted provision is aimed at 'priority' schools identified with health data.
- Other Provision for CYP includes: school nurses, unregulated providers (charities, businesses, individuals, faith organisations) approaching schools directly, behavioural support, safeguarding support, TAMHS (Targeted Mental Health in Schools Programme) and restorative approaches/training for schools

Maternal smoking prevalence:

- Ongoing work at a range of services including: Leatherhead North Pilot project, HOPE Service, Gypsy Skills Project, Orthodontic practices

Sexual Health

- Priority areas that services focus more on: Spelthorne, Runnymede, Reigate and Banstead and Woking. Guildford is also included from a Teenage Parent perspective

Risky behaviours – where do we want to be?

Actions

- Developing a systematic approach to supporting CYP and families to prevent and tackle risky behaviours
- Robust needs assessment/collation of JSNA information should be used to identify gaps and needs for children and young people and risk taking behaviour.
- Ensuring free milk is claimed for those on FSM
- Increase uptake of vouchers for families on low incomes, which are exchanged for free fruit, vegetables and milk
- Increase uptake of 'healthy start'. More work is needed around uptake of vitamins locally, which is one of the lowest in the South East. 4000 women in Surrey are eligible but just 2.6% uptake.
- Improve pathways between Children's Services and substance misuse services
- Develop understanding and provision of parental substance misuse for children and young people

Risky behaviours – where do we want to be?

Outcomes

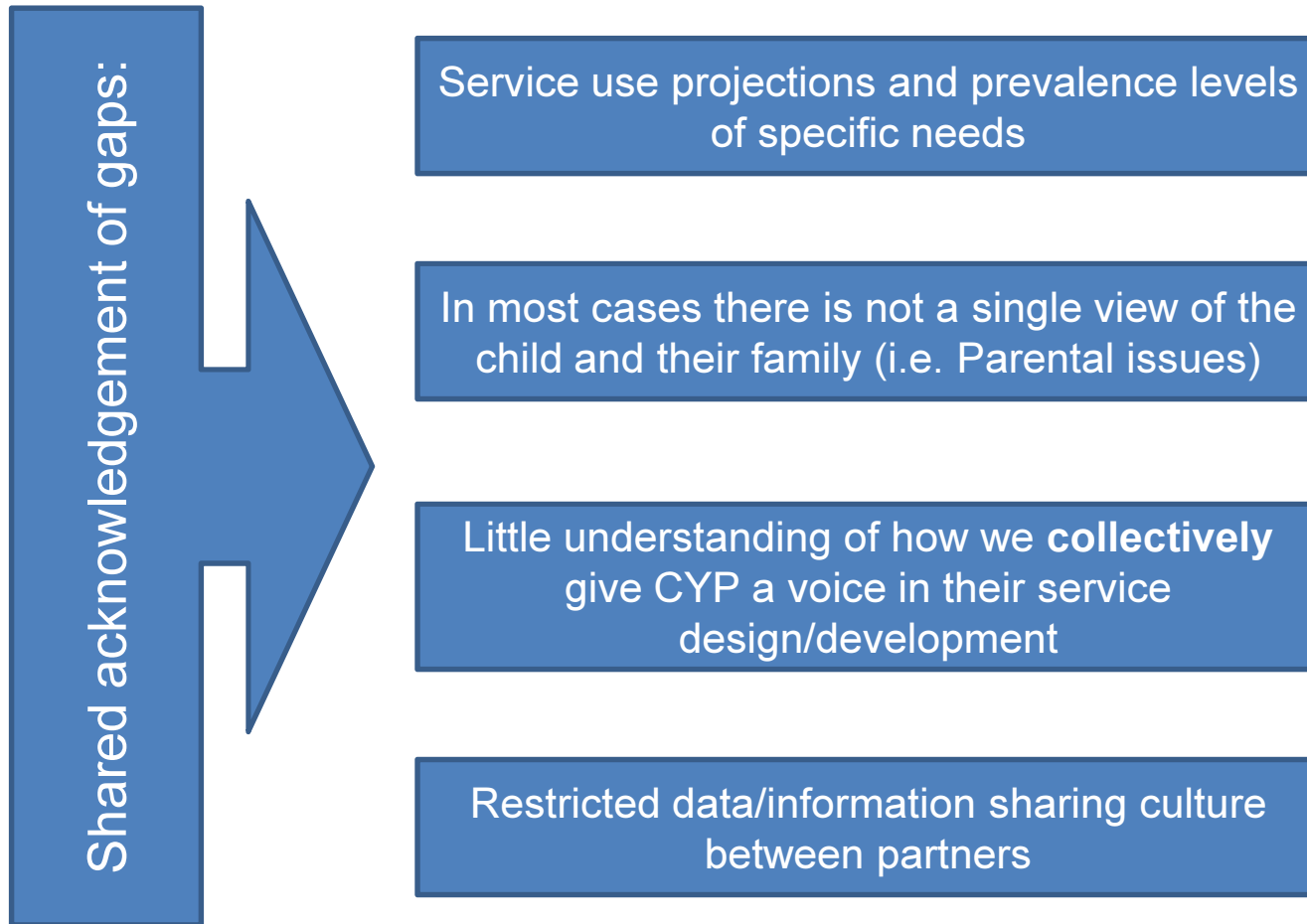
- A systematic approach to supporting CYP and families is taken, which understands and tackles issues of the whole family
- An integrated approach between Children's Services and substance misuse services which addresses the holistic needs of young people and their family
- Children and young people are happy, healthy and well
- Families and communities are resilient

Shared understanding of need – where are we now?

Lead organisation – SCC

Aim: To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way.

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Shared understanding of need – where are we now

Current activity

- **SurreySays**: aims to deliver a new consistent approach to consultation and gathering feedback within SCC and with partners
- **PREview** – using this predicting model more widely to accurately predict need, prevalence and future service use
- Publishing needs assessments relating to children and young people's health and wellbeing on public websites
- Developing a shared knowledge of what data exists and who holds it
- Developing a list of potential research areas for future research students, including developing links with University of Surrey

Shared understanding of need – where do we want to be?

Actions

Year 1	Year 3	Year 5
Live list on what needs analyses/assessments are in progress	1, 3 and 5 year projections on the use of CYP services for each theme	1, 3 and 5 year projections on the prevalence of need for each theme
Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure all new/renewed commissioning contracts include requirement to evidence voice of CYP
Develop a multi-agency data and analyst group to monitor and facilitate interagency data sharing	Provide a mechanism through which we can join up information on the needs of the parent(s)	
Invite partners to share all new engagement/consultation with CYP on SurreySays	Monitor and report on how engagement/consultation with CYP informs each theme	
Identify and promote the Caldicott Guardian		

Shared understanding of need— where do we want to be?

Expected outcomes for children, young people and families

- Health and wellbeing services for children and families are designed to take account of their needs and experiences
- CYP and families feel a part of decisions made about their health and wellbeing
- CYP and families are able to see where and how their input has affected strategic decisions (SurreySays)

Expected process outcomes

- Agencies have developed an appropriate 'if in doubt, share' culture around data
- Agencies are collectively well aware of the future demand for services and needs of CYP and families
- Agencies are collecting and using the voice of CYP and families routinely to inform service decisions
- There is less duplication of work within and between agencies

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Surrey

Commissioning for children – where we are now

Lead organisations – SCC and CCGs

Current activity

- Historically single agency procurement of externally provided services
- One pooled budget (CAMHS)
- Increasing driver for joint commissioning of health and wellbeing services through Children and Families Bill
- Moving approach towards joint commissioning strategies, joint strategic needs assessment, market position statement and procurement plan
- Developing use of framework tenders, joint commissioning, collaborative commissioning, Section 75 agreements and Section 256 arrangements
- Developing joint commissioning against a number of needs reflected in the children's health and wellbeing action plan

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Commissioning for children – our plans

The Health and Wellbeing Board is asked to sign up to this programme of joint commissioning activity that will be delivered through the Children’s Health and Wellbeing Group

Early help	Children with complex needs	Mental health (CAMHS)	Looked after children
<ul style="list-style-type: none"> ➤ Establish Early Help Commissioning group to develop Early Help Joint Commissioning Strategy ➤ Market position statement ➤ Business case ➤ Joint Procurement Project 	<ul style="list-style-type: none"> ➤ Development of Commissioning Strategy and joint procurement project for short breaks & personal support ➤ Joint strategic review of short breaks ➤ Joint procurement of therapies 	<ul style="list-style-type: none"> ➤ Consultation on Draft Joint Commissioning Strategy ➤ Set-up of procurement project for targeted CAMHS pooled budget ➤ Draft s.75 for pooled budgets governance 	<ul style="list-style-type: none"> ➤ SCC Draft LAC Commissioning Strategy ➤ Guildford & Waverley CCG tendering for LAC medicals ➤ Review of protocols for notification of LAC out of county in need of secondary care i.e. CAMHS

A&E admissions – GP focus

- Work with Children’s Centres to distribute leaflets/workshops around appropriate use of health services
- Education packs distributed in all Surrey primary schools

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Recommendations

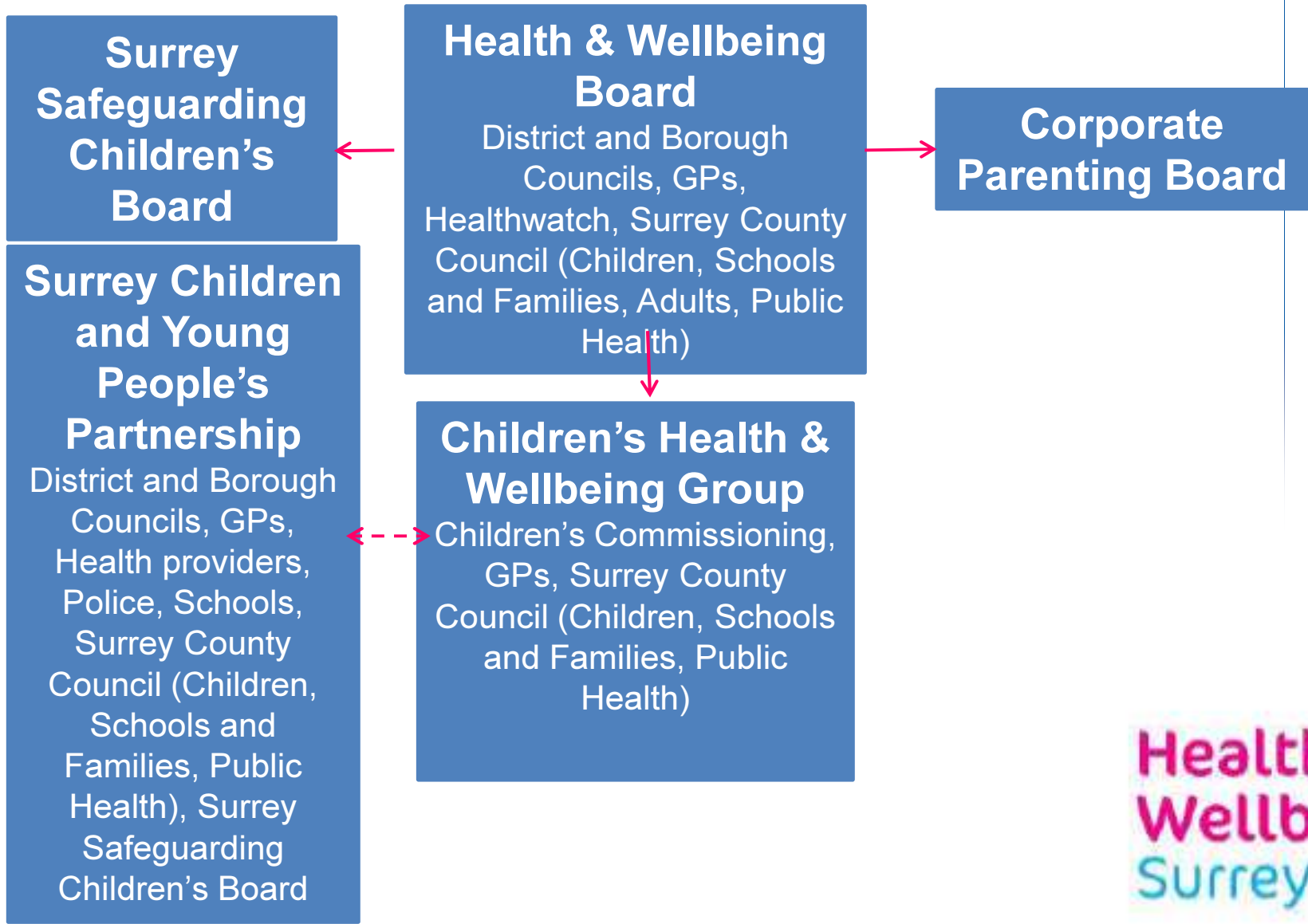
For each theme the Health and Wellbeing Board is asked to agree the:

- Aim
 - Lead organisation(s)
 - Actions
 - Outcomes
 - Governance (see below)
- **In addition:** to sign up to this programme of joint commissioning activity that will be delivered through the Children's Health and Wellbeing Group

The Children's Health and Wellbeing Group will:

- be responsible for delivering the action plan, including the joint commissioning activity
- develop its membership and engage as appropriate to ensure relevant stakeholders for health and wellbeing are involved in decision-making
- report back to the Health and Wellbeing Board on progress

Governance



Next steps

- **10 September 2013:** Children's Health and Wellbeing Group agree how further actions will be developed through engagement with stakeholders including Children and Young People's Operational Partnership
- **September-October 2013:** Detailed action plan to be developed including accountable leads, timescales and success measures in 1, 3 and 5 years
- **21 October 2013:** District and Borough workshop to identify how actions will be implemented at a local level
- **20 March 2014:** report back on progress to Health and Wellbeing Board

Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: [Why sign the Charter?](#)

every disabled
child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk


**The Children's Trust
Tadworth**
For children with multiple disabilities

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Surrey Health and Wellbeing Board

Date of meeting	5 September 2013
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Item / paper title: Healthwatch Surrey Update

Purpose of item / paper	Update on the development of Healthwatch Surrey
Surrey Health and Wellbeing priority(ies) supported by this item / paper	As the public voice for health and social care in Surrey this items relates to all priorities
Financial implications - confirmation that any financial implications have been included within the paper	None
Consultation / public involvement – activity taken or planned	There have been a series of engagements activities with public, stakeholders and other relevant individuals, organisations and groups and these will continue.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	There are no specific equality and diversity implications within the paper. Healthwatch Surrey has a responsibility to ensure that all voices are heard and will be focusing on 'hard to reach' groups as the next stage of their engagement
Report author and contact details	Richard Davy richard.davy@healthwatchsurrey.co.uk
Sponsoring Surrey Health and Wellbeing Board Member	Peter Gordon – Chair of Healthwatch Surrey
Actions requested / Recommendations	The Surrey Health and Wellbeing Board is asked to: Note content of report.

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Healthwatch Surrey Update – September 5th 2013

Governance

An independent appointments panel was established consisting of experienced voluntary, community and faith sector senior trustees and chief executives.

The Healthwatch Surrey Non-Executive Director posts were widely advertised in the press and via voluntary, community and faith sector networks. We had a good response and after shortlisting and interview the panel appointed Peter Gordon (Chair), Paul Charlesworth, Jason Davies, Simon Parish and James Stewart. They along with the consortium partners Norma Corkish (Citizens Advice Surrey), Richard Davy (Surrey Independent Living Council) and Marianne Storey (Help and Care form the board for Healthwatch Surrey

The board has now met twice and has training sessions and planning days booked for September and October and board meetings booked in for the next 16 months. The two meetings held so far were both very positive and there is a clear sense of how the board will work together to provide governance and leadership for Healthwatch Surrey.

Information and advice

A telephone and SMS helpline along with public email contact has been established by Help and Care and Healthwatch Surrey has its own website and twitter account.

Citizens Advice Surrey has appointed a part time co-ordinator to ensure consistency of approach across the individual Citizens Advice Bureaus in Surrey and each bureau has an identified a champion with a specific responsibility for Healthwatch.

Training events for CAB managers, supervisors and Healthwatch champions were held in July organized by Surrey Welfare Rights and delivered by them and a representative from each of the consortium partners.

Evidence, insight and influence

Help and Care have recruited research and admin staff who are working on developing the information and data recording elements of the Healthwatch Surrey service.

A new Customer Relationship Management system has been developed by Help and Care to record public enquires and feedback. This means that information received by the helpline, via email or through the Citizens Advice Bureau network can be recorded on a central system using consistent coding to help build a comprehensive bank of public feedback information that is then easy to access, analyse and report on. Data sharing protocols have been established and a provisional reporting framework (in line with Healthwatch England requirements) has been agreed.

The Healthwatch Surrey helpline and the Citizens Advice Bureau network have recorded over 875 issues against health & social care and Healthwatch categories.

In the CAB's the largest categories of concern were hospitals, GP's, community and residential care whilst at the helpline the main areas of concern raised were access to and waiting times for services, patient transport and facilities and issues of patient choice. *As the service has only been operational for four months it is still not possible to draw any evidential data from this information.*

Community research and engagement.

We have an engagement and liaison co-ordinator in post whose primary work to date has been engaging across a network of stakeholders and interested groups. These have included the communication leads for Clinical Commissioning Groups, Acute Hospitals and Community providers along with attendance at county wide communication meetings.

We have also met with Surrey County Council Adults and Children's services staff and the Health Overview and Scrutiny committee. The engagement and liaison co-ordinator has been attending the Health and Wellbeing Board meetings and workshops and now that the Chair of Healthwatch Surrey has been appointed it is

planned that they will take the Healthwatch Surrey seat on the Health and Well Being Board.

We have also established links with a number of voluntary, community and faith sector groups, along with interested organisations or groups. These include East Surrey Domestic Abuse Service, Family Voice, General Medical Council, Guildford and Waverley CCG Patient Public Engagement Forum, Healthwatch England, MacMillan Cancer Support, Surrey and Borders Partnership's Health Action Group, Valuing People Learning Disabilities Partnership Board, Voluntary Action Networks in Spelthorne, Farnham and Cranleigh and Wellbeing Centres in Tandridge, Epsom & Ewell and Surrey University.

Existing (Surrey LINK) volunteers supported Healthwatch Surrey with 24 Place Assessment and we responded to 6 Quality Account reports. We also participated in the 24 hours hospital insight project at Ashford and St Peters Hospital. Work on the Stroke Project and report was completed and submitted to the Health Overview Scrutiny Committee and follow up work resulting from the report is still underway.

We have participated in a number of consultations and discussions including the Better Services Better Value, the Surrey Domestic Abuse Strategy consultation and the Healthwatch England survey on advocacy.

Our communications and engagement team undertook a series of public awareness session in High Streets, Railway Stations, shopping centres etc. across all 11 boroughs in Surrey. Articles about Healthwatch Surrey have been in the local press and we have made a number of media contributions related to local health and social care events and news stories.

We have also developed and printed information about Healthwatch Surrey including postcards, posters and an easy read leaflet.

The next phase of our engagement will be focused on young people and children and hard to reach groups including gypsies and travellers and adults and families in isolation. In September we will also begin the recruitment of volunteers for Healthwatch Surrey focusing on the volunteers roles of 'Authorised Representatives' to carry out Enter and View visits and 'Healthwatch Ambassadors' to help us promote Healthwatch Surrey throughout the county.

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