

## Notice of Meeting

# Health and Wellbeing Board

**Date & time**

Thursday, 7 June 2018  
at 1.00 pm

**Place**

County Hall, Penrhyn Road  
Kingston upon Thames,  
KT1 2DW

**Contact**

Sharmina Ullah  
Room 122, County Hall  
Tel 020 8213 2838  
sharmina.ullah@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 8541 9122, 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 sharmina.ullah@surreycc.gov.uk.**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Sharmina Ullah on 020 8213 2838.**

### Board Members

Mr Tim Oliver (Co-Chairman)	Cabinet Member for People
Dr Elango Vijaykumar (Co-Chairman)	Clinical Chair, East Surrey Clinical Commissioning Group
Kate Scribbins	Chief executive, Healthwatch Surrey
Dave Hill	Executive Director of Children, Schools and Families
Dr Andy Brooks	Chief Officer, Surrey Health Clinical Commissioning Group
Dr Russell Hills	Clinical Chair, Surrey Downs CCG
Mrs Clare Curran	Cabinet Member for Children, Surrey County Council
Helen Atkinson	Strategic Director of Adult Social Care and Public Health, Surrey County Council
Dr Peter Bibawy	North East Hampshire and Farnham CCG
Dr Charlotte Canniff	Clinical Chair, North west Surrey Clinical Commissioning Group
Dr Sian Jones	Guildford and Waverley CCG
David Munro	Surrey Police and Crime Commissioner
Tom Kealey	Head of Health and Wellbeing, Reigate & Banstead Borough Council
Mr Mel Few	Cabinet Member for Adults, Surrey County Council
Borough Councillor Paul Spooner	Leader, Guildford Borough Council
District Councillor Vivienne Michael	Leader, Mole Valley District Council
Jason Gaskell	CEO, Surrey Community Action

## **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**

To receive any apologies for absence and substitutions.

### **2 MINUTES OF PREVIOUS MEETING: 5 APRIL 2018**

(Pages 1  
- 14)

To agree the minutes of the previous meeting.

### **3 DECLARATIONS OF INTEREST**

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

#### **NOTES:**

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

### **4 QUESTIONS AND PETITIONS**

There were none.

#### **a Members' Questions**

The deadline for Member's questions is 12pm four working days before the meeting (*Friday 1 June 2018*).

#### **b Public Questions**

The deadline for public questions is seven days before the meeting (*Thursday 31 May*).

#### **c Petitions**

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

## 5 BOARD BUSINESS

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

## 6 FORWARD PLAN

(Pages  
15 - 20)

To review and agree the Board forward work program.

## 7 ACTION REVIEW

(Pages  
21 - 24)

To review and agree the Board actions tracker.

## 8 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE

(Pages  
25 - 26)

**Purpose of the report:** To discuss progress on the Sustainability and Transformation Partnerships (STPs).

## 9 DOMESTIC HOMICIDE REVIEWS

(Pages  
27 - 36)

**Purpose of the report:** This report presents the legislative background of Domestic Homicide Reviews (DHRs), and presents figures outlining the level of domestic abuse in Surrey. The report then details the progress made in improving the process of undertaking a DHR and embedding the learning into practice.

The report includes a summary thematic analysis of learning collated from the reviews completed so far and a status update of DHRs to date.

## 10 DOMESTIC ABUSE STRATEGY

(Pages  
37 - 44)

**Purpose of the report:** To review the Surrey Against Domestic Abuse 2018-2023 - Delivery Plan.

## 11 MENTAL HEALTH PRIORITY STATUS UPDATE

(Pages  
45 - 50)

**Purpose of the report:** The purpose of this report is to provide an update on the CAMHS interim plan and outstanding actions from the completed Emotional Wellbeing and Adult Mental Health strategy and give an overview of the new mental health delivery plans led by each of the three Sustainability and Transformation Partnership across Surrey.

## 12 DEVELOPING A PREVENTATIVE APPROACH PRIORITY STATUS UPDATE

(Pages  
51 - 64)

**Purpose of the report:** To provide the Health and Wellbeing Board (HWBB) with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in December 2017.

**13 COMMUNICATION AND ENGAGEMENT UPDATE**

(Pages  
65 - 74)

**Purpose of the report:** To update the Health and Wellbeing Board on activity and progress relating to communications and engagement, to receive support from Board Members for overcoming current challenges and to secure endorsement for the next steps.

**14 DATE OF THE NEXT MEETING**

The next public meeting of the Health and Wellbeing Board will be on 6 September 2018.

**Joanna Killian**  
**Chief Executive**  
**Surrey County Council**  
Published: Wednesday, 30 May 2018

**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).  
The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
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 AND FILMING – ACCEPTABLE USE**

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it 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*

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 5 April 2018 at Committee Room C,, County Hall, Kingston-Upon-Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 June 2018.

(\* present)

**Elected Members:**

- \* Dr Andy Brooks (Co-Chairman)
- \* Mrs Helyn Clack (Co-Chairman)
- Dr Russell Hills
- \* Mrs Clare Curran
- \* Dr Elango Vijaykumar
- Dr Charlotte Canniff
- Dr Andy Whitfield
- Peter Gordon
- \* Helen Atkinson
- John Jory
- \* David Munro
- Dr David Eyre-Brook
- \* Mr Mel Few
- \* Borough Councillor Paul Spooner
- \* Jason Gaskell
- \* Rose Durban

**Substitutes:**

- \* Dr Richard Barnett
- \* Kate Scribbins

**118 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Dr Charlotte Canniff, Dr Russell Hills, Dr Andy Whitfield and Peter Gordon.

Dr Richard Barnett substituted for Dr Charlotte Canniff and Kate Scribbins substituted for Peter Gordon.

The Chairman informed the Board that Dr Andy Whitfield, Chair of North East Hampshire and Farnham Clinical Commissioning Group (CCG) had stepped down and a replacement would be confirmed after a new chair is appointed. Members expressed gratitude towards Dr Andy Whitfield for his contribution and work on the Board.

It was noted that the CCG Co-Chair will change effective from after this meeting, Co-Chair Helyn Clack thanked Dr Andy Brooks for his professionalism and expertise as Co-Chair and presented him with a departing gift.

**218 MINUTES OF PREVIOUS MEETING: 7 DECEMBER 2017 [Item 2]**

The minutes were agreed as a true and accurate record of the meeting.

**318 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest received.

The Board agreed to do a refresh on members' interests at its next meeting to accommodate the changes to the Board's membership.

**418 QUESTIONS AND PETITIONS [Item 4]**

There were no questions and petitions received.

**518 PUBLIC QUESTIONS [Item 4b]**

There were none.

**618 BOARD BUSINESS [Item 5]****Declarations of interest:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. It was highlighted that the updated Joint Health and Wellbeing Strategy was now available online and a link to the document had been circulated to Members.
2. It was noted to meet annual requirements of the Health and Social Act (2012) the Health and Wellbeing Board must be consulted as part of the CCGs annual report process as to their contribution to the delivery of the Surrey Joint Health and Wellbeing Strategy.
3. It was further noted that each CCG had completed a self-assessment template, demonstrating how they have contributed to the Surrey Joint Health and Wellbeing Strategy and these were circulated to the Board on Friday 23 February.
4. Members were reminded that the deadline for any feedback was 6 April 2018.
5. The Board were informed that the informal meeting on 26 April 2018 was cancelled due to low availability and Victoria Heald would organise items into the forward plan and circulate to the Board.
6. The Board welcomed Dr Sian Jones who replaces Dr David Eyre-Brook who has now retired.
7. The Board agreed to write a letter of thanks to Dr David Eyre-Brook thanking him for his hard work and contribution.

8. It was highlighted that Councillor Vivienne Michael from Mole Valley District Council has been appointed to the Health and Wellbeing Board as a replacement to Councillor Clive Smitheram and would join Councillor Paul Spooner representing the Borough and District Councils in Surrey.
9. It was noted that Dr Elango Vijaykumar would be the new CCG Co-Chair effective from after this meeting.
10. Members were informed that the Council had recently welcomed a new Chief Executive, Joanna Killian.

**Actions/ further information to be provided:**

- a) Officers to update the membership page of the Joint Health and Wellbeing Strategy.
- b) Officers to write to a letter of thanks to Dr David Eyre-Brooks from the Board.

**718 LETTERS CIRCULATED BY THE BOARD [Item 6]**

**Declarations of interest:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Board noted a letter received from the Sussex and East Surrey STP Suicide Prevention Workstream and a subsequent response letter from the Chairmen.
2. The Strategic Director of Adult Social and Public Health clarified that the police would be involved with the development of the strategy and the Police and Crime Commissioner signposted Amy McLoud as the respective officer in this area.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Board reviewed the letters sent by the Co-Chairmen of the Board.

**818 FORWARD PLAN AND ACTION REVIEW [Item 7]****Declarations of interest:**

None

**Witnesses:**

Victoria Heald, Health and Wellbeing Programme Manager

**Key points raised during the discussion:**

1. The Health and Wellbeing Programme Manager informed the Board that the forward plan would be re-organised and updated to reflect the cancellation of the Board meeting on 26 April 2018.
2. It was noted that there was one outstanding action on the action tracker, A34/17, CCGs to publish the updated CAMHS transformation Plan on their websites.

**Actions/ further information to be provided:**

- a) Officers to update the forward work programme and actions tracker.
- b) CCGs to publish the updated CAMHS transformation Plan on their websites and inform officers once complete.
- c) Officers to contact the University of Surrey's Medical School following the unsuccessful bid to confirm the case study item on the forward plan in October.

**RESOLVED:**

The Board reviewed the forward work programme and noted the actions tracker.

**918 PHARMACEUTICAL NEEDS ASSESSMENT [Item 11]****Declarations of interest:**

None

**Witnesses:**

Julie George, Public Health Consultant

**Key points raised during the discussion:**

1. The board noted a change to the running order of the agenda, upon officers request the Chairman agreed to review item 11 before the STP update.
2. It was highlighted that the Pharmaceutical Needs Assessment (PNA) was a statutory responsibility of the Health & Wellbeing Board (H&WB) and was due to be published on 1 April 2018.
3. It was noted as the March H&WB meeting was cancelled the chairs approved the publication as a chairs action and sought the Board's ratification of this decision in public in its meeting today.
4. The Board received a presentation (attached as Annex 1) on the Surrey Pharmaceutical Needs Assessment (PNA), highlighting key aspects of the PNA including its recommendations to the Health and Wellbeing Board.
5. There was a discussion around pharmacy opening hours and how this impacted the discharge of patients, the Board were assured that pharmacy opening hours did not affect patients being transferred out of hospital as opening hours only applied to the public.
6. It was explained that delays in discharging patients was mainly due to the process and not the dispensing of medicines. CCG's noted this concern and agreed to consider advising departments to communicate better.
7. The Board also agreed that improved signposting could relieve GP surgeries and hospitals with patients as treatments were more commonly available at pharmacies. The Board noted that they would like a future item relating to pharmacies and the health and social care system at a future meeting.
8. It was noted that Martin Mandelbaum has now retired as Chief Executive of the Surrey Local Pharmaceutical Committee after many years of service and was commended for providing constructive challenge and insight to the Health and Wellbeing Board and his contribution on the two Pharmaceutical Needs Assessments for Surrey.

**Actions/ further information to be provided:**

Officers to include an item on pharmacies and the health and social care system on the Board's forward plan.

**RESOLVED:**

The Board approved the PNA publications on 1 April 2018 and supported the following recommendations;

### **Recommendations 1**

- a) Recognise the potential for population growth with large scale housing developments
- b) Partners to consider how to improve access to enhanced services in rural and deprived areas
- c) Improve signposting to existing pharmaceutical services
- d) Improve inter-professional contact

### **Recommendation 2**

Local Clinical Commissioning Groups and the STPs should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population, implement the GPFV and improve urgent and unplanned care services.

## **1018 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE [Item 8]**

### **Declarations of interest:**

None

### **Witnesses:**

Dr Andy Brooks, Frimley Health STP  
 Dr Sian Jones, Surrey Heartlands STP  
 Dr Elango Vijaykumar, Sussex and East Surrey STP

### **Key points raised during the discussion:**

1. The Board received a presentation for the Frimley Health System Transformation Partnership (STP) and Integrated Care System update (ICS) attached as Annex 2.
2. The Surrey Heartlands STP representative reported that progress was being made through the process of devolution. In addition a joint committee had been formed, focused on improving services for residents and mapping out current priorities.
3. It was further reported that Surrey Heartlands STP was progressing well particularly in areas of engagement and were encouraging digital ways of working.
4. It was noted that within the Sussex and East Surrey STP footprint, a commissioning alliance of five CCGs was formed on

1 April 2018. This links East Surrey CCG with four additional CCGs in Central Sussex, under one executive team. The alliance brings challenges and complexities, particularly due to the geographical make up and the individual five systems. However despite the challenges it was reported that the integration aspect has been effective.

5. The Cabinet Member for Health commended the progress made across the STPs and the results produced to date, however raised concerns with the lack of elected member oversight in all three STPs, highlighting a missed opportunity to make representation.
6. The Board noted it would be useful to have member engagement in STP work and would consider this going forward.
7. There was a discussion around financial challenges and it was noted that STPs focused on resources that were available to meet the needs of the population and by integrating services there was a reduction in duplication allowing saving efficiencies to be made.
8. A member of the public expressed the view that further progress can be made by linking in Parish Councils and the Voluntary Sector who have fundraising potential and the ability to contribute financially. The Board assured that this was a working progress and that communications were improving to promote positive ways of working.

**Actions/Further information to be provided:**

The Board to consider member oversight and engagement within STPs.

**1118 PRIORITY STATUS UPDATE: IMPROVING OLDER ADULT'S HEALTH AND WELLBEING [Item 9]**

**Witnesses:**

Dr Andy Brooks, Clinical Chair, Surrey Heath CCG  
Helen Atkinson, Strategic Director for Adults and Health

**Key points raised during the discussion:**

1. The Surrey Heath CCG introduced the report by highlighting the journey since the Joint Health and Wellbeing Strategy was published in 2013, reporting how there is a shared system of understanding, a shared vision and action to work together to improve the health and wellbeing of older adults in Surrey.

2. The Board noted a number of outcomes that have made a difference to residents over the period 2013-2018 since the strategy took effect, this includes;
  - a) A 5% increase in the proportion of older adults still at home 91 days after discharge from hospital (from 2012/13 – 2016/17).
  - b) A 12% reduction in permanent admissions to care homes (from 2014/15 to 2016/17).
  - c) The proportion of Surrey adults (all ages who had an inpatient experience of health services that would recommend to friends and family increased from 92% to 97% from 2014 to 2017.
  - d) Dementia diagnosis have improved by 14% across Surrey from 2014 to 2017.
  - e) Surrey has maintained a non-elective admission rate consistently below that of England overall,
  - f) Delayed Transfer of Care (DTOC) from hospital have reduced by 17% in Surrey compared to a 62% increase across England.
  - g) An 8.8% rise in the number of carers registered with GP practices in 2017/18.
3. The Chairman highlighted a list of achievements demonstrating the system was working together by reporting that new integrated models of care across Surrey have been developed by embedding social care teams at hospital sites.
4. It was further highlighted that Surrey had been identified as an exemplar area working with NHS England on embedding carers within STPs.
5. It was noted that Surrey had also received a Health Service Journal Award for Commissioning for Carers.
6. The Board acknowledged that District and Boroughs had funded home adaptations and community equipment supporting older adults to live more independently.
7. The Chairman shared the view that the Health and Wellbeing Board was fundamental to building the work around whole systems partnership working and has proved invaluable at strengthening relationships and understanding between local government and NHS partners.
8. The Board were assured that there will be a continued focus on improving the health and wellbeing of older adults in Surrey with

the development of an action plan and dashboard to deliver and track progress of the outcomes in the updated strategy.

9. Members were informed that Surrey had achieved a great deal over the life-course of the previous strategy, however, noted that there was further improvement to be made particularly to deliver the new strategy to ensure the health and wellbeing of older adults was at the forefront in Surrey's priorities.
10. A Member asked the Board to consider delayed discharging of adults due to the lack of places in the Market and as a result adults were being kept in hospitals for longer periods of time.
11. It was explained that Surrey had the capacity however it was faced with challenges with finding the suitable place for the affordable price. It was also highlighted that family pressure also contributed to delays as family members had the final decision.
12. The Strategic Director for Adult Social Care and Public Health advised that the joint commissioning of work had reduced tensions of competing, although a step in the right direction the reality was the expensive nature of places.
13. Members raised concern with the end of life provisions at care homes and the need to be able to coordinate this service better and have a system in place.
14. It was further raised that there was an unbalance of care homes, the need for more skilled carers for people in special care.
15. The Board agreed it would be useful to have health and borough and district council representatives on the Accommodation with Care and Support Board to offer insight and further support.
16. Board Members sought more clarification around young carers and how many were identified in Surrey and agreed it would be useful to be provided with an update on this area.
17. The Board were pleased with the progress made and recognised further improvement to be made.

**Actions/ Further information to be provided:**

The Board to receive an update report providing figures of the number of young carers in Surrey.

Health and Borough and District representation to be identified for the Accommodation with Care and Support Board.

**RESOLVED:**

The Board were asked to;

1. Note the progress made in the last five years' of the improving older adults health and wellbeing priority of the Joint Health and Wellbeing Strategy
2. Note the Surrey Better Care Fund and Improved Better Care Fund returns for the 2017-18 Quarter two period (Annex 1).
3. Endorse the next steps for this priority in the context of the updated Strategy; and
4. Receive an update on this priority in 6 months' time.

**1218 PRIORITY STATUS UPDATE: IMPROVING CHILDREN'S HEALTH AND WELLBEING [Item 10]**

**Declarations of interest:**

None

**Witnesses:**

Rose Durban, Interim Director for Children, Schools and Families  
 Garath Symonds, Strategic Director for Commissioning and Prevention  
 Diane McCormack, Director of Commissioning, Guildford and Waverley CCG

**Key points raised during the discussion:**

1. The Interim Strategic Director for children updated the Board on the progress against the outcomes under the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy and outlined particular concerns with CAMHS.
2. It was noted that although there were ongoing challenges with CAMHS, the commissioners and providers were working together to solve these.
3. There was a discussion around the performance issues in CAMHS and officers assured a problem solving approach would be undertaken as well as an independent commission review of the contract to determine a sustainable solution long term.
4. It was reported that a Health Summit would be taking place in the week commencing 9 April 2018 to address and discuss

current issues and the Board agreed it would be useful for officers to provide a report on this at its meeting in May.

5. Member expressed disappointment with the CAMHS contract and the Board agreed it would be useful to write a letter to the Commissioners to express their views.
6. It was clarified to the Board that the Community Health Contract follow up report would be provided in the annual report.

**Actions/ further information to be provided:**

The Board to receive an update report in relation to the Health Summit at its meeting in May 2018.

For a letter to be written to the Commissioners in relation to the CAMHS contract expressing the Boards views.

**RESOLVED:**

**The Board noted and approved the following recommendations;**

- 1) Note areas where progress has been made against the 'improving children's health and wellbeing' priority, specifically in relation to DfE recognition of the substantial progress in SEND services to date.
- 2) Note areas where progress has been more limited or where we are yet to see the impact of work for children, such as childhood immunisation rates, tier 3 perinatal mental health services and breastfeeding at 6-8 weeks.
- 3) Note areas where better data and analysis has highlighted more stubborn challenges, specifically in relation to initial and review health assessments for looked after children and waiting times for paediatric and therapy services for vulnerable children, where we will need to develop a different approach to improve timely access to these services for children.
- 4) Note the significant concerns in relation to demand and clinical risk within the jointly commissioned child and adolescent mental health service (CAMHS) and the proposed next steps.
- 5) Receive a further update in relation to progress to clinical risk within the CAMHS service at the next board meeting.
- 6) Receive a further update for the 'improving children's health and wellbeing' priority against the new set of outcomes, in six months' time.

**1318 COMMUNICATING INFORMATION THROUGH THE HOSPITAL DISCHARGE JOURNEY [Item 12]****Declarations of interest:**

None

**Witnesses:**

Kate Scribbins, CEO Healthwatch

**Key points raised during the discussion:**

1. The Healthwatch CEO introduced the report by highlighting that good initiatives had taken place to capture patient experiences of hospital discharge in Surrey.
2. It was reported that findings suggested that good practice was being delivered however there were areas that could be improved.
3. It was noted Healthwatch Surrey were looking at ways in which older people could be supported and empowered to find out information about leaving hospital and their follow up care.
4. The Healthwatch CEO introduced the creation of a checklist/conversation record that can be utilised by patients, next of kin, and hospital staff had the potential to aid communication during an individual's hospital stay, and this is currently being considered.
5. Members suggested the distribution of this checklist to be provided to Surrey libraries, community buildings and amongst the voluntary sector.
6. The Board recognised the difficulty in promoting the checklist to isolated individuals and supported the view that volunteers could support the initiative in this area.

**Actions/further information to be provided:**

None

**RESOLVED:**

The Board noted the content of the report.

**1418 DATE OF THE NEXT MEETING [Item 13]**

The next meeting of the Health and Wellbeing Board will be held on 7 June 2018.



Meeting ended at: 3.59 pm

---

**Chairman**

Surrey Health and Wellbeing Board Forward Work Plan 2018

Version control

Version	Date	Who	Change made
2.2	12/12/17	Victoria Heald (requested by Alison Bolton)	Moved Domestic Homicide Review case study from January to April 2018 following county-wide event
3	12/02/18	Victoria Heald	Moved University of Surrey Medical School case study from March to October (requested by Kamila Hawthorne)
3.1	10/04/18	Victoria Heald	Changes made due to cancelled April informal meeting: <ul style="list-style-type: none"> <li>- Prison health/ health needs of people with multiple needs/ domestic homicide review – moved from April to May</li> <li>- Diversity and Inclusion - moved from April to November</li> <li>- Civilian Military Partnership - moved from April to November</li> <li>- Health and Social care integration case study - moved from May to September</li> <li>- Creating a sustainable health and social care system - moved from May to July</li> </ul> Moved the Surrey Safeguarding Adults Board Annual report to September due to delays in report publication (requested by Simon Turpitt)
3.2	23/04/18	Victoria Heald	Moved the Surrey Safeguarding Children’s Board Annual Report item to September due to delays in the report publication (Requested by Amanda Quincy) Moved Domestic Homicide Reviews from May to June Added Safeguarding the population: Domestic Abuse Strategy to June Added pharmacies to the July item on creating a sustainable health and social care system (action from Pharmaceutical Needs Assessment item in April 2018) Added young carers as a case study to September following action at the April 2018 meeting (A4/18)
3.3	08/05/2018	Victoria Heald	Updated Board Champions to reflect new Board membership Added Joint Emotional Wellbeing and Mental Health Strategy to September 2018 meeting

Item title	Health and Wellbeing Board Champion	The Health and Wellbeing Board will be asked to?	Item type
Joint Strategic Needs Assessment	Co-chairs	Sign off the process for updating the JSNA	Statutory Board responsibility
<b>June 2018 - In Public</b>			
Domestic Homicide Review	David Munro	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Safeguarding the population: Domestic Abuse Strategy	David Munro	Note and approve the Surrey Domestic Abuse Strategy as part of the safeguarding priority of the Joint Health and Wellbeing Strategy	Priority update
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the emotional wellbeing and mental health priority; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Peter Bibawy	Note / discuss progress on the prevention priority; and Endorse the next steps.	Priority update
<b>July 2018 – Informal</b>			
TBC	TBC	N/A	Case Study

Board review and forward planning workshop	Co-chairs	Review the progress of the Health and Wellbeing Board over the last year; and plan for 2019.	Workshop discussion
Creating a sustainable health and social care system – including pharmacy	Co-chairs	TBC	Workshop discussion
Seasonal Health	TBC	TBC	Workshop discussion
Healthwatch Surrey Annual Report	Peter Gordon	Note Healthwatch Surrey's Annual report	Regular Board update
<b>September 2018 - In Public</b>			
Young carers	Debbie Hustings, John Bangs	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Priority Status update: improving childrens health and wellbeing - Including the Joint Emotional Wellbeing and Mental Health Strategy	Dave Hill, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson, Mel Few and Andy Brooks	Note / discuss progress on the older adults priority; and Endorse the next steps.	Priority update
Surrey Safeguarding Adults Board Annual Report	Helen Atkinson, Mel Few, Andy Brooks	Discuss the recommendations from Surrey Safeguarding Adult Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility

Surrey Safeguarding Children Board Annual Report	Dave Hill, Charlotte Canniff, Clare Curran	Discuss the recommendations from Surrey Safeguarding Children Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility
<b>October 2018 - Informal</b>			
University of Surrey's Medical School	Kamila Hawthorne	N/A	Case study
Focus on the wider determinants of health, including: i) Cardiovascular Disease Secondary Prevention ii) Social Prescribing iii) Planning and Health iv) Housing and Health		Discuss system-wide challenges relating to the wider determinants of health; and identify ways to do things differently by working together. The Board will consider: v) Cardiovascular Disease Secondary Prevention vi) Social Prescribing vii) Planning and Health viii) Housing and Health	Workshop discussion
<b>November 2018 - Informal</b>			
TBC	TBC	N/A	Case study
Diversity and Inclusion	Russell Hills	Discuss diversity and inclusion; and identify ways the Board can do things differently together	Workshop discussion
Learning Disabilities	TBC	Consider the impact of Learning Disabilities on people of all ages; note and endorse different projects happening across the partnership to alleviate these difficulties; and identify new ways to alleviate difficulties and set the strategic view.	Workshop discussion

Civilian Military Partnership	Helyn Clack	TBC	Workshop discussion
<b>December 2018 - In Public</b>			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Commissioning intentions	Co-chairs	Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey's Joint H&W Strategy.	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the promoting emotional wellbeing and mental health; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Peter Bibawy	Note / discuss progress on the developing a preventative approach priority; and Endorse the next steps.	Priority update

This page is intentionally left blank

## Surrey Health and Wellbeing Board Actions and Recommendations Tracker April 2018

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

<b>KEY</b>			
	No Progress Reported	Action In Progress	Action Completed

### Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
<b>A28/17</b>	7 December 2017	Ask that the Surrey Air Alliance report to the Health and Wellbeing Board as part of the next Prevention Priority Update - the Alliance should suggest key priorities for air quality in Surrey, including timescales.	Developing a preventative approach priority leads/ Democratic Services Officer	An update on the key priorities for air quality in Surrey will be provided as part of the next prevention priority update in June 2018	Ongoing – Due June 2018
<b>A29/17</b>	7 December 2017	That the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset and that there is an update provided in nine months to update the Board on work undertaken.	Developing a preventative approach priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing - Due June 2018
<b>A31/17</b>	7 December 2017	That more work is undertaken with NHS organisations to explore how to use Fire as a health asset.	Developing a preventative approach priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing – due June 2018

<b>A32/17</b>	7 December 2017	Will ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.	Improving emotional wellbeing and mental health priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing – Due June 2018
<b>A34/17</b>	7 December 2017	That CCGs would be asked by the Health and Wellbeing Board to ensure that the updated CAMHS Transformation Plan is published on their websites.	Improving emotional wellbeing and mental health priority leads		Ongoing
<b>A35/17</b>	7 December 2017	That the Health and Wellbeing Board receive an update on progress and next steps in one year of the integrated models of care	Improving older adults health and wellbeing priority leads	Update to be given as part of the improving older adults health and wellbeing priority update in December 2018.	Ongoing – Due December 2018
<b>A1/18</b>	5 April 2018	Officers to update the membership page of the Joint Health and Wellbeing Strategy.	Democratic Services Officer		
<b>A2/18</b>	5 April 2018	That the Board: Recognise the potential for population growth with large scale housing developments; Partners to consider how to improve access to enhanced services in rural and deprived areas; Improve signposting to existing pharmaceutical services; Improve inter-professional contact			
<b>A3/18</b>	5 April 2018	Local Clinical Commissioning Groups and the STPs should consider the findings and			

		recommendations of this PNA in the course of their on-going work to improve the health of the local population, implement the GPFV and improve urgent and unplanned care services.			
<b>A4/18</b>	5 April 2018	The Board to receive an update report providing figures of the number of young carers in Surrey.			
<b>A5/18</b>	5 April 2018	Health and Borough and District representation to be identified for the Accommodation with Care and Support Board.			
<b>A6/18</b>	5 April 2018	The Board to receive an update report in relation to the Health Summit at its meeting in May 2018.			
<b>A7/18</b>	5 April 2018	For a letter to be written to the Commissioners in relation to the CAMHS contract expressing the Boards views.	Democratic Services Officer	A note was sent to Commissioners for response on 23/04/2018. A response report regarding CAMHS was provided in May and information is included in the Public Update	COMPLETE

This page is intentionally left blank

**Health and Wellbeing Board**  
**7 June 2018**  
**Sustainability and**  
**Transformation**  
**Partnerships Update**



**Purpose of report:**

That representatives of the Sustainability and Transformation Partnerships (STPs) provide an update on the STP's effecting Surrey and to engage in discussion with Board members on the difference that plans are making - and will make - for residents of Surrey.

---

**Report contact:** Sharmina Ullah, Democratic Services Assistant

**Contact details:**

Tel: 020 8213 2838

Email: [sharmina.ullah@surreycc.gov.uk](mailto:sharmina.ullah@surreycc.gov.uk)

This page is intentionally left blank

## Report to Health and Wellbeing Board

**Date:** 7 June 2018  
**Subject:** Domestic Homicide Reviews  
**Authors:** Richard Carpenter and Sarah Haywood  
**Presented by:** David Munro

### 1. Purpose

This report presents the legislative background of Domestic Homicide Reviews (DHRs), and presents figures outlining the level of domestic abuse in Surrey. The report then details the progress made in improving the process of undertaking a DHR and embedding the learning into practice.

The report includes a summary thematic analysis of learning collated from the reviews completed so far and a status update of DHRs to date.

### 2. Background

#### *Domestic Abuse Statistics*

The Crime Survey for England and Wales estimates that nationally 1.9 million adults aged 16 to 59 years experienced domestic abuse in the 12 months to March 2017 (1.2 million women, 713,000 men). In the same period, the police recorded 1.1 million domestic abuse-related incidents and crimes nationally; domestic abuse-related crimes recorded by the police accounted for 32% of violent crimes.

14,363 incidents were reported to Surrey Police in the 12 months to March 2017. This doesn't equate to 14,000 individual victims, however, as there is a significant element of re-victimisation. Commissioned outreach services in the county received 3,805 new referrals over the same period.

The estimated cost to public services associated with this level of domestic abuse in Surrey is £111 million per year.

#### *Domestic Homicide Reviews*

DHRs were established on a statutory basis under the Domestic Violence, Crime and Victims Act 2004 and the provision came into force on 13<sup>th</sup> April 2011. A DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –

- (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death

15 DHRs have been initiated in Surrey since the provision came into force in 2011. These reviews encompass the homicides of 17 victims, as a small number of reviews are for multiple victims. The profile of victims is not what might be typically expected given the general profile of domestic abuse. The victims include men and women, cover a wide age range, and with varying range of relationships to the perpetrator.

The rationale of a DHR is to identify and put in place appropriate support to prevent future incidents by assessing the robustness of policies and procedures locally, and the understanding of these policies by staff. A DHR is not about finding who is guilty or culpable, and it is not a disciplinary process which looks to blame agencies for any perceived failings.

The expected outcome of a DHR is a report which clearly identifies what the lessons are both within and between agencies, how and within what timescales they need to be acted on, and what should change as a result. By applying these lessons to service responses, it is hoped that domestic abuse is identified and responded to more effectively in future, and at the earliest opportunity, to improve the support for all domestic abuse victims and their children.

### 3. Improving practice in Surrey

In 2015 the Community Safety Board began a process of reviewing and improving the approach to DHRs in the county. This initially began with a discussion around concerns about the delay in sharing the lessons learnt, and the CSB tasked the county council Community Safety Unit with coordinating early findings and holding information on all actions and lessons learned from DHRs. The aim was to develop a county wide process for capturing and disseminating the learning and good practise from DHRs, and for DHR actions to be tracked at the county level more effectively to be able to identify common themes and recurring issues.

The Community Safety Team has explored the parallels with both the Safeguarding Children Board and Safeguarding Adults Board case review processes because of the expertise and clear overlap that exists with this area. The findings were used to shape further work and to inform improvements in the DHR processes, resulting in publication of revised local guidance and a DHR 'toolkit'.

Key improvements in process made following collaboration with Safeguarding colleagues include:

- When drafting their recommendations, the DHR panel discusses them with the organisations concerned in order that that all parties are clear about the purpose of the recommendation, what is expected, and that the appropriate technical or organisational language is used. This is something the Safeguarding boards routinely do and it leads to better recommendations, better outcomes and the actions being owned and consistently delivered against.
- When issuing the report, the CSP sends the recommendations to the relevant Chief Officers and outlines when it is they expect to receive a response
- On completion of a DHR, the CSP reports to the next available meeting of the CSB with a brief overview report and the recommendations from the DHR. This information will in turn be shared with the DA Management Board (DAMB) at its next meeting and the Safeguarding boards.
- A link to the published DHR report will be put up on the Surrey community safety website, with this site acting as a central resource.
- The county council Community Safety Unit liaises with CSPs holding DHRs and maintains a county-wide spreadsheet of all the DHRs that have or are taking place in Surrey. The unit provides a report showing the overview and progress on the delivery of recommendations as a standing item to the CSB. The spreadsheet and the overview report are also routinely shared with the Safeguarding boards and the DAMB.
- The CSB receives a) an update on the progress of implementation of recommendations 6 months after the report has been published, and b) a 'learning leaflet' that will demonstrate how the learning from the DHR has been embedded in practice. The leaflet is produced by the CSP, with support of the county council Community Safety Unit, and is shared with the DAMB, all CSPs and the Safeguarding boards.

The learning leaflets referred to above are an attempt to demonstrate how the lesson identified during a DHR have been embedded in practice, and the resulting outcome. The expectation was that, after a DHR has been published, the CSP will review the progress of the recommendations at 6 and 12 months and produce a brief paper that can be shared with partners to highlight a successful change in policy or service response, or flag up issues where an outcome has not been reached as expected and more work is required.

This objective comes from the stated purpose of a DHR to help prevent homicides in domestic settings and improve service responses for all victims and it is worth pursuing, although it hasn't always been easy to find the evidence of effective change. This is something that will be revisited in future in partnership with CSPs to find a process that works better and is easier to implement.

One of the benefits of collating the recommendations from DHRs centrally has been the ability to produce a thematic analysis of common themes in order to provide the CSB and CSPs with a baseline of issues uncovered to date. This analysis is presented in more detail in the appendices, but the recommendations fall into a small number of general categories.

- Application of / adherence to policy – 29.5%
- Staff training and awareness – 21.3%
- Recording and sharing of information – 21.3%
- Assessment / identification of risk – 16.4%

Many of the actions cut across more than one category, and there is often a relationship between areas. For example there is a clear overlap between staff training and risk assessment: in many cases inadequate staff training led to a failure to correctly identify risk and deal with incidents appropriately. There is also a notable overlap between policy management and risk assessment.

This sort of information needs to drive change – in practise, in procedure and in outcomes for those with whom we work.

Work with Safeguarding colleagues also raised the idea of holding an event, such as a learning seminar, to spread the learning and improve practice particularly amongst practitioners. A successful event was delivered by the Office of the Police and Crime Commissioner on the 11<sup>th</sup> January 2018. The aim was to bring together professionals who play a role in reducing DA and those supporting victims/survivors to listen and learn from those who have taken part in DHRs to bring about meaningful change and positive consequences.

The agenda was deliberately interactive and the day was facilitated by Frank Mullane the CEO of Advocacy After Fatal Domestic Abuse. Frank has had first-hand experience in a DHR when his sister, Julie Pemberton and her son, Frank's nephew were murdered by Julie's husband. From this he has become a leading advocate for victims and supports the Home Office in developing DHRs.

An important part of the event was to allow practitioners the opportunity to share information, discuss their roles in DHRs and build relationships so that when another DHR is called there is a practitioner community in Surrey able to support each other.

The event was held in the HG Wells and 87 people attended on the day. Following the event those that attended were asked to take a few minutes to provide some feedback on the day. 51 people answered the six questions with 80% of those who attended felt the overall workshop was excellent (33%) or very good (47%) and 56% of respondents feeling the day was extremely useful (23%) or very helpful (33%).

#### 4. Moving forward

The responsibility for completing a DHR sits with the CSP where the victim was resident. It is recognised that this is a significant undertaking, both financially and in terms of staff time and skill to coordinate the work required. The CSB has put in place a structure and process to support this work and make sure that the best possible outcome can be realised from a review.

The CSB has been actively discussing DHRs and a considerable amount of work has been achieved to improve the how they are delivered. The CSB has general oversight, while the DAMB is the strategic body which leads on domestic abuse in the county. The DAMB has been keen for a process to be developed whereby it may support the CSB and CSPs in reassuring all relevant agencies that DHR actions are being progressed in a timely manner, and offer its influence as a multi-agency strategic board to effect the expediency and effectiveness of recommendations and learning indicated by each DHR. The DAMB is also aware of some long standing constraints to the DHR process. These barriers include;

- Suitable Chairs

Over the last six years there has been a difficulty in finding well trained and appropriate chairs. Some training has taken place but people have since moved out of these roles. There are also some concerns about the Chairs being from a local District or Borough council as it is felt there wouldn't be the objectivity required.

- Funding

Funding, or lack of it is a common concern for Community Safety Partnerships. The cost of running an efficient review costs about £10k. The costs have been taken from CSPs reserves, Local Authorities budgets or a contribution from each statutory partner.

- Resources

Alongside funding a DHR requires both administrative support and practical support. The administrative support can be burdensome and often falls to the District and Boroughs to pick up.

- Role of Family

It is challenging following the death of a loved one to engage with a DHR. The Panels have found there is little guidance or support in this area. The workshop held in January went some way to provide some guidance.

- Role of perpetrator

Similar to family involvement is the role of the perpetrator who does have a right to contribute to the review. I am not aware of any panel who have engaged with the perpetrator.

- Delivery and oversight of the recommendations

Despite improvements being made once the review is complete the delivery and oversight of the recommendations is vitally important to see change that lasts. Unfortunately, completion of the action plan can be complex and unachievable.

As a result, it has been proposed that a DHR Oversight Group be established as a sub-group of the DAMB that would sit as a tactical and delivery facilitation group for DHRs in Surrey and support the

process of disseminating learning with the CSPs on behalf of the DAMB and the CSB. The group will have its inaugural meeting on the 28<sup>th</sup> June.

**APPENDIX A: DHRs in Surrey – Progress to March 2018**

Ref.	Area	Date of Homicide	Publication date	Current status	Progress since last update / Key issues
RB4	Reigate and Banstead	Nov-17		2	A preliminary steering group meeting has taken place in January 2018. An Independent Chair has been appointed and organisations have been asked to lock down information. An initial panel meeting will take place in March. Due to a number of other investigation and proceedings taking place relating to this case it is likely that the DHR will take much longer than six months. The Chair of ESCSP has informed the Home Office about the review and the Independent Chair has informed the Coroner.
WV5	Waverley	Oct-17		2	Chair and admin support secured. The first panel meeting is in the process of being arranged.
Page 32 RB3	Reigate and Banstead	Jan-17		2	Combined DHR and SCR. Panel meetings took place on December 13 2017 and February 15 2018. All IMR have been received and interviews have taken place with relevant organisations, employers and friends The family has been contacted abroad and the family in this country has now made contact with the Independent Chair. A draft report has been produced and is being updated as required by the Panel. It is expected that the final draft will be presented to the Surrey Safeguarding project group in late April for approval and then the family will have an opportunity to review the report with sign off, of the final report late April, early May ready for submission to the Home Office and Ofsted.
RB2	Reigate and Banstead	Jun-16		2	Combined DHR and SCR. The family of the victim (adult) were invited to the panel on December 13 2017. This was a very informative and powerful meeting. A further panel meeting took place on February 15 2018. Chronology has been collated and key practice episodes identified. Interviews with key individuals has been concluded and this has included workshop sessions with the relevant offices/staff involved in the key practice episodes (front line staff). Due to an appeal in relation to the family court case the family court and welfare hearing are unlikely to be concluded until June 2018. Due to the complexities of the case (combined review, trial outcome, and ongoing family court proceedings) an outline draft report is being prepared in March and April but will not be concluded until after the welfare hearing (children). The Independent Chair is drafting further update for Chair of ES CSP to inform Home Office of likely timescale. Permission is to be sought for the final publication to be restricted.

**Status key:** 1) DHR Notification received 2) DHR in progress 3) Report drafted 4) Report with Home Office QA Panel 5) Report published  
6) DHR complete 7) Learning disseminated

Ref.	Area	Date of Homicide	Publication date	Current status	Progress / Key issues
EL2	Elmbridge	May-16		2	The third panel meeting was held in October where a draft report was discussed. Further work is being undertaken on the report.
WV4	Waverley	Oct-15		3	The third panel meeting has taken place and the report is being drafted.
RB1	Reigate and Banstead	Jun-15		5	85% of actions completed. Report approved by Home Office and published on website at <a href="http://www.reigate-banstead.gov.uk/info/20093/community_safety/760/domestic_homicide_review">www.reigate-banstead.gov.uk/info/20093/community_safety/760/domestic_homicide_review</a>
EL1	Elmbridge	Jun-15		5	'The report has been shared with the family, the Home Office and the panel members. Whilst the report isn't published the action plan has been progressed. The majority of recommendations were not asking organisations to change the way they do things, instead they were around information sharing and raising awareness.
WV3	Waverley	Feb-15		4	The report and action plan have been approved by the Home Office. The proposed date of publication is 6th March. Action plan being followed up.
WV2	Waverley	Feb-14		4	Report written and signed-off by the Safer Waverley Partnership. Awaiting quality assurance by Home Office. Action plan being followed up.
GF2	Guildford	Aug-13	Feb-16	5	Review complete and approved. Summary to be published (currently being written). Action plan 50% complete.
SH2	Surrey Heath	Dec-12	tbc	6	Action plan recommendations 95% complete - outstanding recommendation relates to roll-out of IRIS. Report approved by Home Office and published online.
GF1	Guildford	Mar-12	Mar-13	6	Report published and review phase complete. Action plan 98% complete
WV1	Waverley	Oct-11	tbc	6	Action plan 100% completed. Agreed with the Home Office that the report would not be published. Recommendations are published on the borough council website. All panel members were asked to destroy their copies of the report.
SH1	Surrey Heath	Aug-11	tbc	7	Action plan 100% complete. Report approved by Home Office and published.

**Status key:** 1) DHR Notification received 2) DHR in progress 3) Report drafted 4) Report with Home Office QA Panel 5) Report published 6) DHR complete 7) Learning disseminated.

## APPENDIX B: Thematic Analysis

Notes: This summary is based on an analysis of 68 recommendations from 5 DHR action plans available at the time of writing. Two additional reports have since been published and the recommendations from these will be included in the next update.

### 1. Policy

Application or adherence to policy was the most common issue identified by DHRs in Surrey. The overriding issue is the consistent use of common policy across partner agencies, although the recommendations from DHRs can be further separated into the three distinct areas below:

#### 1) Join up of cross organisational or partnership policies

- Safeguarding policies must be consistent within and between organisations, including using the same definition of vulnerable adults
- Domestic abuse should be recognised as a standalone factor for vulnerable adults in safeguarding policies
- All agencies should share an inter-agency escalation policy for resolving professional disagreements relating to safeguarding

#### 2) Review or creation of policy to meet needs

- General practices should have effective policies and procedures in place for dealing with domestic abuse cases
- Procedures for dealing with sanctuary scheme cases must be fit for purpose
- Local voluntary groups who provide support to vulnerable families must have safeguarding protocols in place
- Workplace policies for dealing with domestic abuse and safeguarding must be fit for purpose

#### 3) Need for clarity around roles and responsibilities

- Guidance should be developed for the management and supervision of PR actioner caseloads
- Clear guidelines are needed on the roles and responsibilities of practitioners attending MARACs (and clear communication of these)

### 2. Staff training and awareness

Staff training and awareness is the second most common issue in the DHRs which have reported so far, although given the relationship between staff training and other issues, such as risk assessment, it is a feature of many more recommendations than identified by the primary analysis.

The actions for training and awareness can be subdivided into the following three contexts:

#### 1) Training staff to work more effectively or be more perceptive

- Staff should receive regular training on safeguarding and domestic abuse.
- Training should be offered to support the introduction of new policies
- Front line staff, particularly police officers, should be trained on the appropriate use of risk assessment tools and onward referral

## 2) Programmes to raise awareness in specific environments

- Local voluntary sector organisations must receive the appropriate level of safeguarding training
- Maternity / ante-natal staff should be aware of domestic abuse as a risk factor throughout the duration of pregnancy

## 3) Programmes to raise awareness of specific issues

- Training should cover awareness of male victims
- Work around suicide as a domestic abuse risk factor
- Training should include guidance on substance misuse issues and mental health
- Identification of mandatory training for specific individuals
- Communication and training to raise awareness of coercive control

Public awareness was also raised as an issue in a number of reviews, although to a lesser extent than staff training and awareness. It is regarded as a separate issue by this analysis, but it is worth noting the following recommendations:

- personal education in schools should include age appropriate safeguarding courses, including domestic abuse awareness
- heightened public awareness of coercive control through communications campaigns

### 3. Recording and sharing information

The overriding recommendation in this section is the prompt sharing of information between agencies. Many of the individuals subject to DHRs were receiving support from a number of multi-disciplinary professionals and this increases the risk of communication breakdown and understanding. It is therefore extremely important that channels of communication, sharing of risk and professional escalation are enhanced. Information sharing has both local and cross border elements, but also some aspects of policy and procedure (as simple as correct form filling).

The actions in this category fall into two distinct areas:

#### 1) Improved cross agency knowledge and working

- Establish a means of sharing information with police forces and partners outside of Surrey
- Sharing of hospital consultation outcomes, particularly from A and E attendance, with GPs
- Regular communication of progress with client to all multi-disciplinary partners involved, and in particular the referring agency
- Sharing of information through effective handover between all stages of health contact (e.g. from maternity to health visitors)
- Safeguarding referrals should be copied to all relevant agencies, and correct receipt of referrals should be confirmed

## 2) Sign-up to existing information sharing agreements

- Full sign up to the Surrey Multi-Agency Information Sharing Protocol (MAISP)
- Learning from information sharing issues to be incorporated in to future MAISP updates and training
- Organisational cultures that encourage the appropriate sharing of information

## 4. Assessment of risk

16% of recommendations in DHRs fall into the assessment of risk category, although as discussed above, there is an overlap between risk assessment and other issues such as policy and staff training.

The recommendations in this category fall into the two associated areas below:

### 1) Opportunity to identify risk

- Assessments should occur in as many places as possible, particularly in healthcare settings
- Frequent attendees to healthcare settings should be identified as high risk to enable appropriate safeguarding procedures to be considered
- Serial perpetrators should be flagged and any appropriate additional action considered by police when attending a non-domestic abuse incident
- Records should be regularly updated to reflect clients evolving circumstances
- Factors commonly associated with domestic abuse must be considered among the triggers for an assessment

### 2) Competent assessment of risk

- Front line staff, particularly police officers, should be able to complete the DASH risk assessment
- Staff in general practice should be proactive in enquiring about possible domestic abuse
- Staff in all agencies should be fully conversant in the criteria for onward referral, particularly



### Surrey Against Domestic Abuse 2018-2023 - Delivery Plan

**In Surrey, our vision is for every adult and child experiencing domestic abuse to be seen, safe and heard and free from the harm caused by perpetrator behaviour.**

#### 1. Our priorities and partnership actions

The Surrey Against Domestic Abuse strategy is informed by the Women's Aid Change That Lasts strengths based, needs led, trauma informed approach that supports domestic abuse survivors and their children to build resilience, and leads to independence.

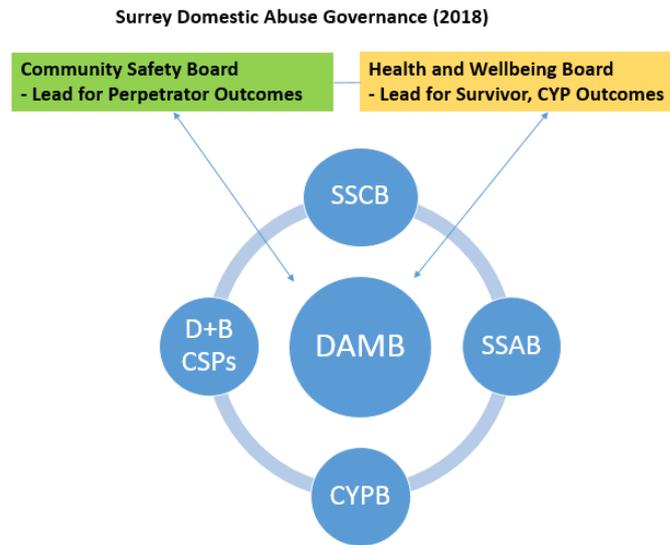
The priorities and partnership actions detailed below sets out Surrey's whole community response to domestic abuse:

Priorities	What are we going to do
<p><b>1. Community</b> To break the silence about domestic abuse within our local communities, and remove the barriers that make it hard for survivors and perpetrators to reach support</p>	<p><b><i>Ensure local communities, supported by strong leaders, recognise and commit to taking action on domestic abuse</i></b></p> <ul style="list-style-type: none"> <li>We will work with Surrey's diverse communities to raise awareness and remove the barriers that make it hard for those affected by domestic abuse to tell others about their experiences and reach support</li> <li>We will work with the strategic boards in Surrey to challenge the culture of victim blaming and embed a whole community understanding of domestic abuse in all its forms and in particular coercive control, to provide the right response every time</li> <li>We will work with police, health, social care, education, community providers and survivors to make sure every interaction is an opportunity to reach help, building on the success of community initiatives including Change That Lasts, White Ribbon, HeforShe, DA Mentors and DA Champions.</li> <li>We will promote nurturing, healthy relationships free from harm in children, young people and adults through targeted programmes and community engagement</li> <li>We will engage all Surrey employers, the business community and VCSE organisations in preventing domestic abuse through the use of robust workplace policies</li> </ul>
<p><b>2. Professionals</b> To maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators</p>	<p><b><i>Equip and empower professionals to be able to identify domestic abuse, assess risk, safety plan and tackle perpetrator behaviour</i></b></p> <ul style="list-style-type: none"> <li>We will understand the true experiences of both adults and children affected by DA in Surrey, making sure that survivors are seen as the expert of their own experiences. We will use this understanding to inform policy and practice.</li> <li>We will work as one team at a local level, pro-actively sharing information, intelligence and decision-making to enable earlier interventions that prevent the escalation of</li> </ul>

	<p>abuse, reduce repeat incidents and minimise harm. Whilst ensuring that the survivor and their family remain at the centre of our thinking and actions.</p> <ul style="list-style-type: none"> <li>• We will develop a multi-agency workforce to ensure existing good practice is embedded in all single and multi-agency safeguarding</li> <li>• We will all take responsibility for domestic abuse, creating a common understanding and assessment of risk across agencies and ensuring the workforce has the capability to prevent harm from all forms of domestic abuse and response effectively where it is identified</li> <li>• We will ensure perpetrators are held to account for their behaviour by professionals through the use of language, safety planning and information sharing</li> <li>• The death or serious injury of an adult and/or child will be understood and lessons identified will be acted upon and change will happen. Surrey will learn from Domestic Homicide Reviews and Serious Case Reviews and monitor progress against actions.</li> <li>• We will ensure the survivor and child is at the centre of decision-making affecting them at an individual and strategic level, with practice linked to child protection and adult safeguarding processes.</li> <li>• We will recognise and respond to additional vulnerabilities arising from care and support needs, being aware of how this increases risk to the full range of abuse and isolates victims from support</li> <li>• We will contribute to the implementation of Signs of Safety and Change That Lasts across the partnership to support earlier identification and a strengths-based approach</li> <li>• We will monitor the implementation and effectiveness of the DA Strategy through Surrey's governance structure* and stakeholder network</li> </ul>
<p><b>3. Expert support</b> To empower specialist expert support to work with survivors, children and perpetrators in a way that achieves safety, with minimum reliance on external resources.</p>	<p><b><i>Public and voluntary services work together to support families at the earliest opportunity and reduce the long-term harm and cost of domestic abuse in Surrey</i></b></p> <ul style="list-style-type: none"> <li>• We will ensure the voice of survivor and child is at the centre of our thinking and decision-making</li> <li>• We will develop and resource a needs-led, strengths based, trauma informed joint commissioning plan, which is aligned to this strategy and committed to providing specialist services that meet the needs of survivors of domestic abuse and their children.</li> <li>• We will celebrate, share and use the expertise and successes of our DA offer including in-house services and specialist outreach and refuge services</li> <li>• We will continue to work collectively to innovate and improve our response to domestic abuse building on survivor feedback and evidence of good practice</li> </ul>

The Surrey Domestic Abuse Management Board (DAMB) implements the Surrey Against Domestic Abuse Strategy and delivery plan. It is a multi-agency board and works to prevent domestic abuse occurring; to ensure agencies intervene and support at the earliest opportunity and when incidents occur, to respond robustly and appropriately.

Domestic abuse is a whole community issue and the DAMB works with and feeds up to the other strategic partnership boards in the County.



**4. Outcomes from our actions**

This delivery plan will ensure a more positive future for adults, children and young people affected by DA:

Ultimate Outcome / Target group Outcomes	Individual focus: To empower specialist expert support to work with survivors, children and perpetrators in a way that achieves safety	Family focus: To maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators	Society/community focus: To break the silence about domestic abuse within our communities and remove the barriers that make it hard for perpetrators to reach support
<b>Victims and survivors</b>	<ul style="list-style-type: none"> <li>I live free from violence and abuse</li> <li>I am, and feel safe from harm</li> <li>I am empowered to draw and build upon my own strengths and resources to achieve long term independence</li> </ul>	<ul style="list-style-type: none"> <li>I can get the right support, at the right time, in a way that is right for me</li> </ul>	<ul style="list-style-type: none"> <li>We prioritise the safety of victims and survivors in all actions we take to try to help</li> <li>We treat all victims and survivors with dignity and respect to make sure they feel listened to, believed and not judged.</li> </ul>
<b>Children and young people</b>	<ul style="list-style-type: none"> <li>I live free from violence and abuse</li> <li>I have a safe place or space I can go to if I need it</li> <li>I know where to go for help and support</li> <li>All of my relationships feel, and are safe from harm</li> <li>I have supportive relationships with adults that I trust</li> <li>I have a good level self-esteem.</li> </ul>	<ul style="list-style-type: none"> <li>My relationships with my family feel safe and everybody is treated equally</li> <li>I have a relationship that is free from harm with my parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>We know what nurturing relationships that are safe and equal should be like</li> <li>We know what to do if someone we know is in a relationship that is harmful or abusive</li> <li>We find getting help and support easy, and can get it when we need it</li> </ul>
<b>Perpetrators of abuse</b>	<ul style="list-style-type: none"> <li>I will seek help before I become a risk to others</li> <li>I will stop to use any behaviour that is violent, abusive or controlling</li> <li>I take full responsibility for my abusive actions and behaviour</li> <li>I know that failure to change abusive behaviour will result in the full range of consequences available being used against me</li> </ul>	<ul style="list-style-type: none"> <li>I am fully aware of the impact of abuse on victims and children</li> <li>I know that if I use abusive behaviour in a relationship I will be harming my children</li> <li>I communicate and treat my partners and family members with respect at all times</li> </ul>	<ul style="list-style-type: none"> <li>We have no tolerance for abusive or violent behaviour in relationships</li> <li>We understand that domestic abuse includes controlling behaviour</li> <li>All professionals in Surrey are confident in spotting perpetrators of abuse and challenging them to change</li> <li>Everyone knows where to get help if they or someone they know is abusive in their relationships</li> </ul>

For further information: Lisa Herrington, Co-Chair of the Domestic Abuse Management Board  
[lisa.herrington@surrey.pnn.police.uk](mailto:lisa.herrington@surrey.pnn.police.uk)

This page is intentionally left blank

# Surrey Against Domestic Abuse Strategy

## 2018-2023

---

**In Surrey our vision is for every adult and child experiencing domestic abuse to be seen, safe and heard, and free from the harm caused by perpetrator behaviour.**



As a partnership, we will focus on preventing domestic abuse (DA) and ensuring all children, young people and adults affected across their lifespan:

- Can access the right information, services and support, at the right time in the right place
- Are empowered to live lives free from domestic violence or abuse
- Gain the personal confidence to build healthy relationships for themselves and their dependants
- Perpetrators are held to account and change their behaviour

This strategy will align and drive all action against domestic abuse in the County. It will influence change and secure the commitment of all to prevent harm, which devastates victims' lives and has a disproportionate effect on the lives of young people.

## Our Principles

---

- ✓ We will keep the values of Women's Aid 'Change that Lasts' central to all partnership work against domestic abuse.
- ✓ We will act if perpetrators fail to stop or seek help if needed – they are the root cause of DA.
- ✓ We will make sure survivors are seen as the experts in their own experience.
- ✓ We commit to creating a kinder, equal and respectful community in Surrey.
- ✓ We commit to ending domestic abuse, it is not inevitable because of any circumstance.
- ✓ We will end victim blaming through changing our language, attitude and collective culture
- ✓ We recognise freedom is a fundamental human right and is most restricted by perpetrators.



# Our Evidence Based Approach

**This strategy is informed by 'Change That Lasts' - a strengths based, needs led, trauma informed approach developed by Women's Aid.**

This supports domestic abuse survivors and their children to build resilience, and leads to independence.

It seeks to facilitate the shortest, and/or most effective route to safety and freedom for each survivor based on their individual situation and the resources available to them.



## Listen

listen to adult and child survivors, placing their needs at the centre.



## Ask & Act

ask the right questions safely & act appropriately.



## Specialist support

know when and how to refer to your local specialist service.



## Tools

provide clear procedures, roles, information and training across agencies.



## Sustained independence and freedom

work together for an independent future for survivors.

# Our Priorities & Actions

## Community

To break the silence about domestic abuse within our local communities, and remove the barriers that make it hard for survivors and perpetrators to reach support.



**We will ensure local communities, supported by strong leaders, recognise and commit to taking action on domestic abuse.**

## Professionals

To maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators.



**We will equip and empower professionals to be able to identify domestic abuse, assess risk, safety plan and tackle perpetrator behaviour.**

## Expert support

To empower specialist expert support to work with survivors, children and perpetrators in a way that achieves safety, with minimum reliance on external resources.



**We will ensure public and voluntary services work together to support families at the earliest opportunity and reduce the long-term harm and cost of domestic abuse in Surrey.**

# Why it is important to us

## We must provide strong local leadership to transform the way we tackle domestic abuse.

What we do in Surrey contributes to creating a society that protects people from controlling, coercive, degrading, threatening and violent behaviour. Abuse can be both physical and emotional, and include sexual violence, stalking, harassment, financial control and harmful traditional practices. These crimes shatter lives and have a long-lasting effect on adults and children. We must prevent and stop such abuse at the earliest opportunity, before it has a chance to escalate.

Domestic abuse has a huge impact on the economy, health services and the criminal justice system. The scale of the challenge is recognised at the highest level and the Government is seeking to provide better protection to victims and bring more perpetrators of these crime to justice.

### 35k

estimated victims of domestic abuse in Surrey.

### 58%

of local children identified as 'in need' have abuse and neglect identified as the primary concern.

### 88

known attempted or actual domestic abuse related killings in Surrey since 2000.

### 14k

domestic abuse reports to the police during 2016/17

### 4/5

do not report Domestic Abuse to the police.

### £111m

is the annual cost of domestic abuse in Surrey.

## How will we know we're making a difference?



**Perpetrators** are held to account and provided with opportunities to change to reduce repeat behaviour



Adults and children referred to services report that their **voices** were heard, that they felt safer and support was provided at the right time, in the right place



The proportion of adult and children safeguarding **enquiries** where domestic abuse is recognised increases and the quality improves



**Barriers** on the journey to safety and independence are understood, removed or reduced for all Surrey's diverse communities



Interventions are in place that can **evidence** improved outcomes for those affected



The workforce has a consistent **understanding** of all forms of domestic abuse

10  
“When you're  
believed without  
having to defend  
yourself all the time  
the weight comes off  
your shoulders...”

---

A survivor of domestic abuse  
from Surrey.

“I didn't go to school.  
I didn't feel safe. I  
didn't feel like mum  
was safe, so I wanted  
to be with her.”

---

A child survivor of domestic  
abuse from Surrey.

## Contact

If you are experiencing domestic abuse or are concerned about  
someone you know, please contact the Surrey Domestic Abuse  
Helpline

**01483 776822**

## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	7 June 2018
------------------------	-------------

**Item / paper title: Emotional Wellbeing and Mental Health**

<b>Purpose of item / paper</b>	The purpose of this report is to provide an update on the CAMHS interim plan and outstanding actions from the completed Emotional Wellbeing and Adult Mental Health strategy and give an overview of the new mental health delivery plans led by each of the three Sustainability and Transformation Partnership across Surrey.
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	Emotional Wellbeing and Mental Health priority
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	The actions identified will in the majority be achieved within existing resources across the public agencies in Surrey or from national funding supporting the mental health national priorities.
<b>Consultation / public involvement – activity taken or planned</b>	Each of the mental health workstreams within the Sustainability Transformation Partnerships will have, within their governance, involvement and engagement structures and activities.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	Equality and diversity implications will be assessed on the delivery plans as they develop.
<b>Report author and contact details</b>	Diane Woods Collaborative Commissioning Team for Mental Health, on behalf of the Surrey Heartlands & East Surrey CCG Collaborative and the Blackwater Mental Health CCG Alliance <a href="mailto:Dianewoods@nhs.net">Dianewoods@nhs.net</a> 07912 774656
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Helen Atkinson, Adult Director Social Care
<b>Actions requested / Recommendations</b>	<b>The Surrey Health and Wellbeing Board is asked to:</b> a) Note the updates on CAMHS, perinatal mental health and GP Education. b) Note the Mental Health Workstream areas for each

	<p>c) Sustainability and Transformation Partnership across Surrey.</p> <p><i>(All recommendations should have clear and measurable outcomes and be able to be understood without reference to particular sections of the report)</i></p>
--	--

Health and Wellbeing Board  
7 June 2018

**Promoting Emotional Wellbeing and Mental Health Priority**

**Purpose of the report:** The purpose of this report is to provide an update on the CAMHS interim plan and outstanding actions from the completed Emotional Wellbeing and Adult Mental Health strategy and give an overview of the new mental health delivery plans led by each of the three Sustainability and Transformation Partnership across Surrey.

**Introduction:**

1. The Board received the final report on the completed emotional wellbeing and adult mental health strategy in December 2017. It was confirmed at this meeting that mental health reporting will in future relate to the mental health work within each Sustainability and Transformation Partnership across Surrey.
2. There are three Sustainability and Transformation Partnerships that relate to our Surrey population:
  - Frimley
  - Surrey Heartlands
  - East Surrey and Sussex
3. Each of these partnerships have mental health as one of their priorities and have established workstreams that are drafting delivery plans for mental health.
4. This report provides updates as requested by the Board on the CAMHS interim plan and the outstanding items from the completed strategy. It then introduces the areas that the STP new mental health delivery plans will be targeting for mental health improvements and of which will be the focus of future reports to the Board on mental health.

## Update 1: **CAMHS Interim Plan**

5. Surrey and Borders Partnership NHS Foundation Trust, with commissioning organisations, is taking urgent action to ensure children and young people do not experience further delays and has jointly developed a CAMHS Interim Plan to address the lengthy waits currently being experienced by some children and young people. The plan also seeks to improve ways of working across the system, the five defined priorities of the CAMHS Interim Plan are as follows:
- Priority 1: Develop referral criteria and assessment threshold with a pre-referral support package for schools, social care and GPs
  - Priority 2: Optimise access to clinical advice and guidance
  - Priority 3: Improve pre-diagnostic support
  - Priority 4: Provide alternative routes and capacity for children waiting to access services for a time limited period
  - Priority 5: Review case management criteria in order to reduce caseload for clinicians to safe and manageable levels

## Update 2: **Outstanding Actions relating to Emotional Wellbeing and Adult Mental Health Strategy**

6. At the end of our previous mental health strategy there were two areas outstanding that had not been completed; perinatal mental health service development and training for GPs on mental health. We are pleased to report that both of these areas have now been progressed.
7. **Perinatal Mental Health** - We were notified in April that our bid to NHS England for a specialist perinatal mental health community service has been successful for Surrey Heartlands and Surrey Heath CCG areas. This new service will be provided by Surrey and Borders Partnership NHS Foundation Trust, commencing in September 2018. It will complete the county having access to provision as East Surrey and North East Hampshire and Farnham already have access to these services through other provider arrangements through their STPs.
8. **Education delivered to GPs on mental health** – Advanced Diploma on Mental Health for GPs has been recommissioned following a provider with accreditation of its course coming back into the market. This course had been very popular with GPs and so uptake is expected to be positive.

9. There are three Sustainability and Transformation Partnerships that relate to our Surrey population:
  - Frimley
  - Surrey Heartlands
  - East Surrey and Sussex
  
10. Each of these partnerships have mental health as one of their priorities and have established workstreams that are drafting delivery plans for mental health. The delivery plans will all have the national Mental Health Five Year Forward View deliverables in common which are described below:

PROGRAMME	KEY PERFORMACE INDICATORS
Children and Young People	Increased access to evidence based treatment
Children and Young People	Eating Disorders meeting standard for accessing treatment
Children and Young People	Specialist Commissioning inpatient stays appropriate place and length of stay
Perinatal	More women have access to specialist perinatal mental health services
Increasing Access to Psychological Therapies (IAPT)	IAPT Expansion to meet 19% and integrate with Long Term Conditions
IAPT	Maintaining Core Standards of recovery and wait times
Adults and Children and Young People	Early Intervention in Psychosis treated with a NICE approved care package within <b>two weeks</b> of referral
Adults and Children and Young People	Liaison - All acute hospitals to ensure they have all-age liaison services (national target by 2021), 50% to meet CORE24 standard.
Adult Mental Health	Reduction in inappropriate Out of Area Acute Admission Placements against locally set trajectories
Adult Mental Health	Physical health and Sever Mental Illness to receive complete list of physical checks and follow up
Adult Mental Health	Individual Placement and Support (IPS) services – access is increased
Adult Mental Health	Achieve and maintain dementia diagnosis rate of at least <b>two-thirds</b> of the estimated number of people with dementia
Adult Mental Health	Deliver against local multi-agency action plans (incl. trajectories) to <b>reduce suicides by 10% by 2020/21</b>
All	Deliver the Mental Health Investment Standard
All	Ensure that all in scope providers in footprint submit <b>complete and accurate</b> data to NHS Digital
All	All STPs to deliver against comprehensive mental health workforce plan, in line with required increase in access, capacity and capability across STP footprint

11. These delivery plans are all in draft form currently along with developing governance structures. Further reports will come to the Board demonstrating their progress.

**Recommendations:**

12. The Board is asked to:
- a) Note the updates from CAMHS, perinatal mental health and GP Education.
  - b) Note the establishment and progress of the mental health workstreams within each STP across Surrey and lok to receive reports in the future on their progress.

---

**Report contacts:**

Diane Woods, Mental Health Collaborative Commissioning on behalf of Surrey Heartlands and East Surrey CCG MH Collaborative and Blackwater Mental Health CCG Alliance

**Contact details:**

Email: [dianewoods@nhs.net](mailto:dianewoods@nhs.net) Mobile: 07912 774656



Health and Wellbeing Board  
Thursday 7 June 2018

## Developing a Preventative Approach: Priority Status Update

**Purpose of the report:** Performance Management

To provide the Health and Wellbeing Board (HWBB) with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in December 2017.

### Recommendations:

The HWBB is asked to:

- Endorse the delivery mechanism of the 'Developing a Preventative Approach' priority through the three emerging Integrated Care Systems.
- Formally agree that the Multiple Disadvantage Steering group including members organisations engagement with this project is accountable to the Health and Wellbeing Board
- Support and advocate the Multiple Disadvantage Steering Group's ambition for a system-wide solution to improving outcomes for people experiencing multiple disadvantage and ensure senior representation from health
- Nominate an executive sponsor from one of the Surrey CCGs to join the executive sponsors from Surrey County Council, the police and the Police and Crime Commissioner for the Multiple Disadvantage Project
- Support the Alcohol Prevention – DrinkCoach launch in their own organisation actively promoting Don't Bottle it Up.
- Endorse Surrey-wide buy-in to the DrinkCoach pilot to ensure all residents can access skype-based alcohol support.

### Performance Overview:

1. 'Developing a Preventative Approach' is the second priority in the Joint Health and Wellbeing Strategy (JHWS). The aim of this priority is to prevent ill-health as well as to identify problems as early as possible so that early support can be put in place 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; and live in healthy and sustainable communities.

2. The Health and Wellbeing Board last considered the 'Developing a Preventative Approach' priority in December 2017. At that meeting there was an update on Air Quality; Fire as a Health Asset; Prevention of Cardiovascular disease; Tobacco control; and severe and multiple disadvantage.
3. This report will provide an overview of the processes for delivering the prevention outcomes within the Joint Health and Wellbeing Strategy through the Integrated Care Partnerships in Surrey.
4. In addition, this report highlights three key areas where partners are working together to deliver the 'Developing a Preventative Approach' priority:
  - People with multiple disadvantage – Making Every Adult Matter
  - Healthy Lifestyles – Alcohol Prevention in Surrey Heartlands
  - Fire as a health asset – Falls Prevention in Guildford and Waverley

## Key Achievements and Outcomes

### **Delivery of the Health and Wellbeing Strategy prevention outcomes**

5. The outcomes we want to see through the delivery of the 'Developing a Preventative Approach' priority are:
  - The gap in healthy life expectancy across Surrey narrows
  - People (children, young people and adults) with multiple needs have better health outcomes
  - People eat and drink healthily, are physically active and stop smoking
  - People travel actively, air quality in Surrey is improved and health is embedded in planning
  - People with Learning Disabilities live independently locally wherever possible
6. The emerging Integrated Care Systems all have a focus on prevention within their plans and aspire to improve health and increase healthy life-expectancy.
7. This whole system, collaborative approach being adopted in Surrey Heartlands, Frimley Health and East Surrey and Sussex provides a useful structure to embed prevention in all plans and effectively deliver the aforementioned outcomes.
8. The delivery mechanism for the Health and Wellbeing prevention outcomes is therefore via these aspiring Integrated Care systems.

### ***Background***

9. Prevention is a central component of the Surrey Heartlands vision for the transformation of the health and social care system.
10. The '**Prevention and the wider determinants of health**' workstream is one of the eleven programme workstreams overseen by a multi-agency Board and reporting to the Surrey Heartlands Delivery Board. The stated vision for this workstream is to increase the numbers of years people live in good health, independent and free from disability, making the biggest changes in those currently experiencing the worst health.
11. The workstream objectives align to the outcomes for Health and Wellbeing Priority 2: Developing a Preventative Approach. The objectives and programmes of work are presented in table 1 overleaf.

### ***Progress to date***

12. Over the last 18 months and through the workstream Programme Board, senior leaders from across the Heartlands footprint have been engaged in discussions as to how the system can work together to increase healthy life-expectancy through prevention activities to thwart the major causes of ill health and premature death.
13. Three workshops have taken place with a focus on smoking, healthy weight and alcohol prevention that have engaged all of the programme workstreams.
14. A Clinical Academy event was held in February, to challenge the clinical workstream leads to consider the contribution their workstreams could make in preventing ill health resulting in a number of opportunities for collaboration on prevention.
15. Prevention now forms a key part of the work across a number of the workstreams including Women and Children; Diabetes and Mental Health.
16. For example, under the Women and Children's workstream, reducing smoking in pregnancy; breastfeeding; and maternal mental health have all been prioritised. The workstream is also working through how to ensure women and their families requiring additional support are identified early. These priorities fit with the drive from Surrey Heartlands to improve outcomes within the First 1000 Days of life, a concept that is being welcomed by acute trusts and community health providers.
17. Transformation Funding was granted in 2017/18 to take forward three Prevention and wider determinants workstream projects:
  - Social Prescribing – Development of a digital referral system in Primary Care to streamline patient referral to community assets.
  - Making Every Contact Count – Delivery of an organisational development approach to skilling up front line staff to recognise and

utilise opportunities to raise the issue of healthy lifestyles during each contact with the public.

- Alcohol Prevention – Piloting a digital approach to supporting people to reduce their alcohol consumption (see section 31 below)

18. Further bids for Transformation funding are proposed for 18/19

**Table 1. Surrey Heartlands prevention workstream objectives**

<b>Objective</b>		<b>Programmes/ Areas of work</b>
Healthy Places	Shape the environment in which people live to improve and protect the health and wellbeing of communities	Urban planning for health; Housing Mobilising community assets Air quality
Healthy Lifestyles	Address the major causes of ill health to prevent the future development of long term conditions	Making Every Contact Count; Integrating and improving the support offer for: <ul style="list-style-type: none"> <li>○ Smoking cessation;</li> <li>○ Alcohol reduction;</li> <li>○ Healthy weight;</li> <li>○ Mental wellbeing</li> </ul>
Staying Independent	Empower citizens to remain independent in their own homes	Social Prescribing; Support for carers
Staying Well	Improve health outcomes for people with existing long term conditions	Early diagnosis of long term conditions; Robust management of care; Self-care; Wrap around support for people experiencing multiple disadvantage
Healthy Workforce	Support our staff to be happy and healthy through the creation of a healthy workplace environment and access to healthy lifestyle support.	Workplace wellbeing strategies; Emotional wellbeing in the workplace

### **Background**

19. The aim of the prevention and self-care workstream across the Frimley footprint is clear. The sustainability of our health and social care system depends on people living healthier for longer. In order to achieve illness prevention at the required scale we will need to transform our approach. In particular, we need to move beyond delivering prevention programmes to our population and start creating prevention programmes with them.
20. Towards this aim, the Frimley STP will be establishing an 'asset based' approach that seeks to fully harness the knowledge, experience and energy of the population to create and maintain preventative work. In 2018/19 the partnership will work to propagate a coherent, evidence-based approach to community development across the STP area. It will also seek to increase the accessibility of community based support via asset mapping, social prescribing and health professional interactions. Finally, it is proposed that focused programmes will be developed that are aimed at helping people find community based support for two key issues facing our area: alcohol related harm and physical inactivity. This will result in programmes that are:
  - A better match to individuals' needs, preferences and values – hence more likely to be accessed and effective
  - Less dependent on commissioning budgets - hence more likely to be sustainable
21. This workstream will not be starting from scratch. The Frimley system footprint already contains many examples of key asset-based work streams including community asset mapping, social prescribing and health improvement programmes run by members of our population for our population. Transformation seed funding has already been allocated to strengthen this work.
22. The aim in 2018-19 will be to align and expand the programmes to make them more than the sum of their parts. Particular attention will be on development that transcends agency and geographical boundaries and creating one system that varies as a function of our population's needs not professional silos.

### **Project descriptions**

23. **Community Asset Toolkits & Maps**  
**Why?** The success of an STP wide approach will depend on a common set of evidence based methods being employed across the system.  
**What?** Extensive collaboration across agencies and resident groups will take place to generate a set of online tools aimed at guiding asset based work. These will include a toolkit for engaging people in behaviour change,

---

<sup>1</sup> Information on Frimley STP Prevention workstream taken from Frimley STP 2018-19 System Operating Plan and March 2018 prevention and self-care workstream highlight report

a 'bank' of positive case studies for use in promotional campaigns and interactive digital maps of community based groups.

24. **Social Prescribing**

**Why?** Social prescribing services help residents find and access community based health improvement opportunities.

**What?** Work will be undertaken to expand and embed existing social prescribing programmes across the Frimley system (Slough, North East Hampshire & Farnham, Windsor Ascot & Maidenhead) and develop new programmes where they do not currently exist (e.g. Bracknell Forest, Surrey Heath). Referral will be via professionals (especially primary care) as well as by self-referral.

25. **Making Every Contact Count (MECC)**

**Why?** Evidence suggests that brief advice from health professionals and implementing nudge theory techniques significantly increases the likelihood of health behaviour change.

**What?** Training will be rolled out for staff across the Frimley system in behavioural change techniques, as well as improving their understanding of lifestyle risks and the community based support available. Using nudge theory techniques (e.g. healthy hospital initiative) and a focussed approach to digital platforms (e.g. apps) to enable residents to support behaviour change themselves.

26. **Hospital Based Alcohol Services**

**Why?** There are around 13,000 admissions each year across the STP footprint. Evidence shows brief advice in hospital can reduce admissions.

**What?** Behavioural advice and support is offered when patients are in hospital for alcohol related reasons. An additional 4 alcohol liaison nurses will enable the extension of the service at Frimley Park Hospital and introduce a new service at Wexham Park Hospital, enabling the service to run 7 days a week between 8am and 8pm

27. **Physical Activity Initiatives**

**Why?** Nearly a quarter of adults in the STP footprint are active for less than 30 minutes a week, increasing their risk of long term health problems.

**What?** A range of accessible opportunities for activity will be developed and promoted with a particular focus on community programmes that have proven health benefits (e.g. walking groups). Work will take place to ensure opportunities are accessible through Community Sports Partnerships to people with mental health problems – who often are at greater risk of physical inactivity. Pilot scheme using wearable technology to encourage activity.

**Progress to date**

28. Asset based community development: Agreement from the Prevention and Self-Care working group to look at progressing the three outputs from an initial workshop in February. Plans are currently being drawn up to progress. These will be discussed at next working group meeting.

29. Surrey Heath and Bracknell Forest are preparing their go-live in April. This will then mean that social prescribing is available across the STP. The Number of GP practices with social prescribing has increased in Slough and Windsor & Maidenhead.
30. The Frimley Local Workforce Action Board has approved funding to extend the roll out of MECC training and continue the MECC co-ordinator role. This means delivering more accessible routes into to MECC training (including e-learning) and expanding the work in social care and the voluntary sector. The aim will be to embed the work in local systems.
31. Hospital Based Alcohol Services: Agreement from East Berkshire CCG to fund initial administration support, this will enable the alignment of hospital based alcohol services across Frimley Health.
32. Physical Activity: Proposal for media campaigns is taking shape with input from Get Berkshire Active, will be discussed at the next working group meeting.

### **Sussex and East Surrey Sustainability and Transformation Partnership**

#### ***Background***

- 31 To support the prevention agenda within the Sussex and East Surrey STP, a system-wide approach to prevention will be taken forward in East Surrey through a Place-Based Prevention Plan.
- 32 The ambition is to embed a preventative approach across local health, public health and local authority services in East Surrey in order to reduce premature mortality and health inequalities.
- 33 Five key prevention priorities have been identified, which map to the Surrey Health and Wellbeing Strategy:
  - Support a good start in life, including delivering a whole systems approach to healthy weight and promoting emotional wellbeing and good mental health in children
  - Improve the health and wellbeing of working people through the development of workplace health and wellbeing programmes
  - Prevent the development of long term conditions (LTCs) through primary prevention programmes focused on the major causes of ill health, including smoking, poor diet, lack of physical activity, alcohol, mental health and loneliness
  - Improve health outcomes for people with LTCs, including cancer
  - Empower citizens to remain independent in their own homes, taking an asset based approach to support carers, strengthen social networks and communities

## ***Progress so far***

34. To support delivery of the five key priorities, progress so far includes:

- The Wellbeing Prescription service operates out of all East Surrey GP surgeries. The Wellbeing Advisors to date have helped over 2,500 people, which includes support to lose weight; improve their mental and emotional wellbeing; getting more active; eat healthier; drink less alcohol; stop smoking; and support/advice with housing, debt and social care issues
- Newly diagnosed Type 2 diabetics are supported through the Wellbeing Prescription service around diet and lifestyle information and advice prior to enrolling onto the DESMOND programme, which provides self-management education for patients with Type 2 diabetes
- A STP wide bid to the British Heart Foundation was submitted for a 2 year project for SECAMB clinicians to assess at least 5000 people each year for hypertension through pop up tents in key areas of deprivation across the STP area
- The All Together Better approach in East Surrey is supporting citizens to: build their knowledge, resilience and confident to achieve their potential; become engaged, involved and active citizens; and communities to share their skills and expertise, improving their own health and the health of others

## **People with multiple disadvantage**

### ***Background***

35. It has been previously recognised by the Health and Wellbeing Board that for individuals, whose needs fall across health, social and criminal justice, the current complex systems makes it difficult to achieve improved outcomes. As a result of this local partners including Public Health were requested to work together to develop practical approaches to address this challenge.

36. Representatives from Surrey Police, the Police and Crime Commissioners Office for Surrey and Public Health Surrey are working together to identify ways in which current models of support could be aligned in order to reduce the complexity of support services and improve access for individuals facing multiple disadvantage. Executive sponsors have been identified from each of these lead organisations to champion this agenda.

37. Surrey's successful application to become a [Making Every Adult Matter](#) (MEAM) area, enables the county to access support from the national team. Their support will draw on expertise from across the MEAM coalition to ensure cross-sector insight. The primary aim of working with the MEAM programme is to provide support to see how existing projects can work together better in order to provide an improved response to the small but severely disadvantaged proportion of people who fall into a chaotic cycle of

homelessness, substance misuse, offending behaviours and mental ill-health.

### **Progress**

38. Since the last update a Multiple Disadvantage Steering Group has been formed. This includes representatives from a range of organisations across Surrey including Police, Public Health, Adult Social Care, CCG, Homelessness and Housing, Ambulance, Mental Health, Probation, Dept for Work and Pensions and people with lived experience.
39. The Steering Group has been involved in discussions on current service provision; effective practice and the identification of areas requiring improvement. The Steering Group are passionate about achieving an ambitious solution that better meets the needs of this cohort of people.
40. The ideal solution that the group are working towards is one in which:
- The service user is at the centre with the care around them being tailored to their needs,
  - There is one assessment process with information that moves with the person,
  - There is one support worker who helps the person to navigate the health, social care, criminal justice and housing systems,
  - There is a single commissioning strategy which reflects the objectives of MEAM and ensures sustainability,
  - There is no exclusion criteria,
  - There is agreement for joint working and information sharing.
41. The Steering Group has successfully secured the support of a Darzi Fellow for a year who will begin work on this project from May 2018. Within this year it is proposed that a thorough landscape review is completed in order to fully understand existing models for people with multiple disadvantage, their funding streams, the resources attached, their strengths and weaknesses. By the end of the Darzi Fellows placement, it is anticipated that there will be a clear plan for taking the project forward that has been developed with service users, and is supported by both strategic partners and practitioners.
42. A workshop was held with the Health and Wellbeing Workshop on 2<sup>nd</sup> May, where it was agreed that the Board would be appropriate to provide governance of the Multiple Disadvantage Steering group and hold partners to account for their engagement.

### **Next steps**

43. Identify an Executive sponsor from health to join sponsors from Surrey Police, The Police and Crime Commissioner Office and Surrey County Council in influencing the adoption of the recommendations within their organisations.
44. The Darzi fellow with support from the Steering group will be conducting the following activities over the next 12 months:

- Establish methods to engage with people with complex needs (experts by experience), ensuring their experience informs the project.
- Understand demand and its causes across the system, including demand on individual organisations, and recurring themes across the partnership related to those with complex needs.
- Identify and implement solutions (including technological) to address difficulties of understanding demand and joining data held in separate organisations.
- Complete a landscape review, identifying a range of solutions for Surrey, whilst critically appraising current approaches.
- Secure multi-agency agreement on pathways representing an improved response for these residents.

## **Healthy Lifestyles - Alcohol Prevention in Surrey Heartlands 2018/19**

### **Background**

45. Smoking and harmful use of alcohol are amongst the most significant risk factors in the global burden of disease in England.<sup>2</sup> This is recognised in the NHS Five Year Forward View (5YFV) which identifies the need for a “radical upgrade in prevention”. Preventing excess alcohol consumption can significantly reduce the burden on the NHS and help to address alcohol-related health inequalities.
46. Improving detection and intervention of alcohol misuse is known to avert both alcohol-related admissions and A&E attendances through reduced morbidity and mortality. Alcohol Identification and Brief Advice (IBA) and Extended Brief Interventions (EBI) are recommended by NICE for people aged 15yrs and over, and are aimed at reducing alcohol consumption to lower risk levels.
47. The national ‘Preventing ill health’ CQUIN (2017-19) focuses on the identification of smoking and alcohol misuse, provision of brief advice and referral to specialist services as appropriate, for all inpatients in community, mental health and acute trusts. Surrey Public Health Team has been supporting trusts to prepare for delivery of the CQUIN through a series of meetings and workshops. A key aspect of this has been to ensure that the CQUIN requirements are understood and that trusts are aware of the training which is available for staff undertaking alcohol interventions. In March 2018, a new e-learning module to support training needs for the CQUIN was made available via e-Learning for Healthcare. This can be accessed at the following link: <https://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions/>. In addition, there four other alcohol IBA e-learning courses are available to access for different settings: primary care, community pharmacy, hospitals and dental teams: <https://www.e-lfh.org.uk/programmes/alcohol/>.

---

<sup>2</sup> Newton, John N., et al. "Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013." *The Lancet* 386.10010 (2015): 2257-2274.

48. In Surrey, [Don't Bottle It Up](#) (DBIU) has been commissioned by Public Health since 2015 and is the primary means for delivering alcohol screening and brief advice. DBIU is an evidence-based online alcohol screening tool which allows people to find out if they are drinking at risky levels and to access personalised feedback and advice. DBIU has been highly successful in reaching risky drinkers within the county; 5 out of 6 people who complete the alcohol screen are drinking above recommended levels.
49. To support the alcohol prevention agenda, transformation funding has been approved in Surrey Heartlands. This funding will be used to:
- Pilot skype-based EBI for increasing and higher risk drinkers using the DrinkCoach platform.
  - Commission an independent, countywide evaluation on the effectiveness/impact, acceptability and economic return on investment associated with skype-based EBI.
50. In addition to the DrinkCoach pilot, Surrey Public Health Department will be undertaking a scoping activity with partners to identify key opportunities in clinical pathways where the delivery of face-to-face alcohol brief advice and EBI would be most impactful and feasible. This will inform a business case for expanding the alcohol prevention approach.

#### **51. What is IBA and EBI?**

Simple alcohol IBA is aimed at increasing risk drinkers and typically lasts between 30 seconds and 5 minutes, whereas EBI is aimed at higher risk drinkers and tends to involve up to four 30-40 minute motivational interviewing sessions. These sessions focus on increasing an individual's desire to stop drinking, planning strategies to cut down and monitoring progress. Increasing risk drinkers who receive IBA but do not respond (ie reduce their drinking to lower risk levels) may be offered additional support by way of EBI. There is strong evidence that IBA and EBI in community settings have a high degree of efficacy and cost-effectiveness. IBA can reduce weekly drinking by between 13% and 34%, resulting in 2.9 – 8.7 fewer drinks per week. This will reduce relative risk of alcohol-related conditions by c14%, and absolute risk of lifetime alcohol-related death by c20%.

#### **52. What is DrinkCoach?**

DrinkCoach consists of 4-6 forty minute coaching sessions delivered risky drinkers over Skype by an alcohol specialist. The sessions use standard motivational interviewing techniques to support individuals to reduce their drinking to lower risk levels. The sessions focus on reviewing the person's drinking levels; exploring their relationship with alcohol; setting desired goals; and supporting them to achieve them.

Sessions are completely confidential and free to all those who meet the inclusion criteria (below) who are residents of Surrey Heartlands. DrinkCoach sessions are available at evenings and weekends allowing those in employment, housebound, and/or with caring or parental responsibilities access to the service.

### 53. Who is DrinkCoach for?

The DrinkCoach service tackles health inequalities by extending alcohol services into communities who do not typically access treatment. Table 2 identifies the inclusion and exclusion criteria for the service. At present, DrinkCoach will only be available to Surrey Heartlands residents, however Surrey Heath and East Surrey CCG have the opportunity to buy into the service and ensure provision is available for residents in their area. Both CCGs are currently exploring if this is possible.

**Table 2** *DrinkCoach inclusion and exclusion criteria*

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>• Increasing and Higher Risk Drinkers</li> <li>• Service-users who are willing to work on reducing their alcohol intake</li> <li>• Service-users agreeable to interventions based on Motivational interviewing, including EBI or Brief Treatment</li> <li>• Accepted the Terms and Conditions of the HAGA Online Brief Treatment service, including confidentiality agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Aged seventeen years or younger</li> <li>• Have been assessed in need of alcohol detoxification</li> <li>• Have been assessed to have significant physical health problems, such as a history of alcohol-related liver disease, seizures etc.</li> <li>• Without sufficient IT and Internet connection.</li> <li>• Do not agree to the Terms and Conditions, including confidentiality agreement</li> </ul>

### 54. How is DrinkCoach Accessed?

DrinkCoach was developed, and is delivered by Blenheim (formerly known as HAGA) – the existing provider of Surrey’s DBIU website. Individuals can access DrinkCoach by completing the DBIU alcohol assessment. Other referral routes include via self, NHS health checks, GPs and primary care, Alcohol Liaison services and substance misuse service providers.

### 55. Evaluation

To assess the effectiveness of the pilot service, an independent evaluation of DrinkCoach is being commissioned by Public Health. This will consider the impact of DrinkCoach on drinking behaviour, alcohol consumption, level of risk and self-reported physical and mental health. It will also consider service user experience and satisfaction, including service acceptability and accessibility. Additionally, Public Health will undertake an economic evaluation to identify Return on Investment and value for money.

### 56. Fire as a Health Asset

#### Key Challenges

57. The national reduction in Public Health funding continues to place pressure on public health commissioned services and public health lead activities. Reduction in public health capacity and public health service provision including public mental health; substance misuse and healthy lifestyle services represents a significant challenge to the achievement

of the Boards prevention priority. It is imperative that public health services and programmes are prioritised and plans put in place to mitigate the impact of budget pressures.

58. There remains a challenge for Public Health to ensure equitable provision of support across the whole of the Surrey while taking advantage of opportunities to improve public health as these arise within individual ICP footprints. PH are looking the way in which we organise our work and our relationship with CCGs to ensure that we can deliver as appropriate.

#### Conclusions:

59. The three emerging integrated health and care partnerships across Surrey each have prevention at their core. It is acknowledged that the sustainability of Surrey's health and social care system depends on people living healthier for longer and in order to achieve a preventative approach at scale we need to transform our system. These systems therefore provide the framework for the delivery of the Health and Wellbeing Board Prevention Priority.

60. There are a number of good practice examples already underway as highlighted in this report. However, this requires a sustained, collaborative approach and strong leadership across all member organisations.

#### Next steps:

61. Identify future actions and plans for the strategy to build on successes and address challenges

#### Report contact:

Please see the contacts below for more information on:

- **Fire as a Health Asset:** Bryn Strudwick, Group Commander - Fire and Rescue Service, [bryn.strudwick@surreycc.gov.uk](mailto:bryn.strudwick@surreycc.gov.uk)
- **Alcohol Prevention:** Gail Hughes, Public Health Lead, [gail.hughes@surreycc.gov.uk](mailto:gail.hughes@surreycc.gov.uk)
- **Severe and Multiple Disadvantage (Complex Needs):** Amy McLeod, Surrey Safeguarding Adults Board Manager, [amy.mcleod@surreycc.gov.uk](mailto:amy.mcleod@surreycc.gov.uk)
- **Surrey Heartlands Health and Care Partnership prevention overview:** Helen Harrison, Public Health Consultant, [h.harrison@surreycc.gov.uk](mailto:h.harrison@surreycc.gov.uk)
- **Frimley Health and Care Partnership prevention overview:** Catherine Croucher, Public Health Consultant, [catherine.croucher@surreycc.gov.uk](mailto:catherine.croucher@surreycc.gov.uk)
- **Sussex and East Surrey Health and Care Partnership prevention overview:** Rachel Gill, Public Health Consultant, [rachel.gill@surreycc.gov.uk](mailto:rachel.gill@surreycc.gov.uk)

This page is intentionally left blank



Health and Wellbeing Board  
07 June 2018

**Surrey Health and Wellbeing Board communications and engagement update**

**Purpose of the report:**

To update the Health and Wellbeing Board on activity and progress relating to communications and engagement, to receive support from Board Members for overcoming current challenges and to secure endorsement for the next steps.

**Recommendations:**

It is recommended that the Health and Wellbeing Board:

- i. note the progress made on communications and engagement since December 2017;
- ii. identify solutions to key challenges; and
- iii. note and agree the proposed new way of working for the Communications and Engagement Sub-Group.

**Introduction:**

1. The vision of Surrey's Health and Wellbeing Board is: "Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people". Communications and engagement are essential to the delivery of this vision.
2. The Surrey Health and Wellbeing Board has a Communications Sub-Group who work together to communicate and engage with Surrey people to encourage and support them to improve their health and wellbeing in a consistent and co-ordinated fashion.
3. This report provides an update on the activity of the Health and Wellbeing Board Communications Sub-Group since the last update received by the Board in December 2017. This includes:
  - highlights of the winter 2017/18 campaign;
  - upcoming campaign activity for 2018; and

- co-ordination of general health communications and engagement;
4. This report also outlines a proposed new way of working for the Communications and Engagement Sub-Group, and highlights current and future challenges.

#### Surrey Stay Well This Winter 2017/ 2018 Communications Campaign:

5. Following the successful winter campaigns in 2015/16 and 2016/17 where the Surrey Health and Wellbeing Board Communications Sub-group co-ordinated a campaign encouraging residents to be prepared, keep warm and keep well during the winter months, the group delivered a similar campaign in winter 2017/18.
6. The aim of the campaign was to deliver a co-ordinated campaign across Surrey that encouraged residents to:
- **Prepare for winter** – such as stocking up on medications, having a boiler check, join the priority services register
  - **Keep warm during winter** – keep rooms heated to a minimum of 18°C, advice on how to keep warm, winter warm packs
  - **Keep well during winter** – such as getting flu vaccinations, getting early help, using NHS 111, eating well, keeping active
7. The Surrey campaign provided consistent messaging across Surrey and also complimented and built on the national Stay Well This Winter campaign by promoting local offers and services.



#### What did we do?

8. **Campaign activity.** The majority of members of the Surrey Health and Wellbeing Board supported the Stay Well This Winter campaign from October 2017 to the end of March 2018 and its core messages. They did this mainly through social media and web updates, as the most cost effective channels with far-reaching, interactive audience demographics. We know at least 736,000 Twitter users saw our campaign posts, in addition to 250,000+ Facebook users, which comprised original content and retweeted or shared content from central campaign communications e.g. NHS England or Public Health England.
9. Where opportunities existed to include winter health and wellbeing messaging in public-facing stakeholder newsletters these were capitalised upon, with an estimated 123,000 residents receiving information in various newsletters/ residents publications. This included residents' magazines, newsletters for people with disabilities or caring responsibilities and local press. Website and intranet copy, banners and images were also used to increase awareness, along with news updates to staff using internal communications channels and making use of screens in waiting areas at GP practices by providing a PowerPoint slide pack.

10. Opportunities to raise awareness and spread the message widely also took place via groups and partnership presentations and meetings which helped to raise awareness amongst stakeholders and frontline staff to ensure that those who have contact with residents had the correct information to pass on such as staff and stakeholder meetings, care home forums and falls prevention networks.
11. The [Winter Wellness Toolkit<sup>1</sup>](#) was developed and promoted as a tool to support health, social care and local community professionals in providing advice and information about services in Surrey. This useful guide offered advice on keeping well, warm and safe in winter, as well as listing local and national sources of support. It will help you to support your clients and patients to take actions that are most likely to prevent any unnecessary emergency admissions this winter.

### Targeted Facebook campaign

12. In addition to the above, partners in Surrey Heartlands secured £10,000 of transformation funding to deliver a targeted campaign which complimented the wider Stay Well This Winter Campaign and benefited residents wider than Surrey Heartlands. Advertising activity included an Eagle Radio campaign and a multi-themed Facebook advertising campaign, which included elements targeted specifically at parents of 2 – 4 year olds to encourage uptake of the flu vaccination nasal spray.
13. The campaign included 5 x Stay Well This Winter advertising concepts on Facebook delivered to 246,514 people, generating 6,032 click-thrus to [www.healthysurrey.org.uk](http://www.healthysurrey.org.uk) and 3 x 30 second radio adverts on Eagle Radio reached approximately 172,000 listeners.

### What difference did it make?

14. **Campaign awareness.** 1654 residents were surveyed as part of the Surrey residents' survey between January and March 2018 to determine their awareness of the campaign. They were asked if they remembered seeing the campaign and if so, where they saw or heard about it. The results are outlined below.
  - 69.9% of Surrey residents were aware of the campaign (compared with 56.5% in 2016 and 67.4% in 2017)
  - 41.0% of residents who were aware, heard of the campaign on the TV or radio (compared with 31% in 2016 and 51% in 2017)
  - 11.2% of residents saw the campaign in Surrey Matters e-magazine (compared with 7% in 2016 and 10.5% in 2017)
  - 9.2% of residents who were aware, received a leaflet through the door (compared with 9.8% in 2016 and 8.6% in 2017)
  - 11.7% who were aware, had heard of the campaign by social media (compared with 1.1% in 2016 and 6.2% in 2017)
  - 53.6% of residents who were aware, had heard about the campaign from a health professional (compared with 58% in 2016 and 54% in 2017)

---

<sup>1</sup> [https://www.healthysurrey.org.uk/data/assets/pdf\\_file/0004/137416/Winter-Wellness-Toolkit-2017-18-V8.pdf](https://www.healthysurrey.org.uk/data/assets/pdf_file/0004/137416/Winter-Wellness-Toolkit-2017-18-V8.pdf)

15. **Flu vaccination uptake.** A large focus of the campaign was to encourage residents to have the flu vaccine and the data for Surrey in 2017/18 demonstrate a higher uptake than 2016/17 for all target groups, suggesting the campaign activity had contributed to more people getting a flu vaccination. See table 1 below for a summary of the details.

*Table 1. Flu vaccine uptake in GP Patients (returns from 100% of Surrey practices) 1 September 2017 to 31 March 2018<sup>2</sup>*

% Flu vaccine uptake performance comparison table 2017/18 compared to 2016/17					
CCG	Children age 2 years	Children age 3 years	65 and over	Under 65 (at-risk only)	All Pregnant Women
NHS EAST SURREY CCG	41.7 ↑	45.5 ↑	69.6 ↑	47 ↑	46.3 ↑
NHS GUILDFORD AND WAVERLEY CCG	50.2 ↑	53.3 ↑	73.4 ↑	49.8 ↑	51.6 ↑
NHS NORTH WEST SURREY CCG	43.9 ↑	47.9 ↑	69.9 ↑	47.3 ↑	48.2 ↑
NHS SURREY HEATH CCG	50.9 ↑	52.5 ↑	75 ↑	50.4 ↑	54 ↑
NHS SURREY DOWNS CCG	43.5 ↑	44.5 ↑	68.5 ↑	45.7 ↑	46.3 ↑
NHS NORTH EAST HANTS AND FARNHAM CCG	52.2	55.8	77.1	54.4	59.5
<b>SURREY</b>	<b>45.3 ↑</b>	<b>48.3 ↑</b>	<b>70.7 ↑</b>	<b>47.5 ↑</b>	<b>48.7 ↑</b>
Target Uptake	40	40	75	55	55

#### Upcoming campaigns:

#### Summer campaign 2018

16. The Communications and Engagement Sub-group are co-ordinating a summer campaign following on from the 2017 campaign. Unlike winter, there is no single co-ordinated national campaign, therefore the group has agreed a number of national campaigns to promote based on the needs of Surrey residents. The group has produced a campaigns overview document which summarises the key campaign messaging under the umbrella heading – Safe and Well This Summer.
17. The aim of the campaign is to raise awareness of the importance of keeping safe and well during summer months, particularly older people and the very young by having a consistent approach to the messages being communicated by partners across Surrey. Continuing the approach of last year, the campaign has three key areas of focus:
- **Hydration** – Targeting vulnerable groups, such as over 65s and their carers, particularly care homes (Surrey has a large older adult population with a high incidence of hospital admission for Urinary Tract Infections UTIs) and the very young.

<sup>2</sup> <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2017-to-2018>

- **Skin cancer prevention** - Cover Up Mate (A NHS England and Public Health England initiative) a campaign targeting men and outdoor workers) – Surrey is an outlier for the incidence of skin cancer and therefore we built on this campaign and extended the messaging wider.
- **Safe Day Out** – Covering water safety, food safety, bites, and allergies. There have been a number of deaths and near misses in water in the county and local authorities are planning water safety campaigns. This element of the campaign will target families, children and young people

18. Why not look out for the Health and Wellbeing Board designed summer campaign materials and use #safewellsummer wherever you can!



## NHS 70

19. In 2018, we are celebrating 70 years of the NHS and there is a wide range of national and local communications activity and events planned to celebrate this.
20. As with the summer and winter campaigns, the communications group identified an opportunity to co-ordinate communications activity relating to NHS 70 in Surrey. In Surrey, activity will include:
- Choir event on 5<sup>th</sup> July
  - Media partners to promote specific case studies focusing on workforce and patients
  - Staff awards as part of CCG AGMs
  - Developed a set of infographics comparing the change in health in Surrey over 70 years (Annex A)
  - Stories collated from the Surrey History Centre of how NHS services were before the NHS compared to now to be used as case studies for media stories.
  - We will be using #NHS70 and #healthysurrey on social media so that we can track activity
  - Aligning communications across providers and CCGs

### Other communications and engagement activity:

#### Working together

21. The group recognises the value in working together and has recently extended the group to include Surrey Community Action to represent the Voluntary, Community and Faith sector in discussions. We have identified ways that we can strengthen communication across partners to

ensure that we are working together and getting consistent messages out to our residents, in a timely and appropriate way.

### **Accessible Information Principles**

22. As the Surrey Health and Wellbeing Board's communication representatives, we felt that it was important to encourage our respective organisations to strive to act as Information Accessibility Champions, upholding gold standards. At the moment, there appears to be a piecemeal approach to how information and communication support for patients, service users, carers and parents with a disability, impairment or sensory loss is provided, and sadly, in some instances, this falls short of what is required. We plan to promote and encourage compliance with our legal requirements in all that we do, notably:
23. Under the Equality Act 2010, public bodies have a duty to make our services accessible to everyone. This means making reasonable adjustments to ensure differing needs are met and everyone has equal access to services. Agencies should:
  - a) Ask people what they need and record it so the person only needs to be asked once.
  - b) Communicate with people in a way that they can understand.
  - c) Use accessible buildings where possible and ensure events are fully accessible.
  - d) Take account of different user needs when commissioning and providing services to ensure everyone has equal access.
  - e) Ensure all residents have the opportunity to engage with the health and social care organisations on changes to services in a fully inclusive manner.
24. The Accessible Information Standard applies to all health and adult social care providers and became a legal requirement in July 2016.
25. It applies to people with a disability, impairment or sensory loss in receipt of NHS or publically funded adult social care services, and parents and carers. It means that people should only have to tell services their requirements once.
26. Organisations must do five things:
  - i. Ask people if they have any information or communication needs, and find out how to meet their needs.
  - ii. Record those needs in a set way.
  - iii. Flag or highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
  - iv. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
  - v. Act to make sure that people get information in an accessible way and communication support if they need it.

27. The communications group will continue to drive this forward to ensure everyone in Surrey has access to appropriate information of a high standard.

#### **Proposed future ways of working:**

28. The Health and Wellbeing Board Communications and Engagement Sub-group has been in place since 2012, originally set up to communicate activity and raise the profile of the Health and Wellbeing Board.
29. Since inception, the group has established itself as a valuable communications and engagement forum in Surrey bringing together a network of communications professionals to co-ordinate health and wellbeing activity; share ideas and best practice; to learn from each other; and to maximise resources. The group has developed and become established as a wider network for communications and engagement across the county which the Health and Wellbeing Board feeds into.
30. The group are proposing to update the Terms of Reference and membership to reflect this wider remit and to extend the membership to include providers. The group are proposing to remain governed by the Health and Wellbeing Board and to share minutes of the group with the Health and Wellbeing Board rather than formal 6 monthly reports on activity. The chair of the communications and engagement group will drive forward the wider remit of the group

#### **Current and future challenges:**

31. Resources remain a challenge for communications and engagement activity in the county. As a result, the group very much supports national campaigns to ensure that the most impact can be made to benefit residents. National information often is late to arrive and has mixed or unclear messaging which has impacted on our recent activity. We manage this as best we can and continue to do so by being proactive, creating local campaigns such as the wheel of wellbeing and the summer campaign.
32. Changes to local commissioning of services has been a challenge both in receiving communications in a timely fashion and the ability to communicate messages as planned.

#### **Conclusions:**

33. The Health and Wellbeing Board Communications Sub-Group continues to provide a consistent and co-ordinated approach to communications and engagement across the health and social care system in Surrey. The seasonal campaigns continue to be successful and learning is used to inform future and wider campaigns such as the NHS 70 campaign.

34. The challenge remains to maintain co-ordination as changes occur and resources are reduced. The proposed new ways of working are designed to assist with overcoming some of these challenges.

<b>Next steps:</b>
--------------------

35. Over the next six months the Health and Wellbeing Board Communications Sub-Group will:
- Deliver and evaluate the summer 2018 campaign
  - Look to support national campaigns locally such as One You, Change4Life (childhood obesity campaign) and Wheel of Wellbeing (this will include targeting children and young people's emotional wellbeing)
  - Prepare and begin delivery of the winter 2018/19 campaign
  - Continue to communicate consistent messages as part of the STPs
  - Update the Terms of Reference to reflect the proposed new ways of working as approved by the Board, and adopt and monitor these.

---

**Report contact:** Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

**Contact details:** 0208 541 7492 or [victoria.heald@surreycc.gov.uk](mailto:victoria.heald@surreycc.gov.uk)

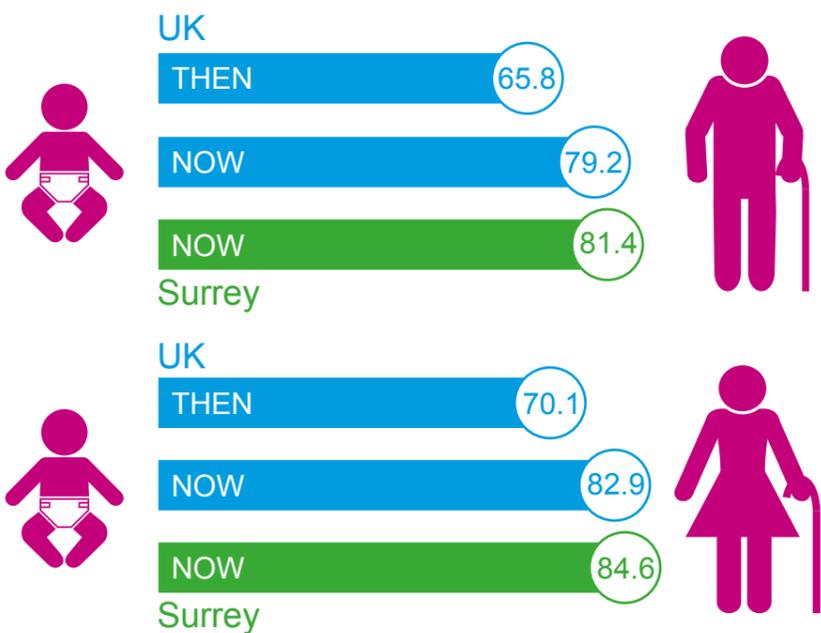
**Annexes/ background papers:**  
ANNEX A - NHS70 Surrey Infographic

# Changes in our health over 70 years

## Population

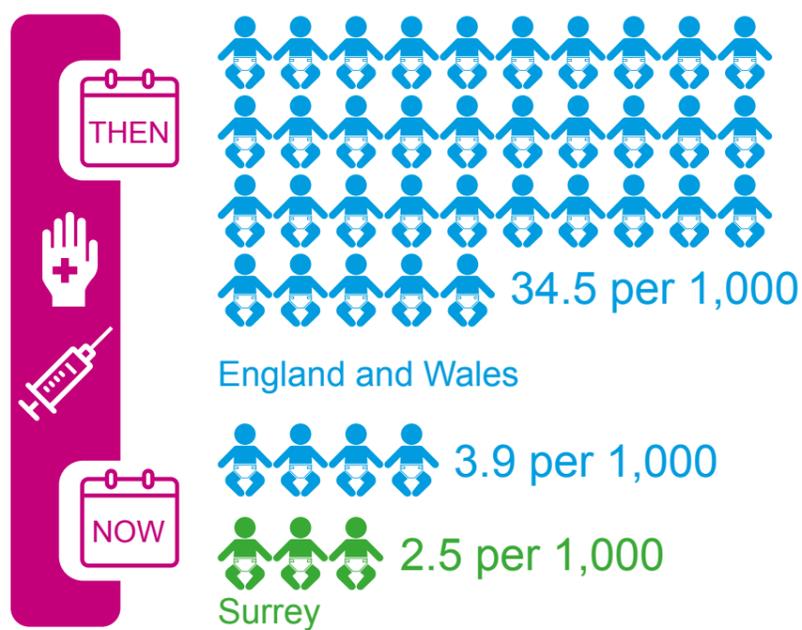


## Life expectancy



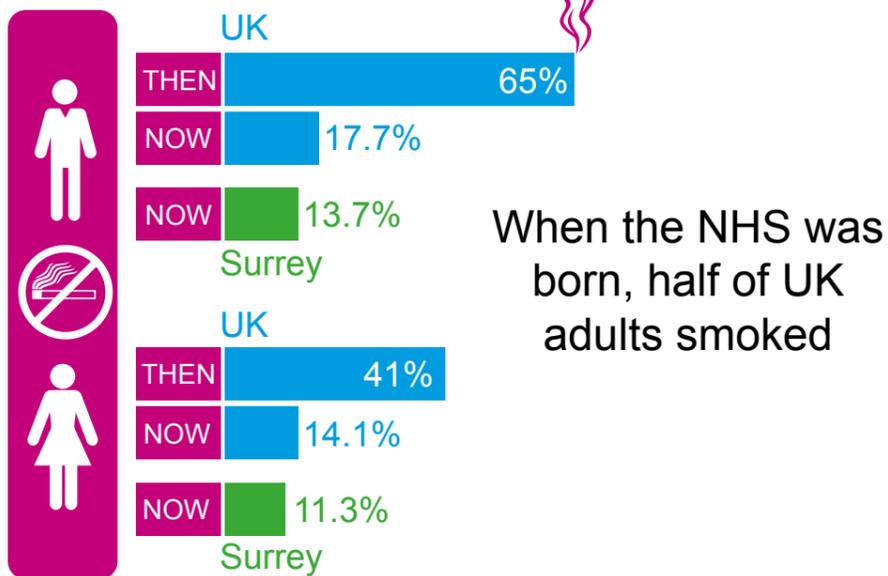
Men and women are expected to live on average 13 years longer than they were 70 years ago

## Infant mortality

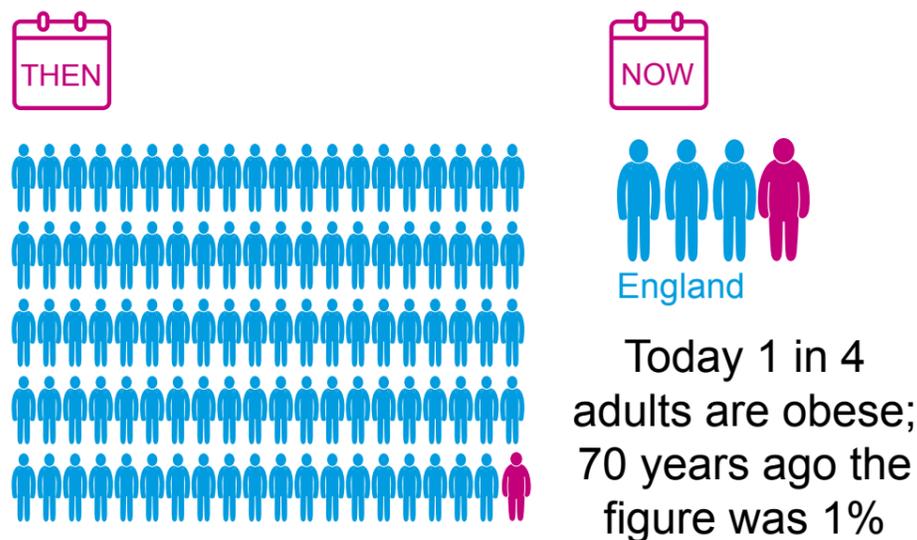


When the NHS was born, the infant mortality rate was 9 times greater than it is now

## Smoking

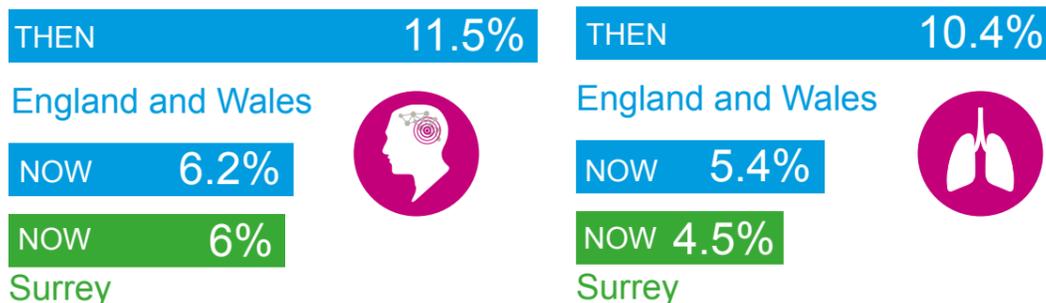
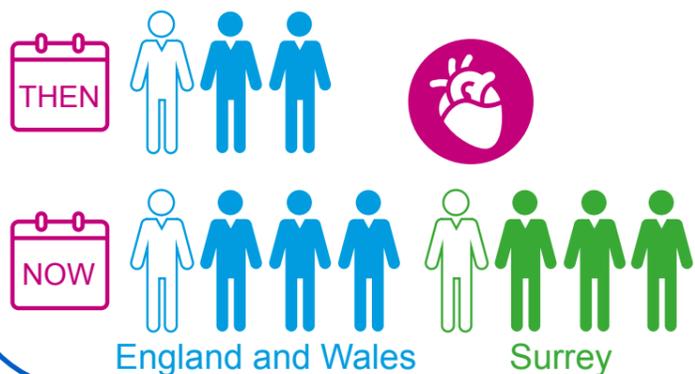


## Obesity



## Mortality

70 years ago heart and circulatory diseases were the main causes of death with 1 in 3 people dying from them



The proportion of people who die from stroke or respiratory disease is half of what it was 70 years ago

This page is intentionally left blank