

Notice of Meeting

Health and Wellbeing Board



Date & time
Thursday, 5 March
2020
at **1.00 pm**

Place
North West Surrey CCG, 58
Church Street, Weybridge,
Surrey KT13 8DP

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

Board Members

Siobhan Kennedy
Dr Andy Brooks

Dr Charlotte Canniff

Dave Hill

Jason Gaskell
Dr Russell Hills

David Munro
Mr Tim Oliver (Chairman)
Kate Scribbins
Dr Elango Vijaykumar (Deputy
Chairman)
Simon White

Ruth Hutchinson

Dr Claire Fuller
Fiona Edwards
Joanna Killian
Helen Griffiths

Sue Littlemore

Mrs Sinead Mooney

Housing Advice Manager, Guildford Borough Council
Chief Officer, Surrey Heath and East Berkshire Clinical
Commissioning Group
Clinical Chair, North West Surrey Clinical
Commissioning Group
Executive Director for Children, Families and Learning,
Surrey County Council
CEO, Surrey Community Action
Clinical Chair, Surrey Downs Clinical Commissioning
Group
Surrey Police and Crime Commissioner
Leader of Surrey County Council
Chief Executive, Healthwatch Surrey
Clinical Chair, East Surrey Clinical Commissioning
Group
Executive Director of Adult Social Care, Surrey County
Council
Interim Director of Public Health, Surrey County
Council
Senior Responsible Officer, Surrey Heartlands
Chief Executive, Surrey and Borders Partnership
Chief Executive, Surrey County Council
Executive Dean of the Faculty of Health and Medical
Sciences, University of Surrey
Head of Partnerships and Higher Education, Enterprise
M3
Cabinet Member for Adults and Public Health, Surrey

Mrs Mary Lewis	County Council Cabinet Member for Children, Young People and Families, Surrey County Council
Vacant	Managing Director, North East Hampshire and Farnham Clinical Commissioning Group
Giles Mahoney	Director of Integrated Care Partnerships, Guildford and Waverley Clinical Commissioning Group
Rob Moran	Chief Executive, Elmbridge Borough Council
Rod Brown	Head of Housing and Community, Epsom and Ewell District Council
Borough Councillor Caroline Reeves	Leader of Guildford Borough Council
Borough Councillor John Ward	Leader of Waverley Borough Council
Frances Rutter	Principal and Chief Executive at North East Surrey College of Technology (NESCOT)

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 MEETINGS: 5 DECEMBER & 16 DECEMBER 2019 (Pages 1 - 14)

To agree the minutes of the previous meetings.

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

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*28 February 2020*).

b Public Questions

The deadline for public questions is seven days before the meeting (*27 February 2020*).

c Petitions

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

- 5 REFRESHING THE JOINT STRATEGIC NEEDS ASSESSMENT: PROPOSALS** (Pages 15 - 22)
- The Joint Strategic Needs Assessment (JSNA) needed to be refreshed following publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019. The JSNA is a core part of the intelligence system capability.
- 6 SAFEGUARDING CHILDREN ANNUAL REPORT** (Pages 23 - 42)
- The Children’s Safeguarding Partnership in Surrey is a statutory body, which replaced the previous Safeguarding Board in October 2019. The Annual Report is being reported to the Health and Wellbeing Board and sets out the final part of the old Board and the beginning of the new Partnership.
- 7 COMMUNITY SAFETY BOARD MERGER** (Pages 43 - 64)
- Following discussions at the Health and Wellbeing Board and the Community Safety Board, the report seeks approval for the merger of the Community Safety Board and the Health and Wellbeing Board.
- 8 SURREY PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT 2020** (Pages 65 - 80)
- The Surrey Health and Wellbeing Board (HWB) has a statutory responsibility to deliver a Pharmaceutical Needs Assessment (PNA) every three years. The Surrey PNA was last published in March 2018, but the PNA Steering Group reviews changes to the local population and local services annually to ensure no substantive changes to the PNA are required.
- 9 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT** (Pages 81 - 100)
- The report gives an overview of progress, risks and issues relating to the Health and Wellbeing Strategy implementation plans, including areas where progress is being made, as well as highlighting several projects which require a Senior Project Lead to progress. The report also includes the outcomes dashboard, which is now public and is due an annual refresh in June to review any changes to outcomes.
- 10 SOCIAL PROGRESS INDEX** (Pages 101 - 104)
- At the September Health and Wellbeing Board, Members agreed to develop a Social Progress Index (SPI) for Surrey to measure real lived experience of residents, focusing on social and environmental outcomes only. This will provide a helpful measure of ‘fulfilling potential’ in Surrey to help understand how individuals are living and progressing within District and Borough Wards and who is being left behind.

11 DATE OF THE NEXT MEETING

The next public meeting of the Health and Wellbeing Board will be on 4 June 2020.

**Joanna Killian
Chief Executive
Surrey County Council**

Published: Tuesday, 25 February 2020

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

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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 December 2019 at Ashcombe Suite, County Hall, Penrhyn Road, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 5 March 2020.

Elected Members:

(Present = *)

- * Siobhan Kennedy
- Dr Andy Brooks
- * Dr Charlotte Canniff
- * Dave Hill
- * Jason Gaskell
- * Dr Russell Hills
- * David Munro
- * Mr Tim Oliver (Chairman)
- * Kate Scribbins
- Dr Elango Vijaykumar (Deputy Chairman)
- Simon White
- * Ruth Hutchinson
- * Dr Claire Fuller
- * Fiona Edwards
- * Joanna Killian
- * Helen Griffiths
- * Sue Littlemore
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- Ruth Colburn Jackson
- * Giles Mahoney
- * Rob Moran
- * Rod Brown
- * Borough Councillor Caroline Reeves
- Borough Councillor John Ward

Substitute Members:

Steve Hook - Assistant Director of Disabilities (SCC)
Edmund Cartwright - Director of Quality and Nursing (Interim), NHS Surrey Heath

In attendance

Simon Turpitt - Chair of Surrey Adults Safeguarding Board
Sue Robertson - Associate Director of Strategic Commissioning, NHS Surrey CCGs
Alison Griffiths - Deputy Cabinet Member for Health (SCC)
Barbara Herts - Interim Consultant - CAHMS Lead
Hayley Connor - Director – Commissioning (SCC)

44/19 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Simon White - Steve Hook acted as substitute, Dr Andy Brooks and Ruth Colburn Jackson - Edmund Cartwright acted as substitute, Dr Elango Vijaykumar and Borough Councillor John Ward.

45/19 MINUTES OF PREVIOUS MEETING: 3 OCTOBER 2019 [Item 2]

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

46/19 DECLARATIONS OF INTEREST [Item 3]

There were none.

47/19 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

None received.

b PUBLIC QUESTIONS [Item 4b]

None received.

c PETITIONS [Item 4c]

There were none.

48/19 HEALTH AND WELLBEING BOARD STRATEGY PRIORITY IMPLEMENTATION PLANS AND REVISED METRICS [Item 5]**Sponsors:**

Rod Brown - Head of Housing and Community at Epsom and Ewell District Council

Giles Mahoney - Director of Integrated Care Partnerships at Guildford and Waverley Clinical Commissioning Group (CCG)

Rob Moran - Chief Executive of Elmbridge Borough Council

Ruth Hutchinson - Interim Director of Public Health at Surrey County Council

Key points raised in the discussion:

1. The Head of Housing and Community at Epsom and Ewell District Council provided the Board with an overview of the Priority and raised additional points below:
 - Highlighted that it was important to tackle the Priority across all demographics rather than focusing solely on children.
 - Noted that a shared vision for those with 'lived experiences' was at the centre of the Priority.
 - That leadership from professionals in difficult areas was vital, such as the work by the Clinical Chair at North West Surrey CCG clarifying the milestones regarding dying a dignified death.
2. The Director of Integrated Care Partnerships at Guildford and Waverley Clinical Commissioning Group (CCG) provided the Board with an overview of the Priority and raised additional points below:
 - He noted the need for a broader out of service delivery to avoid isolating the Priority, and having proactive alignment between the both Surrey Heartlands' and Frimley's 5 Year Strategies on the transformation of local health and care services.

- Praised the work of the Dementia Clinical Lead at Surrey Heartlands Health and Care Partnership in addressing the low diagnosis rates in Surrey through the formation of a dementia strategy group.
- Fundamental to the prevention of mental health issues in adults was to ensure good emotional wellbeing in young people which was central to the Healthy Schools programme.

Dr Charlotte Canniff arrived at 1.14pm

3. The Chief Executive of Elmbridge Borough Council provided the Board with an overview of the Priority and raised additional points below:
 - Noted the importance of supporting children and vulnerable adults to gain life skills through the use of mentoring with older more experienced people.
 - That apprenticeships were an underused tool and a levy transfer working group would be established to maximise their benefits.
 - Noted Havering's effective Social Progress Index (SPI).

Barbara Herts and Hayley Connor arrived at 1.22pm

- There needed to be greater clarity between partnerships and projects within the Priority such as the Employment and Skills Board, SPI working group and Children's Programme Board - 'Time for Kids' had an obvious links.
4. In the discussion on the three priorities, the Chairman noted that continual resourcing was essential and that a more streamlined approach with partners was effective - noting that there were 45 charities in Surrey to address homelessness.
 5. Members noted that it was important to have a clear understanding on who had responsibility over each of the three priorities and positively commented that it was good that children were more visible within the plans as ensuring the healthy lives of adults had a beneficial effect on children's wellbeing.
 6. The Interim Director of Public Health provided an overview of the revised metrics and explained that further engagement work on the metrics was needed to ensure accurate baseline data.
 7. In response to a Member question on the inclusion of life expectancy variation, the Interim Director of Public Health noted that despite measuring inequality geographically it was important to not categorise certain areas as having better or worse life expectancies - measuring inequalities between the five population groups avoided that.
 8. The Interim Director of Public Health explained that it was crucial to promote healthy life expectancy rather than focusing solely on the length and the Chairman noted that the category of deprivation within the SPI greatly influenced life expectancy.
 9. A Member commented that some areas were not adequately covered by the metrics as only 1 of the 38 metrics was on self-reporting resident's perceptions of health and wellbeing issues. In response, a Member explained that citizen panels were recruited via postcode, they were geographically distributed and granted a donation to a charity. Citizen panels were empowerment tools for individuals and in response the Chairman would look into those panels.
 10. In response to a Member query on the process of changing metrics; the Interim Director of Public Health stated that the metrics were

constantly evolving and urged the Board to engage with herself and work collaboratively with the public health team.

11. In response to a Member question on accessing the metric data on Surrey-i, the Interim Director of Public Health explained that it was available on the a HWB strategy online dashboard.
12. A Member suggested to the Board that the member champions across the five population groups should meet to drive the metrics forward.
13. The Chairman commented that the metrics provided a good foundation and sense of direction and that Surrey County Council and Surrey Heartlands were working collaboratively to develop the metrics.

RESOLVED:

The Health and Wellbeing Board:

1. Approved the summary plans for incorporation into a refreshed published strategy to reflect the further refinement and development that has taken place since the publishing of the strategy.
2. Approved the revised set of metrics, where they have been finalised, for incorporation into an online public dashboard to be published early in 2020.
3. Agreed the mechanism for reporting and reviewing activity taking place within each priority area and the progress being achieved against the selected outcomes.
4. Supported the continued engagement and awareness of strategy, metrics and activity as currently described in the implementation plans by the constituent organisations and wider partners in Surrey.

Actions/further information to be provided:

The Chairman would look into the use of citizen panels to aid residents in self-reporting their perceptions of health and wellbeing issues.

49/19 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19 [Item 6]

Witnesses:

Simon Turpitt - Chair of Surrey Adults Safeguarding Board

Key points raised in the discussion:

1. The Chair of Surrey's Adults Safeguarding Board (SSAB) summarised the report and noted positively that it provided stronger assurance, better and more in-depth data quality and a more robust committee structure.
2. In addition to the report he noted:
 - That there was greater agency engagement through more training programmes.
 - That to help improve the quality of enquiries, Healthwatch Surrey had collated user experiences from people who had gone through a Section 42 safeguarding enquiry, and findings would be presented to the SSAB next week.
 - The accessibility of the website of the SSAB was improved through working collaboratively with the Children's Board.

- In collaboration with Adult Social Care (ASC), SSAB had begun to produce more regular and effective briefing documents which were available on the SSAB website.
3. A Member praised the thorough report as it reinforced the responsibility required of all agencies to improve safeguarding work and noted the importance of hearing residents' experiences.
 4. There were concerns over the separation of the Children's Partnership from the Multi Agency Safeguarding Hub (MASH) and the need to increase the Council's engagement with private care homes engagement to ensure good safeguarding knowledge.
 5. Furthermore, a Member explained that the most numerous reports to MASH were from the police via concerned neighbours, the aim was to ensure the police were trained to address situations sensitively and meticulously. In response, the Chair of the SSAB mentioned the need for the police to have a standardised definition of vulnerability and referral routes as many referrals in Surrey were not strictly related to Safeguarding Adults.
 6. A Member praised the report as it reflected upon real challenges and stated that more work need to be done on Section 42 to address individuals reluctant to share information on safeguarding concerns.
 7. The Business Management Group was praised as it mirrored the Children's Partnership Executive Group, by deciding upon issues that need to be escalated to the SSAB and having more regular talks with key statutory partners ensured greater strategic management.
 8. A Member stated that alignment as noted within the report's second recommendation, was particularly salient following the Health and Wellbeing Board's merger with the Community Safety Board.

RESOLVED:

That the Health and Wellbeing Board:

1. Considered and noted the Surrey Safeguarding Adults Board Annual Report.
2. Agreed to ensure alignment of both Boards strategy so that there are more focussed work plans that build together and avoid overlap.

Actions/further information to be provided:

None.

50/19 SURREY CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) WHOLE SYSTEM TRANSFORMATION PLAN [Item 7]

Witnesses:

Sue Robertson - Associate Director of Strategic Commissioning, NHS Surrey CCGs

Key points raised in the discussion:

1. The Associate Director of Strategic Commissioning introduced the report, informing the Board that the Whole System Transformation Plan was updated annually. That year's update reflected the strong focus on CAMHS through extensive engagement with children and young people, families and those caring for and working with children -

which had driven the Emotional Wellbeing and Mental Health Strategy approved by the Board in March. The transformation work referred to in the report included the Children and Young People's Havens, Hope House, Extended Hope, supporting children in crisis and the eating disorder service and was built on partnership work across agencies.

2. A Member expressed that she could not approve the report as it did not address the 2014 and 2018 inadequate Ofsted ratings on Children's Services in Surrey. In 2019, waiting lists increased enormously and this was not mentioned in this report, Members noted that the report needed to be more balanced and that problems needed to be acknowledged in order to move forward.
3. A Member noted that Children's Services was positively progressing and explained that Hope House and Extended Hope were national exemplars within Surrey's CAMHS and the CAMHS contract would go out for procurement for a service starting from April 2021.
4. A Member stated that working in collaboration with many partners ensured that key areas of transformation were identified and noted that the NHS regulator required the details of the 5 year forward strategy to be available publically online.
5. In response, the Associate Director of Strategic Commissioning acknowledged the Board's concerns over the balance of issues within the report and would amend parts of the report to reflect Member's concerns prior to final approval.
6. An attendee explained that she would like to see where the additional £4 million investment that the Chief Executive of the National Health Service planned to put into children's services.
7. A Member commented that she would like to see the 'open letter to Children and Young People of Surrey' on page 107 rewritten to reflect the future strategic spending of funding and to ensure economic commitment in future years on prevention.
8. In response to a Member's query on how CAMHS in Surrey compared to similar partners, a Member noted that it compared positively with other partners but explained that CAMHS addressed Surrey specific issues such as the issue of access and overwhelming public demand. An early intervention model was not in place which created a negative compound effect with mental health issues in children's being more likely in adults.
9. A Member noted that Adverse Childhood Experiences (ACEs) were being considered within Children's Services in Surrey and the worry of labelling needed to be addressed.
10. The Chairman in agreement with the Board agreed to defer the report to the additional public meeting of the Board on the 16 December so it could be revised to incorporate Members' concerns.

RESOLVED:

The revisions to the report and its recommendations would be deferred to the additional public meeting of the Health and Wellbeing Board on the 16 December 2019.

Actions/further information to be provided:

The Health and Wellbeing Board to receive the revisions to the report at the Board's additional public meeting on 16 December 2019.

51/19 TIME FOR KIDS [Item 8]**Witnesses:**

Dave Hill - Executive Director for Children, Families and Learning (SCC)

Key points raised in the discussion:

1. The Executive Director for Children, Families and Learning introduced the report and thanked the Chief Executive Officer at Surrey Youth Focus for her input.
2. Noted the positive example of Child Friendly Leeds - despite Leeds' poor Ofsted rating five years ago, similarly to Surrey - which had a transformative impact on children's services and hoped that Time for Kids in Surrey would follow that successful initiative.
3. The report echoed many of the Board's fundamental principles, particularly early intervention and prevention to combat mental health crises, domestic abuse, and substance abuse - which accounted for 95% of referrals in young people.
4. Highlighted the high amount of young people who did not have someone in their life they could depend upon and particularly in care the lack of a permanent social worker was detrimental. Good emotional wellbeing for children was bolstered by someone 'crazy' about them who they could trust.
5. It was important the report was driven by the narrative provided by children with adverse experiences and he noted that children responded positively to the project.
6. A Member commented that the project would not be compatible in certain areas, noting anti-social behaviour among young people in deprived areas.
7. An attendee positively endorsed the project as it showed genuine attention and sensitivity to vulnerable children facing those difficult experiences.
8. A Member explained that from a clinical perspective, the lack of attachment in children led to a high degree of accessing mental health services later in life so early intervention and prevention were vital.

RESOLVED:

The Surrey Health and Wellbeing Board:

1. Noted the important piece of work.
2. Would promote and socialise Time for Kids in the agencies and Networks.
3. Agreed to receive an update from time to time on progress.

Actions/further information to be provided:

None.

52/19 DATE OF THE NEXT MEETING [Item 9]

The Board noted that its next public meeting would be held on 5 March 2020.

Meeting ended at: 2.47 pm

Chairman

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 11.30 am on 16 December 2019 at Committee Room B, County Hall, Penrhyn Road, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 5 March 2020.

Elected Members:

(Present = *)

- * Siobhan Kennedy
- Dr Andy Brooks
- Dr Charlotte Canniff
- * Dave Hill
- * Jason Gaskell
- Dr Russell Hills
- David Munro
- * Mr Tim Oliver (Chairman)
- Kate Scribbins
- Dr Elango Vijaykumar (Deputy Chairman)
- * Simon White
- * Ruth Hutchinson
- Dr Claire Fuller
- * Fiona Edwards
- Joanna Killian
- Helen Griffiths
- Sue Littlemore
- Mrs Sinead Mooney
- Mrs Mary Lewis
- * Ruth Colburn Jackson
- * Giles Mahoney
- Rob Moran
- * Rod Brown
- Borough Councillor Caroline Reeves
- Borough Councillor John Ward
- * Frances Rutter

Substitute Members:

Suzanne Rankin - Chief Executive, Ashford and St. Peter's Hospitals NHS Foundation Trust
 Sarah Haywood - Community Safety Policy and Commissioning Lead, Office of the Police and Crime Commissioner
 Borough Councillor David Beaman - Waverley Borough Council
 Peter Gordon - Chair, Healthwatch Surrey
 Nicola Airey - Executive Place Managing Director, Surrey Heath Frimley Collaborative

In attendance:

Karen Thorburn - Director of Performance at Surrey Heartlands Integrated Care System (ICS)
 Karen McDowell - Chief Finance Officer at Surrey Heartlands Health and Care Partnership Clinical Commissioning Groups (CCGs)
 Sue Robertson - Associate Director of Strategic Commissioning at Surrey Heartlands Clinical Commissioning Groups (CCGs)

Alison Griffiths - Deputy Cabinet Member for Health (SCC)
Hayley Connor - Director – Commissioning (SCC)

53/19 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Joanna Killian, Dr Elango Vijaykumar, Dr Charlotte Canniff - Suzanne Rankin as substitute, Dr Claire Fuller, David Munro - Sarah Haywood as substitute, Mary Lewis, Borough Councillor John Ward - Borough Councillor David Beaman as substitute, Kate Scribbins - Peter Gordon as substitute, Dr Andy Brooks - Nicola Airey as substitute, Dr Russell Hills, Robert Moran, Sinead Mooney, Borough Councillor Caroline Reeves and Helen Griffiths.

54/19 DECLARATIONS OF INTEREST [Item 2]

There were none.

55/19 QUESTIONS AND PETITIONS [Item 3]

a MEMBERS' QUESTIONS [Item 3a]

None received.

b PUBLIC QUESTIONS [Item 3b]

None received.

c PETITIONS [Item 3c]

There were none.

56/19 SURREY HEARTLANDS ICS 5 YEAR STRATEGIC DELIVERY PLAN 2019-2024 [Item 4]

Witnesses:

Karen Thorburn - Director of Performance at Surrey Heartlands Integrated Care System (ICS)
Karen McDowell - Chief Finance Officer at Surrey Heartlands Health and Care Partnership Clinical Commissioning Groups (CCGs)

Key points raised during the discussion:

1. After an introduction on the close collaboration between Surrey County Council and Surrey Heartlands Health and Care Partnership by the Chairman, the Director of Performance at Surrey Heartlands ICS stated that the 5 Year Strategic Delivery Plan aligned with the NHS Long-term Plan and the Surrey 10 Year Health and Wellbeing Strategy.
2. The Director of Performance at Surrey Heartlands ICS:
 - Reported Surrey Heartland's strategic ambition of having 'out-of-hospital' care equity across community health crisis response within two hours of referral and within two days for reablement.

- Stressed the importance of access to General Practice Improved Access (GPIA) seven days a week.
- Stated the targets in the Plan to achieve the 'best in class' rates in a number of areas including: increasing citizen's use of outdoor areas for exercise and health reasons, reducing smoking rates, providing adequate housing and in particular ensuring specialist accommodation for individuals with Special Educational Needs and Disabilities (SEND), the commitment to increased screening and immunisations - particularly childhood vaccination rates.
- Highlighted the importance to all in society of having a strong start in life through support of the 'First 1,000 Days' initiative.
- That 35 out of 36 measures were compliant with the NHS Long Term Plan metrics, NHSE rated non-compliance in Cancer Early Diagnosis at Surrey and Sussex Cancer Alliance level, although Surrey Heartlands was compliant as a local system.
- That the Plan involved significant partnership work including the 'Surrey 500' who were five groups of 100 delegates, including 100 from the System wide Children's and Families workforce to ensure effective partnership working.
- That a key challenge to the Plan was to ensure complete digitalisation of personal care plans and records, which would be shared locally and across the ICS.
- Developing operating plans for 20/21 would be facilitated through a triangulation workshop approach in the New Year with key partners, aided by Surrey County Council.

Simon White arrived at 11.38am

3. The Chief Finance Officer at Surrey Heartlands Health and Care Partnership noted that the Strategic Delivery Plan submitted in November would not deliver financial balance until 2023/24. However, a schedule had been developed to close the gap in 2020/21 for the £40.5 million deficit and £28.1 million deficit in 2021/22.
4. She explained the challenging 'system control total' that was set in 2019/20 of which non-recurrent measures were being offset to support system delivery which impacted on future years planning.
5. Key areas of focus included outpatient transformation through digitalisation, an integrated transformation unit led by Surrey County Council which would lead system wide projects, detailed Integrated Care Partnership 2019/20 Financial Recovery Plans and new system partners such as East Surrey CCG and Surrey & Sussex Healthcare were integrated in the Strategic Delivery Plan.
6. Fundamental to facilitating the 2019/20 Financial Recovery Plans and ensuring financial balance was collaboration across all Commissioning and Provider organisations through ensuring place-based leadership teams and high quality care facilities. A revised document on addressing the financial pressures had been submitted to NHS England regional teams; it detailed the non-recurrent measures needed over next two years such as land sales and a more integrated operating plan process.
7. A Member explained that Surrey Heartland's Plan was consistent with the Board's 38 metrics and was working closely with them to address the few that differed slightly.

8. In response to a Member query on how the Board would assure that they were getting delivery of outcomes against the strategy, the Director of Performance at Surrey Heartlands ICS explained that a joint performance dashboard had been developed. Performance would be regularly reviewed in a quarterly workshop and monthly monitoring would continue to address any deviances in conjunction with the Surrey Heartlands System Board.

RESOLVED:

Board members approved the near final draft of 5 year strategic delivery narrative plan (V0.12) for the Surrey Heartlands Integrated Care System.

Actions/further information to be provided:

None.

57/19 FRIMLEY ICS 5 YEAR STRATEGIC DELIVERY PLAN 2019-2024 [Item 5]

Witnesses:

Nicola Airey - Executive Place Managing Director at Surrey Heath Frimley Collaborative

Key points raised during the discussion:

1. The Executive Place Managing Director at Surrey Heath Frimley Collaborative outlined the report and stated that it was established in consultation across key stakeholders and organisations, ensuring continued engagement with local authorities was crucial.
2. She reported that the Plan was closely aligned to the NHS Long Term Plan and expressed whether it would be beneficial for the Board to focus on monitoring the Surrey 10 Year Health and Wellbeing Strategy rather than multiple Plans - as both Surrey Heartlands' and Frimley's 5 Year Strategic Delivery Plans were heavily aligned to it.
3. She highlighted:
 - The move of Frimley's Plan into its delivery phase which was focused on a place-based approach across three providers, driven by a committed group of leaders including Surrey County Council and borough and district councils.
 - The challenge of the six Strategic Ambitions necessary to facilitate the Plan, which included: the cultural change needed in the workforce to facilitate the Plan through recruiting and working in new and innovative ways and the proactive approach to creating a link between local communities and service providers to promote personal responsibility for health and wellbeing.
 - That the finances were expected to be balanced at the end of the financial year despite a £2-3 million deficit. The forecast of a £60 million deficit next year was a challenge, but Frimley were on track to locate £30 million and close the remaining gap.
 - The need for greater alignment between Frimley and Surrey Heartlands on their respective Plans.

4. The Chairman acknowledged the rollout of the pilot local partnership boards in two boroughs in Surrey, those would allow greater integration on health and wellbeing at a more local level.
5. The Executive Place Managing Director at Surrey Heath Frimley Collaborative noted the importance of building on local structures across key stakeholders in order to have a unitary approach to health and wellbeing. She informed the Board that the review of local partnership structures within the Frimley Health and Care Integrated Care System (ICS) would be reported back to the Board once completed.
6. Members praised the presentation of the Plan as its infographics were public friendly and accessible.

RESOLVED:

The Health and Wellbeing Board:

- (a) Noted the alignment between the Surrey and Frimley ICS strategies.
- (b) Signed-off the Frimley Health and Care ICS Narrative Strategy.

Actions/further information to be provided:

The Executive Place Managing Director at Surrey Heath Frimley Collaborative will provide the Board with the results of the review of local partnership structures within the Frimley Health and Care Integrated Care System (ICS) once completed.

58/19 REVISED SURREY CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) WHOLE SYSTEM TRANSFORMATION PLAN [Item 6]

Witnesses:

Sue Robertson - Associate Director of Strategic Commissioning at Surrey Heartlands Clinical Commissioning Groups (CCGs)

Key points raised during the discussion:

1. The Associate Director of Strategic Commissioning at Surrey Heartlands informed the Board that the revised report incorporated member feedback obtained at the meeting of the Health and Wellbeing Board on 5 December 2019.
2. She explained that to ensure a more balanced report, the 'Open Letter to Children and Young People' had been rewritten, the changes to paragraphs two and three acknowledged that there was more work ahead in Child and Adolescent Mental Health (CAMHS). The revised Open Letter highlighted that no one in the system was complacent as they recognised the future challenges and what needed to be improved; but that it was also important to credit staff in areas of good achievement.
3. A Member queried whether the Open Letter had been piloted with any children in order to understand how well it would resonate with them. In response, the Associate Director of Strategic Commissioning at Surrey Heartlands explained that the CAMHS youth advisors worked closely with children such as 'Freya's Story' in the CAMHS Whole System Transformation Plan and the Strategy. The Chairman noted

logistical problems with testing the Open Letter as the CAMHS Whole System Transformation Plan had been delayed from October and stated that it addressed member comments by being more balanced and honest.

4. The Associate Director of Strategic Commissioning at Surrey Heartlands stated that she would take on board member feedback for next year and noted that in a previous year there was a complete child friendly version of the entire CAMHS Whole System Transformation Plan. She acknowledged the Chairman's suggestion for a future more child friendly version of the Open Letter.

RESOLVED:

The Health and Wellbeing Board:

- a. Approved the refreshed Surrey CAMHS Whole System Transformation Plan (2019), noting the changes made to the "Open Letter to Children and Young People" in response to member feedback received 5 December 2019.
- b. Noted the actions and initiatives being undertaken to transform services and make improvements to the outcomes and experience for children and young people.

Actions/further information to be provided:

The Associate Director of Strategic Commissioning at Surrey Heartlands will take on board member feedback including piloting the 'Open Letter' with children.

59/19 DATE OF THE NEXT MEETING [Item 7]

The Board noted that its next public meeting would be held on 5 March 2020.

Meeting ended at: 12.03 pm

Chairman

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Refreshing the Joint Strategic Needs Assessment: Proposals
Related Health and Wellbeing Priority:	System capability: intelligence
Author (Name, post title and telephone number):	Lucy Lynch, public health registrar, 07794 170137 Julie George, Consultant in public health, 0781 353 8903
Sponsor:	Ruth Hutchinson, Director of Public Health
Paper date:	5 March 2020
Version:	V1.0
Related papers	N/A

2. Executive summary

We need to refresh the Joint Strategic Needs Assessment (JSNA) following publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019. The JSNA is a core part of the intelligence system capability.

In the short to medium-term, a refresh ensures the JSNA supports JHWS implementation by identifying the right priorities for action plans. In the longer-term, the refreshed approach will help the JHWS evolve to meet emerging needs of the population while still addressing the overarching priorities.

Refreshing the JSNA also provides the opportunity to do things we have not done before – incorporating resident voice and trialling a strengths-based approach – as well as aligning governance with JHWS implementation.

3. Recommendations

- (1) To agree 5 core principles to underpin the JSNA, namely that the JSNA is:
 - a. Current – a rolling programme of review will ensure the JSNA remains up to date through an iterative process of maintenance and development
 - b. Embedded – linked into Council and NHS organisational processes to spend money, shape services and respond to need
 - c. Relevant – to our professional audience, supporting the JHWS, working through partnerships to fill knowledge gaps or undertake calls for evidence
 - d. Partner-driven – working together, informed by residents, to develop the evidence base required to drive improvements in outcomes
 - e. Transparent – both in how we develop chapters, by involving residents, patients and partners, and in publications, which will be available online

- (2) For the relevant teams to develop:
 - a. New chapters underpinning each of the 12 focus areas of the JHWS
 - b. Target population group summaries identifying key health inequalities
- (3) To renew governance for the JSNA with:
 - a. An operational oversight group with representatives from Surrey County Council public health, adult and children’s services, the Insight & Analytics team, the CCGs, HealthWatch and Districts & Boroughs. Others may be co-opted as appropriate.
 - b. Ownership of specific chapters by the relevant governance group within the JHWS governance structure, reporting to priority area boards as appropriate, or task and finish groups where these are required
- (4) In 2020, for the new operational oversight group to oversee delivery of:
 - a. An action plan for refreshing the entire JSNA
 - b. Target population group summaries for 4 groups
 - c. New chapters for up to 3 topics requiring in-depth analysis
 - d. Refreshed chapters for up to 3 topics requiring minor updates

4. Reason for Recommendations

We have spoken to a number of teams across the health and care system to develop these proposals, considering our current strengths and opportunities to improve the process and presentation of the JSNA. We have looked at JSNAs from other areas, drawing on best-in-class exemplars for how best to develop and present the JSNA.

We are presenting concrete proposals for doing things differently ensuring the JSNA provides evidence for how best to achieve the JHWS outcomes and to identify and mitigate the risks of new and emerging threats to health and wellbeing.

5. Detail

Policy Background

The then Department of Health published statutory guidance on JSNAs in 2013¹. The guidance emphasised that JSNAs were a continuous process of strategic assessment and planning – not a static product. Their purpose is to inform Health and Wellbeing Board’s priorities and they are a joint responsibility of both Local Authorities and the local NHS. They should focus on needs that can be addressed by these partners, including considering wider determinants and assets. They need to involve others including boroughs/districts, Healthwatch and the local community.

There is little research about the efficacy of JSNAs though one report from 2018 does comment on the “lack of strategic join-up” for JSNAs, JHWS and the Health

¹ Department of Health (2013). Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies. Available here: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

and Wellbeing Board function overall.² It argued that monitoring implementation of strategies and holding partners to account for delivery was an important element of effective leadership. By refreshing the JSNA to focus clearly on the priorities identified by the JHWS, and ensuring active follow up and evaluation, the JSNA could support this approach for the Health and Wellbeing Board in Surrey.

Background to Surrey's current JSNA

The JSNA is hosted on surrey-i (www.surreyi.gov.uk), the Surrey data hub. A deep-dive review of Surrey's JSNA was undertaken in 2014 and a task and finish group, including members from across the system, oversaw required changes during 2015-17. These included focusing on a lifecourse approach with some cross-cutting chapters, using partnership boards to govern individual chapters and displaying data dynamically at the lowest geographic level available.

The revamped JSNA was launched in January 2016, although individual chapters have been produced since then. After the launch, the JSNA strategic task and finish group was wound up. A JSNA Operational Group continued to meet for some time after then but is currently in abeyance.

The current JSNA comprises 31 sections, spread across the lifecourse, and presented as HTML webpages with Tableau Dashboards or embedded data and graphs. Each chapter follows a standard format with some variation where required. A full list of current chapters is included at Annex A.

Changing context: the new health and wellbeing strategy

In 2019 a new JHWS for Surrey was published. It includes 3 priority areas, 12 underpinning 'focus areas' for action and 5 target population groups that need to be considered. Mapping of current JSNA chapters against focus areas and population groups is provided at Annex B. While each focus area and target population group is at least partially covered by the current JSNA, this cross-mapping conceals some potentially large gaps. For example, social isolation is currently only touched upon by a small section of the broader JSNA chapter on adult mental health but is a key focus area for the JHWS. By refreshing the JSNA into a chapter for each focus area, we would ensure that each priority area for action is informed by a clear evidence base and the latest data available.

In line with both the Surrey 2030 Vision and the NHS Long Term Plan, the JHWS has a renewed focus on addressing health inequalities. There is an opportunity to strengthen this aspect of the JSNA, making inequalities, especially for the target population groups, a key focus for every chapter. The JHWS identifies 5 population groups, providing a framework to consider health inequalities throughout the JSNA. The 5th group is the "general population", or healthy population. The other 4 groups are people who experience particular inequalities within Surrey.³ Population-group

² Hunter, D.J., Perkins, N., Visram, S. et al. (4 more authors) (2018) Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England. Report. Available from: <http://eprints.whiterose.ac.uk/151457/1/Evaluating%20HWBs%20FINAL%20REPORT%20-%20April%202018%20Final.pdf>

³ People with Learning Disabilities or Autism; people living in deprived circumstances; people living with long term conditions; carers

focused summaries provide an opportunity to understand and engage with residents more effectively. In addition, considering each group specifically within every chapter will enable us to consider how they may be differentially affected and how we can best protect or promote their health and wellbeing, in particular.

In addition to the JSNA, parallel workstreams providing intelligence at place are being undertaken by Surrey Heartlands CCGs, Surrey County Council Public Health and the Insight & Analytics teams, including a focus on health inequalities (at Integrated Care Partnership or Primary Care Network level) and through targeted, in-depth reviews of particular localities ('priority places'). The JSNA will support this work through provision of Surrey-wide information and by providing information at the geographical level that makes sense for each focus area. For example, in relation to housing, Districts & Boroughs wield the most power for effecting change so intelligence about housing need should be mapped at D&B or ward level. Mental health services, though, may benefit from mapping with an NHS organisational focus, such as at an Integrated Care Partnership or Primary Care Network level.

Proposals for change

To inform our JSNA refresh, we reviewed our current practice, identifying strengths and opportunities to improve, considered a range of other approaches undertaken by other local authorities, and engaged with partners across the system to seek comment and feedback. Based on this work, we believe the JSNA refresh should be informed by the following key points:

- a. Guiding principles will help to articulate and frame the JSNA
- b. Users need to govern, lead and own the JSNA process
- c. Follow up and evaluation (focussed on those whose work should be informed by the findings of the JSNA) are essential to ensure JSNA is useful and used
- d. JSNA will always be a matrix of intelligence about population groups, place and topic – identifying which focus will make the assessment most useful should inform the approach taken
- e. The JHWS provides the framework for JSNA, with an emphasis on identifying, exploring and informing action on health inequalities as the golden thread

6. Challenges

The JSNA requires resource from teams across the Integrated Care System and engagement from a range of partners. Both the production and use of the JSNA needs to be seen as a priority among all partners within the Health and Wellbeing Board to achieve the maximum impact possible. Analytic and subject matter expertise is required to produce the JSNA chapters as well as input from citizens or patients.

7. Timescale and delivery plan

Subject to Health and Wellbeing Board approval of our approach, our immediate next steps are to:

- Convene the JSNA operational oversight group with representatives from Surrey County Council public health, adult and children's social care, the analytics and insight team, the CCGs, Healthwatch and Districts and Boroughs. Representation from other organisations may be co-opted as required.
- Agree a workplan for 2020/21 and beyond, with the proposed number of chapters providing the initial basis for the plan.

8. How is this being communicated?

Prior to the Health and Wellbeing Board meeting, we have engaged with representatives from the following teams and committees to inform the thinking around the JSNA refresh:

- SCC Public health
- SCC Adult Social Care
- SCC Commissioning team from Children, Families, Learning, & Culture
- SCC Strategic Commissioning Team
- SCC Analytics and Insight Team
- Surrey Heartlands CCGs Analytic Team
- Surrey Commissioning Collaborative
- Priority area board and coordinating group chairs
- Healthwatch

Going forward, we will continue to engage with these and other interested groups, to communicate the proposed changes and seek views about which are the first priority areas to produce new chapters on. We will continue to work through existing governance groups and mechanisms. We will align JSNA engagement with the broader JHWS engagement, ensuring all groups with an interest are able to inform and support the JSNA refresh.

9. Next steps

Subject to the Health and Wellbeing Board's agreement, we aim to:

- Continue to engage around the proposal for changes the JSNA and priority areas for intelligence
- Convene the JSNA operational oversight group (OOG) by April 2020
- Agree the 2020/21 workplan at the first meeting of the JSNA OOG in April 2020
- Develop population group summaries for 4 groups by September 2020
- Complete 3 in-depth JSNA chapters and 3 revised JSNA chapters during 2020/21

Annexes:

- Annex A: current JSNA chapters
- Annex B: JHWS focus areas and population groups / existing JSNA chapters

Annex A: existing JSNA chapters available on Surrey-i

No.	Title	Update / Publication Date
1	Surrey context	February 2019
2	Maternity and infant feeding	April 2018
3	Long term conditions	April 2018
4	Multiple morbidities and frailty	June 2017
5	End of life	June 2017
6	Developing healthy lifestyles	August 2017
7	Improving health behaviours	April 2018
8	Screening and immunisations	April 2018
9	CYP with SEND	February 2017
10	People with LD/Autism [tableau only]	August 2018
11	Substance misuse	April 2018
12	Sexual and reproductive health	February 2016
13	Unintentional injuries across the lifecourse	April 2017
14	Perinatal mental health	April 2018
15	Emotional wellbeing and mental health	April 2018
16	Wellbeing and adult mental health	April 2018
17	Dementia [tableau only]	April 2017
18	Early years and school readiness	April 2018
19	Education and skills	August 2018
20	Further education and training	July 2018
21	Adult learning	April 2017
22	Young carers and young adult carers	March 2017
23	Adult carers	March 2017
24	Safeguarding children	August 2017
25	Safeguarding adults [tableau only]	April 2017
26	Air quality	October 2017
27	Physical activity, leisure and open spaces	Early 2020
28	Economy, employment and deprivation	January 2018
29	Planning, housing and housing-related support [NB: focused on housing – new chapter on planning due to be published Dec/Jan]	March 2017
30	Arts and culture	December 2016
31	Community safety	May 2017

Annex B: JHWS focus areas and population groups / existing JSNA chapters

Priority and focus area	Current JSNA chapters (last updated)
Priority 1: helping people in Surrey to live healthy lives	
Working to reduce obesity and excess weight rates and physical inactivity	Maternity and infant feeding (April 2018) Developing healthy lifestyles (Aug 2017) Improving health behaviours (April 2018) Planning/green spaces (TBC – early 2020)
Supporting prevention and treatment of substance misuse, including alcohol	Substance misuse (April 2018)
Ensuring that everyone lives in good and appropriate housing	Planning, housing and housing related support (March 2017)
Promoting prevention to decrease incidence of serious conditions and diseases	Developing healthy lifestyles (August 2017) Improving health behaviours (April 2018) Screening and immunisations (April 2018)
Preventing domestic abuse and supporting and empowering victims	Community safety (May 2017)
Improving environmental factors that impact people's health and wellbeing	Planning/green spaces (TBC – early 2020) Air quality (October 2017)
Helping people to live independently for as long as possible and to die well	End of life (June 2017) Long term conditions (April 2018) Multiple morbidities and frailty (June 2017)
Priority 2: supporting the mental health and emotional wellbeing of people in Surrey	
Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	Emotional wellbeing and mental health (April 2018) Wellbeing and adult mental health (April 2018) Dementia (April 2018)
Supporting the emotional wellbeing of mothers throughout and after their pregnancy	Perinatal mental health (April 2018)
Preventing isolation and enabling support for those who do feel isolated	Wellbeing and adult mental health (April 2018)
Priority 3: supporting people in Surrey to fulfil their potential	
Supporting children to develop skills for life	CYP with SEND (February 2017) Early years and school readiness (April 2018) Education and skills (August 2018)
Supporting adults to succeed professionally and/or through volunteering	Further education and training (July 2018) Adult learning (April 2017) Economy, employment and deprivation (January 2018)
Population group	Current JSNA chapters (last updated)
Children with special educational needs (SEND) and adults with Learning Disabilities/Autism	CYP with SEND (February 2017) People with LD/Autism (August 2018)
Those people living in deprivation, or those who are vulnerable	Featured in a number of JSNA chapters
Those people living with illness and/or disability	Long term conditions (April 2018) Multiple morbidities and frailty (June 2017)
All young and adult carers	Young carers and young adult carers (March 2017) Adult carers (March 2017)
The general population	Featured in a number of JSNA chapters

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Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Safeguarding Children Annual Report
Related Health and Wellbeing Priority:	Priority 3
Author (Name, post title and telephone number):	Dave Hill: dave.hill@surreycc.gov.uk /02082132819
Sponsor:	Simon Hart – Independent Chair of the Surrey Children’s Safeguarding Partnership and Dave Hill Executive Director for Children, Families, Lifelong Learning and Culture
Paper date:	5 March 2020
Version:	N/A
Related papers	Annex 1: Surrey Safeguarding Children Board Annual Report 2018-2019

2. Executive summary

To provide an opportunity for the Health and Wellbeing Board to discuss the arrangements for safeguarding children in Surrey.

3. Introduction

The Children’s Safeguarding Partnership in Surrey is a statutory body, which replaced the previous Safeguarding Board in October 2019. The Annual Report is being reported to the Health and Wellbeing board and sets out the final part of the old Board and the beginning of the new Partnership. Therefore, the attached report covers an 18 month transitional period from April 2018 to October 2019. Simon Hart was appointed as the Independent Chair of the Board/Partnership in December 2018 and has overseen the transition.

4. Why a new partnership approach to children's Safeguarding?

1. The Department of Education commissioned Sir Alan Wood to review local safeguarding arrangements nationally. The outcome of that review signalled a move away from Local Safeguarding Children's Boards, convened by the Local Authority, to new Local Safeguarding Partnerships, convened by three key agencies, the Police, NHS and Local Authorities.
2. Surrey along with all Local Authorities were required to submit to the DfE a proposal for change for the new Safeguarding Partnership arrangements by June 2019 and to have implemented the new arrangements by September 2019 – both deadlines were met.
3. The Safeguarding Partnership is steered by an executive group, with the three convener agencies represented (Police, NHS, SCC), other agencies have also been invited to participate in the executive, these include schools, district and boroughs and PCC's office.
4. There is a wider safeguarding partnership that comes together on a regular basis and has a broad membership. There are a number of sub groups that advise the partnership and executive on various issues, the overall structure is set out at section 2.3 of the annual report.
5. Put simply the Surrey Children's Safeguarding Partnership exists to ensure that there is a clear strategy and policies that protect children in Surrey. This includes the commissioning of serious case reviews, where a child in Surrey dies or is seriously injured.

5. The Annual Review April 2018 to September 2019

1. The report covers some key activities undertaken during the period in question
2. The key priorities are set out in sections 3.1 – Focus on the Child's Voice. 3.2, Early Help in Surrey. 3.3, Child exploitation and missing. 3.4, Children exposed to domestic abuse, parental substance misuse, parental mental ill health and parental disability.
3. There is a section on each of these key themes in the Annual Report which sets out the activities and achievements.
4. At section 5, the financial contributions to the board are set out.

5. The final section of the report sets out the new partnership arrangements, including a new vision and core values.

6. Conclusions

All partners across Surrey have worked hard to ensure that the new partnership is robust, has a clear focus and is fit for purpose. There has been very strong cross agency commitment and clear and visible leadership from the independent chair Simon Hart. The Partnership is now on a firm footing for the future.

7. Recommendations

1. The Health and Wellbeing Board are asked to discuss the annual review as appropriate.
2. The Health and Wellbeing board are asked to note the report and annual review.

8. Next Steps

It is proposed that the annual report is presented to the Health and Wellbeing Board on an annual basis.

Report contact: Simon Hart – Independent Chair of the Surrey Children’s Safeguarding Partnership and Dave Hill Executive Director for Children, Families, Lifelong Learning and Culture

Contact details:

Dave Hill - dave.hill@surreycc.gov.uk – 0208 213 2819

Joellen Lee - joellen.lee@surreycc.gov.uk

Sources/background papers:

Annex 1 - Surrey Safeguarding Children Board Annual Report 2018-2019

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**Surrey
Safeguarding
Children Board
Annual Report
2018 -2019**



Surrey Safeguarding Children Board Annual Report (April 2018 – September 2019)

1. Introduction

As the new incoming Independent Chair, I am pleased to be able to introduce this final Annual Report of the Surrey Safeguarding Children Board. In doing so, I would like to acknowledge the work of my predecessor, Claire Burgess; who was responsible for setting in place development arrangements for the Board, complimentary to the Children's Services Improvement Programme.

With effect from October 2019, and in response to new statutory guidelines, the Safeguarding Children Board will be replaced by a new Safeguarding Children Partnership. This report therefore covers a period of 18 months from April 2018 to give a final account of the Boards activities over that extended period.

This year, once again, it has been very evident that public services have had to work hard to respond to the many challenges that arise in this severe period of austerity. Aside from the continued financial pressures they endure, many services are developing positive approaches to the way in which they commission, integrate and deliver essential services. It is to their credit, therefore, that they have continued to maintain an important focus on safeguarding; combining the need to innovate with a recognition that effective safeguarding requires stability and continuity.

As part of the development toward new partnership arrangements, the increasing maturity of local partnership working and strategic planning has helped me, as Independent Chair, to have a clear relationship with other key partnership groups such as the Community Safety Strategy and enables the escalation of safeguarding concerns when necessary. In this regard, I have been impressed by the important work undertaken through the Surrey Domestic Abuse System Deliberation Day in February 2019, which saw a huge commitment from Partners in addressing concerns related to Domestic Abuse within the County.

I have also been pleased to play a full part in the work of the Ofsted Priority Action Board, which currently oversees the Children's Services Improvement Programme, and which helps me to be fully sighted on improvement activity and attendant risk as new arrangements are introduced and begin to embed. Whilst services are improving, they are not yet consistent, so it is important to the work of the Safeguarding Partnership, going forward that we have a clear view of the way that services are developed and delivered across the entire Partnership, especially as new services and approaches begin to mature.

This report therefore sets out some of the key areas of activity addressed by the Board and the link here provides access to the new Surrey Safeguarding Partnership arrangements which come into effect from October 2019. <https://www.surreyscp.org.uk/wp-content/uploads/2019/06/Surrey-Safeguarding-Children-Arrangments-2019.pdf>

Finally, and on behalf of the Board, I would like to acknowledge the dedication of all practitioners directly working with and supporting young people in Surrey. Theirs is often an unrelenting task, sometimes carried out in the most difficult of circumstances; and the Board deeply appreciates their continued commitment and dedication.

A handwritten signature in blue ink, appearing to read "Simon Hart", with a long horizontal stroke underneath.

Simon Hart
Independent Chair/Scrutineer

2. Surrey Safeguarding Children Board

The Surrey Safeguarding Children Board (SSCB) is an independent body as defined in Working Together 2015. The role of the SSCB is to provide the strategic direction for safeguarding children and young people; and through its subgroups carry out the continuous monitoring and challenge of performance across relevant agencies in Surrey. The Board produces an annual Business Plan which sets out the priority improvements required in the safeguarding partnership. The progress against this plan is outlined in this report.

Section 14 of the Children's Act 2004 sets out the statutory objectives and functions of the LSCB's as being:

- To coordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such persons or body for those purposes

2.1 Our Vision

Our vision is for the SSCB to work together as an open and transparent safeguarding partnership, where a co-ordinated approach to our strategic and operational work ensures that Children in Surrey are seen, safe and heard.

The partners agreed four key principles of partnership working:

- Every member will understand their role, responsibility and accountability within the SSCB and seek opportunities to combine resources to achieve priorities;
- The SSCB will ensure that there is a co-ordinated, system-wide approach to planning and implementation of change, with consideration being given to the impact of change across the partnership;
- Partners will be open and transparent about performance, identifying areas for improvement as well as areas of good practice;
- Equity in membership, to utilise the collective strengths of the partnership, with a clear focus on listening to the views of children and families.

In accordance with statutory guidance, the SSCB funds an Independent Chair, who provides leadership and challenge to the Board through the effective chairing of meetings and by representing SSCB in the public domain and at other relevant governance boards.

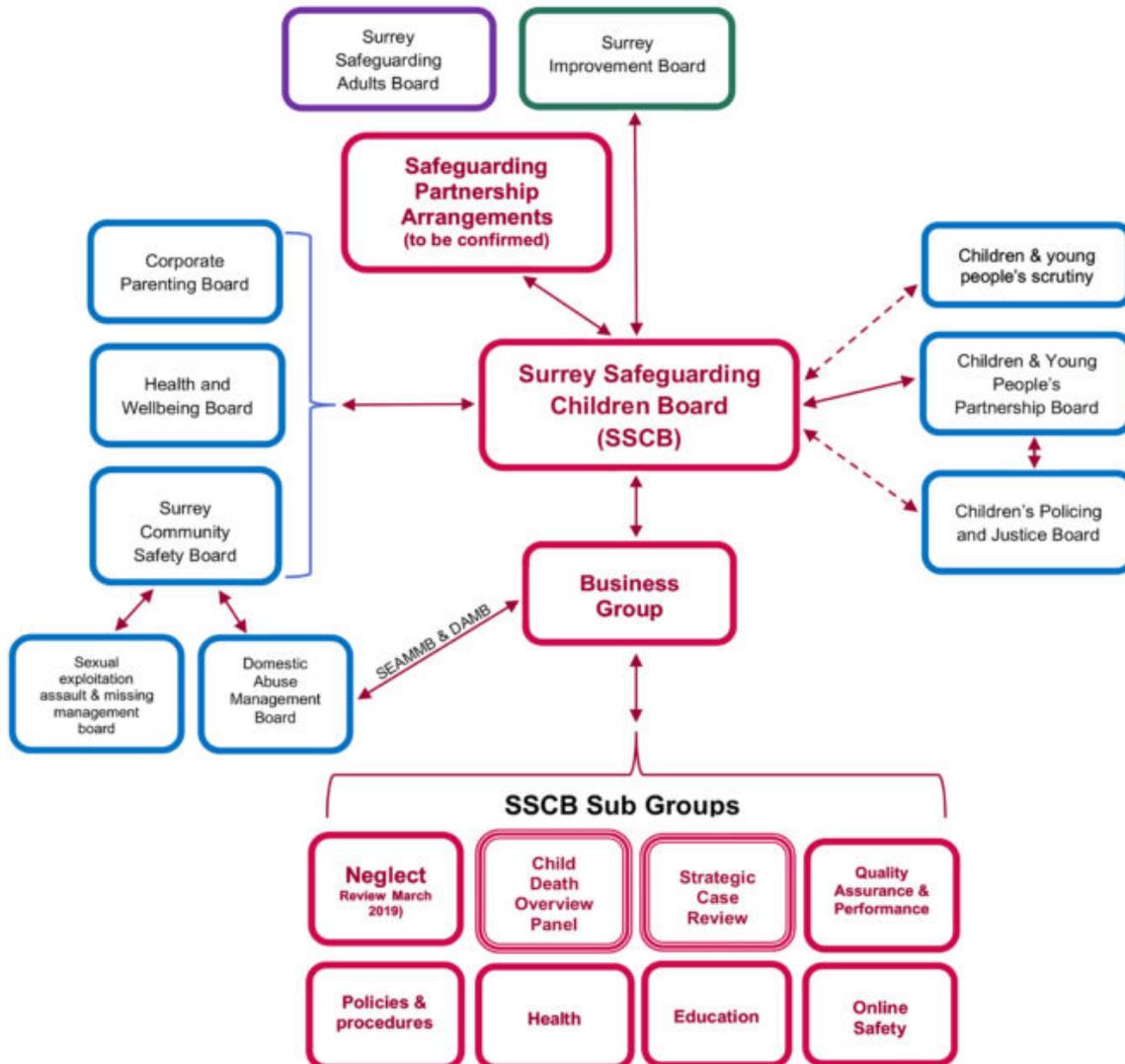
2.2 Membership of the SSCB 2018-19

The membership of the SSCB includes, Surrey County Council, Surrey Police, Guildford and Waverly CCG (representing all CCGs), the National Probation Service, South East and East Devon Division, HMP and YOI Bronzefield, Hinchley Wood School, the Diocese of Guildford, NHS England, First Community Health Care, CSH Surrey, Kent, Surrey and Sussex CRC Ltd, the Army Welfare Service, Home Start – Surrey, Lumen Learning Trust, Children and Family Health Surrey, Surrey Youth Focus, Gosden House School, Ashford and St Peters Hospital, Tandridge District Council, Brooklands College, and Cafcass

2.3 Our Structure



Surrey Safeguarding Children Board Structure 2018-2019



Key
 Keep Informed - - - - -
 Reports to - - - - -
 Statutory Group = = = = =

3. SSCB Priorities 2018-2019

The partnership business priorities cover the 18-month period from, March 2018 to September 2019, and has brought together the following areas of strategic focus:

- the Ofsted Priority Action Plan (July 2015-2018),
- the SSCB actions which form part of the Children's Services Improvement Plan,
- recommendations from the Ofsted inspection in March 2018, and
- the Business Plan 2016-2018.

3.1 Focus on the Child's voice and lived experience to inform and shape our work with children and their families

Priority 1: Ensure that the child's voice and lived experience is integral to all the work that the SSCB and its partners undertakes, using a strengths-based, child-centred approach to engagement and involvement.

SSCB undertook a comprehensive review across the partnership of the systems in place to ensure that a child's voice is heard and that their views are taken into account. The review focused on the impact on practice and what might help improve how services work with children and young people.

Services across Surrey were asked to complete a survey identifying what information was recorded on the views of children, how children were engaged in services and could feedback on their experiences, and how this information was used to inform the commissioning and planning of services.

The responses identified areas of positive practice in direct work with children and young people and a broad use of tools to help children and young people communicate their thoughts and feelings. Statutory services working with children and young people could identify how they asked for and recorded feedback and what activities had been put in place to change front-line practice. The full report will be used to inform the business plan for 2019-20.

The Rights and Participation Service has been working directly with children and young people to gain a clearer understanding of their experiences and challenges, and to explore how young people can be supported and how we can improve their overall experience of the services that they receive in Surrey.

The team invites children and young people to give feedback on service, gathers the views of children in vulnerable groups and talks with young people to understand what it is like to be a child in Surrey. Young people are being supported to participate directly in Council processes and work directly with frontline practitioners to influence and inform how services are delivered in the county.

Key Achievements

- Establishing a Youth Cabinet and Youth Inspectors – making children central to Corporate Parenting;
- Designing numerous events such as Care Council, Care Council Juniors, Skills Fest, which is an event run each summer for looked after children and care leavers. It is similar to a festival, with different stalls and the main aims of the day are to have fun and promote independence; The Oscarz, which is an awards ceremony celebrating the achievements of looked after children and children leaving care. The categories include Education, Sports, Personal, Participation and Employment.

- Multi-agency 'Total Respect' training. The Total Respect training team were Gold Award winners at the National Crimebeat awards in recognition of their work with Surrey Police.
- Young apprenticeships scheme which has made significant changes that positively impact on children who are looked after and young people who leave care in Surrey.

Looking Forward

Surrey County Council and partners are committed to further developing participation with children and young people. Working collaboratively and in consultation through youth groups such as the Care Council, Youth Cabinet, and Care Council Juniors. The new Surrey Safeguarding Children Partnership will continue to support and extend engagement with vulnerable groups of children and young people.

The Child and Adolescent Mental Health Service (CAMHS) participation team will also be able to incorporate youth advisory groups for young people who have experienced CAMHS in its future work, and there will be a focus on school-based training to raise awareness of mental health. Resources to support young people will also be developed for young people in emotional and mental health crisis.

The partnership recognises the importance of children and families being central to Surrey's safeguarding arrangements. This means not only that views are routinely sought by professionals but also that these views help inform and shape our services.

We look forward to strengthening our connections with children and young people living in Surrey, and we will continue to encourage and assist with service improvement, ensuring that children and young people are at the heart of this process.

3.2 Early Help in Surrey

Priority 2: Hold partners to account for the development of an Early Help system which supports children with emerging needs through to the provision of statutory support and intervention

The Safeguarding Board has agreed and introduced the Family Resilience Levels of Need guidance for partners. This clearly defines the levels of Need and pathways for accessing support. In excess of 1500 practitioners from across the partnership have attended the Family Resilience levels of Need training. Surrey County Council has restructured services to create a new Children's Single Point of Access (C-SPA) which also includes the creation of the Early Help Hub. The Early Help Hub connects the needs of families to the most appropriate support, either by providing information, advice and guidance or directly allocating support from services, such as Targeted Youth Support, Family Centres and the Family Support Programme. The new levels of need and improved pathways have reduced the length of time families wait for support.

The Early Help Services delivered and commissioned by the Surrey County Council have been remodelled with new service specifications that focus on outcomes and supporting

children, families and young people in the most need of support and to reduce the likelihood of needing statutory services.

Following the comprehensive review of the MASH service, Surrey County Council launched the new C-SPA on 29th April 2019. The teams are currently located in Guildford Borough Council. The Request for Support Team are based at the County Hall, with the Early Help and the Multi-Agency Partnership (MAP) co-located at Guildford Borough Council. Also co-located at Guildford Borough Council are core partner agencies – Police and Health.

The move to the C-SPA changed the way we work with Children and their families, with the objective of ensuring that children and their families get the right service at the right time. This involves the application of the Effective Resilience Threshold Levels of Need document.

Key Achievements

The key achievements of Surrey's approach to Early Help so far:

- Restructuring - the Surrey County Council Early Help Services, creating Targeted Youth Support, the C-SPA and the Early Help Hub
- Redefining - Children Centres and commissioning Family Centres with a new specification to focus on families who need help the most
- Mainstreaming - the Family Support Programme with a new specification and increased capacity
- Creating - the Early Help Hub as a key component of the Single Point of Access and ending the use of panels
- Training – the training of approximately 2000 practitioners in the Effective Family Resilience Levels of Need
- Recovering - the Troubled Families Programme performance
- Recommissioning - of level 2 Early Help provision

Looking forward

Strengthening the partnerships' recognition that Early Help is not a service, but a way of working for all partners will be achieved with a new Early Help Strategy that sets out the priorities and ambitions for the partnership, and that builds on the overall Family Resilience approach. The Early Help Assessment has been reviewed and will launch alongside the new strategy. The partnership will also work together to develop the guidance and training to accompany the strategy and associated practice tools.

The next phase of the development of the Early Help Hub will include strengthening the Family Information Service digital offer, further integration with other service pathways, building the role of Community Connectors and widening the use of Family Group Conferencing.

Initially, the Ofsted Priority Action Board has given some oversight to the embedding of these new arrangements. However, over the course of the coming year this responsibility will pass to the new Surrey Safeguarding Children Partnership which will take on the ongoing scrutiny function.

3.3 Child Exploitation and Missing

Priority 3: Reduce harm to children and young people in vulnerable groups at risk of exploitation

Agencies across Surrey have been working together to strengthen the prevention of child exploitation and vulnerability through more robust multi-agency training. This training raises awareness of issues to help practitioners better identify cases and improve understanding amongst Surrey's young people and communities about child exploitation.

Child exploitation training and workshops have been delivered across Surrey including in Acute, Community Health and GP settings, in children's social care; Surrey Police; with schools and education settings and with the voluntary sector. There is an ongoing commitment to ensure that all staff are equipped to identify child exploitation risks and promote contextual safeguarding interventions.

Tackling Child exploitation is embedded as a priority for those working in child safeguarding and Senior Officers across the partnership receive regular updates and assurances on progress.

Local social media campaigns such as Brecks Last Game, youth produced sexual imagery and Emily's Story have helped raise the profile of child exploitation in the County.

Partners have a robust approach to early identification of child exploitation; working closely, young people and the wider community to raise awareness of the difference being made in safeguarding children and pursuing perpetrators. Work has been ongoing with third sector partners to understand better the experience of young people who have been sexually or criminally exploited. Engagement has included previous victims of criminal exploitation as part of an awareness and marketing campaign to ensure their experiences are shared and system-wide practice improvements are made.

Partners have shared and utilise the National Working Group and Home Office Toolkits in responding to perpetrators, particularly where a criminal justice outcome is beyond reach or not appropriate. Surrey Police have introduced High Harm Perpetrator Units which offer expertise in the obtaining and 'policing' of Ancillary Orders. Surrey Police continue to proactively use Child Abduction Warning Notices with perpetrators but improvement is required in ensuring compliance with these, particularly on a cross-border basis.

Operation Denver - A regional operation focussing on individuals for whom decisions have been made that there will be 'no further actions' on two or more times for Child Sex offences, has identified a number of individuals or are subject to further investigation. Following on from this, officers and staff have been provided with guidance on alternatives to criminal justice outcomes for perpetrators.

Efforts to increase the timeliness and sharing of information between agencies has led to a significant increase of intelligence between agencies.

Multi-Agency Mapping Offenders Locations and Trends (MOLT) Meetings are now established. Local MOLT meetings are designed as a collective assessment of child exploitation through the sharing of intelligence and information on perpetrators and locations. The MOLT is a live version of a problem profile allowing a response to the current and emerging exploitation threats.

Operation Compass - Surrey Police are part of a pilot with British Transport Police to better understand the use of the rail network by exploited children. This work will also involve contributions from rail network providers and the development of training for rail network staff and a campaign to increase bystander/passenger awareness.

Missing

Surrey agencies have been committed to developing a more consistent multi-agency response to repeat missing episodes of children, this has been achieved by embedding a memorandum of understanding in Children's Homes, Supported Living accommodation and Schools.

A Missing Action pack has been adopted by Children's Homes countywide.

Awareness-raising of multi-agency processes for safeguarding migrant children in Surrey is also ongoing.

Surrey Police produce monthly Data on Missing episodes. This includes the top 'missing from' and 'return to' locations. These are considered by Child Exploitation and Missing Units as part of their prevention and intervention work with those that repeatedly go missing. Locations are also considered by MOLTs.

Surrey Police has engaged with the Missing Person Charity and a training package has been developed for roll out in 2019/20 with a view to ensuring a consistent approach to Prevention Interviews. There is a reasonable assumption that the reduction in missing person episodes in 18/19 is connected (among other things) to the Police use of prevention interviews. Further work is required to better understand the reduction and the underlying reasons and the impact of Prevention Interviews.

Work has been commissioned by Surrey Police to better understand the 'push and pull' factors for repeat missing children and the extent to which changes in practice and strategy can reduce episodes.

This is reported in the context of a considerable drop in reported missing episodes in Surrey.

Both the Surrey Vulnerability Board and the Surrey County Council's Corporate Parenting Board have sought further information on the quantity and quality of Return Home Interviews, following the introduction of a new approach by Family Resilience and Safeguarding. Surrey Police and Surrey County Council have also begun to look at the extent to which information can be drawn from Return Home Interviews, to reveal patterns and trends in relation to repeat missing children.

Looking forward

Agencies have identified more work is needed to strengthen partnership working around the range of safeguarding and prevention options within local communities.

There will be a renewed focus on online safety and an introduction to the National Crime Agency Ambassador's Programme. Contextual Safeguarding will become a strategic safeguarding priority for the new Surrey Safeguarding Children Partnership.

3.4 Children exposed to domestic abuse, neglect, parental substance misuse, parental mental ill health and parental disability

Priority 4: Ensure that all partners working with children and young people in Surrey recognise and respond to the needs of children and young people living with domestic abuse, neglect, parental substance misuse, parental mental ill health and parental disability, to improve their outcomes and keep them safe.

Domestic abuse remains a key priority for the Board. We have begun our transformation journey with the introduction of the Family Resilience approach, which aims to ensure that children and young people who may be exposed to risks of domestic abuse receive help at the earliest opportunity.

The Board held a deliberation event on the 8th February 2019 with a focus on domestic abuse. The actions from this event has been used to inform the future work of the Board in relation to domestic abuse, this work will be reflected in the Business Plan of the new Partnership for 2019-2020.

4. Multi-Agency Training 2018-19

The Surrey Safeguarding Children Board (SSCB) learning and development offer aims to enhance partnership working to safeguard children in order to improve outcomes for children and families in Surrey. Our workshops and training events give practitioners the opportunity to:

- Share knowledge and explore understanding of their differing roles.
- To understand how safeguarding operates in Surrey by sharing good practice, resources and processes. This includes the latest models of Effective Family Resilience and Family Safeguarding.
- To learn from each other's experience and practice in terms of safeguarding and positive outcomes for children.

Key achievements

During the period of the annual report we delivered 203 training courses/workshops to 3,722 practitioners, compared to 201 courses delivered to 3509 practitioners in 2017-2018. Demand for multi-agency training remains high.

We introduced new learning and development opportunities including the revised Child Exploitation level 1 and 2 training, Effective Family Resilience Train the Trainer and workshops, Online Safety workshops (Child Exploitation and Online Protection), Working with Resistance, Multi-Agency Risk Assessment Conference (MARAC), Multi Agency Public Protection Arrangements (MAPPA) and Channel Panel workshops.

Our multi-agency foundation training was refreshed to include the changes within Surrey Children's Services relating to Effective Family Resilience, Family Safeguarding (relationship based practice) and the new front door arrangements.

All training (specialist and foundation) was reviewed and revised to reflect national and local changes and priorities. For example Child Sexual Exploitation has been refreshed to include

County Lines, drugs supply and gangs with reference to modern slavery and the radicalisation and extremism agenda. The new full day training is renamed Child Exploitation and Building Resilience.

Learning and good practice identified from Serious Case Reviews, Child Death Overview Panel cases and SSCB audits were delivered to an increased number of practitioners following the introduction of locality based briefings to team meetings in addition to our classroom based offer.

Annual Conference in November 2018

The SSCB's third annual conference, entitled '*Acting Early to Improve Outcomes for Children in Surrey*' was held on Thursday the 29th of November 2018 at the H.G. Wells Conference Centre in Woking, Surrey. It was well attended by 500 delegates including strategic leaders and front line practitioners from across partner agencies.

Claire Burgess, the SSCB Independent Chair, opened the conference and Dave Hill, Surrey County Council (SCC) Executive Director of Children, Families and Learning, presented SCC's vision for children and families in Surrey. Following that, nationally renowned experts, young people and local strategic leaders spoke about neglect, early help, and fabricated and induced illness.

SSCB Keeping Children Safe in Sports Event in October 2018

In 2017, the SSCB QA Officer undertook on behalf of the SSCB a Section 11 audit of Non-Statutory Voluntary Sector Organisations. This audit identified a gap in safeguarding training for sports organisations. Working with Surrey County Council and a number of sports organisations, SSCB facilitated an evening event to coincide with Parents in Sports week at Bourne Hall, Ewell offering a range of safeguarding workshops and presentations. This was well attended by over 80 participants and involved presentations on the following areas:

- Child Sexual Exploitation;
- Online Safety;
- Understanding the impact of Mental Ill Health on Young People and Developing Resilience;
- Prevent and Radicalisation; and
- Pitch-side Behaviour,

This included outlining the role of the SSCB and relevant multi-agencies' safeguarding policies and procedures accessible to Sports Organisations.

Evaluation and Impact Analysis

One of the aims of the SSCB training team is to understand the impact of the training offer. Feedback to date suggests that trainees find the induction training on Working Together to Safeguard Children 2015 useful in terms of understanding early indicators of abuse and neglect.

Core safeguarding training enhances their understanding of the referral process and their understanding of each other's roles and, as a result of the training, their confidence has increased in terms of identifying safeguarding concerns and escalating them as well as addressing safeguarding concerns with families.

Looking Forward

A new model of delivering training has been developed, in January 2019 - the Surrey Children's Services Academy (SCSA) was launched. The Academy works across agencies in Surrey and aims to co-ordinate learning and development and support practitioners who work with children and families.

The partnership will continue to work closely with the SCSA to further develop a joined up approach of children and adult learning opportunities, focusing on areas with overlap such as parental mental ill-health, parental substance misuse, domestic abuse, neglect, exploitation including online bullying and financial abuse, disability, Deprivation of Liberties.

The 2019-20 training programme will build on the roll out of new partnership arrangements and practice models such as the Effective Family Resilience, Family Safeguarding and in key areas such as Early Help, Neglect and Domestic Abuse which are partnership priorities across statutory boards.

In future the Surrey Safeguarding Children Partnership will continue to influence safeguarding training and development needs and will seek assurance from the Academy and partners that safeguarding training is evaluated and monitored for effectiveness.

5. Partners' Contributions

Budget contributions have remained unchanged in 2018-2019. Partner contributions will be reviewed by the Surrey Safeguarding Partnership Executive as the Board moves towards the new Surrey Safeguarding Children arrangements, however partners agreed at the board meeting on 21 January 2019 to continue contributions at the levels shown below for 2019-2020.

These are:

Organisation	Contribution	Training	Percentage
CCGs	£134,490	£8,510	37.90
Surrey Police	£28,320	£1,783	8.00
NHS trusts	£15,300	£5,256	5.40
District and boroughs	£11,220	£1,100	3.30
Probation	£6,405	£239	1.80
Cafcass	£550	Nil	0.10
Total Partner	£196,285		
Partner Training	£16,888		
Surrey County	£164,100	Nil	43.50
TOTAL	£377,273		100.00

New Surrey Safeguarding Children Arrangements

From September 2019, A new Safeguarding Children Partnership will be established and led, jointly and equally, by Surrey County Council, Surrey Police and Guildford and Waverley Clinical Commissioning Group (on behalf of all CCGs and NHS providers in Surrey).

The three named statutory 'Safeguarding Partners' will form a new Executive Group for the Partnership, joined by representatives from the county's schools and colleges, district and borough councils, and the Police and Crime Commissioner's office. Representatives of the Third Sector will attend the Executive Group on an issue by issue basis.

Surrey Safeguarding Children Board (SSCB) will be replaced by a new Children's Safeguarding Partnership.

The membership of the Children's Safeguarding Partnership will become 'relevant agencies' and will be extended to more fully represent the breadth of interests/stakeholders in children's safeguarding in Surrey.

There will be fewer standing sub-groups with the adoption of a commissioning approach to quality assurance and learning and development.

New procedures will be put in place for the independent scrutiny of the effectiveness of the new arrangements and for the stronger engagement of young people in the local safeguarding agenda.

A stronger focus on learning from practice will be developed by Surrey's new Children's Workforce Academy.

Vision for the new safeguarding arrangements

The new safeguarding arrangements will make a difference to the lives of children and young people in Surrey. They will ensure that agencies work better together, learn from local and national practice and continuously improve services to enable children to be safe and feel safe in their families and communities.

Core Values

This vision for the increased effectiveness of the new arrangements is supported by core values formally shared and agreed by the Partnership:

- We have the strongest ambitions for children and are determined to work with pace and efficiency to continuously improve our services.
- Children and their voices are at the centre of everything we do.
- The fundamental purpose of the Partnership is to help children be safe and feel safe in their families and communities.
- Safeguarding is everyone's business. All services need to jointly 'own' their safeguarding responsibilities, work collaboratively and in integrated ways to achieve better outcomes for children.
- Mutual support and challenge are both essential if we are to realise our vision – we need to be honest about our challenges and successes.

The agreed priorities for the new partnership are outlined as follows.

1. **Thresholds** – to ensure that there is a clear understanding of thresholds for different levels of intervention. We will work proactively to ensure consistent and robust application of thresholds and will address issues arising from the implementation of threshold guidance collaboratively.
2. **Neglect** – the Partnership is committed to raising standards of practice and our collective response to the neglect of children and young people. Our priority will be to equip the children’s workforce in Surrey with a clear framework for assessment and action in cases of neglect.
3. **Domestic abuse** – the Partnership is determined to improve practice in safeguarding children in families where domestic abuse takes place. We will review our policy and procedural framework including our learning offer. We will also aim to improve the commissioning of services in respect of domestic abuse.
4. **Contextual safeguarding** – the Partnership will increase the focus on contextual safeguarding, including serious youth violence and knife crime and all forms of child exploitation. We will work to increase our understanding of these risks across all agencies.
5. **Emotional well-being and child and adolescent mental health services** – the Partnership’s priorities are to improve children and young people’s access to services and the quality of these services. A new CAMHs strategy is being developed and these services will be recommissioned to achieve these aims.
6. **Children with SEN and Disabilities** – the Partnership is aiming to increase the representation of parent/career and user groups in the new safeguarding arrangements and to ensuring that the safeguarding of children and young people with SEN and disabilities is fully incorporated in the planning and business of the partnership
7. **Historical Abuse** – the Partnership will seek to ensure full cooperation across agencies and that relevant records are made available to investigators and that support is provided, sensitively and openly, to those individuals who may be affected

Conclusion

The Surrey Safeguarding Children’s Partnership remains on the improvement journey that began with the Surrey Safeguarding Children’s Board. We have the highest ambitions for Surrey’s children, their families and the practitioners who support them. As a Partnership we are all committed to working together to enable all of Surrey’s children to be safe and feel safe in their families and communities.

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Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Community Safety Board Merger
Related Health and Wellbeing Priority:	All Priorities
Author (Name, post title and telephone number):	Amy Morgan, Policy and Programme Manager, Surrey County Council
Sponsor:	Cllr Tim Oliver and David Munro
Paper date:	5 March 2020

2. Executive summary

2.1 Following discussions at the Health and Wellbeing Board and the Community Safety Board, this paper seeks approval for the merger of the Community Safety Board and the Health and Wellbeing Board.

3. Recommendation

3.1 This paper recommends that the Health and Wellbeing Board:

- Approves the merger of the Community Safety Board and the Health and Wellbeing Board
- Agrees for the new members from Surrey Police, Surrey County Council, South East Probation Services and the Community Rehabilitation Company (CRC) to join the Board
- Notes the alignment of the Community Safety Board priorities to the Health and Wellbeing Strategy priorities 1 and 3
- Approves the new Terms of Reference which link to the delivery of the Surrey Community Safety Agreement (CCSA)

4. Reason for Recommendations

4.1 This paper recommend a merger of the Community Safety Board and the Health and Wellbeing Board for the following reasons:

- It will enable the Surrey system to share priorities across health and criminal justice with a greater awareness of the threats to our communities and ways to prevent criminal activity through addressing the wider determinants.
- It will offer opportunities to explore commissioning and project delivery collaboratively in line with the national Policing, Health and Social Care Consensus.
- It will allow clearer governance and performance monitoring which will provide greater clarity for Surrey residents and system partners.

5. Detail

5.1 Following discussions at the Health and Wellbeing Board and the Community Safety Board, we have mapped the current work and statutory responsibilities of both the Community Safety Board and the Health and Wellbeing Board. In line with the commitments set out in the Surrey Community Safety Agreement (CCSA), the Health and Wellbeing Strategy implementation plans now include all the current Community Safety Board priorities (see Appendix A for detailed plans):

- Domestic Abuse (Priority One: Helping People Live Healthy Lives)
- Drug and Alcohol Abuse (Priority One: Helping People Live Healthy Lives)
- Serious Youth Violence (Priority Three: Supporting People in Surrey to Fulfil their Potential)
- Community Harm (Priority Three: Supporting People in Surrey to Fulfil their Potential)

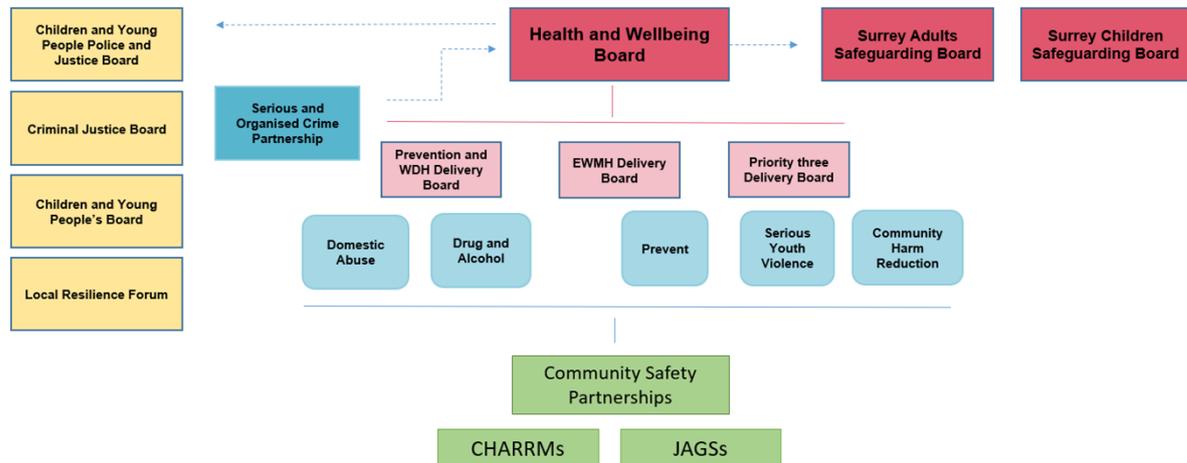
5.2 The plans for Prevent are emerging following clarification from the Home Office that Surrey will be a Dovetail site and are therefore not included within Appendix A. These will form part of Priority 3 of the Health and Wellbeing Strategy.

5.3 It is mandatory for two tier authorities to ensure we meet our statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all of their duties. The Health and Wellbeing Board Terms of Reference now references the CSA (see Appendix B addition 3.2.6 and amendments 2.2, 6.1).

5.4 The Board, based on the most up to date data and evidence, will review and amend the Agreement annually and receive progress reports from priority workstream leads through the three priority delivery boards. Please note, the current CSA is from 2017 and a refresh is currently underway. This has been included on the HWBB forward plan.

5.5 The Serious Organised Crime (SOC) Partnership will be administrated by Surrey Police and will continue with a dotted line to the Health and Wellbeing Board. The board will focus specifically in on county lines, illegal drugs and associated harm, modern slavery and human trafficking, and economic crime in all its forms including the threat posed by cyber-crime and serious acquisitive crime. The SOC Partnership is a multi-agency approach led by Surrey Police to disrupt criminals inflicting harm through serious and organised crime using the Pursue, Prevent, Protect, Prepare approach.

5.6 The diagram below sets out the proposed governance structure:



5.7 We have invited the following members onto the Health and Wellbeing Board. These people are key members of the current Community Safety Board and need to be represented on the Health and Wellbeing Board if the merger is going forward:

- Surrey Police, Chief Constable – Gavin Stevens
- CRC, Assistant Chief Officer – Carl Hall
- National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection – Robin Brennan
- Cabinet Member for Community Safety, Fire and Resilience – Cllr Denise Turner-Stewart

5.8 We recently held a workshop at the Health and Wellbeing Board in February to discuss domestic abuse and the implementation plans. We have also arranged for a session in April to explore the priorities of the representatives joining the board and to agree when community safety priorities need to come to the Board in 2020 for members to have oversight of their progress.

6. Next steps

6.1 Following approval, a letter will be sent to all District and Borough Leaders and Chief Executives (copying in the Community Safety Board Chairs and Health and Wellbeing Boards) to confirm the merger.

Appendix A - The Health and Wellbeing Strategy implementation plans now include all the current Community Safety Board priorities

Appendix B - Surrey Health and Wellbeing Board Terms of Reference - Amended March 2020

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Appendix A

Focus Area 2: Supporting prevention and treatment of substance misuse, including alcohol							
Ref	Activity	Accountability	Start date	End date	RAG	Comments	Risks/issues
Kanchan Bhanage, SCC: Project 1 - Support prevention and reduce substance misuse, including alcohol misuse and alcohol-related harm							
MILESTONE 1: Develop five year Drug & Alcohol Strategy for Surrey (2020-2025)							
1.1	Review milestones and KPIs	Kanchan Bhanage, SCC	01/11/19	31/12/19	Green		
1.2	Develop draft drug and alcohol approach for Surrey based on substance and alcohol-related needs identified in the Joint Strategic Needs Assessment, reviewing existing priorities, objectives and outcomes:- Theme 1 - Prevention & Early Identification Theme 2 - Treatment & Recovery (marty)n Theme 3 - Safer & Stronger Communities (heather) Produce final draft strategy for consultation.	Kanchan Bhanage, SCC	01/09/19	31/01/20	Green		
1.3	Run 12 week consultation on draft strategy	Kanchan Bhanage, SCC	17/02/20	04/05/20	Green		
1.4	Publish/launch Drug & Alcohol Strategy	Kanchan Bhanage, SCC	31/07/20	15/08/20	Green		
1.5	Develop robust implementation action plans for delivery of strategy	Kanchan Bhanage, SCC	10/08/20	30/09/20	Green		
1.6	Produce annual report on progress and implementation of strategy	Kanchan Bhanage, SCC	01/02/21	31/03/21	Green		
1.7	Ensure prevention and treatment of substance misuse for young people	Heather Ryder, SCC	01/11/19	31/01/20	Green		
1.8	Develop aligned action plans for each theme of the strategy owned	Substance Misuse Partnership Board	13/11/19	15/12/20	Green		
MILESTONE 2: Support prevention and early identification of drugs and alcohol							
2.1	Monitor CQUIN performance and provide feedback where areas for improvement including links with the MECC programme	Gail Hughes/Kanchan Bhanage, SCC	01/11/2019	31/03/2020	Green		
2.2	Continue to commission DrinkCoach Alcohol Test - online alcohol	Gail Hughes/Kanchan Bhanage, SCC	01/01/20	01/03/21	Green		
2.3	Identify opportunities to embed alcohol IBA into health settings and clinical pathways across primary and secondary care (i.e. PCN social prescribing, therapies/outpatient depts, mental health services, sexual health services). Work in partnership to establish this	Gail Hughes/Kanchan Bhanage, SCC	01/01/20	01/03/21	Green		
2.4	Identify opportunities to embed alcohol IBA in non-NHS settings; DA outreach services, social care, job centres, housing services, education establishments, leisure centres, voluntary orgs). Work in partnership to establish this	Gail Hughes/Kanchan Bhanage, SCC	01/01/20	01/03/21	Green		
2.5	Review alcohol screening (AUDIT-C) data from One You Surrey to inform future planning	Gail Hughes/Kanchan Bhanage, SCC	01/03/20	0/06/20	Green		

2.6	Review alcohol screening (AUDIT-C) data from Health Checks to inform future planning	Gail Hughes/Kanchan Bhanage, SCC and Jason Ralphs, SCC	01/01/20	01/09/2020	Green	
2.7	Review performance of Alcohol Care Teams in Surrey	Gail Hughes/Kanchan Bhanage, SCC	01/01/21	01/03/21	Green	
2.8	Review delivery DrinkCoach Coaching Service and develop proposal for delivery of alcohol EBI for higher risk drinkers via i-access	Gail Hughes/Kanchan Bhanage, SCC	01/08/19	01/10/19	Green	
2.9	Work with i-access and Catalyst to commence delivery of new model	Martyn Munro , SCC	21/10/19	30/11/19	Green	
2.10	Produce full evaluation of pilot service with Centre for Public Innovation	Martyn Munro, SCC / Centre for Public Innovation	30/06/19	30/04/20	Green	
2.11	Review uptake of EBI model	Martyn Munro , SCC	02/01/20	30/04/20	Green	
2.12	Develop plan for sustainable model for Surrey	Martyn Munro , SCC	01/11/19	30/04/20	Green	
2.13	Implement Model for Surrey	Martyn Munro , SCC	30/06/19	11/12/19	Green	
MILESTONE 3: Support effective treatment and recovery for those with drug and alcohol dependency						
3.1	Review co-existing conditions MH & SM profile at SM programme board, SI panel and CQRM	Martyn Munro, SCC	01/11/19	01/11/20	Green	
3.2	Evaluation of HIC-D service and exploration of options for delivery with system partners and the SyH transformation board	Martyn Munro, SCC	01/02/20	31/03/20	Green	
3.3	Identify gaps and challenges for those with SMI and substance misuse issues, adding additional milestones and KPIs to reflect new activity required	Martyn Munro, SCC	01/02/20	31/03/20	Green	
3.4	Develop a response under the proposed co-operative agreement with SABP for those with SMI and substance misuse issues	Martyn Munro, SCC	01/01/20	31/03/20	Green	
3.5	Share and consult outcomes of SMI and substance misuse sub group with partner via MHCCC, Surrey Adults Matter and CQRM	Martyn Munro, SCC	01/11/20	01/01/21	Green	
3.6	Implementation of the drug misuse death plan and Naloxone roll-out to high-risk populations	Lisa Byrne, SCC	01/04/19	01/04/20	Green	
3.7	Review milestones and KPIs for tackling drug misuse deaths	Lisa Byrne, SCC	13/11/19	01/11/20	Green	
MILESTONE 4: Develop safer, stronger communities						
4.1	Establish processes for police, community safety and licensing partners to routinely review and utilise ISTV intelligence to inform coordinated response to violence prevention	Gail Hughes, SCC / Substance Misuse Partnership	01/04/20	01/10/20	Green	
4.2	Identify key data sources that can be shared between partners to reduce alcohol-harm (i.e. ASB, Community Safety, Domestic Abuse, Suicide and ISTV data)	Gail Hughes, SCC and Martyn Munro, SCC	01/01/20	01/10/20	Green	
4.3	Develop data sharing agreement using MAISP as appropriate and ensure systems in place to routinely share data across local alcohol partners and strategy groups	Gail Hughes, SCC and Martyn Munro, SCC	01/10/20	31/12/20	Green	

Focus Area 4: Preventing Domestic Abuse and supporting and empowering victims

Ref	Activity	Accountability	Start date	End date	RAG	Comments	Risks/issues
Hayley Connor, SCC: Project 1 - DA Transformation programme set up and governance							
MILESTONE 1: Establish Membership and Objectives of DA partnership							
1.1	Produce DA Catalyst Paper	Hayley Connor, SCC	01/09/19	24/01/20	Green		
1.2	Present DA Catalyst Paper at the HWBB and agree recommendations	Hayley Connor, SCC	06/02/20	06/02/20	Green		
1.3	Agree prototype leads	Hayley Connor, SCC	06/02/20	21/02/20	Green		
1.4	Finalise and agree outcomes, KPIs and milestones	Hayley Connor, SCC	06/01/20	28/02/20	Green		
1.5	Establish one DA Executive Steering Group, ToR and forward plan	Hayley Connor, SCC	06/02/20	31/03/20	Green		
1.5	Establish and agree forward plan for disbanding the DADG and new arrangements.	Hayley Connor, SCC	02/03/20	06/05/20	Green		
MILESTONE 2: Establish metrics							
2.1	Rapid research and data to inform Surrey DA needs assessment/ service gaps	Hayley Connor, SCC	09/12/19	28/02/20	Green		
2.2	Establish metric and baseline for measurement	Hayley Connor, SCC	06/01/20	28/02/20	Green		
2.3	Agree key metrics for agreement with the DA steering group & Prevention Board	Hayley Connor, SCC	06/01/20	28/02/20	Green		
MILESTONE 3: Multi-agency design							
3.1	Prioritisation of Domestic Abuse Prototype development workstreams	Hayley Connor, SCC	06/02/20	28/02/20	Green		
3.2	Develop selection criteria to determine location of DA prototype sites	Hayley Connor, SCC	24/02/20	27/03/20	Green		
3.3	Develop business case investment proposals for prototypes	Hayley Connor, SCC	24/02/20	27/03/20	Green		
3.4	Establish co-production charter with partners, including provider partners to ensure survivor voice influences prototype development	Hayley Connor, SCC	10/02/20	28/02/20	Green		
3.5	Develop specification and evaluation framework for evaluation partners to evaluate prototype areas	Hayley Connor, SCC	20/03/20	04/05/20	Green		
3.6	Develop full service specification informed by learning from prototypes	Hayley Connor, SCC	01/02/21	01/05/21	Green		
TBC: Project 3 - Prototype 1 (Health Interventions)							
MILESTONE 4: Prototype 1 Implementation & Evaluation							
4.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green		
4.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green		
4.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green		
4.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green		
4.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green		

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TBC: Project 4 - Prototype 2 (Young Offenders and Domestic Abuse)

MILESTONE 5: Prototype 2 Implementation & Evaluation

5.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green
5.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green
5.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green
5.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green
5.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green

TBC: Project 5 - Prototype 3 (Perpetrator Programmes)

MILESTONE 6: Prototype 3 Implementation & Evaluation

6.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green
6.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green
6.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green
6.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green
6.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green

TBC: Project 6 - Prototype 4 (Early Intervention - focused on DA experience and involving CYP)

MILESTONE 7: Prototype 4 Implementation & Evaluation

7.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green
7.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green
7.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green
7.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green
7.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green

TBC: Project 7 - Prototype 5 (Coercive Control)

MILESTONE 8: Prototype 5 Implementation & Evaluation

8.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green
8.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green
8.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green
8.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green
8.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green

TBC: Project 8 - Prototype 6 (Recovery & Coping)

MILESTONE 9: Prototype 6 Implementation & Evaluation

9.1	Prototype Development workshop to develop ideas, scope and consider best practice evidence based models	TBC	06/02/20	13/03/20	Green	
9.2	Develop implementation plan to include milestones, procurement model, required resource and deadlines to inform prototype business case	TBC	17/02/20	20/03/20	Green	
9.3	Prototype funding stream and governance process identified & funding agreed	TBC	20/03/20	30/04/20	Green	
9.4	Prototype implementation - process to be defined following 4.2	TBC	04/05/20	17/07/20	Green	
9.5	Prototype evaluation	TBC	10/08/20	29/01/21	Green	

TBC: Project 9 - Prototype 7 (Family Safeguarding Model)

MILESTONE 10: Prototype 7 Implementation & Evaluation

10.1	Establish evaluation criteria for Family Safeguarding Model and identify learning for this programme	TBC	03/02/20	28/02/20	Green	
10.2	Mapping of existing outreach offer and Family Safeguarding Model, identify interfaces and overlaps.	TBC	04/02/20	01/04/20	Green	
10.3	Update service specification to include interface with family safeguarding model setting out how the services work together	TBC	03/08/20	01/04/21	Green	

Hayley Connor, SCC: Project 10 - Current DA Services

MILESTONE 11: Shared understanding of current DA services and recommendations to partnership to build on existing good practice

11.1	Strengths, Weaknesses, Opportunities and Threat analysis of current DA system in Surrey	Hayley Connor, SCC			Green	
11.2	Service Mapping to be developed with partners	Hayley Connor, SCC			Green	
11.3	Refuges Service Review	Hayley Connor, SCC	01/02/20	10/04/20	Green	
11.4	Review and implement incoming national legislative changes with partners.	Hayley Connor, SCC			Green	
11.4	Ongoing mobilisation and learning from new outreach contract	Hayley Connor, SCC	01/11/19	01/04/20	Green	

Hayley Connor, SCC: Project 11 - Whole System

MILESTONE 12:

12.1	Develop maturity matrix and readiness assessment for whole system change.	Hayley Connor, SCC			Green	
12.2	Implement maturity matrix and readiness assessment for whole system change.				Green	
12.3	Map existing whole system projects: Communication Training MARAC Review Information sharing and pathways Develop milestones, KPIs and delivery dates	Hayley Connor, SCC			Green	
12.4	Implement Governance recommendations and monitor impact/effectiveness	Hayley Connor, SCC			Green	

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Focus Area Protecting Communities from Harm (ASB/SOC)							
Ref	Activity	Accountability	Start date	End date	RAG	Comments	Risks/issues
MILESTONE: Improve support for victims of ASB/SOC through district and borough based Community Safety Partnerships							
1.1	Develop with CSPs qualitative data to better understand victim profiles	Daniel Pearson - SP	23/01/2020			New Action	
	Develop with CSPs services to respond to victims of ASB/SOC	Lucy Thomas - SP	23/01/2020			New Action	
	Continue to work with and develop the ASC service - including sustainable funding options	Sarah Haywood - OPCC	23/01/2020				
	Continue to work with Cataylst to develop the Cuckoo support service - including sustainable funding options	Jo Grimshaw - SP	23/01/2020				
	Review Community Trigger Policy and Procedure	Jo Grimshaw - SP	23/01/2020				
	Implement and launch new Community Trigger (ASB Pledge)	Jo Grimshaw - SP	23/01/2020				
	Review Community Triggers received by Local Authorities	Community Harm Reduction Group	23/01/2020				
	Establish links with CCG and Health to indentify services for victims	Sue Murphy - Cataylst	23/01/2020				
	Provide information and routes for reporting for elected members and community leaders to help support their communities	Louise Gibbins - SCC	23/01/2020				
	Scope an Arson prevention "go box"	Matt Harper - SF&R	23/01/2020			New Action	
MILESTONE: Improve effective information sharing including shared IT that provides a secure joined up approach to victims at risk and case management of offenders							
Page 52	Ensure ECINS becomes the primary case management system for all Surrey ASB issues across all CSPs	Jo Grimshaw- SP	23/01/2020				
	Further develop the use of ECINS to capture relevant data and information to identify trends and risks that will lead to effective commissioning of services and deployment of resources	Jo Grimshaw - SP	23/01/2020				
	Ensure all CSP member agencies provide training/awareness to empower staff to feel confident in sharing information and when to share it.	Lou Gibbins - SCC	23/01/2020				
MILESTONE: Continue to improve the understanding of Anti-Social Behaviour in our local communities by the public and professionals and inform them what responses are available to tackle it.							
	Review of the CHaRMM Process and refresh guidance document	Lou Gibbins - SCC	23/01/2020				
	Review of the JAG/SOC JAG process and produce a guidance document	Marie Clarke - SP	23/01/2020				
	Ensure OSARA is used as the problem solving model for all activity	C/I Mark Offord - SP	23/01/2020				
	Review/Refresh ASB CPA 2014 Tools and Powers Framework Document	Jo Grimshaw - SP	23/01/2020				
	Deliver 2 Community Harm Reduction Practitioner Forums per year	Jo Grimshaw - SP	23/01/2020				
	Scope responses for dealing with Anti Social Parking	Sarah Haywood - OPCC	23/01/2020			New Action	
	Scope the use of CSAS Powers to help tackle ASB/SOC	Sarah Haywood - OPCC	23/01/2020			New Action	
MILESTONE: Develop a clear communications strategy							
	Produce a communication Strategy with the aim to ensure that professionals and communities alike have a better understanding of ASB/Crime and are aware of the action that can be, or has been, taken to address it	Alex White - SP	23/01/2020				
	Deliver ASB Week which identifies community concerns, priorities and harm at a neighbourhood level and involves communities	Jo Grimshaw - SP	23/01/2020				
	Review ASB Week	Alex White - SP					

Focus Area 2: Supporting adults to succeed professionally and/or through volunteering

Ref	Activity	Accountability	Start date	End date	RAG	Comments	Risks/issues
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MILESTONE: Youth Independent Advisory Group.

1.1	Scope approach with user and participation and youth offending service	Jess Evans/Carl Bussey	01/11/2019	01/02/2020	Blue	This was done in conjunction with Jess Clark from user and participation, and Michael O'Connor from Youth Offending Service.	The agreed approach doesn't enable impactful engagement. We don't attract the young people in Surrey who can feedback based on their own experiences.
1.2	Roll out 'mini sessions' with small groups of young people through user and participation teams and youth worker groups across the county.	Jess Evans/Carl Bussey	01/02/2020	01/04/2020	Green	This will indicate the appetite from young people to engage on the project. It will also indicate how much work is required to build relationships that encourage young people to engage in honest and solutions focused discussion.	Young people in Surrey aren't open to engaging on Serious Youth Violence. We don't create an environment that enables change based on young people's feedback and the young people become disengaged. It is a risk that the young people could have a negative influence on each other. The young people who want to engage can't access the group.
1.3	Review and agree feasibility/value of full panel approach	Jess Evans/Carl Bussey	01/04/2020	01/05/2020	Green	We use the success of the 'mini groups' to determine the best way forward in terms of what method of engagement will be the most effective. The strategic group will provide steer and a 'you said, we did' cycle will need to be established prior to the sessions.	As above.

MILESTONE: Establish Serious Youth Violence Strategic Group

2.1	Hold re-set workshop with key stakeholders to inform on the project and engage potential group members across the partnership and identify gaps in the partnership	Jess Evans	15/01/2020	15/01/2020	Blue	Workshop complete, subsequent engagement with partners has been positive.	There was risk partners would not get on board with the project and would not engage.
2.2	Agree attendees, content and purpose of the group	Jess Evans	15/01/2020	31/01/2020	Blue		Risk that those chosen for the strategic group may not all have capacity or may not be able to commit to attend the meetings.
2.3	Set up bi-monthly sessions	Charlotte Swope	01/02/2020	14/02/2020	Green	Date set for the first strategic group meeting on the 6th March.	Risk that this is too frequent/not frequent enough.
2.4	Ensure roles and responsibilities of group are clear as a governing board for the project offering steer and sign off	Jess Evans	01/04/2020	02/04/2020	Green	First session in March.	Without clarity of roles and responsibilities the group faces becoming driven by SCC and not the whole partnership.

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Surrey Health and Wellbeing Board

Terms of Reference

Amended March 2020

1. Context

1.1 The Health and Social Care Act 2012 set out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.

1.2 Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g. such as requirements for political proportionality or allowing council officers to be a member of the committee).

2. Purpose

2.1 The purpose of the Surrey Health and Wellbeing Board is to improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well.

2.2 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to improve health outcomes, community safety and to deliver the priorities set out in the Health and Wellbeing Strategy and the Community Safety Agreement (appendix A).

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey;

3.1.2 Oversees delivery of the priorities set out in the joint health and wellbeing strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the joint health and wellbeing strategy;

3.1.3 Has a statutory function to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council.

3.2 The Health and Wellbeing Board has the following additional statutory functions:

- 3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services;
- 3.2.2 Works with local organisations and partnerships to ensure alignment of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment with other locally developed plans or reports. For example, through receiving and providing comments on the CCG Annual reports and commissioning plans / intentions, and the Surrey Safeguarding Adults' and Children's' Boards Annual Reports;
- 3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
- 3.2.4 A power to encourage close working between commissioners of health-related services and the board itself; and
- 3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment.
- 3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CCSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all of their duties.

3.3 Health and Wellbeing Board business will focus on:

- 3.3.1 Overseeing delivery of the priorities and workstreams associated with the health and wellbeing strategy, not performance management of individual organisations;
- 3.3.2 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the Joint Health and Wellbeing Strategy;
- 3.3.3 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and ensure the most effective use of time and collective resources;
- 3.3.4 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g. Surrey Better Care Fund Plan); and
- 3.3.5 Discussing and highlighting key strategic issues in relation to the health and wellbeing of the population, only focusing on single organisational issues where they have a significant impact on the population of Surrey.

4. Principles

- 4.1 The following principles describes how Board members will work together. Board members will:

- 4.1.1 Prioritise resources and make decisions in the best interests of the Surrey population based upon evidence and data;
- 4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;
- 4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me';
- 4.1.4 Use consensus as the primary driver for decision making;
- 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
- 4.1.6 Seek to align local and system level success wherever possible; and
- 4.1.7 Champion an inclusive approach to engaging residents in the work of the Health and Wellbeing Board.

5. Chair

- 5.1 The Leader of the County Council will be the chair of the Health and Wellbeing Board.
- 5.2 A deputy chair will be nominated from one of the NHS organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed annually.

6. Membership

6.1 The Board membership will be as follows:

- *The Leader of Surrey County Council*
- Cabinet Member for Adults, Surrey County Council
- Chief Executive of Surrey County Council
- *Director for Adult Social Care, Surrey County Council*
- *Director for Children's Services, Surrey County Council*
- *Director for Public Health, Surrey County Council*
- *Representative of Healthwatch Surrey*
- ¹Leads of each constituent Integrated Care Systems (ICS) / Sustainability and Transformation Partnerships (STP).
- ²Representatives of each of the six integrated health and care partnerships across Surrey (defined by CCG geography). *At least one of these representatives should be a CCG representative to meet the statutory CCG representation membership requirement.*
- Surrey Police & Crime Commissioner

¹ These representative roles can be undertaken by another member of the Board with agreement from the respective ICS/STP.

² These representative roles can be undertaken by commissioners or providers as agreed by the integrated health and care partnership. Statutorily, each of the six CCGs must appoint a representative to the Health and Wellbeing Board BUT an individual can represent more than one CCG.

- 4 x representatives of the District/Borough Councils (2 x Council Leaders and 2 x Chief Executive Officers)
- Representative of the housing sector
- Representative of further education / universities
- Representative of mental health / wellbeing service providers
- *Representative of Fire and Safety*
- *Representative of Surrey Police*
- *Representative from the National Probation Service*
- *Representative from Community Rehabilitation Company*
- Representative of a Local Enterprise Partnership
- Representative of the Voluntary, Community and Faith Sector

6.2 Those members above denoted in italics are Statutory Members of the Board.

6.3 Board members are able to nominate a deputy (as agreed by the chair) who can attend and vote in their absence but must have delegated authority to make decisions.

6.4 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Health and Wellbeing Strategies and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England's commissioning functions in relation to the area and it is requested to do so by the board.

6.5 In addition to the statutory membership of the Board the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees e.g. for one year, the length of council or as a permanent addition to the full membership.

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

7. Quorum

7.1 For all meetings, there should at least be representation from all *statutory* members or their nominated deputy.

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

7.3 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The board will keep membership under review to ensure we achieve this.

8. Decision-making

8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports.

8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

9. Board Support

9.1 The Surrey County Council Health and Social Care Integration team are responsible for the Board forward plan, developing the agenda and support for Board members to fulfil their role.

9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, maintaining the actions tracker and the organisation of the meetings.

10. Meeting Frequency

10.1 The Board will meet quarterly in public following an agreed calendar of meetings. The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will be held at venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

11.1 These terms of reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members at least annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the board members at a public meeting.

Appendix A: Surrey Community Safety Agreement 2017 (currently being refreshed)

1. Introduction

Crime and anti-social behaviour can have a significant impact on the health and wellbeing of everyone who lives or works in or is visitor to Surrey. Community safety is an area of work concerned with protecting people, individually and collectively, and their quality of life, from hazards or threats that result from the criminal or anti-social behaviour of others.

The Surrey Community Safety Board (CSB) was established to provide strategic leadership to tackle crime and disorder across the county. The partner organisations that come together to make up the board share a collective aim to make the residents of Surrey feel safer and improve their quality of life; the boards priorities reflect this and focus on areas where we can / need to work better together to the benefit of all residents.

I am clear that the improvements we want to see can only be achieved by a coordinated effort and commitment on behalf of all CSB organisations and our wider partners. This is why, on behalf of the board, I am pleased to offer my support and commitment to this strategic plan.

David Munro
Police and Crime Commissioner for Surrey

2. Purpose

The CSB's purpose is to provide strategic leadership on crime and disorder issues that affect the whole the county.

The CSB will achieve this through:

Effective / Strong Leadership: The board leads partners in improving the safety of Surrey residents

Integration: The board encourages community safety organisations to work together and produce joined-up, co-ordinated services

Understanding Need: The board identifies the needs of Surrey's residents; this information informs our responses

The senior political and executive officer membership of the board work collectively to apply consistent solutions to shared problems; it is acknowledged there will be some local variation in delivery, but the oversight and accountability of issues is strategic.

The CSB's rationale is decision making. There will be an ongoing flow of information items and sharing of best practice, but the focus of meetings is on the delivery of action plans, and where the board can challenge and look in detail at the progress which has been made against priorities. At each meeting, a topic from the list of priority areas will be selected for an in-depth report back.

Each priority is underpinned by a management board (see the governance diagram below), responsible for setting strategies and action plans, and supported by a delivery group, responsible for coordinating and leading on activity.

The CSB works closely with other partnership boards (see governance diagram) on overlapping agendas, such as safeguarding, to ensure coherent roles and responsibilities for these issues.

3. Priorities

For 2017, the CSB has adopted a 'two-tier' approach to strategic priorities, dividing issues between those which require coordinated action and those where the board will maintain a watching brief.

The first tier (priorities for action) includes issues where the board needs to initiate or closely oversee partnership activity, where the issue is emerging or has a particularly high impact, or where there are significant decisions to be made about the direction of travel. In these cases, the board will expect to receive regular updates for discussion and decision and focus on one issue in detail at each meeting to check progress and identify blockages.

This tier includes high harm crimes as an umbrella term for low volume, high impact issues.

The second tier (areas of oversight) includes issues where the board is confident the strategic direction has been set and delivery is being successfully managed by a sub-group. In these cases, the board will expect to receive regular updates for information only and may occasionally receive a report for discussion when a decision needs to be made.

Priorities for action:

Domestic abuse

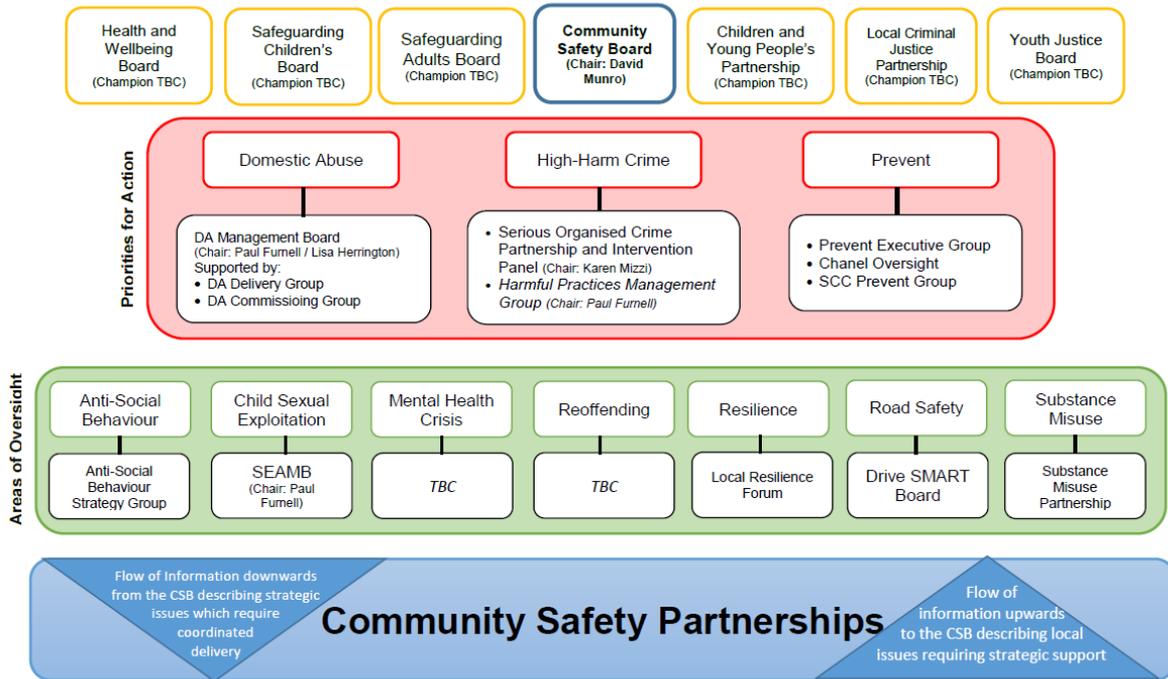
'High harm' crime (child sexual exploitation, serious organised crime, modern slavery, human trafficking)

Prevent

Areas of oversight:

Anti-social behaviour, mental health crisis, reoffending, resilience, road safety, substance misuse

Community Safety Board - Governance



Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Surrey Pharmaceutical Needs Assessment Supplementary Statement 2020
Related Health and Wellbeing Priority:	Statutory responsibility of the HWBB
Author (Name, post title and telephone number):	Julie George, Consultant in Public Health, 0781 353 8903
Sponsor:	Ruth Hutchinson, Interim Director of Public Health
Paper date:	5 March 2020
Version:	1.0
Related papers	2018 Pharmaceutical Needs Assessment (PNA) and 2019 PNA Supplementary statement. Available on www.surrey-i.gov.uk

2. Executive summary

The Surrey Health and Wellbeing Board (HWB) has a statutory responsibility to deliver a Pharmaceutical Needs Assessment (PNA) every three years. The Surrey PNA was last published in March 2018, but the PNA Steering Group reviews changes to the local population and local services annually to ensure no substantive changes to the PNA are required. The attached report (**Annex 1**) provides a supplementary statement to the 2018 PNA which finds no substantive changes to findings of the 2018 PNA are required.

3. Recommendations

1. The Board is asked to approve the 2020 PNA Supplementary Statement, on the advice of the PNA Steering Group.
2. The Board is asked to publish the approved Supplementary Statement on surrey-i.gov.uk and surreycc.gov.uk by 31st March 2020.

4. Reason for Recommendations

The Surrey PNA Steering Group has met to discuss findings in the 2020 PNA Supplementary Statement and have agreed the supplementary statement for approval and publication by the Health and Wellbeing Board.

5. Detail

Policy and Governance Framework

Health and Wellbeing Boards were given responsibility from 2013 for delivering a Pharmaceutical Needs Assessment (PNA) for their area. The PNA determines the local need for pharmaceutical services. The PNA is used principally to inform decisions on whether to allow new pharmaceutical services in a given area (a process called market entry) based on that need. NHS England is responsible for those commissioning

decisions. The Surrey PNA, which uses Integrated Care Partnership geographies, can also be used to support the work of local clinical commissioning groups around primary care, management of long-term conditions and urgent and emergency care.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing and updating PNAs. HWBs are required to publish a revised assessment within 3 years of publication of their first assessment. In Surrey, the first PNA after these regulations was published in March 2015 and the second in March 2018, so the next full PNA must be published by April 2021.

Pending the publication of the 2021 PNA, the HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA where those changes are relevant to the granting of applications and the HWB is satisfied that making a revised statement would be a disproportionate response to those changes. The supplementary statement becomes part of the PNA. In Surrey, we review the PNA yearly to determine if a full revision of the PNA is required and, if not, publish a supplementary statement.

The Surrey HWB delegated responsibility for delivering the Surrey Pharmaceutical Needs Assessment (PNA) to the PNA Steering Group, now chaired by Dr Julie George, Public Health Consultant.

The responsibilities of the PNA Steering Group are:

- a) Ensure the PNA project objectives are clear, defined in the PNA Project Initiation Document (PID), for the initial PNA and PNA revisions
- b) Provide executive approval and sign off of high-level project documentation and plans for the PNA project
- c) Agree quality criteria for all aspects of the PNA project
- d) Undertake executive reviews of the performance and monitor progress against plans for the PNA project
- e) Ensure the business, executive, clinical, user and technical perspectives are fully represented
- f) Resolve any conflicts between business, clinical, user and technical requirements, priorities and preferences
- g) Ensure the final products shown in the PID are delivered on schedule.
- h) Make recommendations as to agreed tolerances (with respect to time and scope) and at-risk activities
- i) Endorse sign off for each project stage and authorise continuation to the next stage as stated in the PNA PID and timeline.
- j) Ensure all relevant guidance and policies are followed, and ensure probity at all times
- k) Ensure the PNA is utilized to influence commissioning
- l) Communicate with key stakeholders about the PNA

2020 PNA Supplementary Statement

The PNA Steering Group met on 29th January 2020 to review changes to the local population and to pharmaceutical provision since the publication of the Surrey PNA 2018 and the 2019 Supplementary Statement, to determine whether there were

sufficient changes in provision of pharmaceutical need or services to require a full-scale revision to the PNA.

The Steering Group found that the changes to demographic need and pharmaceutical provision were minimal and therefore a supplementary statement detailing the changes, rather than a revision, was sufficient. The attached 2020 PNA Supplementary Statement details the changes to pharmacy provision and the other information considered as well as the conclusion reached.

2021 full PNA

The planning for the next full PNA, to be published by 1st April 2021, has started. Discussions are being held with representatives of the healthcare system, including members of the Primary Care Transformation Board, to consider how the PNA could support the aims of the NHS Long Term Plan and the primary care transformation in Surrey. Discussions with planning officers in the local District and Boroughs will also be used to inform how best to use the PNA process to support the planning of pharmacy provision for future large-scale housing developments within Surrey.

6. Challenges

The process for determining the PNA Supplementary Statement is robust so risks are minimal for this part of the process.

One issue still to be resolved for the 2021 PNA is how to deal with the tension between the way in which planning takes account of the need for health infrastructure, especially in new large-scale housing developments (needs based on future build) and the way in which the PNA determines the need for market entry for community pharmacies (need for current population). One additional challenge to delivery of the 2021 PNA is securing the required data in a timely way.

7. Timescale and delivery plan

An outline plan for delivery of the 2021 PNA has been developed and will be revised if necessary based on discussions with local healthcare partners. The draft report should be completed by September 2020 with consultation on the report during October and November, any redrafting required by the feedback during December with the PNA Steering Group considering the final report in January 2021. The final report will be brought to the HWBB for approval by March 2021 latest.

8. How is this being communicated?

The Health and Wellbeing Board Communications Group have been advised about the consultation on the 2021 PNA.

9. Next steps

If the HWBB approves the 2020 Supplementary Statement, it will be published by 31st March on surreycc.gov.uk and surreyi.gov.uk websites.

The PNA Steering Group will meet at critical points in the delivery of the 2021 PNA to approve action to date and escalate any issues. If the HWBB wishes a report on progress during the year, a report can be provided to the Board.

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Surrey Pharmaceutical Needs Assessment: Supplementary Statement – March 2020

Version	Date	Comment
0.1	25.1.2020	Draft Supplementary Statement – Julie George & Lynne Sawyer
0.2	13.2.2020	Revised following comments from PNA Steering Group - Julie George & Lynne Sawyer
0.3	23.2.2020	Approved by Surrey PNA Steering Group
1.0		Approved by Surrey Health and Wellbeing Board

DRAFT

PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT

This supplementary statement:

has been prepared by the Public Health team at Surrey County Council, in collaboration with the Pharmaceutical Needs Assessment (PNA) Steering Group on behalf of the Surrey Health and Wellbeing Board;

- is issued in accordance with Part 2; (6) 3 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹;
- provides updates to the PNA published in March 2018² and the PNA Supplementary Statement published in March 2019³;
- provides information which supersedes some of the original PNA information, so should be read in conjunction with the original PNA and supplementary statement; and
- relates to changes in population and pharmacy provision between the end of data collection for the 2018 PNA and 2019 Supplementary Statement, that is, January 2019 to December 2019.

Members of the PNA Steering Group include:

- o Tacye Connolly, Healthwatch Surrey
- o Karthiga Gengatharan, Surrey and Sussex Local Medical Committee
- o Julie George, Consultant in Public Health, Surrey County Council (Chair)
- o Mike Hedley, Senior Commissioning Manager (Pharmacy and Optometry), NHS England and NHS Improvement – South East Region
- o Rachel MacKay, Associate Director of Medicines Management, Guildford and Waverley Clinical Commissioning Group
- o James Wood, Chief Executive Officer, Surrey and Sussex Community Pharmacy, representing the Surrey and Sussex Local Pharmaceutical Committee
- o Supported by Lynne Sawyer, Public Health Analyst, Surrey County Council.

¹ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

² [Surrey Pharmaceutical Needs Assessment 2018](#)

³ https://mycouncil.surreycc.gov.uk/documents/s55056/PNA_Supplementary_Statement_February_2019_final.pdf

The Surrey Pharmaceutical Needs Assessment 2018 and subsequent 2019 Supplementary Statement (hereafter called the 2018 PNA for brevity) identified no additional needs for the provision of necessary, essential or advanced pharmaceutical services. This supplementary statement serves as an update on current service provision and review of findings of the 2018 PNA. A full PNA revision will be published prior to the 1st April 2021, as required by the regulations.

Population

Assessment of the latest housing constrained population projections⁴ have not identified any major changes to demography or infrastructure that will impact on pharmaceutical service need as set out in the 2018 PNA and which would be relevant to the granting of control of entry applications.

We have also considered the potential impact of large housing developments on the need for community pharmacy. There are a number of significant developments in the boroughs of Guildford, Waverley, Reigate & Banstead, Runnymede and Surrey Heath. In particular, Guildford and Waverley Borough Councils have a number of significant housing developments planned, which on completion will provide 5,600 and 2,600 units respectively. Mole Valley Borough Council has submitted a draft proposal for 7,000 dwellings. However, none of these developments have sufficient units built to date to indicate a need for a new community pharmacy. (For more details on these developments, see Appendix A.) As part of the process for developing the 2021 Pharmaceutical Needs Assessment, we will be engaging with planners in local districts and boroughs to determine how best to reflect the need for pharmacies in these large-scale developments.

Pharmacists per 100, 000 population can be used to give an estimated level of service provision within a Local Authority. We considered the rate in Surrey and in Integrated Care Partnership areas within Surrey compared to the national average. While the rate in Surrey is slightly below the national average, the rate has not changed since the 2018 PNA and remains at an acceptable level. (See Table 1 below.)

Table 1: Pharmacies per 100,000 population

Area	All Community Pharmacies	Population	2020 Ratio (pharmacies per 100,000 pop)	2018 Ratio (pharmacies per 100,000 pop)
England (2016)	11, 539	55,629,000	21	21
Surrey County	209	1,172,590	18	18
East Berkshire	1	12,800	8	9
East Surrey	32	186,790	17	18
Guildford and Waverley	38	210,073	18	18
North East Hampshire & Farnham*	7	43,260	16	16
North West Surrey	62	348,666	18	19
Surrey Downs	54	290,725	19	18
Surrey Heath	16	97,620	16	18

* includes those pharmacies in Surrey HWB area (not including distance selling or appliances). Source: Number of Pharmacists - NHS Digital; NHS England; population estimates from ONS Small Area Population Estimates, 2017.

⁴ Housing constrained population forecasts are based on assumptions similar to the ONS subnational population projections which take into account births, deaths and inward and outward migration. Housing constrained population forecasts additionally considers information from local boroughs on the availability of housing stock which can impact migration into an area and hence the overall population estimate. Local data is available at [Surrey Housing constrained population projections](#)

Service Provision

The changes which have taken place in the service provision since the 2018 PNA, i.e. between January 2019 to end December 2019, are detailed in Tables 2-4 below. The changes are also shown on the map in Appendix B.

We considered whether the changes in provision materially changed the access of local population to a community pharmacy. As can be seen from the map in Appendix B, all four closures of community pharmacies are located close to alternative provision, with three of the four very close to alternative provision. We specifically considered the closure of the Lloyds Pharmacy in Staines because it had a 100-hour core contract and was located further from alternative provision than the other three closures. However, we determined that there are two other pharmacies within 500-1.5 kilometres and a 100-hour pharmacy within 10 kilometres. We therefore concluded that the closures of these pharmacies do not sufficiently affect access to create an opening for market entry.

Table 2: Changes to Contracts, January 2019 – December 2019

Type of Change	Description of Change
New Pharmacy Contracts	One new contract (distance selling)
Pharmacy Closures	Four pharmacy closures (community)
Pharmacy Mergers	None approved

Table 3: New Contracts

Name	Contract Type	Date of start of contract	Location	Core Opening Hours	Opening Hours (including Supplementary Hours)
Easy Pharmacy	Distance Selling Pharmacy	11/01/19	Unit 11, Littleton House Littleton Road Ashford Middlesex TW15 1UU	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Closed	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Closed

Source: NHS England

Table 4: Pharmacy Closures

Name	Contract Type ⁵	Date of Closure	Location	Core Opening Hours	Opening Hours (including Supplementary Hours)
Lloyds Pharmacy	40 Hour	30/08/19	13 Station Approach West Byfleet Surrey KT14 6NG	Mon: 08:30-12:00; 16:30-19:00 Tue: 08:30-12:00; 16:30-19:00 Wed: 08:30-12:00; 16:30-19:00 Thu: 08:30-12:00; 16:30-19:00 Fri: 08:30-12:00; 16:30-19:00 Sat: 08:30-12:00; 16:30-19:00	Mon: 09:00 -19:00 Tue: 09:00 - 19:00 Wed: 09:00 - 19:00 Thu: 09:00 - 19:00 Fri: 09:00 - 19:00 Sat: 09:00 - 17:30
Boots the Chemist	40 Hour	14/09/19	17 Thurlestone Parade High Street Shepperton Surrey TW17 9AR	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30	Mon: 09:00 -19:00 Tue: 09:00 - 19:00 Wed: 09:00 - 19:00 Thu: 09:00 - 19:00 Fri: 09:00 - 19:00 Sat: 09:00 - 17:30
Boots the Chemist	40 Hour	11/05/19	11 The Parade Frimley Surrey GU16 7HY	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Closed	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Closed
Lloyds Pharmacy	100 Hour	23/02/19	The Cause Way Staines upon Thames Middlesex TW18 3AP	Mon: 06:30 -22:30 Tue: 06:30 -22:30 Wed: 06:30 -22:30 Thu: 06:30 -22:30 Fri: 06:30 -22:30 Sat: 07:00 -21:00 Sun: 10:00 -16:00	Mon: 06:30 -22:30 Tue: 06:30 -22:30 Wed: 06:30 -22:30 Thu: 06:30 -22:30 Fri: 06:30 -22:30 Sat: 07:00 -21:00 Sun: 10:00 -16:00

Source: NHS England

Pharmacy opening hours

Pharmacies can apply to NHS England to make changes to their core opening hours, or to notify them of changes to additional supplementary opening hours, throughout the year. Since the publication of the PNA Supplementary Statement in March 2019 there have been three changes to core opening hours (See Table 5 below). There have also been a number of changes to individual pharmacy opening times (n=18). Pharmacies are required to keep their entries up to date on the www.NHS.uk website. Details of individual pharmacy opening times that may have changed can be found on the website.

⁵ Core hours are the minimum contracted hours, a contract can be 30, 40 or 100 hours. Supplementary hours(opening hours) are additional hours to the core hours

Table 5 – Changes to Pharmacy Core Opening Hours

Name	Contract Type	Location	Core Opening Hours	Previous Opening Hours
Laly's Chemist	40 Hour	4a Downing Street Farnham Surrey GU9 7PB	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun	Mon: 09:00-18:30 Tue: 09:00-18:30 Wed: 09:00-18:30 Thu: 09:00-18:30 Fri: 09:00-18:30 Sat: Sun:
Lloyds Pharmacy	40 Hour	92a Station Road Addlestone Surrey KT15 2AD	Mon: 09:00-14:00; 15:00-18:00 Tue: 09:00-14:00; 16:00-18:00 Wed: 09:00-14:00; 16:00-18:00 Thu: 09:00-14:00; 16:00-18:00 Fri: 09:00-14:00; 16:00-18:00 Sat: 09:00-13:00 Sun:	Mon: 08:30-21:00 Tue: 08:30-21:00 Wed: 08:30-21:00 Thu: 08:30-21:00 Fri: 08:30-21:00 Sat: 09:00-17:30 Sun: 10:00-16:00
Lloyds Pharmacy	40 Hour	Catteshall Mill Catteshall Road Godalming Surrey GU7 1NJ	Mon: 08:30-11:30; 16:00-19:00 Tue: 08:30-11:30; 16:00-19:00 Wed: 08:30-11:30; 16:00-19:00 Thu: 08:30-11:30; 16:00-19:00 Fri: 08:30-11:30; 16:00-19:00 Sat: 08:30-11:30; 16:00-19:00 Sun:	Mon: 08:30-19:00 Tue: 08:30-19:00 Wed: 08:30-19:00 Thu: 08:30-19:00 Fri: 08:30-19:00 Sat: 08:30-17:30 Sun:

New Community Pharmacy Contract:

In July 2019, PSNC (representing community pharmacies), NHS England & NHS Improvement (NHS E&I) and the Department of Health and Social Care (DHSC) agreed to a five-year contractual framework deal for community pharmacies, guaranteeing funding levels until 2023/24 and setting out how pharmacies will adapt to provide new services to help people to stay healthy and prevent illness; to support and provide urgent care services; to support patients leaving hospital; and to help patients avoid unnecessary visits to GPs and hospitals. <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

The change worth noting for this supplementary statement, via new contractual arrangements that came into force from 1 October 2019 are:

New national services

In 2019/20 In 2019/20, community pharmacies will be commissioned to provide two new services:

- The Community Pharmacist Consultation Service (CPCS): This service will relieve pressure on the wider NHS by connecting patients with community pharmacies as a first port of call for minor illness or for the urgent supply of medicines. Pharmacies will offer patients a consultation to help them to manage minor illnesses or make an 'emergency supply' of medicine where a patient has previously been prescribed the medicine. The service will take referrals from NHS 111 (rather than those patients being directed to GPs or A&E) with referrals from other settings, such as GP practices and NHS 111 online, in future years.
- Hepatitis C testing: Pharmacies will offer testing for people using pharmacy needle and syringe programmes to support the national Hepatitis C elimination programme.

Changes to existing services

To free up capacity for these new services, the NHS is decommissioning the Medicines Use Review (MUR) service from community pharmacies. The service is being phased out, so pharmacies will be able to offer a limited number of MURs in 2019/20, and again in 2020/21, after which none will be offered. There will however be an extension of the reach of the six mandated public health campaigns that community pharmacies have to take part in, and many community pharmacies will also choose to take part in the Pharmacy Quality Scheme (PQS). From April 2020, all pharmacies will be required to be able to process electronic prescriptions and to have attained Healthy Living Pharmacy (HLP) Level 1 status. Accreditation as an HLP will mean that they are local hubs to promote health, wellbeing and self-care and providing services to prevent ill-health.

Structural changes

HM Government has committed to ensuring that technology can transform the supply of medicines and the delivery of pharmacy services, and discussions will be taking place on this. This will include exploring ways to make dispensing more efficient and to free up pharmacist and pharmacy team time and capacity. Further changes could be announced that may need to be considered in future PNAs.

Conclusion:

There have not been sufficient changes to the local population, taking into account population projections, large housing developments and rate of pharmacists per 100,000, to create a need for new community pharmacy. The changes to the local service provision, taking into account closure of pharmacies and change in hours, are not sufficient to create the need for a new community pharmacy. Therefore, there is no gaps in access to pharmaceutical services in Surrey.

Pharmacy provision will be reviewed next through the 2021 Pharmaceutical Needs Assessment, due to be published by 1st April 2021.

Appendix A – Large Housing Developments

Elmbridge

No large-scale developments of 1,500 - 2,000+ planned.

Epsom & Ewell

Epsom & Ewell Borough Council have confirmed they require 579 dwellings a year to meet the population need. Consultations in May 2020 will identify a strategy and a long-term plan (2017-2037).

Guildford

Guildford borough Council have confirmed they intend to build approximately 15,000 dwellings to be delivered over period 2019/20 through to 2036

The larger developments include:-

Site A24: Weyside urban village (Slyfield Area Regeneration Project (SARP)) – 1,500 homes (500 homes expected to be delivered post plan period) delivered over period 2024/25 through to 2034.

Site A25: Gosden Hill Farm – 1,700 homes (100 homes expected to be delivered post plan period), delivered over period 2022/23 through to 2035

Site A26: Blackwell Farm – 1,800 homes (300 expected to be delivered post plan period), delivered over period 2022/23 through to 2036

Site A31 Ash and Tongham urban extension is allocated for 1,700 homes. Approximately 1,000 have been completed, 700 expected to be delivered by 2034.

Site A35 Former Wisley Airfield – dwellings to be delivered over period 2022/23 through to 2034

Mole Valley

Mole Valley Borough Council are proposing developments of approximately 7,000 dwellings across the borough, with no development exceeding 1,500 units to be delivered over period 2022/23 through to 2034.

Reigate & Banstead

Reigate & Banstead have confirmed developments of 1,510 dwellings, to be delivered by 2034.

Site Meath Green, Horley - 1,510 dwellings approximately 600 have been completed, 910 to be delivered by 2034.

Runnymede

Runnymede Borough Council have confirmed developments in:-

Site: Addlestone – 1,265 dwellings

Site: Chertsey – 2,212 dwellings

Site Egham - 951 dwellings

Runnymede Borough Council are proposing a new “Garden Village” settlement of 1,746 dwellings at Longcross, Chertsey will include C2 accommodation and travelling showperson plots.

1,628 dwellings have been complete over period 2015-2019.

There are plans proposing to deliver a new Garden Village settlement at Longcross of some 1,746 dwellings + C2 care accommodation and Travelling Showperson plots.

Spelthorne

Spelthorne have confirmed existing and proposed allocations sites are well below 1,500 – 2,000 unit threshold.

Surrey Heath

Surrey Heath has planning permission for approximately 1,200 dwellings.

Phase 1: 2019-2024, 300 units

Phase 2: 2025-2029, 450 units

Phase 3: 2030-2034, 448 units

Tandridge

Tandridge Borough Council are proposing developments of approximately 4,000 dwellings in South Godstone to be delivered from the period 2026/28.

Waverley

Waverley Borough Council plan to provide 2,600 dwellings at Dunsfold Aerodrome, - developments will be built over three phases:

Phase 1 2017-2022, 273 units

Phase 2 2022-2027 1,285 units

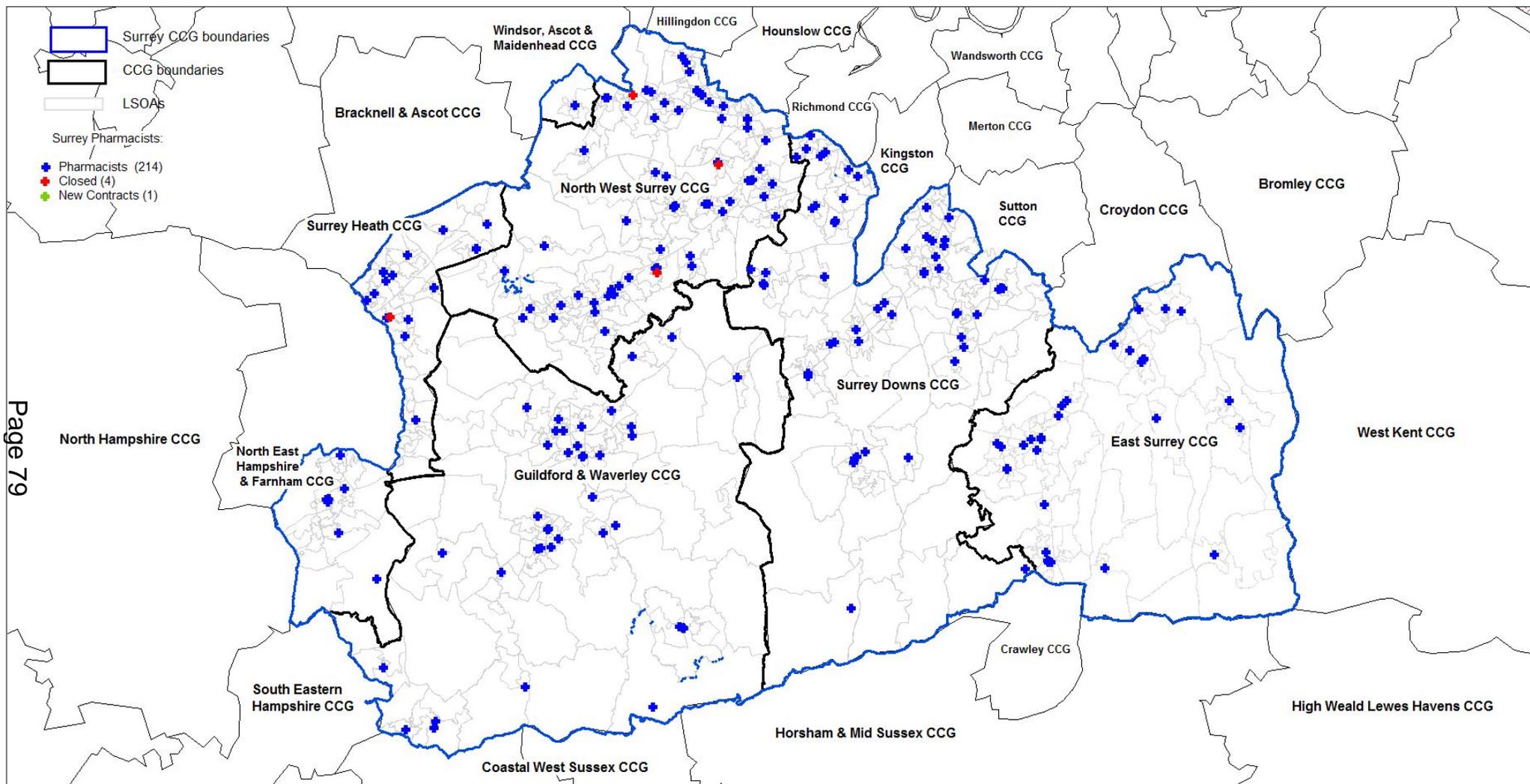
Phase 3 2027-2032 1,042 units

Woking

No large-scale developments of 1,500 - 2,000+ planned.

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Appendix B - Community Pharmacy changes since the 2018 PNA



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Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report
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Sponsor(s):	<ul style="list-style-type: none"> Rod Brown, Head of Communities and Housing, Epsom and Ewell District Council (Priority 1 Sponsor) Giles Mahoney, Director of Integrated Care Partnerships, Guildford and Waverley CCG (Priority 2 Sponsor) Rob Moran, Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)
Paper date:	5 March 2020
Related papers	<ul style="list-style-type: none"> Appendix A: Project Diagnosis March 2020 Appendix B: Dashboard snapshot Appendix C: Roles and responsibilities of the Senior Responsible Owner

2. Executive summary

This paper gives an overview of progress, risks and issues relating to the Health and Wellbeing Strategy implementation plans. It gives an overview of areas where progress is being made, as well as highlighting several projects which require a Senior Responsible Owner to progress. It raises a risk around the need to target delivery and address health inequality at place to make progress against the outcomes. The paper flags the outcomes dashboard, which is now public. The dashboard is due an annual refresh in June to review any changes to outcomes.

3. Recommendations

This paper recommends that the Health and Wellbeing Board members:

- Agree a Senior Responsible Owner for the projects outlined below;
- Commit to engagement between the team coordinating the delivery of the Health and Wellbeing Strategy and those developing local plans at place in your organisations;
- Ensure all local ICP plans and District and Borough Health and Wellbeing Strategies are aligned to the strategy priorities;
- Ensure delivery of the strategy meets the needs of the target populations through interventions to tackle health inequalities and the wider determinants of health.

4. Summary of progress

Priority 1: Helping People to live healthy lives

Childhood immunisations: The public health team are taking forward a programme of work with partners, aiming to increase local uptake of childhood immunisations to 95% of the population. Over 400 residents and nearly 80 health professionals completed a survey

exploring local attitudes and beliefs around immunisations, with focus group sessions to explore the survey findings in more depth. Using these findings and national evidence, we have identified key barriers to childhood immunisation uptake to inform a 'Call to Action' workshop (on 13th February) to develop an action plan with system partners to increase uptake of childhood immunisations.

Promoting healthy, inclusive and safe places through planning policies/decisions:

The public health team developed and published guidance to help embed health and wellbeing into planning policies and decisions, linking to local evidence such as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. We have set up a Planning and Health Forum where health and planning officers are meeting to influence Local Plans and draw on available funds, such as the Community Infrastructure Levy; help embed health and wellbeing into planning policies and decision; and promote use of health strategies as evidence for local planning.

Surrey Adults Matter (SAM): We have agreed the SAM approach with all key system partners and are now starting work with frontline agencies to ensure people with multiple and severe disadvantage are accessing the services they need with a through a trusted keyworker. We have recruited a Senior Partnership Manager, Julie Shaw, with funding from Ministry of Communities and Local Government, Surrey Police and Crime Commissioner and the Surrey Heartlands Transformation Fund.

Priority 2: Supporting people's emotional wellbeing and mental health

Surrey Mental Health Planning meeting: System partners were brought together across the Surrey Heartlands and Frimley Health ICS footprints to discuss a joint approach to the next steps in the development of the mental health Long Term Plan submission and ensuring its alignment with the Surrey Health and Wellbeing Strategy. Work will continue to ensure system-wide ownership of a single countywide implementation plan.

First 1000 Days: The draft First 1000 Days Strategy is approaching completion and will be shared with system partners shortly for engagement and feedback, before refinement and release.

Supported Accommodation: The Dynamic System Purchasing Arrangements for supported living are now live to support a more strategic commissioning approach to supported living for people with a mental health problem.

Pocket Parks: One of the teams supported through the Surrey's Greener Future Design Challenge submitted a bid in December, endorsed by Surrey County Council, Guildford Borough Council and the Royal Horticulture Society, for funds to support the development of 'Pocket Parks'; small plots of land, often in urban spaces which provide a green oasis which aim to help improve the physical and mental health of the communities using them.

Priority 3: Supporting people to fulfil their potential

Social Progress Index (SPI): The SPI Working Group, in collaboration with the Social Index Imperative, have arranged a workshop in March to bring together Surrey data owners from across the partnership in order to agree Surrey's choice of indicators for the SPI. Using the data gathered so far, data analysts have started to pull together a draft index and expect to have an early version to share with the Board in May. It is anticipated that the full SPI for Surrey will be completed by the summer.

5. Key risks and issues

The project diagnosis (**Appendix A**) highlights several projects which require a Senior Responsible Owner (SRO) to progress. **Appendix C** sets out the roles and responsibilities of

the Senior Responsible Owner and the Project Manager to clarify. These have been developed by the Surrey Transformation Support Unit. The Health and Social Care Integration Team have worked with a variety of partners to capture relevant work happening at scale and key gaps and challenges preventing progress in improving outcomes. The projects have been broadly shaped to respond to these gaps. We have also mapped linkages to other programmes in Appendix A. However, they require a SRO to take them forward. These projects are:

Priority 1: Helping people to live healthy lives

- **Tackling fuel poverty in Surrey:** Individual District and Borough Councils are working with providers to deliver the ECO3 funding to make homes energy efficient. However, this project aims to develop alternative, additional support for those who are vulnerable and living in fuel poverty.
- **Adapting homes to meet health needs and promote independence:** Individual District and Borough Councils deliver adaptations through use of the Disabled Facilities Grant. However, this project aims to develop a whole of life handyperson, adaptations and recycling service as part of an integrated hospital discharge model.
- **Reducing rough sleeping:** Individual District and Borough Councils are delivering services to eliminate rough sleeping, but homelessness is an issue that touches on other areas such as mental health, substance misuse and criminal justice. It needs a system approach to tackle it.
- **Agreeing a Surrey-wide CVD prevention approach:** While we have an agreed programme for Surrey-wide CVD and Diabetes screening and testing, the overall CVD prevention approach has not been agreed across partners and needs a senior lead to take it forward.

Priority 2: Helping people's emotional wellbeing and mental health

- **Countywide approach to social isolation (including developing community resources to support those at risk of mental ill health and isolation, and intergenerational activities for those at risk of mental ill health and social isolation):** There are well-established services, and pockets of work going on across these areas ranging from Social Prescribing intergenerational mentoring pilots, although there does appear to be a lack of strategic oversight and consistency that could be improved with a system approach.

Priority 3: Supporting people to fulfil their potential

- **Mentoring:** At the September Board meeting, Members identified this as one of the key areas to focus on within Priority Three. Whilst there is a lot of activity across the County delivered from a variety of organisations, there is no project lead to coordinate a partnership approach and drive work forward.

Moving forward, we need to target delivery and change to address pockets of inequality at place and among target groups. In practice, this means that Integrated Care Partnerships need to address priorities in their plans based on local insight. We also need to continue to ensure that all partners understand their role in delivering the strategy and the opportunities it provides to work with all partners to tackle health inequality. System partners need to strengthen their links with local partners, such as District and Borough Councils, to develop project plans at scale and at place. We also need to support alignment across local partners to transform delivery in areas such as rough sleeping and fuel poverty.

To support this work, the Surrey Public Health Team have aligned Public Health Consultants, deputies and programme managers to all Integrated Care Partnerships and District and Borough Councils. In turn, system partners should ensure they are working with integrated care partnerships, Districts and Boroughs and Primary Care Networks to take a health inequality approach by targeting delivery, developing integrated models of care and tackling the wider determinants of health.

6. Outcomes & KPIs

The HWB strategy outcomes dashboard is now available for public access on [Surreyi](#) and through the [Healthy Surrey](#) website. The dashboard for the strategy is also linked through from the Surrey Heartlands assurance dashboard which continues to develop along with the work on the assurance framework. See **Appendix B** for a snapshot of the dashboard and the user guide. The strategy outcomes are to be reviewed annually to help demonstrate overall impact with the first annual review coming to the public meeting in June.

We are also developing a set of KPIs quarterly to demonstrate progress towards the overall outcomes. We held a workshop in March to review the full list of KPIs, identify any changes and gaps, agree how the KPIs will be measured (and the reliability of the measure), as well as any new work required by the PH information team or analysts elsewhere in the system to fulfil intelligence requirements. Some projects are not yet progressed enough to identify KPIs. Where this is the case, we have built KPI development into the project milestones.

7. Next steps

The next Highlight Report is due at the June Health and Wellbeing Board. This report includes the following appendices:

- **Appendix A:** Project Diagnosis March 2020
- **Appendix B:** Dashboard snapshot
- **Appendix C:** Roles and responsibilities of the Senior Responsible Owner

**Priority 1: Helping People Live Healthy Lives
Project Appraisal**

Project Code	Project Code	Project name	Linkages	Is there a SRO?	Is there a project manager?	Are roles and responsibilities across the system understood?	Is there budget to support delivery?	Have KPIs been agreed?	Are the goals widely accepted and agreed?	Overall confidence rating
Focus Area 1: Excess weight and physical inactivity	P1FA1(1)	Develop a Whole Systems Approach to physical activity including improving green spaces, transport initiatives, and healthy planning	1st 1000 days Programme	Lawrie Baker, Head of Strategic Relationships, Active Surrey	tbc	Amber	Amber	Red	Amber	Green
	P1FA1(3)	Implementing a Surrey obesity approach to encourage healthy weight	1st 1000 days Programme	Jenn Smith, Senior Public Health Lead, Surrey County Council	Amy Morgan, Policy and Programme Manager, Surrey County Council	Red	Red	Red	Red	Red
	P1FA1(4)	Develop a health behaviour framework		Awaiting recruitment	tbc	Red	Red	Red	Red	Red
Focus Area 2: Substance misuse and alcohol	P1FA2(1)	Support prevention and reduce substance misuse, including alcohol misuse and alcohol-related harm		Martyn Munro, Senior Public Health Lead, Surrey County Council	tbc	Amber	Amber	Red	Amber	Amber
	P1FA2(2)	Implement targeted approaches for vulnerable groups to stop smoking	1st 1000 days Programme	Rachael Taylor, Public Health Lead, Surrey County Council	Amy Morgan, Policy and Programme Manager, Surrey County Council	Green	Amber	Red	Green	Amber
Focus Area 3: Housing	P1FA3(1)	Tackling fuel poverty in Surrey		tbc	tbc	Red	Amber	Red	Red	Red
	P1FA3(2)	Reducing rough sleeping	Priority 2	tbc	Amy Morgan, Policy and Programme Manager, Surrey County Council	Red	Amber	Red	Red	Red
	P1FA3(3)	Supporting people with severe and multiple disadvantage (Surrey Adults Matter)	Priority 2	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Amy Morgan, Policy and Programme Manager, Surrey County Council	Amber	Amber	Red	Green	Green
	P1FA3(4)	Supporting people who hoard in Surrey	Priority 2	Paul Morgan, Head of Continuing Care, Surrey County Council	Amy Morgan, Policy and Programme Manager, Surrey County Council	Red	Red	Red	Red	Red
	P1FA3(5)	Specialist housing		Mike Boyle, Assistant Director Adult Social Care Commissioning and Steve Hook, Assistant Director Of Disabilities Surrey County Council	Simon montgomery, Project Manager, Surrey County Council	Amber	Amber	Red	Amber	Amber

				Hayley Connor, Director - Commissioning , Surrey County Council	Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Amber	Red	Amber	Amber
Page 86 Focus Area 4: Domestic Abuse	P1FA4(1)	DA Transformation programme set up and governance, and DA Prototype Oversight								
	P1FA4(2)	Domestic Abuse Prototype 1 - Health Interventions	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Green	Red
	P1FA4(3)	Domestic Abuse Prototype 2 - Young Offenders and DA	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Green	Red
	P1FA4(4)	Domestic Abuse Prototype 3 - Perpetrator Programmes	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Amber	Red
	P1FA4(5)	Domestic Abuse Prototype 4 - Early Intervention, focused on DA experience and involving CYP	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Green	Red
	P1FA4(6)	Domestic Abuse Prototype 5 - Coercive Control	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Green	Red
	P1FA4(7)	Domestic Abuse Prototype 6 - Recovery & Coping	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Red	Red	Green	Red
	P1FA4(8)	Domestic Abuse Prototype 7 - Family Safeguarding Model	tbc		Bethan Jones, Commissionin g Officer and Emma Atkins, Senior Commissionin g Officer, Surrey County Council	Amber	Amber	Red	Green	Amber

<p style="text-align: center;">Focus Area 5: Preventing serious conditions and diseases</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 87</p>	P1FA4(1)	Establish a Surrey-wide CVD and Diabetes screening and testing programme	NMoC Programme	Jason Ralphs, Public Health Lead, Surrey County Council	tbc	Green	Amber	Red	Red	Amber
	P1FA4(2)	Improve the diabetes pathways across identification, prevention, treatment and management	NMoC Programme	Tracey Fossaluzza, Diabetes Programme Lead, Surrey Heartlands	tbc	Red	Red	Red	Red	Red
	P1FA4(3)	Agree a Surrey-wide CVD prevention approach	NMoC Programme	tbc	tbc	Red	Red	Red	Red	Red
	P1FA4(4)	Promote bowel and cervical screening as a preventative health measure rather than purely for those at high risk	NMoC Programme	Rachel Gill, Public Health Consultant, Surrey County Council and Chrissie Clayton, Clinical lead for the Cancer workstream, Surrey Heartlands	Negin Sarafranz-Shekary, Public Health Principle, Surrey County Council	Green	Amber	Red	Green	Green
	P1FA4(5)	Targeted engagement with key geographies and groups to improve understanding and uptake of childhood immunisations	1st 1000 days Programme	Rachel Gill, Public Health Consultant, Surrey County Council	tbc	Green	Green	Red	Green	Green

Pages Area 6: Healthy Environment Page 88	P1FA6(1)	To promote healthy, inclusive and safe places through planning policies/decisions		Lisa Harvey-Vince, Senior Public Health Lead, Surrey County Council	James Green, Planning Officer, Surrey County Council	Green	Green	Red	Green	Green
	P1FA6(2)	To promote healthy, inclusive and safe places through transport/highways policy, projects and operations	Surrey County Council's Electric Vehicle Programme	Rachel Gill, Public Health Consultant and Lyndon Mendes, Transport Policy Team Manager, Surrey County Council	Dug Tremellen/Eleanor Ridge	Green	Red	Red	Green	Amber
	P1FA6(3)	People who live and work in Surrey have an increased awareness of the health impact of poor air quality and take action to improve air quality	Schools Air Quality Programme	Rachel Gill, Public Health Consultant and Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	Rebecca Harrison, Safer Travel Team Leader, Surrey County Council	Green	Red	Red	Green	Amber
	P1FA6(4)	People who live and work in Surrey have an increased awareness and take actions to support environmental sustainability	Surrey Greener Future Design Challenge	Katie Sargent, Environment Commissioning Group Manager, Surrey County Council	Lisa Harvey-Vince, Senior Public Health Lead	Green	Amber	Red	Green	Green
	P1FA6(5)	Public Sector across Surrey embed environmental sustainability within their organisations		Katie Sargent, Environment Commissioning Group Manager, Surrey County Council	Lisa Harvey-Vince, Senior Public Health Lead	Green	Amber	Red	Green	Green
	P1FA6(6)	Reduce death and injury on Surrey roads	Drive SMART Road Safety Strategy	Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	Rebecca Harrison, Safer Travel Team Leader, Surrey County Council	Green	Amber	Red	Green	Amber
	P1FA6(7)	Increase active travel across Surrey	Rethinking Transport Programme	Lyndon Mendes, Transport Policy Team Manager and Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	Rebecca Harrison, Safer Travel Team Leader and Dug Tremellen, Transport Planner Surrey County Council	Green	Red	Red	Green	Amber
	P1FA6(8)	Connect people with the natural environment		Rachel Gill, Public Health Consultant, Surrey County Council	David Greenwood, Countryside P'ships & Fundraising Team Ldr, Surrey County Council	Green	Red	Red	Green	Amber
	P1FA6(9)	Local residents and strategic partners understand the importance of seasonal health and wellbeing and undertake interventions to reduce the impact of hot/cold weather on health		Lisa Harvey-Vince, Senior Public Health Lead	Sarah Goodman, Community Project Officer, Surrey County Council	Green	Red	Red	Green	Amber

<p style="text-align: center;">Focus Area 7: Living independently and dying well</p> <p style="text-align: center;">Page 89</p>	P1FA7(1)	Supporting carers	SyH Carers Workstream	John Bangs, Carers Strategy & Development Manager, Surrey County Council and Debbie Hustings, Partnership Manager (Carers), Surrey Heartlands ICS	Ron Critcher, Policy And Development Officer, Surrey County Council	Green	Green	Red	Green	Green
	P1FA7(2)	Aligning the Better Care Fund to the Health and Wellbeing Strategy		Simon White, Director of Adult Social Care, Surrey County Council	Chris Tune, Policy and Programme Manager, Surrey County Council	Green	Green	Red	Green	Green
	P1FA7(4)	Developing a reablement framework for Surrey and integrating intermediate care		Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council	Ron Critcher, Policy And Development Officer, Surrey County Council	Red	Amber	Red	Red	Amber
	P1FA7(5)	Improving End of Life Care in Surrey		Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands	Chris Tune, Policy and Programme Manager, Surrey County Council	Amber	Amber	Red	Amber	Amber
	P1FA7(6)	Adapting homes to meet health needs and promote independence		tbc	tbc	Red	Amber	Red	Red	Red

Priority 2: Supporting the mental health and emotional wellbeing of people in Surrey
Project Appraisal

Project Code	Project Code	Project name	Linkages	Is there an SRO?	Is there a project manager?	Are roles and responsibilities across the system understood?	Is there budget to support delivery?	Have KPIs been agreed?	Are the goals widely accepted and agreed?	Overall confidence rating
Focus Area 1: Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	P2FA1(1)	Children's Emotional Wellbeing and Mental Health Transformation	Surrey Heartlands Mental Health Transformation Programme (TBC)	Trudy Mills, ICS Director for Children's and LD)	Albert Gordon, Project Manager, Surrey County Council	Green	Green	Amber	Green	Green
	P2FA1(2)	Launching of Healthy Schools		Susie Campbell, Service Manager - Vulnerable Learners, Surrey County Council	Sarah Lyles, PSHE & Inclusion Officer, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(3)	Wraparound Specialist Children Support Offer	Surrey Heartlands Mental Health Transformation Programme (TBC)	TBC	TBC	Red	Red	Red	Red	Red
	P2FA1(4)	Map and develop preventative mental health support access for Older People	Surrey Heartlands Mental Health Transformation Programme (TBC)	TBC	TBC	Amber	Amber	Red	Amber	Amber
	P2FA1(5)	Scale up anti-stigma work, including rollout of the Time to Change training programme		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Maya Twardziki, Public Health Lead, Surrey County Council	Amber	Amber	Red	Green	Green
	P2FA1(6)	Using technology to support physical and mental health		TBC	TBC	Amber	Amber	Red	Amber	Amber
	P2FA1(7)	Partnership physical and mental health links		Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	TBC	Amber	Amber	Red	Amber	Amber
	P2FA1(8)	Physical Health Check reporting for people with Severe Mental Issues		Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	Neil Manrai, Mental Health and Learning Disabilities Commissioner, Surrey Heartlands CCGs	Green	Green	Red	Green	Green
	P2FA1(9)	Co-Produce Plan to Retarget interventions to those with LD/Autism and Carers		Judith Eling, Public Health Registrar	Judith Eling, Public Health Registrar	Green	Green	Red	Green	Green

P2FA1(10)	Supporting wellbeing at work through the development of a Wellbeing Charter for businesses		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Awaiting recruitment	Amber	Green	Red	Amber	Green
P2FA1(11)	Develop new integrated Crisis models of care to support people at risk of admission to secondary mental health services		Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	TBC	Green	Green	Red	Green	Green
P2FA1(12)	Community Models of Care Transformation	Surrey Heartlands Mental Health Transformation Programme (TBC)	Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	TBC	Green	Green	Red	Green	Green
P2FA1(13)	Develop integrated models of care to meet NHS LTP UEC Standards		Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	TBC	Green	Green	Red	Green	Green
P2FA1(14)	Reablement Mental Health Pilot		Liz Uliasz, Deputy Director - Adult Social Care, Surrey County Council	Gurdish Sandhu, Interim Programme Manager, Surrey County Council	Amber	Amber	Red	Amber	Amber
P2FA1(15)	Mapping of Dementia services and develop partnership responses to system opportunities, to support people and carers to live independently for as long as possible		Dr Sophie Norris, Dementia Clinical Lead, Surrey Heartlands	TBC	Red	Amber	Red	Amber	Amber
P2FA1(16)	Develop system-wide aligned plans for people with mental health issues in prisons		Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	TBC	Red	Amber	Red	Red	Red
P2FA1(17)	Mental Health support for those within, or at risk of entering, criminal justice system		TBC	TBC	Red	Amber	Red	Red	Amber
P2FA1(18)	ASC discharge teams for MH to be established		Liz Uliasz, Deputy Director - Adult Social Care, Surrey County Council	TBC	Amber	Amber	Red	Amber	Amber
P2FA1(19)	Strategic commissioning approach to supported living for people with a mental health problem		Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	TBC	Green	Green	Red	Green	Green

Page 92	P2FA1(20)	Develop a suicide prevention information sharing protocol		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(21)	Set up a suicide prevention database in partnership with Surrey Coroner		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(22)	Develop an annual suicide report		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(23)	Develop a system wide suicide risk log/areas of concern		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(24)	Develop a process to learn from suicides and suicide-related incidents		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA1(25)	National and Surrey initiatives which target support messages to particular groups.		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green

			Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
P2FA1(26)	Carer for people with mental health needs are enabled to care for a person who has experienced suicidal thoughts, or has previously attempted suicide		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
P2FA1(27)	Monitor and respond to emerging methods of suicide		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
P2FA1(28)	Gain a better understanding of self-harm		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
P2FA1(29)	Establish an annual coordinated training plan for staff on mental health awareness and suicide prevention targeted to high risk groups		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
P2FA1(30)	Promote the bitesize e-learning on suicide prevention in communities with the highest suicide rates		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green

Focus Area 2: Supporting the emotional wellbeing of mothers and families throughout and after pregnancy	P2FA2(1)	Develop offer around the emotional wellbeing of mothers through First 1000 Days planning lens	First 1000 Days Programme	Vicky Williams, Programme Manager - Women's and Children's, Surrey Heartlands	Emma Jackson, Project Manager - Women's and Children's, Surrey Heartlands	Green	Green	Red	Green	Green
	P2FA2(2)	Develop a pregnancy Healthy Behaviours Framework		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Awaiting recruitment	Green	Green	Red	Green	Green
	P2FA2(3)	Further development of wraparound care and support through Perinatal services	First 1000 Days Programme	Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	Vicky Williams, Programme Manager - Women's and Children's, Surrey Heartlands	Amber	Amber	Red	Amber	Amber
	P2FA2(4)	Support the new, targeted provision delivered through Family Centres (such as the universal Family Centre offer in development in East Surrey)		TBC	TBC	Red	Red	Red	Red	Red
	P2FA2(5)	Domestic Abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy		TBC	TBC	Amber	Amber	Red	Amber	Amber
	P2FA2(6)	Wider victims of crime offer		TBC	TBC	Amber	Amber	Red	Red	Red
	P2FA2(7)	Alcohol and Substance Misuse prevention offer in place prior to pregnancy		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Martyn Munro, Senior Public Health Lead, Surrey County Council	Amber	Amber	Red	Amber	Amber
	P2FA2(8)	Development of family support tools/apps	First 1000 Days Programme	Vicky Williams, Programme Manager - Women's and Children's, Surrey Heartlands	Emma Jackson, Project Manager - Women's and Children's, Surrey Heartlands	Green	Green	Red	Green	Green

Priority Area 3: Preventing isolation and enabling support for those who do feel isolated	P2FA3(1)	Community transport offer developed to support social connections		Community Transport Team (TBC)	TBC	Green	Green	Red	Green	Green
	P2FA3(2)	Rethinking Transport Pilots	Rethinking Transport Programme	Rachel Crossley, Director of Strategic Commissioning, Surrey County Council	Amy Cosgrave, Principal Project Manager, Surrey County Council	Green	Green	Red	Green	Amber
	P2FA3(3)	Transport Policy Team offer developed to support social connections		Transport Policy Team (TBC)	TBC	Red	Red	Red	Red	Red
	P2FA3(4)	Develop youth social isolation approach, including bullying prevention and social media offer, with schools		TBC	TBC	Amber	Amber	Red	Amber	Amber
	P2FA3(5)	Support for Surrey Dementia Action Alliance in establishing Dementia Friendly communities, as already seen in Oxted, Woking, and Hindhead		Dr Sophie Norris, Dementia Clinical Lead, Surrey Heartlands	TBC	Red	Red	Red	Red	Amber
	P2FA3(6)	Establish business links to prevent isolation (such as Walking Friends) and unlock the potential of underutilised community space		TBC	TBC	Red	Red	Red	Red	Red
	P2FA3(7)	Bereavement support and information offer developed		TBC	TBC	Red	Red	Red	Red	Red
	P2FA3(8)	Postvention support offer developed		Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council	Green	Green	Red	Green	Green
	P2FA3(9)	Volunteering, apprenticeships and supported employment opportunities for those at risk of mental ill health and social isolation	Health and Wellbeing Strategy Priority 3	TBC	TBC	Red	Amber	Red	Amber	Red
	P2FA3(10)	Engagement to develop more community resources to support those at risk of mental ill health and social isolation		TBC	TBC	Red	Red	Red	Red	Red
	P2FA3(11)	Intergenerational activities for those at risk of mental ill health and social isolation	Health and Wellbeing Strategy Priority 3	TBC	TBC	Red	Red	Red	Red	Red

Priority 3: Supporting People in Surrey to fulfil their potential
Project Appraisal

Focus area	Project Code	Project name	Linkages	Is there a senior lead?	Is there a project manager?	Are roles and responsibilities across the system understood?	Is there budget to support delivery?	Have KPIs been agreed?	Are the goals widely accepted and agreed?	Overall confidence rating
Focus Area 1: Supporting children to develop skills for life	P3FA1(1)	Bespoke programme of care for CYP at risk of radicalisation		Carl Bussey, Assistant Director of Community Safety, Surrey County Council	Lara Bowden, SCC	Green	Red	Red	Green	Green
	P3FA1(2)	Role out Public Health approach to tackling serious youth violence		Carl Bussey, Assistant Director of Community Safety, Surrey County Council	Jess Evans, SCC	Green	Red	Red	Green	Green
	P3FA1(3)	Mentoring scheme for vulnerable CYP	Wellbeing Strategy Priority 2 - Serious Youth Violence - Living Independently Programme - First 1000 Days	TBC	Red	Red	Red	Red	Red	Red
Focus Area 2: Supporting adults to succeed professionally and/or through volunteering	P3FA2(1)	Social Progress Index		Satyam Bhagwanani, head of Analytics and Insight, Surrey County Council	Rich Carpenter, SCC Mairead Warner, SCC	Green	Green	Red	Green	Green
	P3FA2(2)	Maximise use of the Apprenticeship Levy across the system	Enterprise M3 Hub. Living Independently Programme	TBC	Paula Neal, SCC Kerrie Myall, SH	Red	Amber	Red	Amber	Amber
	P3FA2(3)	Raising the profile of apprenticeships	Enterprise M3 Hub Living Independently Programme	TBC	Paula Neal, SCC Kerrie Myall, SH	Red	Red	Red	Amber	Red
	P3FA2(4)	System strategy to tackle community harm		Temporary Assistant Chief Constable Ali Barlow	Jo Grimshaw, Surrey Police	Green	Red	Red	Green	Green

Surrey Health and Wellbeing Strategy

Priority

- 1. Helping people in Surrey to lead healthy lives
- 2. Supporting the mental health and emotional wellbeing of people in Surrey
- 3. Supporting people in Surrey to fulfil their potential

Population Group

- 1. SEND, LD, Autism
- 2. Deprived, vulnerable
- 3. Illness, disability
- 5. General population

Focus Area

(Multiple values) ▼

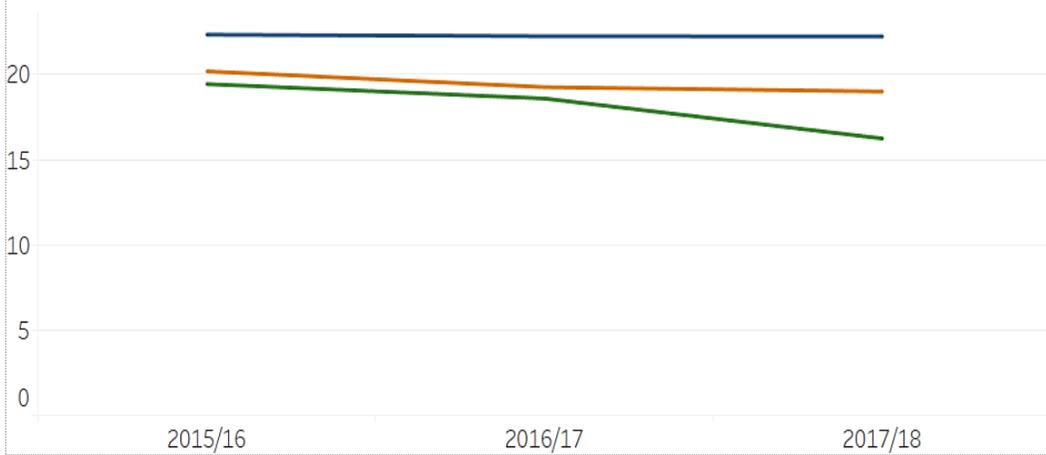
- England
- South East region
- Surrey

Click an indicator to see trend over time and comparison to other areas

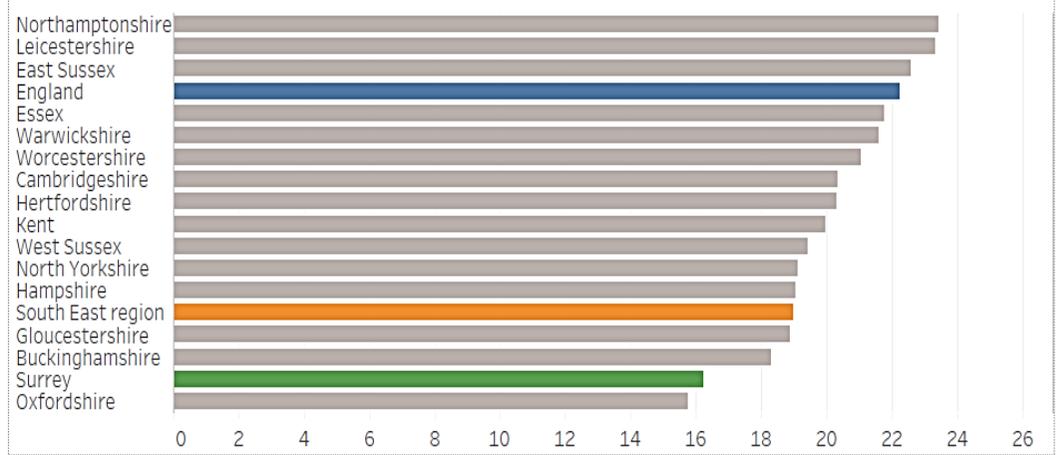
The arrow shows change from previous year

			England	England	Surrey	Surrey
Active travel - cycling	2017/18	%	3.21	↓	3.00	↓
Active travel - walking	2017/18	%	23.11	↑	22.94	↑
Use of outdoor space for exercise/health	Mar 2015 - Feb 2016	Proportion	17.92	↑	20.46	↓
Bowel cancer screening coverage	2018	%	59.00	↑	60.20	↓
Cervical screening coverage	2019	%	69.79	↑	71.10	↑
Diabetes diagnosis rate	2018	%	77.95	↑	70.17	↑
% patients with diagnosed hypertension	2018/19	%	13.96	↑	13.15	↑
Measles incidence rate	2018	per 100,000	1.74	↑	3.46	↑
% children aged 5 with 2 doses of MMR	2018/19	%	86.43	↓	78.95	↓
% physically inactive adults	2017/18	%	22.23	↓	16.24	↓
Y6 pupils at a healthy weight	2018/19	%	64.32	↑	72.84	↑

Trend over time : Percentage of physically inactive adults, (%)



Comparison with other areas: Percentage of physically inactive adults, 2017/18 (%)



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Appendix C: Programme and Project roles and key responsibilities

	Executive Sponsor e.g. Executive Leader / Officer or equivalent	Senior Responsible Owner – SRO e.g. Senior Leader / Director or equivalent	Programme Manager	Project Manager
Key relationships	Champions at executive leadership level	Champions within operations at senior leadership team level	Champions at Programme level Support and drives Project Managers Can act as sponsor for the projects	Champions at a Project level Supports and drivers workstream leads
Key commitments	Provides leadership and strategic steer Defines direction of business Owns the business change Ultimately accountable	Protects viability of the vision and the business case Responsible for meeting objectives and realising benefits Responsible for successfully implementing change and embedding without negative operational impact	Responsible for setting up, managing, monitoring and delivering the programme Responsible for overseeing Programme’s projects on a day-to-day basis Co-ordinates new capability to enable effective change and benefits realisation	Responsible for managing the day to day running and monitoring of the Project Responsible for delivering Project within agreed timescales, quality and cost parameters
Governance	Endorses Advises Director / Supports SRO	Accountable for Programme governance arrangements Chairs Programme Board	Defines Programme governance framework Attends Programme Board	Attends relevant Programme Board
Investment	Approves and authorises funding Provides investment decision	Approves funding requests with Portfolio Lead Secures investment [from Executive]	Manages Programme budget	Manages Project budget
Page 99 Organisation	Provides Programme mandate Sets overall Programme goals Authorises Programme on basis of business case Agrees Programme objectives and benefits	Owns Programme Brief Owns Programme Business Case Defines Programme objectives and benefits with key stakeholders	Plans and designs Programme Develops Programme Business Case Develops, updates and monitors all key Programme documentation	Develops, updates and monitors all key Project documentation
Deployment	Approves Programmes progress against organisational strategy / strategic objectives Prioritises	Maintains strategic alignment Ensures programme meets its objectives Approves change requests with Portfolio Lead	Ensures overall integrity and coherence Aligns Projects ensuring outputs support and contribute to the Programme’s objectives Manages dependencies	Aligns workstreams into a cohesive project, ensuring outputs support and contribute to the programme’s overarching objectives
Risks and issues	Deals with Portfolio level risks Resolves cross Programme issues Resolves significant Programme issues	Manages strategic risks Ensures Programme risks are effectively managed Resolves or escalates Programme issues	Oversight of Projects risks and issues Manages Programme risks Resolves and escalates Programme issues	Identifies and escalates any issues to the Programme Manager
Change Management	Defines change framework Makes decisions about change	Interfaces with senior stakeholders Leads change process and ensures change management activities are performed Tracks decisions about change	Initiates change activities Manages communications with all stakeholders Ensures all stakeholders are engaged	Works with the Programme Manager to manage change within the project
Evaluation	Continued commitment and support	Commissions and chair reviews	Demonstrates results and progress Reports progress Provides Programme assurance updates	Provides Project assurance updates to Programme Board
Closure	Confirms success and signs off	Ultimate accountability for outcome	Ensure meeting requirements	Ensure products are delivered

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Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Social Progress Index
Related Health and Wellbeing Priority:	Health and Wellbeing Strategy Priority 3- <i>supporting people to fulfil their potential</i>
Author (Name, post title and telephone number):	Satyam Bhagwanani; Head of Analytics and Insight, SCC Victoria Berry; Policy and Programme Manager, SCC Richard Carpenter; Insight Lead, SCC
Sponsor:	Rob Moran, Chief Executive of Elmbridge Borough Council
Paper date:	5 March 2020
Version:	1
Related papers	N/A

2. Executive summary

At the September Health and Wellbeing Board, Members agreed to develop a Social Progress Index (SPI) for Surrey to measure real lived experience of residents, focusing on social and environmental outcomes only. This will provide a helpful measure of ‘fulfilling potential’ in Surrey to help understand how individuals are living and progressing within District and Borough Wards and who is being left behind.

3. Recommendations

The Board Members are asked to;

1. Emphasise the SPI ambition within partner organisations
2. Secure executive level agreement/support to share data

4. Reason for Recommendations

The recommendations have been made in order to deliver an index which is robust and made up of the right set of indicators to reflect Surrey’s priorities, as well as realising the ambition of launching the index by Summer 2020.

5. Detail

A Social Progress Index measures the wellbeing of a community by observing social and environmental outcomes directly rather than the economic factors. It looks at fifty-four indicators in the areas of basic human needs, foundations of well-being.

The economic success of Surrey as a county means that it makes a significant contribution to the UK economy and whilst overall Surrey has a relatively healthy population, this masks significant gaps and inequalities that exist. For example, whilst

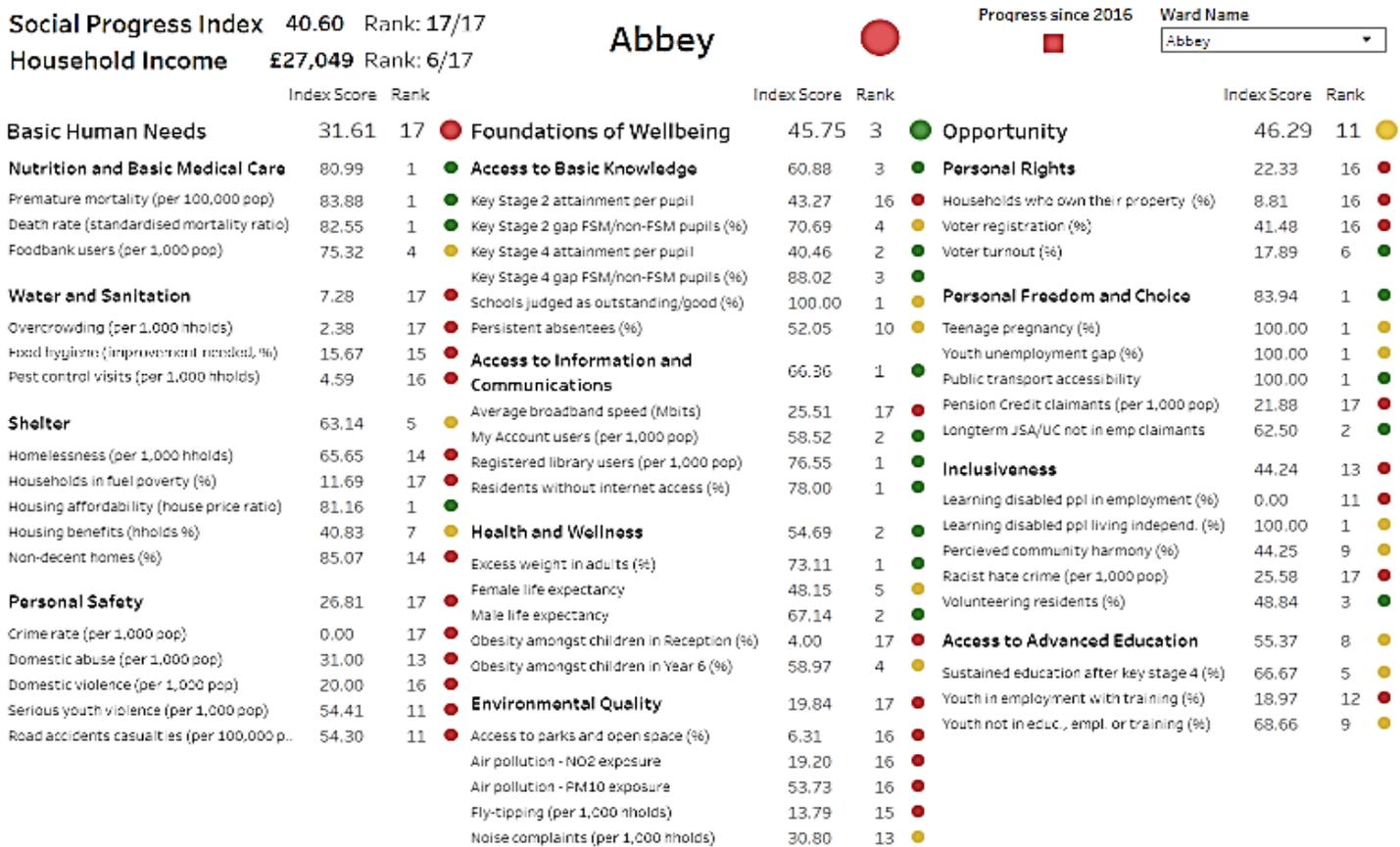
overall 10% of Surrey’s children are impacted by income deprivation, in the worst affected areas over 40% are affected. A SPI would provide a more granular understanding of how communities are doing on fundamentals of wellbeing and an insight into areas which may be root / causal factors for more complex issues.

The SPI was developed by the Social Progress Imperative as a way to measure true, inclusive growth. The Social Progress Imperative believe that economic growth alone is not sufficient to advance societies and improve the quality of life for communities. True success, and growth that is inclusive, requires achieving both economic and social progress.

In Surrey, the SPI has the potential to help us better understand the social wellbeing of our residents in a more holistic way. This pioneering use of data can help decision-makers, businesses, charities and the general public understand how individuals are living and progressing within the health and administrative boundaries and who is at risk of being left behind.

It aligns with Surrey Vision 2030 and Surrey Health and Wellbeing board, particularly around priority 3. If we developed an SPI in Surrey, it could be used to provide a helpful measure of ‘fulfilling potential’ by understanding how individuals are living and progressing at a very local level, and who is being left behind.

The intention is to allow users to combine indicators at various geographical dimensions to facilitate understanding of cross-boundary service drivers, dependencies and potential for efficiencies.



Strengths and weaknesses are calculated relative to 5 wards: Overperforming of similar median household income: River, Vaulence, Mayesbrook, Eastbury, Becontree. Performing within expectations Underperforming

Progress over time reflects the ward's change in Social Progress Index score from 2016.

- Deterioration
- Stagnation
- Steady improvement
- Significant improvement

6. Challenges

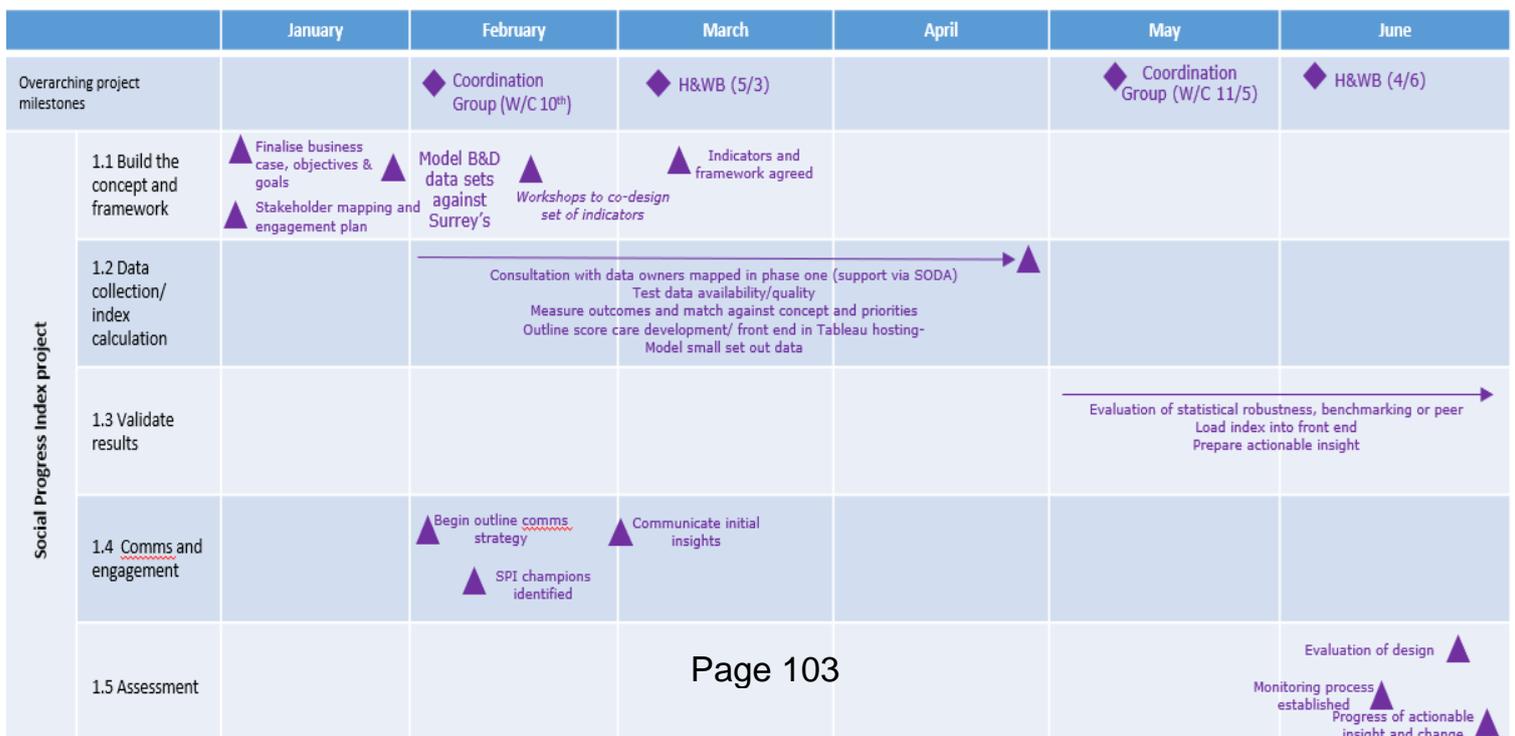
The table below identifies challenges identified by the Health and Wellbeing Board in the September workshop along with mitigations managed by the SPI Working Group.

Challenges	Mitigation
Risk around data sharing and timely receipt of data	<ul style="list-style-type: none"> • Conversations have begun with data owners around data collection • We are speaking with SCC's corporate IG manager about data sharing and engaging partner IG leads
Risk that the SPI is seen as a Surrey County Council initiative	<ul style="list-style-type: none"> • We are engaging with all stakeholders, including all H&W partners • All stakeholders have been invited to a workshop on 3 March and we are also holding a regular working group with data owners
Lack of resources to drive initiatives	<ul style="list-style-type: none"> • New data scientist roles have now been filled in SCC, providing a total of 1.5 FTE to work on this project • Data owners identified from all partners • Contract is being finalised with the Social Progress Imperative, who will also provide resources and training support

7. Timescale and Delivery Plan

The high-level project plan is shown below, with key activities and milestones:

SPI high level 6 month project plan



8. How is this being communicated?

There is an established SPI Working Group made up of partners who meet on a monthly basis and report progress and key risks to the Priority 3 Coordination Group. A stakeholder analysis has been completed and an engagement plan is being created, working closely with the Health and Wellbeing Board Communications Group.

9. Next steps

- Workshop with partner data owners on 3 March to define the indicators
- Continuation of data collection with data owners across partners organisations
- Training of data analysts by the Social Progress Imperative in March
- Begin index calculation in March
- First draft of the index expected to be developed by May