

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 4 June 2020 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 September 2020.

Elected Members:

(Present = *)

- * Siobhan Kennedy
- Dr Andy Brooks
- * Dr Charlotte Canniff (Deputy Chairman)
- * Steve Flanagan
- * Dave Hill
- * Jason Gaskell
- * Dr Russell Hills
- * David Munro
- * Mr Tim Oliver (Chairman)
- * Kate Scribbins
- Simon White
- * Ruth Hutchinson
- * Dr Claire Fuller
- * Fiona Edwards
- * Joanna Killian
- Helen Griffiths
- Sue Littlemore
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- * Giles Mahoney
- * Rob Moran
- * Rod Brown
- * Borough Councillor Caroline Reeves
- * Borough Councillor John Ward
- Frances Rutter
- Carl Hall
- * Robin Brennan
- Gavin Stephens
- * Ms Denise Turner-Stewart

Substitute Members:

Liz Uliasz - Deputy Director for Adult Social Care (SCC)

Nicola Airey - Executive Place Managing Director for Surrey Heath CCG

Dr Bernadette Egan - Senior Research Fellow/Deputy Director NIHR
Research Design Service South-East, University of Surrey

In attendance

Hayley Connor - Director - Commissioning (SCC)

The Board welcomed Steve Flanagan, Chief Executive of Central Surrey Health (CSH), as the representative for the North West Surrey Integrated Care Partnership and Community Provider voice.

12/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies were received from Gavin Stephens, Simon White - Liz Uliasz substituted, Dr Andy Brooks - Nicola Airey substituted, Helen Griffiths - Dr Bernadette Egan substituted.

13/20 MINUTES OF PREVIOUS MEETINGS: 5 MARCH 2020

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

14/20 DECLARATIONS OF INTERESTS

There were none.

15/20 QUESTIONS AND PETITIONS**a MEMBERS' QUESTIONS [Item 4a]**

None received.

b PUBLIC QUESTIONS [Item 4b]

None received.

c PETITIONS [Item 4c]

There were none.

16/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT**Witnesses:**

Phillip Austen-Reed - Principal Lead - Health and Wellbeing (SCC)

Sponsors:

Rod Brown - Head of Housing and Community at Epsom and Ewell District Council (Priority 1)

Giles Mahoney - Director of Integrated Care Partnerships at Guildford and Waverley Clinical Commissioning Group (CCG) (Priority 2)

Rob Moran - Chief Executive of Elmbridge Borough Council (Priority 3)

Key points raised in the discussion:

1. The Chairman explained that due to the challenges posed by Covid-19, the report does not provide a detailed performance of the priorities but rather highlights the impacted areas. The pandemic has brought to the foreground the vulnerabilities faced by many, such as the forty-thousand shielded residents and the increased use of food banks. This had impacted the local priorities and so there was an opportunity to review the delivery of the Health and Wellbeing Strategy against to ensure its priorities remain appropriate and relevant whilst linking with the restoration and recovery work.
2. The Principal Lead - Health and Wellbeing outlined that the status of the projects within the three priorities in rated from red to green,

- highlighting areas most impacted as a result of reduced resource or need for greater partnership work.
3. Positively, over half of the projects were continuing and adapting under the current situation, such as:
 - The creation of a Homeless Multi-Agency Group to support Borough and District Councils in response to the Government directive to provide accommodation to the homeless:
 - In response, a Board member commented that Covid-19 had magnified the housing shortage issues. All eleven Borough and Districts Councils responded to the directive to accommodate all rough sleepers aiding delivery of the Homelessness Reduction Act 2017 and personal plans were being made for people moving on. District and Boroughs were having meetings with the Ministry of Housing, Communities and Local Government to identify the particular needs of each rough sleeper as well as the solutions and funding needed. Despite some boroughs and districts not having sites to move people on to after the temporary accommodation, the use of Bed and Breakfasts, hotels, the Government preventing evictions in the private sector and triage support from health colleagues on who to prioritise for certain types of accommodation ensured that the directive has been largely met to date.
 - Responding to a Board member query, it was discussed that there were tensions with commercial hotels putting rough sleepers in temporary accommodation and them wanting to return to business as usual particular in Guildford and Woking. Half of those rough sleepers had been moved out of those hotels in Guildford and assurance was provided that the tensions would be managed in conjunction with MHCLG. There had been a recent more flexible approach by hotels after discussions with MHCLG, who were looking at capital funding and asking councils to look into their procurement solutions, in which Surrey was aided by the LRF.
 - A Board member was reassured that the Government was working proactively with councils on the long term issues surrounding rough sleepers and would consider potential funding from the Office of the Police and Crime Commissioner to help on that matter.
 - The positive work regarding domestic abuse, there was a new Domestic Abuse Executive Group:
 - The Priority 1 sponsor noted that he had been involved in various activities in response to Covid-19, including helping to manage the emergency response and setting up a community hub. There were mixed messages concerning the increase in domestic abuse, but it was noted that survivors were waiting until pandemic is over before reporting so data was being modelled to meet that demand after lockdown.
 - An attendee noted that the Executive Director for Children, Families and Learning (SCC) was chairing the Domestic Abuse Executive Group. Across the voluntary and community sector, Boroughs and Districts, Surrey Police and the Office of the Police and Crime Commissioner there was an increase in users to refuge services as well as an increase in domestic violence within assessments of children and in adult social care. In line with modelling which showed an increase in

- domestic violence that occurs after significant incidences such as the pandemic, the rise over the next year would need to be addressed in conjunction with refuge providers to add additional refuge capacity to Surrey.
- The Chairman noted that Surrey had been asked to participate in a Channel 4 documentary in the next couple of weeks to showcase its work on tackling domestic abuse.
 - A virtual wellbeing hub and virtual safe haven had been developed for mental wellbeing support and adaptation to the community mental health offer:
 - The Priority 2 sponsor commented that the emotional wellbeing of people and psychological impact of the pandemic were at the centre of the recovery work and the multi-agency approach was encouraging as all were taking responsibility for mental health.
 - Additional support for local suicide prevention plans and new healthy schools approach:
 - A Board member queried the national publicity about suicide rates rising, asking about levels of suicide in Surrey. In response, it was noted that a county-wide Suicide Prevention Strategic Group had been set up. The Consultant in Public Health added that it was complicated to get timely information relating to suicides from the coroner. Surveillance was crucial and they were working with Surrey Police to set up an early warning system. A data feed was being received weekly on unexpected deaths at home such as suicide and drug overdoses. The earlier increase in those deaths that coincided with the Covid-19 peak had returned to previous levels.
 - It was noted that Surrey Police were involved in many cases of unexplained deaths, the Chief Constable had a daily log of significant incidences which has seen more unexplained deaths during the pandemic. Regarding attempted suicides, the Consultant in Public Health noted that they were looking at whether information from hospitals could be sourced relating to poisonings or trauma which would not show up in police data.
4. The Principal Lead - Health and Wellbeing noted that impacted areas would likely slow the achievement of outcomes in the short to medium term and collaboration was key as part of the recovery work. As part of this the Surrey Heartlands' Recovery Strategy – current thinking' Annex to the report was noted. The recovery work on the Community Impact Assessment and the Joint Strategic Needs Assessment (JSNA) - item 6 - included intelligence on target populations which was vital and his team will be liaising further with the three priority sponsors on the matter to inform how best to approach building in the learning from this.
 5. The Priority 3 sponsor noted that people leading fulfilling lives had been affected adversely by the pandemic with many focus areas impacted, however it is likely that there would be significant links to the recovery plans that are evolving.
 6. A Board member summarised Surrey Heartlands' 'Recovery Strategy - current thinking' presentation, noting that there were a number of pieces of restoration work including starting up those health services that had been stood down due to the pandemic. Challenges included the fact that Covid-19 was still live and Personal Protective Equipment (PPE) supply issues. There were large changes to front line delivery

- such as the use of digital to deliver health care, capturing those changes was key to develop the current strategies. It was important to have a county-wide view across health and social care, incorporating target populations and standardising health inequalities.
7. The Deputy Chairman commented that the pandemic had accelerated positive work, previous barriers such as digital transformation had been removed and discharge processes were more efficient, greater Borough and District Council partnership work established during the pandemic must be maintained. These were areas that were included in the work programmes within the priorities under the Recovery Board for Surrey Heartlands.
 8. The Deputy Chairman explained that the End of Life Care programme was ongoing with support from an executive health lead and Surrey County Council lead, looking at county-wide strategy to come back to the Board for sign-off.
 9. The Chairman endorsed the current partnership work, including the excellent coordination work of the LRF. It was noted at the recent regional health call, that Surrey was an exemplar of partnership working between the health system and local government.
 10. A Board member stressed that it was important to ensure that public patient service user feedback formed part of the partnership work. Many members of the public had embraced the quick changes and those who risked being left behind must be central to the developing recovery work. In response to a Board member query regarding the recovery work mandated at a national level versus local prioritisation, it was explained that the JSNA work gathered intelligence in Surrey to address local priorities and could be used to measure behaviour changes such as greater personal responsibility over health, as well as the RCG's Surrey CIA and local partnership work, whilst adhering to national directives.

RESOLVED:

1. Noted the changes in the Health and Wellbeing implementation plans with some areas impacted or changing focus.
2. Ensured that the strategy priorities and associated focus areas were considered by partners represented at the Health and Wellbeing Board, as plans were put in place locally to support recovery.
3. Considered any implications on the delivery of the strategy and how work could be maintained through recovery as a high priority, particularly where projects have been refocused relating to the pandemic.
4. Considered the need to further prioritise any areas of the strategy and considered whether additional projects not currently in the scope of the strategy were needed to meet specific needs resulting from the pandemic, based on the developing elements of the Community Impact Assessment.

Actions/further information to be provided:

1. The Public Health team will liaise further with the three priority sponsors over the plans to progress the priorities, focus areas and projects.
2. The county-wide strategy for the End of Life Care programme under Priority 1, will be brought back to the Board for sign-off in due course.

**ADAPTATION OF APPROACH TO JSNA DURING COVID-19:
INTELLIGENCE TO SUPPORT RECOVERY****Witnesses:**

Dr Julie George - Consultant in Public Health (SCC)
Satyam Bhagwanani - Head of Analytics and Insight (SCC)

Key points raised in the discussion:

1. The Consultant in Public Health introduced the report noting that proposals for refreshing the Joint Strategic Needs Assessment (JSNA) and the Social Progress Index were received last by the Board in March. Due to Covid-19, the approach would need to change to deliver the early population health intelligence response to support recovery in order to inform the refresh of the Surrey Health and Wellbeing Strategy and the Board's priorities for the next six months.
2. The Head of Analytics and Insight outlined the work of the Community Impact Assessment which was split into the following areas:
 - Overarching Thematic Assessment - different types of impacts on communities, including physical health impacts to those who had contracted Covid-19 or died from it and wider indirect impacts such as mental health, housing and transport issues.
 - Vulnerability and Impact Assessment - the geographical analysis of impact to understand areas in Surrey most impacted directly as well as indirect effects such as a rise in unemployment and domestic violence.
 - Place-Based and Population Based Strength and Needs Assessments - engagement with people, focus groups, linking back to communities and target groups in the Health and Wellbeing Strategy. Fifteen priority groups had been shortlisted and were provided to the Recovery Coordinating Group (RCG) and feedback from Board was welcomed. The qualitative approach was being finalised to identify the right people and partners with expertise to liaise with.

Dave Hill left the meeting at 2.55 pm

5. The Consultant in Public Health commented that work was already progressing in some of the fifteen priority groups identified, many of which overlap with the priority areas or target populations in the current Health and Wellbeing Strategy.
6. She summarised the findings from the 'Covid-19: Review of disparities in risk and outcomes' report recently published by Public Health England, through graphs which were separated by ethnic groups for males and females on the inequality in mortality over the past five years and over the ongoing Covid-19 pandemic. There was a large difference in mortality due to Covid-19 in non-White ethnic groups such as Asian, Black Mixed and Other for both men and women - more pronounced in men.
7. A Board member welcomed the Board's focus on health inequality. He noted that he and the Consultant in Public Health represented the Surrey Heartlands Integrated Care System (ICS) at the NHSE/I Southeast BAME Population Mortality Improvement Board. He

- reported on examples of good practice elsewhere in the Southeast. These included Slough, where over half of its population belonged to BAME groups, where a population health management approach was being taken and West Sussex who were working through their primary care networks.
8. A Board member highlighted that the grouping of children with Special Educational Needs and Disabilities (SEND) was too wide a priority group. There was evidence that young people with autism found it difficult to deal with Covid-19, which should be a focus given the high cases in Surrey. In response, a Board member noted the national work on autism and the gap exposed by Covid-19. Surrey were involved in that work through the Surrey and Borders Partnership NHS Foundation Trust Chief Medical Officer Dr Justin Wilson.
 9. The Consultant in Public Health recognised that the identified population groups needed refinement and would evolve as the community impact work is refined. Additional groups also identified were those with substance misuse issues and elderly residents whether in care homes or receiving domiciliary care. She suggested that members provide feedback on the fifteen populations groups identifying any gaps or more refined group definitions.
 10. A Board member explained that a third of her workforce were BAME and queried whether there were active discussions by public sector employers to address Covid-19 inequalities. In response, a Board member noted that Surrey Heartlands ICS had a well-developed action plan to address risks for the BAME workforce issue, including implementing a risk assessment with large providers across Surrey Heartlands but also General Practices, care homes and wider primary care sectors. Weekly coordination calls had been set up with representation from across different organisations to address BAME inequalities. Work was ongoing to establish a BAME Alliance, to oversee the workforce and the population health work and would have wide representation across public sectors.

RESOLVED:

1. Agreed the approach to population health intelligence to support recovery.
2. Confirmed that the Board agrees that it is a suitable approach to providing Joint Strategic Needs Assessment for the next six months.

Actions/further information to be provided:

Board members are encouraged to provide feedback on the fifteen population groups, identifying any gaps or group definitions requiring refinement.

18/20 COMMUNITY SAFETY AGREEMENT INTERIM PLAN

Dr Claire Fuller left at 3.12 pm

Witnesses:

Sarah Haywood - Policy and Commissioning Lead for Community Safety, Office of the Police and Crime Commissioner (OPCC)

Key points raised in the discussion:

1. A Board member stated that the Community Safety Agreement (CSA) was a statutory document and the interim plan set out how the diverse spectrum of needs and shared priorities within the county will be addressed.
2. The Chairman reminded the Board that as a two-tier authority, Surrey County Council must ensure collaboration with its Borough and District Councils and key partners.
3. A Board member noted the opportunity to reset strategies during Covid-19 and welcomed the more detailed CSA plan to be presented at September's Board.
4. In response to a Board member comment on ensuring a joined-up approach across Borough and District Councils, the crucial role of the local Community Safety Partnerships was highlighted.

Fiona Edwards left at 3.18 pm

5. Responding to a Board member comment concerning full engagement with all relevant partners in the county, the Policy and Commissioning Lead for Community Safety (OPCC) responded that she would liaise with the statutory partners and link the detailed plan to the new recovery plans and the RCG's Community Impact Assessment (CIA).

RESOLVED:

The Health and Wellbeing Board approved the suggested plans for an interim Community Safety Agreement.

Actions/further information to be provided:

The more detailed Community Safety Agreement plan will be brought to the September Board, ensuring that the statutory partners have full engagement and linkage with the county's recovery plans and Community Impact Assessment.

19/20 HEALTH AND WELLBEING BOARD REVIEW 2020 – PROPOSAL

Witnesses:

Phillip Austen-Reed - Principal Lead - Health and Wellbeing (SCC)

Key points raised in the discussion:

1. The Chairman introduced the report and explained that the Board's composition had changed as a result of the merger with the Community Safety Board and that Dr Charlotte Canniff (Deputy Chairman) was now the single clinical chair for the Surrey Heartlands Clinical Commissioning Group (CCG).
2. The Chairman commented that Surrey's Health and Wellbeing Board was an important bridge between local government and health and it was wider in its remit than most. He noted the need to review whether it has the right membership to remain inclusive as well as effective.

3. He explained that the proposal was to remove the scheduled private informal business meetings, standing them up if needed for training sessions or workshops. The Board will continue to meet quarterly and in public, starting at 2pm on Thursdays.
4. Moving into the recovery phase of Covid-19 it was important for the Board to offer oversight over the delivery of the county-wide Health and Wellbeing Strategy through the Local Recovery Structures which includes Frimley, Surrey Heartlands and the Local Resilience Forum.
5. The Deputy Chairman commented that the membership review was a good opportunity since the merger of the four Clinical Commissioning Groups (CCGs). The Frimley and Surrey Heartlands collaboration from a health representation side was important. Initially the Board focused on both organisational and place representation to ensure a breadth of knowledge across acute and community trusts, mental health and primary care providers.
6. The Board agreed with the Deputy Chairman's suggestion of a subgroup seminar to discuss the membership going forward. The Principal Lead - Health and Wellbeing and his team as well as the Board's Committee Manager would liaise with members on that seminar, seeking comments in order to bring a final membership list for approval to the next Board meeting.

RESOLVED:

1. Approved the suggested meeting schedule and the Forward Work Plan (Annex 2).
2. Discussed the proposed changes to membership.
3. Discussed the questions on the governance and leadership role of the Health and Wellbeing Board.
4. Noted the HWBB Information Pack (Annex 1) which provides an overview and discussion points regarding the Board's statutory responsibilities, implementation of the Health and Wellbeing Board Strategy and its system leadership.

Actions/further information to be provided:

An informal subgroup seminar will be set up to discuss the Board's future membership and a final review of the membership will be brought back to the next Board meeting in September.

20/20 DATE OF NEXT MEETING

The next public meeting of the Health and Wellbeing Board will be on 10 September 2020.

Any other business:

- Surrey Local Outbreak Engagement Board

The Chairman noted that as part of the national Test and Trace Service launched by the Government on 28 May 2020 to control the spread of Covid-19, each Upper Tier local authority were expected to develop Local Outbreak Control Plans by the end of June. As part of their local plans, councils are expected to have a member led, typically by the Leader of the authority, Local Outbreak Control Board, which will provide political oversight of local delivery

of the Test and Trace Service. It was proposed that in Surrey, the Local Outbreak Engagement Board would be a subgroup of the Health and Wellbeing Board, leading the engagement with local communities and be the public face of the local response in the event of an outbreak. The first meeting of the new Board would be held privately on 18 June to review the draft Terms of Reference and approve the initial plan. He noted that the new Board would look to address the challenge of ensuring the rapid collection of local data needed down to postcode level and reinforcing preventative measures such as social distancing, commenting that Surrey was a high-risk area due to its proximity to London.

The Interim Director of Public Health explained that as part of the Test and Trace Service, anyone who received a positive test would be contacted by the national team and there will be a process of contact-tracing. Each area was different so they were tasked with writing their own Local Outbreak Plan. Surrey's proximity to Heathrow and Gatwick Airports did affect the infection rate at the start of the pandemic. She added that communications and surveillance would be essential during the recovery phase. Within the Local Outbreak Engagement Board there would be a Health Protection Board with wide representation across the system.

A Board member highlighted that the Council was a Beacon Council delivering excellence in key areas such as governance and was sharing best practice such as how it was working with businesses across the county to ensure that the workforce felt confident about returning to work, collaborating with public transport operators. Ensuring fast localised data down to postcode level was key for targeted partnership activity through the Local Resilience Forum and powers to enforce the required changes in activity in communities were needed from the Government.

A Board member noted that Surrey Police had a crucial role to play in reinforcing lockdown restrictions and social distancing and agreed that communications would be fundamental to the recovery work.

The Chairman noted an incoming announcement from Government about more Mobile Testing Units (MTUs) and testing centres, with tests to be accessible from General Practices and pharmacies. It was discussed that the link to the Testing Cell within the LRF was key.

- Update on Healthwatch's role

The Chief Executive of Healthwatch Surrey explained that Healthwatch initially took a step back early in the pandemic to review how they could most contribute to situation whilst system partners were dealing with Covid-19 on the front line. Planned face-to-face public engagement and meetings with system partners were cancelled whilst the helpdesk remained open to follow-up urgent cases. Resources were redeployed to help the voluntary and community sector and it worked with system partners to get the national messages out to communities. After a few of weeks Healthwatch England confirmed that local Healthwatch had been asked by the Government and NHS to continue their work gathering feedback and using engagement experience to ensure seldom heard groups were not overlooked locally. Healthwatch Surrey increased its insight gathering to reach out to communities using both digital and physical channels. It was a challenge as they were not able to go into care homes and use Enter and View to gather

information, nor visit hospitals or health centres, so it joined virtual meetings of many voluntary and community groups in Surrey and distributed leaflets for people who use food banks to share their experiences.

The key themes in the latest e-bulletin ‘Healthwatch Surrey Intelligence Report May 2020’: were summarised: most people felt that they have had good information around Covid-19, with a few exceptions - people with sensory impairments had accessibility issues and people with health conditions felt confused about some of the messaging around shielding vulnerable individuals.

They received positive feedback about the new ways of working through technology removing need for physical trips, however those without digital access were left behind. It was concerning that some cancelled their regular check-ups and treatments due to the fear of Covid-19, confidence needed to be rebuilt and aided by communications.

There was mixed feedback concerning regular contact from GPs, ongoing consistent communications with patients about next steps and managing symptoms was vital.

Healthwatch Surrey had not heard much from those with mental health issues and she was happy to work with the Board to identify and address any gaps. In response the Deputy Chairman noted that she and the Priority 2 sponsor could take an action back to the Recovery Board about the ongoing communications to patients waiting for services.

A Board member noted that resident groups were supporting communities, helping those with mental health issues during the pandemic. In response, a Board member commented that he was leading the voluntary and community sector strand of the Recovery Cell to maintain support offered by community groups.

The Executive Place Managing Director for Surrey Heath CCG positively commented that during the pandemic there was an increase in people self-managing their own care, she provided reassurance that the health service remained available for people needing treatment. In response, the Chairman noted the importance of harnessing those positive changes in behaviour and the Deputy Chairman added that primary care could be very proactive due to the manageable patient level. The Priority 2 sponsor noted that national funding for a one-thousand home remote monitoring programme had been secured, initially focusing on dementia patients and those with long-term conditions.

Meeting ended at: 3.52 pm

Chairman