

Notice of Meeting

Health and Wellbeing Board

**Date & time**

Thursday, 4 June 2020
at 1.00 pm

Place

Remote meeting

Contact

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Please note that due to the COVID-19 situation this meeting will take place remotely.

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Board Members

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
Vacant

Simon White

Ruth Hutchinson

Dr Claire Fuller
Fiona Edwards
Joanna Killian
Helen Griffiths

Housing Advice Manager, Guildford Borough Council
Chief Officer, Surrey Heath and East Berkshire Clinical
Commissioning Group
Clinical Chair, Surrey Heartlands Clinical
Commissioning Group
Representative, 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

Sue Littlemore	Sciences, University of Surrey Head of Partnerships and Higher Education, Enterprise M3
Mrs Sinead Mooney	Cabinet Member for Adults and Health, Surrey County Council
Mrs Mary Lewis	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)
Robin Brennan	National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection
Carl Hall	Community Rehabilitation Company, Kent, Surrey & Sussex, Assistant Chief Officer
Gavin Stephens	Chief Constable of Surrey Police
Ms Denise Turner-Stewart	Cabinet Member for Communities & Places, Surrey County Council

TERMS OF REFERENCE

The Health and Wellbeing Board:

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

PART 1
IN PUBLIC

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 5 MARCH 2020

(Pages 1
- 14)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*29 May 2020*).

b Public Questions

The deadline for public questions is seven days before the meeting (*28 May 2020*).

c Petitions

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

5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT

(Pages
15 - 36)

This paper gives a brief overview of the status of projects in the Health and Wellbeing Strategy implementation plans. Rather than detailing performance as originally intended, it indicates where projects have been impacted by the COVID 19 pandemic leading to delays in some areas. It also highlights where projects are continuing as normal or with a different focus, often as a result of the impact of COVID 19.

6 ADAPTATION OF APPROACH TO JSNA DURING COVID-19: INTELLIGENCE TO SUPPORT RECOVERY (Pages 37 - 42)

The COVID-19 pandemic is unprecedented in its impact on the health and economic situation locally, nationally and internationally so effective recovery will require working differently. Changes to how we work includes how we provide population health intelligence to prioritise partnership actions. This paper sets out a plan for the delivering the early population health intelligence response to support recovery which will inform the refresh of the Surrey Joint Health and Wellbeing Strategy and other strategies. The ways in which these proposals relate to previously agreed plans for the refresh of the Joint Strategic Needs Assessment are described.

7 COMMUNITY SAFETY AGREEMENT INTERIM PLAN (Pages 43 - 46)

This paper provides an update the Board regarding the development of a new Surrey Community Safety Agreement following the merger of the Health and Wellbeing Board and the Community Safety Board in March 2020.

8 HEALTH AND WELLBEING BOARD REVIEW 2020 - PROPOSAL (Pages 47 - 80)

As referenced at the public meeting on 5 March, this paper sets out a suggested new composition and forward plan for the Health and Wellbeing Board to support the Board to function effectively and ensure members have full oversight of the Health and Wellbeing Strategy and their statutory duties as a key partnership decision-making body.

9 DATE OF THE NEXT MEETING

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

**Joanna Killian
Chief Executive
Surrey County Council**

Published: Wednesday, 27 May 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.

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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

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 5 March 2020 at North West Surrey CCG, 58 Church Street, Weybridge, Surrey KT13 8DP.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 4 June 2020.

Elected Members:

(Present = *)

Siobhan Kennedy
 * Dr Andy Brooks
 * Dr Charlotte Canniff (Deputy Chairman)
 * Dave Hill
 Jason Gaskell
 Dr Russell Hills
 David Munro
 * Mr Tim Oliver (Chairman)
 * Kate Scribbins
 Dr Elango Vijaykumar
 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
 * Denise Turner-Stewart

Substitute Members:

Catherine Butler - Housing Needs Manager, Woking Borough Council
 Liz Uliasz - Deputy Director for Adult Social Care (SCC)
 Cynthia Allen - Deputy Chief Probation Officer at Kent, Surrey and Sussex
 Community Rehabilitation Company

In attendance

Dr Bill Chapman - Chairman of the Adults and Health Select Committee (SCC)
 Miss Alison Griffiths - Deputy Cabinet Member for Health (SCC)

1/20 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Siobhan Kennedy - Catherine Butler acted as substitute, Caroline Reeves, Joanna Killian, Dr Russell Hills, Simon White - Liz Uliasz acted as substitute, David Munro, Dr Elango Vijaykumar, Robin Brennan, Carl Hall - Cynthia Allen acted as substitute, John Ward and Jason Gaskell.

2/20 MINUTES OF PREVIOUS MEETINGS: 5 DECEMBER & 16 DECEMBER 2019 [Item 2]

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

3/20 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/20 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.

5/20 REFRESHING THE JOINT STRATEGIC NEEDS ASSESSMENT: PROPOSALS [Item 5]

Liz Uliasz arrived at 1.14pm
Helen Griffiths arrived at 1.14pm
Rod Brown arrived at 1.20pm
Frances Rutter arrived at 1.20pm

Witnesses:

Lucy Lynch - Public Health Registrar (SCC)

Key points raised in the discussion:

1. The Public Health Registrar introduced the report and noted that:
 - it was a statutory requirement to maintain the Joint Strategic Needs Assessment (JSNA), so a refresh following the publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019 was needed.
 - the refresh proposed using the 12 focus areas identified in the JHWS to frame the JSNA and support detailed action plans that address local needs.

- central to renewing the governance of the JSNA was the avoidance of duplication - to be achieved by ensuring ownership of specific chapters by the relevant JHWS governance group with a coordinating operational oversight group - to meet in April 2020. That group would include representatives from the Council and other key organisations.
2. The Chief Constable of Surrey Police stated that the force were happy to engage with the project particularly from a mental health aspect which formed a significant part of the force's duty.
 3. Board members urged caution in the approach to prevent the formation of blind spots if the focus areas were too narrow, noting that it was important to recognise potential gaps in commissioning as issues change over time. The Public Health Registrar commented that while each chapter would include a horizon-scanning section within their focus area, the operational oversight group would also have a role in identifying new and emerging issues.
 4. A Member of the Board was concerned that vulnerable groups such as Looked After Children (LAC) and Care Leavers were scattered across various JSNA chapters which did not support the partnership in meeting their responsibilities for Corporate Parenting. In response, the Public Health Registrar explained that the four target population groups included one of 'deprived and vulnerable communities' but this was broad and not yet delineated. She added that a list of such groups was being developed and would be shared with population group champions for discussion. The developing list included LAC and care leavers. The intention was to develop infographic summaries of each population group/sub-group as required.
 5. A Member of the Board raised a concern regarding the difficulty in cross-system data collection on vulnerability and health inequality as many organisations held pockets of information and were not good at sharing it centrally. In response, the Public Health Registrar replied that in light of the Chairman's earlier comment that the Health and Wellbeing Board would reaffirm itself as a 'doing' board, there were opportunities to improve the collation of data, across partners.
 6. In response to the Deputy Chairman's query, the Public Health Registrar commented that the public health team were considering how the intelligence within the JSNA refresh would align with and complement the NHS England's Population Health Management (PHM) system across Surrey Heartlands.
 7. Responding to a Member of the Board's question, the Public Health Registrar explained that veterans were currently included one of the 'deprived and vulnerable communities' target population and she would extend this to include the families of military personnel.

RESOLVED:

The Health and Wellbeing Board agreed:

1. The 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 coopted 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.

Actions/further information to be provided:

None.

6/20 SAFEGUARDING CHILDREN ANNUAL REPORT [Item 6]

Fiona Edwards arrived at 1.40pm

Dr Claire Fuller arrived at 1.40pm

Witnesses:

Simon Hart - Independent Chair of the Surrey Children’s Safeguarding Partnership

Key points raised in the discussion:

1. A Member of the Board highlighted that 2018/2019 was a year of national change towards local improvement in children’s safeguarding with the move away from Local Safeguarding Children’s Boards towards the new Local Safeguarding Partnerships. She recognised the key work of the previous Independent Chair of the Surrey Safeguarding Children Board who put in place development arrangements for the Board and praised the work of the current Independent Chair.
2. The Independent Chair of the Surrey Children’s Safeguarding Partnership summarised that the new local safeguarding Partnership was operational from October 2019. Unlike the Surrey Safeguarding Children Board (SSCB) which was convened solely by Surrey County

Council, the Partnership was convened more widely with Surrey Police and the NHS, as it was important that safeguarding was underpinned by various agencies.

3. He explained that the SSCB's annual report unusually covered an 18 month period from April 2018 in order to give a full account of the Board's activities over that extended period including the transition to the new Partnership arrangements. The key focus of the Partnership would be the Children's Services Improvement Programme with oversight to embedding the new arrangements moving away from the Ofsted Priority Action Board towards the Partnership.
4. He highlighted the following key strategic priorities of the SSCB which would serve as the foundation for the new Partnership:
 - the remodelling of the Early Help Services delivered and commissioned by Surrey County Council, with the new Early Help Hub established through a Children's Single Point of Access (C-SPA).
 - reducing harm to children and young people from exploitation through contextual safeguarding which was an approach to safeguarding using children and young peoples' experiences of harm outside of their homes.
 - children's exposure to domestic abuse, which was a key issue underlying many of the serious case reviews. Following on from the SSCB, the Partnership was working closely with Surrey Police, social services and other key partnership groups such as the Community Safety Strategy to allow the escalation of concerns where necessary.
5. The Independent Chair noted that the new governance structure from the SSCB to the new Partnership received strong agreement from partners who in the past felt as though the SSCB considered large agendas too quickly. Whereas the Partnership had more focused agendas and was steered by the Executive Group. There would also be a reduction in the number of sub-groups in order to consider the commissioning approach more effectively.
6. He stated that a core value for the Partnership was a child-centred approach and ensuring that children's voices and lived experiences were heard as they were integral to the decision-making process.
7. He noted that the strong lead from the Council was vital to aid the Partnership's focus on supporting children, families and young people to reduce the likelihood of them needing statutory services. As well as supporting the Partnership's commissioning of serious case reviews where a child in Surrey dies or is seriously injured, he emphasised that he would like to attend a future Board meeting to present the findings from those serious case reviews and provide and update on the development of the Partnership.
8. In addition to the SSCB's priorities above, the Independent Chair was pleased with the start of the new arrangements and discussed that priorities for the new Partnership included:
 - children with Special Educational Needs and Disabilities (SEND), with the aim to increase the representation of parent/career and user groups. A number of partners had volunteered to assist the work.
 - ensuring the emotional well-being of Child and Adolescent Mental Health Services (CAMHS) through improving children and young people's access to services.

- ensuring full cooperation across the county on historical abuse, providing open and full support.
 - a commitment to raising the standards in addressing neglect.
 - a clear understanding of thresholds for different levels of intervention.
9. The Independent Chair explained the changing emphasis of the Partnership towards independent scrutiny across agencies. It was vital to find a better way to engage with the broad constituent of interests across the county and it was hoped that the upcoming second meeting of the Partnership would start to create an opportunity for people to be more influential in key areas.
 10. A Member of the Board noted the initial difficulty in the transition from the SSCB to the Partnership, with the eighteen serious case reviews that went back approximately seven years. The Council had consulted with Government on the matter and himself and the Chairman noted that a review would soon be published on the outstanding cases. The Member praised the Independent Chair and noted the good collaborative progress of the Partnership with joint responsibility between the NHS, Council and Surrey Police as opposed to solely the County Council and its Chief Executive.
 11. In response to the Deputy Chairman's query on the terminology of 'threshold' as a priority of the Partnership rather than the level of need, the Independent Chair accepted that the term threshold was potentially outdated but it did not detract from the outcome of effective family support for the county.
 12. The Chief Constable of Surrey Police queried whether there was one priority out of seven to start with, in response the Independent Chair stressed that all seven priorities were different and important in their own respect. He noted the importance of the collaboration between leaders in the county and experts across the priorities and in particular making sure that agencies felt confident to share information with other colleagues.
 13. Responding to a Member of the Board's query regarding how to quantify when objectives of the Partnership were being achieved due to their subjective nature, the Independent Chair explained that the development of a performance framework based on indicators and intelligence allowed the evaluation of the priorities. Internal audits and inspection reports also provided an assessment of the Partnership's objectives.
 14. The Independent Chair added that Surrey was in a unique position due to the number of the serious case reviews, which provided a learning opportunity going forward. A change of approach towards those case reviews was warranted, as it was wrong that first case review meetings only took place in some cases after three months. That was not acceptable and the Partnership had begun a rapid-review process with findings and next steps being generated within fifteen days.
 15. He commented that engagement was a complex key strategic area and it was important to work in conjunction with front line workers, children and young people. Motivating young people to share information with organisations such as the police was essential. More sophisticated ways to increase engagement were needed and it was important to find out how life was from their perspective, there were strong leads on the matter in the third sector.

16. A Member welcomed the focus on children's voices and lived experiences as integral to the SSCB and asked for an evaluation of how the Partnership were implementing that and whether there were any gaps in the new arrangements. In response, the Independent Chair noted that the Partnership must be fit for purpose accepting that more work needed to be done. The workforce was beginning to be stabilised across the county, recognising the new responsibilities of the Partnership in place of the Ofsted Priority Action Board, difficulties in recruitment and the reduction in the caseloads of social workers from forty cases down to fifteen in some instances.
17. The Chairman thanked the Independent Chair for his work and positively noted that the Partnership was moving in the right direction regarding its seven core priorities and was equipped to resolving issues such as the serious case reviews.

RESOLVED:

1. The Health and Wellbeing Board discussed the annual review.
2. The Health and Wellbeing board noted the report and annual review.

Actions/further information to be provided:

The Independent Chair of the Surrey Children's Safeguarding Partnership will attend a future Board meeting to present the findings from the serious case reviews and to provide and update on the development of the Partnership.

7/20 COMMUNITY SAFETY BOARD MERGER [Item 7]

Witnesses:

Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)

Key points raised in the discussion:

1. The Policy and Programme Manager noted that the merger was based upon developing a longer term approach to improving health outcomes and inequality across Surrey, after close working with the Office of the Police and Crime Commissioner and key stakeholders represented through the four new Members of the Board.
2. She emphasised that greater connectivity across priority areas was vital to improving the lives of those with severe disadvantages and to address the wider determinants of health. Over the last three months, officers in the OPCC and SCC had worked with stakeholders, including the Community Safety Partnerships, to map the current work and statutory responsibilities of both the Community Safety Board and the Health and Wellbeing Board. Officers were able to provide assurance that the four major priorities of the Community Safety Board would be aligned with those of the Health and Wellbeing Board, which would ensure the delivery of the Surrey Community Safety Agreement (CCSA).
3. The Health and Wellbeing Board was also developing stronger links to the Adult Safeguarding and Children Safeguarding Partnerships. The Surrey Adults Matter programme was a good example of how the Health and Wellbeing Strategy was responding directly to community safety-related concerns raised by the Adult Safeguarding Board.

4. The Chief Constable of Surrey Police, was very supportive of the merger noting the national policing and health consensus on the importance of wellbeing which was exemplified at the 2019 Fifth International Law Enforcement and Public Health Conference.
5. He summarised that: policing was more closely coupled with health - 70% demand of policing - than justice, that case work was increasingly complex, focusing on a range of issues to work out why someone committed a crime rather than simply who did it, active research to understand the causes of safety and wellbeing rather than the symptoms - personal resilience and control were key, that different and earlier intervention was required such as trauma informed policing and adverse childhood experiences, collective action across agencies was essential as there was a move away from individual territorial leadership.
6. The Cabinet Member for Community Safety, Fire and Resilience positively reported that she had seen tangible progress on the ground through the use of Trading Standards community safety departments to identify hotspots of priority offenders to manage crime more intelligently and from a wellbeing perspective addressing the causes of criminal activity.
7. The substitute for the Assistant Chief Officer of the Community Rehabilitation Company noted that it was important that probation and community rehabilitation remained represented on the Board, as reoffending and health were closely linked.
8. Members were in agreement with the merger and noted that it was the first of its kind in the United Kingdom.

RESOLVED:

The Health and Wellbeing Board:

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

Actions/further information to be provided:

None.

8/20 SURREY PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT 2020 [Item 8]

Witnesses:

Julie George - Public Health Consultant (SCC)

Key points raised in the discussion:

1. The Public Health Consultant provided a summary of the report, highlighting that the Board had a statutory responsibility to deliver a Pharmaceutical Needs Assessment (PNA) every three years.
2. The last PNA was in March 2018 to which no substantive changes to the findings of that PNA were required on the advice of the PNA Steering Group which annually reviews changes to the local population and pharmaceutical services. The steering group identified gap in the provision. There have been four closures of community pharmacies in 2019, with alternative provision nearby. The large housing developments and rate of pharmacists per 100,000 were also considered evaluated.
3. Future pharmacy provision would be reviewed through the 2021 PNA which would be brought to the Board in March 2021. That PNA would include the evaluation of the future requirements of large new housing developments and travel time using public transport - if possible - recognising the inequality in transport provision across communities.
4. The Deputy Chairman was concerned as three out of the four closures in community pharmacies were in North West Surrey - the area in which she was Clinical Chair - and asked what other measurements were used to assess provision other than large housing developments and population size. Especially as in 2019/20 community pharmacies would be expected to commission two new services: the Community Pharmacist Consultation Service (CPCS) with community pharmacies as a first port of call for minor illnesses and Hepatitis C testing. In response, the Public Health Consultant commented that at present no other measurements were used, but explained that her team was working closely with the Surrey and Sussex Local Pharmaceutical Committee and other health colleagues to incorporate consideration of the requirements of the new pharmaceutical contract in the 2021 PNA.
5. Responding to a Member of the Board's query on the disparity in access between populations to community pharmacies, the Public Health Consultant replied that it was a challenge as a PNA Steering Group could only make recommendations on the acceptable level provision. Its remit did not include the way in which services were paid which can also affect pharmaceutical service provision. A recent judicial review concluded that drive time to a community pharmacy greater than thirty minutes was not good access.

RESOLVED:

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

Actions/further information to be provided:

The Board will publish the approved Supplementary Statement on surrey-i.gov.uk and surreycc.gov.uk by 31 March 2020.

9/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 9]

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)

Ruth Hutchinson - Interim Director of Public Health (SCC)

Witnesses:

Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)

Key points raised in the discussion:

1. The Priority 1 sponsor outlined the key issue across all three priorities as included in the annex on project diagnosis highlighting several projects which were missing a Senior Responsible Owner (SRO) to progress. One Red rated area without an SRO was Surrey-wide cardio-vascular diseases (CVD) prevention and the overall CVD prevention approach had not been agreed across partners.
2. The project diagnosis was a vital health check on various key projects and successes in Priority 1 included:
 - increasing the local uptake of childhood immunisations to 95% of the population which was reached in two weeks.
 - a Planning and Health Forum was established in which health and planning officers met to help embed health and wellbeing into planning policies.
 - regarding Surrey Adults Matter, an approach had been agreed with all key system partners and work was beginning with frontline agencies. A newly recruited Senior Partnership Manager would aid that area.
3. He noted that although there were many professionals working hard across all three priorities, it was difficult to identify SROs to take on specific projects and the priority sponsors were working closely with the Policy and Programme Manager (H&Sci) on the matter.
4. The Priority 2 sponsor similarly stated that it was difficult to identify SROs in some areas within that priority. He summarised the current progress on:
 - the recent Surrey Mental Health Planning meeting composed of system partners across Surrey Heartlands and Frimley Health ICS aligning mental health with the Surrey Health and Wellbeing Strategy.
 - the draft First 1000 Days Strategy was being finalised and would shortly be shared with system partners for feedback.
 - the Dynamic System Purchasing Arrangements were established for Supported Accommodation aiding supported living for people with a mental health problem.
 - Pocket Parks which were small plots of land often in urban spaces which provide green spaces to aid wellbeing physical and mental health of the communities using them, supported by the Royal

Horticultural Society Garden Wisley and initiatives in Epsom and Ewell.

5. He explained that a key risk within the priority was developing community resources to support a consistent Surrey-wide approach to social isolation. Projects included work on social isolation in Surrey Downs, a mental health centre of excellence in Woking and Social Prescribing intergenerational mentoring pilots in Guildford and Waverley which secured a funding of £750,000. Those pilots were volunteer led in which volunteers spent time with those over 65 who sought company. The Priority 3 sponsor and Chief Executive of Elmbridge Borough Council indicated that he would be the SRO for social isolation.
6. The Chairman highlighted the Council's countryside offer regarding wellbeing provision and the Community Foundation for Surrey which provided financial support for local families and stated that the Council's lead regarding the Foundation was the Cabinet Member for Community Safety, Fire and Resilience in conjunction with the High Sheriff of Surrey.
7. The Priority 3 sponsor noted that a major challenge was the joining up of and how to ensure ownership of the focus areas without increased governance. He welcomed the merger with the Community Safety Board as it would simplify work streams as their respective priorities would be combined, he noted the large scope for inter-generational mentoring which was sporadic and highlighted the linkages with the Employment and Skills Board to utilise the Apprenticeship Levy more fully as in some employers only used 10% of it. The Chairman noted that nationally businesses were spending only 25% of the Levy, a commission for economic development was convened with big leaders in business to assess better utilisation of the Levy.
8. The Chairman commented on the difference between economy in the east from the west of the county and the need to retain current businesses before attracting others as well as identifying ways to increase employment in the east. The Priority 3 sponsor discussed that Surrey as a whole needed to change to become more modern and connected to ensure that whole generations were not excluded. The Chairman added that the county must serve older and younger generations alike, rather than provisioning for the older demographic.
9. A Member of the Board stressed the importance of ensuring the ownership of priorities and as Cabinet Member for Adults and Public Health at the Council, she pledged to work with the Priority 1 sponsor so that an SRO could be identified to address fuel poverty. She raised concern that no SROs were identified for the focus area within domestic abuse, but noted that she was working in conjunction with the Independent Chair and the Executive Director for Children, Families, Lifelong Learning and Culture on the matter. A Member of the Board added that officers from Surrey Police were working on those focus areas concerning domestic abuse.
10. The Interim Director of Public Health discussed the outcomes dashboard of high level measures which was composed of the 38 metrics agreed by the Board. She noted that it was live on Surrey-i and the Healthy Surrey website and it mapped the metrics in relation to the three priority areas and the KPIs were measured every quarter.
11. In response to a Member of the Board's query concerning areas such as CVD that had not identified an SRO, a Member indicated that she had knowledge of who might be a suitable SRO for CVD. The

Chairman thanked the priority sponsors and volunteers to be SROs and replied that outstanding SROs would be identified and the current KPIs provided a clear baseline for the Board moving forward. The Policy and Programme Manager noted that there was a recent workshop considering the Board's KPIs earlier on week to identify SROs and most would be in place for June.

RESOLVED:

The Health and Wellbeing Board members:

1. Agreed the Senior Responsible Owners (SROs) for the project areas and would assist in identifying SROs for the outstanding areas.
2. Committed to engagement between the team coordinating the delivery of the Health and Wellbeing Strategy and those developing local plans at place in your organisations.
3. Ensured all local ICP plans and District and Borough Health and Wellbeing Strategies were aligned to the strategy priorities.
4. Ensured delivery of the strategy met the needs of the target populations through interventions to tackle health inequalities and the wider determinants of health.

Actions/further information to be provided:

Board members would assist in identifying Senior Responsible Officers for the outstanding focus areas and Members who pledged to be SROs would continue to work closely with the Policy and Programme Manager (H&Sci) and the Public Health team.

10/20 SOCIAL PROGRESS INDEX [Item 10]

Witnesses:

Satyam Bhagwanani - Head of Analytics and Insight (SCC)
 Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)
 Simon Hart - Independent Chair of the Surrey Children's Safeguarding Partnership

Key points raised in the discussion:

1. The Head of Analytics and Insight introduced the report and explained that the Social Progress Index (SPI) aligned to the Board's third priority of all fulfilling their potential.
2. Fundamental to the SPI was the collaboration between the SPI Working Group with the Social Index Imperative, to which there would be a workshop in March bringing together multi-agency data owners across the county. With the aim to agree Surrey's choice of indicators for the SPI, providing a holistic view of Surrey and the wider determinants of health inequality.
3. An early version of the SPI would be shared with the Board in June and the full SPI would be completed by summer. The Head of Analytics and Insight noted that it was an ambitious timeline and the main risk was data collection from many partners, urging Board members to support the quick signoff on data where possible.

4. Responding to Board members' queries on the purpose of data collection, the Head of Analytics and Insight replied that the SPI would be outcomes focused by evaluating where populations were at across the county and at ward level, economically, socially and environmentally. The Chairman added that the SPI ensured the objective identification of the top ten areas of deprivation within the county, with multidisciplinary teams to provide a range of solutions for different areas - which would overlap and develop some of the Board's KPIs.
5. A Member of the Board noted that the SPI was piloted in Elmbridge which identified regional solutions there but was concerned that ward level data collection would be more complex. In response, the Chairman noted that obtaining ward level data was crucial as he cited the example of the difference in life expectancy between certain wards in Waverley. A Member of the Board added that despite a very high percentage of good GCSEs results in Surrey schools, schooling in deprived wards was comparably poor and he stated that schools should be a beacon of opportunity and not a mirror of deprivation.
6. The Policy and Programme Manager discussed that from a public health perspective, the SPI would be an important step in mapping out health inequality, highlighting areas where there was good or bad access to community facilities.
7. The Chairman commented that one important initiative of the Council was the £100 million Community Investment Fund to support key initiatives, recognising the shifting narrative of public health being community led.
8. The Independent Chair of the Surrey Children's Safeguarding Partnership took a proactive interest in assisting the SPI, noting the importance of including safeguarding.

RESOLVED:

The Board members would:

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

Actions/further information to be provided:

Board members will emphasise the SPI ambition within partner organisations and secure executive level agreement to support the sharing of data.

11/20 DATE OF THE NEXT MEETING [Item 11]

The Board noted that its next meeting would be held on 4 June 2020.

Any other business:

The Interim Director of Public Health, provided the Board with an update on Coronavirus (COVID-19) noting the recent cluster of four positive cases in Surrey and West Sussex. Public Health England (PHE) had made good progress in contacting anyone who had been in close contact with the individuals to provide them with necessary advice. She noted that the country was still in the 'contain' phase of the outbreak but likely to move to 'delay' soon.

Board members added that:

- they were seeing frequent suspected cases in their GP surgeries but swabbing all patients was not current policy.
- councils in Surrey were actively working through emergency planning procedures.
- three schools in Surrey had been closed recently for a brief time for deep cleaning.

Members were provided with a handout detailing the Board's response to the survey on Surrey CCGs regarding the delivery of the joint health and wellbeing strategy which was developed across key organisations within Surrey. It signalled an important shift to a more preventative approach, addressing root causes of poor health and wellbeing and not simply focusing on treating the symptoms, setting targets for the next ten years. NHS East Surrey CCG, North West CCG, Surrey Downs CCG and Guildford & Waverley CCG were all part of Surrey Heartlands Integrated Care System and as of 1 April 2020, would become one CCG, named Surrey Heartlands CCG.

Meeting ended at: 3.07 pm

Chairman

Health and Wellbeing Board Paper

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report
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Priority 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:	4 June 2020
Related papers	<ul style="list-style-type: none"> • Appendix A: HWBS Implementation Status (April 2020) • Appendix B: Recovery Strategy – current thinking

1. Executive summary

This paper gives a brief overview of the status of projects in the Health and Wellbeing Strategy implementation plans. Rather than detailing performance as originally intended, it indicates where projects have been impacted by the COVID 19 pandemic leading to delays in some areas. It also highlights where projects are continuing as normal or with a different focus, often as a result of the impact of COVID 19.

2. Recommendations

We recommend that the Health and Wellbeing Board:

- Note the changes in the Health and Wellbeing implementation plans with some areas impacted or changing focus¹;
- Ensure that the strategy priorities and associated focus areas are considered by partners represented at the Health and Wellbeing Board, as plans are put in place locally to support recovery;
- Consider any implications on the delivery of the strategy and how work can be maintained through recovery as a high priority, particularly where projects have been refocused relating to the pandemic.

Consider the need to further prioritise any areas of the strategy and consider whether additional projects not currently in the scope of the strategy are needed

¹ See Appendix A

to meet specific needs resulting from the pandemic, based on the developing elements of the community impact assessment².

3. Current status of implementation plan activity

Appendix A identifies where projects are continuing and where they have been temporarily impacted by the pandemic leading to some delays. There are various reasons for this however they generally are due to the following:

- A lack of capacity to take work forward where staff have been redeployed or key partners are unavailable during COVID-19 pandemic
- A lead has not yet been identified to take the work forward (following the risks escalated at the Health and Wellbeing Board in March)
- Work has refocused on continuing essential service delivery to ensure people have access to adequate levels of support during the COVID-19 pandemic

Priority 1: Helping People to live healthy lives

The following projects are not continuing as originally planned, but have been refocused as a result of the COVID-19 pandemic:

- **Homelessness:** A multi-disciplinary team has been set up to support the triage of homeless clients that have been placed during the pandemic to prevent poor health and reduce the spread of the Coronavirus. This team has successfully developed a homeless triage pathway and is now developing a hospital discharge pathway, as well as ensuring clients are all registered with a GP. This work will continue into and beyond recovery.
- **Smoking cessation:** This project is now fully focused on supporting people to quit smoking during the pandemic and is identifying new ways in which to promote the service.
- **Substance misuse:** This project has been refocused to ensure adequate levels of support are provided to those with alcohol/drug addictions in lockdown. Colleagues are disseminating advice following government guidance on maintaining a supply of medication and purchasing alcohol, as well as utilising additional resource to increase outreach to support harm reduction approaches such as needle exchange and naloxone.
- **Reablement:** Due to COVID-19, the SCC in-house reablement service is currently focused on maintaining the delivery of critical care to those in the community both to prevent hospital admission and support hospital discharge. They continue to work closely with community health teams to support flow through the intermediate care pathways and are supporting ASC locality teams with welfare checks where needed. IT works are nearing completion for the co-location of ASC Reablement Service in East Surrey to move into the same office as First Community Health Rapid Response team and it is anticipated that once COVID-19 lockdown measures ease these teams will become fully co-located.

² See separate item "JSNA and Recovery Analytics Proposal"

Several areas are continuing despite the pandemic. These include:

- **Surrey Adults Matter:** Despite only launching in February, this programme has succeeded in starting to accept referrals and provide support despite the current limitations. Local quadrant teams have been set up and have virtually accepted referrals onto the programme. Colleagues are now working with 15 individuals experiencing severe and multiple disadvantage to provide bespoke support, capturing any lessons and challenges for the system to respond to.
- **Specialist housing:** Despite the pressures on Adult Social Care, this work is continuing to focus on the commissioning and procurement activity that can continue in these circumstances.
- **Domestic abuse:** Colleagues are working with refuge providers and property colleagues to identify additional emergency housing and support for those requiring refuge accommodation. This accommodation will be in response to both immediate and potential demand when lockdown measures are eased. As part of the wider work to understand the impact of the pandemic locally, colleagues have been carrying out modelling and scenario mapping to understand when the anticipated rise in domestic abuse referrals is most likely to occur once lockdown measures are lifted, this is to allow for suitable response planning with partners. Colleagues are also working with partners to map and understand the current demand and comparisons with demand prior to the Covid-19 pandemic. Colleagues have developed local communications for Surrey's residents with the police and specialist domestic abuse services to highlight the support available to domestic abuse victims. Elements of the Domestic Abuse Re-design Programme have been progressed such as streamlining governance and the establishment of the Domestic Abuse Executive Group. The Executive Group will focus on the partnership approach at a strategic level to the pandemic and will then transition back into its original function of enabling and supporting the domestic abuse re-design programme. Furthermore, work on the health interventions workstream that is part of the re-design programme are being prioritised to help support the 'recovery phase' of the pandemic.
- **Supporting carers:** This programme is continuing at pace with an additional focus on vital work with Adult and young Carers on COVID 19 and its implications and carers role in end of life care.

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

The following projects are not continuing as originally planned, but have been refocused as a result of the COVID-19 pandemic:

- **Scaling up of anti-stigma work:** This will continue in a different format such as through virtual plays/talks as opposed to performing art, as stigma is likely to be a key issue in relation to mental health in the coming months
- **Suicide prevention:** Although some projects (such as the suicide audit) are currently impacted, other actions are being shaped by the local COVID-19 response such as improved data capture and work to support local suicide prevention plans.

- **Bereavement support and information offer:** This partnership work, including partners such as the Brigitte Trust, is continuing, and support is being linked into COVID response programmes for families, friends, and staff.
- **Surrey Virtual Wellbeing:** Related activity has also resulted in the [Surrey Virtual Wellbeing](#) which is a new online tool which provides access to a range of emotional wellbeing support sessions virtually from the comfort of your own home.
- **Mental Health Centre of Excellence:** Applications for bids have been put on hold to develop a mental health centre of excellence in North West Surrey, but partnership projects are continuing, including the adoption of digital services and telephone outreach by Woking Mind.
- **Children’s Emotional Wellbeing and Mental Health:** The launch of CAMHS recommissioning has been delayed past its original date (April 1st 2020) to allow providers to focus on service delivery and recovery. A paper will be discussed at the Surrey Commissioning Committees-in-Common on the 24th June which will outline a revised process.

Several areas are continuing despite the pandemic. These include:

- **Launch of healthy schools:** The Surrey Healthy Schools approach and on-line Self-Evaluation Tool went live to Surrey Schools on 28th April. Surrey Healthy Schools approach training is available to book via the Surrey Portal and scheduled for 5 dates spanning October 2020 to February 2021, further dates will be announced. Schools are already booking their places and one event is already full.
- **Adaptations to community mental health offer:** The addition of a virtual safe haven and a safe waiting space relating to section 136 are in development. GPiMHs services are being offered by telephone/online. The dementia navigators service is being offer by telephone.

Priority 3: Supporting people to fulfil their potential

Most activity in this priority is impacted by COVID-19 leading to delays or unable to move forward due to the continued need to identify various leads. Other areas have delayed as they require partnership activity and analytical assistance from our Public Health team that are focused on the health protection response during the pandemic.

Partners continue to run the Surrey Channel Panel each month on a virtual basis. However, the number of referrals into Prevent (Channel) has reduced due to the closure of education settings, despite the continuing multi-agency response to vulnerable adults and children.

The system strategy to tackle community harm is continuing and the Anti-Social Behaviour Help Trigger Pledge was signed by key partners in February. Since the restrictions of COVID 19, Surrey has seen a rise in Community Trigger submissions some of which are related to issues of non-conformance of guidelines and social distancing. CHRMG is meeting virtually on the 14th May to discuss current issues and to discuss ideas to reduce community tension when lockdown is relaxed. Although Surrey Anti-Social Behaviour Week will not be happening this year, there is

a national campaign towards the end of the year which Surrey will support. The Tackling Anti-Social Behaviour Awards will be pushed back until Oct/Nov.

4. Key risks, issues and opportunities

The COVID-19 pandemic has clearly impacted upon the original timeline for implementing some focus areas of the Health and Wellbeing Strategy³, potentially impacting our ability to achieve the improved key outcomes over the short to medium-term. All projects will however be reviewed again in July, with a full report on progress within the next highlight report at the September Health and Wellbeing Board. Most of the risks set out in the March Highlight Report remain, with several projects still requiring a Senior Responsible Owner (SRO) to progress so this will also be addressed in July where possible.

The work underway on the adaptation of the JSNA⁴ during COVID-19 will be important in helping to inform what the strategy and implementation plans may need to consider going forwards.

The partnership approach to recovery that is developing (eg. via LRF Recovery Coordination Group Strategy / Surrey Heartlands Recovery Board strategy⁵) will also need to inform what the continued longer term delivery of the existing Health and Wellbeing Strategy. This recognises that following the current focus on the 'restoration and rehabilitation' phase of recovery, subsequent to this they will likely need to transition services to the statutory and other bodies responsible for their oversight, management and delivery.

The HWB can provide oversight where relevant as these progress to ensure that particularly the ongoing impact of the pandemic is addressed and taken forward by partners through the strategy into longer term recovery and beyond.

As part of this, it is also recognised that the pandemic response has led to a strengthening of partnership links and it is vital this is maintained through recovery and into new ways of working that have the potential to improve and speed up the delivery of the activity covered by strategy and associated health outcomes (eg. homelessness).

5. Outcomes & KPIs

A workshop was held in March to review the full list of KPIs, identify any changes and gaps and 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.

The process for establishing key performance indicators (KPIs) for each priority has also been impacted due to resources being reallocated. With most project leads focused on delivering COVID-related work, it has not been possible to progress the

³ See Appendix A

⁴ See separate agenda item for Health and Wellbeing Board 4th June

⁵ See Appendix B: Surrey Heartlands Recovery Strategy – current thinking

work on KPIs in the anticipated timescale. Subject to capacity, this will now be developed and collated for September 2020.

In the meantime, the HWB strategy outcomes dashboard remains available for public access on [Surreyi](#) and through the [Healthy Surrey](#) website. The strategy outcomes are to be reviewed annually to help demonstrate overall impact. This will now take place in September, subject to capacity, to enable the review and update of the outcome indicators.

Positively, some District and Borough Councils have expressed interest in understanding how they can share their progress around local health and wellbeing strategies. This will enhance understanding at a local place based level and will again be pursued for the September meeting.

6. Next steps

The next Highlight Report will come to the September Health and Wellbeing Board with a full overview of projects and a list of KPIs for each project together with proposals where changes may be required for consideration by the Board.

This report includes the following appendices:

- Appendix A: HWB Strategy Implementation Status (May 2020)
- Appendix B: Surrey Heartlands ICS Recovery Board - Recovery Strategy – current thinking

Priority 1: Helping People Live Healthy Lives
Project Appraisal

Project Code	Project Code	Project name	Is there a SRO?	Impacted?	Date resumed	Comments
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	Lawrie Baker, Head of Strategic Relationships, Active Surrey	Yes	Will review July 2020	Delayed due to unavailability of key partners during COVID-19 pandemic. Will review mid-May.
	P1FA1(3)	Implementing a Surrey obesity approach to encourage healthy weight	Jenn Smith, Senior Public Health Lead, Surrey County Council	Yes	Will review July 2020	The work on the obesity approach for Surrey has been delayed while the lead focuses efforts on supporting people to address obesity through COVID-19. Closer work with partners will resume as capacity allows.
	P1FA1(4)	Develop a health behaviour framework	Awaiting recruitment	Yes	Will review July 2020	A lead has not yet been identified
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	Yes	Will review July 2020	The work on the substance misuse/alcohol strategy has been delayed while work focuses on continuing service delivery, ensuring people have access to drugs/alcohol and necessary support during COVID 19.
	P1FA2(2)	Implement targeted approaches for vulnerable groups to stop smoking	Rachael Taylor, Public Health Lead, Surrey County Council	Yes	Will review July 2020	Although some planning elements have begun and can continue, there will be a delay to many of the actions due to the COVID-19 pandemic. However, there is a refocused approach to supporting people to quit smoking during the pandemic.
Focus Area 3: Housing	P1FA3(1)	Tackling fuel poverty in Surrey	tbc	Yes	Will review July 2020	A lead has not yet been identified
	P1FA3(2)	Reducing rough sleeping	tbc	Yes	Will review July 2020	Although a lead for the original project has not yet been identified, this project has been refocused on the development of a homeless pathway for COVID 19 to ensure this population is protected from the virus and the spread is prevented.
	P1FA3(3)	Supporting people with severe and multiple disadvantage (Surrey Adults Matter)	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		
	P1FA3(4)	Supporting people who hoard in Surrey	Paul Morgan, Head of Continuing Care, Surrey County Council	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity and the resulting lack of capacity among key members of staff.
	P1FA3(5)	Specialist housing	Mike Boyle, Assistant Director Adult Social Care Commissioning and Steve Hook, Assistant Director Of Disabilities Surrey County	No		We are focussing on the commissioning and procurement activity that can continue in these circumstances. Progress will be slower as project colleagues need to prioritise our response to Covid-19. We will not be able to place individuals in specialist housing at this time due to Covid-19 restrictions. We will also develop plans for deregistration and void management that can be quickly mobilised once the crisis has passed.
	P1FA4(1)	DA Transformation programme set up and governance, and DA Prototype Oversight	Hayley Connor, Director - Commissioning, Surrey County Council	Yes	Will review July 2020	Most work is completed here, but the needs assessment is ongoing.
Focus Area 4: Domestic Abuse	P1FA4(2)	Domestic Abuse Prototype 1 - Health Interventions	tbc	No		This continuing to progress the IRIS business case
	P1FA4(3)	Domestic Abuse Prototype 2 - Young Offenders and DA	tbc	Yes	Will review July 2020	This has been delayed as a result of police capacity being focused on the COVID-19 response.
	P1FA4(4)	Domestic Abuse Prototype 3 - Perpetrator Programmes	tbc	Yes	Will review July 2020	This has been delayed as a result of police capacity being focused on the COVID-19 response.
	P1FA4(5)	Domestic Abuse Prototype 4 - Early Intervention, focused on DA experience and involving CYP	tbc	No		Although most elements of this project have been delayed, some immediate work is happening to locate specialist DA workers in the C-SPA.
	P1FA4(6)	Domestic Abuse Prototype 5 - Coercive Control	tbc	No		This is looking to progress work using the Innovation Portal.
	P1FA4(7)	Domestic Abuse Prototype 6 - Recovery & Coping	tbc	Yes	Will review July 2020	This has paused to ensure there is adequate focus on supporting current services/additional refuge provision where necessary. We are working with Refuge providers and property colleagues to identify additional emergency housing and support for those requiring refuge accommodation this in response to both immediate demand and potential increased demand when lockdown measures are eased. We are just starting work with the Intelligence cell to plan and understand the anticipated rise in Domestic Abuse once lockdown measures are lifted to allow for suitable planning with partners of the Surrey response to this. We are also working with partners to map and understand the current demand and comparisons with demand prior to the Covid-19 pandemic.
	P1FA4(8)	Domestic Abuse Prototype 7 - Family Safeguarding Model	tbc	Yes	Will review July 2020	Although the Family Safeguarding Model work is ongoing, this links to the evaluation which has been paused due to redeployment of staff to COVID-19 activity.

5 Focus Area 5: Preventing serious conditions and diseases	P1FA4(1)	Establish a Surrey-wide CVD and Diabetes screening and testing programme	Jason Ralphs, Public Health Lead, Surrey County Council	Yes	Will review July 2020	NHS Health Checks are not a priority at present so work has paused.
	P1FA4(2)	Improve the diabetes pathways across identification, prevention, treatment and management	Tracey Fossaluzza, Diabetes Programme Lead, Surrey Heartlands	Yes	Will review July 2020	The person responsible for this work was on long-term sick leave.
	P1FA4(3)	Agree a Surrey-wide CVD prevention approach	tbc	Yes	Will review July 2020	A lead has not yet been identified
	P1FA4(4)	Promote bowel and cervical screening as a preventative health measure rather than purely for those at high risk	Rachel Gill, Public Health Consultant, Surrey County Council and Chrissie Clayton, Clinical lead for the Cancer workstream, Surrey Heartlands	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity.
	P1FA4(5)	Targeted engagement with key geographies and groups to improve understanding and uptake of childhood immunisations	Rachel Gill, Public Health Consultant, Surrey County Council	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity. Reviewing capacity to re-instate the "call to action".
Focus Area 6: Healthy environment	P1FA6(1)	To promote healthy, inclusive and safe places through planning policies/decisions	Lisa Harvey-Vince, Senior Public Health Lead, Surrey County Council	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity.
	P1FA6(2)	To promote healthy, inclusive and safe places through transport/highways policy, projects and operations	Rachel Gill, Public Health Consultant and Lyndon Mendes, Transport Policy Team Manager, Surrey County Council	No		Although the programme is continuing, aspects of the programme may be delayed, as Public Health input will be limited during the COVID-19 pandemic.
	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	Rachel Gill, Public Health Consultant and Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity.
	P1FA6(4)	People who live and work in Surrey have an increased awareness and take actions to support environmental sustainability	Katie Sargent, Environment Commissioning Group Manager, Surrey County Council	No		
	P1FA6(5)	Public Sector across Surrey embed environmental sustainability within their organisations	Katie Sargent, Environment Commissioning Group Manager, Surrey County Council	No		
	P1FA6(6)	Reduce death and injury on Surrey roads	Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	No		
	P1FA6(7)	Increase active travel across Surrey	Lyndon Mendes, Transport Policy Team Manager and Duncan Knox, Road Safety & Active Travel Team Manager, Surrey County Council	No		Although the programme is continuing, aspects of the programme may be delayed, as Public Health input will be limited during the COVID-19 pandemic.
	P1FA6(8)	Connect people with the natural environment	Rachel Gill, Public Health Consultant, Surrey County Council	No		Although the programme is continuing, aspects of the programme may be delayed, as Public Health input will be limited during the COVID-19 pandemic.
	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	No		

Focus Area 7: Living independently and dying well	P1FA7(1)	Supporting carers	John Bangs, Carers Strategy & Development Manager, Surrey County Council and Debbie Hustings, Partnership Manager (Carers), Surrey Heartlands ICS	No		Work with Adult and young Carers on COVID 19 and implications; Staff Carers; Carers caring EOL circumstances (Restricted visiting hrs unless exceptional circumstances); Carers HWB Tool – Risk Assessment Tool; Surrey Carers Passport; carers guidance published; PPE Carer Awareness Training
	P1FA7(2)	Aligning the Better Care Fund to the Health and Wellbeing Strategy	Simon White, Director of Adult Social Care, Surrey County Council	Yes	Will review July 2020	This has been delayed due to redeployment of staff to COVID-19 activity.
	P1FA7(4)	Developing a reablement framework for Surrey and integrating intermediate care	Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council	Yes	Will review July 2020	Our reablement work is now 100% focused on COVID and delivering critical care calls - supporting with the following: 1. Taking people out of hospital and home (covid or not) 2. Keeping people in the community (covid or not) 3. Welfare checks for locality teams when they are concerned about someone in the community 4. Taking cases off local community health providers where possible to free them up to continue to flow from hospital 5. Supporting when domiciliary providers are unable to cover their calls due to lack of staff/PPE – we call this “bridging” we keep them for a few days to allow the provider time to pick the case up.
	P1FA7(5)	Improving End of Life Care in Surrey	Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands	Yes	Will review July 2020	This has been temporarily paused and initially refocused on EOLC work relating to the pandemic
	P1FA7(6)	Adapting homes to meet health needs and promote independence	tbc	Yes	Will review July 2020	A lead has not yet been identified

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

Project Code	Project Code	Project name	Is there an SRO?	Impacted?	Date resumed	Comments
5	P2FA1(1)	Children's Emotional Wellbeing and Mental Health Transformation	Trudy Mills, ICS Director for Children's and LD	No		The launch of CAMHS recommissioning has been delayed past its original date
	P2FA1(2)	Launching of Healthy Schools	Susie Campbell, Service Manager - Vulnerable Learners, Surrey County Council	No		The Surrey Healthy Schools approach and on-line Self-Evaluation Tool went live to Surrey Schools on 28th April.
	P2FA1(3)	Wraparound Specialist Children Support Offer	TBC	Yes	Will review July 2020	Lead to be finalised.
	P2FA1(4)	Map and develop preventative mental health support access for Older People	TBC	Yes	Will review July 2020	Delayed in some areas.
	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	No		Continuing largely in virtual format.
	P2FA1(6)	Using technology to support physical and mental health	TBC	Yes	Will review July 2020	Work to find tech tools to support social isolation underway in Surrey Downs but overall strategic approach delayed.
	P2FA1(7)	Partnership physical and mental health links	Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	Yes	Will review July 2020	Delayed.
	P2FA1(8)	Physical Health Check reporting for people with Severe Mental Issues	Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	No		
	P2FA1(9)	Co-Produce Plan to Retarget interventions to those with LD/Autism and Carers	TBC	Yes	Will review July 2020	Lead to be finalised.
	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	Yes	Will review July 2020	
	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	No		
	P2FA1(12)	Community Models of Care Transformation	Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	No		Delayed in some areas
	P2FA1(13)	Develop integrated models of care to meet NHS LTP UEC Standards	Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	No		Delayed in some areas
	P2FA1(14)	Reablement Mental Health Pilot	Liz Uliasz, Deputy Director - Adult Social Care, Surrey County Council	Yes	Will review July 2020	
	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	No		Dementia offer being adapted to give phone support.
	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	Yes	Will review July 2020	
	P2FA1(17)	Mental Health support for those within, or at risk of entering, criminal justice system	TBC	Yes	Will review July 2020	
	P2FA1(18)	ASC discharge teams for MH to be established	Liz Uliasz, Deputy Director - Adult Social Care, Surrey County Council	Yes	Will review July 2020	
	P2FA1(19)	Strategic commissioning approach to supported living for people with a mental health problem	Diane Woods, Associate Director Mental Health Commissioning, Surrey CCGs	No		Improved data capture work continuing.
	P2FA1(20)	Develop a suicide prevention information sharing protocol	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Improved data capture work continuing.
	P2FA1(21)	Set up a suicide prevention database in partnership with Surrey Coroner	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Improved data capture work continuing.
	P2FA1(22)	Develop an annual suicide report	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Improved data capture work continuing.
	P2FA1(23)	Develop a system wide suicide risk log/areas of concern	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Improved data capture work continuing.
	P2FA1(24)	Develop a process to learn from suicides and suicide-related incidents	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Improved data capture work continuing.
	P2FA1(25)	National and Surrey initiatives which target support messages to particular groups.	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		Work to support local suicide prevention plans continuing.
	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	No		
	P2FA1(27)	Monitor and respond to emerging methods of suicide	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		
	P2FA1(28)	Gain a better understanding of self-harm	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	No		
	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	No		
	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	No		

Focus Area 1: Enabling children, young people, adults and elderly with mental health issues to access the right help and resources

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	Vicky Williams, Programme Manager - Women's and Children's, Surrey Heartlands	Yes	Will review July 2020	Maternity weight management research work has been paused. 1000 days strategy development and peer support models are continuing. Some plans, such as peer support, will now take a COVID recovery focus.
	P2FA2(2)	Develop a pregnancy Healthy Behaviours Framework	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Yes	Will review July 2020	
	P2FA2(3)	Further development of wraparound care and support through Perinatal services	Dr Helen Rostill, Director of Innovation, Development and Therapies, SABP	Yes	Will review July 2020	Hubs work ongoing, continuity of carer work paused.
	P2FA2(4)	Support the new, targeted provision delivered through Family Centres (such as the universal Family Centre offer in development in East Surrey)	TBC	Yes	Will review July 2020	
	P2FA2(5)	Domestic Abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy	TBC	Yes	Will review July 2020	
	P2FA2(6)	Wider victims of crime offer	TBC	Yes	Will review July 2020	
	P2FA2(7)	Alcohol and Substance Misuse prevention offer in place prior to pregnancy	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Yes	Will review July 2020	
	P2FA2(8)	Development of family support tools/apps	Vicky Williams, Programme Manager - Women's and Children's, Surrey Heartlands	Yes	Will review July 2020	
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)	Yes	Will review July 2020	
	P2FA3(2)	Rethinking Transport Pilots	Rachel Crossley, Director of Strategic Commissioning, Surrey County Council	Yes	Will review July 2020	
	P2FA3(3)	Transport Policy Team offer developed to support social connections	Transport Policy Team (TBC)	Yes	Will review July 2020	
	P2FA3(4)	Develop youth social isolation approach, including bullying prevention and social media offer, with schools	TBC	Yes	Will review July 2020	
	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	Yes	Will review July 2020	
	P2FA3(6)	Establish business links to prevent isolation (such as Walking Friends) and unlock the potential of underutilised community space	TBC	Yes	Will review July 2020	Lead to be finalised.
	P2FA3(7)	Bereavement support and information offer developed	TBC	No	Will review July 2020	COVID-specific work continuing
	P2FA3(8)	Postvention support offer developed	Ruth Hutchinson, Interim Director of Public Health, Surrey County Council	Yes	Will review July 2020	
	P2FA3(9)	Volunteering, apprenticeships and supported employment opportunities for those at risk of mental ill health and social isolation	TBC	Yes	Will review July 2020	Lead to be finalised.
	P2FA3(10)	Engagement to develop more community resources to support those at risk of mental ill health and social isolation	TBC	Yes	Will review July 2020	COVID-specific work continuing
	P2FA3(11)	Intergenerational activities for those at risk of mental ill health and social isolation	TBC	Yes	Will review July 2020	Lead to be finalised.

Priority 3: Supporting People in Surrey to fulfil their potential

Focus area	Project Code	Project name	Is there a senior lead?	Impacted?	Date resumed	Comments
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	No		We continue to run the Surrey Channel Panel each month on a virtual basis. The number of referrals into Prevent (Channel) has reduced due to the closure of education settings but we continue to provide a multi-agency response to vulnerable adults and children.
	P3FA1(2)	Role out Public Health approach to tackling serious youth violence	Carl Bussey, Assistant Director of Community Safety, Surrey County Council	Yes	Will review July 2020	This has been delayed as requires partnership activity and analytical assistance from our Public Health team that are otherwise engaged. Will review 1/6/20
	P3FA1(3)	Mentoring scheme for vulnerable CYP	TBC	Yes	Will review July 2020	A lead has not yet been identified
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	Yes	Will review July 2020	To be reviewed 1st June. Whole Insights, Analytics and Intelligence team have been redeployed to COVID 19 analysis and response. An adapted recovery progress index is being considered
	P3FA2(2)	Maximise use of the Apprenticeship Levy across the system	TBC	Yes	Will review July 2020	A lead has not yet been identified
	P3FA2(3)	Raising the profile of apprenticeships	TBC	Yes	Will review July 2020	A lead has not yet been identified
	P3FA2(4)	System strategy to tackle community harm	Temporary Assistant Chief Constable Ali Barlow	Yes	Will review July 2020	No news has been received on this so we have assumed it is not continuing.

Recovery Strategy – current thinking

Page 27

Slides for discussion

14 May 2020

Note: Slide 9 'Recovery priorities' has been updated for v1.3 following discussion at Recovery Board and System Board on 20 May 2020

Setting our Recovery strategy

The SH ICS Recovery Board will set the approach to Restoration and Recovery of health and care on behalf of the System Board. Our approach to Restoration and Recovery will be guided by the following:

1. What have we stopped which needs to be stood up? **[Restoration]**
Critical and non-deferrable services which need to be restored
2. Review our existing strategic direction **[Recovery]**
Long term plan response, Health and Wellbeing Strategy, 7 transformation objectives – what do these look like in a post-C19 world? Do we need to reconsider and/or refocus?
3. What has/hasn't gone well? **[Recovery]**
Capturing the learning from the pandemic and our response, what valuable changes should be kept/embedded, what challenges have been created

Our approach goes beyond the national definition of 'recovery' by refocusing our strategy and transformation work.

The following slides set out current thinking as we develop our Recovery strategy. This will continue to be discussed and developed, overseen by the Recovery Board on behalf of System Board.

Reviewing our existing strategic priorities

COVID-19 has caused a fundamental shift for our citizens, patients and communities, our staff and our services. Our Recovery strategy will therefore start by reviewing our pre-crisis strategic priorities, largely captured in 3 places:

- ***SH ICS response to the NHS Long Term Plan***
- ***Surrey Health and Wellbeing Strategy***
- ***7 transformation objectives set in March 2020***

Page 29

Initial assessment

- High-level, 'short and sharp' review
- Inform initial assessment and overall direction
- Keep under review as evidence-base builds

Build data and evidence-base

- High quality information to inform decision-making will take time to build/gather
- Identify hotspots and surge planning (C19 and non-C19) using modelling and performance data

Broader engagement

- Initial review will rely on key stakeholders for speed
- This will rapidly need to expand to include broader input and buy in from across the ICS and other partners

Without prejudging this review, we expect that many of our strategic priorities will remain relevant, but our expectations around delivery are likely to have changed significantly. Examples range from the move towards a digital-first approach to levels of domestic violence.

In order to balance the need to move quickly and the importance of evidence-based strategic approach, we propose taking an iterative approach, identifying immediate priorities early but continuing to review our approach as we build the evidence base and broaden engagement.

‘Healthy Surrey’ and 2030 vision still the goal

COMMUNITY VISION FOR SURREY IN 2030

By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.

We want our county's economy to be strong, vibrant and successful and Surrey to be a great place to live, work and learn. A place that capitalises on its location and natural assets, and where communities feel supported and people are able to support each other.

*“By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and **no one is left behind.**”*

The Surrey 2030 vision aim is for no-one to be left behind. This means addressing **quality of life, inequality of opportunity and life expectancy** of all our citizens.

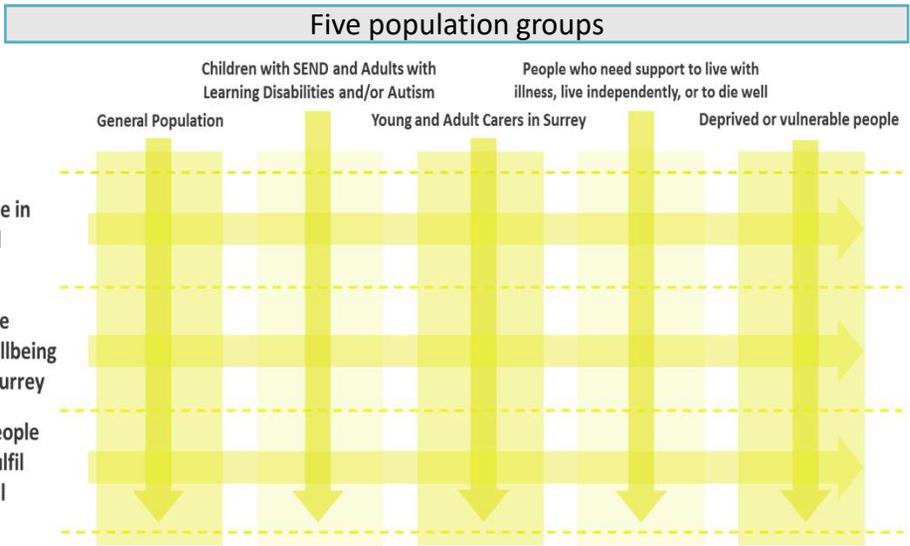
Page 30

OUR AMBITIONS FOR PEOPLE ARE:			OUR AMBITIONS FOR OUR PLACE ARE:		
Children and young people are safe and feel safe and confident.	Everyone benefits from education, skills and employment opportunities that help them succeed in life.	Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.	Residents live in clean, safe and green communities, where people and organisations embrace their sense of moral responsibility.	Journeys across the county are easier, more accessible and safer.	
Everyone gets the health and social care support and information they need at the right time and place.	Communities are welcoming and support their residents, especially of those most in need, and people feel able to contribute to community life.	Everyone has a place they can call home, with appropriate housing for all.	Businesses in Surrey thrive.	Well connected communities, with effective infrastructure, that grow sustainably.	

The ‘Healthy Surrey’ Health and Wellbeing strategy is a key part of the Surrey 2030 vision and sets out three overarching priorities, applied across five population groups.

Our response to the NHS Long Term Plan is set in the context of the Healthy Surrey 10 year strategy.

Three priorities



‘Healthy Surrey’ and 2030 vision still the goal



Page 31

The aims of both Healthy Surrey and the wider Surrey 2030 vision still resonate as we begin to recovery from COVID-19.

Our Recovery strategy will describe how we implement those fundamental aims across our population groups in a different environment.

Three HWB priorities

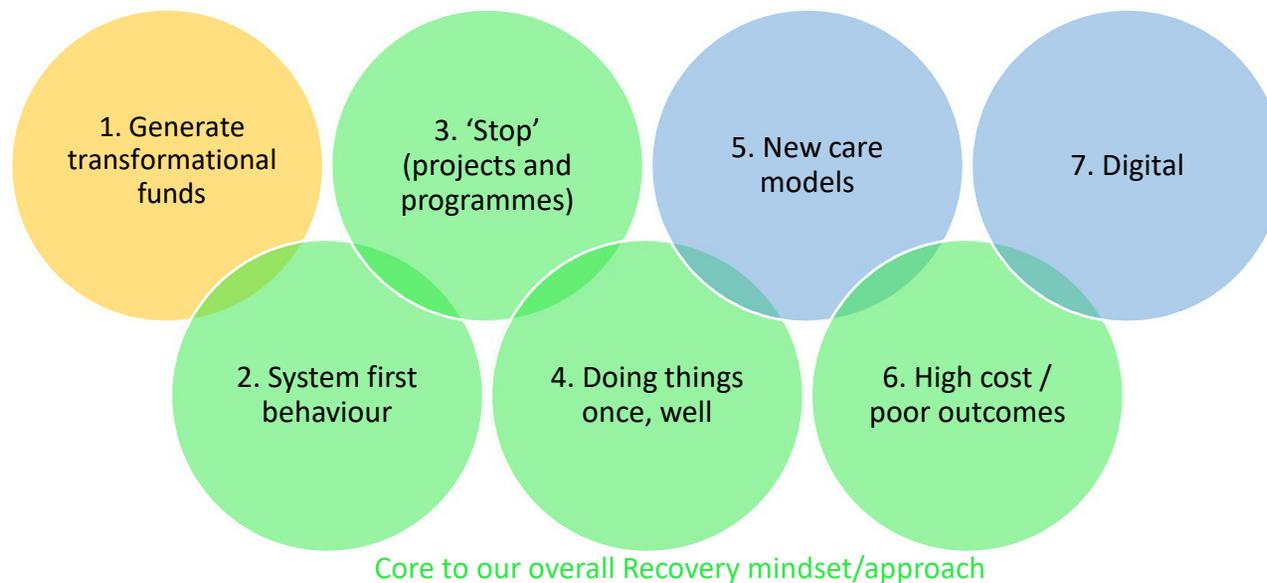
Leading healthy lives	Empowering our citizens to lead healthier lives. This includes individual lifestyle factors, but also considers built environments and how that impacts on health. This priority area is entirely focused on prevention, and about creating healthy and proactive people who take ownership of their health.
Having good mental health and emotional wellbeing	Enabling the emotional wellbeing of our citizens by focusing on preventing poor mental health and supporting those with mental health needs. Empowering people to seek out support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.
Fulfilling potential	Enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This is not only related to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamental to fulfilling potential - this priority builds on this by empowering citizens locally.

7 transformational objectives in the context of recovery

- Our 7 transformational objectives impact our recovery strategy in different ways
- New care models and Digital are core to the way we recover
- System First, Stop, Doing things one and High cost/poor outcomes determine the mindset we take in recovery activity
- Slide 9 illustrates how these objectives map onto our emerging recovery priorities

Continuing importance for the ICS but not core to the Recovery strategy

Core to ensuring that we recover to better than before



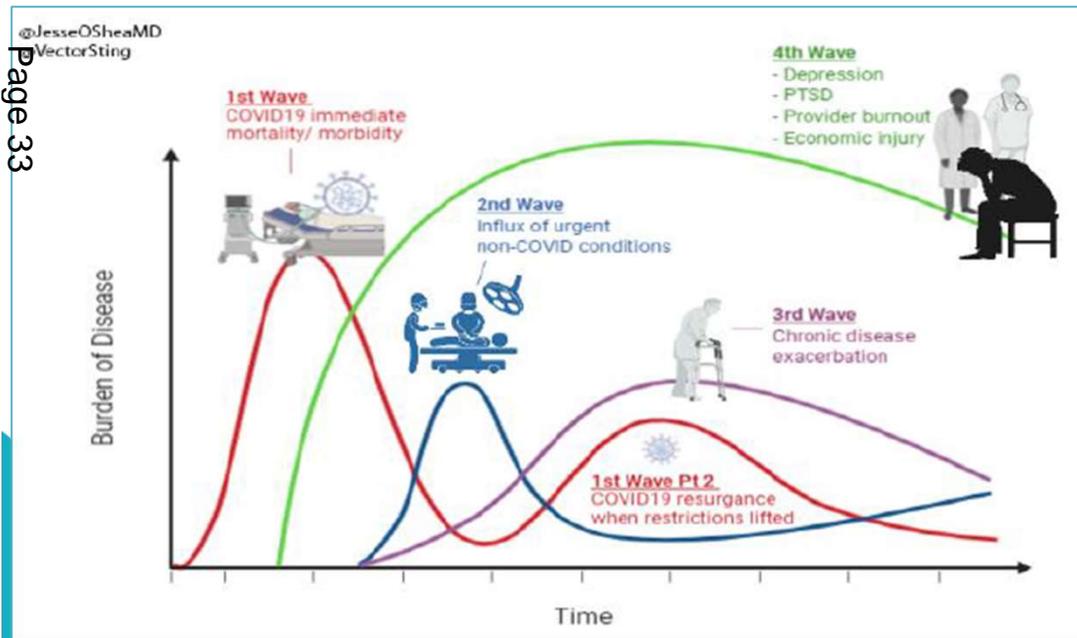
Key issues/unknowns to be considered through recovery

1. Identify 'hidden' at risk or deteriorating groups

Reduced services across health and care will lead to increased need and risk for certain patient and citizen groups. Some will be harder to identify and support, e.g. due to reductions in social care referrals, or citizens/patients not accessing services due to concerns about infection.

2. Pattern of C19 infections after the initial peak

There is a high degree of uncertainty about the course the pandemic could take after the initial peak. How we plan our support for our population through each potential scenario will be different to planning for just one initial peak.



3. Surges in non-C19 conditions

Including demand for other urgent conditions, LTCs, social care and mental health services (see chart).

4. Other issues and risks (not comprehensive)

- Increase alternative non-C19 capacity at scale if pandemic continues longer than expected
- Impact on staff who may be deeply affected by their experience in treating C19 patients
- Availability of quality information to support decisions
- Developing radical plans to address backlogs
- Engagement of citizens in self-care
- Building on the new "social contract" between citizens, NHS volunteers and Social care
- Standing plan/contingency to rapidly respond to future outbreaks

Principles and ways of working

- Our citizens, patients, communities and staff will be at the centre of our recovery efforts. We will be ambitious in keeping and developing radical transformations that deliver better outcomes.
- We act as 'One Surrey', acting with a 'system first' mindset, doing things once, well and stopping (or not restarting) low value-add activity.
- We will design and adhere to agreed principles for our future health and care system that ensure we optimise the valuable resources we are accountable for, for the immediate and medium term benefits of our citizens.
- We act decisively, adopt agile principles of working, evaluate and iterate as we design and deliver, and communicate to empower and drive momentum. The wellbeing of our staff is key to our recovery effort.
- We focus disproportionately on areas of inequality, including those arising from COVID-19.
- We take a population health approach to our recovery, using our data to ensure that our efforts and resources are directed to where the greatest improvement in population health outcomes will happen, including deprived communities
- We recognise that we do not need to do everything together but we are committed to avoiding duplication while ensuring that our recovery makes sense for the communities we serve. Our organisations, sectors or places will undertake local recovery activities consistent with our shared ICS approach
- We work in partnership, collaborating together and sharing information early.

Recovery priorities

Page 35

What will we do?*

How will we measure success?*

Meeting citizen and patient need			Addressing new priorities		Reset to a new service model ⁵	
Restoration	Interdependence of health and care	Surge plans (C19 and other)	Hidden harm	Emotional wellbeing (staff and citizen)	Develop (build from)	Transform (re-envision)
<ul style="list-style-type: none"> Identify and stand up critical services Quantify diagnostics and elective backlog Propose ICS-wide approach for key common challenges 	<ul style="list-style-type: none"> Enhanced home care framework Home first D2A model, Medically fit for discharge Care home bed capacity New model for working with patients OOH and care homes 	<ul style="list-style-type: none"> Maintain infrastructure for future C19 surges, with new model learning from 1st peak Planning for non-C19 peaks: urgent care, LTCs, mental health, etc. Identify at risk services and plan for mitigation Longer term approach to testing and PPE 	<ul style="list-style-type: none"> Identify groups at risk from 'hidden' harm or deterioration Develop and deploy service offer Resume/step up prevention and screening 	<ul style="list-style-type: none"> Identify support needs for staff arising from pandemic Post C19 support for staff and communities 	<ul style="list-style-type: none"> Capture, catalogue and evaluate learnings and innovations made Develop, standardise and embed Rapid re-validation and accelerate existing, value add plans 	<ul style="list-style-type: none"> Capture and validate citizen and workforce behavioural and expectation shifts. Accelerate design and delivery priority programmes against clear benefits criteria Deliver estates ¹ strategy and release funding
<ul style="list-style-type: none"> Minimised morbidity and mortality from non-C19 causes Enabler, not a barrier, to new ways of working 	<ul style="list-style-type: none"> Improved outcomes and experience for those in care settings Better use of our collective resources 	<ul style="list-style-type: none"> Resilience to deal with C19 and non-C19 demand Minimised morbidity and mortality 	<ul style="list-style-type: none"> Citizens at risk are identified and supported 	<ul style="list-style-type: none"> Staff and citizens are able to recover from the pandemic and lockdown 	<ul style="list-style-type: none"> Innovations are retained and generalised Models of care which deliver better outcomes and citizen experience, sustainably 	<ul style="list-style-type: none"> Services and support re/designed system-wide in response to citizen experience, need and workforce ambition Models of care which deliver better outcomes and citizen experience, sustainably
<p>⁴ ICS development & architecture - Do it once, Stop low value activity (inc. high cost/poor outcome), System First. Role of ICS, ICPs and PCNs</p>						
<p>Social contract with communities - Staff and citizen behaviour change, Comms</p>						
<p>⁷ Digital</p>						

*objectives and success measures are indicative and for development

⁷ Transformational objectives mapped onto recovery priorities

Appendix – extract from emerging national NHS approach

- Emerging NHS national approach sets out 7 tests for recovery ('phase 3')
- Our SH ICS recovery priorities (see slide 9) are informed by the NHS national approach but reflect the wider ambitions of our recovery approach, including a greater and more explicit emphasis on non-NHS services and transformational priorities.

Meet patient needs			Address new priorities		Re-set to a new NHS	
Covid treatment capacity	Non-covid urgent care, cancer, screening and immunisations	Elective care	Public and mental health burden of pandemic response	Staff wellbeing and numbers	Primary and community care and innovation in models of care	New NHS landscape
Maintain the critical care infrastructure to sustain readiness for future Covid demand, including covid-non-covid separation	Identify the highest risk services; act now to minimise the risks as much as possible; develop plan for mitigating post-pandemic	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time	Identify the highest risk services; act now to minimise the risks as much as possible; develop plan for mitigating post-pandemic; align with LTP	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption post pandemic	Catalogue the service and governance changes already made and which can still be made or accelerated; define ICS role
Examples:	Examples:	Examples:	Examples:	Examples:	Examples:	Examples:
Beds, equipment, supply chain, estate, workforce	Unexplained reduction in CVD presentations; reduced cancer diagnoses, low uptake of screening and imms	52 WW increases; RTT backlog; potential use of additional estate to diagnoses/treat; accelerate outpatients reform	Addressing health inequalities, mental illness, domestic violence; harness positives such as greater air quality, vaccination acceptance	Staff support offer; delivering workforce manifesto commitments, maintaining flexible working, and the focus on addressing workplace inequalities	Model for primary and community care; changes to discharge arrangements; lower UEC demand	Focus of ICPs and ICSs, future service configuration, financial architecture, link with local authorities, regulatory and oversight framework
Securing long term capacity						

Health and Wellbeing Board Paper

Paper tracking information	
Title:	Adaptation of approach to JSNA during COVID-19: Intelligence to Support Recovery
Related Health and Wellbeing Priority:	System capability: Intelligence
Author (Name, post title and telephone number):	Dr Julie George, Consultant in Public Health 0781 353 8903 and Satyam Bhagwanani, Head of Analytics and Insight 0797 077 9253
Sponsor:	Ruth Hutchinson, Interim Director of Public Health
Paper date:	4 June 2020
Version:	1.0
Related papers	Refreshing the Joint Strategic Needs Assessment: proposals (HWBB March 2020) Social Progress Index (HWBB March 2020)

1. Executive summary

The COVID-19 pandemic is unprecedented in its impact on the health and economic situation locally, nationally and internationally so effective recovery will require working differently. Changes to how we work includes how we provide population health intelligence to prioritise partnership actions. This paper sets out a plan for the delivering the early population health intelligence response to support recovery which will inform the refresh of the Surrey Joint Health and Wellbeing Strategy and other strategies. The ways in which these proposals relate to previously agreed plans for the refresh of the Joint Strategic Needs Assessment are described.

2. Recommendations

1. To agree this approach to population health intelligence to support recovery.
2. To confirm that the Board agrees this is a suitable approach to providing Joint Strategic Needs Assessment for the next six months.

3. Reason for Recommendations

Understanding the impact of COVID-19 on Surrey residents, particularly those communities and population groups likely to be disproportionately affected by the pandemic and the emergency response, will be a key tool to prioritising health and wellbeing priorities in the short to medium term (3-12 months).

Usual approaches to gathering information such as relying on administrative data will not capture the information required to understand the full impact of COVID-19 so different approaches, such as rapid needs assessments, are being recommended.

4. Detail

Background

The COVID-19 pandemic is unprecedented in its impact on the health and economic situation locally, nationally and internationally so effective recovery will require working differently. Changes to how we work includes how we provide population health intelligence to prioritise partnership actions. However, we are not starting from scratch. The goals of the 10-year vision partners have for Surrey (Surrey 2030 Vision and Surrey Health and Wellbeing Strategy) still hold, though our actions will of necessity change. Current evidence from the pandemic indicates that the target populations¹ whom partners recognised as having worse health and wellbeing outcomes are also likely to be differentially affected by COVID-19, though other groups will be added. The ambition of 'No one left behind' becomes particularly important in the current context.

We can learn from evidence about the likely impact of COVID-19 and associated interventions on different groups. This includes evidence emerging on the current pandemic, such as the analyses that the Office for National Statistics (ONS) are producing. We may also draw on evidence from previous outbreaks and natural disasters in the UK and elsewhere which caused significant disruption to supply chains and economic losses. We can apply tried and tested methodological approaches that have been developed by the international community as part of disaster relief interventions.

We already have structures that both create the demand for relevant population health intelligence but can also support the co-ordinated delivery of key early products. The Surrey Heartlands Integrated Care System Recovery Board has already identified the need to identify hidden at-risk groups or deteriorating groups whose health needs may not be evident from modelling approaches using activity information. The Surrey Recovery Co-ordination Group is looking at recovery across a broad range of focus areas, many of which have an impact on health and wellbeing but also vice versa. The population health intelligence proposals laid out below will provide intelligence to help inform aspects of the work of both these key audiences. The Tactical Information and Analytics Cell has supported the response phase of this major incident and will continue to co-ordinate the intelligence to support recovery. Several Southeast Regional Public Health professional groups are co-ordinating action to understand population health impact and need which will feed into local delivery.

Proposals for population health intelligence to support recovery

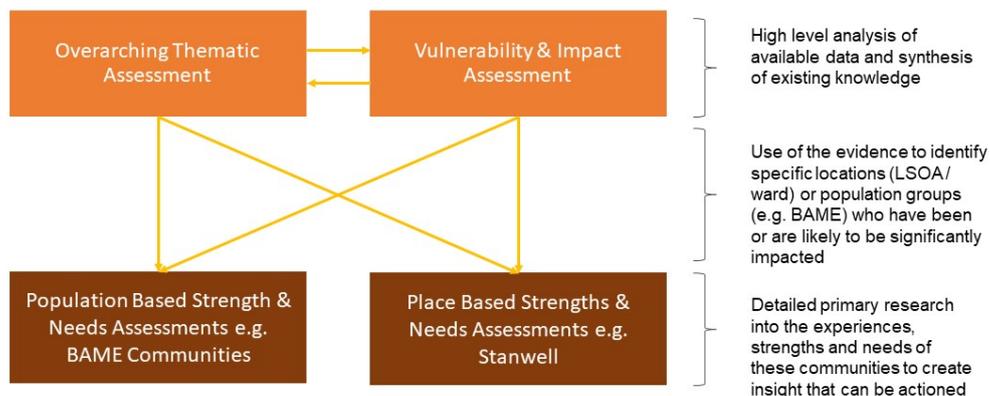
The kinds of intelligence required to support the response and the recovery can broadly be sub-divided into 3 areas: modelling, surveillance and bespoke intelligence and insight pieces to inform action plans.

¹ The target populations in the Surrey Health and Wellbeing Strategy are: children with special education needs and disabilities and adults with Learning Disabilities and/or Autism, people living in deprivation or those who are vulnerable across Surrey, people living with illness or disability, and young and adult carers,

The last is the focus of this paper because it will provide the joint intelligence to inform the refocussing of the Joint Health and Wellbeing Strategy (JHWS) and effectively provide the Joint Strategic Needs Assessment over the next 3-6 months.

We are planning a 4-part analysis of current impact and need which includes a high-level summary of the impact of COVID across sectors, identification of vulnerable areas and then further detailed qualitative and quantitative research into those geographical areas and population groups which have been differentially affected by COVID-19. The Figure below shows the relation between these elements, which we are calling Community Impact Assessment (CIA) for ease of reference. The CIA will also inform strategic work other than the JHWS.

Community Impact Assessment Overview



Overarching thematic assessment: This rapid piece of work will draw on the high-level impact assessment of COVID-19 by each of the Recovery Co-ordinating Group cells, adding additional insight and evidence from a wide range of sources. We have also developed a specific *health* impact framework, using the life course approach to identify the likely impacts of COVID-19 on health, using evidence (COVID-19-specific, pandemic-specific, disaster-relief informed or expert opinion). This framework can provide assumptions that can be incorporated into recovery health and care modelling but will also provide greater detail to the high-level thematic assessment. This framework has been mapped to the three priorities of the Surrey Health and Wellbeing Strategy, the associated prioritised action plans and the target population groups.

Vulnerability and impact assessment: We will map the factors which have been identified as making people/communities vulnerable to COVID-19 itself as well as the pandemic response. Such factors include material deprivation, BAME communities, and others identified through the emerging literature. We will then use deaths from COVID-19 and excess deaths from other causes to identify areas where the impact of COVID is likely to be high. This mapping will itself provide areas of focus for health

and care services but also identify those communities where further qualitative work will be undertaken to understand the impact of the current crisis to inform the recovery response.

Place-based AND population strengths and needs assessments: We are planning series of rapid assessment of emerging/changing needs and vulnerabilities but also the strengths which have emerged or been strengthened during this time of specific communities or population groups within Surrey. This method for rapid needs assessment is taken from the approach used in disaster zones where historical quantitative information may not be applicable or to provide a full picture of the health and other needs. Such assessments will function as a situation analysis aiming to guide resource planning and inter-agency cooperation for recovery activities. It will be based on both the collation and analysis of secondary data and primary data collected about and with the target group. Secondary historical data will be utilised to provide information on existing access to services and a demographic profile of specific groups at risk within each area. Primary data will be collected in the form of key informant interviews with health and care commissioners, frontline staff and relevant community and voluntary organisations followed by focus group discussions (FGDs) or similar with the target group. Key informant interviews will be invaluable in assessing the impact of COVID-19 and associated interventions on perceived changes in institutional relationships with service users.

There are specific challenges implementing this approach with COVID-19. It would be challenging, if not impossible, to do focus groups safely but those most affected may not be available to interview remotely. A variation on the usual approach which is safe in the COVID-19 context will need to be developed and trialled to ensure that we do hear from those most affected and marginalised by COVID-19.

We will identify the key communities and population groups to prioritise for the rapid needs assessments through the first two parts of the CIA as well as discussion with in strategy boards such as the Health and Wellbeing Board. It is anticipated that these rapid needs assessments will start with the Surrey Health and Wellbeing target populations and those known to be adversely affected by COVID-19. Likely early reports should focus on:

- Communities living with material deprivation pre-COVID-19 (JHWB target population – vulnerable group)
- Homeless people ((JHWB target population - Vulnerable group)
- Children with special educational needs or disabilities (JHWB target population)
- Specific ethnic minorities, including the local Nepalese population (Differentially affected by COVID-19)
- People living with existing mental health conditions (Differentially affected by COVID-19)
- Carers (JHWB target population)
- People living with long term conditions (JHWB target population), focussing on the shielded population initially
- Survivors of domestic abuse (JHWB priority area; differentially affected by COVID-19)

- Gypsy Roma Traveller communities (Vulnerable population; differentially affected by COVID-19)

These rapid population strengths and needs assessments will, in the short term, fulfil the role of the target population summaries proposed in March as part of the JSNA refresh.

Other areas of work to inform the strategic response include modelling and surveillance.

Modelling: The ICSs (Surrey Heartlands and Frimley) are undertaking modelling to inform the restoration of health services and longer-term recovery. Regional work is underway to share good practice and assumptions on modelling possible scenarios for timing and size of further peaks of COVID-19.

Identifying the likely impact of delays to seeking support for health and care needs may take time for early evidence to feed into any modelling work. However, the Population Health Management Wave 2 pilot will start to address this and similar issues. Wave 2 is due to resume in four primary care networks with a re-focussing of activity on supporting recovery for population groups particularly affected by COVID-19. The developing tools for population health management provided by the Surrey Care Record and the Thames Valley and Surrey Local Health and Care Record (TVS LHCR) programme will, in the longer term, provide the intelligence across Surrey to support this way of working.

Surveillance: The COVID-19 surveillance collection will continue to be developed. In addition to existing collection which focusses on COVID-19 specific information, additional measures are being developed to identify any increases in suicide and drug-related deaths and identify excess deaths from non-COVID-19 causes. Ongoing surveillance of localised COVID-19 outbreaks will be required to support the local test track and trace programme. Agreement on further measures on the wider determinants of health such as employment or benefits status will be developed in consultation with the Recovery Co-ordinating Group and individual sub-groups.

The Social Progress Index (SPI) project has been paused during the Covid-19 response. As we move into recovery, the team have started to resume activities to engage stakeholders in indicator selection, to gather data and to conduct the analysis. This work will continue to progress, and we hope to have a draft to share with the Health and Wellbeing Board by late summer. In the interim we have identified an opportunity to use an adapted version of the SPI, the Recovery Progress Index (RPI), to support our surveillance of the recovery from Covid-19 in Surrey. This will involve selecting a basket of indicators which are relevant to the Covid-19 recovery and provide the system leadership with a view of how different communities have been impacted by the pandemic. The RPI can be used to compare the impact of Covid-19 across different areas in Surrey and will be updated regularly to capture trends in how the impact is felt over the next 6, 12 and 24 months. Like the SPI, the RPI will have a broad focus and will enable partners to think about interventions that may be useful to support our residents.

Next steps

Rapid feedback on the proposal has been sought from local and regional stakeholders to test the proposed approach and identify collaborators. The proposal was already considered by Surrey Recovery Co-ordinating Group in May who were supportive of the approach.

An operational steering group with Terms of Reference and a detailed action plan are being developed, including prioritisation of the population group rapid needs assessments.

5. Challenges

Key challenges to delivery proposed plan are:

- Usual data sources will not capture impact of COVID in a timely manner
- Analytic staff stretched with current deployment on surveillance, supporting management of shielded people and providing bespoke analyses for COVID-19 response
- Limited number of staff within SCC and partners with skills and experience to collect and analyse qualitative data
- Methodological challenges to undertake qualitative research at pace and scale while maintaining social distancing, especially when trying to reach disadvantaged groups who may not be accessible digitally.

6. Timescale and delivery plan

A detailed work programme is currently being developed, pending confirmation from the Health and Wellbeing Board of support for the approach. Current focus of the work is agreeing the methodological approach which is robust but safe in current circumstances. An initial rapid needs assessment will be trialled to finetune the process. It is anticipated that this approach will be used in the medium term (next 3-6 months) and then reviewed.

7. How is this being communicated?

The Tactical Information and Analytics Cell, the Recovery Co-ordinating Group, and other stakeholders such as JHWP Priorities sponsors will be contacted to secure their views.

8. Next steps

- Framework of population health COVID impacts completed by 31st May.
- Operational Steering Group membership and terms of reference agreed by mid-June.
- Vulnerability & impact mapping concluded by 30th June.
- Detailed action plan for next 6 months agreed by 30th June.
- First rapid target population assessment completed by 15th July.
- Paper on next steps for JSNA brought in 6-9 months.

Health and Wellbeing Board Paper

Paper tracking information	
Title:	Community Safety Agreement Interim Plan
Related Health and Wellbeing Priority:	All
Author (Name, post title and telephone number):	Sarah Haywood, Policy and Commissioning Lead Community Safety, Office of the Police and Crime Commissioner
Sponsor:	David Munro
Paper date:	4 June 2020
Version:	V1

1. Executive summary

This paper provides an update the Board regarding the development of a new Surrey Community Safety Agreement following the merger of the Health and Wellbeing Board and the Community Safety Board in March 2020.

In March, the aim had been to develop a plan for 2020 to 2024 by September with annual refreshes. However, the Covid-19 pandemic has seen several challenges impact this timeline. Therefore, an interim plan will be developed to meet statutory requirements and the full CSA will be developed from September to be signed off in 2021 in line with the PCC elections of that year.

2. Recommendations

This paper recommends that the Health and Wellbeing Board:

- Approves the suggested plans for an interim Community Safety Agreement.

3. Reason for Recommendations

This paper recommends an interim Community Safety Agreement for 2020/21 for the following reasons:

- It will ensure the Health and Wellbeing Board fulfils its statutory duties under Section 17 of the Crime and Disorder Act 1998;
- It will offer opportunities to develop relationships between the Health and Wellbeing Board, Police and Crime Commissioner, and Community Safety Partnerships;
- It will allow us to start developing and testing the performance reporting structures and governance framework for the final Community Safety Agreement.

4. Detail

A Community Safety Agreement (CSA) is a statutory document that is a requirement for two tier authorities such as Surrey under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006).

When the Community Safety Board and the Health and Wellbeing Board merged in March, the Health and Wellbeing Board's Terms of Reference were amended to reference the CSA and the requirement to review and amend the agreement annually (addition 3.2.6 and amendments 2.2, 6.1).

The CSA aims to set out how the responsible authorities¹ will work together to identify and address shared priorities in relation to reducing crime and disorder. In two-tier local authority areas, there is a requirement to have a County Strategy Group in order to bring together all district, borough and relevant partners responsible for community safety activity. Following the merger, the HWBB now performs this function.

The CSA is intended to be a flexible document, which can be adapted based on new and emerging priorities, and the priorities of key strategic boards and cross-cutting partnerships. The Surrey CSA will:

- Set out the shared priorities that bind the HWBB, PCC and the Community Safety Partnerships;
- Ensure there is coordination at the strategic and local delivery level;
- Formalise performance reporting structures so both successes and needs are captured and shared; and
- Provide a clear governance framework and accountability for both Surrey residents and partners.

In March, the aim had been to develop a plan for 2020 to 2024 with annual refreshes. However, the Covid-19 pandemic has seen several challenges impact this timeline. For the HWBB to meet its statutory requirement, it is recommended that an interim plan is developed that reflects the current priorities of the HWBB, the PCC and the seven Community Safety Partnerships. To fulfil this, colleagues will develop a holding page on the Healthy Surrey website² with links to each partners' documents. This will ensure the CSA remains up to date and reflects interim governance and performance structures. However, the long-term aim will be to develop a plan for the HWBB, PCC and CSPs to sign off in 2021 in line with the PCC elections of that year.

¹ The Act details the requirement for Responsible and Cooperating bodies including local authorities (both the District & Borough Councils and the County Council), the Police, Fire and Rescue, Clinical Commissioning Groups, the Police & Crime Commissioner and Probation services to develop policy and operational approaches to prevent crime and disorder, combat substance misuse and reduce reoffending.

² <https://www.healthysurrey.org.uk/professionals>

5. Next steps

Following approval of this process the webpage will be developed and live by the end of June 2020. We will resume planning for the Community Safety Agreement in September 2020 as part of the review of the Health and Wellbeing Board governance.

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Health and Wellbeing Board Paper

Paper tracking information	
Title:	Health and Wellbeing Board Review 2020 – Proposal
Related Health and Wellbeing Priority:	Board Review
Author (Name, post title and telephone number):	Amy Morgan, Policy and Programme Manager (H&Sci), amy.morgan@surreycc.gov.uk Amelia Christopher, Committee Manager (Democratic Services), amelia.christopher@surreycc.gov.uk
Sponsor:	Tim Oliver – Chairman
Paper date:	4 June 2020
Related papers	<ol style="list-style-type: none"> 1. HWBB Information Pack – PowerPoint 2. Surrey Health and Wellbeing Board Forward Work Plan 2020 3. Health and Wellbeing Board Terms of Reference

1. Executive summary

As referenced at the public meeting on 5 March, this paper sets out a suggested new composition and forward plan for the Health and Wellbeing Board to support the Board to function effectively and ensure members have full oversight of the Health and Wellbeing Strategy and their statutory duties as a key partnership decision-making body.

2. Recommendations

That the Health and Wellbeing Board:

1. Approves the suggested meeting schedule and the Forward Work Plan (Annex 2), suggesting any changes if required.
2. Discusses the proposed changes to membership.
3. Discusses the questions on the governance and leadership role of the Health and Wellbeing Board.
4. Notes 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.

3. Detail

Meeting frequency and forward plan:

The Health and Wellbeing Board currently meets quarterly in public following an agreed calendar of meetings. The Board also holds additional private Business

meetings in the format of development sessions and workshops as necessary. The meetings are held at venues across Surrey to enhance public access.

It is proposed that the quarterly public meetings of the Board are maintained, whilst the private Business meetings scheduled in between the public meetings will stop recognising that ad-hoc private development sessions can be scheduled if required. If necessary, confidential items can be discussed in a Part 2 of the public meetings.

Members are also asked to consider the revised Forward Work Plan 2020 (Annex 2) resulting from this change detailing the schedule of agenda items throughout the year, including items relevant to the Board's statutory responsibilities and implementation of the HWBS.

Proposed changes to membership:

The Health and Wellbeing Board has become a large partnership board with many interests. It is important that it does not deviate from its statutory responsibilities and the objectives which underpin the Health and Wellbeing Strategy (HWBS). It is also important to ensure the right people are represented on the Delivery Boards for the implementation of the Health and Wellbeing Strategy.

The Board can review its membership in line with section 6 of the Terms of Reference (Annex 3). In order to review the size of the Board, it is proposed that by September, the Health and Wellbeing Board considers amending the membership within community safety and local authority members and officers to ensure that an appropriate level of representation is maintained.

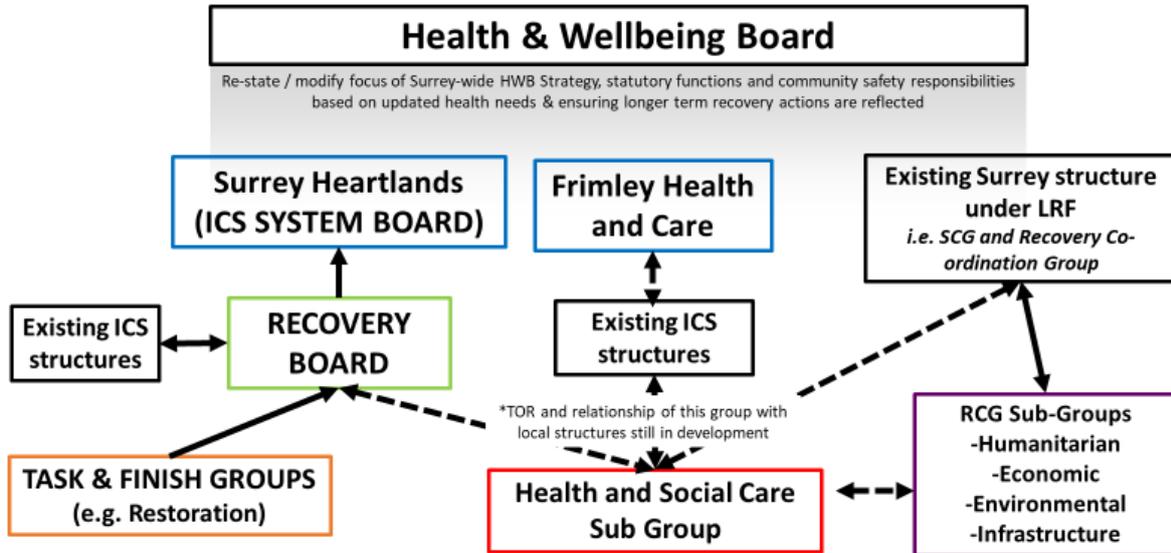
It is also suggested that a refresh of the current place-based health (including mental health) membership is considered to reflect changes to personnel and local commissioning structures such the development of one Surrey Heartlands CCG would be appropriate.

Governance and leadership in a complex system

Whilst this paper sets out proposed changes to the membership and frequency of meetings and the forward plan, it is important to also review the ongoing governance and leadership role of the Health and Wellbeing Board.

Over the past year, there have been changes in local ICS structures, as well as a merger of the Health and Wellbeing Board with the Community Safety Board that need to be considered in the Board's governance going forward. Furthermore, as we move into the recovery phase of the COVID-19 pandemic, it will also be important for the Health and Wellbeing Board to offer oversight of the delivery of the strategy by the Surrey system in the light of the recovery activity. The following diagram provides an example outline of the local structures in relation to recovery activity that many board members will be engaged with.

Health and Wellbeing Board and Local Recovery Structures



Building on this as an example, it is recognised that more consideration is need to identify what the appropriate relationships are with local place-based structures such as the Community Safety Partnerships, local Health and Wellbeing Boards and ICPs to ensure they benefit from the system leadership the Health and Wellbeing Board is well placed to provide longer term.

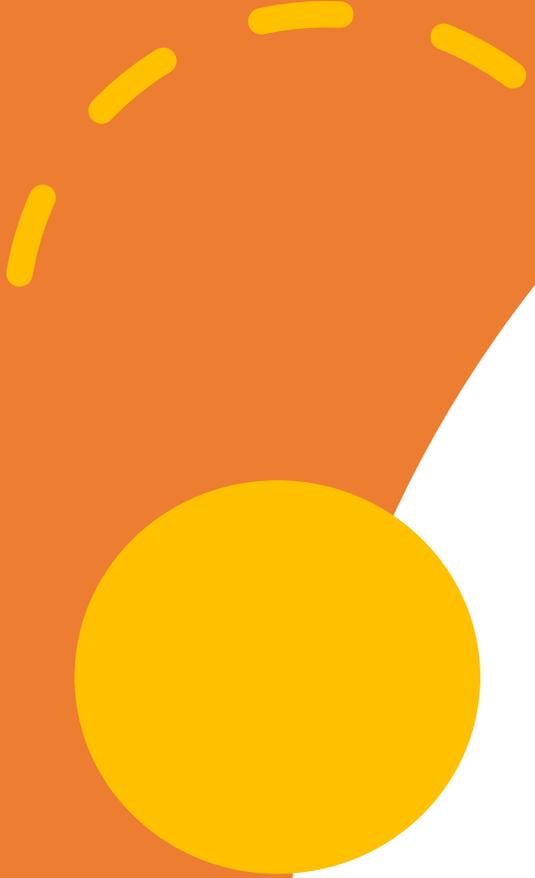
4. Next steps

Following discussion of the recommendations, letters will be sent out to Board members to review the membership and a decision paper will be brought to the public meeting in September.

Annexes:

1. HWBB Information Pack – PowerPoint
2. Surrey Health and Wellbeing Board Forward Work Plan 2020
3. Health and Wellbeing Board Terms of Reference

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HWBB Information Pack



HWBB Role and Responsibilities

Role of the HWBB

The purpose of the Surrey Health and Wellbeing Board is:

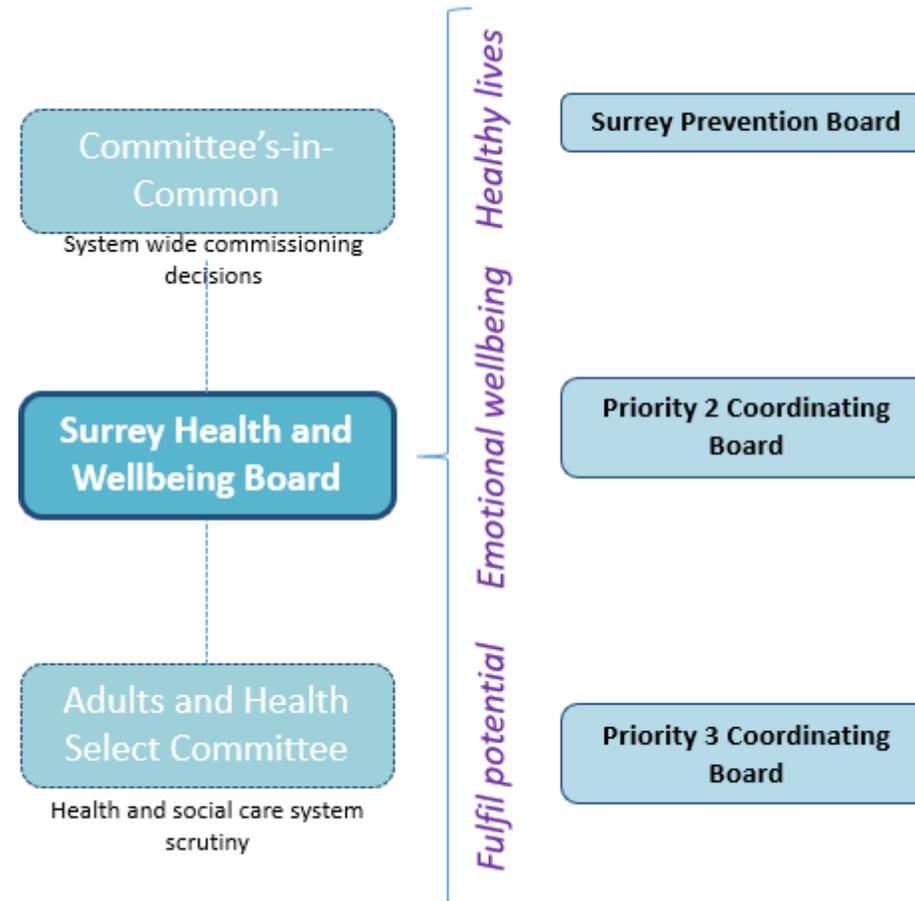
- To improve the health and wellbeing of all people living in Surrey;
- To close the gap between communities that are doing well and those that are doing less well;
- To encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to improve health and community safety outcomes;
- To deliver the priorities set out in the Health and Wellbeing Strategy and the Community Safety Agreement.

Statutory Responsibilities

- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide advice, assistance or other support to encourage the making of arrangements in connection with the provision of such services;
- Encourage people who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board;
- To comment on the CCG annual plans and commissioning intentions and ensure they are aligned to the Joint Strategic Needs Assessment;
- Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CCSA);
- Responsibility for the Joint Strategic Needs Assessment; and
- Responsibility to produce and oversee delivery of the joint health and wellbeing strategy.

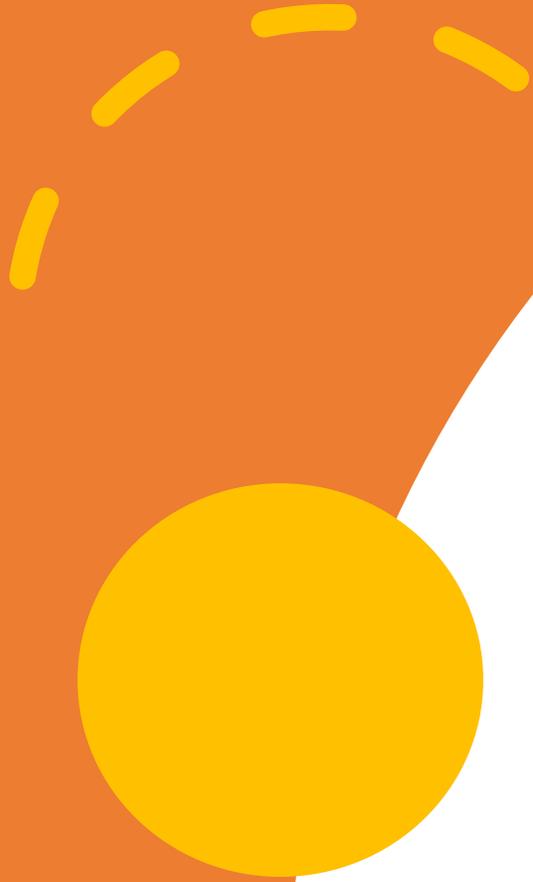
Delivering the HWBS

- Quarterly Highlight Reports (March, June, September and December) to report on HWBS milestones and KPIs, and to escalate progress and risks
- Annual review of the outcomes dashboard every June (delayed to September for 2020 as a result of COVID-19)



Joint Strategic Needs Assessment

- The JSNA is a continuous process of strategic assessment and planning – not a static product.
- It informs 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 the HWBB, including consideration of the wider determinants and assets.
- Currently the JSNA is being refreshed following publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019.



Membership

Statutory membership

- 1 Elected councillor (chosen by the County Council Leader)
 - SCC Director for Adult Social Care
 - SCC Director for Children's Services
 - SCC Director for Public Health
 - Representative of Healthwatch Surrey
 - Representative(s) of the CCGs
- 

Current HWBB membership

In November 2018, we agreed the following membership based on place and the wider determinants of health :

- Representative of Healthwatch Surrey
- The Leader of Surrey County Council
- Cabinet Member for Adults, Surrey County Council
- Cabinet Member for Children, 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
- Leads of each constituent Integrated Care Systems (ICS) / Sustainability and Transformation Partnerships (STP).
- Representatives 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
- 4 x representatives of the District/Borough Councils (2 x Council Leaders and 2 x Chief Executive Officers)
- Director for Public Health, Surrey County Council
- Representative of the housing sector
- Representative of further education / universities
- Representative of mental health / wellbeing service providers
- Representative of a Local Enterprise Partnership
- Representative of the Voluntary, Community and Faith Sector

In March 2020, we agreed the following membership resulting from the Community Safety Board merger:

- Representative of Fire and Safety
- Representative of Surrey Police
- Representative from the National Probation Service
- Representative from Community Rehabilitation Company
- Cabinet Member for Community Safety, Surrey County Council

Roles and responsibilities

HWBB Member

- Make active use of the Joint Strategic Needs Assessment to demonstrate risks to Surrey residents and discuss mitigating action
- Agree opportunities to decrease health inequalities through organisational change or greater partnership working
- Share draft commissioning plans (or provide opinion on them) to ensure they take account of the JSNA and HWBS
- Ensure all partners are engaged in activity to deliver the HWBS

Priority Sponsors:

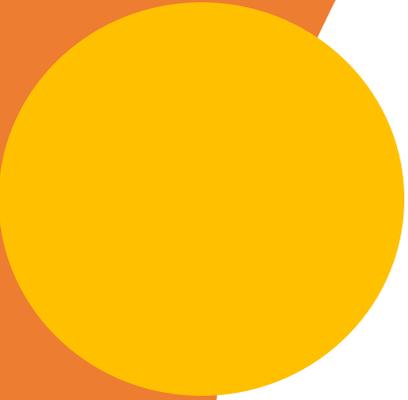
- Provides system leadership and strategic steer to the HWBS Priority Programme
- Defines direction and owns any change
- Escalates risks and issues to resolve at the HWBB, ultimately accountable for the delivery of the Priority Programme

Target group champions:

- Liaise with relevant system leads to understand the needs of the target groups
- Ensure the JSNA fully takes account of the target group needs
- Work with the Priority Sponsors to ensure the Programme Plans take full account of the target group needs

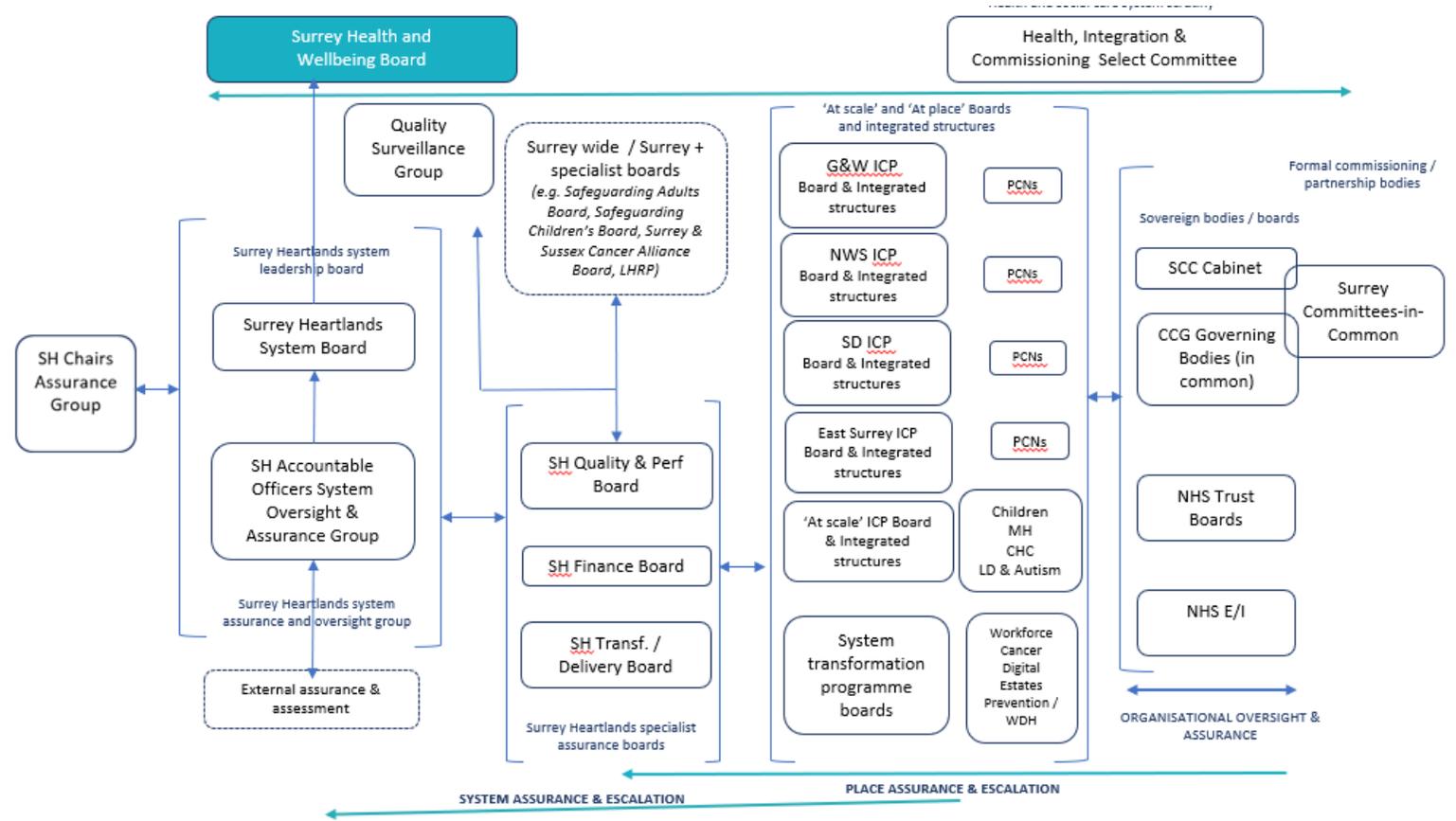
Discussion

- Does the HWBB require a change in membership?
- Are members clear on their role on the HWBB and as a HWBB member in the wider system?
- How can we ensure Board members are sufficiently supported to fully engage in HWBB meetings?
- Would HWBB members like a role profile to more clearly set out duties and responsibilities?
- Do we need Board Sponsors for the system capabilities?

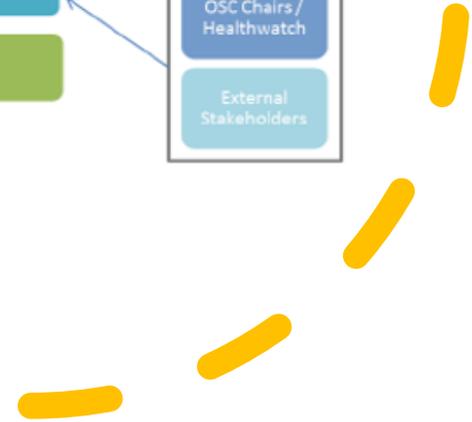
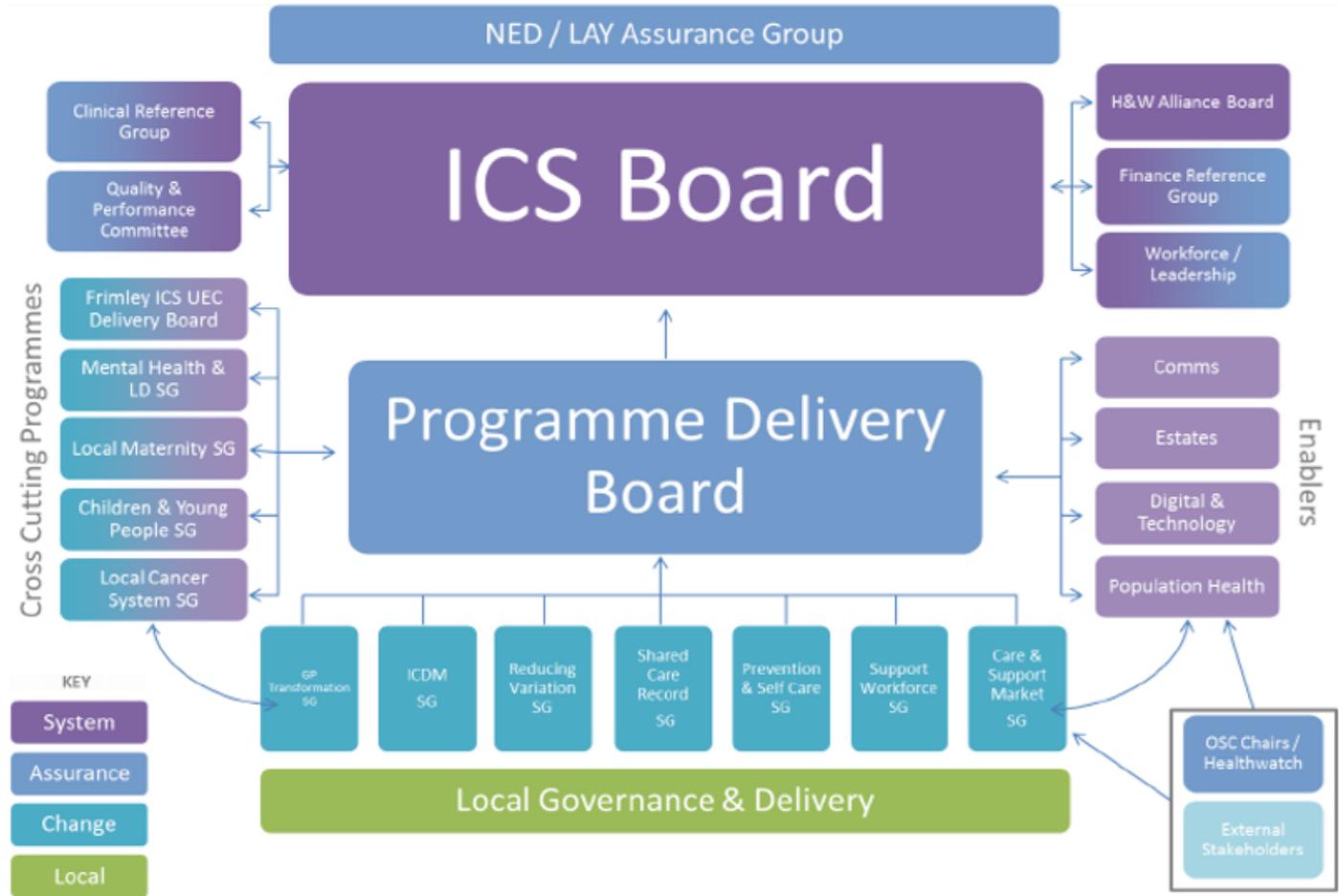


System leadership

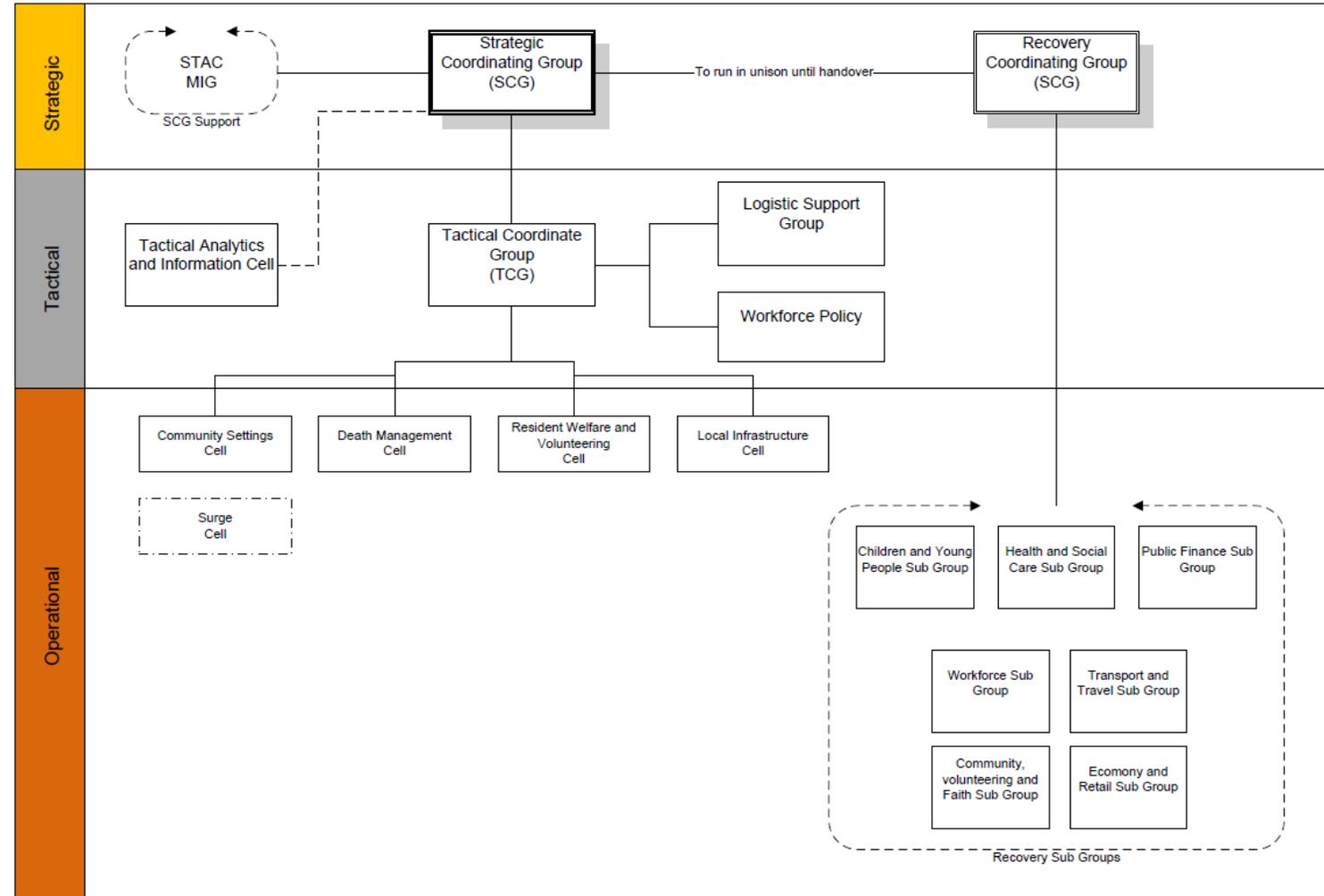
Surrey Heartlands Governance



Frimley Governance



COVID-19 Governance Structures



Discussion

- What is the role of the HWBB in system leadership?
 - How does the HWBB link with place-based structures and delivery (ICPs)?
 - How does the board relate to ICS structures?
 - How does the HWBB link with the Community Safety Partnerships?
 - Does the HWBB feel the level of engagement with the public is adequate?
- 

Surrey Health and Wellbeing Board Forward Work Plan 2020

Version control

Version	Date	Who	Change made
1	23/10/19	Amy Morgan	First draft developed for discussion and population with the board
2	20/12/19	Amy Morgan	Detailed draft to update the board and further population
3	13/02/20	Amy/Amelia	Health and Wellbeing Board Review 2020 – changing meeting frequency/removal of business meetings
4	16/03/20	Amy Morgan	Draft developed for discussion with the board
5	06/05/20	Amy/Amelia	Changes in light of Covid-19

Item title	Health and Wellbeing Board Champion/Sponsor	Presenter	Paper author(s)	The Health and Wellbeing Board will be asked to?	Item type
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March 2020 – Public Meeting

JSNA plans	Ruth Hutchinson, SCC	Julie George and Ruth Hutchinson, SCC	Lucy Lynch, SCC	Agree proposals on the way in which the JSNA will be refreshed and maintained going forward, in alignment with the new 10 year Health and Wellbeing Strategy.	Agree to recommendations System Capability: Intelligence
Children’s Safeguarding Board paper	Dave Hill, SCC and Cllr Mary Lewis, SCC	Simon Hart, Independent Chair Mary Lewis	Joellen Lee and Dave Hill	Overview of the annual report and discuss the implications for the Health and Wellbeing Board and strategy implementation	Agree to recommendations HWB Core Business
CSB Merger	Tim Oliver, SCC	Carl Bussey and Amy	Amy Morgan, SCC	Following discussions at the Health and Wellbeing Board and the Community Safety Board, this	Agree to recommendations

		Morgan, SCC		item will seek the Board's approval for the merger of the Community Safety Board and the Health and Wellbeing Board.	HWB Core Business
Supplementary Statement of the PNA (Pharmaceutical Needs Assessment)	Ruth Hutchinson, SCC	Julie George (SCC)	Julie George (SCC)	A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population.	Agree to recommendations HWB Core Business
Health and Wellbeing Strategy Highlight Report	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Amy Morgan, Chris Tune and Victoria Berry	Discuss actions and recommendations required	Discussion on actions and recommendations Health and Wellbeing Strategy
Social Progress Index	Rob Moran, Priority 3 Sponsor, Elmbridge	Satyam Bhagwanani	Victoria Berry, SCC	An update on the progress made in implementing the Social Progress Index	Health and Wellbeing Strategy P3
April 2020 – Business Meeting *CANCELLED*					
PLACEHOLDER Community Safety Introduction (DELAYED)	Chief Constable Gavin Stephens	Chief Constable Gavin Stephens	Sarah Haywood (OPCC)	An introduction to community safety from a police and crime perspective. It will give an overview of what policing looks like in Surrey today and the challenges we face. A discussion will follow on the opportunities that come with the merger around key priorities such as serious youth, anti-social behaviour and Prevent.	Discussion
Health and Wellbeing Board	Cllr Tim Oliver	Cllr Tim Oliver	Amy Morgan, SCC	In agreement with the Chairman, the Board will discuss its future	Discussion

Review (CANCELLED)				fine-tuning its membership and the removal of informal business meetings – having 4/6 public meetings a year.	
June 2020					
Making Data Count (CANCELLED)	Claire Fuller, Surrey Heartlands	Samantha Riley, Deputy Director of Intensive Support, NHS England	Karen Thorburn, Director of Performance Surrey Heartlands Integrated Care System	Measurement approaches popular in the NHS such as red, amber, green (RAG) tables have many limitations for good decision-making. This session is part of a programme called Leading for Improvement delivered by NHS Improvement/England colleagues to move systems to construct and interpret statistical process control.	Workshop
Metric annual review and implementation KPIs (CANCELLED)	Ruth Hutchinson, SCC	Ruth Hutchinson, SCC	Julie George and Phill Austen Reed, SCC	This item will present an update on the Health and Wellbeing Strategy metrics to show any improvement or decline and discuss recommendations. It will also update the Board on the progress KPIs used to track progress.	Update and discussion
Adaptation Of Approach To JSNA During Covid-19: Intelligence To Support Recovery	Ruth Hutchinson	Ruth Hutchinson	Julie George	Discussion of the changes to JSNA and Rapid Needs Assessment due to Covid-19.	Discussion
Community Safety Agreement Interim Plan	Cllr Tim Oliver	Sarah Haywood, OPCC	Sarah Haywood, OPCC	Discussion and overview of the CSA review process.	Update and discussion

Health and Wellbeing Strategy Highlight Report Q2	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Amy Morgan, Chris Tune and Victoria Berry	The highlight report escalates key risks and opportunities from the implementation of the Health and Wellbeing Strategy. It is an opportunity to check in on progress, discuss actions and recommendations required. <ul style="list-style-type: none"> • Future of HWB and review of HWS in relation to Covid-19 • Extract from Cabinet paper on Covid-19 • Revised FWP as a result of Covid-19 	Discussion on actions and recommendations Health and Wellbeing Strategy
HWB Review - Proposal	Cllr Tim Oliver, SCC	Cllr Tim Oliver, SCC	Amy Morgan/Amelia Christopher	Members to discuss the proposed changes to the Board's membership and formalise in September.	Discussion
September 2020					
Health and Wellbeing Board Highlight report Q3	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Amy Morgan, Chris Tune and Victoria Berry	The highlight report escalates key risks and opportunities from the implementation of the Health and Wellbeing Strategy. It is an opportunity to check in on progress, discuss actions and recommendations required.	Discussion on actions and recommendations Health and Wellbeing Strategy
System capabilities workshop (to include as above)	Cllr Tim Oliver, SCC	Workforce – Helen Raison and Jane Semo, SCC Community Development – Nicola	Amy Morgan, Chris Tune and Victoria Berry, SCC	This workshop will discuss the system capability plans for the Health and Wellbeing Strategy as signed off in 2019. The workshop will explore system capability plans for: - Community development	System capabilities workshop

		<p>Kilvington and Rebecca Brooker, SCC</p> <p>Intelligence – Ruth Hutchinson, SCC</p> <p>Estates – Graham Wareham, Surrey Heartlands and Patricia Barry, SCC</p> <p>Digital – Giles Mahoney, Surrey Heartlands</p>		<ul style="list-style-type: none"> - Digital and technology - Estates - Intelligence - Workforce and culture <p>The workshop will also discuss the approach and progress made for:</p> <ul style="list-style-type: none"> - Devolution and incentives - Programme management - Governance 	
Community Safety Agreement (CSA)		tbc	tbc	A discussion on the priorities for the CSA which is being refreshed to align with the Health and Wellbeing Strategy and local community safety plans.	Discussion
CSA	Cllr Tim Oliver	Tbc	Tbc	Discussion and approval of the CSA.	Approval
Teenage suicide and case reviews	Simon Hart (the Independent Chair of the Surrey Safeguarding Children’s Board)	Tbc	Tbc	Discussion on teenage suicide and case reviews – SSCB update.	Discussion

December 2020					
Health and Wellbeing Strategy Highlight report Q4	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Priority sponsors: Rod Brown P1, Giles Mahoney P2, and Rob Moran P3	Amy Morgan, Chris Tune and Victoria Berry	The highlight report escalates key risks and opportunities from the implementation of the Health and Wellbeing Strategy. It is an opportunity to check in on progress, discuss actions and recommendations required.	Discussion on actions and recommendations Health and Wellbeing Strategy
Adults Safeguarding Board paper	Cllr Sinead Mooney	Independent Chair of the Surrey Safeguarding Adults Board, Simon Turpitt	Safeguarding Adults Board Manager	Overview of the annual report and discuss the implications for the Health and Wellbeing Board and strategy implementation	Discussion on actions and recommendations
Surrey Community Safety Agreement (CSA)	Constable Gavin Stephens	Constable Gavin Stephens	Sarah Haywood (OPCC)	To review 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.	Discussion on the review of the CSA, with actions and recommendations

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
- Cabinet Member for Children, 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.*

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.

- Surrey Police & Crime Commissioner
- 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*
- *Cabinet Member for Community Safety, Surrey County Council*
- 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

