

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 2 December 2021, Hybrid - Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF and via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 16 March 2022.

Board Members:

(Present = *)

(Remote Attendance = r)

Fiona Edwards
r Dr Charlotte Canniff (Vice-Chairman)
* Jason Gaskell
* Dr Russell Hills
* Tim Oliver (Chairman)
* Kate Scribbins
* Simon White
* Ruth Hutchinson
Professor Claire Fuller
r Graham Wareham
Joanna Killian
* Sinead Mooney
* Clare Curran
r Rob Moran
Jason Halliwell
Carl Hall
r Gavin Stephens
* Mark Nuti
* Steve Flanagan
Vicky Stobbart
Michael Wilson CBE
r Professor Helen Rostill
r Rachel Hargreaves
Rachael Wardell
* Borough Councillor Nick Prescott
Lisa Townsend
Siobhan Kennedy (Associate Member)

Substitute Members:

Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)

Georgia Swain - Senior Probation Officer - Well-being Lead, Probation Delivery Unit for Surrey, The Probation Service

Nicola Airey - Executive Place Managing Director - Surrey Heath, NHS Frimley Clinical Commissioning Group (CCG)

In attendance

Maureen Attewell - Deputy Cabinet Member for Children and Lifelong Learning, Surrey County Council (SCC)

The Chairman clarified that as a formal meeting only physical attendance counted, the Board was being held as a hybrid meeting with a quorum in the room; lobbying of the Government continued to reinstate the use of virtual and hybrid technology for formal meetings.

The Chairman noted farewell to Board members:

- Michael Wilson CBE - has retired from the health service after more than forty years and eleven years of those were spent as Chief Executive of Surrey and Sussex Healthcare NHS Trust (SASH).
- Rob Moran - would be stepping down as the Chief Executive of Elmbridge Borough Council early next year.

37/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Michael Wilson CBE, Lisa Townsend - Alison Bolton substituted, Professor Claire Fuller, Rachael Wardell, Joanna Killian, Jason Halliwell - Georgia Swain substituted, Fiona Edwards - Nicola Airey substituted, Vicky Stobbart, Siobhán Kennedy, Carl Hall.

38/21 MINUTES OF PREVIOUS MEETINGS: 4 MARCH 2021, 2 JUNE 2021 (INFORMAL), 9 SEPTEMBER 2021 (INFORMAL) [Item 2]

The minutes were agreed as true records of the meetings.

39/21 DECLARATIONS OF INTEREST [Item 3]

There were none.

40/21 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions [Item 4a]

One question had been received from a Member. The response was circulated to Board Members and can be found attached to these minutes as Annex A.

No supplementary question was asked.

b Public Questions [Item 4b]

None received.

c Petitions [Item 4c]

There were none.

Before moving to item 5 an update on Covid-19 in Surrey was provided.

The Director of Public Health (SCC) noted that:

- rates in Surrey were high at 670 per 100,000 population - higher than the national average of 433 per 100,000 population.
- four of Surrey's eleven boroughs and districts ranked in the top ten nationally regarding Covid-19 rates and a further two ranked in the top fifteen; she highlighted that the situation was volatile, noting the current high rates in Waverley, Elmbridge and Tandridge.

- whilst the high Covid-19 rates were notable in primary school aged children, high rates were seen across all ages except the over 60s.
- Surrey's Local Outbreak Management Plan (LOMP) continued to be updated in line with changes to national policy.
- the changes in national policy as a result of the Omicron variant, such as the mandatory wearing of face masks on public transport and in shops.
- safe behaviours around Covid-19 remained and emphasised the importance of taking up the Covid-19 booster dose, adults would be called forward by age.

The Chairman thanked the Director of Public Health (SCC) and her team for their work on keeping Surrey safe; emphasising the need to continue to behave sensibly.

41/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item5]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC) (in lieu of the Priority One Sponsor)

Professor Helen Rostill, Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority Two Sponsor)

Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)

Key points raised in the discussion:

Priority One

1. The Director of Public Health (SCC) in lieu of the Priority One Sponsor highlighted:
 - Outcome 1 - "People have a healthy weight and are active": there was a virtual launch event in September for Movement for Change - Surrey's strategy for tackling physical inactivity by 2030; ongoing community engagement remained vital.
 - Outcome 2 - "Substance misuse is low (drugs/alcohol/smoking)": ongoing collaborative work across partners, success in sharing drug awareness alert information through the drug related Harm Prevention Forum, the first Overdose Awareness Campaign rolled out in Surrey in August raising awareness on Naloxone - a medicine which reverses opium overdose.
 - Outcome 3 - "The needs of those experiencing multiple disadvantage are met": work continued at pace, allocation from the Contain Outbreak Management Fund (COMF) and Household Support Fund to provide support for people experiencing homelessness especially over the winter, there were self-contained cabins in Surrey Heath providing crisis accommodation for fourteen individuals, nine new Housing First units opened in Surrey offering trauma-informed care.
 - Outcome 4 - "Serious conditions and diseases are prevented": the launch of the "One You Surrey" health behaviour service, the adult weight management pilot, the launching of a remote carers health check in October - information was available on the Healthy Surrey website.
 - Outcome 5 - "People are supported to live well independently for as long as possible": continuing to build capacity and widen the reach of Surrey's reablement services via the collaborative reablement service which went live on 1 October 2021, the learning disability and autism

- reablement service went live at the beginning of August and Surrey County Council was recruiting mental health occupational therapists.
2. The Vice-Chairman complimented the new layout of the Highlight Report and noted the positive impact on residents of the recent Surrey Mental Health Summit.

Priority Two

3. The Priority Two Sponsor highlighted:
 - Surrey's second Mental Health Summit which took place yesterday with 143 participants including those with lived experiences and receiving mental health and emotional wellbeing support services, hearing from community projects that were focusing on enabling people to living emotionally health lives such as the Sheerwater project, Mary Frances Trust's men's football group, active champions and a message from young people on how to engage and listen.
 - the Men's Suicide Prevention Pilot Project for men aged between 45-59 years old, in collaboration between public health, Surrey Police and Catalyst, training on the pilot would start in February and the Board would be updated in due course.
 - the One Surrey joint health and social care strategy for dementia, focusing on living well with dementia and addressing the gap in post-diagnostic support.
 - the recently launched Young Person's Safe Haven pilot in Guildford, which had been co-designed with the Young Adults Reference Group.
 - that the Face of Support campaign was widely advertised, with information provided on how to get early help for mental health and emotional wellbeing.
 - the green social prescribing initiative where Surrey was one of the seven national 'test & learn' sites, a grant was provided to promote the use of green spaces and outdoor activity to support vulnerable communities.
4. Reflecting on the recent Mental Health Summit, a Board member highlighted that hearing the voice of adult social care was crucial in respect of the Mental Health Improvement Plan; she welcomed support from the Priority Two Sponsor.
5. Noting that the Young Person's Safe Haven pilot in Guildford has commenced for a six-month period, conversely the Suicide Prevention pilot would run for four weeks; the Board member queried the rationale behind the difference in the length of the pilots.
 - In response, the Priority Two Sponsor would liaise with the project leads on the difference in the lengths of the pilots; recognising that four weeks was a short timeframe.
6. Although detailed in item 13, a Board member suggested that it would have been useful to have an update on the launch of Mindworks Surrey, highlighting the launch of the School based Needs aspect concerning early intervention in place in eleven school clusters since the beginning of the term.
 - In response, the Priority Two Sponsor noted that it was an important area that in relation to the Improvement Plan noting a recent update given to the Mental Health Partnership Board (MHPB); she would look to include an update on Mindworks Surrey in the next Highlight Report.
7. A Board member welcomed the mention of the improving access to Dementia Navigator support services, noting that Healthwatch Surrey had recently published a piece of research where they had spoken to people in the early

stages following a dementia diagnosis which found that isolation was an issue. That improving access to services was beneficial, as was ensuring connected dementia services equally across Surrey and that it is vital that signposting and information is available early on following a dementia diagnosis.

- In response, the Priority Two Sponsor recognised the importance of supporting individuals in a timely manner following a dementia diagnosis, noting the gap in post-diagnostic support - Dementia Navigators and Admiral Nurses were crucial. The matter of timing and variability of the support services was being worked on in relation to the Dementia Strategy.
8. A Board member highlighted that dementia diagnosis rates dropped off during the Covid-19 pandemic and asked what work was underway to increase diagnosis rates.
- In response, the Priority Two Sponsor explained that as part of the long term plan, the focus was on increasing dementia diagnosis rates to the national target of 67% - the current rate in Surrey was just above 60% - work was underway at individual practices, there was a clinical lead for dementia who was working with communities to encourage people to come forward for a diagnosis so that they can get access to the right support.

Priority Three

9. The Priority Three Sponsor highlighted:
- his thanks to the Health and Wellbeing team (SCC) for producing the Highlight Report, praising the new clear and concise layout.
 - the focus on the wider determinants of health and inequalities, interlinked with community safety in order to address poverty.
 - that specific work areas included:
 - working with victims of crime such as domestic abuse:
 - the large amount of work involved in embedding independent domestic violence advisors in hospitals and in A&E waiting areas in order to support victims.
 - addressing exploitation particularly of young people through drugs and cuckooing:
 - following the merger of the Community Safety Board into the Health and Wellbeing Board, he paid tribute to the work of the Police and Crime Commissioner for Surrey and her Office (OPCC), police colleagues and the Community Safety Partnerships around county lines, drug trafficking and cuckooing.
 - that the link to the new child exploitation video would be circulated; he asked Board members to share it with their networks.
 - that the new Surrey Skills Leadership Forum - replacing the Employment and Skills Board - had its inaugural meeting and it linked the providers of training and skills with employers and their needs.
 - tackling poverty:
 - the Board's recent endorsement to undertake a Health in All Policies (HiAP) approach.
 - that there is a Surrey County Council poverty officer working group which is in the process of being established and sought to

take a system-wide approach to understanding poverty and poor health outcomes.

- his thanks to Board members for their work and support, and paid tribute to the support provided by Surrey County Council officers.
10. The Chairman thanked the Priority Three Sponsor for leading on the Priority and for his contribution to the Health and Wellbeing Board over a number of years.

RESOLVED:

1. Noted the progress against the Strategy.
2. Would share the Highlight Report across their networks (direct links to quarterly highlight reports available at www.healthysurrey.org.uk/about), now including a Communications Update.
3. Endorsed a proposal to consider a whole system approach to poverty framework at the next informal HWB Board meeting.

Actions/further information to be provided:

1. Future updates in the Highlight Report will include:
 - *Priority Two:*
 - the Men's Suicide Prevention Pilot Project;
 - Mindworks Surrey.
2. The Priority Two Sponsor will liaise with the project leads to clarify the rationale for the difference in the lengths of the pilots: Young Person's Safe Haven pilot in Guildford has commenced for a six-month period, conversely the Suicide Prevention pilot would run for four weeks.
3. The link to the new child exploitation video will be circulated to Board members to share it with their networks.

42/21 HEALTH AND WELL-BEING STRATEGY REVIEW AND REFRESH [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted:
 - that the report outlined the fourth and final stage of the Health and Wellbeing Strategy review and refresh, following the Board's endorsement of stage three in September of the revised priority populations, the system capabilities and the principles for working with communities.
 - the alignment of the metrics around health inequalities across the system through intelligence and monitoring under the Surrey data strategy, ensuring that the current metrics or shared public indicators reflect the refreshed Strategy; aligning to the Surrey HWB Strategy Dashboard through the Surrey Index with data measured down to small geographical levels, for example through the Index of Multiple Deprivation (IMD).
 - the importance of recognising that organisations across the system have their own health inequalities indicators and dashboards including non-public dashboards; flexibility was needed through the alignment with the

- national Health Inequalities Dashboard and Surrey's population health management programme.
- that the proposal was to have a new overarching metric for Surrey's health inequalities ambition "difference (inequality) in Life expectancy across Surrey":
 - Inequality in life expectancy at birth (Female) for Surrey;
 - Inequality in life expectancy at birth (Male) for Surrey.
 - that the aim was to reduce the gap in life expectancy between males and females in Surrey (the highest and lowest Local Super Output Areas (LSOAs)) and the South East region, the overarching indicator was available in the public domain via Public Health England's Fingertips website.
 - that regarding the implementation plans and the programmes, the aim was to publish an updated Surrey Health and Wellbeing Strategy in January 2022, utilising Board feedback gathered through stages one-three of the Strategy review and refresh.
 - that the Board's Highlight Reports - published quarterly - demonstrated progress through the regular review of the Strategy's three priorities, with operational delivery through the following boards:
 - Priorities 1 and 3 - Prevention and Wider Determinants Board;
 - Priority 2 - Mental Health Delivery Board.
 - that the new Strategy would need to be dynamic and future programmes would be considered ensuring how they:
 - aim to reduce health inequality;
 - focus on priority populations;
 - require collaborative support of health and wellbeing partners;
 - demonstrate milestones and short/medium term indicators to contribute to relevant outcomes within the Strategy.
 - that next steps included:
 - continuing to work in an evidence-based way through the population health triangle, composed of:
 - service-level interventions through robust programme management;
 - community-level interventions through the Key Localities proposition beginning with five out of eighteen localities;
 - civic-level interventions through the Health in All Policies approach (HiAP).
 - the development of the Surrey HWB Strategy Dashboard - aligning that with the Surrey Index - cutting across the population triangle.
2. A Board member thanked the Director of Public Health (SCC) for her leadership and the Public Health team (SCC) for its work across Surrey over the past year. He noted the importance of aligning the Board's work with the NHS Core20PLUS5 approach to reducing health inequalities, which looked at the most deprived quintiles of the national population, identified by the national IMD.
 3. The Board member referring to the first recommendation, noted that one way to reduce differences in life expectancy was to see a reduction in the life expectancy at the upper end. The pandemic has meant that Surrey has experienced excess deaths. The Board member suggested that the Health and Wellbeing Board needs to be clear that it aims for all residents to reach the higher life expectancy rather than solely reducing the gap in life expectancy between males and females.

- In response, the Director of Public Health (SCC) recognised the impact of the Covid-19 pandemic; noting that alongside the overarching metric of the “difference (inequality) in Life expectancy across Surrey”, it was important to view this metric in conjunction with ensuring healthy life expectancy as a metric for all Surrey residents.
 - The Chairman added that the aim was to increase life expectancy, one of the four priority objectives in the Community Vision for Surrey in 2030 was “Tackling health inequality”; and was happy for the first recommendation to reflect the above point.
4. A Board member referred to Appendix 3 where the priority populations are cross-checked against the draft implementation and asked whether work was underway within those priority populations which were not highlighted in yellow.
- In response, the Director of Public Health (SCC) explained that due to the volume of priority populations, those highlighted in yellow were the initial areas of focus with the rest to be followed up in due course.

RESOLVED:

1. Agreed the “difference (inequality) in Life expectancy across Surrey” as a common overall long term impact indicator to reflect the strategic focus on reducing health inequality in conjunction with ensuring healthy life expectancy as a metric for all Surrey residents.
2. Noted the developing set of metrics as a reflection of the greater focus on reducing health inequalities and wider determinants of health.
3. Agreed to locating the HWB Strategy metrics and dashboard as part of the Surrey Index as part of ongoing work to better align related dashboards.
4. Noted the range of current and developing programmes currently within the updated draft HWBS implementation plans which support the strategy priorities and outcomes.
5. Formally agreed the next steps outlined in the November informal meeting with regards to taking forward the Health in All Policies (HiAP) and the Key Localities proposition.

Actions/further information to be provided:

None.

43/21 PROPOSALS FOR THE SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP [Item 7]

Witnesses:

Rachel Crossley - Joint Executive Director, Public Service Reform (SCC)

Key points raised in the discussion:

1. The Chairman noted:
 - the work underway by the Government around health integration, noting the progression of the Health and Care Bill 2021 through Parliament.
 - that the Bill proposed two separate bodies underneath the ICS NHS body, the Integrated Care Board (ICB) and an Integrated Care Partnership (ICP); Surrey’s proposed structure would be in shadow form from January 2022.

- that the ICB would be an NHS board, with some statutory appointments, its role would be over the delivery of health services.
 - that Ian Smith had been appointed as the Chair-designate to the new ICB, Professor Claire Fuller had been appointed as CEO Designate for the Surrey Heartlands ICS; it was expected those appointments would take effect in April 2022.
 - that the Surrey Heartlands Oversight and Assurance Group (SOAG) would morph into the ICS executive, the ICS Board would morph into the ICB.
 - that the national guidance on the ICP was unclear, the intention however was for the ICP to sit alongside the ICB and Health and Wellbeing Board - which includes Frimley ICS and Surrey Heartlands ICS membership.
 - that the integration White Paper was delayed until February 2022.
 - that the proposed ICP membership in the report was flexible, the integration White Paper and 'Messenger review' may add responsibilities to the ICP such as around integrating housing within health and social care.
 - the importance of three representatives from the Voluntary, Community and Faith Sector (VCFS) within the ICP membership.
 - that going forward the Health and Wellbeing Board would meet approximately ten times a year alternating monthly between a formal and an informal meeting, at 2pm on a Wednesday afternoon for one hour and thirty minutes, with a short break before the meeting of the ICP.
 - that the increased frequency of the Health and Wellbeing Board going forward would mean adequate time for agenda items going forward.
2. The Joint Executive Director, Public Service Reform (SCC) noted:
 - the importance of the ICP in not duplicating the work of the Health and Wellbeing Board which would remain responsible for the Health and Wellbeing Strategy, the ICP would focus on the pooled budgets such as the Better Care Fund.
 - that comments would be fed into ongoing deliberations pending any further national guidance on the ICP.
 3. A Board member queried whether the Surrey-wide leads on mental health would remain on the Health and Wellbeing Board and therefore would not be included in the ICP membership.
 - In response, the Joint Executive Director, Public Service Reform (SCC) clarified that mental health representation would remain on the Health and Wellbeing Board, the ICB and provider collaboratives.
 4. A Board member stressed the need to be mindful as to whether there was sufficient representation of citizen or service user voice on the ICP - particularly around those people who are at risk of health inequalities.
 - In response, the Chairman recognised the challenge of getting voices heard such as those of young people, and hoped that those citizen voices would be heard at place level, noting the Government proposals for a requirement below the ICP to establish local forums or place-based structures bringing together key stakeholders; aligning with the work underway by the Cabinet Member for Communities (SCC) on community engagement.
 5. A Board member highlighted the approach by the VCFS in terms of putting representatives forward on boards, noting the importance of achieving organisational representation including their beneficiaries, but also citizen voice.

- The Chairman responded that the proposed ICP membership was not prescriptive, noting the rotational representation of two of the VCFS representatives; further work was needed on the ICP membership.

RESOLVED:

That the Health and Wellbeing Board noted the proposals for establishing the Surrey Heartlands Integrated Care Partnership.

Actions/further information to be provided:

1. The Joint Executive Director, Public Service Reform (SCC) will feed Board member comments into the ongoing deliberations pending any further national guidance on the ICP.

**44/21 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21
[Item 8]**

Witnesses:

Simon Turpitt - Independent Chair of the Surrey Safeguarding Adults Board (SSAB)

Key points raised in the discussion:

1. The Independent Chair (SSAB) noted:
 - the challenging year dominated by the Covid-19 pandemic, driving lockdowns causing isolation, fear, mental health pressures and family splits, and pressure put on staff through increased risk when transporting their patients and clients and during home visits.
 - positive responses included: staff adapting by finding innovative ways of working or using technology to maintain customer contact, the voluntary sector ensured that support channels remained open, increased co-operation between agencies working more closely with other boards and partnerships; despite the decreased visibility of concerns, safeguarding remained the focus - led by a new board manager.
 - that over the past eighteen months partnership working had strengthened with the Health and Wellbeing Board, the Surrey Safeguarding Children Partnership Board, the Domestic Abuse Management Board, the MHPB and LeDeR Governance.
 - that during the first lockdown there initially was a decrease in the number of safeguarding concerns, later increasing by 32% with the lifting of the lockdown.
 - that the number of Section 42s under the Care Act 2014 increased by 27% - training on Section 42s had increased reporting.
 - that the number of Safeguarding Adults Reviews (SARs) was six which was more than the previous year and included joint SARs and Domestic Homicide Reviews (DHRs) which was a unique situation across the country, two SARs had been published on the SSAB website.
 - a bar chart showing the breakdown of enquiries received by the SSAB, with a large number concerning neglect and acts of omission which included the ignoring of or failure to provide medical, emotional,

- physical, educational or nutritional care needs; there was an increase in domestic abuse enquiries - learn from those situations was crucial.
- the outcomes from the work included:
 - training on enquiry handling concerning Section 42s, safeguarding essentials with the district and borough councils and the VCFS, and Individual Management Review Writing (IMR) for SARs.
 - communications - SSAB quarterly newsletter, a contribution to the Safeguarding Awareness Week and a SSAB Twitter account and Covid-19 information page including a dedicated Care Home page and Learning Lessons from SARs published on the SSAB website.
 - other - developing and improving SSAB's Q&A data, realignment of the sub-groups to more accurately reflect the work programme.
 - focus areas going forward:
 - the significant increase in SARs - now up to twelve - lessons learnt must be taken on board across all the agencies;
 - the pressure on resources which needed to be understood and responded to;
 - the building of a new three-year strategic plan;
 - the improving of SSAB's links with the third sector through a Third Sector Forum;
 - the strengthening of the communication strategy supported by the Surrey County Council;
 - building a bigger focus on supporting care homes;
 - strengthening quality assurance.
2. A Board member noting that having worked closely with Independent Chair and having joined the SSAB's executive, commended the work of the SSAB during the challenging year through its increased engagement, communications, training and undertaking of case work including the SARs during the increased demand for the safeguarding service; she encouraged all to refer to the SSAB website which provided advice and links to external agencies.
 3. A Board member asked how the SSAB's workload was affected as a result of the doubling of the SARs from six last year to twelve.
 - In response the Independent Chair (SSAB) explained that undertaking the SARs was a lengthy and resource-intensive process, due to the appointment of an independent author, the IMRs and panel assessment before receipt by the SSAB which could take between six to nine months or a year in some cases. The length of the process was affected by the complexity of the case, involvement of families and various agencies, proceedings of the Coroner's Court and police prosecutions - the SSAB was reviewing the process to make it simpler - DHRs could take eighteen months due to the Home Office sign-off required.
 4. The Board member asked how the lessons learnt and experience from undertaking the SARs was shared across the different boards within the county and at place-level, noting the alignment of the SSAB to the Health and Wellbeing Board over the past eighteen months.
 - In response, the Independent Chair (SSAB) explained that SSAB members were tasked with enacting change from lessons learnt, through having representatives take this back to their organisations or via the Health and Wellbeing Board for example.
 - The Independent Chair (SSAB) recognised that more needed to be done to communicate those learnings across the system and he would follow

that up, noting the SSAB learning document that is circulated to other boards.

5. A Board member from a community provider point of view highlighted the large amount of work involved in the safeguarding reviews, querying the level of reporting in Surrey where any safeguarding case above zero has to be reported.
 - In response, the Independent Chair (SSAB) noted the continued debate about the threshold level concerning safeguarding enquiries, noting that as Independent Chair (SSAB) he welcomed more enquiries being raised even if it is challenging at times.
6. The Board member further asked how the loop could be closed, ensuring that community providers are aware of the outcomes having raised safeguarding enquiries.
 - In response, the Independent Chair (SSAB) noted the initiative from adult social care that when an enquiry is received, feedback would be provided for example through the Multi-Agency Safeguarding Hub (MASH). If that was not the case and for a further discussion on the threshold level, he was happy to liaise with the Board member outside of the meeting.
7. The Chairman welcomed the report and reassurance that the SSAB was overseeing adult safeguarding effectively despite a challenging situation.

RESOLVED:

1. Considered and noted the attached Surrey Safeguarding Adults Board Annual Report 2020/21.
2. Considered the SSAB Annual Report in relation to the HWB strategic priorities to ensure collaborative working between the boards.

Actions/further information to be provided:

1. The Independent Chair (SSAB) will look to communicate the lessons learnt from undertaking the SARs more so across the system; considering the current SSAB learning document.

45/21 SURREY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019-2020 [Item 9]

Witnesses:

Simon Hart - Independent Chair and Scrutineer of the Surrey Safeguarding Children Partnership (SSCP)

Paul Bailey - Partnership Development Manager (SCC)

Key points raised in the discussion:

1. The Partnership Development Manager (SCC) noted:
 - that publishing an Annual Report was a statutory responsibility of the SSCP and had been approved by the SSCP's executive group and SSCP as a whole and had been scrutinised by the Independent Chair and Scrutineer.
 - that since its formation in 2019 the SSCP had matured and developed its priorities.

- the collective work in continuing to safeguard children during the Covid-19 pandemic, fulfilling the statutory responsibilities and continuing to develop programmes of work.
 - that the SSCP had cleared the backlog of Serious Case Reviews (SCRs) from the former Surrey Safeguarding Children's Board, had strengthened its practice in responding to serious child safeguarding incidents through holding Rapid Reviews, commissioning Local Child Safeguarding Practice Reviews, and disseminating the learning from those cases.
 - the need to focus on building good quality multi-agency safeguarding practice system-wide to prevent such incidents from happening.
 - the progress made on the three SSCP priorities for 2021-2024 and areas for improvement.
 - that more work needed to be done around neglect, and emotional wellbeing and mental health.
 - that the next steps were to focus on the implementation of the SSCP's priorities, improving the quality of practice and the lived experience for children and families.
2. The Independent Chair and Scrutineer (SSCP) noted:
- that his role was to make an objective comment on the analysis contained within the Annual Report.
 - Four of the themes identified from his scrutiny:
 - Governance arrangements:
 - that when the SSCP was created it was recognised that it needed to be different to the Surrey Safeguarding Children's Board and that aim had been delivered;
 - the operating arrangements followed the strategic priorities;
 - the membership was extensive across all of the organisations that had a safeguarding interest in Surrey;
 - that leadership accountability whilst resting with the three statutory partners, was shared by extended leadership arrangements with key partners;
 - management arrangements were in place through the sub-groups;
 - the SSCP is well resourced through funding and commitment from its safeguarding partners to their safeguarding responsibilities.
 - Scrutiny arrangements:
 - scrutiny was a key responsibility of the SSCP and arrangements for effective scrutiny included: his role to challenge was strongly encouraged by all partners particular concerning legacy cases, the Peer Review undertaken by Isles of Scilly and Cornwall Safeguarding Children Partnership, collaborative work was encouraged working with Surrey County Council and its relevant select committee and taking note of all formal inspections with a focus in the first year on the Ofsted Priority Action Board, looking at Surrey County Council's improvement programme such as around youth justice services;
 - escalation arrangements in place were highly important;
 - there is a need to work more closely with partners to ensure that the views of different practitioners across organisations working with the same families are respected and understood;
 - further scrutiny of formal inspection reports must focus on NHS services, schools and children's homes.

- Case Review work:
 - the SSCP has achieved more than expected in its first eighteen months, down to the hard work of its partners;
 - the SCR work had been transformational despite recovering from a backlog, some reviews having taken four years to complete, now rapid reviews were consistently completed within fifteen days - the aim was to complete fuller reviews within no more than six months;
 - the work around mental health and adolescent suicide stemmed from the case reviews, welcoming the SSCP's collaboration with the MHPB;
 - the work commissioned on legacy cases was a direct challenge from him as the Independent Chair, to look at areas where there may have been disagreement about practice in schools and social care, and how to improve collaboration and appreciation of different professional views.
 - Children's Services improvement:
 - the importance of the collaborative work, such as alongside the Surrey Safeguarding Adults Board (SSAB).
 - that challenges going forward included:
 - the need to embed the learning from the various safeguarding practice reviews in a timely and consistent manner, translating decision-making within the SSCP into practice;
 - the need to continually build the reputation of the SSCP - held accountable by the national Child Safeguarding Practice Review Panel;
 - the increasing pressures around recruitment and retention, and impact on safeguarding delivery and changes in operating arrangements.
 - the extraordinary work undertaken during Covid-19 particularly in the initial period, and business continuity was in place.
 - that whilst the SSCP has concentrated on three strategic priorities, it remained adaptable to future challenges.
 - the SSCP received support from Surrey Police who was leading on a piece of work on online safety.
 - that there was close collaboration with the Domestic Abuse Management Board.
 - the SSCP has made a positive and encouraging start, the infrastructure, culture and commitment was in place to address challenges, working collaboratively with the safeguarding partners.
 - that he was happy to follow up on any questions outside of the meeting.
3. The Chairman welcomed the report and noted that Board members could send any questions to the Independent Chair and Scrutineer (SSCP).

RESOLVED:

1. Noted the Annual Report which has been approved by the Executive and the full Partnership and has been published.
2. Noted the SSCP's priorities for 2020 to 2021.
3. Noted the need to focus on the impact of activity of improving the quality of the SSCP's work with children and families and being able to evidence improvements in the lived experience for children.

Actions/further information to be provided:

None.

46/21 DIGITAL INCLUSION STRATEGY 2021-22 [Item 10]

Witnesses:

Samantha Hooper - Project Manager, NHS Surrey Heartlands Clinical Commissioning Group

Key points raised in the discussion:

1. The Project Manager (NHS Surrey Heartlands CCG) noted:
 - her thanks to Board members for their advice and input in the development of the Strategy over the last six months.
 - that from January 2022 the team would be in a position to roll out some substantial changes within Surrey Heartlands ICS via a citizen-centric approach to increase digital engagement.
 - the results of the Citizens Online survey commissioned in 2019 by Surrey County Council to assess the scope of digital exclusion in Surrey Heartlands, whereby approximately 200,000 residents were digitally excluded due to a lack of basic digital skills - rising to 250,000 using the data from the Surrey Office of Data Analytics (SODA).
 - the key identifiable challenges requiring greater focus.
 - that currently the project would run for twelve months and required a longer-term commitment and further funding going forward.
 - that areas requiring additional scope included care homes, under 18s and integrating voice activated technologies system-wide.
 - that the work will underpin all of the digital programmes across Surrey County Council and the Surrey Heartlands ICS going forward; with alignment underway with existing projects, working with Surrey Care Record for example on their public communications to digitally excluded residents and on the Digital Navigator project.
 - she welcomed feedback and any further conversations outside of the meeting.
2. The Chairman noted that if required, an update on the Strategy could be brought to a future Board meeting.

RESOLVED:

That the Health and Wellbeing Board endorsed:

1. Top-down change to project design approaches and assessment documents to ensure digital inclusion is a consideration from the beginning, both for service providers when working with a new client, or NHS/Government-led projects that impact citizens in any way.
2. A comprehensive hub of support and training available to all citizens, and also for service providers to refer clients for assistance in engaging with digital.
3. Improved engagement with all existing support available across Surrey Heartlands, from charities and key service providers to community-led initiatives and localised groups offering digital skills training.
4. A targeted improvement plan around connectivity, technology and digital skills training for care home staff and residents.

5. A comprehensive public-facing communications plan around available help, focused on appropriate channels for digitally excluded residents.
6. Quality assessments done on more traditional engagement platforms such as face to face time, telephone and postal communications to ensure those services are still offering the best level of service to those who wish to use them.
7. Ensuring that choice is the key message to citizens – making support tools easily accessible if they wish to make use of them, but equally respecting the individual's choice whether or not to engage with digital services.

Actions/further information to be provided:

1. If required, an update on the Digital Inclusion Strategy 2021-22 can be brought to a future Board meeting.

47/21 2021/22 BETTER CARE FUND PLANNING TEMPLATE AND NARRATIVE PLAN SUBMISSION [Item 12]

Item 12 was taken before item 11 whilst the Board was quorate

Witnesses:

Simon White - Executive Director for Adult Social Care and Integrated Commissioning (SCC)

Key points raised in the discussion:

1. The Executive Director for Adult Social Care and Integrated Commissioning (SCC) noted:
 - that as the guidance for the Better Care Fund submission for 2021/22 was provided at the end of September, the existing programme was continued with a few additional schemes which are itemised in the report.
 - that the schemes are funded by the additional contribution from the Clinical Commissioning Groups (CCGs) and have been agreed with the local joint commissioning groups.
 - that a thorough review of the Better Care Fund would be undertaken before the new Government guidance is published and suggested that the Board postpone its discussion about the detail until that review has been carried out which will be implemented in the next financial year.

RESOLVED:

That the Health and Wellbeing Board provided final approval for the 2021/22 Better Care Fund Submission, noting the national planning conditions have been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.

Actions/further information to be provided:

None.

48/21 DRAFT POLICE AND CRIME PLAN 2021-2025 [Item 11]

Witnesses:

Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)

Gavin Stephens - Chief Constable, Surrey Police

Key points raised in the discussion:

1. The Chief Executive (OPCC) noted:
 - that the draft Plan following consultation was presented in its near final iteration having been reviewed and commented on by the Surrey Police and Crime Panel last week.
 - that the Police and Crime Plan is an important statutory document, which holds the Chief Constable to account and sets out the Police and Crime Commissioner for Surrey's (PCC) priorities for policing and crime in Surrey; and forms the basis of the OPCC's work with partners and its commissioning activity.
 - that the PCC was fairly unusual in her approach in starting with a blank document, as the PCC sought to consult widely on her draft Plan, incorporating feedback from the Chief Constable.
 - the five key priorities in the draft Plan.
 - that the draft Plan is reliant on the co-operation of partners beyond policing, hence why it has been shared with the Board to explore how it could work with the OPCC to achieve elements of the draft Plan; and it would be shared with other key partners across the county.
 - that the PCC and OPCC colleagues were looking at meeting with Community Safety partners and others next year to deliver the draft Plan.
2. The Chief Constable (Surrey Police) noted that he was pleased with the extensive public consultation on the draft Plan which has been reflected in the five priorities, Surrey Police had been involved throughout the process and he strongly endorsed the draft Plan; he looked forward to working with Board members on delivering it.
3. The Chairman welcomed the comprehensive draft Plan and welcomed the final version of the Plan to be received by the Board in the new year, to look at what Board members can do to support the delivery of the Plan.

RESOLVED:

1. Noted the report and the draft Police and Crime Plan.
2. Would consider the opportunities for greater collaboration with the Police and Crime Commissioner for Surrey.

Actions/further information to be provided:

1. The Board will receive the final Plan in the new year - following publication - to look at what Board members can do to support its delivery.

49/21 MENTAL HEALTH IMPROVEMENT PLAN AND MENTAL HEALTH PARTNERSHIP BOARD UPDATE [Item 13]

Witnesses:

Alan Downey - Independent Chairman, Surrey Mental Health Partnership Board (MHPB)

Key points raised in the discussion:

1. The Independent Chairman (MHPB) noted:
 - that the MHPB had moved into a delivery phase led by the Delivery Board chaired by Professor Helen Rostill and Dr Tim Bates.
 - that the MHPB met quarterly and its role had adapted to provide scrutiny and support over the delivery work.
 - his praise for the commitment and the hard work of those involved in the delivery work over the summer progress made was outlined in the report.
 - the need to be mindful of the risks in the implementation of the programmes as set out in section twelve of the report.
 - areas of focus for the MHPB to scrutinise at its next meeting in January:
 - the need to be clearer about the priorities;
 - the need to make sure that the positive evidence of improved working across boundaries at senior level translates down to middle-management and from the frontline upwards;
 - the need to be clear about deadlines and timescales of delivery;
 - the need to be clear about how the benefits and the results would be measured;
 - the need to be cautious going forward regarding the delivery phase and scale of ambition.
2. The Chairman recognised the challenging journey ahead and positive activity underway as captured through the Surrey Mental Health Summits; addressing the rise in the demand for mental health services was a large issue facing organisations across Surrey and the Board looked forward to further updates in the new year.

RESOLVED:

1. Noted and welcomed the progress made in the mobilisation and establishment of the improvement programme to date.
2. Approved the key next steps in the programme, as set out in section 11.0 of the report and support system-wide awareness of them and their progress by proactively cascading them.
3. Noted and supported the organisation of a second Surrey Mental Health Summit which was held on 1 December 2021.
4. Noted the key programme risks as outlined in section 12.0 of the report.

Actions/further information to be provided:

None.

50/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [Item 14]

Witnesses:

Sinead Mooney - Cabinet Member for Adults and Health, and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted:
 - the concise update on Surrey's current position concerning Covid-19 provided before item 5 by the Director of Public Health (SCC).
 - that the LOEB agenda continues to broaden at every meeting.
 - that it would be beneficial for the minutes of the previous LOEB meeting to be circulated to Board members for reference.
2. The Chairman welcomed the suggestion to circulate the previous LOEB minutes and noted the continuously changing situation around Covid-19.

RESOLVED:

That the Board noted the verbal update on the work of the LOEB.

Actions/further information to be provided:

1. The minutes of the previous LOEB meeting - 19 November 2021 - will be circulated to Board members.

51/21 DATE OF THE NEXT MEETING [Item 15]

The date of the next public meeting was noted as 16 March 2022, there would be an informal private meeting before that date.

Meeting ended at: 4.02 pm

Chairman

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HEALTH AND WELLBEING BOARD – 2 DECEMBER 2021**PROCEDURAL MATTERS – QUESTIONS AND RESPONSES****a Members' Questions****1. Question submitted by Helyn Clack (Dorking Rural)**

Over the last five years and more, defibrillators have been installed in many areas and communities across Surrey. They were installed and funded by the districts and boroughs, St John Ambulance, Parish Councils, businesses and some were funded by Surrey County Council Members Allowances and other local charities.

It is the general understanding that SECAmb holds a full list of all the defibrillator sites in Surrey, along with an up-to-date record of locally trained users, maintenance, condition and access codes. However, I have heard that SECAmb do not comprehensively hold this information and in certain circumstances the public having called 999, the ambulance services are unable to advise where the nearest defibrillator can be accessed and how.

I would like the Board's Chairman to ask the Health and Wellbeing Board to follow up on this and give reassurance on the process in place in responding to 999 calls where a local defibrillator will help to save lives.

RESPONSE:

South East Coast Ambulance Service (SECAmb) have confirmed that there is a total of 654 Public Access Defibrillator (PAD) sites in Surrey registered on their computer aided dispatch (CAD) system. Of these, 587 are privately owned and 67 are SECAmb owned. Although SECAmb maintain a database, they are not responsible for the upkeep and maintenance of the 587 privately owned devices. That is the responsibility of the host where the defibrillator is stored. The database also includes the details of the guardians, who are responsible for maintenance, details of maintenance status and the access codes that would be needed in the event of their use.

There may be additional defibrillators available in the community that are not included on the database, because SECAmb will only record those that can be accessed 24/7.

Most of the community first responder teams in Surrey also carry defibrillators. These are volunteers who are trained to respond to energy calls in conjunction with SECAmb. In many cases these teams are required to secure funds to purchase their defibrillators.

In addition to the SECAmb database, The British Heart Foundation (BHF) are working on a national database, known as 'The Circuit', which should provide an up-to-date record of all the public access defibrillators. This is not currently available in Surrey but will provide a useful tool when it is.

SECAmb are also able to identify areas where priority calls have been missed. This may be used to identify priority locations for additional defibrillators. However, additional funding would be required to purchase and maintain the equipment.