

Notice of Meeting

Health and Wellbeing Board



Date & time

**Wednesday, 16 March
2022
at 2.00 pm**

Place

Council Chamber,
Woodhatch Place, 11
Cockshot Hill, Reigate,
Surrey, RH2 8EF

Contact

Amelia Christopher
Tel 07929 725663
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We're on Twitter:
[@SCCdemocracy](https://twitter.com/SCCdemocracy)

If you would like a copy of this agenda or the attached papers in another format, e.g. large print or braille, or another language please either call 07929 725663 or email amelia.christopher@surreycc.gov.uk.

This meeting will be held in public, however numbers will be limited because of venue restrictions. If you would like to attend, please contact Amelia Christopher on 07929 725663.

Please be aware that a link to view a live recording of the meeting will be available on the Health and Wellbeing Board page on the Surrey County Council website. This page can be accessed by following the link below:
<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CId=328&Year=0>

Board Members

Fiona Edwards	Chief Executive of the Frimley Health and Care Integrated Care System (ICS) and Accountable Officer for NHS Frimley CCG
Dr Charlotte Canniff (Vice-Chairman)	Clinical Chair, Surrey Heartlands Clinical Commissioning Group
Jason Gaskell	CEO, Surrey Community Action, VCFS representative
Dr Russell Hills	Clinical Chair, Surrey Downs ICP
Tim Oliver (Chairman)	Leader of Surrey County Council
Kate Scribbins	Chief Executive, Healthwatch Surrey
Simon White	Executive Director of Adult Social Care and Integrated Commissioning, Surrey County Council
Ruth Hutchinson	Director of Public Health, Surrey County Council
Professor Claire Fuller	Surrey Heartlands ICS CEO Designate / Interim CCG Accountable Officer
Graham Wareham	Chief Executive (Interim), Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council
Sinead Mooney	Cabinet Member for Adults and Health, Surrey County Council
Clare Curran	Cabinet Member for Children and Families, Surrey County Council
Karen Brimacombe	Chief Executive, Mole Valley District Council (Surrey)

Jason Halliwell	Chief Executives' Group) (Priority 1 and Priority 3 Sponsor) National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection
Carl Hall	Deputy Director of Community Development, Interventions Alliance
Gavin Stephens	Chief Constable of Surrey Police
Mark Nuti	Cabinet Member for Communities, Surrey County Council
Steve Flanagan	Representative, North West Surrey Integrated Care Partnership and Community Provider voice
Vicky Stobbart	Integrated Care Partnership Director and Director of Clinical Integration, Guildford and Waverley ICP
Vacancy	Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers
Professor Helen Rostill	Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
Rachel Hargreaves (interim)	Industry Partnerships Manager - Health, University of Surrey
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning, Surrey County Council
Borough Councillor Nick Prescott	Leader of Runnymede Borough Council (Surrey Leaders' Group)
Lisa Townsend	Surrey Police and Crime Commissioner
Siobhan Kennedy	Homelessness, Advice & Allocations Lead, Guildford Borough Council (Associate Member)

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: 2 DECEMBER 2021

(Pages 1
- 22)

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 (*10 March 2022*).

b Public Questions

The deadline for public questions is seven days before the meeting (*9 March 2022*).

c Petitions

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

- 5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT INCLUDING: CONFIRMING THE PRIORITY POPULATIONS OF GEOGRAPHY ('KEY NEIGHBOURHOODS')** (Pages 23 - 40)

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 February 2022 with the priority population groups, via the latest Highlight Report.

Following a further review requested by the Health and Wellbeing Board and a subsequent small addition to the methodology, a final list of 22 small geographic areas, encompassed by 21 wards (“**key neighbourhoods**”) is proposed, maintaining the previously agreed initial primary focus on the five wards with the very highest levels of deprivation.

- 6 PRIORITY 1: ECINS CASE MANAGEMENT SYSTEM WITHIN SURREY AND FUTURE FUNDING ARRANGEMENTS** (Pages 41 - 48)

This paper provides an update to the Board on the usage of Empowering Communities Inclusion and Neighbourhood System (ECINS) across the Surrey partnership and seeks support for future funding.

- 7 PRIORITY 2: JOINT HEALTH AND SOCIAL CARE DEMENTIA STRATEGY FOR SURREY (2022-2027)** (Pages 49 - 84)

This Joint Health and Social Care Dementia Strategy for Surrey sets out a consistent, Surrey wide approach to dementia. It is framed around the [Well Pathway for dementia](#) and underpinned by reducing inequalities: many of the risk factors for dementia are associated with socio-economic inequality such as living in an area of deprivation and other priority populations as identified by the Health and Wellbeing Board.

Oversight of the strategy from the Health and Wellbeing Board will enable change and progress across the system, with a clearer focus on preventing dementia and supporting people with dementia, their carers and families.

- 8 PRIORITY 3: POLICE AND CRIME PLAN FOR SURREY 2021-2025 AND COMMUNITY SAFETY** (Pages 85 - 122)

This report introduces the Police and Crime Plan for Surrey 2021-2025 to the Health and Wellbeing Board. The report also considers the opportunities for the Police and Crime Commissioner for Surrey and the Board to work together and consider how community safety is represented going forward.

- 9 HEALTH AND SOCIAL CARE INTEGRATION WHITE PAPER OVERVIEW** (Pages 123 - 130)
- The Government published the Health and Social Care Integration White Paper “Joining up care for people, places and populations” on 9 February 2022. The white paper sets out the government’s ambition to accelerate the delivery of joined-up health and social care at ‘place’ level. In the white paper there are proposals for a single accountable person, shared outcomes, and ambitions for increasingly pooled NHS and social care budgets at ‘place’ level. The white paper asks a series of questions about the approach to the proposals at place level. Feedback from the Board will inform a response on behalf of the system.
- 10 REVIEW OF HEALTH AND WELLBEING BOARD MEMBERSHIP** (Pages 131 - 134)
- This paper proposes changes to the Health and Wellbeing Board membership to come into effect between April and September 2022. These are proposed in order to reflect the changing structure of the local Integrated Care Systems (ICSs) along with other developments such as the recognition for stronger representation from the Voluntary, Community & Social Enterprise (VCSE) sector once the VCSE alliance is formed.
- 11 INTEGRATED CARE SYSTEMS (ICS) UPDATE**
- The Board is to receive a verbal update on the development of the Integrated Care Systems (ICS) - Surrey Heartlands and Frimley - including the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).
- 12 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD - UPDATE**
- The Board is to receive a verbal update on the work of the Surrey Local Outbreak Engagement Board (LOEB), which is a sub-committee of the Surrey Health and Wellbeing Board. The LOEB is a member-led Board created in response to the COVID-19 pandemic, which leads the engagement with local communities and is the public face of the local response in the event of an outbreak.
- 13 DATE OF THE NEXT MEETING**
- The next meeting of the Health and Wellbeing Board will be on 15 June 2022.

Joanna Killian
Chief Executive
Surrey County Council
Published: Tuesday, 8 March 2022

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).
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

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

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

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 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 Prescot
 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

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.

Health and Wellbeing Board (HWB) Paper

1. Reference Information

5

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report including: Confirming the priority populations of geography ('key neighbourhoods')
HWBS Priority - 1, 2 and/or 3:	1, 2 & 3
Outcome(s)/System Capability:	<ul style="list-style-type: none"> P3 Outcome: Children, Young People and Adults are empowered in their communities System Capability: Empowered & Thriving Communities
Priority populations:	All / with a focus on people living in geographic areas with the poorest health outcomes in Surrey
Civic level, service based and/or community led interventions:	The Highlight Report aims to cover all spheres. Confirming the key neighbourhoods will help to inform and target work in the civic, service and community led spheres, with a particular emphasis on the later.
Author(s):	<ul style="list-style-type: none"> Helen Johnson - Senior Policy and Programme Manager - Health and Wellbeing: Helen.Johnson1@surreycc.gov.uk Daniel Shurlock - Design Lead – Thriving & Empowered Communities, Surrey County Council: daniel.shurlock@surreycc.gov.uk
Board Sponsor(s):	<ul style="list-style-type: none"> Karen Brimacombe - Chief Executive, Mole Valley District Council (Priority 1 and 3 Sponsor) Professor Helen Rostill - Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership/Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor) Ruth Hutchinson - Director of Public Health, Surrey County Council Marie Snelling - Executive Director Customer & Communities, Surrey County Council and HWB System Capability Lead for Empowered & Thriving Communities (non-Board member)
HWB meeting date:	16 March 2022
Related HWB papers:	Health and Well-being Strategy Review and Refresh - Stage 4 (Metrics, Implementation and Governance) including update on Key Localities Proposition and whole system approach to Health in All Policies (HiAP), 2 December 2021
Annexes/Appendices:	<ul style="list-style-type: none"> Annex 1 - Highlight Report Annex 2 - Key Neighbourhoods Methodology

2. Executive summary

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 February 2022 with the priority population groups. This is via the latest **Highlight Report** which in addition to informing the Board is intended for wider use and sharing with partners and the public to increase awareness of progress being made. The Highlight Report provides an overview of each Priority, describes what has been achieved in the previous period and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').

As part of the Health and Wellbeing Strategy Review and Refresh the Board agreed on 2 December 2021 to introduce an additional priority group of "people living in geographic areas with the poorest health outcomes in Surrey". It was agreed these areas would be determined by a methodology using the Index of Multiple Deprivation (IMD).

Following a further review requested by the HWB Board and a subsequent small addition to the methodology, a final list of 22 small geographic areas, encompassed by 21 wards ("**key neighbourhoods**") is proposed, maintaining the previously agreed initial primary focus on the five wards with the very highest levels of deprivation.

Once agreed, this list of key neighbourhoods will be included in the HWB Strategy as the definition for the above stated priority group. This will provide a guide for additional efforts and investments that support community action alongside supportive civic and service level interventions to reduce health inequalities so that no-one is left behind.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress against the three priorities of the Strategy in the Highlight Report.
2. Share the Highlight Report across their networks (direct links to quarterly Highlight Reports available at www.healthysurrey.org.uk/about), including a Communications Update.
3. Agree the use of a methodology based on the Index of Multiple Deprivation (see Annex 2, figure 1) to determine the priority populations of geography ('key neighbourhoods') in the Health and Wellbeing Strategy.
4. Confirm the final list of 21 wards (key neighbourhoods) encompassing the 22 small geographic areas which result from the application of this methodology (see Annex 2, figure 2).
5. Agree that within this list there will be an initial primary focus on five wards (key neighbourhoods) encompassing the small geographic areas with the very highest levels of deprivation in the county – noting this aligns with the new NHS England definitions and guidance for priority action on health inequalities (see Annex 2, section 3).

4. Reason for Recommendations

Recommendations 1, 2

The Highlight Reports are now utilising the refreshed Strategy and dissemination across the System will familiarise people with and reinforce the new direction.

Recommendations 3, 4, 5

National and local evidence confirms that to achieve lasting change in communities and reduce health inequalities it is essential the community themselves participate and lead, working alongside agencies who are open to new types of collaboration¹.

Identifying and agreeing a set of key neighbourhoods in the Health and Wellbeing Strategy provides a clear strategic basis for targeted additional efforts and investments that can support community action to reduce health inequalities, alongside supportive civic and service interventions. This will require more collaborative and creative work alongside communities in the identified key neighbourhoods, with the whole system and individual agencies being responsive to the community identified needs and community led activities that emerge through this work.

5. Detail

- **See Highlight Report at Annex 1 (attached)**
- **See Key Neighbourhoods Methodology at Annex 2**

6. Challenges

- Detailed implementation plans with risk ratings (currently subject to review and refresh) continue to sit behind the Highlight Report P1 and P2, with risks escalated to the Board as necessary.
- A new comprehensive implementation plan for the significantly revised Priority 3 is in development (including community safety) but required capacity within the HWB team to provide effective oversight. This extra resourcing is being actively pursued in Public Health.
- There continues to be a need to refresh Priority 2 of the Strategy to understand this in relation to the findings from the Mental Health Partnership Board review and longer term outcomes this is seeking to achieve.
- SCC has agreed a framework and approach for a strategic response to poverty, initially focused on mitigating and preventing child poverty in the county and an internal working group met in January to assess the coverage of council support

¹ See for example evidence within (i) [Turnaround](#) (2021) by the Onward think tank which reviewed 60 years of regeneration policies and practices in the UK and abroad and concluded that empowerment of communities is essential to successful and lasting outcomes (ii) [A guide to community centred approaches to health and wellbeing](#), Public Health England (2015) (iii) [Trusting the People](#), New Social Covenant & New Local (2021)

for families in financial distress, with the aim of proposing new initiatives and collaborations (on an ongoing basis) within the system.

- It is proposed that with extra capacity in the HWB team around Priority 3, SCC will begin to progress the coordination of an initial whole system approach to poverty
- With the key neighbourhoods work there is a risk that solutions are determined without the involvement and participation of the communities in these areas. Similarly, there is a risk that existing strengths and talents in the community are overlooked. To avoid this, the Principles for Working with Communities must be applied, and this will be explored further as part of the item at the next meeting.

7. What communications and engagement happened/needs to happen?

The key neighbourhood's proposal has been previously discussed at the HWBB as part of the Strategy refresh – and there have been subsequent conversations through the health and care place partnerships and Surrey Chief Executives (local government). Further engagement will be discussed at the fuller item on this topic at the HWBB on 20 April 2022.

8. Next steps

- The Highlight Report is still being reoriented to reflect the programmes and projects that will form part of the refreshed Implementation plans.
 - Members are asked to please circulate the Highlight Report to their networks once published on this page: [Highlight reports - Healthy Surrey](#)
 - On the identified key neighbourhoods there will be a fuller item on the delivery approach and next steps for working more closely alongside communities in these key neighbourhoods at the next informal HWB meeting.
-

Annex 2 - Key Neighbourhoods Methodology

1. Recap

In refreshing the Health and Wellbeing Strategy the Board committed to start more collaborative and creative work with those communities in the geographic areas of deprivation with the poorest health outcomes, in order to:

- Increase trust and develop stronger relationships between agencies and community
- Increase collaboration and community action
- Reduce reliance on crises interventions
- Reduce health inequalities and improve well-being

This commitment was based on the strong evidence that to achieve lasting change in communities and reduce health inequalities it is essential that communities themselves participate and lead, working alongside agencies who are open to new types of collaboration.

2. Methodology for identifying the geographic areas

Following advice from the Surrey County Council Public Health team and the national evidence base, the Index of Multiple Deprivation (IMD) was selected as the best currently available composite measure for identifying localities where health outcomes are likely to remain poorest². Specifically

- Using the smallest scale of the IMD, what is called the Lower Super Output Area (LSOA) which tends to be populations of 1,000-3,000
- Selecting the wards (populations of approx. 5,000-10,000) encompassing the LSOAs in deciles 1-3 of the IMD - noting that the slightly wider ward geography recognises how communities draw on assets and service provision in their vicinity

This approach was endorsed at the Health and Wellbeing Board informal workshop in November 2021 and the system capability lead (Marie Snelling, Executive Director Customer and Communities, Surrey County Council) was asked to validate the list of proposed key neighbourhoods through further partnership conversations in order to come to a definitive conclusion. The Board also asked that the areas identified be cross checked to add any areas *not already included* where there are higher levels of children living in households in poverty, and / or where education, training, and skills are falling behind. As a result of this further review the slightly adjusted methodology set out (figure 1 below) is proposed for determining a final list of key neighbourhoods. Note there are no LSOAs in decile 1 of IMD (highest 10%) in Surrey.

² There are more details on the IMD methodology here [IMD 2019 - What it is and what it tells us about Surrey.pdf \(surreycc.local\)](#). Also note that the IMD will be overlaid with other key health inequalities indicators and target populations to inform further detailed planning and development of local actions. Also note that the list of key neighbourhoods will be reviewed annually in light of new data insights, including the next release of the IMD (expected in 2023) and any other relevant new measurement systems that are developed nationally and locally (such as those set out in the recent Levelling Up White Paper)

Figure 1: Methodology for identifying key neighbourhoods

- Those wards that encompass the Lower Super Output Areas (LSOAs) that are in deciles 2-3 of the IMD (2019) in Surrey AND
- Any additional wards that encompass LSOAs that are in decile 4 of the IMD (2019) AND in decile 1 for the IMD supplementary index of *Income Deprivation Affecting Children* (IDACI)³ or the IMD domain of *Education, Skills and Training Deprivation*⁴ in Surrey

This method results in a list of 21 wards (key neighbourhoods) encompassing 22 LSOAs (figure 2 below).

Figure 2: The wards (key neighbourhoods)

	Lower Super Output Area (ranked on IMD score)	IMD Decile (lower is more deprived)	Ward	District / Borough	Health area
Primary focus	1	2	Hooley, Merstham & Netherne	RBBC	East Surrey (SH)
	2	2	Canalside	Woking	NW Surrey (SH)
	3	2	Westborough	Guildford	Guildford & Waverley (SH)
	4	2	Stoke	Guildford	Guildford & Waverley (SH)
	5	3	Stanwell North	Spelthorne	NW Surrey (SH)
	6	3	Holmwoods	Mole Valley	Surrey Downs (SH)
	7	3	Tattenham Corner & Preston	RBBC	Surrey Downs (SH)
	8	3	Court	Epsom & Ewell	Surrey Downs (SH)
	9	3	Ashford North and Stanwell South	Spelthorne	NW Surrey (SH)
	10	3	Goldsworth Park	Woking	NW Surrey (SH)
	11	3	Englefield Green West	Runnymede	Windsor and Maidenhead (Frimley)
	12	3	Walton South	Elmbridge	NW Surrey (SH)
	13	3	Horley Central & South	RBBC	East Surrey (SH)
	14	3	Farnham Upper Hale	Waverley	North East Hampshire and Farnham (Frimley)
	-	3	Stanwell North (already included above)	Spelthorne	NW Surrey (SH)
	15	3	Godalming Central and Ockford	Waverley	Guildford & Waverley (SH)
	16	3	Chertsey St. Ann's	Runnymede	NW Surrey (SH)
	17	3	Redhill West & Wray Common	RBBC	East Surrey (SH)
	18	3	Ash Wharf	Guildford	Surrey Heath (Frimley)
	19	4*	Walton North	Elmbridge	NW Surrey (SH)
	20	4**	Cobham and Downside	Elmbridge	Surrey Downs (SH)
21	4**	Old Dean	Surrey Health	Surrey Heath (Frimley)	

*Overall IMD decile 4 and in decile 1 (lowest 10% nationally) for the IMD supplementary index on Income Deprivation Affecting Children

** Overall IMD decile 4 and in decile 1 (lowest 10% nationally) for the IMD domain on Education, Skills, and Training deprivation

³ Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

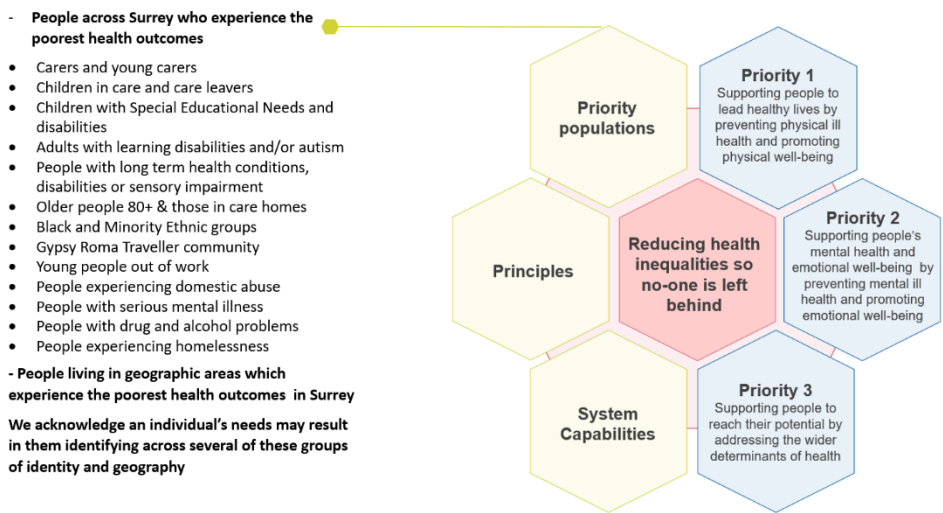
⁴ The Education, Skills and Training Deprivation Domain measures the level attainment and skills in the local population therefore highlighting those of all ages who have the fewest opportunities in education, training, and employment

3. Focus

The HWB Board previously approved the initial, primary (but not entirely exclusive) focus on the wards (key neighbourhoods) encompassing the five LSOAs with the very highest levels of deprivation in the county⁵.

Note this set of five LSOAs/wards (key neighbourhoods) aligns with the new NHS England national definition of the most deprived areas for priority action on health inequalities, as outlined in [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#).⁶ The first four LSOAs/wards (key neighbourhoods) align to the 0-20% most deprived nationally are referred to in the guidance as “Core20”. The fifth LSOA/ward (key neighbourhood), the remaining 16 on the list and the priority populations of identity (figure 3 below) will now represent the “PLUS” in Surrey.

Figure 3: HWB Strategy priority populations



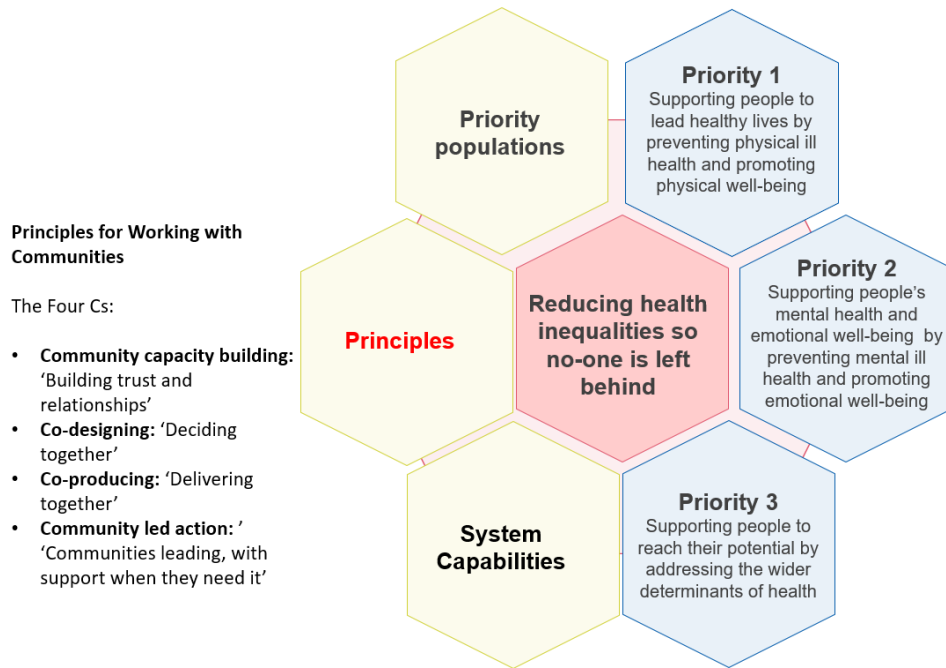
It's important to stress that in parallel with phased work in the key neighbourhoods identified in this report there will of course continue to be joint work and programmes of activity across all parts of the county to address the health inequalities that exist in all geographic areas, working specifically with HWBB priority populations of identity wherever they live. In all this work the Principles for Working with Communities (figure 4 below) will be applied.

⁵ These five most deprived places in the county include four wards that encompass areas in decile 2 of the IMD (within the 10-20% most deprived small areas nationally) plus one ward (Stanwell North) which encompasses two small areas in decile 3 of the IMD (within the 20-30% most deprived small areas nationally)

⁶ Note also that the other wards in our “key neighbourhoods” set which encompass the small areas in decile 3 (the 20-30% most deprived small areas nationally) align with the “PLUS” elements of the NHS Core20Plus5 criteria for Surrey - which will also include the priority populations of identity (see Appendix 1).

Figure 4: HWB Strategy Principles for Working with Communities

5





Data, insights and challenges

- Active Surrey team capacity and resource to support the implementation of the physical activity strategy Movement for Change. 'Core' funding has been secured for Active Surrey (with a limited amount of delivery budget) but will rely on securing additional funding to support elements of the implementation plan as well. There is also a challenge in the securing of wider system buy-in to support implementation.
- Pressure remains on caseload capacity in I-access services as numbers accessing and engaging in treatment increase.
- Difficulty with Mental Health Occupational Therapist recruitment due to national shortage of OTs. There is a risk that SCC will not run a therapy led service resulting in not having specialist skills gain support and increased clients requiring long term statutory services.
- Number of referrals into Thrive Tribe carers health checks has been low since the launch in October and the anticipated volume has not been met.
- There are still blockages in implementing stop smoking services in acute trusts which is an aim of the long-term plan and for which NHSE has granted money.

IMPACT SUMMARY



Improved physical health through prevention and the promotion of physical well-being

OUTCOMES

By 2030:

- People have a healthy weight and are active
- Substance misuse is low (drugs/alcohol/smoking)
- The needs of those experiencing multiple disadvantage are met
- Serious conditions and diseases are prevented
- People are supported to live well independently for as long as possible

WHO IS LEADING THIS?

Priority sponsor:

Karen Brimacombe, Chief Executive, Mole Valley District Council

Programme Manager:

Helen Tindall, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 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.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. It also outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 1 currently focuses on enabling and empowering residents to lead physically healthier lives. This priority area is entirely focused on prevention, removing barriers and supporting people to become proactive in improving their physical health. Priority 1 programmes include those which are

- Working to reduce obesity, excess weight rates and physical inactivity
- Supporting prevention and treatment of substance misuse, including alcohol
- Ensuring that everybody lives in good and appropriate specialist housing
- Promoting prevention to decrease incidence of harm due to the experience of multiple disadvantage, serious conditions and diseases
- Improving environmental factors that impact people's health and wellbeing
- Living independently and dying well

How has collaborative working between HWB Board organisations added value and contributed to the achievement of the Outcomes?

Elmbridge and Surrey Heath Borough Councils have developed aligned physical activity strategies to the Movement for Change Strategy.

Invited by Reigate and Banstead, Elmbridge, and Woking Districts and Boroughs to insert practical Changing Futures initiatives within their three-year Rough Sleeping and Strategic Accommodation Plans.

A training collaborative has been formed (including the ICS) through Changing Futures to pool funding, develop whole system strategy for Trauma Informed Culture and extend a training offer across the system.

All four place-based alliances have progressed carer action plans to deliver on the Carers Strategy.

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 1 OUTCOMES?

People have a healthy weight and are active

- Surrey Heath's Whole System Approach to Obesity continues to progress. The survey with Surrey Heath residents was completed and the Surrey Heath Obesity Summit went ahead with very good attendance. Results showed the biggest barrier to healthy eating was cost. Feedback from the summit is being collated into a "causal map" with the next stage being action planning.
- Looked After Children (LAC) Designated Doctor and Nurse are leading a Whole System Approach for Healthy Weight within the LAC team. They have support from the Corporate Parenting Board and are currently mapping stakeholders. The first workshop, where they will set context is in February. Service users are going to be involved the whole way through the project which is expected to take at least 18 months. This is a new and exciting approach for the LAC team. Public Health and Active Surrey will provide support.
- A year 1 implementation plan for the [Physical activity strategy for Surrey \(activesurrey.com\)](https://www.activesurrey.com) has been developed and 5-year funding has been secured from Sport England to sustain Active Surrey and support the objectives and delivery of the strategy.

Substance misuse is low (drugs/alcohol/smoking)

- I-access now has two housing and benefit workers and an embedded CAB worker in the sites across Surrey.
- Surrey Public Health have a one off £109K grant from PHE to improve access to 24/7 inpatient detoxification. Surrey has local ambulatory detoxification available at Chertsey and Reigate, however some individuals will require an admission to an inpatient specialist unit. Surrey PH, with all other SE region LAs, are investing the PHE grant into a new regional unit being developed in Hampshire.

The needs of those experiencing multiple disadvantage are met

- Three organisations have undertaken the Bridge the Gap Trauma Informed Outreach Service for one year and an external evaluation has been commissioned. Four additional VCS organisations have expressed interest in joining the Changing Future's Bridge the Gap Trauma Informed Outreach Alliance. A recruitment process of providers to join the alliance is underway and should be operational by April 2022.
- Thirty networks have been identified in the mapping of lived experience and peer mentoring. Consultation will commence with these networks to identify individuals who can be assigned to the review and co-production of services and systems under Changing Futures.
- Bedding in four new one-year Assistant Social Worker posts in Adult Social Care to inform system improvements in relation to accommodation. These posts are funded through the COMF and are assisting with frontline co-ordination of health, wellbeing and accommodation/ homelessness during the pandemic.

Serious conditions and diseases are prevented

- BP+ was re-launched in December and activity has been good thus far. The programme is now running in pharmacies and, where possible, the service has been launched in area of multiple disadvantage and areas where there is a diagnosis gap of prevalence.
- The Adults and Health Select Committee has expressed interest in dementia prevention, especially what early action is being taken at a community level and how to enhance the communications and messages around dementia.

Living and dying well

- Carers awareness training provided to Mid Surrey social prescribers and Woking Borough Council Staff as part of Carers Rights Day.
- A Comms Plan for Carers Health Checks has been developed and the Carers Mental Health Review has been launched.
- Fastroi appointed and contract signed in December 2021 to provide a single fully integrated platform (Real Time Care) to easily manage the whole care process, improve efficiency and provide a higher quality of care with greater accountability.
- Successfully recruited four Specialist Mental Health Reablement Workers who will start SCC employment in January 2022.
- Mental Health Referral Pathway front door agreed for reablement.

In Autumn 2021 Healthwatch Surrey and Action for Carers published our joint report "Carers' Experiences of Hospital Discharge". The full report is available on our website [Our insight reports - Healthwatch Surrey](#), along with a "Report-on-a-page"/poster that summarises the key findings and recommendations.

Our Recommendations

- 1.Proactively identify patients who rely on unpaid carers.** Recognise carers may be unregistered/unacknowledged. Record a key contact for every patient and focus communication through that contact.
- 2.Review practices and processes that govern hospital-carer communications.** Take the opportunity to develop new, post-Covid strategies that cover all touchpoints.
- 3.Improve carers' understanding.** Explain the process of discharge including who's who, decision-making processes, what they should expect, and what support is available. Use co-design to develop a guide.
- 4.Provide a professional, efficient handover of the patient to the carer.** As well as meeting the requirements of the current Policy and Operating Model this handover should be patient/carer-centric with appropriate language and contact information for all relevant providers/services.

In October 2021 we wrote to our Hospital Trusts and to Surrey County Council, drawing the report to their attention and asking for their response to our recommendations. Given the pressures of the 21/22 Winter/Covid season we have delayed publication of the responses, but we have now received full written responses from all organisations we contacted. We have also presented our findings and recommendations at meetings including the Surrey Heartlands System Board and the Carers Partnership Board. Our recommendations will form the background to breakout discussions at the Surrey Carers and Providers Network Discharge Workshop in February 2022.

Our report highlighted the very real risks and consequences of poor communication with carers. While these experiences took place during the pandemic when hospitals were under exceptional pressure and visiting bans prevented carers meeting staff in hospital, hospitals acknowledge that discharge and relationships with carers have been a challenge for many years.

It is reassuring to hear that our hospitals are committed to improvement and investing in workstreams designed to improve carer identification, communication and support. We also welcome the involvement of carers and patients in many of those projects. We will continue to share the experiences we hear from carers and patients in Surrey, and hope these stories are used as a positive catalyst to meaningful improvements.

For more information, contact Kate Scribbins at kate.scribbins@healthwatchesurrey.co.uk

Health and Wellbeing Strategy: Priority 2 - Supporting Mental Health and Emotional Well-being

IMPACT SUMMARY



Improved mental health through prevention and the promotion of emotional well-being

OUTCOMES

By 2030:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

WHO IS LEADING THIS?

Priority sponsor:

Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership

Programme Manager:

Kirsty Slack, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The community vision for Surrey describes what residents and partners think Surrey should look like by 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.*

In light of the community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who experience greater inequalities in health and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority two of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.

Priority two aims to impact upon the three following outcomes:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

How has collaborative working between HWB Board organisations added value and contributed to the achievement of outcomes?

Integrated Mental Health Access Point Redesign

The Adults and Health Select Committee's Task Force on Mental Health and also the independent review of mental health support in Surrey, alongside reports from Surrey Minority Ethnic Forum and public health analysis, identified gaps and inequalities in both knowledge of, and ability to access support.

The ambition is to reduce silos between services and develop an integrated access point that actively supports people to get to the right help and support at the earliest opportunity.

Further analysis has been carried out on mental health phonenumber access and understanding and aligning with wider access points to mental health support. Engagement of the Mental Health Alliance partners and commissioners has commenced and we will be working with the Surrey Heartlands Health Technology Accelerator to develop ideas. SABP are also currently working with the VCSE and primary care review their Single Point of Access to improve people's experience and access to support. This work is a forerunner to the integrated access point and workstreams are being closely aligned, this will translate into aligned operating models.

For more information please contact Lucy Gate Lucy.Gate@surreycc.gov.uk



Data, insights and challenges

Healthwatch Surrey's local research fed into the draft Dementia Strategy which is to be approved by the HWB Board.

Priority two is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing. The research showed that people can only be proactive and navigate the system if there is good signposting in place to show what is available.

Healthwatch recommended that the Dementia Strategy Action Board should:

- Build access to Dementia Navigators:
- Undertake a strategic overview of support groups
- Empower primary care to signpost effectively

Report on a page: [Dementia-On-A-Page-PDF-1.pdf \(healthwatch.surrey.co.uk\)](#)

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 2 OUTCOMES

People with depression, anxiety and mental health issues have access the right early help and resources

- The pandemic continues to affect the intensity and complexity of children and young people's needs, with referrals to Mindworks at Month 9 being significantly above annual contracted levels. In this context, staff remain determined to transform services as well as managing the unprecedented day-to-day pressures being faced. The Mindworks Amplified (User Voice) team have also been leading on an exciting launch event, which will take place on 14th May. Work is continuing to capture learning from the schools-based needs clusters pilot in Elmbridge and beginning staged roll-out of all Cluster teams – workshops are planned for this quarter to evaluate progress and make recommendations for full roll-out.
- Green Social Prescribing – approximately £100,000 of funding will be released to successful Nature Connection Fund applicants, and the GSP programme team will be working with them to create sustainable, accessible, quality assured GSP services that benefit the community. These providers will contribute to both a local and national evaluation on how exactly GSP can be embedded with a system.
- Suicide prevention:
 - Mental health and suicide prevention training has been commissioned and the training manual has been shared with partners and targeted frontline services working with high risk groups.
 - Realtime surveillance database - Surrey Police continue with the real time surveillance database. Engagement has taken place with partners on a new online data management system which would enable other partners to populate the surveillance data. Now writing a paper for the data management system option and will be presenting this to partners.
 - Mental health training in schools: In 2021, a self-harm training review was carried out with primary and secondary schools in Surrey to understand the training needs from schools in relation to mental health awareness, self-harm, suicidal thoughts and suspected suicide. Based on the findings a schools mental health training package has been commissioned: every primary and secondary school in Surrey will have access to Youth Mental First Aid training place, with every secondary school and post-16 setting will have access to self-harm awareness training and suicide prevention training.
 - The Surrey suicide prevention strategy comes to an end this year. The process to refresh the strategy will start on the 1st March 2022 and a refreshed strategy will be published 1st September 2022.
- The consultation on the Dementia Strategy seeking feedback on its ambitions, ran from December – January. This joint health and social care Dementia Strategy for Surrey will be taken to March's Health and Wellbeing Board.
- THIMs Project continues to monitor approximately 650 people living at home with dementia.
- A piece of work has just started involving health, social care, care homes to identify how to enhance support to build confidence amongst care homes to offer placements to individuals with dementia/delirium/complex behaviours so that they can be appropriately discharged from hospital.

The emotional wellbeing of parents and caregivers, babies and children is supported

- First 1000 Implementation:
 - Baby Buddy launch undertaken with positive feedback from families and professionals
 - Maternal mental health service development is due to launch Summer 2022
 - Partnership established with Surrey Minority Ethnic Forum to deliver peer support groups for ethnic minority pregnant women and families to support mental health

Isolation is prevented and those that feel isolated are supported

- Richmond Fellowship's IPS evidence-based Employment service, supports people in Surrey and N.E Hants who are experiencing mental ill health to find and retain employment opportunities. There is an existing integrated Employment Specialist, in partnership with Surrey & Borders NHS Foundations Trust, in each CMHRS team. From January 2022 further integration employment support is being implemented linking with the GPIMHS/MHICS teams through Surrey and N.E Hants.

IN THE SPOTLIGHT: Accommodation with Care and Support for Mental Health

Following on from the update in September's Highlight Report, the end of 2021 saw a significant milestone in the Accommodation with Care and Support Programme. On 30th November 2021, Surrey County Council Cabinet endorsed and agreed the formal inclusion of Mental Health into the Accommodation with Care and Support (AwCS) Programme. In December 2021, the Mental Health Delivery Board similarly supported this ambitious programme of work.

These decisions recognise the importance that Surrey places on improving mental health experiences, outcomes and services for people with mental health needs. It also gives parity with Adult Social Care services for older people and learning disability and/or autism. This endorsement will strengthen the work already being undertaken to strengthen the accommodation and care available for people with mental health needs in Surrey.

The SCC mental health commissioning team has made great strides on the housing related support workstream within the programme and are working to re-shape services to better cater for clients with complex needs as a result of reviewing service performance and results from consultation.

In conjunction with wider work on multiple disadvantage lead within HWBS Priority 1, to date there has been significant engagement with District and Borough Housing partners and housing related support providers to understand if and how services could be delivered differently. Various workshops have been held with partners to prioritise the areas of need and how to address this in a collaborative way. Valuable service user engagement sessions have also taken place to better understand the client pathway and to ensure their voice is heard as part of this process. Additionally, the team are identifying sources of funding that could contribute to activities that clients have identified as an important part of moving to independence.

For further information please contact Jane Bremner, Head of Commissioning: Mental Health, Adult Social Care, Surrey County Council jane.bremner@surreycc.gov.uk.

Health and Wellbeing Strategy: Priority 3 - Supporting People to reach their Potential

IMPACT SUMMARY



Children, young people and adults reach their potential

OUTCOMES

By 2030:

- People's basic needs are met (food security, poverty, housing strategy etc)
- Children, young people and adults are empowered in their communities
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe (community safety incl domestic abuse; safeguarding)
- The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)

WHO IS LEADING THIS?

Priority sponsor:

Karen Brimacombe. Chief Executive, Mole Valley District Council

Programme Manager:

Helen Johnson, Senior Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via

healthandwellbeing@surreycc.gov.uk

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 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.*

In light of the community vision and the vital role communities and staff/organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 3 of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead healthier lives. This priority area is focused on primary prevention and addressing the wider determinants of health. Priority 3 cuts across five outcomes and programmes currently include

- Ensuring that everybody has enough income to live on and lives in good and appropriate specialist housing
- Building social capital in communities
- Improving access to training and jobs
- Preventing crime and supporting the victims of crime including domestic abuse -supporting and empowering survivors
- Improving environmental factors that have an impact people's health and wellbeing

How has collaborative working between the HWB Board organisations added value and contributed to the Outcomes?

A Fuel Poverty SRO has been identified within SCC's Environment, Transport and Infrastructure team. A Joint pilot with SCC, Surrey University & Elmbridge Borough Council is to take place between Feb-Apr looking at methods to identify unregistered private rented properties, and engagement with tenants and unregistered landlords to improve compliance and standards in efficiency ratings

North Guildford PCN is working collaboratively with key partners to deliver targeted community engagement on health inequalities. They are utilising local trusted voices, enabling them to engage unheard/seldom heard groups with codesigned, open questions to identify the wider determinants of health that are having the biggest impact. Next steps working with the community to co-design solutions; hosting a 'My Money Matters' event to help improve depth of understanding of the identified financial/debt needs that have emerged; analysis of the results of a data and insights 'Hackathon'. Contact Nikki Bassani at nicola.bassani@nhs.net.

Healthy Surrey
DELIVERING THE
COMMUNITY VISION FOR SURREY



Data, insights and challenges

In 2022-23 Healthwatch Surrey's refreshed engagement strategy will focus on people rather than providers, but within a Place-based approach, whereby each month they will visit a different Place. They will identify who we need to speak to within each Place and will identify the best venues to engage with those people in the community. They will identify the local community leaders to build relationships with, listening and learning from them for the best ways to get their community contacts to engage with us. Whilst their volunteers will conduct engagement and awareness in hospitals and providers, their staff engagement team will concentrate, within each Place, on **areas of deprivation and groups** which will give them the ability to reach those at **risk of health inequalities or those who may find it harder to have their voice heard**. They will take a particular interest in issues which relate to their clusters, their projects, or issues they know are of interest to system partners.

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 3 OUTCOMES

People's basic needs are met

- Poverty : SCC has agreed a framework and approach for a strategic response to poverty, initially focused on mitigating and preventing child poverty in the county. The response commits to long-term change, with targeted actions to address the root causes of family poverty. Fundamental to this approach is acknowledging that the SCC will only play a part in the much wider systemic response to poverty as a key determinant of health and life chances. SCC has drawn together an internal working group to assess the coverage of council support for families in financial distress, with the aim of proposing new initiatives and collaborations (on an ongoing basis) within the system to bolster that support and eventually reduce the need for support.
- Fuel poverty: SCC Strategy team is undertaking research on Fuel Poverty and Energy Efficiency plans and policies within other Local Authorities to inform a Surrey approach to deliver the national target for homes to achieve a minimum efficiency rating of band C by 2030. Findings to be shared early March. Work also being undertaken by SCC Greener Futures Energy Team to understand planned projects that will contribute to this target and identify gaps. Over £6m of fully grant funded retrofit measures including insulation, heat pumps and solar panels have been installed in over 700 low income households in the County through the Green Homes Local Authority Delivery (GHLAD) schemes. SCC are launching our next scheme imminently which will be delivered by Action Surrey, and over the course of the next year they expect to deliver a further £13.8m of funded measures.
- Housing: A draft scope of work for a commission to develop a countywide Housing and Homes Strategy is being engaged on by SCC.

Children, young people and adults are empowered in their communities

- Initial phase of additional training and capacity building work planned including targeted work with senior commissioners and transformation leads and Primary Care Networks.
- Stronger community engagement efforts being coordinated across the system e.g. the Pulling Together programme underway (Surrey Downs) and place-based engagement work in Woking (NW)
- Planning underway for spend of additional funds to support community led projects in key neighbourhoods.
- Local Area Coordination: phased recruitment underway with a LA Coordinator starting in Canalside ward in March, and recruitment underway for Horley and Hurst Green. Fourth location to be confirmed by March.

People access training and employment opportunities within a sustainable economy

- Following the first meeting of the Surrey Skills Leadership Forum in December, two working groups are being established to assess both the short and long term needs of employers in the county to help drive economic success. To supplement this, research has been commissioned to focus on employer needs across three critical sectors (digital, green and health and life sciences), engaging employers and sector specialists to identify and detail what they need both now and in the future.
- The No-one Left Behind Employment/Skills Network is progressing, incl. with research into who faces the biggest employment barriers.

People are safe and feel safe

- PCC Lisa Townsend has awarded £100,000 to charity Catch22 for a new, creative arts-based service for young people affected by or at risk of criminal exploitation. The OPCC has also provided funding for two Stalking Advocates and associated training.
- YUVA (Youth Using Violence and Abuse) service has launched. The service supports young people aged (and their family/support system/partners) 11-18 years (or up to 25 with additional needs) who have used violence or abuse within their own support network. [Make a referral page](#) here. Contact the service at: dvip.yuva@richmondfellowship.org.uk for support and training for staff.

The benefits of healthy environments for people are valued and maximised

- Surrey County Council has been selected to carry out a feasibility study into a new scheme where GPs would prescribe cycling and walking measures to enhance the mental and physical wellbeing of their patients in Maybury/Sheerwater and Merstham areas.
- Local Transport Plan: SCC is undertaking additional engagement with targeted groups, including those with a disability, to provide more representative response to support Cabinet approval in April and Council adoption in May.

IN THE SPOTLIGHT : Refreshed Information and Advice Strategy

To people not used to the health and care system, navigating it can be a real challenge. Residents may have experience accessing a range of NHS services but when it comes to care and support, people are much less clear on what it is, costs involved and where to start to seek help or access support. People are often trying to make decisions about their own care, or for a loved one, in a crisis situation and don't know where to begin.

The refreshed [Information and Advice Strategy about care and support 2021-2026](#) sets out how Surrey County Council, local NHS organisations and other providers of information and advice (including voluntary, community and faith organisations) will work together over the next five years. The aim is to support residents to be aware of and understand how to access information and advice about care and support to help them make informed choices. This is a statutory duty set out in the [Care Act 2014](#). The strategy was co-designed with many partners and is endorsed by the Adults Leadership Team. The Prevention and Wider Determinants of Health Board has also identified the critical role that information and advice plays in delivering the Health and Wellbeing Strategy. Together we are aiming to:

- Ensure people get consistent, impartial and accurate information and advice, appropriate for their needs, wherever they turn to
- Signpost residents to local support effectively and promote specialist support
- Continue to improve information and advice in health settings and provide greater access to community support
- Improve referral pathways, accessible information and contact methods
- Encourage resident self-service and self-care.

Recent examples of our partnership working include:

- Developing training for health professionals and staff in advice roles across organisations to provide consistent signposting to the right local support;
- Working with Surrey Heartlands to include more local support information on GP websites;
- Running public awareness campaigns to help people online self-serve e.g. promoting Healthy Surrey and Surrey Information Point;
- Providing clearer information for those who arrange and pay for their care;
- Working with care providers to improve information to residents, carers and families;
- Reviewing the Adult Social Care digital front door to make information more accessible and user friendly, including introducing new functionality such as web chat and automated text messages to manage more enquiries and solutions online;
- Delivering a digital inclusion programme to improve skills and confidence.

For more information contact Siobhan Abernethy at siobhan.abernethy@surreycc.gov.uk.

The Health and Wellbeing Board Communications Group is co-chaired by Andrea Newman, Strategic Director for Communication, Public Affairs and Engagement at Surrey County Council and Giselle Rothwell, Director of Communications and Engagement at Surrey Heartlands, and brings together communications colleagues across Surrey.

WINTER RESIDENT MAILER

As part of a coordinated approach to winter communications, an eight-page resident mailer was produced to raise awareness of advice and support available in Surrey for mental and physical wellbeing. *Feel Well Stay Well* was delivered to every household in Surrey – around 500,000 – and was also made available in venues including libraries. The leaflet ensured a wide reach among residents including those without internet access. Alternative formats included Easy Read, large print and screen reader-accessible.

The mailer, sent out from the end of November, was a joint publication between Surrey County Council and the NHS. Its centrepiece was advice on mental health and wellbeing including tips from local practitioners and signposting to self-care advice and local services, leading into information about booster jabs, flu jabs, keeping safe from Covid-19, accessing support from the NHS, keeping warm during the winter, financial hardship awards and more. There were hundreds of scans of a QR code featured in the publication which linked directly to mental health information on the Healthy Surrey website.



FLU VACCINATION CAMPAIGN

This winter's flu campaign aimed to demonstrate the impact that flu can have to encourage people to take up the offer of the vaccine. Data from last year's campaign showed that what worked well was driving the conversation around flu through increased proactive media around flu protection and prevention, including people sharing positive experiences and reasons why they chose to get the vaccine.

The campaign, run by the local NHS across Surrey Heartlands and Frimley, used a combination of national and local design assets, with a particular focus on communities who are more at risk and those who are less traditionally engaged including those with learning disabilities and their carers, the immunosuppressed, the homeless, Gypsy, Roma, Traveller communities, those from a BAME background, unpaid carers, care sector workers and pregnant women.

Weekly data was used to target low take-up groups including with bespoke material, Q&As and short videos. The campaign was also run in partnership with SCC, district and boroughs, primary care and community groups. More than 80% of Surrey residents over the age of 65 and those who are immunosuppressed have taken up the offer of a vaccine; school immunisations have reached record levels of uptake and paid-for social media advertising (Dec-Jan) increased reach to pregnant women, those with long-term health conditions and 50-64 year olds. Visits to the flu vaccination page on NHS Surrey Heartlands CCG website rose by over 4,000.

COMMUNICATING COVID RATES

The focus of recent activity has been communicating about very high rates of Covid-19 driven by the emergence of Omicron and the actions needed from residents in response. This work included geo-targeted communication supported by channels such as highways signage, RingGo alerts and GP video messages in some areas. The data dashboard continued to give simple evidence and a national comparison - alongside public health advice.

We also produced simple explainers and graphics to help residents navigate changes to self-isolation rules and the differences between types of Covid-19 test.

Through geo-targeting, 535,443 social media accounts were reached between November 2021 and February 2022, with 117,463 post engagements.

Healthy Surrey Communications Update

HELPING RESIDENTS TO ACCESS SERVICES – HEART BEETZ

An ongoing campaign was launched in January 2022, led by NHS Surrey Heartlands CCG, to help people know which NHS service to use when they need advice or treatment. At the centre of the campaign, which reinforces the NHS national ‘help us help you’ messaging, is a new animation featuring the ‘Heart Beetz band’, which tells the story of how the band has been battling with illness and accidents – and how their local NHS has helped. The animation includes focus on the NHS 111 service and also encourages people to think of their local pharmacy when they need advice and over-the-counter medicines, and only to use A&E for medical emergencies.

The campaign is particularly targeted at parents of under-5s, schools and early years settings, working in partnership with SCC colleagues, and at those people living close to Emergency Departments and residents between 34-65 years of age. The campaign uses in-stream radio, YouTube, social media and outdoor advertising, supported by work with partners including schools to raise awareness. Outdoor advertising is focused on billboards, phone boxes and bus shelters, weighted in areas with higher Emergency Department attendances, for example close to A&E departments. Activity so far has seen over 6,000 views of the animation; the paid campaign is running until March 2022, after which we can share more evaluation and insights with the Board.

COVID-19 VACCINATION PROGRAMME COMMUNICATIONS

As a partnership we continue to focus on key vaccination messages and continue to push new cohorts, such as a half-term focus on 12-15-year-olds (including positive national coverage TV coverage on 12th Feb) highlighting Shetland sheep being utilised to support children getting the vaccine (filmed at Nescot college vaccination site). A more detailed targeted campaign and strategy is being worked up, led by the NHS team, to focus on low uptake areas and communities which will include geo-targeting. This builds on SCC’s geo-targeting work; the teams will work together so SCC can share learnings. Work is also underway in relation to vaccinations for 5-11-year-olds. Targeted communications for pregnancy vaccination has resulted in Surrey Heartlands being national leader for 1st and 2nd doses.

Layla's guide to NHS services

Self care at home	Over the counter medication	<ul style="list-style-type: none"> Minor cuts and grazes Bruises and minor sprains Coughs and colds
Pharmacy	No appointment needed	<ul style="list-style-type: none"> Minor illnesses Headaches Stomach upsets Bites and stings Allergies
0-19 years Advice line	Call 01883 340 922 8am-5pm (Mon to Fri excl. Bank Holidays)	<ul style="list-style-type: none"> Advice on child health, development and parenting Families with children 0-19 years
111	www.111.nhs.uk or call 111 24 hours a day	<ul style="list-style-type: none"> Non-emergency concerns Advice on appropriate services Out of Hours GP
GP	Contact your practice online or by phone	<ul style="list-style-type: none"> Persistent symptoms Chronic pain Long term conditions Unusual lumps, bumps
Minor Injuries Unit	Serious non-emergency conditions	<ul style="list-style-type: none"> Minor broken bones Cuts and grazes that won't stop bleeding Bangs to the head
Emergency Department (A&E) and 999	Medical emergencies only	<ul style="list-style-type: none"> Blacking out Broken bones Serious blood loss Traumatic injuries Choking Chest pains

National Campaign FOR THE ARTS AWARDS 2022

WINNER

Best Arts Project

Intergenerational Connections Project
Mole Valley District Council and Surrey County Council

In Partnership with:

- UK THEATRE
- Local Government Association
- WcVA CCGC
- Creative Lives
- thrive
- Community Leisure Use

SOCIAL PRESCRIBING – INTERGENERATIONAL CONNECTIONS

The Intergenerational Connections project was a multi-partnership project between Mole Valley District Council, Surrey County Council and NHS Surrey Heartlands working alongside GP surgery-based social prescribers, primary care networks, a local primary school and team of young musicians to bring people together. The project utilised music and singing to enable connections between local care home residents and Year 6 primary school students to remedy the effects of the pandemic on both age groups. This was all captured on a [film](#) featuring all participants from the school and care home to share with those who could help secure funding for further intergenerational projects in Surrey.

The campaign was Best Art Project Winner in the National Campaign for the Arts Awards 2022; judge Deborah Meaden, businesswoman and TV Dragon said: *‘Oh my goodness, I encourage all to watch the online videos about the Intergenerational Connections Project – they are heart-warming to watch. This initiative must have made so much difference to both ends of the age spectrum during the pandemic and, crucially, everyone could join in, with music bringing them together.’* There is now a legacy on ongoing connections with the Surrey Downs Health & Care Partnership having secured funding for another 60 intergenerational projects across the local area via the Better Care Fund.

MENTAL HEALTH AND WELLBEING

Coordinated campaign work continues with the aim of raising awareness of the preventative steps people can take to look after their mental wellbeing and the support available for them in Surrey. In December, we acknowledged that Christmas can be a difficult time for many and highlighted the mental health support available, including links to crisis lines. In the new year, we highlighted some positive steps to improve mental wellbeing, drawing on advice from our “faces of support” who are helping people visualise the friendly support that’s waiting for them.

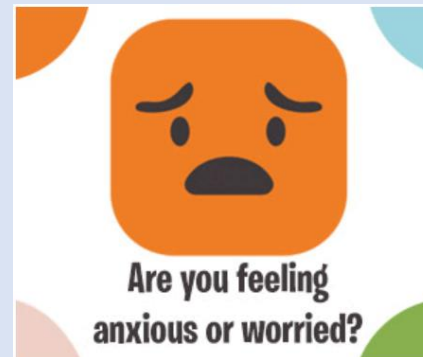
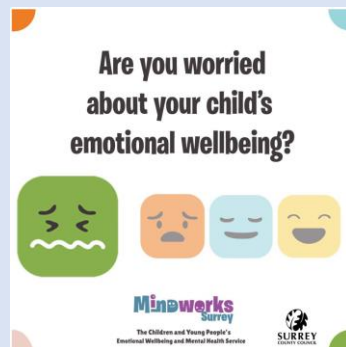
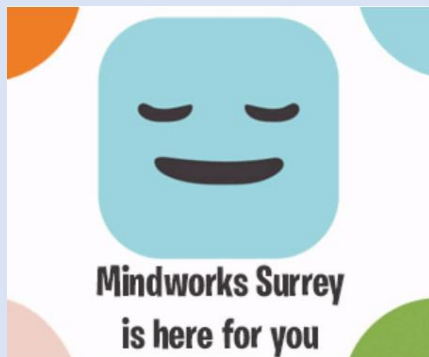
Activity across a range of channels including the winter mailer and digital advertising led to the page seeing over 10k visits in the last quarter (Sept-Dec 2021) compared with 1k visits in the previous quarter.



MENTAL HEALTH AND WELLBEING: CHILDREN AND YOUNG PEOPLE

Across the UK in 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. This equates to approximately 25,000 in Surrey’s children and young people population. Ahead of Children’s Mental Health Week (7-13th Feb) we launched a children and young person’s mental health awareness campaign strand to promote Mindworks, the new emotional wellbeing and mental health service for children and young people in Surrey.

The campaign supports the Health and Wellbeing Strategy ‘supporting the mental health and emotional wellbeing of people in Surrey, and enabling children and young people to access the right help and resources’. It will inform parents on behaviours they can adopt at home to support their child’s emotional wellbeing and mental health, help to normalise talking about emotional wellbeing and mental health, and speaking to a trusted adult if you are a child or young person with concerns and also signpost www.mindworks-surrey.org.uk for further help and support. The campaign has already reached 91k residents through digital advertising on Facebook/Snapchat/Twitter. The team have also worked closely with schools to deliver newsletter content and packs for assemblies during mental health awareness week. Our Surrey communications partners will amplify the message through their channels too.



ALCOHOL AWARENESS

With a reported increase in alcohol consumption through the pandemic, we aimed to address the hidden harms of Covid-19. We ran a campaign to highlight how easy it can be to exceed the recommended maximum number of alcohol units, without realising it. Through Alcohol Awareness Week (15-21 Nov), we used our social media channels to engage our residents with the ‘Drink Coach’ test, which helps them clearly see their weekly consumption, with tips on how to reduce it. We highlighted the support also available provided by the ‘i-access’ service across Surrey. The social posts were shared by service partners and received a higher than average number of likes and clicks.

We continued the messaging and ran digital and radio advertising in January when people were most likely to be considering a healthier lifestyle. The radio ad was played 87k times through digitally streamed radio.



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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	ECINS Case Management System within Surrey and Future Funding Arrangements
HWBS Priority - 1, 2 and/or 3:	Priority 3 - supporting people to reach their potential by addressing the wider determinants of health
Outcome(s)/System Capability:	People are safe and feel safe (community safety incl domestic abuse; safeguarding)
Priority populations:	All
Civic level, service based and/or community led interventions:	Service based interventions
Author(s):	<ul style="list-style-type: none"> • Alison Barlow - Temp. Asst. Chief Constable Surrey Police • Iain Gibbins - ECINS Manager - Surrey Police
Board Sponsor(s):	<ul style="list-style-type: none"> • Lisa Townsend - Police and Crime Commissioner for Surrey • Gavin Stephens - Chief Constable, Surrey Police
HWB meeting date:	16 March 2022
Related HWB papers:	N/A
Annexes/Appendices:	<ul style="list-style-type: none"> • Appendix 1 - ECINS case studies

6

2. Executive summary

Empowering Communities Inclusion and Neighbourhood System (ECINS) is a multi-agency case management system used widely across the UK by police and partners providing a secure, GDPR and data protection compliant platform for timely and efficient problem solving and information sharing on joint interest cases for the reduction of crime, disorder and anti-social behaviour and health and social care activity. ECINS was introduced in Surrey in 2019 as a replacement for its previous case management system, Safety Net, and is used by an increasing number of partners across the county. This paper provides an update to the Board on the usage of ECINS across the Surrey partnership and seeks support for future funding.

3. Recommendations

The Health and Wellbeing Board is asked:

1. To agree the continued use of ECINS as the Surrey partnership case management system for community safety and other health and social care activity.

2. To seek agreement from partners for future funding of the 2022-25 ECINS system licence which is due for renewal and the small team which supports it.

4. Reason for Recommendations

The use of ECINS has grown steadily since its introduction and continues to do so. The case management system is now being used by a variety of teams across the Surrey partnership to share information and manage cases and therefore it is appropriate to review current funding arrangements in order to consider the wider sharing of costs of the platform by all partners.

5. Detail

Purpose

ECINS is a secure case management system allowing interested partners to share information efficiently and effectively in order to better facilitate joint working thereby protecting communities. It is supported by a small dedicated team employed by Surrey Police (with joint funding by partners) to oversee management of the system, support new ECINS workstreams and provide necessary training to users.

Key benefits of the system are as follows:

- Secure, UK GDPR and data protection compliant platform for timely and efficient case management, problem solving and information sharing on joint interest cases
- Purpose-built modules that are designed to work together or independently, to solve complex case management challenges and improve outcomes
- Facilitates collaboration and consolidates all partner information sharing on joint-interest cases in a single repository through robust multi-level security
- Automates paper processes with secure, fully customisable online forms that enable practitioners to save time and reduce duplication
- Creates a single profile for individuals of concern linked to specific cases so practitioners can see if they are being discussed in other multi-agency forums
- Users of ECINS are in control of exactly what they share and with whom
- Cloud-based system that allows remote working

The ECINS system was introduced in Surrey in July 2019 following agreement at the then Community Safety Board, to replace the previous case management system, Safety Net, which was assessed as no longer meeting the needs of the partnership. ECINS was primarily used to support the multi-agency CHARMM (Community Harm and Risk Management) Meetings in each of the eleven borough and districts focussing on anti-social behaviour and crime and disorder cases.

Since then an increasing number of teams are seeing the benefits of ECINS with 1208 users now registered across Surrey with the platform supporting a variety of works streams which are shown in the tables below. The workstreams are listed as being already embedded within ECINS, in active development or in discussion phase.

There is also a table showing the breakdown of ECINS usage by area across the partnership:

Breakdown by Area		
Area	Total Users	Percentage
Surrey County Council (incl SFRS, Children and Adult Services)	478	40%
Surrey Police	379	32%
District and Boroughs	185	15%
External Organisations*	141	12%
Education	15	1%

*NHS, Housing Associations etc...

6

Groups and workstreams since the introduction of ECINS:

Embedded	In Development	In Discussion
Community Harm and Risk Management Meetings (CHARMMs)	Graded Care Profiles – Children’s Services	“No Wrong Door” project - SCC Children’s Services
Joint Action Groups (JAGs)	“Bridge The Gap” Outreach Support Alliance Project	Domestic Homicide Reviews (DHRs)
Surrey Adults Matter	RMMs (Risk Management Meetings – Child Exploitation)	
	Missing Children Return Home Interviews	
	Catalyst Cuckooing Project	
	Catalyst CHI Project (High risk drug and alcohol misuse)	
	Stalking Clinics	
	Surrey Police Victim and Witness Care Unit	

There are numerous opportunities to widen the scope of the use of ECINS as has been seen in other areas of the country e.g. school exclusions, health, prisons etc. (see Appendix 1 for some examples).

Funding arrangements

Funding for the 2019-22 ECINS system was based on the amount previously allocated for SafetyNet with full costs of the 2019-22 ECINS licence having been met by the Office of the Police and Crime Commissioner as follows:

2019-2020	2020-2021	2021-2022
£40,000.00	£40,000.00	£40,000.00

The yearly amounts were negotiated at a heavily discounted rate with the supplier (Empowering Communities) when ECINS was introduced and whilst the licence renewal cost for the three years 2022-25 is significantly higher, it will bring the Surrey partnership in line with all other ECINS users nationwide. A breakdown of costs for the licence across the three year period is as follows:

2022-23	2023-24	2024-25
£88,055.00	£90,697.00	£93,418.00

6

The licence renewal is due on **1st June 2022** but in the acknowledgement that this is unlikely to be sufficient time for partners to agree budgetary support for the coming year, Surrey Police and the Office of the Police and Crime Commissioner will commit to cover the cost of the licence for the first year. Thereafter it is hoped that agreement is secured for wider partner funding of both the licence and the team who support ECINS for years 2 and 3 and hopefully beyond. It is proposed that this is calculated according to percentage usage such as that shown in the table on page 3 with the ability to adjust contributions each year as new partners sign up.

It should be noted that in addition to the cost of the licence, the Surrey ECINS support team, which is hosted by Surrey Police and comprises 1 x ECINS Systems Manager and 2 x ECINS Co-ordinators, costs **£95,950** per year. This is currently funded by partner contributions from Surrey Police, Surrey County Council and the eleven district and borough councils per year as follows:

- Surrey County Council - **£31,997** (33.33%)
- Surrey Police - **£31,997** (33.33%)
- 11 x Boroughs and Districts - **£31,999** (£2,909, 3.03% each)

This funding has been agreed for the next three years.

6. Challenges

The supplier of ECINS has agreed that the licence can be renewed (extended) for a single year (at a cost of £88,050 – see table on page 3) rather than the full three-year period which will allow sufficient time for partners to agree funding and the formula to be applied.

Should agreement not be reached then the licence will expire at the end of May 2023 and Surrey partners will lose all benefits currently enjoyed through use of a shared case management system along with potential future opportunities to expand its remit. Most importantly not having a shared case management system and the small team that supports it creates inefficiency and builds in potential risk to the public where relevant information is not shared between partners in a timely fashion.

7. Timescale and delivery plan

16 March 2022 – agreement in principal sought from partners for funding contribution to ECINS licence for the period 2023 – 25 (and beyond)

Licence renewal for year 1 to be finalised with supplier (Empowering Communities) March – May 2022

May 2022 – Oct 2022 – finalise funding contributions from all partners according to percentage usage and engage with supplier re renewal of licence for years 2 and 3

8. What communications and engagement has happened/needs to happen?

ECINS is currently overseen through a quarterly Governance Board, chaired by Head of ASB and Partnerships, Surrey Police and a bi-annual ECINS Executive Board chaired by T/Assistant Chief Constable, Surrey Police. These meetings are attended by relevant partners e.g. OPCC, Surrey Police, Surrey County Council, Surrey Fire and Rescue etc where finance of the ECINS system is a standing agenda item.

9. Next steps

Agreement sought for future funding for both the licence and staff supporting ECINS. Dependent on the decision reached, engagement with the supplier re licence renewal.

Appendix 1 - ECINS case studies

Below are some brief examples of how other agencies around the country are using ECINS to work collaboratively and more efficiently. More details of these and many more projects on:

<https://ecins.com/news/>

<https://ecins.com/case-studies/>

6

Collaborative Case Management Software Empowers Local Authorities to Efficiently and Effectively Distribute Financial Aid to 35,000 Households in Crisis

ECINS, an active partner with Birmingham City Council, provides a collaborative case management infrastructure that establishes a connection between police and schools for domestic abuse alerts. In addition, ECINS supports Birmingham Families in Crisis, an outgrowth of their London Homelessness Project. The Household Support program provides urgent resources to families in need as ongoing pandemic continues to exacerbate financial challenges for many individuals and families. Now, Birmingham is leveraging its existing relationship with ECINS to help them meet the demands of the Household Support Fund. ECINS will help Birmingham receive and evaluate intake forms from 35,000 households in crisis.

Targeting a reduction in permanent exclusions

Peterborough, a region with a population of over 900,000 people, is recognised as one of the most deprived areas in England, with significantly reduced life expectancies and incomes compared to the national average. Given that education is positively correlated to improved health outcomes and income, and Peterborough was tracking above average for school exclusions, it made sense that the Peterborough City Council, with the help of ECINS, would create a unique program dedicated to reducing the number of children expelled from school.

ECINS Helps UK Rescue Vulnerable Youth from Drug Trafficking

The mission of the Rescue and Response Project, run by the London Mayor's Office of Police and Crime (MOPAC), is to rescue drug trafficked youths from criminal organisations who entrap them in their activities, as well as to proactively protect and support the vulnerable population that is a potential traffic target for these offender groups.

The ECINS Reporting & Referral module has been deployed to all 32 London boroughs and using an encrypted master referral form as a one-front door approach, agencies across the area are able to securely record and share victim and "at-risk" youth case files.

Results: More than 600 children were helped in the first year alone, increasing the support goals to 260% more people than originally planned, all within the same original budget. Over 700 hours in administration time saved per year.

The number of collaborative teams involved in the process has increased from four to more than 40 because of the ease of use and secure information sharing features.

Within a short amount of time, the project managers were able to collect enough data to analyse and identify hot spots of youth trafficking, and then proactively begin to develop early intervention programs and resources in those regions to support the vulnerable population and deter criminal influence.

Increasing efficiencies in referrals and remote working

TinyLife is Northern Ireland's premature and vulnerable baby charity helping to provide support services both in the Neonatal Unit and in the community. For more than 30 years they have provided a range of family support services, funded medical research, developed informative publications and influenced thinking around the care of premature babies

Two bespoke ECINS digital forms were created for Tiny Life, one for the breast-pump loan service and the other for a 1:1 Family Support Service, both of which can be accessed via

encrypted weblinks in emails or on websites. Tiny Life are now able to supply the weblinks directly to parents and have shared them with their five health and social care trust areas so that professionals and parents can easily access the forms and quickly complete their application forms from wherever they are based, at home, in hospital or elsewhere.

E-CINS Working in Prisons

The Prison Advice and Care Trust (Pact) is a national charity that provides support to prisoners, people with convictions, and their families. They support people to make a fresh start and minimise the harm that can be caused by imprisonment to people who have committed offences, to families and to communities.

Pact have been recording all of their cases on ECINS since 2014. It was originally introduced for their Family Engagement Service working across 30 prisons, but Pact has since been awarded a 3 year contract and are now working across 36 prisons and are using ECINS in all of these prisons with more to follow through their 'Through The Gate' Work.

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

7

Paper tracking information	
Title:	Joint Health and Social Care Dementia Strategy for Surrey (2022-2027)
HWBS Priority - 1, 2 and/or 3:	Priority 2
Outcome(s)/System Capability:	Empowered and thriving communities Integrated care
Priority populations:	People with long term health conditions Older people 80+ and those in care homes Black and minority ethnic groups Adults with a learning disability People with serious mental illness People living in geographical areas which experience poorest health outcomes
Civic level, service based and/or community led interventions:	All levels of intervention play a part in delivering the dementia strategy
Author(s):	<ul style="list-style-type: none"> • Jane Bremner - Head of Commissioning Mental Health (Adult Social Care), Surrey County Council: jane.bremner@surreycc.gov.uk; 07976 291001 • Dr Sophie Norris, GP Womersley Surgery Mental Health and Dementia Clinical Lead for Guildford and Waverley ICP (NHS Surrey Heartlands Clinical Commissioning Group): sophie.norris2@nhs.net • Marion Heron, Commissioning Manager Mental Health & Learning Disability (NHS Surrey Heartlands Clinical Commissioning Group): m.heron1@nhs.net; 07894599138 • Sarah Wimblett, Commissioning Manager Mental Health & Learning Disability (NHS Frimley Clinical Commissioning Group): sarah.wimblett@nhs.net; 07721 109549
Board Sponsor(s):	Professor Helen Rostill - Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership/Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
HWB meeting date:	16 March 2022
Related HWB papers:	N/A
Annexes/Appendices:	<ul style="list-style-type: none"> • Annex 1 - Joint Health and Social Care Dementia Strategy for Surrey 2022-2027

2. Executive summary

This Joint Health and Social Care Dementia Strategy for Surrey sets out a consistent, Surrey wide approach to dementia. It is framed around the [Well Pathway for dementia](#) and underpinned by reducing inequalities: many of the risk factors for dementia are associated with socio-economic inequality such as living in an area of deprivation and other priority populations as identified by the Health and Wellbeing Board.

Oversight of the strategy from the Health and Wellbeing Board will enable change and progress across the system, with a clearer focus on preventing dementia and supporting people with dementia, their carers and families.

3. Recommendations

It is recommended that the Health and Wellbeing Board:

1. Approves the Joint Health and Social Care Dementia Strategy for Surrey.
2. Supports identifying resources to develop services that reduce inequalities in access for people with dementia, their carers and families.
3. Supports the inclusion of dementia specific prevention activities in the programme of work included in priority 1: supporting people to live healthy lives.

4. Reason for Recommendations

Health and Wellbeing Board ownership and oversight of the Joint Health and Social Care Dementia Strategy for Surrey will enable a consistent Surrey wide, strategic approach to dementia. This will enable change and progress across the system. The strategy strongly supports the Board's ambition to reduce inequalities in health so no-one is left behind. The strategy is firmly focused on reducing the inequalities people with dementia and their carers and families face.

5. Detail

This Joint Health and Social Care Dementia Strategy has been developed in light of local and national strategies that impact on the wellbeing and independence of people with dementia and their unpaid carers. The Dementia Strategy Action Board in Surrey, which was formed to implement the previous strategy, agreed it was timely to refresh existing dementia strategies and make one Surrey wide direction of travel, with a clear focus on tackling inequality and making sure no-one is left behind. This decision was supported by the Mental Health Delivery Board and Health and Wellbeing Board.

In the new strategy, co-produced with the Dementia Strategy Action Board, we have been able to celebrate progress made and outline areas for further development across Surrey. It is based on the national and local strategic context, qualitative

data (including recent findings from [HealthWatch Surrey](#)), feedback and performance of current services and is framed around the Well Pathway for dementia.

In addition to co-producing the first draft, we also held a formal consultation period on the strategy. This was to ascertain whether we had captured the right ambition, and the most important priority areas to be included in the Joint Health and Social Care Dementia Strategy for Surrey.

The consultation period has now closed. During this time, feedback was sought from a range of different groups and networks such as the Learning Disability Partnership Board, the Adults and Health Select Committee, Dementia Voices and HealthWatch Surrey in addition to individual responses through the Surrey Says website.

The main findings indicated that while all the ambitions laid out in the strategy received more support than dissatisfaction, certain areas or topics of the strategy were felt to need enhancing or were seen as missing altogether.

More emphasis on prevention: Feedback suggested more emphasis was required on prevention and details on what plans will be put in place for communicating with residents to ensure that people are educated at the earliest possible stage about ways to prevent dementia.

Ensure support is visible and easy to access: Of all the ambitions respondents felt least satisfied by the 'supporting well' element. This was reinforced by comments left in other stages of the consultation survey. There is a need to improve the amount of support carers have access to, as well as ensuring they are aware the support exists.

Creating a pathway of treatment and care starting at diagnosis: Several respondents felt that services lacked a joined-up approach, and this often left them feeling forgotten or unsupported. Not being given a pathway of care at point of diagnosis led many to fall through the cracks. There should be greater emphasis placed on sharing information between services and ensuring a clear line of accountability.

We received further detail about how to achieve the ambitions identified above. This included: having a strategic approach to support local community groups; having adequately resourced and equitable access to dementia navigator support; making primary care dementia care plans a valuable resource to people with dementia and their carers and having an ambition to 'listen well' across the pathway.

The draft strategy has been refreshed and updated based on an analysis of all the feedback received. It sets out the collective ambitions we want to achieve across Surrey to improve the dementia care pathway and it provides the chance to reaffirm our commitment and determination to help people with dementia and their unpaid carers, to support their health and wellbeing by achieving outcomes they have identified matter most to them.

The strategy is attached in Annex 1, with the high level delivery plan included in section 7 below.

6. Challenges

A strategic approach across Surrey may not reflect the nuance of different geographical areas; this could be addressed through local delivery plans to achieve outcomes identified as important across Surrey.

7. Timescale and delivery plan

The delivery plan is outlined below:

<p>Preventing Well: our aim is to continue to raise public awareness and activities around dementia and the actions people can take to prevent dementia</p>	<ul style="list-style-type: none"> ✓ By June 2022 we will develop and communicate consistent public health messages around how to prevent dementia. ✓ By April 2022 we will prioritise a focus on reducing inequalities. ✓ By April 2022 we will ensure we have accessible material for people e.g., Easy Read or a video to enable people to access the information they require. ✓ By April 2023 we will enhance post diagnosis health support for people diagnosed with a mild cognitive impairment and working closely with Age UK Surrey. ✓ By April 2023 we will increase early identification of carers of people living with dementia. ✓ By June 2022 we will ensure we share information on preventing infection /delirium for older people by maintaining adequate fluid and nutrition intake and exercise as part of a healthy lifestyle.
<p>Diagnosing Well: our aim is for people to have equal access to dementia care; understanding where communities may not be accessing dementia diagnosis and post diagnostic support. We will address the inequalities and gaps in service with partners to overcome barriers</p>	<ul style="list-style-type: none"> ✓ By March 2022 we will support the Dementia Connect service which has a keeping in touch contact service for people and their carers following diagnosis, which provides access to the service 7 days a week via telephone and website. ✓ By April 2022 we will increase access and uptake of baseline assessments for people with Down's Syndrome. ✓ By May 2022 we will make sure dementia navigators are equally available to meet the needs of people across Surrey. The service will be monitored to ensure it is able to manage the predicted growth in activity. ✓ By June 2022 we will make sure people in East Surrey have access to a new dementia practitioner who will work with others to improve dementia diagnosis rates in the community. ✓ By June 2023 we will ensure there is sufficient capacity for imaging capacity for an accurate diagnosis.
<p>Living Well: our aim is to make sure everyone has the opportunity to live</p>	<ul style="list-style-type: none"> ✓ By June 2022 we will ensure accessible resources on dementia are available for people with a learning disability ✓ By April 2022 we will have assessed if full roll out of the technology integrated health management system (TIHM)

<p>life to the full following diagnosis</p>	<p>and related technologies across Surrey for all people and their families is a viable option.</p> <ul style="list-style-type: none"> ✓ By September 2022 we will focus on establishing dementia friendly communities and dementia action groups across all areas of Surrey. ✓ By September 2022 we will have more robust and consistent post-diagnostic support for individuals and their carers and families and encourage the effective use of care plans in primary care. ✓ By September 2022 we will highlight the importance of annual primary care dementia care plan reviews. ✓ By November 2022 we will have a young onset dementia accommodation with support offer. ✓ By April 2023 we will have more dementia day support for those with young onset dementia.
<p>Supporting Well: our aim is to engage with our communities and faith groups to ensure we reach out to people with dementia and their carers</p>	<ul style="list-style-type: none"> ✓ By April 2022 include information on the Alzheimer’s Society website regarding local resources to ensure people have access to the range of support groups that are available across Surrey. ✓ By September 2022 have a broader offer of carers breaks available including care within the home to enable people with dementia to have personalised care and support, and appropriate day opportunities to enable people with dementia to have access to meaningful activity and social interaction, and give carers a break. ✓ By April 2023 we will improve the accommodation with care and support offer to have small scale specialist dementia residential and nursing care available to meet a range of needs. ✓ By September 2022 we will have a whole system approach that enables community mental health support to wrap around care home residents, with training for staff and support from community teams for residents that have behaviours that challenge. ✓ By April 2023 we will conduct a strategic review of the support groups across Surrey ✓ By April 2023 expand crisis support available for people with dementia and their carers and families.
<p>Dying well: our aim is to make sure care is coordinated to enable the person with dementia to live their life as independently as possible until their death. To enable this, we endorse the 6 ambitions from the</p>	<ul style="list-style-type: none"> ✓ By April 2024 we will encourage conversations about end-of-life planning to be considered earlier in the dementia pathway. ✓ By April 2022 we will ensure that individuals have advocates to support them with health and welfare decisions to ensure the wishes of the individual living with dementia are included in care plans. ✓ By June 2022 we will ensure there is mental health representation in the multidisciplinary team for people in care homes supported by the Enhanced Health in Care homes Framework.

<p>end-of-life care strategy</p>	<ul style="list-style-type: none"> ✓ By April 2024 we will align with planned national GP contract PCN (Primary care network) specifications which will be driving the delivery of anticipatory care and personalised care models for people not in care homes. We will ensure the Dementia Navigator services align to the care coordinators and anticipatory care provided by multidisciplinary teams in the new models of care. ✓ By April 2024 we will improve integration of the system to support people with dementia and their carers with clear approaches to coordination of end-of-life care support for all those with dementia and their carers wherever they live across Surrey.
<p>Actions that will help us to achieve delivery of our priority areas</p>	<ul style="list-style-type: none"> ✓ By April 2022, a dedicated clinical leadership role is in place to take forward the dementia strategy. ✓ On an ongoing basis, emerging research will be used to inform decision making and new service developments. ✓ On an ongoing basis, we commit to ‘listening well’ and embedding a person and family centred approach across the pathway ✓ On an ongoing basis, the communications group that considers communication and engagement activity across the Health and Wellbeing Strategy priorities will support us to deliver key information around dementia as needed.

8. What communications and engagement has happened/needs to happen?

The Health and Wellbeing Board communications group that considers communication and engagement activity across the Health and Wellbeing Strategy priorities has been consulted; this group will work with us to support the work around dementia as needed. As previously stated, the strategy has been co-produced and subject to a formal consultation; consultation findings have been analysed and included in the strategy.

Feedback was sought from:

- Surrey’s Dementia Strategy Action Board which includes a wide membership of key stakeholders
- Mental Health Delivery Board
- Learning disability partnership board
- Adults and Health Select committee
- Health and Wellbeing Board
- HealthWatch Surrey
- PEO LC group in Surrey
- Dementia Voices- a range of people living with dementia, co-ordinated through the Alzheimer’s Society
- Surrey residents through a ‘Surrey Says’ survey

9. Next steps

These include:

- To develop a detailed action plan to deliver the strategy.
 - To develop prevention project as part of Health and Wellbeing strategy Priority 1 programme of work.
 - The securing of resource to deliver the strategy.
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Joint Health and Social Care Dementia Strategy for Surrey 2022-2027 (DRAFT)

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If you require this document in another format (for example, large print, Braille or easy read) or other community languages, please contact the Surrey County Council Adult Social Care Information and Advice Service:

Availability: 9am to 5pm, Monday to Friday Phone: 0300 200 1005

Email: asc.infoandadvice@surreycc.gov.uk

Textphone (via Text Relay): 18001 0300 200 1005

SMS: 07527 182 861 (for the deaf or hard of hearing)

VRS: [Sign Language Video Relay Service](#)

Fax: 020 8541 7390

Contents

Foreword	3
About the strategy	3
Our vision	4
Introduction	4
Views of local people and codesign section	7
Recommendations	7
Public health data.....	9
Local Context	10
Ambitions- Preventing Well	11
Ambitions- Diagnosing Well	12
Ambitions- Living Well.....	17
Ambitions- Supporting Well.....	18
Ambitions- Dying well.....	21
Dementia Research:	22
Next Steps	22
Acknowledgements.....	26
Bibliography.....	26

Foreword

This joint health and social care dementia strategy for Surrey has been refreshed in light of the myriad of strategy that impacts on the wellbeing and independence of people with dementia. The Dementia Strategy Action Board in Surrey, which was formed to implement the previous strategy, agreed it was timely to refresh existing strategies and make one Surrey wide direction of travel, with a clear focus on tackling inequality and making sure no-one is left behind.

This is especially important given the disproportionate impact the Covid-19 pandemic has had on those people with dementia and their carers identified in a report produced by the [Alzheimer's Society](#) in 2020.

In this strategy we are pleased to introduce our new and refreshed vision for the Dementia Care pathway, which seeks to improve outcomes for people with dementia and their unpaid carers and families. In this context, we are defining a carer as someone who provides unpaid help and support to a family member, partner, friend or neighbour. Carers include adults, parents or children and young people. They might be adults looking after other adults, parent carers looking after children with a disability and young carers under 18 years of age. Carers may provide emotional as well as physical support, including care for those with mental health concerns and addictions. Without the care they give, those benefiting from their help would find difficulty managing or may be unable to cope.

We wish for all people living with dementia and their unpaid carers to live in dementia friendly communities where they feel empowered and know where to go to seek information, advice and help. In addition, we aspire that people have access to the care and support that enables them to live well at home for as long as possible and to die with dignity.

About the strategy

This strategy sets out the collective ambitions we want to achieve across Surrey to improve the dementia care pathway. In developing this strategy, we have worked with organisations that support people with dementia, their staff, the local voluntary sector and other partners.

The strategy provides the chance to reaffirm our commitment and determination to help people with dementia, and their unpaid carers to continue caring if they are willing and able, and to support their health and wellbeing by achieving outcomes they have identified matter most to them. The feedback from the research completed by [Healthwatch Surrey](#) into families, carers and individuals living with dementia was used to shape the strategy. We have listened to people in Surrey who have dementia and their families and carers, to help us understand how Surrey can be a better place to live and how we can deliver better quality services for people

with dementia and their carers. The consultation survey results showed support for the direction of travel in developing services for people with dementia and their carers and families. We have also listened to the views of staff and organisations that care for them.

Our vision

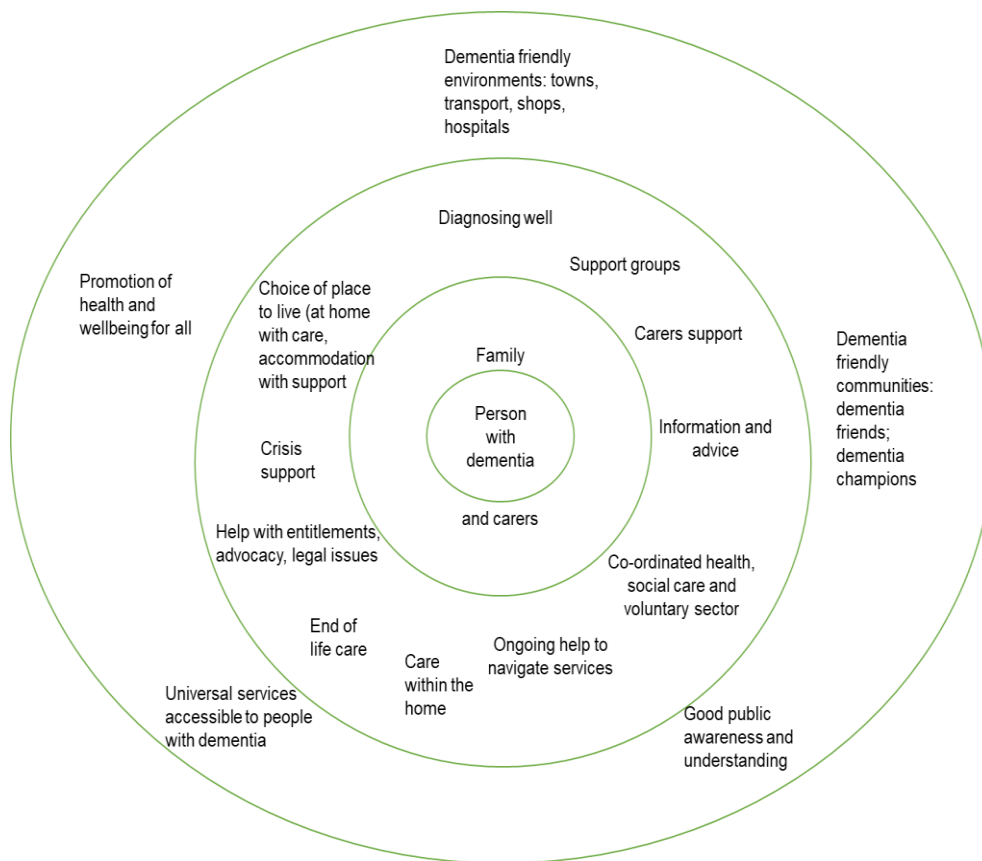
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We wish for all people with dementia and their carers to live in dementia friendly communities. They will know where to go to seek information, advice and help. They will have access to the care and support that enables them to live well at home for as long as possible and to die with dignity in their place of choice.

Introduction

Surrey County Council and NHS colleagues have worked together with local stakeholders to develop this strategy for people with dementia and their carers. Working in collaboration has enabled us to identify the changes required since the last [joint health and adult social care dementia strategy](#) (2017-2021) and set the direction of travel for our services.

This refreshed strategy (2022-2027) recognises the challenges of delivering services at scale (Surrey wide) whilst acknowledging the needs of place-based care in the towns and neighbourhoods in Surrey to ensure people with dementia and their carers receive seamless and localised care. Figure 1 demonstrates support and care for a person with dementia and their carer (s).



The direction of the refreshed strategy has been led by the previous strategy and its outcomes. There are a number of national policy statements and pieces of legislation and stakeholder engagement reports that have formed its development including those listed below:

- [The Prime Minister’s Challenge on Dementia in 2020](#)
- [The Care Act 2014](#)
- Dementia ‘A [state of the nation report](#) on dementia care and support in England
- Alzheimer’s Society reports: [‘Worst hit – Dementia during coronavirus; Dementia diagnosis to end of life; Ethnic minorities](#) increasing access to diagnosis, [Hospital and care homes- increasing access to diagnostics](#); Report on [regional variations](#) and access to diagnostics

Alongside the national direction, local data including the views of local people with dementia and their carers together with staff and organisations involved in their care helped shape the strategy. There is a strong commitment from all members of Surrey’s Dementia Action Strategy Board to make positive changes for people with lived experience and their carers.

Currently there are many strategic developments across Surrey that impact on people with dementia and their carers and families, for example:

- Adults Social Care’s commissioning strategy for older people

- [The joint health and social care carers' strategy](#)
- [End of life care strategy](#)
- Local place based integrated partnerships driven frailty and crisis response strategies
- Surrey County Council's [accommodation with care and support strategy](#)
- The joint recommissioning of Care within the Home services, between Surrey County Council and NHS continuing healthcare
- New Discharge to Assess arrangements, supporting people leaving hospital and their families/carers

These are supported nationally by the [NHS Long Term Plan](#) (LTP) and the drive for more personalisation for citizens. The LTP has also driven the development of an enhanced contractual relationship between care homes (including care homes for people with a learning disability) with and primary care through a Directly Enhanced Service (DES). This DES provides a strong base to build better support for those with dementias and help to reduce the inequalities they face.

The [health and wellbeing strategy for Surrey](#) identifies that dementia is a particular issue in Surrey as people with dementia have a higher number of hospital admissions with longer lengths of stay and higher emergency admissions compared to people the same age without dementia. To meet the health and wellbeing strategy target of reducing emergency admission rates of people with dementia from 3,272 to 2,496 per 100,000 we must do things differently.

[Public Health England](#), [Public Health Scotland](#) and the [Dementia Statistics hub](#) clearly outline the areas of inequality faced by people with dementia, their carers and families:

- Health inequalities persist into old age and many of the risk factors for dementia are associated with socio-economic inequality such as living in an area of deprivation.
- 67% of people with dementia are women, most likely because women live longer than men.
- Dementia risk increases with age.
- Dementia affects people with a learning disability at a younger age, and people with learning disabilities over 60 are 2 or 3 times more likely to have dementia than the general population.
- The estimated prevalence rates for dementia in the black and ethnic minority (BAME) community are similar to the rest of the population with the exception of early onset (presenting before 65 years) and vascular dementia which have been found to be more prevalent.
- Caring for someone with dementia puts a huge strain on the carer's physical and mental health. It can also strain, at times to breaking point, the relationships with other family members.
- The majority of recipients of unpaid care are older parents or spouses and partners and changes in the make-up of our population indicate that the number of dependent older people in the UK will increase by 113% by 2051.

[Carers experience poor physical and mental health](#), but also have unmet care needs themselves.

- Women are 2.3 times more likely to provide care for someone with dementia for over 5 years.
- 60 -70% of carers for people with dementia are women.
- 63% of carers for people with dementia are retired while 18% are in paid work. 15% of dementia carers say they are not in work because of their caring responsibilities.

There are similar inequalities when looking at preventing dementia:

- Studies with the general population have shown that active treatment of hypertension in middle aged (45–65 years) and older people (aged older than 65 years) without dementia can reduce incidence of dementia
- Research suggests that interventions for other risk factors including more childhood education, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity might have the potential to delay or prevent a third of dementia cases.
- Some of the risk factors highlighted above are more prevalent amongst people from BAME backgrounds, people living in areas of deprivation, people with severe mental illness and people with learning disabilities.

Views of local people and codesign section

During the summer of 2021 [Healthwatch Surrey](#) completed a survey and interviewed people with dementia and their carers to find out how the diagnosis and supporting well pathways had worked for them. Some quotes have been added to the body of the strategy to illustrate both good practice and gaps in the support people can access. Below is a list of the three recommendations from the report:

Recommendations

1. Build access to Dementia Navigators (or other professional/managed navigator roles). Ensure adequate resource:
 - a. In every locality, iron out postcode lotteries so people in all parts of Surrey have access to a Dementia Navigator when needed
 - b. For Dementia Navigators to proactively contact everyone with a diagnosis of dementia on a regular schedule (frequency to be dictated by their individual needs but may be as much as monthly or weekly at times of crisis).

2. Undertake a strategic overview of Support Groups (mapping, funding/stability); build provision in areas with weaker support; help groups become resilient; support dissemination of high-quality information through groups; provide pathways for signposting to groups.

3. Empower Primary Care to signpost effectively by providing primary care networks, GP surgeries and community care with a single point of access to signpost patients to. e.g., local navigator, Dementia Connect.

Alongside this work conducted by HealthWatch, a substantial amount of feedback was also received as part of the co-production of Surrey County Council's commissioning strategy for older people.

With regards to accommodation with care and support for people with dementia, there was positive feedback about staff within care homes. Some individuals stated that staff have a good understanding of dementia and that it was a good place for people to recover when they needed help.

Ensuring the right home is selected in the first place, one that offers the right training for staff and support for residents, was regularly raised along with other suggested improvements for the sector. These included the need for more specialist care homes, dedicated to those with higher needs or advanced dementia. There was a clear gap identified around dementia support for care homes, training for staff and support from community teams for residents that have high needs.

Other feedback focused on the need for a person-centred approach for everyone, with better communication and more activities to offer a better continuity of care for residents.

During the formal consultation period for this strategy, feedback was sought from a range of different groups and networks such as the Learning Disability Partnership Board, the Adults and Health Select Committee, Dementia Voices and HealthWatch Surrey in addition to individual responses through the Surrey Says website.

The main findings indicated that while all the ambitions laid out in the strategy received more support than dissatisfaction, certain areas or topics of the strategy were felt to need enhancing or were seen as missing altogether.

More emphasis on prevention: Feedback suggested more emphasis was required on prevention and details on what plans will be put in place for communicating with residents to ensure that people are educated at the earliest possible stage about ways to prevent dementia.

Ensure support is visible and easy to access: Of all the ambitions respondents felt least satisfied by the 'supporting well' element. This was reinforced by comments left in other stages of the consultation survey. There is a need to improve the amount of support carers have access to, as well as ensuring they are aware the support exists.

Creating a pathway of treatment and care starting at diagnosis:

Several respondents felt that services lacked a joined-up approach, and this often

left them feeling forgotten or unsupported. Not being given a pathway of care at point of diagnosis led many to fall through the cracks. There should be greater emphasis placed on sharing information between services and ensuring a clear line of accountability.

We received further detail about how to achieve the ambitions identified above. This included: having a strategic approach to support local community groups; having adequately resourced and equitable access to dementia navigator support; making primary care dementia care plans a valuable resource to people with dementia and their carers and having an ambition to ‘listen well’ across the pathway.

Specific engagement work has also been conducted by Surrey County Council on day opportunities. This survey, enhanced by [qualitative interviews](#) conducted by HealthWatch Surrey, highlighted day activity, such as day centres, played a valuable role in supporting people with dementia and their carers. However, there was not an equitable offer across Surrey and transport to the centres could be challenging.

What is clear from both local feedback and the national picture is that a whole system approach to support people with dementia is essential, whether this is supporting care homes and other providers of dementia services or enabling unpaid carers to have a break from caring.

We aim to continue to gather views of local people enabling their input through further co design and co-production. In addition, we have linked up with Alzheimer’s Society to establish a local Dementia Voices group that will ensure we understand the views of people with dementia and their carers when implementing service transformation.

Public health data

Data for [Surrey Heartlands](#) and [Surrey Heath](#) is available on a national level. This data indicates performance on the key indicators for dementia and is summarised in table 1 below.

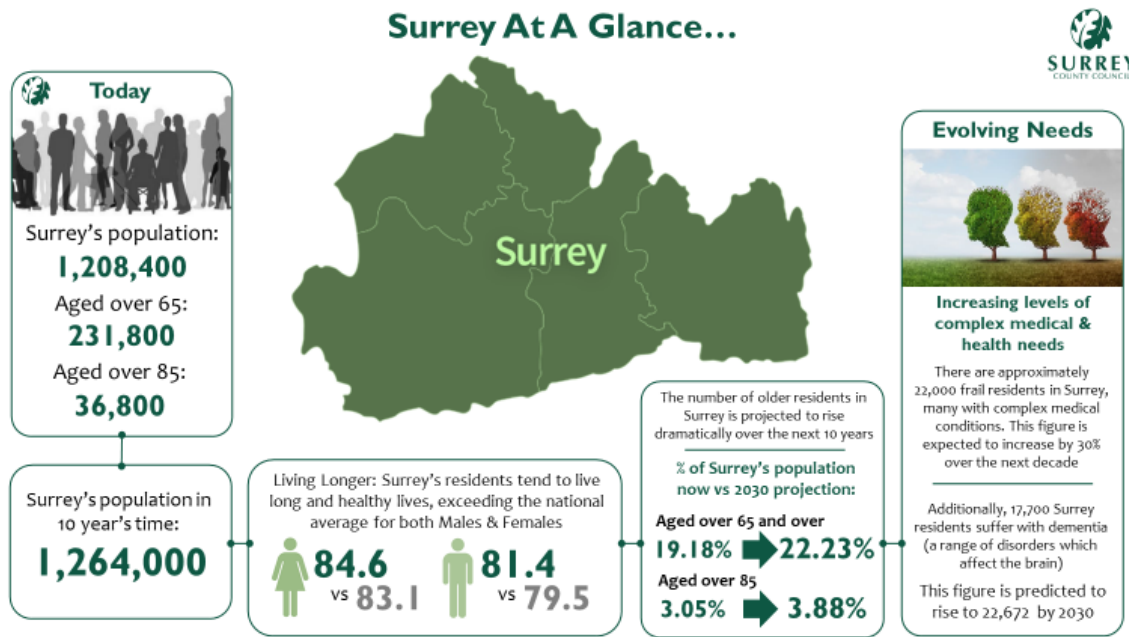
Indicator	Surrey Heartlands	Surrey Heath
Estimated dementia diagnosis rate (aged 65 and over)	63.1%, better than England average of 61.9% <u>(as at 31st December 2021)</u>	63.6%, better than England average of 61.9% <u>(NHS Frimley CCG as at December 2021)</u>
Percentage of people with dementia prescribed anti-psychotics in past 6 weeks	9.2%, similar to England average of 9.3% <u>(as at 31st December 2021)</u>	7.8%, better than England average of 9.3% <u>(NHS Frimley CCG as at 31st December 2021)</u>

Dementia care plan has been reviewed in last 12 months	75.5%, similar to England average	71.6%, lower than England average
Quality rating of residential and nursing care home beds (aged 65 and over)	71.3%, below the England average	78%, better than England average
Dementia rate of emergency admissions	3,248, better than England average	3,788, below the England average
Dementia deaths in usual place of residence	73.1%, better than England average	80.7%, better than England average






Local Context

Dementia is most common amongst older people and in Surrey it is estimated that between 2020 and 2030 the overall number of people with dementia is forecast [to increase by 28%, from 17,700 to 22,672 older people](#). It is also estimated that there are around 105 people with a [learning disability](#) who have dementia.

Most people with dementia will have at least one other condition and this is being identified as part of the developing work on frailty in the different placed based areas. The growing demand for services by people with dementia and their carers means we need to address this challenge with integrated and proactive care for all parts of their journey of care. Figure 2 below shows the demography of older people in Surrey at a glance.



The [well pathway for dementia](#) is shown in Figure 3 below.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
PREVENTING WELL  Risk of people developing dementia is minimised "I was given information about reducing my personal risk of getting dementia" STANDARDS: Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾	DIAGNOSING WELL  Timely accurate diagnosis, care plan, and review within first year "I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help" STANDARDS: Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	SUPPORTING WELL  Access to safe high quality health & social care for people with dementia and carers "I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life" STANDARDS: Choice ⁽²⁾⁽³⁾⁽⁴⁾ BPSD ⁽⁶⁾⁽²⁾ Liaison ⁽²⁾ Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾	LIVING WELL  People with dementia can live normally in safe and accepting communities "I know that those around me and looking after me are supported" "I feel included as part of society" STANDARDS: Integrated Services ⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite ⁽²⁾ Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote independence ⁽¹⁾⁽⁴⁾ Relationships ⁽³⁾ Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾	DYING WELL  People living with dementia die with dignity in the place of their choosing "I am confident my end of life wishes will be respected" "I can expect a good death" STANDARDS: Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.				
RESEARCHING WELL <ul style="list-style-type: none"> Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change. Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries. 				
INTEGRATING WELL <ul style="list-style-type: none"> Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care. 				
COMMISSIONING WELL <ul style="list-style-type: none"> Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice. Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources. 				
TRAINING WELL <ul style="list-style-type: none"> Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community. Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes. 				
MONITORING WELL <ul style="list-style-type: none"> Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each. Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation. 				

The outcomes in the well pathway for dementia are illustrated by "I" statements centred on the person with dementia, such as 'I was diagnosed in a timely way'. There are equally important carer centred statements in ['Making it real for carers'](#) which include: having the information I need, when I need it; keeping friends, family and place; my support my own way; feeling in control and safe.

Each section of the well pathway for dementia is expanded on below and describes what we have achieved and what we need to do to improve the pathway for people with dementia and their carers.

Ambitions- Preventing Well

Our aim is to continue to raise public awareness and activities around dementia and the actions people can take to prevent dementia.

What have we done?

- There has been a reduction in smoking prevalence and improved

identification and treatment of hypertension supporting a reduction in dementia prevalence. [One You Surrey](#) is Surrey's only specialist stop smoking service, commissioned by Surrey County Council. It has been operational since April 2019 and has helped 3405 smokers to date to achieve a better quality of life. For 2021 through to 2025 One You Surrey has been awarded an additional contract to deliver adult weight management support.

- The increase of resources into Social Prescribing and the provision of Additional Roles Reimbursement Scheme (ARRS) roles in primary care has provided additional support to families reducing social isolation. Surrey has recently won a £500k grant to develop green social prescribing which will further increase resources and coordination in this area.
- The [Kent Surrey and Sussex Academic Health Science Network](#) (KSS AHSN) has a number of studies in various stages of set up which may help with prevention: 1. Understanding access to social care for Black and Minority Ethnic (BAME) communities; 2. Co-designing digital 'tracking' tool for people discharged from memory assessment services (MAS) with mild cognitive impairment (MCI) 3. PhD looking at outcomes after MCI diagnosis.

What do we need to do?

- Develop and communicate consistent public health messages around how to prevent dementia: new messages focused on encouraging the population to participate in the over 40 health checks to promote healthy lifestyles and encourage a better understanding of healthy eating, drinking and exercise. The health checks could also be used for initial memory and cognitive assessment.
- Prioritise a focus on reducing inequalities: early onset and vascular dementia are more prevalent in people from BAME backgrounds. Currently we do not know if people accessing memory assessment services are proportionate across the demographics of people living in Surrey.
- Ensure we have accessible material for people e.g. Easy Read or a video to enable people to access the information they require.
- Enhance post diagnosis health support for people diagnosed with Mild Cognitive impairment (MCI) and improve pathways and knowledge around when to refer people diagnosed with MCI back to the community mental health team for older people (CMHT-OP) for further assessment.
- Increase early identification of carers of people living with dementia; this should happen at diagnosis (the number of carers of people living with dementia registered with their GP as a carer).
- Ensure we share information on preventing infection /delirium for older people by maintaining adequate fluid and nutrition intake and exercise as part of a healthy lifestyle.

Ambitions- Diagnosing Well

Our aim is for people to have equal access to dementia care; understanding where communities may not be accessing dementia diagnosis and post diagnostic support.

We will address the inequalities and gaps in service with partners to overcome barriers.

What have we done?

- Pre-covid there had been a sustained increase in dementia diagnostic rates (DDR) enabling people with the disease to be signposted to support services and be considered for clinical trials of new treatments. In October 2019 Surrey, for the first time, achieved the 66.7% dementia diagnosis rate target by collaborative working across professionals and disciplines driven by clinical leadership. Unfortunately, the DDR rate fell nationally due to Covid: the current DDR rate for Surrey Heartlands is 63.1% and the national rate is 61.8% against a target of 66.7%. There are two main factors thought to be contributing to the downward fall in DDR:
 1. Covid, as evidenced in the Covid mortality rates disproportionately affected people with dementia. ONS figures show that 27.5% of people who died of Covid had dementia (from 1 March to 30 May 2020). This will have impacted on the existing prevalence calculation and discussions are taking place at a national level as to whether this needs to be readjusted.
 2. There was a reduction in the number of people accessing memory assessment services due to older people staying away from health services/not accessing primary care because of shielding/Covid risk perception and services re-establishing through remote consultations during Covid. Virtual services can be more challenging for those without digital literacy or internet access, as well as cognitive or sensory impairments. In addition, access to MRI scans for accurate diagnosis (ruling out other causes) was delayed and at one point completely suspended due to pressures from Covid.
- We have promoted the FORGET tool in primary care which enables GPs to do a telephone cognitive assessment before referral to Memory Assessment Service (MAS).
- In the restoration and recovery phase the focus is on increasing the memory assessment clinics capacity and, for those who continue to require more stringent social distancing, encouraging virtual assessment where appropriate. To increase capacity, we support the introduction of dementia assessment and diagnosis within our developing integrated hubs utilising the skills of clinicians with a special interest in Dementia. The post diagnostic support will be provided through Admiral Nurses (Guildford & Waverley) /Enhanced Care practitioners (East Surrey) / Dementia Nurse specialist (Northwest Surrey and Mid Surrey) to prevent crisis, reduce emergency acute and psychiatric admissions that have seen recent increase in the placed based areas/localities. These schemes will utilise the additional Dementia diagnosis and post diagnostic resources allocated to Surrey. The roles in each place are slightly different due to different pathways in the placed based areas. Differences between integrated systems will be monitored with actions progressed to improve performance.
- To iron out the postcode lottery of access we have established a pilot to enable the dementia navigator resources to be shared across Surrey on the basis of demand rather than historic funding arrangements. This will enable

the service to meet growing demand with shared capacity across the county. The contract will be monitored to ensure it is able to meet growing demand.

- We have worked closely with the Care Home sector and the Surrey and Borders Partnership Foundation Trust (SABP) care home pathway to ensure dementia diagnosis is completed in a timely manner.
- Our Mental Health Practitioners based in frailty/locality hubs are now included in the Integrated Frailty Multidisciplinary Team meetings to improve diagnosis for this cohort of people.
- We have a Clinical Lead for dementia in Surrey Heartlands who is continuing to work with local practices and secondary care to support an increase in the diagnostic rates. Surrey has had strong engagement and support with the national and regional NHS teams.
- The Surrey wide Dementia Strategy Action Board meets bimonthly, with aim to increase dementia diagnosis rates to pre-covid rates, as well as improving post-diagnostic support for people with dementia and their families
- Young Onset Dementia (YOD) - Surrey and Borders Partnership Foundation Trust (SABP) have established a dedicated young onset diagnosis service, with specialist YOD consultant psychiatrists and clinicians across each area in Surrey. Pre-covid there was a year-on-year increase in referrals, reflecting establishment and promotion of the new service. There was reduction in referrals during covid, reflecting fears about attending for assessments and limitation to services.

Year	Total referral numbers to young onset dementia services
2017	194
2018	208
2019	310
2020	131
2021 (to Nov)	206

- SABP also have a learning disability assessment service. Surrey was one of the first areas in the country to begin to develop a database and services for people with Down's syndrome who develop dementia. It has been the focus of the UK's longest running Down's Syndrome and Dementia longitudinal study, which has been running for 20+ years, resulting in a major impact on clinical practice nationally and the development of a range of projects, including development of resources, DVDs and Quality Outcome Measures.

The team have led the development and publication of national guidance 'Dementia and People with Intellectual Disabilities: Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia published by the BPS (2009, 2015)'. SABP have been operating an assessment, diagnostic and support service for individuals with Down's syndrome since 1999 and have assessed over 500 people to date.

The service currently supports 54 adults with Down's syndrome diagnosed with dementia and a further 32 adults with a learning disability.

- The dementia navigator service has been enhanced with a Dementia Connect model which was rolled out in June 2021. The model includes a keeping in touch contact service for people and their carers following diagnosis, and provides access to the service 7 days a week via telephone and website.
- The current dementia navigator service can support people with dementia, their carers and families both before a formal diagnosis and after. People access this service via the memory assessment services or through linking up with Dementia Connect. The navigator will remain with the individual, their carer and family for as long as is required. The approach is person centred and the pace and frequency of support is determined by the individual, their carers and family.
- Acquired Brain Injury and Alcohol Related Brain Damage: These have previously been identified as gaps within memory assessment services. SABP is working with alcohol and neurological services to implement pathways and protocols between these services and SABP, to close the gap.
- Mental health practitioner pathways in community services - Each Place Based Partnership, apart from East Surrey, has mental health practitioners (MHPs) located within their integrated hubs or community service provider to carry out memory assessment and dementia diagnosis. Work has been completed to implement primary care and secondary care database (EMIS and SystemOne) access for the MHPs.
- MSNAP (Memory Services National Accreditation Programme) - MSNAP Accreditation has been achieved for all CMHT-OPs apart from East Surrey, and North West Surrey is under review. The CMHT-OPs are currently taking part in the National Audit of Dementia memory services with the results due to be published in Feb 2022.
- Dementia Navigators Referrals at Diagnosis- As part of the post diagnosis pathway people are referred to the dementia navigator service. Some of the CMHT-OPs have co-located dementia navigators within the clinics.
- KSS Remote MAS Study -Remote MAS study is just concluding and will be releasing a remote MAS toolkit/patient video. Surrey participated in this study.
- Advice and Guidance e-RS CMHT-OP - Advice and Guidance access through e-RS (electronic referral service) has been launched, for enhanced primary care access to SABP CMHT-OPs. This provides a documented route for primary care to access specialist advice for people with dementia who do not need to be fully assessed by mental health services. This streamlines referral routes for advice and guidance, freeing up capacity in the CMHT-OP for more complex cases. This project is being developed further with a pilot in Mid Surrey to allow care home staff to access a dedicated mental health resource for people with dementia requiring more management support

What did some of you say about the diagnostic pathway?

The following quotes are from people interviewed by [Healthwatch](#) and respondents from the consultation survey, which illustrate that there are improvements to be made.

'Mary's issues were explained as mild cognitive problems. No follow up was given'.

'It was five weeks after discharge before their GP asked to see them and made the referral to the Older Persons Mental Health Team'.

'A telephone assessment was undertaken in October 2020. This identified "a cognition problem and anxiety". M was referred for a brain scan and commenced on Citalopram. A follow-up telephone appointment (due to covid) in December 2020 resulted in a letter to the GP that states: "Probable Alzheimer's Disease and anxiety". A follow-up post diagnosis phone call in March 2021 (as recorded in a letter to the GP) discharged M back to GP'.

'The family were told that it was vascular dementia, but they were not informed about the type of dementia and how it would affect B'.

'With an ageing population not enough notice is being taken of the rapid deterioration of the older minds and bodies. Plenty of advice for younger people who are stressed but little help or guidance for the elderly. Where do we get help and support?'

'The pathway of care and support should start with the GP and then follow a definitive pathway through diagnosis and appropriate support. In our experience it has been so much more stressful than it needs to be. The support should be offered rather than having to try and access help independently and then potentially missing out on crucial services.'

'Carers' denial needs to be addressed as this will be a barrier to early diagnosis and also may only come to light when the carer reaches crisis.'

'Need to make sure that the needs of people with learning disability and dementia are reflected throughout the strategy'

'Funding for living well to the third sector and travel to venues and back'

What do we need to do?

- We will support the Dementia Connect service which has a keeping in touch contact service for people and their carers following diagnosis, which provides access to the service 7 days a week via telephone and website.
- We will enhance access to Dementia navigators across Surrey to ensure we can meet growing demand.
- Increase access and uptake of baseline assessments for people with Down's Syndrome (DS).
- Mental health practitioner pathways in East Surrey community services work differently to other areas as employed by the Community Trust with no direct supervision from SABP. A new enhanced practitioner role will provide supervision and support with the pathway to improve dementia diagnosis rates in the community and ensure the model is in line with other areas.
- Ensure there is sufficient capacity for imaging capacity for an accurate diagnosis.

Ambitions- Living Well

Our aim is to make sure everyone has the opportunity to live life to the full following diagnosis.

What have we done?

- Mind the Gap: awareness raising with Surrey's South East (SE) Asian population. Provided health & social care professionals with a better understanding on how to attract SE Asian population into local services in order to address low uptake by these communities. The model will be used to further develop links with BAME communities.
- Social prescribing has signposted people to various virtual groups during the pandemic and active groups after lockdown.
- Enhanced Technology Integrated Health Care Monitoring ([TIHM](#)) in response to the challenges posed by Covid; the project is now supporting around 650 people with dementia and their carers to manage their physical and mental health and social care needs in the home environment during the pandemic (and continuing to do so) through remote monitoring. The service provides digital access to Surrey Well Being, Surrey Active Portals, Alzheimer's society Dementia Connect service and the [Surrey Dementia Roadmap](#).
- Research conducted into the impact of dementia on those with a learning disability and their carers reported to the dementia strategy board with full support to the Mental Health Partnership Board leading to approval for additional resources to support people with a learning disability.
- Progress on integrated pathways between the acute, community services and primary care. Integrated pathways have been developed in a number of Place Based Partnerships across Surrey. Each Place (except East Surrey) has mental health practitioners in their community services who are clinically supervised by consultants in their community mental health team for older people. Of particular note is the one involving the frailty hubs in North West Surrey. This has addressed a long-standing concern that people were being discharged with uncertain diagnosis status back into the community.
- Both health and social care have continued to support the dementia navigators' contract and implemented the dementia connect model. This vital service continues to support people and their carers after they have been diagnosed with dementia. The board has supported the implementation of change in triage model from an answerphone to a staffed telephone and digital dementia connect service
- Dementia action alliances groups (DAGs). The 25 Surrey DAGs have been transitioned though the ending of the national Alzheimer's society contract which provided them with support and facilitation as well as setting up new groups. We see these groups as vital community assets for the support of people with dementia and their carers and would like to support them into Alzheimer's supported dementia friendly communities. Discussions are ongoing with the voluntary sector to support a Dementia Friendly Co-Ordinator role for Surrey.
- Psychoeducation for carers of people with dementia. CrISP Carer Information and Support Programme (CrISP) training has been funded by the carers workstream and is being rolled out across Surrey through virtual and face to

- face courses.
- Young Onset Day Activities. Surrey Heath has implemented a young onset day time activity service facilitated by [Younger People with Dementia Berkshire](#)
- Intergenerational Music Project. A Surrey Downs project in care homes linking young people with older people
- Delirium Educational Webinars. SABP hosted webinars for care homes, community staff and primary care to improve delirium identification and management.

What do we need to do?

- Ensure accessible resources on dementia are available for people with a learning disability
- Focus on establishing Dementia friendly communities (DFC) across all areas of Surrey to provide people with dementia and their carers the support they need living in a supported community. Support the introduction of a Dementia Friendly coordinator/facilitator role to provide strategic support for the local groups and ensure there is a consistent approach to delivering a Surrey wide model whilst removing inequalities of access.
- Ensure there is consistent post-diagnostic support for individuals and their carers and families. This will support the person with dementia and their carer with a better understanding of the disease and how to manage it and consequences of progression and support carers in their caring role.
- Highlight the importance of annual primary care dementia care plan reviews.
- Highlight the TIHM model of support. Consider further roll out of TIHM and related technologies across Surrey for all people and their families with dementias.
- Dementia day support for those with young onset dementia. Individuals and carers of people with young onset dementia may have different peer support needs to those of older age diagnose with dementia and activities are not necessarily suitable e.g., singing songs/talking about things from a different era to their childhood. If appropriately funded, there is scope to expand the Surrey Heath Day time activity model throughout Surrey.
- Young onset dementia accommodation with support offer. People with young onset dementia face inequality across many areas; we need to develop an equitable offer around accommodation with support.

Ambitions- Supporting Well

Our aim is to engage with our communities and faith groups to ensure we reach out to people with dementia and their carers

What have we done?

- Frailty Hubs across Surrey are in development and these have provided much

- needed integration across the system.
- End of life and Carers strategies. The development of these strategies has built a common purpose across Surrey which will enable converging approach of support to emerge.
 - Dementia Care Plans in primary care. 75.5% of people with dementia in Surrey Heartlands, and 71.6% Surrey Heath, had a dementia care plan review in primary care in 19/20. We aim to improve the value of these plans for people with dementia and their carers.
 - Guidance for primary care and carers managing non cognitive symptoms. The [guidelines](#) were produced in 2019 and available on Surrey PAD (prescribing advisory database). In 2020 10% of people with dementia in Surrey Heartlands and 9.6% in Surrey Heath were prescribed an antipsychotic medication: this is a similar level to national average. Building on the success of the guidelines, there is now a focus on continued audit of patients with dementia prescribed antipsychotics and plans to relaunch of the guidelines with an educational event.
 - Acute hospital admission data. The data shows we do better than the England average for rates of emergency admissions in [Surrey Heartlands](#), but worse in [Surrey Heath](#).
 - Community Outreach projects e.g., the Alzheimer's Bus visited Camberly high street and engaged with local people. This supports awareness of services and reducing stigma.
 - Development of place based Local dementia partnership board in some of the areas e.g., Surrey Heath, Guildford and Waverley and East Surrey. These Boards bring together local partners to improve communication and awareness of dementia services and increased working relationships to improve care and support for those with dementia and their families/carers.
 - Crossroads respite for carers. These are home based breaks funded by Surrey County Council and the NHS providing regular weekly 3.5-hour respite breaks for those who care and aims to make sure the same Carer Support Worker attends each visit.
 - Carers prescription offer and Action for Carers. The Q2 2021/22 analysis has shown SABP have made a strong start to the year with carer referrals. We aim for every carer to be aware of the available Surrey wide carer support options.
 - Post diagnostic pathway for people with a learning disability. For people with a learning disability there is a robust post diagnostic pathway which continues to offer support to the person, their carers/ staff through to end of life, via a minimum of a 6-month brief review and an annual review, with other interventions including cancer screening programmes available as required.

What did you say about supporting well?

The [HealthWatch report](#) identified that support information was sometimes reported as feeling overwhelming or irrelevant. It also identified that those with rarer dementias and under a neurologist were more likely to be offered research opportunities. A few carers had found their own way to research studies and HealthWatch also interviewed some in the TIHM programme.

'A was referred (by a person called Linda) fairly soon after diagnosis to the Elmbridge day centre and the Alzheimer's Café in Elmbridge'.

'She is in the THIM study. She has sensors on the doors and hall, and it reports her temp/pulse/sats/bp daily'.

'While C was being assessed an Alzheimer's Navigator, came out to see me and said "My job is to look after you, sir". That was the beginning of a very productive relationship'.

7

What do we need to do?

- Improve information. Information has been included on the Surrey Dementia Roadmap and groups have been requested to include information on the Alzheimer's Society website regarding local resources to ensure people have access to the range of support groups that are available across Surrey. In addition, Dementia Connect has been publicised to primary care with information included on the [Surrey Roadmap for Dementia](#) to ensure primary care is aware of the support pathways. Surrey Information point is another useful resource and needs to be highlighted to carers and people with dementia so they can access local information.
- Improve crisis support/expansion of home treatment team. A pilot is being developed in Mid & East Surrey to develop more support for older people in a crisis and prevent hospital admission. Gaps in the care pathway to be identified and rectified, exploring why some carers only present in a crisis. Regular monitoring of the caring situation with access to carers assessments and reviews.
- Improve carers breaks. Home care for people with dementia and equitable offer of day opportunities for people with dementia. Trained and skilled home care staff enable people with dementia to have personalised care and support and give carers a break. Without this, people may not have adequate support to enable them to live at home. Appropriate day opportunities enable people with dementia to have access to meaningful activity and social interaction, whilst also enabling carers breaks.
- Enhance accommodation with care and support for people with dementia. Small scale specialist dementia residential and nursing care is a gap; people with dementia may not receive the high quality and affordable care they require and this is an inequality. People with a learning disability and dementia may not have access to appropriate care if dementia care homes are not skilled in working with people with a learning disability. Conversely, non-specialist dementia care homes may not be able to meet the needs of people with a learning disability if they develop dementia. A person-centred approach should be taken, to allow different options as appropriate e.g., enabling with person with a learning disability to remain in their current home, with extra support if needed.
- Alongside this, we need to have a whole system approach that enables support to wrap around care home residents, with training for staff and support from community teams for residents that have high needs.

- Conduct a strategic review of the support groups across Surrey and invest in local groups to support local communities and further support people with dementia and their carers whilst improving knowledge on advocacy, power of attorney, deprivation of liberties and mental capacity.

Ambitions- Dying well

Our aim is to make sure care is coordinated to enable the person with dementia to live their life as independently as possible until their death. To enable this, we endorse the 6 ambitions from the end-of-life care strategy:

- Everyone is seen as an individual, with care tailored to meet their needs and wishes.
- Everyone has equal access to palliative and end of life care.
- People are made to feel comfortable and their wider wellbeing needs are met.
- Care is coordinated, with different services working together.
- Staff have the skills and knowledge to provide the best care.
- Communities come together to provide help and support.

What have we done?

- The palliative and end of life care and the carers strategies have been published and these areas of work are prioritised in Surrey. The development of these strategies has built a common purpose across Surrey, which will enable converging approaches of support to emerge in the placed based areas.
- People dying in their usual place of residence - [Mortality data](#) indicates that in Surrey we have significantly more people with dementia dying in their usual place of residence, and significantly less people with dementia dying in hospital compared to the national average. There are processes in place that enable people to access hospice or home-based care according to their health and personal circumstances.

What do we need to do?

- Ensure supporting conversations about end-of-life planning are considered earlier in the dementia pathway.
- Improve integration of the system to support people with dementia and their carers with clear approaches to coordination of end-of-life care support for all those with dementia and their carers wherever they live across Surrey.
- We need to ensure that individuals have advocates to support them with health and welfare decisions to ensure the wishes of the individual living with dementia are included in care plans.
- Align with planned national [GP contract](#) PCN (Primary care network) specifications which will be driving the delivery of anticipatory care and personalised care models for people not in care homes.
- Ensure there is mental health representation in the multidisciplinary team for people in care homes supported by [Enhanced Health in Care homes](#).

Dementia Research:

We have opportunities to develop, support, and implement locally and regionally important research driven activity in our Dementia strategy and practice. Through engagement with regional research organisations, including the Applied Research collaboration and the clinical research network Applied Research Collaboration, the Clinical Research Network, and Dementia collaborations/communities of practice with key stakeholders across the system, we can develop locally important research and evaluation opportunities that benefits our population, improve research capacity in our workforce, and build innovation and evidence into our programmes of work and commissioning decisions.

Some of the research programmes focussed on dementia are listed as follows:

- Time for Dementia
- Problem adaption therapy for depression in dementia,
- Technology Integrated Health monitoring (TIHM)
- Measuring outcomes of people with dementia and their carers
- Patient satisfaction with a remote memory clinic in Covid 19 restrictions
- Supporting independence at home for people with dementia.
- Various PhDs (Transitions in care, MCI, decision making, non- beneficial care)

Next Steps

The proposals co-produced within this document describe how we will:

- Work together
- Develop local services by seeking funding to support the developing programmes
- Measure the impact of our plans on people with dementia and their carers
- Update our key stakeholders on the implementation of this strategy.

The following plan details what we need to deliver and by when to have a positive impact on services for people with dementia and their carers. The plan has been developed by 'listening well' to people with dementia, carers and our partners and key stakeholders. We commit to continue to 'listen well' as we develop the actions listed below. This high level plan will be turned into a focused delivery plan, where actions and action owners will be outlined, with clear timelines and measures of success identified.

<p>Preventing Well: our aim is to continue to raise public awareness and activities around dementia and the actions people can take to prevent dementia</p>	<ul style="list-style-type: none"> ✓ By June 2022 we will develop and communicate consistent public health messages around how to prevent dementia. ✓ By April 2022 we will prioritise a focus on reducing inequalities. ✓ By April 2022 we will ensure we have accessible material for people e.g., Easy Read or a video to enable people to access the information they require. ✓ By April 2023 we will enhance post diagnosis health support for people diagnosed with a mild cognitive impairment and working closely with Age UK Surrey. ✓ By April 2023 we will increase early identification of carers of people living with dementia. ✓ By June 2022 we will ensure we share information on preventing infection /delirium for older people by maintaining adequate fluid and nutrition intake and exercise as part of a healthy lifestyle.
<p>Diagnosing Well: our aim is for people to have equal access to dementia care; understanding where communities may not be accessing dementia diagnosis and post diagnostic support. We will address the inequalities and gaps in service with partners to overcome barriers</p>	<ul style="list-style-type: none"> ✓ By March 2022 we will support the Dementia Connect service which has a keeping in touch contact service for people and their carers following diagnosis, which provides access to the service 7 days a week via telephone and website. ✓ By April 2022 we will increase access and uptake of baseline assessments for people with Down’s Syndrome. ✓ By May 2022 we will make sure dementia navigators are equally available to meet the needs of people across Surrey. The service will be monitored to ensure it is able to manage the predicted growth in activity. ✓ By June 2022 we will make sure people in East Surrey have access to a new dementia practitioner who will work with others to improve dementia diagnosis rates in the community. ✓ By June 2023 we will ensure there is sufficient capacity for imaging capacity for an accurate diagnosis.
<p>Living Well: our aim is to make sure everyone has the opportunity to live life to the full following diagnosis</p>	<ul style="list-style-type: none"> ✓ By June 2022 we will ensure accessible resources on dementia are available for people with a learning disability ✓ By April 2022 we will have assessed if full roll out of the technology integrated health management system (TIHM) and related

	<p>technologies across Surrey for all people and their families is a viable option.</p> <ul style="list-style-type: none"> ✓ By September 2022 we will focus on establishing dementia friendly communities and dementia action groups across all areas of Surrey. ✓ By September 2022 we will have more robust and consistent post-diagnostic support for individuals and their carers and families and encourage the effective use of care plans in primary care. ✓ By September 2022 we will highlight the importance of annual primary care dementia care plan reviews. ✓ By November 2022 we will have a young onset dementia accommodation with support offer. ✓ By April 2023 we will have more dementia day support for those with young onset dementia.
<p>Supporting Well: our aim is to engage with our communities and faith groups to ensure we reach out to people with dementia and their carers</p>	<ul style="list-style-type: none"> ✓ By April 2022 include information on the Alzheimer's Society website regarding local resources to ensure people have access to the range of support groups that are available across Surrey. ✓ By September 2022 have a broader offer of carers breaks available including care within the home to enable people with dementia to have personalised care and support, and appropriate day opportunities to enable people with dementia to have access to meaningful activity and social interaction, and give carers a break. ✓ By April 2023 we will improve the accommodation with care and support offer to have small scale specialist dementia residential and nursing care available to meet a range of needs. ✓ By September 2022 we will have a whole system approach that enables community mental health support to wrap around care home residents, with training for staff and support from community teams for residents that have behaviours that challenge. ✓ By April 2023 we will conduct a strategic review of the support groups across Surrey ✓ By April 2023 expand crisis support available for people with dementia and their carers and families.

<p>Dying well: our aim is to make sure care is coordinated to enable the person with dementia to live their life as independently as possible until their death. To enable this, we endorse the 6 ambitions from the end-of-life care strategy</p>	<ul style="list-style-type: none"> ✓ By April 2024 we will encourage conversations about end-of-life planning to be considered earlier in the dementia pathway. ✓ By April 2022 we will ensure that individuals have advocates to support them with health and welfare decisions to ensure the wishes of the individual living with dementia are included in care plans. ✓ By June 2022 we will ensure there is mental health representation in the multidisciplinary team for people in care homes supported by the Enhanced Health in Care homes Framework. ✓ By April 2024 we will align with planned national GP contract PCN (Primary care network) specifications which will be driving the delivery of anticipatory care and personalised care models for people not in care homes. We will ensure the Dementia Navigator services align to the care coordinators and anticipatory care provided by multidisciplinary teams in the new models of care. ✓ By April 2024 we will improve integration of the system to support people with dementia and their carers with clear approaches to coordination of end-of-life care support for all those with dementia and their carers wherever they live across Surrey.
<p>Actions that will help us to achieve delivery of our priority areas</p>	<ul style="list-style-type: none"> ✓ By April 2022, a dedicated clinical leadership role is in place to take forward the dementia strategy. ✓ On an ongoing basis, emerging research will be used to inform decision making and new service developments. ✓ On an ongoing basis, we commit to ‘listening well’ and embedding a person and family centred approach across the pathway ✓ On an ongoing basis, the communications group that considers communication and engagement activity across the Health and Wellbeing Strategy priorities will support us to deliver key information around dementia as needed.

Acknowledgements

This document has been created through partnership and with collaboration from:

- The Dementia Strategy Action Board in Surrey
- People with dementia and their carers
- Alzheimer's Society
- Dementia UK
- Healthwatch - Surrey
- Surrey and Borders Partnership Foundation Trust
- District & Borough Councils
- Surrey County Council
- Surrey Heartlands and Frimley Clinical Commissioning Groups
- Ashford & St Peter's hospital, Royal Surrey County hospital, Surrey & Sussex NHS Trust

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Police and Crime Plan for Surrey 2021-2025 and Community Safety
HWBS Priority - 1, 2 and/or 3:	Priority 3
Outcome(s)/System Capability:	People are and feel safe
Priority populations:	All
Civic level, service based and/or community led interventions:	Civic
Author(s):	Sarah Haywood, Commissioning and Policy Lead for Community Safety, Office of the Police and Crime Commissioner for Surrey (OPCC): sarah.haywood@surrey.police.uk
Board Sponsor(s):	<ul style="list-style-type: none"> • Lisa Townsend - Police and Crime Commissioner for Surrey • Gavin Stephens - Chief Constable for Surrey Police
HWB meeting date:	16 March 2022
Related HWB papers:	N/A
Annexes/Appendices:	<ul style="list-style-type: none"> • Annex 1 - Police and Crime Plan for Surrey 2021-2025 (Police and Crime Plan – Office of the Police and Crime Commissioner for Surrey (surrey-pcc.gov.uk))

8

2. Executive summary

This report introduces the Police and Crime Plan for Surrey 2021-2025 to the Health and Wellbeing Board. The report also considers the opportunities for the Police and Crime Commissioner and the Board to work together and consider how community safety is represented going forward.

3. Recommendations

It is recommended that the Health and Wellbeing Board:

1. Note the report and the Police and Crime Plan for Surrey 2021-2025.
2. Consider the opportunities for great collaboration with the Police and Crime Commissioner for Surrey and community safety partners.

3. Endorse the proposal to hold a biannual meeting to agree the community safety strategic direction.

4. Reason for Recommendations

This paper recommends a new Police and Crime Plan for Surrey to the Board for the following reasons:

- Meets the statutory duty of the Police Reform and Social Responsibility Act 2011 to corporate with partners, and
- Seeks to find opportunities for the Board and the Police and Crime Commissioner for Surrey to work together.

The paper also details the proposal to create a biannual meeting to bring community safety partners together to agree the strategic delivery of the Community Safety Agreement.

5. Detail

Purpose of the Police & Crime Plan

Police & Crime Plans are a statutory requirement for all police force areas introduced as part of the Police Reform and Social Responsibility Act 2011. Whilst every plan will be localised in nature, they will share a common aim in communicating a Commissioner's vision and objectives during his or her term of office. The Plan is intended to set out a range of activities that will tackle crime and improve community safety in an efficient and effective way. It will impact upon a wide variety of stakeholders and has a number of different intended audiences including the public, victims of crime, Chief Officers of Police, the Secretary of State, the Police and Crime Panel, private and voluntary sectors and partner agencies such as criminal justice and local authorities.

The Surrey Police and Crime Commissioner (PCC) is required to issue a new Police & Crime Plan "as soon as practicable" after taking office. Until a new plan is issued, the plan set by the previous PCC remains in place. The PCC is obliged to prepare a draft in consultation with the Chief Constable and should also consult to obtain the views of local people, victims of crime and partner agencies such as community safety partnerships to inform her priorities.

The content, style and focus of the plan is a matter for the Commissioner. However, the Police Reform and Social Responsibility Act 2011 identified several items that must be contained within every Plan, as follows:

- the Commissioner's police and crime objectives for the area;
- the policing of the police area which the chief officer of police is to provide;
- the financial and other resources which the Commissioner is to provide to the chief officer of police;
- the means by which the chief officer of police will report to the commissioner on the chief officer's provision of policing;

- the means by which the chief officer of police's performance in providing policing will be measured; and
- the grants which the Commissioner is to make.

In addition, there are several statutory responsibilities that the Commissioner must consider when formulating the Police and Crime Plan, including to:

- Co-operate with responsible authorities in formulating and implementing local crime and disorder strategies and have regard to the relevant priorities of each responsible authority;
- Make arrangements for engaging with local people;
- Achieve value for money;
- Co-operate with local criminal justice bodies to provide an efficient and effective criminal justice system for the police area;
- Ensure that the Chief Constable fulfils their duties relating to equality and diversity;
- Have regard to the need to safeguard and promote the welfare of children;
- Have regard to the Strategic Policing Requirement issued by the Secretary of State;
- Have regard to any guidance or codes of practice issued by the Secretary of State.

The Police and Crime Plan for Surrey 2021-2025

All of the above requirements were considered in formulating the draft Police & Crime Plan, the published Police and Crime Plan for Surrey 2021-2025 is attached as Annex 1 to this report.

The PCC and Deputy PCC also carried out extensive consultation with partners and residents. A wide range of partners were consulted including councillors, Police and Crime Panel members, MPs, schools, police officers and staff across the organisation, community safety partners and safeguarding partners, rural communities, and diverse groups. The Health and Wellbeing Board was presented the consultation and ways to respond at the September 2021 Board.

The Commissioner also consulted with the Chief Constable and his team throughout the development of the Plan. In addition, consideration was given to the intelligence and strategic analysis of crime problems in Surrey; partnership strategies including the Health and Wellbeing Strategy; views of professionals in policing and the OPCC; national priorities; current performance; finances and financial outlook and the Force Management Statement.

The Plan was also been developed alongside the budget and consideration given to what is achievable with the police precept set and funding available for wider community safety work.

Priorities

The priorities set in the Plan are:

- ***Preventing violence against women and girls in Surrey***
- ***Protecting people from harm in Surrey***
- ***Working with Surrey communities so that they feel safe***
- ***Strengthen relationships between Surrey Police and Surrey residents***
- ***Ensuring safer Surrey roads***

The Plan details the key actions to be taken by Surrey Police and the PCC's own office to achieve those aims. In addition, there is a section on resources for Surrey Police and the PCC and a section to cover other statutory requirements for a Police and Crime Plan.

Monitoring Progress Against Police and Crime Plan

Along with the development of the Plan, the OPCC has been working with Surrey Police to develop the measures to monitor progress against the Plan. A new scorecard for the Force Service Board has been agreed and will be used to hold the Chief Constable to account. The PCC has also launched her new Surrey Performance and Accountability Meeting which is online and available for members of the public and stakeholders to consider.

Community Safety Strategic Priority Setting

As the Board will recall in March 2020 the then Community Safety Board merged with the Health and Wellbeing Board. The overriding aim of the merger was to create a whole systems approach and develop a sense of shared priorities through collaborative working.

The scoping work prior to the merger recognised the statutory responsibilities of the partners and associated boards but was also mindful of the 2018 Policing, Health and Social Care Consensus that set health, social care and police partners a challenge of considering how we work together and to move beyond a single service response to prevention and commissioning. In March 2020 all agreed the merger created an exciting opportunity.

The Consensus also lay the foundation for the Community Safety Agreement which followed the merger, and which set the partnerships aspirations.

The Agreement set out how the HWB would strive to work together to use our shared capabilities and resource to enhance the response to the lives of those with the most complex needs. How as a partnership it would become better at identifying and supporting vulnerable people, making every contact count. Finally, how we would look to improve our support to victims of crime and anti-social behaviour, making sure that we fully consider harm, and risk when we are commissioning and delivering support and preventative services.

The Health and Wellbeing Board is wide ranging and complex and in dealing with the aftermath of the pandemic it is felt there is a gap emerging between the workings of countywide boards, and local delivery through the Community Safety Partnerships.

Statutorily, the local Community Safety Partnerships and the Police and Crime Commissioner have a duty to cooperate and this cooperation is felt to be constrained currently.

Proposal

It is recommended that through the OPCC a biannual *meeting* will be held to bring Community Safety Partners together to discuss countywide threats and opportunities and agree an approach to making Surrey's communities safer.

The objectives would be to:

- Meet the statutory duty to cooperate across community safety partners;
- Share data and trends to enable a collective response to countywide and local threats;
- Enable the development of shared priorities across community safety, criminal justice and health and social care to be brought to the Health and Well-being Board via the Community Safety Agreement and priority three;
- Create opportunities to explore co-commissioning and joint project delivery;
- Provide a forum to engage in and respond to the Health and Wellbeing Strategy and the Health and Wellbeing Board's forward plan and performance monitoring;
- Create a space for community safety partners to share best practice and highlight common areas of challenge;
- Create a more cohesive approach to community safety that aligns and engages with county wide partners and provision.

The full day conferences will be held in the spring and winter and allow for presentation, networking and priority setting.

The proposal to reinstate a community safety meeting is not to distract from or duplicate the partnership work taking place within the Health and Wellbeing Board but to provide a place for community safety partners to meet, network and agree focused priorities which will feed into the Health and Wellbeing Strategy's implementation plans. The Health and Wellbeing Board will still hold the Community Safety Agreement as a key part of the Health and Wellbeing Strategy and work to support the delivery of its priorities across Surrey.

Membership

The membership will be extended to chairs of the CSPs, Community Safety Officer/Managers, representatives from the statutory partners (Surrey Police, Health, Probation, Surrey County Council and Surrey Fire and Rescue Service). Subject leads as well as data specialists will also be invited to provide updates on key lines of work. The Health and Wellbeing Board would be a key stakeholder.

6. Challenges

This is an ambitious Plan but as part of its formation consideration was taken around the ability to deliver. The budget and resources will be monitored over the term of the Plan.

7. Timescale and delivery plan

The Plan covers the term of the PCC. Delivery will be reported on to the Surrey Police and Crime Panel.

For the new Community Safety biannual meeting it is hoped the inaugural meeting will take place in May 2022 following the May elections.

8. What communications and engagement has happened/needs to happen?

Following Board endorsement, information on the proposed biannual meeting to bring community safety partners together to agree the strategic delivery of the Community Safety Agreement, will be communicated to partners.


9. Next steps

Planning for the first biannual meeting in May with relevant partner officer input and engagement will proceed.

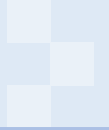
Police and Crime Plan for Surrey 2021-2025



Office of the Police and Crime
Commissioner for Surrey



Police and Crime Commissioners are elected every four years to oversee policing, victim services and community safety for each police force area in England and Wales. Lisa Townsend was elected as Police and Crime Commissioner for Surrey in May 2021. Lisa is responsible for overseeing the work of Surrey Police, holding the Chief Constable to account, helping to tackle the crime issues that matter to people in Surrey and commissioning services to support victims of crime. She is also required to set out a Police and Crime Plan for the county.



Contents

Foreword from the Police and Crime Commissioner	4
Foreword from the Chief Constable	6
Police and Crime Plan priorities	7
<ul style="list-style-type: none"> ▪ Reducing violence against women and girls in Surrey ▪ Protecting people from harm in Surrey ▪ Working with Surrey communities so that they feel safe ▪ Strengthening the relationship between Surrey Police and Surrey residents ▪ Ensuring safer Surrey roads 	<p>8</p> <p>10</p> <p>14</p> <p>17</p> <p>20</p>
About Surrey and Surrey Police	23
Roles and responsibilities	24
Ensuring Surrey Police have the right resources	25
Grant giving and commissioning	27
Measurement of progress against the Police and Crime Plan	28
Arrangements for holding the Chief Constable to account	28
Working with partners	29
Collaboration	29
Equality and diversity	30
Strategic Policing Requirement and national priorities	30
Consulting, reporting and review	30
Contributors	31

Foreword from the Police and Crime Commissioner

8

When I was elected as Police and Crime Commissioner in May, I pledged to keep residents' views at the heart of my plans for the future. One of the most important roles I have is to represent the views of those who live and work in Surrey in how our county is policed and I want to make sure the public's priorities are my priorities. So I am delighted to present my Police and Crime Plan which set out the key areas I believe Surrey Police need to focus on during my term of office.

There are a number of issues our communities have told me are important to them such as tackling anti-social behaviour in their local area, improving police visibility, making the county's roads safer and preventing violence against women and girls. This Plan has been designed to reflect those priorities and will provide the basis on which I hold the Chief Constable to account for delivering a policing service our communities expect and deserve.



A great deal of work has gone into developing this Plan and I wanted to ensure it reflects as wide a range of views as possible on those issues that are important to people in Surrey. With the help of my Deputy Commissioner, Ellie Vesey-Thompson, we undertook the widest consultation process ever carried out by the Commissioner's office. This included a county-wide survey of Surrey residents and direct conversations with key groups such as MPs, councillors, victim and survivor groups, young people, professionals in crime reduction and safety, rural crime groups and those representing Surrey's diverse communities.

What we heard was lots of praise for the Surrey Police officers, staff and volunteers across the county, but also a desire to see a more visible police presence in our communities, tackling those crimes and issues that are important to people where they live.

Our police teams of course cannot be everywhere and much of the crime they have to deal with, such as domestic abuse and fraud, happens out of sight – in people's homes and on-line. We know that a visible police presence can provide reassurance to residents, but we need to make sure that this is directed to the right places and has a purpose.

I am in no doubt that these are challenging times. In the last 18 months policing has been under great pressure as it adapted to delivering services and maintaining resources during the Covid-19 pandemic. More recently there has been intense public scrutiny following the shocking death of Sarah Everard at the hands of a serving police officer. This has sparked far-reaching debate about the continued epidemic of violence that women and girls experience and the police service has much work to do to combat this problem, tackle the root causes of offending and restore confidence in policing.

I have heard from you how important it is that those who offend, who target our vulnerable people or threaten our communities need to be brought to justice. I have also heard how important it is to you to feel connected to Surrey Police and to be able to get help when you need it.

Balancing these demands is the challenge our police leaders face. We are receiving more funding for police officers from the Government, but it will take time for these officers to be recruited and trained. Having spent a considerable amount of time out and about with our policing teams since I was elected, I have seen first-hand the hard work and dedication they put in every day to keep our county safe. They deserve the continued thanks of us all for their ongoing commitment.

Surrey is a fantastic place to live and work and I am committed to using this Plan and working with the Chief Constable to ensure we have a policing service in which this county can continue to be proud.

Lisa Townsend

Lisa Townsend,
Police and Crime Commissioner for Surrey



Foreword from the Chief Constable

I am pleased to endorse this Police and Crime Plan, which is based on extensive consultation with our communities in Surrey. Throughout my public service I have always believed that policing should work tirelessly to keep people safe and feeling safe too. Both are important to our community cohesion, quality of life, wellbeing and economic prosperity.

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When I was appointed as Chief Constable, I made three sets of commitments. Firstly, to guide how we respond to, and care for, the thousands of people that contact us each day for help. Central to this is our work to prevent crime, protect our communities and pursue offenders. The priorities set out in this Plan will help us in our strong ambition for Surrey to remain one of the very safest counties for residents, businesses and visitors.



I believe that what Surrey Police feels like to work for, directly affects the quality of service provided by our officers, staff and volunteers. This is why my second set of commitments was to our people, who have coped with the most extraordinary demands during the pandemic. We want nothing less than the highest standards of professional behaviour, as we take great pride in our service to you. Surrey Police is a kind, welcoming and inclusive organisation, that seeks to learn from the experiences and perspectives of others. We also work hard to respect and reflect the differences in the communities we serve. Like you, we have been shocked, angered and saddened by recent events that have undermined confidence in policing. Without your confidence our work to keep our county safe and feeling safe, is so much more difficult. This Plan helps us to focus on the issues that matter most to you.

Finally, I have committed that Surrey Police will be an organisation that puts prevention at the heart of what we do, listening carefully to your concerns so that we spot problems early, acting quickly and avoiding quick fixes that don't last. We commit to using the full potential of our diverse workforce, investment in technology and strong partnerships to work closely with you in delivering this Plan.

A handwritten signature in black ink, which appears to read 'Gavin Stephens'.

Gavin Stephens,
Chief Constable for Surrey Police

Police and Crime Plan priorities

The priorities in this Police and Crime Plan reflect those areas that residents and the key groups we spoke to felt were important to them. I also considered current crime trends and professional analysis from the police on where resources are needed to keep Surrey safe.

The priorities set out in this Plan are:



Preventing violence against women and girls in Surrey



Protecting people from harm in Surrey



Working with Surrey communities so that they feel safe



Strengthening relationships between Surrey Police and Surrey residents

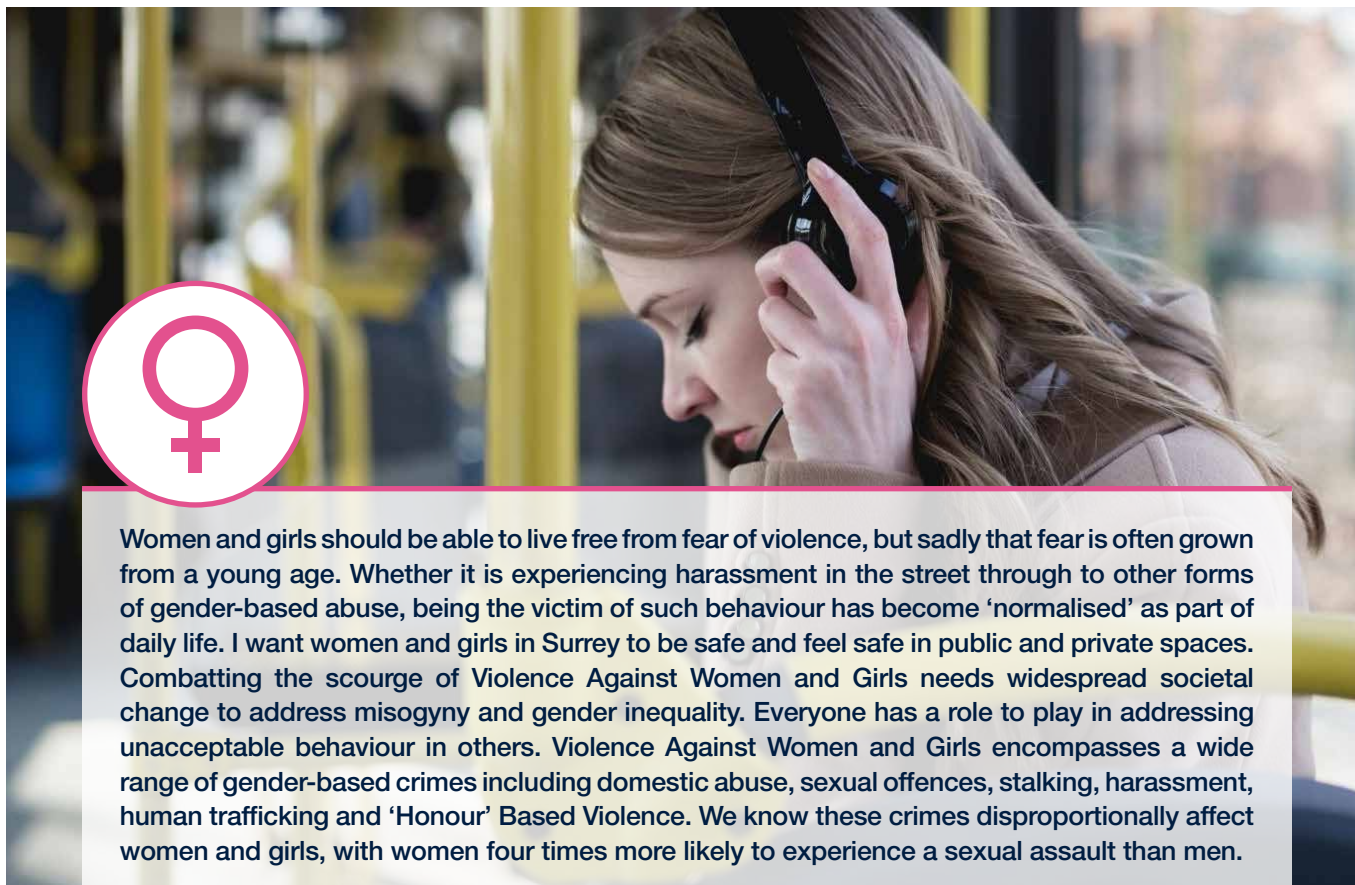


Ensuring safer Surrey roads

More information on how each of these priorities will be achieved is given in the next pages.

Preventing violence against women and girls in Surrey

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Women and girls should be able to live free from fear of violence, but sadly that fear is often grown from a young age. Whether it is experiencing harassment in the street through to other forms of gender-based abuse, being the victim of such behaviour has become ‘normalised’ as part of daily life. I want women and girls in Surrey to be safe and feel safe in public and private spaces. Combatting the scourge of Violence Against Women and Girls needs widespread societal change to address misogyny and gender inequality. Everyone has a role to play in addressing unacceptable behaviour in others. Violence Against Women and Girls encompasses a wide range of gender-based crimes including domestic abuse, sexual offences, stalking, harassment, human trafficking and ‘Honour’ Based Violence. We know these crimes disproportionately affect women and girls, with women four times more likely to experience a sexual assault than men.

To support women and girls who are victims of violence:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> ■ Fully implement and deliver against the Surrey Police Violence Against Women and Girls Strategy 2021-2024, including high quality support to victims and improved understanding of violence and abuse 	<ul style="list-style-type: none"> ■ Commission specialist services that are accessible to women from diverse backgrounds and are informed by the voices of victims
<ul style="list-style-type: none"> ■ Provide reassurance and build public confidence in the police to investigate violence against women and girls and empower all officers and staff to flag inappropriate behaviour amongst colleagues 	<ul style="list-style-type: none"> ■ Identify lessons and actions needed from domestic death reviews, safeguarding adult and safeguarding children reviews and work with partners to ensure families feel seen and heard
<ul style="list-style-type: none"> ■ Intervene with stalking and domestic abuse perpetrators at early stages to address behaviour and prevent abuse by using protection orders 	<ul style="list-style-type: none"> ■ Play an active role in all key strategic partnership boards and groups focussed on tackling violence against women and girls
Together we will...	
<ul style="list-style-type: none"> ■ Commission services informed by the risks around abuse that cause women to become involved in the criminal justice system 	

I make no apologies for setting a priority on reducing violence against women and girls in my Police and Crime Plan, but this does not mean that we don't recognise that men and boys can be victims of violence and sexual offences too. All victims of crime should have access to proper support. A successful approach to tackling violence against women and girls and keeping everyone safe is to recognise that whilst some offences can be committed by females, the vast majority of abuse and violence is perpetrated by men and my office will continue to work closely with Surrey Police and partners to deliver a co-ordinated community response.

To bring offenders to justice:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Invest in investigation capability and skills to solve more cases, arrest offenders and to break the cycle of reoffending for perpetrators 	<ul style="list-style-type: none"> Work with partners in the criminal justice system to ensure that the current backlog of court cases is cleared, improve timeliness and support victims so that cases can be taken to court where appropriate
Together we will...	
<ul style="list-style-type: none"> Work with partners to promote happy and healthy relationships amongst children and young people that help them to recognise what's acceptable and what's not 	

8



Protecting people from harm in Surrey

8



As Police and Crime Commissioner, I recognise that vulnerability comes in many forms and my office will be unwavering in its commitment to ensure all of our communities are protected from harm and victimisation, both online and offline. This may be abuse against children, older people or minority groups, hate crime or harm to those who are vulnerable to exploitation.

To support victims vulnerable to harm:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Meet the requirements of the new Victims' Code 	<ul style="list-style-type: none"> Ensure the voices of victims are both heard and acted upon, that they are central to my office's approach to commissioning and shared formally with the wider criminal justice system
<ul style="list-style-type: none"> Ensure that victims of all crimes receive the highest possible quality of care through the Surrey Police Victim and Witness Care Unit 	<ul style="list-style-type: none"> Seek out additional sources of funding to support delivery of local victim services
Together we will...	
<ul style="list-style-type: none"> Use feedback from victims, through surveys and feedback sessions, to understand their experience and improve the police response and wider criminal justice process 	
<ul style="list-style-type: none"> Build confidence in those that have previously suffered in silence to seek support 	
<ul style="list-style-type: none"> Work in partnership to protect people from harm by ensuring representation on key statutory boards in Surrey, maintaining constructive relationships and sharing good practice and learning 	

Children and young people can be particularly vulnerable to being targeted by criminals and organised gangs. I have appointed a Deputy Police and Crime Commissioner who will take a lead on working with police and partners to support children and young people.

To support young victims vulnerable to harm:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Be guided by the National Child Centred Policing Strategy to improve the quality of policing for children and young people by acknowledging their differences, recognising their vulnerabilities and meeting their needs 	<ul style="list-style-type: none"> Work alongside children and young people at every opportunity and help with education on the dangers of drugs, child sexual exploitation, online grooming and County Lines criminality
<ul style="list-style-type: none"> Work with education partners to make schools safe spaces and help inform children and young people around exploitation, drugs and County Lines criminality 	<ul style="list-style-type: none"> Advocate for more funding to tackle the threat and risks that face our children and young people. I will call for more immediate resources to increase our preventative work and safeguard children and young people
<ul style="list-style-type: none"> Explore new approaches to tackling offenders who exploit our children 	<ul style="list-style-type: none"> Ensure Surrey has appropriate services in place to help young victims cope and recover from their experiences
Together we will...	
<ul style="list-style-type: none"> Work with partners to explore the impact of technology, supporting and developing preventative initiatives for communities, parents and the children and young people themselves 	

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To reduce violence and knife crime:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Carry out operations aimed at reducing knife crime and educating communities about the dangers of carrying knives 	<ul style="list-style-type: none"> Commission support services to intervene and reduce violence and knife crime such as the Child Criminal Exploitation Targeted Support service and the Early Help Project
Together we will...	
<ul style="list-style-type: none"> Work with and support the serious youth violence partnership. Poverty, school exclusions and having multiple disadvantages are some of the driving factors and we are committed to working with the partnership to find solutions to these big issues 	

To support people with mental health needs:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Engage and work with all relevant partners to ensure police resources are being used appropriately for children and adults experiencing a mental health crisis 	<ul style="list-style-type: none"> Take forward at a national level the issue of mental health provision for those in crisis and monitor the impact of government reforms of the Mental Health Act
<ul style="list-style-type: none"> Use the Surrey High Intensity Partnership Programme and trauma-informed services to support those who need regular support 	<ul style="list-style-type: none"> Work with partners to maximise the use of government funding awarded by the Changing Futures programme to improve local services for people experiencing multiple disadvantage and evaluate the outcomes for those involved in the criminal justice system
Together we will...	
<ul style="list-style-type: none"> Continue to support a multi-agency approach to enable an appropriate response for people with a combination of mental health, substance misuse, domestic abuse and homelessness issues who are coming into regular contact with the criminal justice system 	

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To reduce fraud and cybercrime and support victims:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Support the most vulnerable victims of fraud and cyber crime 	<ul style="list-style-type: none"> Ensure that services are in place to protect vulnerable and older people, linking in with national and local partners
Together we will...	
<ul style="list-style-type: none"> Support cyber-crime prevention activity being included in day-to-day policing, local government and local business practices 	
<ul style="list-style-type: none"> Work with partners to develop a common understanding among local partners of the threats, vulnerabilities and risks relating to fraud and cybercrime 	

To reduce reoffending:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Support the use of restorative justice in Surrey and ensure that victims are informed about and offered restorative justice services as laid out in the Victims' Code 	<ul style="list-style-type: none"> Continue to support restorative justice through the reducing reoffending fund which delivers a broad range of projects, many of which are aimed at offenders experiencing multiple disadvantage, with the intention of diverting them away from the revolving door of offending behaviour
<ul style="list-style-type: none"> Implement the national Integrated Offender Management Strategy aimed at cutting neighbourhood crime, including burglary and robbery 	<ul style="list-style-type: none"> Continue to support the High Harm Perpetrator Unit through the commissioning of services which to date have included housing schemes and a substance misuse service
Together we will...	
<ul style="list-style-type: none"> Work with services that support children and young people to reduce reoffending 	

Modern Slavery is the exploitation of people who have been forced, deceived or coerced into a life of labour and servitude. It is a crime hidden often from society where victims are subjected to abuse, inhumane and degrading treatment. Examples of enslavement include a person who is forced to work, is controlled by an employer, is bought or sold as ‘property’ or has restrictions placed on their movements. It happens across the UK, including in Surrey, in situations such as car washes, nail bars, servitude and sex workers. Some, but not all, victims will also have been trafficked into the country.

To tackle Modern Slavery:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Work with law enforcement agencies, local authorities, non-governmental organisations and charities to co-ordinate the local response to modern slavery through the Surrey Anti-Slavery Partnership, particularly looking at ways to raise awareness and protect victims 	<ul style="list-style-type: none"> Support victims through our work with Justice and Care and the newly appointed Barnardo’s Independent Child Trafficking Guardians
Together we will...	
<ul style="list-style-type: none"> Work with the National Anti-Trafficking and Modern Slavery Network 	

8



Working with Surrey communities so that they feel safe

8



I am committed to ensuring all residents feel safe in their local communities. Through my consultation it was clear many people feel their communities are impacted by crime in their local area such as anti-social behaviour, drug related harm or environmental crime.

To reduce anti-social behaviour:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Work with Surrey communities to develop a problem-solving approach and interventions that work, putting the community at the heart of the response 	<ul style="list-style-type: none"> Ensure victims and the community have easy access to the Community Trigger process
<ul style="list-style-type: none"> Improve the police response for victims of anti-social behaviour, ensuring Surrey Police and partners use the powers available to them, seek innovative ways to problem solve and work with communities to find lasting solutions 	<ul style="list-style-type: none"> Support the specialist service in place in Surrey to support victims of anti-social behaviour
<ul style="list-style-type: none"> Support the Force’s Problem-Solving Team in developing initiatives that target an area or crime type and using Designing Out Crime Officers to find solutions to anti-social behaviour 	<ul style="list-style-type: none"> Identify opportunities to bring additional funding to communities through projects such as the Safer Streets initiative

To reduce drug related harm:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Reduce the community harm caused by drugs, including crime committed to fuel drug dependence 	<ul style="list-style-type: none"> Continue to commission the Cuckooing Service which supports those who have been exploited by criminal gangs
<ul style="list-style-type: none"> Tackle organised criminality, violence and exploitation that go hand-in-hand with the production and supply of drugs 	<ul style="list-style-type: none"> Work with partners to develop and fund services that support those affected by substance misuse
Together we will...	
<ul style="list-style-type: none"> Work with partners including education providers to inform children and young people about the danger of drugs, the dangers of getting involved in county lines and how they can seek help 	

8

Rural communities in Surrey tell me how important it is to tackle issues that affect their areas. My Deputy Commissioner is taking a lead on rural crime issues and working with rural communities in Surrey and I am pleased that we now have dedicated rural crime teams in place. We will work with the Chief Constable to ensure the Force combat offences such as theft of machinery and wildlife crime.

To tackle rural crime:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Support the Rural Crime Teams' initiatives to address crimes such as livestock worrying, theft and poaching 	<ul style="list-style-type: none"> Ensure there is regular engagement with the rural community and feedback is provided to our community leaders
<ul style="list-style-type: none"> Support the countywide protocol being developed by the Surrey Waste Partnership to provide a consistent and robust response to those who illegally dump waste on public or private land 	<ul style="list-style-type: none"> Reduce environmental anti-social behaviour, such as fly-tipping, through financially supporting Joint Enforcement Teams
Together we will...	
<ul style="list-style-type: none"> Improve understanding and awareness of the crimes that affect rural communities 	



To tackle business crime:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Explore ways to increase reporting and intelligence, linking what we know with wider problem-solving techniques 	<ul style="list-style-type: none"> Work with the business community to understand their needs and to promote investment in crime prevention activity
Together we will...	
<ul style="list-style-type: none"> Ensure Surrey's business and retail community feel listened to and have increased confidence in police 	

8 To reduce acquisitive crime:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Disrupt and arrest the criminal gangs that carry out acquisitive crimes such as burglary, shoplifting, vehicle (including bicycle) and catalytic converter thefts, particularly looking at their operational activity, community engagement and awareness raising 	<ul style="list-style-type: none"> Explore funding opportunities for initiatives to tackle acquisitive crime, such as the Home Office Safer Streets fund
<ul style="list-style-type: none"> Work with partners, both at a strategic level through the Serious and Organised Crime Partnership and local tactical groups such as the Serious Organised Crime Joint Action Groups 	<ul style="list-style-type: none"> Support Neighbourhood Watch activity to promote prevention messages
Together we will...	
<ul style="list-style-type: none"> Work alongside partners during weeks of operation to share communications and encourage intelligence gathering from partners and the community 	



Strengthening relationships between Surrey Police and Surrey residents



My aim is for all residents to feel that their police force is visible in tackling the issues that matter to them and that they can engage with Surrey Police when they have a crime or anti-social behaviour problem or need other police support. We must recognise that types of crime have changed considerably over the last decade or so, with a great deal of crime taking place in people’s homes and online. A visible presence on our streets provides reassurance to communities and that must continue. But we must balance this with the need for a police presence in places that aren’t always seen by the public, such as tackling online crimes and working to bring offenders to justice.

To give communities a visible police presence:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Ensure police are aware of local issues and work with communities and partners to solve local problems 	<ul style="list-style-type: none"> Do our part to help promote the existing local policing teams so that Surrey communities know who they are and how to contact them
Together we will...	
<ul style="list-style-type: none"> Balance the desire from communities to see a physical policing presence, with the increasing demands from crimes committed in homes and online 	
<ul style="list-style-type: none"> Direct increased resources funded by the Government uplift programme into the tackling the crime types which most affect Surrey’s communities 	

To ensure residents can contact Surrey Police:

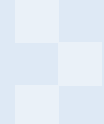
Surrey Police will...	My office will...
<ul style="list-style-type: none"> Ensure there are a range of ways to contact Surrey Police that suit individual needs 	<ul style="list-style-type: none"> Promote the different ways in which residents can contact police, including telephone and online reporting
<ul style="list-style-type: none"> Ensure that people can get hold of the right person in Surrey Police and that their contact is responded to in a timely manner 	<ul style="list-style-type: none"> Hold the Chief Constable to account for performance in answering 999 and 101 calls
<ul style="list-style-type: none"> Maintain a high performance for answering 999 police emergency calls and improve the current waiting times for the 101 non-emergency service 	
Together we will...	
<ul style="list-style-type: none"> Ensure that when people have a complaint, they know who to contact, have their complaint investigated proportionately and receive a timely response 	

8

To ensure that children and young people in Surrey feel engaged in policing:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Work with schools, colleges and youth groups on crime and community-safety related issues and find joint solutions 	<ul style="list-style-type: none"> Engage with children and young people and listen to their concerns and ideas while promoting Surrey Police as an organisation that respects and responds to their needs
<ul style="list-style-type: none"> Support a forum with schools, colleges and youth groups to share intelligence and receive updates on current threats, trends and data 	<ul style="list-style-type: none"> Support the work of the Youth Engagement Officers and the Surrey Volunteer Police Cadets





To ensure that there is feedback to residents on policing:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Improve feedback to individuals who have reported crime or concerns 	<ul style="list-style-type: none"> Hold engagement meetings, surgeries and events with partners and residents
<ul style="list-style-type: none"> Improve feedback to local communities on crime trends, crime prevention advice and on success stories in reducing crime and catching offenders 	<ul style="list-style-type: none"> With Surrey Police, use online methods such as Facebook to broaden engagement

I want to make sure that all of Surrey’s diverse communities feel safe, whether those are geographical communities or communities with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

8

To ensure that all communities in Surrey feel safe:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Ensure that the Surrey Police Equality and Diversity strategy is implemented, including an aim to better reflect Surrey’s communities in the workforce 	<ul style="list-style-type: none"> Meet with a wide and diverse range of community groups that represent residents across Surrey
Together we will...	
<ul style="list-style-type: none"> Ensure that the Commissioner’s and Surrey Police’s websites and other communications are accessible to Surrey’s communities 	
<ul style="list-style-type: none"> Work with communities, including the travelling community, to find solutions to unauthorised encampments, including working with partners to develop a transit site in Surrey 	

Engagement between Surrey residents and police can be strengthened through community volunteering. My office runs the Independent Custody Visiting Scheme in which members of the community go into police custody to check on the welfare of detainees. There are also volunteering opportunities in Surrey Police, such as Special Constables and Police Support Volunteers.

To support volunteering:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Promote and recruit to police volunteering opportunities 	<ul style="list-style-type: none"> Continue to operate an effective Independent Custody Visiting Scheme, supporting the volunteers and working with the Chief Constable on any issues identified
	<ul style="list-style-type: none"> Continue to support Special Constables and other volunteers across Surrey Police and recognise the role they play in keeping our communities safe

Ensuring safer Surrey roads

8



Surrey is home to some of the busiest stretches of motorway in the UK with significant numbers of vehicles using the county's road network every day. Our roads carry over 60% more than the national average amount of traffic. High profile cycle events in recent years, coupled with the beauty of the countryside, have made the Surrey Hills a destination point for cyclists and walkers as well as off-road vehicles, motorcycles and horse riders. Our roads, footpaths and bridleways are vibrant and open Surrey up to economic prosperity as well as leisure opportunities. However, concerns raised by communities highlight that many people misuse our roads in Surrey and cause distress to those living and working here.

To reduce serious road collisions:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Support Surrey Police's Road's Policing Unit and the development of the Fatal Five Team. This team is focused on changing driver behaviour via a multi-agency preventative approach to tackle the fatal five causes of accidents on our roads: speeding, drink and drug driving, using a mobile phone, not wearing a seatbelt and careless driving, including enforcement 	<ul style="list-style-type: none"> Work with Surrey County Council, Surrey Fire and Rescue Service, the Highways Agency and others to create a partnership plan that reflects the needs of all our road users and shifts the focus to harm reduction
Together we will...	
<ul style="list-style-type: none"> Working with the Safer Surrey Roads Partnership to develop initiatives that reduce the number of killed and seriously injured on our roads. This includes Vision Zero, Rural Speeds project and the development of the Safety Camera Partnership 	

To reduce anti-social road use:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Improve the ease with which residents can report anti-social road use such as cycling on footpaths, using E-Scooters in prohibited places, causing distress to horse riders and some parking obstructions so that trends and hot spots can be identified 	<ul style="list-style-type: none"> Involve communities in the solution to anti-social driving by supporting Community Speed Watch groups by purchasing more equipment and listening to their concerns



8

To make Surrey’s roads safer for children and young people:

Surrey Police will...	My office will...
<ul style="list-style-type: none"> Address the disproportionately higher number of fatalities in those aged 17 to 24 by continuing to support and develop interventions such as Safe Drive Stay Alive and making young driver courses more accessible Work with schools and colleges to support initiatives such as Bike Safe and the new Surrey Safer Roads Plan, to ensure children and their families feel confident to walk or cycle to school and in their communities 	

To support victims of road collisions:

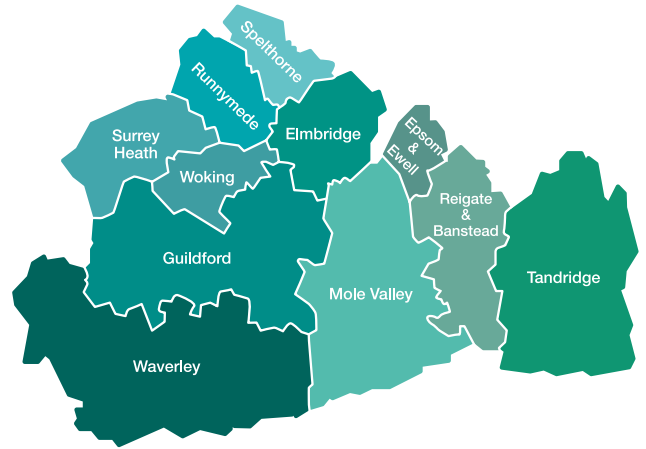
Surrey Police will...	My office will...
<ul style="list-style-type: none"> Work with criminal justice partners to ensure justice is achieved for victims of dangerous driving 	<ul style="list-style-type: none"> Explore the support given to victims and witnesses of road collisions and work with existing support organisations



About Surrey and Surrey Police

Surrey is an area of varied geography, with a mix of busy towns and rural villages and a population of 1.2m residents.

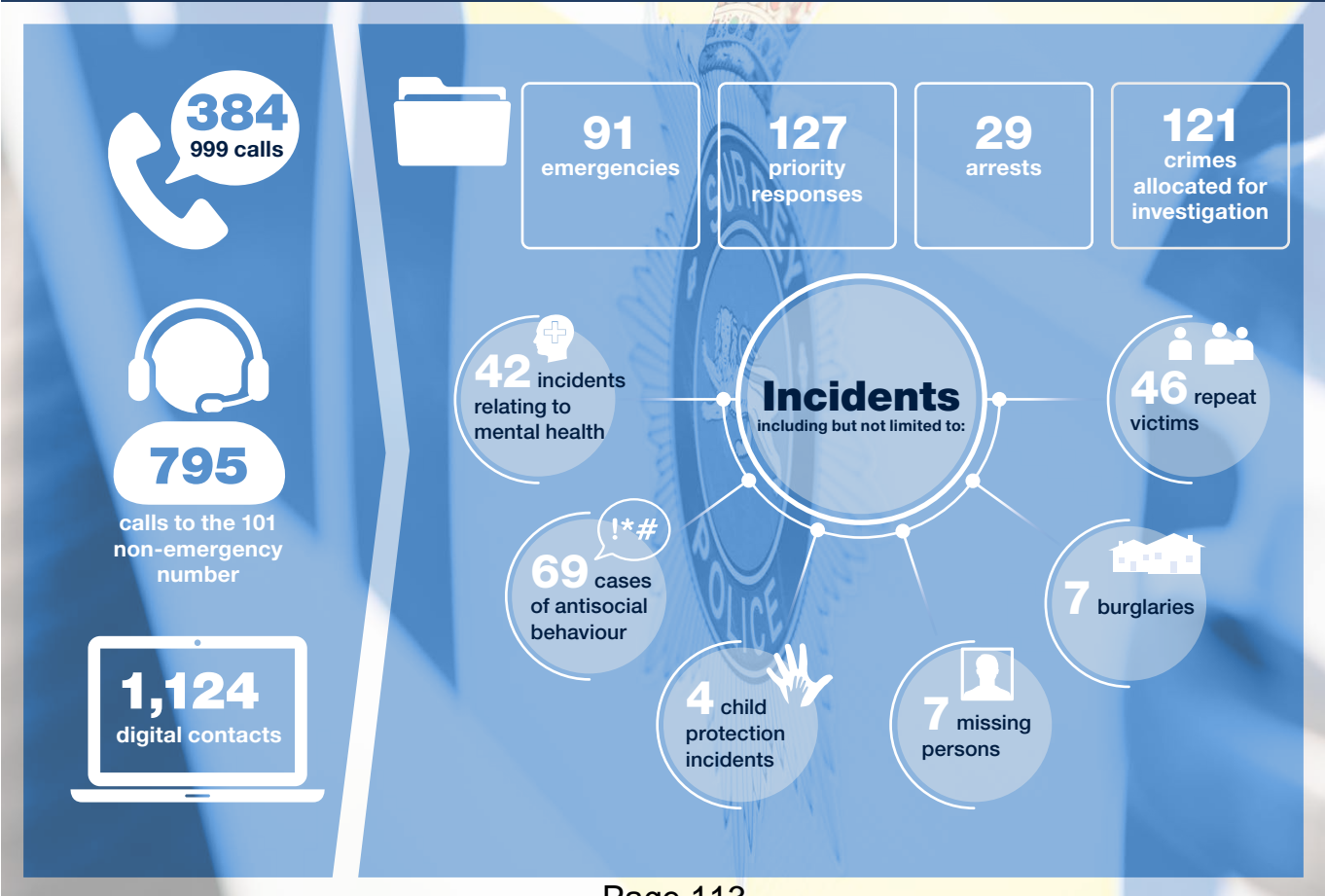
Surrey Police allocate their officer and staff resources at a number of different levels. Its neighbourhood teams operate at a borough and district level, working locally with communities. These connect communities into more specialist policing services, such as response policing and investigative teams, which often work at a divisional level. Surrey-wide teams such as major crime investigation, firearms, roads policing and police dogs, work across the county and in many cases, in collaborated teams with Sussex Police.



8

Surrey Police has a workforce establishment of 2,105 warranted police officers and 1,978 police staff. Many of our police staff are in operational roles such as specialist investigators, Police Community Support Officers, crime analysts, forensics and contact centre staff taking 999 and 101 calls. With funding from the Government’s police uplift programme, Surrey Police is currently increasing its number of police officers and is working on improving representation of the workforce to reflect the diversity of Surrey’s communities.

An average day for Surrey Police:



Roles and responsibilities

The Police Reform and Social Responsibility Act (2011) established the role of the Police & Crime Commissioner to be a visible and accountable bridge between the Police and the public. The Chief Constable retains responsibility for delivering operational policing, whilst the Commissioner holds him to account for doing so. The Commissioner is held to account by the public and the Police and Crime Panel scrutinises the decisions of the Commissioner.



8

The Police and Crime Commissioner:

- Sets the strategic direction for policing in Surrey through the publication of the Police and Crime Plan
- Sets the budget and precept for policing in Surrey
- Holds the Chief Constable to account for delivery of the Police and Crime Plan and for efficient and effective policing
- Appoints and, if necessary, dismisses the Chief Constable
- Commissions services to help victims cope and recover, services to divert people away from crime and to prevent crime and to rehabilitate perpetrators
- Works with partners to reduce crime and improve community safety in Surrey

The Chief Constable:

- Delivers an efficient and effective policing service which meets the needs of Surrey residents
- Manages the resources and expenditure of the police force
- Is operationally independent of the Police and Crime Commissioner

The Police and Crime Panel:

- Scrutinises the key decisions of the Police and Crime Commissioner
- Reviews and makes recommendations on the Police and Crime Plan
- Reviews and makes recommendations on the proposed policing precept (council tax)
- Holds confirmation hearings for the appointment of the Chief Constable and key staff supporting the Commissioner
- Deals with complaints against the Commissioner

Ensuring Surrey Police have the right resources



As Police and Crime Commissioner, I receive all funding relating to policing in Surrey, via government grants and through the local council tax precept. We are facing a challenging financial environment ahead with the impact of the Covid-19 pandemic and the prospect of higher inflation and energy costs on the horizon. It is my role to set a revenue and capital budget for Surrey Police and determine the level of council tax raised to fund policing. For 2021/22, a gross revenue budget of £261.70m has been set for both my office and services and Surrey Police. Only 46% of this is funded by Central Government as Surrey has one of the lowest levels of grant funding per head in the country. The remaining 54% is funded by local residents through their council tax, which currently stands at £285.57 a year for a Band D property.

Staffing costs represent over 86% of the total budget with premises, equipment and transport making up a good part of the remainder. For 2021/22 my office had a total gross budget of almost £4.2m of which £3.1m is used to commission services to support victims and witnesses and promote community safety. My staff have also been particularly successful in securing additional funds during the year for initiatives such as Safer Streets and will continue to pursue these opportunities as they arise. Of the £1.1m remaining, £150k is required for audit services, leaving £950k to fund staffing, my own costs and the costs of running my office.

I am currently working with the Chief Constable to consider funding for next year and future years of this Plan and will be consulting with residents later in the year. I am also robustly scrutinising Surrey Police's plans for making savings and ensuring they operate efficiently. I will also campaign nationally for the Force to get its fair share of government grants and for a review of the current funding formula.

Surrey Police should have the people, estates, technology and skills it requires to police the county in the most effective and efficient way possible. Our residents are in the unenviable position of paying the highest proportion of local policing costs in the country. I therefore want to use this money wisely and efficiently and ensure we give them the very best value from their local police service. We will do this by having the right staff in place, securing fair funding for Surrey Police, planning for future demands and ensuring we operate as efficiently as possible.

Staffing

I will support the Chief Constable to make sure that we can:

- Attract the very best people into policing, with the right skills and from a diverse range of backgrounds that represent the communities we police
- Ensure our officers and staff have the skills, training and experience they need in order to flourish and provide and the right equipment to do their jobs effectively, efficiently and professionally
- Ensure that our increased officer resources are used to the best effect – aligned to policing demand and to those areas of priority that are identified in this Plan

Resources for Surrey

I will aim to get fair funding for Surrey Police by:

- Ensuring Surrey's voice is heard at the highest levels in government. I will seek to work with Ministers to address the inequalities in the funding formula that results in Surrey receiving amongst the lowest level of government funding per head in the country
- Continuing to pursue grants to enable investment in crime prevention and support for victims which are vital to making residents feel safer

Planning for the future

I will work with the Chief Constable to address future policing needs by:

- Delivering new estate facilities that are fit for the future, reduce our carbon footprint and meet the Force's needs but also are deliverable and affordable
- Ensuring that Surrey Police exploits the best of technology to enable it to improve its services, be a modern police service and to deliver efficiencies
- Meeting the commitment to being carbon neutral by effective planning, managing the police fleet and working with our suppliers

Police efficiency

I will work with the Chief Constable to improve efficiency within Surrey Police by:

- Making better use of technology to ensure that more money can be allocated to the operational policing that residents want
- Building on the existing arrangements already in place within Surrey Police where collaboration with other forces can deliver a clear operational or financial benefit

Efficiency in the Criminal Justice System

I will work with the Chief Constable to improve efficiency in the criminal justice system by:

- Ensuring that the evidence submitted to the courts by Surrey Police is both timely and of high quality
- Working with the criminal justice system to address the backlogs and delays that were intensified by the Covid-19 pandemic, bringing additional stress and trauma to those who are all too often at their most vulnerable
- Working with partners to influence an efficient and effective justice system that works for victims and does more to tackle the root causes of offending

Grant giving and commissioning

As Police and Crime Commissioner, in addition to core police funding, I receive funding to commission services which support victims of crime to help them cope and recover as well as funding to reduce reoffending and divert and support those at risk of offending or being exploited.

One of the key services I fund is the Surrey Police Victim and Witness Care Unit (VWCU). I am proud of the collaboration between my office and the Force to establish this dedicated team, which provides a service to all victims of crime from the point of reporting, through the criminal justice process and beyond. The unit is also able to support victims of crime who self-refer for support. I will continue to oversee its development, ensuring that victims of all crimes receive the highest quality of care possible and that Surrey Police are compliant with the requirements of the Victims' Code.

I also set aside some of the policing budget to provide funding for projects which improve community safety in Surrey. I am reviewing this funding programme but have set out some key principles. I will:

- **Commission a broad spectrum of specialist, good quality and easily accessible services, which prevent crime and protect people of all ages against harm**
- **Listen to people's diverse and specific needs, which underpin all the commissioning activity of my office**
- **Commission specialist support to help victims of crime cope and recover**
- **Invest in preventing future crimes and addressing community safety issues, such as anti-social behaviour**
- **Udertake specialist work with offenders, working with them to address the root causes of their behaviour**
- **Support projects within our communities and Surrey Police which help improve and promote engagement between the police and residents**
- **Commission services to protect our children and young people, working alongside them to give them the tools to keep safe and make informed choices about their life**

These services are a vital part of a collective effort to make Surrey a safer and better place to live. I will be working with partners to join up our efforts and co-commission services where possible to make the best use of resources and provide value for money for the Surrey public.

Funding will be accessible to organisations of all sizes. I will value the way small and locally based charities and community organisations respond to people's needs in a way that really matters to them. It's vital we tackle inequalities we know the pandemic has exacerbated and research evidences these organisations' distinctiveness in who they support, how they carry out their work and the role they play in their communities.

At the time of publishing my Plan, my total commissioning budget from Government funding, successful grant bids and from my office budget is in excess of £4 million and I will ensure the highest level of transparency with regards to my office's commissioning expenditure, allowing residents to fully understand how their money is being spent and the difference it is making.

Full details of funding levels and how it's allocated can be found on my website: <https://funding.surrey-pcc.gov.uk/>



Measurement of progress against the Police and Crime Plan

To measure the success of this Plan and the safety of people in Surrey, I will work with the Chief Constable to develop a scorecard of policing data which will include:

- Measures of crime levels and police outcomes for areas such as violence, sexual offences, fraud, burglary and car crime
- Measures of anti-social behaviour
- Levels of satisfaction and public confidence
- Support provided to victims of crime
- Road traffic collision data
- Resources and efficiency data

I will report on these measures in public meetings and on my website and I will also report on the progress against the Plan to the Surrey Police and Crime Panel.

To further inform my oversight, I will look at the results of inspection reports from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). These provide a more professional assessment of the work of Surrey Police to put data and trends into context. I will also ask partners for their feedback on how the Plan is progressing as well as asking the public for their views through surveys and during my meetings with residents.

Arrangements for holding the Chief Constable to account

I have developed this Plan in consultation with the Chief Constable and he has signed up to its delivery. I have set up a governance and scrutiny structure which allows me to formally hold the Chief Constable to account for delivery and progress against the policing elements of this Plan and the measures associated with it. I publish the agenda and minutes of my scrutiny meetings and they are webcast for the public to view every quarter. These can be found at www.surrey-pcc.gov.uk.



Working with partners

Working in partnership is integral to cutting crime and making our communities safer as well as improving the wellbeing of residents. At the heart of this Plan is the aspiration to develop relationships with communities, businesses and our partners who share a vision to make Surrey safer by looking at the bigger picture and recognising that prevention and early intervention is crucial. I have spoken to a wide range of partners in developing this Plan and have aimed to ensure that it fits with the key partnership strategies already in place in Surrey.

Collaboration

Surrey Police has a strong history of collaboration with other police forces, most notably with Sussex Police. Several operational policing areas have collaborated teams, as well as much of our back-office services. This allows smaller, specialist units to come together to share resources and expertise, facilitates joint training and operating models, improves the policing of criminals operating across borders and helps drive out efficiencies and savings. Collaborated operational areas include firearms, the dogs unit, public order, roads policing, homicide and major crime, serious and organised crime, forensic investigations, surveillance, cyber-crime and economic crime.

In order to make savings and reduce management costs, most of the support services for the two forces are also collaborated, including people services, information technology, finance, estates and fleet. Surrey Police also collaborates regionally with Hampshire, Kent, Sussex and Thames Valley on reducing serious and organised crime and on counter-terrorism and sharing specialist police technology.

Equality and diversity

I will develop and maintain good links with all the diverse communities in Surrey, working with the Independent Advisory Group for Surrey Police, meeting a range of community groups and consulting widely on my plans. I support and will oversee the Surrey Police Equality, Diversity and Human Rights Strategy and I am committed to improving workforce diversity in Surrey Police.

I also aim to make sure those who do go through the criminal justice system are dealt with fairly and effectively. I will work with partners to look at equality of service and to identify those elements that could be improved.

8

Strategic Policing Requirement and national priorities

Police forces in England and Wales need to tackle a wide range of threats to keep the public safe. There are some that go beyond county boundaries and require police forces to provide a joint national response.

A Strategic Policing Requirement (SPR) has been produced by the Home Office in consultation with the National Police Chiefs' Council. It describes the main national threats for England and Wales and requires each Police and Crime Commissioner and Chief Constable to provide enough resources from their local areas to collectively meet the national threats of terrorism; civil emergencies, serious and organised crime, public disorder, large-scale cyber incidents and child sexual abuse.

Commissioners and Chief Constables need to collaborate with others to ensure there is sufficient capacity to deal with national threats. I will work with the Chief Constable to make sure Surrey balances its requirement to meet national issues with protecting Surrey locally.

I will also take into account the Policing Vision 2025, set out by the National Police Chiefs' Council and the Association of Police and Crime Commissioners and the National Policing Measures set recently by the Government.

Consultation, reporting and review

I have consulted widely on the priorities set out within this Plan. You can view the more detailed results of these exercises on my website, www.surrey-pcc.gov.uk. I will report progress against this Police and Crime Plan publicly to the Police and Crime Panel and I will issue an Annual Report to inform the public, partners and stakeholders what has been happening in the previous 12 months.

Contributors

I wish to thank all those residents and stakeholders who met with me and my Deputy Commissioner or completed our consultation survey. These included:

The 2,593 residents who responded to the Police and Crime Plan survey

Surrey's MPs

Elected representatives from Surrey's County, Borough, District and Parish Councils

The Surrey Police and Crime Panel

The Chief Constable and his senior team

Surrey Police officers, staff and representatives from their unions

Schools, colleges and universities in Surrey

Children and young people – professionals and representatives

Mental Health support services

Victims Support Services

Prisons, Probation and other criminal justice partners

Road safety representatives

Rural crime representatives

Partners working to reduce youth violence

Community safety representatives

The Surrey Police Independent Advisory Group

Contact us

If you have any comments on this Plan or would like to know more about the work of the Commissioner please contact:

Email: **surreypcc@surrey.police.uk**

Telephone: **01483 630200**

Post: **Office of the Police and Crime Commissioner
PO Box 412
Guildford
Surrey
GU3 1BR**

Website: **<http://www.surrey-pcc.gov.uk>**



www.facebook.com/SurreyPCC



www.twitter.com/SurreyPCC



www.instagram.com/surreypcc

To sign up to the In the Know community message system, visit www.intheknow.community

For police news, crime prevention advice, help for victims of crime and ways to contact Surrey Police please visit www.surrey.police.uk.

Always call **999** if you have a genuine emergency requiring the attendance of the police or if a crime is in progress. Call Surrey Police on **101** or use the online reporting system at **www.surreypolice.uk/contact-us** for non-emergency matters only.

If you are hard of hearing or speech impaired, you can textphone Surrey Police on **18001 101** (non-emergency) or **18000** (emergency) or text on **07967 987249** or **999** (register at **www.emergencysms.org.uk**)

To report crime anonymously - call CrimeStoppers on **0800 555 111**

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Health and Social Care Integration White Paper Overview
HWBS Priority - 1, 2 and/or 3:	All
HWBS Outcome(s)/System Capability:	All /focus on Integrated Care system capability
Priority populations:	All
Civic level, service based and/or community led interventions:	All
Author(s):	Mairéad Rooney - Health Policy Advisor, Surrey County Council: 07866186449; Mairead.Rooney@surreycc.gov.uk
Board Sponsor(s):	Tim Oliver - Leader of Surrey County Council and HWB Chairman
HWB meeting date:	16 March 2022
Related papers:	<p>This white paper is part of a wider set of mutually reinforcing reforms:</p> <ul style="list-style-type: none"> the adult social care reform white paper the Health and Care Bill, and reforms to the health and care system <p>It sets out measures needed to make integrated health and social care a universal reality for everyone across England regardless of their condition and to level up regardless of where they live.</p>
Annexes/Appendices:	<ul style="list-style-type: none"> Annex 1 - Questions for Implementation

2. Executive summary

The Government published the Health and Social Care Integration White Paper “Joining up care for people, places and populations” on 9 February 2022. The white paper sets out the government’s ambition to accelerate the delivery of joined-up health and social care at ‘place’ level. In the white paper there are proposals for a single accountable person, shared outcomes, and ambitions for increasingly pooled NHS and social care budgets at ‘place’ level. The white paper asks a series of

questions about the approach to the proposals at place level. Feedback from the Board will inform a response on behalf of the system.

3. Recommendations

The Board is asked to note the following:

1. That the Integration White Paper is in line with Surrey's ambitions to integrate health and local government services where doing so will help improve outcomes for our residents and deliver the Community Vision for Surrey by 2030.

4. Reason for recommendations

For the Board to ensure that our approach to implementation of proposals in the Integration White Paper is aligned to Surrey's ambitions.

5. Detail

Overview

The Integration White Paper builds on both the Health and Social Care Bill and the Adult Social Care paper and follows the announcement of plans for tackling elective care waiting lists. The integration white paper focuses on integration arrangements at place and envisions that while "ICS will be responsible for strategic, at-scale planning; place will be the engine for delivery and reform." Children's social care is not included within the scope of the white paper, and it is left to places to consider the integration between and within children and adult health and care services. Key proposals in the white paper include:

- a single accountable person for place and place-level governance arrangements
- shared outcomes frameworks,
- increasingly pooled NHS and social care budgets at place level.

The white paper also covers other enablers of integration, including workforce, digital and data.

Governance and accountability

Single person accountable

One of the key measures outlined in the Integration white paper is that there will be a single person accountable for the delivery of the shared plan and outcomes in each place or local area (e.g. an individual with a dual role across health and care or an individual who leads a place-based governance arrangement). This person will be agreed by the relevant local authority or authorities and Integrated Care Board (ICB).

Place Governance

All places will be required to adopt a governance model by spring 2023, which must include a clear, shared plan against which delivery can be tracked and which should be underpinned by pooled and aligned resources. The guidance for the governance model and accountability processes have been deliberately made flexible so that they can be locally determined dependent on place-based priorities. Local places and areas will have autonomy to organise their own arrangements recognising diversity of place. The document reasserts that there are no national plans for further changes to ICS (Integrated Care System) boundaries. The white paper states that it will be important for all relevant partners to agree suitable, proportionate, complementary governance arrangements at place and system. The white paper clarifies that in the small number of cases where systems and places are effectively the same geography, national government would not expect both place-based and ICS arrangements to be set up as that would be bureaucratic and unhelpful.

Leadership

Health and Social Care Leadership Review will be published in early 2022. Government will develop a national leadership programme, addressing the skills required to deliver effective system transformation and local partnerships, subject to the outcomes of the upcoming leadership review.

Finance and budget pooling

Pooling budgets

NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. Government will review existing pooling arrangements (such as Section 75, NHS Act 2006) with a view to simplifying the regulations for commissioners and providers across the NHS and local government to pool their budgets.

Plans for scope of services and spend:

In addition to clarity of governance, all places will need to develop ambitious plans for the scope of services and spend to be overseen by 'place-based' arrangements.

Oversight

Shared Outcomes

Government will set out a 'Shared Outcomes' framework with a small and focused set of national priorities and an approach from which places can develop additional local priorities. This will come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities. National priorities will be formulated in a way that prevents overlap with existing regulatory/oversight regimes and with a focus on outcomes rather than outputs. Local partners and ICSs will be responsible for identifying and addressing issues and barriers to delivery. The Government will also review alignment with other priority setting exercises and outcomes frameworks to preventing duplication of oversight and regulation.

Care Quality Commission

Care Quality Commission and other regulators will be required to consider the planning and delivery of outcomes agreed at place level as part of their assessment of ICSs.

Digital and Data

The white paper sets a new ambition for each organisation in an ICS to have a base level of digital capabilities (as defined by the “what good looks like” framework). It also reiterates existing expectations:

- All health and care providers in an ICS to be connected to a shared care record by 2024 (the previous deadline for shared care records was March 2023)
- ICSs have already been asked to develop a plan that sets out digital investment priorities (ahead of fully costed plans required by June 2022).
- ICSs must work with partners to achieve 80% adoption of digital social care records among CQC registered social care providers by March 2024.
- Each ICS will need to implement a population health platform with care coordination functionality to support joined up data for proactive population health management by 2025
- Taking an ‘ICS First’ approach the Department of Health and Social Care (DHSC) will encourage organisations within an ICS to use the same digital systems
- The Government will develop a suite of standards for adult social care, designed with the sector, to enable providers across the NHS and adult social care to share information with consultation on this set to commence at the start of 22/23

Workforce

The white paper proposes that Integrated Care Systems will be required to support joint health and care workforce planning at place level, working with both national and local organisations. In the white paper DHSC also commits to:

- increase the number of healthcare interventions that social care workers carry out by developing a national delegation framework of nursing interventions.
- review regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across both sectors
- provide funding to deliver Care Certificates, alongside significant work to create a delivery standard recognised across the social care sector.

The white paper also reiterates the government’s intention to introduce integrated skills passports.

6. Timescale and delivery plan

Proposals from the Integration White Paper such as the Shared Outcome framework, single accountable person and governance model will be implemented by Spring 2023.

7. Next steps

The white paper sets out a series of questions (see Annex 1) on the approach to implementing shared outcomes, financial frameworks, accountability and oversight arrangements, workforce, and data at place level. Government engagement runs from 10 February 2022 for eight weeks.

ANNEX 1: Questions for implementation

Outcomes

1. What role can outcomes play in forging common purpose between partners within a place or system – and can you point to examples of this?
2. How can we get the balance right between local and national in setting outcomes and priorities?
3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a resolute focus on achieving outcomes (where data can lag)?
4. How should outcomes be best articulated to encourage closer working between the NHS and local government?
5. How can partners most effectively balance shared goals / outcomes with those that are specific to one or the other partner – are there examples, and how can those who are setting national and local goals be most helpful?

Financial

1. How can we improve sharing of best practice regarding pooled or aligned budgets?
2. What guidance would be helpful in enabling local partners to develop simplified and proportionate pooled or aligned budgets?
3. What examples are there of effective pooling or alignment of resources to integrate care / work to improve outcomes? What were the critical success factors?
4. What features of the current pooling regime (section 75) could be improved and how? Are there any barriers, regulatory or bureaucratic that would need to be addressed?

Accountability

1. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?
2. What will be the key challenges in implementing the approach to accountability set out in the white paper? How can they be most effectively met?

Workforce

1. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
2. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
3. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?
4. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?

5. What types of roles do you feel would most benefit from being more interchangeable across health/social care? What models do you feel already work well?

Digital and data

1. What are the key challenges and opportunities in taking forward the policies set out in this paper, and what examples of advanced / good practice are there that could help?
2. How do we best ensure that all individuals and groups can take advantage of improvements in technology and how do we support this?

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Review of Health and Wellbeing Board Membership
HWBS Priority - 1, 2 and/or 3:	All
Outcome(s)/System Capability:	Governance
Priority populations:	All
Civic level, service based and/or community led interventions:	Civic
Author(s):	Phill Austen-Reed - Principal Lead – Health and Wellbeing, Surrey County Council: 07813538431; phillip.austenreed@surreycc.gov.uk
Board Sponsor(s):	Tim Oliver - Leader of Surrey County Council and HWB Chairman
HWB meeting date:	16 March 2022
Related HWB papers:	N/A
Annexes/Appendices:	N/A

10

2. Executive summary

This paper proposes changes to the Health and Wellbeing Board membership to come into effect between April and September 2022. These are proposed in order to reflect the changing structure of the local Integrated Care Systems along with other developments such as the recognition for stronger representation from the Voluntary, Community & Social Enterprise (VCSE) sector once the VCSE alliance is formed.

3. Recommendations

The board are asked to consider and approve the proposed developments and changes to membership:

1. Once established, VCSE alliance to nominate three representative members to the board (this would increase membership by two, enabling rotation depending on board business and content).
2. Following changes in structures and roles at Surrey Heartlands ICS, the following approach to ensuring appropriate membership is proposed alongside its formal establishment in July 2022:
 - a. Engage current board members representing “place based partnerships” to explore and ensure appropriate representation of each

partnership and appropriate links to the Integrated Care Partnership as that develops recognising the dual representative role of some existing members.

- b. Confirm strategic clinical input and role of Vice-Chairman will continue through role of Surrey Heartlands Chief Medical Officer from 1 July when current clinical chair role will end.
3. Confirm representation for mental health via membership of the newly appointed Chief executive of SABP (Graham Wareham) and the chair of the Mental Health Delivery board (Helen Rostill) in the continued role of priority two sponsor.
4. Confirm representation from probation is through Head of Probation Delivery Unit (Jason Halliwell) along with provider representation continuing through Deputy Director of community interventions, interventions alliance (Carl Hall), following the ending of the Community Rehabilitation Company in 2021.
5. Confirm new membership to Cabinet Member for Community Protection to reflect community safety function of the board following the 2020 merger and recent creation of portfolio.

4. Reason for Recommendations

1. Strengthen representation of VCSE membership and contribution to board business through ability to vary membership depending on board business.
2. Ensure appropriate relationships and links are maximised with the evolving governance changes within health including place based partnerships, Neighbourhood board, Integrated Care Partnership and integrated care board.
3. Current Clinical Chair of Surrey Heartlands, who is also Vice-Chairman of HWB will end as of 1 July 2022 as part of changes in ICS. This function, along with role of Vice-Chairman, will continue via the new role of Chief Medical Officer in Surrey Heartlands ICS from 1 July 2022.
4. Ensure clear and effective level of representation from mental health provider and mental health.
5. Following the changes in probation services the Community Rehabilitation Company (CRC), Kent, Surrey & Sussex no longer exists. This means that previous membership from CRC has ended however representation from probation is proposed to be maintained through existing membership of the Head of Probation Delivery Unit along with provider representation continuing via the recently formed interventions alliance.
6. Strengthen representation with regards to community safety by incorporation of member for community protection.

5. Detail

The Health and Wellbeing Board is a large partnership board with many interests and organisations necessarily represented. It is important that it regularly reviews its membership to ensure it appropriately engages with the evolving structures within health, care and the wider partners.

This will help ensure it draws on this breadth of representation in fulfilling its statutory responsibilities and objectives which underpin both the Health and Wellbeing Strategy (HWBS) and Community Safety Agreement

The Board can review its membership in line with section 6 of the Terms of Reference and the proposals above have been made following engagement or planned engagement with relevant partners.

Given many of the changes locally are still to be finalised, it is proposed these are taken forward and progressed over the next 4-6 months for noting in September Health and Wellbeing Board.

6. Timescale and delivery plan

If approved the proposed changes will be phased over the next 6 months to align with changes in the formalisation of relevant structures as they and their membership is finalised. This will include the ICS and VCSE alliance becoming established.

7. What communications and engagement has happened/needs to happen?

Engagement and contribution from the existing place based members will be important in ensuring these can fully reflect and link into the new developing structures in the ICS.

Regular liaison with the VCSE alliance once established will be provided to enable appropriate member representation for engagement in board meetings.

8. Next steps

Subject to approval:

1. Amend membership to reflect those added to membership from April 2022 (Additional membership for VCSE, Cabinet Member for Community Protection).
 2. Once VCSE alliance established request nominated members to the HWB.
 3. Engage in April / May with existing place based representatives to agree and continue appropriate representation given the changing ICS structures from July 2022 with changes noted at September HWB meeting.
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