

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 21 December 2022 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 15 March 2023.

**Board Members:**

(Present = \*)

(Remote Attendance = r)

- Fiona Edwards
- \* Dr Charlotte Canniff (Vice-Chairman)
- Jason Gaskell (Co-Representative)
- \* Rosemarie Pardington (Co-Representative)
- \* Sue Murphy (Co-Representative)
- \* Dr Russell Hills
- \* Tim Oliver (Chairman)
- \* Kate Scribbins
- Liz Bruce
- \* Ruth Hutchinson
- \* Professor Claire Fuller
- \* Graham Wareham
- Joanna Killian
- Sinead Mooney
- \* Mark Nuti
- \* Denise Turner-Stewart
- Karen Brimacombe
- \* Jason Halliwell
- \* Carl Hall
- \* Gavin Stephens
- \* Mari Roberts-Wood
- r Steve Flanagan
- Jo Cogswell
- Professor Helen Rostill (Co-Sponsor)
- r Liz Williams (Co-Sponsor)
- Kate Barker (Co-Sponsor)
- Professor Deborah Dunn-Walters
- \* Rachael Wardell
- Borough Councillor Hannah Dalton
- Lisa Townsend
- Siobhan Kennedy (Associate Member)

**Substitute Members:**

- \* Dr Priya Singh - Chair, NHS Frimley Integrated Care Board
- r Catherine Butler - Housing Solutions Manager - Housing Services, Woking Borough Council)
- \* Cate Newnes-Smith - Chief Executive Officer, Surrey Youth Focus
- \* Rachel Crossley - Joint Executive Director - Public Service Reform, Surrey Heartlands ICS and Surrey County Council

**In attendance**

Gemma Morris - Detective Superintendent, Surrey Police

The Chairman welcomed the following new Board members:

- The two standing - no longer rotational - VCSE Alliance Co-Representatives attending alongside Jason Gaskell: Rosemarie Pardington (Director of Health, Research & Compliance/Deputy Chief Executive Officer, Young Epilepsy) and Sue Murphy (Chief Executive Officer, Catalyst).
- Jo Cogswell, Place Based Leader, Guildford and Waverley Health and Care Alliance; filling that Vacancy.

*Rosemarie Pardington joined the meeting at 2.03 pm.*

**39/22 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Fiona Edwards - Dr Priya Singh substituted, Jo Cogswell, Sinead Mooney, Siobhan Kennedy - Catherine Butler substituted, Karen Brimacombe, Professor Deborah Dunn-Walters, Jason Gaskell - Cate Newnes-Smith substituted, Professor Helen Rostill, Kate Barker, Liz Bruce - Rachel Crossley substituted.

**40/22 MINUTES OF PREVIOUS MEETING: 28 SEPTEMBER 2022 [Item 2]**

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

**41/22 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**42/22 QUESTIONS AND PETITIONS [Item 4]**

**a Members' Questions**

None received.

**b Public Questions**

None received.

**c Petitions**

There were none.

**43/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]**

**Witnesses:**

Mari Roberts-Wood - Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)

Liz Williams - Joint Strategic Commissioning Convener, Learning Disability and Autism and all age Mental Health, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

**Key points raised in the discussion:**

*Priority One*

1. The Priority Three Sponsor in lieu of the Priority One Sponsor noted that:

- Progress had been made under the outcome: ‘the needs of those experiencing multiple disadvantage are met’, whereby the Changing Futures Lived Experience Group was meeting monthly and co-production work was being undertaken with those with lived experience.
  - In addition to the information within the ‘In the Spotlight - Uptake of Diabetes Prevention Programmes by Ethnically Diverse Communities’ section: there was a stark difference in the likelihood of developing type 2 diabetes between people from white backgrounds and those from ethnically diverse communities; 3.8% of people from white backgrounds live with type 2 diabetes compared to 5% of people from ethnically diverse communities. People from ethnically diverse communities might also develop diabetes at a younger age than their white counterparts. Culturally appropriate interventions and co-designing were vital.
2. The Vice-Chairman recognised that there had been a huge success with the three pilots - Epsom, Woking and Staines - and wondered whether there was funding or an appetite for Active Surrey to roll that out more widely to other areas with a high number of ethnic minorities, depending on the population health data. She noted that it would be helpful to see the data to assess whether the people participating in the prevention programme maintain their average blood glucose levels and do not develop diabetes.
- In response, the Priority Three Sponsor confirmed that the intention was for a wider roll out following the successes had, however funding was a challenge and discussions were underway. She would liaise with the contact at Active Surrey who might be able to provide the Board with an update on future plans for the particular programme. She agreed that tracking the outcomes were critical and she would look into the data.

### *Priority Three*

3. The Priority Three Sponsor noted that:
- £20,000 in funding had been awarded from the Police and Crime Commissioner for Surrey to a charity called the Skill Mill as set out under the third outcome; the outcomes would be tracked and it was hoped that it would make a difference to some people's lives.
  - In addition to the information within the ‘In the Spotlight - Cost of Living’ section: the borough and district councils, and Surrey County Council had been busy with partners to provide advice on support with energy bills and other utilities, facilitating Warm Hubs across Surrey and signposting to grants and delivering communications through a Surrey-wide leaflet; working collaboratively with the Voluntary, Community and Faith Sector (VCFS) to provide targeted support through food banks and debt advice for example and gathering local intelligence on the most vulnerable.
4. A Board member highlighted the Canal Watch (Woking) which was a problem-solving exercise involving a wide range of partners and volunteers; it had won the prestigious Tilley Award, the pre-eminent problem-solving award nationally and it meant that the partnership group goes forward to the international Herman Goldstein Award. He thanked all those involved as a real impact had been made.
5. The Chairman thanked the borough and district councils, and the Voluntary, Community and Social Enterprise (VCSE) Alliance for their work on addressing the cost of living, he reiterated that the leaflet sent to all households in Surrey provided signposting to support. He welcomed that the Government had provided funding for financial support over Christmas.

## Priority Two

6. The Priority Two Co-Sponsor noted that:
  - The Mental Health: Prevention Oversight and Delivery Board (MHPODB) first met in October and it provided coordinated oversight of delivery integrating Priority Two of the Health and Wellbeing Strategy with the early intervention and prevention workstream of the Mental Health Improvement Plan (MHIP); it was pleasing to see that the approach aligned with the Integrated Care Strategies, focusing on prevention and the wider determinants of health.
  - In addition to the information within the 'In the Spotlight - CYP EHWP Questionnaire' section: the results of the 2022 Surrey Health Related Behaviour Questionnaire indicated a worrying 7% increase in the number of primary school children worrying about five or more issues and an increase of 3% of those worrying quite a lot or a lot about one issue. Secondary school students indicated a drop in percentage of both having access to an identified trusted adult and they had less happiness with life, it was striking that they indicated that they were worried about the mental health of someone in their family. It would be vital for the MHIP, the Mental Health Investment Fund (MHIF) and wider system partners to use those insights as well as the wider report findings to inform current and future delivery models.
7. A Board member asked whether there was evidence of a national trend that secondary school pupils felt a greater loss of access to a trusted adult, or whether it was a Surrey issue. He asked to what degree there was evidence to suggest the correlation between loss of access to a trusted adult and poor emotional health and wellbeing; whether it was a causal factor.
  - The Priority Two Co-Sponsor explained that she would liaise with the Public Health Lead on the matter, seeking further details particularly on the national picture, as it would be helpful for the system to understand that.
8. A Board member commented on the findings and connected them explicitly with some of the findings from other areas of research in the work underway in other partnerships, noting that the information reported was not surprising as all services were hearing that from children when they sought access to support and further help from Surrey's services and when they shared their views in their schools and other settings. She noted that it was important that the report and feedback reinforces what all knew as a priority for Children's Services and the Surrey Safeguarding Children Partnership. Alongside the Director of Public Health (SCC), she had introduced a recent session defining the future workshop for emotional wellbeing and mental health; she noted positive feedback from a young person who shared their lived experience on the issues faced locally, that the attendees were passionate about making a change and were listening. She commended the engagement work with Surrey's young people and hoped that all would continue to support it together.
9. The Vice-Chairman noted that the survey highlighted the significant need out there around early intervention and that needed to be a consideration when thinking about the impact of financial hardship on Surrey's providers and how that would be resolved as well as looking at the current offer for emotional health and wellbeing in schools. She asked whether any of the findings in the report would be reflected into the Joint Strategic Need Assessment (JSNA), especially the Core 20 PLUS 5 children and young people.
  - In response, a Board member noted that the survey was repeated every two years and whilst it was not nationwide there was comparative data

that she would put in the Teams meeting chat. She noted that when the JSNA chapter on Mental Health of children & young people was reproduced, various sources of data and information were signposted. The findings from the ongoing insight work would also feed into the Emotional Wellbeing and Mental Health Strategy, the Healthy Schools approach and the delivery of work within schools; she noted that it was an iterative process.

10. Given the current workforce issues and lack of provision which was exacerbating some of the issues reported in feedback from children in Surrey's schools, a Board member asked what the action plan was to reduce any deficits and whether the MHPODB's summary implementation plan which sought to align efforts, reduce duplication and ensure a common set of collaborative programmes to be prioritised; would be able to expose the need, the deficits and the actions that would be taken to address that.
  - In response, a Board member noted that the MHIP would seek to address those deficits and highlighted the challenge of the overwhelming level of need that exceeded the resources available to fully address those issues. Early intervention work was crucial, supporting children to feel better amongst themselves through their ordinary lives would reduce the demand. Going forward there was a need to map out a twin plan, addressing the need today in the short-term and addressing the need in the future in the long-term through strategic work to improve early intervention to reduce the source of the need; alongside the MHPODB, the Board would play a decisive role in terms of setting out that strategic work.

#### **RESOLVED:**

1. Noted progress against the three priorities of the Strategy in the Highlight Report.
2. Utilised the links to the refreshed Health and Well-being Strategy and Highlight Reports to increase awareness through their organisations and elicit support for reducing health inequalities.
3. Ensured members/member organisations were utilising the HWB Strategy engagement slide deck on the SCC Community Engagement sharepoint site to provide active leadership around the mission to reduce health inequalities within their own organisations and across the system.

#### **Actions/further information to be provided:**

##### *Priority One*

1. The Priority Three Sponsor will liaise with Charlotte Long at Active Surrey:
  - who might be able to provide the Board with an update on future plans for a wider roll out of the physical activities set up concerning the diabetes prevention programmes.
  - she would look into the data to track the outcomes to assess whether the people participating in the prevention programme maintain their average blood glucose levels and do not develop diabetes.

##### *Priority Three*

2. The Priority Two Co-Sponsor will liaise with Adam Letts, Public Health Lead (SCC) seeking further details on:
  - the national picture whether there was evidence of a national trend that secondary school pupils felt a greater loss of access to a trusted adult, or whether it was a Surrey issue.

- to what degree there was evidence to suggest the correlation between loss of access to a trusted adult and poor emotional health and wellbeing; whether it was a causal factor.
3. The Board member (Ruth Hutchinson) will put the comparative data around the survey which was repeated every two years - Health Related Behaviour Questionnaire - in the Teams meeting chat.

#### 44/22 HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN 2023 [Item 6]

##### Witnesses:

Giselle Rothwell - Director of Communications and Engagement, Surrey Heartlands ICS

Sarah Archer - Communications Account Manager - Public Health, Surrey County Council

##### Key points raised in the discussion:

1. The Director of Communications and Engagement (Surrey Heartlands ICS) noted that:
  - The Board's Communications Group supported the Health and Wellbeing Strategy through a range of communications work, it was jointly chaired by her and the Strategic Director - Communications (SCC) and had a broad membership including representatives from the voluntary sector.
  - The Group had matured and evolved over the last couple of years, it was increasingly talking across Surrey with one voice across its partners; noting a joint campaign around mental health last year, the huge amount of work around Covid-19, and the current collaborative work on winter plans.
  - The Communications Plan 2023 had been refreshed to reflect the Board's revised Health and Wellbeing Strategy.
  - Greater value could be added as a Group through focusing on larger campaigns during the year, resourcing them well to deliver greater impact; rather than doing lots of smaller campaigns. The Group was always looking for new ways of evaluating communications campaigns.
2. The Communications Account Manager - Public Health (SCC) noted:
  - That the Plan which had been Covid-19 focused over the last two years, had been tweaked and expanded to focus on the Health and Wellbeing Strategy's priorities; whilst being flexible, reacting to health and wellbeing priorities as they change.
  - Areas of focus concerning Priority One included the: winter plan, children's immunisations including information on diphtheria and polio, promoting cancer screening and health checks, campaign around Stoptober, the Changing Futures Programme to reduce the stigma around people with multiple disadvantage; a new logo had been created.
  - Areas of focus concerning Priority Two included the: Face of Support campaign last year concerning early intervention, building resilience and connecting people in communities and working with the Community Champions to disseminate messages, using case studies to highlight lived experience and using mental health workers in a recent campaign.
  - Areas of focus concerning Priority Three included the: aforementioned Surrey-wide leaflet and there had been requests for that leaflet to go much wider, campaign about domestic abuse highlighting the coercive

- and controlling behaviours, work underway with other directorates around Active Travel which provided health benefits.
- The Tactics and Channels, Opportunities and milestones, Key Audiences, and Success sections in Annex 1.
3. A Board member noted that she fully endorsed the focus on a few campaigns a year and she encouraged the Group to look at the Food Strategy under development - under Priority One - which cut across a number of the key themes discussed such as the cost of living, sustainability and the health impact of diet; it would be useful to use those insights.
    - In response, the Director of Communications and Engagement (Surrey Heartlands ICS) would take that suggestion to the Group's next meeting.
  4. A Board member asked whether there was sufficient linkage into the VCFS groups and priority populations and whether there was anything more that could be done to support that. As had been highlighted by the Covid-19 communications campaigns it was vital to get that culturally aware messaging out; whilst delivery was important so was co-designing messages which she felt was missing. As there was no additional budget allocated to that, she asked whether there were concerns around delivery and whether the VCSE Alliance could help the Group to get closer to some of those groups and priority populations.
    - In response, the Director of Communications and Engagement (Surrey Heartlands ICS) acknowledged that there was always more that the Group could do, she noted that the work underway with Healthwatch Surrey and the wider sector was critical in delivering the Plan through reaching out into local communities. She noted that it was positive that a few communications officers from across the VCFS groups were members of the Group and she welcomed the offer regarding the Group linking into the VCSE Alliance and the voice group to help them do that.
  5. A Board member noted the impressive range of campaigns and channels that were used to access as many residents as possible. Regarding the GP texting service which was a trusted means of communicating with residents - a letter alternative to those not digitally connected - and was one of the most extensive databases available in Surrey, she asked how that could be expanded to circulate some of the preventative and wider messages potentially including social care support from across agencies without devaluing that trusted source.
    - In response, the Director of Communications and Engagement (Surrey Heartlands ICS) noted that it was a valuable channel and that the Group had to be careful about how it used it so that it does not dilute it and there was a cost involved. The Group worked closely with the primary care teams in health to think about when a cascade might be useful such as during Covid-19. She noted that Group would look to explore the cascading of those health prevention messages through the GP texting service.
  6. Referring to Priority Three, area of focus: community-led action, looking ahead to the work around priority populations a Board member wondered whether the concept of neighbourliness could be pursued as it helped to cut across several of the priorities as a well-informed neighbour may be able to support somebody with their mental health or to keep safe. He noted the Emoji Awareness campaign which was launched last week, which was under the area of focus concerning safeguarding and exploitation, he encouraged Board members to look at that and he would send the link to the Committee Manager (SCC).
    - In response, the Director of Communications and Engagement (Surrey Heartlands ICS) noted that the Group would like to know more about the

Emoji Awareness campaign and she agreed that it should explore all those avenues of neighbourliness, working in partnership. She noted that there was much potential as there were many channels available, resourcing and the time to pursue those was a consideration.

7. The Vice-Chairman noted that a positive about Surrey Heartlands ICS was that primary care were all on a similar website and she would be happy to work more closely with Director of Communications and Engagement (Surrey Heartlands ICS) as she believed that primary care would be willing to share a communications campaign on their social media platforms, as the websites were cluttered; it would be useful to work on having a more aligned social media communications campaign.
  - In response, the Director of Communications and Engagement (Surrey Heartlands ICS) noted that she was working with a company called Redmoor Health with primary care colleagues, who were supporting general practices to get their social media up and running. The Group was looking at circulating consistent messaging through primary care's social media; she would liaise with the Vice-Chairman on her offer of support.

#### **RESOLVED:**

1. Noted the alignment of the Communications Plan with the refreshed HWB Strategy and the stronger links between the Communications Plan priorities and the HWB Strategy outcomes.
2. Approved the refreshed Communications Plan for 2023.
3. Shared and endorsed the priorities within members' respective organisations.
4. Ensured representation on HWB Communications group.
5. Considered appetite and capacity for considering allocated money or formally pooled budgets for the Communications Plan.

#### **Actions/further information to be provided:**

1. The Director of Communications and Engagement (Surrey Heartlands ICS) will take that suggestion to the Communications Group's next meeting to look into the Food Strategy.
2. The Director of Communications and Engagement (Surrey Heartlands ICS) will follow up the offer with the Board member (Kate Scribbins) for the Communications Group to link into the VCSE Alliance and the voice group to help them to link into the VCFS groups and priority populations on delivery and co-designing messaging including culturally aware messaging.
3. The Director of Communications and Engagement (Surrey Heartlands ICS) via the communications Group, will look to explore the cascading of those health prevention messages through the GP texting service; without devaluing that trusted source.
4. The Board member (Gavin Stephens) will send the link to the Emoji Awareness campaign to the Committee Manager (SCC) to be circulated to the Board.
5. The Director of Communications and Engagement (Surrey Heartlands ICS) via the Communications Group, will look into the Emoji Awareness campaign and the suggestion to explore all those avenues of neighbourliness, working in partnership.
6. The Director of Communications and Engagement (Surrey Heartlands ICS) will liaise with the Vice-Chairman following up her offer of support around working more closely on having a more aligned social media communications campaign and sharing those campaigns on their social media platforms.



**45/22 EMPOWERED AND THRIVING COMMUNITIES - SYSTEM CAPABILITY UPDATE [Item 7]**

**Witnesses:**

Daniel Shurlock - Design Lead for Empowered and Thriving Communities, Surrey County Council

Mari Roberts-Wood - Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)

Dr Gillian Orrow, Co-Founder of Growing Health Together, Programme Director and Healthy Horley PCN Lead

Dr Becca Bowden - Chief Executive Officer, Community Foundation for Surrey

**Key points raised in the discussion:**

1. The Design Lead for Empowered and Thriving Communities (SCC) noted that:
  - When the Health and Wellbeing Strategy was first refreshed with the goal to narrow health inequalities, there was a commitment to review how the system was working alongside communities and the identified Key Neighbourhoods were prioritised as they had the poorest health outcomes.
  - There were some fantastic examples across the system to be proud of in terms of building on learning and connecting more closely with communities; that work was being shared and done in a way that was understandable.
  - That engagement, listening and understanding of what was going on in Surrey's communities, could be applied to other work and more needed to be done; looking at investment into community-led action for example, through various funds such as Your Fund Surrey and the MHIF.
2. The Priority Three Sponsor provided an example of the joint work in Merstham:
  - Merstham was the most deprived area in Surrey, looking at the 21 Key Neighbourhoods it had some of the most concentrated challenges. Reigate and Banstead Borough Council had been investing in community development work within Merstham for the past fifteen years. She encouraged Board members to visit the Merstham Community Hub - including a library and a community café - which was resultant from the engagement and co-design work with residents and it was supported by volunteers; it had played a key role during Covid-19.
3. The Co-Founder of Growing Health Together, Programme Director and Healthy Horley PCN Lead provided an example of Health Creation in East Surrey:
  - Health Creation had been game changing for East Surrey through Growing Health Together, which developed key working relationships with Surrey County Council and Reigate and Banstead Borough Council's Community development team, building on the fantastic work that Reigate and Banstead Borough Council had been developing over the past fifteen years. Focused Health Creation work was undertaken in Nailsworth Crescent housing estate in Merstham, through engagement and listening the residents highlighted their priorities which included improving the quality of their housing, improving the social provision for young parents and their families, and improving the local environment in

terms of green spaces and air quality. Through partnership work the various sectors worked alongside local people to affect the changes requested by the community, evidence from elsewhere in the country suggested that approach could catalyse significant and sustained reversal of even entrenched health inequalities.

4. The Chief Executive Officer (Community Foundation for Surrey) provided an example of future investment opportunities:
  - The Community Foundation for Surrey (CFS) was established in 2005 and its mission statement was to grow philanthropy to change the lives of local people for the better, using donors' money to make the most impact over the long-term, bringing together key people and organisations. Over the last three years the CFS had £4 million worth of grants out in the first few months of 2020; and so far it had awarded over £20 million into Surrey, focusing only on local charities and community organisations, and it had generated over £37 million in endowed funds. The £17 million of invested funds were split into 89 different funds for a particular cause or area, each was run by a panel of local volunteers. The CFS sought to change the narrative, particularly in those Key Neighbourhoods to focus on the huge resources that were available in Surrey. She noted the grant awarded to the Merstham Community Hub to grow and develop their business. She noted that the CFS sought to use the 16 area funds to build capacity in local communities, for example Guildford Philanthropy was set up in 2014; over £1 million had been raised for the area. She noted that it would be good to engage people more to help them to manage that investment.
5. The Design Lead for Empowered and Thriving Communities (SCC) concluded that the report set out the commitment to the work and the need to engage and understand Surrey's communities in terms of data and insights and how that informed the commissions and service designs. Going forward, it would be vital to undertake that capacity building, local listening and looking longer-term concerning how the system could leverage other types of investment into community action, looking at the detail through working in partnership.
6. The Chairman noted that the work would align with the towns and villages initiative, with the detail to follow early next year.

#### **RESOLVED:**

1. Noted the progress to date, examples and key reflections from efforts to work more creatively and collaboratively alongside communities.
2. Confirmed that the development of the Empowered and Thriving Communities system capability be further embedded into ways of working right across the Surrey system, with a priority focus on partnership work alongside communities in the 21 Key Neighbourhoods.
3. Agreed that over the next 12 months there will be a focus on specific actions for (i) strategic direction and alignment (ii) data and insights (iii) capacity building (iv) investment.

#### **Actions/further information to be provided:**

None.

**46/22 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22  
[Item 8]**

#### **Witnesses:**

**Key points raised in the discussion:**

1. The Independent Chair (SSAB) noted that:
  - There had been an increase in concerns raised which had turned into an increase in Section 42s.
  - The upward trend had continued concerning Safeguarding Adults Reviews from six in the previous year, last year there were 14, and this year there were 26; that was comparatively high as throughout his time in Surrey there only used to be a few a year. Covid-19 and the resultant backlog was a partial explanation for the increase, there was a lot of pressure on people around mental health, as well as instances of alcohol and drug abuse.
  - Prevention was good however it was vital to understand the underlying causes, seeing those clearly was difficult by the time the cases reached the SSAB however there was better data and more information available.
  - The world had moved on since the Annual Report was published, worries looking ahead were staffing: recruitment and retention, especially around the areas in the voluntary sector predominantly which were being put under enormous pressure, the financial environment, care homes and domiciliary care, capacity in social care and the NHS; and the rise of mental ill health particularly around those who had never presented before and in children, and an increase in needs related to autism.
  - It was vital that all understood what safeguarding means, how to manage issues and how to provide support, ensuring that vulnerable residents are looked after.
  - The support from all agencies had been immense and critical for the SSAB, he noted his thanks.
2. The Chairman noted that the report had been reviewed through other parts of the system and acknowledged the challenges ahead with the increased reviews.
3. The Chairman thanked the Independent Chair (SSAB) for all the work undertaken over the past year. He noted that it was likely to be Simon Turpitt's final meeting as the Independent Chair (SSAB) with his successor to be in post early January and on behalf of the Board he thanked him for his hard work in chairing the SSAB over a significant number of years.

**RESOLVED:**

1. Considered and noted the Surrey Safeguarding Adults Board Annual Report 2021/22.
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:**

None.

**47/22 SURREY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT  
2021/2022 [Item 9]**

**Witnesses:**

Alison Cutler - Partnership Development Manager, Surrey Safeguarding Children Partnership

Simon Hart - Independent Chair, Surrey Safeguarding Children Partnership

### **Key points raised in the discussion:**

1. The Partnership Development Manager (SSCP) noted that:
  - In 2018 the Working Together guidance was published by the Government whereby the responsibility for safeguarding arrangements shifted primarily from the Safeguarding Children Board to the Safeguarding Children Partnership and more substantially, the responsibility shifted to three partners: health, police and the local authority.
  - As part of those new arrangements, the requirement was that those statutory partners produce an Annual Report outlining the activity and impact of the SSCP and that report is then scrutinised by the Independent Chair (SSCP).
  - Some of the activity from last year focused on learning and improvement, examples highlighted how the learning from reviews was used to move forward practice across the partnership; mental health was a focus area.
  - The SSCP undertook audits for partners to look at how they were managing safeguarding practices within their organisations and over the past year there had been some large improvements there.
  - The SSCP continued to focus on early help and thresholds, that was progressing well but was an area to be looked at in the coming year.
  - Adolescent resilience and support, including emotional health and wellbeing continued to be a focus and one of the highlights in the report was the formation of the Mental Health Alliance and the impact that had in providing better support to schools through their primary health workers.
  - Neglect remained a big issue and that came up in Serious Case Reviews and national child safeguarding practice reviews, the SSCP was continuing its work around Graded Care Profile roll out across Surrey.
  - Three of the challenges that the SSCP was looking at in the months ahead were: a greater consistency in the quality and effectiveness of multi-agency safeguarding practice and involvement in child protection processes, learning lessons from the reviews and identifying areas where it could improve, and the issues of recruitment and retention which were issues nationally but needed to be monitored in Surrey.
2. The Independent Chair (SSCP) noted that:
  - His role was to make an objective and independent comment on the Annual Report, which he strongly supported explaining that the governance arrangements that were in place had become well established.
  - The SSCP was well supported by the partners both from the point of view of maintaining the stability of the funding arrangements, but also the amount of time that agencies were committing to the SSCP.
  - The newly added section on the inspectorates' findings was an additional strength.
  - The section dealing with recruitment and retention was highly appropriate and it would continue to be one of the major challenges to safeguarding in Surrey, as it was nationally.

- Other challenges to safeguarding were: the growing gap between levels of need and capacity which was a significant potential risk, emotional wellbeing and mental health particularly concerning adolescents and the SSCP had undertaken important work in relation to adolescent suicide and it had been influential in helping to drive some of the transformational change that was taking place in Surrey; the consistency in practice whilst developing, remained an element of risk alongside pace and consolidation.
  - Not mentioned in his report, was that the SSCP had looked carefully at the implications of Covid-19 over the course of the last eighteen months. Just as the SSCP had reached the point where it seemed as though all the local arrangements were in place and functioning, a potential risk to safeguarding was the challenges associated with cost of living and families being able to sustain themselves financially in very difficult circumstances.
  - Supported the conclusions reached by the statutory partners about progress being made, whilst being cautious about the sustainability.
3. The Chairman read out a comment in the Teams meeting chat by a Board member which he endorsed: that he had joined the children's safeguarding team several times this year and he noted that he was impressed with the working relationships, the lack of hierarchy and the empathy and care that was shown by all partners when carrying out reviews.
  4. The Chairman thanked the Partnership Development Manager (SSCP) and Independent Chair (SSCP) for all the work undertaken over the past year.

**RESOLVED:**

1. Noted the report.
2. Noted the SSCP's priorities for 2022 to 2023.
3. Noted the need to focus on the impact of activity, of improving the quality of 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.

**48/22 NATIONAL HOSPITAL DISCHARGE FUNDING [Item 10]**

**Witnesses**

Lucy Clements - Health Integration Policy Lead, Surrey County Council and Surrey Heartlands ICS

**Key points raised in the discussion:**

1. The Chairman noted that Surrey received £8.5 million through the Better Care Fund and it had to make a submission to the Government within the tight deadline of 16 December 2022, which it had done.
2. The Health Integration Policy Lead (SCC and Surrey Heartlands ICS) noted that the report outlined the allocation coming to Surrey and what the proposals were for spending that money as a Surrey system, both Surrey Heartlands and Frimley ICSs.

3. A Board member thanked the team as the timescale for submission was very tight. She noted that it was a good joint piece of work and reiterated that it was important for the Board to have greater scrutiny over the Better Care Fund submission and to look at the governance around that, particularly as there was even more money coming in through the Better Care Fund.
  - The Chairman agreed that it was a good collaborative piece of work, some of that information had been shared with Government ministers who were keen to see how the money could be used to free up beds. He agreed that the Board needed to have more involvement in the Better Care Fund process and how the money is spent before being asked to sign it off, sometimes retrospectively.

**RESOLVED:**

1. Approved that Discharge to Assess (D2A) would be the priority scheme funded from this grant c£6.5m.
2. Approved that any remaining monies once D2A has been funded, c£2m, would be spent on the priority cohorts of Mental Health, Self-Funders and P3 placements (outside of D2A), subject to a business case and agreement at ICS Execs.
3. Approved that if Surrey Heartlands or Frimley develop a funding gap on D2A as the year progresses, the use of this £2m would be reviewed and potentially re-prioritised.

**Actions/further information to be provided:**

1. The Health Integration Policy Lead (SCC and Surrey Heartlands ICS) will follow up the Board member's (Claire Fuller) and Chairman's comments that the Board needed to have greater scrutiny over the Better Care Fund submission and involvement in the process going forward and to look at the governance around that such as how the money is spent before being asked to sign it off, sometimes retrospectively, particularly as there was even more money coming in through the Better Care Fund.

**49/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 11]**

**Witnesses**

Dr Priya Singh - Chair, NHS Frimley Integrated Care Board

Tom Lawlor - Director of Operations, Surrey Heath, Frimley ICS

Professor Claire Fuller - Chief Executive Officer, Surrey Heartlands ICS

**Key points raised in the discussion:**

1. The Chair (NHS Frimley ICB) noted that:
  - The Frimley ICS was in the process of re-examining and refining the Integrated Care Strategy, the work to align to that and to ensure delivery had been well supported across the system.
  - There was an understandable general anxiety in society and that fed into the way in which pressures were being felt across the public services, however reflecting on the work that had been done with the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) the way in which the workforce was rising to the challenges regardless of the pressures was commendable, for example the preparation around winter planning.

- There were additional pressures now of Strep A for example, however people across the system were working constructively together and she thanked the public service partners and the teams.
  - The work that the ICP had been doing was focused on creating key priorities, ensuring clarity and the alignment around that; an example of work underway included fuel poverty and being able to have actionable insight from that population health data.
2. The Director of Operations (Surrey Heath, Frimley ICS) noted that:
    - In terms of the implementation of the Fuller Stocktake report and the next steps for primary care, the recommendations were aligned with Frimley ICS's goals and so had been built into the existing work within the system.
    - The Frimley ICS had adopted that population health management approach and used that to aid and improve access to services and to improve the appropriate continuity of care. There had been a focus on understanding the population and different cohorts and then providing the right pathways and care for those people.
    - Within its neighbourhoods there were existing integrated care teams and the Frimley ICS had used those to evolve and refine what it was doing based on the needs of a particular neighbourhood such as looking at care navigation, using the multi-disciplinary teams ensuring proactive and reactive care for people, providing same-day access and tailoring that provision, and using the insights and data throughout the connected care system to highlight opportunities and areas for improvement.
    - The Frimley ICS sought to work with its communities to make the changes needed and that had been one of the big differences and changes in terms of the method and how the system works with people.
  3. The Chief Executive Officer (Surrey Heartlands ICS) noted that:
    - The Surrey Heartlands ICS had declared a system-wide critical incident yesterday, which reflected the high levels of system pressures and demands in part linked to the number of different infections circulating.
    - It was important for the system to ensure that it continued to focus on transformation and making those longer-term changes, so that it does not simply remain reactive.
    - The system took its Fuller Stocktake report implementation plans through its last ICB, looking at the three themes: how to improve access for people, how to improve continuity to look after the most complex patients, and how to better improve health inequalities with communities.
    - The other areas that were important to consider were the enablers: estates, data, digital, workforce and leadership.
    - There would be a meeting of the ICP following the Board where the ICP would be signing off its Integrated Care Strategy which aligned to the long-standing Health and Wellbeing Strategy, its priorities and the wider determinants of health.
  4. The Chairman noted that he and the Chief Executive Officer (Surrey Heartlands ICS) were supporting the Rt Hon Patricia Hewitt with her review of the ICSs nationally, and that reinforced the strong local leadership and partnership working that there was in Surrey Heartlands and Frimley; compared to other parts of the country. He noted that it would be interesting to see what the Hewitt review recommends and commented that there were not any ideas or better ways of working that Surrey was not already implementing locally. As two systems, Surrey was leading the charge around engaging with its communities and improving health outcomes for its residents.

**RESOLVED:**

1. Noted the update provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards.
2. Noted the verbal update provided on both the Surrey Heartlands ICS' and the Frimley ICS' implementation of the 'Next steps for integrating primary care: Fuller stocktake report'.

**Actions/further information to be provided:**

None.

**50/22 DATE OF THE NEXT MEETING [Item 12]**

The date of the next public meeting was noted as 15 March 2023.

*The Chairman thanked all for their engagement and contributions over the past year and whilst he feared that the next six months would be challenging, he provided reassurance that the system would step up and carry on as it had done over the past year. He wished all a Happy Christmas and a peaceful New Year.*

Meeting ended at: 3.34 pm

---

**Chairman**