

## Notice of Meeting

# Health and Wellbeing Board



**Date & time**  
**Wednesday, 21**  
**December 2022**  
**at 2.00 pm**

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

**Contact**  
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**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](mailto:amelia.christopher@surreycc.gov.uk).**

**This meeting will be held in public. 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

Tim Oliver (Chairman)	Leader of Surrey County Council
Dr Charlotte Canniff (Vice-Chairman)	Joint Chief Medical Officer, Surrey Heartlands Integrated Care System
Karen Brimacombe	Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
Professor Helen Rostill / Kate Barker and Liz Williams	Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Co-Sponsor) / Joint Strategic Commissioning Conveners, Surrey County Council and Surrey Heartlands (Priority 2 Co-Sponsors)
Mari Roberts-Wood	Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
Fiona Edwards	Chief Executive of the Frimley Integrated Care System
Jason Gaskell / Sue Murphy and Rosemarie Pardington	CEO, Surrey Community Action / Chief Executive Officer, Catalyst / Director of Health, Research & Compliance/Deputy CEO Young Epilepsy (VCSE Alliance Co-Representatives)
Dr Russell Hills	Executive Clinical Director, Surrey Downs Health and Care Partnership
Kate Scribbins	Chief Executive, Healthwatch Surrey
Ruth Hutchinson	Director of Public Health, Surrey County Council

Liz Bruce	Joint Executive Director of Adult Social Care and Integrated Commissioning, Surrey County Council and Surrey Heartlands ICS
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning
Professor Claire Fuller	Chief Executive Officer, Surrey Heartlands Integrated Care System
Graham Wareham	Chief Executive, Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council
Mark Nuti	Cabinet Member for Adults and Health, Surrey County Council
Sinead Mooney	Cabinet Member for Children and Families, Surrey County Council
Denise Turner-Stewart	Cabinet Member for Communities and Community Safety, Surrey County Council
Jason Halliwell	Head of Probation Delivery Unit for Surrey at The Probation Service
Carl Hall	Deputy Director of Community Development, Interventions Alliance
Gavin Stephens	Chief Constable of Surrey Police
Borough Councillor Hannah Dalton	Chair of Residents' Association (Majority Group), Epsom and Ewell Borough Council (Surrey Leaders' Group)
Steve Flanagan	Representative, North West Surrey Integrated Care Partnership and Community Provider voice
Jo Cogswell	Place Based Leader, Guildford and Waverley Health and Care Alliance
Vacancy	Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers
Lisa Townsend	Police and Crime Commissioner for Surrey
Deborah Dunn-Walters	Professor of Immunology and leads the Lifelong Health research theme, University of Surrey
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: 28 SEPTEMBER 2022**

(Pages 1  
- 18)

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 (*15 December 2022*).

#### **b Public Questions**

The deadline for public questions is seven days before the meeting (*14 December 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**

(Pages  
19 - 32)

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) in the priority populations as of 29 November 2022. The Highlight Report provides an overview of each HWB Strategy Priority, describes what has been achieved in the previous period

against outcomes and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').

The Highlight Report now includes a section on the progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) – chapters already published, chapters to be published by the end of the financial year and chapters that are in development.

**6 HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN 2023** (Pages 33 - 40)

The Health and Wellbeing Board Communications Group has developed the Health and Wellbeing Board Communications Plan which outlines joint priorities for communications activity in 2023. The plan builds on successful work from the previous year as well as making sure that the refreshed Health and Wellbeing (HWB) Strategy is reflected in the priorities within the Communications Plan.

**7 EMPOWERED AND THRIVING COMMUNITIES - SYSTEM CAPABILITY UPDATE** (Pages 41 - 52)

This report provides a summary overview of how this underpinning HWB Strategy, "system capability" for Empowered and Thriving Communities has been progressed to date. Positive examples are highlighted, particularly in some of the [Key Neighbourhoods](#) where there have been focused efforts to work more creatively and collaboratively alongside communities.

**8 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22** (Pages 53 - 110)

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency board with responsibilities set out in the Care Act 2014. The SSAB is chaired by an independent chair, Mr Simon Turpitt.

There is a statutory duty for all Safeguarding Adult Boards to publish an annual report and disseminate to various parties, of which the Health and Wellbeing Board is one.

**9 SURREY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2021/2022** (Pages 111 - 158)

The Annual Report of the Surrey Safeguarding Children Partnership (SSCP) is part of the safeguarding partners accountability to members of the full Partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.

The Annual Report covering January 2021 - March 2022 has been approved by the Executive and the full Partnership and was published in December 2022 after being quality assured by Partners. This is in line with the usual publication timelines.

- 10 NATIONAL HOSPITAL DISCHARGE FUNDING** (Pages 159 - 164)
- In the Autumn Statement, £500m was announced as an Adult Social Care discharge fund. The fund is distributed to areas via the ICB (60%) and Local Authorities (40%). The fund will be pooled into the Better Care Fund and agreed between the ICB and HWB on what it needs to be spent on.
- 11 INTEGRATED CARE SYSTEMS (ICS) UPDATE** (Pages 165 - 168)
- The Board is asked to note 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.
- A verbal update will be provided on both the Surrey Heartlands ICS' and the Frimley ICS' implementation of the 'Next steps for integrating primary care: Fuller stocktake report'.
- 12 DATE OF THE NEXT MEETING**
- The next meeting of the Health and Wellbeing Board will be on 15 March 2023.

**Joanna Killian**  
**Chief Executive**  
**Surrey County Council**  
 Published: Tuesday, 13 December 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 28 September 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, 21 December 2022.

**Board Members:**

(Present = \*)

(Remote Attendance = r)

Fiona Edwards  
 Dr Charlotte Canniff (Vice-Chairman)  
 Jason Gaskell  
 \* Dr Russell Hills  
 \* Tim Oliver (Chairman)  
 r 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  
 \* Steve Flanagan  
 Professor Helen Rostill  
 Professor Deborah Dunn-Walters  
 \* Rachael Wardell  
 \* Borough Councillor Hannah Dalton  
 \* Lisa Townsend  
 Siobhan Kennedy (Associate Member)

**Rotational VCSE Alliance Board members:**

Sue Murphy - CEO - Catalyst  
 r Rosemarie Pardington - Director of Integrated Care - Young Epilepsy

**Substitute Members:**

\* Gemma Morris - Detective Superintendent, Surrey Police  
 \* Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)  
 \* Nicola Airey - Executive Place Managing Director, NHS Frimley, Surrey Heath Place  
 \* Cynthia Allen - Director of Service Design, Interventions Alliance

**In attendance**

Rebecca Paul - Deputy Cabinet Member for Levelling-Up (SCC)

*The Chairman noted that there had been an accident on the M25 and therefore some attendees might be late or might be unable to attend.*

The Chairman welcomed incoming Board members and thanked outgoing Board members:

- Welcomed Denise Turner-Stewart - Cabinet Member for Communities and Community Safety.
- Noted the change in portfolios for existing Board members: Sinead Mooney - Cabinet Member for Children and Families and Mark Nuti - Cabinet Member for Adults and Health.
- Thanked outgoing Board members, the Cabinet Members: Clare Curran and Kevin Deanus.
- Welcomed Borough Councillor Hannah Dalton - Chair of Residents' Association (Majority Group), Epsom and Ewell Borough Council (Surrey Leaders' Group); thanked outgoing Board member: Borough Councillor Nick Prescott.
- Welcomed Mari Roberts-Wood - Managing Director (Head of Paid Service), Reigate and Banstead Borough Council (Priority 3 Sponsor).
- Welcomed Kate Barker and Liz Williams (not in attendance) - Joint Strategic Commissioning Conveners, Surrey County Council and Surrey Heartlands (P2 Co-Sponsors).
- Welcomed Sue Murphy (CEO - Catalyst) and Rosemarie Pardington (Director of Integrated Care - Young Epilepsy) who were attending as the rotational VCSE Alliance representatives.

#### **26/22 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Dr Charlotte Canniff, Gavin Stephens - Gemma Morris substituted, Professor Helen Rostill - Kate Barker substituted, Jason Gaskell, Fiona Edwards - Nicola Airey substituted, Liz Bruce, Siobhan Kennedy, Carl Hall - Cynthia Allen substituted, Sue Murphy.

#### **27/22 MINUTES OF PREVIOUS MEETING: 15 JUNE 2022 [Item 2]**

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

#### **28/22 DECLARATIONS OF INTEREST [Item 3]**

There were none.

#### **29/22 QUESTIONS AND PETITIONS [Item 4]**

##### **a Members' Questions**

None received.

##### **b Public Questions**

One question was received from Rebecca Eddington. The question and response were published in the supplementary agenda.

A supplementary question was asked by Rebecca Eddington and the response can be found below.

*Supplementary question asked by Rebecca Eddington:*

The questioner asked if there was anyone specific that would lead the details for bridging into additional resources for mental health so that they could work together.

*Response:*

The Chairman noted that Liz Bruce, Joint Executive Director of Adult Social Care and Integrated Commissioning (SCC and Surrey Heartlands ICS) would be the best person to contact to follow up her question and her contact details would be put in the Microsoft Teams meeting chat.

### **c Petitions**

There were none.

## **30/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item5]**

### **Witnesses:**

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority One Sponsor)

Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

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

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

#### *Priority One*

1. The Priority One Sponsor noted that:
  - Carers and young people are a priority population within the Health and Wellbeing Strategy (HWS) and the Board was being asked to endorse the Surrey Joint Strategy for Young Carers 2022 - 2024 (SJSYC).
  - Feedback from young carers during the consultation period on the SJSYC was that whilst they were proud to be a young carer it can have a negative impact on them, caring becomes normalised and therefore they do not seek support and teachers do not complete the young carers assessments as they are unsure when a young person is a carer.
  - The SJSYC would focus on ascertaining what the true figure of young carers across Surrey is, the scale of young carers was outlined in the report.
  - A rapid review would be undertaken to identify the challenges in ensuring an appropriate transfer of information from primary to secondary education.
  - A new information system would be developed to capture the numbers of and demographic profiles of Surrey's carers.
  - If identified numbers grow, the services that are provided might also need to grow and the SJSYC commits to developing peer support networks.
  - The SJSYC sets out strategic priorities and a vision for Surrey of young carers feeling recognised, valued and supported, and being protected from providing inappropriate care; also ensuring that young carers

achieve their full potential with access to the same opportunities as their peers.

- The SJSYC would be developed into an all-age Carers Strategy to be live from the end of 2024.
2. A Board member welcomed the acknowledgement in the SJSYC of the importance of hearing young carers' voices in every aspect of the work via the Young Carers Forum. For those young carers who do not wish to or were unable to engage with the Forum or did not self-identify as a carer, she asked how their voices would be captured. The identification of carers was vital so that support could be given, Healthwatch Surrey for example was finding that many adult carers did not self-identify as a carer.
- In response, a Board member recognised the importance of finding other routes of engagement for hearing the voices of young people, who might not self-identify as a young carer. There were a range of different children's voice opportunities, for example the User Voice and Participation team engages with a wide range of children on a range of different issues. The SJSYC uses inquisitive language and it was important for staff working with children and young people to be curious about their lives, to ask the right questions in a gentle way and to explore their situation.

*Gemma Morris joined the meeting at 2.14 pm.*

#### *Priority Two*

3. The Priority Two Co-Sponsor noted that:
- The 'In the Spotlight' section focused on the new outcome '*Environments and communities in which people live, work and learn build good mental health*', in the report there was a comprehensive summary of a range of the activities that are in progress. 'How are You Surrey?' is a cross system piece of work underway which focused on vulnerable groups who are either in Adult Social Care and health or working in manual roles, to consider their emotional health and wellbeing in their workplace.
  - Work at the targeted neighbourhood level had commenced and a more comprehensive update would be provided at the next quarter as well as briefings to Members and place-based leads.
4. A Board member referred to the preliminary meeting for the Empowered and Thriving Communities Board that morning where there was a discussion on focusing on the role of the Voluntary, Community and Faith Sector (VCFS) and the Community Foundation for Surrey and deploying some of that mental health resource funding and the role of communities in supporting that agenda. She noted that it would be helpful to link in with the Priority Two Co-Sponsor on that.

*Nicola Airey joined the meeting at 2.19 pm.*

#### *Priority Three*

5. The Priority Three Sponsor noted that:
- The Health in All Policies (HiAP) concept is an evidenced based system-led approach for reducing health inequalities; at November's informal Board meeting there would be an item on the draft HiAP phase one action plan, building on observations made at the HiAP workshop

that whilst leaders understood and were committed to the HWS, that commitment needed to be developed at a deeper level throughout the Board's member organisations.

- A PowerPoint - HWS Engagement Slide Deck - on the refreshed HWS which can be utilised for staff briefings would be sent after the meeting to Board members to disseminate to their organisations to embed the HWS.
  - Key objectives identified at the HiAP workshop were being delivered including identifying where there are cross-cutting issues and key players, such as within planning and transport. Positive impact would come from embedding HiAP into designing policies at an early stage, ensuring less retrofitting, joining up with the Healthy Workplaces approach.
  - The HiAP phase one action plan included a newly convened Health and Planning Forum to explore the need for health impact assessments across Surrey and updates to the 'Creating healthier environments strategic guidance'.
  - Making Every Contact Count (MECC) would be included in the HiAP phase one action plan and is an approach which seeks to maximise opportunities in everyday interactions between councils, health partner services with residents to empower individuals and communities to make positive change in their health and wellbeing; there were some proposals for maximising the delivery of MECC through 'train the trainer' programmes and using community champions to work closely with communities.
  - More information had been included on Surrey County Council's (SCC) website around Warm Hubs.
6. A Board member noted that there was a lot underway regarding the HiAP approach and the item at November's informal Board meeting would provide the details and next steps.
  7. The Chairman reinforced that request for Board members to circulate the HWS Engagement Slide Deck across their organisations.

#### **RESOLVED:**

1. Noted progress against the three priorities of the Strategy in the Highlight Report (Annex 1).
2. Would utilise the link to the refreshed Health and Well-being Strategy to increase awareness through their organisations to elicit support for reducing health inequalities.
3. Endorsed the Young Carers Strategy (Annex 2).

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

1. The Priority Two Co-Sponsor will liaise with the Board member (Denise Turner-Stewart) regarding the role of the VCFS and the Community Foundation for Surrey for example and deploying some of that mental health resource funding and the role of communities in supporting that agenda.
2. The PowerPoint - HWS Engagement Slide Deck - on the refreshed HWS which can be utilised for staff briefings will be sent after the meeting to Board members; Board members will look to disseminate that to their organisations to embed the HWS.

## 31/22 HEALTH AND WELL-BEING STRATEGY METRICS: REVIEW AND REFRESH [Item 6]

### Witnesses:

Ruth Hutchinson - Director of Public Health, Surrey County Council  
Phillip Austen-Reed - Principal Lead – Health and Wellbeing, Surrey County Council

### Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that as the HWS had evolved - as reported in quarterly updates - how that was measured also needed to evolve and the revised metrics and indicators reflected that. 'Data, insights and evidence' was a key system capability and the metrics formed a part of that, aligning with other key work within the Data Strategy as well as the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA).
2. The Principal Lead – Health and Wellbeing (SCC) noted that:
  - The metrics had been outlined in terms of each of the Priority One - Three outcomes that are in the HWS, whilst there was not the same number of indicators per outcome as publicly available data was limited, the indicators did align to all of the outcomes including the new outcome under Priority Two and were to be measured over the long-term.
  - The importance of considering the indicators in terms of the priority populations was recognised and emphasised through the refreshed HWS.
  - A key benefit of the approach presented via the Surrey Index would be that the indicators can be understood at the wider Surrey level but also geographical levels below that such as district or borough, health: place or primary care network, or the Local Super Output Area (LSOA) level.
  - Having more granular data would be important in terms of understanding what the indicators mean in those key neighbourhoods in the HWS, however a limitation in measuring the outcomes was around what publicly available data was available on many of the priority populations and links were being made with various teams to help assist with filling in the gaps in information.
  - Screenshots of indicators around fuel poverty viewable at different geographical levels via the Surrey Index were shown down to ward level with the intention to go down to LSOA level where possible and that granularity was helpful in terms of benchmarking across Surrey and comparing each area over time.
  - Work would be undertaken collectively to ensure that the developing tools would interface where appropriate with products such as the JSNA.
  - Whilst the HWS indicators sit within a larger set of Indicators in the Surrey Index as well as Organisational Indicators, the proposal was that the Strategy indicators could be used as a collective reference point by organisations in Surrey; particularly as many of the indicators and outcomes can only be impacted on by collective action.
  - The request was for organisations when developing their own internal metrics to consider the links with and impact on the HWS indicators.
  - The intention would be to review the metrics and indicators on an annual basis so that where progress is or is not made could be measured over the long term, as a result it was hoped that the focus of the HWS and

other organisations would change to reflect the updated metrics and indicators.

3. The Chairman encouraged Board members to have a look at the Surrey-i website which contains a wealth of data available such as the Surrey Index which could be filtered and it would be an important part of data capturing and actioning the data.
4. A Board member noted that the Board should lead by example by using the appropriate language regarding young cared for people which should not be 'in care' and 'care leavers' rather 'cared for' and 'ex-cared for' as the language has moved on.
5. Referring to inclusion, a Board member noted that it linked back to the joint approach about having equalities in the workforce as well as the wider population; thinking about the metrics used across health and social care, and those being developed within the Council's settings concerning the different workforce populations and the wider population served. He wondered whether there was anything within those metrics to broaden out to look at both populations and linking that approach with what the responsibilities are as anchor institutions.
  - In response, the Principal Lead – Health and Wellbeing (SCC) would follow up with the Board member.
6. A Board member noted the sets of very good indicators relating to children and young people but noticed that further engagement was needed around the safeguarding indicator, she offered her support as it was one of the most measured elements of the work within the Children, Families and Learning Directorate.
  - In response, the Principal Lead – Health and Wellbeing (SCC) noted that whilst there was some initial engagement, the issue would be to work out which indicators are the most pertinent to bring through so it would be useful to sense check that with the Board member.

#### **RESOLVED:**

1. Considered and agreed the proposed set of metrics as a reflection of the greater focus in the HWB Strategy on reducing health inequalities and wider determinants of health.
2. Reviewed and would promote awareness of the metrics within Board member organisations to enable a common understanding and assessment of progress.

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

1. The Principal Lead - Health and Wellbeing (SCC) will action the Board member's (Hannah Dalton) request to change the language used which should not be 'in care' and 'care leavers' rather 'cared for' and 'ex-cared for.
2. The Principal Lead - Health and Wellbeing (SCC) will follow up the comments made by the Board member (Russell Hills) concerning inclusion and having equalities in the workforce as well as the wider population; whether there was anything within those metrics to broaden out to look at both populations and linking that approach with what the responsibilities are as anchor institutions.
3. The Principal Lead - Health and Wellbeing (SCC) will follow up the offer of support from the Board member (Rachael Wardell) about the further engagement needed around the safeguarding indicator.

**Witnesses:**

Jonathan Perkins - Independent Chair, Surrey Mental Health System Delivery Board

Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

**Key points raised in the discussion:**

1. The Independent Chair (Surrey Mental Health System Delivery Board - MHSDB) noted that:
  - The Mental Health Improvement Plan is a piece of work that had been ongoing within Surrey for several years.
  - A peer report was produced in the early summer of 2021 which had multiple recommendations on the improvement of mental health, worked on by the Mental Health Partnership Board.
  - After a year a reset was needed to create more momentum to some of the recommendations from that peer report and from July that reset began and he was invited by the Board's Chairman to chair the new Surrey MHSDB; in order to focus on those recommendations and review what was happening in the wider context in terms of mental health concerning: the development of the new ICS Strategy and inclusion of Surrey Heartlands ICS's 'Critical Five', the implications of the Fuller Stocktake report and looking ahead to winter pressures as well as the cost of living crisis.
  - An update on that new governance in place, the summary of the new MHSDB and the draft Terms of Reference for the Board's approval are included in Appendices 1 and 2.
  - Several senior people from across the system sat on the MHSDB to focus on how to deliver the improvements around mental health and emotional wellbeing in partnership.
  - The best of the previous governance arrangements formed the Co-production and Insight Group which had a broad membership from across the county who met together once a month; and the quality assurance of mental health was overseen by a new board.
  - There was a huge amount of work underway by the providers in the third sector and prioritisation was needed to concentrate resources. The MHSDB was undertaking a phasing exercise to look at what were the most important things that need to be achieved in the quickest time - Appendix 3.
  - The MHSDB was determined to move things forward as a partnership and unblock issues, making progress in the next few months.
2. The Chairman noted that there had been two Mental Health Summits where there had been good discussion but what was needed was frontline delivery and the MHSDB was doing that.
3. A Board member thanked the Independent Chair (Surrey MHSDB) for his leadership and time spent on revitalising the work, she also acknowledged the Joint Executive Director of Adult Social Care and Integrated Commissioning's (SCC and Surrey Heartlands ICS) contribution to progressing delivery.
4. A Board member was grateful to the Independent Chair (Surrey MHSDB) for the invitation to join the MHSDB, she noted that the draft terms of reference were comprehensive and she supported the work underway. She asked the

Independent Chair (Surrey MHSDB) how he envisages the MHSDB would measure the success of all the workstreams and priorities.

- In response, the Independent Chair (Surrey MHSDB) recognised that the MHSDB needed to be able to show success and that was dependent on the different workstreams. He noted that the phasing work would focus on four different areas and within those there would be several priorities and workstreams. Within those, clear and precise delivery objectives would be needed and the MHSDB would not sign those off until it knows how, when and that those delivery objectives had been achieved.
  - The Priority Two Co-Sponsor added that a lot of the additional work in development was the engagement with the Health and Inequalities team and the collaborative working looking at the new HWS outcomes metrics, the HiAP approach and the data sets to build up a population-based framework that would be relevant at place and neighbourhood levels; highlighting where the variations are for each of the priorities and to use the Mental Health Investment Fund to provoke targeted interest and investment in communities based on the evidence gained. The renewed leadership and collaborations were positive and significant progress had been made over the past six months, she thanked colleagues for their support.
5. A Board member noted that the indicators regarding Priority Two approved in the previous item provides some of the concrete outcomes relating to prevention and early intervention for example.
  6. A Board member noted that the approach set out was clear and structured, however in terms of the capacity to deliver against the ambitions she asked at what point would there be an evaluation of the capacity within the system to deliver against the Mental Health Improvement Plan and at what point would a decision be taken to commit resources to increase that capacity, whether through academies or through a recruitment and retention programme or support for the VCFS. Ensuring that once a set of outcomes had been committed to, the direction of travel would be able to maintain that delivery working to a sustainable capacity.
    - The Independent Chair (Surrey MHSDB) explained that an initial phasing exercise had been undertaken and the next stage would be to look at the detail and to see what the MHSDB as a partnership consider to be the priority areas, what the resourcing is which is linked to each provider and what might need more focus; difficult decisions might need to be made.
  7. A Board member agreed that the metrics should be the bedrock of how to test whether the mental health system is improving. Undertaking cohorting or subsetting could be a possibility even for those metrics that do not specifically look at mental health, such as looking at the life expectancy for those with a learning disability for example compared to the general population, to get a sense of the inequalities. He noted that there would also be a mental health policy and activity board pack which would inform how the MHSDB would operate. He noted that the MHSDB is committed to identifying the changes it wants to make and ensuring that the resources are in place and are used as effectively as possible; both the local authority and the NHS had a clear commitment to invest in the mental health system. As a leadership group it would be vital to get the right balance between the level of ambition and the pace of change.
    - The Chairman noted that the £13 million funding within the Mental Health Investment Fund for early intervention and prevention was crucial; and thanked the Independent Chair (Surrey MHSDB) and the Priority Two Co-Sponsors for taking this large piece of work forward.

8. A Board member reflected on what children and young people tell SCC the difference that they want to see: that they want to wait less time to be assessed and they want to wait less time between being assessed and being treated; a measure of success therefore would be if that waiting time and numbers of young people waiting were to shrink. Another measure of success would be if a presenting problem at the start of any treatment has been improved by the end of any treatment. She noted that it would be vital to look at those aggregate measures across the system.
9. The Chairman commented that bearing in mind the impact that people with mental health issues has on policing, he asked whether the Independent Chair (Surrey MHSDB) would be happy to have a policing representative on the MHSDB.
  - A Board member noted that she would welcome policing representation on the MHSDB. She noted that as the national lead for Police and Crime Commissioners on mental health she was keen to learn more. She noted a worrying conversation with Surrey's Rape and Sexual Abuse Support Centre (RASASC) this week about men, women and children with serious sexual trauma not able to access the trauma informed services they need. That is a vulnerable group who being sent for Cognitive Behavioural Therapy, whilst well-meaning, is in fact retraumatising to them.

**RESOLVED:**

1. Approved the draft terms of reference of the new Mental Health System Delivery Board (Appendix 2); and
2. Noted the contents of this update and endorsed the proposed next steps.

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

1. The Independent Chair (Surrey MHSDB) and the Priority Two Co-Sponsors will look to ensure policing representation on the MHSDB, liaising with the Board member (Lisa Townsend) on the matter.

33/22

**A COUNTY-WIDE STRATEGY FOR HOUSING, ACCOMMODATION AND HOMES: BASELINE ASSESSMENT [Item 8]**

**Witnesses:**

Michael Coughlin - Executive Director - Partnerships, Prosperity and Growth, Surrey County Council  
 Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey

**Key points raised in the discussion:**

1. The Executive Director - Partnerships, Prosperity and Growth (SCC) noted that:
  - The report was prompted by a number of drivers including economic and health, many would be aware about the links between health and housing, workforce was a key issue and many employers were impacted by the housing market on the ability to recruit and retain staff.
  - The link between housing and security and mental health is well made, there are a number of links between the work of the Board and the wider health market and housing in general.

- The report sets out the role of housing in health as embodied in the Adult Social Care White Paper that every decision about someone's care should be a decision about their housing. As a result, SCC had commissioned this strategic piece of work.
  - 'A County-wide Strategy for Housing, Accommodation and Homes' is broad in scope and includes an ambitious range of issues to address, acknowledging that the housing market is dynamic and complex both in terms of the private sector and social housing and social housing rents.
  - The approach being taken is to look at the broader issues, to seek to undertake desktop research analysis and over thirty face-to-face interviews had taken place with representatives from all aspects of the housing market and housing provision to achieve a 'Baseline Assessment', a summary of the findings is attached at Annex 2 including the top strategic themes.
  - The focus is on county-wide strategic issues as opposed to local site specific or housing related policies or service issues at the local level and it does not take on matters that are the statutory responsibilities of others other than influencing and building the evidence work already undertaken.
  - The purpose of the 'Baseline Assessment' is to then test that approach to provide assurance that the key relevant issues within housing have been captured, it was being taken to several different audiences to test and quality assure it in greater detail - providing confidence for the next stage.
  - The next stage of the process would be to hold themed deliberative workshops - Annex 3 - out of that deliberative piece of work over the next couple of months, the intention would be to create a broad strategy which would contain proposals for lobbying which would assist in addressing the issues in Surrey or individual or collective action that could be taken.
  - As shown in the findings, partnership is a key part of the strategy and that is why an item has come to the Board and would go elsewhere to engage a broader group of partners, acting collectively where possible to achieve better outcomes.
  - The findings and the strategic priorities would be taken to a summit on 8 December 2022, through a proposed panel discussion including questions and answers; to be taken in final form through to a variety of bodies in January 2023 for enacting thereafter.
  - There was a huge amount of background work, upon request Board members could be provided with the 88 slide deck of the research and the performance management information that had been gathered.
2. A Board member asked whether it would be possible to request condition surveys from all of Surrey's housing association providers in terms of the current maintenance status of all of their properties. As whilst SCC relies heavily on those borough and district councils that have social housing provided by housing associations, there was sometimes a questionable standard of the quality that they are providing. It would be helpful to get a sense of how satisfied SCC is with the providers that it indirectly relies upon.
    - In response, the Executive Director - Partnerships, Prosperity and Growth (SCC) noted that SCC has access to the local authority Decent Homes Standard through the work done with the consultants. He would look to see whether the Registered Social Landlord standards could be obtained, he was unsure whether that was publicly available information.
  3. A Board member noted that she and officers were excited about being at the current stage in terms of the strategy and that SCC has commissioned this piece of work. She highlighted that housing is a touch point across all

Directorates and it was a golden thread throughout the work of the former Mental Health Partnership Board. She noted that the 88 slide deck was fascinating as it highlights the inequalities across the county.

- The Chairman noted that the 88 slide deck was an exciting read containing good data and insights, which could be circulated upon request.
4. The Partnership and Community Safety Lead (OPCC) noted that she was unsure whether the Executive Director - Partnerships, Prosperity and Growth (SCC) had spoken to anyone in Surrey Police and offered to put him in contact with the Head of Anti-Social Behaviour and Partnerships for Surrey Police, who was presenting to the National Landlords Association on the impact of housing and community harm and she would be a key person to bring in discussions around safe tenancies and how to create that safe space for everyone in their homes.
    - The Chairman noted that Executive Director - Partnerships, Prosperity and Growth (SCC) was happy to be contacted on the matter.

#### **RESOLVED:**

1. Endorsed the consultative research work undertaken in partnership, to establish a strategic baseline assessment of accommodation and housing across the county.
2. Approved the proposed deliberative engagement approach to secure the views and buy-in of partner bodies to the identification of strategic priorities for accommodation and housing in Surrey.
3. Agreed to a further report, confirming the Accommodation and Housing Strategic needs and priorities, coming to Health and Wellbeing Board in February 2023.

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

1. Upon request Board members will be provided with the 88 slide deck of the research and the performance management information.
2. The Executive Director - Partnerships, Prosperity and Growth (SCC) will look to see whether the Registered Social Landlord standards could be obtained and he will liaise with the Board member (Denise Turner-Stewart).
3. The Partnership and Community Safety Lead (OPCC) will put the Executive Director - Partnerships, Prosperity and Growth (SCC) in contact with the Head of Anti-Social Behaviour and Partnerships for Surrey Police, concerning housing and safety.

#### **34/22 EVALUATION REPORT FROM THE COMMUNITY SAFETY ASSEMBLY [Item 9]**

##### **Witnesses:**

Lisa Townsend - Surrey Police and Crime Commissioner  
 Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey  
 Rachel Crossley - Joint Executive Director - Public Service Reform, Surrey Heartlands ICS and Surrey County Council

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

1. The PCC noted that:

- The Community Safety Assembly (CSA) had its first meeting in May and she thanked all those who attended, there was a provisional date in November for the next meeting.
  - The issues that had been discussed in earlier items touch on policing as often people and those in our most vulnerable categories come into contact with policing in a non-crime context; she was grateful for the work of the Board and interest in this area.
  - Following the first meeting of the CSA an Evaluation Report was produced - Annex 1 - which includes recognisable themes and the Board is asked to agree to explore some of the initial areas of focus in order to deliver change such as around information sharing, knowledge, collaboration, leadership/strategic prioritisation and unseen communities.
  - The CSA wished to continue to give updates to the Board on the thematic areas, particularly around domestic abuse, serious violence and fraud, in order to start to consider what actions could be taken to help the vulnerable.
2. The Partnership and Community Safety Lead (OPCC) noted that work was underway and links were being made and opportunities shared, she welcomed the collaboration with the Priority Three Sponsor and inclusion on the Prevention and Wider Determinants Board; noting a recent meeting on how to share information on the policing and community safety side with frontline professionals and what they are looking out for when they go into someone's home such as spotting the signs of exploitation and fraud. The next steps and recommendations were about working collaboratively to remove the blockages around the themes identified.
  3. The Joint Executive Director - Public Service Reform (Surrey Heartlands ICS and SCC) linked in the information sharing theme with the Surrey-wide Data Strategy, the Chief Constable of Surrey Police chaired the steering group ensuring a broader view outside of health and social care. Whilst reports would continue to be brought to the Board, the steering group was having discussions about how to bring more partners in whilst being mindful about the ethical issues.
  4. The Chairman noted the prominence of mental health concerning the Evaluation Report and that the Board would consider collectively how to drive forward community engagement via a future Board report on the Community Safety Agreement Implementation Plans.

#### **RESOLVED:**

Following a detailed evaluation report and analysis of the feedback from the Community Safety Assembly, the Health and Wellbeing Board provided agreement to explore some initial areas of focus:

- Explore the information sharing culture in Surrey and seek to promote a clear set of principles.
- Develop the Healthy Surrey website further as a portal for professionals to access resources in supporting individuals and communities.
- Increase the representation at the Health and Wellbeing Communications Group to include more community safety members to ensure campaigns and key messages are programmed in and are distributed across the systems.
- Work with the priority populations including the Key Neighbourhoods to ensure community safety partners are well represented and there is a broader understanding of available interventions.

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

1. The Board will receive a future report on the Community Safety Agreement Implementation Plans and will consider collectively how to drive forward community engagement.

**35/22 SURREY PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 [Item 10]**

**Witnesses:**

Tom Bourne - Public Health Analyst Team Lead, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council

**Key points raised in the discussion:**

1. The Public Health Analyst Team Lead (SCC) noted that:
  - Board members had sent through comments on the draft Pharmaceutical Needs Assessment (PNA) in advance following a four-week review period - which had been incorporated.
  - Every Health and Wellbeing Board nationally has a statutory responsibility to look at pharmaceutical need in their area and to publish and keep the PNA up to date.
  - The PNA is used for a range of legal and commissioning responsibilities and is updated every three years and there had been an extension to that three-year period because of the Covid-19 pandemic.
  - The national regulations set out the content and requirements of the PNA, the PNA was fully compliant with that and those regulations.
  - The Board delegated responsibility for the oversight and production of the PNA to the PNA Steering Group which had met regularly since last year.
  - Two positive aspects of the PNA drafting process in line with the process set out by the Department of Health and Social Care was that: the PNA Steering Group had gone beyond the minimum expectation of the regulations through carrying out extensive surveys with the public and providers, an extended version of the questionnaire was circulated to the targeted population groups and those in key neighbourhoods; there had also been a 60-day consultation with the public and the draft PNA had been circulated to the required organisations and it was shared additionally with the place-based leads and chief pharmacists, and was shared with neighbouring authorities.
  - Six quality concerns from members of the public outside the scope of the consultation had been received and were listed in the PNA and where possible those were sign-posted to a point of escalation. Those qualitative responses are aired at the Board meeting and are not verifiable.
  - The PNA Steering Group recognised that for some groups service provision is not equal across all populations, but in making a PNA conclusion reference must be made to the regulations which asks for specific statements and the need to look at the full body of evidence; the conclusions being that there are no gaps in necessary services, there was no consistent identification of additional pharmaceutical services and the locally commissioned services provided an improvement to provision.
  - The Board is asked to approve the final draft of the Surrey PNA and for it to be published on the Surrey-i website shortly, the PNA would last three years from 1 October 2022 to 30 September 2025.

- The PNA Steering Group would revisit the PNA annually and would publish a supplementary statement taking into account new housing developments, increases in population and feedback from providers.
2. A Board member noted that it was a fantastic and comprehensive piece of work, she understood how it connected with her unlike the previous PNA and she wondered why the Board receives it for sign-off and not other bodies such as the Integrated Care Board for example which had taken delegated commissioning from the region for dentistry, optometry and pharmacy. That gives the ICB different accountabilities that she was not sure were reflected in the PNA and she wondered whether the Health and Social Care Act had missed that.
    - A substitute Board member referred to the draft PNA, Annex 1, page 15 which outlined that ICBs had taken on delegated responsibility for community pharmacies. She noted that it was appropriate that the PNA comes to the Board for sign-off because it is part of SCC's responsibility as it hosts Public Health and undertakes the needs assessment, however she noted that there were many other forums where this information also needed to go.
  3. A Board member noted that Healthwatch Surrey was involved in the drafting process and she appreciated the amount of engagement that was carried out. She reflected that things had changed dramatically in the last four to six months and she felt uncomfortable reading a recommendation that says that pharmaceutical needs provision is meeting the needs of Surrey residents when it is now almost the number one issue voiced by the public that they cannot get access to a pharmacist when they need it due to closed pharmacies. She recognised that it was an ongoing process and it would come back to the Board regularly, however noted the potential inequality being created as people with limited resources cannot necessarily travel further and wider to access the medicines that they need.
    - A Board member noted that she would like to have a conversation after the meeting with the Board member about the rise in the concerns about pharmacy provision, to understand how much that was due to people using pharmacies as an alternative to General Practice and actually the demand is rising beyond where it was or whether it was something different.
    - The Chairman noted that pressure on pharmacies would increase under new plans by the Health Secretary.
    - A substitute Board member noted that there is a difference between the PNA and whether the services that had been commissioned are functioning and working and the workforce pressures that they have and that relates to the commissioning side of pharmaceutical services. She acknowledged the concerns but noted that it does not mean that there was not a good spread of pharmacies in the right places, validating the conclusions in the PNA.
  4. The Chairman sought clarification on an additional comment from a member of the public and for that person to be responded to, in response a Board member noted that a member of public had made a comment however the PNA Steering Group was confident that the PNA addresses those comments. She reiterated that there is an annual process to update the PNA and so it is dynamic. She welcomed the offer for the Public Health team (SCC) to take the PNA to wherever it is appropriate for discussion, ensuring that it is used as a dynamic document.

**RESOLVED:**

Health and Wellbeing Board members were provided a copy of the PNA for comment during the four-week period Friday 5 August 2022 to Friday 2 September 2022. All comments received were addressed and incorporated.

1. In order to give final approval of the PNA for publication, the Board considered:
  - a. Whether the process followed to produce the PNA (section 5 of the report) was robust and met related regulations?
  - b. Whether the findings are appropriate to the evidence found?
2. The Board approved the final draft of the Surrey PNA 2022 (Annex 1) including its Appendices (Annex 2) and agreed to its immediate publication.

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

1. The Board member (Claire Fuller) and a Board member representing the Frimley ICS will follow up with the Board member (Kate Scribbins) on her comments about the rise in concerns by Surrey's residents of not being able to get access to a pharmacist when they need it due to closed pharmacies.
2. The Public Health Analyst Team Lead (SCC) or the Director of Public Health (SCC) will respond to that member of the public regarding their additional comment.

**36/22 BETTER CARE FUND PLAN 2022-2023: NARRATIVE AND FINANCIAL PLAN [Item 11]**

**Witnesses:**

Jonathan Lillistone - Assistant Director - Commissioning, Surrey County Council

**Key points raised in the discussion:**

1. The Assistant Director - Commissioning (SCC) noted that:
  - The Board was asked to approve the Better Care Fund (BCF) Plan Narrative and Financial Plan 2022-23 and the report references the ongoing work underway around the review of the BCF and early update report which came to the June Board meeting.
  - The report sets out how the BCF is approached and managed in Surrey and with its partners, it sets out the priorities and several examples of how it is deployed and it draws linkages with wider pieces of work with health partners in terms of helping to deliver the Surrey Heartlands ICS's 'Critical Five' and the findings of the Fuller Stocktake.
  - The report notes the importance of the district and borough councils as key delivery partners for many aspects of the BCF services.
2. The Chairman noted that the sign-off was a statutory responsibility of the Board and he noted that he had asked that in future that the Board does get an opportunity to look at the BCF Plan in more detail and at an earlier stage. He noted that as a result of the creation of the ICSs it was likely that there would be an expansion of the use of the BCF and also Section 75 agreements.
3. A Board member highlighted the increased scrutiny around the BCF given the tightening around the finances and the importance on the joint working in

place over the next year, more time for scrutiny would be needed particularly as changes happen.

4. A substitute Board member noted that one of the things that was new for the BCF this year was an exploration around the demand and capacity concerning intermediate care services, whilst the inclusion of that area was not mandated for the submission she noted that it was a useful piece of work which should be undertaken across Surrey and she asked for that piece of work to be followed up and to note that it was being considered in the context of the BCF.
  - The Assistant Director - Commissioning (SCC) noted that he was happy to pick up that suggestion through the BCF review work and would liaise with the substitute Board member.

#### **RESOLVED:**

That the Health and Wellbeing Board approved the Better Care Fund (BCF) Plan for 2022-2023 (Annex 1 and 2).

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

1. The Assistant Director - Commissioning (SCC) will liaise with officers to ensure that the Chairman's request to receive the BCF Plan in more detail and at an earlier stage is taken forward.
2. The Assistant Director - Commissioning (SCC) will follow up the suggestion made by the substitute Board member (Nicola Airey) around undertaking a piece of work across Surrey exploring the demand and capacity concerning intermediate care services, particularly in the context of the BCF.

### **37/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 12]**

#### **Witnesses:**

Professor Claire Fuller - Chief Executive, Surrey Heartlands ICS  
 Nicola Airey - Executive Place Managing Director, NHS Frimley, Surrey Heath Place

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

1. The Chief Executive (Surrey Heartlands ICS) noted that the Surrey Heartlands Integrated Care Partnership would be meeting for the third time as a statutory body after the Board meeting and would be discussing the production of the Integrated Care Strategy, building on the work started by the Board and linking to its priorities.
2. The Chairman noted that there was a piece of work underway at the national level around the interaction between the Health and Wellbeing Board and the ICS, as in some areas where there is a coterminous footprint it is often the same people making similar decisions.
3. The Executive Place Managing Director (NHS Frimley - Surrey Heath Place) noted that the Frimley Integrated Care Partnership would be meeting for the first time tomorrow. She noted that all the executives within the Integrated Care Board were now in place. She noted that some of the place-based roles were being changed around so she would gradually be moving from Surrey Heath into Bracknell, her incoming replacement has portfolio leads on children, young people and learning disabilities. She noted that this Board meeting might be her last so she noted her thanks to the Board.

**RESOLVED:**

That the Board noted the updates provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards.

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

None.

**38/22 DATE OF THE NEXT MEETING [Item 13]**

The date of the next public meeting was noted as 21 December 2022.

Meeting ended at: 3.31 pm

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**Chairman**

## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Health and Wellbeing Strategy Highlight Report
<b>HWBS Priority - 1, 2 and/or 3:</b>	1, 2 & 3
<b>Outcome(s)/System Capability:</b>	All
<b>Priority populations:</b>	All
<b>Civic level, service based and/or community led interventions:</b>	All
<b>Author(s):</b>	Helen Johnson, Senior Policy and Programme Manager - Health and Wellbeing, Surrey County Council: <a href="mailto:Helen.Johnson1@surreycc.gov.uk">Helen.Johnson1@surreycc.gov.uk</a>
<b>Board Sponsor(s):</b>	<ul style="list-style-type: none"> <li>• Karen Brimacombe, Chief Executive, Mole Valley District Council (Priority 1 Sponsor)</li> <li>• 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; Kate Barker and Liz Williams SCC/Surrey Heartlands Joint Conveners (Priority 2 Sponsors)</li> <li>• Mari Roberts-Wood (Priority 3 Sponsor), Managing Director, Reigate and Banstead Borough Council</li> </ul>
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	HWBB Communications Plan and HWBS Empowered and Thriving Communities system capability update
<b>Annexes/Appendices</b>	Annex 1 - Highlight Report including JSNA progress and Communication Update

### 2. Executive summary

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) in the priority populations as of 29 November 2022. The Highlight Report provides an overview of each HWB Strategy Priority, describes what has

been achieved in the previous period against outcomes and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').

The Highlight Report now includes a section on the progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) – chapters already published, chapters to be published by the end of the financial year and chapters that are in development.

The JSNA consists of over 40 existing or planned thematic chapters. The process of fully refreshing the complete JSNA is a multi-year programme. A JSNA Oversight Group (organisationally representative of partners on the HWB Board, with delegated responsibility from the HWB Board) has been established to strategically manage the JSNA refresh.

Each year the Oversight Group supervises the production of an agile JSNA plan of work, with chapters prioritised after considering HWB Strategy priority populations and priorities in relation to reducing health inequalities, relevant legislation and policy changes, lived experience feedback, changes in commissioning and sufficient local leadership and stakeholder capacity to progress effective delivery.

### 3. Recommendations

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The Health and Wellbeing Board is asked to:

1. Note progress against the three priorities of the Strategy in the Highlight Report.
2. Utilise 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. Ensure members/member organisations are 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.

### 4. Detail

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For Priority One a focus is given in the Highlight Report to Surrey Heartlands' Diabetes Delivery and Oversight Committee / Active Surrey project to explore the views of ethnically diverse communities (EDC) on type 2 diabetes (T2D) / prediabetes and lifestyle habits, in order to encourage better take up of diabetes prevention programmes and management of the condition. The research focused predominately on communities from Black African, African Caribbean and South Asian (Indian, Pakistani, Bangladeshi) backgrounds in Epsom, Woking and Staines.

54 individuals took part in the survey/ focus group. Varied physical activities have been set up in Woking, Epsom and Staines plugging gaps identified by the report. Virtual education sessions have taken place in November addressing issues

identified by the report and will be led by professionals from the communities involved.

For Priority Two a focus is given to the results of the Surrey Health Related Behaviour Questionnaire conducted in schools – a key research project that will inform the refresh of the system’s Children and Young People’s Emotional Health and Well-being (CYPEHWB) Strategy. A total of 8197 pupils took part from 39 primary schools and 11 secondary schools, with two special schools contributing information.

The full questionnaire report provides detailed insights on issues of self-esteem, bullying, eating, physical activity, and alcohol, smoking and drugs in the family. Each school which completed the survey will get an individual report to make the positive changes relevant for their setting and in conjunction with the Healthy Schools approach. Wider system partners will also have these insights to inform future delivery models and health needs for school age populations. The CYPEHWB Strategy will come to the HWB Board in February.

For Priority 3 the focus is on the effects of the current cost of living, backed by some personal insights from Healthwatch. Over 500 new clients registered with Surrey Citizens Advice between April – June 2022, with increased demand coming predominantly from those identifying as having a disability or long-term health condition, or as female. Demand for food support is also increasing, with some foodbanks across Surrey stating they have seen a 300% increase in demand on their services over the past two years.

In response to the evolving crisis, Surrey County Council is putting in place a governance framework to underpin work across the county which includes working with partners. The aim is to enable a coordinated, creative and dynamic approach that supports vulnerable residents and furthers the objective that no one in Surrey is left behind, without requiring a large additional financial commitment.

Close partnership working will be key to the success of the county’s response to the cost-of-living response, and SCC are interested to hear from anyone who would like to get involved in the existing Partnership Cost of Living Group. A longer-term, whole system approach to Poverty with a prevention focus will begin to be developed under the auspices of the HWB Board from the New Year (see contact details for both interventions in the Highlight Report).

**See Highlight Report at Annex 1.**

## **5. Opportunities/Challenges**

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- Implementation plans with risk ratings (subject to ongoing review and refresh) continue to sit behind the Highlight Report P1 and P2, with risks escalated to the Board as necessary.
- The additional role to resource Priority 3 more effectively started on 3 October.
- With this additional capacity in the SCC Public Health team, it will now be possible to progress the coordination of a whole system approach to poverty in the New Year, to build on and extend existing cost of living mitigation activity and explore sustainable prevention solutions.

- The Public Health Intelligence Team is recruiting additional staff to support the review of the JSNA.

## **6. What communications and engagement happened/needs to happen?**

The HWB Board Communications Group held a workshop in September (delayed from July due to heatwave) to update the existing communications plan to fully reflect the refreshed Strategy. The new Communications Plan is a separate item on this agenda.

An officer-led plan for ongoing socialisation of the HWB Strategy and the JSNA across the system is now in place.

## **7. Next steps**

- The [Highlight Report](#) continues to be reoriented to reflect the programmes and projects that form part of the refreshed Implementation Plans and is available on this Healthy Surrey web page.

## Health and Wellbeing Strategy: Priority 1 – Supporting People Live Healthy Lives

<b>IMPACT SUMMARY</b> Improved physical health through the prevention of physical ill-health and the promotion of physical well-being	<b>WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?</b>	<b>HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE AND CONTRIBUTED TO THE ACHIEVEMENT OF THE OUTCOMES?</b>	<b>DATA, INSIGHTS AND CHALLENGES – PATIENT FEEDBACK ON THE PINPOINT CANCER TEST</b>
<div style="display: flex; align-items: flex-start;">  <div> <p><b>OUTCOMES By 2030:</b></p> <ul style="list-style-type: none"> <li>• People have a healthy weight and are active</li> <li>• Substance misuse is low (drugs/alcohol &amp; smoking)</li> <li>• The needs of those experiencing multiple disadvantages are met</li> <li>• Serious conditions and diseases are prevented</li> <li>• People are supported to live well independently for as long as possible</li> </ul> </div> </div> <p style="margin-top: 20px;"><b>WHO IS LEADING THIS?</b>                  Priority sponsor:                  Karen Brimacombe, Chief Executive, Mole Valley District Council</p> <p style="margin-top: 20px;"><b>Programme Manager:</b>                  Helen Tindall, Policy and Programme Manager, Surrey County Council</p> <p style="margin-top: 20px;">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 <a href="mailto:healthandwellbeing@surreycc.gov.uk">healthandwellbeing@surreycc.gov.uk</a></p>	<p>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.</p> <p>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 priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority 1 currently focuses on enabling residents to lead physically healthier lives. This priority area is focused on prevention, removing barriers and supporting people to become proactive in improving their physical health. Priority 1 programmes include those which focus on:</p> <ul style="list-style-type: none"> <li>• Working to reduce obesity, excess weight rates and low levels of physical inactivity</li> <li>• Supporting prevention and treatment of substance misuse, including alcohol, and smoking cessation.</li> <li>• Ensuring that the needs of those experiencing multiple disadvantages are met.</li> <li>• Promoting prevention to decrease incidence of serious conditions/diseases</li> <li>• Living independently and dying well</li> </ul>	<p>A <b>Food Summit</b> took place at the end of September and an invitation was extended to new members-businesses, food banks, farmers and many other stakeholders. The summit offered an opportunity to co-produce the Food Strategy that is being developed in Surrey. Speakers at the summit included Sustainable Food Places and Marisa Heath, Cabinet Member for Environment. As part of the summit, a Food System Mapping exercise took place to identify gaps and strengths in different areas in the food environment in Surrey. Stakeholders were given the opportunity to talk about the main challenges they're facing. This information will be invaluable in shaping an initial draft of the strategy which should be ready by the end of December 2022. Consultation will then begin on the strategy in January 2023.</p> <p>A new <b>Community of Practice (CoP) for Wellbeing Roles has been set up for Surrey Downs Place</b>, building on the success of the Northwest Surrey CoP. Members are from across health, care, SCC and the VCSE, employed by numerous employers across sectors but all working in that prevention space. The first meeting was held at the end of September and included 24 professionals, covering a range of roles such as social prescribing link workers, community link officers, community connectors, dementia navigators, and communities and prevention coordinators.</p> <p>A new <b>Combating Drugs Partnership Board</b> has been established in Surrey. The Partnership will help to drive through the priorities highlighted in the Dame Carol Black Review and most recent national 10 year Drug Strategy From Harm to Hope. The Partnership will also oversee spending on substance misuse in Surrey and is comprised of members from across the local authority and health, as well as VCFS organisations.</p> <p><b>Applied Behavioural and Social Science 'ABSS' introductory workshops</b> have taken place to strengthen the delivery of the HWB Strategy, launched with mostly Priority One SROs so far. Further training and a support programme to be rolled out through winter 2022/23.</p>	<p>The PinPoint Test is a new blood test which uses artificial intelligence to produce a calibrated probability that a patient has cancer. This test will be offered to patients who have cancer symptoms and are being referred urgently for cancer investigations. Once the test is implemented fully, it will be used to support hospital clinical teams to triage their patients. PinPoint asked Healthwatch Surrey to recruit 15 Surrey residents to join a focus group and to facilitate the session so they could introduce the PinPoint test and get feedback from a patient perspective on acceptability of the use of the test, terminology used and to understand questions people may have. The focus group was part of a much larger project which has received £1.7m NHS funding: PinPoint worked with cancer alliances in 5 key areas of the UK to gather feedback about the proposed test.</p> <p>Healthwatch reached out to local Cancer support groups that they have relationships with and ran some targeted social media adverts to ensure they had a good mix of Surrey residents. Some participants were having Cancer treatments, had experience of tests and investigations for Cancer and some has an interest in health. Healthwatch Surrey facilitated the group discussion and monitored the online chat, as well as noting any questions and comments to send to PinPoint after the focus group. Each participant was emailed after to thank them for their contribution and were sent a gift voucher as a thank you for their time. Information gathered from this focus group will be collated with other findings from focus groups carried out across the UK and will help shape the delivery of the PinPoint service for GPs and medical practitioners in the future.</p>

Page 33

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



**IN THE SPOTLIGHT - UPTAKE OF DIABETES PREVENTION PROGRAMMES BY ETHNICALLY DIVERSE COMMUNITIES**

**People have healthy weight and are active**

- A service specification is in development for the University of Surrey to embed the whole system approach to obesity framework for young people. The University will be working with organisations to provide support for them with the adoption of the framework.
- A new appointment in Surrey County Council's Public Health team will be developing and promoting the Eat Well Start Well scheme to early years settings in Surrey.

**Substance misuse is low (see above – Combating Drugs Partnership)  
The needs of those experiencing multiple disadvantage are met**

- Currently seeking formal commitment from partners for Sustainability Funding for the Changing Futures Programme.
- Changing Futures have been invited to represent Multiple Disadvantage on the newly formed Combatting Drugs Partnership Board.
- The Changing Futures Lived Experience Group is now meeting monthly with a membership of 13. Members have been invited to strategic meetings and genuine co-production work is being undertaken with members remunerated for sharing their time and expertise.
- Fifteen specialist Trauma Informed Outreach workers are now in post and supporting beneficiaries.
- Graduate Management trainee has joined the Changing Futures team to lead on the development of a common data framework and case management system for people with multiple disadvantage.

**People are supported to live independently for as long as possible**

- Initial findings, options and recommendation presented to the transition team and other key stakeholders on a reablement offer for the transitions client group which is currently being developed.
- Scoping document in progress reporting findings on what a reablement night service could look like in Surrey.
- 'As Is' reablement customer journey workshops completed and written up. Reablement option paper was presented to the SCC Adult Leadership Team on the 25<sup>th</sup> of October 2022.
- New shared workspace created for Surrey social prescribing link workers and service managers on the Future NHS Collaboration Platform, creating a forum for networking, peer support, peer learning and shared resources. The workspace has been running for four months now and has 51 members.
- Revised social prescribing reporting to incorporate green social prescribing data and demographics, and to improve VCSE provision insight data.
- Developing peer support and Action Learning Sets for social prescribing link workers in partnership with the Personalised Care team at Surrey Heartlands with £20K of NHSE funding.
- Developing an online mapping tool for social prescribing services with £5K NHSE funding. This will be an interactive map available online so anyone can see where social prescribing is offered, by whom, what the referral pathway is.
- D&B/VCSE employers of link workers will receive support from Surrey Heartlands Information Governance team to complete the NHS Data Security and Protection Toolkit – completion expected by June 2023. This will facilitate access by social prescribing teams to Population Health Management data and the Surrey Shared Care Record.

Surrey Heartlands' Diabetes Delivery and Oversight Committee funded Active Surrey to explore the views of ethnically diverse communities (EDC) on type 2 diabetes (T2D)/prediabetes and lifestyle habits, in order to encourage better take up of diabetes prevention programmes and management of the condition. The research focused predominantly on communities from Black African, African Caribbean and South Asian (Indian, Pakistani, Bangladeshi) backgrounds in Epsom, Woking and Staines. 54 individuals took part in the survey/ focus group.

The research findings highlighted issues around a need for:

- Help with technology in self-management of the condition and attending online clinical appointments.
- Better access to information (in different languages and with cultural sensitivity).
- Improved cultural understanding amongst health professionals (including that T2D is almost expected by this demographic, and that women especially do not allow time for themselves).
- Earlier education of the condition – targeting school aged children to help influence habits and promote the benefits of leading an active and healthy lifestyle.
- Removing barriers associated with physical activity, with the use of local champions to advocate the benefits of low impact, low cost, accessible sessions.
- Better awareness of the long-term health issues associated with the condition with cultural sensitivity – marketing imagery, healthy recipes adapted for local cuisines etc.

Key recommendations for those working in the area of T2D are therefore:

- Continue to raise awareness of the long-term health issues of T2D prior to diagnosis, so appropriate behaviour changes can be made earlier.
- Start education at an earlier age – work with local schools to influence young people's habits about the benefits of an active and healthy lifestyle.
- Recognise that key influencers are individuals in the community and influence the influencers!
- Integrate increased cultural awareness into future programme development whether this be imagery used, adapted recipes from local cuisine or translated materials. Coproduction is key.
- Recognise levels of tech illiteracy and lack of access to a computer /device within communities and consider alternatives to communicate messaging.
- Improve access to technology and digital training sessions to upskill - to allow more self-management of the condition for people who are able.
- Have more frequent face-to-face appointments with GP's and Diabetes Nurses. Due to language barriers, patients have issues with information online and via the phone. Allow options for family and friends to attend appointments and education sessions to help give additional support.
- Educate on the importance of self-care – making 'earlier' lifestyle choices, rather than accepting diabetes is genetic/culturally accepted.
- Remove the barriers associated with physical activity- promote low impact, low cost, accessible sessions that get people moving more on a regular basis. Local community champions should be used to help advocate activities and be role models within their communities.
- More local support groups are needed where people can meet others living with diabetes or prediabetes, to support each other and share learnings. Consider library settings as a place to meet that is a neutral space, and which potentially could have computer access too.
- Improve understanding of a healthy diet and how to adopt new behaviours with a focus on refined and complex carbs, portion sizes, healthy snacks and meal timings (ensuring culturally sensitive).
- Utilise national campaigns such as [Undefeatable](#) to share stories and advocate for the importance of an active lifestyle.

Varied physical activities have been set up in Woking, Epsom and Staines plugging gaps identified by the report. Virtual education sessions also have taken place in November addressing issues identified by the report and will be led by professionals from EDCs. For more information, contact Charlotte Long at Active Surrey on [charlotte.long@surreycc.gov.uk](mailto:charlotte.long@surreycc.gov.uk)

## Health and Wellbeing Strategy: Priority 2 – Supporting Mental Health and Emotional Wellbeing

 <b>IMPACT SUMMARY</b> Improved mental health through prevention of mental ill-health and the promotion of emotional well-being	<b>WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?</b>	<b>HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE AND CONTRIBUTED TO THE ACHIEVEMENT OF THE OUTCOMES?</b>	<b>DATA, INSIGHTS AND CHALLENGES – PROACTIVE MENTAL HEALTH CRISIS PREVENTION PROGRAMME</b>
<p><b>OUTCOMES By 2030:</b></p> <ul style="list-style-type: none"> <li>Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources</li> <li>The emotional well-being of parents and caregivers, babies and children is supported</li> <li>Isolation is prevented and those that feel isolated are supported</li> <li>Environments and communities in which people live, work and learn build good mental health</li> </ul> <p><b>WHO IS LEADING THIS?</b>  <b>Priority sponsors:</b>            Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership</p> <p>Kate Barker - Joint Strategic Commissioning Convener</p> <p>Liz Williams - Joint Strategic Commissioning Convener</p> <p><b>Programme Manager:</b>            Jason Lever, Policy and Programme Manager, Surrey County Council</p> <p>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 <a href="mailto:healthandwellbeing@surreycc.gov.uk">healthandwellbeing@surreycc.gov.uk</a></p>	<p>The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: <i>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.</i></p> <p>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 priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority Two of the Health and Wellbeing Strategy focuses on enabling 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 in the following ways:</p> <ul style="list-style-type: none"> <li>Ensuring the right early help and resources are available to support mental health across life stages</li> <li>Support during pregnancy and for young families</li> <li>Recognising and addressing the impact of isolation</li> <li>Building good mental health in the range of spaces and places including schools/workplaces.</li> </ul>	<p>The <b>Mental Health: Prevention Oversight and Delivery Board (MHPODB)</b> first met in October, to meet the joint ambition across Surrey to have coordinated oversight of delivery within Priority 2 of the HWB Strategy and the early intervention and prevention work stream of the Mental Health Improvement Plan. It aims to support the system to move forward on the most important priorities in mental health within prevention and early intervention. The MHPODB will seek to align efforts, reduce any duplication and ensure a common set of collaborative programmes can be prioritised. The MHPODB is reviewing primary prevention evidence in mental health and co-producing the programmes of work with the system Co-Production and Insights Group (CPIG). It is planned for the Work Plan framework to be taken to the Mental Health Delivery System Board and to bring the refreshed programme as part of the updated summary implementation plan to the HWB Board in March 2023.</p> <p>Engagement on the draft <b>Surrey Suicide Prevention Strategy 2022-2025</b> with partners, community groups and the public ended on 24<sup>th</sup> November. The number of suspected suicides in the county continues to be monitored (79 during 1<sup>st</sup> January – 30<sup>th</sup> September 2022, higher than in 2021, but lower than 2020).</p> <p>Work in <b>North East Hampshire and Farnham</b> has taken place to understand <b>levels of awareness</b> amongst Frimley's health, VSCE, social care and district borough colleagues of <b>available services to support people's mental health and wellbeing</b>. The aim is to increase self-referrals and access to these preventative offers across sectors and agencies.</p>	<p>Conversations with system stakeholders and people with lived experience had revealed a gap in mental health provision for adults living in Surrey Heartlands who are experiencing mental health challenges, though are not yet meeting eligibility thresholds for more active intervention. This cohort of citizens can 'bounce' between services within the system.</p> <p>This is a digital and data programme centred on using a range of data sources to identify need. In the first phase (April – June this year), the Proactive Mental Health Crisis Prevention Delivery Group explored potential gaps in provision of mental health support. In the second phase (July – September), the Delivery Group has been working with members of staff from 15 organisations, as well as 18 people with lived experience, to co-produce a new approach to identify people in this cohort, understand their holistic needs, and identify the support they need to prevent further deterioration.</p> <p>The current phase (October – December) of the project focuses on planning how to pilot the new approach. This will involve identification of a service and a high-impact area to conduct the pilot, development of a data-sharing tool and user-feedback sessions on digital mental health tools, which can enable people to manage their mental health needs in the short-term.</p> <p>The work is being supported by the Surrey Heartlands Health Technology Accelerator based at the University of Surrey.</p>



**Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources**

- Youth Mental Health First Aid training is freely available to all schools in Surrey. All 256 training places were taken up in 2022. There are over 1000 places now commissioned for 2023. Over 700 people attended trauma-informed care training.
- Six new Mental Health & Well Being Practitioners were recruited to Surrey in September through the new Additional Reimbursement Roles Scheme (ARRS). The training and first year salary are fully funded by Health Education England under their Recruit to Train programme. It is now planned in January to recruit around a further 10 posts in this way.
- Frimley South's VCSE Surrey partner, Catalyst, has been successful in recruiting new Lived Experience Practitioners to work with their Mental Health Integrated Community Services in Surrey Heath and Farnham.
- To deliver the Men's Mental Wellbeing and Suicide Prevention Project, Mentell have been commissioned to provide online peer support groups. A Men's Emotional and Mental Wellbeing post for Surrey is now being recruited to.
- The first stage of a review mapping all voluntary services around dementia has been completed. This is followed by identifying how they are resourced and where there are gaps in services. Publishing the information on the [Surrey Dementia Roadmap](#), Dementia Connect website and Healthy Surrey has begun.
- Working with Healthy Surrey and Active Surrey, a campaign is being developed with consistent public health messages around how to prevent dementia. The focus is on "what is good for the heart is also good for the brain".

**The emotional well-being of parents and caregivers, babies and children is supported**

- A Draft Best Start for Surrey Strategy 2022-27 has been published. There was a major workshop to engage with stakeholders on 1st November. The strategy will focus on where we need to work collaboratively to improve outcomes for pregnant people, babies, children, and families in the earliest years (pregnancy to five). The draft strategy was due for sign off at the Best Start Transformation Board on 29<sup>th</sup> November and a year 1 implementation plan is being developed.
- Extensive consultation has been taking place on the refresh of the Emotional Wellbeing and Mental Health (EWMH) Strategy for Surrey's children and young people. There were surveys with stakeholders, children and young people (see EHWB Questionnaire - right), and parents/carers on how we can better prevent EWMH arising and improve support and services. A 'Defining the Future' workshop was held on 8 December to draw out insights and propose recommendations.

**Isolation is prevented and those that feel isolated are supported**

- Hope Community Project involves Community Connections Services consulting with their clients about what hope means for them and then developing arts and cultural based activities. One example is Catalyst running 11 hope based Historic or Nature Walks in Surrey and a social trip for residents from two different faith groups.
- A Future NHS Green Health Collaboration Platform was launched on 3 November at an event designed to build a strong, skilled and connected network of Green Health and Wellbeing professionals across Surrey. First Step (Green) volunteering sessions are now being booked by community groups. A Dose of Nature trained the first cohort of volunteers in Guildford.
- The Forest Bathing Institute has been commissioned to run a 6 week course of 'Forest Bathing +' in partnership with Catalyst.
- [End Stigma Surrey](#) (formerly Time to Change) held an 18 October event with 70 attendees, 95% of whom felt it had given them 'total' or 'good' understanding of stigma and discrimination. Talks included Mental Health Champions with lived experience and a powerful interactive drama session about stigma in the workplace.

**Environments and communities in which people live, work and learn build good mental health**

- The Public Mental Health Team is undertaking engagement to understand how communities living in key neighbourhoods would like the [Wheel of Wellbeing](#) to be delivered to build community capacity for emotional and mental wellbeing. They are working to engage community leaders (in Stanwell in the first instance) to support with building businesses cases that include evidence based, co-produced and community lead initiatives to build community resilience. This support will also help them to be able to apply to the [Mental Health Improvement Fund](#), which has now been launched.
- The Workplace Wellbeing Standards pilot in SCC's Adult Social Care is expanding to include Public Health.

Following the 2022 launch of the Surrey Health Related Behaviour Questionnaire, a total of 8197 pupils took part from 39 primary schools and 11 secondary schools, with two special schools contributing information.

In primary schools, 22% of pupils worried about more than 5 issues 'quite a lot' or 'a lot', which compared with 15% the last time. 84% of primary school pupils said they worried about at least one issue 'quite a lot' or 'a lot' (81%, 2019), with crime (39%), SATs/tests (42%) and family problems (32%) being the key worries for these children.

Overall, secondary school students feel they are less likely to identify a trusted adult and report less happiness with life. There has been a drop in the percentage of secondary school pupils who know an adult they trust who they can talk to (67% this year compared with 73% in 2019). Of secondary pupils who responded that they worry 'quite a lot' or 'a lot', 27% of boys and 40% of girls said they worry about the mental health of someone in their family. Just over half (52%) of secondary school pupils report being at least 'quite happy' with their life, down from 58% in 2019. The full questionnaire reports provide detailed insights on issues of self-esteem, bullying, eating, physical activity, and alcohol, smoking and drugs in the family. Each school which completed the survey will get an individual report to make the positive changes relevant for their setting and in conjunction with the Healthy Schools approach. Wider system partners will also have these insights to inform future delivery models and health needs for school age populations.

For more information, please contact: [adam.letts@surreycc.gov.uk](mailto:adam.letts@surreycc.gov.uk) and you can read the full reports on [Surrey-i](#).

## Health and Wellbeing Strategy: Priority 3 – Supporting People to Reach their Potential

 <b>IMPACT SUMMARY</b> People and adults reach their potential	<b>WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?</b>	<b>HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE AND CONTRIBUTED TO THE ACHIEVEMENT OF THE OUTCOMES?</b>	<b>DATA, INSIGHTS AND CHALLENGES - THE UNEXPECTED COSTS OF HEALTHCARE /COST OF LIVING</b>
<p>OUTCOMES By 2030:</p> <ul style="list-style-type: none"> <li>• People’s basic needs are met (food security, poverty, housing strategy etc)</li> <li>• Children, young people and adults are empowered in their communities</li> <li>• People access training and employment opportunities within a sustainable economy</li> <li>• People are safe and feel safe (community safety incl. domestic abuse; safeguarding)</li> <li>• The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)</li> </ul> <p><b>WHO IS LEADING THIS?</b>  <b>Priority sponsor:</b>            Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council</p> <p><b>Programme Manager:</b>            Olusegun Awolaran, Policy and Programme Manager, Surrey County Council</p> <p>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 <a href="mailto:healthandwellbeing@surreycc.gov.uk">healthandwellbeing@surreycc.gov.uk</a></p>	<p>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.</p> <p>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 priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support and outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority 3 of the Health and Wellbeing Strategy focuses on enabling 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 action focuses around:</p> <ul style="list-style-type: none"> <li>• Ensuring that everybody has enough income to live on and lives in good and appropriate housing</li> <li>• Building social capital in communities</li> <li>• Improving access to training and jobs</li> <li>• Preventing crime and supporting the victims of crime including domestic abuse -supporting and empowering survivors</li> <li>• Improving environmental factors that have an impact on people’s health and well-being.</li> </ul>	<p>On 10 November, the inaugural <b>Surrey Skills Summit</b> took place at Sandown Park Racecourse. The packed event with over 200 attendees saw local business leaders, colleges, universities, skills providers, and health system and local government officials take the next step in collaborating to create a more inclusive and dynamic skills system in Surrey. This event was also the backdrop for the launch of the <a href="#">Surrey Skills Plan</a> developed by Surrey County Council’s One Surrey Growth Board. Partners, including many of those on the Health and Wellbeing Board, will play a critical role in owning the ongoing delivery of the Plan to help create the right conditions to support all our residents. The Plan’s objectives are:</p> <ol style="list-style-type: none"> <li><b>1.Supporting Business:</b> Help businesses prosper by making the skills system more responsive – both to immediate needs and those presented in the medium-to-long term.</li> <li><b>2.Supporting People:</b> Support inclusive access for Surrey’s residents to improved careers education, information and guidance, linked to clear learning, work and training pathways.</li> <li><b>3.Enabling Collaboration:</b> Deliver a step change in the skills system through enhanced and purposeful collaboration between and across businesses, anchor institutions and skills providers.</li> <li><b>4.Future Proofing:</b> As part of a thematic focus on skills of the future, strengthen the pipeline of priority skills to meet employer demand, recognising the needs of both SMEs and larger businesses.</li> </ol> <p>The plan sets out the three-year roadmap to address short and medium-long term needs within the skills landscape. For more information contact Jack Kennedy at <a href="mailto:jack.kennedy@surreycc.gov.uk">jack.kennedy@surreycc.gov.uk</a>.</p>	<p>With worries about the increases in the cost of living, we are hearing more about <b>costs of healthcare</b> that are unexpected and cannot be planned for: for example, extra cost of parking at the hospital while waiting for medication at the pharmacy, petrol and parking costs for daily visits to sick baby who is in intensive care, urgent need for barrier cream after operation: <i>“I am still physically very unwell (diarrhoea 15 times yesterday) .... I was told by my consultant my medication...would be ready, this was not the case, so I was told to go home and collect the next day... I received a call today after being home 3 days to say my lansoprazole was there, no they did not have my barrier cream (vital going to the loo so frequently as my bottom is bleeding) and no sick note (in order to try to claim SSP) I am in desperate need of the cream so had to buy this and am currently buying pull up pants, so far spent £40.”</i></p> <p>In our engagement we are hearing about the worries that people have regarding the cost of living, the cost of food and heating: <i>“I decided to make an appointment with CAB, I’m seeing them tomorrow. It’s a big thing for me to go to them, but I am so worried, food, the cost of living is weighing on my mind. I don’t know how I’ll cope with the winter coming, we rely on the community fridge”.</i> Resident</p> <p><i>“I’m already worried about the heating costs this winter. I won’t be turning the heating on as they are electric storage ones. I struggled this summer with the bills, so how am I going to cope this winter?”</i> Resident</p> <p><i>“We are seeing an increase in first time Foodbank users at the moment, we have CAB here and people can make appointments to see them for help with a range of issues, from benefits to housing to managing bills”</i> Foodbank Manager</p>

**WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 3 OUTCOMES?**

**People’s basic needs are met**

- Warm hubs went live across Surrey on the 1st of November 2022, and they serve as a physical space run by a community group or council, where people having trouble in heating their homes can warm up, get energy advice & debt support, enjoy a bit of human interaction and potentially in some settings also benefit from additional services (e.g. food, clothes, fuel vouchers). A total of 78 Warm Hubs are live so far and they will be opened through to March 2023, with over £280,000 committed in spend so far and over £50,000 of this directly issued to community-based hubs. A map of all locations including opening times is available on [www.surrey.gov.uk/warmhubs](http://www.surrey.gov.uk/warmhubs). These locations include **18 of the 21 HWBS Key Neighbourhoods**. The locations are accessible and available for people to go into and keep warm, access a range of resources and facilities including somewhere to sit, power devices and so on – and therefore conducive to people needing to work or study. Other support services offered at the Warm hubs will include recruiting and training additional volunteers, connecting energy advisers from partner organisations to host sessions on how to save energy at home, and provide advice to other financial support available in paying and reducing energy bills. Prevention officers will also provide advice on fire and carbon monoxide safety and book home safe and well visits (including fitting of carbon monoxide detectors) where appropriate. General enquiries can be directed to: [w warmhubs@surreycc.gov.uk](mailto:warmhubs@surreycc.gov.uk)

**Children, young people and adults are empowered in their communities**

- There are now four Local Area Coordinators in post (through Surrey County Council) working alongside local communities in Maybury/Sheerwater (Woking), Horley (Central/West) (Reigate & Banstead), Hurst Green (Tandridge), and most recently the Old Dean and St Michael's, Camberley (Surrey Heath).
- A bid has been approved by the Surrey Heartlands Workforce Innovation Fund to enable the expansion of Local Area Coordination in three further areas of the county.
- SCC Community Link Officers roles now exist in all district and boroughs, initially focusing on Health and Wellbeing Strategy Key Neighbourhoods. They are helping to run and join up local engagement, learning and action alongside all partners; recent examples of positive partnership community events in Hurst Green, Englefield Green and Merstham have underlined the value of creative and thoughtful approaches to community listening that can help to Make it Happen. You can find out more about Community Link Officers by contacting Jane Last at [janel@surreycc.gov.uk](mailto:janel@surreycc.gov.uk)

**People access training and employment opportunities within a sustainable economy (see above – Surrey Skills Plan)**

**People are safe and feel safe**

- Police and Crime Commissioner Lisa Townsend has awarded £20,000 to charity The Skill Mill to increase employment opportunities for young people aged between sixteen and eighteen. Employing only ex-offenders, they actively reducing reoffending whilst increasing engagement, participation, employability and educational levels of young people.
- The OPCC has also provided funding for £2,000 to Spelthorne Mental Health Charity, in a joint project with HM Probation service. The project helps 'People on Probation' get access to online learning courses and employability courses such as CV writing skills.
- Surrey Gold Standard Coercive and Controlling Behaviour Framework has been launched by OPCC. Based upon 'Safe & Together'™ principles and critical components, these help everyone work better together, reach consensus and achieve better outcomes for survivors. The approach advocates the action child and adult survivors need from all services there to protect them - done 'with' them, not 'to' them.
- 'Canal Watch' (Woking) -improving safety for women/girls on this Surrey towpath - has won the prestigious Tilley Award.

**The benefits of healthy environments for people are valued and maximised**

- Work continues apace on Surrey's 'Liveable Neighbourhoods' which seek to create safer and healthier environments in which people are connected to local places and the dominance of vehicles compared to other road user groups is rebalanced. Three early internal engagement workshops have taken place in October and November 2022 to aid formulation of the Liveable Neighbourhoods programme and identify/propose zones across Surrey. Internal stakeholder engagement and briefing sessions have also taken place to update colleagues on the work programme and opportunities for collaboration. The next steps will involve sense-checking Liveable Neighbourhood zone proposals and testing against local officer knowledge before identifying early Liveable Neighbourhood proposals to benefit from one or more of the design packages.

**IN THE SPOTLIGHT – COST OF LIVING**



The effects of the current cost of living are already starting to be seen locally. Over 500 new clients registered with Surrey Citizens Advice between April – June 2022, with increased demand coming predominantly from those identifying as having a disability or long-term health condition, or as female. Demand for food support is also increasing, with some foodbanks across Surrey stating they have seen a 300% increase in demand on their services over the past two years.

In response to the evolving situation, Surrey County Council is putting in place a governance framework to underpin work across the county which includes working with partners. The aim is to enable a coordinated, creative and dynamic approach that supports vulnerable residents and furthers the objective that no one in Surrey is left behind, without requiring a large additional financial commitment. To date, the following interventions have been delivered by SCC:

**Communications:**

- Advice and guidance, incl. our Customer Services welfare support line
- Leaflet through the letterbox of every household in Surrey
- Online [health and welfare support hub](#)

**Practical support:**

- Network of 'Warm Hubs' across Surrey, with a hub currently in 18 of the 21 HWBS Key Neighbourhoods
- Digital energy advice tool (being launched in December)
- Support for staff including access to low-cost loans / sharing cupboards

**Funding to voluntary and community groups to reach vulnerable communities eg:**

- Surrey Crisis Fund, which provides support for immediate needs
- Community Foundation for Surrey, to create a 'Winter Poverty Fund'
- Fareshare, to develop county wide food distribution initiative

**Close partnership working will be key to the success of the county's response to the cost of living, and we are interested to hear from anyone who would like to get involved.** For more information, please contact Rhiannon Ford at [Rhiannon.Ford@surreycc.gov.uk](mailto:Rhiannon.Ford@surreycc.gov.uk).

Work on the HWBB's Whole System Approach to poverty prevention will begin in the New Year, with the HWB Team at SCC now having the capacity to lead. For more information, contact Olusegun Awolaran at [Olusegun.Awolaran@surreycc.gov.uk](mailto:Olusegun.Awolaran@surreycc.gov.uk).

Page 28

## Joint Strategic Needs Assessment: Progress as of November 2022

For further information please contact the PH Intelligence Team [phintelligence@surreycc.gov.uk](mailto:phintelligence@surreycc.gov.uk)

Chapter published in last Quarter: 0

	Chapters published
	<p><b>Surrey Context</b> We have now published our <a href="#">Surrey Context</a> JSNA chapter – which provides an overview of the people and place of Surrey through a health inequalities lens.</p>
Priority 1	<p><b>Oral and Dental Health</b> In line with Integrated Care Systems (ICSs) taking increased commissioning responsibilities for dental services, we prioritised the refresh of our Joint Strategic Needs Assessment (JSNA) chapter regarding <a href="#">Oral and Dental Health</a> in Surrey.</p>

Planned JSNA chapters to be published by April 2023 / development started

	Chapter to be published
Priority 1	<p><b>Screening services</b> – To be published <b>Substance use</b> - To be published</p>
Priority 2	<p><b>Mental health of adults</b> – To be published <b>Mental Health of children &amp; young people</b> - To be published</p>
Priority 3	<p><b>Economy and employment</b> – Development started <b>Housing and housing-related support</b> - Development started</p>
Priority Populations	<p><b>People with learning disabilities</b> - To be published <b>Children and young people with additional needs</b> – To be published</p>
Other	<p>Responding to recent international developments, the JSNA will be adding a ‘rapid needs assessment’ to those done during the pandemic, exploring <b>Migrant Health</b>. This will be delivered in several phases with the focus of phase one being on asylum seekers and refugees which will reference the Afghan and Ukrainian support schemes that are currently in place. - To be published</p>

NB Once completed, sign off of chapters is subject to Chapter working group approval

- WINTER WELLNESS** - We raised awareness and encouraged uptake of COVID-19 and Flu vaccinations for residents and staff. We targeted specific groups with bespoke messaging, including carers, parents and people who are pregnant. We provided residents with health and wellbeing advice through our directory of support, distributed to every household in Surrey, along with libraries, community groups and food banks [Health and welfare support - Surrey County Council \(surreycc.gov.uk\)](#). We included information about which service to contact if you're unwell (to ease system pressures), we highlighted mental wellbeing support and vaccination information and advice about fuel poverty and warm hubs.

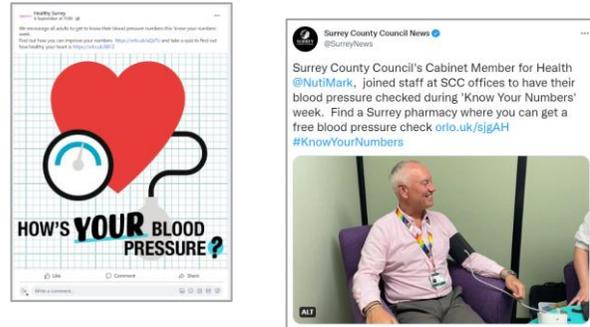


- HUMAN PAPILLOMA VIRUS (HPV)** - We ran a campaign to highlight the importance of HPV vaccinations for boys. We used digital advertising and social media, along with articles in [Surrey Matters](#) and our internal newsletters. We used the social media app snapchat to reach our teen audience. We also used specific messaging to encourage parents to sign the consent forms sent out by schools.

Page 30



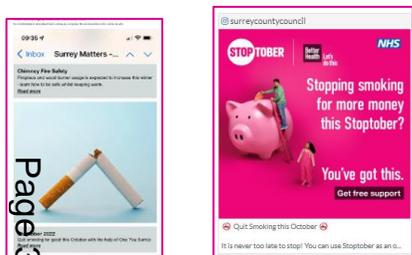
- KNOW YOUR NUMBERS** - In [‘Know Your Numbers!’](#) week, we ran a campaign to highlight the importance of checking your blood pressure and where you can get your blood pressure checked for free across Surrey. Mark Nuti, Cabinet Member for Adults and Health, helped promote blood pressure checks by attending one of a series of SCC staff events at Woodhatch. SCC also offered wider health checks to staff with a really positive uptake and plan to run more in future.



- **MENTAL HEALTH AWARENESS WEEK** - During this week we raised awareness of the mental health support across Surrey, with a particular focus on recognising the stress caused by the current financial uncertainty. We signposted people to [Mental Wellbeing – Healthy Surrey](#) and our 'wheel of wellbeing' self-help tool to build resilience.



- **STOPTOBER** – We raised awareness of the national 'Stoptober' campaign highlighting the stop smoking service delivered by our providers [OneYouSurrey](#). We encouraged residents to take up the 28-day challenge. We know if smokers stop for 28 days, they are five times more likely to quit for good.



Page 31



**WHITE RIBBON/DOMESTIC ABUSE** – Our campaign, developed with the Surrey Against Domestic Abuse Alliance, was launched with White Ribbon Day on 25<sup>th</sup> November and includes 3 videos about [Isolation](#), [Monitoring](#) and [Financial control](#) highlighting coercive and controlling behaviour. These videos will be used across social media and internal comms, with an outdoor advertising campaign following in the new year. The advertising campaign and social media are being targeted in areas of higher incidence of domestic abuse across the county. This campaign aligns with the development of the first Surrey multi-agency [Violence Against Women and Girls Strategy](#).

- **LIVING WELL IN LATER LIFE** – With an [engaging video](#) as its centrepiece, we raised awareness of the [Living Well in Later Life strategy](#), which has been shaped from the views of hundreds of residents, carers, staff and care providers. The 2030 plan sets out the ways the county council and its partners including across health and care will work together to make Surrey the best place it can be for older people. It's centred around enabling people to be active and independent in their communities and increasing choice for those who do need care. The video outlines what the strategy means for residents and [invites them](#), as well as partners and staff, to continue to give their views and input during the lifespan of the strategy and shape how it's put into practice.



- **SAFEGUARDING ADULTS WEEK 2022** – We highlighted that safeguarding is everyone’s business during Safeguarding Adults Week in November. Everyone has the right to live safely, free from abuse and neglect, but people who have care and support needs may find it more difficult to protect themselves. The week aimed to raise awareness of the forms abuse or neglect can take, the potential signs it’s happening and the actions we should take in response. Alongside partners including the Surrey Safeguarding Adults Board, we drew attention to [key themes in adult safeguarding](#).



- **HOME EQUIPMENT FINDER** – This [new online catalogue](#) aims to help residents access equipment and technology to suit their needs, helping them stay well at home and less likely to be admitted to hospital. We’re [raising awareness of the resource](#) which residents can search to explore practical solutions to fit their needs, from grab rails to help overcome physical barriers, to smart technology to help make daily life easier.



## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Health and Wellbeing Board Communications Plan 2023
<b>HWBS Priority - 1, 2 and/or 3 (delete as appropriate):</b>	<ul style="list-style-type: none"> <li>• Priority 1 Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being</li> <li>• Priority 2 Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being</li> <li>• Priority 3 Supporting people to reach their potential by addressing the wider determinants of health</li> </ul>
<b>Outcomes/System Capabilities:</b>	All outcomes
<b>Priority populations:</b>	All
<b>Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	All: <ul style="list-style-type: none"> <li>• Civic/System Level interventions</li> <li>• Service Based interventions</li> <li>• Community Led interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>• Sarah Archer - Communications Account Manager – Public Health, Surrey County Council</li> <li>• Giselle Rothwell - Director of Communications and Engagement, Surrey Heartlands Integrated Care System</li> </ul>
<b>Board Sponsor(s):</b>	Tim Oliver - HWB Chairman and Leader of Surrey County Council
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	N/A
<b>Annexes/Appendices:</b>	Annex 1 - Health and Wellbeing Board Communications Plan 2023

## 2. Executive summary

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The Health and Wellbeing Board Communications Group has developed the Health and Wellbeing Board Communications Plan which outlines joint priorities for communications activity in 2023. The plan builds on successful work from the previous year as well as making sure that the refreshed Health and Wellbeing (HWB) Strategy is reflected in the priorities within the Communications Plan.

## 3. Recommendations

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The Health and Wellbeing Board is asked to:

1. Note 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. Approve the refreshed Communications Plan for 2023.
3. Share and endorse the priorities within members' respective organisations.
4. Ensure representation on HWB Communications group.
5. Consider appetite and capacity for considering allocated money or formally pooled budgets for the Communications Plan.

## 4. Reason for Recommendations

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A joined-up approach to communications across the system is key and will ensure our campaigns and engagement has the greatest impact on residents. Approving the Health and Wellbeing Board Communications Plan and the priorities will help us ensure that cohesive and targeted communications activity takes place with one voice across Surrey.

Our Communications Plan will play an integral part in our system ambition to reduce health inequalities by ensuring our priority populations and key neighbourhoods are reached with the right information in the right place.

## 5. Detail

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The Health and Wellbeing Board Communications Group, which is attended by communications representatives from Board members' organisations, meets every six weeks to discuss and coordinate the communications activity that will deliver on Surrey's HWB Strategy.

Since 2020, the Communications Group has developed a Communications Plan which sets out its priorities for the coming year. The Plan ensure partners are working together to deliver cohesive and consistent messaging on themes that align with the HWB Strategy.

A range of joint communications activity has been developed over the past year to deliver on Surrey's HWB Strategy. Examples of this work can be seen on the first page of the new 2023 Communications Plan where some key campaigns and

engagement that has taken place in 2021/2022 are shared. The intention is to build on these successes over the next twelve months.

Page two of the proposed 2023 Communications Plan outlines our ambitions and priorities going forward while page three details how the Communications Group will work on these priorities: who are our key audiences, what are our main milestones, how will success be measured and what are they key tactics and channels?

The content of the 2023 Communications Plan was developed and agreed via a Communications Group Workshop that took place back in September 2022. Members from organisations across the system fed back about where to focus attention and how to ensure the Communications Plan reflected the refreshed HWB Strategy. Some key changes to the 2023 Communications Plan that came out of that workshop are:

- Closer alignment between the priorities in the Plan and the three HWB Strategy priorities. The first page is now structured around Priority One, Two and Three of the HWB Strategy.
- Moving past the Covid context, references to activity that was focused on priorities during the pandemic have been taken out.
- Reference has been made to some of the current big challenges- ensuring residents know where to access support during the cost-of-living crisis and supporting residents to know where and how to access the right health and social care support.
- The focus on mental health support has been enhanced. There is now a whole priority on mental health and emotional wellbeing, aligning with Priority Two of the HWB Strategy.
- The Plan includes much more detail on how communications activity will help to address the wider determinants of health, including poverty, housing and the environment.
- There is greater focus on our priority populations, including key neighbourhoods, through our extended key audience list.
- References have been made to how our organisations will work closely with communities to share key messages, including by using external and internal community resources to amplify our campaigns and engagement.
- Detail has been added around working across directorates and with other organisations, including the VCSE sector, to deliver meaningful communications and engagement.

## 6. Challenges

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The Communications Group will need to remain responsive to changes happening in the health and social care landscape to focus attention on the most urgent issues. This will mean that the plan will need to be kept under review

The plan contains three overarching priorities with many aspirations underneath for communications activity that will take place. It will be challenging to focus the same amount of attention across all of these areas. There will therefore have to be attention paid to how to choose which areas will receive what time and resource from the Communications Group and its member organisations.

There are no agreed budgets for the work listed in the Communications Plan currently. This means that the money and resource for campaigns will depend on organisations and directorates' ability and inclination to fund.

## **7. Timescale and delivery plan**

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The Communications Plan is intended to guide the work of the Communications Group over the next year- until January 2024.

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

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The Communications Plan has been developed with the Health and Wellbeing Board Communications Group which invites representatives from across the health and social care system. If endorsed, members of this Board are asked to share the Communications Plan with relevant colleagues in your organisations.

## **9. Next steps**

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- The Health and Wellbeing Board Communications Group will continue to meet to take forward the priorities in this plan and continue to refine our tactics and channels etc.
  - Look at choosing which of the areas of the plan will be the focus in the short-term and outlining how the Communications Group will deliver on these.
  - Evaluation will be an integral part of understanding how well the Communications Plan has been delivered. Time will be needed to set out what measures will be used to determine success.
  - A particular focus will be on reaching our priority populations. The Communications Group will therefore be looking at how and where to best reach our key audiences.
-

# SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN

## Healthy Surrey



Accessing health and social care support



Supporting both adults and children



Cross Directorate integration – Active Travel



### SUPPORTING PEOPLE TO LEAD HEALTHY LIVES

We will work together as system partners to support people to stay healthy and independent for longer.

### SUPPORTING PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

We will support residents to access the services and support that they need to maintain good mental health. Reducing stigma and tackling loneliness and isolation will help to promote good mental health.

### SUPPORTING PEOPLE TO REACH THEIR POTENTIAL

We will focus on people's basic needs and the wider determinants of health to ensure our residents have the right foundations for health and well-being.

Page 37



Raising awareness of preventative actions



Promoting early intervention

Supporting survivors of Domestic Abuse



Improving outcomes for adults experiencing multiple disadvantage

# COMMUNICATIONS PLAN

## Healthy Surrey

### SUPPORTING PEOPLE TO LEAD HEALTHY LIVES

*We will work together as system partners to support people to stay healthy and independent for longer.*

#### Areas of focus:

- Supporting seasonal health messages, including around winter wellness and heatwaves.
- Supporting residents and carers to understand how and where to access the right health and social care support in their communities (including promoting online tools).
- Raising awareness of the importance of immunization/vaccination and increasing informed uptake.
- Promoting screening services.
- Supporting residents to lead healthy lifestyles and avoid illness via the promotion of physical activity, good brain health, healthy eating, reduced alcohol consumption and smoking cessation.
- Supporting initiatives to tackle and prevent homelessness and raising awareness of multiple disadvantage.
- Promoting messaging that supports older people to lead healthier and more independent lives.

### SUPPORTING PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

*We will support residents to access the services and support that they need to maintain good mental health. Reducing stigma and tackling loneliness and isolation will help to promote good mental health.*

#### Areas of focus:

- Raising awareness of the mental health and emotional wellbeing support available for children, young people and adults.
- Promoting opportunities for early intervention, including therapy support, safe havens and suicide prevention.
- Helping to connect people in their communities to support to reduce loneliness and isolation.
- Promoting mental wellbeing in the workplace.
- Using story sharing and lived experience to reduce the stigma around mental health issues.

### SUPPORTING PEOPLE TO REACH THEIR POTENTIAL

*We will focus on people's basic needs and the wider determinants of health to ensure our residents have the right foundations for health and well-being.*

#### Areas of focus:

- Directing residents to support to combat financial pressures during the cost-of-living crisis, including fuel poverty, food insecurity and access.
- Aligning communications about opportunities for community-led action e.g., Make it Happen.
- Promoting community safety and safeguarding through supporting initiatives and action to combat exploitation and abuse.
- Working with partners to raise awareness of domestic abuse support, with a focus on under-reported groups (LGBTQ+, older people, men).
- Promoting active travel (cycling, walking, scooting etc.) and its positive effect on health and the environment, including air quality.

*We will flex within the plan to react to health and wellbeing priorities. Communications will also need to be considered in the context of the pandemic for the foreseeable future.*

## TACTICS AND CHANNELS

### We will...

- Make sure our work is aligned with the Health and Wellbeing Strategy, including the Principles for Working with Communities.
  - Share key milestones and work with the Health and Wellbeing Board.
  - Agree collective messaging and comms leads for prioritised strands of work.
  - Consider all tactics and channels at our disposal including public awareness campaigns, social media targeting, the Next Door social networking service, text messaging via GPs, digital toolkits for partners to share.
- We will also use traditional offline channels for residents that need or want to access information this way.
- Focus on accessibility, ensuring residents and staff receive communications in a language and format that works for them.
  - Mobilise a tactical sub-group to coordinate winter comms work across agencies.
  - Share updates with partners through the Surrey Communications Group and additional groups as necessary.
  - Make use of internal and external community resources to share and amplify our messages, for instance Community Link Officers and the leaders of community groups.
  - Work closely with VCSE organisations to ensure communications are shared with our communities.

## OPPORTUNITIES / MILESTONES

- To amplify health messages through selected national awareness days.
- Work closely with communities to deliver key messages in the places our residents live and work.
- Use real stories and lived experience to bring our communications to life.
- Use data and insights to focus our attention on the issues and opportunities that matter most in Surrey.
- Tailor campaigns for Surrey- childhood immunisations, sexual health.
- Use staff events to raise awareness— Macmillan coffee morning, know your numbers week (health checks).
- Harness local community events to share health messaging e.g. Pride Surrey and let's talk events
- Work across directorates to deliver health messaging to residents e.g. Active Travel, Energy Initiatives.
- Promote new system-wide strategies as they develop.

## KEY AUDIENCES

- [Health and Wellbeing Strategy Priority Populations](#)
  - Carers and young carers
  - Looked after children and adults with care experience
  - Children with additional needs and disabilities
  - Adults with LD and/or autism
  - People with long-term health conditions, disabilities or sensory impairment
  - Older people 80+ and those in care homes
  - Black and Ethnic Minority groups
  - Gypsy Roma Traveller Community
  - Young people out of work
  - People experiencing domestic abuse
  - People with serious mental illness
  - People with drug and alcohol problems
  - People experiencing homelessness
  - People living in geographic areas which experience the poorest health outcomes – Surrey's [Key Neighbourhoods](#)
- [Our staff](#)

## SUCCESS

- We communicate with one voice across Surrey so that residents receive consistent messaging.
- Campaigns evaluated and insights shared to inform future work.
- Behaviours and attitudes influenced so that more people access testing, screening, vaccination and other preventative services.
- Residents know what health and social care services to use and when to use them.
- People who are experiencing mental health difficulties access services which can help them.
- People are able to easily access health and welfare support, especially during times of economic hardship.

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## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

7

Paper tracking information	
<b>Title:</b>	Empowered and Thriving Communities - System Capability Update
<b>HWBS Priority - 1, 2 and/or 3:</b>	1, 2 and 3
<b>Outcomes/System Capabilities:</b>	<ul style="list-style-type: none"> <li>• P3 outcome: Children, young people and adults are empowered in their communities</li> <li>• System Capability: Empowered &amp; Thriving Communities</li> </ul>
<b>Priority populations:</b>	<ul style="list-style-type: none"> <li>• All, but with a focus on people living in geographic areas which experience the poorest health outcomes in Surrey/Key Neighbourhoods</li> </ul>
<b>Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<p>All:</p> <ul style="list-style-type: none"> <li>• Civic/System Level interventions</li> <li>• Service Based interventions</li> <li>• Community Led interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>• Daniel Shurlock - Design Lead, Thriving &amp; Empowered Communities, Surrey County Council: <a href="mailto:daniel.shurlock@surreycc.gov.uk">daniel.shurlock@surreycc.gov.uk</a></li> <li>• Helen Johnson - Senior Policy and Programme Manager, Health and Wellbeing, Surrey County Council: <a href="mailto:Helen.Johnson1@surreycc.gov.uk">Helen.Johnson1@surreycc.gov.uk</a></li> </ul>
<b>Sponsor(s):</b>	<ul style="list-style-type: none"> <li>• Tim Oliver - HWB Chairman and Leader of Surrey County Council</li> <li>• Marie Snelling - Executive Director Customer &amp; Communities, Surrey County Council and Health and Wellbeing System Capability Lead for Empowered &amp; Thriving Communities (non-Board member)</li> </ul>
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	<a href="#">Confirming the priority populations of geography ('key neighbourhoods')</a> March 2022
<b>Annexes/Appendices:</b>	Annex 1 – example strategies/plans and programmes/initiatives Annex 2 – example activities in Key Neighbourhoods

## 2. Executive summary

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In refreshing the [Surrey Health and Well-being Strategy](#) (HWB Strategy), the Board agreed that reducing health inequalities and improving community safety requires all partners to work together to create a new relationship with communities - building trust and relationships, co-designing and coproducing solutions, aspiring to community-led interventions and influence - the HWB Strategy's [Principles for Working with Communities](#).

This report provides a summary overview of how this underpinning HWB Strategy, “system capability” for Empowered and Thriving Communities has been progressed to date. Positive examples are highlighted, particularly in some of the [Key Neighbourhoods](#) where there have been focused efforts to work more creatively and collaboratively alongside communities.

Cost of living pressures will deepen in communities over the winter and all Surrey’s public agencies and VCSE (Voluntary, Community and Social Enterprise) organisations face heightened budget constraints over the medium term. This very challenging context makes the work of getting closer to communities and supporting community-led action all the more imperative.

There are further opportunities to stimulate and support this across the Surrey system by progressing partnership work on strategic alignment, data and insights, capacity building and investment. Taken together these will support increased community action alongside supportive civic/system-level and service-based interventions to reduce health inequalities so that no-one is left behind.

## 3. Recommendations

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The Health and Wellbeing Board is asked to:

1. Note the progress to date, examples and key reflections from efforts to work more creatively and collaboratively alongside communities.
2. Confirm 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. Agree 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 .

## 4. Reason for Recommendations

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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 creative and collaborative relationships with communities, particularly in Key Neighbourhoods.

This requires targeted additional efforts and investments that can support community-led action to reduce health inequalities, alongside supportive civic/system level and service-based interventions, with the whole system and individual agencies being responsive to community-identified needs and community-led activities that emerge through this work.

## 5. Detail

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### Background

The Board previously agreed to advance the ambition laid out in the Principles for Working with Communities by setting a clear, shared strategic direction to align around, combined with some specific and targeted initiatives and actions to stimulate and accelerate progress – the latter were focused on data and insights, capacity building, and investment.

### Progress and examples

#### *Strategic direction and alignment*

Adopting the “Principles for Working with Communities” has created a stronger shared basis for embedding common expectations, standards and experiences across the system. The exact wording will sometimes reflect local organisational contexts, but these Principles are increasingly being placed up front in strategies and plans across the county.

The Principles were purposefully agreed alongside the addition in the HWB Strategy of those living in the geographic areas with poorest health outcomes as a priority population (the 21 Key Neighbourhoods). The Board agreed that efforts to improve health outcomes in these neighbourhoods required a particularly thoughtful and creative approach to building trust and growing shared action. The identification of the Key Neighbourhoods has also started to helpfully influence partnership work, investments, planning and commissioning across the county.

For further background **Annex 1** lists some of the strategies/plans and programmes/initiatives that have (or are being) specifically shaped around both the Principles and Key Neighbourhoods. **Annex 2** summarises some of the specific activities underway alongside communities in the five Key Neighbourhoods where the Board agreed there should be an initial focus in order to reduce health inequalities.

#### *Data and insights*

To support closer working alongside communities, assorted data sets have been collated into packs – these have been published on Surrey-i for the Lower Super Output Areas within the 21 Key Neighbourhoods ([Key neighbourhoods – Surrey-i](#)). They have been positively received by partners and are helping to support local projects, service planning, commissioning, and external investment bids.

Importantly this quantitative data needs to be considered in the round with qualitative insight from research, community listening, local knowledge and lived experience. Such insight is surfaced in a range of ways across the system, including through research and engagement teams, Healthwatch Surrey, VCSE organisations, and feedback from staff working daily alongside these communities.

Over the last six months some fantastic examples have emerged of community engagement and listening that is more joined up, creative, open ended (and not starting with a specific outcome or agenda in mind). These examples are creating space and time to explore and identify what matters to the community, to support connections and joint action. There are numerous examples that Board members will be aware of across the county, including those happening daily in the places where people meet in communities (the natural “bumping into” spaces). A few specific examples include community listening in Merstham, the “Escape to Englefield Green” Let’s Talk event, appreciative enquiry in North Guildford, the Old Dean Bingo event, and Sheerwater Together partnership in Woking.

### *Capacity building*

In September 2021, the Board agreed some headline descriptors of what good would look like for those in different roles to fully model the Principles for Working with Communities (see Appendix 3 - [Item 6 - Health and Wellbeing Strategy Review and Refresh.pdf \(surreycc.gov.uk\)](#)). To help put this into practice two specific additional capacity-building programmes have been running over recent months involving a mix of participants from across agencies, VCSE and community groups:

- Health Creation Discovery Learning Programme – this is supporting both local action on the ground and shared learning across the system and builds on the positive impact of [Growing Health Together](#) and other health creating initiatives across the county. This is being supported by the Health Creation Alliance who are facilitating 14 Action Learning Groups that will help equip Primary Care Network staff, partners and community members to collaborate more deeply and deliver on their self-identified priorities.
- Commissioning and Transformation through the lens of Asset Based Community Development - this is challenging and supporting leaders across agencies and in the VCSE to develop approaches to commissioning, transformation and service design that are more firmly community-focused and led.

### *Investment*

A number of additional funds are now in place in Surrey with a specific focus on investing directly in community-led action, capacity-building, and community infrastructure. These complement the wide range of existing funds and grants.

Examples include:

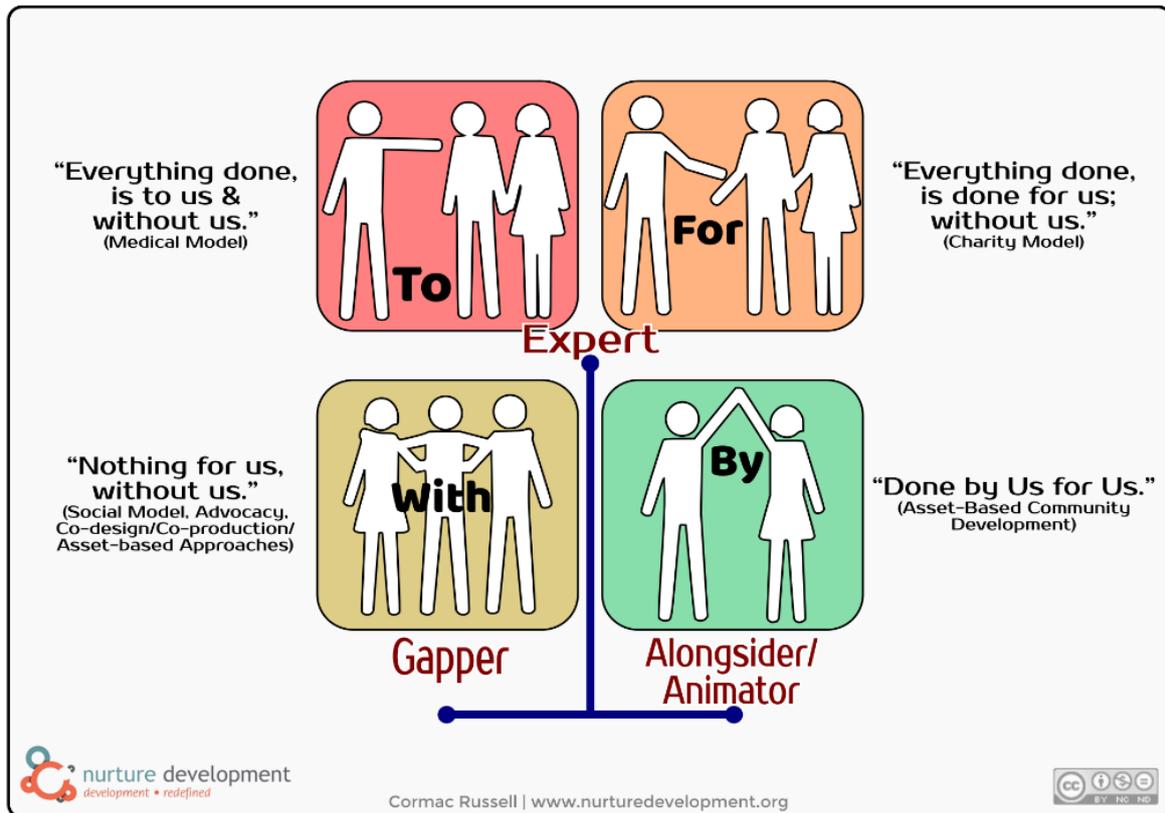
- [Your Fund Surrey](#) – community led capital projects

- [Surrey Mental Health Improvement Fund](#) – supporting people and communities to be proactive in improving emotional and mental health and wellbeing, including in Key Neighbourhoods
- Partnering with Community Foundation for Surrey to enable match funding through public donations (eg including for strategic transformation of charities, winter poverty initiatives, the Surrey Mental Health improvement Fund – above)
- Community Sparks – very small and flexible grants for local community action (will launch in early 2023 through the voluntary, community and faith sector infrastructure organisations)

## Learning and reflections

Discussions across the system have identified a range of reflections from efforts to work more closely alongside communities. The summary points below are by no means exhaustive or definitive but can - along with any other key reflections from Board members - help to guide the next phase of work.

- Engaging at a local neighbourhood level is vital – this is the scale at which community members and professionals working alongside them can make sense of the range of interconnected issues and opportunities, agree common ground that bridges administrative or service silos, and make / see impact.
- Inclusive engagement and collaboration requires significant time and relies on trust and relationships
- Testing new approaches and making progress helps to reveal what more is possible; there is much more work to do to embed ways of working that are more “ground up/inside out” and based from within communities
- It can be challenging to break out of a natural, well-meaning tendencies, for agencies to assume a “fixing mode” and “doing to” attitude, thereby missing opportunities to support the strengths in the community that can act as protective factors to physical and mental health and well-being. This [Bridging the Gap framework](#) provides a helpful and simple way to consider this:



## Looking ahead

Cost of living pressures will deepen in communities over the winter and all Surrey’s public agencies and VCSE organisations face heightened budget constraints over the medium term. This very challenging context makes this work of getting closer to communities and supporting community led action all the more imperative.

The ambition remains over the next year however, to continue to develop the Empowered and Thriving Communities system capability so that community-led interventions get the right type of support, and to make strides towards a more systematic approach - where the Principles for Working with Communities more consistently shape how we work with communities and fundamentally change the way things are done in Surrey.

Below are some specific areas of focus that the Board are asked to consider in order to set the strategic direction on this system capability for all partners.

### *(i) Strategic direction and alignment*

All Board members continue to ensure that all emerging strategies, policies, commissioning and transformation programmes, and organisational and service designs clearly reflect the agreed Principles for Working with Communities.

Specifically, this requires all leaders to regularly examine and consider how far the whole system and individual agencies are shifting ways of working to be increasingly

responsive to community-identified issues and opportunities, and supportive of community-led activities.

*(ii) Data and insights*

In addition to the range of ongoing and planned data, research and engagement work across the county (eg Data Strategy, Population Health Management), the following specific additional initiatives will be progressed:

- Qualitative research in Key Neighbourhoods on the cost of living crisis this winter to supplement the Citizens Panels and survey data, and other local insights
- Establishing a more formal approach to youth peer researchers – this will build on existing citizen researcher approaches
- Supporting storytelling by communities about themselves, including through the creative arts

These will be progressed as part of the wider work on the HWB Strategy system capability for Data, Insights and Evidence, helping to ensure deeper community insights drive and shape future civic/system policies and service design.

*(iii) Capacity building*

There is an opportunity to build on the two targeted learning programmes underway and embed principles and skills for working alongside communities more deeply into our core leadership / workforce development strategies and programmes.

This includes, for example, the development work for Integrated Neighbourhood Teams (see [the Fuller Stocktake Report](#)), the consistent application of asset-based approaches to commissioning and transformation, and training opportunities in strength-based practices (eg Making Every Contact Count, Appreciative Enquiry, Community Development, Health Creation).

This will be progressed as part of the wider work on the HWB Strategy system capability for Workforce Recovery and Development

*(iv) Investments*

In addition to the continued delivery of the targeted investments referenced above, there is an opportunity to develop a stronger shared picture of how the county's combined resources are deployed into community capacity building.

A better understanding of the pattern between more “upstream” (prevention through individual, family and community capacity building) and “downstream” (more reactive responses once issues have arisen and/or escalated) investments and their proportional impact will help to inform future policy and resource choices. This is not

a simple or single exercise. At this stage the Board's commitment to this type of system-wide analysis is sought as a basis for further work.

There are of course many forms of investment beyond public agency budgets. Social value frameworks play a critical role in stimulating new partnerships in communities. There are also opportunities to build on partnerships – such as with Community Foundation for Surrey – that can enable additional investment into community capacity and infrastructure.

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Opportunities around future investment in community capacity and infrastructure do not sit neatly within an existing workstream, so it is proposed the system capability lead for Empowered and Thriving Communities continues to explore these opportunities with partners and determines the most appropriate arrangements to ensure new approaches are actively explored.

## 6. Challenges

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- Active leadership from Board members within their own organisations and willingness to challenge across the system are both required to ensure the necessary focus on/impact of developing the Empowered and Thriving system capability development and reducing health inequalities experienced in the Key Neighbourhoods.
- There is a risk that the agreed Principles do not translate into changes on the ground for communities and their first-hand experiences. The developing programmes of engagement, research and insight gathering across the system will be critical in testing this.
- There is a risk that the professionals and teams working with communities day-to-day are not equipped or empowered themselves to work with communities in the way intended. The proposed work on leadership, workforce development and organisational design will be critical to understanding and addressing this barrier.
- There are key interdependencies with the system capabilities for Data, Insights and Evidence and Workforce Recovery and Development.

## 7. Timescale and delivery plan

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The agreed strategic direction will directly inform activities completed over the next twelve months to December 2023.

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

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The Empowered and Thriving Communities system capability and the focus on the Key Neighbourhoods has been discussed and agreed previously through the Board (March 2022) and cascaded. It has also been discussed at the Surrey Forum (April 2022).

## 9. Next steps

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- The system lead for Empowered and Thriving Communities will continue progress the priority areas agreed by the Board, with the support of relevant colleagues across the wider system
  - Key developments will be tracked through the regular HWB Strategy reporting to the Board.
  - A further formal update will be provided to the Board in twelve months' time.
-

## **Annex 1 – Examples of Surrey system strategies, plans and programmes that reflect the HWB Strategy’s Principles for Working with communities and / or the identified Key Neighbourhoods**

Note – this is not fully exhaustive

### Strategies / plans

- The developing Integrated Care Strategies (drafts) and related plans at Place and PCN levels
- County and District / Borough council strategies
- VCSE organisation strategies and plans
- Surrey Community Safety Agreement
- Fuel Poverty Plan (inc. Warm Hubs)
- Active Transport planning / funding bids
- No-one Left Behind Employment Network Plan
- Whole system approach to Poverty (TBC early 2023)

### Programmes / initiatives

- Surrey’s response to Core 20 PLUS 5
- Active Surrey projects
- Your Fund Surrey
- Green Social Prescribing
- Surrey Mental Health Improvement Fund criteria
- Employment Support research / funding bids
- Residents Cost of Living research
- Emerging work on micro enterprises for health and care incl. use of Tribe platform
- Surrey CC’s new local engagement approach
- Community Sparks (TBC early 2023)

## Annex 2 – Examples of work alongside communities in five initial priority HWB Strategy Key Neighbourhoods

Note: In all areas there is a strong current focus on cost-of-living support over the winter.

Key Neighbourhood	Examples of work alongside the community
<b>Hooley, Merstham and Netherne</b>	<ul style="list-style-type: none"> <li>• Community listening event (a Community BBQ) in Nailsworth Crescent to start building stronger ties and action - initiatives under consideration include creation of community allotment, baby/toddler group and Health Champions</li> <li>• Collaborating with local organisations and using a MECC (Making Every Contact Count) approach to bring about reduction in smoking rates and other related diseases</li> <li>• Health promotion talks at Merstham Community Hub, participating in maternal health and wellbeing programmes, pre-diabetes health screening in at risk populations.</li> <li>• Active Surrey targeted projects include loaning health monitors (eg FitBit style) through the library and strength/balance classes</li> <li>• Support to local partners through the Health Creation Discovery Learning Programme</li> </ul>
<b>Canalside</b>	<ul style="list-style-type: none"> <li>• Sheerwater Together partnership group - ensuring ongoing join up in relation to the major redevelopment in the area</li> <li>• Sheerwater community budget</li> <li>• Active Surrey targeted projects including physical activities for women and ethnically diverse groups, multi-sport activities for young people and a partnership with the Gordon Ramsey Academy, providing free online cooking sessions</li> <li>• Training of local, ethnically diverse women to deliver physical activity in their community including becoming swim teachers, walk leaders and exercise deliverers (Project 500 - 'More Women, Better Coaching').</li> <li>• Local Area Coordinator introduced in the area supporting residents in bespoke ways to pursue their goals and connect with others locally</li> <li>• Tribe digital tool for enabling voluntary organisations to build the skills and meet local care needs</li> </ul>
<b>Stoke &amp; Westborough</b>	<ul style="list-style-type: none"> <li>• Continued engagement in response the local appreciative enquiry exercises</li> </ul>

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	<ul style="list-style-type: none"> <li>• Active Surrey targeted projects include Fit and Fed camps (with Surrey Outdoor Learning), and free leisure passes in partnership with Surrey Sports Park, for Be Your Best families</li> <li>• Dose of Nature funded by Green Social Prescribing programme to set up a second base at Dapdune Wharf to offer nature based mental health services to Guildford residents</li> <li>• Support to local partners through the Health Creation Discovery Learning Programme</li> </ul>
<p><b>Stanwell North</b></p>	<ul style="list-style-type: none"> <li>• Engagement and join up through the Spelthorne Health and Borough Transformation Group</li> <li>• Public Health Mental Health Development work</li> <li>• Whole System Approach to Obesity programme</li> <li>• Active Surrey targeted projects include working with Stanwell Events to offer family fitness and education sessions</li> <li>• Mindful Ninja – a Nature Connection Fund project for teenagers</li> </ul>

## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Surrey Safeguarding Adults Board Annual Report 2021/22
<b>HWBS Priority - 1, 2 and/or 3:</b>	<ul style="list-style-type: none"> <li>Priority 3 Supporting people to reach their potential by addressing the wider determinants of health</li> </ul>
<b>Outcomes/System Capabilities:</b>	<ul style="list-style-type: none"> <li>People are safe and feel safe (community safety incl. domestic abuse; safeguarding)</li> </ul>
<b>Priority populations:</b>	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>People with long term health conditions, disabilities or sensory impairment</li> <li>Older people 80+ and those in care homes</li> <li>People experiencing domestic abuse</li> <li>People with serious mental illness</li> <li>People with drug and alcohol problems</li> </ul> <p>i.e. adults with care and support needs</p>
<b>Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>Community capacity building: 'Building trust and relationships with communities'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>Civic/System level interventions</li> <li>Service based interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>Simon Turpitt - Independent Chair; Safeguarding Adults Board</li> <li>Sarah McDermott - Surrey Safeguarding Adults Board Manager</li> </ul>
<b>Board Sponsor(s):</b>	Cllr Mark Nuti - Cabinet Member for Adults and Health, Surrey County Council
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	N/A
<b>Annexes/Appendices:</b>	Annex 1 - SSAB Annual Report 2021/22

## **2. Executive summary**

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The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency board with responsibilities set out in the Care Act 2014. The SSAB is chaired by an independent chair, Mr Simon Turpitt.

There is a statutory duty for all Safeguarding Adult Boards to publish an annual report and disseminate to various parties, of which the Health and Wellbeing Board is one.

## **3. Recommendations**

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The Health and Wellbeing Board is asked to:

1. Consider and note the attached Surrey Safeguarding Adults Board Annual Report 2021/22.
2. Consider the SSAB Annual Report in relation to the HWB strategic priorities to ensure collaborative working between the Boards.

## **4. Reason for Recommendations**

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The recommendations demonstrate that the SSAB is fulfilling its statutory requirement under the Care Act 2014 to present to the Health and Wellbeing Board.

It supports the SSAB to be transparent by providing information to the public on performance of the Board and delivery of the SSAB strategic plan.

Ensures that the Health and Wellbeing Board is aware of the work of the Safeguarding Adults Board and the interface with the Health and Wellbeing Board strategic priorities.

## **5. Detail**

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Surrey has had a Safeguarding Adult Board (SAB) in place for over a decade with the board being statutory since the implementation of the Care Act 2014. The primary duty of the SAB is to ensure the main statutory agencies work together to improve practice which protects and promotes the safety of adults at risk of abuse and neglect in Surrey.

It is a statutory requirement under the Care Act for the Annual Report to be sent to the Chief Executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable, Healthwatch, and the Chairman of the Health and Wellbeing Board.

The Board would like members of the Health and Wellbeing Board to have a good understanding of the range of abuse and neglect issues that can affect adults with care and support needs and of the importance of balancing safeguarding with empowerment, and how this links with the HWB priorities. It is anticipated the annual report will increase this understanding.

The report highlights the work of the board over the past year in relation to the strategic priorities:

- Prevent Abuse and Neglect
- Improve the management and response to safeguarding concerns and enquiries
- Learn lessons and shape future practice

The report also includes data from Surrey County Council Adult Social Care, Surrey Police and Trading Standards. SSAB agencies were asked to contribute to the report and highlight their achievements and challenges within the 2021/22 year in relation to their safeguarding adults work.

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## **6. Challenges**

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The Annual Report is a description of the Board's activities and challenges faced during the year for both the SSAB and partner agencies.

## **7. Timescale and delivery plan**

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The Safeguarding Adults Annual Report covers the 2021/22 year.

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

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The Annual Report is a description of the Boards activities undertaken during the 2021/22 year. As a multi-agency report all members of the Board were consulted on the contents and invited to contribute. The Annual Report was presented to SCC Cabinet in October 2022.

A new Partnership Officer (communications and engagement) role will start in 2023.

## **9. Next steps**

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The SSAB Annual Report will be:

- Published on the Surrey Safeguarding Adults Board website
- Circulated with the Surrey SAB newsletter (next edition)
- Distributed to (electronically):
  - Chief Executive of the County Council and the Leader of the Council
  - The Police and Crime Commissioner
  - The Chief Constable
  - Healthwatch Surrey
  - Board members for them to cascade within their own organisations

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# Surrey Safeguarding Adults Board



**Annual Report 2021-22**

**[www.surreysab.org.uk](http://www.surreysab.org.uk)**

# Message from the Chair



2021/22 was an interesting year due to the influence of Covid.

From a safeguarding adult's point of view the legacy of lockdowns impacted on our workload and our ability to support those with care and support needs effectively.

Our aim and plans remained the same, but delivery had to be adjusted because of lockdowns and ability to achieve timescales within the demanding workload of agency front line staff.

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Staff were contending with hybrid working and some restrictions whilst also dealing with stress of the past year. However, they were incredibly motivated and rose to the challenge by that going the extra mile, finding new ways of working and looking and using technology to ensure customer contact.

The voluntary sector has bridged a lot of gaps even though adversely hit by challenges around income and volunteers. It has really worked hard to ensure those people with care and support needs have still got support.

The upward trend in concerns has continued.

The biggest number of enquiries still related to Neglect and Acts of Omission.

This is a very wide area, and the Board is breaking down the data to define actions we need to take to address this. Some actions are in place, but it continues to be an area of concern and where we need to keep focus.

We saw a rise in concerns but also SARs (Safeguarding Adult Reviews); some of this was legacy driven as cases came to light as people were able to have stronger contact and support. The most significant area being mental health which the pandemic impacted strongly and negatively.

# Message from the Chair cont.

We continue to see a rise in Domestic Abuse concerns, but across Surrey there is a real focus on working together to support people.

This ongoing increase in SARs, especially joint ones with Domestic Homicide Reviews (DHRs) was expected but the causes leave a tragic outcome and certainly need a real focus on us all to address the issues and ensure we react and embed the learning.

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## Positive issues:

- Continued better working between all Boards and agencies meaning more joined up working,
- The Exec group at Board has functioned effectively responding to issues and challenges
- Training has been reviewed and revamped and is well used and getting excellent feedback
- Mental health continues to be a focus and the Board is fully engaged with relevant work across the county
- Reviewed and rewritten terms of reference for the Board to simplify and clarify
- Developed a new QA assurance report for agencies that will be used next year
- New subgroups were formed – Communication, Prisons and an Engagement Forum, this has allowed us to develop new and stronger relationships with hard-to-reach agencies.
- The SAR process has been reviewed with a view to improving timings, report writers' recruitment, and more accountability around response to recommendations
- Strengthen Board connections regionally and nationally

# Message from the Chair cont.

## Challenges going forward

- Staffing – recruitment and retention a big issue post Covid restrictions
- Ensuring the newly formed ICB's have safeguarding adults in all their plans and assurance
- 8 Ongoing assurance of safeguarding adults as per Care Act requirements in relation to refugees
- Current difficult financial environment – Those with care & support needs struggling to support themselves – mental health impact – carers issues, financial abuse, domestic abuse.

This will be my last report as the Independent Chair of the Surrey Safeguarding Adults Board, I can reflect positively on the huge changes that have been made over my tenure primarily driven by excellent input from Board member agencies and it would be remiss of me not to thank them sincerely for helping to ensure that those adults with care and support needs who may be at risk or experiencing abuse and/or neglect are responded to effectively and quickly. We haven't always got it right and certainly the SAR activity demonstrates that but the commitment to do our best from all has been excellent.

I am sad to leave, but happy that in Surrey the drive to improve and take forward the safeguarding adults agenda will continue.

Simon Turpitt  
Independent Chair  
Surrey Safeguarding Adults Board

# Our Story



Safeguarding Adults Boards (SABs) were established under The Care Act 2014



The Objective of the SAB is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does.



The three core duties on SABs are to:

1. Publish a Strategic Plan
2. Publish an annual report
3. Undertake Safeguarding Adult Reviews

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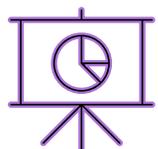
An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective



Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs



Broaden engagement with the voluntary sector to help get the right messages to the right people



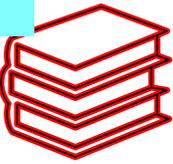
Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice

# Our Story



Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.

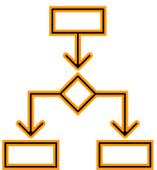
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Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Be transparent – the SAB leads a learning culture where best practice is identified this will be shared and recommended, where concerns are identified these will be communicated appropriately



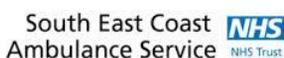
Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.

# Partnership

The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from each member agency.

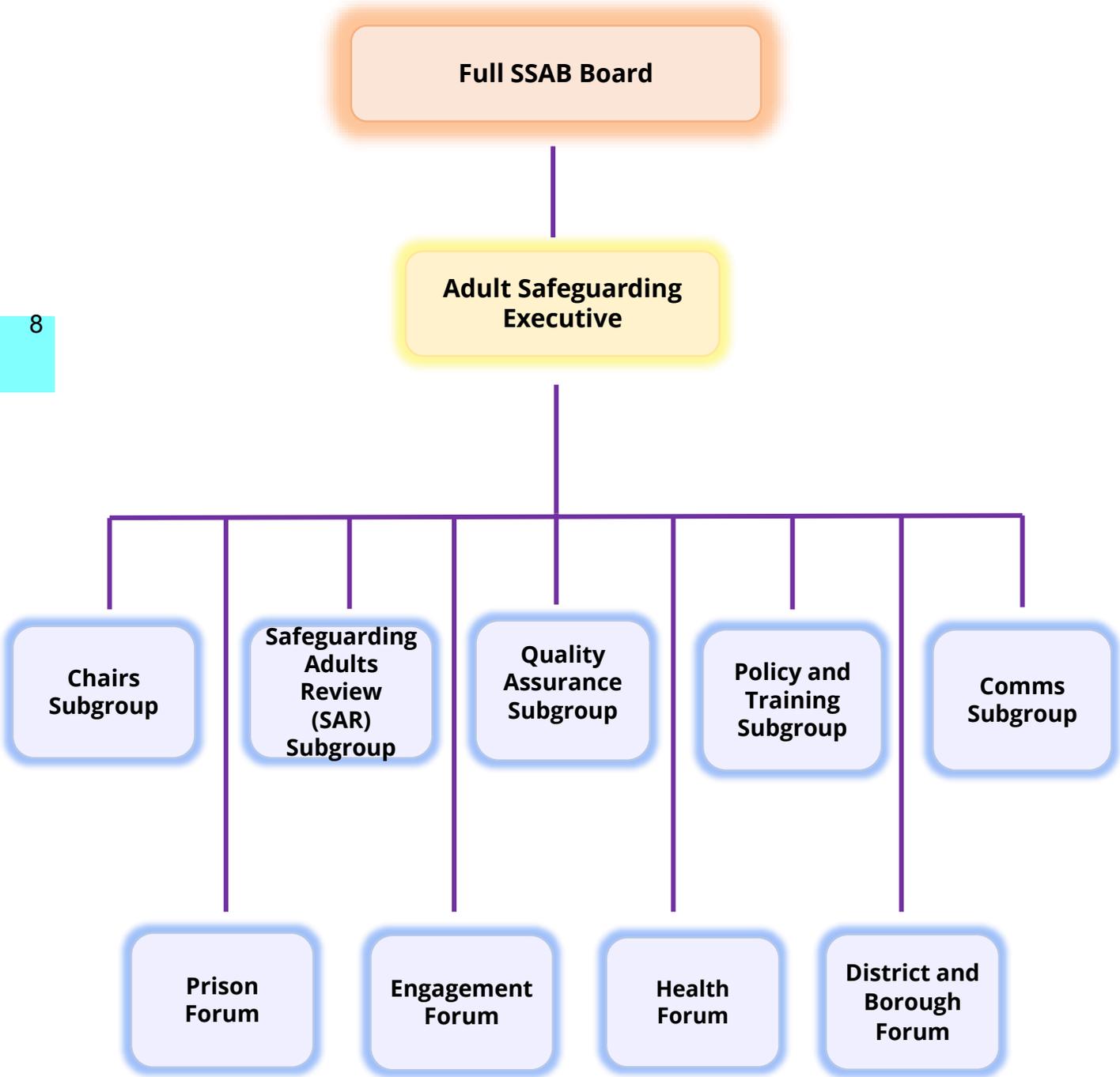
The Board is facilitated by an Independent Chair and supported by a small team.

The partnership is made up of:



# How the Board works

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# How the Board works cont.

## Full Board

- The Surrey SAB meet four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives from voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding work.
- Provides direction to all subgroups.

## Adult Safeguarding Executive

- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

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## Chairs Group

- Brings all the chairs of the subgroups together.
- Discusses “emerging” issues or “stuck” issues from their subgroup

## Safeguarding Adults Review Subgroup

- Considers cases for a Safeguarding Adults Review
- Manages the reviews once they are commissioned
- Leads on sharing the lessons from reviews

## Quality Assurance Subgroup

- Request and receives the QA data from agencies.
- Scrutinises the QA data from partners, identifies areas of best practice and/or concern.
- Raises questions on data received.

## Policy and Training Subgroup

- Oversees the safeguarding training of the Board
- Oversees the multi-agency policy and procedures

## Communications Subgroup

- Oversees the communication strategy of the Board.
- Oversees the board publication materials

## Prison Subgroup

- To provide a forum for discussion of key issues for all Prisons in Surrey.

## Engagement Forum

- To help to establish better engagement with all organisations across Surrey.

## Health Forum

- To provide a forum for discussion of key issues for all Surrey health providers.

## District & Borough Forum

- To provide a forum for discussion of key issues for all District & Borough Safeguarding Leads in Surrey.

# SSAB Work in 2021-22

The priorities identified in the three-year strategic plan (2019-22) for the Surrey SAB were to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

Following a review of the structure in 20/21, the subgroups took forward the final year of the strategy.

Sub-groups developed a work plan based on the SSAB annual plan and these workplans were monitored by the Adult Safeguarding Executive.

Any actions not completed within 21/22 will be carried forward into the 22/23 year.

The following section highlights work undertaken in 21/22 against each priority.

# Priority: Prevent Abuse and Neglect



During 2021/22 the SAB continued to raise awareness by providing multi-agency training, updating the website, promoting the newsletter and presenting at different forums.

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Attendance at SAB and subgroup meetings remains high from partner agencies, and all meetings are continuing on a virtual platform.



The SAB continued to utilise its Twitter account by posting SAB tweets and re-tweeting relevant information.



Regular meeting took place with Surrey Children Partnership to look at areas where work could be taken forward together, this relationship continues to be strengthened.



Under the Domestic Abuse Act, a Domestic Partnership Board was required to be established and in Surrey this the Domestic Abuse Exec – the SAB has joined this group as a member.

# Priority: Prevent Abuse and Neglect cont.



8

The Quality Assurance group updated the Quality Framework. This was sent to both statutory and private health providers in Surrey early 2021. Analysis will take place during the 22/23 year.



The SAB Board Manager attended partnership meeting to ensure that the SAB is engaged with other work streams, this included:

- Domestic Abuse Management Board
- Surrey Adult Matters
- Sexual Abuse Management Board
- DHR Oversight Group
- Anti-slavery and Human Trafficking partnership



The SSAB newsletter continued to be published on a quarterly basis and is circulated to over 4,200 recipients.

# Priority: Improve the management and response to safeguarding concerns and enquiries



The Contributing to Section 42 safeguarding enquiry training course was delivered by an external commissioned trainer due those trained under the Train the trainer programme being unable to provide resources.



When to refer and Adult Safeguarding Concern was developed to reflect the LGA/ADASS Framework; Understanding what constitutes a safeguarding concern and how to support effective outcomes



The Levels of Need document developed by SCC ASC was updated to reflect this and the pathways for self-neglect were highlighted

# Priority: Learn lessons and shape future practice



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The SAB continued focus on learning from SARs, both national SARs by holding workshops as part of a SAB meeting. SAB members consider questions and consider how learning can be taken back to their agency.



Learning briefings were developed as appropriate, the briefing assist with ensuring the wider dissemination of the learning from reviews.



The Analysis of Safeguarding Adults Reviews April 17-19 commissioned by the Care and Health Improvement Programme (CHIP) a local action plan was progressed and will continue to be monitored by SAR and learning the group



The SAB joined both the Surrey Heartlands and Frimley Learning from Learning Disability Reviews (LeDeR) governance and steering groups and will continue to share relevant learning.

# Priority: Learn lessons and shape future practice



The commissioning of authors has been updated and now incorporates a requirement to undertake learning events are required.

8



SSAB provided input to the National SAR library, which is now held on the National SAB Chairs network website.



The Policy and Training group considered the NICE guidance on

- Safeguarding adults in Care Home
- Integrated Health and Social Care for people facing homelessness

The group considered what actions needed to be taken forward based on the recommendations in these documents.



The training the SAB offered was reviewed and it was agreed that the different methods needs to be considered; podcasts, webinars, interactive learning will be developed in the 22/23 year.

# SSAB Forums

## Health Forum

The health forum met 6 monthly and membership was extended to include both NHS and private health providers. This has ensured that the health system in Surrey is kept updated on the work of the SSAB as well as allowing for peer support.

## 8 District & Borough Forum

This forum continued to meet quarterly and covered both work of the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board.

## Prison Forum

The SSAB continues to engage with the 5 prisons in Surrey. This group meets 6 monthly and whilst attendance has been sporadic, those that do attend find the engagement with the SAB valuable. A QA framework questionnaire has been developed with this group and this will be undertaken during 22/23 year.

## Engagement Forum

In March 2022, the Engagement forum was established bringing together voluntary and private agencies across Surrey who aren't already engaged with the SSAB. There was good attendance at the first meeting and agencies continue to ask to join this. The first meeting covered:

- *Introduction to Surrey Safeguarding Adults Board*
- *Introduction to Surrey Multi-agency Safeguarding Hub (MASH)*
- *Difference between Safeguarding Adults Concern and a Safeguarding Adults Review*

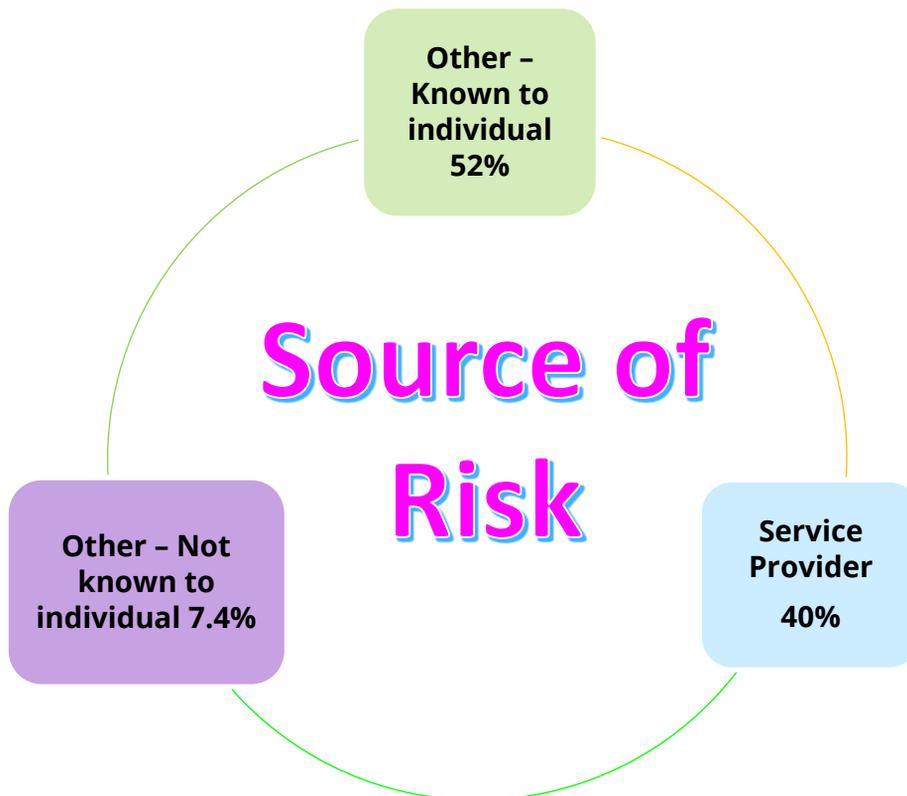
# Adults in Surrey Data

## Care and Support needs

This shows the primary support need for adults for whom the safeguarding concern relates to and for those cases that met the criteria for a Section 42 safeguarding enquiry. The majority of adults who are the subject of a safeguarding enquiry have a need for physical support.

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	Physical Support	Sensory Support	Learning Disability	Memory and Cognitive	Social Support	Mental Health	Not Known
Concern	36.3%	1%	9%	4%	3%	10%	36.4%
S42 Safeguarding enquiry	40%	1%	10%	5%	2.6%	10.3%	31%

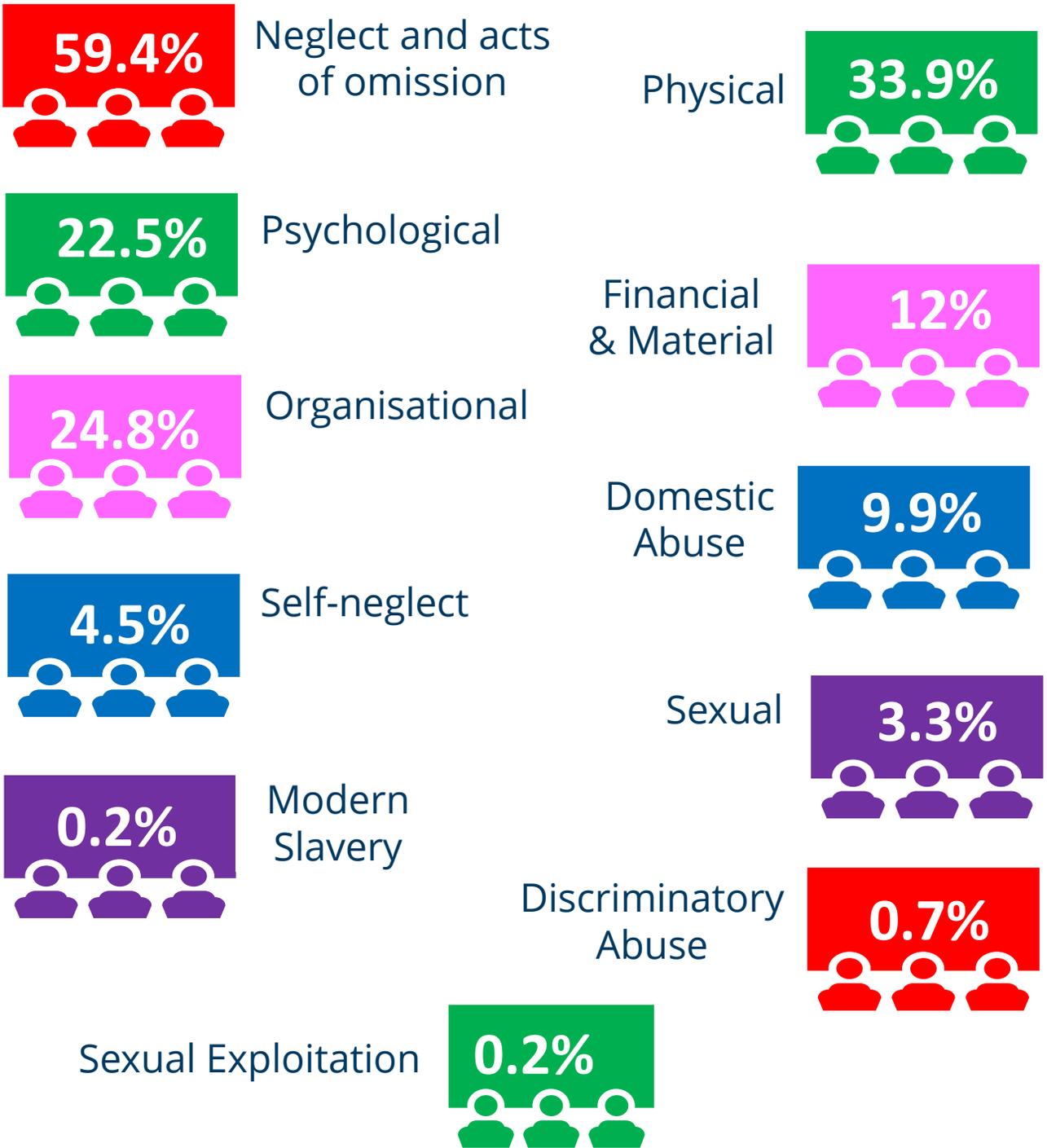


This shows the analysis of where the risk originates. There was an increase in the service provider source of risk from 28% to 40% and a decrease in the Other - not known to individual from 18% to 7.4%

# What Abuse is happening?

This information comes from concluded Section 42 adult safeguarding enquiries

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The numbers will add up to more than 100% as each case can have multiple forms of abuse

# What the data says about our response to abuse

## - Adult Social Care

1,199,870

Estimated population of Surrey \*

The number of safeguarding concerns made in 21/22 in relation to 11,288 individuals. This is a 23% increase in concerns on the previous year which is a decrease on the 32% increase seen in 20/21.

17,017

68%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014.

The number of Safeguarding enquiries completed under S42 Care Act 2014, an increase of 2,085 from the previous year.

11,504

59.4%

Neglect or acts of omission were a concern in over half of the safeguarding enquires undertaken

The percentage where the risk remained after the safeguarding enquiry work.

8.5%

72%

The percentage where the risk to the adult was reduced following completion of the safeguarding enquiry work

The percentage where the risk was removed following completion of the safeguarding enquiry work

19%

86%

The percentage where individuals or their representative were asked about their outcomes

The percentage where the individual or their representative said outcomes were fully or partially met when asked

97.5%

# Safeguarding Adults Reviews (SARs)

The SSAB Safeguarding Adults Review (SAR) subgroup received nine SAR notifications during 2021/22.

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Of the nine received, five notifications were agreed to meet the SAR criteria. Of these five, two are joint DHR/SARs with the relevant CSP.

In 2021/22 the Safeguarding Adults Review subgroup continued to oversee, including those agreed within the year :

- five SARs
- eight joint DHR/SARs
- one NHSE/I London Investigation

The SSAB published one joint DHR/ SAR in the 21/22 with a learning event due to take place in June 2022.

- [Mary](#)

There are currently three action plans being monitored in relation to Surrey reviews, one of these jointly with a CSP.

# Safeguarding Training

The SSAB is continuing to offer virtual courses following both feedback from candidates and agencies and there are greater numbers attending, due to attendees not required to travel for training.

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The following training courses were provided;

- Adult Safeguarding Essentials
- Contributing to Section 42 Safeguarding Enquiries

Following a review the Contributing to a S42 safeguarding enquires course during 2021/22, it was updated and delivery started in March 2022

**1 Contributing to S42 enquiry training sessions**

**10/12 attended contributing to s42 enquiry training**

**4 Adult Safeguarding Essential course**

**78/120 candidates attended the Safeguarding Essential course.**

# Feedback on Training

All training sessions offered, allow for feedback from participants. This allows for training to be reviewed as appropriate as well as gain an understanding of how the training impacted on participants.

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Feedback across the courses was generally positive with the majority of participants rating training as good or very good and attendees would recommend it.

"Making safeguarding personal. Clear understanding of the 6 Care Act Principles that underpin Safeguarding."

"useful if all staff could do this though not just management"

"I feel more knowledgeable regarding adult safeguarding and how this applies to my job role."

"More time needed to be spent in group work and with some of the subjects"

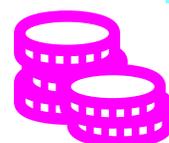
# Pooled Budget

The Surrey SAB was funded by partner agencies during 2021/22. Financial contributions totalled £298,605.



Partners contributions ensure that the SAB can continue to operate, showing a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board. In addition to contributing financially, SAB partners continued to contribute staff time to ensure effective working of the SSAB.

## Breakdown of partners contributions. \*



Partner Agency	Partner Contribution 2021/22	% split
Surrey CC	£117,500	39.3%
CCG	£117,450	39.3%
Surrey Police	£29,000	9.7%
Health Agencies	£13,050	4.3%
District & Boroughs	£11,605	3.8%
SECamb	£10,000	3.3%
<b>Total Contributions</b>	<b>£298,605</b>	<b>100%</b>

During 2021/22 the Surrey Safeguarding Adults Board spent £127,523.00. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews.

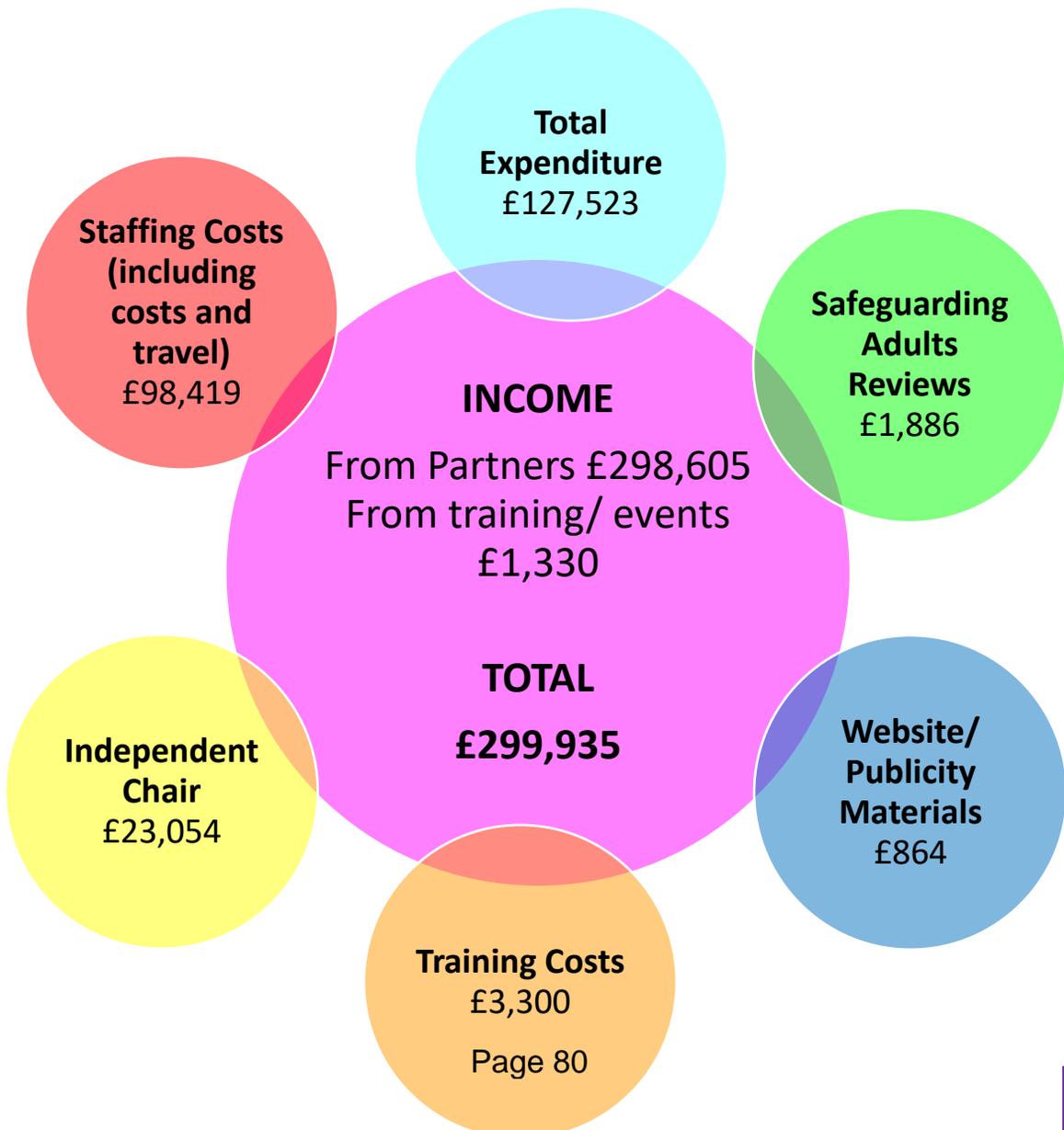


# Pooled Budget cont.

Due to the increased number of SAR reviews being received/commissioned the SSAB carried forward £50,000 into 2021/22 to offset against the cost.

Although there was an underspend within the 2021/22 year, recognising that potential costs in 2022/23 would be greater due to an increase in the number of agreed and continuing statutory reviews, it was agreed that £50,000 would again be carried forward; into the 2022/23 budget.

The balance of the underspend was offset against agency contributions for the 2022/23 year.



# Journey for 2022-23

The SSAB developed a new 3 year strategy for 2022 – 2025. This was developed with partners and the priorities identified in the new 3 year strategic plan are:

## ➤ **Prevention and Awareness**

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- We will deliver a preventative approach and will raise awareness of safeguarding adults across our partners and communities,

## ➤ **Communication and Engagement**

- We will engage and learn from organisations, including the many voluntary sector agencies as well as the Adult and their families or carers in Surrey

## ➤ **Quality and Improvement**

- We will seek assurance from agencies and use that information to strengthen our safeguarding adults work

## ➤ **Reflection and Learning**

- We will reflect upon learning from statutory reviews and good practice using this to inform new ways of working

The SSAB subs groups established in 21/22 will take forward this new 3-year strategic plan and the groups remain the same.

# Journey for 2022-23 cont.



## Priority 1:

### Prevention and Awareness

- Improve community awareness including using available opportunities to increase public involvement, and to engage media interest
- Ensure the role of carers and the challenges they face are recognized and action is taken to prevent carer breakdown and abuse/neglect
- Support the use of best practice to reduce avoidable safeguarding incidents
- Highlight neglect and acts of omission issues and develop stronger mechanisms to address these

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## Priority 2:

### Communication and Engagement

- Coordinate the development and delivery of an annual communication strategy that sets out what the SSAB will do. Focusing on key messages, target audiences, ensuring that the message has been delivered
- 2.2 Develop a model to gain the voice of adults with care and support needs and carers, and link with existing services and groups
- 2.3 Work closely with other Boards to ensure smarter working, eliminate duplication, and share Surrey wide comms benefits

# Journey for 2022-23 cont.



## Priority 3:

### Quality and Improvement

- Implement a multi-agency quality assurance process and schedule, and reporting system to the Board
- Identify from audits and available data trends and research, adults in need of care and support who are ( ) have been experiencing abuse or neglect (increase in neglect, and abuse in people's own homes) this will help drive our workplans and agenda
- Develop an assurance process to capture service user experience, particularly in respect of making safeguarding personal, and using this to drive practice improvements



## Priority 4:

### Reflection and Learning

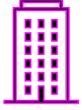
- Link with regional and national forums for emerging issues & identify collective action
- Disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning is embedded across the partnership
- Share learnings, be they good practice or areas of development

# SSAB Member Updates

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All agencies who are members of the SSAB were asked to input into this report, highlighting the work they have done over the 2021/22 year to support the work of the SSAB.

# Surrey County Council – Adult Social Care



A notable achievement for Adult Social Care was maintaining our performance on the quality and timeliness of our adult safeguarding work in the face of a continuing increase in demand. We dealt with 23% more referrals of adult safeguarding concerns in 2021/22 than in the previous year. We have supported the work of the Board by providing a report on our adult safeguarding work to each meeting of Surrey Safeguarding Adults Board, where we give assurance on issues such as the quality and timeliness of that work. In 2021/22 we have improved the information that we provide in that report, which has meant we have been able to bring to the Board's attention some key challenges regarding the work of the partner agencies to respond to abuse and neglect of adults in Surrey with care and support needs.

We remain active members of the Board and its subgroups. We are involved in all the Safeguarding Adults Reviews that the Board is conducting, and several of these came about from issues we have referred to the Board.



We have improved the way we respond to adult safeguarding concerns relating to issues within health and social care delivery, with our team within the Multi-Agency Safeguarding Hub taking a greater role in working with partners on adult safeguarding enquiries for those issues. We have done work to develop an online referral process for adult safeguarding concerns, which we will be launching early in 2022/23. We have supported our staff with continuing improvements in our adult safeguarding practice by updating the content of the adult safeguarding training we offer them, adding learning from local Safeguarding Adults Reviews and Domestic Homicide Reviews. This includes both learning from published reviews and the early learning from reviews that are still underway.

# Surrey Police



As part of the Internal Audit Plan for 2021/22, Surrey Police have had an independent review of their Safeguarding. The review focussed on the governance framework relating to vulnerable adults and children safeguarding practices within the Force, as well as areas for improvement identified by the Force to support the achievement of best practice expectations around safeguarding. The review explored how the Office of Police Crime Commissioner can ensure Surrey Police complies with their statutory obligations for safeguarding. The review found that “a sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited”.

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Surrey Police has recently refreshed it's adult safeguarding training to frontline response officers, which included inputs on safeguarding referrals, safeguarding (S42) enquiries, mental capacity, advocacy, the role of the CQC and reducing the risks of avoidable harm, and identifying challenges for carers (i.e. carer fatigue and frustration) which may precipitate abuse. Upcoming professional development days for staff includes trauma informed care and refreshed Mental Health Act inputs. This training reaches over 800 response officers across the County.



Public protection staff carry out daily reviews of vulnerability flagged investigations which determine whether any required multi agency enquiry needs to be commenced or escalated, and that any ensuing investigation is carried out by the appropriate staff. Bi-annual audits carried out also seek to identify themes and issues for the force to address, support staff and inform future training too. This ensures any remedial action needed, or feedback for learning is carried out in a timely way. Of 150 reviews on average per week, approximately 10 may need that intervention. A particular area of focus for the coming year will be adults at risk through anti-social behaviour and cuckooing in our communities.

# Surrey Police cont.

Surrey Police staff make use of a new performance database, which highlights locations of concern and individuals who are repeat victims and offenders; this in turn can be used to focus our problem solving with our partners, not only to keep people safer, but also reduce demand on stretched services.



Surrey Police has introduced suicide prevention warning markers into their recording systems and a suicide prevention force advisor role has been introduced to support risk identification<sup>8</sup> and assessment by officers. The force also now has a Men's Health Force Advisor, to support officers attending incidents and managing investigations, where mental health is a factor; to help identify where multi-agency support can protect individuals and support stretched services facing high demand.



They have also remained an active partner supporting organisational learning across the partnership with leadership and active engagement across Safeguarding Adult Reviews, Domestic Homicide and other reviews that identify recommendations for improved safeguarding practice.

## Challenges faced in 2022/23

- Surrey Police Communications team have promulgated information and awareness pieces for the Surrey Public again this year reaching 1.2 million people and covering a range of topics including: spotting the signs of neglect, financial abuse, domestic abuse, fraud and also covered how to have difficult conversations with elderly loved ones, signposting Age UK and other support agencies. Positive comments and re-shares indicated good engagement and interest across the county
- Surrey Police also share their knowledge, practice and learning with visiting forces across the UK as well as abroad, having recently had Cyprus and Victoria (Australia) Police visit us to explore our policing in support of public protection.
- Surrey Police continues to recruit to their response and investigation teams as well as police staff roles to ensure their resourcing challenges can be met.

# Surrey Clinical Commissioning Groups (CCG's)



## Primary Care

- Primary care safeguarding training delivered via webinars covering; COVID and Beyond, Modern Day Slavery, Domestic Abuse and Coercive Control, MCA/LPS update and safeguarding in care homes
- Safeguarding supervision sessions
- Pilot of primary care/MARAC information sharing pathway

8

## Care Homes

- Safeguarding adults assurance audit was undertaken during 2021/22, out of 239 audits distributed across Surrey there was a return rate of 59%
- Falls prevention work with care homes - Falls prevention guide developed by Guildford and Waverley which will now be taken forward at Surrey Heartlands level with recognition to G&W Place.



## Community Safety Partnerships (CSPs)

- Representing health agencies and health priorities within the CSP's workplans

# Surrey Clinical Commissioning Groups (CCG's) cont.



## Lunch and Learn sessions, topics covered in 2021/22:

- Working together to reduce pressure damage in adults / LeDeR programme in Surrey and disseminating the learning / Domestic Homicide Reviews / Choking and safeguarding those people at risk / Sharing learning from SARS
- Planned sessions for April 2022 onwards- Swallowing risk management / Falls Prevention / Learning from LEDER and supporting people with learning disabilities to access screening

## Care home audit

The audit has provided a good base line and assurance that there are good safeguarding practices being delivered within care homes across Surrey. In response to findings a safeguarding toolkit is being developed to support staff



## Challenges faced in 2022/23

- LPS – the implementation of new legislation and system pressures
- Asylum seekers – impact on local health services
- DHRs / SARs – increasing numbers of reviews
- CV19 – the continued impact of the CV19 Pandemic on health services

# Acute Trusts

## Frimley Park Hospital

The safeguarding team have attended and continue to contribute to meetings within Surrey Adults Board and sub-groups.

Ways that FHFT have contributed include and not limited to:

- Ensuring that appropriate safeguarding arrangements are in place across the FHFT
- Listening to voices of vulnerable patients at risk and making referrals to adult social care as and when needed with consent
- Contributing to learning and development forum
- Contributing to Safeguarding Adult Reviews/Learning Reviews
- Providing training to all Trust staff in order to safeguard vulnerable adults according to the intercollegiate document
- Raising awareness across FHFT about the importance of safeguarding, through advice, supervision, and training
- Feedback any relevant information shared via Surrey Adult's Board

8

Referrals to Adult Social Care: Safeguarding referrals had significantly increased for this reporting year. The common themes were neglect and self-neglect. A year-on-year comparison has highlighted an increase of 125% in the numbers of referrals made on the FPH site pre-dominantly for neglect and self-neglect, and by 39% at WPH.

DOLS/MCA: Supporting Trust staff and monitoring the Trust applications for DoLS, ensuring training has continued and quality of completion is to a good standard.

Best Interest Assessor: A member of the safeguarding team has completed a best interest assessor course which will help act as an additional resource in capacity assessments.

Safeguarding alerts raised by Trust staff against individual care providers, nursing homes, care homes and family members/ friends/ carers, when abuse and/ or neglect is suspected.

# Acute Trusts



## Frimley Park Hospital cont.

There has been a key focus around safe discharge planning: When adult safeguarding concerns are raised against the Trust, they include a variety of allegations and mainly fall into the neglect category. The main themes are related to communication around discharge and pressure ulcers. The adult safeguarding team work with closely the patient safety team, discharge team and ward managers to ensure themes identified within safeguarding enquiries are shared and steps taken to improve care when necessary.

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The 'Adult Safeguarding Resource Pack' provided by the Safeguarding Team is continuously updated, to reflect changes in practice. The resource pack has been very well received by Trust staff.

## Challenges Faced Moving into 2022/23:



- Training: Level 3 safeguarding adults training is completed via e-learning and via MS teams. Training compliance is presently at 62.51%. The safeguarding team at FFHT have developed a clear training trajectory to achieve the Trust's standard of 85%. Training facilitated by an external provider will take place at some point in 2022. The training will focus on MCA and DoLS within an acute setting. Internal training facilitated by 2 Safeguarding Trainers is being implemented to support this plan. To provide assurance that as a Trust compliance is being achieved, there is on-going and continuous review of the training strategy.
- S42s: FHFT are currently working with Surrey Mash to improve and insure proportionality of section 42 enquiry planning.

# Acute Trusts cont.

## Royal Surrey Hospital Foundation Trust



The Trust has increased the awareness of Domestic abuse and encouraged staff to think across a wider age range. The Trust in conjunction South West Surrey Domestic Abuse Outreach Services to introduce the Hospital IDVA role within the trust.

8 The team have continued to deliver Safeguarding Adults training with compliance for level 1 being 94% and Level 2 93%. The team started to deliver level 3 training through Teams in 2021 and have increased compliance from 26.7% in February 2021 to 64% in March 2022. This training has been well evaluated by those who have attended. This meets the SSAB programme in ensuring staff have the necessary skills to identify safeguarding concerns. This is evidenced in the fact that the safeguarding team have supported and responded to 913 new referrals in 2021/22 compared to 735 in 2020/21. These cases are not always linked to Surrey which means the team work collaboratively with other agencies.



The Trust has also supported the work with the ICS in relation to Surrey Heartlands safeguarding policies, training and supervision models.

Analysis of the team's referral data continues to indicate a greater awareness amongst our staff of the newer types of abuse. The safeguarding team are identifying greater numbers of family based domestic abuse, along with supporting increasing numbers of male victims and staff experiencing domestic abuse. Having the hospital IDVA has also helped to raise staff awareness.



# Acute Trusts cont.

## Royal Surrey Hospital Foundation Trust cont.

With regards to making safeguarding personal the safeguarding team have continued to meet with patients and staff in person where possible throughout Covid, taking into account infection control guidelines at the time, to ensure that individuals are involved in decision making and are able to express their desired outcomes.



8



An ongoing area of good practice is that the Safeguarding Team review Datix, complaints and 72 hour STEIS reports on a regular basis to identify possible safeguarding concerns. Liaising closely with other clinical specialist teams enables the safeguarding team to identify patterns and trends.

## Challenges Faced Moving into 2022/23

- The increasing complexity and number of referrals being received in conjunction with requests for DHR information continues to have a significant impact on the safeguarding team's resource and ability to get reports back within tight timescales. The team are working with ASC closely and now have a weekly meeting to provide verbal updates where possible.
- The recruitment into the vacant post in the team.
- Preparedness in relation to the changes to DOLS and LPS, including awareness and resourcing of assessors.



# Acute Trusts cont.

## Surrey and Sussex Healthcare (SASH)



SASH has continued to engage with the Board and members of the board in a number of workstreams. We completed a review of our statutory training across all safeguarding teams (adults, children and maternity) to create a training package for our staff that reflected the safeguarding priorities. This has been well received by the staff.

They have had a Hospital Independent Domestic Abuse Advocate post since May 2020 and the service has supported over 400 patients who reported suffering abuse in their home lives.



Our Mental Capacity Lead has worked across the Trust to raise the profile of the Deprivation of Liberty Safeguards and capacity assessments in preparation for the transition to Liberty Protection Safeguards.

The safeguarding adult team have reduced the timeframe for responding to requests for section 42 enquiries, this has ensured that any learning or actions from these enquires is completed and shared with staff in a timely way.



Raising the profile of the DOLS legislation and MCA in preparation for the move to LPS has enabled us to more closely understand how we will operationalise the new legislation

Our combined training programme which is delivered virtually enables us to reach larger numbers in each session, this has meant that we are able to disseminate messages to large groups of the hospital very quickly.



### Challenges Faced Moving into 2022/23

- 
- Continuation of the HIDVA role when the 2 year funding is over.
  - Fully operationalising the LPS legislation at SASH

# Acute Trusts cont.

## Ashford and St Peters Hospital (ASPH)

 The Trust representative has continued to attend and support both the main safeguarding board and has maintained the chairing of the SSAB delivery group over the past year. This has ensured that the momentum of the SSAB strategic plan has been continued even during the most challenging pressures of covid in some capacity. The Trust also represents acute health providers at the SAR sub-group.

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The Trust undertook a scheduled internal audit into deprivation of liberty safeguards and developed an action plan to improve compliance as a result. This has led to a renewed focus around quality of the applications being submitted, greater divisional scrutiny and ownership and has supported the recommencing of face-to-face training.



 The Trust's safeguarding adult team meet on a weekly basis with the hospital adult social care team to discuss all section 42 enquiries in progress. This has improved the speed and efficiency of sharing information and supported consistent decision making in relation to health enquiries.

### Challenges Faced Moving into 2022/23

- Improving training compliance remains challenging; continued pressures mean it is difficult for staff to be released to attend training consistently as patient care must continue to be delivered. This was an area identified during the most recent CQC inspection late 2021. This a priority for divisions to address as operational pressures ease.
- Continued improvements in consistent application of DoLS ahead of introduction of LPS.



# Community Providers

## First Community Health & Care (FCHC)

 First Community Health and Care are committed members of the Surrey Safeguarding Adults Board and have been involved in the development of the Boards Strategic Plan and are active members of the Boards sub-group including the Delivery Group, the Health Forum and the Communication Group ensuring that Board information is shared widely throughout the organisation.

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HC have responded to Safeguarding Adults Review requested by the Board and submitted an annual assurance document. 

 FCHC have completed 2 audits this year, a Making Safeguarding Personal Audit, and a Mental Capacity Audit, both of which identified areas of good practice and areas of development; the Safeguarding Team are working on actions to ensure that the results of the audit are fully embedded in clinical practice.

FCHC are supportive of other SSAB partner agencies and have ensured the in-house Missing Person Policy has been reviewed and updated in line with the Policy developed by the Police, that people are trained in the Level of Need document created by Adult Social Care and that there are good relationships with our colleagues in the local acute hospital to ensure that safeguarding information is shared in timely and appropriate manner. 

 The team have also provided training to ensure that FCHC are working in line with legislation including the Homelessness Reduction Act, Deprivation of Liberty Safeguards and the Mental Capacity Act.

## Challenges Faced Moving into 2022/23

- Rolling out Level 3 training
- Introduction of LPS
- Embedding the changes from the Mental Capacity Audit across the organisation

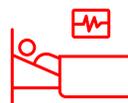


# Community Providers cont.

## CSH Surrey

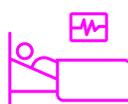
 CSH had continued to have regular attendance at Board meetings and proactively participated in strategy workshops and sub groups activity.

They have proactively implemented the revised MARF forms with the aim of improving the quality of referrals. 

 CSH are members of the LPS network, participating in the current<sup>8</sup> consultation and have continued to work with colleagues proactively prepare for implementation of the new system.

CSH Surrey Adult Safeguarding team have developed a five-hour Level 3 face to face training package, which will be delivered to co-workers from May 2022. 

 We have reviewed our (Datix) safeguarding data system, to further enhance integration of adult safeguarding within day-to-day practice. The safeguarding adult team review all reported incidents and near miss events for any areas of concern. Liaising closely with services, to support clinical managers, if any need for escalation or further action is identified.

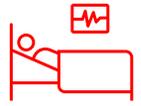
Regularly met with three of the locality teams for Adult Social care, Woking, Spelthorne, and Elmbridge, to forge closer working relationships with ASCT and enable both agencies to work together more efficiently and timely whilst ensuring that the patient and their family are at the centre of the process. 

 Weekly visits to the Community Hospitals and Community Nursing teams to discuss individual cases as required, forge closer working relationships and provide advice and support.

Monthly partnership working meetings with colleagues at Ashford and St Peters Hospital safeguarding team to enable both CSH Surrey and ASPH to work more efficiently and prevent inappropriate referrals sent to MASH. 

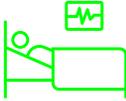
# Community Providers cont.

## CSH Surrey cont.



Undertaken a deep dive audit of MCA and DOLS awareness in our bedded units.

### Challenges Faced Moving into 2022/23



**8** Adapting to the 'new norm' post pandemic and ongoing presence of the virus. Examples of impacts to our particular services and communities include increase evidence of depression, physical deterioration and self-neglect especially linked to long periods of self-isolation and reduced socialisation. Considerable numbers of people going through/adjusting to bereavements. Increased waiting lists and associated concerns. Changes in the way many services are provided, for example – although this has in a lot of cases bought benefits this is a time of considerable adjustment.

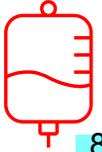
- Demand and capacity are issues we continue to work with our partners and commissioners to transform our approach to care. These pressures can result in MARF referrals associated to delayed or missed visits.
- Similar to the national picture recruitment of a skilled workforce remains one of our biggest challenges. Service transformation, increased consideration of digital options and development of new innovative roles are examples of our plans to mitigate this
- Increasing the level of compliance with level three safeguarding training and maintaining ongoing assurance of access to suitable numbers of trained supervisors and enabling ongoing safeguarding supervision are particular targets for us in 2022/23.

# Community Providers cont.

## Virgin Care (changed to HCRG Care December 2021)



The Safeguarding Advisor and/or Quality Lead attend and contribute to SSAB and subgroup meetings as available and contribute to development of policy and procedures along with partner agencies.



HCRG Care Group also complete annual report and Self-Assessment Framework.

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SSAB and CCG Newsletters and training and learning opportunities are shared across the services.



Colleagues contribute as required to multi agency meetings.



Learning from SARs and S42 enquiries both local and national is discussed at Clinical Governance meetings and Safeguarding Champions meetings and disseminated by the Safeguarding Champions throughout the services and used as discussion topics during safeguarding supervision.



SSAB and HCRG Care Group and general SG information is provided in all clinical waiting areas in the form of leaflets and posters, both from our organisation and the local authority.



There is information available on our website including our complaints process and links to adult safeguarding information on the Surrey CC website, and links to CQC inspections.



Learning shared from Root Cause Analysis panels is also available for all colleagues to use for team meetings and Safeguarding supervision. Key learning is also uploaded onto our intranet.



Additionally, learning from SARS, DHRs and cases from across the organisation as well as newspapers and journals is shared through newsletters, briefings and in team meetings.

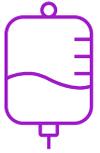
# Community Providers cont.

## Virgin Care (changed to HCRG Care December 2021)



Dental Services have been proactive in identifying cases of dental neglect within care home settings and have initiated special training sessions for staff to improve patient's dental hygiene and care.

Recent CQC verbal feedback from inspector that services were excellent and one of the best dental inspections completed out of over 290 that have been inspected.



MCA audit carried out no concerns identified.

National Annual Safeguarding audit which is peer reviewed by Safeguarding Leads from other services did not identify any concerns regarding Safeguarding knowledge of teams or Safeguarding practice, reviewer commented on comprehensive evidence provided to support audit.



### Challenges Faced Moving into 2022/23

- Waiting lists in some of our community services e.g. Podiatry. Prioritisation methods we have in place ensure that all clinically urgent patients are seen.
- We are continually reviewing the lists to ensure no harm is coming to patients and giving advice on how to manage their condition while they wait for an appointment.
- Staff recruitment is currently a challenge. However, we are holding recruitment events and recruitment from overseas are proving successful in some areas.

# Private and Voluntary Sector

## Surrey Care Association (SCA)



SCA is an active member of the SSAB. We have delivered briefings for members on the new NICE guidance on safeguarding and care homes in 2021 – and adapted the key best practice messages to include providers of home-based care.

SCA's autumn conference was attended by over 60 delegates and looked at how open cultures and psychological safety for staff promoted and supported better safeguarding practice.



SCA's CEO is a member of the LGA's "expert practice" group on homelessness and safeguarding and contributed a chapter on commissioning and safeguarding in "Adult Safeguarding & Homelessness – understanding good practice (Cooper A and Preston-Shoot M 2022)".

They include regular safeguarding matters items and briefings in our weekly bulletins.



We have a quarterly focus on lessons from CQC inspections for Registered Managers that supports best practice including safeguarding.

SCA members have been involved in developing revised training on S.42 inquiries.



# Private and Voluntary Sector Cont.

## Surrey Care Association (SCA) cont.

A group of providers has been involved alongside people with learning disabilities in developing best practice recommendations for empowering and enabling people to manage their health and wellbeing. This practice approach contributes to a culture of respect and empowerment which reduces the risks of people experiencing abuse.



### Challenges Faced Moving into 2022/23

The importance of communication about the progress of safeguarding inquiries, and their timely closure once enquiries have been satisfied and any mitigating actions agreed and completed has been highlighted. This otherwise leaves individuals and staff/ services uncertain about outcomes – and can impact on the effective and efficient deployment of staff time if the cases appear as “live” on partners’ caseloads and systems.

High staff turnover and staff shortages remain a challenge for social care providers. High turnover of staff may impact on the development of positive professional relationships of trust and confidence that are key to safeguarding people at risk.

# Buckinghamshire and Surrey Trading Standards

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-  428 Active call blockers
-  56,813 nuisance calls blocked
-  15,775 Total number of scam calls blocked
-  139 Scam Marshalls signed up during 2021/22.
-  £15,256,393 Total impact of interventions with scam victims
-  £313,405 Not handed over to criminals e.g. rapid response outcomes.
-  £100,00 Total Value of Assets recovered
-  5 Total number of cases brought to trial
-  5 Total number of convictions made
-  £761,149 Amount saved for scam victims

# Surrey Prevent (Counter-Terrorism) and Channel Panel

The UK government's counter terrorism strategy, CONTEST, is made up of 4 strands:

-  Pursue
-  Prevent
-  Protect
-  Prepare

8

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by 'stopping people becoming terrorists or supporting terrorism'.

Prevent focuses on all forms of violent extremism and terrorism and is a multi-agency approach to safeguarding and prevention.

The Counter Terrorism and Security Act 2015 introduced a new Prevent Duty. Specified authorities must have "due regard to the need to prevent people from being drawn into terrorism".

It also introduced a duty for local authorities to provide support for people vulnerable to being drawn into terrorism, through Channel Panels.

Channel Panel is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to individual to protect and divert them away from being drawn into terrorism.

# Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

In Surrey, Channel Panel hold monthly multi-agency meetings Chaired by Surrey County Council.

Between April 2021 to March 2022,

 76.92% of the adults known to the Channel Panel had care and support needs. (decrease on 2020/21)

 76.92% of the adults known to the Channel Panel were also known to adult social care. (increase on 2020/21)

 69.23% were known to adult mental health services. (decrease on 2020/21)

 69.23% had care and support needs related to mental health issues. (decrease on 2020/21)

 15.38% had care and support needs related to substance misuse issues. (increase on 2020/21)

 38.46% had care and support needs related to autism (increase on 2020/21)

# Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

The Home Office is currently collating national data on the prevalence of Autism Spectrum Disorder (ASD) in Channel cases, exploring the link between ASD and vulnerability to radicalisation and how best to support such individuals.

→ 38% of cases have ASD (increase on 2020/21)

→ Average age of adult Channel Cases 2020/21 – 30.15 years (decrease on 2020/21)

→ 92.31% - Male (increase on 2020/21)

→ 7.69% - Female (decrease on 2020/21)

The Channel Panel has also:

 Worked with community safety colleagues to run sessions on Channel and Prevent for key staff

 Worked with community safety colleagues to run sessions on Channel and Prevent for key staff

 Given SCC leadership team regular briefings on Counter terrorism in Surrey

# Engagement Forum Contributions

8

Given this newly established forum agencies were asked if they would like to contribute to SSAB Annual Report

# SSAB Engagement Subgroup

## Active Prospects



8

In 2021 Active Prospects was successful in getting endorsement from BILD (British Institute of Learning Disability) for our training in positive behaviour support and Maybo. This is an approach which supports staff to work with people with complex needs in a safe way and avoids the use of restraint. We were able to continue with our training program throughout the pandemic using digital systems to ensure our training compliance remained at 90% and above. We continued to deliver our 3-day Maybo program on conflict resolution and breakaway techniques face-to-face in a COVID-19 safe environment. This resulted in Active Prospects trainer Vicky Marshall winning Southeast trainer of the year 2021 at the Learning Disabilities and Autism Awards.

**New Audit process** - The Head of Quality has reviewed our internal quality assurance processes. The new audit process looks at clear performance indicators and captures service culture and risks, such as when services are short-staffed, experiencing recruitment issues, if complaints have been raised and concerns of any other kind. This means we can focus our resources where they are most needed.



**Launch of Sekoia** - In August 2021 we invested in a digital care management system and now have eight services using this system. By June 2022, all services will be using this system. This allows us to be capture support in real time and closely monitor what is happening in our services. The system supports us with keeping people safe by capturing clear details in relation to health needs, risks and support needed and evidencing that we are meeting those needs.

# SSAB Engagement Subgroup cont.

## St Catherine's Hospice, Crawley



St Catherine's Hospice provides support for those living with and affected by life limiting conditions in West Sussex, East Surrey and the Dorking area of Surrey. Most of the support we offer – advice, clinical assessment, counselling, therapies input, hands on care, welfare support, carer support - takes place in the community setting, not the inpatient unit based in Crawley. Thus, a significant part of our work takes place in Surrey, directly by St Catherine's Hospice and through collaboration with other health and social care providers and professionals.

In the 21/22 year St Catherine's Hospice undertook an audit of internal safeguarding processes. The audit template used was based on that used by commissioners of services. The outcomes demonstrated excellent compliance and where there were recommendations action was already underway to address need.



The safeguarding governance group at St Catherine's Hospice has developed to include membership from all departments, clinical and non-clinical plus our trading team. This year the group members have been up skilled to be able to deliver safeguarding induction training and updates.

## Challenges Faced Moving into 2022/23

- Receiving feedback from the local authority from safeguarding concerns raised. We have found that we are having to chase, both in terms of whether a concern will become a S42 enquiry and the outcomes of enquires.



# SSAB Engagement Subgroup cont.

## Clarion Housing Association



Safeguarding training at Clarion Housing focuses on the 6 Safeguarding principles, with tailored training being completed by customer facing staff on “Working with those with complex needs” during 2021/22, involving working to understand peoples' lived experiences.



As Business as Usual practice, Clarion make sure that people being safeguarded are informed about what safeguarding is, the process that would be followed, how they might be involved in deciding what outcomes they wanted and are able to influence the process, and to have more control in how they would like the process to work best for them.



The requirement to engage on a multi-agency approach has been critical in the last year and we have established a formalised internal process during this time to feed into this, ensuring we have a robust approach to our most complex, vulnerable and challenging residents. This has taken the form of our Clarion Complex Action Group tool. This tool enables anyone to call an inter-departmental meeting, and have a clear framework to record the actions from the meeting with dates attached to those actions, and responsible managers to be named. This process was started as often many teams are working with residents in isolation, when working with any resident we need to ensure a joint approach and one that enables a risk assessment process to be communicated to all and resolution to be time-bound and effectively managed.



Their Sustainment team within Clarion have developed a new vulnerable residents policy and procedure; staff are currently all completing e-learning which covers protected characteristics and how we work with vulnerable residents, and what we expect our staff to do.

### Challenges Faced Moving into 2022/23



- Challenges heightened over the course of the Covid-19 pandemic of “closed cultures” and “hidden harms”
- Increasing the use of professional curiosity across all areas of organisation.
- Holding statutory agencies to account and being able to resolve professional disagreements with local authorities (visible escalation procedures needed).

## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Surrey Safeguarding Children Partnership Annual Report 2021/2022
<b>HWBS Priority - 1, 2 and/or 3:</b>	Priority 3: Supporting people to reach their potential by addressing the wider determinants of health
<b>Outcomes/System Capabilities:</b>	Children are safe and feel safe (community safety incl domestic abuse; safeguarding)
<b>Priority populations:</b>	<ul style="list-style-type: none"> <li>• Carers and young carers</li> <li>• Children in care and care leavers</li> <li>• Children with Special Educational Needs and Disabilities</li> <li>• Children in Need</li> </ul>
<b>Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic/System Level Interventions</li> <li>• Service Based interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>• Simon Hart - Independent Chair of the Surrey Children Safeguarding Partnership</li> <li>• Margaret Pugh - Partnership Development Manager, Surrey County Council</li> </ul>
<b>Board Sponsor(s):</b>	Cllr Sinead Mooney - Cabinet Member for Children and Families, Surrey County Council
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	N/A
<b>Annexes/Appendices:</b>	Annex 1 - SSCP Annual Report 2021/2022 Annex 2 - Comment of the Independent Chair & Scrutineer

## 2. Executive summary

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The Annual Report of the Surrey Safeguarding Children Partnership (SSCP) is part of the safeguarding partners accountability to members of the full Partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.

The Annual Report covering January 2021 - March 2022 has been approved by the Executive and the full Partnership and was published in December 2022 after being quality assured by Partners. This is in line with the usual publication timelines.

## 3. Recommendations

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The Health and Wellbeing Board is asked to:

1. Note the report.
2. Note the SSCP's priorities for 2022 to 2023.
3. Note the need to focus on the impact of activity, of improving the quality of our work with children and families and being able to evidence improvements in the lived experience for children.

## 4. Reason for Recommendations

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It is important that the Health and Well-being Board is sighted on the SSCP's priorities.

## 5. Detail

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This report is organised into the following sections:

**Section 1: Impact on outcomes for children**

**Section 2: Progress on our Priorities**

**Section 3: Learning from Case Reviews**

**Section 4: How We Have Listened to Children and Families**

**Section 5: Conclusions and Next Steps**

The report aims to shift from an update of activities towards reporting on the effectiveness and impact of our collective activity to keep Surrey's children safe and promote their welfare. The Annual Report seeks to answer the following questions:

- **What did we do?** What are the levels of activity?
- **How well did we do it?** What is the quality and impact of safeguarding – auditing
- **Is anyone better off?** Using the voice, experience of children, young people and families & the voice of practitioners to evidence quality and impact

**What are we going to do next? Action Planning:** What do we do to improve and when will we know that we have improved?

The report represents the SSCP's self-evaluation. As an addendum we have added the Independent Scrutineer's evaluation and comment.

## **6. Challenges (as noted in the Independent Chair & Scrutineer Report)**

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- Managing the gap between levels of need and capacity
- Mitigating the impact of the difficult recruitment and retention landscape
- Maintaining momentum in the improvement of Emotional Wellbeing and Mental Health Services for young people
- Improving consistency in multi-agency practice at a pace that is swift but sustainable
- Emerging cost of living concerns

## **7. Timescale and delivery plan**

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All SSCP groups and sub groups have their own work plans for the future 12 months which address the priorities set by the SSCP and tackle the challenges identified within the Annual Report and the Independent Chair & Scrutineer Report.

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

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The Annual Report is published on the SSCP's website.

## **9. Next steps**

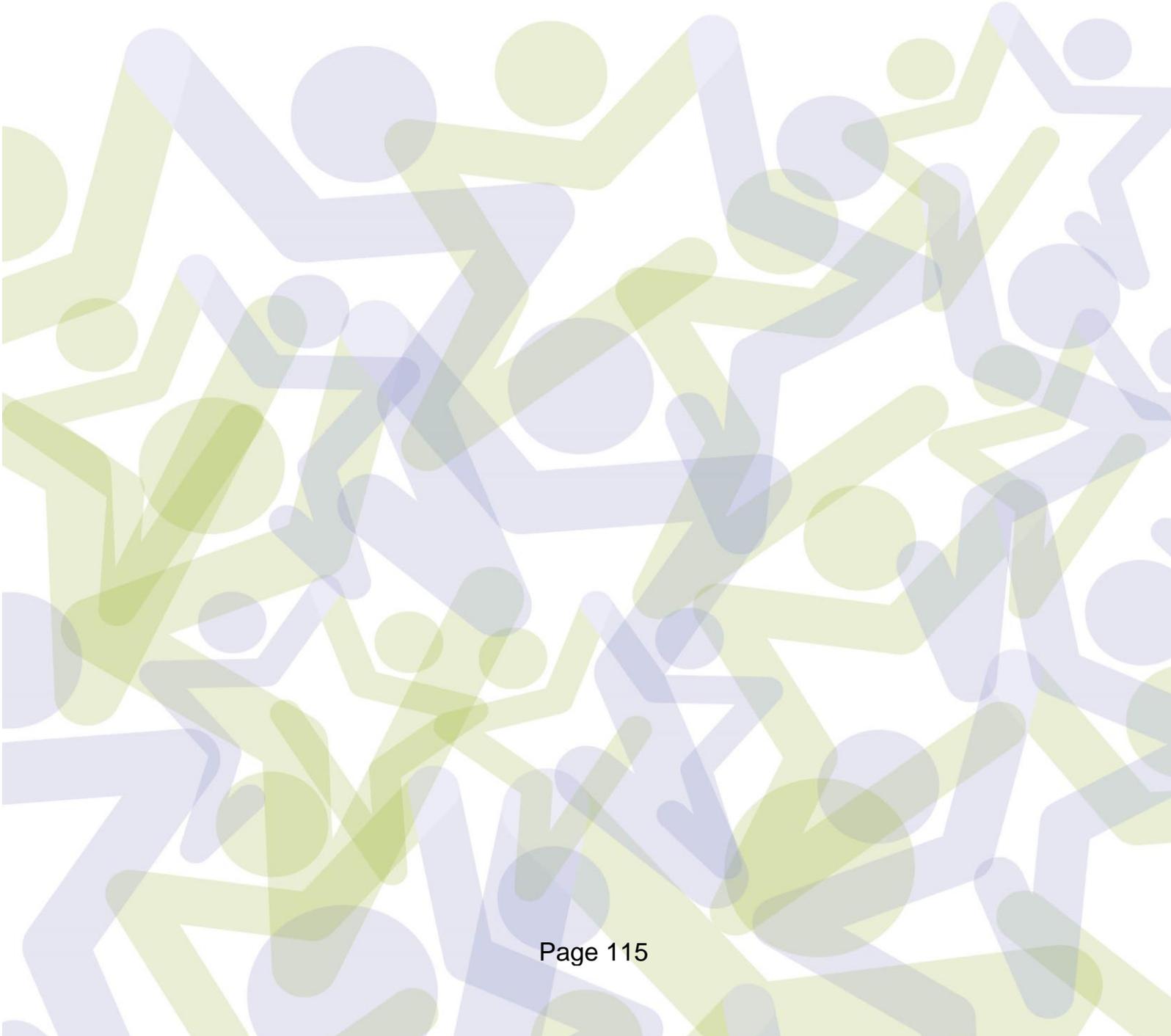
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See section 5 of the report (Annex 1 - Section 5: Conclusions and Next Steps).

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# Annual Report 2021-2022



## Introduction

The Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 provides that the safeguarding partners (outlined below) must publish arrangements on how safeguarding services will be coordinated in their local area; they should act as a strategic leadership group in supporting and engaging others in the work of safeguarding children and promoting their welfare. These arrangements should also include implementation of national and local learning, including learning from serious child safeguarding incidents.

The purpose of these local arrangements is to safeguard and promote the welfare of children, and to enable the safeguarding partners and relevant agencies to work together to identify and respond to the needs of children in the area.

The legislation shares the responsibility for these arrangements between the Local Authority, the Police and the Clinical Commissioning Group (CCG) across an agreed geographical area. The Surrey Safeguarding Children Partnership (SSCP) consists of the three safeguarding partners, Surrey County Council (SCC), Surrey Police and the Surrey Heartlands Clinical Commissioning Group. In addition, the Surrey Safeguarding Children Partnership includes Education and Schools on the Executive on equal footing with statutory Safeguarding Partners. From April 2022, the Surrey Safeguarding Partnership will include Frimley CCG. As per the SSCP's published arrangements, the three named statutory 'Safeguarding Partners' have formed an Executive Group for the Partnership, joined by representatives from the county's schools and colleges, district and borough councils, and the Police and Crime Commissioner's office. The published arrangements also provide that representatives of the Third Sector will attend the Executive Group on an issue by issue basis.

The membership of the Surrey Safeguarding Children Partnership includes 'relevant agencies' and this group has been extended to more fully represent the breadth of interests/stakeholders in children's safeguarding in Surrey.

The SSCP, as a multi-agency partnership, works to keep all children and young people safe in their homes and communities, and to fulfil their potential. The SSCP's vision is that our partnership arrangements will make a difference to the lives of children and young people in Surrey. They will ensure that agencies work better together, that collectively we learn from local and national practice and continuously improve services to enable children and young people to be safe and feel safe in their families and communities. This annual report covers the period from 1<sup>st</sup> January 2021 until 31<sup>st</sup> March 2022.

2021-2022 has been a time of considerable change and transition. In 2021 we saw the departure of Detective Chief Superintendent Carwyn Hughes, Head of Public Protection, who was the Surrey Police representative; we also said farewell to Dr Amanda Boodhoo the Surrey-wide Associate Director of Safeguarding, Surrey Heartlands CCG. The contributions of Mr Hughes and Dr Boodhoo to the work of the SSCP has been immense and we want to acknowledge this in this report. We were also pleased to welcome temporary Detective Chief Superintendent, Sailesh Limbachia, from Surrey Police who succeeded Mr Hughes and Sara Barrington as the new Associate Director for Safeguarding, Surrey Heartlands CCG.

## The Annual Report

**Working Together 2018**, provides that -

The safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

In addition, the report should also include:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from Early Help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.<sup>1</sup>

The Annual Report of the SSCP is part of the Surrey safeguarding partners' accountability to members of the full partnership, the national Child Safeguarding Practice Review Panel, relevant agencies and, most importantly, Surrey's children and families who are the principal beneficiaries of the activity of the Partnership.

This report provides an overview of the impact of the SSCP's work to ensure the safety and wellbeing of Surrey's children and families as well as an update against the partnership's key priority areas outlined in the partnership's strategic safeguarding plan. In addition, this report will provide an update on the Partnership's statutory functions in relation to the evaluation of multi-agency safeguarding training and learning from serious incidents.

This report looks at the ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision. Finally, this report will draw conclusions about the effectiveness of our current arrangements and indicate our priorities for continued improvement.

The Annual Report will be divided into 5 sections as follows:

Section 1: Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families

Section 2: Progress on the SSCP's priorities including analysis of areas where there have been little or no evidence of improvement

Section 3: A report on the key decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements.

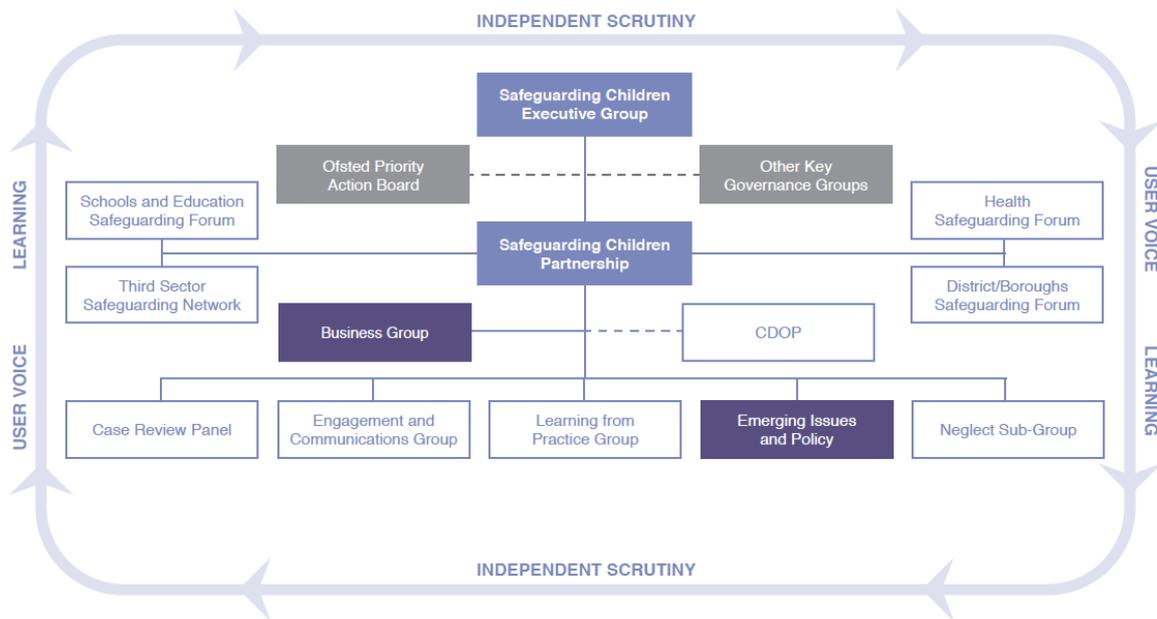
Section 4: How has the SSCP sought and use feedback from children and families to inform their work and influence service provision

Section 5: Conclusions and Next Steps

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<sup>1</sup> Working Together 2018, chapter 3, pp. 80-81, paragraphs 41 to 43,

# The Surrey Safeguarding Children Partnership current arrangements and structure



The SSCP is structured as follows:

- **The Executive Group** - The members of this group form the strategic leadership group and ‘virtual management team’ for Surrey’s safeguarding arrangements. The Executive meets on a monthly basis.
- **The Surrey Safeguarding Children Partnership** - the overall aim of the Partnership is to ensure Surrey’s arrangements fulfil the vision and values of the partnership in their operation. The Partnership meets on a termly basis, that is three times per year.
- **The Business Group** - the key role of the Business Group is to ensure the business of the Safeguarding Partnership and decisions taken are progressed efficiently and effectively. The Business Group meets on a quarterly basis.

## SSCP Sub-groups

- **The Case Review Panel Sub-Group** - the purpose of this group is to ensure that the SSCP fulfils its responsibilities in relation to reviewing child serious safeguarding practice incidents and translating learning into practice improvements.
- **The Emerging Issues and Policy Sub-Group** - is a new Sub-Group and was formed in September 2021. The purpose of the Emerging Issues Sub-Group is to ensure that the SSCP is sighted and able to respond strategically to risks and issues emerging across our safeguarding system and to review and update key policies, strategies and protocols on behalf of the SSCP.
- **The Engagement and Communications Sub-Group** - this group leads in an annual programme of engagement and communications with both users of safeguarding services and with practitioners across the safeguarding partnership workforce.
- **Learning from Practice Sub-Group** - The role of the Learning from Practice Sub- Group, is to work on behalf of the partnership, and to embed a learning culture and ‘cycle’ into our safeguarding arrangements that improves outcomes for children and families.

- **The Neglect Sub-Group** - The purpose of the Neglect Sub-Group is to take ownership and be accountable for the strategic oversight of the effectiveness of multi-agency practice in cases of neglect in Surrey.
- **The Child Death Overview Panel** – oversees the process to be followed when responding to, investigating, and reviewing the death of any child under the age of 18, from any cause. This process runs from the moment of a child’s death to the completion of the review by the Child Death Overview Panel (CDOP). The process is designed to capture the expertise and thoughts of all individuals who have interacted with the case to identify changes that could save the lives of children.

In addition to the SSCP’s Sub-Groups, the published arrangements include the following sector-led safeguarding forums and networks:

- the District and Borough Councils’ Safeguarding Forum
- the Health Safeguarding Forum
- the Schools and Education Safeguarding Forum
- the Third Sector Safeguarding Network.

## Section 1: Impact on outcomes for children

In this section, the SSCP will report on areas where we feel the SSCP has had a positive impact and comment on where there is the need for continued improvement.

The SSCP’s work from January 2021 to March 2022, shows that there is some evidence that the Partnership arrangements are working to keep children in Surrey safe and that agencies provide appropriate support to children and families. However, there is also clear evidence of the need for system-wide consistency and less variability in the quality of multi-agency practice. This includes the need for all agencies to be able to demonstrate evidence of improving frontline practice; and for all agencies to be able to consistently demonstrate how their practice results in improved outcomes for children. We are beginning to see that there are clear signs of improvement in safeguarding across Surrey, however, these improvements need to be consistently embedded.

### Evidence from External Inspections

#### Surrey County Council

In January 2022, towards the end of the SSCP’s reporting period, OFSTED conducted an inspection of Surrey County Council’s children’s services. The inspection was from 17<sup>th</sup> January to 28<sup>th</sup> January 2022. Inspectors found that,

Services for children and families in Surrey have improved since the inspection in 2018, when they were judged to be inadequate overall. While improvements are evident and children are safer, some inconsistencies remain. Some children benefit from helpful services at an early stage, which make a real difference to their lives; others receive a less effective service. Most social workers listen carefully to children and make sure that children’s views inform decision-making. When children come into care, they are placed within their wider family if this is possible and in their best interests. Most children in care live in long-term homes and make

good progress. Many care leavers are supported well to live independently, developing confidence and skills to assist them into adulthood.

Leaders are determined to continue the trajectory of improvement, building on strong partnerships and routinely taking children's views into account as part of service development. Leaders are implementing a clear and comprehensive improvement programme, based on a thorough understanding of current performance.<sup>2</sup>

Inspectors found that overall the local authority requires improvement to be good.

The SSCP congratulates the County Council for its achievement in moving out of intervention. They have improved in all areas and the SSCP notes the recommendations in Ofsted Inspection Report. The inspection outcome represents a solid foundation on which the County Council can continue to build.

Whilst this inspection was focused on the local authority, this finding is consistent with the SSCP's analysis of safeguarding practice across our multi-agency system. The SSCP, using performance information and intelligence from audit and quality assurance activity, have found that services across all parts of the county are improving, however, there is more work to be done to ensure that safeguarding services across all agencies are consistently good. We have found that our responses to children in need of help and protection are too variable; this means there are areas where the practice is good, child-centred and can evidence improvement for children and families. However, there are also examples where practice falls short of our expectations and ambitions for children and their families.

### **Surrey Schools**

In the reporting period January 2021 until 31<sup>st</sup> March 2022 Ofsted inspected 58 Surrey Schools.

4 schools were judged as being outstanding

48 schools were judged as being good

5 schools were judged as requiring improvement

1 school was judged as being inadequate.

### **An inspection of youth offending services in Surrey by Her Majesty's Inspectorate of Probation**

There was also an inspection of the Youth Offending service during this reporting period. HM Inspectors rated Surrey Youth Offending Service across three broad areas:

1. the arrangements for organisational delivery of the service,
2. the quality of work done with children sentenced by the courts, and
3. the quality of out-of-court disposal work.

Overall, Surrey YOS was rated as 'Good'. Inspectors also inspected the quality of resettlement policy and provision, which was separately rated as 'Good'.

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<sup>2</sup> Inspection of Surrey local authority children's services Inspection dates: 17 to 28 January 2022

Inspectors noted that “Surrey YOS has made noteworthy progress since our last inspection in 2019 when we rated the service as ‘Inadequate’. The partnership has taken a systematic approach to service improvement with notable results.”<sup>3</sup>

Inspectors also found that “The quality of the casework inspected in both court and out-of-court work was impressive. Provision for resettlement was also good. The YOS management team and practitioners know the children well and have access to an impressive range of services to address their needs.”<sup>4</sup> Inspectors also noted that they “saw innovative practice and the multi-agency daily risk briefings were an effective way of intervening with children at an early stage”<sup>5</sup>

### Surrey Police

Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Service, Police Effectiveness, Efficiency and Legitimacy (PEEL) inspection 2021-2022

The PEEL inspection framework makes graded judgements across 8 areas of policing:

1. preventing crime
2. investigating crime
3. treatment of the public
4. protecting vulnerable people
5. responding to the public
6. developing a positive workplace
7. good use of resources
8. managing offenders

Inspection makes graded judgements from Outstanding, Good, Adequate, Requires Improvement and Inadequate.

The PEEL Report 2021-2022 judgments for Surrey Police are detailed as follows:

Outstanding	Good	Adequate	Requires Improvement	Inadequate
Preventing crime	Investigating crime	Responding to the public	Managing Offenders	
	Treatment of the public	Developing a positive workplace		
	Protecting vulnerable people	Good use of resources		

As noted above, Surrey Police requires improvement at managing offenders and suspects.

Inspectors note that “The force must prioritise safeguarding when it suspects online offences of indecent images of children. It should carry out repeated intelligence checks to confirm whether

<sup>3</sup> HM Inspectorate of Probation, An inspection of youth offending services in Surrey HM Inspectorate of Probation, March 2022

<sup>4</sup> ibid

<sup>5</sup> ibid

suspects have access to children.”<sup>6</sup> The report also found that “Staffing levels in high-harm teams isn’t keeping up with demand.” Specifically, inspectors “...found that high-harm teams had high caseloads and were under-resourced. This includes the sexual offences investigation team, the paedophile online investigation team, and the child abuse team.”

### Health Inspections

The Care Quality Commission (CQC) Inspected Ashford and St. Peter's Hospitals NHS Foundation Trust's St Peter's Hospital between 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup> November 2020; the report was published on 27<sup>th</sup> January 2021. St Peter's Hospital was found inadequate. The Care Quality Commission Inspection stated that the reasons the “rating for the hospital went down because:

- Nursing staff numbers were consistently below planned levels.
- Staff were not up to date with mandatory safeguarding training.
- The environment on the wards and in theatres did not always meet national guidance.
- There was a significant number of senior surgical staff who felt disengaged and disenfranchised and the strategies to address this appeared to be lacking impact.<sup>7</sup>

There were no other CQC reports published during this reporting period. However, according to the CQC, out of the 40 Hospitals registered in the Surrey area:

- 2 are rated as outstanding
- 25 are rated as good
- 2 are rated as requires improvement
- 9 are unrated

The external inspectorates including Ofsted, HM Inspectorate of Probation, Care Quality Commission and Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service support the analysis of the SSCP that whilst there are pockets of outstanding and good practice across our system, there remain areas which require improvement to be good.

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<sup>6</sup> Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service, PEEL 2021/22 Police effectiveness, efficiency and legitimacy An inspection of Surrey Police

<sup>7</sup> Care Quality Commission (January 2021) Ashford and St. Peter's Hospitals NHS Foundation Trust, St Peter's Hospital Inspection report

There is evidence of improving engagement work with children and young people who are at the threshold for support at levels two and three, with a renewed focus on ensuring action is taken to address issues that matter to children, young people and their lived experiences.

The numbers of children and families accessing Early Help services is increasing. This is a positive outcome as it is an indication that children and families are accessing help and support before concerns escalate.

The evidence is that more work needs to be done to deepen the understanding of thresholds and levels of need. For example, contacts to the Child Single Point of Access (C-SPA) which result in information and advice are at about 60%. This means that only 40% of contacts result in an intervention with children and families. This is important because it indicates that there is a need for further clarity both in the nature of the concern being raised and the kind of support that is being requested and offered.

An important piece of work in relation to early help and levels of need took place in 2020 to 2021. This work involved a number of cases identified by schools and education providers. Education and Children’s Services colleagues within Quality Assurance reviewed the work with approximately 35-40 children and following those discussions an internal review of Children’s Services records was undertaken to determine a RAG rating. From this exercise 10 children had a deep dive audit as well as multi-agency meeting to discuss the learning. The report highlighted several areas for learning and the key take-away messages are as follows:

- Neglect and the impact of cumulative harm is often lost as a main focus of harm due to putting more consideration and planning toward issues such as parental substance misuse and domestic abuse.
- Resolving difference of opinions with Education is a priority; when the views are different, Children Services needs to be more focused on taking stock of these concerns as Education’s views were in the majority agreed with within this review.
- Best practice standards and measurable tools for neglect have to be adhered to in order to make consistent decisions for children when history and sustainable change has not historically been fully explored.
- The escalation policy must be rigorously applied and followed by all agencies.
- Multiple staff turnover over time needs to be considered as a risk factor given the potential area for practice gaps, which can negatively impact decision-making and full view of the child’s experience. Staff turnover featured heavily for almost all children reviewed.

Performance data also shows that there is a sustained downward trend in the numbers of children who are being referred to Children’s Services for a second or subsequent time. The reduction in repeat referrals is a good indication of safe de-escalation and prevention of children re-entering the social care system.

### **Children in Need**

The numbers of children on Child in Need Plans is relatively stable, averaging approximately 2,200. The evidence from performance data is that children who are on Child in Need Plans receive timely support and, where appropriate are generally ‘stepped down’ appropriately

### **Child Protection**

In March 2022, there were 1,009 children on Child Protection Plans. The evidence from our analysis of our performance data is that the experience of children who are on child protection plans is variable. This is confirmed by the findings of inspectors:

In many cases, persistent, long-standing risks and needs are being addressed and reduced effectively, often through parents engaging with services for the first time. In some teams, this work results in insightful and effective multidisciplinary interventions for children and families. In others, the understanding of the child's experience is not well enough developed, resulting in some over-optimism. This means that the experiences and progress of children vary. The frequency and quality of supervision of staff are too variable and contribute to this inconsistency in social work practice.<sup>8</sup>

From a SSCP perspective, we remain concerned regarding the quality and effectiveness of multi-agency involvement in child protection processes. Information from Local Child Safeguarding Practice Reviews and Rapid Reviews is that all agencies do not always participate in these processes. For example, a published LCSPR found that "Strategy Meetings and Child in Need Meetings were not well attended by partner agencies".

### **Looked After Children**

As of March 2022, there were 1040 children who were looked after by the Local Authority. 91% of children who are looked after by the local authority, have up to date reviews. Inspectors reported that

Decisions for children to come into care are timely, well considered and based on comprehensive risk assessments. Senior managers have effective oversight of these and other key decisions, such as when children are to be subject to court proceedings or placed with connected carers.

Children are seen regularly by social workers, who are predominantly child-focused and ensure that they understand the perspective of the child through direct work. They tailor their communication to meet the child's needs through direct observation, or feedback from others.

### **Care Leavers**

In March 2022, there were 820 care leavers. This is a downward trend. The evidence is that care leavers are well supported by committed personal advisers. Contact with care leavers is generally proportionate to their needs. The views of care leavers are considered, and this is reflected in care leavers' plan. The health needs of care leavers are well understood, and personal advisers work well with care leavers and health professionals to ensure that specific health needs are addressed.

### **Summary of the Journey of the Child**

The information provided above indicates that children in Surrey are generally safe. Our work in relation to Early Help needs to be improved. We want to see a lower number of contacts into the C-SPA which result in information, advice and guidance and a higher proportion of contacts which result in specific interventions for children and families. Part of the work to address this includes the Police Single Point of Access (P-SPA) which works alongside the C-SPA. Surrey Police have invested in an additional temporary Chief Inspector post to facilitate the roll out of Surrey Police's Early Help

<sup>8</sup> Inspection of Surrey local authority children's services Inspection dates: 17 to 28 January 2022

offer and to drive process change around the volume of level 1 SCARF submissions within the P-SPA. This is in addition to the Early Help co-ordinator role already appointed within the central Public Protection team. It is expected that approach will achieve the dual outcomes of reduced workload of the P-SPA, in not reviewing level 1 need and capacity building and resilience within the team affording more time for the Multi-Agency Partnership Enquiries (MAPE) and Domestic Violence Disclosure Scheme (DVDS) processes as examples. There has also been the development of a multi-agency oversight group to provide governance and multi-agency oversight of Early Help. This oversight group has recently revised their Terms of Reference.

The work to support children in need and children on child protection plans needs to be improved. We want to see greater consistency in the quality of multi-agency work to protect children. This includes embedding good practice in the quality of referrals, the quality of assessments, the quality and timeliness of planning, and a general improvement of outcomes for children and families.

The work to support children who are looked after and those leaving care is generally good, but there are some areas for improvements especially in relation to sufficiency of placements.

There is wide and active engagement in our multi-agency safeguarding arrangements at all levels including at the Executive and across all Sub-Groups, Networks and Forums. There is a challenge for the SSCP in ensuring that we are closer to frontline practice.

We believe that the SSCP's priorities are correct and are based on intelligence and evidence from our local safeguarding context. We are seeing evidence that agencies are growing in their understanding of their respective roles in relation to safeguarding and that the Effective Family Resilience Model and the Helping Families Early Strategy is enabling all agencies to work effectively with families and each other. There is also a developing culture of strong support and challenge within the Executive, however, we are working to embed this at all levels within our multi-agency system.

Areas for continued improvement and focus include embedding good systems for information sharing, which all professionals are confident and knowledgeable about. We also want to work together to create a culture of continuous improvement and learning and an environment in which effective, consistently good quality multi-agency practice can flourish.

### **SSCP Challenge Activity**

As part of its challenge and assurance work, the SSCP has successfully facilitated effective challenge across the following areas:

#### ***Emotional Well-Being and Child and Adolescent Mental Health.***

This has involved using the finding from Rapid Reviews and Local Child Safeguarding Practice Reviews, as well as the findings from the Thematic Review of Adolescent Suicides published in September 2020 to influence the strategic and operational aspects of this work. This has included working closely with the Surrey Health and Well-Being Board, the Surrey Safeguarding Adult Board, and Surrey Public Health. As a result of this work there has been the development of the Mental Health Delivery Board led by Tim Bates, the Children and Young People Suicide Prevention Partnership led by Public Health. To oversee the effectiveness of the MindWorks contract, which delivers child and adolescent mental health services across Surrey, there has been the establishment of The MindWorks Reference Group. The MindWorks Reference Group is created to provide an informal space to discuss and provide feedback on the MindWorks Surrey service model in an open

and constructive way. The group brings together colleagues from the Surrey system and the newly formed provider Alliance.

### ***Work with Gypsy Roma and Traveller (GRT) Families.***

A local child safeguarding practice review which was commissioned in 2020 found that the response to members of the GRT communities was inadequate. The SSCP sought assurance from Surrey County Council (SCC) regarding the work with GRT communities. Since that time we have seen a step-change in the quality of responses to GRT communities. This work has included SCC providing bi-annual updates on progress regarding this work. There has been the establishment of a GRT Community Forum, which links in with members of the GRT community to address issues of concern. There has also been the commissioning of ethnographic research into effective engagement with GRT communities. As part of awareness raising, there has also been the development of a communication strategy aimed at increasing Surrey-wide awareness of GRT communities. Cultural awareness training has also been rolled out across Surrey; this training is provided by Friends, Families and Travellers, a national GRT charity that works to create awareness and end discrimination.

### ***Work with Primary Care.***

The Independent Chair raised a challenge, seeking assurance from the named GP regarding the commitment of GP practices across Surrey to safeguarding vulnerable children. A report was provided to the SSCP Executive in November 2021 which highlighted:

- GPs involvement in MAPEs
- the commissioning of a Surrey-wide audit into primary care and safeguarding.
- support for GPs through ad hoc safeguarding supervision.
- the development of a model safeguarding policy which can be adapted and used by GP practices across Surrey.
- the provision of level 3 training for GPs and GP Registrars.
- GPs involvement in Rapid Reviews and Local Child Safeguarding Practice Reviews.
- Work with Looked After Children.

The SSCP considered that the range and quality of this work was impressive.

## **Section 11 and Challenge**

It is the duty of Safeguarding Children Partnerships to hold agencies to account in terms of their safeguarding arrangements and practices. In Surrey the Surrey Safeguarding Children Partnership (SSCP) tests the strength of safeguarding arrangements across agencies by requesting that they complete a S11 self-assessment every two years. In the interim year the SSCP requests a progress report from all statutory agencies to ensure that actions are being taken in a timely and appropriate way. It also provides an opportunity to identify good and developing practices across the partnership.

### **The 2021 approach**

Of the 55 agencies (Statutory and non-statutory) that completed the Section 11 self-assessment in 2020, 41 agencies had action plans and in 2021 all 41 agencies were asked to submit a progress update report on these action plans.

Stage 1 (Assessment) of the process was for all update reports to be assessed by members of the SSCP Business Team in relation to: timeliness of progress and the quality of evidence especially in relation to impact.

Stage 2 (Moderation) of the judgements was led by the lead assessor in the SSCP Business Team and involved volunteers from the different agency groups who provided context and challenge.

In March 2022, on completion of the moderation process feedback was provided to the Safeguarding leads for each agency.

### **Findings**

Excellent or Good progress has been made by most (71%) agencies since the last S11 self-assessment in 2020. For the 24% of agencies that have made slower progress over the last 12 months, the impact of Covid-19 has been cited as a key factor.

Engagement with the SSCP Forums and Networks is having a positive impact on supporting and driving understanding and progress now (especially in District and Borough Councils and Third Sector Forums) but there are still some agencies who do not have access to an appropriate forum such as Her Majesty's Prison Services.

# Multi Agency Training and Its Impact On Practice

The SSCP is committed to supporting the development of a culture of continuous learning across all agencies, through the development and implementation of a learning framework, which enables our safeguarding system to respond to local and national policies and emerging themes.

Multi-agency safeguarding training is delivered through the Surrey Children's Workforce Academy (SCWA). A key challenge for the SSCP and the SCWA is the accurate and effective evaluation of the impact of training on practice. Part of this challenge is the fact that improving frontline practice includes a variety of factors including management oversight, reflective practice and multi-agency safeguarding training.

The SCWA's core offer includes training on:

- the Early Help System and Thresholds,
- the Child Protection System,
- Child and Adolescent Resilience (contextual safeguarding)
- Neglect (including the use of the Graded Care Profile 2 Tool)
- Domestic Abuse (including coercive control) and Harmful Traditional Practices

In addition, the SCWA offers awareness raising and introductory level e-learning packages on the following topics:

- Domestic Abuse
- Child Sexual Exploitation
- Gangs and Youth Violence
- Bullying and Cybercrime
- Human Trafficking and Modern Slavery
- Neglect
- Hidden Harm (parental substance misuse, parental mental health and domestic abuse)
- Safeguarding Children with Disabilities
- Sexual Abuse and recognising Grooming
- Self-Harm
- Honour-Based Violence and Forced Marriage
- Abuse related to beliefs in Witchcraft
- Conscious bias and unconscious bias
- Suicide awareness (children and adults)

All e-learning packages are offered to practitioners free of charge and can be accessed via Olive.

## Training Delivered

The SCWA year is based on the academic year and runs from September to July each year. In total, the SCWA delivered 244 instructor-led learning events (39 learning programmes) between September 2020 and July 2021. As noted above, the core offer is supplemented by 14 e-learning courses on all areas of the core offer. During the financial year 2020 – 2021, the SCWA saw 8,659 course completions via the SCWA's e-learning platform. Covid-19 meant that the vast majority of

training was delivered virtually. The pandemic also meant that overall registrations and attendances were down.

In March and April 2021 the SCWA hosted Professor Evan Stark, a leading academic in coercive control, who delivered a webinar and a masterclass on coercive control to a combined audience of approximately 345 partnership practitioners and managers.

### Evaluation of Training

The SCWA regularly monitors and evaluates the effectiveness of multi-agency safeguarding training and seeks feedback from learners regarding the impact of training on their current practice. Evidence from facilitators who gather verbal feedback during learning events, tells us that practitioners value and welcome the learning offered by the Academy.

Furthermore, feedback gathered from practitioners in 2021 demonstrates the value of this training and indicates the impact on their practice in the following ways:

- practitioners feel empowered, knowledgeable, and more confident to practice, but also to challenge professionally where appropriate, after attending SCWA learning events,
- practitioners value the toolkits explored during SCWA learning events as these help them with evidence-based practice,
- practitioners welcome the space that SCWA learning events offer for reflection on their practice and their thinking as well as the opportunity to network and learn together with practitioners from other organisations,
- practitioners value the opportunity to revisit theoretical concepts that underpin their practice,
- practitioners especially value the fact that facilitators are experts in their area of safeguarding practice, and in most cases, are themselves experienced and passionate practitioners who use experiences from their own practice share and illustrate learning.

## Section 2: Progress on our Priorities

In reporting on the performance of the Partnership, we will want to indicate a shift from an outline of the Partnership's activities, towards reporting on the effectiveness and impact of our collective activity to keep Surrey's children safe and promote their welfare.

What is clear from the analysis of the SSCP's activities during this reporting period is that the partnership has delivered significant levels of activity; generally speaking this is of a good quality. The challenge for the SSCP is to consistently demonstrate that these levels of activity are achieving the desired impact of improved outcomes for children and families. Demonstrating and evidencing impact remains a key area for development for the SSCP.

During the period January 2021 until 31<sup>st</sup> March 2022, the SSCP key priorities were identified as follows:

1. Early Help and Thresholds
2. Adolescent Resilience and Support: with a focus on each of the following areas
  - a. Children's emotional well-being and mental health,
  - b. online safety,
  - c. contextual safeguarding and
  - d. safeguarding children with SEN-D
3. Neglect

## Priority 1: Early Help and Thresholds:

The SSCP Executive and Partnership agreed that in 2021-2022 its first priority would be early help and thresholds. As a safeguarding children partnership, we wanted to ensure that local thresholds and levels of need were clearly understood, and consistently applied, with effective multi-agency working and clear pathways for support.

To ensure effective oversight of early help the SSCP approved the launch of the Early Help Oversight Group. This group reports to the Executive on a termly basis. The aim of the Early Help Oversight Group is to ensure effective multi-agency coordination and integration of early help; to ensure that request for support are appropriate and result in timely interventions and support for children and families. At their meeting March 2022 the SSCP Executive endorsed the setting up of the Early Help Strategic Board.

The SSCP is assured that the work regarding Early Help includes all three safeguarding partners and that schools and education has a strong voice and presence in these arrangements.

As part of the Surrey Police's work regarding Early Help, there is a dedicated Early Help co-ordinator who provides support to each team. This role has moved to Surrey Police's problem-solving team to enable it to be embedded within neighbourhood teams. From a schools' and education perspective, there is a lack of access to schools' performance data, which prevents a confident analysis of the numbers of education professionals that have taken part in the training in EHA. The SSCP is aware that schools continue to deliver a great deal of support and that some of this work is not recognised or recorded as "Early Help". Work still needs to be done to help schools quantify and quality assure the significant support that schools and education providers are delivering at the Early Help and targeted levels of the Effective Family Resilience framework.

Another related challenge for schools and education providers is the need for clarity regarding good practice and a shared understanding of what success looks like for the Early Help offer overall. Analysis of the numbers and quality of referrals has highlighted some issues related to understanding the need for consent at levels 1-3; however, this analysis also indicated that when referrals from schools provided details – through the use of a school's electronic reporting system – of all the action that had been taken by a school, (a) this action was recognised as Early Help and (b) it was much easier to evidence whether or not a threshold of need had been met.

Health representatives continue to contribute to the work undertaken across the quadrant-based Family Resilience Networks (FRNs). In Surrey, as in other parts of the UK, 90% of patient contacts with the NHS take place in general practice; GPs and other primary care staff are therefore key in improving Early Help referrals from Health. Analysis of the 6-monthly CCG Safeguarding Dashboard indicated that only small numbers of EHAs and lead professional roles were undertaken by community practitioners in Health. Health visitors, school nurses and midwives are undertaking Early Help by using every contact and interaction with children and families to identify and signpost or support families to get the help they need, by utilising the family information directory. In addition, health visitors and school nurses undertake family health needs assessments assessing need and families are signposted to appropriate local services.

The most comprehensive and independent assessment of the Early Help arrangements in Surrey is provided by the January 2022 inspection of Surrey local authority children's services by Ofsted. Even though this was an inspection of the Surrey County Council Children's Services, Early Help is a

partnership responsibility and the findings of the inspection report are helpful in evaluating the effectiveness of service delivery and impact in Early Help. Inspectors found that:

- Children and their families benefit from effective early help services. Thresholds are well understood, although some families experience a short delay in allocation before they receive the right support, meaning that some children's needs may escalate.
- The children's single point of access service responds effectively to most contacts and referrals, ensuring that the vast majority of children are signposted for support and information, or have their needs assessed more fully. A small number of children are subject to repeated contacts and referrals before they receive the support that they need. ...When there are concerns about children's exposure to domestic abuse, risk identification and safety planning are evident. However, the current police practice of submitting lower risk notifications in batches leads to a backlog within the service. This means that some children exposed to domestic abuse do not receive the support that they need soon enough.

9

The evidence is that the work on Early Help is developing and requires improvement to be good. The evidence available to the SSCP suggests that more work needs to be done to ensure that thresholds and levels of need are well understood across Surrey. An example of this is the high numbers of referrals into the C-SPA which result in advice and no further action.

The response to children and families in need of Early Help and support remains variable. We have found there are occasions where children and families do not get the level of support and intervention they need. The use of EHAs is not fully embedded across our safeguarding system. The clear benefits of EHAs include the fact that they help agencies provide an assessment of need, they also provide evidence regarding the level of support that has been provided to date and enables the SSCP and others to quality assure the work being done to support vulnerable families. The C-SPA continues to have volumes of referrals that result in information and advice and no further action. The judicious use of the C-SPA's consultation line would enable agencies to discuss their concerns before a referral is made and to possibly identify appropriate alternate courses of action other than a referral.

There are some key initiatives such as the Helping Families Early Strategy and the planned refresh of the Effective Family Resilience Model (Surrey's Early Help and Threshold Document). As these are implemented and embedded it is hoped that there will be a much clearer understanding of thresholds across our Early Help system, and that families will get the support they need in a timely way. However, there needs to be a clearer focus on agencies working together to implement the necessary improvements, so that there is evidence of how the Early Help process is consistently improving outcomes for children and families.

In 2022-24, the focus will be on evidencing impact on improved multi-agency frontline practice in relation to Early Help and prevention, and all agencies being able to demonstrate improved outcomes for children and families.

### Legacy Cases

In January 2021, the SCC Quality Assurance Service was tasked by the Executive Director of Children, Families and Lifelong Learning, on behalf of the SSCP, to review several children that had historically been raised by Education professionals as children of concern due to long-term intervention without

significant or sustainable change, as well as current concerns that the level of intervention was not at the right level.

The thematic audit was presented to the Executive in September 2021. The overall finding from this thematic audit on children was that the concerns regarding decision making and practice, escalated by Education colleagues was confirmed and upheld. The review helped to identify key points and practice issues that led, in some instances, to children experiencing long-term involvement without the appropriate safeguarding response or escalation where the outcomes for children were not sustained.

The report highlighted the following key areas:

- Neglect and the impact of cumulative harm is often lost as a main focus of harm due to putting more consideration and planning toward issues such as parental substance misuse and domestic abuse.
- Resolving difference of opinions with Education is a priority- when the views are different, Children Services needs to be more focused on taking stock of these concerns as Education's views were in the majority agreed with within this review.
- Best practice standards and measurable tools for neglect have to be adhered to in order to make consistent decisions for children when history and sustainable change has not historically been fully explored.
- The escalation policy must be rigorously applied and followed by all agencies.
- Multiple staff turnover over time needs to be considered as a risk factor given the potential area for practice gaps which can negatively impact decision-making and full view of the child's experience. Staff turnover featured heavily for almost all children reviewed.

In March 2022, a single-agency report was provided to the Independent Chair of the SSCP. The purpose of the report was to outline the progress and impact of the work. This report provided a largely, positive picture outlining that almost all children had seen their work safely closed or their situation had improved. It is noted that the ongoing presence of neglectful characteristics remains a challenge but an assessment of whether parenting was "good enough" remains a feature of the oversight of these children. The update reported that there was only one child whose circumstances had not improved; therefore her situation has been reviewed, escalated as needed, and she has been placed in care while further work with parents is undertaken.

A multi-agency action plan to address the issues raised by the review, with regular updates being provided to the SSCP Executive.

### **Responding to Inter-agency Escalations – The Finding a Solution Together Process (FaST)**

During 2021, the SSCP undertook analysis of the existing escalation arrangements. This analysis found that practitioners were reluctant to initiate the escalation process as this was seen as a complaint-based process. The SSCP also found that:

- Practitioner confidence to initiate what has been perceived to be a combative process, was low

- There needed to be further clarification that professional disagreements should be resolved in the best interests of children at the earliest possible level; that is, by those working directly with children and their families
- Effective multi-agency resolution requires a culture that is collaborative, respectful and above all centred in the safety and well-being of children.

As a result of this analysis and based on feedback from frontline practitioners and their managers, the SSCP updated the escalation policy, which is now reframed as the Finding Solutions Together (FaST Resolutions process), addresses some challenges identified in the implementation and use of the current escalation process.

To enable the SSCP to effectively monitor and evaluate the effectiveness of the FaST Resolution Process, all key agencies (the Local Authority, the Integrated Care System, Surrey Police and MindWorks) has identified a single point of contact within their agency for all escalations moving on to stage 2 of the FaST process. To ensure the effectiveness of the FaST Resolutions Process, all escalations will be monitored by the SSCP Team and reported to the Business Group on a quarterly basis. The updated FaST Resolution Process can be found here: [7.2 The Surrey FaST Resolution Process | Surrey Safeguarding Children Partnership \(procedures.org.uk\)](#)

The priority actions for Early Help are outlined as follows:

**Working with Consent:** We will ensure that an agreed multi-agency approach is in place with regards to requests for support being received without families' no consent to share information via a referral and where there is no statutory basis for overriding consent.

**Consistency in the use and application of the Effective Family Resilience Model:** We will work with partners to improve the understanding, use and application of the Effective Family Resilience Levels of Need document across the partnership.

**The consistent use of Early Help Assessments by all key agencies.**

**Working with Partners to improve reduce the number of referrals that result in information and advice.** There will be joint work with the Police and CSPA colleagues to keep a review of recently implemented pathways and how these are affecting the desired changes i.e. families and children supported on the scene via Family Information Service. The intended outcome of this to ensure that referrals are appropriate, that children and families received the help they need in a timely and proportionate way and that there is a reduction inappropriate requests for support to C-SPA.

## Priority 2 Child and Adolescent Resilience and Support

The SSCP second priority in the period, 2021-2022 was child and adolescent resilience including Child and Adolescent Mental Health and Well-being, safeguarding children with SEN-D, contextual safeguarding and adolescent resilience in online spaces. As children and young people grow in independence and go into spaces and places away from the family home, they can become vulnerable to risks outside of the home. Emotional and mental health, SEN-D, contextual safeguarding and safeguarding children and adolescents in online spaces are all inter-related and interconnected issues. In response to these issues, the SSCP sought to build a joined-up approach that supports child and adolescent resilience.

### Child and Adolescent Mental Health and Support

Child and adolescent emotional well-being and mental health was a very significant area of focus for the SSCP. This priority has been brought into sharper focus through the tragic deaths by suicide of 4 young people aged 14-17 and the attempted suicide of 2 young people in this age range.

In April 2021, Surrey went live with the Mental Health Alliance delivering the Child and Adolescent Mental Health Service across Surrey. Since they were commissioned, the Alliance has been active in getting a range of new support offers out to the community and have refined existing services. The Child and Adolescent Mental Health Service in Surrey is known as MindWorks.

The effect of this newly commissioned service is that more children and young people (CYP) are now accessing the early interventions offered by the Surrey Wellbeing Partnership. From April 2021, additional resources have been allocated to developing Early Interventions, and all partners providing services are now delivering to full capacity.

A better offer for schools has started to be delivered. This offer includes the fact that all Surrey maintained secondary and primary schools now have a named Primary Mental Health Worker. There is an Early Intervention Co-ordinator across each of the 11 districts and boroughs, and Surrey's special schools are being supported by MindWorks two new psychologists. CYP and families can now also access Community Wellbeing Practitioners (23 in total) for early support via referrals from schools or through the Access and Advice Team (AAT). There is also increasing access for children and young people to Cognitive Behaviour Therapy (CBT), groupwork and self-care packages, again accessed via schools directly or AAT. There is also support for schools to strengthen their whole school approach via the Mental Health Support Teams (MHST) and Surrey Healthy Schools.

There is now in place a 24-hour 7-day per week crisis line available for young people, families and professionals. Between May 2021 and February 2022, 2,207 children and young people and carers accessed support (together with 708 professionals). There is also an advice line focused on neurodevelopment. As of February 2022, 76 families accessed advice and support from the out-of-hours phone line. This was fewer than planned (the service's target was 5 families per week).

The Alliance has also launched a new website, which brings together information about resources and explains how to get help. The new website was designed with children and young people. Between September 2021 and January 2022, there have been 18,000 unique users who have viewed the site.

16,257 CYP have requested support from MindWorks Surrey between April 2021 to February 2022. This represents a 21% increase in referrals in comparison to 2020 to 2021. Within this figure, there has been a 38% increase in referrals for children under 10-years old, during this period, and the pressures within the services illustrates that CYP are coming to the service more unwell, with higher levels of acuity.

The changes in AAT have been welcomed and these create a better experience for children and young people. However, it is not operating efficiently and in March 2022, there were 1000 children waiting for help. A mitigation plan is being finalised to address the extra demand and will be in place by mid-April 2022, with immediate steps being taken to increase staffing to reduce the backlog. A transformation plan has been established and commences in April 2022 to ensure that a long-term solution to this repeated problem is designed and implemented.

Waiting times for assessment and treatment across all pathways needs to be reduced. This is a reflection of the national picture. Discussions with Surrey and Borders Partnership about how to tackle this are taking place and more staff are being recruited to manage this demand.

From feedback from schools, there is evidence that the work with schools and education providers is showing green shoots of success. Regular feedback is provided by schools via a range of forums. Further work is planned on improving early support to CYP and their parents / carers within primary school age is required.

Waiting times from referral to assessment is reducing from 1753 CYP on the waiting list in April 2021 to 706 CYP in February 2022. However, there are 400 CYP waiting between 366 and 545 days, and 273 CYP waiting over 546 days. Waiting times from assessment to treatment are reducing from 860 CYP in April 2021 to 495 CYP in February 2022, with 229 CYP waiting over 546 days. As noted above, these waiting times need to be reduced.

As noted above, the sustained challenge of the SSCP has been impactful in ensuring that this area of work continues to progress. The SSCP is assured that for the longer term, the governance arrangements are potentially more effective to ensure effective oversight. The SSCP is also assured by the developing relationship with the Mental Health Delivery Board, (the very latest information suggests that they have responded positively to the concerns raised by the SSCP for the need to streamline the governance arrangements for mental health and there is now a proposal to merge the Mental Health Partnership and Delivery Boards.

### **Contextual Safeguarding and Adolescent Safeguarding**

In response to the SSCP priority related to Contextual Safeguarding (now identified as Adolescent Safeguarding), a new approach to safeguarding adolescents has been developed. This approach has been developed through engagement with approximately 500 representatives of partner agencies over the summer term 2021. This level of engagement was designed to ensure that there is an integrated model shaped to meet the needs of all adolescents.

Part of the structure and approach means that Surrey is committed to being 'child first' when we approach the range of issues that can present during adolescence. The Safeguarding Adolescents vision is driven forward by the 'Joining the Dots' group, which was established to bring together those working on missing, exploitation, hidden crime, youth justice, edge of care, resources, targeted youth support and safeguarding. The everyday work with adolescents is guided by 3 key principles:

1. Would this be good enough for my child?

2. What kind of adult do we want the young person to become?
3. Are we managing risk for the child and the organisation?

The approach has agreed the following success indicators:

- **Meeting the needs of Children:** that is, identifying and understanding the factors that impact on the children and young people in Surrey and ensuring we meet their needs
- **Assessments represent a young person's journey and experience:** assessments that are timely and take into account the child's strengths, needs and risks - recognise the historical context and experiences of each child to inform our planning
- **A direct offer of help to address any identified needs:** Practitioners who are able to invest time to build a strong trusting relationship with the child. Assessments that result in a direct offer to enable the mitigation of risks and best identify need.
- **Assessments are dynamic, collaborative and adapt light of emerging needs and risk:** There is good evidence that children have been listened to and enabled to inform their own destiny.
- **Interventions are tailored to meet the child's needs:** Tailored interventions in light of extra-familial harm with practitioners who are tenacious and who do not give up on the child and believing in them

In terms of next steps, the areas that require our priority focus include the need to review and re-establish risk assessment processes for adolescents in Surrey and clarify accountabilities. There is also a need to introduce a joined-up case formulation approach across adolescent services. As a safeguarding system we want to ensure consistency of safety planning to ensure family, child and practitioners are clear on agreeing actions to keep the child safe in the community.

To ensure that there is an effective response to safeguarding adolescents across all agencies in Surrey, we need to adopt innovative and smarter ways of creating a new model of practice that incorporates an early case formulation approach and access to resource panel at the point of referral/allocation. This will also include a review of the terms of reference, membership, frequency and scope of the High-Risk Vulnerability Panel and Risk Management Meetings. Related to this is the need to explore relationships and how, we as a system collaborate with other local panels. e.g. Joint Action Group, Community Harm and Risk Management Meetings.

### Online Safeguarding

Evidence from our *Thematic Review of Adolescent Suicides in Surrey 2014-2020* and presentations to the Executive have highlighted the need to support children and young people to stay safe online. As part of our strategic safeguarding plan for 2021-2022, the SSCP committed to working with children, families, schools and key agencies to develop responses to staying safe and promoting well-being in online spaces.

To ensure that the SSCP had assurance regarding emerging risks as a result of technology assisted harm. The SSCP commissioned an Online-risks Tactical Group. The Group included representation from the Police, Health, the Local Authority and Education. The SSCP recognises all agencies that support children and families are increasingly called upon to respond to a range of emerging issues and online risks. These issues emerge quickly and need an urgent but coordinated multi-agency response. The purpose and function of the Online-risks Tactical Group is to lead a response on how all agencies will work together to respond to emergent-community-wide online and emerging risks which threaten children and young people's physical and emotional health and well-being.

During 2021-2022 the group responded to the following challenges:

- The Blue Whale Challenge – The "Blue Whale challenge" was reported to be an online "suicide game" aimed at teenagers which set 50 tasks over 50 days.
- National Rape Day – this was a viral thread which was posted on Facebook and TikTok in April 2021. A controversial video apparently called for widespread sexual violence on the 24th of April.
- Facebook self-harm challenge
- There was also an example where an urgent multi-agency response to the **cannabis edibles** issue arose and several different responses were required to mitigate the risks to children and young people.

Each of these risks were assessed and appropriate action plans and communication plans were agreed to safeguard children. The area of technology assisted harm remains a concern for the SSCP, especially with regarding to the SSCP's work in relation to adolescent vulnerability, adolescent suicide and the need for increased awareness of self-harm. In particular, there is concern about the role of social media in criminal exploitation, county lines, sexual exploitation, self-harm and suicidal ideation. This will remain an area of priority focus in 2022 to 2024.

### **Supporting Children and Young People with additional needs and disabilities who may be at risk**

The focus of the SSCP's work in 2021-2022 in relation to safeguarding CYP with additional needs has focused on children and young people with Autistic Spectrum Conditions (ASC). ASC was identified in the SSCP's *Thematic Review of Adolescent Suicides in Surrey 2014-2020* and the National Child Mortality Database report on child and adolescent suicides published in October 2021 also included ASC as a risk factor for self-harm and suicide.

As part of the on-going response, Surrey launched its All-Age Autism Strategy. This strategy was developed by autistic children, young people, adults and family carers together with professionals from across Surrey's service system, to make our joint ambitions clear.

The SSCP is continuing to seek assurance that children with Education Health and Care Plans (EHCPs), who are also on a Child In Need plan, a Child Protection plan, and those Children who are Looked After by the Local Authority are effectively safeguarded and that their needs are being met. To support this continuing understanding, the SSCP's Learning from Practice Sub-Group has commissioned a multi-agency audit into children with Special Educational Needs and Disabilities. The results of this audit will be presented to the SSCP Executive during the Summer term of 2022.

Areas for improvement in 2022 includes ongoing activity to continue to focus on the early identification of need and support and reduce the need for a statutory plan to meet needs. We will continue to develop the early help offer for children with SEN-D further, so that it is available at the time children and their families require it and as a result, we see a reduction in requests for EHCP assessments and the demand for specialist services. We want to improve multi agency EHCP timeliness and to increase Annual Review completion rates with an enhanced focus on priority annual reviews. Surrey County Council will consult on and introduce a new Team around the School approach to maintain placements for children. We also want to strengthen engagement and coproduction with CYP, Family Voice and parents throughout the SEND Transformation Programme.

The SSCP welcomes the Government's recognition of the need to resource the SEND transformation programme and their commitment of an additional £100 million in funding.

## Priority 3 improving the quality of our practice in relation to neglect

In setting this priority, the SSCP aimed to ensure that practitioners in all agencies are supported with the skills, awareness and tools to effectively intervene in cases where neglect is a factor. Specifically Partners aimed to achieve full implementation of an evidence-based tool through the utilisation of the GCP2 toolkit. The Partnership also wanted to be in a position to evaluate, monitor and challenge the impact of the GCP2 partnership response (including GCP2A an antenatal pilot) through the use of a multi-agency platform 'ECINS' and data capture for Neglect. Impact was also to be monitored through an SSCP audit and independent scrutiny. The Surrey Children's Workforce Academy also ensures that the learning with regard to neglect is taken forward across the wider partnership.

As noted above, a part of this priority included ensuring that Surrey multi-agency professionals are trained and confident in the utilisation of the GCP2 tool (and the screening tool which sits alongside it for professionals who have brief interventions with children and families). A related aim included improving awareness and understanding of Neglect within communities (public, voluntary services, community services for example) and sharing preventative messaging so that early identification can be achieved. The SSCP also undertook the oversight of the development of a Neglect communication strategy to be led by the SSCP Partnership team in order to achieve an increased understanding and a shared narrative of Neglect across the Partnership through the adoption of an evidence-based model and typology for Neglect.

During the reporting period, the roll out of the GCP2 tool has included training 768 GCP2 Practitioners across the partnership and the delivery of 6 courses for Managers in Children's Services and for Managers across Health. There has also been a range of bespoke workshops for CP Chairs. Other training opportunities has included:

- Practice sessions on DA, Adolescent neglect, report writing and strengths-based practice.
- Weekly ECINS workshops to 400 practitioners
- Produces a GCP2 Film – to be used for inductions and provides an overview of the of the GCP2 Tool in Surrey
- Delivered action Learning sets for SCS Assessment teams
- Delivered Bitesize learning for DSLs
- Lunch 'n' learn sessions with expert speakers
- Delivered a refresher webinar, entitled part of your practice "Part of your Practice"

We have also launched a GCP2 pilot in a midwifery service. In 2021-2022, there has been 227 GCP2 assessments completed (139 on E-CINS and 27 in progress). A wide support network is in place to support the practice of GCP2 trained practitioners e.g. GCP2 Teams site, Champions & Practice Leads, Case Studies & other guidance documents, Practice sessions, monthly e-bulletins. Other developments include the Neglect Matters campaign which was launched with the aim of improving professionals' knowledge and raising awareness in the public community around how to spot the signs of neglect and what to do about it.

What we know when the Graded Care Profile 2 Tool is used, child and families experience a more effective response to neglect. However, the consistent use and application of the tool needs to be embedded across our system.

The Ofsted inspection in January 2022 found that

The effectiveness and impact of interventions for children living in neglectful situations are not consistent. Senior managers have introduced a new assessment tool and trained all staff, as well as professionals from other agencies, but practice is not well embedded or applied across all teams or organisations. While some practice is highly effective when practitioners use this tool with families, other practitioners and partners have not adopted this better practice, meaning that some children continue to live in neglectful situations for too long.<sup>9</sup>

The role out of the GCP2 tool has been met with a variable response from schools and education settings. The GCP2 tool can be particularly useful in identifying what support might be needed at a Level 2 of the Effective Family Resilience framework, because of its capacity to specifically identify needs. In some primary schools, it is being used consistently both in school and at home – but this remains a very mixed picture. There is a fair amount of resistance to its use in the secondary phase. There are ongoing concerns/challenges by some school colleagues in all phases of the sector about the role of school professionals in carrying out such an assessment in the home. These challenges need to be resolved.

Throughout 2022-2024, the SSCP, through the Neglect Sub-Group will continue to seek evidence and assurance regarding the following outcomes across the Partnership for practitioners and for children and young people:

#### **Outcomes For Practitioners**

- Practitioners in all agencies are skilled at identifying and assessing neglect.
  - The GCP2 tool is used to identify and assess neglect (this means there is a common understanding of the types of neglect and the risks associated with neglect)
  - Neglect is identified and responded to early
  - Support is provided to safeguard children and strengthen parenting capacity

#### **Outcomes For Children and Young People**

- Children receive a timely and effective response to neglect
- The voice and lived experience of the child is heard and guides the intervention
- Children are supported to stay with their families in their communities when and where it is safe to do so
- Success is measured by improvements in the child's experience of care

The Neglect Strategy 2021-23 has [7 main aims](#) which will be the focus of the work of the Neglect Sub-Group, and progress on these aims will be reported to the Business Group on a quarterly basis.

The SSCP will also seek assurance that the GCP2 tool has been embedded in all agencies across the Partnership. This evidence needs to demonstrate that we are making a positive difference for children by effectively identifying and intervening in cases of neglect. It is anticipated that a further 12 –18 months of focussed activity is required, with reviews at 6 monthly intervals to ensure pace of delivery. As neglect is a priority of the partnership and to date it has struggled to make sufficient progress the Neglect sub-group will update the Business group on a quarterly basis.

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<sup>9</sup> Inspection of Surrey local authority children's services Inspection dates: 17 to 28 January 2022

## Section 3: Learning from Case Reviews

In 2021-2022, the SSCP effectively cleared the backlog of Serious Case Reviews inherited from the erstwhile LSCB. The 4 remaining reviews were published in 2021.

Although published in 2021, these reviews related to serious safeguarding incidents which occurred from 2016 to 2019 and the learning from these and other reviews was published in the [SSCP- Thematic-Review-Surrey-SCRs-and-Case-Reviews-2020-Final.pdf \(surreyscp.org.uk\)](#) published in September 2020 and included in the SSCP Annual Report for 2019 to 2020.

In 2021-2022 the SSCP published one Serious Case Review and two local child safeguarding practice reviews.

The Serious Case Review related to the death of an infant who was subject to a child protection plan under the category of neglect.

Since the publication of this Serious Case Review, work has been done to strengthen contingency planning by the Child Protection Chairs. Practice guidance has been issued to all Chairs, and panels have been introduced across all quadrants to consider contingency planning before legal gateway meetings.

The learning from the Child Safeguarding Practice Review Panel's report, *Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm* (July 2020), has been shared widely across all agencies. This learning is included in training related to child protection and SUDIs. In addition, the SSCP has produced a 7-minute briefing (7MB) that can be used by managers and practitioners to share the learning from this review within teams. This 7MB has been published and is used to support practitioners' awareness and understanding in relation to SUDI. [SSCP-Safer-Sleep-7-Minute-Briefing-1-1.pdf \(surreyscp.org.uk\)](#). In addition, managers are promoting the use of a safer sleep assessment form that practitioners can use in their work with families.

To support the learning from this review, the SSCP published a thematic review of SUDI in 2021, highlighting the need for a whole system approach and the fact that all practitioners working with children and families are in a unique position to educate parents about safer sleep advice, and that these practitioners need to ensure that they understand and can explain information on safer sleep advice. The report can be accessed here: [Child-Death-Review-Partnership-SUDI-thematic-review-002.pdf \(surreyscp.org.uk\)](#)

We have shared the learning from this thematic review and the *Out of Routine* Report across our services and will continue to include the learning from this and similar cases in our training programmes and briefing sessions.

One of the LCSPRs related to injuries to a 7-week-old infant. The review found that there were missed opportunities to undertake assessments, especially in the absence of known risk factors and that there was a lack of professional curiosity and challenge around the information supplied by parents about father's first child. There was also a lack of focus on the role of fathers and significant males in families. There were also practice issues related to information sharing between agencies. This review also highlighted the importance of escalating concerns and the need to know how to raise concerns.

In response to this review, the SSCP has worked with the Surrey Children's Workforce Academy to ensure that practitioners are aware of the need to fully assess fathers' parenting capacity including when fathers are involved in ante-natal care and in the care of a new-born child. As a result of learning from Rapid Reviews and recently commissioned LSCPRs, this remains an area of continued focus.

Work has been done to ensure that when any agency is aware that a child has been removed from the care of a parent/s, including a child from a previous relationship, there is a need to inform the GP Practice. This would allow an entry to be flagged on both the Mother and Father's medical records and would ensure that the Practice is aware from the outset of any safeguarding concerns.

As noted above in this report, the SSCP has updated and rebranded its process for Escalation and Professional Disagreements. The SSCP has provided a range of briefings. This includes a YouTube video that is available to all agencies. Please see here [FaST Resolution Process Spring 2022 - YouTube](#). To ensure that the SSCP is assured that professionals in individual partner agencies are aware of the procedure and that it is being used when concerns require escalation, key agencies have a single point of contact for escalations. Escalations are monitored and reported on a quarterly basis.

The local authority's approach to the pre-proceedings phase of the Public Law Outline (PLO) has been strengthened, this includes strengthening of practice and procedure in regard to Special Guardianship Orders

The second LCSPR was commissioned in 2020, and related to an incident in which a child experienced serious harm, in the form of a near fatal stabbing by a sibling.

In response to this review Surrey Police circulated a reminder to all officers in April 2021, reminding them of the need to consider the wider aspects of safeguarding when attending incidents; for example the need to think family, think child. Surrey Police has also significantly upgraded their Child Abuse Policy and Procedure and Officer training programme. This training specifically includes awareness and recognition of cultural issues in child neglect training sessions that have so far been delivered to over 1000 officers to date. Surrey Police also delivers training on Contextualised Safeguarding for both Surrey Police and Children's Services via the Surrey Children's Workforce Academy; and to date, Borough Commanders and members of the Child Exploitation Management Unit have been trained. Surrey Police has access to an Independent Advisory Group (IAG) that is made up of members from outside of policing and from different cultures, backgrounds and religions. The IAG are a valuable resource to Surrey Police and provide independent advice and support in raising awareness of cultural and specific community needs so that Surrey Police services are the best they can be.

This review highlighted the need for cultural awareness and for culturally relevant approaches to working with Gypsy, Roma and Traveller (GRT) Communities. To address the strategic and practice issues raised by the recommendations from this LSCPR, a range of initiatives have been put in place. Surrey County Council has commissioned anti-discrimination and cultural awareness training across Surrey to address the ongoing and established systemic issues that impact the way in which the Surrey system is able to identify and respond to the needs of the GRT communities effectively and a commitment to improving outcomes for GRT communities. Equality, Diversity and Inclusion is a significant priority for Surrey County Council. A corporate lead for Equality, Diversity and Inclusion (EDI) within Surrey County Council has been appointed and there is now a new EDI action plan which

has been endorsed by Cabinet. Also, an EDI hub has been set up to ensure that all staff have access to training, information and guidance to ensure culturally aware and inclusive practice.

Also in response to the recommendations of this review, the Child Protection (CP) Conference, Core Groups and Child In Need Meetings process has been reviewed. The effectiveness of CP Conferences, Core Groups and Child In Need meetings were audited in August 2020. As a result of this audit, the Core Groups and Child in Need procedures were updated in July 2021. These updated procedures highlight the need to have the correct membership of core groups and that key agencies are invited and supported to participate in CP processes. The updated procedures also outline clearly the expectations and responsibilities of core group members. This guidance is available via the procedures using the following link: [4.10 Implementation of Child Protection Plans | Surrey Safeguarding Children Partnership \(procedures.org.uk\)](#)

The SSCP along with Children's Services has reviewed how key County Council, Borough Council and District Council Departments understand and fulfil their wider corporate and statutory roles and responsibilities. The District and Borough Councils has a representative on the SSCP Executive who provides challenge, oversight and accountability to ensure that Surrey's District and Borough Councils are fully sighted on their safeguarding responsibilities. The SSCP has a District and Borough Safeguarding Network which meets regularly. Each District and Borough has a named safeguarding lead. In addition, there are regular meetings with District and Borough council colleagues to ensure the full awareness of these councils of their responsibilities under Section 11 of the Children Act 2004 and Working Together 2018, and strong engagement in the county's safeguarding agenda. The District and Borough's Safeguarding Forum is focused on information exchange and on addressing issues where District and Borough councils can play important roles in shaping and implementing safeguarding policies and practice at a local level.

The SSCP is continuing to work with Surrey County Council's Children's Services and Early Help Providers to review and strengthen arrangements to ensure that practitioners from the Faith or Voluntary sector, who work directly with families on Child in Need or Child Protection Plans, or families who have an Early Help assessment, are included in Core Groups and Team Around the Family Meetings, as appropriate. On a strategic level the SSCP has included faith and third sector representation in our safeguarding arrangements. Surrey has a vibrant network of Third Sector and Voluntary Organisations. To ensure that the voice, experience and professionalism of the Third Sector is fully recognised and represented in our local safeguarding arrangements the SSCP has in place a Third Sector Safeguarding Network. Faith, Community and Voluntary sector representatives currently sit on the Partnership and work as part of the SSCP's Sub-Groups. We will continue to build on the current communications network to strengthen full involvement and leadership of the voluntary, community and faith sector in the work of safeguarding children and promoting their welfare.

Through the District and Borough's Safeguarding Forum, the SSCP will continue to work with District and Borough Councils to update and review their respective Priority Housing Protocols as needed to ensure that these protocols continue to meet the needs of children in need of safeguarding under Child Protection Plans or Court Orders under the Children Act, where accommodation is a key element of protecting children. Each District and Borough Council has in place a housing allocations policy and procedure, which outlines how they will discharge their responsibilities to children in need of help and protection under the Children Act 1989. This recommendation will be embedded as part of the District and Boroughs Safeguarding Forum's work plan throughout 2021-2022.

#### **Learning from National and Local Child Safeguarding Practice Reviews**

Learning from National and Local Child Safeguarding Practice Reviews is communicated through a range of channels including briefing papers, 7 Minute Briefings, termly SSCP briefings and Sharing the Learning workshops and regular Lunch and Learn sessions. All workshops and briefings are recorded so that they can be posted on the SSCP's YouTube channel, making them readily available to our partners and practitioners.

The Surrey Children's Workforce Academy attend both the Learning from Practice Sub-Group meetings and the Case Review Panel Sub-Group meetings and work closely with the SSCP to share the learning from Rapid Reviews and Local Child Safeguarding Practice Reviews.

Recommendations from each LSCPR and other reviews are tracked and monitored by the Case Review Subgroup and regular progress updates were requested from individual agencies. An action is only closed with the agreement of the Sub-Group members. Follow up audits can also be commissioned by the Case Review Group where evidence of change is required. The Learning from Practice group will lead on the commissioned audits and report back findings to the Case Review Group on completion.

The SSCP has published two Local Thematic Reviews (a SUDI Thematic Review 2021, and Surrey Child Death Review Partnership Neuro-disability and Infant and Child Deaths in Surrey: a Review of Deaths That Occurred Between 2016- 2020) and a further review of Adolescent Suicides is currently being undertaken. Clear guidance for the management of Serious Incidents and Rapid Reviews has been updated and published.

From January 2021 until 1 March 2022, the SSCP has had 13 Rapid Reviews following Serious Incident Notifications; 4 of these rapid reviews have resulted in LCSPRs; 3 have resulted in a partnership thematic review and 6 have resulted in no further action. The learning from each Rapid Review is shared across our system as needed and emerging themes are highlighted and presented in the SSCP's termly briefings.

## Conclusions

The SSCP continues to make improvements in its work in responding to serious child safeguarding cases, undertaking Rapid Reviews in response to the notification of Serious Incidents and in the commissioning of LSCPRs. The SSCP also continues to strengthen its relationship with the Child Safeguarding Practice Review (the National Panel) and we are pleased that the National Panel have agreed with the SSCP's decision in the overwhelming majority of cases. The Case Review Sub-Group and the Learning from Practice Sub-Group work closely to ensure that the learning from these reviews are integrated into practice. This remains an area of development and focus for the SSCP. We are specifically concerned regarding the levels of assurance that the learning from LCSPRs and Rapid Reviews results in improved practice. There is a range of briefing activity across the SSCP including 7 Minute Briefings, termly briefings on emerging themes, practice issues and system-wide developments in multi-agency safeguarding, lunch and learn sessions, and preparation of a range of briefing summaries. The challenge is that we are not clear about how these are being used by practitioners and managers to share the learning and improve practice. This remains a question that Learning From Practice and the Case Review Sub-Groups are exploring. We know that there needs to be a closer link between the learning from Rapid Reviews and Local Child Safeguarding Practice Reviews.

# Section 4: How We Have Listened to Children and Families

The SSCP's approach to listening to and responding to the voice of children and families is to primarily seek assurance from key agencies and to hold those agencies to account regarding the extent to which the voice of children and families is influential in shaping the services they provide.

The SSCP uses a number of mechanisms to reflect the voice and views of children and families, in developing our safeguarding arrangements. this includes:

- Rapid Reviews.
- Local Child Safeguarding Practice Reviews
- Multi-agency audits
- Direct feedback from children and families
- Working with the User Voice and Participation Team
- The Child Death Review Team also works closely with parents and families where there has been the sudden and unexpected death of a child. This work includes supporting families' engagement in Local Child Safeguarding Practice Reviews.

The SSCP oversees this activity through the work of the Engagement and Communications Sub-Group. During 2021-2022, the focus of this Sub-Group has been to seek assurance from all agencies across the Partnership regarding the ways in which they listen to children and young people and how they respond to their views and voice in commissioning and delivering services. Agencies attending the Sub-Group, present the ways in which their organisation or service has responded to children and young people.

## **BIG Survey 2021**

The BIG survey is sent to all looked after children and care leavers annually. In the 2021 Big Survey, 50% of looked after children said they see or speak to their social worker once every 6 weeks, while 34% see their worker once a month or more. Young people told us this was a good amount. Contact tends to be face-to-face, but children report communicating with their worker over the phone (27%) and video call (23%), and secondary aged children via text (34%) and WhatsApp (11%).

## **Feedback from looked after children**

The Big Survey 2021 asked secondary aged children if they knew who to speak to or where to go about their interests in careers and jobs. 85% of young people reported they did, while 15% did not know. The survey also asked if they felt they had enough information on education and career opportunities: 87% of young people either completely or partly agreed, while 13% did not feel they had enough information.

## **Feedback from Care Leavers**

64% of care leavers felt completely able to manage their money and 32% felt partly able, giving a combined total of 96%. It is encouraging that only 4% do not feel confident in managing their finances. In 2020 the total number was 70% so this shows good improvement.

16% of care leavers did not know what bills they need to pay and a further 11% knew about only some bills. Although this is lower than 2020 there is still some work to do.

Care leavers were asked what made them happy, lots of examples were given which is positive and the most common themes were: “living, being happy, friends, family, working”. We also asked what caused them stress or anxiety and the most common responses were: “living, work, job, COVID, housing”. This shows us that more work needs to be done in supporting care leavers with their emotional wellbeing and mental health, housing and employment.

### Three themes from young people

In seeking the voice of CYP, young people have identified the following issues:

1. Mental health support is important to all groups. They tell us they would like more support in improving their resilience rather than waiting to go into crisis to get support.
2. Young people tell us that they would like their workers to get to know them and acknowledge everyone is different. ‘Take the time to get to know us and spend quality time with us’
3. Young people want workers to be aware of what support is available for them. Be informed.

CYP have also identified the following, **Three must dos for professionals**

1. **Relationships:** *“If we want to, help us to keep in contact and maintain good relationships with our family and friends.”*
2. **Documentation:** *“Ensure our files and important documents such as ID and EHCP’s are kept up to date and are accessible.”*
3. **Quality Time:** *“Spend quality time with us!”*

In responding to children and young peoples’ expressed concerns, the SSCP has prioritised child and adolescent mental health, holding services to account for how they collectively respond in terms of the commissioning and delivery of services to children with poor mental health and in emotional distress. The SSCP has also prioritised and emphasised the importance of relationship-based practice, in adopting the Time For Kids Principles as part of our published arrangements. Throughout 2022-2024, we will review and improve our mechanisms for hearing and responding to the voice of children and families and where appropriate inviting them to be partners in the co-production of policies and approaches to multi-agency safeguarding.

## Conclusions and Next Steps

This report demonstrates that the SSCP is functioning as a local child safeguarding partnership. the governance arrangements are working.

Like many local Safeguarding Children Partnerships, a significant challenge for key agencies includes recruitment and retention. This issue is particularly acute in Children's Social Care, Community Health Visiting and School Nursing and in the recruitment and retention of Child and Adolescent Mental Health practitioners. This is now a subject of discussion at Executive Meetings, and the safeguarding partners are working closely with each other to address this area as a matter of priority.

Throughout 2021-2022 the SSCP has worked carefully to strengthen our relationship with the Surrey Safeguarding Adult Board. The Independent Chairs and Partnership Managers of the SSCP and the SSAB meet on a quarterly basis to discuss issues of cross-cutting concern including retention and recruitment, transitional safeguarding, the needs of young carers, Domestic Homicide Reviews and Safeguarding Adult Reviews. Mental Health and Suicide Prevention has been a focus for both the SSCP and the SSAB and the Independent Chairs have made joint representation to the Health and Well-Being Board to highlight the need for an urgent response to the growing crisis in mental health.

What this report shows is that the governance arrangements are in place and are working in the sense that they enable the Safeguarding Partners to ensure that children are safeguarded, and their welfare is promoted. The local arrangements also enable the SSCP and partner agencies to collaborate and co-own the vision of how to achieve improved outcomes for children. The SSCP is able to identify and analyse new safeguarding issues and emerging threats.

However, this report also clearly demonstrate that there is more work needed to ensure that the SSCP is able to ensure that learning is promoted and embedded in such away that local services for children and families are able to implement the required changes to ensure improved practice, which results in improved outcomes for children. The effective sharing of information across agencies to facilitate timely and more accurate decision making in the interests of children and families is not consistent and needs to be improved.

A significant gap in the work of the work of the partnership relates to the function of scrutiny, this includes the development and delivery of a plan for independent scrutiny of the SSCP's published arrangements. This aspect of the SSCP's functioning is under-developed and will need urgent attention in the next period

This report also highlights the need for the SSCP to be able to evidence clearly its role providing strategic leadership and in driving improvement in the quality of frontline practice. At present the quality of practice remains variable. Many of the areas for improvement are clearly understood and identified, however, there is a need to translate this knowledge and awareness into improved practice and improved outcomes for children.

The SSCP recognises the critical role of Schools and Education providers in safeguarding children and promoting their welfare. We know that when there is an effective working relationship between Education and Children's Social Care outcomes for children and families are improved; information is shared effectively, the use of Early Help Assessments informs requests for support and evidences the nature and level of concerns regarding safeguarding; escalation processes are used to build child-centred solution and resolve inter-agency disputes; there is good quality of engagement, interaction

and responsiveness between Schools and frontline practitioners and Managers; vulnerable children are identified, their needs are understood and assessed and key agencies who are involved in the child's life work well together to ensure that the child is safeguarded and that their well-being is promoted. The report on Legacy Cases demonstrates that the need for effective working with Education and is urgent.

### Concluding comments from the Statutory Partners

The Statutory Partners for Surrey are satisfied that whilst recognising there are still improvements to be made, the Partnership continues to be effective overall in its work to support agencies to safeguard children and young people. The Partnership will however over the coming year monitor progress in the following areas:

- The development of system-wide consistency and less variability in the quality of multi-agency practice
- A focus on the quality and effectiveness of multi-agency involvement in child protection processes. Information from Local Child Safeguarding Practice Reviews and Rapid Reviews is that all agencies do not always participate in these processes From a SSCP perspective.

This activity will ensure that the Partnership will further strengthen its ability to support agencies in keeping children and young people safe in the future.

# SSCP Priorities for 2022-2023

## Child and Adolescent Mental Health and Emotional Well-being

Children's emotional well-being and mental health are the number one priority of the SSCP. In 2021-2022, there were 6 suicides of children under 18 years old. The incidents of self-harm and eating disorders are also increasing at an alarming rate. We want the Partnership work to secure support for children and young people's mental health and well-being.

The SSCP remains concerned regarding the re-commissioning and delivery of the new CAMHs contract and the emotional health and well-being of children and young people in Surrey more generally. The SSCP will have a keen interest in ensuring that this contract works for Surrey's children. The SSCP will:

1. Work with commissioners and providers to ensure that processes are in place to monitor the effectiveness of the delivery of the contract
2. We will ask commissioners and providers to offer evidence from parents, children and partners, that the CAMHs offer is working and that children receive the help they need when they need it.
3. We will seek to develop and embed a Child and Adolescent Mental Health Strategy that demonstrates that child and adolescent mental health and well-being is everybody's business.
4. We will develop and approve a self-harm protocol and will seek evidence that this protocol is working to improve practice and support to children and families where self-harm is a factor.

## Neglect: improving the quality and timeliness of our practice in relation to neglect

Neglect remains one of the most prevalent forms of harm experienced by children in Surrey. Neglect is an urgent safeguarding issue which requires an urgent, skilled safeguarding response. We want to ensure that practitioners in all agencies are supported with the skills, awareness and tools to effectively intervene in cases where neglect is a factor. The outcome we want to achieve is that children identified as living in neglectful situations are identified and supported in a timely way so that their experience of care is improved, and impact of neglect is addressed:

- We want to see consistency in the effectiveness and impact of interventions for children living in neglectful situations.
- We want to see the use of the Graded Care Profile Two tool embedded across our safeguarding system across all teams and all relevant organisations.

## Early Help and Thresholds: We want to ensure that thresholds are clearly understood, and consistently applied, with effective multi-agency working and clear pathways for support.

A great deal of work has been done in relation to early help in Surrey, including improving our understanding and application of thresholds and there is some evidence of improvement. However, there is still more work to be done. We want to ensure that

1. There is a shared understanding of thresholds with clear evidence of effective partnership working across all agencies
2. Levels of need and pathways of support are clearly understood and consistently applied across the system. There is evidence from practice (including audit) children and families and partners that this is working to keep children safe and promote their well-being
3. Threshold decision making is truly multi-agency with the voice of all partners being heard
4. Threshold decision making is transparent and consistent
5. The escalation process is effective in keeping children safe and resolving professional disagreements, within appropriate timescales and there is strong evidence to support this
6. Schools are recognised and valued as a key partner in multi-agency safeguarding.

# The SSCP Budget 2022-2023

<b>SSSCP Budget 2022-23</b>	
<b>Staffing</b>	404,500
<b>Non-Staffing:</b>	
Independent Chair/Scrutineer	40,000
Training (Staff Development)	5,000
Venues	1,500
Miscellaneous	2,500
Subscriptions	1,500
ICT Development and Phones	5,000
Phew Internet	16,000
Independent Case Reviews	42,000
Innovation Budget	4,329
Staff Travel	4,400
<b>Total 2021-22 Budget</b>	<b>526,729</b>
<b>Funded by:</b>	
Partners' contributions	526,729
<b>Total Contributions</b>	<b>-526,729</b>

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# Surrey Safeguarding Children Partnership (SSCP)

## Annual Report 2021/22

### Comment of the Independent Chair & Scrutineer – Simon Hart

#### 1. Background

The arrangements to create a (local) Safeguarding Children Partnership are set out in Statutory Guidance, Working Together 2018, and Chapter 3 and include the requirement for Statutory Partners to provide an annual report based on the effectiveness of safeguarding activity in the locality. The guidance requires Safeguarding Partners to agree arrangements for independent scrutiny of the report, and in Surrey this duty is currently placed with the Independent Chair and Scrutineer.

This short report therefore represents my view of the SSCP Partners Annual Report covering the period 2021/22. Given the reporting timetable to the Health and Wellbeing Board, I have taken the opportunity to make a small number of further comments based on the continued progress of the Partnership's work.

Members of the Health and Wellbeing Board will be aware that last year I felt it necessary to comment in some detail due to the first Annual Report of the Partnership being focused on the establishment of governance arrangements and particular priorities such as the recovery of case review activity. However it is clear that for the period 2021/22 the Annual Report offers a much stronger commentary on activity which has impacted on practice and the experience of young people and their families. It is especially reassuring that the Annual Report is balanced and explicit about progress being made, challenges which remain and how they will be addressed.

This allows a somewhat more succinct scrutiny comment.

#### 2. SSCP Arrangements and Governance

Nevertheless, Safeguarding Partnerships across the country remain relatively new and are maturing, in which case the embedding and stability of sound governance arrangements remains important. It is also necessary that the positioning of safeguarding partnerships within wider local strategic partnering arrangements is well understood, linked with other strategic Boards and included in the consideration of the emerging Integrated Care System.

In Surrey the role, function and purpose of the Partnership is clear and strategic priorities are set out in the published 'Arrangements' document and Annual Report. The Partnership's strategic priorities are aligned to a particular work stream and assigned to a formal Sub- Group, chaired at senior level and accountable to the Executive.

Priorities are regularly monitored through a Business Group and are broadly on track with any delay being accountable and well managed. The senior leadership arrangements help ensure that drift does not occur.

Inevitably over time there has been some change in membership across all elements of the SSCP Governance structure. However changes have been well managed and partners have maintained a commitment to provide representation able to sustain continuity and experience in safeguarding.

The Partnership has maintained a healthy discipline in its focus on agreed priorities but has also been sufficiently adaptable to give time and attention to new challenges as they have arisen.

It is particularly noteworthy that over the course of the last year, the Forums which cover the safeguarding interests of extensive partnership networks have developed and matured well. These groups include:

- District and Borough Councils' Safeguarding Forum
- Health Safeguarding Forum
- Schools and Education Safeguarding Forum
- Third Sector Safeguarding Network

They have become an important means of enabling those networks to be influential in the development of, and challenge to, safeguarding strategy and practice in Surrey. This was always an important aspiration when the partnership was first established in 2019 and is now being realised.

Within the annual review of Governance the partnership continues to ensure that work streams are closely aligned to strategic priorities. A welcome development this year has been the creation of the Emerging Issues Group which is to ensure that the partnership is sighted and able to respond strategically to risks and issues emerging across the safeguarding network, to review policy, strategy and protocols. The Group will focus over the coming year on the Partnerships response to the Independent Review of Children's Social Care.

However I would also like to recognise the benefit of the regular meeting of District & Borough Lead Members and Officers for Children's Services, which meets regularly to both share information and focus upon local safeguarding activity within District and Borough Councils throughout Surrey. This meeting is led by the statutory Lead Member for Children's Services and has illustrated significant innovation and commitment to safeguarding at a local level.

The Partnership continues to consider ways in which safeguarding can develop as a consistent theme throughout wider governance arrangements in Surrey and currently there is an appropriate focus on the role and function of the Integrated Care Board (ICB). In this regard regular programmed liaison is taking place involving the Independent Chairs of both safeguarding children and vulnerable adults

partnerships, along with the Independent Chair of ICB and also the chair of the Emotional Wellbeing and Mental Health Improvement Board. To this end the SSCP has continued to support the Mindworks Reference Group which has a particular purpose to ensure that significant medium term planning, intended to transform mental health services, remains grounded in current practice .

The partnership also continues to develop increasingly effective communications through use of a developing website, regular bulletins and briefing sessions and has also delivered its first major safeguarding conference –all of which is intended to enable stronger understanding of the Partnerships contribution to safeguarding and how it may be accessed and used.

Importantly I have continued to have good access to Executive Leadership and also Political support through the Leader and Lead Member of Surrey County Council. This has been especially beneficial in raising the profile of safeguarding risk in relation to emotional wellbeing and mental health and indeed the strategic challenges faced by all partners in relation to recruitment and retention. It has also been helpful to develop my understanding of the financial pressures under which public services currently operate and the potential impact upon safeguarding.

Overall the arrangements and governance of the partnership are well managed and developing appropriately.

### **3. Evidence of impact, strategic priorities and outcomes for children and families**

In this section of the report I was pleased to see the level of candour setting out both progress and very clearly those areas of activity that require more attention. I agree with the conclusions reached by the statutory partners in the report.

The report also illustrates the findings of external inspections and reviews which is a significant development in the partners forming a view about the collective impact of safeguarding arrangements and how they may collaborate to inform more corporate approaches to improvement and safeguarding.

It is unfortunate that this paid insufficient attention to Children's Homes

However the report offers a balanced view of progress alongside areas for improvement in relation to, Early Help, Resilience, and Neglect. The report also rightly highlights the lack of consistency within the child protection process and uses the findings of local case review activity as a driver for change and improvement.

Without repeating the narrative of the Annual Report, it clearly confirms those areas of work that are currently underway, comments on achievement and pace of change and sets out clear signals of those areas of activity where more work is required.

Subsequent to this reporting period the SSCP has considered the findings of the Government's Independent Review of Children's Social Care, and partners have agreed an approach to developing multi-agency teams concerned with Family Help and this may well represent a timely opportunity to strengthen collaboration at both practice and strategic levels. It will be important to monitor the commitment to this work and its potential impact.

In relation to engagement with young people and their families the partners are clear that this is best achieved through services that are developed to be inclusive and engaging. The Annual Report shows good evidence of this approach alongside evidence achieved through the formal safeguarding audit processes. However partners also recognise that there are circumstances where direct contact through the Partnership is beneficial and have been thoughtful in using such approaches.

#### **4. Recruitment & Retention and Workforce Development**

The Annual Report recognises continuing pressure in relation to recruitment and retention which is prevalent throughout the Partnership and seen as a significant potential risk to safeguarding. In recognising the problem the statutory partners have agreed to collaborate in an analysis of the problem and this work is currently sponsored by the Chief Executive of the County Council. It will continue to feature in the scrutiny of SSCP and indeed is a key theme in the Childrens Social Care Transformation and Assurance Board.

In relation to training and workforce development this Annual Report relies heavily on the narrative of the Surrey Children's Workforce Academy. The commentary is largely positive and it is reassuring to see that partners appear generally satisfied with the training offer and the quality of delivery. In particular the multi-agency safeguarding training offer is appreciated and is seen as a helpful supplement to single agency practice development.

However over the past 3 years the SSCP has seen little evidence of the impact of safeguarding training by means formal evaluation and this remains a concern to the Executive and Partners.

However following revisions to the Academy management arrangements including the appointment of a new Academy manager steps are being taken to formally recognise the need to bolster the identification of training needs analysis, alongside arrangements for commissioning and delivery.

## **5. Resourcing the Partnership**

The Annual Report clearly sets out the financial resource base for the Partnership, which despite financial pressures within funding agencies has been maintained.

However alongside this financial commitment there remains a significant commitment from Partners to ensure that the Governance arrangements are given the time and support they need to work well. To that end agencies such as Health, Surrey Police and Surrey County Council have additionally funded particular pieces of work but all Partners have also ensured strong and consistent support and attendance for all formal meetings and work streams. This has continued to enable a far stronger 'ownership' of safeguarding responsibility at a partnership level.

## **6. Conclusion**

The Annual Report gives a detailed and balanced account of the Partnerships activity of the period 2021/22 alongside a positive message of consolidation. The 'Arrangements' are well led by the Strategic Partners and supported by other Partners who are becoming more influential in sharing responsibility for safeguarding and driving change.

The Partnership Team is maturing and despite recent changes in personnel, provides good support to partnership activity and increasing challenge, albeit increased engagement in scrutiny activity is needed.

Particular strengths emerging during 2021/22 include:

- The continued commitment to support and engage with children, young people and their families
- Governance arrangements that have been sustained in difficult circumstances and which are largely effective and extending partnership influence
- Consolidation of case review activity and increased focus on impact of learning
- The sustained drive on improvement with particular reference to Emotional Wellbeing & Mental Health and offer to Gypsy, Roma & Travelling Communities with increased emphasis on corporate responsibility
- A renewed focus on Family Help

Immediate challenges to safeguarding young people in Surrey include;

- Managing the gap between levels of need and capacity
- Mitigating the impact of the difficult recruitment and retention landscape
- Maintaining momentum in the improvement of Emotional Wellbeing and Mental Health Services for young people

- Improving consistency in multi-agency practice at a pace that is swift but sustainable

Finally, I would like to take the opportunity to acknowledge the contributions of all frontline practitioners and their managers in supporting families across the entire safeguarding network in Surrey. Working in the realms of vulnerability and child protection remains highly unpredictable and challenging, with practitioners sometimes having to function in quite isolated situations. As reported last year practitioners coped admirably with the consequences of COVID-19 and are currently preparing for different challenges associated with an emerging cost of living concern. This merely serves to emphasise their commitment and resilience for which we are deeply grateful.

I look forward to being able to report on continued progress over the coming year.

## Health and Wellbeing Board (HWB) Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	National Hospital Discharge Funding
<b>HWBS Priority - 1, 2 and/or 3:</b>	<ul style="list-style-type: none"> <li>• Priority 1 Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being</li> <li>• Priority 2 Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being</li> <li>• Priority 3 Supporting people to reach their potential by addressing the wider determinants of health</li> </ul>
<b>Outcomes/System Capabilities:</b>	Linked to all outcomes
<b>Priority populations:</b>	Surrey-wide and all priority populations
<b>Principles for Working with Communities (delete as appropriate):</b>	<ul style="list-style-type: none"> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> </ul>
<b>Interventions for reducing health inequalities (delete as appropriate):</b>	<ul style="list-style-type: none"> <li>• Civic (and System) Level interventions</li> <li>• Service Based interventions</li> </ul>
<b>Author(s):</b>	Lucy Clements – <a href="mailto:lucy.clements4@nhs.net">lucy.clements4@nhs.net</a> Health Integration Policy Lead, Surrey County Council and Surrey Heartlands ICS
<b>Board Sponsor(s):</b>	Liz Bruce – Joint Executive Director for Integrated Commissioning and Adult Social Care, Surrey County Council and Surrey Heartlands ICS
<b>HWB meeting date:</b>	21 December 2022
<b>Related HWB papers:</b>	N/A
<b>Annexes/Appendices:</b>	N/A

10

### 2. Executive summary

In the Autumn Statement, £500m was announced as an Adult Social Care discharge fund. The fund is distributed to areas via the ICB (60%) and Local Authorities (40%). The fund will be pooled into the Better Care Fund and agreed between the Integrated Care Board (ICB) and Health and Wellbeing Board (HWB) on what it needs to be spent on.

Guidance states the fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings.

A submission is required by 16 December detailing what Surrey plans to spend the money on. Based upon this successful submission and associated activity reporting from 30 December, the funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023.

Through discussion between the Chair and CEO of Surrey Heartlands ICB and the Chair and CEO of Surrey County Council and representative Executive members, it has been agreed the first priority of funding is for Discharge to Assess (D2A) in Surrey Heartlands (SH) and Frimley. The exact values required for this are subject to confirmation, but in the region of £6.3m.

The remaining value of the fund, c£2m will be spent on the following three targeted cohorts subject to business cases and a cost benefit analysis going to ICS Executives at a later stage.

- Supporting discharge for people with complex needs in Mental Health in-patient settings.
- Supporting self-funders to source ongoing care arrangements (but not fund the cost of ongoing care packages).
- Pathway 3 placements outside of D2A.

If SH or Frimley start to develop a financial gap on D2A during this financial year we will need to review our use of the c£2m on these remaining 3 schemes.

### **3. Recommendations**

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The Health and Wellbeing Board is asked to approve the following:

1. D2A will be the priority scheme funded from this grant c£6.5m
2. Any remaining monies once D2A has been funded, c£2m, will 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. If Surrey Heartlands or Frimley develop a funding gap on D2A as the year progresses, we will review the use of this £2m and potentially re-prioritise.

#### 4. Reason for Recommendations

The schemes identified for funding within Surrey prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days, in line with the national grant conditions.

The proposals support both the Discharge to Assess model which we know positively impacts on the flow of patients out of acute Trusts, as well as supporting some of our Surrey-specific challenges such as self-funders and mental health patients.

#### 5. Detail

Please note, the following financial values are still indicative and subject to amendment based upon final evaluations.

Proposed use of Surrey’s National Hospital Discharge Fund:

Surrey Heartlands ICB		Frimley ICB		Surrey County Council	Total funding to be spent in Surrey
Total funding allocation	Of which agreed to be spent in Surrey	Total funding allocation	Of which agreed to be spent in Surrey	Total funding allocation	

<b>Grant allocations</b>	£5,036,462	£5,036,462	£887,009	£187,624	£3,328,864	<b>£8,552,950</b>
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Schemes						
Mental Health		£250,000			£250,000	
Support for self-funders		£66,667			£66,667	
Surrey Heartlands Discharge to Assess model		£4,719,795		£1,408,425	£6,128,220	
CHC/Fast track discharges		£0			£0	
ASC pathway 3 discharges outside of D2A				£1,920,439	£1,920,439	
Frimley Discharge to Assess costs				£187,624	£187,624	
<b>Total planned schemes</b>		<b>£5,036,462</b>		<b>£187,624</b>	<b>£3,328,864</b>	<b>£8,552,950</b>

#### 1. Funding Discharge to Assess (D2A) in Surrey Heartlands (SH) and Frimley .

- D2A is a package of care which supports patients to be discharge from hospital to place of residence where an assessment on their ongoing care needs takes place (instead of assessment taking place in hospital).
- During Covid, all patients – regardless of funding position – were provided D2A for 6 weeks.
- Surrey’s D2A model is that patients eligible for LA funding are provided D2A support for 4 weeks post discharge.
- We propose to spend c£6.3m of the fund on delivering the D2A model across Surrey County Council, Surrey Heartlands and Frimley.

- Currently SH is positioned 21/42 ICS' based on the Criteria to Reside performance metric; we would want to improve on this position utilising this additional funding.

Once Surrey Heartlands and Frimley D2A model is funded, the remaining value of the fund, c£2m will be spent on the following three targeted cohorts subject to business cases and a cost benefit analysis going to ICS Executives at a later stage.

## 2. **Supporting discharge for people with complex needs in Mental Health (MH) in-patient settings.**

- We plan to spend c£250k on supporting the discharge of patients from Mental Health inpatient settings which in turn will enable flow of MH patients out of ED departments and into acute MH beds.
- The funding will be targeted towards specific cohorts of patients with clear criteria attached and include funding of reablement services and additional home based care capacity.

## 3. **Supporting self-funders to source ongoing care arrangements** (but not fund the cost of ongoing care packages)

- Approximately 40% of patients in acute settings meet the eligibility criteria to fund their ongoing care (those eligible for ASC funding is 30%) therefore often require additional support to facilitate their discharge.
- We plan to spend c£66k on family liaison workers to support the patient and their family to navigate an unfamiliar provider market, at a time where they feel particularly vulnerable, and understand the quickest route to identifying a suitable place of residence.

## 4. **Pathway 3 placements outside of D2A**

- Pathway 3 patients are those with complex and multiple needs e.g. those with dementia, delirium.
- We plan to spend c£1.9m on incentivising the provider market to accept these complex patients – including complex mental health patients – for a 2 week period to enable greater level of assessment.
- There is capacity within the provider market to enable this to be implemented immediately, and it is estimated this would free up an additional ~50 beds. We will carry out further work on releasing these beds and over what duration.
- Across Surrey there is discrepancy in the number of step-down or reablement beds provided. In North West Surrey, we provide 60 beds which, based on our assessment, is sufficient capacity. However, in East Surrey we provide 28 beds; a different of 32. This funding will enable the gap to be closed with the obvious source of capacity being within the Care Home sector.
- Whilst we recognise and value the importance of enabling discharge from the acute, we will also continue our work supporting discharge avoidance, such as virtual wards and the development of Neighbourhood teams. We welcome this aspect of prevention and system transformation to be looked at as part of the Hewitt review and devolved to local decision making.

- It is important we look at performance measures which incorporate how and what we measure for all types of funded patients who are ready to be discharged from hospitals, and that this data is validated.

## **6. Challenges**

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Once the initial submission is made on 16 December, fortnightly activity returns are required from 30 December. The data templates have still not been released and it will be challenging to ensure we meet these data requirement within the timeframe.

## **7. Timescale and delivery plan**

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The submission has to be made to NHSE by 16 December then fortnightly data returns from 30 December.

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

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- Surrey Heartlands ICB
- Frimley ICB
- Surrey Health and Wellbeing Board

## **9. Next steps**

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- Submit the template on 16 December detailing our planned spend of the money.
- Complete data returns (template not yet available) from 30 December fortnightly.

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## Update to Surrey Health and Wellbeing Board from Surrey Heartlands Integrated Care System - 21 December 2022

### Surrey Heartlands Integrated Care Partnership

#### Agenda items and summary from the latest meeting (November 2022)

- **Integrated Care Strategy** was presented to the Health and Wellbeing Board and then to the Integrated Care Partnership. Members of the ICP provided the following feedback about the strategy:
  - Make sure the strategy's language is accessible and meaningful to our residents.
  - Throughout the strategy, there needs to be a clear partnership approach
  - Ensure that co-production, community involvement, and bottom-up approaches are incorporated into all aspects of the strategy.
  - Discussion of some of the metrics we're using.
- **Fuller Stocktake Implementation:** In a verbal update, Prमित Patel explained One System, One plan, which outlines how Surrey Heartlands will implement the Fuller Stocktake as well as the place-based partnerships.

#### Forward plan items (December 2022)

The December Formal-Public meeting will discuss the following topics in more depth:

- **Integrated Care Strategy** - having considered comments, final sign off.
- **Local Partnership Fora (Towns)** - This item returns to the Integrated Care Partnership with a further developed approach of using towns as the basis for partnership delivery, rather than district or borough geography.

### Surrey Heartlands Integrated Care Board

The Board met on 2 November in public. The focus was on integrated care.

- The patient story for this month highlighted difficulties with care co-ordination for people with several health conditions and showed how the Guildford and Waverley anticipatory care hub had been able to assist patient K.
- This led into a comprehensive overview of the Fuller Stocktake presented by Dr Prमित Patel. A video of this presentation is available at <https://www.youtube.com/watch?v=cN4xjLlaf34>.
- There was a deep dive presentation from NW Surrey which highlighted the difficult context, specifically the impact of economic conditions, but also the positive way NW Surrey was responding by building community capacity and transforming services with partners.

- An update was also given on Cancer Alliance governance and structures, and how performance was being maintained despite a number of pressures.

The next meeting is on 11 January at which the Integrated Care Strategy will be formally received.

## Update to Surrey Health and Wellbeing Board from Frimley Integrated Care System - 21 December 2022

### NHS Frimley Integrated Care Board and Frimley Integrated Care Partnership Update

NHS Frimley Integrated Care Board (ICB) has met monthly since its establishment in July 2022. The ICB has established a programme of development and has held a series of Board development sessions focused on developing its ways of working together and ensuring we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.

The ICB has also met in formal public meetings and seminar sessions over the past four months. Key items discussed include (but not exhaustive):

- Population health insights and inequalities
- Living well – strategic ambition update
- Child and young people strategy review
- Urgent and emergency care strategy
- Equality, diversity and inclusion strategy
- Workforce review
- Frimley Health and Care Integrated Care System (ICS) updates

The Frimley Integrated Care Partnership (ICP) met as an Assembly in September 2022. This inaugural meeting of our Frimley ICP Assembly saw over 45 partners come together in a development session focused on the partnerships and work we will do together to create healthier communities. The ICP also met in November 2022 to focus on our Frimley ICS strategy refresh. This was a highly interactive event where we engaged over 50 system partners on our strategy refresh and the priorities for our six strategic priorities. We are now undertaking further engagement work on our strategy refresh ahead of submission in December and we have set out next steps between now and March next year for wider engagement and formal sign off on our strategy by the ICP. See below:



Links to the slides and information from the day here: [Frimley Strategy Refresh 2022 \(frimleyhealthandcare.org.uk\)](https://frimleyhealthandcare.org.uk)

Working across ICS boundaries for the benefit of the Surrey population

We continue to work together with our partners in Surrey through the Surrey Commissioning Memorandum of Understanding which enables us to work more seamlessly with partners organisations in the Surrey geography to meet local need.