

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 15 March 2023 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its next meeting.

Board Members:

(Present = *)

(Remote Attendance = r)

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

Substitute Members:

- * Cate Newnes-Smith - Chief Executive Officer, Surrey Youth Focus
- * Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley Integrated Care Board
- * Gemma Morris - Detective Superintendent, Surrey Police

The Chairman welcomed a new Board member:

- Dr Pramit Patel - East Surrey Place representative / Primary Care Clinical Leader, Surrey Heartlands ICS.

The Chairman thanked a departing Board member:

- Gavin Stephens, the outgoing Chief Constable of Surrey Police, for his significant contribution over the last few years to the Board, who led on the merger with the Community Safety Board and the work on data integration; the new Chief Constable, Tim De Meyer, would be in post in early April.

1/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Borough Councillor Hannah Dalton, Sue Murphy - Cate Newnes-Smith substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Gavin Stephens - Gemma Morris substituted, Liz Bruce, Carl Hall, Jason Halliwell, Professor Deborah Dunn-Walters, Steve Flanagan, Professor Claire Fuller, Jo Cogswell (remote), Liz Williams (remote), Kate Barker (remote), Jason Gaskell (remote), Siobhan Kennedy (remote).

2/23 MINUTES OF PREVIOUS MEETING: 21 DECEMBER 2022 [Item 2]

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

3/23 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

5/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Karen Brimacombe - Chief Executive, Mole Valley District Council (Priority 1 Sponsor)

Ruth Hutchinson - Director of Public Health, Surrey County Council

Professor Helen Rostill - Deputy Chief Executive Officer, Surrey and Borders Partnership NHS Foundation Trust / Senior Responsible Owner for Mental Health, Frimley ICS (Priority 2 Co-Sponsor)

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

Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey

Key points raised in the discussion:

Priority 1

1. The Priority 1 Sponsor noted that:
 - The report produced by the Surrey Coalition of Disabled People on the cost-of-living crisis and the true cost for disabled people outlined negative experiences: 97% said that the crisis had impacted them, 45% reported having gone without food, 76% said that they did not turn their heating on, 43% were no longer able to meet the additional costs as a disabled person, 62% were relying on community fridges, warm hubs and food banks, and 35% had borrowed money to help pay their bills. Compared to Surrey County Council's recent survey on the cost-of-living, where around 8% reported that they had not eaten for a day because they did not have enough money and around 13% had gone a day without using energy.
 - The Coalition was asking partners to recognise that disabled people had been disproportionately impacted by the crisis, for the County Council and borough and district councils to bear disabled people in mind when allocating household support funding. The Coalition asked for more communication about where the warm hubs and community fridges were in Surrey and to indicate if the warm hubs were accessible.
2. The Director of Public Health (SCC) noted that:
 - Regarding the 'In the Spotlight: Bridge the Gap outreach service' section, that cohort with multiple disadvantages faced challenges with engaging with services, yet that population was known to many services but helped by few. Outcomes showed that the service was a prevention programme helping to reduce health inequalities for those vulnerable populations and saved money for the system. The Alliance sought support beyond March 2024.
3. A Board member noted that upon hearing the insights from the disabled people, it would be helpful to have a standardised offer particularly in Surrey's libraries, but in every borough and district in Surrey around community fridges and warm hubs. Greater visibility and awareness of knowing where to go for support was essential and needed to be developed. She asked whether there was support and funding beneath the 'Bridge the Gap' layer with 60 vulnerable people, for the large cohort that did not qualify for that level of intervention.
 - The Director of Public Health (SCC) reiterated that 'Bridge the Gap' was part of the Changing Futures programme which was aligned to Surrey Adults Matter (SAM) that worked closely with a larger cohort of people and both programmes were complementary. There were more residents that needed intensive support compared to the resources available, that was part of the evaluation of how to be more efficient as a system going forward.
 - The Priority 1 Sponsor noted that between the County Council and the borough and district councils, there was a good coverage of warm hubs and community fridges. She noted that the problem was that vulnerable cohorts were not being targeted for that support offer and she would follow up with the communications officers across the councils to liaise with each other to discuss the need for targeted communications and indicating accessibility.
 - The Vice-Chairman requested that the councils' communications officers link up with the NHS communications officers.
4. A Board member noted that she had previously visited the inspiring team at 'Bridge the Gap' and people benefiting from that intense support provided and

those around them. She highlighted that focusing on the outreach support to homeless people and their mental health, was a benefit of that service.

5. A Board member welcomed the 'data, insights and challenges' column in the Highlight Report drawing insights from a range of organisations, however after each of those sections she noted that the reporting was inconsistent as to whether there was any action plan attached; some had an action plan and a contact name and others did not. How to take insights forward within the system was crucial, and she asked whether there could be consistency on how insights were taken forward, with a link to the action plan; also indicating that there was not an action plan was useful so the Board could follow those insights up.

Priority 2

6. The Priority 2 Co-Sponsor noted that:
 - The Mental Health: Prevention Oversight and Delivery Board's (MHPODB) work plan was agreed in January and sought to drive forward the programmes in the four areas, identifying and addressing gaps in primary prevention or under resourced areas, looking at existing programmes and thinking about measuring impact within the system. The evidence and good practice gathered would be reported at June's Board meeting. There also had been close learning with the Mental Health Investment Fund.
 - Regarding outcome one around ensuring that those with or at risk of anxiety, depression or mental health issues get the right help, men's mental health was an important area, it was underreported and three quarters of suicides in the UK were committed by men. Resources available for men had been mapped and a mental health champion had been identified.
 - Regarding outcome two about supporting the emotional health of parents, babies and children, AFloaT was a new service providing support for individuals who had negative mental health experiences related to maternity.
 - Regarding the 'In the Spotlight: Your Life Beyond Care' section, the report was focused on the feedback from 128 Looked After Children and 180 Care Leavers, positives were that Looked After Children felt safe in their placements and trusted their families and social workers, 93% of Care Leavers felt they had been fully involved in the pathway planning of leaving care and that they had access to their leaving care workers. Areas for improvement for those children and young adults concerned friendships as making and maintaining friends was a challenge compared to their peers, especially those placed outside of county.
7. A Board member noted that it was extremely important to hear the voices of children and young adults in Surrey who had care experience and to learn from their feedback. She noted that it was vital to connect what the report was saying with other strategies and work in progress such as the sufficiency strategy around children's placements, responding to what had been identified in the survey and ensuring that there are enough foster carers and children's residential homes in Surrey to meet those children's needs. Returning to Surrey from out of county placements can interrupt friendships, so too in the case of children moving around several placements; young people required a place to stay where they could create stable bonds and connect to their communities.
8. Regarding Looked After Children and Care Leavers a Board member wondered whether all the organisations across the county with placements supporting those young people or that they had moved on from, whether those

children and young people could be connected via an electronic pen pal arrangement so they could have similar social media type conversations as their peers.

- A Board member agreed with the importance of supporting young people to try and maintain their friendships and connections. Social media was a mixed blessing and needed to be carefully managed, she highlighted the emotional wellbeing and mental health challenges for those young people, some of which were driven by social media. She supported that suggestion of enabling young people to maintain their connections through whatever means works best for them.
9. Referring to the mapping exercise of existing mental health and wellbeing support specifically around men, in terms of general mental health and wellbeing support, a Board member asked whether that map was overlaid where the levels of high incidents were occurring so gaps could be identified and interventions deployed such as social prescribing and other partnership collaboration work; to have an insightful understanding of where that work needed to be focused.
- The Priority 2 Co-Sponsor noted that the MHPODB was undertaking that work, looking at the heat map generated through the Joint Strategic Needs Assessment (JSNA), which showed where the areas of highest need were and looking at the work already underway within those areas through the priority neighbourhoods work. That would be collated and gaps identified, reported back to the Board later in the year.
10. A Board member highlighted that mental health issues had a disproportionate impact on the LGBTQ+ community, regarding the mapping exercise he asked for that population to be captured.
- The Priority 2 Co-Sponsor welcomed that comment, noting that all the priority populations would be considered when undertaking that mapping.
11. A Board member highlighted an example in the third sector which was an exciting new project by Home-Start supporting dads' mental health, particularly in the perinatal period, that would be launched in April looking at attachment, bonding and parental mental health, and signposting to services.

Priority 3

12. The Priority 3 Sponsor noted that:
- Regarding outcome four 'people are safe and feel safe', the new Serious Violence Duty required all specified organisations to work together to prevent and reduce serious violence: police, probation, prison service, fire and rescue service, integrated care boards, borough and district councils, the County Council and schools. No lead authority was specified, it was up to all to define the governance structure, Police and Crime Commissioners in September were given notice they would receive funding to support the implementation of the Duty.
13. The Partnership and Community Safety Lead (Surrey OPCC) noted that:
- The two pieces of work to be completed were: a strategic needs assessment and a strategy. Data and evidence were being gathered for the strategic needs assessment to create a picture of what serious violence looks like in Surrey and to identify what the causal factors and wider determinants are that lead people to become offenders or victims of violence. More evidence was needed in some areas particularly around youth violence and place-based violence. Board members and organisations were asked to get in touch if they wanted to be part of the operational group or if they had any data or information useful to that work. The strategy was to be completed by 31 January 2024, however as there

was funding attached to the Duty it was likely that it needed to be completed within the financial year. She was happy to circulate a presentation providing more detail on the Duty.

- The Community Safety Assembly (CSA) was to meet on 17 April and it was looking to agree the partnership agreement which had to be returned to the Home Office, that would set out the governance structure and what the individual roles and responsibilities are around the Duty. Board members were welcome to contact her for more information on the CSA.
14. The Chairman sought clarification on whether that document to be sent to the Home Office should be signed off by the Board.
 - The Partnership and Community Safety Lead (Surrey OPCC) responded that she would come back with several documents over the course of the year, the partnership agreement would be received by the Board to approve after being reviewed by the CSA; followed by the strategic needs assessment and the strategy. She noted that the Home Office was clear that it was down to local determination to design the governance structure, to set out how the requirements of the strategic needs assessment would be met and how the strategy would be set.
 15. Regarding the request around data sharing, the Vice-Chairman noted that the health system had a lot of data some of which was confidential, she did not know what could or could not be shared in relation to creating that strategy of what serious crime looks like in Surrey, she would be happy to put the Partnership and Community Safety Lead (Surrey OPCC) in touch with the correct people in the NHS system for those conversations to be had. Hospitals admitted people daily who had been victims of serious crime and in some cases the police would not be aware of those victims especially in the case of domestic violence.
 - The Partnership and Community Safety Lead (Surrey OPCC) responded that the police was not always aware of those victims as for example exploited people would not necessarily disclose that to them. She was happy to liaise with the relevant contact provided by the Vice-Chairman.
 16. Regarding recommendation three on the sharing of the Health and Wellbeing Strategy engagement slide deck, she noted that the Voluntary, Community and Social Enterprise (VCSE) Alliance was keen to share it with their membership and suggested that could be done via a webinar which they would set up. She sought support from Board members to present the slide deck to the VCSE Alliance.
 - The Priority 3 Sponsor was happy to liaise with the Board member on that.

RESOLVED:

1. Noted progress of the Strategy in the Highlight Report.
2. Utilised the links to the refreshed Health and Well-being Strategy and Highlight Reports to increase awareness through their organisations and elicit support for reducing health inequalities.
3. Ensured 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. Undertook to complete the Health and Wellbeing Board/Strategy Delivery review survey by the deadline of 24 March 2023.
5. Noted the consideration of the Towns as a spatial layer for partnership working to reduce health inequalities by the Surrey Heartlands Integrated Care Partnership.

6. Agreed the proposal by the Health and Wellbeing Strategy's System Capability Lead for Empowered & Thriving Communities (Marie Snelling, Executive Director Customer & Communities, Surrey County Council) that Dr Gillian Orrow (Growing Health Together Director in East Surrey & GP) takes on the role of clinical lead for the Empowered and Thriving Communities system capability.

Actions/further information to be provided:

1. The Priority 1 Sponsor will follow up with the communications officers across the councils - County Council and district and borough councils - and the NHS communications officers to liaise with each other to discuss the need for targeted communications and indicating accessibility of warm hubs and community fridges.
2. The Priority 2 Sponsor will ensure that the evidence and good practice gathered by the MHPODB will be reported at June's Board meeting.
3. The Priority 2 Sponsor and Board member (Rachael Wardell) will follow up the Board member's (Rosemarie Pardington) suggestion of having an electronic pen pal arrangement for Looked After Children and Care Leavers.
4. The Priority 2 Sponsor will report to the Board later in the year around the findings from the mapping exercise of existing mental health and wellbeing support; to include all priority populations including the LGBTQ+ community.
5. Board members and organisations will contact the Partnership and Community Safety Lead (Surrey OPCC) if they want to be part of the operational group or if they had any data or information useful to the work around the Serious Violence Duty, and if they want more detail on the Community Safety Assembly.
6. The Partnership and Community Safety Lead (Surrey OPCC) will circulate a presentation providing more detail on the Duty.
7. The Partnership and Community Safety Lead (Surrey OPCC) will update the Board on several documents over the course of the year including the partnership agreement, the Duty's strategic needs assessment and the strategy.
8. The Vice-Chairman will provide the Partnership and Community Safety Lead (Surrey OPCC) will the relevant contact concerning data sharing regarding the Duty.
9. The Priority 3 Sponsor will liaise with the Board member (Rosemarie Pardington) on resolution three on the sharing of the Health and Wellbeing Strategy engagement slide deck, presenting the slide deck to the VCSE Alliance.
10. The three Priority Sponsors will follow up the ask by the Board member (Kate Scribbins) around including in the 'data, insights and challenges' column in the Highlight Report whether there was or was not an action plan and including a link to that if available and the relevant contact name, ensuring consistency.

6/23 HEALTH AND WELL-BEING STRATEGY INDEX [Item 6]

Witnesses:

Uma Datta - Assistant Director - Data and Insights, Surrey County Council
Richard Carpenter - Data Scientist, Surrey County Council

Key points raised in the discussion:

1. The Assistant Director - Data and Insights (SCC) noted that:

- Since the September Board, the indicators had been reviewed and some merged if similar. The focus had been on where there was good data that could be monitored and refreshed regularly, mapped to the three priorities and priority populations. The Strategy Index was constructed similarly to the Surrey Index, whereby the indicators were mapped to a priority, giving a priority level score and the three priority level scores added up to a Surrey level score, which could be monitored over time. Feedback was welcomed on the ease of navigating the Strategy Index and on how it was constructed.
2. The Data Scientist (SCC) provided a demonstration of the draft Strategy Index:
 - From the long list of indicators, a draft Index at the borough or district level had been created using the easily available indicators. The draft Index was organised into the three priorities in the Strategy, within each priority there were different outcomes and indicators, each indicator had a percentage value, a score - 0 to 100 and had a traffic light colour system - and a rank - 0 to 11. The values for all the indicators within an outcome were added up, giving an outcome score and rank. The outcomes within a Priority were added up and gave an overall score and rank for that Priority.
 3. The Chairman noted that as the draft Index website was publicly available, he asked what for example the Active Adults indicator showed to a resident.
 - The Data Scientist (SCC) explained that due to the space restrictions, the full description of indicators was not included on the titles, hovering over the coloured circles provided the information on the indicators for example Active Adults: the percentage of adults doing more than 150 minutes of physical activity a week; assigned a value, score and rank. The draft Index was built by taking all the indicators and the best and worst case scenario for each indicator was looked at, bad scores were closer to 0 and good scores closer to 100. Like the Surrey Index, on the home page of the final version of the Strategy Index, information would be provided on how to interpret the results.
 - The Assistant Director - Data and Insights (SCC) added that there would be a readme document available for the final version, information could be downloaded to make calculations and compare data.
 4. Regarding the ability to compare data between borough and district level, the Vice-Chairman queried what if all had bad scores and she asked whether there was national benchmarking in terms of what a good score would be. To show progress, she noted that it would need to be developed adding up and down arrows. She queried whether the index presented at the Health Protection Board should overlay with the Strategy Index.

Joanna Killian joined the meeting at 2.50 pm.

- The Assistant Director - Data and Insights (SCC) recognised the need to focus on what good looks like, who does Surrey compare itself to, for example via a national average and then a county average. A target would then need to be set on where Surrey wanted to be and how far away it was from that, it was a continuing discussion.
- A Board member noted that there was a suite of resources and intelligence, and that it would be useful to outline in the explanation page how the Strategy Index aligned to the JSNA and other publicly available dashboards and to show progression. She noted that currently the Strategy Index was at the borough and district level, as with the JSNA where the data could be toggled down to the Lower layer Super Output Areas (LSOAs), Primary Care Networks and towns; she noted that it would be useful to flag that

other geographical levels would be coming soon to the Strategy Index. When indicators were ranked as red, there needed to be a mechanism to cross reference between the two sub-boards and how those related to the priorities.

5. A Board member enjoyed the interaction with the draft Index and asked whether residents had been engaged with as part of its development on how easy it was to use, thinking particularly about vulnerable residents.
 - The Data Scientist (SCC) noted that the indicators included were those with readily available data. He noted that the list of indicators reflected what the Board felt was relevant for residents. Whilst residents had not been engaged with on its design and content the learning from the Surrey Index was used to inform the Strategy Index, engagement had been undertaken on the Surrey Index around its design and operability via engagement sessions. Concerning vulnerable residents there was an accessible version available.
6. A Board member made a plea for co-design on the Strategy Index and offered to provide support on that, particularly if it was to be genuinely usable by residents and to show them performance against the Health and Wellbeing Strategy, holding the Board accountable for that. Asking residents what it means for them and to have some visible links with the indicators back to what residents said was important to them years ago when the Strategy was first developed.
7. A Board member reflected on the so what point, noting that the focus should be on the individual characteristics of a person who might have a whole range of issues or a single issue. For example, the system reflected that it was doing badly on alcohol, so responded with providing a reducing drinking service; she stressed that it was not right to take a siloed approach to some of those indicators. She was concerned that the data did not inform about individual cases and what they need, often there were complex problems and that required complex whole system solutions as opposed to a simple response and solutions.
8. A Board member welcomed the simplicity of the tool, however she noted that unless the deprivation data was layered across that, the draft Index would not provide a real picture of how well the system was performing or what the target should be for some of those vulnerable communities - for example people with learning difficulties where there was a large gap around life expectancy - so that there is a more level playing field. She also asked whether officers were receiving the Frimley data to feed into the Surrey Heath part of Surrey.
 - The Assistant Director - Data and Insights (SCC) confirmed that the Strategy Index would be looked at it in terms of the lowest possible geography where the data was available, which was LSOAs and that was based on deprivation. Regarding vulnerable communities, where available the data would be looked at for those with serious mental illnesses for example within the priority populations. She noted that she could provide an update in the quarterly Highlight Report on the intelligence being gathered at lower geographical levels.
 - The Data Scientist (SCC) confirmed that the Frimley data was included and noted that a lot of different data sources had contributed to the draft Index.
9. A Board member queried how the draft Index could be used in terms of triangulating it with the Graphnet dashboard to then identify those groups of people that the system could start to work with on the ground. He welcomed the bird's-eye view through the tool but asked how it connected to the work being undertaken by the health system.

- A Board member noted that the draft Index had the potential to do two things. Firstly, to alert the Board to where things were going well and where they were not. Secondly, where to look even further especially as the draft Index provided a bird's-eye view, cross referencing needed to be done to other parallel and complementary data sources such as the JSNA or tools like Graphnet, to enable a deeper dive.
10. The Chairman emphasised the need to have one place to go to rather than trying to look at multiple databases and so on, building the data around the towns footprint would be useful as it was a key geography for the delivery of services.

RESOLVED:

1. Reviewed, provided feedback and promoted awareness of the metrics within their organisation to enable a common understanding and assessment of progress.

Actions/further information to be provided:

1. The Assistant Director - Data and Insights (SCC) will outline in the explanation page how the Strategy Index aligned to the JSNA and other publicly available dashboards and will show progression; she will flag that other geographical levels such as the Lower layer Super Output Areas (LSOAs) will be coming soon to the Strategy Index.
2. The Assistant Director - Data and Insights (SCC) will follow up the offer by the Board member (Kate Scribbins) regarding co-designing the Strategy Index with residents.
3. The Assistant Director - Data and Insights (SCC) will provide an update in the quarterly Highlight Report on the intelligence being gathered at lower geographical levels, such as Primary Care Networks and towns.

7/23 WIDER DETERMINANTS OF HEALTH: SURREY SKILLS PLAN [Item 7]

Witnesses:

Michael Coughlin - Executive Director - Partnerships, Prosperity and Growth, Surrey County Council
 Sarah Randall - Economy Lead (Skills), Surrey County Council

Key points raised in the discussion:

1. The Executive Director - Partnerships, Prosperity and Growth (SCC) noted that:
 - The Chancellor of the Exchequer's budget statement made the link between good employment and health in terms of encouraging people back into work.
 - Good employment facilitated by the right skills was a significant contributor to the wider determinants of health: mental, physical and preventive.
 - Surrey on average had a highly skilled population, however businesses and some parts of the public sector - particularly the health sector - had identified the genuine skills gap in Surrey in certain places and sectors.
 - The national skills system was fragmented, complex and difficult for some people to navigate through, the Surrey Skills Plan was a response to those issues, developed as part of an overall programme linking to Surrey's

- lifetime of learning education strategy and the ambition to have improved careers education promoting routes such as T-Levels and Apprenticeships.
- The Surrey Skills Plan has four main elements: supporting businesses and the local economy to attract and enable them to engage with those who have the skills needed to support their businesses, supporting people into meaningful employment that often is the source of routine and self-worth, it was a foundation for collaboration across businesses and further education providers, it was future proofed by casting forward the skills that would be needed in the future economy such as the green skills agenda.
 - The Plan sought to bring together the different routes and providers, it was a chapter within the Local Skills Improvement Plan (LSIP) around post-16 technical education, put together by the Surrey Chambers of Commerce.
 - A challenge was around how to maintain the partnership effort needed to deliver the Plan, a detailed action plan was underway and Board members were asked to consider how they would engage.
2. The Chairman noted that there had been national conversations about the number of economically inactive people due to ill-health and wondered whether the budget statement would address that. Surrey had a lot of people that had retired early for a variety of reasons and trying to get them back into employment to help fill some of those skills gaps was important.
 3. The Vice-Chairman asked how the Plan aligned with the United Surrey Talent strategy, co-developed between the local authority and health around developing the future workforce; particularly around skills development in health.
 - The Executive Director - Partnerships, Prosperity and Growth (SCC) responded that the United Surrey Talent strategy was one element of the Plan in terms of delivering a particular set of skills within a particular sector along with the work by Surrey's academies and other further education providers, university courses; amalgamated into a cohesive Plan. The Plan was initiated originally by the private sector highlighting that they were struggling with work readiness and the right level of skills needed.
 4. A Board member noted that employment rates for people with mental health needs was down 10%, he asked how health inequality was being looked at noting the need to be assertive and proactive in identifying those groups. There were around 65,000 people between primary and secondary healthcare that the Surrey and Borders Partnership (SABP) was working with; he asked whether a package could be tailored for those people to try and help them get jobs.
 - The Executive Director - Partnerships, Prosperity and Growth (SCC) welcomed that suggestion, he noted that one of the foundational principles of the Plan was around supporting people and inclusion. There had been discussions around those who had either long-term debilitating conditions - particularly around mental health - and the levels of support that they might need to encourage them back into work, the approach to focus on the routine of work and less around technical skills. From discussions with the Department for Work and Pensions (DWP) he noted the need to develop further the approach of referring people with mental health issues into voluntary sector bodies who would provide wraparound support to help them into the role of work, rather than support focusing on the acquisition of skills.
 - The Economy Lead (Skills) (SCC) flagged the importance of in-work progression support enabling people to stay in their jobs to prevent a churn in the workforce, through an increased focus on supporting local

businesses and how they grow their workforce to keep those people in businesses.

5. The Priority 1 Sponsor noted that in Mole Valley and probably across the other borough and district councils, there was the Employment and Skills Hub that provided support to all but with a focus on those with complex needs either to get into their first job or re-enter employment if they had been out for employment for some time; she was happy to share the detail on the work of the Hub.
6. The Priority 2 Co-Sponsor in terms of retaining people in the workforce - not necessarily people with a known mental health problem - regarding the emotional wellbeing of the workforce and how people are equipped to remain in the work, to thrive and to be open to skills development, she wondered how the work underway could be connected to the joint programme of work with the Public Health team (SCC) around workforce wellbeing.
 - The Executive Director - Partnerships, Prosperity and Growth (SCC) responded that there was an opportunity to build on what had been put in place already and to explore those opportunities, he would liaise with those Board members. He noted that several employers including the County Council did a huge amount of work around staff wellbeing.
7. A Board member referred to a visit that morning to one of Surrey's special schools, Portesbery School, post-16 they had to offer work experience opportunities within the school running enterprise opportunities like the mobile tuck shop, because of a reduction in those opportunities externally post-pandemic. Under the Plan, she noted that it would be brilliant to see a reopening of those opportunities by all organisations for those young people.
8. The Chairman encouraged organisations to feedback on ways to help the delivery of the Plan, particularly to provide mutual support around getting people into work. He noted the comments on the Teams meeting chat about care leavers and people with autism and hoped that the Plan would be as comprehensive as possible.

RESOLVED:

1. Noted progress against the implementation of the Surrey Skills Plan.
2. Considered how HWB members and organisations can engage with delivering the Surrey Skills Plan ambitions.

Actions/further information to be provided:

1. The Executive Director - Partnerships, Prosperity and Growth (SCC) will liaise with the Board member (Graham Wareham) on his suggestion of having a tailored package for those people with mental health needs in healthcare that the SABP was working with, to try and help them get jobs.
2. The Priority 1 Sponsor will provide the detail on the work of Mole Valley District Council's Employment and Skills Hub.
3. The Executive Director - Partnerships, Prosperity and Growth (SCC) will liaise with the Priority 2 Co-Sponsor and the Director of Public Health (SCC) on the joint programme of work around workforce wellbeing.

8/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 8]

Witnesses:

Dr Charlotte Canniff - Joint Chief Medical Officer, Surrey Heartlands
Integrated Care System / HWB Vice-Chairman

Dr Pramit Patel - East Surrey Place representative / Primary Care Clinical Leader, Surrey Heartlands Integrated Care System
Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley Integrated Care Board

Key points raised in the discussion:

1. The Joint Chief Medical Officer (Surrey Heartlands ICS) / Vice-Chairman outlined the Surrey Heartlands ICS update adding that there were significant pressures in the NHS around demand and capacity, a briefing had been provided around the current industrial action underway by junior doctors.
2. The East Surrey Place representative / Primary Care Clinical Leader (Surrey Heartlands ICS) added that:
 - Since the publication of the 'One system, One Plan' document in response to the Fuller Stocktake, the four places in Surrey Heartlands ICS undertook work around the key workstreams: streamlining access, complex care management, how to prioritise those cohorts and be more proactive within the prevention agenda. It required a whole system response, for example through the Growing Health Together initiative in East Surrey.
 - Of the approximately 62,000 high users of healthcare services, 624 or 1% were very high users in terms of: A&E attendances, outpatient appointments, admissions and general practice contacts. Multi-disciplinary integrated neighbourhood teams needed to be created to support those cohorts across Surrey, work was underway via the anticipatory care hubs and a reduction had been seen in attendances and admissions.
3. The Chairman noted that the Hewitt Review would be published on 29 March, it had sensible recommendations that would help inform local strategies. A key part of the request and the evidence heard through that Review had been to empower ICSs to manage their own systems, moving decision-making closer to residents. He noted that the towns work was a positive step forward, building multi-disciplinary teams around the geographical cohorts.
4. The Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath (NHS Frimley ICB) outlined the Frimley ICS update adding that:
 - Operational planning and budget setting for next year had been challenging due to the huge priorities and challenges around NHS funding.
 - The joint forward plan was being developed and welcomed the chapter on neurodiversity; more work needed to be done on that across Surrey particularly around children and young people and Special Educational Needs and Disabilities.
 - The draft Frimley ICS Strategy had six ambitions: starting well, living well, people, places and communities, our people, leadership and cultures, and outstanding use of resources; feedback was welcomed, ensuring that it was aligned with other Surrey organisations' strategies.
 - The ICB was focused on prioritising the reduction of health inequalities and its next meeting would be a development day.
5. A Board member noted that the system was not going far enough in the right direction. To save money and for people to have better lives, focus needed to be on looking beyond services; working with communities to enable them to have better lives for example the asset-based community development learning programme. She noted that there were many VCSE organisations who had been working with communities for many years, it was vital to work with them, commissioning them to do further work as necessary. Her concern

was replacing that work via the public sector whose personnel would be more expensive.

- The Priority 3 Sponsor highlighted an example of asset-based community development work underway in East Surrey with colleagues in Tandridge, empowering residents within those communities to identify what prevention looks like at place/neighbourhood level. The work in Merstham was about the public sector and organisations across the system enabling and facilitating what communities want to do for themselves.
- The East Surrey Place representative / Primary Care Clinical Leader (Surrey Heartlands ICS) noted the importance of understanding how data is used and empowering teams within neighbourhoods to have a large impact in terms of prevention and wellbeing. For example, 80% of residents in Nailsworth Crescent, Merstham, are smokers, that data enabled targeted work to happen with the Merstham Community Hub to start proactively inviting those people to start using the One You Surrey service - which was underutilised - becoming the highest referrer into that service.
- The Chairman highlighted the work of the Leatherhead Community Hub which was undertaking some fantastic work. He noted that there was a multitude of good work underway but some of it was unknown and he emphasised that the VCSE sector was a key part of the work.

RESOLVED:

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

Actions/further information to be provided:

None.

9/23 DATE OF THE NEXT MEETING [Item 9]

The date of the next public meeting was noted as 21 June 2023.

Meeting ended at: 3.31 pm

Chairman