

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 20 September 2023 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

The start of the meeting was delayed to 2.04 pm due to protestors outside.

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

Board Members:

(Present = *)

(Remote Attendance = r)

- * Bernie Muir (Chair)
- * Dr Charlotte Canniff (Vice-Chair)
Karen Brimacombe
- r Professor Helen Rostill (Co-Sponsor)
Liz Williams (Co-Sponsor)
- * Kate Barker (Co-Sponsor)
- * Mari Roberts-Wood
Fiona Edwards
Jason Gaskell (Co-Representative)
Rosemarie Pardington (Co-Representative)
- r Sue Murphy (Co-Representative)
- * Dr Russell Hills
- * Kate Scribbins
- * Ruth Hutchinson
- r Balwinder Kaur
Rachael Wardell
Karen McDowell
- r Graham Wareham
Joanna Killian
- * Mark Nuti
Sinead Mooney
- * Denise Turner-Stewart
Jason Halliwell
Carl Hall
Tim De Meyer
- * Borough Councillor Ann-Marie Barker
- * Steve Flanagan
Jo Cogswell
Dr Pramit Patel
Lisa Townsend
- * Professor Monique Raats
Siobhan Kennedy (Associate Member)

Substitute Members:

- * Becky Whale - Chief Executive, Citizens Advice Runnymede and Spelthorne
- * Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB
- * Gemma Morris - Detective Chief Superintendent – Head of Public Protection, Surrey Police
- * Michael Coughlin - Executive Director – Partnerships, Prosperity and Growth, SCC
- r Tracey Kadir - Director of Public Protection, Interventions Alliance
- r Lisa Herrington - Head of Policy and Commissioning, Office of the Police and Crime Commissioner for Surrey (OPCC)

The Chair:

- Welcomed Karen McDowell - Acting Chief Executive Officer, Surrey Heartlands ICS; thanked outgoing Board member Professor Claire Fuller for her contributions.
- Welcomed Balwinder Kaur - Interim Deputy Executive Director - Director of Adult Social Services, Surrey County Council (SCC); thanked outgoing Board member Liz Bruce for her contributions.
- Thanked Rachel Crossley for her support provided to the Board and for her work as Joint Executive Director - Public Service Reform, SCC; she would be leaving SCC in October.

24/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Jason Gaskell - Becky Whale substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Gemma Morris substituted, Joanna Killian - Michael Coughlin substituted, Carl Hall - Tracey Kadir substituted (remote), Lisa Townsend - Lisa Herrington substituted (remote), Karen Brimacombe, Rachael Wardell, Karen McDowell, Dr Pramit Patel, Jo Cogswell, Liz Williams, Rosemarie Pardington, Siobhan Kennedy, Sinead Mooney, Balwinder Kaur (remote), Graham Wareham (remote), Professor Helen Rostill (remote), Sue Murphy (remote).

25/23 MINUTES OF PREVIOUS MEETING: 21 JUNE 2023 [Item 2]

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

26/23 DECLARATIONS OF INTEREST [Item 3]

There were none.

27/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

28/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Poppy Middlemiss - Public Health Speciality Registrar, SCC

Kate Barker - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

Jane Hunt - Mental Health Investment Fund Manager, SCC

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

Dan Shurlock - Customer and Communities Strategic Lead, SCC

Key points raised in the discussion:

1. The Chair noted that there were several initiatives which had been piloted, she asked the Board to familiarise itself with those and the evaluation their impact. For example, the Green Health and Wellbeing programme cost £225 per person compared to the average of £493 for Improving Access to Psychological Therapies and had a higher level of success for the targeted cohort. The Chair noted that when discussing initiatives to be funded for example by the Better Care Fund there needed to be a real understanding about initiatives' impact.

Becky Whale joined the meeting at 2.09 pm.

Priority 1

2. The Public Health Speciality Registrar (SCC) outlined the spotlight item: 'A Smokefree Surrey' noting that:
 - The Surrey Tobacco Control Strategy was refreshed based on more recent data and changes in national and local policy and emerging themes such as vaping; it had been widely consulted on with partners since January.
 - An action plan had been developed to deliver the four priorities, to be delivered by the Surrey Tobacco and Alcohol Control Alliance.
 - The Strategy's launch would coincide with the national campaign 'Stoptober'.
 - The recent 2022 prevalence of smoking data showed that Surrey increased to 11.9% compared to 7.8% in 2021; this increase was being looked at with the Office for Health Improvement and Disparities (OHID) to check the data's reliability.
3. A Board member noted that smoking prevalence is higher in routine and manual workers, those with a long-term mental health condition, and those that used drug and alcohol services. To meet the ambition of 'no one left behind', smoking remained a focus, via the four priorities of the Strategy and action plan, she thanked all the partners that contributed to the Strategy.
4. The Chair referred to the communications, resourcing and financing behind the Strategy asking whether those were sufficient to reach the target audience of smokers. The Public Health Speciality Registrar (SCC) noted that whilst the Strategy was high-level, the detail was included in the action plan, for example the recommissioning the local stop smoking service will ensure it reaches the target audiences.
5. The Vice-Chair was interested in the increase of smokers in 2022 as that was a significant jump for Surrey and was similar to the UK prevalence; she asked whether smoking included vaping. The Public Health Speciality Registrar (SCC) noted that the Strategy did not include vaping. She noted that the variables could have been wrong, it might be an artificial increase due to OHID's change in methodology during the Covid-19 pandemic, it was an estimate and had a wide confidence interval; that was being investigated further.

Tracey Faraday-Drake joined the meeting at 2.17 pm.

6. The Chair asked how that 2022 figure compared to the pre-pandemic figure and whether the increase was due to more mental health problems post Covid-19. A Board member highlighted that between 7.8% and 11.9% of Surrey's population were smokers, that the data needed to be investigated to identify who was smoking, how they could be supported to quit and to prevent people from starting smoking. The Strategy's ambition was to reduce that figure to 5% by 2026.

7. A Board member welcomed the involvement of the Trading Standards Service in the Strategy and hoped that resource could be levered as it was intelligence based when responding to issues that required enforcement for example. She noted that the proliferation of vape shops across Surrey showed the huge uptake and consumption which would probably manifest itself in respiratory diseases and conditions; extracting that data would be vital to see the impact on communities as vaping was not harmless. The Chair welcomed more granular details on the work.
8. The Vice-Chair reflected on the apparent increase in smoking in Surrey, noting that there was nicotine in vapes which was addictive and wondered how many people including children start on a vape and then move on to smoking.
9. A Board member sought assurance that there was an element of co-design, incorporating lived experience particularly in the communities targeted in the production of any communications materials to ensure that they would be effective with those groups, understanding their behaviours and challenges faced. She noted the in-depth work by Surrey Combatting Drugs Partnership around a communications campaign. The Public Health Speciality Registrar (SCC) noted the close working with partners on communications in the Surrey Tobacco and Alcohol Control Alliance; she would raise that point at the Alliance's meeting.

Priority 2

Borough Councillor Ann-Marie Barker joined the meeting at 2.21 pm.

10. The Priority 2 Co-Sponsor noted the recent busy summer and acknowledged the continued engagement and commitment of the Voluntary, Community & Social Enterprise sector to co-designing the review of the Mental Health: Prevention, Oversight & Delivery Board's (MHPODB) purpose and ToR - there would be a co-design workshop on 5 October. She welcomed the involvement of the Vice-Chair and the new adult mental health convener - interim until March.
11. The Mental Health Investment Fund Manager (SCC) outlined the spotlight item: Mental Health Investment Fund (MHIF) – Successful Round 1 Projects noting that:
 - Round one took place in December 2022, the award process was done through the Mental Health Advisory Panel. Of the 55 bids submitted, 9 were awarded funding which totalled £530,000. The schemes were one to two years in length and covered a broad age range and geographical location.
 - A sub-group of the MHPODB had been set up to oversee the delivery of those schemes against the outcomes.
 - Round two awards were imminent, the evaluation process had taken place and the report contained information around other MHIF allocations made.
12. The Chair referred to the table detailing the allocations agreed by CiC, she asked whether any of those allocations were for statutory services. The MHIF Manager (SCC) explained that the MHIF funding and allocations agreed by CiC were for non-statutory services. Allocation had been given by CiC to integrated commissioning to close the gap identified in round one of MHIF funding to support existing contracts in place with commissioners. The Chair noted concern regarding the additional allocations as £4.3 million had been divested. The MHIF Manager (SCC) explained that different processes had different rules for example: £2 million had been allocated to integrated commissioners as noted above, £1 million was match funding allocated to the Community Foundation for Surrey. The Chair requested the granular spend on those schemes and how the additional allocations by CiC had an impact against the MHIF's original aims.

Priority 3

13. The P3 Sponsor noted the establishment of a Surrey Youth Commission on Policing and Crime partly sponsored by the OPCC in conjunction with Leaders Unlocked. The Youth Commission conducted peer research looking at: cybercrime, substance misuse, relations with police, mental health, and Violence Against Women and Girls (VAWG). The findings showed the high volume of VAWG reported, many respondents felt reluctant to report instances of VAWG due to fear of not being taken seriously or being blamed. Going forward the findings would be used to focus on a preventative approach through education.
14. The Customer and Communities Strategic Lead (SCC) outlined the spotlight item: Empowered and Thriving Communities HWB Strategy Outcome and System Capability – Local Area Co-ordinators (LACs) update noting that:
- The LACs were community-based roles, multidisciplinary workers which operated at a local level around 5,000 - 10,000 population area maximum. Their task was to work with anyone to support them with anything, there was no criteria or eligibility as those roles were intended to be accessible locally.
 - The LACs provided a £4 return on £1 invested.
 - Following Board endorsement, the recruitment of the LACs had been progressed by Surrey County Council in partnership with district and borough council colleagues and NHS partners with joint funding.
 - There were five LACs currently. Its benefits were the amount of time spent with individuals, individuals feeling empowered and therefore enabled to support others in the community and the roles complemented other community-based roles. He noted the joint work by an individual with the LAC in Hurst Green to develop their own peer support group.
 - Due to the positive impacts, the LACs were being extended to further locations in the year with community involvement in the recruitment.
 - A formal evaluation would be reported to the Board early next year.
 - It was vital to further promote the role of the LACs in communities and to connect with other professionals such as Bridge the Gap outreach workers.
15. The Chair welcomed that offer to visit the LACs. She asked how long the LACs were being funded for and requested the evaluation criteria. The Customer and Communities Strategic Lead (SCC) noted that the project had been running for a year, the funding arrangement was for the rest of this and the next financial year.
16. A Board member noted that he had met the Sheerwater and Maybury LAC when they first started, she was enthusiastic and approachable. It was a simple idea yet the role was invaluable. It was positive to see someone who was integrated into a community and it was important for Members to have that intelligence to better understand their communities. He hoped that the project could be expanded across Surrey because every area needed one. The Chair noted that they were particularly relevant in areas with a low number of active community groups.
17. A Board member noted the testimonies not just from the LACs, but from the people they were supporting and asked where the next locations were. The ambition was to have a LAC in every Key Neighbourhood and to have confidence around that match funding from partners coming forward to roll LACs out at pace. The Customer and Communities Strategic Lead (SCC) noted the upcoming locations of the LACs: Goldsworth Park, Stanwell, Upper Hale, Bellfields and Slyfield. Regarding the next locations the Board's priority list of Key Neighbourhoods was a focus looking at existing community-based infrastructure, dispersal across Surrey and parity across the NHS place alliance areas.
18. A Board member was struck by the case study of Hurst Green where the community itself had come together to create that network. Central to the work was health inequality, focusing the resources on the Key Neighbourhoods which lacked resources and agency. The localised approach builds community capacity needed to address the inequalities experienced, moving beyond a time-based project into a

sustained project changing the nature of the community itself. The work was vital but would take time to build those skilful local relationships, it also takes the wider community which included Board members to make it work.

19. A Board member noted that it was exciting and timely coinciding with the move from the discovery phase to inform the future transformation of children and families health and care. Thinking about where money in the system was being committed to reduce recommissioning and use the insights from communities to act earlier, using local experts and building trust with Surrey's commissioners.
20. A Board member noted that there were many parts of the system, particularly the voluntary sector involved in signposting guidance and navigation. She sought to explore how to ensure that all those parts of the system were sufficiently coordinated to identify themes and feed those through into interventions, harnessing different avenues effectively to improve access points. She noted that the Healthwatch Surrey helpdesk was seeing increased levels of frustration from individuals having explored many different avenues; other voluntary sector colleagues were seeing an increased level of need. She noted the need for a shared effort maybe through an information and signposting forum to ensure that people are not signposted to organisations that do not have the capacity to support them; so that the work across the system could be maximised.
21. A Board member commended the work undertaken. He noted that the Sheerwater and Maybury LAC was integrated into North West Surrey (ICS Place) Alliance, he welcomed having LACs across Surrey praising that interaction and partnership working.
22. The Customer and Communities Strategic Lead (SCC) welcomed the comments, noting the need to keep building on the project and investing in the LACs. He acknowledged the need to work on people's mutual understanding of who was available, the different roles and what they could offer, avoiding lots of signposting and no support. The insights work started within Surrey County Council needed to be done across the partnership around localities to understand the total insights, combining data sets with local intelligence to act differently together.
23. The Chair reflected on the 'Opportunities/Challenges' section of the Highlight Report cover paper, noting that there seemed to be a challenge around the Joint Strategic Needs Assessment (JSNA), Health and Well-being Strategy Index, and Mental Health Improvement Plan was the difficulty in obtaining data from some organisations. Data and digital was one of the key solutions within the Integrated Care Systems (ICSs) moving forward and was vital concerning the Board's focus on prevention and early intervention. Obtaining data had been a problem at the Adults and Health Select Committee particularly around mental health. She sought the Board's support in ensuring that each organisation supplies the necessary data. Regarding Priority 1 and 2, there were initiatives where grants were obtained and work was done and evidence of effectiveness exists but there were continuing issues with trying to get commitment for sustained funding. For example, the Green Social Prescribing pilot (Annex 2) had been successful and funding was being sought; she urged Board members to review that. She urged Board members to take part in the Better Care Fund workshop in October, as there were projects that, if funded, would save a lot of time, effort, resources and produce better outcomes.

RESOLVED:

1. Noted progress against the delivery of the Strategy in the Highlight Report.
2. Would use the Highlight Reports to increase awareness through their organisations of delivery of the strategy.
3. Continued to use the HWB Strategy engagement slide deck to ensure awareness of the strategies, ambition and priorities that relate to reducing health inequalities.

4. Supported the sharing of data and development of the JSNA chapters highlighted over the next quarter.
5. Supported engagement with Green Health and Wellbeing lead officers to explore possibilities for pooled funding for the longer term co-ordination of the programme plan (following further details provided on effectiveness following discussion at June HWB).

Actions/further information to be provided:

1. The Public Health Speciality Registrar (SCC) will provide the Chair with more granular details around the work underway concerning the Surrey Tobacco Control Strategy.
2. The Public Health Speciality Registrar (SCC) will raise the Board member's (Kate Scribbins) comment around ensuring co-design and lived experience in the production of any communications materials, at the Surrey Tobacco and Alcohol Control Alliance's meeting.
3. The MHIF Manager (SCC) will provide the Chair with the granular spend on those schemes and how the additional allocations by CiC had an impact against the MHIF's original aims.
4. The Customer and Communities Strategic Lead (SCC) will provide the Chair with the LAC evaluation criteria; and will report back the findings of the formal evaluation on the LACs early next year.

29/23 FINDINGS OF THE HWB MEMBERS SURVEY AND A REVIEW OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE [Item 6]

Witnesses:

Olusegun Awolaran - Policy and Programme Manager (P3) - Health and Wellbeing, SCC

Key points raised in the discussion:

1. The Chair noted that it was disappointing that only eleven of the thirty-two Board members responded to the HWB Members Survey, however she had spoken to a few others who did not respond and it appeared that the eleven responses reflected the consensus. The Board's Terms of Reference (ToR) had been updated, based partly on the feedback provided, she welcomed further feedback.
2. The Policy and Programme Manager (P3) – Health and Wellbeing (SCC) noted that:
 - The HWB Members Survey asked Board members about their views about the Board's activities and progression of the Health and Wellbeing Strategy.
 - Positives: respondents were well-engaged with the clear vision and mission of the Board, with prevention at its core; and they recognised the work that had been done to track progress.
 - Opportunities: for more work to be done to integrate priorities and outcomes in each of the Board members' organisations; and the need to move investment upstream into prevention.
 - The Board's ToR was refreshed to align with changes in the Board's membership and purpose, the refresh of the Health and Wellbeing Strategy and the formation of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) under the Health and Care Act 2022. Board member feedback included: more time for discussion and to focus on items about reducing health inequalities, to continue to support a focus on progress being made alongside issues and challenges through the lens of Priority Populations including Key Neighbourhoods, and to utilise informal engagement.

3. A Board member referred to Section 3.3.8 of the ToR 'ensure a focus on prevention and the movement of funding upstream in the system to facilitate this'. She noted that the Board already had a focus on prevention, she asked for a measure to be added to that to strengthen and quantify it, 'significant increase' in the focus on prevention for example, as the Board was not elevating its prevention work as much as it should be. The Chair agreed, noting that proactivity was needed emphasising the action to be taken by the Board; she would review that.
4. The Chair noted that an aim was to use the channels the Board had more for example through the informal sub-committees and possible working groups to undertake deep dives looking at granular information. She noted that whilst discussions may be happening elsewhere, the Board brought together many organisations in one place to have a collective discussion; some smaller players on the Board did not always feel that the Board was discussing things that impacted on them. She stressed the need for all Board members to have an equal voice in discussions and to feel as though they could contribute and raise issues, with support provided by other Board members to use their connections and power to have joined-up discussions to resolve issues. She would follow that up.
5. A Board member noted that from her practical experience in the public protection domain and as a representative on safeguarding, reducing reoffending and VAWG boards, the landscape had changed in terms of those areas since the Board's merger with the Community Safety Board. The Community Safety Assembly did offer a significant opportunity. However, she felt that community safety elements did not get sufficient airtime on the Board due to the heavy health focus. Appendix A in the ToR - Annex 2a (Community Safety Agreement) - was out of date, she noted that there needed to be a strengthening of the accountability and line of sight and consolidation of governance; for there to be a review of the mechanisms to rebalance community safety and prevention elements. The Chair noted that she was in the process of setting up a meeting with the chairs of the new borough and district council Crime and Disorder Committees, the Police and Crime Commissioner for Surrey and Surrey Police representatives to look at community safety. She noted the need to make time on agendas to discuss community safety items.
6. The Chair asked the Board's permission to add a new member to the Board, the Chairman of the Surrey Carers Partnership Board to ensure that their voice would be heard and specific issues discussed; Board members approved that addition.
7. A Board member noted that there were several committees and boards such as the CiC which worked alongside or complemented the Board, she noted that it would be useful to have a map of the governance arrangements so all were clear about the Board's role regarding decision-making and influence. She noted that the line of sight or golden thread between the Board and Surrey's communities did not come through in the updated ToR; Board members represented their communities, not just their organisations. The culture and spirit of contributing and working together to encourage those contributions from all Board members was missing from the ToR. The Chair wanted to have closer relationships with various bodies ensuring that they had a say in decision-making; she would look at articulating that further in the ToR.
8. The Vice-Chair supported the request to map the governance system. She noted the work locally at place-level and the need to ensure that the Board has sight of that work and is connected; for example the local health and wellbeing board chairs sit at each place and might be an interesting addition to the Board's membership. She noted that she was awaiting feedback from the ICS Chief Finance Officer so at present could not approve the updated ToR.
9. A Board member noted that last week the Civic University Agreement between the University of Surrey and Surrey County Council was signed. There had been a workshop discussing the collaboration underway where it was flagged that the breadth of work with partners across the county needed more structure so that the

University's contribution could be maximised. The Executive Director – Partnerships, Prosperity and Growth (SCC) would follow that up.

10. A Board member noted that the Board had committed to the 'Principles for Working with Communities' or 'Four Cs' and that should be a golden thread running through all it does. She noted that it was easy to tick those off on the Board's reports under 'Reference Information', however there was never any narrative or evidence to provide assurance that the Four Cs had been delivered. That needed to be strengthened alongside the insight from the JSNA, showing the connections with communities in the Board's reports as well as reflecting on those at Board meetings. The Chair agreed noting that she had been discussing how the Board's reports could focus the narrative on its wider priorities.
11. A Board member noted Board members' professional objective in their organisations regarding their relationship with or responsibility for one of the Four Cs. Several Board members referenced local or community schemes that they visited, organisations permitted at least one volunteer day a year and she questioned whether there should be a commitment to that in the ToR. The Chair would take that point away.
12. A Board member noted that Surrey had a diverse population and issues varied across the county. Whilst there was Board member representation of the borough and district councils with one Leader and Chief Executive, he wondered whether that should be expanded to community development officers within each borough and district or a geographic range to ensure their voice is heard as they did not feel connected to the Board yet were impacted by the Board's work. The Chair would follow that up, noting for example that there could be a revolving community development representative to attend Board meetings depending on the agenda items.

RESOLVED:

1. Reflected on the findings of the survey and considered that they were a true reflection of the current position of the Board in terms of progress and opportunities to develop.
2. Supported the proposed changes to Board meetings and activities.
3. Considered the changes to the Terms of Reference in relation to the Board's purpose, roles, responsibilities and focus; Board member feedback would be reviewed and approval of the updated ToR sought at December's Board.

Actions/further information to be provided:

1. The Chair will review Board members' comments on the ToR around:
 - Section 3.3.8 of the ToR around a measure to be added to that to strengthen and quantify it, 'significant increase' in the focus on prevention.
 - Feedback from smaller players on the Board who did not always feel that the Board was discussing things that impacted on them.
 - community safety elements not getting sufficient airtime on the Board due to the heavy health focus; and the need for a strengthening of the accountability and line of sight and consolidation of governance; for there to be a review of the mechanisms to rebalance community safety and prevention elements.
 - Having a map of the governance arrangements.
 - Further articulating the line of sight or golden thread between the Board and Surrey's communities, the culture and spirit of contributing and working together to encourage those contributions from all Board members, and her comment around having closer relationships with various bodies.
 - The Board having sight of the local work at place-level, for example adding the health and wellbeing board chairs at each place to the membership.

- Including narrative and evidence in the Reference Information section of cover reports, 'Principles for Working with Communities' or 'Four Cs', providing assurance that the Four Cs had been delivered, and reflecting on those at Board meetings; and using the insight from the JSNA.
 - A commitment to be included around Board member's using their one (at least) volunteer day a year.
 - Expanding the borough and district councils' representation to include community officers within each borough and district or a geographic range.
2. The Committee Manager (SCC) will ensure that the Board's ToR is updated to include the new member: the Chairman of the Surrey Carers Partnership Board.
 3. The Executive Director – Partnerships, Prosperity and Growth (SCC) will follow up the Board member's (Monique Raats) comment around the breadth of work with partners across the county needed more structure so that the University's contribution could be maximised.

30/23 HEALTH AND WELL-BEING STRATEGY INDEX [Item 7]

Witnesses:

Ruth Hutchinson - Director of Public Health, SCC

Uma Datta - Assistant Director, Data and Insights, Public Service Reform, SCC

Richard Carpenter - Senior Analyst, Data and Insights, Public Service Reform, SCC

Key points raised in the discussion:

1. The Chair noted that the Priority Two architecture was there, but partners needed to supply the information so it could be populated.
2. The Director of Public Health (SCC) noted that the Health and Well-being Strategy Index aimed to enable an understanding of the long-term collective progress against the Strategy's mission about reducing health inequalities through the three Priorities. Each Priority had agreed outcomes and the Index being publicly available ensured transparency to residents in whether the outcomes were reached; pulling out the data for the Priority Populations was a challenge. The Index was high-level, it focused on the long-term impact indicators therefore it did not contain the short/medium term indicators of the forty-one programmes against the three Priorities; progress on programmes was included in the Highlight Reports.
3. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that since the prototype was presented to the Board in March, the Index had developed and had been further populated. The Index was currently a view of the indicators across the priorities for which there was robust data available. The Index was live and could be viewed at two levels of geography currently.
4. The Senior Analyst, Data and Insights, Public Service Reform (SCC) provided a demonstration of the Index noting that:
 - It would be published on Surrey-i, the Index opened onto a welcome page which outlined its purpose. The two levels of geography currently were District - demonstrated in March - and now Ward, each with their own tab. They were working on the Primary Care Network geographies and other health-based geographies to be online by the beginning of October.
 - Accessing the District tab provided a scorecard for the eleven boroughs and districts in Surrey via the map. The scorecard provided the overall performance and ranking one to eleven, the performance of the three Priorities, the outcomes under the Priorities and the indicators within the outcomes. Zero was the worst score and one hundred the best score - from red to green via quintiles. The titles of the outcomes had been shortened due

to the limited space; to be updated. Hovering over the coloured circles provide more detail on each indicator such as historical data/trends.

- Accessing the Ward tab provided a scorecard for the 187 wards via the map or drop-down menu. There were fewer indicators at Ward level currently as much of the data was not yet added ; that was a work in progress and support was needed in terms of adding more to the Index. The ranking was from one to 187. For example, Court ward (Epsom and Ewell) did well on Priority One, outcome two and a few of the outcomes under Priority Three.
 - The Priority Populations tab included four indicators that has not yet been accessed to include in the Index at lower-level geography. Historical data was included comparing the Surrey Value with the Comparison Value; two of those were compared against the England figure and two against the South East figure. It would be updated to include definitions.
 - The Overarching Indicators tab included life expectancy and healthy life expectancy at birth, and the inequality data for both. For 2021, the life expectancy for females was 84.6 years compared to 81.3 years for males and there was less inequality between females living in deprived and less deprived areas compared to males. The data for the inequality in healthy life expectancy was similar for males and females; to be updated with the new census data.
5. The Chair asked whether there was a tutorial on the Index available on the Surrey County Council website. The Senior Analyst, Data and Insights, Public Service Reform (SCC) noted that he had recorded a video demonstrating the Index and would share that with the Committee Manager (SCC) to circulate to the Board, alongside annotated screenshots to help navigate around the Index.
 6. The Chair asked how the Surrey Data Strategy and the Index were aligned. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that regarding Surrey County Council's Data Strategy, a key workstream was insight development and the Index was included in the development of the tools and intelligence to provide that insight to inform decisions.
 7. The Chair noted the request of Board members to provide feedback on how their organisations might find value in or use the Index and asked whether the Board members' organisations were aware of what information was needed from them and whether something could be circulated. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that she would circulate to Board members what information was needed.
 8. The Vice-Chair thanked officers for their work on the Index; it would be a powerful tool to see the impact of what was being delivered across the system. As the new Executive Director - Adult Mental Health, NHS Surrey Heartlands, she would like to meet with officers to discuss Priority Two perhaps with the conveners and the chair of the MHPODB to understand and unblock data blocks. She asked whether the item presenters could attend the Surrey Heartlands ICB to provide the presentation on the Index. The Assistant Director, Data and Insights, Public Service Reform (SCC) welcomed that offer to speak to the ICB and would liaise with her. The Senior Analyst, Data and Insights, Public Service Reform (SCC) added that the Index would be updated annually, the power of it would be to see change and areas, indicators or outcomes where it was improving or getting worse; to unpick the inequalities down to lower-level geography.
 9. The Chair highlighted that because of the recent electoral reviews, the new wards had not yet been included in the Index; to be updated in due course.

RESOLVED:

1. Reviewed the Index and provided feedback.

2. Would promote awareness of the Index within their organisations to enable its continuous development using partners' expertise/data.
3. Would promote awareness of the Index within their organisations and externally to enable a common understanding and assessment of progress against the HWB Strategy.

Actions/further information to be provided:

1. The Senior Analyst, Data and Insights, Public Service Reform (SCC) will share the recorded video demonstrating the Index with the Committee Manager (SCC) to circulate to the Board, alongside annotated screenshots to help navigate around the Index.
2. The Assistant Director, Data and Insights, Public Service Reform (SCC) will circulate to Board members what information was needed regarding the request of Board members to provide feedback on how their organisations might find value in or use the Index.
3. The Vice-Chair as the new Executive Director - Adult Mental Health, NHS Surrey Heartlands will meet with officers to discuss Priority Two perhaps with the conveners and the chair of the MHPODB to understand data blocks.
4. The Assistant Director, Data and Insights, Public Service Reform (SCC) will liaise with the Vice-Chair around attending the Surrey Heartlands ICB to provide the presentation on the Index.

31/23 OUR SURREY STORY - A COUNTY WIDE BRAND [Item 8]

Witnesses:

David Stedman - Senior Brand and Marketing Manager, Our Surrey Story, SCC
 Michael Coughlin - Executive Director – Partnerships, Prosperity and Growth, SCC

Key points raised in the discussion:

1. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that Our Surrey Story (OSS) was a brand for the county with the broad aim of promoting a positive image of Surrey to benefit its economy, environment, community and health and wellbeing goals. The OSS Board had its first meeting last week; he sought the Board's input as to how it could add value to those goals.
2. The Chair asked what the original aim was when the OSS Board was set up, and who officers would be reaching out to as partners and how would they get that engagement. It was unclear what the objectives were, who would benefit from the brand other than Surrey and how the Board's involvement would further the cause of OSS. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that the direction was not yet set so the exact target audience was undefined. Potentially the focus could be on increasing the desirability of Surrey as a place for investment/relocation of businesses related to life sciences, and/or could focus on natural spaces and the positive contribution to physical and mental health. The broad audience was the residents, businesses and organisations of Surrey.
3. As a supplementary question the Chair asked whether the brand should also seek to attract audiences outside of Surrey. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that Surrey was behind other areas that had their own place brands which focused on the economy and/or culture and/or civic pride. He sought guidance from different sectors within Surrey about what they would identify as their priorities in terms of how a Surrey-wide brand could add value to their work.
4. As a supplementary question the Chair asked what the method was of attaining that information from the Board, for example would there be a questionnaire. The Senior

Brand and Marketing Manager, Our Surrey Story (SCC) was reluctant to have something as formalistic. The Chair requested a methodology and a timeline for the Board to engage with the process.

5. The Executive Director – Partnerships, Prosperity and Growth (SCC) explained that OSS emerged from a discussion with Surrey’s businesses questioning what Surrey meant to people inside and outside Surrey. From research undertaken a few years ago, unlike other counties people did not conjure up a specific image of Surrey or if they did it was ‘gin and Jaguars’ or a wealthy and older population. Part of the OSS work built upon that research work with stakeholders who largely aligned on three things that more accurately described the county: Surrey was energetic and vibrant in terms of innovation and leading thinking, it had an amazing natural landscape which enabled a good quality of life, and it was well-connected internationally, with Parliament, London, and Gatwick and Heathrow Airports. The ask was how could Board members and the organisations within their communities contribute to that positive image or Surrey brand, for example through the Ambassador programme. There was a booklet and a website for people to engage with.
6. A Board member noted that the OSS website was useful to see who the OSS Board members were to engage with. She highlighted Brighton and Hove’s strong branding and that Surrey had many straplines it could use. The Executive Director – Partnerships, Prosperity and Growth (SCC) noted that whilst people could have their own version of what should be promoted within Surrey, it would be essential to have a common language and set of graphics to create a powerful singular identity.
7. The Chair asked whether ambassadors had been targeted. The Executive Director – Partnerships, Prosperity and Growth (SCC) confirmed that they had been and they were open to more people becoming ambassadors.
8. A Board member noted that the University of Surrey had been rebranding, it also had the issue of Surrey as a place attached to its name; it needed to echo the OSS. The OSS had a wellbeing strand encompassing wellbeing for all, place and the environment; she reflected on how the Board could lead in showing what that could look like. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) highlighted that the University of Surrey’s Director of Communications was an OSS Board member.
9. The Chair asked what was on the OSS Board’s agenda going forward so she could understand the pathway and timeline. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that there were no specific timelines yet, the OSS Board’s first meeting was last week. He sought a general steer on the top health and wellbeing priorities across Surrey that the brand could elevate.
10. A Board member noted that the value of the brand was to show that Surrey was its own unique place separate to London, that would only be achieved if people had pride in their community. The OSS would give people back that pride in where they live, promoting what Surrey has to offer; which would benefit people's health and wellbeing in their communities through a greater awareness of their surroundings and rebuilding local connections. He commended the work underway which followed many years of discussion, he noted that Surrey should be proud of the Oak leaf and champion it in all its work.
11. A Board member reflected on Surrey celebrating its differences and culture, and linking to the Council's ‘no one left behind’ ambition; the Board needed to think about how it could use the brand to benefit all residents, particularly the Priority Populations. The Chair would think about how best to leverage Board members, liaising with the Senior Brand and Marketing Manager, Our Surrey Story (SCC) to write to all Board members.

RESOLVED:

1. Familiarised itself with the aims and potential of Our Surrey Story as a county-wide brand to help achieve health and wellbeing objectives and considered which of these the brand could most usefully contribute to, and/or where there are gaps that Our Surrey Story could fill.
2. Would propose how best it could involve health and wellbeing representatives across the county in the planned Ambassador programme.
3. Would suggest up to two potential Health and Wellbeing Board members (or members' representatives) for the Our Surrey Story Board to ensure health and wellbeing issues are appropriately represented (ideally with different experiences and perspectives).

Actions/further information to be provided:

1. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) will provide a methodology and a timeline for the Board to engage with the process to provide the information requested about how it could use the brand to benefit all residents, particularly the Priority Populations.
2. The Chair will think about how best to leverage Board members, liaising with the Senior Brand and Marketing Manager, Our Surrey Story (SCC) to write to all Board members.

32/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]

Witnesses:

Dr Charlotte Canniff - HWB Vice-Chair and Joint Chief Medical Officer, Surrey Heartlands ICS

Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB

Key points raised in the discussion:

1. The Vice-Chair provided an apology noting that the written report at December's Board would fulfil the reports request to align with the update to the Health and Wellbeing Strategy. She provided a verbal update on Surrey Heartlands ICS, its integration work was driven at local place level - the ICB had monthly place deep dives - and at the ICS system level working on larger priorities. Focus areas were: Financial efficiency requirements as demand was outstripping resources especially in mental health, current industrial action which impacted on recovery and waiting times, driving recovery in access especially for integrated urgent care, mental health and primary care, and winter planning. The ICS's strategic priorities: Prevention, Integrated Care and Enablers via the Joint Forward Plan build directly on the Health and Wellbeing Strategy priorities:
 - Priority 1 - she and the Director of Public Health (SCC) attended the Delivery Oversight Group, where they provided an update on the ICS prevention strategy and aligning the governance and finance.
 - Priority 2 - there had been a change in executive leadership, the renewed focus was on operational provision and delivery. There had been a review of business-as-usual work and a new transformative programme called the Mind and Body programme focused on crisis interface, linking to the 'Right Care, Right Person' approach.
 - Priority 3 - ICB deep dives into its places around the priority populations including the Key Neighbourhoods.

2. The Chair noted a past agreed recommendation at the Adults and Health Select Committee regarding the patient journey and that a representative sample needed to be taken to understand how waiting lists were affecting people in terms of their mental and physical health outcomes; delays were exacerbated due to Covid-19 and industrial action. She requested that the data be provided. The Vice-Chair would liaise with the Committee Manager (SCC) to find out the recommendation's responsible owner and what the results were.
3. A Board member noted that an update on 'Waiting Well' had previously been provided to the Board by Healthwatch Surrey, she noted patients' disinclination to make a fuss despite deteriorating health and being unsure what to do. She noted that Healthwatch Surrey would be interested in undertaking a joint piece of work about whether patients were being sufficiently well informed through their journey.
4. A Board member noted that from a Surrey Heartlands ICS perspective they were reassured when the National Elective Care Recovery team raised the profile of health inequalities in elective care, for example a four year old had been on the waiting list for more than half their life. Each ICS had a Children and Young People's Elective Recovery programme, peer ICB approaches in South East England were being used to understand where the widest health inequalities were. In Surrey it was: children with disabilities, the dental pathway and Ear, Nose and Throat; reviewed by the Equalities and Health Inequalities Board.
5. A Board member noted that it was helpful to have that steer from NHS England, Frimley ICS would have a deep dive at its Children's Board in October regarding children's elective waits. She noted urgent and emergency care and waiting times was an item at the next Adults and Health Select Committee. The Chair noted the need to track back to the start of a patient's journey as often they had multiple appointments cancelled and their waiting time increased, that was damaging to their health; healthcare professionals should know their patient's history.
6. The Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath (NHS Frimley ICB) noted that Frimley ICS would align its written report at December's Board to the Health and Wellbeing Strategy. She provided a verbal update on Frimley ICS noting that it was taking on the regional delegated commissioning responsibility, that would provide it with an additional insight into dentistry which was a challenge for its communities, as well as optometry and community pharmacy. The next ICB was taking place in Surrey Heath focusing on the place's context, its neighbourhoods, links with partnerships across the system and showcasing the community development 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; and report authors would ensure that the written reports going forward align to the Health and Wellbeing Strategy.

Actions/further information to be provided:

1. The Vice-Chair will liaise with the Committee Manager (SCC) to find out the recommendation's responsible owner and what the results were: concerning an agreed recommendation at the Adults and Health Select Committee on the patient journey and a representative sample to be taken to see the impact of waiting lists.

33/23 DATE OF THE NEXT MEETING [Item 10]

The date of the next public meeting was noted as 14 December 2023 (Thursday).

Meeting ended at: 4.18 pm

Chair