

Notice of Meeting

Health and Wellbeing Board



Date and Time

Wednesday, 20
September 2023
2.00 pm

Place

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

Contact

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Board Members

Bernie Muir (Chair)	Member for Epsom West, Surrey County Council
Dr Charlotte Canniff (Vice-Chair)	Joint Chief Medical Officer, Surrey Heartlands Integrated Care System
Karen Brimacombe	Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
Professor Helen Rostill / Kate Barker and Liz Williams	Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS / Joint Strategic Commissioning Conveners, Surrey County Council and Surrey Heartlands (Priority 2 Co-Sponsors)
Mari Roberts-Wood	Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
Fiona Edwards	Chief Executive of the Frimley Integrated Care System
Jason Gaskell / Sue Murphy and Rosemarie Pardington	CEO, Surrey Community Action / Chief Executive Officer, Catalyst / Director of Health, Research & Compliance/Deputy CEO Young Epilepsy (VCSE Alliance Co-Representatives)
Dr Russell Hills	Executive Clinical Director, Surrey Downs Health and Care Partnership
Kate Scribbins	Chief Executive, Healthwatch Surrey
Ruth Hutchinson	Director of Public Health, Surrey County Council
Balwinder Kaur	Interim Deputy Executive Director - Director of Adult Social Services, Surrey County Council
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning
Karen McDowell	Deputy Chief Executive Officer (<i>Acting CEO in due course</i>), Surrey Heartlands Integrated Care System

Graham Wareham	Chief Executive, Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council
Mark Nuti	Cabinet Member for Adults and Health, Surrey County Council
Sinead Mooney	Cabinet Member for Children and Families, Surrey County Council
Denise Turner-Stewart	Deputy Leader and Cabinet Member for Communities and Community Safety, Surrey County Council
Jason Halliwell	Head of Probation Delivery Unit for Surrey at The Probation Service
Carl Hall	Deputy Director of Community Development, Interventions Alliance
Tim De Meyer	Chief Constable of Surrey Police
Borough Councillor Ann-Marie Barker	Leader of Woking Borough Council (Surrey Leaders' Group Representative)
Steve Flanagan	North West Surrey Integrated Care Partnership and Community Provider voice
Jo Cogswell	Place Based Leader, Guildford and Waverley Health and Care Alliance
Dr Pramit Patel	East Surrey Place Representative and ICS Primary Care Clinical Leader, Surrey Heartlands ICS
Lisa Townsend	Police and Crime Commissioner for Surrey
Professor Monique Raats	Co-Director, Institute for Sustainability; Professor; Director of the Food, Consumer Behaviour and Health Research Centre, University of Surrey
Siobhan Kennedy	Homelessness, Advice & Allocations Lead, Guildford Borough Council (Associate Member)

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

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If you would like to attend and you have any special requirements, please email Amelia Christopher on amelia.christopher@surreycc.gov.uk. Please note that public seating is limited and will be allocated on a first come first served basis.

AGENDA

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 21 JUNE 2023

(Pages
1 - 16)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

a MEMBERS' QUESTIONS

The deadline for Member's questions is 12pm four working days before the meeting (*14 September 2023*).

b PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (*13 September 2023*).

c PETITIONS

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

- 5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT** (Pages 17 - 42)
- This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) as of 29 August 2023. The Highlight Report provides an overview of activity against Health and Wellbeing Strategy's Summary Implementation Plan projects and programmes, describes what has been achieved against the outcomes, how collaborative working has aided this progress and identifies new data and insights that have been released in the previous quarter. It also has a section on communication activity associated with the HWB Strategy's priority populations and priorities and a section on the progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) and a section on the implementation of the Health in All Policies (HiAP) implementation plan.
- 6 FINDINGS OF THE HWB MEMBERS SURVEY AND A REVIEW OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE** (Pages 43 - 84)
- This paper shares the findings of the survey that eleven of the thirty-two Health and Wellbeing Board (HWB) members responded to earlier in the year. The Board is also required to review its terms of reference regularly, hence the need to update the Board's Terms of Reference (ToR) given that its membership and purpose have changed since the last review, with the refresh of the HWB Strategy and the Health and Care Act 2022.
- This paper proposes recommendations to further develop the activities and operations of the Board based on the current board arrangements, the feedback of the members of Board received and the updated legislation and guidance that relates to Health and Wellbeing Boards.
- 7 HEALTH AND WELL-BEING STRATEGY INDEX** (Pages 85 - 94)
- At the March Health and Wellbeing Board, a prototype of the Index was demonstrated outlining the Index and demonstrating the development of impact metrics that will enable an understanding of how effectively we are delivering the HWB Strategy across its Priority Populations and Outcomes to reduce health inequalities. An update of the progression of this work is presented, outlining further features and additional geographic levels.
- 8 OUR SURREY STORY - A COUNTY WIDE BRAND** (Pages 95 - 100)
- The purpose of this paper is to make the Board aware of the opportunity Our Surrey Story presents to help achieve health and wellbeing objectives in the county, and identify where it could best support delivery of these.

9 INTEGRATED CARE SYSTEMS (ICS) UPDATE

(Pages
101 -
106)

The Board is asked to note the update provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards.

10 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 14 December 2023.

**Joanna Killian
Chief Executive**

Published: Tuesday, 12 September 2023

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation.

QUESTIONS AND PETITIONS

Cabinet and most committees will consider questions by elected Surrey County Council Members and questions and petitions from members of the public who are electors in the Surrey County Council area.

Please note the following regarding questions from the public:

1. Members of the public can submit one written question to a meeting by the deadline stated in the agenda. Questions should relate to general policy and not to detail. Questions are asked and answered in public and cannot relate to “confidential” or “exempt” matters (for example, personal or financial details of an individual); for further advice please contact the committee manager listed on the front page of an agenda.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman’s discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Cabinet members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Cabinet members may decline to answer a supplementary question.

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 21 June 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)

- * Bernie Muir (Chair)
- * Dr Charlotte Canniff (Vice-Chair)
- * Karen Brimacombe
Professor Helen Rostill (Co-Sponsor)
- r Liz Williams (Co-Sponsor)
- r Kate Barker (Co-Sponsor)
- * Mari Roberts-Wood
Fiona Edwards
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
Tim De Meyer
- * Borough Councillor Ann-Marie Barker
- * Steve Flanagan
Jo Cogswell
Dr Pramit Patel
Lisa Townsend
- * Professor Monique Raats
- r Siobhan Kennedy (Associate Member)

Substitute Members:

- * Tina Benjamin - Director Corporate Parenting, Surrey County Council (SCC)
- * 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 (ICB)
- * Gemma Morris - Detective Superintendent, Surrey Police
- r Deborah Mechaneck - Co-Chair, Healthwatch Surrey
- * Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands Integrated Care System (ICS)
- * Michelle Blunsom MBE - CEO, East Surrey Domestic Abuse Services
- * Rachel Crossley - Joint Executive Director – Public Service Reform, SCC
- * Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey

The Board's new Chair introduced herself noting that she was the Surrey County Council Member for Epsom West and Borough Councillor for Horton Ward at Epsom and Ewell Borough Council, she was the outgoing Chair of the Adults and Health Select Committee. She thanked the outgoing Chair and Board member, Tim Oliver whose chairmanship of the Board had been exceptional for the last five years.

The Chair welcomed new Board members:

- Tim De Meyer - Chief Constable of Surrey Police.
- Professor Monique Raats - Co-Director, Institute for Sustainability; Professor; Director of the Food, Consumer Behaviour and Health Research Centre, University of Surrey; the Chair thanked the outgoing member: Professor Deborah Dunn-Walters.
- Borough Councillor Ann-Marie Barker - Leader of Woking Borough Council (Surrey Leaders' Group representative); the Chair thanked the outgoing member: Borough Councillor Hannah Dalton.

The Chair provided an update on the Health and Wellbeing Index, noting that since March's Board meeting it continued to be developed and several indicators were available at a district and borough level on the link:

<https://public.tableau.com/app/profile/dan.harmer/viz/HealthWellbeingIndex/HealthWellbeingIndex> The full set of originally proposed indicators would be available at ward level for the next public meeting in September, feedback was welcomed on the indicators and what additional functionality would be useful to partners.

10/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Rachael Wardell - Tina Benjamin substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Gemma Morris substituted, Kate Scribbins - Deborah Mechaneck substituted (remote), Professor Claire Fuller - Karen McDowell substituted, Jason Gaskell - Michelle Blunsom MBE substituted, Joanna Killian - Rachel Crossley substituted, Lisa Townsend - Alison Bolton substituted, Carl Hall, Jason Halliwell, Liz Bruce, Dr Pramit Patel, Jo Cogswell (remote), Liz Williams (remote), Kate Barker (remote), Siobhan Kennedy (remote).

11/23 MINUTES OF PREVIOUS MEETING: 15 MARCH 2023 [Item 2]

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

12/23 DECLARATIONS OF INTEREST [Item 3]

Regarding item 10, it was noted that the borough and district council representatives' councils were beneficiaries of the Better Care Fund.

13/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

14/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

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

Adam Letts - Public Health Lead, SCC

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

Phill Austen Reed - Principal Lead – Health and Wellbeing, SCC

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

Saba Hussain - Strategic Lead – Partnerships, Policy and Commissioning, SCC

Key points raised in the discussion:

Priority 1

1. The Priority 1 Sponsor chose to focus on the Surrey Breastfeeding Strategy 2023-2028 which was important in terms of supporting the Priority.
2. The Public Health Lead (SCC) provided an update on the refreshed Breastfeeding Strategy as outlined 'In the Spotlight' section which aimed to improve breastfeeding initiation and continuation rates, he added that the detail around changes implemented was included in the action plan; partnership work would be led by the Breastfeeding Strategic Group. It was recognised that not all parents want to or can breastfeed, acknowledging and respecting that was important. Partners were encouraged to champion breastfeeding as a public health priority.

Sue Murphy joined the meeting at 2.11 pm.

3. The Chair asked whether the Breastfeeding Strategy had a toolkit and communications package. The Public Health Lead (SCC) noted that such information was included within the action plan, which would be implemented gradually over five years; communications and engagement was a key theme.
4. A Board member noted that the benefits were outlined in relation to the infant and mother in terms of breast and ovarian cancer, and enhanced attachment. Noting that there remained social stigma around breastfeeding, she asked whether there could be more emphasis on the wide range of benefits to mother and child such as breastfeeding's effect on countering post-natal depression and mental health; to increase that uptake in those lower socioeconomic groups. The Public Health Lead (SCC) welcomed that important point which had been considered at the Breastfeeding Strategic Group, linking closely with mental health specialists and was factored in as peer and general support using the trauma informed approach.
5. The Chair noted the important point made above around cultural attitudes to breastfeeding and asked whether discussions had taken place with cultural and minority groups, and whether they were involved in the action plan; she requested a copy of the action plan. The Public Health Lead (SCC) confirmed that those groups were being engaged with, the action plan had been widely distributed and partners included the Birth to Five Years Community Health Partnership and Maternity and Neonatal Voices Partnerships, and Surrey Minority Ethnic Forum. Other smaller

projects were underway relating to certain population groups in Surrey focusing on the continuation rates.

6. The Chair referred to the 'Challenges this quarter' section and asked whether the two leads that left had been replaced and whether there was a risk to delivery. The Vice-Chair explained that the cardiovascular lead - two sessions a week - was replaced three weeks ago, the respiratory lead - one session a week - had been advertised for and there had not been any applications yet. If those leads were critical to the delivery of the outcomes, there needed to be a consideration on their resourcing and she noted that the programme leads could liaise with her.

Priority 2

7. The Priority 2 Co-Sponsor referred to the 'In the Spotlight' section adding that:
 - the Green Health and Wellbeing programme was a wider and more embedded programme system-wide following a transition from the Green Social Prescribing pilot since March. Through partnership engagement a logic model was used to develop common outcomes. The Board was asked to provide support to address the critical challenge of funding which was yet to be agreed by key system partners to enable the proposed programme delivery. She praised the impact created by the Chief Executive Officer's (Surrey Heartlands ICS) video message and ICS support of the aims.
8. A Board member noted the abundance of open spaces and facilitators to enable mental health groups and nature walks and other benefits to mental health. She noted that there were the resources and funding available and noted that the preventative agenda was strong and so it was a question of allocation. The Chair added to that comment asking whether there was buy in from some partners and who was not buying in. The Principal Lead – Health and Wellbeing (SCC) noted that resourcing had been secured for a year during the transition period, as part of that officers were looking at what was currently available and how to coordinate that, and what the gaps were. He would follow up with partners and share information on the buy in. A Board member noted that she was the executive lead for the pilot when it was a test and learn site for the NHS side and noted that the Green Health and Wellbeing programme was valuable particularly in the prevention space. She noted that more needed to be done to embed it into business as usual within the towns work, working with partners at place level.
9. The Chair following up the above point noted that it would be interesting to know the time scale of embedding the Green Health and Wellbeing programme and whether there was an impact assessment of the initiatives and value for money. A Board member noted that was being built into the methodology and there were national examples of that, work was underway using the research available and working with primary care and neighbourhood teams to understand the benefits, value for money and getting buy in for it to be an alternative support.
10. The Chair referred to the 'Challenges this quarter' section and asked for views on the system capacity challenge within the three programmes listed, whereby a lack of capacity was affecting progression. The P2 Co-Sponsor noted that feedback was being collated from the project leads to review the gaps and what the impact would be of having an insufficient capacity in those programmes; as well as understanding what could be provided through the Best Start Strategy which was in the scoping phase; an update could be provided following the next Best Start Strategy meeting.

Priority 3

11. The Priority 3 Sponsor noted the two collaborative pieces of work underway:
 - Individual (Employment) Placement and Support in Primary Care (IPSPC): SCC and system partners had secured £6.3 million grant by the Department for Work

- and Pensions to roll out the employment support aimed at adults with a physical disability or mental health need, or long-term condition. Around 3,000 people would be supported between October 2023 and March 2025; targeted support would be provided for those in the top five Key Neighbourhoods and the Priority Populations.
- Wider Determinants of Health Research Collaboration: working across the system to try to change outcomes for people. Additional funding was being used to undertake research around policy to development to address the wider determinants of health. If successful in stage two of the application, the funding would provide the capacity to put more effort further upstream to address the challenges at the acute end.
12. The Strategic Lead - Partnerships, Policy and Commissioning (SCC) provided an update on the Community Sparks funding as outlined 'In the Spotlight' section, to fund community-led activity primarily across the 21 Key Neighbourhoods, for projects which would make a difference, and where possible were sustainable and had a preventative angle. £10,000 was given to Tandridge so it did not miss out. Infrastructure organisations were asked to support with the delivery of the funding building on their existing networks, working closely with the Community Link Officers, the borough and district councils and health colleagues. Grants of up to £2,000 had been offered and over 50 applications had been received. She highlighted the example of Hilary's Hut in Spelthorne to tackle social isolation, the funding enabled activity such as chair aerobics, and arts and crafts; to move around the borough based on need. A flexible approach was taken for organisations to work in a way that suited their community. It was hoped that the funding would support the larger funds like Your Fund Surrey and the Mental Health Investment Fund; a review on the impact would be undertaken.
 13. The Vice-Chair reflected on health and care economics and the importance of evidencing impact and the return on investment or a cost-benefit analysis from intervention and prevention work. For example, the IPSPC £6.3 million grant for employment support for just under 3,000 people was equivalent to around £2,000 per person, she asked what the evidence was for its long-term impact; she noted the need to be critical when such programmes are initiated.
 14. The Chair stressed the importance of having impact assessments, measuring, monitoring and evidence behind every initiative. The P3 Sponsor noted that a lot of prevention work such as community development activity was undertaken at district and borough level, such work took a longer period of time to evidence its impact; that was more challenging to do across organisations and system-wide. The activity underway would provide the space and funding to evidence impact.
 15. A Board member noted optimism from a public health perspective about the application for prevention funding and even if unsuccessful it would be essential to continue with the Collaboration to show particularly where the wider determinants of health work has an impact on Surrey's population and ensuring it has value for money; the Board would be kept informed.
 16. The Vice-Chair wondered how the community led projects were being advertised so that they reached the necessary residents. She was unaware of Hilary's Hut and as a local GP in Spelthorne noted that she could help to sign-post people to it; adding that and primary care was a good route for communications via their websites and she offered her support in terms of advertising on the websites. The Strategic Lead - Partnerships, Policy and Commissioning (SCC) noted that the Community Sparks funding and available grants had been advertised widely, she noted that there was more work to do about advertising the projects and how people can get involved and she would feed back the Vice-Chair's comment.
 17. The Chair asked how long an initial grant would sustain a project for and whether she was aware if there was a potential for further funding for the projects once the initial funding was used up. The Strategic Lead - Partnerships, Policy and

Commissioning (SCC) noted that it was one-off funding. As in the Hilary's Hut example it was hoped that the projects would look for other sources of funding. She noted that officers were thinking about how to bring in social value and different ways of supporting something similar in the future.

18. The Chair referred to the 'Challenges this quarter' section around domestic abuse and asked how significant the lack of clarity around the delivery/funding was. A Board member clarified that the Hospital Independent Domestic Violence Advocates service funding would run out in 2024, that service and funding was crucial for people experiencing mental and physical trauma. That was being looked at by the Assistant Director - Safer Communities, SCC.

RESOLVED:

1. Noted progress against the delivery 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. Noted the disbanding of the Surrey Local Outbreak Engagement Board.
5. Noted that with the appointment of a new Chair, the Terms of Reference of the Board would now be reviewed at the September Board meeting.

Actions/further information to be provided:

1. Priority 1: The Public Health Lead (SCC) will share the Breastfeeding Strategy action plan with the Chair and any Board member that requests it.
2. Priority 2: The Principal Lead – Health and Wellbeing (SCC) will follow up with partners and will share information on the buy in regarding the Green Health and Wellbeing programme; the time scale of embedding the programme and whether there was an impact assessment of the initiatives and value for money will be shared.
3. Priority 2: An update will be provided to the Board by the P2 Co-Sponsor following the next Best Start Strategy meeting, regarding the system capacity challenge.
4. Priority 3: The Director of Public Health (SCC) will keep the Board informed about the work of the Wider Determinants of Health Research Collaboration in evidencing impact and ensuring value for money and the application (stage two) to NIHR Health Determinants Research Collaboration for prevention funding.
5. Priority 3: The Strategic Lead - Partnerships, Policy and Commissioning (SCC) will feed back the Vice-Chair's comment on the need to advertise the Community Sparks projects further and will follow up her offer of support in terms of advertising on the primary care websites.

15/23 HEALTH AND WELLBEING STRATEGY SUMMARY IMPLEMENTATION PLAN JUNE 2023 [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health, SCC
 Phill Austen Reed - Principal Lead – Health and Wellbeing, SCC

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that:
 - the update provided the high-level detail of the delivery of the programmes, working closely with the Senior Responsible Officers (SROs) to ensure alignment with the Priority Populations and Key Neighbourhoods; and ensuring impact on the ground to improve health inequalities.
 - attention was given to the programmes where there could be a collaborative focus and it was recognised that there were other programmes underway across the health and care systems which had an impact on the three Priorities.
2. The Principal Lead – Health and Wellbeing (SCC) noted that:
 - the Summary Implementation Plan set out the leads and partners engaged with on the 41 programmes so the risks could be identified and addressed; a logic model was used to understand the inputs and the outputs on the desired outcomes within the Strategy and resources targeted to maximise impact.
 - the impact indicators for the Priority Populations were being developed as part of the draft Health and Wellbeing Index and the next phase would go online in September; having stronger engagement with the SROs would be vital to understand whether the programmes were actively engaging with and targeting those Priority Populations and Key Neighbourhoods.
 - Priority 1: there were mechanisms to go back and ask further questions on the impact indicators and related programmes, to understand what impact was being had. Some of the indicators and related programmes in italics were earlier in their engagement and that had galvanised collective action such as the implementation of the End of Life Strategy.
 - Priority 2: there were connections and overlapping impacts between the programmes in terms of the outcomes such as isolation which was linked to the Green Health and Wellbeing programme and the Mental Health Investment Fund; it was expected that there would be more programmes supporting Voluntary, Community and Social Enterprise partners to help reduce isolation.
 - Priority 3: the big shift in the refreshed Strategy last year was the focus on the wider determinants and the Summary Implementation Plan represented a clearer picture of the touch points with the Growth Board and the Greener Futures Board, having joint conversations as well as drawing on the Community Safety Implementation Plans.
 - mobilising with partners in support of the programmes and formulating discussion points would be crucial to help overcome some of the challenges.
 - it was the first time that an outline could be included on the Health in All Policies (HiAP) approach, of which the related programmes cut across the three Priorities; to be reported back to the Board via the Highlight Reports.
 - engagement had been had with the sub-boards and the SROs, and the Board would receive an update every twelve to eighteen months on the progress.
3. A Board member noted that she could not see performance or metrics data in the report. Regarding Priority 2, outcome 2, impact indicator: 'Proportion of children receiving a 12-month review with their Health Visitor', she asked for an update on that and what the challenges were. Regarding Priority 2, outcome 1, programme: 'Improved Access to Preventative Emotional and Mental Wellbeing Support (Wellbeing Front Door Service Phoneline)' asked partners how those services were tested and measured in terms of working as intended. The Director of Public Health (SCC) responded that the impact indicators were the metrics of how measurements would be undertaken, whilst the performance was included within the Health and Wellbeing Index dashboard which was updated with live performance information, the link would be included in the Teams meeting chat.
4. As a supplementary on the above the Board member reiterated her second question wanting to hear from providers on the Board as to what the checks and balances

were regarding the capacity of the Wellbeing Front Door Service Phonenumber. The Vice-Chair noted that there was a regular commissioning performance review with the mental health providers. She noted that Surrey and Borders Partnership (SABP) did not deliver all the psychological therapies and early intervention services, many of those were delivered by the voluntary sector and other providers. A Board member noted that there were multiple Single Points of Access in both Children's and Adults across the system. There was not a single metric that measured the ease of access, SABP had its own access data for its services. He would liaise with the Director of Public Health on what the aggregation looks like across all different agencies providing front door services. The Chair noted that the system should know its overall situation.

5. A Board member referred to the HiAP slide around the summary of Civic / System Level Interventions, whereby programme 4: 'Air Quality is improved' was in development. She noted that it would be helpful to have an assurance over the quality of the baseline data and to gauge the consistency of the measures in place across the county, both pre Covid-19 and post Covid-19. As well as incorporating the transitions made to improve air quality: through the Greener Futures team around biodiversity and the environmental policies in Surrey such as the measures in Guildford and Farnham around encouraging people to use electric vehicles; to understand what that trajectory looked like. The Principal Lead – Health and Wellbeing (SCC) noted that it was in development as pre Covid-19 there was a Public Health Lead that was engaged with partners on that, that role was being re-established and would have a collective view identifying what was working well and where additional programmes or consistency might be needed.

Borough Councillor Ann-Marie Barker left at 3.04 pm.

6. Regarding all the initiatives, the Chair requested that the anticipated reach and the actual reach be provided in terms of the numbers of people that they would impact, what the geographical spread was, whether specific demographics were targeted, what the direction of travel was, how were those being monitored and what the measurements were and the value provided.
7. A Board member thanked Public Health colleagues for their collaborative approach. She noted the need to connect with education and schools on the opportunities within the Priorities, to use children and young people's energy to help hold parents and adults to account for their behaviours. For example, regarding Special Educational Needs and Disabilities, some of the indicators and information collected from schools, were good measures in terms of young people's wellbeing which aligned to the Priorities.

RESOLVED:

1. Recognised the range of current and developing programmes currently within scope of the implementation of the Health and Wellbeing Strategy priorities and outcomes. These programmes are also related to the impact indicators previously shared with the board (see related Health and Wellbeing Board papers above).
2. Recognised the progress made in highlighting the range of programmes that focus resource on Priority Populations including the Key Neighbourhoods.
3. Supported the continued collaborative oversight of programmes alongside action to address barriers and challenges within the three priorities through:
 - i. the Prevention and Wider Determinants Board (Priority One and Priority Three) and
 - ii. the Mental Health: Prevention and Oversight Delivery Board (MHPODB) (Priority Two) (See Appendix 4 for actions in its first year's progress report).

4. Would raise any obvious or significant omissions with the Health and Wellbeing Programme team via publichealth@surreycc.gov.uk and the relevant senior lead for follow up.

Actions/further information to be provided:

1. The Director of Public Health (SCC) will include the link to the Health and Wellbeing Index dashboard in the Teams meeting chat.
2. The Board member (Graham Wareham) will liaise with the Director of Public Health on what the aggregation and access data looks like across all different agencies providing front door services via different access points; with a focus on the programme: 'Improved Access to Preventative Emotional and Mental Wellbeing Support (Wellbeing Front Door Service Phonenumber)'.
3. Regarding all the initiatives, the Principal Lead – Health and Wellbeing (SCC) will follow up the Chair's request for information on the anticipated reach and the actual reach in terms of the numbers of people that they will impact, what the geographical spread is, whether specific demographics are targeted, what the direction of travel is, how are those being monitored and what the measurements are and the value provided.

16/23 COMMUNITY SAFETY ASSEMBLY AND IMPLEMENTATION PLANS [Item 7]

Witnesses:

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

Key points raised in the discussion:

1. The Partnership and Community Safety Lead (OPCC) noted that:
 - she welcomed the Board's comments on the Community Safety Assembly's updated Terms of Reference, to be signed off by the Assembly in November.
2. The Chair noted that she alongside many Members and residents had a problem with understanding what counted as anti-social behaviour, having looked up the Anti-Social Behaviour Action Plan she did not sense its alignment with the report. She noted the need to understand how the Plan was integrated, noting that she needed to understand who was taking ownership or the responsibility over anti-social behaviour and to communicate that across the county.
3. Responding to the Chair, the Partnership and Community Safety Lead (OPCC) noted that:
 - the Implementation Plans sat under the Community Safety Agreement and then fed into the Strategy Implementation Plan, particularly Priority 3.
 - the four work programmes within the Implementation Plans were topical: serious violence, domestic abuse, violence against women and girls, and anti-social behaviour; there were lots of collaborative opportunities within those.
 - there were pieces of work underway nationally through pilot areas looking at the Government's Anti-Social Behaviour Action Plan, local implementation would follow from the results of those pilots.
 - it was sometimes difficult for residents and communities to understand who to report anti-social behaviour complaints to, as in the absence of criminality it would not always be the police. She would liaise with the SRO to ensure that within the action plan there would be clarity on the correct responder.
 - a recent survey of victims' and residents' perception and feeling of what anti-social behaviour looked like in Surrey's communities had been undertaken; the

- results of that needed to be triangulated against the data from practitioners and frontline officers; to target resources to the right areas.
- updates would be provided to the Board on the four work programmes within the Implementation Plans, for example violence against women and girls was on the agenda for the July informal Board meeting.
4. A Board member noted that regarding the vision for anti-social behaviour in terms of the aim to continue to improve the understanding and response to incidents, it would be helpful to have a baseline of how effective the current response was. At a recent Thriving Communities Board in Stanwell the *Police Community Support Officers* present noted that they struggled to respond because they did not have the capacity. In terms of resourcing, she asked about how practical the Implementations Plans were on the ground noting that it would be important to have a holistic perspective, including for example preventative work in terms of community groups to occupy young people.
 5. A Board member queried whether the Community Safety Assembly meeting twice a year would be sufficient to address issues and follow up actions promptly. He paraphrased from the report which noted that members of the Assembly should be of sufficient seniority to be able to make decisions and commit resources, however most of those bodies would have to report back to committees and cabinets for approval; he suggested that the Assembly could meet quarterly. The Partnership and Community Safety Lead (OPCC) noted that the Assembly meeting twice a year was to ensure that it did not deflect from the Board's work around community safety following the merger with the Community Safety Board. She would liaise with the Police and Crime Commissioner for Surrey on that suggestion.

RESOLVED:

1. Considered the Community Safety Assembly's Terms of Reference.
2. Considered and supported the further development of the implementation plans for community safety under the Priority 3 outcome – 'People are safe and feel safe'.

Actions/further information to be provided:

1. The Partnership and Community Safety Lead (OPCC) will liaise with the SRO to ensure that within the action plan there would be clarity on the correct responder to anti-social behaviour.
2. The Partnership and Community Safety Lead (OPCC) will provide a response to the Board member's (Denise Turner-Stewart) query on what the baseline is of how effective the current response to anti-social behaviour incidents is; and in terms of resourcing will explain how practical the Implementations Plans were on the ground and to have a holistic perspective.
3. The Partnership and Community Safety Lead (OPCC) will liaise with the PCC on the Board member's (Mark Nuti) suggestion for the Community Safety Assembly to meet quarterly rather than bi-annually.

17/23 SURREYWIDE DATA STRATEGY – UPDATE [Item 8]

Witnesses:

David Howell - Joint Director for Strategic Insight and Analytics, Surrey Heartlands ICS
 Sarah Haywood - Partnership and Community Safety Lead, OPCC

Key points raised in the discussion:

1. The Joint Director for Strategic Insight and Analytics (Surrey Heartlands ICS) noted that:
 - the Surrey Wide Data Strategy sought to address the key challenges around data across the system, it was composed of four components: purpose, infrastructure, people, and opportunity; he would focus on the last three.
 - data and services were fragmented and needed to be integrated and joined up avoiding repetition and delays; there was a need to better understand the Priority Populations and health inequalities.
 - Infrastructure: a significant piece was underway to develop the Integrated Digital and Data Platform, which would deliver shared analytical capabilities for different use cases across the system: direct care, and secondary uses around performance assurance and wider analytical capabilities, Population Health Management, and research. Several business cases had been developed, providing more granularity and costings.
 - People: Surrey Office of Data Analytics (SODA) sought to solve key problems faced by the system, a use case for serious violence had been identified and towns development was ongoing. The focus was on prevention spend mapping and how that could be supported.
 - Opportunity: the Hewitt Review looked at how systems used data and work was underway to implement those recommendations and it provided the backing for funding around people and infrastructure, expanding capabilities.
2. The Partnership and Community Safety Lead (OPCC) thanked the report author for including serious violence within SODA's work, which would result in a detailed needs assessment.
3. The Chair noted that measuring, monitoring, and reporting the impacts of projects, and data collection, use and sharing, threaded through the upcoming agenda items as well as the Joint Strategic Needs Assessment (JSNA) and the Surrey Index. She queried whether the architecture was robust and whether there was the funding, capacity and staffing now to deliver all the strategies and programmes throughout their duration. She asked whether the organisations were able to provide the requested data. The Joint Director for Strategic Insight and Analytics (Surrey Heartlands ICS) explained that regarding the Infrastructure programme, the work underway could be used to target the four use case areas, investing and ensuring that they would be fit for purpose system-wide. Regarding the Opportunity programme, the Full Business Case would set out the funding required as a result of the recommendations from the Hewitt Review. Regarding the People programme, there were good skills across the system but there was a shortfall in specific areas like data sciences.

Sinead Mooney left the meeting at 3.31 pm.

RESOLVED:

1. Noted the progress that has been made to date across the system.
2. Ensured that the direction of travel and progress being made by the teams are in line with the views of the Health and Wellbeing Board membership.
3. Provided feedback and recommendations on the highlighted areas of challenge being faced at this time.

Actions/further information to be provided:

None.

18/23 MENTAL HEALTH IMPROVEMENT PLAN - UPDATE [Item 9]

Dr Charlotte Canniff and Rachel Crossley left the meeting at 3.33 pm.

Witnesses:

Liz Williams - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands (Priority 2 Co-Sponsor)

Key points raised in the discussion:

1. The Joint Strategic Commissioning Convener (SCC and Surrey Heartlands) (Priority 2 Co-Sponsor) noted that:
 - the report outlined the progress of the four programmes and was a shortened version than that reported to the recent Adults and Health Select Committee.
 - Early Intervention and Prevention: that was well integrated into Priority 2 as covered in items 5 and 6.
 - Bounce and Access: she was a joint SRO and had worked closely with Unity Insights on the logic model and evaluation framework to be discussed and reviewed imminently, and with the Independent Mental Health Network run by the Surrey Coalition of Disabled People who co-designed the definition of Bounce using lived experience. In terms of monitoring and evaluating impacts, programmes were being mapped to highlight any gaps.
 - Crisis and Flow: since October 2022, led by colleagues in SABP, focusing on improving flow and discharge, and admission avoidance.
 - Enablers and Culture: as with SODA, there was a commitment to having the right data and analytics, the Surrey Hackathon Project had been convened. Transformation happening outside of the MHIP, such as the NHS Long term Plan and recovery work needed to be combined.
 - there were significant gaps in projects and programme resourcing around Bounce and Access, she was solely working on that and Unity Insights would finish their work in late June; the Joint Executive Director of Adult Social Care and Integrated Commissioning (SCC and Surrey Heartlands ICS) was working with system colleagues on the matter.
2. A Board member thanked the Priority 2 Co-Sponsor for all her hard work noting that in the absence of a mental health convener she was undertaking that role in addition to her current role. He noted that resourcing and funding was the biggest problem faced by the system and that needed to be addressed.
3. The Chair noted that mental health funding had been slashed, she had in her former role as Chair of the Adults and Health Select Committee asked for an impact assessment but had not received it. There were also impacts on the NHS in terms of physical ramifications of not handling mental health. She stressed the need to understand the impacts caused system-wide of funding cuts to mental health; with the judiciary, other organisations and the third sector having to face the consequences. She welcomed partners being able to supply that information to explain the full impact of not properly resourcing mental health. A Board member responded that in the health arena plans sent to NHSE were being finalised, any changes in programmes of work would go through equality impacts analysis, an aggregate form of that would be provided to the Board.
4. The Chair noted that in taking an amount of money from a cohort not being serviced for their mental health issues, asked whether someone was doing an assessment of the likelihood of those individuals to appear in another part of the system and for example the police having to address the impacts. A Board member noted the difficulty in ascertaining the secondary and tertiary impacts however noted that the system was providing targeted support for example through the 'Right Care, Right

Person' national model, to ensure that the best agencies support someone in distress. An enhanced mental health offer in acute care in the operating plan had been approved, to come into fruition in due course; with other initiatives scheduled for future financial years.

5. The Chair emphasised that the indirect consequences were expensive in terms of cost but also impacts to individuals and their lived experiences, communities and organisations. She reiterated that there should be a proper attempt at an impact assessment on what it means not to spend sufficient money on mental health, work was being done abroad for example. She highlighted the need for the proper funding and resourcing of Bounce and Access. The Board member noted that SABP would look to review the impacts from the schemes within that programme; he agreed that more resources would improve outcomes.

Karen Brimacombe left the meeting at 3.47 pm.

6. A Board member acknowledged that all were under pressure financially from every angle, however he noted that there would not be a huge handout from the Government and noted that locally all must take prevention seriously and must invest in it. He suggested that the Board could have a crisis meeting with all partners on how to invest in prevention, noting that the pressures were growing annually. Action was needed now, partners needed to commit an amount of money to start making a difference. The Chair agreed noting the need to lobby for the change in the mental health funding formula. She noted that the system could not afford to not have that data on prevention spending, nor could not afford to not spend the money on mental health.
7. Referring to the Enablers and Culture programme on page 167 under 'Data and digital', regarding the published JSNA chapter the Chair highlighted the sentence: 'noted caveats that big gaps remain in the data and the chapter and SRO recommendations' and asked whether that data was now available. The Priority 2 Co-Sponsor did not believe that data was available, she noted that officers would use SODA to fill in the gaps and use the Surrey Hackathon Project; combining data together in packs.

Mark Nuti, Graham Wareham and Steve Flanagan left the meeting at 3.51 pm.

RESOLVED:

1. Noted the contents of this update and endorsed the proposed next steps.

Actions/further information to be provided:

1. The Board member (Graham Wareham) will provide the Board with an aggregate form of the finalised plans - within the health arena - sent to NHSE which would include an equality impacts analysis.
2. The Chair will follow up her request with the Director of Public Health (SCC) for a system-wide mental health impact assessment, both direct and indirect impacts; partners to look to supply that information.
3. The Chair will follow up the suggestion of the Board holding a crisis meeting on prevention with partners, looking at how to invest in it to make a difference.

19/23 BETTER CARE FUND (BCF) PLAN 2023-25 AND BCF END OF YEAR REVIEW 2022/23 [Item 10]

Witnesses:

Jonathan Lillistone - Assistant Director – Commissioning, SCC

Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands ICS

Key points raised in the discussion:

1. The Assistant Director – Commissioning (SCC) highlighted that:
 - the review of last year's Better Care Fund (BCF) set out the metrics and delivery and it had been submitted to NHS England (NHSE).
 - the current two-year BCF Plan was welcomed compared to previous one-year plans due to late national guidance. The report set out the systematic engagement with partners around developing the plan and priorities for 2023-2025, metrics and financial allocations; with more rigorous monitoring. NHSE feedback was included and changes were integrated around the use of additional discharge grant funding, as well as an additional narrative on the metrics and trajectory.
 - Annex 2: BCF Planning Template 2023-25 was the final and not a draft version, within that spreadsheet there was a technical error which NHSE was aware of regarding some of the tabs indicating red and incomplete.

Dr Russell Hills left the meeting at 3.54 pm.

2. The Chair asked how the BCF Plan would address the 'wicked problems' faced by the system as noted in item 11, as the BCF was spending the money on the initiatives. The Assistant Director – Commissioning (SCC) acknowledged the connection between the two, noting that the BCF linked closely with the Health and Wellbeing Priorities, particularly around prevention under Priority 2, discharge to assess and system transformation were linked. He noted that within the various schemes funded by the BCF, many were key contributors to delivering wider strategic priorities. The ICS Chief Operating Officer (Surrey Heartlands ICS) noted that there was alignment, it would be vital to ensure that the initiatives or schemes being invested in by the BCF would have an impact on the 'wicked problems' within the Joint Forward Plan.

Denise Turner-Stewart and Tina Benjamin left the meeting at 3.57 pm.

RESOLVED:

1. Approved the proposed 2023-25 BCF Plan (including Planning Narrative and Planning Template)
2. Noted:
 - i. 2022/23 BCF Review which was submitted to NHSE on 23 May following delegated authority by HWB Board Chair.
 - ii. Integrated Care Board (ICB) Additional Discharge Templates for Surrey Heartlands and Frimley Health and Care – both submitted to NHS England on 19 May 2023.
 - iii. BCF Strategy Workshop next steps actions (from 3 March 2023)
3. Recommended that a Section 75 agreement* between Surrey County Council and Surrey Heartlands ICB should be developed, based on the BCF Plan, for approval by the Surrey-Wide Commissioning Committees in Common (CIC).

4. Recommended that a Section 75 agreement* between Surrey County Council and Frimley ICB should be developed, based on the BCF Plan, for approval by CIC.

*Section 75 agreements are made between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s.

Actions/further information to be provided:

None.

20/23 SYSTEM PLANNING: SURREY HEARTLANDS DRAFT JOINT FORWARD PLAN (JFP) 2023 - 2028 [Item 11]

Mari Roberts-Wood left the meeting at 3.59 pm.

Witnesses:

Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands ICS

Key points raised in the discussion:

1. The ICS Chief Operating Officer (Surrey Heartlands ICS) noted that many Board members had been involved in the production of the draft five-year Joint Forward Plan (JFP), she highlighted that there had been multiple engagement sessions with partners and deep dives. She noted that the JFP was aligned to the Health and Wellbeing Strategy Priorities and the Integrated Care Strategy; and it would be published on the Surrey Heartlands website. She noted that the deadline date for submission was 30 June, it had been reviewed and approved by several boards including the Integrated Care Partnership (ICP).

RESOLVED:

1. Noted the near-final draft Joint Forward Plan and its alignment with Surrey's Health and Wellbeing priorities and strategic approach.
2. Would provide an opinion of the plan.
3. Noted that the annual update of the plan would be provided in March 2024.

Actions/further information to be provided:

None.

21/23 SYSTEM PLANNING: FRIMLEY DRAFT JOINT FORWARD PLAN (JFP) 2023 - 2028 [Item 12]

Witnesses:

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 Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath (NHS Frimley ICB) noted that the draft Joint Forward Plan had been agreed at the Frimley ICB yesterday.

RESOLVED:

1. Noted the near-final summary presentation of the draft Joint Forward Plan and its alignment with Surrey's Health and Wellbeing priorities and strategic approach, and would provide informal feedback.
2. Noted that the annual update of the plan would be provided in March 2024.

Actions/further information to be provided:

None.

22/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 13]**Witnesses:**

Karen McDowell - ICS Chief Operating 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. No comments were made.

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.

Actions/further information to be provided:

None.

23/23 DATE OF THE NEXT MEETING [Item 14]

The date of the next public meeting was noted as 20 September 2023. Prior to that there would be an informal Board meeting in July.

The Chair noted that public Board meetings would revert to two hours to enable more discussion on items.

Meeting ended at: 4.03 pm

Chair

Health and Wellbeing Board (HWB) Paper

1. Reference Information

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Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report
HWBS Priority populations:	All
Priority - 1, 2 and/or 3:	All
Outcomes/System Capabilities:	All
Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	Helen Johnson, Senior Policy and Programme Manager, Health and Well-being Team, Public Health, SCC; helen.johnson1@surreycc.gov.uk
Board Sponsor(s):	<ul style="list-style-type: none"> • Karen Brimacombe, Chief Executive, Mole Valley District Council (Priority 1 Sponsor) • Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS / Kate Barker and Liz Williams SCC/Surrey Heartlands Joint Conveners (Priority 2 Co-Sponsors) • Mari Roberts-Wood (Priority 3 Sponsor), Managing Director, Reigate and Banstead Borough Council
HWB meeting date:	20 September 2023
Related HWB papers:	Item 7 - HWB Strategy Index paper
Annexes/Appendices:	Annex 1 - Highlight Report including JSNA, Health in All Policies and Communications update Annex 2 - Green Health & Well-Being Programme – follow-up from June HWB meeting discussion

2. Executive summary

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) as of 29 August 2023. The Highlight Report provides an overview of activity against Health and Wellbeing Strategy's Summary Implementation Plan projects and programmes, describes what has been achieved against the outcomes, how collaborative working has aided this progress and identifies new data and insights that have been released in the previous quarter. It also has a section on communication activity associated with the HWB Strategy's priority populations and priorities and a section on the progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) and a section on the implementation of the Health in All Policies (HiAP) implementation plan.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress against the delivery of the Strategy in the Highlight Report (Annex 1).
2. Use the [Highlight Reports](#) to increase awareness through their organisations of delivery of the strategy.
3. Continue to use the [HWB Strategy engagement slide deck](#) to ensure awareness of the strategies, ambition and priorities that relate to reducing health inequalities.
4. Support the sharing of data and development of the JSNA chapters highlighted over the next quarter.
5. Support 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 - Annex 2).

4. Detail

Priority 1

As October will see the national 'Stoptober' campaign return to Surrey so smoking cessation takes the spotlight in the Highlight Report this month. The updated Surrey Tobacco Control Strategy will also be launched in October with a focus on the following four priorities:

1. Supporting all tobacco users to quit
2. Evidence based education
3. Local regulation and enforcement
4. Creating smokefree environments

The ambition to eliminate tobacco use in Surrey and the inequalities in health smoking creates cannot be addressed solely by any one organisation. Partners are encouraged to promote the Stoptober messaging and support the priorities of the updated strategy within their organisations and when engaging with residents.

Priority 2

'In the Spotlight' this quarter is the outcome of the first round of The Surrey All Age Mental Health Investment Fund (MHIF) funding. The total budget of £10.5m consists of a £6.5m contribution from Surrey County Council and £4m from Surrey Heartlands Integrated Care Board. Funding is used to support services which are non-statutory, and developed by local, community-based groups. The MHIF is aligned to meeting the outcomes of Priority 2 of the Health and Wellbeing Strategy.

Round 1 of applications took place in December 2022. All bids were assessed by the Mental Health Advisory Panel which represents the Surrey Heartlands Integrated Care Board (ICB), SCC Public Health and Cabinet members, the Voluntary, Community and Social Enterprise (VCSE) and integrated commissioning representatives.

There were 55 bids submitted and the MHIF awarded funding to nine projects providing innovative, community-focused programmes to support the prevention of mental ill health and improvement of emotional well-being across the county. The projects *cover a broad age range and are spread across the eleven districts and boroughs of Surrey*. The nine projects were awarded a total funding of approximately £530,000. Further information regarding the projects can be found [here](#).

In addition to funding rounds the following money has been allocated as agreed at Committees in Common (CiC):

Allocation	Value	Approval
Management of MHIF	£100,000	CiC Sept 22
Community Foundation for Surrey	£1m (match funding)	CiC Sept 22
Children's Integrated Commissioning	£1m	CiC June 23
Adult's Integrated Commissioning	£1m	CiC June 23
School Based Needs Programme	£1.2m	CiC June 23

Different processes have been agreed for each of these allocations to ensure alignment to existing governance and contracts and to ensure the spend meets to the objectives and criteria of the MHIF. These processes are detailed in the relevant Committees in Commons meeting papers linked below:

[September 2022 CiC paper](#)

[June 2023 CiC paper](#)

The second funding round has now closed and applications were assessed by the Mental Health Advisory Panel in August. The MHIF team are in the process of completing final due diligence and internal governance. Bidders will be notified of the

outcome by end of September with the aim for contract signature by end of October 2023.

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The amount distributed to successful bids will determine whether there will be a further round of applications. The MHIF team expect to be able to update on any remaining allocation and potential future funding rounds in October 2023.

Priority 3

This quarter's highlight relates to the HWB Strategy's outcome 'Children, Young People and Adults are empowered in their community and the associated system capability. The first four Local Area Coordinators (LAC) in Surrey – based in Sheerwater & Maybury, Hurst Green, Horley, and Old Dean & St Michaels - have so far received introductions to over 190 residents in local communities who need support to realise their vision of a good life. Five further roles are being introduced this year and following a recruitment process in partnership with community members, roles have been offered in Goldsworth Park (Woking) and Bellfields (Guildford). Recruitment is underway in Stanwell and Upper Hale (Farnham) and discussion underway about introducing a role in Mole Valley.

These roles are primarily located in HWB Strategy Key Neighbourhoods. The ripple effect of those who receive 1-1 support from Local Area Co-ordinators and who are then able to identify ways in which they can initiate community-led action in the Priority Populations of geography in is becoming very evident.

5. Opportunities/Challenges

Opportunities

The development of new JSNA chapters

Whilst data may be available at one geography (e.g. Local Authority), commissioners would be better informed if it was available at a different geographies (e.g. NHS Place). JSNA chapters consider data from multiple sources to ensure it is fully informed by all the relevant intelligence but this means there will be inconsistency throughout the chapter around which geographic level data is being published in.

There is some unavailability of data at emerging geographies (strategic towns, HWB Strategy Key Neighbourhoods) but the Public Health Intelligence and Insights teams are attempting to resolve some of these challenges by developing a methodology for translating data between different geographies. Furthermore, they are continuing to work with partners to ensure we are provided with all the available data in a timely manner in a format that can be shared publicly.

Ongoing support from the Board members for this provision of data is requested by the SCC PH Intelligence and Insights Teams. A [survey of providers of services to those experiencing multiple disadvantage](#) is also open until the end of September. Board members are asked to support the dissemination of this survey, which will inform the Multiple Disadvantage JSNA chapter development.

Priority 1

SCC along with the local partners working on multiple disadvantage have been awarded an additional grant of £590K from national funding to ensure service delivery to the Changing Futures (CF) beneficiaries will continue to be supported until the end of March 2025. Work continues however with all partners to secure a long term local commitment beyond March 2025 and this will feature as part of the Better Care Fund workshop for board members in October.

Priority 2

Following the learning and evidence of effectiveness/value for money from the Green Social Prescribing pilot (see Annex 2 for response to questions raised at the June HWB meeting), there are 4 funding applications currently awaiting decisions, totalling £850,000:

- National lottery
- UKRI
- Community Knowledge
- Digital Social Care

Challenges

The development of the HWB Strategy Index

The set of Indicators for the HWB Strategy Index that have been previously shared are taking longer to fully incorporate than anticipated by SCC due to limitations of data collected and published. As previously highlighted challenges in identifying comprehensive and appropriate indicators for all Priority Populations of identity and at all lower levels of geography also continue to be challenging due to data availability. The item at September HWB provides a current update on the progress that is being made, what is being included and how this will be used going forwards.

Priority 2

Following the learning and evidence of effectiveness/value for money from the Green Social Prescribing pilot (see Annex 2 for response to questions raised at the June HWB meeting), funding is yet to be identified *from key system partners* to enable the continuation / proposed broader **Green Health and Wellbeing** programme delivery. It is estimated that to deliver on successful funding bids and maximise the potential of Green Health and Well-being across the system, several central co-ordination posts are necessary to add capacity to existing co-ordination teams. Currently this is

estimated to be approximately £176,000. Board members are asked to support engagement with officers currently leading the programme to identify appropriate local funding opportunities.

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

- All Board members are requested to share the Highlight Reports widely within their respective organisations and utilise the HWB Strategy engagement slides as appropriate.

7. Next steps

- The most recent [Highlight Report](#) is available at this web link on the Healthy Surrey web page 24 hours after the Board meeting.
- The HWB Strategy engagement slides are available on the SCC Community Engagement sharepoint site [here](#). All new members of the Board were given access directly after the June Board meeting.

Questions to guide Board discussion:

Are board members able to engage outside of the meeting to discuss local funding opportunities re. sustainability of green health and wellbeing.?

Should this come together alongside other programmes as examples of where we want to invest in prevention locally?

Health and Wellbeing Strategy: Priority 1 - Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being

IMPACT SUMMARY Improved physical health through the prevention of physical ill-health & promotion of physical well-being	WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?	HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?	DATA, INSIGHTS AND CHALLENGES: Screening in Surrey
<div data-bbox="56 271 168 359" data-label="Image"> </div> <p>OUTCOMES: By 2030 the following outcomes will be met for the Priority Populations:</p> <ul style="list-style-type: none"> • People have a healthy weight and are active • Substance misuse is low (drugs/alcohol & smoking) • The needs of those experiencing multiple disadvantages are met • Serious conditions and diseases are prevented • People are supported to live well independently for as long as possible <p>WHO IS LEADING THIS? Priority sponsor: Karen Brimacombe. Chief Executive, Mole Valley District Council</p> <p>Programme Manager: Jason Ralphs, Policy and Programme Manager, Surrey County Council</p> <p>For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p>The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</p> <p>In light of the Community Vision and the vital role, communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey's priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority 1 currently focuses on enabling residents to lead physically healthier lives. This priority area is focused on prevention, removing barriers and supporting people to become proactive in improving their physical health. Priority 1 programmes include those which focus on:</p> <ul style="list-style-type: none"> • Working to reduce obesity, excess weight rates and low levels of physical inactivity • Supporting prevention and treatment of substance misuse, including alcohol, and smoking cessation. • Ensuring that the needs of those experiencing multiple disadvantages are met. • Promoting prevention to decrease incidence of serious conditions/diseases • Living independently and dying well 	<ul style="list-style-type: none"> - Active Surrey held their first Health Conference which included national and local practice to embed physical activity across the health system. In addition, the recently launched Health and Care Professionals Hub, which collates physical activity training and resources for those working with individuals with long term health conditions is growing and has been visited 3000 times since it was launched. - The Step OUT to Step IN programme, aimed at providing young people with a positive diversionary tool to reduce engagement in ASB has received over 45 referrals from 8 boroughs in Surrey. Several eye-opening case studies have been received through young people that have been involved in the project. The project is now looking to make more referral partners aware of the programme and potentially expand the cohort of young people that can be referred. - The Health Protection Dashboard is now live and being shared with partners to support the uptake of immunisations. - The newly formed Breastfeeding Strategic Group are planning a 'data hackathon' in September with key partners to work through reporting/collating challenges. This work aligns to the output from the ICS population health management summit session for the First 1000 Days (held in the Spring). - In June, five 'eating on a budget workshops' were delivered to partners to support discussions about healthy eating. - A partnership group with clinical leadership has been set up to oversee the Core20Plus5 Accelerator Programme, aimed at increasing cancer screening for those with learning disability. The scope has been expanded to include the uptake of HPV vaccination. During learning disability week in June, a cancer screening webinar was delivered to people with LD and their families to raise awareness about the current cancer screening programmes and how to access. 	<p>Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered, or information given to help make informed decisions. The summary below from Spring 2023, shows the available performance data for across Surrey from new JSNA Screening chapter:</p> <ul style="list-style-type: none"> - Bowel screening uptake rates have steadily increased and surpass the national 'acceptable' and 'achievable' targets. - Breast screening, coverage and uptake rates were just meeting 'acceptable' targets pre-pandemic but have since slipped below. 'Achievable' targets for both coverage and uptake have not been met however rates are improving following efforts to reduce backlogs. - Cervical screening coverage, for both age groups 25 – 49 years and 50 – 64 years, the 'acceptable' target has not been met. Coverage and uptake rates are generally better than the England average. - Abdominal aortic aneurysm (AAA) programme is currently performing significantly lower than the 'acceptable' national target but has been taking with actions to address the issues. - Diabetic eye screening programme (DESP) uptake rates for Surrey were well above the 'acceptable' target level but failed to meet the 'achievable' target level, however rates are currently improving. - Antenatal and newborn (ANNB) screening programme usually performs well above the national targets set for the six different elements. <p>Service gaps were identified for people with learning disabilities and autism, people who are socio-economically deprived, certain ethnic groups, and trans people. The following opportunities to improve access and uptake were identified:</p> <ul style="list-style-type: none"> - Use insights to identify barriers to access particularly for specific population groups. - Support GPs to improve call/recall systems. - Strengthen screening to treatment pathways. <p>Evidence highlights the need to embed a whole systems approach to improving uptake and coverage, including improvements to data collection and targeting those most at risk of being unscreened. This will require contribution and collaborative working by several stakeholders and organisations</p>

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



IN THE SPOTLIGHT: A Smokefree Surrey

People have healthy weight and are active

- The whole systems approach to healthy weight for looked after children is being progressed with a workshop due to take place in October to understand the opportunities to support children in care to maintain a healthy weight.
- The Surrey Youth games had an increase in participation with 438 young people taking part on the day. Of those who attended 80% were not meeting the CMO guidelines of 60 mins physical activity a day, 20% of attendees were from the target income deprivation affected children and 9% were children with additional needs and disabilities.

Substance misuse is low

- Surrey (and Sussex) Police's Centurion Team recently passed a significant milestone having disrupted over 300 county lines in Surrey & Sussex since the team's inception, achieving a total of 538 years in sentences of those convicted. The Centurion uplift will likely enable the team to double in size and enable more lines to be closed and more use of public health messaging to help drug users access treatment.
- Surrey contributed to a children and vaping information resource pack, which has been endorsed by the Association of Directors of Public Health and will be shared with schools in advance of the children returning in September.
- The tender for the smoking, weight management and alcohol prevention contract will go live in August with the new service due to launch in April 2024. This service will continue to target priority populations with the greatest risk.
- Following a deep dive by I-access and the substance use team at Bronzefield Prison, improved reporting across the system has helped to increase the number of people receiving substance misuse support through continuity of care.

The needs of those experiencing multiple disadvantage are met

- SCC awarded an additional grant of £590K to ensure service delivery to the Changing Futures (CF) beneficiaries will continue until the end of March 2025. In addition, two system-wide task and finish forums and a Better Care Fund forum have been established to consider investment for the programme as part of its longer-term sustainability plan.
- The psychological formulation process which underpins the Bridge the Gap referrals and allocations process continues to be embedded and reviews with beneficiaries and their Bridge the Gap workers are being planned.
- The CF Team has identified and been advocating around barriers that prevent people with substance use from getting personalised and flexible support with mental health and substance use challenges should be resolved. A co-occurring conditions specialist has been appointed by SABP (who provide Mental Health and Substance Use services in Surrey).
- Clients are benefiting from the new [mental health and housing protocol](#) as it is being used across the system. Through the team around the person (TAP) process, 5 clients have been accommodated appropriately as a result of the new protocol.

Serious conditions and diseases are prevented

- The One You Surrey healthy heart check programme ended in July, having completed over 500 blood pressure and atrial fibrillation checks in a variety of community locations.
- Following the Get it Right First-Time visit, the system was recognised as having worked very hard to achieve a consistent continuous glucose monitoring (CMG) offer for all Type 1 Diabetes patients to better support them and their care team to monitor and control their blood sugar levels. The system is now working towards this standard for Type 2 diabetes.
- Behavioural and Psychological Symptoms in Dementia (BPSD) guidelines have been published. The guidelines have been well received by carers and professionals to support a reduction in anti-psychotic medication. A further online educational event is due to take place in for September with over 100 people registered to attend.
- The vaccinations team are working with autism friendly communities to increase uptake in autism friendly locations.

People are supported to live independently for as long as possible

- The aims and responsibilities of the PEOLC steering group are currently under review, with a view to re-establishing the meetings at the latter part of September in order to ensure oversight of the delivery of the PEOLC strategy/ICB statutory guidance.
- Surrey Heartlands and Surrey County Council are the first system in the UK to collaboratively achieve the Carer Confident Level 1 (active in addressing carer support) from Carers UK. The scheme assists employers to build a supportive and inclusive work place for staff who are or may become carers in the future. A joint application to become Level 2 (accomplished in providing carer support) accredited has been submitted for assessment.

October will see the national 'Stoptober' smoking cessation campaign return to Surrey. In conjunction, the updated Surrey Tobacco Control Strategy will be launched with a focus on the following four priorities:

1. Supporting all tobacco users to quit
2. Evidence based education
3. Local regulation and enforcement
4. Creating smokefree environments

The ambition to eliminate tobacco use in Surrey cannot be achieved solely by any one organisation. Partners are encouraged to promote the Stoptober messaging and support the priorities of the updated strategy within their organisations and when engaging with residents.

Smoking is one of the biggest preventable causes of early death and illness and contributes to the biggest gap in healthy life expectancy between the rich and poor. Where smoking is more visible in homes, communities and workplaces, there is a greater likelihood that smoking will be taken up by the next generation. Children and young people from smoking households are up to three times more likely to become smokers themselves.¹

In Surrey there is a continuing decline in the proportion of people who smoke across the county. 2021 data shows that 7.8% of adults in Surrey smoke, below the South-East (11.9%) and England (13.0%) levels. Despite declines in the overall smoking prevalence in Surrey, inequalities remain:

- **Geography:** District and borough prevalence levels vary from the lowest of 4.4% (Waverley) to the highest of 12.4% (Mole Valley)².
- **Socio-economic:** Nearly a quarter (23.9%) of people with a routine and manual socioeconomic class smoke, almost 3x higher than those with managerial and professional socio-economic class (8.2%).
- **Sex:** Male smoking prevalence is over twice that of the female rate. This is much more pronounced in Surrey than it is in England.
- **Mental Health:** Smoking prevalence amongst those with a long-term mental health condition in Surrey is significantly higher than amongst the general population (21.3% vs 11.1%)³.
- **Those in treatment for alcohol or drugs:** Smoking prevalence amongst those in treatment for alcohol or drug use is much higher than those in the general population in Surrey (69% vs 7.8%)⁴.

With our overall adult population percentage now in single figures, now is the time for an ambitious vision and a wider system approach to eliminating tobacco use from our communities. The strategy will be supported by a detailed action plan which will be agreed by all stakeholders of the Surrey Tobacco & Alcohol Control Alliance.


For more information, please contact: emma.r.jones@surreycc.gov.uk

¹ Action on Smoking and Health (2019) Young People and Smoking

² Annual Population Survey (APS) Fingertips - Smoking prevalence in adults (18+)

³ Fingertips

⁴ TOP (Treatment Outcome Profile)

<p>IMPACT SUMMARY Improved mental health through the prevention of mental ill-health & promotion of emotional well-being</p>	<p>WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?</p>	<p>HOW HAS HWBB COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?</p>	<p>DATA, INSIGHTS AND CHALLENGES: Social Needs of People Living with Mental Health Difficulties – systematic review ‘Poverty and discrimination are toxic to mental health’</p>
 <p>OUTCOMES: By 2030 the following outcomes will be met for the Priority Populations:</p> <ul style="list-style-type: none"> Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources The emotional well-being of parents and caregivers, babies and children are supported Isolation is prevented and those that feel isolated are supported Environments and communities in which people live, work and learn build good mental health <p>WHO IS LEADING THIS?</p> <p>Priority sponsors: Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS Kate Barker - Joint Strategic Commissioning Convener: Children and all age Mental Health Liz Williams - Joint Strategic Commissioning Convener: Learning Disability and Autism and all age Mental Health</p> <p>Programme Manager: Jason Lever, Policy and Programme Manager, Surrey County Council</p> <p>For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p>The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: <i>By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</i></p> <p>In light of the Community Vision and the vital role, communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey’s priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority Two of the Health and Wellbeing Strategy focuses on enabling our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.</p> <p>Priority Two aims to impact in the following ways:</p> <ul style="list-style-type: none"> Ensuring the right early help and resources are available to support mental health across life stages Support during pregnancy and for young families Recognising and addressing the impact of isolation Building good mental health in the range of spaces and places including schools/workplaces. 	<p>The Mental Health: Prevention Oversight & Delivery Board (MHPODB), after its first year of operation, is currently undertaking a review of its role in the system, its functioning and effectiveness, terms of reference and membership. A business planning workshop is being held on 5th October to prioritise its work plan actions going forwards.</p> <p>Mental Health Investment Fund (MHIF): There has been significant interest in Round 2 which closed in July and bids are being evaluated over the summer. The expected award date of Round 2 bids is 31 August and with delivery beginning in October, subject to contracts.</p> <p>Committees in Common agreed on 28 June to allocate £1m to Adult Integrated Commissioning, £1m to Children’s Integrated Commissioning and £1.2m to a bid to deliver a School-Based Needs intervention programme into primary schools across Surrey (which was initially supported by MHIF Advisory Panel in Round 1).</p> <p>Robust governance has been put in place through a MHIF Oversight Sub-Group of the MHPODB, which will meet for the first time in September. Its role is to ensure any spend aligns with the criteria of the MHIF and the four Priority 2 outcomes of the HWBS.</p> <p>See ‘In the Spotlight’ (below) for details of successful Round 1 bids.</p>	<p>This research from the Centre for Mental Health identified these effective approaches:</p> <ul style="list-style-type: none"> Individualised Personal Support (IPS) for employment (see P3 – Collaborative Working) Housing First model Policies which led to more generous social security benefits; these were associated with improvements in mental health and reduced inequalities, whilst policies which resulted in stricter eligibility criteria or lower generosity of support were associated with a worsening of mental health, and greater inequalities. <p>The research also identified a range of different sources of support utilised by interventions across different life domains eg</p> <ul style="list-style-type: none"> Upskilling the existing health/care workforce Augmenting MH teams with topic experts (eg welfare rights or community workers) Government support (eg legislation) Enlisting local communities/public support <p>More generally the evidence suggests that:</p> <ul style="list-style-type: none"> Interventions which directly target the desired social circumstance, rather than providing an interim staged approach, bring greater benefit Successful interventions identified high-intensity support may be required to achieve improvements There is an indication that the enhanced and comprehensive care integration alongside holistic, person-centred, rights-based approaches are key <p>Alongside recommendations to central Government, authors say:</p> <ul style="list-style-type: none"> ICs Integrated Care Boards and Partnerships should ensure that they are providing IPS, Housing First and welfare advice services at a sufficient scale to meet the levels of need in their areas through their Joint Forward Plan and ensure they are meeting needs through providing VCSE organisations with secure and adequate funding. Mental health service providers should ensure that support covers the range of social needs. Research organisations and funding bodies should support coproduced research into social interventions with a less well developed evidence base.

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 2 OUTCOMES?

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

- The Children and Young People's Emotional Wellbeing & Mental Health (EWMH) Strategy is published and details of the action plan will follow in the next report.
- First Steps: emotional health and wellbeing advice and support guide (edition 13) has been published, both [online](#) and in booklet form, offering a range of advice, information and self-help techniques.
- The workplan for a strategy for people with long term conditions & Serious Mental Illness, led by SCC Public Health, including 7 new workstreams, has been approved by the new SMI Health Inequalities Board (reporting into MHPODB).
- The Sleep programme has developed messaging and support for health care professionals having conversations about sleep by using behavioural science, in line with primary and secondary prevention. SCC Public Health is working in partnership with Children's Services to develop pathway guidance for children and adults.
- The Alison Todd Suicide Prevention Protocol for Surrey was emailed to all partners and shared with Borough and District Council Chief Executives. There will be sessions run in September to support the roll out and help improve the sign-up rate which is currently low.
- SCC Public Health is increasing Cruse support for bereaved people by expanding capacity by 25%. They are actively recruiting volunteers and have delivered targeted webinars.
- Continued consultancy and support to partners by SCC Public Health to access relevant training. A focus on supporting residents on the cost of living crisis, in food banks with financial support advisors.

Parents and carers of children with mental health issues are supported

- The [Best Start for Surrey Strategy](#) has been published on the Healthy Surrey website.
- Scoping of a project to reduce repeat removals of babies due to safeguarding was completed by [Pause](#) and report findings presented to wider stakeholders. A working group has been set up to gather further information and present options on a Surrey project model and funding required.

Isolation is prevented and those that feel isolated are supported

- The first three Virtual Reality headsets to promote access to Green Health & Wellbeing were borrowed from a SCC library. Funding options are being explored for more of this provision.
- Volunteering taster sessions were offered at RHS Wisley in the First Step Green Volunteering programme, and engagement is planned with communities to encourage green volunteering.
- The Bird Cam project is now live in 2 Primary Care Networks (PCNs) - COCO in Runnymede and East Guildford PCN, with a third one starting over summer in the Care Collaborative PCN.

Environments/communities in which people live/work/learn build good mental health

- Engagement is underway in SCC Public Health to gather insights in the East Surrey prototype area to build community capacity for emotional health and wellbeing. Work is underway to scale the prototype into other areas including North West Surrey and Guildford and Waverley.
- Community engagement is completed, and a public advocacy figure secured, for the newly established Ethnically Diverse Environment Network in Green Health & Wellbeing programme.
- Reducing Gambling Related Harm training delivered to staff from several Surrey mental health and wellbeing services (eg Richmond Fellowship). A marketing campaign is being planned for October by SCC comms team to target the harms of gambling and to direct people to support.
- An interactive drama intervention was delivered at Surrey Minority Ethnic Forum's AGM. This showed stigma experienced by a West Indian background family that involved social care, and where the audience of 120 people made suggestions to reduce stigma.



IN THE SPOTLIGHT:

Mental Health Investment Fund (MHIF) – Successful Round 1 Projects

01

The Surrey All Age Mental Health Investment Fund (MHIF) has awarded funding to 9 projects providing innovative, community-focused programmes to support the prevention of mental ill health and improvement of emotional well-being across the county.

Round 1 of applications took place in December 2022. There were 55 bids submitted of which 9 were successfully awarded total funding of approximately £530,000. They cover a broad age range and are spread across the 11 districts and boroughs of Surrey.

All bids were assessed by a panel which represents the Surrey Heartlands Integrated Care Board (ICB), SCC Public Health and Cabinet members, the Voluntary, Community and Social Enterprise (VCSE) and integrated commissioning representatives.

The total budget of £10.5m consists of a £6.5m contribution from Surrey County Council and £4m from Surrey Heartlands Integrated Care Board. Funding is used to support services which are non-statutory, and developed by local, community-based groups. The MHIF is aligned to meeting the outcomes of Priority 2 of the Health and Wellbeing Strategy.

Round 1 awards:

- **Merstham Community Facility Trust** – Support groups for adults, and for children in Merstham, as well as supporting the recruitment and training of 16 further Health and Wellbeing Community Champions in the local community.
- **The Lucy Rayner Foundation** – Counselling service to reach people (14-39 years) preventing them from reaching crisis.
- **Catalyst Wellbeing Garden** – Providing a project co-ordinator and a project assistant to develop the gardening space; establish programme and run nature-based therapy sessions, providing time and space for holistic support.
- **Prospero Theatre Community Wellbeing Company** – Prospero is an inclusive theatre company, that uses drama to improve the quality of life for adults and young people with disabilities and mental health challenges.
- **Shooting Star Children's Hospice** – Aiding the provision of mental health support for life-limited children, their family members (including parents and siblings).
- **Emerge Advocacy** – Community-based support following an A&E attendance to catch young people who have recently been in emotional or mental health crisis.
- **Peer Production** – Two full tours of each of Peer Production's mental health plays (Masking and The Space Between).
- **A2 Dominion** – In partnership with Mind Hammersmith, Fulham, Ealing and Hounslow, provision of 'Mind My Home', an online solutions-based therapy project targeted at low income/social housing tenants.
- **Apeer Community Interest Company** – A project which aims to address the social isolation of young autistic girls, provide early help and resources and support parents and care givers of autistic daughters.

For more information on Round 1 projects, please see [Healthy Surrey](#) or contact the Mental Health Investment Fund Manager, Jane.Hunt22@nhs.net.

Health and Wellbeing Strategy: Priority 3 - Supporting people to reach their potential by addressing the wider determinants of health

IMPACT SUMMARY People reach their potential	WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?	HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?	DATA, INSIGHTS AND CHALLENGES: Surrey Youth Commission Peer to Peer Engagement/Research – VAWG
<div data-bbox="100 255 212 343" data-label="Image"> </div> <p data-bbox="235 255 571 375">OUTCOMES: By 2030, the following outcomes will be met for the Priority Populations:</p> <ul data-bbox="134 406 571 829" style="list-style-type: none"> • People’s basic needs are met (food security, poverty, housing strategy etc) • Children, young people and adults are empowered in their communities • People access training and employment opportunities within a sustainable economy • People are safe and feel safe (community safety incl. domestic abuse; safeguarding) • The benefits of healthy environments for people are valued and maximised (incl. through transport /land use planning) <p data-bbox="89 726 134 861" style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 27</p> <p data-bbox="89 853 403 885">WHO IS LEADING THIS?</p> <p data-bbox="89 885 313 917">Priority sponsor:</p> <p data-bbox="89 917 560 981">Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council</p> <p data-bbox="89 1013 369 1045">Programme Manager:</p> <p data-bbox="89 1045 537 1133">Olusegun Awolaran, Policy and Programme Manager, Surrey County Council</p> <p data-bbox="89 1133 560 1348">For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p data-bbox="604 223 1052 438">The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</p> <p data-bbox="604 454 1052 829">In light of the Community Vision and the vital role communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey’s priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support and outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p data-bbox="604 853 1052 1029">Priority 3 of the Health and Wellbeing Strategy focuses on enabling our citizens to lead healthier lives. This priority area is focused on primary prevention and addressing the wider determinants of health.</p> <p data-bbox="604 1053 1052 1109">Priority 3 cuts across five outcomes and action focuses around:</p> <ul data-bbox="616 1109 1052 1436" style="list-style-type: none"> • Ensuring that everybody has enough income to live on and lives in good and appropriate housing • Building social capital in communities • Improving access to training and jobs • Preventing crime and supporting the victims of crime including domestic abuse -supporting and empowering survivors • Improving environmental factors that have an impact on people’s health and well-being. 	<p data-bbox="1075 223 1590 582">Surrey County Council is employing the Individual Placement and Support in Primary Care (IPSPC) model to support adults who have a physical or mental health disability or long-term condition. This programme of work will cover the Surrey Heartlands and the Frimley South area of the Frimley Integrated Care Systems, offering the following:</p> <ul data-bbox="1075 598 1590 1284" style="list-style-type: none"> •59 additional employment support workers to deliver IPSPC support to residents – 31 in Primary Care Networks, 12 at place, 5 in key neighbourhoods, 8 disability specialist, 3 language and culture specialists - 4 employment brokers to work alongside employers and create more accessible employment opportunities for IPSPC participants - A micro-enterprise and self-employment resident support programme, to equip residents in Surrey to set up their own businesses. - An online skills platform to ensure skills and employment support are easy to access - Holistic support service to offer benefits advice and ensure all participants are better off in work, and support to reduce in-work poverty in Surrey. - Promotional campaign to ensure all residents and supporting professionals are aware of the enhanced IPSPC offer - Training for any Surrey-based employment support organisation (Voluntary Community and Social Enterprise (VCSE) sector who would like to become IPS accredited to do so - Funding discovery and feasibility modelling to ensure a self-sustaining, long term funding model for IPSPS delivery in Surrey. <p data-bbox="1075 1300 1456 1364">For more details, please contact: rebecca.brooker@surreycc.gov.uk</p>	<p data-bbox="1612 223 2195 614">The Office of the Police and Crime Commissioner (OPCC) for Surrey has, in partnership with Leader’s Unlocked, established the Surrey Youth Commission on Policing and Crime. The Commission is made up of young people aged between 14-25yrs old, who are helping the OPCC and Surrey Police to include the priorities of children and young people in policing Surrey. The Surrey Youth Commission on Policing and Crime conducted peer research, gathering the views of about 1655 young people aged 14-25 from across Surrey against 5 priorities namely: cybercrime, substance misuse, relations with police, mental health and violence against women and girls (VAWG)</p> <p data-bbox="1612 678 2195 1013">The findings from the research showed that VAWG is extremely common and affects young women and girls from all background. The women and girls experienced catcalling, verbal harassment and even more serious crimes like image-based sexual abuse. The young women and girls who responded to the research said, they were often reluctant to report instances of VAWG for fear of not being taken seriously, fear of being blamed and a feeling that little or no action would be taken to address the situation. Some of the young people who participated in the research said:</p> <p data-bbox="1612 1069 2195 1133">“Young women and girls should not be scared to speak out about VAWG. We should be heard and believed”.</p> <p data-bbox="1612 1141 2195 1204">“It’s 2023, my mum and I shouldn’t be scared to walk home at night”.</p> <p data-bbox="1612 1268 2195 1444">The research offered some recommendations including the need to take a preventative approach to tackling VAWG by education young people on consent, gender stereotypes and healthy relationships. For more details, please contact emily@leaders-unlocked.org.</p>

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

People's basic needs are met

- In a bid to improve support and accessibility for households in fuel poverty, Surrey County Council have trained additional volunteers and provided funding to Surrey Community Action to give energy advice.
- SCC Data Analytics team have created a mapping system to ensure a targeted approach to warm hubs is informed by current fuel poverty data. Surrey County Council also have access to Pathways database, hosted by [Parity Projects](#), which is providing fresh data on which residents are most vulnerable to fuel poverty and where they are in Surrey (based on Census data).
- Surrey County Council is working with Gypsy, Roma and Traveller community and fire service to ensure inclusivity in service offering, especially for those who are unable to visit the warm hubs in person.

General enquiries can be directed to: warmhubs@surreycc.gov.uk

Children, Young People and adults are empowered in their community

- Building on training programmes across the system on Asset Based Community Development and Health Creation, a new Communities Creating Health network / community of practice has been established to support ongoing sharing, learning and development of practice that aligns with the Principles for Working with Communities. An initial in-person network event was held in East Surrey in July and the next online session is scheduled for September. For more information, please contact daniel.shurlock@surreycc.gov.uk
- A post has been advertised in SCC to co-ordinate the National Institute of Health Research funded the youth peer research programme with a focus on neurodiverse young people and young carers
- Eco-Warriors peer research project has completed the participants' research skills training with University of Surrey

Access to training and employment

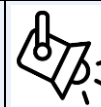
- Surrey County Council have secured £1.8m alongside Hampshire County Council for skills bootcamps in the digital and green sectors, providing Level 3-5 qualifications for new learners and those who want to reskill alongside dedicated support to help them access and maintain employment.
- Surrey County Council will also be leading on the delivery of Surrey Careers Hub, supporting schools and colleges to deliver world-class career advice to all their students. The Hub will highlight the breadth of opportunities available in the job market, to enable young people to make the right choice about their next steps and codevelop exciting career interventions and events to increase the number of encounters young people have with employers. For more information contact Jack.Kennedy@surreycc.gov.uk
- [Surrey Festival of Skills](#) will on be held on 3rd November 2023 at the Sandown Racecourse. For more information, contact Jack.Kennedy@surreycc.gov.uk

People are safe and feel safe

- The Surrey Domestic Abuse Needs Assessment 2023, which informs the specification for the future delivery of domestic abuse services by exploring the needs of survivors, their children, and perpetrators of domestic abuse, has been completed. The Needs Assessment captures the level of needs across Surrey County, an overview of the current offer, and feedback from current service users, practitioners, and partners. For more information or access to the full report, contact communitysafety@surreycc.gov.uk

The benefits of healthy environments for people are valued and maximised

- Funding has been secured from Surrey Training Hub to run Nature Health Facilitator training for primary care staff. This funding was to support primary care staff to incorporate nature and green space into their everyday clinical practice. This training will enhance primary care staff wellbeing, promote the value of nature for their health and wellbeing, reduce stress-related absence and support retention and recruitment. Additionally, given that there is evidence that people who experience health inequalities are less likely to access the health and wellbeing benefits of nature and green space, a primary care workforce who are aware of these benefits will be more likely to recommend nature-based approaches to health and wellbeing to their patients. For more information contact Jack.Smith@surreycc.gov.uk



IN THE SPOTLIGHT: Empowered Living Communities HWB Strategy Outcome and System Capability – Local Area Co-ordinators update

The first four Local Area Coordinators (LAC) in Surrey – based in Sheerwater & Maybury, Hurst Green, Horley, and Old Dean & St Michaels - have so far received introductions to over 190 residents in local communities who need support to realise their vision of a good life. Five further roles are being introduced this year and following a recruitment process in partnership with community members, roles have been offered in Goldsworth Park (Woking) and Bellfields (Guildford). Recruitment is underway in Stanwell and Upper Hale (Farnham) and discussion underway about introducing a role in Mole Valley.

Introductions to the LACs are coming from a wide range of people and professionals and have been growing steadily. The most common routes are self-introductions, housing providers, family centres / outreach workers and family and friends. In terms of the support people are asking for, common themes include poor mental and / or physical health, social isolation, housing, and support to be more independent. We are hearing that residents and professionals value the fact the LAC can work with anyone with no eligibility criteria or time limits – providing immediate, flexible and locally connected support rather than waiting for things to get worse.

As an example, in Hurst Green, the LAC has worked with residents they were introduced to in setting up a craft club and pop-up café – this is leading to further introductions to people who need support but don't know where to turn. For example, a resident recently opened up about issues they had been avoiding dealing with because of their mental health, which included reapplying for housing benefit. With a LAC alongside them, they have managed to pause a summons to Court for non-payment of Council Tax and are now engaging with specialist support to deal with the cause of their poor mental health. By attending the café weekly, they are also enjoying the company and support of other people for the first time in years. Despite living in the area for over four years they knew no one before and felt socially isolated. They have said the kindness of the people they have met has been overwhelming. Although it will take time, they now feel they can begin to make decisions again and change their life for the better. This underlines the positive ripple effect to the wider community from the initial 1 to1 support and trust building work by the Local Area Coordinator.

Here are some quotes from residents about the impact working with LAC is having on their lives:

“You saved my life. Before I met you, I was lost and now I have met new people and have somewhere to go every day”.

“Makes me get out of bed in the morning. I feel as though I have purpose again”.

The ambition is to see Local Area Coordinators in all Key Neighbourhoods. For more information contact: daniel.shurlock@surreycc.gov.uk

Chapters published in last Quarter: 1

	Chapters published
Priority 1	<p>Screening services</p> <p>We have now published our JSNA chapter on screening which describes the national screening programmes currently offered in England (cancer and non-cancer) and explores the latest available data on uptake and coverage rates, the impact of the COVID-19 pandemic, any gaps or inequalities in the service and offers a set of recommendations and service development opportunities. The assessment identified services gaps for people with learning disabilities and autism, people who are socio-economically deprived, certain ethnic groups and trans people. The chapter is informed by the Screening data dashboard included within the chapter and developed by the Public Health Intelligence and Insights Team (PHIIT).</p>
Other	<p>Migrant health</p> <p>Responding to recent international developments, we have completed a JSNA chapter on migrant health, focusing on those staying in Home Office accommodations and those welcomed via Ukrainian support schemes that are currently in place. An executive summary of this report has been published via the JSNA website. To request a copy of the full assessment. Please contact the health protection team at healthprotection@surreycc.gov.uk.</p>

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

	Chapters to be published
Priority 1	<p>Substance use – Publication of full chapter scheduled for later in 2023. Visualisations of data surrounding substance use of adults and young people in Surrey were updated and published in June 2023.</p> <p>Multiple disadvantage (including those experiencing a combination of homelessness, domestic abuse, contact with the criminal justice system, with drug/alcohol and/or mental health issues) - Development started.</p>
Priority 2	<p>Mental Health of children & young people – This chapter will be largely informed by the children and young people’s emotional wellbeing and mental health strategy which is close to being finalised.</p> <p>Loneliness and social isolation – Development planned to start later in 2023.</p>
Priority 3	<p>Economy – Development started, the chapter is now being drafted.</p> <p>Housing – Development started, the chapter is now being drafted.</p> <p>Community Safety – Development to start Summer/Autumn 2023</p>
Priority Populations	See Multiple Disadvantage above
Other	Armed Forces and Military Veterans – Development planned to start in 2024 following publication of relevant census data.

NOTE: Latest Census 2021 analysis can be found [here](#) on [Surrey-i](#)

Health in All Policies (HiAP): Progress as of August 2023 – Civic/System level activity only

What has been achieved this quarter in the HiAP programme:

Theme	Progress
Healthy Built Environments are Planned	- Draft position statement and Health Impact Assessment for planning approved by PWDHDB in July.
Healthy Transport Options are Available and Utilised	- SCC are developing Local Cycling and Walking Improvement Plans (LCWIP) across Surrey setting out a network of walking and wheeling routes. 5 Borough LCWIPs have been completed and it is expected that the remaining plans will be completed by the end of 2024/25.
Healthy Streets Programme is Implemented	- Healthy Streets Design Guide is now being used to design new schemes i.e. LCWIP and Place Making schemes that form part of LTP4.
Air Quality is Improved	- Unsuccessful 'Clean Air Night' DEFRA bid being considered as a local project for Surrey LAs, working with Global Action Plan and other LAs across the country. Proposal and funding currently being worked on by Surrey Air Alliance task and finish group. - Gatwick have submitted the DCO application to the Planning Inspectorate on 6 July 2023, who have a month to decide whether to accept it. If accepted, all submission documents will be available to view early August.
Healthy Workplaces	- The pre-pilot of the Workforce Wellbeing Standards was completed in SCC Public Health Team and the pilot underway in other SCC departments in September. The toolkit design is in progress for wider roll out to Surrey businesses this autumn.
Making Every Contact Count (MECC) Training and Development is Rolled out	- MECC Train the Trainer (TtT) Cohort 1 (pilot course) delivered 28/7/23. Adaptations/amendments to course format/content are in progress in preparation for Cohort 2 - MECC Trainers Network has been established on MS Teams for Cohort 1 participants. MECC Trainers Network meetings will commence following delivery of Cohort 2 on 8/8/23 - Engagement with Surrey Chief Execs has commenced. Some borough/districts have yet to engage/sign-up to MECC TtT so further engagement is required. All CVS orgs commissioned by SCC are engaged including staff who were previously leading the Community Champions Programme within their respective orgs

Health and Wellbeing Board Communications Update

Communications targeted at Priority Populations (including Key Neighbourhoods)

Carers – Carers Week 2023

Carers Week, in early June, was an opportunity to thank and celebrate carers of all ages across Surrey who look after loved ones and help them stay more independent in their communities. In keeping with this year’s theme of ‘recognising and supporting carers in the community’, we urged anyone with a caring responsibility to come forward for support and we also featured advice from carers themselves who have benefited from support available in Surrey, including Fiona (pictured). Mark Nuti, SCC’s Cabinet Member for Adults and Health, recorded a video message to Surrey’s carers. A well-attended drop-in event at Woodhatch gave staff at SCC and Surrey Heartlands who are working carers the opportunity to find out more about the help available to them.



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Adults with learning disabilities and/or autism – Supported Independent Living, Short Breaks accommodation

We’re highlighting the benefits of Supported Independent Living as an alternative to traditional residential care for residents with learning disabilities and/or autism, including [telling the story of Tori](#), whose life changed for the better after moving into her own place. Tori, her family and SCC staff who have worked with her, explain on video the difference that SIL has made to her. We’ve also highlighted what’s being done to increase the availability of SIL in Surrey, including through planned new purpose-built developments. [Planning permission has been granted](#) for SIL at three sites – in Horley, Byfleet and Cobham - and a building contractor is also lined up, with construction expected to start next year. At the same time, new short breaks accommodation is being planned for Woking and Banstead to give adults with learning disabilities and/or autism a change from their daily routine and their families a break from their caring responsibilities. Media coverage includes [BBC News Online](#), [Surrey Live](#) and That’s TV and the plans were featured in [Surrey Matters](#).



Adults with learning disabilities and/or autism – Learning Disabilities Week

Learning Disability Week, which ran from 19 to 25 June, focused this year on challenging myths about living life with a learning disability. Mencap's #Mythbusters campaign aimed to showcase the great things that people with learning disabilities can achieve and in Surrey we highlighted a number of our own mythbusters who are breaking down boundaries and doing things their way. They included radio producers Mark, James, Mary and Shay who together produce a radio show which airs on Surrey Hills Community Radio. Dancer Andrew, meanwhile, was featured on the BBC's Greatest Dancer while Debbie is campaigning for clearer signs in hospitals to help people with learning disabilities find their way around, following her own bad experience. We signposted residents to Surrey's [Learning Disability and Autism Hub](#) which contains a wealth of information about services in Surrey.



People with drug and alcohol problems – International Overdose Awareness Week

Through International Overdose Awareness Day, we highlighted the potentially life-saving overdose intervention, Naloxone. This was highlighted through a poster campaign across Surrey, sent to 800 locations including housing associations, GPs, Pharmacies, charities, libraries, and community buildings. In addition we are using social media to raise awareness of naloxone and needle exchange to substance users and friends and family of substance users. This campaign drove 677 visits to the Healthy Surrey drugs and alcohol page +340 LY.



Children with additional needs and disabilities – Surrey Youth Games

For the first time since the pandemic this year's Specsavers **Surrey Youth Games** once again included an event solely for young people with additional / learning needs. Thanks to a comprehensive comms campaign aimed at families across Surrey (excluding Tandridge) 985 young people aged 7-16 were registered for free local training, with 40+ taking part in boccia sessions which were ringfenced for those with physical or learning disabilities. Nationally, children with a disability or long term condition report the same activity levels as other pupils, but this gap widens significantly once they reach adulthood. Many other children with additional needs participated in one of the other 'standard' activities - dance proved another popular choice.



People with long term health conditions – Asthma toolkit

A new section on Healthy Surrey has been dedicated to a [toolkit](#) to support parents and carers of children with Asthma. The toolkit containing a comprehensive guide and resources, was promoted through a media release and bids (including Greatest Hits radio interview), social media advertising and internal communication with health professionals and schools.

People with serious mental illness

With the objective of highlighting crisis support to reduce the number of people who attend A&E departments in mental health crisis, the mental health comms partnership with NHS colleagues and service providers, are developing a campaign to highlight the support available. The first element of this was to deliver posters to be displayed in over 800 locations in Surrey highlighting the support on [healthy surrey](#) and the crisis line.

(FYI - Link to HWB Strategy Priority Populations (including the Key Neighbourhoods – scroll down) [Surrey Health and Well-being Strategy - update 2022 | Healthy Surrey](#))



Communications delivering outcomes under Priority 1: Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being

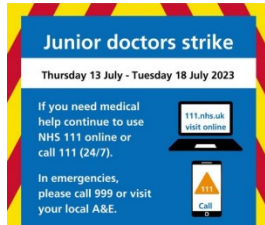
Top Questions – Adult Social Care

We launched a social media campaign highlighting some of the most common queries on adult social care which are asked by phone of the county council’s contact centre. In doing this, we are encouraging residents to self-serve and find answers to their most frequently asked questions on our website, such as ‘What benefits can I claim?’ or ‘How can I get a wheelchair/walking aid?’. The aim is to help residents find their way to the information they need to support them with their health and wellbeing. The initial phase performed well, generating more than 200 clicks, with further work planned. The most commonly-clicked query was ‘What support is available after leaving hospital?’, followed by ‘What help is available for carers?’



Strike Action – Access to services

During recent strike action we have been communicating information and advice to residents affected by the ongoing industrial action, which has been affecting health services. This has included delivery of a comprehensive communications plan for each period of planned action, including media releases and bids, internal, external, stakeholder communications and social media.



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Communications delivering outcomes under Priority 2: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being

Mental Health Investment Fund

We highlighted the successful bids under the [mental health investment fund](#), round 1. A total of nearly £500k was allocated to 10 organisations to provide mental wellbeing support. We highlighted the bids through a media release and individual social media stories about each bid, which included support for children with life-limited conditions and their families, a wellbeing garden, mental wellbeing plays, and a project to reduce the social isolation of autistic girls.



Communications delivering outcomes under Priority 3: Supporting people to reach their potential by addressing the wider determinants of health

Changing Futures – Bridge the Gap

The Bridge the Gap programme supports people affected by multiple disadvantage. Together with people with lived experience we co-produced a leaflet to show the referral process into Bridge the Gap, enabling people to access support more effectively. The leaflets will be used by service providers in their work with individuals with complex needs who's trust in govt organisations has broken down.



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Accessible Information Standard

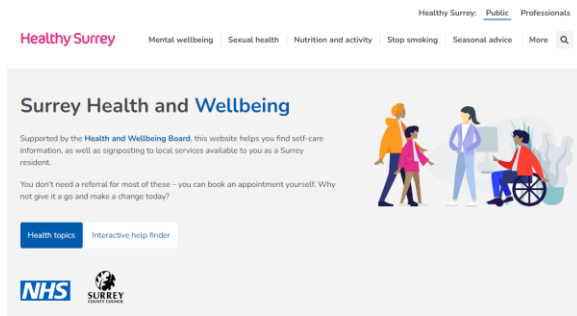


Through the experiences Healthwatch receive from people regarding their health and social care, and following presentations about Healthwatch Surrey to local Macular Society groups, it is clear people continue to not receive information in their preferred format as set out in the [Accessible Information Standard](#). In line with the Healthwatch England campaign #YourCareYouWay, they raised what they and other VCSE (Voluntary, Community and Social Enterprise) organisations are hearing from local people with Surrey Heartlands directors who have responsibility for communication, engagement and patient participation. As a result, a further meeting was held with the VCSE Voice Group, inviting Surrey Heartlands to discuss steps forward.

DWP – childcare offer

Government changes enabling people on Universal Credit to get additional support with childcare costs were noted. Communications regarding this will be shared through internal newsletters to highlight this to staff. Social media messages from the Department for Work and Pensions (DWP) will be shared via Surrey County Council and Healthy Surrey social media channels.

Healthy Surrey



Key Stats Q2 [Healthy Surrey](#)

Visits **20,034 +365 LY -3,928 LQ**

The top 4 pages visited are linked to mental health support, followed by vaccination and immunisation. Both these health areas are supported with a range of marketing activities, including digital advertising, social media, and editorial coverage.

Most popular pages		help	Export
Title	URL	Page views % of total	Visits % of total
Talking Therapies Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing/local-services/talking-therapies	5,082 13.1%	3,806 19.0%
Healthy Surrey	https://www.healthysurrey.org.uk	2,059 5.3%	1,676 8.4%
Local Services Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing/local-services	1,868 4.8%	1,510 7.5%
Mental wellbeing Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing	1,470 3.8%	1,114 5.6%
Vaccination and immunisation Healthy Surrey	https://www.healthysurrey.org.uk/immunisations	1,262 3.3%	1,165 5.8%

[More details](#)

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Green Health & Well-Being Programme – follow-up from June HWB meeting discussion

Minutes of June formal board: *Priority 2: The Principal Lead – Health and Wellbeing (SCC) will follow up with partners and will share information on the buy in regarding the Green Health and Wellbeing programme; the time scale of embedding the programme and whether there was an impact assessment of the initiatives and value for money will be shared.*

Summary / Ask of the HWB

Aligned to all the Surrey Heartlands ICS ambitions, Surrey's Green Health and Wellbeing programme provides person-centred, community-based and sustainable models of clinically effective health care. These models have the potential to reduce demand on health and care services, especially related to primary care and mental health.

Through the Green Health and Wellbeing Programme:

- 42% participants reported reduced anxiety
- 75% participants reported increased happiness
- 75% reported increased life satisfaction
- 66% reported their lives being more worthwhile.

This was achieved at an average cost of £225 per person (compared to the £493 average cost of low intensity iapt therapy).

As a result of the programme:

- 75 people from priority populations have volunteered on pro-environmental projects
- 8 young people at risk of exclusion have gained City and Guilds qualifications
- 2 young people who were previously disengaged from treatment are now accessing CAMHS support in the new therapy garden
- 120 health care professionals, including 20 staff from SABP, have engaged in nature-based wellbeing or training
- 320 partners have connected in Surrey's Green Health & Wellbeing Network

Residents have shared their experiences in their own words in the following short films:

- [Young people share their experiences of nature-based psychological therapy delivered by Dose of Nature volunteers](#)
- [Health care professionals share the impacts of nature access on staff wellbeing and retention](#)
- [Residents with mental health conditions share how their lives have been changed by nature exposure](#)
- [Residents explain how different opportunities in nature have encouraged them to access support](#)

The Green Health and Wellbeing programme is a comparably cost -and clinically effective programme, that requires on-going coordination funding in order to secure these benefits at scale:

- to embed the approaches within Surrey's mainstream health and care offer;
- to ensure priority populations access nature to reduce health inequalities; and
- to deliver cross-functional impact on our organisation priorities.

This further activity requires funding, ideally linked to a system commitment to roll out the approach at scale. This could include:

- Recognising lack of access to nature as a contributor to health inequality, especially for priority populations and key neighbourhoods.
- Support to write nature for health and wellbeing into all strategies and policies across the ICS.
- Funding for on-going salary costs for the coordinating roles (@£176k per year)
- A system-wide conversation about commissioning nature-based alternatives where they demonstrate comparable efficacy but greater inclusivity than other existing commissioned services.

Background and evidencing

As discussed, there is a broad and robust [evidence base](#) that exposure to green and blue spaces improves health and wellbeing outcomes for adults and children. For participants in Surrey's test and learn green social prescribing programme:

- 42% participants reported reduced anxiety
- 75% participants reported increased happiness
- 75% reported increased life satisfaction
- 66% reported their lives being more worthwhile.

This was achieved at an average cost of £225 per person (compared to the £493 [average cost](#) of low intensity iapt therapy). [Evidence](#) from national evaluations tell us that for every £1 spent supporting people through social prescribing approaches also produces more than £10 of benefits in terms of better health, and a statistically significant reduction in General Practitioner (GP) consultation rates.

To achieve these benefits at scale and bring about systemic transformation in how we use access to nature to address health inequalities, funding is required beyond that for individual, localised delivery.

The Green Health and Wellbeing programme encourages local providers to access a wide range of funding streams to continue on-going local delivery. This includes accessing the Mental Health Investment Fund (MHIF), as well as using the social value marketplace and applying for other grants.

However, in addition to this local delivery funding, system funding for coordination capacity is also required.

We know those experiencing health inequalities, are less likely to access community resources or other support, so further targeted interventions are required to encourage nature access from underrepresented groups. The Green Health and Wellbeing programme is implementing approaches such as:

- First Step Volunteering, which supports under-represented groups to take part in nature volunteering and skills development.
- Muslim Eco-warriors, supporting women from Asian backgrounds to take part in pro-environmental behaviours and nature connectedness
- Key neighbourhood focused approaches such as community growing projects and urban greening

Based on the impact of the Green Social Prescribing Test and Learn site, as detailed in the statistics above, it is a logical next step to secure these benefits at scale. To achieve this and transform our statutory services we need to embed access to nature in our mainstream

Annex 2

health and care offer. This necessitates a cultural shift for staff as well as changes to clinical strategy and practice.

As an example: the Green Social Prescribing programme has piloted Dose of Nature in one neighbourhood in Surrey. This programme offers a nature-based alternative to talking therapies, with equivalent clinical efficacy. The Dose of Nature reliably improved recovery rates for anxiety and depression between 77-96%. This is significantly better than the NHS CBT recovery rates of between 45-53%. In addition, it can be run by volunteers, so is deliverable at significantly less cost than traditional iapt services. Yet this effective, value for money approach has not yet been adopted across Surrey Heartlands. Continued green health and wellbeing programme capacity is required to ensure cost effective approaches such as this are adopted within Surrey Heartlands clinical and commissioning strategy.

As we explore new models like this we can also see the cross-functional benefits of connecting health and wellbeing and the environment sector. Joining up local nature recovery, land management and the 2030 climate strategy with health and care delivery could bring about significant system transformation and address our key priorities. Without continued funding for green health and wellbeing programme coordination, these cross-system connections are at risk of being missed, and not securing the benefits of working as a coordinated whole.

We also need on-going infrastructure capacity to be able to monitor the above benefits over time, which we aim to do as part of a new partnership with Exeter University to measure the use and impact of green and blue assets to tackle health inequalities.

In summary, whilst we have seen strong outcomes from the green health and wellbeing work to date, more activity is needed to embed at scale within our mainstream health and care offer; to ensure priority populations access nature to reduce health inequalities; and, to deliver cross-functional impact on our organisation priorities. This further activity requires funding, ideally linked to a system commitment to roll out the approach at scale.

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Findings of the HWB members survey and a review of the Health and Wellbeing Board's Terms of Reference
HWBS Priority populations:	<ul style="list-style-type: none"> All
HWBS Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> All
Outcomes/System Capabilities:	<ul style="list-style-type: none"> Governance
Principles for Working with Communities:	<ul style="list-style-type: none"> Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Service Based interventions Community Led interventions
Author(s):	<ul style="list-style-type: none"> Olusegun Awolaran, Policy and Programme Manager - Health and Wellbeing (SCC); Olusegun.Awolaran@surreycc.gov.uk Helen Johnson, Senior Policy & Programme Manager - Health & Well Being (SCC); Helen.Johnson1@surreycc.gov.uk Phillip Austen-Reed, Principal Lead – Health and Wellbeing (SCC); phillip.austenreed@surreycc.gov.uk
Board Sponsor(s):	Cllr Bernie Muir, Chair of the HWB and Member for Epsom West, Surrey County Council
HWB meeting date:	20 September 2023
Related HWB papers:	Surrey Health and Wellbeing Board Membership Review Health and Wellbeing Strategy
Annexes/Appendices:	Annex 1 - Presentation Annex 2a - Surrey Health and Wellbeing Board: Draft Terms of Reference September 2023 (<u>Track changes</u>) Annex 2b - Surrey Health and Wellbeing Board: Draft Terms of Reference September 2023 (<u>Clean version</u>)

2. Executive summary

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This paper shares the findings of the survey that eleven of the thirty-two Health and Wellbeing Board (HWB) members responded to earlier in the year. The online survey sought to understand how the Board feels about its activities and how the Surrey Health and Wellbeing Strategy has progressed in the delivery of system capabilities in order to inform future ways of working.

The Board is also required to review its terms of reference regularly, hence the need to update the Board's Terms of Reference (ToR) given that its membership and purpose have changed since the last review, with the refresh of the HWB Strategy and the Health and Care Act 2022.

This paper proposes recommendations to further develop the activities and operations of the Board based on the current board arrangements, the feedback of the members of Board received and the updated legislation and guidance that relates to Health and Wellbeing Boards.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Reflect on the findings of the survey and consider whether they are a true reflection of the current position of the board in terms of progress and opportunities to develop.
2. Support, subject to discussion, the proposed changes to Board meetings and activities.
3. Consider and endorse the changes to the Terms of Reference as it relates to the Board's purpose, roles, responsibilities and focus.

4. Reason for Recommendations

The Board has the power to review its Terms of Reference by mutual agreement of the Health and Wellbeing Board members, but this has not been done since the refresh of the HWB Strategy in 2021/22. The feedback from the recent online survey of Members presents a good opportunity to update the activities of the Board based on the current position, including new Government guidance issued alongside the Health and Care Act 2022 which legislated for the creation of Integrated Care Boards and Integrated Care Partnerships.

5. Detail

The Health and Wellbeing Board was set up according to the duties in the Government's Health and Social Care Act 2012, to work across the system to improve the health and wellbeing of people in Surrey with a focus on reducing health inequalities, so no-one is left behind. The Board has the power to decide its own detailed operating procedures, as set out in its Terms of Reference, which are reviewed by mutual agreement of the Health and Wellbeing Board members.

In Spring 2023 members of the Board had the opportunity to share their reflections of the Board in a survey. The aim of the survey was for members to express their views on how the Board feels about its activities and how the HWB Strategy has progressed in its delivery over the previous 15 months. This paper highlights the main findings of the survey.

5.1 About the survey

A total of eleven (11) of the thirty-two (32) members of the Board responded to the survey. The respondents were from Surrey County Council, NHS Surrey Heartlands, Surrey and Borders Partnership NHS Foundation Trust, Borough Councils and the Voluntary Community and Social Enterprise sector.

5.2 Section A: How members felt about Board meetings, activities and procedures

- i. Respondents told us that they felt engaged with the Board, that the HWB Strategy's Priority Populations of identity & geography are enabling a targeted approach, that the Principles for Working with Communities are enacted and that System capabilities are enacted by the work of almost all the organisations of those that responded.
- ii. Respondents also told us that they believe the Vision and Mission of the HWB are clear, well-articulated, has prevention at its core but that the priorities in HWB Strategy have not been well integrated into the work of all directorates / organisations represented on the Board.

5.2.1 Opportunity for development

- iii. Respondents noted that they would like the Board to give more time for informal engagement, more time for discussion in its meetings, more time to engage on priority populations and key neighbourhoods, and for more members to contribute to the forward plans of formal and informal meetings.

5.3 Section B: How members felt about the HWB Strategy and how it has progressed in the delivery of the system capabilities.

- i. Respondents noted that in relation to reducing health inequalities, the system has plans in place that will impact in the short, medium, and long term, also that there is an improvement in effective tracking of changes in health and health inequalities outcomes.

- ii. Most respondents agree that the system, in relation to the use of resources, works well with partners to make the best use of local funding, takes health considerations into account when decisions on resources are made, uses frontline staff and the commissioning of services across the full range of our functions to improve and protect health, communicates key public health messages effectively and has programmes and services on the ground that reflect strategic priorities.
- iii. Most respondents agree that we work effectively with local communities to understand their needs and assets in those communities, work with them to find solutions and have improved in engaging with communities with differing needs.

5.3.1 Opportunity for development

- iv. However, most respondents did not agree that the system has the right balance between investment in service provision and upstream prevention to reduce need or that there is evidence of effectiveness, value for money and return on investment used routinely in decisions making. Respondents, in their own words, said:

“I think our ambition is high and clearly articulated. I do not see a system that has the full capacity and capability to realise this ambition and I think some of the intended outcomes are at risk.”

“Lots of people say that prevention is important, but this is not seen through the focus of attention across the system nor where the funding goes. In reality, most resources go to other activities e.g., hospital admissions.”

‘If we are serious about prevention/early help, we need much more of a focus on children, young people and families.’

- v. Similarly, many respondents felt there was more opportunity for the system to make the most of member organisations’ respective legal/regulatory powers to improve and protect health exert enough influence regionally and nationally on issues that impact the health of Surrey residents.

5.4 Proposed changes to Board activities

Based on the survey findings, it is recommended that the Board considers the following:

- including more time for discussion in its meetings meaning fewer but more focused items particularly relating to its ambition of reducing health inequalities
- utilising informal engagement e.g., through targeted workshops eg. such as the BCF HWB workshop in 2022/23
- encourage all members to contribute and suggest inputs into forward plans for items to discuss in formal and informal meetings / workshops.

- Continue to support a focus on progress being made alongside issues and challenges through the lens of priority populations and key neighbourhoods.

5.5 Proposed changes to ToR based as a result of Survey findings

Based on the survey findings, it is recommended that the Board considers the following:

- In Section 3.3.8: Ensure a focus on prevention and the movement of funding upstream in the system to facilitate this
- In Section 3.3.9: Using/upholding its statutory functions to improve and protect health.
- In Section 3.3.10: Exerting influence regionally and nationally on issues that impact the health of our residents.
- In Section 3.3.11: Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decision making

5.6 Changes to ToR as a result of updated HWB Strategy

Based on the HWB Strategy, it is recommended that the Board considers the following changes to:

- Section 1.3.2: Specifying the functions of the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board (MHPODB), to include that the Delivery Boards will:
 - Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan, and have adopted HWB Strategy's Principles for Working with Communities)
 - Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board
 - Review the production of the HWB Strategy's Highlight Reports
 - Look to mitigate challenges and increase / add value to opportunities of issues in the Highlight Reports
 - Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities.
- The purpose of the HWB
 - The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey

5.7 Changes to ToR as a result of new legislation/guidance

Based on the on the Health and Care Act 2022 and associated guidance, it is recommended that the Board considers the following changes to its roles and responsibilities:

- In Section 3.1.1, that the Board will include working with ICPs and ICBs to determine the most effective integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.
- Section 3.1.3: That the Board has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes).
- In Section 3.1.4: The Board will improve the health and wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the ICSs Integrated Care Strategies and the NHS Mandate
- In Section 3.2.7: Be involved in the Surrey Heartlands and Frimley Health and Care Integrated Care Strategies
- In Section 3.2.8: Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include.
- In Section 3.2.9: Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy.
- In Section 3.2.10: Review the joint capital resource funds of ICBs and their partner NHS trusts and NHS foundation trusts to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.
- In Section 3.3.2: Monitor the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress.
- In Section 3.3.7: Horizon scan, through the JSNA, for potential future health inequalities

6. Next steps

If approved the new Terms of Reference will be adopted and enacted going forwards and will be used to support the development of the Board's forward plan.

Questions to guide Board discussion:

Do Board members think the result of the survey reflect the feeling of the majority of Board members?

Are there other sections of the ToR that members would like to amend / update?

Are there other Board activities that members would like to make recommendations for change?

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Health and Wellbeing Board – Formal (public) meeting

Findings of the Health and Wellbeing (HWB) Board members survey and a review of the HWB's Terms of Reference

Presenters: Olusegun Awolaran, Helen Johnson, Phill Austen-Reed

20 September 2023

Summary of Presentation

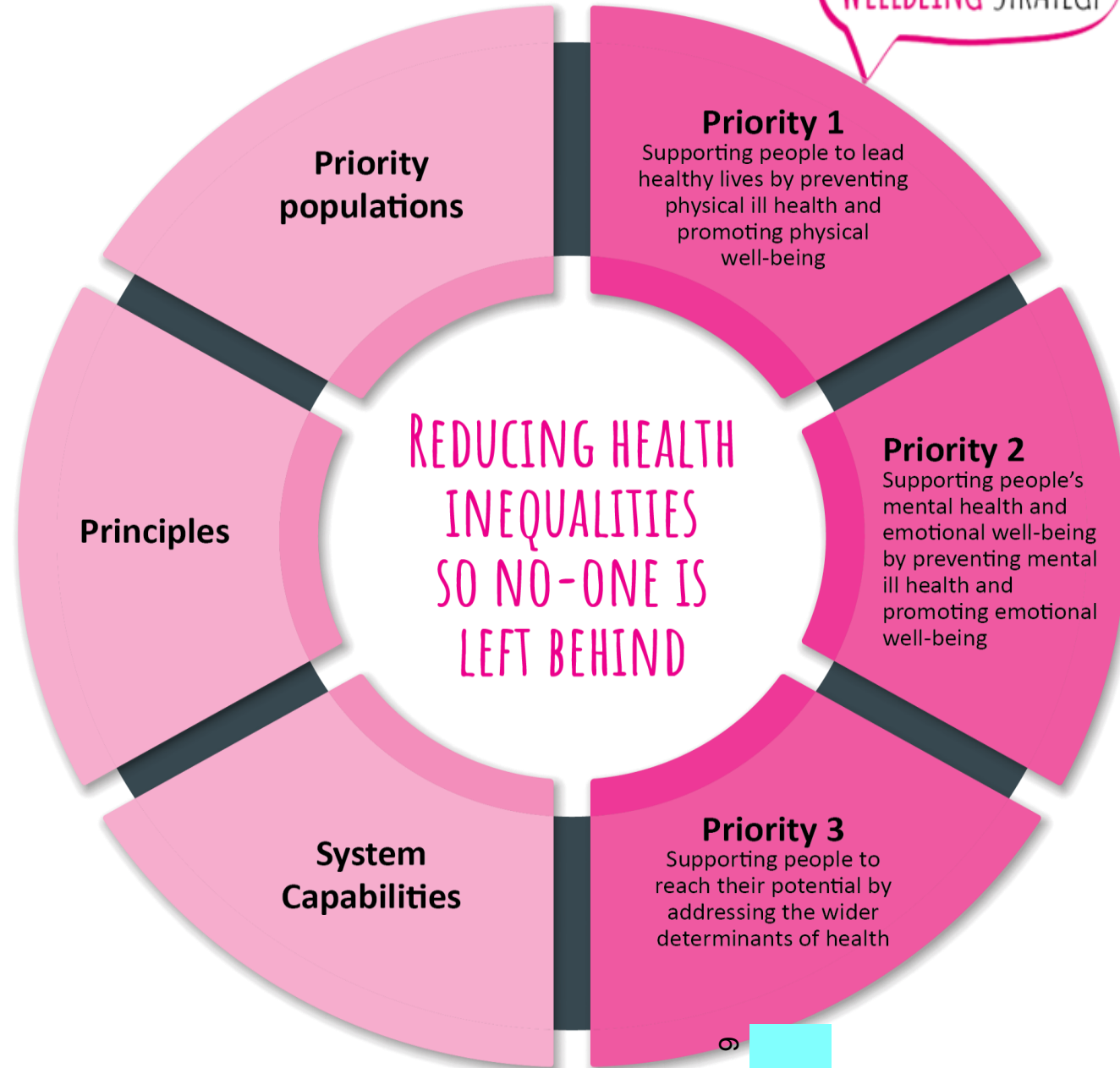
This paper presents the:

- Findings of the survey conducted among Health and Wellbeing Board members earlier in the year.
 - The aim was to understand how the Board feels about its activities and how the HWB Strategy has progressed in the delivery of system capabilities in order to inform future ways of working.
- The review of the Board's ToR given the following:
 - its membership and purpose have changed since the last review
 - the refresh of the HWB Strategy
 - the Health and Care Act 2022
- Recommendations on the activities and operations of the Board based on the above

Alignment with the Health and Wellbeing Strategy

- The activities and operations of the Health and Wellbeing Board is
 - Central to the delivery of the Strategy
 - Aligns with all HWBS Priority Populations
 - Aligns with all HWBS Priorities

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The Health and Wellbeing Board is asked to:

1. Reflect on the findings of the survey and consider whether they are a true reflection of the current position of the board in terms of progress and opportunities to develop.
2. Support, subject to discussion, the proposed changes to Board meetings and activities.
3. Consider and endorse the changes to the Terms of Reference as it relates to the Board's purpose, roles, responsibilities and focus.

Detail: Survey findings

- Eleven (11) of the thirty-two (32) members of the Board responded to the survey.
 - Respondents were from SCC, NHS Surrey Heartlands, SABP, Borough Councils and the VCSE
- Section A: How members felt about Board meetings, activities and procedures

Respondents told us that

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- they felt engaged with the Board
- the HWB Strategy's Priority Populations are enabling a targeted approach
- the Principles for Working with Communities and System capabilities were enacted by the work of almost all the organisations.
- the Vision and Mission of the HWB Board are clear, well-articulated, has prevention at its core
- they would like more time for informal engagement, discussions in meetings, engagement with priority populations and key neighbourhoods,
- more members should contribute to the forward plans of formal and informal meetings.

Detail: Survey findings (contd.)

- Section B: How members felt about the HWB Strategy and how it has progressed in the delivery of the system capabilities.

Respondents noted that :

- in relation to reducing health inequalities, the system :
 - has plans in place that will impact in the short, medium, and long term,
 - has improved in effective tracking of changes in health and health inequalities outcomes.
- in relation to the use of resources, the system :
 - works well with partners to make the best use of local funding
 - takes health considerations into account when decisions on resources are made
 - uses frontline staff and the commissioning of services across the full range of our functions to improve and protect health
 - communicates key public health messages effectively and has programmes and services on the ground that reflect strategic priorities.
- in relation to working with communities, the system :
 - works effectively with local communities to understand their needs and assets in those communities
 - works with them to find solutions and have improved in engaging with communities with differing needs.

Detail: Survey findings (contd.)



Respondents noted that there were opportunities :

- For the priorities in HWB Strategy to be better integrated into the work of all directorates / organisations represented on the Board.
- For the system to balance investment in service provision and upstream prevention to reduce need
- To improve the use of evidence of effectiveness, value for money and return on investment.
- For the system to make the most of member organisations' respective legal/regulatory powers to improve and protect health
- For the system to exert enough influence regionally and nationally on issues that impact the health of Surrey residents.

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Respondents, in their own words, said:

“I think our ambition is high and clearly articulated. I do not see a system that has the full capacity and capability to realise this ambition and I think some of the intended outcomes are at risk.”

“Lots of people say that prevention is important, but this is not seen through the focus of attention across the system nor where the funding goes. In reality, most resources go to other activities e.g., hospital admissions.”

“If we are serious about prevention/early help, we need much more of a focus on children, young people and families.”

Detail: Changes to Board activities and ToR

- **Changes to Board activities based on Survey findings**

Based on the survey findings, it is recommended that the Board considers the following:

- giving more time for discussion in its meetings
- engaging in informal engagement e.g., through targeted workshops
- Encourage all members to contribute and suggest inputs into forward plans for items to be discussed in formal and informal meetings.
- Continue to provide more time to engage on progress, issues and challenges through the lense of priority populations and key neighbourhoods.

- **Changes to ToR based as a result of Survey findings**

Based on the survey findings, it is recommended that the Board considers the following:

- In Section 3.3.8: Ensure a focus on prevention and the movement of funding upstream in the system to facilitate this
- In Section 3.3.9: Using/upholding its statutory functions to improve and protect health.
- In Section 3.3.10: Exerting influence regionally and nationally on issues that impact the health of our residents.
- In Section 3.3.11: Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decision making

Detail: Changes to ToR as a result of updated HWB Strategy



Based on the HWB Strategy, it is recommended that the Board considers the following changes to:

- Section 1.3.2: Specifying the functions of the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board (MHPODB), to include that the Delivery Boards will:
 - Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan, and have adopted HWB Strategy's Principles for Working with Communities)
 - Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board
 - Review the production of the HWB Strategy's Highlight Reports
 - Look to mitigate challenges and increase / add value to opportunities of issues in the Highlight Reports
 - Review the HWB Strategy in achieve in Index regularly to understand direction of travel in terms of the mission to reduce health inequalities.
- The purpose of the HWB Board:
 - The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix 1)

Detail: Changes to ToR as a result of new legislation/guidance



- Based on the on the Health and Care Act 2022 and associated guidance, it is recommended that the Board considers the following changes to its roles and responsibilities:
 - In Section 3.1.1, that the Board will include working with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.
 - Section 3.1.3: That the Board has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes).
 - In Section 3.1.4: The Board will improve the health and wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the ICSs Integrated Care Strategies and the NHS Mandate
 - In Section 3.2.7: Be involved in the Surrey Heartlands and Frimley Health and Care Integrated Care Strategies

Detail: Changes to ToR as a result of new legislation/guidance (contd.)



- Based on the on the Health and Care Act 2022 and associated guidance, it is recommended that the Board considers the following changes to its roles and responsibilities:
 - In Section 3.2.8: Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include.
 - In Section 3.2.9: Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy.
 - In Section 3.2.10: Review the joint capital resource funds of ICBs and their partner NHS trusts and NHS foundation trusts to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.
 - In Section 3.3.2: Monitor the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress.
 - In Section 3.3.7: Horizon scan, through the JSNA, for potential future health inequalities

Discussion Question(s) and Ask(s) of the HWB

- Do Board members think the result of the survey reflect the feeling of the majority of Board members?
- Are there other sections of the ToR that members would like to make changes?
- Are there other Board activities that members would like to make recommendations for change?

Next steps

- If approved the new Terms of Reference will be adopted and enacted going forwards and will be used to support the development of the Board's forward plan.

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Surrey Health and Wellbeing Board

Draft Terms of Reference

Amended September 2020/2023

1. Context

1.1 The Health and Social Care Act 2012 ~~sets~~ sets out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.

1.2 Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g., such as requirements for political proportionality or allowing council officers to be a member of the committee).

1.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:

a)

1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Currently there are two informal sub-committees (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board;

b) 1.3.2 The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPODB covers Priority 2 of the HWB Strategy;

The Delivery Boards:

- 1) Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan (link), and have adopted HWB Strategy's Principles for Working with Communities);
- 2) Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board;
- 3) Review the HWB Strategy's Highlight Reports;
- 4) Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;
- 5) Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;

1.3.3 A sub-committee of the Board can arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority.

e)

1.4 All Members of the Board have voting rights unless the local authority directs otherwise.

2. Purpose

2.4 The purpose of the Surrey Health and Wellbeing Board is to ~~improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well.~~ ensure effective delivery against the Surrey Health and Well-being Strategy (HWB Strategy) to reduce health inequalities, so no-one is left behind.

2.22.1 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to reduce health inequalities for the HWB Strategy's Priority Populations including those in the Key Neighbourhoods and improve health outcomes, community safety ~~and (i.e., to deliver the priorities set out in the Health and Wellbeing HWB Strategy and the Community Safety Agreement~~ Community Safety Agreement (appendix A-);

2.2 ~~The Board will also promote adherence to the HWB Strategy's Principles for Working with Communities, in order to support subsidiarity and for decisions to be made at a local level, so communities are leading the way;~~

2.3 ~~The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix 1);~~

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey; including working with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;

3.1.2 Oversees delivery of the priorities set out in the ~~joint health and wellbeing strategy~~ Joint Local HWB Strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the ~~joint health and wellbeing strategy~~ Joint Local HWB Strategy;

3.1.3 ~~Has a statutory function to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy,~~ Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the

exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);

3.1.33.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the ICSs Integrated Care Strategies and the NHS Mandate.

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3.2 The Health and Wellbeing Board has the following additional statutory functions:

3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services and ensure these align with the HWB Strategy;

3.2.2 Works To work with local organisations and partnerships to ensure alignment of the Joint Health and Wellbeing Local HWB Strategy and the Joint Strategic Needs Assessment JSNA with other locally developed plans or reports. For example, through receiving and providing comments on the CCG ICBs Annual reports Reports and commissioning plans / intentions, and the Surrey Safeguarding Adults' Adults Board and Children's' Boards Surrey Safeguarding Children Partnership Annual Reports;
3.2.2

3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;

3.2.4 A power to encourage close working between commissioners of health-related services and the board itself; ~~and~~

3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment-;

3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CCSACSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all ~~of~~ their duties-;

3.2.7 Be involved in the Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;

3.2.8 Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for

implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include;

3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;

3.2.10 Review the joint capital resource funds of ICBs and their partner NHS trusts and NHS foundation trusts to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

3.3 Health and Wellbeing Board business will focus on:

3.3.1 ~~Overseeing delivery of the priorities and workstreams associated with implementation plans that sit under the health and wellbeing strategy, HWB Strategy (not performance management of individual organisations);~~

3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;

~~3.3.23.3.3~~ 3.3.3 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the ~~Joint Health and Wellbeing~~ HWB Strategy;

~~3.3.33.3.4~~ 3.3.4 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and inform ensure the most effective use of local time and ~~collective~~ resources;

~~3.3.43.3.5~~ 3.3.5 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g. Surrey Better Care Fund Plan); ~~and~~

3.3.6 Discussing and highlighting key strategic issues in relation to ~~the existing~~ health inequalities and ~~wellbeing of the population, interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle – see Annex 1),~~ only focusing on single organisational issues where they have a significant impact on the ~~population~~ HWB Strategy Priority Populations;

3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;

3.3.8 Ensuring a focus on prevention and the movement of funding upstream in the system to facilitate this;

3.3.9 Using/upholding its statutory functions to improve and protect health;

~~3.3.53.3.10~~ 3.3.10 Exerting influence regionally and nationally on issues that impact on the health of ~~Surrey~~ our residents;

3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.

4. Principles

4.1 The following principles ~~describes~~describe how Board members will work together. Board members will:

4.1.1 Prioritise resources and make decisions on prevention in the best interests of the ~~Surrey population~~Surrey's Priority Populations, based upon evidence and data;

4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;

4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without ~~me~~me';

4.1.4 Use consensus as the primary driver for decision making;

4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;

4.1.6 Seek to align local and system level success wherever possible; and

~~4.1.7 Champion an inclusive approach to engaging residents in the work of the Health and Wellbeing Board.~~

4.1.7 Champion the Health and Well-Being Strategy's Principles for Working with Communities across the system and Surrey services, in order to strengthen the system's Empowered and Thriving Communities system capability.

5. Chair

5.1 The Leader of the County Council or their appointee will be the ~~chair~~Chair of the Health and Wellbeing Board.

5.2 A ~~deputy vice~~-chair will be nominated from one of the ~~NHS~~ organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed annually as part of the Annual review of the Terms of Reference.

6. Membership

6.1 The Board membership will be as follows:

- The Leader of Surrey County Council or their appointee (Chair)
- Joint Chief Medical Officer, Surrey Heartlands Integrated Care System (Vice-Chair)
- Cabinet Member for Adults and Health, Surrey County Council
- Cabinet Member for Children, ~~Young People~~ and Families, Surrey County Council
- Deputy Leader and Cabinet Member for Communities and Community Safety, Surrey County Council (CSB)
- Chief Executive of Surrey County Council
- Director ~~for~~ Adult Social Care (ASC) / Executive Director for Adults, Health and Wellbeing, Surrey County Council - TBC
- Executive Director for ~~Children's Services~~ Children, Families and Lifelong Learning, Surrey County Council
- Director ~~for~~ Public Health, Surrey County Council

• **Representative of Healthwatch Surrey**

- ¹~~Leads of each constituent~~**constituted** Integrated Care Systems (ICS) / Sustainability (**Frimley Health** and Transformation Partnerships (STP)).
- ²~~Representatives of each of the six integrated health and care partnerships across~~ **Care/Surrey** (defined by CCG geography). *At least one of these representatives should be a CCG representative to meet the statutory CCG representation membership requirement.* **Heartlands**
 - ~~Surrey Place based representatives from Surrey Heartlands 4 Places*~~
 - ~~Police~~ **&and** Crime Commissioner **for Surrey**
 - ~~Representatives of the District/Borough Councils (1 x Council Leader and 1 x~~ ***Chief Executive Officer)**
 - ~~Representative of further education~~ **+/** universities
 - ~~Representative of mental health~~ **+/** wellbeing service providers
- ~~Representative of the Voluntary, Community and Faith Sector~~
 - ~~Representative~~ ***HWBS Priority 1 Sponsor**
 - ~~*HWBS Priority 2 Co-Sponsors~~
 - ~~*HWBS Priority 3 Sponsor~~
 - ~~Co-Representatives of the VCSE Alliance x 3~~
 - ~~*Chair of the Prevention and Wider Determinants of Health Delivery Board~~
 - ~~*Chair of the Mental Health: Prevention Oversight and Delivery Board~~
 - ~~Representative of Surrey Police~~ **(CSB)**
 - ~~Representative from the National Probation Service~~ **(CSB)**
 - ~~Representative from~~ **Community Rehabilitation Company Interventions Alliance (CSB)**
 - ~~Cabinet Associate Member for Community Safety, Surrey County Council – District and Borough Housing Representative~~

6.2 Those members listed above ~~denoted~~ in **italics bold** are statutory members of the Health and Well-Being Board and members listed with an asterisk have dual roles;

6.26.3 ~~The Statutory Members~~ four members listed with (CSB) are statutory members following the merger of the Board- with the Community Safety Board in 2020;

6.36.4 Board members are able to nominate a deputy (as agreed by the ~~chair~~ **Chair**) who can attend and vote in their absence but must have delegated authority to make decisions;

6.46.5 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Local Health and Wellbeing Strategies and to

¹ ~~These representative roles can be undertaken by another member of the Board with agreement from the respective ICS/STP.~~

² ~~These representative roles can be undertaken by commissioners or providers as agreed by the integrated health and care partnership. Statutorily, each of the six CCGs must appoint a representative to the Health and Wellbeing Board BUT an individual can represent more than one CCG.~~

join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England’s commissioning functions in relation to the area and it is requested to do so by the ~~board~~Board;

~~6.56.6~~ In addition to the statutory membership of the Board, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees e.g. ~~for one year~~, the length of council or as a permanent addition to the full membership;

~~6.66.7~~ Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

7. Quorum

7.1 For all formal meetings, there should at least be representation from all *statutory* members or their nominated deputy.

7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a ~~full~~formal Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

7.3 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The ~~board~~Board will keep membership under review to ensure we achieve this.

~~7.3~~

8. Decision-making

8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports;

8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

9. Board Support

9.1 The Surrey County Council Health and ~~Social Care Integration team~~Well-Being Team are responsible for the ~~Board~~Board's forward plan, developing the agenda and support for Board members to fulfil their role.

9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, ~~maintaining~~recording the actions ~~tracker~~ and the organisation of the meetings.

10. Meeting Frequency

~~10.1~~ 10.1 The Board will meet quarterly in public ~~following an agreed calendar of meetings (formal meeting) and at least quarterly in private (informal meeting)~~. The Board may also hold additional development sessions and workshops as necessary to further

develop its role and partnership arrangements. The meetings will usually be held at Surrey County Council's headquarters, Woodhatch Place, Reigate, or other venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

6 11. Review of Terms of Reference

11.1 These ~~terms~~Terms of ~~reference~~Reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members ~~at least bi-~~annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the ~~board~~Board members at a public meeting.

Appendix A: Surrey Community Safety Agreement 2017 (currently being refreshed)2021-2025

1. Introduction

Crime and anti-social behaviour can have a significant impact on the health and wellbeing of everyone who lives or works in or is visitor to Surrey. Community safety is an area of work concerned with protecting people, individually and collectively, and their quality of life, from hazards or threats that result from the criminal or anti-social behaviour of others.

The Surrey Community Safety Board (CSB) was established to provide strategic leadership to tackle crime and disorder across the county. The partner organisations that come together to make up the board share a collective aim to make the residents of Surrey feel safer and improve their quality of life; the boards priorities reflect this and focus on areas where we can / need to work better together to the benefit of all residents.

I am clear that the improvements we want to see can only be achieved by a coordinated effort and commitment on behalf of all CSB organisations and our wider partners. This is why, on behalf of the board, I am pleased to offer my support and commitment to this strategic plan.

David Munro
Police and Crime Commissioner for Surrey

2. Purpose

Community Safety Agreement 2021 to 2025 | Healthy Surrey

The CSB's purpose is to provide strategic leadership on crime and disorder issues that affect the whole the county.

The CSB will achieve this through:

Effective / Strong Leadership: The board leads partners in improving the safety of Surrey residents

Integration: The board encourages community safety organisations to work together and produce joined-up, co-ordinated services

Understanding Need: The board identifies the needs of Surrey's residents; this information informs our responses

The senior political and executive officer membership of the board work collectively to apply consistent solutions to shared problems; it is acknowledged there will be some local variation in delivery, but the oversight and accountability of issues is strategic.

The CSB's rationale is decision making. There will be an ongoing flow of information items and sharing of best practice, but the focus of meetings is on the delivery of action plans, and where the board can challenge and look in detail at the progress which has been made against priorities. At each meeting, a topic from the list of priority areas will be selected for an in-depth report back.

Each priority is underpinned by a management board (see the governance diagram below), responsible for setting strategies and action plans, and supported by a delivery group, responsible for coordinating and leading on activity.

The CSB works closely with other partnership boards (see governance diagram) on overlapping agendas, such as safeguarding, to ensure coherent roles and responsibilities for these issues.

3. Priorities

For 2017, the CSB has adopted a ‘two-tier’ approach to strategic priorities, dividing issues between those which require coordinated action and those where the board will maintain a watching brief.

The first tier (priorities for action) includes issues where the board needs to initiate or closely oversee partnership activity, where the issue is emerging or has a particularly high impact, or where there are significant decisions to be made about the direction of travel. In these cases, the board will expect to receive regular updates for discussion and decision and focus on one issue in detail at each meeting to check progress and identify blockages.

This tier includes high harm crimes as an umbrella term for low volume, high impact issues.

The second tier (areas of oversight) includes issues where the board is confident the strategic direction has been set and delivery is being successfully managed by a sub-group. In these cases, the board will expect to receive regular updates for information only and may occasionally receive a report for discussion when a decision needs to be made.

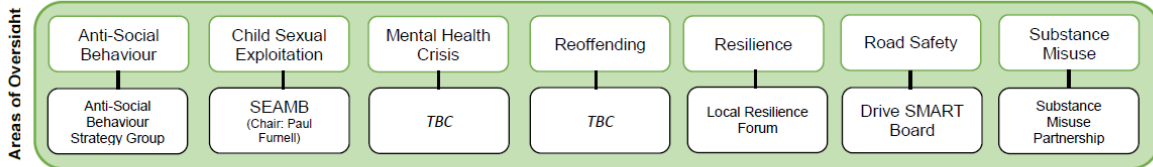
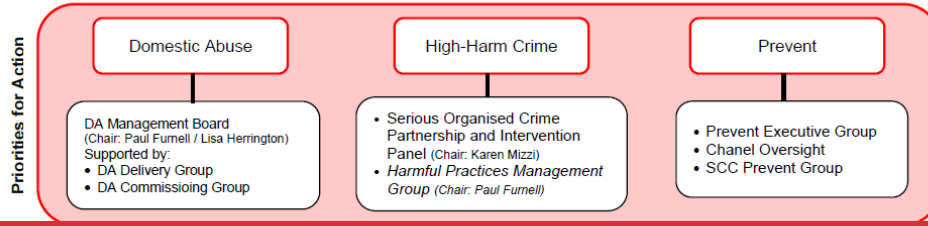
Priorities for action:

- Domestic abuse
- ‘High harm’ crime (child sexual exploitation, serious organised crime, modern slavery, human trafficking)
- Prevent

Areas of oversight:

- Anti-social behaviour, mental health crisis, reoffending, resilience, road safety, substance misuse

Community Safety Board - Governance



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Surrey Health and Wellbeing Board

Draft Terms of Reference

September 2023

1. Context

1.1 The Health and Social Care Act 2012 sets out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.

1.2 Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g., such as requirements for political proportionality or allowing council officers to be a member of the committee).

1.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:

1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Currently there are two informal sub-committees (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board;

1.3.2 The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPODB covers Priority 2 of the HWB Strategy;

The Delivery Boards:

- 1) Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan ([link](#)), and have adopted HWB Strategy's Principles for Working with Communities);
- 2) Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board;
- 3) Review the HWB Strategy's [Highlight Reports](#);
- 4) Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;
- 5) Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;

1.3.3 A sub-committee of the Board can arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority.

1.4 All Members of the Board have voting rights unless the local authority directs otherwise.

2. Purpose

The purpose of the Surrey Health and Wellbeing Board is to ensure effective delivery against the [Surrey Health and Well-being Strategy](#) (HWB Strategy) to reduce health inequalities, so no-one is left behind.

2.1 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to reduce health inequalities for the HWB Strategy's Priority Populations including those in the Key Neighbourhoods and improve community safety (i.e., to deliver the priorities set out in the HWB Strategy and the [Community Safety Agreement](#) (appendix A);

2.2 The Board will also promote adherence to the HWB Strategy's Principles for Working with Communities, in order to support subsidiarity and for decisions to be made at a local level, so communities are leading the way;

2.3 The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix 1);

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey; including working with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;

3.1.2 Oversees delivery of the priorities set out in the Joint Local HWB Strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the Joint Local HWB Strategy;

3.1.3 Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);

3.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and

wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the ICSs Integrated Care Strategies and the NHS Mandate.

- 3.2 The Health and Wellbeing Board has the following additional statutory functions:
- 3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services and ensure these align with the HWB Strategy;
 - 3.2.2 To work with local organisations and partnerships to ensure alignment of the Joint Local HWB Strategy and the JSNA with other locally developed plans or reports. For example, through receiving and providing comments on the ICBs Annual Reports and commissioning plans / intentions, and the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership Annual Reports;
 - 3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
 - 3.2.4 A power to encourage close working between commissioners of health-related services and the board itself;
 - 3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment;
 - 3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all their duties;
 - 3.2.7 Be involved in the Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;
 - 3.2.8 Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include;
 - 3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;
 - 3.2.10 Review the joint capital resource funds of ICBs and their partner NHS trusts and NHS foundation trusts to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

3.3 Health and Wellbeing Board business will focus on:

- 3.3.1 Overseeing delivery of the implementation plans that sit under the HWB Strategy (not performance management of individual organisations);
- 3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;
- 3.3.3 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the HWB Strategy;
- 3.3.4 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and inform/ensure the most effective use of local time and resources;
- 3.3.5 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g., Surrey Better Care Fund Plan);
- 3.3.6 Discussing and highlighting key strategic issues in relation to existing health inequalities and interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle – see Annex 1), only focusing on single organisational issues where they have a significant impact on the HWB Strategy Priority Populations;
- 3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;
- 3.3.8 Ensuring a focus on prevention and the movement of funding upstream in the system to facilitate this;
- 3.3.9 Using/upholding its statutory functions to improve and protect health;
- 3.3.10 Exerting influence regionally and nationally on issues that impact on the health of our residents;
- 3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.

4. Principles

- 4.1 The following principles describe how Board members will work together. Board members will:
 - 4.1.1 Prioritise resources and make decisions on prevention in the best interests of the Surrey's Priority Populations, based upon evidence and data;
 - 4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;
 - 4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me;'

- 4.1.4 Use consensus as the primary driver for decision making;
- 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
- 4.1.6 Seek to align local and system level success wherever possible; and
- 4.1.7 Champion the Health and Well-Being Strategy's Principles for Working with Communities across the system and Surrey services, in order to strengthen the system's Empowered and Thriving Communities system capability.

5. Chair

- 5.1 The Leader of the County Council or their appointee will be the Chair of the Health and Wellbeing Board.
- 5.2 A vice-chair will be nominated from one of the organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed as part of the Annual review of the Terms of Reference.

6. Membership

6.1 The Board membership will be as follows:

- **The Leader of Surrey County Council or their appointee (Chair)**
- Joint Chief Medical Officer, Surrey Heartlands Integrated Care System (Vice-Chair)
- Cabinet Member for Adults and Health, Surrey County Council
- Cabinet Member for Children and Families, Surrey County Council
- Deputy Leader and Cabinet Member for Communities and Community Safety, Surrey County Council (CSB)
- Chief Executive of Surrey County Council
- **Director of Adult Social Care (ASC) / Executive Director for Adults, Health and Wellbeing, Surrey County Council - TBC**
- **Executive Director for Children, Families and Lifelong Learning, Surrey County Council**
- **Director of Public Health, Surrey County Council**
- **Representative of Healthwatch Surrey**
- **Leads of each constituted Integrated Care Systems (ICS) (Frimley Health and Care/Surrey Heartlands)**
- Place based representatives from Surrey Heartlands 4 Places*
- Police and Crime Commissioner for Surrey
- Representatives of the District/Borough Councils (1 x Council Leader and 1 x *Chief Executive Officer)
- Representative of further education/universities
- Representative of mental health/wellbeing service providers
- *HWBS Priority 1 Sponsor
- *HWBS Priority 2 Co-Sponsors
- *HWBS Priority 3 Sponsor
- Co-Representatives of the VCSE Alliance x 3
- *Chair of the Prevention and Wider Determinants of Health Delivery Board
- *Chair of the Mental Health: Prevention Oversight and Delivery Board
- Representative of Surrey Police (CSB)
- Representative from the National Probation Service (CSB)

- Representative from Interventions Alliance (CSB)
- Associate Member – District and Borough Housing Representative

6.2 Those members listed above in bold are statutory members of the Health and Well-Being Board and members listed with an asterisk have dual roles;

6.3 The four members listed with (CSB) are statutory members following the merger of the Board with the Community Safety Board in 2020;

6.4 Board members are able to nominate a deputy (as agreed by the Chair) who can attend and vote in their absence but must have delegated authority to make decisions;

6.5 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Local Health and Wellbeing Strategies and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England's commissioning functions in relation to the area and it is requested to do so by the Board;

6.6 In addition to the statutory membership of the Board, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees e.g., for one year, the length of council or as a permanent addition to the full membership;

6.7 Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

7. Quorum

7.1 For all formal meetings, there should at least be representation from all *statutory* members or their nominated deputy.

7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a formal Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

7.3 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The Board will keep membership under review to ensure we achieve this.

8. Decision-making

8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports;

8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

9. Board Support

9.1 The Surrey County Council Health and Well-Being Team are responsible for the Board's forward plan, developing the agenda and support for Board members to fulfil their role.

9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, recording the actions and the organisation of the meetings.

10. Meeting Frequency

10.1 The Board will meet quarterly in public (formal meeting) and at least quarterly in private (informal meeting). The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will usually be held at Surrey County Council's headquarters, Woodhatch Place, Reigate, or other venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

11.1 These Terms of Reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members bi-annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the Board members at a public meeting.

Appendix A: Surrey Community Safety Agreement 2021-2025

[Community Safety Agreement 2021 to 2025 | Healthy Surrey](#)

Health and Wellbeing Board (HWB) Paper

1. Reference information

Paper tracking information	
Title:	Health and Well-being Strategy Index
HWBS Priority Populations:	All Priority Populations
Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> • Priority 1 - Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being • Priority 2 - Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being • Priority 3 - Supporting people to reach their potential by addressing the wider determinants of health
Principles for Working with Communities:	Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	Civic / System Level interventions
Outcome(s)/System Capability:	All outcomes / Data, Insights and Evidence system capability
Author(s):	<ul style="list-style-type: none"> • Uma Datta, Assistant Director, Data and Insights, Public Service Reform, (SCC); uma.datta@surreycc.gov.uk • Richard Carpenter, Senior Analyst, Data and Insights, Public Service Reform, (SCC); richard.carpenter@surreycc.gov.uk
Board Sponsor(s):	Ruth Hutchinson, Director of Public Health (SCC)
HWB meeting date:	20 September 2023
Related HWB papers:	March 2023 Health and Well-being Strategy Index paper ; September 2022 Health and Well-being Strategy Metrics: Review and Refresh
Annexes/Appendices:	Appendix 1 – List of current / future indicators

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2. Executive summary

The Health and Well-Being (HWB) Strategy was refreshed at the beginning of 2022. Therefore, the previous HWB Strategy dashboard required a review and refresh also, to enable a clearer focus on mission of the HWB Strategy – to reduce health inequalities so no-one is left behind.

The HWB Strategy Summary Implementation Plan, presented to the June Board meeting, outlined the 41 projects and programmes that sit under the auspices of the Health and Wellbeing Board (HWB) and HWB Strategy.

Effectiveness of these projects and programmes in reducing health inequalities is measured by SROs using short/medium term outcome indicators. Logic models are employed within these projects / programmes to ensure a systematic consideration of the key components of projects/programmes, the relationships between the key components and their relationship to the mission of the HWB Strategy.

The longer-term impact indicators presented in the new HWB Strategy Index (the Index) assess effectiveness against its mission. It should be noted this Index is solely for this purpose. Other data and indicators of health inequalities can be found here [Health Inequalities | Surrey-i \(surreyi.gov.uk\)](#).

At the March HWB, a prototype of the Index was demonstrated outlining the Index and demonstrating the development of impact metrics that will enable an understanding of how effectively we are delivering the HWB Strategy across its Priority Populations and Outcomes to reduce health inequalities. An update of the progression of this work is presented, outlining further features and additional geographic levels.

The first iteration of the Index included:

- Indicators available borough and district level
- These indicators mapped to each of the HWB Strategy's three priorities

The latest developments include:

- A version of the Index at ward level with available indicators
- Overarching indicators for inequalities in life expectancy, healthy life expectancy and some Priority Populations
- Trends over time for indicators at borough and district level
- A launch page, detailing how organisations and Surrey residents can view and interpret the Index.

The latest version of the Index will be available publicly from 13 September via:

<https://public.tableau.com/app/profile/dan.harmer/viz/HealthWellbeingIndex/District>

3. Recommendations

The Health and Wellbeing Board is asked to:

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

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4. Reasons for recommendations

The HWB Strategy Index is intended to allow us to view the progress of the Strategy through certain key impact indicators where data is available, and which enable an understanding of the effectiveness of the Strategy in reducing health inequalities.

It needs to address the requirements of all local partners as far as possible as well as providing a clear understanding to our residents of long-term progress of the Strategy. In building this, we have used certain assumptions, but it is intended to be iterated and improved over time as more information and data becomes available (see Appendix 1 for a list of current / future indicators). It is for this reason that regular feedback / support from all partners will be particularly beneficial, and hence the request of Board members to raise awareness of the Index in their own organisations to encourage such feedback / support.

5. Updates to the Index

The March HWB paper detailed how the Health and Wellbeing Strategy Index has been developed using the format of the existing [Surrey Index](#) to assess the impact and efficacy of the refreshed HWB Strategy. This paper updates that report with the latest developments to the Index.

The Index is currently calculated at two geographical levels (district/borough and ward) by organising viable indicators into one of the HWB Strategy's narrative outcomes under the three headline priorities, as outlined in the following diagram:

Health and Wellbeing Strategy Index	Priorities	Outcomes	Indicators
Overall Score and Rank	1. Supporting people to lead healthy lives...	<ol style="list-style-type: none"> 1. People have a healthy weight and are active 2. Substance misuse is low 3. The needs of those experiencing multiple disadvantage are met 4. Serious conditions and diseases are prevented 	Typically, three to four indicators per outcome

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		5. People are supported to live well independently for as long as possible	
	2. Supporting people's mental health and emotional wellbeing...	<ol style="list-style-type: none"> 1. Adults, children, and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources 2. The emotional wellbeing of parents and caregivers, babies and children is supported 3. Isolation is prevented and those that feel isolated are supported 4. Environments and communities in which people live, work, and learn build good mental health 	Typically, three to four indicators per outcome
	3. Supporting people to reach their potential...	<ol style="list-style-type: none"> 1. People's basic needs are met 2. Children, young people, and adults are empowered in their communities 3. People access training and employment opportunities within a sustainable economy 4. People are safe and feel safe (community safety incl. domestic abuse; safeguarding) 5. The benefits of healthy environments for people are valued and maximised (including through transport/land use planning) 	Typically, three to four indicators per outcome

A full list of the indicators included in the index, and the geographical level they are available at, is provided in Appendix 1. At this point, there are no indicators in the Index for the following HWB Strategy narrative outcomes:

Priority	Outcome
1	<ol style="list-style-type: none"> 3. The needs of those experiencing multiple disadvantage are met 5. People are supported to live well independently for as long as possible
2	<ol style="list-style-type: none"> 2. The emotional wellbeing of parents and caregivers, babies and children is supported 3. Isolation is prevented and those that feel isolated are supported

These outcomes currently without indicators are covered by indicators included in the Priority Populations section at the countywide level or will be included in the Index in a future revision.

The indicators identified under each outcome have been weighted and aggregated to produce a score and rank for each of the relevant geographical units, such as the 11 borough and districts, at the outcome level, which in turn are aggregated to produce a score and rank at the priority level. Finally, the priority scores and ranks are aggregated to produce an overall score and rank for each geographic unit.

For each geographical unit there is, therefore, a single **overall** score, a score for each of the three priorities, and each of the narrative outcomes, as well as for each metric individually.

The Index uses the most recently available data for each indicator, which means that the values for some measures may be older than others. The detail of this, and the indicator sources, are given in a reference document which is available on the launch page of the Index and in Appendix 1.

5.1 Update on geographic levels within the Index

One of the biggest changes with this update of the Index is the addition of a second geographic level – ward level. The availability of the Index at lower levels of geography is vital to highlight areas of under- and over-performance compared to Surrey as a whole and support alignment with the HWB Strategy mission – to reduce health inequalities – in a broadly affluent county with hidden pockets of deprivation.

As with the Surrey Index, SCC intend to make the HWB Strategy Index View available at all levels of geography the data can be disaggregated to. Initially, the Index was published for borough and district councils and this update extends it to electoral wards.

The next phase, which will be published by end of September, will extend the Index and allow calculation at Primary Care Networks/Place geographies where possible. This functionality will enable area-specific outcomes and variations within these to be readily identified and acted upon by Integrated Care Systems and their partners.

It should be noted, however, that not all data is available at lower levels of geography because of the way it is collected, recorded, or published for some indicators. Best efforts are being made to obtain as many indicators as possible at all levels of geography.

5.2 Update on overarching indicators

As discussed in the March Board paper, four measures of life and healthy life expectancy have been chosen as indicators of the overall progress of the HWB Strategy to reduce health inequalities and these, along with recent trends for three of the measures, are now included in the Indicator View alongside several indicators for HWB Strategy Priority Populations.

The Priority Populations indicators i.e. gaps in employment rates for those in contact with secondary mental health services and with a learning disability, the percentage of adult carers who have as much social contact as they would like and adults with a

learning disability who live in stable and appropriate accommodation are included in the Indicator View of the Index. They are included in this section because they are not yet available below county level for inclusion on the calculated Index but are crucial to showing effective progress in delivering the HWB Strategy.

The trend in these overarching indicators, along with change in overall scores which will be available when the Index is updated annually, can be used to monitor progress over time and the direction of travel for the Strategy as a whole.

The Index is published on Surrey-i, available for reference to organisations and to Surrey residents.

5.3 Update on launch page and views:

This updated Index now includes a launch page or home screen that partners and Surrey residents will see when they first access the Index. This outlines the purpose of the Index and how the scores and ranks can be interpreted.



Example of the launch page from the Surrey Index

The launch page also details the two different views of the Index which are now available. These are the **Index View** and **Indicator View**:

- The Index View displays the score and rank for each Priority, Narrative Outcome, and Indicator for the different geographic levels of the Index, along with the actual values for each indicator and a recent trend where available.
- The Indicator View displays the current and historical values, and trend (where available) for a small set of overarching indicators and some Priority Populations at the county level.

6. Challenges and opportunities

- Some indicators relevant to assessing progress against the HWB Strategy narrative outcomes / for the Priority Populations continue to only be available at a higher Surrey footprint which limits the full benefit of use at a local system level.

- There are some gaps in the Index at present where data has been sought and is known to be available, but it has not yet been obtained; these gaps will be filled in due course. This is particularly true for Priority 2.
- Some data required for the proposed list of indicators has proved inappropriate as a measure and / or unreliable; in some cases these indicators have already been replaced using more viable / reliable data. In other cases SCC is exploring alternatives. This is particularly notable for some mental health indicators, which are publicly available at health based geographies and will be included in the Primary Care Network update.
- The HWB Strategy Index offers the Surrey system new opportunities to shape its strategies/policies and interventions based on evidence of progress, alongside community engagement with the Priority Populations. It also creates possibilities to measure success across a range of determinants of health, utilising national, regional and local targets to improve health outcomes.

7. Next steps

- These indicators will continue to be reviewed and developed to ensure we are utilising the most appropriate indicators to monitor progress against the HWB Strategy's overall mission, priorities, narrative outcomes, and the needs of the Priority Populations.
- We will continue to work closely with partners to align the outcome indicators of projects / programmes in the Summary Implementation Plan to the impact indicators within the Index, through an emphasis on logic modelling, and review.
- The build of the index will continue to develop with a version at Primary Care Network level being added before the end of September. The possibility of additional health-based geographies is also being investigated and will be reported on in more detail at the next meeting.
- We will publish ward level trend data, which is currently missing, by the end of September.
- The current gaps in indicators, which has been highlighted for four narrative outcomes of the HWB Strategy, are being addressed, with an expectation that these will also be filled by the end of September. We will be looking to add indicators currently only available at county level into the borough level index where possible. This may be limited to a small number of indicators but we are focusing on mental health and adult social care.
- A first report against the Index will be produced for the December HWB meeting. This report will highlight geographic areas and indicators where there is a notable direction of travel which will require further analysis. Trends across the overarching indicators for inequalities in life expectancy/healthy life expectancy and county level indicators for the Priority Populations will be reported annually.
- A video tutorial guiding users through the different sections of the index and how to use it will be available alongside the index on Surrey-i by the end of September.

Questions to guide Board discussion:

What forums would it be useful to share this iteration of the Index with?

What role can the Surrey Data Strategy play in this space?

Can organisations commit to capacity to provide data in appropriate formats/lowest geographic levels for the next iteration of the Index?

Appendix 1

Indicator	Definition	Period (inclusive)	Priority	Outcome	Data source	Included in current index?	Current index geography
Inactive adults	% adults doing under 30 minutes of moderate intensity activity per week	12 months to November 2022	1	1	Active Lives Survey (Adults) https://activelives.sportengland.org/	Y	Local authority and ward
Active adults	% adults doing an average of 150+ minutes of physical activity a week	12 months to November 2022	1	1	Active Lives Survey (Adults) https://activelives.sportengland.org/	Y	Local authority and ward
Active children	% children doing an average of 60+ minutes of physical activity a day	Academic year to July 2022	1	1	Active Lives Survey (Children) https://activelives.sportengland.org/	Y	Local authority
Deaths from drug misuse	Rate of deaths from drug misuse	24 months to March 2020	1	2	https://fingertips.phe.org.uk/search/drug%20misuse#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E10000030/iid/92432/age/1/sex/4/cat/-1/ctop/-1/vyr/3/cid/4/tbm/1	Y	Local authority
Alcohol related hospital admissions	Rate of admission episodes for alcohol-related conditions	12 months to March 2022	1	2	Hospital Episode Statistics (HES) NHS Digital (http://www.localhealth.org.uk/)	Y	Local authority and ward
Diabetes prevalence	Estimated % of diabetes prevalence	12 months to March 2020	1	4	https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2021-22	Y	Local authority and ward
New cases of colorectal cancer	Age-sex standardised registration ratios for the number of new cases of colorectal cancer	April 2015 to March 2019	1	4	National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/)	Y	Local authority and ward
New cases of female breast cancer	Age-sex standardised registration ratios for the number of new cases of breast cancer	April 2015 to March 2019	1	4	National Cancer Registration and Analysis Service and Office for National Statistics (ONS) (http://www.localhealth.org.uk/)	Y	Local authority and ward
Under 75 cancer deaths	Estimated age standardised mortality ratio for deaths from all cancers for people aged under 75	April 2016 to March 2020	1	4	Office for National Statistics (ONS) (http://www.localhealth.org.uk/)	Y	Local authority and ward
Self reported - anxiety	Average self-reported anxiety score (out of 10)	12 months to March 2022	2	1	Office for National Statistics/Annual Population Survey (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing)	Y	Local authority
Self reported wellbeing - low satisfaction	Average self-reported life satisfaction score (out of 10)	12 months to March 2022	2	1	Office for National Statistics/Annual Population Survey (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing)	Y	Local authority
Self reported wellbeing - worthwhile	Average self-reported worthwhile score (out of 10)	12 months to March 2022	2	1	Office for National Statistics/Annual Population Survey (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing)	Y	Local authority
Self reported wellbeing - happiness	Average self-reported happiness score (out of 10)	12 months to March 2022	2	1	Office for National Statistics/Annual Population Survey (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing)	Y	Local authority
Homelessness duty	% of households assessed as being owed a homelessness duty	12 months to March 2022	3	1	MHCLG Statutory homelessness statistics https://www.gov.uk/government/collections/homelessness-statistics	Y	Local authority
Children 0-19 in relative low-income families	% children aged 0-19 in relative low-income families	12 months to March 2022	3	1	https://stat-xplore.dwp.gov.uk/	Y	Local authority and ward
Households in Fuel Poverty	% of households in fuel poverty	12 months to March 2020	3	1	Department for Business, Energy & Industrial Strategy https://www.gov.uk/government/collections/fuel-poverty-sub-regional-statistics	Y	Local authority and ward
5 or more Key Stage 4 (GCSE) passes at A*-C	% pupils achieving 5 or more Key Stage 4 (GCSE) passes at A*-C (2013/14)	Academic year to July 2014	3	2	Department for Education (DfE) (https://www.gov.uk/government/collections/statistics-neighbourhood-absence-and-attainment)	Y	Local authority and ward
Key Stage 2, Level 4 in Reading, Writing and Maths	% pupils achieving Key Stage 2, Level 4 in Reading, Writing and Maths (2013/14)	Academic year to July 2014	3	2	Department for Education (DfE) (https://www.gov.uk/government/collections/statistics-neighbourhood-absence-and-attainment)	Y	Local authority and ward
Unemployment benefit	% of people claiming unemployment benefit (JSA and Universal Credit)	12 months to March 2023	3	3	https://stat-xplore.dwp.gov.uk/	Y	Local authority and ward
Long term job seekers	% of job-seekers looking for employment for more than 12-months	12 months to August 2022	3	3	https://stat-xplore.dwp.gov.uk/	Y	Local authority and ward
Domestic abuse	Rate of domestic abuse crimes reported to the police	12 months to March 2022	3	4	https://www.surrey.gov.uk/dataset/epj/surrey-incidents-of-domestic-violence-ward	Y	Local authority
Violent crime	Rate of violent and sexual offences reported to the police	12 months to February 2023	3	4	Police UK (Police recorded crime figures) (https://data.police.uk/)	Y	Local authority and ward
Anti-social behaviour	Rate of all anti-social behaviour reported to the police	12 months to February 2023	3	4	Police UK (Police recorded crime figures) (https://data.police.uk/)	Y	Local authority and ward
Walking for travel	% residents walking at least once per month for travel	12 months to November 2021	3	5	Department for Transport: Walking and cycling statistics (CW) https://www.gov.uk/government/statistical-data-sets/walking-and-cycling-statistics-cw	Y	Local authority

Appendix 1

Cycling for travel	% residents cycling at least once per month for travel	12 months to November 2021	3	5	Department for Transport: Walking and cycling statistics (CW) https://www.gov.uk/government/statistical-data-sets/walking-and-cycling-statistics-cw	Y	Local authority
Inequality in life expectancy (male)	The slope index of inequality for life expectancy at birth calculated from the deprivation deciles of lower super output areas within Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Inequality in life expectancy (female)	The slope index of inequality for life expectancy at birth calculated from the deprivation deciles of lower super output areas within Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Inequality in healthy life expectancy (male)	The slope index of inequality for healthy life expectancy at birth calculated from the deprivation deciles of lower super output areas within Surrey. Measured in years	April 2009 -March 2013	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Inequality in healthy life expectancy (female)	The slope index of inequality for healthy life expectancy at birth calculated from the deprivation deciles of lower super output areas within Surrey. Measured in years	April 2009 -March 2013	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Adult social care users social contact	% of adult social care users (aged 18+) who have as much social contact as they would like	12 months to March 2022	Overarching and Priority Populations		Public Health Outcomes Framework - OHID (phe.org.uk)	Overarching	County
Adults with learning disabilities in stable and settled accommodation	% adults (18-64 yrs) with a learning disability who live in stable and appropriate accommodation	12 months to March 2022	Overarching and Priority Populations		Public Health Outcomes Framework - OHID (phe.org.uk)	Overarching	County
Gap in the employment rate for those with a learning disability	% gap in the employment rate between those with a learning disability and the overall employment rate in Surrey	12 months to March 2022	Overarching and Priority Populations		Public Health Outcomes Framework - OHID (phe.org.uk)	Overarching	County
Gap in the employment rate for those in contact with secondary mental health services	% gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in Surrey	12 months to March 2022	Overarching and Priority Populations		Public Health Outcomes Framework - OHID (phe.org.uk)	Overarching	County
Healthy life expectancy at birth (male)	Healthy life expectancy at birth for males in Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Healthy life expectancy at birth (female)	Healthy life expectancy at birth for females in Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Life expectancy at birth (male)	Life expectancy at birth for males in Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Life expectancy at birth (female)	Life expectancy at birth for females in Surrey. Measured in years	24 months to March 2020	Overarching and Priority Populations		Public Health Fingertips https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/	Overarching	County
Emergency admission rates of people with dementia			1	1		Planned for future update	Local authority
Under 75 mortality from colorectal cancer			1	4	Primary Care Mortality Database	Planned for future update	Local authority
Under 75 mortality from breast cancer			1	4	Primary Care Mortality Database	Planned for future update	Local authority
Deaths in usual place of residence			1	5	Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12591rollingannualdeathregistrationsbyplaceofoccurrence)	Planned for future update	Local authority
Adults with mental health issues in appropriate accommodation			2	2		Planned for future update	Local authority
Children in receipt of FSM achieving 5 A* - C GCSE			3	2		Planned for future update	Local authority
Children in receipt of FSM achieving good level of development at KS2			3	2		Planned for future update	Local authority
Participation rate in training and education 16-18			3	3		Planned for future update	Local authority
Employment and Support Allowance claimants aged 16-24			3	3	https://stat-xplore.dwp.gov.uk/	Planned for future update	Local authority and ward
Public confidence in the police			3	4	Surrey County Council / Surrey Police Joint Neighbourhood Survey	Planned for future update	Local authority
Travel to work on foot			3	5	Census 2021	Planned for future update	Local authority and ward
Travel to work on by cycle			3	5	Census 2021	Planned for future update	Local authority and ward
Travel to work by bus, minibus or coach			3	5	Census 2021	Planned for future update	Local authority and ward
Travel to work by train			3	5	Census 2021	Planned for future update	Local authority and ward
Travel to work by underground, metro, light rail, tram			3	5	Census 2021	Planned for future update	Local authority and ward

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Our Surrey Story – a county wide brand
HWBS Priority Populations:	<ul style="list-style-type: none"> All
Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> Priority 1 - Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being Priority 2 - Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being Priority 3 - Supporting people to reach their potential by addressing the wider determinants of health
Outcomes/System Capabilities:	<ul style="list-style-type: none"> System Capabilities - Empowered and Thriving Communities and Equality, Diversity and Inclusion including digital
Principles for Working with Communities:	<ul style="list-style-type: none"> Community capacity building: 'Building trust and relationships' Co-designing: 'Deciding together' Co-producing: 'Delivering together' Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Community Led interventions
Author(s):	David Stedman, Senior Brand and Marketing Manager, Our Surrey Story, Surrey County Council; david.stedman@surreycc.gov.uk
Board Sponsor(s):	Cllr Bernie Muir, HWB Chair and Member for Epsom West, Surrey County Council
HWB meeting date:	20 September 2023
Related HWB papers:	None
Annexes/Appendices:	None

2. Executive summary

Our Surrey Story exists to promote a positive image of Surrey (the county) by aligning insight, skills, activity and networks, to benefit our economy, environment and community.

The purpose of this paper is to make the Board aware of the opportunity Our Surrey Story presents to help achieve health and wellbeing objectives in the county, and identify where it could best support delivery of these. For example:

- one third of the story focuses on [innovation](#), which includes research and development in the life sciences – so promoting this through Our Surrey Story could help increase the desirability of Surrey for investment / relocation of relevant businesses and employees.
- another third of the story focuses on the quality of our [natural landscape](#), which makes a positive contribution to physical and mental health. This can be promoted for example through messages on enjoying the peace of nature, and getting active in it, including volunteer opportunities.
- the final third focuses on [community](#) and [culture](#) – celebrating difference, changing perceptions, and encouraging interaction with our neighbours, each of which could benefit the HWB Strategy's Priority Populations.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Familiarise itself with the aims and potential of Our Surrey Story as a county-wide brand to help achieve health and wellbeing objectives and consider which of these the brand could most usefully contribute to, and/or where there are gaps that Our Surrey Story could fill.
2. Propose how best it could involve health and wellbeing representatives across the county in the planned [Ambassador programme](#).
3. 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).

4. Reason for Recommendations

The Board is perfectly placed to have an overview of health and wellbeing activity across Surrey, while Our Surrey Story can promote and/or add to these or similar activities. By taking on the recommendations the Board can align and maximize the value and impact of Our Surrey Story's contribution to promote health and wellbeing across the county, liaising with the HWB's Communications sub-group (chaired by the Director of Communications and Engagement at Surrey Heartlands and the

Strategic Director - Communications at SCC (the latter sits on the Our Surrey Story Board) and the Empowered and Thriving Communities system capability lead – the Executive Director of Customer and Communities at SCC.

5. Detail

Our Surrey Story exists to promote a positive image of Surrey (the county, not the council) by aligning insight, skills, activity and networks, to benefit our economy, environment and community.

It is [led by a Board](#) from all walks of life, who together represent and combine public, private and third sector interests to ensure Our Surrey Story delivers for the county as a whole.

The brand consists of a fully developed visual identity, and a powerful narrative built around three themes: Innovating our future economy; Natural landscape and lifestyle; Connecting people and places (covering communities and culture).

The tone is celebratory; forward looking; warm; human; collaborative; ambitious.

The brand will make a positive contribution to *No one left behind*.

Although initially developed a few years ago, the brand is now being fully activated through the establishment of the Board, and a [new website](#). Therefore, this is the perfect time for the Health and Wellbeing Board to influence Our Surrey Story's activities and maximise its health and wellbeing impact.

There are potentially hundreds of opportunities for Our Surrey Story to support health and wellbeing objectives. For example:

- one third of the story focuses on [innovation](#), which includes research and development in the life sciences – so promoting this through Our Surrey Story could help increase the desirability of Surrey for investment / relocation of relevant businesses and employees.
- another third of the story focuses on the quality of our [natural landscape](#), which makes a positive contribution to physical and mental health. This can be promoted for example through messages on enjoying the peace of nature, and getting active in it, including volunteer opportunities.
- the final third focuses on [community](#) and [culture](#) – celebrating difference, changing perceptions, and encouraging interaction with our neighbours, each of which could benefit the Priority Populations.

6. Opportunities/Challenges

Opportunities to deliver on health and wellbeing objectives through Our Surrey Story include:

- reaching the Priority Populations in a different way as the brand is not owned by a specific service or organisation – it is owned by whoever in Surrey wants

to get involved in it. This ownership can include the Priority Populations – in fact the brand, or elements of it, can be owned or co-owned by such populations rather than simply aimed at them.

- working cross-sectorally with individuals and organisations who are perhaps not usually involved in health and wellbeing activity but who could support it – for example through the Innovation Working Group of the One Surrey Growth Board, who wish to deliver community centred events that promote innovation and achieve social gain.
- influencing how changing Surrey’s image from ‘wealthy / complacent’ (as research demonstrates it is currently) to ‘creative / compassionate’ (by highlighting innovation, cultural and community activity across the county) could impact on the Priority Populations, and to engage those populations in shaping how the change is made.
- identifying and developing a targeted programme to deliver benefits for the Priority Populations arising from place promotion activity (e.g. specific employment opportunities).

Risks at this point are primarily around the brand not receiving sufficient support to enable it to undertake significant activity.

7. Timescale and delivery plan

There is currently no set timescale for Our Surrey Story; initial activity and associated timelines will be established once the Board has met. This staging provides an opportunity for the Health and Wellbeing Board to ensure that health and wellbeing outcomes are prioritised within the programme.

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

The Senior Brand and Marketing Manager has held one-to-one introductory meetings with the Our Surrey Story Board and other leaders across different sectors in Surrey covering the wider determinants of health, though none with health and care leaders to date.

Engagement with many more stakeholders is planned via a proposed [Ambassador programme](#). This is one of the activities that will have greater reach among health and wellbeing leaders if there is proactive support for it by the Health and Wellbeing Board.

A summer advertising campaign, [Surprising Surrey](#), promoted themes of innovation, culture, community and natural landscape, with their relevance to health and wellbeing objectives as listed above. It provided 817,000 impacts (opportunities to see) via printed bus shelter adverts, and 225,000 impressions (opportunities to hear)

via digital radio. The relaunched website has had 207 unique visitors between launching on 31 July and 28 August. Securing content for the campaign included working with Surrey Minority Ethnic Forum and disability arts organisations.

The Senior Brand and Marketing Manager is in the process of establishing links with other groups and Boards, such as:

- Surrey Forum
- One Surrey Growth Board
- Surrey Business Leaders Forum
- Greener Future Board
- Thriving Communities Board
- Integrated Care Partnership Boards of Surrey Heartlands and Frimley Health and Care
- Surrey Cultural Partnership

9. Next steps

The first Our Surrey Story Board meeting will be held on 14 September 2023. Specific objectives for the brand should flow from that meeting, including details on the nature and format of the Ambassador programme. The second meeting will be on 15 November and it would be hugely helpful to have health and wellbeing representatives in place by then. Any suggestions from the Health and Wellbeing Board on which health and wellbeing objectives and current activities Our Surrey Story could most usefully contribute to, and/or where there are gaps that Our Surrey Story could fill, would also feed into this second meeting.

Questions to guide Board discussion:

Which health and wellbeing objectives and current activities could Our Surrey Story most usefully contribute to, and/or where there are gaps that Our Surrey Story could fill?

How best could the Health and Wellbeing Board involve health and wellbeing representatives in the planned Our Surrey Story [Ambassador programme](#)?

Which (maximum of two) people from the health and care sector/any other sector focused on a wider determinant of health in Surrey could usefully act as a representative on the Our Surrey Story Board?

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Update to Surrey Health and Wellbeing Board from Surrey Heartlands Integrated Care System – 20 September 2023

Surrey Heartlands Integrated Care Partnership (ICP)

The Surrey Heartlands Integrated Care Partnership (ICP) held its informal private July meeting on Wednesday 26 July at the Yvonne Arnaud Theatre in Guildford. The meeting was focused on a deep dive into the work that is being done in Guildford Town. Presenters identified two key neighbourhoods to focus on in Guildford: Westborough and Stoke, which are lower super output areas.

The meeting was productive, and members engaged in insightful discussions about the following topics which are relevant to the priorities, and system capabilities of the Health and Wellbeing Strategy:

- Approach to working with communities: The ICP discussed the importance of using key players in communities to identify key stakeholders and knowing those people in the community. They also discussed the need to consider who represents the community, not necessarily the loudest voice.
- Working in partnership and role of VCSE: The ICP acknowledged the important role that the voluntary sector plays in delivering health and care services. They discussed the collaborative approach that has been taken in Guildford and how this has been useful in addressing the different capacity challenges that organisations face.
- Data and insight: The ICP discussed the importance of using data and insight to understand our communities. They talked about the need to ensure that the data we collect is meaningful and specific to communities.
- Prevention: The ICP discussed the important role that they can play in supporting prevention. They talked about the need to establish shared meaning in strategies and to use unifying language when addressing the challenges that we face.
- Sharing learning and insight across places: The ICP discussed the important role that they can play in sharing learning and insight across different places. They talked about the need to create a mechanism for sharing learning and to consider how else we can support learning across the system.
- Social and economic development: The ICP discussed the importance of supporting the ICS in fulfilling the fourth objective for 'Integrated Care systems to support broader social and economic development'. They talked about exploring how we can attract people and businesses to our places and how we can support a thriving economy across Surrey.

Forward look: September Integrated Care Partnership Public Formal meeting

The next public-facing ICP meeting will be held in September. The focus of this meeting will be a paper which seeks to provide a comprehensive assessment of the current state of the ICP within the broader system governance. The aim of this assessment is to support the ICP members to define the purpose and responsibilities

of the ICP, to agree a set of priorities and a governance cycle, to ensure alignment with the Health and Wellbeing board and the Integrated Care Board, and to outline what the unique contribution of the ICP is within the Integrated Care System.

The Health and Wellbeing team are working with Integrated Care Partnership secretariat to ensure alignment between the two boards and their terms of reference.

Surrey Heartlands Integrated Care Board (ICB)

Summary below of the Surrey Heartlands ICB Part One meeting held on 5 July 2023:

- 2022/2023 Annual Report and Accounts – These were agreed at the Audit Committee on Friday 23 June 2023 with wider board members present for quoracy. There was a technical issue nationally of accounting for three rather than four quarters.
- North West Surrey Place Deep Dive and Patient Story – Three neighbourhoods of the twelve identified would launch in September 2023 based on natural communities with leadership from all sectors based on integration. There was a patient story given by the wife of a patient who died from Motor Neurone Disease with lessons to be learned regarding the processes of the care that was provided such as working closely with the Local Authority.
- Other Place Updates – Surrey Downs, Guildford and Waverley as well as East Surrey had updates in relation to local projects that included the development of neighbourhood networks in addition to other key priorities such as early intervention.
- Chief Executive's Report – Surrey Heartlands was in a strong position with a recent NHS England meeting highlighting the ambition to be a Level One system although improvements were needed such as the statutory responsibility for health inequalities:
<https://www.surreyheartlands.org/download.cfm?doc=docm93jjjm4n1663.pdf&ver=1824>
- Staff Survey and Wider Cultural Development – The publication of the NHS Workforce Plan was aligned locally while acknowledging there were challenges in the staff survey with key areas of cultural change that would mean continuous learning in a structured research approach that resonated with staff. There would be a board seminar on this topic soon.
- 2023 Freedom to Speak Up Guardian Report – Some areas of staff engagement were referred into formal procedures while there were recommendations from the National Guardian's office such as a lead role in primary care as an external appointment and providing guidance by December 2024 that guardians were in post. The national policy was suitable for local adaptation. There would be independence with clear partition between the postholder's substantive role and their Guardian role. A reflection and planning tool was identified as a key area for knowing gaps in extending into clinical as well as patient focused issues.

- Joint Forward Plan Update – The final version was published. There was a delivery plan that included aligned with other strategies such as the Joint Strategic Needs Assessment.
- Surrey Heartlands Oversight Meeting: Quarter 4 2022/2023 May 2023 Deck – NHS England South East region highlighted successes and challenges from the previous quarter with some partners in either enhanced oversight or intensive oversight while Surrey Heartlands was in Segment Two with sharing best practice for other systems encouraged.
- Quality and Performance Assurance Committee Feedback / Key Risks for Escalation – The focus was on quality risks.
- 2023/2024 Month 2 System Finance Report – There was a £5.3m adverse variance to the plan with workforce numbers the biggest contributor while the plan was acknowledged as high risk but the deficit would reduce through the financial year. Pay costs were queried based on phasing of savings for agency staff as clinical activity needed to increase through transformation yet there were risks to this.
- Strategic Finance and Assurance Committee Feedback / Key Risks for Escalation – Risks and issues were being identified earlier with programmes to address these but productivity gains wouldn't be sufficient without cash releasing efficiencies.
- Audit Committee Feedback / Key Risks for Escalation – The hub and spoke specialist services risks was highlighted as it was centred on having the business information required for assurance.
- Integrated Care Partnership / Health and Wellbeing Board Feedback – The estates, towns and communities projects were emphasised with give communities piloted that would support other geographical formations such as neighbourhood teams.
- Partner Member Feedback – There were updates from the four partners with mental health reporting pressures with agencies and private beds while it was complex so there was a quality as well as a financial issue. NHS Trusts reported industrial action being a critical issue while efficiency targets were causing concern. Primary Care Medical Services reported a third workshop on the Fuller Stocktake that aligned with the primary care recovery plan while providers were meeting to discuss access such as connections with pharmacy. Local Authority reported that an independent convenor had been appointed for the Committee in Common work for Surrey while there were ongoing developments to improve children's services.
- 2023/2024 Month 3 Risk Report – Feedback from committees were improving that strengthened controls and assurance though there were a few minor issues with scoring so actions arising from risk identification needed to be clear.
- Terms of Reference – An extension to the Pharmacy, Optometry and Dentistry Terms of Reference were agreed to 1 December 2023 while there was a change in delegation for the approval of Human Resources policies from the Remuneration Committee to the Our People Committee that was agreed.

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Update to Surrey Health and Wellbeing Board from Frimley Integrated Care System - 20 September 2023

Frimley Integrated Care Partnership (ICP) and Frimley Integrated Care Board (ICB)

ICS Strategy Refresh & Integrated Care Partnership

The ICS strategy was considered at the last meeting of the Integrated Care Partnership when it came together as an assembly on 11 May (rearranged from March due to Industrial Action). The ICS strategy has now been through multiple statutory boards and committees, as well as several informal engagement events with chairs of Health and Wellbeing boards and other Partner Organisations. Feedback has been captured, themed and addressed into a final draft version of the ICS strategy, which was circulated to ICP members at the beginning of March. The focus of the Assembly was on prioritisation for each Strategic Ambition, to help form the foundation of a delivery plan for the year ahead.

Next steps for the strategy include the finalisation of this delivery plan for each of their strategic ambitions, working with Partner Organisations to understand what can be delivered this year and in future years to achieve the objectives set out in the document. An update on this delivery plan can be produced for a future meeting and the final version of the refreshed ICS Strategy is on the Frimley ICS website.

As delivery plans continue to be formulated, the ICS will continue work at a partnership level to examine how the Integrated Care Partnership can be best designed and operated to meet the needs of the population and is best placed to deliver its three roles;

- Strategy Development
- Examining the Wider Determinants of Health
- Safeguarding the ICS Vision and Values.

Joint Forward Plan

The Frimley Integrated Care System published its first Joint Forward Plan on 30 June 2023. This plan, which covers the period 2023 – 2028, is the first document which brings together the totality of the NHS transformation focus for the forthcoming five year period. The plan is a new statutory requirement of the Health and Care Act (2022) which came into lawful effect on 1 July 2022.

This Joint Forward Plan is fully aligned with the ICS Strategy and it outlines how the local NHS will contribute to achieving our shared goals and priorities. In particular, the Joint Forward Plan describes how the NHS will work in partnership together to meet our headline strategic objectives of reducing health inequalities and increasing healthy life expectancy.

The Frimley ICS 2023/24 Operational Plan sets out the detailed plans for how the partnership will achieve its priorities in the first year of implementation. It includes specific actions, targets and milestones for each of the priority areas identified in the Planning Guidance released in December 2022. It represents many of the year one actions of the Joint Forward Plan, although it should be noted that the latter is more ambitious and expansive than the national minimum planning requirements for the year ahead. The Joint Forward Plan also provides a longer-term perspective on how the NHS will evolve its



services and workforce over the next five years, to support the achievement of the ICS priorities in the longer term.

Delegated Commissioning

Frimley ICB has now formally taken up its position as the host for the Regional Delegated Commissioning function and Regional Complaints function. The hub covers NHS services for Community Pharmacy, Community Optometry and Dentistry and supports all six Integrated Care Systems in the South East. The team safely transitioned from NHS England on 1 July and is working closely with colleagues across the region to work on a future operating model which best meets the needs of the local population.

System Development

The ICS continues to explore with partners how to best enable the four main segments of the ICS Operating Model can best be developed individually and collectively. We will continue to work with all partners to ensure that the following vehicles are optimally designed for the delivery of our strategic goals:

- The five Places in the Integrated Care System
- Frimley's Provider Collaboratives
- The Integrated Care Partnership
- The Integrated Care Board