MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 20 March 2024 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)
Liz Williams (Co-Sponsor)
Kate Barker (Co-Sponsor)
* Mari Roberts-Wood
Fiona Edwards
Jason Gaskell (Co-Representative)
* Sue Murphy (Co-Representative)
* Paul Farthing
r Dr Russell Hills
* Kate Scribbins
* Ruth Hutchinson
* Helen Coombes
* Rachael Wardell
Karen McDowell
* Graham Wareham
Leigh Whitehouse
* Mark Nuti
Sinead Mooney
Clare Curran
Kevin Deanus
Sarah Cannon
Carl Hall
Tim De Meyer
* Borough Councillor Ann-Marie Barker
* Steve Flanagan
Jo Cogswell
* Dr Pramit Patel
Lisa Townsend
* Professor Monique Raats
* Dr Sue Tresman
Siobhan Kennedy (Associate Member)

Substitute Members:
* Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, Frimley ICB
* Detective Superintendent Dave Bentley, Department Head Public Protection Domestic Abuse Team, Surrey Police

The Chair welcomed new Board members:

- Paul Farthing - Chief Executive, Shooting Star Children's Hospices, VCSE Alliance Co-Representative.

- Sarah Cannon - Senior Probation Officer at the Probation Service; thanked outgoing Board member: Jason Halliwell for his contributions.
- Dr Sue Tresman - Surrey's Independent Carers Lead and Co-Chair for the Carers Partnership Group, Carers System Representative.
- Leigh Whitehouse - Interim Chief Executive, Surrey County Council; thanked outgoing Board member: Joanna Killian for her contributions.

1/24 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Karen McDowell, Leigh Whitehouse, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Detective Superintendent Dave Bentley substituted, Lisa Townsend, Kate Barker, Jo Cogswell, Sarah Cannon, Clare Curran, Sinead Mooney, Carl Hall, Jason Gaskell, Russell Hills (remote).

2/24 MINUTES OF PREVIOUS MEETING: 14 DECEMBER 2023 [Item 2]

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

3/24 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/24 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

5/24 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Karen Brimacombe, Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
Adam Watkins, ICS Senior Programme Manager - Long Term Planning Delivery, Surrey Heartlands ICB
Ruchika Gupta, Clinical Director - Long Term Planning Delivery, Surrey Heartlands ICB
Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS (Priority 2 Co-Sponsor)
Sara Saunders, Interim Health Integration Policy Lead, Surrey County Council
Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
Nikki Roberts, CEO - Surrey Coalition of Disabled People

Key points raised in the discussion:

Priority 1

1. The Priority 1 Sponsor noted that the workshop held in November focused on partnership working in support of Looked After Children to promote healthy weight, an action plan to be developed at March's workshop. Active Surrey held the Active Schools Conference in November which explored how more positive relationships could be created with children and young people; gender equality was also discussed. The Surrey Anti-Social Behaviour and Community Harm Reduction Partnership had completed a Noxious Smells (cannabis) Framework, which helped partners to work together to stop gangs supplying drugs to neighbourhood dealers. There had also been work on improving information and resources around dementia. The Surrey Joint Carers Programme had co-designed new emotional well-being and mental health services for young carer champions. There were also some funding sources to help improve the health and wellbeing of unpaid carers.
2. The ICS Senior Programme Manager - Long Term Planning Delivery (Surrey Heartlands ICB) detailed the spotlight item: 'Surrey Heartlands Diabetes Network':
    - the vision was to improve the lives of people of all ages living with or at risk of developing diabetes across Surrey Heartlands.
    - the focus was on prevention and early identification, partnership working was key and included the all-age Diabetes Network to inform strategy and deliver improvement against identified national and local priorities.
    - topics discussed at January's Diabetes Network were: diabetes in care homes, the NHS diabetes prevention programme, improving awareness and reach, medicines optimisation.
    - the Diabetes Network's meeting later in the week has a spotlight on Learning Disability Mortality Reviews and would look at partners' work around the impact of diabetes for people with learning disabilities and or autism. Other areas of focus: the digital weight management programme, structured education with a pilot working with people from South Asian communities and work with Diabetes For South Asians (DoSA) and Active Surrey.
3. The Clinical Director - Long Term Planning Delivery (Surrey Heartlands ICB) provided further detail on the spotlight item:
    - the team was working to get a locally commissioned service for diabetes agreed for the primary care teams, to help improve identification and risk stratification of patients with diabetes, using a proactive register management tool to address the three treatment targets: controlling blood pressure, cholesterol and sugar levels.
    - working closely with children and young people (CYP), there was a pilot in East Surrey looking at the transition of CYP into adulthood.
    - the Alpha Research pilot with schools, for 3 to 13 year olds, used a finger prick test to determine their risk of developing type 1 diabetes.
    - hoped to learn from the work by colleagues in Bedford, Luton and Milton Keynes with Diabetes UK in trying to target healthy living advice for pregnant patients and those seeking advice on preconception; adapting tools in multi-languages and sharing the information more widely via the Baby Buddy app.
    - work with Surrey Minority Ethnic Forum (SMEF) via workshops in delivering the message on prevention, healthy lifestyles and blood pressure.
4. The Vice-Chair thanked officers for their work and noted that they covered other long-term conditions so could provide a similar presentation to the Board in the future if needed covering the network of services available. Noted the huge amount of work by partner organisations regarding the prevention and treatment of long-term conditions and ensuring that services are delivered consistently.
5. A Board member flagged that regarding primary prevention, there was an item on May's Informal Board agenda regarding Active Surrey and the Physical Activity

Strategy, now at the mid-point of its implementation there were positive outcomes. Noted that many colleagues would have been involved in the stakeholder events for the Food Strategy, healthy weight was key to that; noted the need to continue to work across the population, whilst targeting.

6. The Chair praised the range of initiatives across ages and demographics and asked if the pilots are successful, whether the learning would be rolled out across Surrey. The Clinical Director - Long Term Planning Delivery (Surrey Heartlands ICB) hoped that would be the case, noting that many of the pilots were in the early stages, also using best practice from other systems was crucial. Some of the pilots relied on limited funds, so creativity going forward was key to ensure that programmes would be sustainable. The Chair noted concern about the limited funding, as prevention was fundamental so there needed to be a consideration about how the initiatives are supported long-term.
7. A Board member offered support from the academic sector to help with identifying the appropriate people to undertake the research and to help identify available funding.
8. A Board member asked how people with lived experience were being involved and other than SMEF, had other organisations been involved; had CYP been involved in the co-design to ensure appropriate messaging. The Clinical Director - Long Term Planning Delivery (Surrey Heartlands ICB) explained that the Surrey young representative worked with Diabetes UK and the Surrey youth work service, listening to the voices of CYP. Currently SMEF and Active Surrey were being worked with closely, was open to working with other organisations to incorporate lived experience. The ICS Senior Programme Manager - Long Term Planning Delivery (Surrey Heartlands ICB) noted that the work in Ashford and St. Peter's Hospitals and DoSA was co-designed with the community, using lived experience about how and where to effectively deliver structured education sessions. Someone had been chosen to be part of University Hospitals of Leicester work to co-design what improved digital support for people from South Asian communities living with diabetes looks like.
9. A Board member noted that many of those people living with long-term conditions would have carers, asked how those with lived experience from a carer's perspective were being involved and supported; offered her help alongside the Joint Carers Programme team. The ICS Senior Programme Manager - Long Term Planning Delivery (Surrey Heartlands ICB) noted that needed to be developed across the long-term conditions programmes. The team had linked in with the carers programme in Surrey around opportunities such as the re-procurement of diabetes retinal screening services. He was happy to liaise with the Board member - and other colleagues - around using the work and connections developed through the carers programme to inform the next steps and building in the psychological support element further.

Priority 2

10. The Priority 2 Co-Sponsor noted that the anonymous First Steps to Support phoneline pilot launched in January in Guildford, initially targeting three Key Neighbourhoods and was now scaled across the borough. Several workshops had been held launching the Wheel of Wellbeing across Merstham and Walton South. The Workforce Wellbeing Standards programme had been soft-launched, starting with three businesses then upscaling to fifteen per quarter. The men's mental health offer delivered through Mentell had been extended to the end of August. Another one hundred mental health first aiders had been trained, with a focus on those working with the Gypsy, Roma and Traveller communities and with asylum seekers. The national Service Development Funding for suicide prevention was due to end in March, there was a business case around how to continue supporting that

programme. A bid would be submitted to the Department for Environment Food and Rural Affairs to continue the funding for green social prescribing, focusing on community-based initiatives, for primary care nature interventions to work alongside the GP Integrated Mental Health Service, supporting high intensity users and embedding nature interventions into mental health secondary care pathways. The Secretary of State would be visiting the new therapy garden at St Ebba's Hospital for children and adults with learning disabilities, developed by the community and funded through the Green Health and Wellbeing programme.

11. The Interim Health Integration Policy Lead (SCC) detailed the spotlight item 'Mental Health Investment Fund (MHIF): Round 2 awards':
    - compared to round 1, the round 2 MHIF awards had a wider geographical spread and higher average monetary value of each award at £257,000 compared to £51,000. The average duration of round 1 was 17 months compared to 29 months for round 2. It had taken around two years for most of the funding to be allocated, £5.3 million would be released this year.
    - noted the analysis regarding the Priority 2 Outcomes and Key Neighbourhoods where there was a fairly equal distribution across those, with a slight over-representation in Reigate and Banstead. Regarding the Priority Populations only one out of the twenty-four schemes focused on supporting older people in care homes. Over 60% of the funding was spent on CYP and families, 35% to adults and 4% to older adults.
    - noted that the Surrey-Wide Commissioning Committees in Common (CiC) agreed that the joint executive sponsors have the responsibility to oversee the allocation of the remaining funds to be done at pace.

Dr Pramit Patel joined the meeting at 2.37 pm.

12. A Board member queried what the consultation process would be regarding round 3 of the MHIF funding, ensuring that there is adequate time so that partnership input could be meaningful and asked what the timescale would be for its allocation. The Interim Health Integration Policy Lead (SCC) noted that the agreed recommendation at the Surrey-Wide CiC was that delegated authority be given to set the principles within which the funding would be allocated using partnership working to understand the needs of residents, not to define the specific process. Noted that there was a strong desire to allocate the remaining funding at pace so residents could benefit.
13. A Board member noted caution around pace, that to allocate the remaining funding properly for round 3, co-production takes time to ensure meaningful applications by charities. Noted that round 1 and round 2 had short lead in times, which prevented the co-production of meaningful projects and often applications were not put in. The Vice-Chair noted that it was a balance between the right speed of allocation - affecting the ability of partners to co-produce - and the effective impact on residents. The process would need to be devised and would be tested with partners, acknowledged the need to work at pace.
14. A Board member noted that the MHIF money had been centred around the voluntary sector and that should be celebrated. Noted that a lot of the MHIF money was also centred around particular areas of the county. Queried whether there would be development across the county, particularly for the First Steps to Support phoneline and sought assurance that there would be funding to continue some of the projects beyond the pilot duration. The Priority 2 Co-Sponsor could not currently provide that assurance, as it depended on the outcomes of the phoneline pilot. Regarding longer term funding, consideration was needed around the case for change and the investment request and its source. A Board member added that it was essential that the work around the phoneline is robustly evaluated, responding to the outcomes.

15. The Chair recognised the need to robustly evaluate all the initiatives yet stressed that some of those had the potential to replace business as usual programmes where there is not the same level of evaluation as to their effectiveness in outcomes across agencies, that needed to be resolved.
16. A Board member noted that the First Steps to Support phoneline had been overdue and the figures showed the need in Guildford. Noting the challenging financial situation, if not able to fund the service going forward for example the danger was setting something up and then taking it away which would increase the pressures on charities; the Board must do all it can to support that service.
17. The Chair noted the constant need for charities to fundraise and asked whether there was help for them to find alternative funding to keep them going particularly if pilots are funded for one year. A Board member noted that what would be most helpful was certainty about what the project would be, about the commitment and timescale, then that would help fundraising. Noted that setting up a pilot and service which would later be lost damaged confidence in donors and supporters.
18. A Board member welcomed the targeted funding to CYP in the MHIF round 2 and assurance given around the CYP Emotional Wellbeing and Mental Health Strategy. Noted feedback from parents and young people that the extent of emotional wellbeing and mental health problems was increasing at a faster rate than the services could meet the need. Recognised the hard work across the county through the funded programmes, but noted the need to consider what more could be done by the Board to encourage greater targeting of resources into that area. Prevention at a young age helped establish a positive lifelong trajectory of better emotional wellbeing and mental health.

Priority 3

19. The Priority 3 Sponsor referred to the outcome around community safety that 'people are safe and feel safe', the Office of the Police and Crime Commissioner for Surrey (OPCC) had successfully bid to the Home Office for two-year funding for a multi-agency domestic abuse perpetrator programme in Surrey. The programme's aim was to improve victims' safety by reducing the risk posed by stalking and domestic abuse perpetrators - as well as children and adolescents who use violence/abuse in their relationships - and to prevent reoffending. The Surrey Against Domestic Abuse Partnership launched its Steps to Change programme which was a virtual hub which would coordinate a multi-agency and trauma informed approach to end abusive behaviours. Surrey County Council and partners had set out plans to eliminate road collisions resulting in deaths or serious injury by 2050, encouraged all to take part in the consultation ending next week on the new draft Surrey RoadSafe Vision Zero Strategy being developed.
20. The CEO (Surrey Coalition of Disabled People) detailed the spotlight item 'Access to food banks':
    - disability comes with additional costs such as: heating, insurance, equipment; for every £100 a disabled person's spending power is £67.
    - the report last year detailed how the cost of living situation was disproportionately affecting disabled people, views were collected via an online survey and 97% said they had been negatively impacted, 43% were no longer able to meet the needs of their impairments, disabled people were five times more likely to be at risk of food insecurity and one in four disabled people had missed a meal because they could not afford it.
    - in 2022, 45% of Coalition members polled reported that they had gone without food and the Trussell Trust reported that more than six in ten working age people referred to food banks in early 2020 were disabled.

- between July 2022 and July 2023 443 disabled households received £250 worth of food vouchers from the Coalition as part of the Government's Household Support Fund. A survey was conducted around the difficulty in accessing food support: 32% had accessed food banks, food clubs and or community cupboards, 62.5% were unable to find information about those services easily and 72% were unaware of what food support was available locally. Accessibility, the referral process, the stigma and transport were identified as barriers; 95% required home delivery.
- worked closely with Public Health to increase the amount of Household Support Fund money available for disabled people. There is now: a map of the local food banks and food sources of support, a disabled person's support coordinator and funding for people to use taxis to food banks.

21. The Priority 3 Sponsor noted that there were other food support offers such as food clubs and many charge a small annual fee to access the produce and that helped remove the stigma. There were also community fridges available.
22. A Board member referred to community fridges which helped tackle food waste and noted that different thinking was needed about the responsible use of food in the wider system, making it a collective issue.

Tracey Faraday-Drake left the meeting at 2.59 pm.

23. The Vice-Chair wondered how that could be triangulated, noting that as a GP for over twenty years in Spelthorne she did not know where the food club or community fridge was, she asked where she could find that out. The Chair added that many councillors would like to have that information mapped. The Priority 3 Sponsor noted that the information on community fridges and food clubs was searchable on Google and was available on Surrey's borough and district council websites. Acknowledged the need to consider how that information is communicated and would highlight that to the Surrey Chief Executives' Group, feeding back to the Vice-Chair who offered support in unblocking that barrier and the Chair.
24. A Board member noted that the point about where people go for information was wider than the community fridges, suggested that it would be useful to look at that more holistically and that was in line with feedback to Healthwatch Surrey about not knowing where to go to get support across the voice services. The Chair noted that the issue about not knowing where to go to access support and not knowing that certain types of support are available would be looked at; noted the need to be more proactive and to use various channels available to target across the demographics. Noted the importance of initiatives where possible to be countywide so they could be easily promoted. A Board member added that it was crucial to consider the single source of truth about what the information is as the devolution of information across places created more outlets without a control over what the quality and the use of the information is.
25. A Board member noted that it is impossible for everybody to know everything all the time, noted that the way people behave was to look for information when they need it. It was important to recognise and use the amount of social capital at place level, noting the work around towns and villages and how to coordinate at a local community level with third sector partners. Noted that at a future Board meeting it would be useful to discuss local area coordination.

RESOLVED:

1. Would use the Highlight Reports and Engagement Slides to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Noted the opportunities/challenges including:

- The Office for the Police and Crime Commissioner for 24/25 and 25/26 has made an allocation for the Changing Futures/Bridge the Gap programme but further sustainability funding is still required from further system partners.
- SCC funding has also been secured through Transformation & Design for a further 12 months for the fuel poverty programme co-ordination.
- Changes in funding for suicide prevention previously highlighted (including training) is creating a significant risk to continued delivery of projects by VCSE providers in the county.
- The HWB Strategy Index continues to progress work on indicators; a scorecard/annual review will come to the June HWB meeting to allow time for a comprehensive suite of indicators to be finalised and included.

Actions/further information to be provided:

1. The ICS Senior Programme Manager - Long Term Planning Delivery (Surrey Heartlands ICB) will liaise with the Board member - and other colleagues - around using the work and connections developed through the Joint Carers Programme to inform the next steps and building in the psychological support element further.
2. The Priority 3 Sponsor will highlight to the Surrey Chief Executives' Group, the need to consider how the information around community fridges and food clubs is communicated to partners including GPs and councillors, feeding that back to the Vice-Chair and Chair.
3. The Chair will liaise with the Public Health team to address the issue about people not knowing where to go to access support and not knowing that certain types of support are available.

6/24 SURREY PHARMACEUTICAL NEEDS ASSESSMENT 2025 - PROPOSED DELIVERY PLAN [Item 6]

Witnesses:

Louis Hall, Public Health Consultant, Surrey County Council
Linda Honey, Director of Pharmacy, NHS Surrey Heartlands

Key points raised in the discussion:

1. The Vice-Chair explained that the purpose of the Pharmaceutical Needs Assessment (PNA) is to describe gaps in current and future service provision related to access and need, and to describe how the community pharmacies can contribute to addressing the health needs of the local population. Every three years the full PNA must be refreshed, Surrey in the past eighteen months had experienced a significant number of pharmacy closures, sixteen. The cumulative impact of those closures on Surrey residents was a concern, particularly the Priority Populations and Key Neighbourhoods.
2. The Public Health Consultant (SCC) noted that:
    - the number of closures was unprecedented, there had been four closures in the previous cycle. Measuring the impact of the closures had been challenging, thanked the Board for their patience.
    - the decision to reopen the full PNA provided a clean slate to respond to questions around pharmaceutical need.
    - the legislation stated what must be included in the PNA in terms of current and future need, and whether the provision of services was sufficient.
    - the provision of services concerned access and availability, the location of pharmacies, how long it takes for people to walk or drive to a pharmacy, the

opening times and what services were provided. How those services were delivered and the quality of those was not in scope.
    - the overall purpose of the PNA was to inform those people looking to enter the pharmaceutical market, highlighting the gaps in provision to be filled.
    - regarding the measures to understand pharmaceutical needs, the report outlined the key intelligence sources, welcomed other sources being shared.
    - data and intelligence was not just about figures, but also about understanding residents' perspective around access and availability, looking at the Priority Populations and mitigating against digital exclusion. Linking with Healthwatch Surrey, the VCSE Alliance and communications teams to work out how to capture that perspective through surveys and consultation.
    - in line with national guidance it takes a year to complete the PNA, the team was working through a series of steps and their specified timescales.
3. The Chair noted that Europeans use their pharmacy in the first instance, which triages and provides key services. It would be useful to have comparative data about how communities in France for example are served by their pharmacy. Stressed the need to gather the right information in the PNA as pharmacies played a crucial role in channelling people to the right place and treating patients in line with the national Pharmacy First scheme. Queried how much money would need to be spent to communicate the benefit of using pharmacies in the first instance. The Director of Pharmacy (NHS Surrey Heartlands) explained that it would take time to build the public's confidence in Pharmacy First being the right approach, noted challenges to its delivery such as the abuse suffered by pharmacists and workforce issues.
4. A Board member noted that more people were accessing online pharmacy services, contrary to the Pharmacy First scheme. Queried what the impact of that increase in online use was on pharmacies, would their numbers decrease in the next few years as a result. The Director of Pharmacy (NHS Surrey Heartlands) recognised that patients had more choice around accessing their pharmaceutical services. The number of closures in Surrey mirrored the national trend, and that seemed to be slowing down. Community pharmacies were evolving quickly and were trying to work out their business model, many operated a hub and spoke service similar to the online pharmacy services.
5. The Vice-Chair noted that if the Board was going to commit to open a new PNA, it must do more than follow the rigid PNA process, noted her wish of having a strategic plan for Surrey's pharmacies that includes the national strategic direction of travel regarding their delivery of care to populations, whilst being personalised to Surrey. Noted concerns from a GP perspective that her patients cannot get their medication dosettes delivered without having to pay a delivery charge. Consideration was needed about what services - essential/additional - the pharmacies were providing. The Director of Pharmacy (NHS Surrey Heartlands) noted that the PNA's remit concerned market entry of pharmacies, to get onto the NHS pharmaceutical list they must enter a community pharmacy contractual framework and that details what essential services that pharmacy must provide such as dispensing NHS prescriptions, that did not include the delivery of prescriptions or providing Monitored Dosage Systems (MDS).
6. The Public Health Consultant (SCC) added that some elements of the above comments could be captured in the survey to community pharmacies. The challenge was that because such services were not part of the contract, they could be offered one day and ended the next day. Having a separate document alongside the PNA could be feasible detailing locally commissioned services. The Chair suggested that the Vice-Chair and report authors discuss the matter.
7. A Board member supported the Director of Pharmacy (NHS Surrey Heartlands) regarding the communications plan. Noted that last month the combined meeting of

the local committees did a deep dive on the Pharmacy First scheme, about how to communicate and build public confidence, and how to create the connections between GPs and their local community pharmacists; Surrey Heartlands was committed to develop that. It was challenging as pharmacy numbers declined in the context of the contract and the 8% reduction against the inflationary cost. The Chair noted that pharmacies have real estate which they could leverage in other ways to make money, and wondered whether they could be supported on the matter.

8. A Board member noted that there was an opportunity for a conversation across Surrey about what pharmacies mean in communities. It was important to create the atmosphere where pharmacies want to open, with communities caring about pharmacy provision; the communications strategy must reflect that. Noted that there were many organisations and charities that work with populations that are heavy pharmacy users, noted the importance of listening to them.
9. A Board member noted the importance of listening to the voice of those using pharmacies, for example noted frustrations with a busy pharmacy in Woking.
10. A Board member referred to the strategic aspect, regarding the drivers that mean that either more or less pharmacies were needed. As the Surrey Heartlands Joint Forward Plan sought to move healthcare from hospitals into community services, wondered therefore whether an explicit statement was needed on driving up the need for community pharmacies and driving down the need for the alternatives. Highlighted the need to look at that strategic planning about redevising healthcare regarding what pharmacy service was needed in three years and noted the need to analyse the interrelationships of the various measures and link to the communities work around vulnerabilities.
11. A Board member provided reassurance that Healthwatch Surrey had a huge increase in feedback for people using pharmacies, there were several surveys in areas with pharmacy closures. Noted that it might be possible to use some of those insights to inform the PNA surveys being developed, feedback included: definitions of access with people with disabilities noting that it was not the quickest route to the pharmacy that matters but the most accessible; welcomed the additional measures around access that go beyond the stipulated measures.
12. A Board member highlighted the 2021 guidance to boards about what should be included in PNAs, it was not solely about going to a pharmacy, but about the range of pharmaceutical needs including appliances and a consideration of Priority Populations. Assumed that the team would use that guidance which would help address the points raised and for it to be shared with Board members.
13. The Public Health Consultant (SCC) welcomed the comments noting that was why he flagged the scope in terms of setting expectations that the PNA is a statutory duty with strict legislation about its purpose. However, there was an opportunity with the Pharmacy First scheme to look at the strategic direction and use the broad range of intelligence from quantitative and qualitative data. It was important to understand some of that unmet need for pharmacies, who was going to A&E, their GP or calling NHS 111, before their pharmacy in the first instance. Welcomed being involved in conversations about what is happening with pharmacies to help influence the PNA being developed and sharing intelligence to support partners' work.
14. A Board member stressed the need to ensure that the PNA is not out of date when published.

RESOLVED:

1. Acknowledged the reopening of the Pharmaceutical Needs Assessment (PNA) and noted that this work will supersede the publication of an interim annual statement.
2. Agreed the proposed measures (and provided a steer on additional measures) that will be used to assess pharmaceutical need in the Surrey PNA 2025 (see section 5, table 1).

3. Agreed the timeline (see section 7, table 2) for publication for the Surrey PNA 2025.

Actions/further information to be provided:

1. The Public Health Consultant (SCC) and Director of Pharmacy (NHS Surrey Heartlands) will liaise with the Vice-Chair around the consideration needed about what services - essential/additional - the pharmacies were providing; will consider having a separate document alongside the PNA personalised to Surrey detailing locally commissioned services.
2. The Committee Manager (SCC) will circulate the 2021 national guidance regarding PNAs to Board members.
3. The Public Health Consultant (SCC) and Director of Pharmacy (NHS Surrey Heartlands) will reflect on the comments made by Board members, feeding those into the work on the PNA being developed; and sharing intelligence to support partners' work.

7/24 SURREY HEARTLANDS SYSTEM PLANNING: JOINT FORWARD PLAN UPDATE 2024 [Item 7]

Witnesses:

Dr Charlotte Canniff, HWB Vice-Chair and Joint Chief Medical Officer, Surrey Heartlands ICS
Sue Robertson, Associate Director of Strategic Planning and Integrated Assurance, Surrey Heartlands ICS

Key points raised in the discussion:

1. The Joint Chief Medical Officer (Surrey Heartlands ICS) and Vice-Chair noted that the Surrey Heartlands Joint Forward Plan (JFP) was first published in June 2023 following a broad stakeholder engagement piece, the national guidance required JFPs to be refreshed annually in March. This year, the JFP had been through a light touch refresh strengthening key areas.
2. The Associate Director of Strategic Planning and Integrated Assurance (Surrey Heartlands ICS) noted that:
    - Surrey Heartlands ICS was fortunate to have a one-to-one relationship with the Board, that made developing its Integrated Care Strategy easier.
    - the JFP was part of the delivery plan for the Integrated Care Strategy, which using the Health and Well-Being Strategy Priorities as the golden thread, had identified the three ambitions around: prevention, integration and working together differently.
    - there were many contributors across various sectors to the original JFP and refresh ensuring a comprehensive view. Additional information was condensed into fact files around specific interest areas.
    - Surrey Heartlands ICS had broadened its JFP across non-health sectors.
    - Surrey and Borders Partnership (SABP) colleagues had reviewed and provided comments on the JFP and helped to update some case studies.
    - the Board was asked to provide an updated opinion on the JFP.
    - the Chief Executive, Healthwatch Surrey helped create the summary version using helpful insights.
    - areas strengthened in the light touch refresh: a fact file on prevention had been developed, and more detail had been included on the provider collaboratives in the health service. There was a discussion underway about a broader primary care community-based collaborative.

- the aim was to get it published by the end of March.

3. A Board member queried whether the JFP linked back to the United Surrey Talent Strategy around the workforce. The Associate Director of Strategic Planning and Integrated Assurance (Surrey Heartlands ICS) confirmed that link.

RESOLVED:

1. Noted the Joint Forward Plan 2024 update and its alignment with Surrey's Health and Wellbeing Priorities and strategic approach, and the related Surrey Heartlands Integrated Care Strategy.
2. Would provide an opinion statement of the plan.
3. Noted that the next annual update of the plan will be provided in March 2025.

Actions/further information to be provided:

None.

8/24 HEALTH AND WELLBEING BOARD AND SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP/INTEGRATED CARE BOARD GOVERNANCE REVIEW [Item 8]

Witnesses:

Phill Austen-Reed, Principal Lead - Health and Wellbeing, Surrey County Council

Key points raised in the discussion:

1. The Chair explained that the proposals in the report sought to rationalise the membership and way the Health and Wellbeing Board (HWB), Surrey Heartlands Integrated Care Partnership (SHICP) and Integrated Care Board (SHICB) operate to avoid repetition. Noted that the proposals were sensible, however the representation of the organisations on the HWB needed to be addressed.
2. The Principal Lead - Health and Wellbeing (SCC) noted that:
    - the Health and Social Care Act 2012 established HWBs; ICPs and ICBs were established in 2022.
    - there had been an opportunity to align the ICP and HWB in coterminous areas however that route was not chosen due to Surrey's unique geography with two Integrated Care Systems (ICSs), Surrey Heartlands ICS had a one-to-one relationship with the HWB whilst Frimley ICS cut across five HWBs.
    - following the establishment of the ICP and ICB over the past eighteen months, it had been recognised that the agendas of those bodies and the HWB contained similar topics and memberships.
    - the Chairs of the HWB, SHICP and SHICB had discussed how to make those bodies more efficient and the proposals sought to address that through the HWB and SHICP to meet on the same day in three parts: business 'in common', HWB specific business such as community safety, and SHICP specific business; and the SHICB to meet that same day.
    - it was proposed that the HWB and SHICP membership be streamlined addressing the issue of the same organisations being represented on both bodies by different people; the level of representation would be protected.
    - officers were working more closely together to align agendas.
    - the aim of the proposals was around improving the oversight and assurance of the delivery of the Health and Well-Being Strategy and Integrated Care Strategy, and other strategies/areas, enabling more collaborative strategic

direction setting and collective decision making, better alignment around the governance, and ensuring more efficient communication.

3. A Board member noted that the number of places given to the VCSE Alliance had improved partnership working, the VCSE Alliance had benefited from having that closer relationship to decision-making; the addition of a Carers System Representative had also been crucial. Stressed the need to maintain the diversity of perspectives through the membership.
4. A Board member noted the alignment between the Integrated Care Strategy's three ambitions - particular the first ambition around prevention - with the Health and Well-Being Strategy. Noted that despite the complexity of the five HWBs within Frimley ICS's geography, there was a good working relationship between those directors of public health to cross-reference. For example, Frimley ICP's membership and key themes were cross-referenced with SHICP.
5. A Board member welcomed the deduplication, however noted that it was important to have clarity in the governance arrangements of how Frimley ICS fits into the equation, offered support in understanding that.
6. A Board member welcomed the reduction in the number of meetings and aligning agendas, however noted a concern in losing certain aspects, for example the VCSE Alliance representatives. Regarding the future structure, asked whether there would still be opportunities for public questions and petitions. The Chair noted that public questions and petitions would remain for the HWB, and would ensure the right representation going forward.

Graham Wareham, Helen Coombes and Rachael Wardell left the meeting at 4.00 pm.

7. A Board member noted the need for clarity around the membership in terms of the separation of strategy (ICP) and operational delivery (ICB) in the ICS, as the ICP and the ICB were set up to have minimal overlap between them. Regarding health representatives, a consideration was needed about whether the combining of memberships would blur that separation; so as not to weaken the voice of non-health representatives. The Chair acknowledged that it was important to protect key areas of business that work in the current framework.
8. A Board member highlighted the challenge around the review of membership which might lead to less individuals participating with 'specialised knowledge or expertise in specific areas relevant to healthcare, social care and population health'. Sought additional detail to understand what specialised knowledge or expertise might be lost or not discussed in the new structure. The Principal Lead - Health and Wellbeing (SCC) noted that it was the first time the proposals have been shared with the three bodies, the concern around the balance of representation would be reflected on as the detail is developed. Emphasised that the streamlining of membership was around reducing the duplication, not about reducing the range of input. The Chair noted feedback that whilst some people were involved in sub-committees/groups, having the opportunity to raise issues directly with partners at the HWB was important.
9. A Board member noted that most HWB members were represented on the SHICP in terms of their organisation or sector. The ICP was not solely about health but the care and wellbeing of Surrey's residents, whilst some expertise might be lost; that could be addressed by bringing in representatives as needed.

Professor Helen Rostill left the meeting at 4.05 pm.

RESOLVED:

Approved that:

1. The HWB and the SHICP operates with one streamlined, membership, with agendas of business designed so they run concurrently in one meeting.
2. The respective membership of the SHICP and HWB are reviewed - to reduce any duplication of organisational representation, whilst retaining existing representation from a wide range of stakeholders, including Frimley ICS.
3. This regular meeting take place on the same day and in the same location as the SHICB to be as efficient as possible for any shared membership between HWB/SHICP and the SHICB.
4. The agendas across the combined HWB/SHICP meetings and the SHICB are planned and coordinated to eliminate duplication.
5. These updated arrangements are considered for possible implementation from May 2024 prior to steps to incorporate changes in relevant Terms of Reference and constitutions by September 2024.
6. The respective boards undertake in the interim to ensure that agenda items are clear in purpose in order to provide assurance, make decisions or seek direction/commitment on key strategic issues related to the respective strategies/plans they are responsible for.
7. Items coming to the respective boards will have been previously discussed at sub-committee level.

Actions/further information to be provided:

1. The Principal Lead - Health and Wellbeing (SCC) and Chair will reflect on the comments raised by Board members particularly around the balance of representation regarding the streamlined membership, as the detail around the proposals is developed.

9/24 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]

The Chair explained that the reports from Surrey Heartlands ICS and Frimley Health and Care ICS were included for information.

RESOLVED:

Noted the update provided on the recent activity within the Surrey Heartlands Integrated Care System (ICS), and Frimley Health and Care ICS regarding the Integrated Care Partnerships and Integrated Care Boards against the Health and Wellbeing Strategy.

10/24 DATE OF THE NEXT MEETING [Item 10]

The date of the next public meeting was noted as 19 June 2024.

Meeting ended at: 4.07 pm

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Chair