

Notice of Meeting

Health and Wellbeing Board



Date and Time

Wednesday, 20
March 2024
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 Paul Farthing	CEO, Surrey Community Action / Chief Executive Officer, Catalyst / Chief Executive, Shooting Star Children's Hospices (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
Helen Coombes	Executive Director for Adults, Wellbeing and Health Partnerships, Surrey County Council
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning
Karen McDowell	Chief Executive Officer, Surrey Heartlands Integrated Care System

Graham Wareham Leigh Whitehouse Mark Nuti	Chief Executive, Surrey and Borders Partnership Interim Chief Executive, Surrey County Council Cabinet Member for Health and Wellbeing, Public Health, Surrey County Council
Sinead Mooney	Cabinet Member for Adult Social Care, Surrey County Council
Clare Curran	Cabinet Member for Children and Families, Lifelong Learning, Surrey County Council
Sarah Cannon Carl Hall	Senior Probation Officer at The Probation Service; Deputy Director of Community Development, Interventions Alliance
Tim De Meyer Kevin Deanus	Chief Constable of Surrey Police Cabinet Member for Fire and Rescue, and Resilience, Surrey County Council
Borough Councillor Ann-Marie Barker Steve Flanagan	Leader of Woking Borough Council (Surrey Leaders' Group Representative) North West Surrey Alliance 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 Professor Monique Raats	Police and Crime Commissioner for Surrey Co-Director, Institute for Sustainability; Professor; Director of the Food, Consumer Behaviour and Health Research Centre, University of Surrey
Sue Tresman	Surrey's Independent Carers Lead and Co-Chair for the Carers Partnership Group, Carers System Representative
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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AGENDA

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 14 DECEMBER 2023

(Pages 1
- 14)

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 March 2024*).

b PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (*13 March 2024*).

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 15 - 42)

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 19 February 2024. The Highlight Report itself, in a new, more accessible, web friendly format, provides:

- An overview of activity against Health and Wellbeing Strategy's Summary Implementation Plan projects and programmes, describing what has been achieved with the Priority Populations and against the Priorities/Outcomes.
- Identifies new data, insights and challenges that have arisen.
- The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters.
- Communication activity associated with the HWB Strategy's Priority Population and Priorities/Outcomes.

6 SURREY PHARMACEUTICAL NEEDS ASSESSMENT 2025 - PROPOSED DELIVERY PLAN (Pages 43 - 50)

The Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a Pharmaceutical Needs Assessment (PNA). In view of the recent changes to pharmaceutical provision, including 16 closures, it is proportionate to reopen the PNA (last published in 2022) to conduct a comprehensive reassessment of pharmaceutical needs. This paper outlines the proposed scope and timeline for agreement by the Board.

7 SURREY HEARTLANDS SYSTEM PLANNING: JOINT FORWARD PLAN UPDATE 2024 (Pages 51 - 64)

National guidance requires that Joint Forward Plans are refreshed and republished each year in March. As the initial plan was published less than a year ago, in June 2023, we have conducted a 'light touch' refresh for March 2024, retaining the existing format, whilst taking the opportunity to strengthen and update three areas which were less developed last summer: **Prevention, Provider Collaboratives and Sustainability & Productivity**.

The Joint Forward Plan supports the Health and Well-being Strategy Outcomes and the 3 Ambitions of the Integrated Care Strategy and their delivery.

8 HEALTH AND WELLBEING BOARD AND SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP/INTEGRATED CARE BOARD GOVERNANCE REVIEW

(Pages 65 - 74)

The paper sets out the governance review of the Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership/Integrated Care Board; noting that as the focus on achieving greater alignment at all levels of delivery and strategic oversight increases, it is imperative to review and assess how the component parts are working to enable this. Reviewing governance functions so they are efficient and effective, reduce duplication and maintain focus on delivery for residents, particularly those experiencing health inequalities, will ensure that Surrey is well positioned to deliver against its clear strategic aims and implement its delivery plans.

9 INTEGRATED CARE SYSTEMS (ICS) UPDATE

(Pages 75 - 84)

The Board is asked to note 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 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 19 June 2024.

Leigh Whitehouse
Interim Chief Executive
Published: Tuesday, 12 March 2024

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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 14 December 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)
- r 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)
- * Dr Russell Hills
- r Kate Scribbins
- * Ruth Hutchinson
- * Helen Coombes
- * Rachael Wardell
- r Karen McDowell
- Graham Wareham
- Joanna Killian
- * Mark Nuti
- Sinead Mooney
- Clare Curran
- * Kevin Deanus
- Jason Halliwell (*no longer a Board member*)
- Carl Hall
- Tim De Meyer
- Borough Councillor Ann-Marie Barker
- Steve Flanagan
- r Jo Cogswell
- Dr Pramit Patel
- * Lisa Townsend
- * Professor Monique Raats
- r Siobhan Kennedy (Associate Member)

Substitute Members:

- * Michelle Blunsom MBE - CEO, East Surrey Domestic Abuse Services
- * Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, Frimley ICB
- * Chris Raymer - Detective Chief Superintendent, Surrey Police
- r Jack Budgen - Community Interventions Development Lead, Interventions Alliance

The Chair:

- Welcomed a new Board member: Helen Coombes - Executive Director for Adults, Health and Wellbeing, Surrey County Council (SCC).
- Welcomed new Board members - as a result of changes to portfolios:
 - Clare Curran - Cabinet Member for Children and Families, Lifelong Learning.

- Kevin Deanus - Cabinet Member for Fire and Rescue, and Resilience; and thanked outgoing Board member Denise Turner-Stewart.
- Thanked an outgoing Board member: Rosemarie Pardington - Director of Health, Research & Compliance/Deputy CEO Young Epilepsy (VCSE Alliance Co-Representative); who would be taking up a national role.
- Welcomed an observer on the Teams link: David Izatt - ex-Co-Chair of the Surrey Carers Partnership Board.

34/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Charlotte Canniff, Professor Helen Rostill, Kate Barker, Joanna Killian, Dr Pramit Patel, Mari Roberts-Wood, Graham Wareham, Sinead Mooney, Clare Curran, Borough Councillor Ann-Marie Barker, Steve Flanagan, Sue Murphy - Michelle Blunsom MBE substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Chris Raymer substituted, Carl Hall - Jack Budgen substituted (remote), Karen Brimacombe (remote), Jo Cogswell (remote), Karen McDowell (remote), Kate Scribbins (remote).

35/23 MINUTES OF PREVIOUS MEETING: 20 SEPTEMBER 2023 [Item 2]

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

36/23 DECLARATIONS OF INTEREST [Item 3]

There were none.

37/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

38/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT INCLUDING THE BOARD'S UPDATED TERMS OF REFERENCE [Item 5]

Witnesses:

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
 Phillip Austen-Reed - Principal Lead - Health and Wellbeing, SCC
 Liz Williams - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands ICS (Priority 2 Co-Sponsor)
 Lisa Andrews - Public Health Principal, SCC
 Sarah Haywood - Serious Violence Programme Lead, Office of the PCC
 Rebecca Brooker - Prevention and Communities Lead, SCC

Key points raised in the discussion:

1. The Chair referred to the Board's Terms of Reference (ToR) in the agenda, noting that due to some recent initial discussions on maximising the alignment of the Board with the Surrey Heartlands Integrated Care Partnership (ICP) and Integrated Care Board (ICB), she proposed that the Board: approves the ToR as interim as it might need to be revisited later in 2024 once the review had progressed. She highlighted the small changes in the boundaries for the Key Neighbourhoods bringing those in line with the ward boundary changes which occurred earlier in the year.

Priority 1

2. The Priority 1 Sponsor referred to the spotlight item: Changing Futures Sustainability - Next Steps, to be funded until March 2025 and it was hoped that the programme would continue beyond that.
3. The Principal Lead - Health and Wellbeing (SCC) detailed the spotlight item:
 - That the work on multiple disadvantage had been brought together with a greater focus due to the alignment of national policy and local prioritisation of the issue. Since 2020 there had been better multi-agency working through the Surrey Adults Matter approach.
 - That in 2021 funding from the national Changing Futures grant had been secured, enabling greater collaboration with (VCSE) Voluntary, Community and Social Enterprise partners; trauma informed outreach was being provided and the data showed the improved outcomes in line with SCC's ambition of 'no one left behind' (NOLB). Funding although flagged as a risk, had been secured for next year; highlighted the positive engagement with the commissioning collaborative and the local joint commissioning group chairs.
 - That the JSNA chapter on multiple disadvantage which would help inform the way forward for the specific areas around trauma informed outreach and multi-agency working, and broader areas under the Board's remit.
 - That such programmes would be useful to reflect on at the Better Care Fund (BCF) Strategy workshop in February in terms of how such programmes which appear to meet both national and local strategies, could be built into BCF processes and structures in a better way.
4. A Board member noted that he had been interviewed regarding the work on the multiple disadvantage JSNA chapter, noted that he had visited a centre in Guildford where speaking to people with lived experience was invaluable; stressed that prevention was fundamental.
5. The Chair noted that not only were the aims important and aligned with the strategies, but so was the data being gathered which could be used elsewhere.
6. A Board member welcomed the vital work in the preventative space and thanked the team for their work on the multiple disadvantage JSNA chapter.
7. A Board member recognised the work nationally by systems on supporting such individuals with complex needs. However, noted that if the ask was for the local joint commissioning group chairs to agree to allocate their Better Care Funding towards the project, queried whether there was a risk that there would be place variation or whether it was expected that all the groups would agree the allocation. A Board member responded that as a county-wide initiative it was important to be discussed at the BCF Strategy workshop, to ensure that health inequalities are not exacerbated and such initiatives are sustainable. The potential risk highlighted must be reflected on at the workshop. The Principal Lead - Health and Wellbeing (SCC) noted the importance of the engagement with the commissioning collaborative and the local joint commissioning Group chairs around decision-making.

8. The Board member added that there was an increasing view on what sat within the BCF and what sat within place-based determination, reiterating the risk of multiple asks on a finite pot of money and how the system collectively agrees what the priorities are. The Chair noted that having that perspective at the BCF Strategy workshop would be vital to ensure money would be spent in the right way.
9. The Priority 2 Co-Sponsor thanked the Senior Policy and Programme Manager - Changing Futures (SCC) and colleagues, and Dr Jo Jennison, for considering the neurodiversity of the cohort; that would be further explored within the population.

Priority 2

10. The Priority 2 Co-Sponsor noted that:
 - The Mental Health: Prevention Board's (MHPB) role was to enable the right target of the Mental Health Investment Fund (MHIF) and to have oversight of those funded projects; a MHIF Oversight Sub-Group had been convened. Regarding round two of the MHIF, 13 of the 64 bids were successful and covered a broad age range and spread across the county, she would send the Committee Manager (SCC) the website link detailing the bid outcomes to be published early in the new year. The governance needed to be finalised.
 - Regarding the national research on inequalities in mental health care for Gypsy, Roma and Traveller (GRT) communities, one of the report recommendations had been actioned around prioritising the training of members of that community in mental health first aid.
 - Opportunities:
 - The MHPB had agreed its 2024 forward work plan, six actions were detailed in the Appendix and would drive tangible progress such as understanding how the system jointly works with place, focusing on prevention and supporting the development of the JSNA chapters.
 - A joint meeting would be held in January between SCC and Surrey Heartlands ICS to discuss the future funding of the Green Health and Wellbeing programme, she welcomed VCSE Alliance support.
 - Noted that the Strategy Index was being reworked, looking at the Key Performance Indicators in-depth.
 - Noted the positive start on the JSNA chapter on loneliness and social isolation with a high level of engagement.
 - A challenge was that several projects led by community organisations relating to suicide prevention might be impacted by changes in funding processes related to the National Suicide prevention strategy, that had been included in risk registers and would be discussed at Surrey Heartlands ICS.
11. A Board member referred to the withdrawal of the suicide prevention funding and noted that work was underway to find another source to continue the work that had taken place. The Chair welcomed a future update on the matter. Regarding the MHIF, had recently visited a group called Prospero Theatre who worked with people with learning disabilities into theatre and which received £28,000 from the funding; hoped that the money for round two of the MHIF could be released soon.
12. A Board member noted that the work around the GRT communities was important noting the impact of the trauma having recently met a member of the community who was homeless and unemployed, and whose friend had committed suicide.
13. A Board member noted the fantastic work which would deliver good outcomes for people, but queried what the connection was between the programme and special educational needs and disabilities, and schools. The Priority 2 Co-Sponsor would ask the Children and Young People's Convener to provide a response. A Board member responded that the Mental Health Improvement Programme was linked to the work underway for children with additional needs and disabilities via the

Additional Needs and Disabilities Partnership, where schools and health colleagues were represented. She noted that some of the most successful work with children's mental health was that conducted with schools via the mental health support teams and the other programmes that had MHIF funding. Where there were opportunities for additional resources or to focus attention that was directed into the work with schools; however, that did not cover all schools at every phase and stage with as comprehensive range of provision as was desired.

14. A Board member noted the large and vibrant home education community in Surrey, many children were being home educated because schools had been unable to accommodate their needs; sought assurance that the area was being considered. A Board member explained that it was an area being considered however it was more challenging to deliver such individualised interventions.
15. The Public Health Principal (SCC) detailed the spotlight item: Children and Young People's Emotional Wellbeing and Mental Health Strategy:
 - That the strategy served as the JSNA for children and young people's mental health in Surrey and linked with the NHS England's Local Transformation Plan. The ambition was to undertake a single piece of collaborative work which considers all the relevant levels of information from partners and providers across the county. A workshop held last year looked at how strengths were assessed and what improvements could be made.
 - That the strategy published in September set out six key themes which had been co-developed and produced with system partners, children and young people and their families; work had begun system-wide to understand and address the challenges. The Surrey Healthy Schools approach was a key part of the preventative work enabling schools to develop their provision of personal development and teaching, building culture and there was comprehensive training for mental health leads in schools, via Mindworks Surrey and Personal, Social, Health and Economic (PSHE) education.
 - That there were key groups that were known to be more at risk of poor mental health and additional support was being built in, those electively home educated were a consideration.
 - Work was underway to roll out the i-THRIVE Framework.
16. The Chair asked who officers were working with regarding the online safety part of the strategy. The Public Health Principal (SCC) noted that they were working with wider system partners such as Mindworks Surrey to understand what the issues are, desktop research had been undertaken to understand the key themes; as part of the broader strategy development group.
17. The Chair asked whether the PCC had information around the online safety impacts. The Serious Violence Programme Lead (OPCC) noted that there was work underway nationally, the Youth Endowment Fund had published a recent report around the link between violence and what children saw online. The OPCC offered support and was keen to discuss the matter with the Public Health Principal (SCC), she assumed that Surrey Police had specialist teams that had more intelligence around online safety. A Board member in her capacity as PCC added that it had been raised as an issue at the national group and South East regional group. A further Board member noted that Surrey Police had Paedophile Online Investigation Teams (POLIT) which received intelligence as well as investigations relating to online safety. Those teams linked with the regional and national picture and would be a key partner to engage with to look at the thematic elements.
18. The Chair noted that she had been contacted by more concerned parents than ever before, noting the interaction between harmful forces and their children in different ways yet that was not being reported; she stressed that it was a bigger issue than realised. A Board member responded that from a senior policing point of view the magnitude of the issue was recognised, the challenge around underreporting was

resource allocation. She welcomed anything that could be done as a community to encourage reporting and for that to be a simple process, to see the full scale of the issue and understand the magnitude in Surrey.

19. A Board member would put information into the Teams meeting chat from Surrey Healthy Schools about teaching online safety in schools which was a core part of the PSHE curriculum, taking a safeguarding lens to support children and young people to understand responsible online use and the routes of harm online. The Chair presumed that schools were communicating with parents on the matter. A Board member added that the National Crime Agency flagged that Meta was moving the Facebook Messenger platform to an encrypted format which would have an impact on child safety. A Board member explained that as part of the Surrey Healthy Schools approach there were now four violence against women and girls prevention workers across Surrey who would upskill teachers, with targeted work around online safety; the Chair welcomed detail on that. A Board member added that the University of Surrey had some research on the matter and would share that.

Helen Coombes and Liz Williams left the meeting at 2.42 pm.

20. A Board member praised the huge amount of work that had gone into the strategy and highlighted the resources committed, however sought for the Board to understand that it in Children's Services it seemed that the problems with children's emotional wellbeing and mental health were accelerating faster than its capacity to respond. It was vital to keep the matter under review to ensure that the response keeps pace with the changes in children's lives. The Chair suggested that the issue be broken down and discussed in partnership to understand the work underway across the system, raising it as a higher priority regarding the prevention and early intervention work. A Board member agreed that it needed to be a higher priority as technology was outpacing the response.
21. The Chair noted that regarding the effort to monitor and gather data to create a Surrey-wide picture, it was incumbent to lobby the Government on what needed to happen going forward. From the PCC perspective a Board member provided assurance that was underway, having had a conversation with the Minister for Policing on the matter; it was a large and rising threat to Surrey - a low crime area.

Priority 3

22. The Priority 1 Sponsor in lieu of the Priority 3 Sponsor noted that the work on the Whole System Approach to Poverty would be sponsored by SCC's Director of Public Health. Through different interventions, the multi-agency NOLB Skills and Employment Network had progressed in the bid to support people who were the furthest away from employment to get back into employment.
23. The Prevention and Communities Lead (SCC) noted:
- The positive progress in supporting those most at risk of being left behind from the skills and employment market in Surrey. A £6 million grant from the Department for Work and Pensions (DWP) had been secured to support people with long-term health conditions and disabilities to access work and to stay in work. Community organisations could bid on £2 million of that in the form of grants - used as an opportunity to upskill and provide training, she would circulate information about applying for a grant.
 - The continuation of Naturally Talented Me which was an online recruitment platform for residents that do not have traditional work histories but have a range of life experiences which could be translated into a suitable role, 140 residents had profiles and were looking for work. Research was underway with businesses around their experiences of being an inclusive employer, supporting them to do more around equality, diversity and inclusion (EDI).

- Working with the Mace Group contracted as SCC's Facilities Management provider on their social value-funded plan on the access to work scheme for those who may be left behind from the labour market to get jobs with them.
 - That getting people into a job was important but so too was helping people stay in that job and progress, there was a piece of work understanding and mapping the career pathways in facilities management and leisure sectors.
 - That a new piece of work had started around addressing in-work poverty regarding residents who might be working in one or multiple jobs but still needed to access food banks or still found themselves living in poverty.
 - All the work underway was designed in partnership with the NOLB Skills and Employment Network composed of 100 different partner organisations, the work sought to make real life differences to many.
 - The new opportunity called Work Well about providing holistic support to help people navigate and find the right employment support for them, an application was underway for funding from DWP.
24. The Chair noted that getting people back into work, reskilling and upskilling was important, particularly for those with neurodiversity; the employment figures for that group was low despite them desiring to work. A Board member noted that the University of Surrey had a piece of work on organisations building in being mindful of neurodiversity in the recruitment process, the Chair praised that positive work.
25. A Board member referred to the Poverty Strategy Commission, highlighting that it would be good for someone to link into the work by the Founder of Good Company regarding the East Surrey Poverty Truth Commission, it was a positive opportunity for the voluntary sector. The Prevention and Communities Lead (SCC) noted that the team were continuing to work closely with the Founder of Good Company; the Chair noted that it was an exciting opportunity and had attended its launch.
26. The Priority 1 Sponsor asked whether the team was linked in with the Employment and Skills Hub in Leatherhead. The Prevention and Communities Lead (SCC) noted that the team was trying to link in with all the career hubs and was working with the economic development officers in the district and borough councils; she was happy to follow up on any suggested connections.
27. A Board member welcomed feedback about the way the Healthwatch and Luminus Insights were presented separately in the Highlight Report. She flagged the feedback on the ground and the theme across the Priorities that there were services in place but navigation was a huge challenge for people. Noted the risk of a creep towards a two-tier system of people with resources able to navigate the system and those without unable and were at risk of being left behind - particularly true with carers. Noted the changes to the dementia support system meaning some people were unable to access some of dementia services that were available before. The biggest issue was access - particularly to primary care - and signposting was vital.

RESOLVED:

1. Approved the Terms of Reference as interim.
2. Acknowledged the minor revision to 4 Key Neighbourhoods due to boundary changes.
3. 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.
4. Noted the opportunities/challenges including:
 - the incorporation of Primary Care Network level data for indicators in HWB Strategy Index.
 - change in sponsor for the work exploring a Whole System Approach to Poverty.

Actions/further information to be provided:

1. The Priority 2 Co-Sponsor will send the Committee Manager (SCC) the website link detailing the MHIF round two bid outcomes to be published early in the new year.
2. The Priority 2 Co-Sponsor will provide a future update on the withdrawal of the suicide prevention funding.
3. The Priority 2 Co-Sponsor will ask the Children and Young People's Convener to provide a response on what the connection is between the Mental Health Improvement Programme and special educational needs and disabilities, and schools.
4. Regarding online safety:
 - The CEO, East Surrey Domestic Abuse Services will provide detail on the work of the four violence against women and girls prevention workers across Surrey via the Surrey Healthy Schools approach.
 - The Board Member will share the research by the University of Surrey.
5. Regarding the Children and Young People's Emotional Wellbeing and Mental Health Strategy and ensuring that the response keeps pace with the changes in children's lives, the Public Health Principal (SCC) will follow up the Chair's suggestion to break down the issue and discuss that in partnership to understand the work underway across the system, raising it as a higher priority regarding the prevention and early intervention work.
6. The Prevention and Communities Lead (SCC) will circulate information about applying for a grant for community organisations to support people with long-term health conditions and disabilities to access work and to stay in work.

39/23 SERIOUS VIOLENCE DUTY UPDATE [Item 6]

Witnesses:

Lisa Townsend - Police and Crime Commissioner for Surrey
 Sarah Haywood - Serious Violence Programme Lead, Office of the PCC

Key points raised in the discussion:

1. The PCC emphasised the importance of the second recommendation around endorsing the establishment of the Surrey Serious Violence Reduction Partnership, its establishment was necessary to provide the strategic leadership and governance needed. Reminded the Board that whilst the OPCC was a recipient of funding for the Serious Violence Duty, there were several partners which had a statutory responsibility to follow it to ensure all residents are and feel safe. Thanked the Serious Violence Programme Lead (OPCC) for her hard work.
2. The Serious Violence Programme Lead (OPCC) noted that:
 - She was employed by and worked across the Partnership, with funding via the PCC from the Home Office.
 - The Serious Violence Duty came into force in January 2023 and required those specified authorities to work together to understand and then reduce violence locally. It required a whole system multi-agency approach to understand and address the drivers of serious violence, protecting people from becoming victims and perpetrators of violence.
 - A Strategic Needs Assessment and Surrey Serious Violence Reduction Strategy were being developed, working with partners such as the Surrey Office of Data Analytics (SODA), SCC and Surrey Police.

- The needs assessment looked at hot spot areas and cohorts: those more at risk were males aged 30 to 34 years old, hot spots were in urban areas, and there was a growth in violence in the young female cohort; and identified gaps and areas requiring in-depth work. Police data would form the core, building around the contextual factors to understand the Surrey picture.
 - Whilst Surrey was safe and there was low crime, serious violence greatly impacted victims and communities; preventing the increase of crime numbers was vital and she would circulate a comprehensive PowerPoint Presentation.
 - Partnership connectivity and networking was crucial, whilst there were several mature workstreams around violence; having that single place through the Partnership to discuss serious violence, understand the risks, collect data and commission responses was vital. The Partnership had oversight of the strategy and the delivery plans, and four overarching priorities had been identified: leadership, evidence-based response, community connections and focused prevention.
 - The funding for this year's Serious Violence Home Office grant had been assigned and there was an opportunity next year to use the insights from the needs assessment and learning to target support to projects and communities, linking into the towns and the place-based work.
3. The Chair valued the extended presentation that she had received, she asked what the governance pathway was for the Partnership. The Serious Violence Programme Lead (OPCC) noted that the overarching governance sat with the Board where the Partnership would report to, as referenced in Priority Three with milestones built into those delivery plans. The Chair recognised the cross fertilisation of the Partnership's work with many of the other activities under the Board's remit and welcomed regular updates in the Highlight Report.
 4. A Board member highlighted the connections of the work with the Surrey Safeguarding Children Partnership around children being victims in their own right in domestic abuse and sexual offences, and the Youth Using Violence and Abuse (YUVA) service which supports families where children themselves were violent. Stressed that even when children are perpetrators, they are seen as children first. Flagged that nationally the children's secure estate placement provision was inadequate, it was unable to provide the rehabilitation and protection of those children in the Criminal Justice System.
 5. A Board member endorsed the recommendations and reinforced the point that the Duty was statutory partners' responsibility. The needs assessment looked at police data which was only a fraction of the relevant data that provides the whole picture, information sharing across the Partnership was therefore crucial. Noted that the Duty sought to address and provide oversight over the elements of serious violence that had been neglected in the past.
 6. The Chair asked whether the data collection was about seeing patterns around victims and perpetrators that would be valuable to the early intervention and prevention work by other partners and services. A Board member noted that when trying to assess the information needed, it was important to incorporate what all the other partners need.
 7. The Chair asked whether other partners had been liaised with stating what was needed to gain value from the data to help with the prevention and early intervention work. It had been a longstanding issue that data had been collected but not all of it was useful to other agencies; hoped that over time patterns would emerge and the data would be valuable to the other agencies. The Serious Violence Programme Lead (OPCC) stressed that data insights and intelligence was vital to get right, police data was gathered easily through the needs assessment, yet there were limitations in extraction across multiple cases.

8. The Serious Violence Programme Lead (OPCC) explained that there was a read across the needs assessment, looking at areas that increase the risk of becoming involved or a victim of violence. Data extraction and cross referencing across cohorts was challenging, part of the next phase was to look at that in more detail. There had been funding for a Public Health analyst to provide support and do that read across the Combating Drugs Partnership; and funding for a police analyst to investigate that data and how it could be shared. A few years ahead in the work were national Violence Reduction Units; Thames Valley Police could pull together that data and share it from across the partnership.
9. The Chair asked whether that other data was able to be collected from other agencies. A Board member noted that the Board could provide that advocacy to ensure that their organisations look for a reason to share that data rather than not to, data access had been a longstanding issue. The Chair suggested a discussion outside of the meeting around overcoming the barriers.
10. A Board member was excited for Public Health to host of one the analyst posts as data triangulation was vital to any needs assessment; it was a partnership and was iterative with data being layered.
11. A Board member noted that the only way to understand data in terms of people committing serious violence or becoming a victim of it was to understand their stories, that was being built into the Changing Futures cohort. Noted the large number of Domestic Homicide Reviews and safeguarding adults and child reviews, where prevention was vital and those two cohorts should be focused on. Regarding suicide surveillance and prevention, there was a responsibility to know those people's stories as many had experienced serious violence.

RESOLVED:

1. Considered the progress made against the Serious Violence Duty.
2. Endorsed the establishment of a Surrey Serious Violence Reduction Partnership.
3. Supported the proposed Serious Violence Reduction narrative and priority areas that will be at the core of the Surrey Serious Violence Reduction Strategy.

Actions/further information to be provided:

1. The Serious Violence Programme Lead (OPCC) will circulate a comprehensive PowerPoint Presentation summarising the data of crime numbers in Surrey.
2. Regular updates will be included in the Highlight Report on the work by the Surrey Serious Violence Reduction Partnership under Priority Three.
3. The Serious Violence Programme Lead (OPCC) will have a discussion with the Chair around overcoming the barriers around data collection.

40/23 HOUSING: AN OVERVIEW OF A HOUSING HOMES AND ACCOMMODATION STRATEGY FOR SURREY AND THE HOUSING JSNA CHAPTER [Item 7]

Witnesses:

Michael Coughlin - Executive Director - Prosperity, Partnership and Growth, SCC
 Poppy Middlemiss - Public Health Registrar, SCC

Key points raised in the discussion:

1. The Chair noted that the updated Housing Joint Strategic Needs Assessment (JSNA) chapter provided a good opportunity to revisit the strategy and endorse the recommendations given the significance of housing as a wider determinant of health

and its impact on the cost of living. She thanked the Cabinet Member for Adult Social Care (SCC) for her hard work.

2. The Executive Director - Prosperity, Partnership and Growth (SCC) noted that:
 - The One Surrey Growth Board received a similar item with an economic development and economy focus. There were two parts of the strategy: Call to Action and the Call to Government arose from the work undertaken with stakeholders over the last eighteen months; identified the affordability of housing as a significant barrier to recruitment.
 - Good quality, affordable and secure housing was a key determinant of positive mental and physical health.
 - Work began around the state of Surrey's housing market and a baseline assessment by the consultants had been produced collating national and local data; concluding that there was a housing crisis in Surrey. Several months after the work, a national housing crisis had been identified.
 - Acute to Surrey was high demand matched against insufficient supply for several years, resulting in high purchase, mortgage and rental costs.
 - Extensive stakeholder engagement tested the accuracy of the findings and gain a complete picture of the baseline assessment; not all the borough and district councils agreed with or signed up to the strategy.
 - It was acknowledged that the strategy must be system-wide and multi-agency, agencies were asked to respond to the Call to Action.
 - The conclusions drawn from the work was the need to prioritise partnership working and to better understand public opinion around housing. Issues identified: aging population, underoccupancy of housing, affordability, vulnerable groups suffering from poor or no housing, land availability and the need for housing developments to focus on essential and key worker housing, and the contribution to net zero and climate change targets.
 - The recommendations in the Call to Action and the Call to Government - submitted to the Housing Minister - focused on policy and funding changes that would help Surrey with its housing crisis.
 - Whilst SCC did not have a statutory housing duty it was part of the One Public Estate partnership and it was taking the lead with a report scheduled for February's Cabinet setting out multiple work programmes where SCC could have a direct influence on particularly vulnerable children's and adult social care accommodation and services.
3. The Public Health Registrar (SCC) noted that:
 - The updated JSNA chapter was expected to be published in early January and was developed in collaboration with many stakeholders including district and borough councils, and set out the picture of the housing situation in Surrey looking at how it was affecting people's health and was to inform commissioners and stakeholders going forward.
 - The current provision was mapped against the gaps in that service provision to identify housing needs for Surrey's residents. There was an in-depth look at the needs of vulnerable groups including: people with learning disabilities, people with autism and people with mental health needs, GRT communities, and prison leavers.
 - The themes of the draft recommendations were: affordability and availability, homelessness, condition, and meeting the needs of residents.
4. A Board member noted that the VCSE Alliance contributed well to the JSNA chapter, praising the thorough process and exciting work. Highlighted that in rural Surrey the median income to median house price multiplier was significantly higher than across Surrey as a whole. The report does not recognise the greater cost of living in rural Surrey, the unaffordability of accommodation and larger cost of living impacts for example rural households spend 50% more on transport and are

- impacted by social isolation. Would be completing a bid to the Department for Environment Food and Rural Affairs for funding to support rural housing enablement, enabling small-scale building to take place in rural communities.
5. The Chair asked whether the various stakeholders had agreed to be on the multi-agency Surrey Housing Forum; what the take-up was. The Executive Director - Prosperity, Partnership and Growth (SCC) noted that the membership -based on the steering group and other key representatives - and terms of reference would be included in the February Cabinet report.
 6. The Chair asked whether the training to identify and support the health and wellbeing of their clients through signposting of wider workforce in Surrey including those who work in and for housing was underway. The Public Health Registrar (SCC) explained that it was being taken forward as part of the Making Every Contact Count Train the Trainer programme. She had linked up with the Surrey enabling officers in the districts and boroughs. A Board member welcomed the training but highlighted that the staff turnover of housing workers and within the housing association sector was high.
 7. The Chair noted the shortage of housing particularly in Epsom, which had a long waiting list and the highest figure of people in temporary accommodation and that had many knock-on effects to the children and families; it was a huge physical and mental health inequality. She noted feedback from those aged over 55 years old about the wrong type of housing being built for that age range.
 8. A Board member sat on the board of the Red Kite Community Housing association and would share the detail of its innovative approach of creating a subsidiary organisation where rents could be aligned to people's affordability, that was not a registered social landlord. She asked how it would be ensured that there would be a connection between the housing work and health system, filtering across to the communities within place. The Executive Director - Prosperity, Partnership and Growth (SCC) noted that he and the Public Health Registrar (SCC) would follow up with the Board member on Red Kite and its subsidiary; and could provide the relevant contacts in housing locally. For example, the Chief Executive of Surrey Heath Borough Council sat on the steering group and would have contacts in the local housing team. He noted that the socialisation of the work across the health system was down to the relevant Board members to action at place level.
 9. A Board member asked about the governance route of that report in February. The Executive Director - Prosperity, Partnership and Growth (SCC) explained that it was scheduled for SCC's February Cabinet meeting, focusing on the work programmes within SCC that were a subset of the strategy; to be discussed at the Surrey Chief Executives' Group prior to that.
 10. A Board member noted the multiple place-based discussions underway as the district and borough councils had housing and planning powers and had established various forums; noted the need to ensure that the Surrey Housing Forum would not duplicate that.
 11. The Associate Member referring to homelessness highlighted the lengthy process before someone could be placed in temporary accommodation concerning the discharge of a legal duty. In some areas that might be a high standard of accommodation in other areas not. Whilst the accommodation might be suitable it was insecure long-term in the private rented sector and increasingly the housing authorities had to subsidise rents to keep families in their current homes. Noted the need to acknowledge that the map around temporary accommodation in Appendix 1 did not show potential hidden issues of the large numbers of families facing the above situation. Would link the report into Guildford Borough Council's homelessness strategy being written.

RESOLVED:

1. Endorsed and supported the Call to Action laid out in the Surrey Strategy for Housing, Accommodation and Homes and the Call to Government for policy changes, resources, and powers to enable partners in Surrey to tackle the housing crisis.
2. Supported the recommendations of the new Surrey Housing JSNA Chapter in order to reduce inequality driven by housing needs.
3. Ensured a continued focus on the housing situation, its implications for health and the actions needed to address it amongst all partners in Surrey including ensuring key Health and Wellbeing Board and related strategies should include measures to reduce homelessness and improve housing and social care related health outcomes.

Actions/further information to be provided:

1. The Executive Director - Prosperity, Partnership and Growth (SCC) noted that he and the Public Health Registrar (SCC) will follow up with the Board member (substitute: Tracey Faraday-Drake) on the Red Kite Community Housing association and its subsidiary; and can provide the relevant contacts in housing locally.

41/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 8]

Witnesses:

Karen McDowell - Acting Chief Executive Officer, Surrey Heartlands ICS
 Jo Cogswell - Place Based Leader, Guildford and Waverley Health and Care Alliance
 Tara Marshall - Principal Project Manager - Transformation Design, SCC
 Tracey Faraday-Drake - Executive Director and SRO for Children and Young People, Learning Disabilities and Autism; and Place Convenor for Surrey Heath, Frimley ICB

Key points raised in the discussion:

1. The Acting Chief Executive Officer (Surrey Heartlands ICS) noted that:
 - There would be a symposium in February bringing partners together to discuss opportunities and challenges.
 - Over the last few months several place-based deep dives had been held and the ICB received an update around the VCSE Alliance's work.
 - Work was ongoing around the primary care recovery plan on access and the winter recovery plan on managing winter pressures.
 - Work was underway around dental, optometry and pharmacy, there had been an engagement session with Healthwatch Surrey on co-design.
 - There was a strong focus and work was ongoing on EDI.
 - Large pressures across the health system included: upcoming industrial action, winter pressures and implementation of the operating model to reduce 30% of the management costs across the system.
2. The Place Based Leader (Guildford and Waverley Health and Care Alliance) noted that work had been undertaken across Guildford and Waverley with the Public Health team (SCC) looking at engagement with communities and system-wide alignment to population health and care need. The ICP roadshows demonstrated that good capabilities and methodologies for better working with communities had been developed. That led to the ICP chair championing the creation of a Library of Experiences; organisations sharing good practice and experiences and methods of doing things that others might be able to replicate.
3. The Principal Project Manager - Transformation Design (SCC) noted that in determining what to produce for the Library of Experiences, various pieces of work

had been considered around capturing and sharing knowledge, people's varied communication and learning preferences and how information is accessed and consumed, best practice through case studies, and community engagement efforts in North Guildford. Three products covering varied audiences and requirements had been produced: an overarching summary, a short video with partners reflecting on the experiences of those involved and their stories, a detailed written explanation of the approach including successes and challenges. Each initiative was unique, so it was vital to select the right methodologies and build in evaluation.

4. The Chair referred to the work done with Healthwatch Surrey on the Pharmacy and Dental engagement event noting that it would be good to know that the opportunities for residents regarding that engagement could improve. Epsom had lost two pharmacies and dental appointments were hard to get. The Acting Chief Executive Officer (Surrey Heartlands ICS) would provide event feedback.
5. The Chair requested detail on the System Development Funding.
6. The Executive Director and SRO for Children and Young People, Learning Disabilities and Autism; and Place Convenor for Surrey Heath (Frimley ICB) noted that:
 - There were similar pressures and challenges as in Surrey Heartlands.
 - Their last ICB took place at Surrey Heath Place, and it was a good opportunity to showcase the partnership working underway.
 - Frimley ICS also looked to make savings of 30%, there were difficult decisions that the ICB was having to make and a focus on its operating model to make sure that it was focused on health inequalities and getting the right structure in place to be able to support places; encouraged colleagues to respond to Frimley ICS' Chief Executive's call for feedback.
 - The Chief Executive of Frimley Health NHS Foundation Trust was leaving and a recruitment process would be in place.

RESOLVED:

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 against the Health and Wellbeing Strategy.

Actions/further information to be provided:

1. The Acting Chief Executive Officer (Surrey Heartlands ICS) will provide feedback from the Pharmacy and Dental engagement event on improvements to opportunities for residents to engage.
2. The Acting Chief Executive Officer (Surrey Heartlands ICS) will provide the detail on the System Development Funding 'being used to support prevention of mental health admissions, with other initiatives assisting those with Learning Disabilities.'

42/23 DATE OF THE NEXT MEETING [Item 9]

The date of the next public meeting was noted as 20 March 2024. Prior to that there would be an informal Board meeting in February: Better Care Fund Strategy Workshop.

Meeting ended at: 4.02 pm

Chair

Health and Wellbeing Board (HWB) Paper

1. Reference Information

5

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, Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
HWB meeting date:	20 March 2024
Related papers:	N/A
Annexes/Appendices	Appendix 1 - Highlight Report

2. Executive summary

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 19 February 2024. The Highlight Report itself, in a new, more accessible, web friendly format, provides:

- An overview of activity against Health and Wellbeing Strategy's Summary Implementation Plan projects and programmes, describing what has been achieved with the Priority Populations and against the Priorities/Outcomes.
- Identifies new data, insights and challenges that have arisen.
- The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters.
- Communication activity associated with the HWB Strategy's Priority Population and Priorities /Outcomes.

3. Recommendations

The Board is asked to:

1. 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. Note 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 Board meeting to allow time for a comprehensive suite of indicators to be finalised and included.

4. Detail

Highlight Report - In the Spotlight:

Priority 1

Surrey Heartlands Diabetes Network

The Network aims to improve the lives of people of all ages living with or at risk of developing diabetes across Surrey Heartlands. Plans are already in place to establish a multi-disciplinary team working group to review the provision of structured

education across Surrey and to help achieve the target of people attending structured education within 1 year of diagnosis. Furthermore, this work will ensure appropriate provision for different communities where required, such as the pilot work with tailored structured education for people from South Asian communities, who are at greater risk and whose risk of developing diabetes starts at a younger age.

Children and Young People (CYP) focused work includes successful engagement with CYP diabetes specialist nurses in East Surrey, and exploration of partnership working with CYP safe havens and youth workers to better reach and support this population.

The Diabetes Programme, using learning from Diabetes UK and Bedford, Luton and Milton Keynes (BLMK) ICB pregnancy and preconception project, will scope potential modelling of a similar offer in Surrey Heartlands. A particular focus will be on people aged 18-39 who are living with Type 2, are pregnant/planning for pregnancy.

Priority 2

The Surrey All Age Mental Health Investment Fund has awarded funding to 13 projects providing innovative, community-focused programmes to support the prevention of mental ill health and improvement of emotional well-being across the county.

Round 2 of applications took place in July 2023. There were 64 bids submitted of which 13 were successfully awarded total funding of approximately £3.6M. This is in addition to the £530,000 awarded in round 1. They cover a broad age range and are spread across the 11 districts and boroughs of Surrey. Each project has been mapped to the HWB Strategy Priority Populations including the Key Neighbourhoods.

Full details of the successful projects, including the amounts awarded and their geographical coverage, can be found [here](#).

The MHIF Oversight Sub-Group of the Mental Health Prevention Board will be providing oversight and assurance in the form of the quarterly reporting from the round 1 and round 2 schemes. Further proposals for the allocation of remaining funding for 2024/25 are being taken to the 20 March meeting of the Surrey-Wide Commissioning Committees in Common.

Priority 3

Access to food banks

The Surrey Coalition for Disabled People released a report in late 2023 concerning how the Cost of Living situation was disproportionately affecting disabled people. The report noted that disabled people were struggling to pay their energy and food bills, with some people skipping meals or not being able to put their heating on. Furthermore, the report highlighted that members of the Coalition were not accessing food banks, so the Coalition sought to understand how to help improve access.

The Coalition conducted an online survey. The findings suggest that only 32% previously accessed food banks, food clubs and/or community cupboards, 72% did not know what food support was available in their area and 62.5% were unable to find information easily. Some participants expressed uncertainty about whether food banks could accommodate for wheat-free, gluten-free, or diabetic diets.

Individuals who have utilized food support in the past have noted the difficulties with accessibility include stigma associated with seeking assistance, transportation for individuals who had not previously sought food assistance, navigating the complicated referral process and the belief that others may be more deserving.

The Coalition is joining forces with SCC and local food banks throughout Surrey to ensure accessibility for residents with disabilities. Furthermore, The Coalition will continue promoting food banks and other food resources to their members, raising awareness about these crucial services. A list of Surrey's food support has been compiled within the full report on this research, which is [here](#) ([purple pins on Google map](#)).

5. Opportunities/Challenges

Opportunities

The further development of the HWB Strategy Index - Members should note the web link [Health and Wellbeing Strategy Index | Surrey-i \(surreyi.gov.uk\)](#). A scorecard/first annual report against the Index will be produced for the June HWB meeting. This report will highlight 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 also be reported. This will create a baseline for annual reviews.

Priority 1

Carers - the Joint Carers Programme (SCC and Surrey Heartlands) is currently fully resourced with staff and the Young Carers Programme now has two young carer champions within the Children's and Families Lifelong Learning Directorate, one being the Assistant Director for Family Safeguarding and the other being Assistant Director for Inclusion and Additional Needs.

Changing Futures – a funding commitment has been made by the Office for the Police and Crime Commissioner for 24/25 and 25/26 for the Changing Futures/Bridge the Gap programmes as part of the need to secure sustainable funding after March 2025.

Making Every Contact Count (MECC) - funding for training identified for 2024-25 will increase capacity to manage programme via the training provider.

Priority 2

Mental Health: Prevention Board - members have provided steers on taking forward published JSNA Housing and Related Support and Migrant Health Rapid Needs Assessment chapter recommendations related to mental health and emotional well-being. This is based on system knowledge of work underway and new collaborative opportunities across sectors across the Surrey system.

Priority 3

Fuel Poverty - following a detailed cost review and discussions with partners, SCC should be able to fund a similar level of Warm Welcome scheme (including fuel vouchers & appliances for Surrey Crisis Fund) through partnership investment in 2024/25. A grant funding application for this and other schemes is being drafted for Southern Gas Network. SCC funding has also been secured through Transformation & Design for a further 12 months for the programme co-ordination.

Challenges

The further development of the HWB Strategy Index - it is taking longer than expected to arrive at a complete set of agreed indicators upon which to form a baseline/first annual report. There are a number of gaps in indicators within the HWB Strategy Index, particularly for Priority Two, Outcomes two, three and four and Priority One, Outcomes three and five. Item on progress is to come to the June HWB Board with additional indicators included to address these gaps.

Priority 1

Changing Futures – A significant amount continues to be needed to sustain the trauma informed outreach for those experiencing Multiple Disadvantage. The Changing Futures Team in collaboration with the Bridge the Gap VCSE Alliance providers and other system partners has submitted bids for sustainability funding from April 2025 for Bridge the Gap to Gamble Aware and Guildford and Waverley Local Joint Commissioning Board. Further bids will be submitted to the four-place based Local Joint Commissioning Boards. Representation has also been made to the Commissioning Collaborative. Philanthropic donations will also be sought.

Priority 2

Green Health and Well-being - A meeting took place in mid-January for SCC and Surrey Heartlands senior directors to discuss the future funding of the Green Health and Well-being programme, as per the action at the November informal HWB Board meeting. The Programme Manager has been tasked with producing an options appraisal paper. The Green Health and Well-being programme will begin a wind-down of activities if further funding is not secured. An extension to the original Green Social Prescribing funding is being made to National Academy for Social Prescribing/HM Treasury.

Suicide Prevention - With changes in the national strategy, Service Development Funding (SDF) from NHS England for NHS Long term plan priorities and population

priorities funding will no longer be allocated specifically for suicide prevention work in Surrey after March 2024. The SCC Public Health Principal is preparing a paper, including researching benefits realisation, to the commissioning, contracting and commercial committee at Surrey Heartlands, with a business case for funding to sustain the existing suicide prevention programme. The Mental Health: Prevention Board continue to review in order to support these alternative funding proposals as they develop.

Autism Specific Suicide Prevention Training - as part of the Emotional Well-being and Mental Health Children and Young People's Strategy, this cannot be rolled out without additional funding. Autism Oxford are currently working on a closing report about the existing programme including details of what has been done, its impact and staff training materials.

Priority 3

The projected date for the UK Poverty Commission's Final Report will not now be until May 2024. An item on a Whole System Approach to Poverty is currently scheduled for the May 2024 informal HWB Board meeting.

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 Surrey County Council Community Engagement SharePoint site [here](#).

Health and Wellbeing Board Highlight Report

These [Highlight Reports](#) are published following discussion at the quarterly, public [Surrey Health & Wellbeing Board meetings](#).

They provide an overview of the projects and programmes which directly support the delivery of the [Surrey Health and Well-Being Strategy](#) and report to the Board, plus the latest relevant insights, collaboration and communications.

Please circulate more widely in your own organisation and/ or include in your own e-bulletins or newsletters as appropriate.

If there are projects or programmes you would like to connect with, please use the contact details provided in the report or email: healthandwellbeing@surreycc.gov.uk.

Community Vision for Surrey:

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.

In light of the Community Vision and the vital role communities and staff / organisations in the Surrey system play in its delivery, the [Health and Well-Being Strategy](#) sets out Surrey's priorities for reducing health inequalities across the Priority Populations for the next 10 years. It identifies communities that experience poorer health outcomes and who need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.

With our focus on the [Priority Populations](#), what has been achieved against our outcomes this quarter?

Priority 1

In the spotlight – Surrey Heartlands Diabetes Network

The Surrey Heartlands Diabetes Network was set up to bring together multi-professional colleagues and partners to inform strategy, and support delivery and improvement, against identified national and local priorities, with a particular focus on prevention and reducing health inequalities. The Network aims to improve the lives of people of all ages living with or at risk of developing diabetes across Surrey Heartlands. Plans are already in place to establish a multi-disciplinary team working group to review the provision of structured education across Surrey and to help achieve the target of people attending structured education within 1 year of

diagnosis. Furthermore, this work will ensure appropriate provision for different communities where required, such as the pilot work with tailored structured education for people from South Asian communities, who are at greater risk and whose risk of developing diabetes starts at a younger age.

The Network review was completed, and an initial meeting was held in January 2024. The Network has representation from across the system and alignment across adult and children and young people's (CYP) programmes, as well as representation from Diabetes UK. The Network will continue to work in East Surrey to extend NHS health checks, with GP federations offering screening in diverse ways to proactively go into different communities to offer checks. CYP focused work includes successful engagement with CYP diabetes specialist nurses in East Surrey, and exploration of partnership working with CYP safe havens and youth workers to better reach and support this population.

The Diabetes Programme, using learning from Diabetes UK and Bedford, Luton and Milton Keynes (BLMK) Intergrated Care Board pregnancy and preconception project, will scope potential modelling of a similar offer in Surrey Heartlands. A particular focus will be on people aged 18-39 who are living with Type 2 and are pregnant/planning for pregnancy.

Outcomes

People have a healthy weight and are active

- To support the integration of a whole system approach to healthy weight for looked after children, a first workshop had been held in November 2023. This workshop, led by the designated Doctor and Nurse, was to establish ways on how the service could support its service-users to make better food choices in a bid to promote healthy weight using a trauma informed approach. A final workshop will be held in March 2024 to develop an action plan with stakeholders from the causal map that was produced at the November 2023 workshop.
- Research on a whole system approach to obesity for young people aged 13-17 to support commissioning and planning decisions has led to the development of an evidence-based framework developed by the University of Surrey. The framework that will be produced is expected to lead to a report of the findings of the research and recommendations for young people in Surrey.
- Active Surrey hosted Active Schools Conference last November, in Reigate. This conference was an occasion for translating physical literacy into pedagogical practice. Over 100 teachers and senior leaders from schools across the county explored how to better create positive relationships with children and young people. At the same event, youth engagement and gender equality in sport and physical activity was also explored.

Substance misuse is low (drugs/alcohol & smoking)

- In a bid to target the 'middle market' as a way of breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers, Noxious Smells (cannabis) Framework developed by the Surrey Anti-Social Behaviour & Community Harm Reduction Partnership has been finalised and circulated to partners including local authorities, housing providers and third sector support organisations.

The needs of those experiencing multiple disadvantages are met

- Surrey's first Lived and Living Experience Conference for multiple disadvantage proved a remarkable success with 120 system-wide multi-agency partners turning out at Dorking Halls on 31 January 2024.
- Place-based events are being arranged in Spring 2024 to share findings from the Changing Futures National Impact Report and Surrey's first Multiple Disadvantage JSNA.
- [Bridge the Gap](#) will support High Intensity User at St Peters and Royal Surrey Hospitals (East Surrey Hospital is scheduled to join the pilot shortly). It will provide support to the top fifteen most frequent attenders at Accident and Emergency who are identified as experiencing multiple disadvantage. System-wide savings for this pilot of fifteen people are estimated at £2.4M. System saving for the other Bridge the Gap projects supporting eighty people demonstrate savings of £2.28M, making a total of £4.68M per annum to the Surrey System for ninety-five beneficiaries.

Serious conditions and diseases are prevented

- To improve access to the information and resources around dementia, local organizations and residents of Surrey can now use Connect to Surrey, which has replaced Surrey Information Point. This new system is much easier to navigate. In addition, Adult and Social Care will be recruiting two Project Officers to work with voluntary and statutory organisations delivering day-time opportunities to identify Information Champions so that use of the new Surrey Connect System can be embedded within the community. Furthermore, the roles will set up a forum to share best practice and deliver training to staff and unpaid carers.

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

- As part of the efforts by the Surrey Joint Carers Programme Team to co-design and develop new emotional wellbeing and mental health services for Young Carer Champions, innovation fund pilots have been approved by the Carers Commissioning Group and are now in place. These include improving the uptake of the Angel Award in Surrey schools, a youth support programme and youth club. The innovation fund is available to improve the health and wellbeing of unpaid carers across the county, where local organisations are able to submit project business cases for funding of up to £25,000.
- SCC has secured an Accelerated Reform Funding from the Department of Health and Social Care secured for a pilot project to test the impact and outcomes of a specialist link worker service for adults on probation, with the aim of exploring options to trial proactive social prescribing in Surrey. Funding is for 2024/25 but funded projects may be able to run for 2 years.

Who is leading this?

Priority sponsor:

Karen Brimacombe. Chief Executive, Mole Valley District Council

Programme Manager: Olusegun Awolaran, Policy and Programme Manager, Surrey County Council

Priority 2

In the spotlight - Mental Health Investment Fund (MHIF): Round 2 awards

The Surrey All Age Mental Health Investment Fund has awarded funding to 13 projects providing innovative, community-focused programmes to support the prevention of mental ill health and improvement of emotional well-being across the county.

Round 2 of applications took place in July 2023. There were 64 bids submitted of which 13 were successfully awarded total funding of approximately £3.6M. This is in addition to the £530,000 awarded in round 1. They cover a broad age range and are spread across the 11 districts and boroughs of Surrey. Each project has been mapped to the HWBS Priority Populations including the Key Neighbourhoods.

Full details of the successful projects, including the amounts awarded and their geographical coverage, can be found [here](#).

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

MHIF is part of the county's No One left Behind agenda. The additional investment in mental health provision was ring fenced within the 2022/23 Council Tax with an additional contribution from the NHS. The total budget of £10.5m consists of a £6.5m contribution from Surrey County Council and £4m from Surrey Heartlands Integrated Care Board.

The MHIF is aligned to meeting the outcomes of Priority 2 of the Health and Wellbeing Strategy. The MHIF Oversight Sub-Group of the Mental Health Prevention Board will be providing oversight and assurance in the form of the quarterly reporting from the round 1 and round 2 schemes. Further proposals for the allocation of remaining funding for 2024/25 are being taken to the 20 March meeting of the Surrey-Wide Commissioning Committees in Common.

Outcomes

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

- On the implementation of the Community Mental Health Transformed Core Offer across Surrey Heartlands Frimley ICSs, the workstreams have been developed for implementation (within the NHS Long Term Plan and Community Mental Health Framework).
- As of January 2024, General Practice Mental Health Services (GPimhs) have been fully rolled out to all Primary Care Networks. The Adult Eating Disorders Integrated Mental Health Service is open to all primary care referrals.
- Workstreams are underway in the Serious Mental Illness and Long-Term Conditions programme, on understanding data, reducing stigma, psychoeducation, screening and prevention, and wider determinants of health. This includes at ICS Place (NW Surrey).

- Phase 1 is completed of the Sleep Strategy for primary, secondary and tertiary prevention – with insightful findings from over 200 questionnaire responses around sleep hygiene. Next steps being planned for the first half of 2024 are a resource for professionals with a training support.
- The [First Steps to Support Phonenumber](#) went live in mid-January as a pilot in Guildford borough, targeting three Key Neighbourhoods. Digital geo-targeted social media ads produced 700 webpage clicks in 3 days and flyers were posted to 770 households.
- [The Surrey Suicide Prevention Strategy](#) is being re-drafted to reflect the national strategy whilst delivery continues on the existing, published strategy.
- Since 1 February 2023, 165 people have been referred to the suicide bereavement support service, resulting in 90% of them receiving support.
- The online Stigma Survey was run on Surrey Says in December-February and was widely publicised to partner organisations (results in the June Highlight Report).

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

- A substantial item on the Children and Young People Emotional Wellbeing & Mental Health Strategy was discussed at the Surrey Heartlands Integrated Care Partnership, giving assurance around delivery of the action plan and its links with delivering the Health & Wellbeing Strategy.
- [Consulting Youth Advisors](#) are using user voice and participation in developing a roadmap to explain to children and young people what Mindworks is, what support they offer and how to access support.

Isolation is prevented and those that feel isolated are supported

- Through the Green Health & Wellbeing (GHW) programme, a new toolkit resource has been created to support development of green spaces for therapeutic health in the NHS Public Estate.
- 16 staff in Surrey & Borders Partnership completed the GHW programme's nature-based training and 5 PCNs have expressed interest in accessing the [NatureWell](#) course.
- £15k was allocated from the GHW programme for the First Steps Volunteering Programme – volunteering passports launched for 18–24-year-olds to introduce them to green careers.
- £5k funding was also allocated to the Ethnically Diverse Environment Network, to promote access and inclusion in nature/green space.

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

- Workforce Wellbeing Standards materials, including user guide manuals for small and large businesses, are published on [Healthy Surrey](#).
- Wheel of Wellbeing workshops delivered in Merstham and Walton South (Key Neighbourhoods) targeted at VCSE and community groups such as food banks, citizens' advice, community centres and staff working with asylum seekers.

- The men's mental health (prevention) programme run by [Mentel](#) is extended until the 31 August 2024, focused on gambling establishments and leisure centres.
- Between September 2023 and January 2024, 100 Surrey colleagues were trained in Mental Health First Aid in the Public Health mental health team's Surrey Training Offer. The average rating (out of 10) for confidence in giving support before training was 5.18. The average confidence rating post-training was 8.41. The average rating for knowledge about mental health and wellbeing pre-training was 6.12 and the average rating post-training was 8.68. Priority is now being given to those working with Gypsy Roma Traveller communities, asylum seekers and refugees, and roles which are supporting residents with cost-of-living pressures.
- Local Government Association guidance ('Tackling gambling related harm – a whole council approach') published in October will form the basis of Surrey's Strategic Action Plan in development.

Who is leading this?

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

Programme Manager: Jason Lever, Policy and Programme Manager, Surrey County Council

Priority 3

In the spotlight – Access to food banks

The Surrey Coalition for Disabled People released a report late 2023, around how the Cost-of-Living situation was disproportionately affecting disabled people. The report noted that disabled people were struggling to pay their energy and food bills, with some people skipping meals or not being able to put their heating on.

Furthermore, the report highlighted that members of the Coalition were not accessing food banks, so delving a little bit deeper to understand the barriers to accessing food banks, the Coalition sought to understand how to help improve access.

The Coalition conducted an online survey, later in the year, to gauge the views of disabled individuals on food support in Surrey, and whether it was accessible. The survey was promoted through the Coalition's newsletter and social media and received 25 responses from disabled individuals across 9 of Surrey's 11 boroughs/districts.

The findings suggest that only 32% previously accessed food banks, food clubs and/or community cupboards, 72% did not know what food support was available in their area and 62.5% were unable to find information easily. Some participants expressed uncertainty about whether food banks could accommodate for wheat-free, gluten-free, or diabetic diets.

Individuals who have utilised food support in the past have noted the difficulties with accessibility include stigma associated with seeking assistance, transportation for individuals who had not previously sought food assistance, navigating the complicated referral process and the belief that others may be more deserving.

The survey revealed some challenges that disabled individuals experience when seeking food support in Surrey. The Coalition is joining forces with SCC and local food banks throughout Surrey to ensure accessibility for residents with disabilities. Furthermore, The Coalition will continue promoting food banks and other food resources to their members, raising awareness about these crucial services. A list of Surrey's food support has been compiled within the full report of this research, which is [here](#) ([purple pins on Google map](#)).

Outcomes

People's basic needs are met (food security, poverty, housing strategy)

- SCC's Warm Welcome scheme launched on November 1st, 2023, has been hugely successful so far. SCC currently supports 88 Warm Welcome venues across the county. As of January 2024, with some reports outstanding, they have had almost 17,000 visitors, all receiving a hot drink, advice and a warm, safe place, while 1,356 residents have received energy advice either online or face to face. In conjunction with SCC's research and insight team, resident surveys will be carried out at our Warm Welcome venues to gain a deeper understanding of the needs of residents and identify barriers to support services. Funding for Warm Welcomes is yet to be secured for 2024/5.
- Surrey Community Action's Warmth Matters team have carried out 55 community visits at Warm Welcome venues, assisting approximately 325 residents with actions they can take to reduce energy bills and make their homes more energy efficient. 257 Surrey residents received Warmth Matters advice at community events and fairs, while an additional 60 Surrey residents contacted Warmth Matters advice line, received information about Warm Welcome venues and energy awareness advice.

Children, young people and adults are empowered in their communities

- As part of the long-term strategic organisational and culture change that grows community focused practices, approaches and service designs, Surrey County Council commissioned the Health Creation Learning Programme. The program has built the capacity of over 100 participants across the system, with 9 action learning groups at Primary Care Network level. As a result of participating in the programme, many have gained an understanding of their role in working with communities as equal partners in reducing health inequalities. The evaluation is currently being finalised.
- [In Our Own Words](#) mental health peer research project for neurodiverse young people and young carers (other young people can act as project advisers) will begin recruiting young people in February.

People access training and employment opportunities within a sustainable economy

- The Work Wise (Individualised Personal (Employment) Support in Primary Care) programme in Surrey is now live. Richmond Fellowship are supporting the first referrals from Primary Care Networks. The wider programme, focusing on providing employment support at place and to ethnically diverse residents, is in the final stages of procurement. This will work alongside an employer support service (both mobilising between March - April 2024) and a newly appointed benefits advice service provided by Surrey Welfare Rights Unit. Work Wise has also appointed a social research company to delve into two topics - residents and employers' experiences of in-work poverty and employers' experiences of recruiting and retaining diverse individuals.
- SCC has updated its [employment support directory](#) which provides support for job seekers across the county by preparing them to get into work as well as finding work experience and placements, searchable by age groups.
- The [Surrey Careers Hub](#) started delivery in September 2023, and has been working with 95 schools and colleges to improve the quality of career education, advice and guidance and support given to Surrey's young residents to choose the best possible learning and employment pathway for them. An official launch event for the Hub took place in November 2023.
- As part of the [Multiply](#) programme, SCC conducted a study which reported that 1 in 7 people living in Surrey have no qualifications, with those lacking a maths qualification likely to be higher. Residents with no qualifications are more likely to live in Reigate and Banstead, Runnymede, Spelthorne, and Tandridge and be disabled under the Equality Act, economically inactive, of a White ethnic group, never worked and have been long term unemployed, not able to speak English well or at all, female and aged 65 years or older. The qualitative aspects of the study gathered insights that will be used to inform engagement around the programme.

People are safe and feel safe (community safety including domestic abuse; safeguarding)

- Following the launch of the [Anti-Victim Blaming Guidance](#) by SCC, reflective workshops for practitioners were created and a pilot was delivered in November. This received fantastic feedback from the social care cohort it was delivered to, and the intention is to roll these out to partners county-wide.
- The Office of the Police and Crime Commissioner (OPCC) successfully bid to the Home Office for a 2-year funding for a multi-agency domestic abuse perpetrator programme in Surrey. The fund's overall aim is to improve safety of victims by reducing the risk posed by domestic abuse and stalking perpetrators (as well as children and adolescents who use abuse/violence in their relationships) and to prevent reoffending in future.
- The Surrey Against Domestic Abuse Partnership believes change is possible and with this ambition Surrey launched 'Steps to Change'. This is a central virtual hub which will co-ordinate a trauma informed and multi-agency approach to end abusive behaviours. For further information about Steps to Change or to discuss making a referral, please contact: enquiries@surreystepstochange.com

The benefits of healthy environments for people are valued and maximised (including through transport and land use planning)

- As part of ensuring that Nature activities are led by communities, the Communities and Prevention team within SCC have refreshed their strategy and have added 'Realising the benefits of nature for everyone' as a priority for the team. Going forward, all programmes of work contributing to this priority will be captured and reported.
- Surrey County Council, Surrey Fire and Rescue Service, National Highways, Surrey Police and the Police and Crime Commissioner have set out plans to eliminate road collisions resulting in death or serious injury by 2050. In line with international and national best practice, a new, draft 'Surrey RoadSafe Vision Zero' strategy has been developed by the partners. Residents are encouraged to take part in the consultation to help shape a safer future for Surrey's Road network and its users. The link to the consultation which ends on 24th March 2024 is [here](#)

Who is leading this?

Priority sponsor:

Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council

Programme Manager: Olusegun Awolaran, Policy and Programme Manager, Surrey County Council

Data, Insights and Challenges

In the spotlight - Carers

Healthwatch Surrey's Giving Carers a Voice and Giving Young Carers a Voice services, delivered by Luminus, ensure the voices of unpaid carers are heard across

Surrey. From October to December 2023, they spoke to 323 carers (including young carers) across Surrey. Highlighted in their [quarterly report](#) is the impact that caring has on the health and wellbeing of carers and their families:

“I am very stressed and don't know what to do. I feel like crying just talking about it. It's never ending [being a carer].”

“My son... has mental health issues. My two daughters are greatly affected by his behaviour and need support. I don't know where they can get any.”

“All my kids live far away so I have no local support. It's been a bad year for me... I've gone downhill but she's the same... It's me who needs the help not my wife.”

“I'm a carer for my grandson who has autism... He won't leave the house unless I am with him. He is very anxious... He is at home 24/7 and he doesn't sleep... I've not had any break, I would like a break.”

We also hear from parent carers and their difficulties with Education, Health and Care Plans and delays in accessing other services, as well as a lack of understanding of FASD (Foetal Alcohol Spectrum Disorder):

“Because he was not in school, I was told he couldn't get an EHCP. But he wouldn't go to school because he didn't have the help he needed ... When the 3rd inclusion officer came round to my house they asked me why he had no EHCP. He's finally just got it and has it now for college.”

“All the interventions are for ASD and ADHD. They aren't trained in FASD.”

The young carers we spoke to talked about their need for support and we heard the positive impact a young carers group in schools can have:

“I like being at school and coming to this group where I can talk.”

We also heard about the impact of being a young carer, both on daily living and emotional wellbeing:

“My brother is autistic and I don't know what I can tell you, except he can be violent and naughty. I sometimes can't think because I'm upset...”

“Our friends know that we do things to help mummy, sometimes they laugh at us, and we don't get invited to things.”

The [Luminus Carers Replacement Breaks Report](#) has been published and the insight from this report has been shared with providers, commissioners and the carers that took part in the survey.

The key findings we reported were:

- Breaks from caring duties are highly valued and appreciated, to relieve stress and allow carers to rest but also act as stimulation for the cared for.

- For some the carer replacement breaks service was an introduction to paid-for care.
- Despite many positive comments about aspects of the service, only half our sample thought the service met its objectives well.
- There were challenges around: structure, timing and flexibility of the care provided.
- Also around the ability to match more unusual/challenging needs with specialist carers.
- A 10-week service (3.5 hours per week) cannot be seen as 'preventative', and no one described it as such.
- Information and support for post service care is wanting, with the knowledge that the service is short-term coming late for some.

Following the initial report, further co-design work has been commissioned by Surrey County Council. We have convened a co-production group which includes carers, commissioners and providers. This group will work on generating ideas for what the future breaks service could look like, and the ideas will be shared with the wider group of carers for feedback as they are developed.

Priority Population - People with drug and alcohol problems

The Combating Drugs Partnership Public Involvement service (delivered by Luminus), delivers a bespoke and independent public engagement service for those in Surrey who may be affected by substance use. The service has recently spoken to 179 people face to face about the service and 25 shared their experiences with us. Of these, 3 people had long term health conditions, 2 were carers and 2 had a disability.

The key themes that emerged from talking to people included

- The importance of peer mentoring by people with lived experience
- The need to have information about treatment pathways all in one place
- The support people need to stay in treatment.



Priority Population - Black and Minority Ethnic Communities

Following a visit to the Guildford Hongkongers group (a peer support group aimed at supporting residents of Guildford and Waverley who are originally from Hong Kong) Surrey Healthwatch made a recommendation to the Guildford and Waverley Alliance

that information about local services is made available in Cantonese in order to help this community understand and access services more easily. The Alliance responded that they would continue to raise awareness of the translation support with practices in the area, ensuring that people have equitable access to services.

Priority Population - People with Long Term Health Conditions, Disabilities and Sensory Impairments

Healthwatch Surrey have been shortlisted for a national Healthwatch Impact Award for our work with an individual who was unable to access cervical cancer screening. This person has a learning disability and is a wheelchair user, which statistically means she is at further risk of poorer health outcomes. By sharing her experience and escalating their concerns, they have ensured she gets access to the screening that she should have and have helped ensure other people have better experiences going forward. Further details are in [their video](#).

Priorities 1 and 2

GP practice website access

Healthwatch Surrey have identified a number of key barriers to people utilising GP practice websites to complete tasks in their [new report](#), most notably booking appointments but also consulting with the GP and practice staff. These barriers are around communication, information and flexibility in approach.

Having an adequate digital provision in place may not be sufficient if people remain confused about how to utilise it. This is particularly true for those with moderate to low digital confidence, lower levels of literacy and those working in a second language. The NHS England report [Creating a highly usable and accessible GP website for patients](#) highlights that poor online journeys disproportionately impact these people. There also needs to be an element of flexibility – though those who are able to use digital means should be encouraged to do so, nobody should be at an advantage or disadvantage based solely on how they contact their practice.

NHS App

The Healthwatch Surrey community engagement team have encouraged more than 50 people to download and use the App this quarter. In addition to enabling people to use the App, we also share people's experiences of using the NHS App with local decision makers to enable them to better understand how it is operating in reality.

They also supported the Patients Association's national survey on people's experiences of using the NHS App. This is aimed at encouraging more people to have their say and be involved in future developments, helping to ensure that those who will use and benefit from the service have a say in how it works.

Priority 3

An SCC research project will run from 2023-2026 with a threefold aim: first; to profile patterns of school travel across the County. Secondly, to gauge what motivates parents'/carers' decisions in respect to modes of school travel (e.g. walk, car, bus). And third, to identify barriers to – and opportunities for – increasing active school travel.

Initial data collected in 2023, involving 831 parents/carers of primary and secondary school children, has already made a series of interesting findings:

- a. Positively for active school travel, walking is a leading mode of school travel for children attending both primary and secondary schools.
- b. Less encouragingly, and following findings from the authority's previous research, car travel continues to be a leading mode of school travel in the County with only a very small proportion (3%) of parents/carers choosing cycling to get to and from school.
- c. A key barrier to active school travel emerged around Surrey's road infrastructure and related parents/carers' concerns around safety.
- d. A key opportunity to reduce car travel was identified through bus travel – this being a key mode of school travel for secondary schools but largely absent for primary schools.

JSNA update

Chapters published: 1 chapter has been published in the last quarter.

Priority 3:

We have now published our JSNA chapter around Housing and Related Support [JSNA Housing and Related Support | Surrey-i \(surreyi.gov.uk\)](https://surreyi.gov.uk) and accompanying Tableau dashboard: [Housing JSNA dashboard | Tableau Public](#). This aims to create a picture of the housing situation in Surrey, how that is affecting people's health and sets out the current provision of services, highlighting gaps in that service provision to identify the housing needs of all those living in Surrey. Developed in collaboration with Surrey's District and Borough Councils through the Housing Enabling Officers and Chief Housing Officers Group, VCSE organisations and other groups who were able to provide insights into the lived experience some of the HWB Strategy Priority Populations e.g. older people, people experiencing domestic abuse, people with learning disabilities and/or autism, people with physical disabilities, Gypsy, Roma, Traveller communities, people with drug and alcohol issues, looked after children and carers, people with serious mental illness, and people experiencing homelessness. Data broken down by different ethnic groups is also examined within the chapter.

Chapters to be published

Priority 1

Substance use – publication of full chapter scheduled for early 2024.

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) – this chapter is now being written. Phase 1 will focus on adults experiencing multiple disadvantage – this will be published in early 2024. Phase 2 will focus on children and young people and families experiencing multiple disadvantage and the transition between children and adults. This chapter is being coproduced with Experts by Experience.

Tobacco Control - development has started, chapter is being scoped.

Food and Health - development has started, chapter is being scoped.

Priority 2

Loneliness and social isolation – development has started, chapter is being scoped.

Priority 3

Economy – Development started; the final draft is now being produced.

Community Safety – Development has started, chapter is being scoped.

Air quality – Development to start in early in financial year 2024/25.

Priority Populations: See Multiple Disadvantage above for

- People experiencing domestic abuse
- People with serious mental illness
- People with drug and alcohol problems
- People experiencing homelessness

Other

Armed Forces and Military Veterans – Development planned to start in early 2024/25

HWB Board Communications Group update

Priority Population – Carers

Surrey Carers Card - The final quarter of 2023 saw a renewed focus on the [Surrey Carers Card](#), which is jointly funded by SCC and the NHS and delivered by Crossroads Care. It was included in the winter 'Essentials' resident services booklet which was door-dropped throughout November. Data showed an increase in inbound calls - for any subject - of **+51% month on month** which was largely maintained through the first half of December. **Cards issued rose +38%** over the same period. Importantly, the ratio of cards which include an emergency care plan rose from **49% in Oct to 70%** by the end of the year.



Giving Carers a Voice - Each month Healthwatch do a call for evidence from unpaid carers as part of the Giving Carers a Voice service, where relevant is issued; this also provides information and signposting to services. The last three months have covered: Carer's Right's Day, Crisis support and an online event for young carers.



Priority Population: People with drug and alcohol problems

January and Beyond – A new approach to reducing alcohol consumption by raising awareness of alcohol units rather than the abstinence of Dry January. A social media campaign and internal comms drove 2,983 views of the 'drinks coach', a **3,252% increase from previous months**, resulting in 143 drink audits being completed, a **113% increase**.



Priority Population: People with long term health conditions, disabilities, or sensory impairments

Accessible Information Standard - As part of Healthwatch's ongoing work to improve compliance with the Accessible Information Standard, Healthwatch Surrey have now attended meetings of the Surrey Heartlands Accessible Information Standard Working Group, sharing people's experiences highlighted to us and Surrey Coalition of Disabled People. Healthwatch continue to do social media shout outs to raise awareness of this right to the public and ask people to share their experiences.



Tackling physical inactivity driven by inequalities – Active Surrey work with Children and Young People, their Parents and Minority and Disadvantaged groups who are inactive in Lower Socio-Economic Groups. They ran a small comms campaign around the issues in Woking connected to the council's financial status and challenges being faced by people already in need. Following a [press release](#) on their website, they had several features on [BBC News](#) and BBC Game Changers raising awareness of the social impact of the story.

The following activity driven by the Priorities will cover a number of Priority Populations

Priority 1

Continued promotion of winter vaccinations (including Covid-19 and flu vaccinations) to eligible cohorts. This has included working with an external agency to create digital content to promote the offer across social media platforms, targeted communities and areas of lower uptake, which are often linked to areas of health inequalities and our key neighbourhoods. This campaign was aimed at people in eligible groups and included communications activity that included several Priority Populations including people with learning disabilities/ autism, people with long-term conditions, older people and people living in care homes. Surrey COVID-19 vaccination uptake at 58.8% **was 5% above the national average.**

COVID-19 tests - Healthwatch are supporting residents by linking with NHS partners and pharmacy leads, to provide information via social media and web pages to residents having difficulty getting hold of COVID-19 tests. They received positive feedback from residents on the clarity of the comms.



Supporting the health and care system with messaging to support Staying Well during Winter - including a campaign to help people get ‘winter ready’, which included a range of communications and engagement activity, including internal and external communications and a funded social media campaign to raise awareness of the range of services available and to support longer term behavioural change to reduce the number of people with minor illnesses attending A&E. As part of a wider engagement programme, over a six-week period (over October and November 2023) Surrey Heartlands led a series of 14 roadshow events in areas of high footfall, where the team spoke to over **700 people**. The roadshows were an opportunity to talk to people about winter vaccinations, how to access local services and the NHS App and gain insight on a range of areas. The events were supported by a programme of targeted community engagement, which has focused on areas and communities that may experience health inequalities or other barriers to accessing services. Surrey Heartlands also worked closely with the voluntary sector, including local carer organisations, to target carers, as a Priority Population. An evaluation report, which will summarise the key themes and insights is being developed and will be considered alongside the evaluation of their wider winter communications and engagement activity.

Ongoing work to raise awareness and uptake of the MMR vaccine for those who are eligible - this is linked to the rise in cases we have seen nationally and the UK Health Security Agency calling a national incident linked to lower levels of MMR coverage and recent outbreaks. Work in SCC and Surrey Heartlands continues with public health colleagues, GP practices and wider partners to raise awareness of the MMR vaccine and who is eligible, as well as signs and symptoms to look out for and where to seek help if needed. As well as amplifying messages through the media, social media and schools, GP practices in areas of lower uptake are also working to increase vaccination rates, all of which will be supported by the national catch-up campaign and the recently launched, national call/ recall programme, predominantly targeting children aged 6-11 years.



Connect to Support Surrey is a new online SCC directory to help residents connect to local support in their communities. They are able to search for the wealth of support available, such as food deliveries to their homes, transport options, help to stay active or feel less isolated, support for carers, home care and much more. Whatever the need, it's an invaluable resource for residents and family members, friends or professionals who support them. A campaign is underway to raise awareness of the new resource among residents and professionals; early indications are positive, with results to follow.



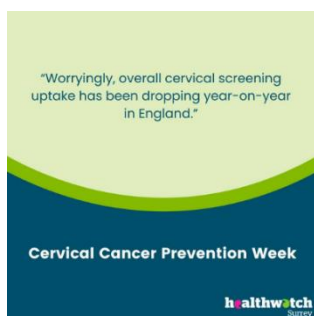
Communicating information and advice to residents affected by the ongoing industrial action, which has been affecting health services – this has included delivery by Surrey Heartlands and SCC of a comprehensive communications plan for each period of planned action, including media releases and bids, internal, external, stakeholder communications and social media to ensure people know how to seek help during periods of industrial action. This activity has included geotargeted campaigns targeted at communities who live in close proximity to an A&E, also including some Key Neighbourhoods and areas where people are more likely to experience health inequalities.

Clean Air Night – using both external and internal communications, SCC encouraged people to consider the health impacts of wood burning. SCC is a lead supporter of Clean Air Night, organised by the charity Global Action Plan, driving behaviour change in this area and shining a light on the uncomfortable truths about wood burning.

Priority 2

Wellbeing through nature – promoting the mental and physical benefits of engaging with nature. A social media campaign was implemented by SCC highlighting opportunities to engage, including volunteering, RSPB birdwatch, houseplants. Working with Surrey community groups to create video content and encourage people to share their nature wellbeing tips.

Cervical Cancer Prevention Week – several posts were put out in January regarding some work by Healthwatch England about cervical cancer screening take up, providing information for people and asking people to share their experiences regarding screening.



Gambling Harm – an SCC digital media campaign ran for 6 weeks in November and December 2023, which highlighted the gambling support available in Surrey. The campaign was targeted at both people who gamble and their friends and family. The campaign creative was developed with people with lived experience to ensure the messaging and imagery would engage people experiencing gambling harm. Evaluation showed that **456,000 people were reached** across Surrey with adverts during the campaign. **5,336 people clicked** on the ads for more information on [Healthy Surrey Gambling Harm page](#) during and after the recent campaign (November – December 2023), compared with 56 page views (March – October 2023).



Sleep hygiene: The SCC Surrey Big Sleep campaign is designed to develop a population level communications campaign for primary and secondary prevention, including sleep hygiene, self-help resources and available support services. This included running a population survey in late 2023 which aimed to explore sleep quality and sleep hygiene across the county. The survey attracted 201 participants. Most people reported their sleep quality as bad or fairly bad (61%) and 46% reported 5 or more nights/ week of sleep problems. Most people were found to plan or worry in bed. The majority of respondents have never received support (70%) or looked for information (37%) about sleep, such as that available on [Healthy Surrey](#). In summary, most participants have poor self-reported sleep quality; mostly, they reported waking up tired on more occasions than not, and finding that feeling tired affects their mood, concentration, and overall wellbeing. The survey attracted a largely female, white sample of people in their late 40s and 50s, in full or part time employment, indicating a need to focus on engaging with a more diverse set of residents and communities.



Priority 3

Opportunities to get involved – Healthwatch Surrey are ensuring people have the opportunity to have their say about local issues - this might be surveys, consultations etc. As an example, they promoted the consultation on proposals for the future location of very specialist cancer treatment services for children in this way and the End Stigma Surrey survey.



Forward planning

- As part of their ongoing work to improve compliance with the **Accessible Information Standard**, Healthwatch Surrey have now attended two initial meetings of the Surrey Heartlands Accessible Information Standard Working Group, now to be held every 2 months. The initial meeting started with an experience they had heard and escalated as a concern. Surrey Coalition of Disabled People also shared an experience. At the second meeting the 4 providers present discussed the work they are currently undertaking and also agreed to share some of their resources with each other. Surrey Healthwatch have since raised how GP practices and community pharmacies can be represented at these meetings, and how they are monitored for their compliance with the standard.
- SCC have approached Healthwatch Surrey to provide some benchmark insight into the journey **self-funders** have taken to arrive in a residential care home setting. This will help inform the development and understand the impact of the Planning for Your Future communications campaign aimed at

self-funders in the care market. The objective of the communications campaign is to help self-funders make the right decision about their future care at the right time. The research will also highlight what key information is needed by self-funders and develop the funding information that providers should have in place. Healthwatch Surrey have to date visited a number of residential and nursing homes and interviewed self-funders regarding their journey and have now launched a survey for people who are considering this step in the future.

- **The Health and Wellbeing Board Communications Group** consists of partners from across the system including Surrey County Council, NHS ICSs, SABP, Districts and Boroughs, Community Pharmacy, Surrey Police, Office of the Police and Crime Commissioner, Healthwatch, Surrey Coalition of Disabled People, Surrey Youth Focus, Surrey Community Action, Active Surrey. They will be working on the following campaigns in the next few months. If any of these are an area of interest to Board members, they would be pleased to hear any input you / your Communications Lead may have to develop these campaigns:
 - Stop Smoking
 - Domestic Abuse
 - Summer Health
 - Surrey Youth Games

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Surrey Pharmaceutical Needs Assessment 2025 - Proposed Delivery Plan
HWBS Priority populations:	The PNA has the potential to support outcomes for all Priority Population/s including residents in Key Neighbourhoods.
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	The PNA assesses need for all Surrey residents and relates to HWB Priority 1, 2 and 3.
HWBS Outcome:	Outcomes across the three priorities.
HWBS System Capability:	Integrated Care; Data, insights and evidence; Empowered and Thriving communities
HWBS Principles for Working with Communities:	Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Service Based interventions
Author(s):	<ul style="list-style-type: none"> • Ruth Hutchinson, Director of Public Health, Surrey County Council, ruth.hutchinson@surreycc.gov.uk • Louis Hall, Public Health Consultant, Surrey County Council, louis.hall@surreycc.gov.uk • Linda Honey, Director of Pharmacy, NHS Surrey Heartlands, Linda.honey1@nhs.net • Cassandra Ranatunga, Public Health Intelligence Manager, Cassandra.ranatunga@surreycc.gov.uk
Board Sponsor(s):	Ruth Hutchinson - Director of Public Health, Surrey County Council
HWB meeting date:	20 March 2024
Related HWB papers:	Please see "Surrey Pharmaceutical Needs Assessment (PNA) 2022", item number 35/22 presented at the Health and Wellbeing Board on Wednesday, 28 September 2022, 2.00 pm - Surrey County Council (surreycc.gov.uk)
Annexes/Appendices:	None

2. Executive summary

The Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a Pharmaceutical Needs Assessment (PNA). In view of the recent changes to pharmaceutical provision, including 16 closures, it is proportionate to reopen the PNA (last published in 2022) to conduct a comprehensive reassessment of pharmaceutical needs. This paper outlines the proposed scope and timeline for agreement by the Board.

3. Recommendations

1. To acknowledge the reopening of the Pharmaceutical Needs Assessment (PNA) and note this work will supersede the publication of an interim annual statement.
2. To agree the proposed measures (and provide a steer on additional measures) that will be used to assess pharmaceutical need in the Surrey PNA 2025 (see section 5, table 1).
3. To agree the timeline (see section 7, table 2) for publication for the Surrey PNA 2025.

4. Reason for Recommendations

Although the Surrey HWB delegated responsibility for overseeing the production of the PNA to the PNA Steering Group (PNA SG), it is crucial for the HWB to give a steer to ensure there is alignment between this work and the strategic priorities of the Surrey system (e.g. NHS Forward Plan, Health and Well-being Strategy, ICP strategies, Fuller Stocktake, Pharmacy First delivery).

5. Detail

Background

Every Health and Wellbeing Board in England has a statutory responsibility to assess the need for pharmaceutical services in its area and to publish (and keep up to date) a statement of its assessment, termed the pharmaceutical needs assessment (PNA). The legislation specifies that the PNA should describe and identify gaps in current (and future) service provision related to access. The PNA also provides useful information around how pharmacies might be better used to contribute to addressing the health needs of the local population.

The PNA supports decision making on market entry applications for new service providers of pharmaceutical services.

The assessment of service quality (e.g. medicines stock, staff expertise, waiting times) are outside the scope of the PNA.

The Surrey HWB delegated responsibility for overseeing the production of the Surrey PNA 2022 to the PNA Steering Group (PNA SG) consisting of key professionals from the Surrey Local Pharmaceutical Committee (LPC), Surrey Local Medical Committee (LMC), Integrated Care Board (ICB), Public Health, the Surrey County Council communications team and Healthwatch.

There are additional duties for the HWB which include maintaining an up-to-date map of premises at which pharmaceutical services are provided and making written representations to the commissioners relating to certain notifications of pharmacy changes. These are delegated to the Public Health Intelligence and Insights Team (PHIIT).

6

Local Context

The last Surrey PNA was published in 2022 and concluded:

- *There are no gaps in necessary services in Surrey*
- *There are no identified needs for additional pharmaceutical services, or enhancements to current arrangements across the county that would secure improvements or better access to services.*

A PNA is routinely revised every three years. However, it may be appropriate to reopen the needs assessment if there are changes to the local population or services sufficient enough to warrant it. An alternative, to reopening the full report is to produce a supplementary statement which reflects the impact of the changes and forms part of the PNA but does not require it to be reopened.

Since the publication of the PNA in 2022, the HWB have been notified of 16 pharmacy closures in Surrey (1 distance selling pharmacy and 15 community pharmacy (9 Lloyds in Sainsbury's pharmacies and 6 Boots pharmacies)), 4 pharmacies have consolidated with a nearby location and 2 new distance selling contractors have been approved for opening.

Over the past 24 months the closures described above have occurred intermittently and the impact of each was considered individually, with a view to producing a supplementary statement if the change created a new gap in pharmaceutical provision. In view of the volume of closures, it is now proportionate to reopen the full PNA to assess the cumulative impact of these changes and conduct a comprehensive reassessment of pharmaceutical need. A review also appears timely considering the potential evolution of the role of pharmacies through emerging schemes such as [Pharmacy First](#) and the delivery of the next steps in Fuller Stocktake [report](#), particularly 'Delivering the change our patients and staff want and need: improving same-day access for urgent care'.

Proposed scope of the Surrey PNA 2025

The minimum information to be contained in PNAs is set out in Schedule 1 of [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](#) and Regulation 9 outlines additional matters

for consideration when making assessments. However, it is also stated that ‘*health and wellbeing boards are free to include any other information that is felt to be relevant*’

Table 1 provides a summary of proposed measures to used to assess pharmaceutical need in the Surrey PNA 2025. Some of these are repeated from the previous PNA published in 2022 and some are proposed additions. The Board are asked to agree the measures listed and to suggest additional measures for inclusion.

Table 1: Proposed measures for inclusion in Surrey PNA 2025.

Proposed measures to assess pharmaceutical need in the Surrey PNA 2025.	Was this measure used in the previous PNA?	Comments
The number of pharmacies per 100,000 population by area	Yes	Gives a crude indication of whether there are enough pharmacies for the population. There is no nationally or locally set target for this measure because the expectation will vary based on local geography and population need.
Dispensing activity levels	Yes	Gives a crude indication of demand.
Opening hours and opening times (number of hours contracted, provision on weekdays, evenings, weekends)	Yes	Gives an indication of the provision of services at different times of the day and week. The SG (on behalf of the HWB) need to determine whether out of hours access will constitute a gap in provision.
Access <ul style="list-style-type: none"> - Distance (the 2022 PNA used one and five mile distances) - Travel time catchments (the 2022 PNA considered five to 20 minute intervals from pharmacy points.) 	Yes	Gives an indication of how far/ long residents have to travel to access a local pharmacist. There is no nationally or locally set standard of what is acceptable as expectation will vary based on factors such as rurality, car ownership, availability of distance selling pharmacy and alternate services available. The SG (on behalf of the HWB) need to determine appropriate distances for consideration in the 2025 PNA.
Car ownership	Yes	Gives an indication of the proportion of residents who may be less reliant on public transport to access pharmacies, particularly useful in considering needs after hours and/ or in rural areas.
Demographic variables <ul style="list-style-type: none"> - Protected characteristics (and 	Yes	As per the 2013 regulations and 2021 DHSC guidance document.

any other identified groups) - Population density - Rural and urban areas and population - Age profiles - Index of multiple deprivation		
Population projections	Yes	As per the 2013 regulations and 2021 DHSC guidance document.
Number of households and planned housing growth	Yes	As per the 2013 regulations and 2021 DHSC guidance document. Gives an indication of population growth areas in each locality. There is no nationally or locally set target for this measure because the expectation will vary based on local geography and population need. For the 2025 PNA The SG (on behalf of the HWB) need to revisit and determine how best to consider the impact of planned housing developments on need.
Health needs of the population (e.g. mortality, morbidity including asthma, COPD, diabetes, stroke. Physical activity levels, obesity)	Yes	As advised in the DHSC guidance document.
Dispensing activity of each pharmacy/ locality	Yes	As advised in the DHSC guidance document.
Service provision - Essential - Advanced - Enhanced	Yes	As advised in the DHSC guidance document, includes identification of which services are deemed "necessary").
Other relevant services (e.g. public health locally commissioned services and other NHS providers in Surrey)	Yes	As advised in the DHSC guidance document.
Surveys of patients and the public	Yes	Strongly recommended in the DHSC guidance document.
Surveys of community pharmacy contractors and others providing relevant services		As advised in the DHSC guidance document.
Access to residents living in Key Neighbourhoods	No, new proposed measure	Further details TBC. Proposed consideration of these residents who are priority as outlined in the

		Surrey Health and Well-being strategy .
Assessment of unmet need	No, new proposed measures	Further details TBC. Many of the previous measures are focused around demand for pharmaceutical services. PNA SG to explore how best to measure unmet need of Surrey residents.

6. Opportunities/Challenges

The most significant challenge is the time it takes to complete the work. The Regulations outline a number of steps (with mandatory timescales) that make a timely publication difficult. The suggested length of delivery by national guidance is 55 weeks. The Board is asked to acknowledge and agree to the timeline proposed in Section 7 (below).

7. Timescale and delivery plan

The below timeline for the delivery of the Surrey PNA 2025 has been developed in compliance with steps proposed in the DHSC Information pack for local authority health and wellbeing boards (referred to as the guidance document) and acknowledging the need to produce a timely report.

Table 2: Proposed timeline for the delivery of the Surrey PNA 2025.

	2024									2025				
	A pri l	M ay	Ju ne	J ul y	Aug ust	Septe mber	Oct ober	Nove mber	Dece mber	Jan uary	Febr uary	Ma rch	A pri l	M ay
1. Planning, review and governance	■	■												
2. Patient/ public & contractor questionnaires	■	■	■											
3. Data collection and preparation		■	■	■										
4. Drafting PNA content			■	■	■	■	■							
5. Consultation draft signed off							■	■	■	■				
6. Formal consultation									■	■	■			
7. Finalise & publish PNA												■	■	■

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

Healthwatch Surrey are a member of the PNA SG to ensure the views of residents are considered at every stage of development. Key steps in the development of the PNA are the patient survey (approach taken to collect the views of Surrey residents, pharmacy contractors and dispensing GP practices) and the 60-day formal

consultation period to ensure the final outcome adequately reflects the needs and views of the Surrey population.

9. Next steps

- The PNA Steering Group will begin the development of the Surrey PNA 2025 and work towards the agreed timeline outlined in Section 7.
-

Questions to guide Board discussion:

- What measures would the HWB like to be considered when assessing pharmaceutical need, acknowledging that service quality is out of scope of the PNA?

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Surrey Heartlands System Planning: Joint Forward Plan Update 2024
HWBS Priority populations:	All
Assessed Need including link to HWBS 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
HWBS Outcome:	The Joint Forward Plan supports outcomes across the 3 Priorities of the Health and Well-being Strategy and the Prevention Ambition of the Integrated Care Strategy.
HWBS System Capability:	The Joint Forward Plan supports the system capabilities in the Health and Well-being Strategy and the Integrated Care Strategy.
HWBS 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):	<ul style="list-style-type: none"> • Sue Robertson, Associate Director of Strategic Planning and Integrated Assurance, NHS Surrey Heartlands, sue.robertson@nhs.net • Kathryn Croudace, Head of Strategic Planning, NHS Surrey Heartlands, k.croudace@nhs.net
Board Sponsor(s):	Karen McDowell, Chief Executive, Surrey Heartlands ICS and ICB
HWB meeting date:	20 March 2024
Related HWB papers:	Item 11 - System Planning SH Draft Joint Forward Plan 2023 - 2028.pdf (surreycc.gov.uk)
Annexes/Appendices:	Annex 1 - Executive Summary from Joint Forward Plan Update 2024 (Version 1.4) Annex 2 - Health and Wellbeing Board Statement 2023

7

2. Executive summary

National guidance requires that Joint Forward Plans are refreshed and republished each year in March. As the initial plan was published less than a year ago, in June 2023, we have conducted a 'light touch' refresh for March 2024, retaining the existing format, whilst taking the opportunity to strengthen and update three areas which were less developed last summer: **Prevention, Provider Collaboratives and Sustainability & Productivity**.

The Joint Forward Plan supports the Health and Well-being Strategy Outcomes and the 3 Ambitions of the Integrated Care Strategy and their delivery.

3. Recommendations

The Board is asked to:

1. Note 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. Provide an opinion statement of the plan.
3. Note that the next annual update of the plan will be provided in March 2025.

4. Reason for Recommendations

The Board's opinion of the Joint Forward Plan 2024 forms part of the development process and will be included in the published plan.

5. Detail

Surrey Heartlands first Joint Forward Plan (JFP) was published on 30 June 2023, following wide stakeholder engagement during late 2022 and early 2023. Public engagement activities have continued during 2023. National guidance requires that Joint Forward Plans are refreshed and republished each year in March.

As the initial plan was published less than a year ago, we have conducted a 'light touch' refresh for this update, retaining the existing format, whilst taking the opportunity to strengthen and update three areas which were less developed last summer. These are:

- Prevention
- Provider Collaboratives
- Sustainability & Productivity

Updated national guidance, plan content and milestones have been reviewed. The updated draft document has been widely circulated for review by system partners, prior to recirculation to our Boards for formal approval. As last year, the Plan has

also been shared with NHS England, although they do not have a formal assurance role for the JFP.

National guidance requires that Joint Forward Plans include an opinion statement of the plan from Health and Wellbeing Boards. Version 1.4 currently includes the Health and Wellbeing Board's contribution from the first JFP, in readiness for the update.

Annexes provided:

1. **Executive Summary** from the full document, including a Plan on a Page
2. **Health and Wellbeing Board Statement** from the 2023 Joint Forward Plan.

There will be an updated Summary Plan - co-designed for a public audience published alongside the JFP on the Surrey Heartlands' website on 28 March 2024.

The current Summary Plan can be found on the Surrey Heartlands website: <https://www.surreyheartlands.org/joint-forward-plan-2023-to-2028-summary>

6. Opportunities/Challenges

The Joint Forward Plan has been developed iteratively to create a plan which is representative of the ambitions of the system and our partners. Challenges are set out in the Executive Summary as the 'wicked problems' jointly faced by the system.

7. Timescale and delivery plan

The plan will be published by 28 March 2024. Drafts have been widely shared with system partners during development, from January 2024 onwards, including updates to the Integrated Care Partnership.

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

The IC Strategy and Joint Forward Plan have drawn on extensive system engagement carried out by Surrey's Communications, Engagements and Research teams in late 2022 and throughout 2023. Thematic analysis identified broad themes which were developed into a survey for Surrey's Citizens' Panel of 2,000 people. Key findings and developments have been included within the JFP.

Building on the 'Reading Panels' conducted with partners and through Healthwatch Surrey's VCSE Voice Group in 2023, engagement and comments have been sought on the JFP 2024 update. Improvements and suggestions for development have been incorporated. Updates have also been discussed through the Integrated Care Partnership.

Engagement is also undertaken through relevant individual programme areas and our Places in support of local and co-ordinated communication and engagement plans.

All activities are undertaken with the Health and Wellbeing Board's principles for 'Working with Communities' in mind:

- 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'

9. Next steps

- Joint Forward Plan formally agreed through Surrey Heartlands NHS Trust and Foundation Trust Boards, and the Integrated Care Board during late February and March 2024.
 - Inclusion of the updated Health and Wellbeing Board's opinion statement of the revised Joint Forward Plan (in line with requirements) by 27 March 2024.
 - Summary and full versions of the plan published on the Surrey Heartlands ICS website by 28 March 2024, with accessible versions.
 - The Joint Forward Plan will be refreshed annually in March, with the next update therefore to be presented to the Health and Wellbeing Board in March 2025.
-

Questions to guide Board discussion

- Is the purpose of the Joint Forward Plan clear?
- Does the Joint Forward Plan demonstrate how the Plan and the IC Strategy from which it is drawn align with the Surrey Health and Wellbeing priorities?

SURREY HEARTLANDS JOINT FORWARD PLAN

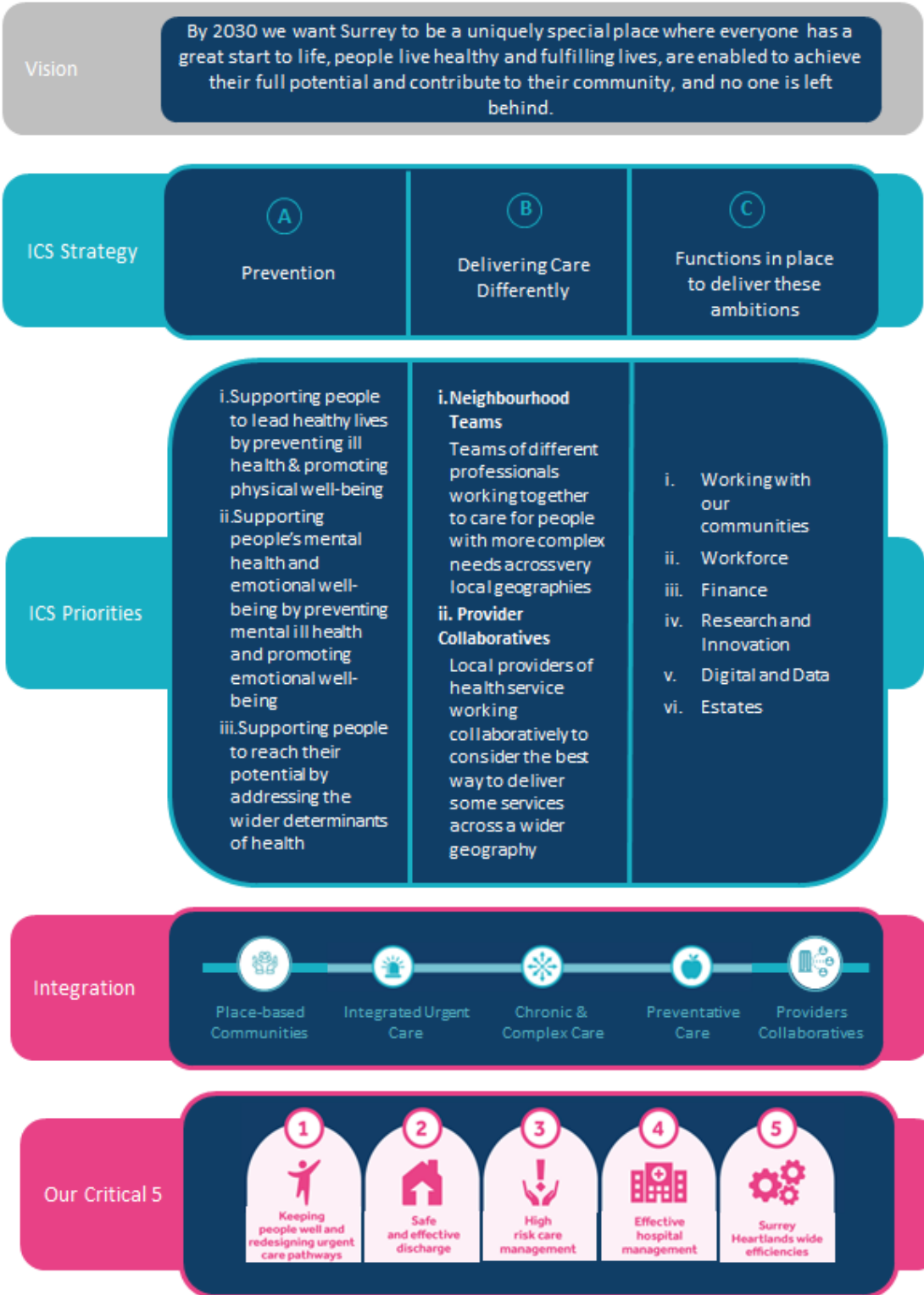
2023 to 2028

Updated Draft – expected
publication end March 2024

v1.4

16 February 2024

One System, One Plan



Executive Summary

Only by taking a collective responsibility across our partnership will we be able to achieve the step-change in outcomes, for all our communities, that we want to see.

Our [Integrated Care Strategy](#) describes how we intend to meet the health and wellbeing needs of local people, building on existing collaboration. This is about promoting the right partnerships – at System, Place and Neighbourhood level – that will lead to improvements in health and wellbeing and the socioeconomic conditions of local people. Our strategy reinforces the importance of prevention and keeping people well, as the major catalyst for change.

The strategy is based on **three ambitions** that reflect where we are and what our populations have told us, so that ‘no-one is left behind’. These set out our key areas of focus with significant emphasis on reducing inequalities.

1. Prevention
2. Delivering Care Differently
3. What we need to deliver these ambitions

This our second Joint Forward Plan. We describe how we will move towards realising [our vision](#) for people’s health and wellbeing and start delivering our strategy. It builds on work already underway through the [Community Vision Surrey in 2030](#) and the [Surrey Health and Wellbeing Strategy](#), focusing on the prevention of ill health and the greater integration of health and care services including the wider public and voluntary sectors, reflecting the NHS Mandate and what local people are telling us. It sets out how we will deliver local health and care services alongside broader care delivery, focusing on **the first two years** of our strategy.

We know that **clinical care alone** only makes around a [20% contribution to health and wellbeing](#) with a 30% contribution from **individual health behaviours**; the rest (the **wider determinants of health**, excluding genetic and hereditary factors) is influenced by things such as education, housing, employment, and the environment.

This plan describes our strategic delivery plans through our wider partnerships and the work we are doing across our four Places and local neighbourhood teams, shifting the focus from treating sickness to collectively using our resource to focus on prevention and keep people healthier. Positive intervention in a child’s life represents prevention in their life as an adult, interventions which should be made at the earliest opportunity from pregnancy onwards.

We will put greater focus on prevention and targeting support where it’s most needed:

- Working proactively with our communities to support people to lead healthy lives
- Providing more personalised care
- Working together to offer a wider range of support closer to people’s homes

In doing so, we will achieve the ICS four purposes:

1. Improve outcomes in population health and healthcare,
2. Tackle inequalities in outcomes, experience and access,
3. Enhance productivity and value for money,
4. Help the NHS support broader social and economic development.

Overall, our health and care needs are changing, our lifestyles are increasing risk of preventable disease and affecting our wellbeing, we are living longer with more multiple long-term conditions like asthma, diabetes and heart disease and the health inequality gap is increasing. Population Health Management helps us understand – at system, ‘Place’ and neighbourhood - current health and care needs, creating informed predictions of what people need to help prevent ill health. We will increase personalised care, designing more joined-up services and incorporating our [working with communities principles](#), to make best use of our collective resources and improve people’s overall health and wellbeing.

Through social research and local insight, we know our combined efforts are making a difference. For example, improved access and communication to and from primary care, greater experience of personalised care and improved experience of integrated adult social care. Local people have highlighted common themes to inform our ambitions, including the need for more health and care integration, better access to services and the importance of supporting our valued workforce.

These strategic ambitions are a key part of our [One System, One Plan](#) framework – a single view of transformation and recovery which is reflected in the plans and strategies of all partners. Embedded within these is the vision from the [‘Next steps for integrating primary care: the Fuller Stocktake’](#) to:

- streamline access to care and advice for people and ensuring care is always available in their community when they need it
- provide more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs
- help people to stay well for longer as part of a more joined-up approach to prevention.

To achieve our ambitions, we need to create **the right conditions for success**. This includes how we work with communities enabling them to lead locally driven change, involving and listening to what people are telling us, progressing digital ambitions and use of data, and developing a workforce with the right culture, skills, training and leadership.

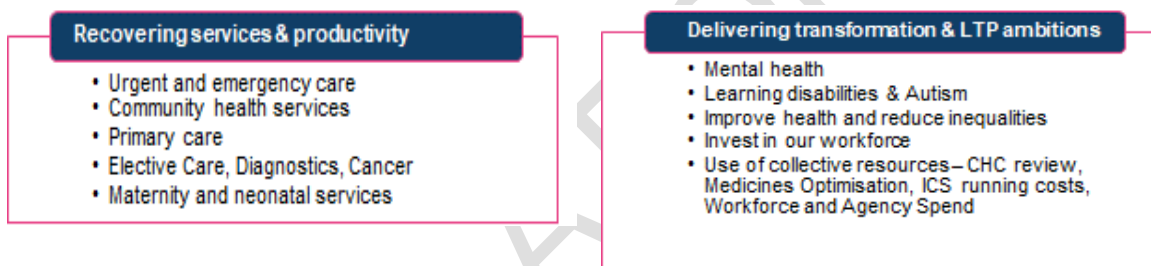
Our Trust Provider Collaborative, was formally established in summer 2023, working together, as experts in service delivery, to address immediate challenges and deliver longer-term service transformation to ensure future quality, workforce and financial sustainability.

In 2028, when we have delivered this plan, our population will benefit from the [priority outcomes](#) detailed in [our strategy](#) and experience.

- Increased services focusing on prevention, providing communities with the right access to preventative support.
- Integrated Neighbourhood Teams shaped and designed by partners from across the health and care spectrum – statutory, voluntary, community and social enterprise organisations.

- Improved access to same-day urgent care, general medical practice and general dental practice, enabling Neighbourhood Teams to take an active role in creating healthy communities by working with local people, and developing closer relationships with local authorities, voluntary and community sectors.
- Streamlined access to integrated urgent, same-day care and advice from expanded multi-disciplinary team, using data/digital technology to find patients the right support.
- Our ‘Team of Teams’ will have the physical space to work together in their neighbourhoods.
- Multidisciplinary teams with new skills and capabilities, through successful recruitment, retention and learning to support the communities they serve.
- Digital technology and data underpinning how our teams work, how our communities interact with us and how we analyse and use data to continuously improve services.
- Health on the high street driving town centre reimagination through our health diagnostic offer and positive economic impacts driven by the ICS supply chain helping to deliver sustained socio-economic outcomes.

Over **the next two years**, we will continue to deliver against the national NHS priorities:



Across these priorities we will be considering what we do at an individual level to provide more preventative and personalised care, how we work within our neighbourhood teams, across our larger Place partnerships and the wider health and care system.

We will focus on prevention and tackle what will make the most difference to people’s lives **over the next three to five years** by continuing to **integrate the four pillars of primary care services**; bringing together general medical practice, community pharmacy, general dental care services and optometry, alongside other health services and personalised care for people and families, where they live.

Above all, we need to be bold in our approach, leveraging our collective efforts as partners to transform what, where and how we provide care and work with local communities so they can take more control of their own health and wellbeing.

The deliverables set out in this plan are based on what needs immediate attention, and for which funding in the coming year has been identified. Therefore, the first two years of the plan contain the most detail. Other schemes may require business cases to be developed, to seek additional funding, before they can be delivered. We describe longer term aspirations (3-5 years) as ambitions. These will be reviewed each year when this plan is updated, and future funding allocations are confirmed.

Our wicked problems

We are operating in a financial landscape that is challenged and is not likely to get easier in the near future.

- **How we focus activity and funding on prevention and tackling health inequalities** in a challenged operational and financial landscape.
- **Social care demand and complexity has overtaken funding levels**, resulting in higher acuity for those admitted and greater difficulty in discharging from acute settings.
- **An older population** – Surrey has 20% more people aged 80+ than the rest of England meaning a large frail population with greater needs and complexity.
- **Service recovery**– high volumes of planned and emergency care, including delays in care and presentation continue following the pandemic and significant industrial action by clinicians during 2023 and early 2024.
- **Fragmented acute landscape** – high number of hospitals resulting in duplication and smaller scale operations, plus multiple middle- and back-office functions and non-consolidated estate.
- **Over reliance on private sector** – high number of non-NHS independent providers undertaking high margin cost activity, removing private revenues from the ICS.
- **Lack of specialised care, compounded by proximity to London** – due to lack of highly specialised care in the ICS, alongside ease of access to London and other areas, a large proportion of activity occurs outside the ICS (£247m London spend 2021).
- **Funding for increased mental health conditions prevalent locally** – we receive less funding from national allocations, based on assessment of low complexity and need in our population, due to focus on psychosis, and less consideration for other conditions (like eating disorders) where we have higher prevalence.
- **Supporting other areas** – providers serve multiple ICSs including Frimley, Kent and Sussex.
- **Our workforce capacity is concentrated in acute settings, with more scarcity in community, primary care and social care partners**, meaning we don't have the right people in the right place to deliver the models of care we aspire to.
- **Surrey cost of living, access to affordable accommodation, variable education provision within the county and inflexible working options** adds further hurdles to building an effective workforce supply.
- **Running cost reductions** – achieving success while streamlining workforce and other costs.
- **System Flow** – high levels of demand and reduced capacity in care settings and effective discharge result in longer patient journeys through our system and challenging environments for our workforce.
- **System maturity** – whilst we have good relationships across our partners, and bold ambitions, we have variable maturity in how we work together to transform, integrate and manage our services day to day.
- **Addressing access and continuity of care** – we continue to see service users experiencing challenges and delays in accessing some services and fragmented care.

We consider the most effective way to address these financial constraints and improve outcomes is the closer integration of health and social care, with less reliance over time on large hospitals and traditional care models, to sustainably address health inequalities.

Building on our success

We have seen many improvements and achievements in year one of this Joint Forward Plan, despite the challenges of the pandemic recovery, industrial action by clinicians and financial constraints.

- **Prevention** - A range of projects are being delivered through the No One Left Behind Skills and Employment Network to provide targeted support those furthest from employment and Local Area Coordinators are active in a number of Key Neighbourhoods
- **Keeping well** - Short term extension of Changing Futures funding until 2025 allowing further delivering and good outcomes being delivered for those experiencing multiple disadvantage
- **Ageing well** – Neighbourhood teams have developed further support for people living with frailty, ensuring those who are ageing and living with long term conditions have a Personalised Care Plan based on what is important to them utilising the wider community assets.
- **Primary Care access** - Patients can submit online requests to 97% of our GP surgeries via the NHS App
- **Carers** - In 2023/24 the number of carers assessments completed by Surrey County Council has increased by 29%, carers support plans created increased by 40% and carers support plans reviews increased by 23%.
- **Children and young people** - Growth of voluntary sector support for children's emotional wellbeing and mental health including to Young Carers and new crisis care support pilot for children with a learning disability or autism
- **Cardiovascular Disease** - Learning from our system partner's Healthy Heart Project (which was part of wider NHS Health Checks service commissioned and led by Public Health), an outreach project delivering free blood pressure and atrial fibrillation checks for those aged 35+ and no known CVD diagnosis
- **Diabetes** - Increased referrals and uptake in NHS Diabetes Prevention Programme.
- **Developing fulfilling careers** – 38 prospective volunteers have started our volunteer training programme, 41 international Allied Health Care Professionals have been recruited and 6 new candidates have started the nursing associate training programme for developing community nursing.
- **Quality of care** - Continued improvements for all our providers who require support to achieve regulatory assurance.

Using our collective strengths and assets, we will measure success through our achievements, performance measures, plus patient and user experience. This Joint Forward Plan (JFP) sets out how we will deliver our strategic ambitions by 2028:

- | | |
|-----------------|---|
| ▪ Introduction | About Surrey Heartlands |
| ▪ Chapter One | Ambition 1: Prevention and Keeping People Well |
| ▪ Chapter Two | Ambition 2: Delivering Care Differently |
| ▪ Chapter Three | Ambition 3: What we need to deliver these ambitions |

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Annex 2 - Extract from Surrey Heartlands Joint Forward Plan – June 2023

Surrey Health and Wellbeing Board statement on Surrey Heartlands Joint forward plan:

The Surrey Heartlands Joint Forward Plan (JFP) is welcomed by the Surrey Health and Wellbeing Board due to its shared focus on prevention and close alignment with the ambitions of the Surrey Health and Wellbeing Strategy (HWBS) to reduce health inequalities. This is reflected in the common understanding of Priority Populations and Key Neighbourhoods between the Joint Forward Plan, the Integrated Care Strategy and HWBS.

The shared intent to further grow community led ways of working alongside both service and civic / system programmes is a further exciting opportunity that Health and Wellbeing Board partners are adopting and will complement the similar focus in the JFP. It is encouraging to see the examples of collaborative working referenced through e.g., the work on Multiple Disadvantage and Green Social Prescribing, alongside programmes that are examples of community led approaches at a geographic level such as Growing Health Together. We look forward as a board to improving our shared understanding of the importance and impact of such programmes in relation to health outcomes and reducing inequality so that they can be embedded longer term. This will be important as our collective understanding of what it means to focus on prevention continues to grow and mature.

It is clear that there are already some joint opportunities for this, for example, through use of our local Better Care Fund and [Mental Health Investment Fund](#) and we look forward to exploring and learning from these and other innovative ways of working together. Finally, underpinning all of the above, we recognise the importance of ensuring that delivery of the Surrey Data Strategy enables better sharing of data as well as improving our understanding of both need and impact in relation to the delivery of the preventative programmes in Surrey.

26 June 2023

To be updated for March 2024

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership/Integrated Care Board Governance Review
HWBS Priority Populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	Governance of delivery of Priority 1, 2 and 3 of Health and Well-Being Strategy and Ambition 1, 2 and 3 of Surrey Heartlands Integrated Care Strategy (ICP)/Surrey Heartlands Joint Forward Plan (ICB)
HWBS Outcome:	All
HWBS System Capability:	All
HWBS 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):	<ul style="list-style-type: none"> • Sara Saunders, Interim Health Integration Policy Lead - Health and Care Integration, Surrey County Council, healthandcare@surreycc.gov.uk • Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Surrey County Council
Board Sponsor(s):	<ul style="list-style-type: none"> • Cllr Bernie Muir, Chair, Health and Wellbeing Board • Cllr Tim Oliver, Chair, Surrey Heartlands Integrated Care Partnership • Ian Smith, Chair, Surrey Heartlands Integrated Care Board • Karen McDowell, Chief Executive, Surrey Heartlands Health and Care Partnership
HWB meeting date:	20 March 2024
Related HWB papers:	N/A
Annexes/Appendices:	Appendix 1 – Statutory Functions of ICSs, ICBs, ICPs and HWBs

2. Executive summary

The Health and Care Act 2022 established 42 Integrated Care Systems (ICSs) across England. The Surrey Heartlands ICS was formed on 1 July 2022 and consists of two statutory elements those being the Surrey Heartlands Integrated Care Board (SHICB,) which is the NHS statutory body, and the Surrey Heartlands Integrated Care Partnership (SHICP) which is a statutory committee jointly formed between SHICB and Surrey County Council (SCC), as the upper-tier local authority. Alongside the continued role of the Surrey Health and Wellbeing Board (HWB) which was established in 2012, these boards have been working in this arrangement for the past twelve months.

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Currently, SHICP, SHICB and the HWB meet separately on regular basis. In addition, the Frimley Integrated Care Partnership (which covers parts of Surrey) meets separately (on a six-monthly basis). Since the introduction of the Integrated Care Systems in 2022, due to the Surrey geography, this has resulted in an element of duplication of membership within these respective fora within Surrey and Surrey Heartlands. It has also been recognised by respective Chairs that there is a risk of overlap and potential duplication of purpose within meetings, particularly with regards to the HWB and SHICP. Following a review of practice in other areas and some initial discussion between the board's chairs, this paper proposes a package of recommendations to increase efficiency, reduce duplication and allow for more effective collaborative engagement and decision making on key issues.

These boards play differing but crucial roles in the pursuit of integrated, person-centred service provision, system change and community led action that reduces health inequality, improves health and wellbeing (including amongst the Health and Well-Being Strategy's Priority / Surrey Heartlands' [CORE20PLUS](#) Populations) and addresses the wider determinants of health across a wide range of system partners.

As the focus on achieving greater alignment at all levels of delivery and strategic oversight increases, it is imperative to review and assess how the component parts are working to enable this. Reviewing governance functions so they are efficient and effective, reduce duplication and maintain focus on delivery for residents, particularly those experiencing health inequalities, will ensure that Surrey is well positioned to deliver against its clear strategic aims and implement its delivery plans.

3. Recommendations

That the HWB approve the following:

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.

4. Reason for Recommendations

These recommendations are intended to ensure local system governance supporting delivery of the Health and Well-Being Strategy, SHIC Strategy and SH Joint Forward Plan is configured in the most effective and efficient way to support and ensure effective delivery, avoid duplication and make best use of the input of system partners.

5. Detail

The scope of this paper with regards to local system governance is the configuration, organisation, and co-ordination of the:

- Surrey Health and Wellbeing Board (HWB), the
- Surrey Heartlands Integrated Care Partnership (SHICP) and the
- Surrey Heartlands Integrated Care Board (SHICB).

Included in the implementation scope will be any implications for sub-committees and major programmes which include these boards within their governance.

Whilst not in scope it is recognised that given their impact upon health and wellbeing and reducing health inequalities will mean any resulting changes in approach will need to continue to build links with the delivery and respective governance of Surrey's Greener Futures and Economy and Growth Boards.

Sponsors and Senior Responsible Officers (SROs):

The joint sponsors of this proposed change to governance are:

- Cllr Bernie Muir, Chair, Health and Wellbeing Board
- Cllr Tim Oliver, Chair, Surrey Heartlands Integrated Care Partnership
- Ian Smith, Chair, Surrey Heartlands Integrated Care Board, and
- Karen McDowell, Chief Executive, Surrey Heartlands Health and Care Partnership

The joint SROs overseeing the work are:

- Lucy Clements, Health Integration Policy Lead; and
- Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Health and Wellbeing Team, Public Health.

Context

In recent years, the landscape with regards to health and wellbeing alongside health and social care delivery at a local level has undergone a significant transformation, marked by the emergence of Integrated Care Systems (ICSs), whose core parts include Integrated Care Partnerships (ICPs) and Integrated Care Boards (ICBs), and the continued role of Health and Wellbeing Boards (HWBs).

It is widely accepted that ICS governance is complex. Local Authority and NHS leadership are actively developing ICS governance frameworks, and the new style of working it involves, adapting pre-existing structures and arrangements that the Health and Social Care Act 2012 established for very different purposes. This is being done with the planned benefit of significant local discretion in the absence of detailed and prescriptive guidance or national governance framework for ICSs; allowing an element of permissiveness in approach to exist. This means that Surrey Heartlands ICS governance arrangements are inevitably in a state of flux and are being constantly reviewed.

Currently, the ICB, ICP and HWB meet separately. However, there is an element of duplication of membership within these respective fora. In addition, it has been recognised by respective Chairs that there is a risk of overlap and potential duplication of purpose within meetings, in particular with regards to the HWB and Surrey Heartlands ICP. Consequently, it has been requested by the Chairs of those boards that options be explored to determine if there is a way to better align and streamline governance in this area to increase efficiency, allowing for more collaborative strategic direction setting and decision making, with adequate assurance flows to be in place.

Alignment at strategic, operational and delivery levels is undoubtedly the right thing to do, however, to be effective and draw the most out of system partners, responsibilities need to be clear in order to avoid ambiguities and duplication between partners. It is necessary to establish an architecture that delivers respective statutory and related functions without compromising established partnership relationships with stakeholders.

The opportunity and key consideration in the appraisal of the options Chairs have considered was that increased alignment and effective collaboration is essential to meeting the objectives of both the SHIC Strategy and the Surrey Health and Wellbeing Strategy. Should new working arrangements between Boards be agreed and implemented, they should:

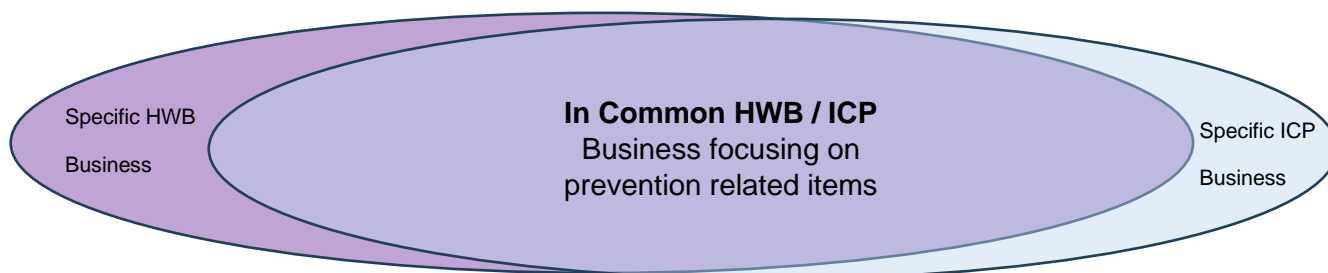
- Optimise the delivery of Surrey Health and Wellbeing Strategy, SHIC Strategy and SH Joint Forward Plan
- Support and enhance the delivery of integrated health and social care, wider outcomes relating to prevention, and the wider determinants of health
- Continue to meet their statutory obligations.

Proposal

1. 'Combine' Surrey HWB and SHICP

The recommended option is that a committees in common approach is taken with the development of a high-level partnership for integrated health and social care and health and wellbeing across Surrey (an overarching authority). A single membership sitting in common with the meeting potentially delivered in three parts.

It is noted that the HWB covers a larger geography than SHICP and includes representatives from Frimley Health and Care.



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2. To streamline agendas and planning across all three boards

To be as efficient as possible across the 'combined' HWB and SHICP and SHICB.

To achieve this it is proposed that:

- The meetings take place on the same day in the same venue to be as efficient as possible for any shared membership, and
- There is tight co-ordination across agenda planning to eliminate potential duplication,
- All the boards undertake in the interim to ensure that agenda items are either to receive assurance, seek direction/commitment and/or to make decisions and that the detail of the work and the associated partnership dialogue is delegated to sub-committee level.

It is proposed that these changes are implemented from May 2024.

6. Opportunities/Challenges

Opportunities:

- To continue to evolve the maturity of the overarching system governance and its structures alongside a shared focus on delivery of strategic aims and delivery plans.
- To focus on the culture of integration and system partnership required at all levels to achieve sustainable models that meet the integrated health and social care and health and wellbeing needs of Surrey residents.
- Reinforce accountability and transparency in decision making.

- Be more agile in identifying and responding to emerging challenges and population needs.
- Ensuring the arrangements make sense to our residents and are as navigable as possible where decisions are required.

Challenges:

- It has been identified in the appraisal process that a review of membership may lead to fewer individuals participating with specialised knowledge or expertise in specific areas relevant to healthcare, social care and population health which could impact on the boards ability to make informed decisions on complex issues and address emerging challenges.
- To mitigate this risk, it is proposed that the boards ensure that there is the relevant, agreed subject matter knowledge and expertise from appropriate organisations in the sub-committees who feed through decisions to be made to the boards.
- Secretariat functions will need to be aligned and combined.
- There is a need to assess impact of these changes on any sub-committees or programmes feeding into the boards.
- There is a need to assess impact on other governance structures within statutory organisations.

7. Timescale and delivery plan

It is proposed to implement these changes from May 2024.

An implementation group overseen by the SRO will plan and manage the transition.

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

This paper is the first point of engagement with those members of the boards directly impacted by the proposed change.

There are a wide range of stakeholders through the respective membership and connected committees/forums impacted. An Implementation Group has started to map stakeholders and develop a supporting communication plan.

9. Next steps

- Timescales for completing the transition – May 2024
 - This paper will be presented to the SH ICP ahead of May 2024 and with the SHICB.
 - If the decision is not supported by all boards, then the respective chairs will reconvene to consider the feedback and agree next steps.
 - If the decision is supported, then it is proposed that there is an active review process six months post change, to consider whether it has been successful in achieving the stated aims.
-

Questions to guide Board discussion:

- Do you support the proposal to merge the HWB and SHICP?
- What further opportunities does a merger bring?
- What further challenges does a merger bring?
- Any opportunities/challenges relating to the relationship of merged HWB/SHICP and the SHICB?

Appendix 1 - Statutory Functions of ICSs, ICBs, ICPs and HWBs

Organisations	Statutory functions
<p>Integrated Care Systems (ICS)</p>	<p>ICSs were legally established on 1 July 2022 following the passage of the 2022 Health and Care Act. These new arrangements build on partnerships that were already in place across the country.</p> <p>They aim to:</p> <ul style="list-style-type: none"> a/ Improve outcomes in population health and healthcare; This is a key distinction with HWB who focus on Priority Populations, Core 20 Plus 5, and wellbeing; b/ Tackle inequalities in outcomes, experience and access; c/ Enhance productivity and value for money; and d/ Help the NHS support broader social and economic development. <p>Statutory ICSs comprise of two key statutory components:</p> <ul style="list-style-type: none"> • Integrated Care Boards (ICBs): statutory bodies which are responsible for planning and funding most NHS services in the area. • Integrated Care Partnerships (ICPs): statutory committees which bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.
<p>Integrated Care Boards (ICB)</p>	<p>An ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision</p>

	<p>of health services in a geographical area. It takes over the functions previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England. DPHs have a duty to provide advice.</p>
<p>Integrated Care Partnerships (ICP)</p>	<p>An ICP is a statutory joint committee of the ICB and upper tier local authorities in the area. It brings together a broad set of system partners to support partnership working.</p> <p>Its main statutory responsibility is to develop an ‘integrated care strategy’, a plan to address the health care, public health and social care needs of the population.</p> <p>There is significant flexibility for ICPs to determine their own arrangements, including their membership and ways of working.</p> <p>Membership must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally.</p> <p>This may include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers.</p>
<p>Health and Wellbeing Boards (HWB)</p>	<p>The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. Therefore this board covers parts of Frimley ICS too i.e. Surrey Heath)</p> <p>The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. The statutory requirements, consequently, remain the same for health and wellbeing boards which are to:</p> <ul style="list-style-type: none"> • Promote greater integration and partnership between bodies from the NHS, public health and local government; and • Produce a joint strategic needs assessment • Produce a joint health and wellbeing strategy

	<ul style="list-style-type: none"> • Conduct a pharmaceutical needs assessment for their local population. <p>The Health and Wellbeing Board in Surrey also includes the portfolio of a Surrey Community Safety board and therefore it must:</p> <ul style="list-style-type: none"> • Be accountable for the delivery and annual review of the Surrey Community Safety Agreement.
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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Title:	ICS Update: Surrey Heartlands ICS
HWBS Priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	All
HWBS Outcome:	All
HWBS System Capability:	All
HWBS 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):	<ul style="list-style-type: none"> • ICP: Sara Saunders, Interim Health Integration Policy Lead - Health and Care Integration, Surrey County Council, healthandcare@surreycc.gov.uk • ICB: Rian Hoskins, NHS Surrey Heartlands Governance Manager, rian.hoskins@nhs.net 07500606793
Board Sponsor(s):	<ul style="list-style-type: none"> • Dr Charlotte Canniff, Surrey Heartlands Joint Chief Medical Officer • Karen McDowell, Chief Executive, Surrey Heartlands ICS
HWB meeting date:	20 March 2024
Related HWB papers:	Item 8 - Surrey Heartlands ICS Update.pdf (surreycc.gov.uk)
Annexes/Appendices:	N/A

2. Executive summary

A summary of the areas of focus of the **Surrey Heartlands ICP**.

A summary of what was discussed at the January 2024 **Surrey Heartlands ICB** meeting in relation to the Strategy. There was a presentation addressing the Towns and Villages Approach for Mobilising Communities.

3. Recommendations

The recommendation to the Board is to note the content of the report.

4. Reason for Recommendations

There no approvals required for the Board.

The content of the report does include discussion points that could be explored further at future meetings.

5. Detail

Integrated Care Partnership (ICP)

Civic / System Level interventions (partnership working):

Surrey System Facing Symposium Making Connections

The Surrey System Facing Symposium was hosted on Monday 19th of February. The purpose of this event was to foster collaboration between our wider system of partners. The event was an opportunity to remind members the importance of why partnership working needs continual attention, input and development to maximise the opportunities to work effectively together as a system.

The event had 72 attendees on the day, representing members across the system: VCSE, Surrey Heartlands (including hospitals), Surrey County Council, Districts and Borough councils, Surrey Carers, Surrey Police, Frimley, University of Surrey and many more.

The day was primarily split into two distinct sessions. The first session focused on a Marketplace of System Boards/Groups/Services to provide a high-level overview of the whole system. The second session focused on culture and how we all want to work together.

Next Steps: Attendees summed up the event as a unique opportunity to come together and break down the barriers they regularly encounter. There was support for holding this as a bi-annual event. The next Symposium will be scheduled for autumn, focusing on a deep dive into Primary Care Networks (PCNs).

Community Led interventions:

The ICP is committed to supporting community-led interventions to reduce health inequalities. The Deep Dive Town agenda item focuses on a specific town, enables

us to see and understand how strategy ambitions are being practically delivered across different communities.

In March the ICP will be considering the transition of the Towns and Villages programme to Public Health and the ICP for system oversight. It is also continuing to oversee the development of a 'library of experiences' which will include products and case studies related to a local and inclusive approach to working with communities.

In April the ICP will be visiting Horley to continue its focus on specific towns.

Service Based interventions:

In January the ICP had a deep dive presentation on the Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027.

Questions considered were 1. How can the ICP support the delivery of the strategy, especially role of adults and families in children and young people's emotional wellbeing and mental health utilising THRIVE? And 2. What opportunities are there to strengthen work on health inequalities to influence emotional wellbeing and mental outcomes for children and young people?

There was a clear understanding of the considerable progress that has been made against the strategic aims and the continuing focus on earlier intervention as well as the challenges and risk, including workforce capacity and capability, embedding THRIVE approach across communities and places, demand for specialist support and family support for emotional wellbeing and mental health needs.

It was particularly evident how the strategy is being delivered scale, place and child level linked to the wider determinants of health. In relation to the ICP focus on delivery within communities, towns and villages this was a welcome exploration of those issues.

Integrated Care Board (ICB)

Towns and Villages Approach in Mobilising Communities

A multi-agency 'Towns and Villages' approach had been developed, based on extensive research and engagement, as the optimum way of securing improved health and related outcomes through co-ordinated and aligned partnership work in localities, alongside mobilising communities.

The report slides set out an update on this work and a proposed forward programme on which the ICB's views and contribution are required. A commitment to continuing to engage and contribute to the programme, and in priority towns going forwards, was also sought.

Next Steps: The views of the ICB would be considered and reflected in the forward programme, which would be the subject of continued engagement with key partners as the programme and work in individual towns continued and developed.

Further details are included in the link below:

<https://www.surreyheartlands.org/download.cfm?doc=docm93ijm4n2038.pdf&ver=2353>

Chief Executive's January 2024 Report

The report provided the Integrated Care Board with an overview of key recent updates. Specifically, this report included updates on:

- **Continuing to deliver the IC Strategy:**
 - SEND inspection.
 - Operational and Financial Planning
 - Pharmacy First Service
 - Close of Children's Cancer Services Consultation
 - Planning consent for Community Diagnostic Centre
 - HSJ Awards – Surrey Heartlands a finalist for reducing health inequalities and supporting those with Learning Disabilities
 - Dementia navigators
 - Specialist commissioning
 - Children's Community Health Services

The full report is included in the link below:

<https://www.surreyheartlands.org/download.cfm?doc=docm93jjm4n2043.pdf&ver=2358>

The remaining items discussed that related to ICB business are included in the following link: [NHS Surrey Heartlands Integrated Care Board Meetings - ICS](#)

6. Opportunities/Challenges

ICP:

Opportunities for the CYP EWMH Strategy included:

As the delivery plans continue to be iterated to extend initiatives and service provision to more school age children an opportunity to bring all partners together, including PCN's and place-based provision.

There is also an opportunity to build on the collaboration between schools, public health and services to support transitions.

There was a challenge of embedding a comprehensive framework of how we understand and respond to the needs of children, young people and families such as THIRVE across a wide range of system partners and build a common vocabulary to support the cultural changes required.

ICB:

Opportunities for the Towns and Villages Approach included:

There was an opportunity for Integrated Neighbourhood Teams to align with the model of a diverse community offer.

There was an opportunity to identify greater areas of prevention and less acute hospital intervention in the community for conditions that were affected by wider determinants of health.

The formal establishment of the Library of Experiences would follow principles that could lead to a broader offer of support from the Voluntary, Community and Social Enterprise Alliance.

Challenges for the Towns and Villages Approach included:

Funding was expected to be restricted throughout the public sector.

Forming the right relationships at neighbourhood or community level with services that had different incentives would be complex and difficult.

There was an issue of communication to service users.

There was the challenge of what benefited the local economy alongside the health of residents.

7. Timescale and delivery plan

ICP:

N/A.

ICB:

In relation to the Towns and Villages Approach in Mobilising Communities, there are three stages of implementation that vary on scale with the target of achieving aims within the Community Vision for 2030 as well as the Health and Wellbeing Strategy.

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

ICP:

N/A.

ICB:

The VCSE Alliance will be engaged further within the Towns and Villages Approach in Mobilising Communities while there will be further communication to residents.

Include narrative and evidence of how you have met the HWBS Principles for Working with Communities:

- 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'

The engagement plan for the Towns and Villages Approach in Mobilising Communities will be led by Surrey County Council but would have greater involvement from NHS Surrey Heartlands.

9. Next steps

ICP:

- Note the forthcoming ICP item regarding the transitions within the Towns and Villages programme which relates to the ICS January update to the HWB.
- Note the jointly sponsored item regarding the ICP, ICB and HWB governance being brought to all boards in March.

ICB:

- Note the context of the report with a potential future discussion on the Towns and Villages Approach in Mobilising Communities.
-

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Title:	ICS Update: Frimley Health and Care ICS
HWBS Priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	All
HWBS Outcome:	All
HWBS System Capability:	All
HWBS 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):	<ul style="list-style-type: none"> • Sam Burrows, ICS Programme Director at Frimley Health and Care ICS
Board Sponsor(s):	<ul style="list-style-type: none"> • Fiona Edwards, Chief Executive, Frimley Health and Care ICS (substitute member: Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, Frimley ICB)
HWB meeting date:	20 March 2024
Related HWB papers:	Item 8 - Frimley ICP and ICB Update.pdf (surreycc.gov.uk)
Annexes/Appendices:	N/A

2. Executive summary

A summary of the areas of focus of the **Frimley ICP** and **Frimley ICB**.

3. Recommendations

The recommendation to the Board is to note the content of the report.

4. Reason for Recommendations

There no approvals required for the Board.

The content of the report does include discussion points that could be explored further at future meetings.

5. Detail

IC Strategy Refresh & Integrated Care Partnership

Working continues in preparation for the next meeting of the Integrated Care Partnership in March 2024. Our work is continuing on a refresh to the design and operation of the Integrated Care Partnership in the Frimley system. The design group is working closely with the current ICP Co-Chairs and Directors of Public Health from across the geography, including Surrey, to determine how best the ICP can operate during 2024/25. The ICP will continue to focus the on the effective discharge of its core three functions:

- (1) To provide oversight and approval of the IC Strategy creation process and the impact of its delivery
- (2) To provide a formal environment for the consideration of the wider determinants of our residents health outcomes
- (3) To help nurture and evolve our shared vision and values as partner organisations and local leaders

We are committed to working with the Health and Wellbeing Boards to ensure that there is a stronger connection between the ICP and the Health and Wellbeing Boards, as well as the Joint Strategic Needs Assessments which are led by the Public Health teams.

The March 2024 ICP is taking a singular focus on Obesity, the wider causes of Obesity and the role that the whole public and third sector partnership can take in addressing the wider determinants of this condition.

Joint Forward Plan

We have now completed the first refresh of the Frimley NHS Joint Forward Plan for the period of 2024 – 2029, for which we are required by legislation to publish by 31st March 2024. The NHS organisations in Frimley which oversee the production of this document have worked together on reassessing our priorities for the year ahead and how these

interventions will deliver the improvements required under our overarching strategy. The refreshed Joint Forward Plan is awaiting governance approval from the NHS organisations inside the Frimley partnership.

The Frimley Integrated Care System published its first Joint Forward Plan on 30 June 2023:

<https://frimleyhealthandcare.org.uk/media/5087/final-frimley-ics-nhs-joint-forward-plan-2023-2028.pdf>

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 statutory requirement of the Health and Care Act (2022) which came into lawful effect on 1st July 2022.

This Joint Forward Plan is fully aligned with the IC 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.

Alongside this, we are currently in the process of definition the Annual Operational Plan for 2024/25 which sets out the detailed plans for how the partnership will achieve its priorities in the next year of implementation. It includes specific actions, targets and milestones for each of the priority areas identified by our local partnership. It represents many of the “year ahead” 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.

Public Health Interface

We are continuing to implement the new collaborative model between the three Directors of Public Health in the Frimley System and the ICB CTO, CNO and CMO. Initial indications are that this new way of working is proving effective and creating greater alignment between the statutory and strategic functions of the five Local Authorities and the NHS as partner organisations across the Frimley geography.

ICB Operating Model and Partner Engagement Process

In February, the ICB shared the final version of its proposed restructure to staff within the organisation. This final version was heavily influenced by the feedback received during the consultation period with staff, and the engagement period which was established to hear the views of our partners. The ICB would like to acknowledge and thank all those who took the time to share their views and suggestions for how the ICB can operate most effectively as a high performing system partner.

6. Opportunities/Challenges

N/A.

7. Timescale and delivery plan

N/A.

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

N/A.

9. Next steps

- Note future ICS updates.