

## Notice of Meeting

# Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership



### Date and Time

Wednesday, 18  
September 2024  
10.00 am

### Place

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

### Contact

Amelia Christopher  
[amelia.christopher@surreycc.gov.uk](mailto:amelia.christopher@surreycc.gov.uk)

### Web:

[Council and  
democracy  
Surreycc.gov.uk](https://www.surreycc.gov.uk)

X:  
[@SCCdemocracy](https://twitter.com/SCCdemocracy)



### Committee Members

Cllr Tim Oliver OBE (Chairman)	Surrey County Council	Leader
Karen McDowell	Surrey Heartlands Integrated Care Board (ICB) and the Integrated Care System (ICS)	Chief Executive
Dr Charlotte Canniff Jo Cogswell	Surrey Heartlands ICS Surrey Heartlands ICB	Joint Chief Medical Officer Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley
Dr Pramit Patel Aruna Mehta	Surrey Heartlands ICB Surrey and Borders Partnership NHS Foundation Trust	Primary Care Clinical Leader Chairperson
Fiona Edwards	Frimley Integrated Care Board (ICB) and the Integrated Care System (ICS)	Chief Executive
Cllr Mark Nuti	Surrey County Council	Cabinet Member for Health and Wellbeing, and Public Health
Cllr Sinead Mooney	Surrey County Council	Cabinet Member for Adult Social Care
Cllr Clare Curran	Surrey County Council	Cabinet Member for Children, Families and Lifelong Learning

Terence Herbert	Surrey County Council	Chief Executive
Sarah Kershaw	Surrey County Council	Strategic Director - Transformation, Integration and Assurance
Helen Coombes	Surrey County Council	Interim Executive Director Adults, Wellbeing & Health Partnerships
Rachael Wardell	Surrey County Council	Executive Director for Children, Families and Lifelong Learning
OBE		
Ruth Hutchinson	Surrey County Council	Director - Public Health
Kate Scribbins	Healthwatch Surrey	Chief Executive
Dr Julie Llewelyn	Community Foundation for Surrey	Vice President
Paul Farthing	VCSE Alliance	Chief Executive, Shooting Star Children's Hospices
Sue Murphy	VCSE Alliance	Chief Executive Officer, Catalyst
Michelle Blunsom	VCSE Alliance	CEO at ESDAS
MBE		
Borough Cllr Richard Biggs	Reigate & Banstead Borough Council	Leader
Borough Cllr Ann-Marie Barker	Woking Borough Council	Leader
Karen Brimacombe	Mole Valley District Council	Chief Executive
Mari Roberts-Wood	Reigate & Banstead Borough Council / Prevention and Wider Determinants of Health Delivery Board	Managing Director / Chair
Dr Sue Tresman	Carers	Independent Carers Lead for Surrey
Professor Monique Raats	University of Surrey	Associate Dean Research and Innovation for the Faculty of Health and Medical Sciences
Alistair Burtenshaw	Business	Brice Director & Chief Executive of Watts Gallery Trust
Tim De Meyer	Surrey Police	Chief Constable
Lucy Gate	Mental Health: Prevention Board	Co-Chair
Siobhan Kennedy	Housing	Homelessness Advice & Allocations Lead, Guildford Borough Council

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## AGENDA

### 1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

### 2 MINUTES OF PREVIOUS MEETING

(Pages  
1 - 22)

To agree the minutes of the previous meeting:

- Health and Wellbeing Board, 19 June 2024
- Surrey Heartlands Integrated Care Partnership, 24 July 2024

### 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 (*12 September 2024*).

#### b PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (*11 September 2024*).

#### c PETITIONS

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

**5 COMBINING THE HEALTH AND WELLBEING BOARD AND THE SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP: DRAFT MEMORANDUM OF UNDERSTANDING (MOU)** (Pages 23 - 54)

Further to the decision made at the July 2024 Surrey Health and Wellbeing Board (HWB) and Surrey Heartlands Integrated Care Partnership (ICP), these entities will be combined, and alongside the Surrey Heartlands Integrated Care Board, will create a “Health and Wellbeing Day” from September 2024.

Annex 1 attached is a draft MoU for this combined meeting, which set out the aims, responsibilities and procedural arrangements for this meeting, as well as detail around the membership and roles of each member of the HWB and ICP.

Subject to further discussion and advice from governance / legal colleagues, the meeting will operate as a committees in common meeting.

*Agenda item for: HWB, and Surrey Heartlands ICP*

**6 ENABLING STRONGER COMMUNITY SAFETY LEADERSHIP AND GOVERNANCE** (Pages 55 - 60)

Following the merger of the Health and Wellbeing Board (HWB) and the Community Safety Board (CSB) in 2020 it has been recognised that whilst it has developed some helpful and good connections, strong strategic oversight and particularly direction on delivery across the various aspects and workstreams of Community Safety has been limited. It is therefore proposed to review the responsibility with regards to Community Safety currently within the HWB with a view to considering what a separate arrangement could be to take this forward. This would be done whilst maintaining links particularly in relation to the wider determinants of health where there continues to be benefits in alignment between programmes.

*Agenda item for: HWB*

**7 HWB STRATEGY (HWBS) HIGHLIGHT REPORT INCLUDING HWBS INDEX UPDATE** (Pages 61 - 90)

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 27 August 2024.

*Agenda item for: HWB, and Surrey Heartlands ICP*

**8 ENABLING A SURREY SYSTEM APPROACH TO POVERTY:  
SIGNING AND ENACTING THE END POVERTY PLEDGE** (Pages  
91 -  
104)

This paper outlines the existing commitment of the HWB, recommends the adoption of this commitment by the ICP and outlines the support offer from [Good Company](#) and those with lived experience to HWB/ICP members' organisations to sign the [End Poverty Pledge](#) for a poverty-free Surrey and take action. It also outlines how progress will be monitored and how activity will inform a Surrey system approach to poverty in the future.

*Agenda item for: HWB, and Surrey Heartlands ICP*

**9 BETTER CARE FUND UPDATE** (Pages  
105 -  
112)

The HWB and ICP are asked to note this progress update to the paper that was discussed at the HWB on 19 June 2024 regarding the Surrey 2023-25 Better Care Fund (BCF) Plan.

This paper provides a general update, with the two key outcomes remaining the same: enabling people to stay well, safe, and independent at home for longer; and providing people with the right care, at the right place, at the right time.

*Agenda item for: HWB, and Surrey Heartlands ICP*

**10 LIBRARY OF EXPERIENCES UPDATE** (Pages  
113 -  
122)

The "Library of Experiences" approach was agreed by the Integrated Care Partnership (ICP) at its meeting on 27 April 2024 to identify, capture and share the lessons from work with communities across the county to reduce health inequalities. These lessons can inform and improve future work. The approach will continue to be developed so it contributes to further improvements in the design and delivery of work with communities to reduce health inequalities, address the wider determinants of health, and enable local community led improvements across towns and villages and the key neighbourhoods they encompass.

*Agenda item for: HWB, and Surrey Heartlands ICP*

**11 INTEGRATED CARE BOARD UPDATE: SURREY HEARTLANDS  
ICB AND FRIMLEY HEALTH AND CARE ICB** (Pages  
123 -  
136)

To note the update provided on the recent activity by the Surrey Heartlands Integrated Care Board (ICB), and Frimley ICB against the Health and Wellbeing Strategy.

*Agenda item for: HWB, and Surrey Heartlands ICP*

## **12 DATE OF THE NEXT MEETING**

The next public meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership will be on 11 December 2024.

**Terence Herbert**  
**Chief Executive**

Published: Tuesday, 10 September 2024

## **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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Thank you for your co-operation.

## **QUESTIONS AND PETITIONS**

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

### **Please note the following regarding questions from the public:**

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



**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 19 June 2024 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

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

**Board Members:**

(Present = \*)

(Remote Attendance = r)

- \* Bernie Muir (Chair)
- \* Dr Charlotte Canniff (Vice-Chair)
- 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)
- r Sue Murphy (Co-Representative)
- \* Paul Farthing
- \* Dr Russell Hills
- \* Kate Scribbins
- \* Ruth Hutchinson
- \* Helen Coombes  
Rachael Wardell
- \* Karen McDowell
- \* Graham Wareham  
Michael Coughlin
- \* Mark Nuti  
Sinead Mooney  
Clare Curran  
Kevin Deanus  
Sarah Cannon  
Carl Hall  
Tim De Meyer  
Borough Councillor Ann-Marie Barker
- r Steve Flanagan  
Jo Cogswell  
Dr Pramit Patel  
Lisa Townsend
- \* Professor Monique Raats  
Dr Sue Tresman
- r Siobhan Kennedy (Associate Member)

**Substitute Members:**

- \* Nicola Airey - Director of Places and Communities, Frimley ICS
- \* Kim Jacobs - Surrey Joint Carers Programme Manager
- \* Tamara Cooper - Manager, Public Protection, Surrey Police
- r Lauren McAlister - Partnership and Community Safety Lead, OPCC

The Chair welcomed a new Board member:

- Michael Coughlin - Interim Head of Paid Service, Surrey County Council.

*The Chair reminded officers and Members of the guidance issued around the current pre-election period for the General Election 2024 on Thursday 4 July.*

**11/24 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Fiona Edwards - Nicola Airey substituted, Dr Sue Tresman - Kim Jacobs substituted, Professor Helen Rostill - Kate Barker present as P2 Co-Sponsor, Tim De Meyer - Tamara Cooper substituted, Lisa Townsend - Lauren McAlister substituted (remote), Karen Brimacombe (remote), Sue Murphy (remote), Steve Flanagan (remote), Rachael Wardell, Liz Williams, Kevin Deanus, Jo Cogswell, Michael Coughlin, Sinead Mooney, Clare Curran, Carl Hall, Borough Councillor Ann-Marie Barker.

**12/24 MINUTES OF PREVIOUS MEETING: 20 MARCH 2024 [Item 2]**

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

**13/24 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**14/24 QUESTIONS AND PETITIONS [Item 4]**

**a Members' Questions**

None received.

**b Public Questions**

None received.

**c Petitions**

There were none.

**15/24 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]**

**Witnesses:**

Karen Brimacombe, Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)  
 Emma Jones, Public Health Lead, SCC  
 Kate Barker, Joint Strategic Commissioning Convener (Priority 2 Co-Sponsor)  
 Jack Smith, Prevention and Communities Manager, SCC  
 Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)  
 Julia Groom, Public Health Consultant, SCC

**Key points raised in the discussion:**

*Priority 1*

1. The Priority 1 Sponsor noted that findings from the work on encouraging young people to maintain a healthy weight revealed a gap in support for children aged between 5 and 17 years old and Active Surrey was awarded a contract for Be Your

Best to deliver a programme of work to that cohort. Two outreach workers from the Surrey Bridge the Gap programme spoke to representatives from various government departments to promote how Surrey was delivering cost effective system outcomes. Changing Futures alongside the Alliance for Better Care presented their work at a national conference and received an award for supporting individuals with lived experience to get back into meaningful employment. Several agencies were working in partnership with community and faith organisations in Key Neighbourhoods to address the lower levels of referrals and uptake of NHS health checks. A Macmillan researcher had started work on cancer inequalities. There was training to raise awareness around hoarding and there was a SharePoint site for professionals to seek information. Training was being developed around preventing falls. A new Carers Partnership Group was operational and three quarters of its membership are non-paid carers.

2. The Public Health Lead (SCC) detailed the spotlight item: Surrey Tobacco Control:
  - smoking continued to be the significant contributor to health inequalities and cost Surrey £950 million per year. Under 12% of the population smoke and the highest prevalence is in routine and manual workers, people in treatment for substance misuse, Gypsy, Roma, Traveller Communities and those who face homelessness.
  - the Surrey Tobacco Control Strategy was launched in October 2023 and that same month the Government announced its plans to create a smokefree generation through the Tobacco and Vapes Bill. Whilst not enacted before the General Election, using the additional grant allocation of £1.1 million for the next five years work was underway in Surrey to support an additional 15,000 smokers to set a quit date. A partnership action plan was in place.
  - the evidence showed that only 6% of smokers would use local stop smoking services, so the programme has sought to increase demand through local mass media campaigns using behaviour change approaches and building on the tobacco programme in acute trusts and across maternity services. The training provision would be increased for all frontline staff. Performance would be tracked through a Combating Drugs Partnership sub-group.
3. The Chair asked how long the additional funding was for. The Public Health Lead (SCC) explained that it was an annual grant committed to for five years.

### *Priority 2*

4. The Priority 2 Co-Sponsor noted that consultation on the revision of the Surrey Suicide Prevention Strategy was underway with input sought from the relevant board chairs and groups. Progress was underway on creating a universal Wellbeing Plan for Children and Young People in Surrey prior to Feeling Good Week in early October. The First Steps to Support pilot areas had been extended to Waverley and Woking, and to care homes. The launch of the Chatbox pilot meant Surrey-wide access to it. The Mental Health Investment Fund (MHIF) team was close to agreeing an evaluation framework to support impact analysis of the funded programmes, a workshop is to take place in early autumn and there were monthly communications across the Council and Surrey Heartlands highlighting the impact. A round table workshop on 12 June involved representatives from across the system and work was underway to allocate the remaining funds.
5. The Prevention and Communities Manager (SCC) detailed the spotlight item: Green Health & Wellbeing Programme: Dose of Nature:
  - Dose of Nature is a charity established to promote mental health benefits of engaging with the natural world, there was a hub in Richmond. The Council paid £100,000 to commission them to set up a second hub in Guildford. There was a ten-week Social Prescription Programme and group therapies.

- commissioned by the Council in 2022 as part of the Green Social Prescribing (GSP) programme, Guildford was chosen as a hub (Dapdune Wharf) focused on providing services in north Guildford. In the first year there were 80 referrals and high engagement levels, there was an average seven point reduction in measures of anxiety and depression. There was relief in demand to GP Integrated Mental Health Service (GPimhs) and qualitative improvements.
  - results from a study at the Richmond hub showed that there were 40% fewer GP contacts post-nature intervention at a six-month follow up.
  - Dose of Nature would likely receive limited funding from the Department for Environment, Food and Rural Affairs in phase two of the national GSP programme for a year, other funding sources were being reviewed.
  - whilst having a large network of local stakeholders such as voluntary sector organisations, making a clear contribution to the Health and Well-Being Strategy with positive quantitative outcomes, the programme struggled to attract long-term system funding. Strategic support was needed to identify financial resource to align green health with the health system priorities.
6. A Board member highlighted the correlation between mental health and anxiety with neurodiversity and alcohol and substance dependency, and asked whether the service was open to those people. Hoped that the presenter was linked into the Voluntary, Community and Social Enterprise (VCSE) Alliance and noted the development of greater integration and funding relationships with the NHS. The Prevention and Communities Manager (SCC) believed that Dose of Nature would take referrals from those people, he was in contact with the VCSE Alliance and would follow up the offer of support.
  7. A Board member noted that the £100,000 for 150 people was around £700 per person per programme and that there were several providers of NHS Talking Therapies (formerly IAPT) services in Surrey. If the programme of work was reducing anxiety and depression, queried whether there was a different way of approaching the funding of such services for a more sustainable model rather than relying upon green funding. The Chair agreed noting the evidence of such interventions having a larger and longer impact, and queried if the Better Care Fund (BCF) should be funding these.
  8. A Board member noted that the Public Health team was working to align such projects into the strategic conversations at every level, considering how to invest the money collectively and how to create the best integrated prevention and early intervention model. The Chair noted that many initiatives were short-lived often funded as a pilot for one year. She stressed that impacts must be assessed cross-agency and that sample representatives of service users must be tracked. She welcomed the individual projects however they should not be looked at in the current piecemeal approach, they could replace expensive business as usual initiatives and should be committed to long-term. A Board member noted that it was important that all the initiatives are looked at collectively and have robust impact on population health and financial return. That was happening as part of the transformation programme and Surrey Heartlands ICS's One System Plan.
  9. A Board member explained that the funding dictates the projects and pilots. Work was underway to look at the overall picture and benefits and how to bring those together. The Chair queried whether the benefits for residents was known from the pilots as opposed to them repeatedly accessing business as usual interventions. Of those who accessed Dose of Nature coming out better than when they entered, she asked how it was known where they might have ended up otherwise. The Board member noted the work underway that sought to create a strategy through business cases and modelling to see the outcomes if intervention or prevention was not done and to understand the value for money for residents.

10. The Vice-Chair noted that many of the projects supported through the MHIF had robust outcome measures, to be followed up over a longitudinal study cross-agency, over the last six years the system did not have the maturity to do what the Chair had previously requested, it was developing. There was a six-month follow-up on the outcomes from the one-year Dose of Nature programme. The MHIF supported programmes had funding for several years as a year's pilot was insufficient. The same interventions could have very different outcomes for people.
11. A Board member noted that some of the activities by Dose of Nature were the same as those from Community Connections, she offered her support in addressing the challenge of duplication. She welcomed the work to ensure cohesive support through the Commissioning Collaborative, addressing that lack of funding through partnership working would be beneficial. The Prevention and Communities Manager (SCC) acknowledged that there was duplication across the county with an overlap in similar provision and that impeded the coordinated approach needed to target populations; that could be provided by Dose of Nature.
12. A Board member noted that they had been involved in the early trials of GSP two decades ago. He noted the need to take advantage of that duplication, many organisations needed volunteers to do green activities, it would be beneficial to link the Prevention and Communities Manager (SCC) with the voluntary sector organisations doing similar activities. He had worked with Dr William Bird MBE who had researched the issue over thirty years, and he suggested that people like him be involved to talk about the benefits of those interventions.
13. A Board member presumed that the programmes or projects were accessible to people with physical disabilities. The Prevention and Communities Manager (SCC) noted that several of those were accessible to people with disabilities, the therapy gardens for children and young people had a wheelchair accessible path.

### *Priority 3*

14. The Priority 3 Sponsor noted that the Council's Warm Welcome scheme launched in November 2023 and had over 40,000 residents attending the sessions across winter compared to 16,000 visitors the year before. Over 1,100 fuel vouchers and 9,000 Winter essentials were distributed to residents, energy advice and support was given to 5,000 attendees. The feedback was positive and providing those additional services was vital to the prevention and early intervention agenda. Surrey Community Action was successful in its funding bid submission to the Fuel Poverty programme and would continue to provide energy support to residents for another year, engaging with key demographics at risk of fuel poverty. The In Our Own Words peer research project for neurodiverse young people was in its implementation phase and training had been delivered. The Council's Work Wise programme was accepting referrals, it is a free employment service available to any person with a mental or physical health condition, disability or neurodiversity who wants to work. The Sanctuary Scheme offered people the choice of remaining in their homes where suitable, for example where their domestic abuse perpetrator has left. As at March 2024 the scheme fitted nearly 300 security measures in the homes of survivors across Surrey.
15. The Public Health Consultant (SCC) detailed the spotlight item: Surrey Sexual Health Programme:
  - the vision for Surrey was for positive sexual wellbeing for all, providing access to high quality sexual health services when needed and reducing sexual health inequalities so that no one is left behind. Three services provided by Surrey Sexual Health were outlined.
  - Chlamydia: the most common bacterial sexually transmitted infection in England, the priority was on testing young women as they were at the most risk of reproductive harm through untreated infection. The 2023 data on the

chlamydia detection rate for women between 15-24 years old had increased and was at its highest level since 2012. Need to continue to test the right people and to reach more people, targeting the 21 Key Neighbourhoods, promoting pharmacy access and working with organisations that work with young people to ensure effective communication through social media.

- Teenage pregnancy: it was important to work as a whole system to address the range of reasons that influenced the pregnancy, linking to the wider determinants of health such as education and a young person's early life experiences. The national rates had increased, Surrey's rates had plateaued, and the ambition was to see a continued decline. A prevention action plan had been developed working in partnership, focusing on: leadership support, understanding data, targeted communications and prevention work, expanding contraception support in non-clinical settings and focusing on relationship and sex education in schools. Training had been delivered for workers in residential homes and children's social workers, for young people to be confident to talk about relationships and sexual wellbeing.
  - HIV: there was an action plan in Surrey which reflects the Government's national action plan and focuses on four areas: prevent, test, treat and live well and reduce stigma around HIV. A pilot had been undertaken for point of care testing that provides instant results, a wider roll out was the aim across organisations to increase access; staff had been trained. Surrey's prevalence rate of HIV was lower than England's, yet the challenge was that 60% of HIV diagnoses were late diagnoses against the national ambition of 25%.
16. A Board member asked how people with lived experience or those from target cohorts had been involved with communications and social media, was there co-design to ensure the messages reach the intended audiences. The Public Health Consultant (SCC) noted that there were several areas where people had been engaged to co-design services. For example, through the joint sexual health outreach plan where feedback was collected from service users and there was targeted work around chlamydia testing using targeted social media messages to girls aged 15 to 24 years old, she could provide further details on request.
  17. A Board member noted their visit to Guildford's Sexual Health Clinic and was impressed to see many young people there being sensible about their own health, the messaging was reaching them. He noted that much of the work had been designed with the help of the Surrey School of Acting to make sure it is focused on the younger cohort. It was a joint responsibility to make sure such topics are not taboo and can be openly discussed across ages.
  18. The Chair noted feedback from residents that for some young adults living at home, there were parts of Surrey where sexual health clinics were far away and they do not want testing kits sent to their home address where their parents are. Noted the loss of wages for time spent travelling to and at the clinics for those on zero-hour contracts. The Vice-Chair clarified that test kits were in discreet packaging. The Public Health Consultant (SCC) added that there was access to some testing from pharmacies, she stressed the need to reduce the stigma about discussing sex and relationships for example through education at schools. She noted that since Covid-19 there had been a change in accessing online services and was keen to promote that more widely, the service had expanded access through teen Tuesday clinic drop-ins.
  19. The Vice-Chair noted that she was not surprised that Surrey's pregnancy rates had plateaued when they should be decreasing, a sexual health clinic at St Peter's Hospital which was well-attended had closed. To effectively target, she noted the need to cross reference gaps in access looking at geographical data around chlamydia and pregnancy rates. The Public Health Consultant (SCC) noted that unlike previous data where there were geographical hotspots of teenage conceptions, the latest data did not reflect that. The focus was on groups at a higher

risk such as young people excluded or missing from school and care experienced young people.

20. A Board member commended the work of the Public Health team which had reached out to primary care and had run a webinar for World AIDS Day with a sexual health consultant and someone with lived experience highlighting the late presentations for HIV, linked conditions and destigmatising HIV testing particularly for those from South Asian and Black communities. Work was underway with Surrey Minority Ethnic Forum to support those communities around HIV testing. The Public Health Consultant (SCC) welcomed the support provided during National HIV Testing Week which this year focused on stigma.
21. The Chair referred to the new Work Wise programme noting that the employment statistics for vulnerable groups was low and the impact was dreadful. She asked how many people had taken up the service and how much capacity was available to communicate it across Surrey; were employers being engaged with. The P3 Sponsor would obtain those take up figures, it was a free service and referrals were from many partners. She noted that the economic prosperity teams within the district and borough councils had advertised the scheme but recognised that more could be done in terms of the communication and reach.

#### **RESOLVED:**

1. Would use the Highlight Reports and Engagement Slides to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Noted the opportunities/challenges including:
  - The sharing and use of the updated HWB Strategy Index.
  - The increased focus being seen on health inequalities through Key Neighbourhoods and Priority Populations.
  - The doubling of funding for local stop smoking services for the next 5 years.
  - EOIs being requested for organisations to benefit from workplace wellbeing programme.
  - Workshops to inform topics for the Health Determinants Research Collaboration (HDRC) programme that will boost research capacity and capability within Surrey.
  - The beneficiaries being supported by Bridge the Gap are at significant risk without securing sustained funding from April 2025.
  - The funding for Serious Violence programme finishes on 31 March 2025 and there is currently no indication of a future funding settlement.

#### **Actions/further information to be provided:**

1. The Prevention and Communities Manager (SCC)/Public Health team will look into ensuring the evidence base such as from Dr William Bird MBE is involved and built into GSP interventions.
2. The P3 Sponsor will obtain the take up figures for the Work Wise programme, sharing those with the Chair.

### **16/24 HEALTH AND WELL-BEING STRATEGY INDEX SCORECARD [Item 6]**

#### **Witnesses:**

Ruth Hutchinson, Director of Public Health, SCC  
Rich Carpenter, Senior Analyst - Analytics and Insight, SCC

#### **Key points raised in the discussion:**

1. The Chair noted that significant work had progressed to add over twenty new indicators to the Health and Well-Being Strategy Index. The Scorecard provided a baseline to track progress against the three Priorities and their outcomes and to start assessing the impact. Gaps would be addressed and were largely due to the work needed to analyse data or ensure rigour and relevance of existing data.
2. The Director of Public Health (SCC) noted that last year the Board received a live demonstration of the Index which measures high-level outcomes and many of the programmes meet multiple outcomes. The Index was interactive and she encouraged partners to continue to use it. Through extensive engagement with partners additional indicators were introduced and where available and meaningful, data for different geographical levels was included: district and borough, ward and Primary Care Network (PCN), as well as at county level providing data on the Priority Populations and the overarching life expectancy indicators. Gaps in data on Multiple Disadvantage was partly addressed through the JSNA chapter. The Scorecard was a high-level snapshot of the data, including that in the Index, to be produced annually and progress on the Index reported in the Highlight Reports.
3. The Senior Analyst - Analytics and Insight (SCC) noted that publicly available data was used so in some cases might be somewhat outdated due to delays in reporting. He highlighted areas in the Scorecard that showed significant changes in performance or progress:
  - Challenge: Overarching indicators: Inequality in life expectancy at birth: Surrey was performing better than the regional and national average between the areas of highest deprivation and lowest but there had been a recent slight increase likely due to COVID-19. However, inequalities at ward level were significant.
  - Challenge: Priority Populations: Employment gap for adults in contact with secondary mental health services: poor result although the indicator definition had changed so the trend was not reliable as the figures were different for the latest period.
  - Opportunity: Priority Populations: Employment gap for adults with a learning disability: that gap had decreased; to improve further through new programmes such as Work Wise.
  - Further opportunities were highlighted for example the chlamydia detection rate was good; regarding further challenges an FAQ document could be provided explaining further the context of some indicators.
4. A Board member noted that regarding mental health, stable housing was not mentioned yet it looked like there was a significant gap. Regarding employment, he asked if the data was comparable whether that would mean that Surrey was doing relatively better than England or not. He asked whether there was a correlation between the lack of stable housing and the employment gap for people accessing secondary mental health services. The Senior Analyst - Analytics and Insight (SCC) explained that the Index and Scorecard contained data for those in stable and appropriate accommodation, both for learning disabilities and secondary mental health. The Director of Public Health (SCC) noted that the challenges needed to be read in conjunction with the JSNA chapters, which triangulated that data, then sense checking whether enough focus was put on key areas.
5. The Vice-Chair noted that she is a GP in Spelthorne, an area with poor performance, the focus should be on the HWB's response to the data and ask of Spelthorne for example through an action plan detailing improvements against the indicators from all relevant partners in the borough, so the HWB can support them. For the Mental Health System Committee to receive that information and question what was being done about employment. Whilst there were several programmes around employment support for people with a mental health diagnosis, there was a



lack of knowledge about those services from professionals and a lack of referrals. Triangulation between indicators was needed to enrich the Index.

6. The Chair noted that it would be interesting to see whether there were patterns in the indicators across Surrey's boroughs and districts, to understand the interrelated impact of those. The Senior Analyst - Analytics and Insight (SCC) noted that the idea of the Index was to start raising those questions to see the patterns and generate hypotheses, working together to incorporate that into deeper dives through a workshop or similar.
7. A Board member noted that much of the data was provided as a percentage which did not clearly convey the change in the figures and problem areas. He asked for aspirational figures of Surrey's targets and how that compares nationally and regionally. The Senior Analyst - Analytics and Insight (SCC) acknowledged the need for clarity as for example the drop in youth unemployment of less than one percent represented about 1,000 young people. He noted that in the Tableau version of the Index on Surrey-i each indicator included the score, rank and actual value, as well as historical data where available. The score for each indicator and overall Priority was between 0 and 100, 0 was the estimated worst outcome and 100 was the best and aspirational targets based on what was the most achievable or as compared to regional and national data could be set. The Director of Public Health (SCC) noted that the Index included trend level data showing the increase or decrease, the team would take the high-level overview of the Index with those challenges to the relevant boards in the system such as the Mental Health System Committee.
8. A Board member asked what the interrelationship was between the various boards in the system that developed their own strategies and the high-level indicators. For example, the Carers Partnership Group was developing an outcomes framework based on the Surrey Carers Strategy in co-production with carers; the Index had one indicator concerning carers regarding adequate social contact. If from that work the Group formulated different metrics, would there be a discussion about whether the indicator in the Index needed to change over time. The Senior Analyst - Analytics and Insight (SCC) noted the restriction in how data was published regarding the geographic levels and timeliness, where possible sub-groups had been engaged to identify the overlap and alignment with other strategies. He was happy to discuss the possible inclusion of a new indicator. The Director of Public Health (SCC) added that the Index and Scorecard provided a high-level overview; indicators had evolved reflecting feedback given.

#### **RESOLVED:**

1. Reviewed and would provide feedback to [healthandwellbeing@surreycc.gov.uk](mailto:healthandwellbeing@surreycc.gov.uk) on the annual HWBS Index and Scorecard and the progress/needs it highlights.
2. Would promote the HWB Strategy Index and Scorecard to inform organisational and partnership plans where relevant.
3. Would raise awareness of the HWB Strategy Index and Scorecard at related boards and networks.

#### **Actions/further information to be provided:**

1. The Senior Analyst - Analytics and Insight (SCC) will develop an FAQ document/content to further explain the context of the indicators in the Index and Scorecard.
2. The SCC team will take the high-level overview of the Index with the challenges raised by the Board to the relevant boards in the system such as the Mental Health System Committee and will incorporate those challenges into deeper dives through a workshop or similar.

## 17/24 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): MULTIPLE DISADVANTAGE [Item 7]

### Witnesses:

Ruth Hutchinson, Director of Public Health, SCC

Lisa Byrne, Changing Futures Programme Delivery Manager, SCC

Steve Saunders, Expert by Experience, Lived Experience Recovery Organisation (LERO)

Ella Turner, Programme Manager - Health Determinants Research Collaborative (HDRC), SCC

### Key points raised in the discussion:

1. The Director of Public Health (SCC) highlighted the key overarching priority of the Health and Well-Being Strategy: to reduce health inequalities so no one is left behind. Commended all for their hard work to understand the breadth and depth of the challenges faced by those with Multiple Disadvantage. Noted that the chapter and draft recommendations should be read in conjunction with other JSNA chapters on: mental health, substance misuse and housing. The Board should consider its collective action to implement the draft recommendations which needed time to embed, she encouraged participation in the discussion events.
2. The Changing Futures Programme Delivery Manager (SCC) explained that Multiple Disadvantage was where people faced concurrent and compounding challenges: mental health needs, substance use, homelessness, domestic abuse and contact with the Criminal Justice System. In 2015, there were approximately 336,000 adults in England experiencing Multiple Disadvantage, the findings in the JSNA chapter estimated that there were 3,000 Surrey residents experiencing it. The findings came from extensive stakeholder engagement, data analysis and collaboration across sectors, co-produced with the LERO set up in 2023.
3. The Expert by Experience (LERO) noted his background of Multiple Disadvantage due to substance use and he was a SMART Recovery facilitator. He noted that it was vital to highlight lived experiences at decision-making forums and was working to ensure co-production was included. Essex, Middlesbrough and Sheffield had good representation of lived experience people on boards. He called for action on the draft recommendations to put the hard work into practice.
4. The Changing Futures Programme Delivery Manager (SCC) explained that a mixed methods approach was taken and included cross-cutting representation from a range of stakeholders across the system. The chapter was awaiting final sign-off from the JSNA Oversight Group, the full document would be available on Surrey-i in the coming weeks and a summary version would be produced.
5. The Programme Manager - HDRC (SCC) outlined the six key findings:
  - ways of working: fragmented care was identified from siloed working across the system, statutory services were often equipped to assess and treat only what they considered to be an individual's primary need.
  - feeling abandoned: identified gaps and unmet needs in service provision, the impact of limited access to mental health services often intensified mental health challenges. Explored how the housing and accommodation support system could be better designed.
  - misheard and misunderstood: commonly experienced stigma and judgement often due to the lack of understanding around Multiple Disadvantage. A culture change was needed and understanding around trauma and psychologically informed approaches.

- one size does not fit all: identified a need for bespoke support that recognises the interconnected nature of Multiple Disadvantage, to focus on relational rather than medical models of support, it should be outcomes led.
  - overcoming hurdles: numerous barriers that prevent people from accessing services, thresholds and eligibility criteria risked excluding people.
  - under pressure: strategic challenges could create disruption and discord, current commissioning structures did not always foster flexibility, choice and innovation. Considered how funding could be redistributed or restructured to create service stability and support longer-term strategic planning.
6. The Programme Manager - HDRC (SCC) thanked the Experts by Experience and those involved in the primary research and detailed the draft recommendations:
    - recommendation 1: a refresh of current governance arrangements was needed and the Partnership Board would have representation from local partners co-producing with people with lived experience and would agree a system-wide Multiple Disadvantage definition.
    - recommendation 2: the recommendations would form the basis of a five-year iterative strategy, used to achieve sustained change at all levels.
    - recommendation 3: to address the gaps in data a Population Health Management approach should be adopted, identifying people at risk for priority action and prevention planning.
    - recommendation 4: ensuring the full involvement of people with lived experience of Multiple Disadvantage or impacted by it, to be integral to decision-making. A shift in power towards a service user led system.
    - recommendation 5: improving intervention and prevention approaches at all stages was crucial to reducing the incidence and impacts, the prevention of Multiple Disadvantage must be a whole system responsibility.
    - recommendation 6: embedding a trauma informed approach required collective system-wide cultural change.
    - recommendation 7: commissioning models were vital to addressing Multiple Disadvantage as those determined the type and way that services were delivered, work must be done at pace to embed innovative best practice.
    - recommendation 8: identified that there were major barriers to accessing care, progressive models should be provided focusing on relational support.
    - recommendation 9: to undertake a review in 2025/26 of substance use services to ensure the transparency of funding availability and find ways to redistribute and restructure funding streams to maximise outcomes.
    - recommendation 10: the limited availability, accessibility, and flexibility of mental health support intensified mental health challenges. Offering a diverse range of mental health services would help to reduce barriers in access.
    - recommendation 11: the lack of housing nationally and locally meant many people experiencing Multiple Disadvantage were homeless or living in inappropriate and unsuitable accommodation. Housing should be considered as a primary need, improved planning for winter provision and investment in rough sleeping solutions was needed.
  7. The Vice-Chair commended the co-design approach with those with lived experience which should be a blueprint for each JSNA chapter. Suggested that the draft recommendations be reviewed in detail outside of the meeting as per the report's first recommendation.
  8. The Chair asked whether there was a Multiple Disadvantage Co-Production and Insight Group bringing together various groups and stakeholders. The Programme Manager - HDRC (SCC) explained that there were pockets of co-production underway and the LERO was specific to Multiple Disadvantage.
  9. A Board member noted that the draft recommendations included a lot of commissioning language as opposed to co-production language of getting people

responsible for delivering services working alongside people who use those services to formulate a new vision and ensuring accessibility.

10. A Board member referred to draft recommendations 7 and 8 noting their implementation would be evidence of real partnership working across the system for those requiring support. Noted the importance of having a five-year strategy and consideration of how the finances are distributed from shared pools to fund the work. Noted that the majority of PCNs in Surrey Heartlands had signed up to the Veteran Friendly Accreditation scheme and it was important for veterans to be considered in the work as roughly 5% of the homeless population were veterans.
11. A Board member referred to recommendation 5 regarding prevention and intervention noting that it would be interesting to understand the circumstances that led people to experience Multiple Disadvantage, to understand what would have helped at the right time to stop that route. Called for access to services to be improved and made simpler. Noted that some of the wording needed simplifying. The Programme Manager - HDRC (SCC) explained that the JSNA chapter focused on adults, to be followed up through work with children, young people and families focusing on early intervention and prevention and the transition period between 18 and 25. The discussion events would showcase more case studies.
12. A Board member noted that statutory organisations tended to overlay new ideas and ways of working on the old and made a plea to stop doing some of the things being replaced; to avoid building complicated networks of change delivery.
13. The P3 Sponsor referred to recommendation 11 around accommodation and highlighted that the lack of accommodation for many was horrendous. Asked for early engagement with the Surrey Chief Housing Officer Group to get a constructive response, as services were under significant pressure. The Programme Manager - HDRC (SCC) noted that engagement had been done with that Group throughout the primary research and was factored in.
14. The Chair thanked all for their work on the JSNA chapter, noting the synergy between chapters and other areas of work.

#### **RESOLVED:**

1. Would consider how the headline draft recommendations are relevant to their own organisations and what actions can be taken to support progress to be made.
2. Once the final chapter is published would support dissemination of the chapter's findings and recommendations within their own organisations and networks.

#### **Actions/further information to be provided:**

1. The Board will review in detail and consider how the headline draft recommendations are relevant to their own organisations and what actions can be taken to support progress to be made.
2. The Board will be invited to the discussion events on the JSNA chapter.

*Helen Coombes, Jason Gaskell, Paul Farthing left the meeting at 4.04 pm.*

#### **18/24 BETTER CARE FUND (BCF) PLAN 2023-25 (UPDATE FOR 2024/25) [Item 8]**

#### **Witnesses:**

Jonathan Lillistone, Director of Integrated Commissioning, SCC

#### **Key points raised in the discussion:**

1. The Director of Integrated Commissioning (SCC) introduced the report noting that the Board was asked to confirm sign-off of the submission, discussions had been had with the Chair and it had been circulated to other decision-makers.
2. The Chair stressed her disappointment in what seem to be the funding reductions for mental health, social prescription, autism and neurodiversity services. She noted that whilst funds might have come from elsewhere in some cases, the funding longevity was not assured. The Director of Integrated Commissioning (SCC) would review the detail and would provide a written response on the impact. The Vice-Chair noted that it would be useful for the BCF team to have a meeting with the Chair to run through the decision-making process at place level. The Chair noted that those discussions were had at the February workshop.
3. A Board member noted that it would be useful to undertake the planning for the next BCF before the end of September, to ensure proper conversations and time to consider what should be done in the next two years. The Director of Integrated Commissioning (SCC) agreed and noted that an additional team member working on the BCF was starting shortly so could pick that up; building on the strategic themes discussed at the workshop to be focused on going forward.
4. The Vice-Chair highlighted the opportunity to look at the next iteration of BCF spend in terms of the various programmes of work that would benefit from a long-term funding solution from the BCF along with statutory funding.

**RESOLVED:**

1. Noted and agreed the 2024/25 update to the previously approved 2023-25 BCF Plan.
2. Noted the 2023/24 BCF Return which was submitted to NHSE on 23 May.
3. Noted the update following the BCF Strategy Workshop in February 2024.

**Actions/further information to be provided:**

1. The Director of Integrated Commissioning (SCC) will review the detail and will provide a written response to the Chair on the impact of the funding reductions for mental health, social prescription, autism and neurodiversity services.

**19/24 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]**

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

**RESOLVED:**

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

**20/24 DATE OF THE NEXT MEETING [Item 10]**

The date of the next public meeting was noted as 18 September 2024.

Meeting ended at: 4.10 pm

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**Chair**

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## SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP DRAFT MINUTES

<b>Date</b>	Wednesday 24 <sup>th</sup> July 2024	<b>Time</b>	10.30-12.00
<b>Venue</b>	Eagle & Kestral, Woodhatch Place/ Microsoft Teams (Hybrid)		

**Present (✓) Apologies (A) Virtual (V)**

### Members, Participants and Attendees

Name	Role	Attendance
<b>Board Members</b>		
Tim Oliver (TO)	Chair and Leader	Surrey County Council ✓
Rachael Wardell (RW)	Executive Director of Children, Families and Lifelong Learning	Surrey County Council A
Ruth Hutchinson (RH)	Director of Public Health	Surrey County Council ✓
Kate Scribbins (KS)	Chief Executive	Healthwatch Surrey ✓
Karen McDowell (KM)	Interim Chief Executive Officer	Surrey Heartlands ICB ✓
Helen Coombes (HC)	Interim Executive Director Adults, Wellbeing & Health Partnerships	Surrey County Council A
Sarah Kershaw (SK)	Strategic Director - Adults, Wellbeing & Health Partnership	Surrey County Council ✓
Cllr Denise Turner Stewart (DTS)	Cabinet Member for Customer and Communities and Deputy Leader	Surrey County Council ✓
Dr Prमित Patel (PP)	Partner Member - Primary Care Medical Services	Surrey Heartlands ICB ✓
Jo Cogswell (JC)	Place Based Leader, Guildford and Waverley	Surrey Heartlands ICB ✓
Jack Wagstaff (JW)	Place Based Leader (NW Surrey)	Surrey Heartlands ICB A
Thirza Sawtell (TS)	Place Based Leader (Surrey Downs)	Epsom St Helier Hospital NHS Trust A
Sumona Chatterjee (SC)	Place Based Leader (East Surrey)	Surrey Heartlands ICB A
Sue Murphy (SM)	CEO	Catalyst A
David Ford (DF)	Chief Executive	Tandridge District Council A
Cllr Richard Biggs (RB)	Councillor	Reigate and Banstead Borough Council A
Cate Newness Smith (CNS)	CEO	Surrey Youth Focus ✓
Solette Sheppardson (SS)	CEO	Voluntary Support North Surrey ✓
Maria Mills (MM)	CEO	Active Prospects ✓
Susan Tresman (ST)	Independent Carers Lead	Surrey Heartlands ICB A
Kathy Atkinson (KA)	Associate Non-Executive Director	Surrey Heartlands ICB A
Alistair Burtenshaw (AB)	Brice Director & Chief Executive at Watts Gallery Trust	Arts, Heritage and Leadership A

Juliet Wright (JW)	Founding Dean of the Medical School at the University of Surrey	University of Surrey	<b>A</b>
Councillor Mark Nuti (MN)	Cabinet Member for Adults and Health	Surrey County Council	✓
Julie Llewelyn (JL)	Vice Chair Community Foundation for Surrey	Community Foundation for Surrey	<b>A</b>
<b>In attendance</b>			
Nicola Bassani (NB)	Senior Programme Manager, Community Development & Integration.	Surrey Heartlands ICB	✓
Armajit Ballagan (AB)	Head of Health Inequalities & Prevention, Guildford and Waverley Place	Surrey Heartlands ICB	✓
Dr Ruchi Gupta (RG)	Clinical Director for Long Term Planning Delivery, Deputy CMO	Surrey Heartlands ICB	✓
Adam Watkins (AW)	Senior Programme Manager Long Term Planning Delivery	Surrey Heartlands ICB	✓
Uma Datta (UD)	Assistant Director Insight	Surrey County Council	✓
Daniel Shurlock (DS)	Strategic Lead Thriving Communities & Towns and Villages.	Surrey County Council	✓
Ian Smith (IS)	Chair Integrated Care Board	Surrey Heartlands ICB	✓
Lucy Clements	Health and Integration Policy Lead	Surrey Heartlands ICB	<b>A</b>
Laura De Campos Duhdamell (LDCD)	Health Integration Projects and Partnership Support Assistant	Surrey County Council	✓
Sarah Wimblett (SW)	Health and Integration Policy Advisor	Surrey County Council	✓
Giselle Rothwell (GR)	Director of Communications and Engagement	Surrey Heartlands ICB	<b>V</b>
Michael Coughlin (MC)	Head of Paid Service	Surrey County Council	✓
<b>Substitutes</b>			
Kate Barker (KB)	On behalf of Rachael Wardell	Surrey County Council	<b>V</b>



Item No.	Discussions and New Actions
<b>Business items</b>	
<b>1</b>	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all members and attendees to the third formal-public meeting of the Integrated Care Partnership.</p> <p>Apologies were received from Alistair Burtenshaw, Rachael Wardell, Helen Coombes, Jack Wagstaff, Sumona Chatterjee, Thirza Sawtell, Sue Murphy, David Ford, Cllr Richard Biggs, Susan Tresman, Kathy Atkinson, Juliet Wright and Julie Lewellyn. Lucy?</p> <p><b>DECLARATION OF INTEREST</b></p> <p>The register was noted. There were no conflicts relevant to today's agenda.</p> <p><b>MEMBERS OF THE PUBLIC QUESTIONS</b></p> <p>None Received.</p> <p><b>QUORUM</b></p> <p>The meeting was declared quorate.</p>
<b>2</b>	<p><b>MINUTES OF PREVIOUS MEETING (24<sup>th</sup> June 2024)</b></p> <p>These were agreed as an accurate record.</p>
<b>3</b>	<p><b>GOVERNANCE REVIEW: HWB/ ICP/ ICB</b></p> <p><b>Presenter (s):</b></p> <ul style="list-style-type: none"> <li>• Sarah Kershaw, Strategic Director of Adults, Health and Wellbeing.</li> </ul> <p><b>Discussion Questions</b></p> <p>(1) Does the board foresee any unanticipated consequences of the proposed way forward to establish a joint Surrey HWBB and Surrey Heartlands ICP that will be need consideration as this way of working progresses?</p> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>– The Chairman informed members that the purpose of this approach is to ensure that local system governance supports the delivery of the Health and Wellbeing Strategy (HWS), Surrey Heartland Integrated Care Strategy (SHICS), and Surrey Heartlands Joint Forward Plan (SHJFP) is configured in the most effective and efficient way. This is to support and ensure effective delivery, avoid duplication, and make the best use of system partners' input.</li> <li>– The presenter added that the recommendations specified in the paper summarise that meetings would occur on the same day and location as the Surrey Heartlands ICB to streamline agenda topics. The meetings of HWB and ICP will have the same membership, maintaining the current organisational representation of both.</li> <li>– The first of these joint meetings will start at 10 AM on 18th September, where a draft Terms of Reference for the combined meeting will be reviewed.</li> </ul> <p><b>The following key points were highlighted in the discussion:</b></p> <ul style="list-style-type: none"> <li>– Members raised a question about how the Community Safety role of the HWB will be managed. The presenter and chairman stated that conversations have been happening with Surrey Police and the Office of the Police and Crime Commissioner. The team is in the process of developing a transition of the Community Safety agenda into a more</li> </ul>

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	<p>specific governance structure. In the meantime, members will remain in the HWB/ICP meeting until a formal arrangement is established.</p> <ul style="list-style-type: none"> <li>– A point was raised regarding the wording in the document, which does not explicitly state representation of the VCSE Alliance. The chairman clarified that this was merely a wording issue and the intention is to include three representatives from the VCSE Alliance. The feedback would be taken forward to the authors and would be amended in the document.</li> <li>– A question was raised concerning the representation of the VCSE within the Surrey Heartlands ICB. Board members clarified that the ICB and ICP are aligned with VCSE representatives as they are part of the ICP membership. The proposal presented at today's meeting aims to further streamline this alignment. Additionally, the leader of Surrey, who attends the ICB meetings, is positioned to observe and provide updates on discussions involving VCSE representatives from the ICP. It was also noted that the ICB membership is constituted by NHSE, and Surrey Heartlands aims to avoid increasing the number of members, as doing so could negatively impact decision-making effectiveness.</li> <li>– Members approved the recommendations presented.</li> </ul>
4	<p><b>PREVENTION UPDATE</b></p> <p><b>Presenter (s):</b></p> <ul style="list-style-type: none"> <li>• Ruth Hutchinson, Director of Public Health.</li> <li>• Adam Watkins, Senior Programme Manager – Long Term Planning Delivery</li> <li>• Dr Ruchi Gupta, Clinical Director for Long Term Planning Delivery, Deputy CMO</li> <li>• Dan Shurlock, Strategic Lead Thriving Communities &amp; Towns and Villages.</li> <li>• Uma Datta, Assistant Director Insight.</li> <li>• Armarjit Ballagan, Head of Health Inequalities &amp; Prevention, Guildford and Waverley Place</li> </ul> <p><b>Discussion Questions</b></p> <ol style="list-style-type: none"> <li>a) What actions can the ICP take in relation to the challenges highlighted in the HWB Strategy Index Scorecard?</li> <li>b) Recognising the role of the wider determinants of health and the significant role of all partners in addressing health inequalities, how can the ICP encourage partnership working to further strengthen collaborative approaches to reduce healthcare health inequalities?</li> <li>c) How can the ICP support and encourage stronger shared leadership accountabilities at the town level between NHS, district and borough councils, Surrey County Council and the voluntary, community and faith sector?</li> <li>d) Does the ICP want to respond as a partnership to the impact of alcohol related harm, given the significant opportunities to reduce harm? Is there a need to progress this work and address some of the key challenges?</li> </ol> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>– The presentation focused on four areas of prevention: <ol style="list-style-type: none"> <li>a) The Health and Wellbeing Strategy focuses on integrating care and improving outcomes for residents by addressing local needs and health disparities. The Joint Strategic Needs Assessment (JSNA) has been updated to reflect current health challenges and priorities, ensuring that interventions are evidence-based and targeted. Key areas of focus include enhancing mental health services, addressing social determinants of health and improving access to care for key neighbourhoods and priority populations.</li> </ol> </li> </ul>

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	<p>b) Addressing Health and Healthcare Inequalities and the Prevention Elements of the NHS Long Term Plan: Efforts to tackle health and healthcare inequalities in Surrey Heartlands are guided by the NHS Inclusion Health Framework and the Core20PLUS5 initiative. These initiatives aim to improve healthcare access and outcomes for socially excluded groups and those facing multiple risk factors. Recent achievements include enhanced hypertension and diabetes care through targeted interventions and personalised support, alongside improvements in respiratory care and smoking cessation programs.</p> <p>c) The Towns and Villages approach emphasises localised collaboration to enhance community health and wellbeing. The framework includes strengthening boroughs and place leadership, and community engagement to better address local needs. Progress has been made in developing shared tools and methods for collaboration, with a focus on integrating services and improving outcomes through more effective community partnerships.</p> <p>d) The Guildford and Waverley Alcohol Pilot: The Guildford and Waverley pilot aims to address alcohol harm through a system-wide preventative approach. By involving various partners and utilising a multi-criteria decision-making tool, the pilot has provided insights into effective interventions and the importance of upstream investment. The initiative has highlighted the high costs associated with alcohol-related harm and has fostered a coalition of partners committed to expanding preventative measures and applying learnings to other areas.</p> <p><b>The following key points were highlighted in the discussion:</b></p> <ul style="list-style-type: none"> <li>– Members highlighted the importance of adapting strategies to local needs while emphasising collaboration among different sectors. There was agreement that efforts to enhance community-based work are crucial for effective implementation. The focus should be on understanding and addressing the unique challenges faced by different areas, which requires a flexible and tailored approach. The discussion stated the necessity of building strong, collaborative relationships to transcend traditional service boundaries and improve outcomes on the ground.</li> <li>– Members recognised the value of person-centred approaches in assessing and improving wellbeing. There was interest in developing well-being indexes that could be integrated into broader health and social care systems. This would involve joint efforts and utilising support structures to ensure accountability and effective measurement of outcomes. The importance of aligning with existing frameworks and enhancing community engagement through data-driven insights was emphasised.</li> <li>– A question was raised about integrating vaping statistics into broader tobacco control metrics and addressing emerging issues related to addiction and prevention.</li> <li>– Members noted the potential of community groups and social prescribing in addressing negative health trends.</li> <li>– The board agreed the need for better coordination in utilising local resources and ensuring that strategies are responsive to community needs.</li> <li>– The discussion concluded with a focus on shifting towards prevention and early intervention, with ongoing efforts to clarify leadership and enhance collaborative practices.</li> </ul>

Item No.	Discussions and New Actions
	<p data-bbox="284 253 1305 286"><b>VCSE SECTOR: REPRESENTATION, ENGAGEMENT AND GOVERNANCE</b></p> <p data-bbox="284 320 475 353"><b>Presenter (s):</b></p> <ul data-bbox="331 394 997 456" style="list-style-type: none"> <li data-bbox="331 394 997 427">• Michael Coughlin, Interim Head of Paid Service</li> <li data-bbox="331 432 347 456">•</li> </ul> <p data-bbox="284 499 427 533"><b>Overview:</b></p> <ul data-bbox="331 551 1528 1088" style="list-style-type: none"> <li data-bbox="331 551 1528 752">– In response to financial pressures, Surrey Heartlands ICB and Surrey County Council have engaged with the Voluntary, Community, and Social Enterprises (VCSE) sector to discuss the actions that could be taken to ensure the sustainability of important VCSE activities and services. A steering group has been meeting to address financial challenges, shared information on support and funding, and promoted a strategic transformation fund to help VCSE organisations adapt and improve.</li> <li data-bbox="331 757 1528 1088">– The VCSE Alliance is working on establishing a new leadership structure to better represent the sector. In light of the above, both Surrey Heartlands and Surrey County Council are undertaking reviews of the VCSE infrastructure organisations active across the County, with the objectives of ensuring that value for money is being secured from public funds, priority outcomes for the VCSE sector are being secured and that to the greatest extent possible, public funds from both Surrey Heartlands and Surrey County Council directed through VCSE organisation are making the most positive contribution to the lives of Surrey residents, particularly those in key neighbourhoods and/priority places. It is intended that the results of the reviews will be shared and fed into the budget setting processes during the Autumn, in readiness for decisions being made at the end of 2024.</li> </ul> <p data-bbox="284 1126 1129 1160"><b>The following key points were highlighted in the discussion:</b></p> <ul data-bbox="331 1200 1528 1910" style="list-style-type: none"> <li data-bbox="331 1200 1528 1424">– Members discussed that the VCSE Alliance's primary role is to coordinate representation within the voluntary sector rather than provide infrastructure support. The Alliance focuses on facilitating engagement and communication among its member organisations, which share common values and goals. Although it is in the process of establishing governance documents and structures, the Alliance is not a formal organisation but rather an agreement among various VCSE entities. Members will elect leadership positions, such as chair and vice-chair, to guide its efforts.</li> <li data-bbox="331 1429 1528 1603">– The VCSE Alliance aims to provide more coordinated representation at a strategic level, distinct from existing infrastructure organisations that address specific community needs. Members recognised the complexity of balancing representation with infrastructure needs, given the diverse range of community groups. The Alliance's role is intended to complement, rather than replicate, the functions of these infrastructure organisations.</li> <li data-bbox="331 1608 1528 1805">– Concerns were raised about the value for money and effectiveness of current funding arrangements for infrastructure organisations. The VCSE Alliance is expected to add value by offering a strategic voice rather than direct support. The discussion also highlighted the challenge of effectively representing the varied voluntary sector, noting that while the Alliance will coordinate efforts, it cannot fully represent every small organisation and community group.</li> <li data-bbox="331 1809 1528 1910">– The discussion concluded with the emphasis on the importance of clearly defining the Alliance's role in relation to infrastructure bodies and ensuring that the contributions of the voluntary sector are effectively integrated into public sector strategies.</li> </ul>

Item No.	Discussions and New Actions
5	<p><b>CLINICAL STRATEGY - CONFIDENTIAL</b></p> <p><b>Presenter (s):</b></p> <ul style="list-style-type: none"> <li>• Tim Oliver, Chairman.</li> </ul> <p>This item was noted.</p>
7	<p><b>AOB</b></p> <p>There were none.</p>
<p><b>DATE OF THE NEXT MEETING:</b></p> <p>The next public-formal meeting of the Integrated Care Partnership will be in Woodhatch on the 18<sup>th</sup> of September 2024</p> <p style="text-align: right;"><b>Meeting ended at 12:30PM</b></p>	

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## Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Combining the Health and Wellbeing Board and the Surrey Heartlands Integrated Care Partnership: Draft Memorandum of Understanding (MoU)
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	All
<b>HWBS or IC Strategy Outcome(s):</b>	All
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	All
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>Community capacity building: 'Building trust and relationships'</li> <li>Co-designing: 'Deciding together'</li> <li>Co-producing: 'Delivering together'</li> <li>Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>Civic / System Level interventions</li> <li>Service Based interventions</li> <li>Community Led interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Public Health, Surrey County Council; <a href="mailto:phillip.austenreed@surreycc.gov.uk">phillip.austenreed@surreycc.gov.uk</a></li> <li>Lucy Clements, Associate Director Health Integration – Surrey Heartlands ICB and Surrey County Council; <a href="mailto:lucy.clements@surreycc.gov.uk">lucy.clements@surreycc.gov.uk</a></li> </ul>
<b>Sponsor(s)/Champions:</b>	Tim Oliver OBE - HWB and ICP Chairman, SCC Leader
<b>HWB/ICP meeting date:</b>	18 September 2024

<b>Related HWB/ICP papers:</b>	Informal HWB meeting, 17 July 2024
<b>Annexes/Appendices:</b>	<p><b>Annex 1</b> - Draft Memorandum of Understanding for the combined meeting of the HWB and ICP (Annexes 2 and 3 appended)</p> <p><b>Annex 2</b> - updated HWB Terms of Reference</p> <p><b>Annex 3</b> - updated Surrey Heartlands ICP Terms of Reference</p>

## 2. Executive summary

Further to the decision made at the July 2024 Surrey Health and Wellbeing Board (HWB) and Surrey Heartlands Integrated Care Partnership (ICP), these entities will be combined, and alongside the Surrey Heartlands Integrated Care Board, will create a “Health and Wellbeing Day” from September 2024.

Annex 1 attached is a draft MoU for this combined meeting, which set out the aims, responsibilities and procedural arrangements for this meeting, as well as detail around the membership and roles of each member of the HWB and ICP.

Subject to further discussion and advice from governance / legal colleagues, the meeting will operate as a committees in common meeting.

## 3. Recommendations

1. That the HWB and ICP members review the draft shared Memorandum of Understanding (MoU) and respective Terms of Reference (ToR) in detail and feed back to the authors any amendments, questions and concerns.
2. A final version of the MoU for the combined meeting of the HWB and ICP and respective ToRs be brought back to the next formal combined meeting of the HWB and ICP for final approval, including clear route to approval for any required governance changes at SCC and/or Surrey Heartlands to ensure alignment of processes.

## 4. Reason for Recommendations

Members need to review the draft MoU and ensure it accurately reflect the aims and objectives of this new body.

## 5. Detail

In July 2024, the Surrey Health and Wellbeing Board and the Surrey Heartlands Integrated Care Partnership agreed the following recommendations:



**“Subject to discussion, the board is asked to endorse the joint governance approach described in this paper between Surrey HWB and Surrey Heartlands ICP**

- **This will occur on the same day and location as Surrey Heartlands ICB to enable streamlining of agenda topics.**
- **From September the HWB and Surrey Heartlands ICP will have the same membership that maintains the current organisational representation of both.**

**The first of these joint meetings will start at 10am on 18 September where a draft Terms of Reference for the combined meeting will be reviewed.”**

Following further legal advice on how to achieve this joint approach, this paper proposes a draft joint MoU (which includes the two respective ToRs) for feedback and review by the joint membership of the HWB and Surrey Heartlands ICP with the aim that a final version is brought to the next formal meeting of the combined HWB and ICP in December 2024. The ToR of the Surrey Heartlands ICP and the Surrey Health and Wellbeing Board have been updated to reflect joint ways of working and are included in the document.

For completeness and for reference, whilst the ICB does not have a ToR document as such, it sets out its overarching governance and leadership arrangements in its **Constitution**, which is formally approved by NHS England. The Constitution is available on the ICB’s website at: <https://www.surreyheartlands.org/nhs-surrey-heartlands-constitution>.

The Constitution<sup>1</sup> includes areas such as:

- the composition of the Board
- procedures for making decisions
- arrangements for managing conflicts of interest
- arrangements for ensuring accountability and transparency.

## **6. Opportunities/Challenges**

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To ensure the document accurately reflects the shared aims, objectives and deliverables of this partnership and the membership is reflective of these needs.

With regards to Community Safety, the potential future direction for leadership and oversight is covered within a separate paper presented to the 18 September meeting. Community Safety will remain part of the Health and Wellbeing Board’s

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<sup>1</sup> The Constitution is supported by a **Governance Handbook** available at: <https://www.surreyheartlands.org/nhs-surrey-heartlands-governance-handbook>

responsibility until the review and proposals outlined in the respective paper are clarified and agreed formally.

## **7. Timescale and delivery plan**

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Draft MoU including ToRs reviewed in September 2024 with final version to be signed off at the next formal combined meeting of the HWB and ICP in December 2024.

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

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Engagement required from all members of the HWB and ICP.

## **9. Legal Implications – Monitoring Officer:**

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The Health and Wellbeing Board is a formal committee of the Council established under the Health and Social Care Act 2012, which sets out the Council's statutory functions. Any amendments to the Terms of Reference of the Health and Wellbeing Board must be approved by full Council and ensure that the Council discharges its obligations under the Act.

## **10. Next steps**

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- Comments to be received from members of the HWB and ICP at the combined meeting on 18 September 2024, and subsequently until 25 October.
- Final MoU including the respective ToRs to be drafted September - December 2024.
- Final MoU including the respective ToRs shared for approval at formal December combined meeting of the HWB and ICP.
- Final MoU including the respective ToRs will go forward for approval to full Council as required.

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### **Questions to guide discussion:**

- *Does this joint MoU and respective ToRs reflect the deliverables of this partnership?*

## **DRAFT The Combined Meeting of the Surrey Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership - Memorandum of Understanding (MoU)**

The combined meeting of the Surrey Health and Wellbeing Board and the Surrey Heartlands Integrated Care Partnership (combined meeting of the HWB and ICP), including representation from Frimley Integrated Care Board, will have oversight of delivery of the Surrey Health and Wellbeing Strategy (a prevention strategy) and the Surrey Heartlands Integrated Care Strategy (a prevention and health and care services strategy).

The combined meeting of the HWB and ICP consists of senior representatives from key organisations, agencies and sectors that have an impact and influence upon the health and wellbeing and the provision of health and care services of the Surrey population, with a particular focus on those that experience the poorest health outcomes in order to reduce health inequalities so no-one is left behind.

As committees meeting in common, the following statutory requirements are fulfilled:

- The Surrey HWB as a statutory Board of the Council as required under the Health and Social Care Act 2012.
- Surrey Heartlands Integrated Care Partnership; all upper-tier local authorities that fall within the area of the ICB must establish as required in the Health and Care Act 2022.

However, the HWB and ICP are legally distinct entities and there may be occasions where decisions of each need to be taken separately because of the scope and limits of the functions of each.

### **Aim**

The aim of the combined meeting of the HWB and ICP is to reduce health inequalities so no-one is left behind. This will be done through prevention and addressing the wellbeing, health and care needs of the population, with the communities they serve leading from the front, and in collaboration with all sectors in the county. The combined meeting of the HWB and ICP will agree the longer-term strategic vision and progress delivery on the agreed priorities.

### **Statutory responsibilities**

The combined meeting of the HWB and ICP will deliver each body's statutory responsibilities together by:

- a) Ensuring the system is connected to communities (by supporting ICS place / neighbourhood, town and village, ward level engagement, utilising the HWBS Principles for Working with Communities).
- b) Providing leadership for strategic local planning to improve health and wellbeing by reducing health inequalities, and challenge the provision of services across a range of sectors and providers to ensure they contribute to this aim.

- c) Assessing the needs of the local population by leading the statutory Joint Strategic Needs Assessment ('JSNA') delivery (with an evolving refresh and publication of the JSNA and triangulating this with other community insights to support evidence-based prioritisation, commissioning, and policy decisions at the civic/system and service level).
- d) Ensuring that the JSNA and community insights drive the development and review of the Health and Wellbeing Strategy and the Surrey Heartlands Integrated Care Strategy and influences other key plans, strategies, commissioning and service delivery.
- e) Undertaking the Pharmaceutical Needs Assessment every three years or sooner if required.
- f) Preparing, agreeing, publishing and reviewing of the Surrey Health and Wellbeing Strategy. The Surrey Health and Wellbeing Strategy sets a high level joint strategic vision for reducing health inequalities through prevention, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the combined HWB and ICP have a duty to take heed of the Strategy, its outcomes and metrics and will be held to account for their contribution to the delivery of outcomes.
- g) Preparing, agreeing, publishing and reviewing of the Surrey Heartlands Integrated Care Strategy. The Surrey Heartlands Integrated Care Strategy sets a high level joint strategic vision for prevention and health and care, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the combined HWB and ICP have a duty to take heed of the strategy, its outcomes and metrics and will be held to account for their contribution to the delivery of outcomes.
- h) Discharging all functions relating to the Better Care Fund that are required or permitted by law, including agreeing the Better Care Fund and overseeing the delivery of the Better Care Fund and Improved Better Care Fund. This includes sighting a regular written progress report on each of the schemes under the Fund to the combined meeting of the HWB and ICP.
- i) Advocating for the integration of services and aligning purpose/ambitions with plans to integrate care and improve health and wellbeing outcomes where it is beneficial to do so.
- j) Facilitating joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development
- k) Championing inclusion and transparency.

The combined meeting of the HWB and ICP should review the Joint Forward Plans of the two Surrey ICBs and the Joint Capital Resource Funds of the ICBs and their partner NHS Trusts/Foundation Trusts when shared (this is a statutory responsibility of the ICBs/Trusts to do so) to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

The combined meeting of the HWB and ICP can appoint informal sub-committees if required to carry out certain functions and to advise. Existing informal sub-committees of the HWB, not constituted under the Local Government Act 1972, include, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB), the Mental Health: Prevention Board, the Communications Group, Joint Strategic Needs Assessment Oversight Group and Pharmaceutical Needs Assessment Steering Group.

In order to undertake the system leadership role, the combined meeting of the HWB and ICP will meet in public four times a year in a formal capacity (these meetings will be webcast), it will meet informally in private four times a year and hold a Deep Dive or “Walkabout” in a town, village or key neighbourhood across the four Surrey Heartlands ICS Places four times a year. These will include Frimley ICS where these neighbour or include areas within their boundary.

The combined meeting of the HWB and ICP will regularly report verbally to the Surrey Heartlands Integrated Care Board as part of the sequence of meetings on the same day.

### **Role of members:**

- Be strategic, representative and effective
- Identify and report system/service/community issues
- Act to bring together intelligence, expertise and community and business support to identify priorities and develop solutions to maximise all determinants of health which impact on health and wellbeing.
- Ask challenging questions about and scrutinise performance
- Deal honestly and robustly with under-performance.
- Minimise bureaucracy and build upon existing structures.
- Focus on the needs of those with the poorest health outcomes so no-one is left behind and the needs of the population as a whole with regard to health and care provision.
- Will seek to act in the best interests of the population of Surrey rather than representing the individual interests of any one constituent organisation, subject to any legal obligations to the contrary.
- Ensuring awareness of and commitment to strategic priorities, direction and undertakings
- Encouraging the alignment of planning, performance, and budgetary processes between partner organisations where practicable.
- Engaging actively with the other key partnerships, and boards to ensure the achievement of outcomes in all agreed areas and to extend the reach of the Surrey Heartlands Integrated Care Strategy and Surrey Health and Wellbeing Strategy by ensuring alignment with other strategies and plans.

## Membership

Representation at the combined meeting of the HWB and ICP reflects a streamlined and consistent membership across the two statutorily required boards and consists of the senior representatives (who have voting rights) detailed below:

<b>Organisation</b>	<b>Title</b>	<b>Role at the combined meeting of the HWB/ICP</b>	<b>Statutory HWB member</b>
<b>Surrey Heartlands ICB</b>	Chief Executive	Lead of a constituted Integrated Care System (Surrey Heartlands ICS)	Yes
<b>Surrey Heartlands ICB</b>	Chief Medical Officer	SHICB Medical representative	
<b>Surrey Heartlands ICB</b>	Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley	SHICB Places representative	
<b>Surrey Heartlands ICB</b>	Primary Care Clinical Leader	SH Primary Care Partner representative	
<b>Surrey and Borders Partnerships Trust</b>	Chair	Mental Health Provider representative	
<b>Frimley Health and Care ICB</b>	Chief Executive	Lead of a constituted Integrated Care System (Frimley ICS)	Yes
<b>Surrey County Council Elected Members</b>	Leader of SCC	Chairman and nominated councillor of the local authority	Yes
<b>Surrey County Council Elected Members</b>	Cabinet Member (Health, Wellbeing and Public Health)	SCC Portfolio Holder	
<b>Surrey County Council Elected Members</b>	Cabinet Member (Adult Social Care)	SCC Portfolio Holder	
<b>Surrey County Council Elected Members</b>	Cabinet Member (Children, Families and Lifelong Learning)	SCC Portfolio Holder	

<b>Surrey County Council</b>	Chief Executive	Chief Executive SCC	
	Integration Transformation Director	To represent integration and health partnerships for SCC	
	Executive Director - Adults, Wellbeing and Health Partnerships	To represent adult services	Yes
	Executive Director - Children, Families and Lifelong Learning	To represent children's services	Yes
	Director of Public Health	To represent public health	Yes
<b>Healthwatch</b>	Chief Executive	To represent user voice for health and wellbeing services	Yes
<b>Community Foundation for Surrey</b>	Vice President	To represent CfS	
<b>VCSE Alliance</b>	Chief Executive, Shooting Star Children's Hospices	To represent VCSE partners across Surrey	
<b>VCSE Alliance</b>	Chief Executive Officer, Catalyst	To represent VCSE partners across Surrey	
<b>VCSE Alliance</b>	CEO at ESDAS	To represent VCSE partners across Surrey	
<b>District and Borough</b>	Leader	To represent D&B Leaders across Surrey	
<b>District and Borough</b>	Leader	To represent D&B Leaders across Surrey	
<b>District and Borough</b>	Chief Executive	To represent D&B Chief Executives across Surrey	
<b>District and Borough</b>	Chief Executive	To represent D&B Chief Executives across Surrey	
<b>Carers</b>	Independent Carers Lead	To represent Surrey's Carers Partnership Group and be the system representative for carers.	
<b>University of Surrey</b>	Director at University of Surrey	To represent the UoS	
<b>Business</b>	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	

<b>Police</b>	Chief Constable of Surrey Police	To represent the Police and community safety (subject to review)	
<b>Mental Health: Prevention Board (sub group of HWB)</b>	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
<b>Prevention and wider determinants of health delivery board (sub group of HWB)</b>	Chair	To represent Prevention and WDH Delivery Board	
<b>Housing</b>	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

The composition of the combined meeting of the HWB and ICP should be inclusive as practicable covering a wide range of partners whilst balancing this with a realistic maximum size of the combined HWB and ICP necessary for it to be strategically effective.

The combined meeting of the HWB and ICP needs the involvement of all the appropriate partners, including the public, private, community and voluntary sectors. This should allow engagement of residents, community, other public sector and business interests that cannot be represented directly at the combined meeting of the HWB and ICP.

Membership of the combined meeting of the HWB and ICP represents personal commitment to the aim and responsibilities stated, to attend meetings personally and regularly and to prioritise combined HWB and ICP Business. Each member of the combined meeting of the HWB and ICP has equal voting rights.

Members of the combined meeting of the HWB and ICP must have sufficient delegated authority from their organisations to take a full part in the business of the combined meeting of the HWB and ICP.

It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands. If there are equal votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Decisions taken at combined meetings of the HWB and ICP are not subject to ratification or a formal decision process by partner organisations. However, where



decisions are not within the statutory responsibilities of either the HWB or ICP, these will be subject to ratification by the constituent members.

The combined meeting of the HWB and ICP may invite representatives of partner organisations to attend for, or to present, specific items as appropriate. Co-ordinating officers will also be present. Neither will have voting rights.

### **Chairing arrangements**

The Leader of the County Council or their appointee will be the Chair of the combined meeting of the HWB and ICP. The Chair shall appoint up to two Vice-Chairs on an annual basis at least one of which shall come from within the health service representation.

In the event that the Chair is not present, but the meeting is quorate the voting members present at the meeting shall choose which Vice-Chair is to chair that meeting.

### **Quorum**

In line with SCC Standing Order 69.1, the quorum shall be one quarter of the total number of voting members of the HWB. A quorum may not be fewer than three voting members.

In line with SCC Standing Order 69.2, the Chair will adjourn the meeting if there is not a quorum present.

### **Secretariat**

Secretariat for the combined meeting of the HWB and ICP will be provided by Surrey County Council's Democratic Services team.

**PROCEDURE RULES FOR COMBINED HWB AND ICP MEETINGS**

5

**1. Introduction**

- 1.1 These rules also detail the rights of the public to be notified of meetings of the combined HWB and ICP, to attend and participate in those meetings, and access agendas and papers before and after meetings of the combined HWB and ICP.
- 1.2 The term 'clear days' in these rules excludes any Saturday, Sunday, Bank Holiday, Christmas Day or Good Friday, the day that an agenda is sent to the Members of the combined HWB and ICP and the day of the meeting.

**2. Rights of the public to attend combined HWB and ICP meetings**

- 2.1 Members of the public may attend combined HWB and ICP meetings subject only to the exceptions in these rules.

**3. Notice of combined HWB and ICP Meetings**

- 3.1 The Council shall give at least five clear days' notice of any public meeting of the combined HWB and ICP via its website.

**4. Access to agendas and reports before Board meetings**

- 4.1 Copies of agendas and reports are made available for public inspection at County Hall (contact Democratic Services: [democraticservices@surreycc.gov.uk](mailto:democraticservices@surreycc.gov.uk) for further details) at least five clear days before a meeting of the combined HWB and ICP. If an item is added to the agenda later, the revised agenda and any additional report(s) will be made available for public inspection as soon as they have been sent to members.
- 4.2 Agendas and papers will also be available to access on the Council's website.

**5. Exclusion of access by the public to HWB and ICP meetings**

- 5.1 Confidential information - requirement to exclude public
  - 5.1.1 The law, as set out in Section 110A of the Local Government Act 1972 regarding access to information and exclusion of the press and public from Council meetings will be applied when it is likely that confidential information will be disclosed.
  - 5.1.2 Confidential information is defined as information given to the Council by a Government Department on terms forbidding its public disclosure or information which is prevented from being publicly disclosed by Court Order.
- 5.2 Exempt information - discretion to exclude public
  - 5.2.1 The combined HWB and ICP may by resolution exclude press and public from meetings whenever it is likely that exempt information would be disclosed.
  - 5.2.2 Exempt information is defined as information falling within the following categories as set out in Schedule 12A to the Local Government Act 1972:

## Category Qualifications

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Authority or a Minister of the Crown and employees of, or office holders under, the Authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the

Authority proposes –

(a) to give under any enactment notice under or by virtue of which requirements are imposed on a person;

**or**

(b) to make order or direction under any enactment.

7. Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

5.2.3 Information is not exempt information if it is required to be registered under the Companies Act, Charities Act etc.

5.2.4 Information is not exempt information if it relates to proposed development for which the Council may grant itself planning permission.

5.2.5 Subject to paragraphs 8 and 9 above, information which falls within paragraphs 1 to 7 of section 5.2.1 is exempt information if and so long as the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

## **6. Exclusion of Access by the Public to Reports and Any Other Relevant Documents**

6.1 Reports containing confidential information will not be made available to the public in any circumstances. Such reports will be marked “Not for publication – Confidential Information”.

6.2 Reports and documents containing exempt information will not normally be made available to the public. They will be marked “Not for publication” and will include the description of the category of exempt information applicable.

6.3 The combined HWB and ICP has the option, when the report or documents described at paragraph 6.2 above come to a meeting, to make them available to the press and public and/or consider the report with the public present, in which case the report can at that stage be made available to the public present and for public inspection beyond the meeting.

## **7. Public Question Time**

7.1 The following rules relate to public question time at public meetings of the combined HWB and ICP.

- (a) "Public question" is defined as the asking of any question, or making of a statement in relation to any item on an agenda.
- (b) Petitions may be presented on any matter within the overall remit of the combined HWB and ICP whether or not there is a relevant item on the agenda.
- (c) Each agenda shall include an item to allow public questions to be taken early in the meeting. However, the Chairman has discretion to take public questions when the relevant item is reached on the agenda.
- (d) A person wishing to raise a public question must give notice in writing or by email to the meeting administrator at least 7 days before the meeting.
- (e) The Chairman will invite those who have given prior notice to introduce their question / or make their statement. The individual may speak for up to two three minutes or longer with the Chairman's discretion.
- (f) There will be no debate on any question or statement made. They will be answered at the time or noted for consideration when the relevant agenda item is reached. The Chairman has discretion to allow a supplementary question.
- (g) The time allowed for public question time will not normally exceed twenty minutes unless the Chairman directs otherwise.
- (h) Where there are a large number of questioners on the same subject, the Chairman may ask those concerned to nominate one or more of their number to pose the appropriate question(s).
- (i) In exceptional circumstances the Chairman may adjourn the meeting temporarily to allow views to be expressed more freely.

## **8. Media Attendance and Reporting at Public Meetings**

8.1 Media are welcome to attend public meetings of the combined HWB and ICP and report on proceedings. In addition, social media journalists are welcome to record and transmit business at these meetings. This permission is subject to the activity not disrupting the business of the meeting. In the event that the meeting considers confidential or exempt business then all members of the public and press must leave the room as requested for the consideration of such business.

## Surrey Health and Wellbeing Board

## Terms of Reference

Version: September 2024

**1. Context**

- 1.1. The Health and Social Care Act 2012 sets out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.
- 1.2. Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g., such as requirements for political proportionality or allowing council officers to be a member of the committee).
- 1.3. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:
  - 1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Sub-committees include (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board, Joint Strategic Needs Assessment Oversight Group and Pharmaceutical Needs Assessment Steering Group.

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

The Delivery Boards:

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

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

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

## 2 Purpose

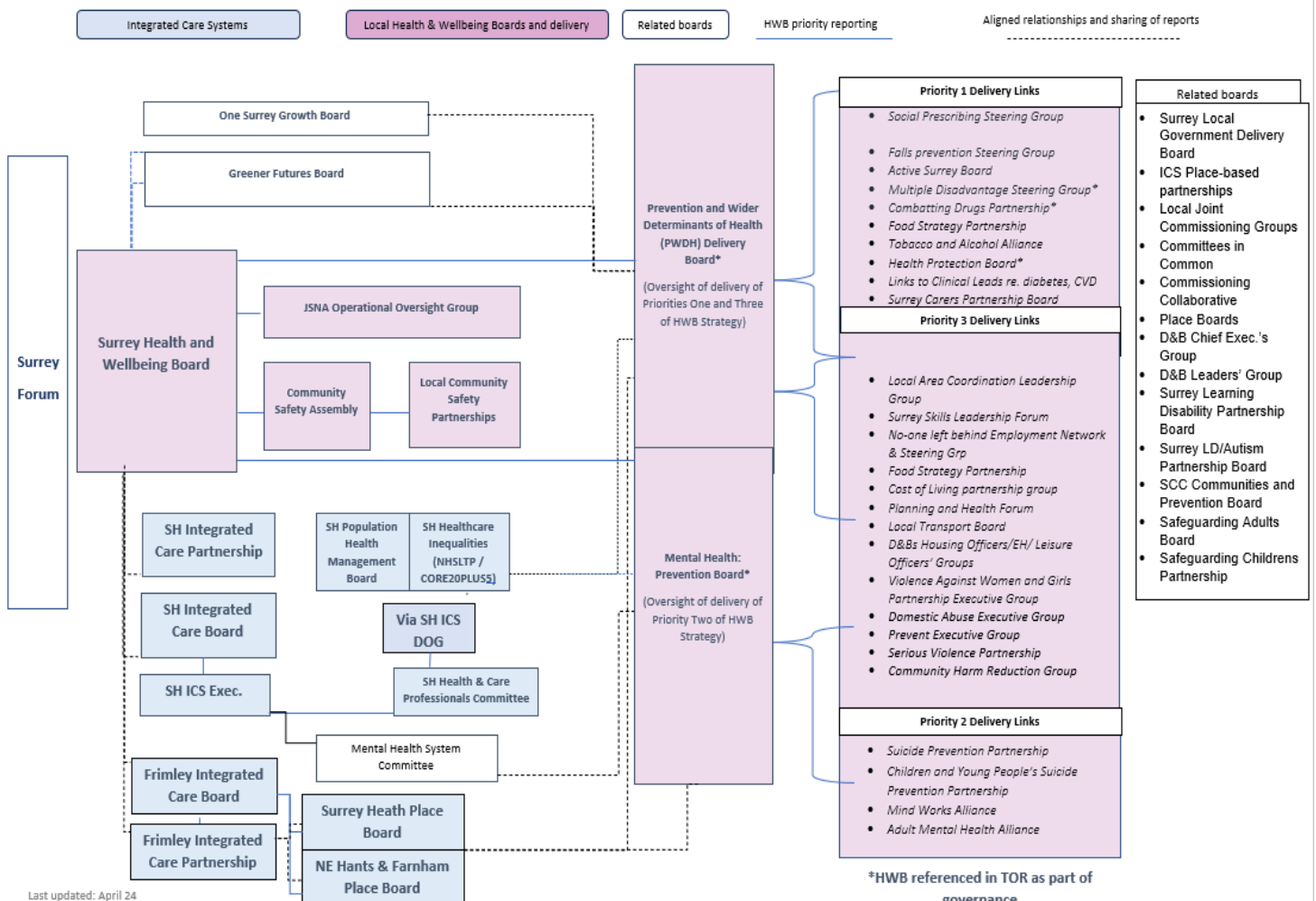
2.1 The purpose of the Surrey Health and Wellbeing Board is to ensure effective delivery against the [Surrey Health and Well-being Strategy](#) (HWB Strategy) to reduce health inequalities, so no-one is left behind.

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

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

2.4 The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey below;

### Governance of delivery of prevention in Surrey



### 3. Role and Responsibilities

#### 3.1 The Health and Wellbeing Board:

- 3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey; including working with Integrated Care Partnerships and Boards (ICPs and ICBs) to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;
- 3.1.2 Oversees delivery of the priorities set out in the Joint Local HWB Strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the Joint Local HWB Strategy;
- 3.1.3 Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);
- 3.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the NHS Mandate.

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

- 3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services and ensure these align with the HWB Strategy;
- 3.2.2 To work with local organisations and partnerships to ensure alignment of the Joint Local HWB Strategy and the JSNA with other locally developed plans or reports. For example, through receiving and providing comments on the ICBs Annual Reports and the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership Annual Reports;
- 3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
- 3.2.4 A power to encourage close working between commissioners of health-related services and the board itself;
- 3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment;
- 3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which

responsible authorities are required to consider crime and disorder in the delivery of all their duties;

- 3.2.7 Be involved in the review of Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;
  - 3.2.8 Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include in the Plan;
  - 3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;
  - 3.2.10 ICBs (and their partner NHS trusts and NHS foundation trusts) must share their joint capital resource use plan (including any revisions) with the Health and Wellbeing Board to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.
- 3.3 Health and Wellbeing Board business will focus on:
- 3.3.1 Overseeing delivery of the implementation plans that sit under the HWB Strategy (not performance management of individual organisations);
  - 3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;
  - 3.3.3 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the HWB Strategy;
  - 3.3.4 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and inform/ensure the most effective use of local time and resources;
  - 3.3.5 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g., Surrey Better Care Fund Plan);
  - 3.3.6 Discussing and highlighting key strategic issues in relation to existing health inequalities and interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle), only focusing on single organisational issues where they have a significant impact on the HWB Strategy Priority Populations;
  - 3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;
  - 3.3.8 Ensuring a significant increase in the focus on prevention and in the movement of funding upstream in the system to facilitate this;
  - 3.3.9 Using/upholding its statutory functions to improve and protect health;
  - 3.3.10 Exerting influence regionally and nationally on issues that impact on the health of our residents;
  - 3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.



#### 4. Principles

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

- 4.1.1 Prioritise resources and make decisions on prevention in the best interests of the Surrey’s Priority Populations, based upon evidence, data and agreed targets.
- 4.1.2 Embrace the opportunity for the collective leadership of place-based working, recognising and balancing the needs and opportunities presented by Surrey’s geography;
- 4.1.3 Work in an open, transparent and inclusive way, ensuring all members are able to participate fully and that there are no surprises for other partners – ‘nothing about me without me’;
- 4.1.4 Use consensus as the primary driver for decision making;
- 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
- 4.1.6 Seek to align local and system level success wherever possible;
- 4.1.7 Regularly disseminate the HWB Strategy, the Board’s relevant formal Board papers and the quarterly Highlight reports within Board members’ own organisations and networks;
- 4.1.8 Champion the Health and Well-Being Strategy’s Principles for Working with Communities across the system and Surrey services in order to focus commitment of the Board to Surrey’s residents/communities, and to strengthen the system’s Empowered and Thriving Communities system capability.
- 4.1.9 Ensure community insights are sought and presented to the Board to inform discussion, strategic direction and decision-making.

#### 5. Chair

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

#### 6. Membership

6.1 The Board membership will be as follows:

Organisation	Title	Role on the combined HWB/ICP	Statutory HWB member
Surrey Heartlands ICB	Chief Executive	Lead of a constituted Integrated Care System (Surrey Heartlands ICS)	Yes
Surrey Heartlands ICB	Chief Medical Officer	SHICB Medical representative	
Surrey Heartlands ICB	Executive Director Strategy and Joint Transformation,	SHICB Places representative	

	Executive Lead for Guildford and Waverley		
<b>Surrey Heartlands ICB</b>	Primary Care Clinical Leader	SH Primary Care Partner representative	
<b>Surrey and Borders Partnerships Trust</b>	Chair	Mental Health Provider representative	
<b>Frimley Health and Care ICB</b>	Chief Executive	Lead of a constituted Integrated Care System (Frimley ICS)	Yes
<b>Surrey County Council Elected Members</b>	Leader of SCC	Chairman and nominated councillor of the local authority	Yes
<b>Surrey County Council Elected Members</b>	Cabinet Member (Health, Wellbeing and Public Health)	SCC Portfolio Holder	
<b>Surrey County Council Elected Members</b>	Cabinet Member (Adult Social Care)	SCC Portfolio Holder	
<b>Surrey County Council Elected Members</b>	Cabinet Member (Children, Families and Lifelong Learning)	SCC Portfolio Holder	
<b>Surrey County Council</b>	Chief Executive	Chief Executive SCC	
	Integration Transformation Director	To represent integration and health partnerships for SCC	
	Director Adult Services	To represent adult services	Yes
	Director of Children's Services	To represent children's services	Yes
	Director of Public Health	To represent public health	Yes
<b>Healthwatch</b>	Chief Executive	To represent user voice for health and wellbeing services	Yes
<b>Community Foundation for Surrey</b>	Vice President	To represent CfS	
<b>VCSE Alliance</b>	Chief Executive, Shooting Star Children's Hospices	To represent VCSE partners across Surrey	
<b>VCSE Alliance</b>	Chief Executive Officer, Catalyst	To represent VCSE partners across Surrey	
<b>VCSE Alliance</b>	CEO at ESDAS	To represent VCSE partners across Surrey	
<b>District and Borough</b>	Leader	To represent D&B Leaders across Surrey	
<b>District and Borough</b>	Leader	To represent D&B Leaders across Surrey	
<b>District and Borough</b>	Chief Executive	To represent D&B Chief Executives across Surrey	

<b>District and Borough</b>	Chief Executive	To represent D&B Chief Executives across Surrey	
<b>Carers</b>	Independent Carers Lead	To represent Surrey's Carers Partnership Group and be the system representative for carers.	
<b>University of Surrey</b>	Director at University of Surrey	To represent the UoS	
<b>Business</b>	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	
<b>Police</b>	Chief Constable of Surrey Police	To represent the Police and community safety (subject to review)	
<b>Mental Health: Prevention Board (sub group of HWB)</b>	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
<b>Prevention and wider determinants of health delivery board (sub group of HWB)</b>	Chair	To represent Prevention and WDH Delivery Board	
<b>Housing</b>	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

- 6.2 Those members who are statutory members of the Health and Wellbeing Board are indicated above;
- 6.3 Board members are able to nominate a substitute (as agreed by the Chair) who can attend and vote in their absence but must have delegated authority to make decisions;
- 6.4 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Local Health and Wellbeing Strategies and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England's commissioning functions in relation to the area and it is requested to do so by the Board;
- 6.5 In addition to the statutory membership of the Board, the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory (Associate) member, and the term of such additional appointees e.g., for one year, the length of council or as a permanent addition to the full membership;
- 6.6 Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

## **7. Quorum**

- 7.1 For all formal meetings, the quorum will be one quarter of the total number of voting members of the Board. A quorum may not be fewer than three voting Members.
- 7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a formal Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.
- 7.3 Where there are co-representatives/co-sponsors, only one per shared role is required for quorum.
- 7.4 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The Board will keep membership under review to ensure we achieve this.

## **8. Decision-making**

- 8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports;
- 8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

## **9. Board Support**

- 9.1 The Surrey County Council Health and Well-Being Team are responsible for the Board's forward plan, developing the agenda and support for Board members to fulfil their role.
- 9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, recording the actions and the organisation of the meetings.

## **10. Meeting Frequency**

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

## **11. Review of Terms of Reference**

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

## Surrey Heartlands Health and Care Partnership ICS

### Integrated Care Partnership

### Terms of Reference

Approved:

Next review due:

## 1. Background and Context

- 1.1. Surrey Heartlands Integrated Care System (ICS) and Surrey County Council have resolved to establish a committee known as the Integrated Care Partnership (known as the ICP ) in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act").
- 1.2. The ICP is established in accordance with the NHS Surrey Heartlands Integrated Care Board (ICB) Constitution and, where agreed, the delegation by NHS under section 13Z of the NHS Act (set out in schedule 1 to these Terms of Reference). These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the ICP and shall have effect as if incorporated into the ICB Constitution. The ICP comprises membership including Surrey County Council, Healthwatch, representatives from the voluntary sector and community organisations and representatives of District and Borough Councils within Surrey and a representative of the ICB. The ICP is not incorporated into any local government or other partner constitutions.

## 2. Purpose & Objectives

- 2.1. The purpose of the Integrated Care Partnership, as described by NHS guidance is to:
  - Align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes.
  - Facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development
  - To develop an 'integrated care strategy' (NB: the health and wellbeing strategy and integrated care strategy can be one and the same)
    - Built bottom up from an assessment of needs and assets at place
    - Based on JSNAs
    - Focused on improving health and care outcomes, reducing inequalities, and addressing the consequences of the pandemic for communities.
  - Champion inclusion and transparency

- Support place based and neighbourhood level engagement
- Ensure system is connected to communities

### **3. Accountability/ Delegated Authority**

- 3.1. The ICP is jointly accountable to the Integrated Care System and to Surrey County Council.
- 3.2. The minutes of ICP meetings shall be formally recorded and submitted to the ICB and the Health and Wellbeing Board. The Chair shall draw to the attention of the ICB and Health and Wellbeing Board any issues that require consideration by the full ICB and/or HWB or require executive action. (For clarity – Any minutes from the confidential part of a meeting (Part II) will be considered in the Part II ICB meeting.)
- 3.3. The ICP is authorised by the ICS to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the ICP. The ICP is authorised by the ICS to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

### **4. Sub Committees & Delegation**

- 4.1. The ICP may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by Terms of Reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

### **5. Responsibilities**

The statutory responsibilities of the Integrated Care Partnership are to:

- Develop an integrated care strategy for the ICS setting out how the assessed needs in relation to Surrey Heartlands are to be met by the ICB, NHSE or SCC
- Champion inclusion and transparency
- Support place based and neighbourhood level engagement
- Ensure system is connected to communities

Local priorities for the ICP

- Thriving and empowered communities that create health and wellbeing and shape health and care service design and delivery
- Personalised care, integrated care pathways and equitable experience and outcomes from care
- A well-resourced, diverse and vibrant market for services to promote emotional health and wellbeing and meet the care needs of Surrey's residents
- A healthy, resilient workforce (housing, transport and wellbeing)
- Integrated digital architecture
- Place shaping: estate and asset management, housing and transport, net zero.

## 6. Membership

6.1. The membership of the ICP shall consist of:

- The Leader of Surrey County Council (Chair Designate)
- Executive Director – Adults, Wellbeing and Health Partnerships, Surrey County Council
- Director for Children’s Services, Surrey County Council
- Director for Public Health, Surrey County Council
- Representative of Healthwatch Surrey
- Chief Executive Officer of Surrey Heartlands Integrated Care Board
- Lead Primary Care Network Clinical Director,
- Representative of the District/Borough Councils (Elected)
- Representative of the District/Borough Councils (Officer)
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of G&W place-based partnership
- Representative of NW Surrey place-based partnership
- Representative of Surrey Downs place-based partnership
- Representative of East Surrey place-based partnership

6.2. **Voting members (or nominated deputies):**

- The Leader of Surrey County Council (Chair Designate)
- Executive Director – Adults, Wellbeing and Health Partnerships, Surrey County Council
- Director for Children’s Services, Surrey County Council
- Director for Public Health, Surrey County Council
- Representative of Healthwatch Surrey
- Chief Executive Officer of Surrey Heartlands Integrated Care Board
- Lead Primary Care Network Clinical Director,
- Representative of the District/Borough Councils (Elected)
- Representative of the District/Borough Councils (Officer)
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of G&W place-based partnership
- Representative of NW Surrey place-based partnership
- Representative of Surrey Downs place-based partnership
- Representative of East Surrey place-based partnership

6.3. **Appointment of Members**

6.3.1. The members of the ICP shall be jointly appointed with approval from the ICB and Surrey County Council.

- 6.3.2. Members of the ICP should aim to attend all scheduled meetings. The Chair of the ICP will review with the Chair of the ICS any circumstances in which a Member's attendance falls below 75% attendance.

## 7. Co-opted members / deputies / attendees

- 7.1. The ICP may co-opt additional members subject to the following terms:
- They have subject matter expertise required to support the ICP in meeting its responsibilities
  - They represent a community, place, or organisation required to support the ICP in meeting its responsibilities.
- 7.2. ICP members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.
- 7.3. No person attending the meeting in one role can additionally act on behalf of another person as their deputy.
- 7.4. People from a range of areas may be invited to attend based on the needs of the agenda as follows:

At the discretion of the Chair observers may be permitted to attend the meetings of the ICP. Those regularly in attendance include:

- Chair of Surrey Heartlands Integrated Care System

## 8. Quorum

- 8.1. A quorum shall be 3 ICP members, which must include: one officer representative from SCC; one representative from SHICB; one representative from the VCSE.
- 8.2. At the start of the meeting, the Chair will confirm that the ICP is quorate, after any actions have been taken to manage any declared conflicts of interest.
- 8.3. Nominated deputies attending ICP meetings, on behalf of substantive members, will count towards quorum.
- 8.4. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.
- 8.5. Any decisions put to a vote at a ICP meeting shall be determined by a majority of the votes of members present. (For clarity: members may be physically attending the meeting or participating by an agreed telecommunications link).
- 8.6. In the case of an equal vote, the Chair shall have a second and casting vote. The Chair will declare the result of the vote.

## 9. Meetings

- 9.1. The ICP will meet on a monthly basis and have an annual rolling programme of meeting dates and agenda items.



- 9.2. The ICP will operate in accordance with NHS Surrey Heartlands Standing Orders. Surrey County Council will be responsible for ensuring administrative support to the ICP. This will include:
- Giving notice of meetings (including, when the Chair of the ICP deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
  - Issuing an agenda and supporting papers to each member and attendee no later than 5 days before the date of the meeting; and
  - Ensuring an accurate record (minutes) of the meeting
- 9.3. The ICP will meet in public and private. Agendas and papers for public meetings will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:
- information given to any of the partners in confidence,
  - information about an individual that it would be a breach of the Data Protection Act to disclose, or
  - information the disclosure of which could prejudice the commercial interests of any of the partners or third parties.
- 9.4. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 9.5. With the agreement of the Chair, and by exception, one or more Members/ Attendees of the ICP may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
- 9.6. An extra meeting of the ICP can be called at the request of the Chair.
- 9.7. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.
- 9.8. The ICP may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 9.9. Non-voting people may be required to withdraw from the confidential part of the meeting
- 9.10. Members of the ICP have a collective responsibility for the operation of the ICP. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

## 10. Agenda Preparation

- 10.1. The ICP will develop the forward-looking rolling agenda programme, maintained by the secretariat.
- 10.2. The Chair will work with the secretariat on the preparation of the next meeting agenda and consult with the other participating Chairs.

## 11. Managing Conflicts of Interest

- 11.1. The members of the ICP must comply fully with NHS England Guidance and the Policy regarding Conflict of Interest<sup>1</sup>. Officers and Members of Surrey County Council are expected to adhere to Surrey County Council's code of conduct in the performance of their duties.
- 11.2. Any conflicts or potential conflicts and mitigating actions should be identified in advance of the meeting, with advice from the Corporate Governance Team, the Director Governance and Corporate Affairs and/ or the Conflicts of Interest Guardian as appropriate, however there may be exceptional circumstances where these have to be decided at a meeting. In these circumstances, the Chair is responsible for managing conflicts of interest at a meeting of the ICP. In these cases:
  - If the Chair has a conflict of interest then the Vice Chair is responsible for deciding the appropriate course of action.
  - If both the Chair and the Vice Chair have a conflict, then the remaining non-conflicted members decide on how any conflicts should be managed.
- 11.3. At the start of the meeting, the Chair will:
  - 11.3.1. Invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the Conflict of Interest Policy. In summary the information recorded is
    - the name of the person noting the interest;
    - the nature of the interest and why it gives rise to the conflict;
    - the item of the agenda to which the interest related;
    - how it was agreed that the conflict should be managed;
    - evidence that the conflict was managed as intended.
  - 11.3.2. Invite members to confirm that their current declarations are up to date and accurate and highlight any new declarations made since the last ICP meeting. If any changes are made to existing declarations, any If new declarations are made, the following information is recorded:
    - the name of the person making the declaration;
    - the nature of the interest;
    - the type of interest, e.g. financial, in line with policy;
    - the date from which this interest started/ or ceased.

<sup>1</sup> The Management of Conflicts of Interest is included in the Standards of Business Conduct Policy.

## **12. Decision-making**

- 12.1. The aim of the ICP is to achieve consensus decision-making wherever possible.
- 12.2. Each voting member of the ICP shall have one vote.
- 12.3. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the ICP members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.
- 12.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other ICB committees.
- 12.5. All decisions taken in good faith at a meeting of the ICP shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

## **13. Emergency/ Chair's action**

- 13.1. The ICP will delegate responsibility for emergency powers and urgent decisions to the Chair and Vice Chair of the ICP
- 13.2. In the event of an urgent decision being required, this shall be taken by the Chair or the Vice Chair of the ICP; who must consult with at least one other member of the ICP
- 13.3. Urgent decisions must be reported to the next ICP meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the ICP prior to taking the decision.

## **14. Governance support**

- 14.1. Surrey County Council will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the ICP Chair and ICP members.
- 14.2. The Secretary will be responsible for supporting the Chair in the management of the ICP's business and for drawing the ICP's attention to best practice, national guidance and other relevant documents as appropriate.
- 14.3. The Secretary will ensure minutes of the ICP will be presented to the next meeting for formal sign off and made available on the website (by inclusion in the ICB papers). Minutes or sections of minutes which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the website.

## **15. Policy and Best Practice**

- 15.1. The ICP will apply best corporate governance practice in its decision-making processes, covering a clear ethical basis to the business being considered;

aligned business goals; an effective strategy incorporating stakeholder values; a well governed organisation and reporting systems to provide transparency and accountability.

## 16. Conduct of the ICP

- 16.1. The ICB has a code of conduct in place which defines required standards of behaviour for individuals working within this organisation, and those performing or authorising activities or advisory duties on our behalf. The ICP and its membership will conduct itself in accordance with these standards and principles.
- 16.2. The code of conduct specifically covers an employee/ member's responsibility in relation to hospitality and gifts, and has regard to:
- Professional Standards Authority Standards for Members of NHS Boards and Integrated Care Board's Governing Bodies in England;
  - NHS Business Services Authority Standards of Business Conduct Procedure; and
  - Nolan seven principles of public life.

## 17. Review of Terms of Reference

- 17.1. The ICP will also self-assess its performance on an annual basis (normally starting each November) referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.
- 17.2. These Terms of Reference will be reviewed annually by the ICP membership. Any proposed significant changes to the Terms of Reference and responsibilities will be presented to the ICP for approval.

## 18. Review History

Date	Version no.	Reviewed by	Status	Comments/ Changes since last version



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## Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>Enabling Stronger Community Safety Leadership and Governance</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	HWBS Priority 3: Supporting people to reach their potential by addressing the wider determinants of health (Integrated Care Strategy Ambition 1: Prevention)
<b>HWBS or IC Strategy Outcome(s):</b>	HWBS Priority 3: <ul style="list-style-type: none"> <li>• Outcome: People are safe and feel safe</li> </ul>
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	<ul style="list-style-type: none"> <li>• Clear governance</li> </ul>
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic / System level interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>• Phill Austen-Reed, Principal Lead - Health and Wellbeing, SCC; <a href="mailto:phillip.austenreed@surreycc.gov.uk">phillip.austenreed@surreycc.gov.uk</a></li> <li>• Carl Bussey, Assistant Director, Safer Communities, SCC; <a href="mailto:carl.bussey@surreycc.gov.uk">carl.bussey@surreycc.gov.uk</a></li> <li>• Jo Grimshaw, Head of ASB, Partnerships, Youth Engagement and Tactical Lead for Serious Violence, Surrey Police</li> <li>• Lauren McAlister, Partnership and Community Safety Lead, OPCC</li> <li>• Sarah Haywood, Serious Violence Programme Lead, OPCC</li> </ul>

<b>Sponsor(s)/Champions:</b>	<ul style="list-style-type: none"> <li>• Tim Oliver OBE, HWB / SH ICP Chair and SCC Leader</li> <li>• Tim De Meyer, Chief Constable, Surrey Police</li> <li>• Lisa Townsend, Surrey PCC</li> </ul>
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	5 March 2020: <a href="#">ITEM 7 - Community Safety Board Merger - Cover report.pdf (surreycc.gov.uk)</a>
<b>Annexes/Appendices:</b>	None

## 2. Executive summary

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Following the merger of the Health and Wellbeing Board (HWB) and the Community Safety Board (CSB) in 2020 it has been recognised that whilst it has developed some helpful and good connections, strong strategic oversight and particularly direction on delivery across the various aspects and workstreams of Community Safety has been limited. It is therefore proposed to review the responsibility with regards to Community Safety currently within the HWB with a view to considering what a separate arrangement could be to take this forward. This would be done whilst maintaining links particularly in relation to the wider determinants of health where there continues to be benefits in alignment between programmes.

## 3. Recommendations

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The Health and Wellbeing Board is asked to:

1. Agree that responsibility for strategic oversight of community safety is reviewed to enable stronger and clearer leadership of community safety across Surrey with a view to considering what a separate arrangement could be to take this forward.
2. As part of the above, support appropriate continued interface with the HWB and Prevention and Wider Determinants of Health Delivery Board (PWDHDB) to continue to recognise the impact that Community Safety has on wellbeing.

## 4. Reason for Recommendations

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The above recommendations seek to enable a stronger, clearer leadership and oversight of delivery of community safety across Surrey which reflects and complements the more specific community safety related governance and partnerships that now exist across Surrey.



## 5. Detail

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In March 2020 the Surrey HWB and Surrey CSB merged with a view to making progress on:

- Enabling the Surrey system to share priorities across health and criminal justice with a greater awareness of the threats to our communities and ways to prevent criminal activity through addressing the wider determinants.
- Offering opportunities to explore commissioning and project delivery collaboratively in line with the national Policing, Health and Social Care Consensus.
- Allowing clearer governance and performance monitoring which will provide greater clarity for Surrey residents and system partners.

There have been some examples of positive collaboration under the above headings including the development of a Community Safety Joint Strategic Needs Assessment (JSNA) chapter and incorporation of relevant indicators within the Health and Wellbeing Strategy Index. Whilst there have been agenda items included on antisocial behaviour (ASB), violence against women and girls (VAWG) and Serious Violence Duty at HWB over the past 12 months it has been noted that practical connections and recognition of shared outcomes have tended to come through their coverage at the Sub-board level via the PWDHDB.

Given the breadth of the HWB agenda however it has been recognised that it has not proven possible to provide the detailed focus on community safety that is now seen to be necessary to enable a strong, strategic steer for community safety.

Whilst the decision to bring together the HWB and Surrey Heartlands Integrated Care Partnership (ICP) from September 2024 will present many opportunities going forwards for the reasons described in previous papers, this will not provide a framework to easily resolve this need for clear leadership of community safety. As a result, following some initial engagement between the Office of the Police and Crime Commissioner (OPCC), Police and Surrey County Council (SCC) there is interest in exploring a separate Surrey-wide community safety focused board to hold this responsibility. Whilst a CSB has obviously existed previously, the exact function and operation of this will need to be developed through further consultation and leadership from community safety partners.

In considering the above it is proposed that the link between community safety and health and wellbeing which was the driving factor for the original merger is preserved and maintained to ensure that appropriate opportunities for alignment and joint working can continue wherever they can add value. This would be through continued membership of the Police on the Combined Surrey Health and Wellbeing Board / Surrey Heartlands Integrated Care Partnership and at a programme level continuing the relevant connections through the Prevention and Wider Determinants of Health Sub-board.

Subject to approval of the above recommendations these will be taken forward by a shared steering group, consisting of the OPCC, Police, SCC and districts and boroughs which will use wider feedback from all relevant partners to develop appropriate community safety governance later in 2024. Working to this timeline will ensure any new national guidance can be factored in and the recent needs assessments for Domestic Abuse, Violence Against Women and Girls, Anti-Social Behaviour and serious violence, as well as the Community Safety Joint Strategic Needs assessment chapter can inform future priorities as the new board is established and the current Community Safety Agreement is reviewed.

Whilst this review happens, the HWB will still have formal responsibility for the governance of community safety until the options of the review for community safety, which may include a new governance structure, are considered and approved by the board.

## **6. Opportunities/Challenges**

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The wider governance in relation to community safety has developed since the merger of the CSB and HWB in 2020. These include boards and strategies such as:

- Community Safety Assembly: hosted by the office of the Police and Crime Commissioner this was established to bring partner organisations across the county together to improve collaboration and enhance community safety in Surrey.
- Serious Violence Reduction Partnership: developed to deliver the aspirations of the Serious Violence Duty which aims to bring specified and relevant authorities together to reduce and prevent serious violence in Surrey.
- Domestic Abuse Executive: To drive forward the Domestic Abuse Strategy
- Surrey Anti-Social Behaviour and Community Harm Reduction Strategy 2024-2027: This is Surrey's fourth strategy and continues to set out how agencies across Surrey will work together to reduce the harmful effects of ASB, serious and organised crime and community safety issues over the next three years. (A new duty to tackle ASB is also expected nationally at some point.)

This proposal to review the local governance with a view to Enabling stronger Community Safety Leadership and Governance provides the opportunity to ensure these and other workstreams work effectively and efficiently and consider what the overarching approach should be taken going forwards.

## **7. Timescale and delivery plan**

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Subject to approval of the above recommendations and feedback from the board the review will be taken forward using feedback from all relevant partners with a view to agreeing a final approach in December 2024.

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

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- A Working Group has been established between Police, SCC and OPCC to consider wider feedback and develop appropriate overarching governance for community safety.
- This will include but not be limited to:
  - Associated boards such as the: Serious Violence Reduction Partnership, DA executive, VAWG executive and ASB and Community Harm Partnership.
  - Surrey Chief Executives forum.
  - Community Safety Forum / Community Safety Partnerships.
  - Prevention and Wider Determinants of Health Board.
  - Surrey Safeguarding Adults Board.
  - Surrey Safeguarding Children Partnership.

## 9. Legal Implications – Monitoring Officer:

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There are no legal implications arising from this report.

## 10. Next steps

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- Incorporate comments of the HWB in the future development and purpose of an appropriate overarching Community Safety governance approach going forwards.
  - Engage with wider community safety colleagues to ensure any new board is fit for purpose, has appropriate leadership and operates effectively to provide oversight and a strategic steer.
  - Through a task and finish working group involving Police, OPCC, SCC use wider feedback to agree a lead partner and develop ToR for the new governance arrangements for final agreement at the December combined HWB/ICP meeting. Along with the final ToR for the combined HWB/ICP these will go forward for approval as necessary for any governance changes required to finalise this proposed change.
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### **Questions to guide discussion:**

- *Do you support the recommendations to review the governance arrangements for community safety with a view to improving strategic oversight and leadership of community safety?*
- *What additional factors should be considered in developing this governance to ensure it can provide stronger and clearer leadership of community safety across Surrey whilst maintaining links where helpful to health and wellbeing?*

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## Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership (ICP) - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>HWB Strategy (HWBS) Highlight Report including HWBS Index Update</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	All HWBS
<b>HWBS or IC Strategy Outcome(s):</b>	All HWBS outcomes
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	All HWBS system capabilities
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic / System Level interventions</li> <li>• Service Based interventions</li> <li>• Community Led interventions</li> </ul>
<b>Author(s):</b>	Helen Johnson, Senior Policy and Programme Manager, Public Health, SCC; <a href="mailto:helen.johnson1@surreycc.gov.uk">helen.johnson1@surreycc.gov.uk</a>
<b>Sponsor/Champion:</b>	Ruth Hutchinson, Director of Public Health, SCC
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	<a href="#">Highlight reports   Healthy Surrey</a>
<b>Annexes/Appendices:</b>	<b>Appendix 1 - Highlight Report</b>

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## 2. Executive summary

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This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 27 August 2024. The Highlight Report is available in an accessible, web friendly format, and provides:

- An overview of activity against HWB Strategy's [Summary Implementation Plan projects and programmes](#), describing what has been achieved with the Priority Populations and against the Priorities/Outcomes and some system capabilities;
- Outlined examples of collaboration by partners;
- Identifies examples of new data/insights and opportunities/challenges that have arisen, including via the HWBS Index;
- The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters;
- Communication activity associated with the HWB Strategy.

## 3. Recommendations

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The HWB and Surrey Heartlands ICP are asked to:

1. Use the [Highlight Reports](#) to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Respond to the significant challenges which include the following:
  - The unmet needs highlighted in the HWB Strategy Index Scorecard, particularly regarding inequalities between communities of geography and identity.
  - Critical funding issue for Surrey prevention programmes that have been evaluated locally as extremely effective in addressing need and reducing demand but are not resourced beyond March 25 – eg some Local Area Co-ordinator roles and Changing Futures' Bridge the Gap service.
  - Funding continuation uncertainties for other Surrey programmes that are Government funded – Household Support Fund (extension only to April 2025), Serious Violence Duty programme (end December 2024), Active Surrey programmes (various, end December 2024), Suicide Prevention Adviser in Surrey Police (end July 2025).

## 4. Reason for Recommendations

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Some individuals and communities experience poorer health outcomes. The focus of the Health and Well-being Strategy and Integrated Care Strategy is to reduce health inequalities so no-one is left behind.

## 5. Detail

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### In the Spotlight

#### Priority 1

#### Creating positive experiences of being active for children and young people

[Active Surrey](#) is committed to reducing levels of inactivity in the county and leveraging physical activity to help tackle inequalities. Drawing in investment and support from Sport England, Active Surrey in collaboration with local partners, has commenced work on a new Place Partnership in the HWB Strategy Key Neighbourhoods of Stanwell (north and south, in the borough of Spelthorne) which is in the top 10% nationally for its inactivity levels. This long-term partnership aims to break down the barriers locally which hold inactivity in place.

Active Surrey has conducted extensive data analysis, local mapping and community engagement in Stanwell. The emerging Place Partnership focus is the role of physical activity in mental health and anti social behaviour and increasing uptake of cycling and walking.

More than 50% of children and young people across Surrey are not meeting [Chief Medical Officer guidelines for physical activity](#). Active Surrey has led a number of impactful programmes recently, aimed at creating positive experiences of being active for less active young people. These have included the Specsavers Surrey Youth Games, wellbeing and movement school-based delivery and Club4, the Holiday Activity and Food programme for Surrey.

This summer, over 39,000 places were available in the Holiday Activity and Food programme, offering free holiday provision including a meal and physical activity for children on free school meals. This year the programme has had a specific focus on:

- Increasing opportunity for young people with additional needs and disabilities including family stay and play sessions, an additional support fund and camp deliverer training (Learning Beyond the Label.)
- Increasing connectivity with skills agenda for our secondary aged young people (linked to NCS and qualifications)
- Building advocacy and awareness of impact of Club4

The last confirmed funding for the Holiday Activity and Food programme is Christmas 2024. Active Surrey is awaiting confirmation from Government if this scheme (and several other centrally funded physical activity programmes for children) will continue in the new year.

## Priority 2

For the first time the Joint Strategic Needs Assessment (JSNA) has a chapter dedicated to 'Loneliness & Social Isolation'. It outlines what is known about loneliness and social isolation in Surrey. It recognises that both can be experienced by anyone at any time across the life course.

This chapter raises the profile of social connection as a key indicator of health and wellbeing for individuals and for communities and outlines the key structural enablers of social connection. This includes Surrey's support services for vulnerable groups and the essential contribution of VSCE organisations to creating and maintaining connected and thriving communities. However, it also shines a spotlight on populations who are marginalised and excluded from the social, cultural, and economic life of our communities.

The chapter's key findings can be summarised as:

- Loneliness and social isolation arise from social, economic, and structural inequalities that put some individuals at higher risk than others.
- The poor health and wellbeing outcomes associated with few social connections and poor-quality personal relationships disproportionately affects people who already experience disadvantage.
- The intersectionality of loneliness and social isolation with other wider determinants of health and wellbeing calls for a whole systems approach to tackling its causes and consequences.
- Within this whole systems approach, social connection should be a cross-cutting theme – akin to equalities, diversity, and inclusion – that informs strategies, policymaking, and commissioning across integrated care systems.

Based on these and further findings that can be read in the 'What is this telling us?' section, this chapter makes 10 key recommendations. The chapter will be published in September [here](#) alongside the suite of other JSNA chapters.

Please contact [jsnafeedback@surreycc.gov.uk](mailto:jsnafeedback@surreycc.gov.uk) with any comments, queries, or feedback.

## Priority 3

SCC was successful in its Southern Gas Network's (SGN) funding bid to allow for the expansion of projects this year. The £920,000 external funding to the **Fuel Poverty** programme will provide an opportunity for interventions to be delivered to vulnerable residents in general and targeted interventions to residents in the HWB Strategy Key Neighbourhoods, who have been victims of domestic abuse, disabled people and carers.



This funding will allow SCC to partner with many organisations to deliver support this winter, including:

- Citizen’s Advice to provide training for frontline volunteers to triage and refer residents for further support, including the administration of a single referral point.
- Surrey Coalition of Disabled People, through the in-home energy advice and grant application support, to visit disabled residents and distribute energy efficient appliances, fuel vouchers and winter warm packs.
- Surrey Fire and Rescue to provide fuel poverty training for Safe and Well Visit Officers, along with fuel vouchers, winter essentials and heaters to distribute directly during visits.
- [I Choose Freedom](#) to provide winter essentials to victims of domestic abuse living in refuge, as well as energy advice sessions.

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## 6. Opportunities/Challenges

### Opportunities

#### Health and Wellbeing Strategy Index

Initial analysis of the [HWBS Index and Scorecard](#) provides us with a number of opportunities to ensure the system maintains good progress against the recently enhanced set of indicators. However, while progress appears good on a Surrey-wide level, significant need is still identified at lower levels of geography where data is available:

**HWBS Index Scorecard**  
**Overarching Indicator: Healthy Life Expectancy**  
 0.6 year increase for males (2.3 above regional average) and 0.3 year increase for females (3.8 years above regional average) **between 2017-19 and 2018-20 (latest data)**

Whilst results look good on a county wide basis for some outcome indicators, there is **significant variation** when compared to borough/district, primary care network and ward level data (and not just in the **Key Neighbourhoods**)

Priority populations: examples	Data
Adults with a Learning Disability living in stable and appropriate accommodation	Increased from 75.2% to 77.4% (.9% worse than Southeast) <i>(good to be high)</i>
Adult social care users with as much social contact as they would like	Increased from 40.8% to 46.2% (post COVID) – 1% better than Southeast <i>(good to be high)</i>
Outcome indicators: examples	Data
Adults who are physically active (doing at least 150 minutes of moderate intensity activity in the past week)	Increased from 66.8% to 69.9% <i>(good to be high)</i> BUT <b>55.2% in Stanwell North</b>
Proportion of people with serious mental illness having complete range of physical health checks	Increased by 11.9%, from 51.5% to 63.4% <i>(good to be high)</i>
Chlamydia detection rates in females 16-24 years	Increased by 420 cases, from 933 to 1,361 to 1,781 <i>(good to be high)</i> BUT <b>745 in Mole Valley</b>
The number of unemployment benefit claimants has fallen by 0.8% from 2.8% to 2% (good to be low).	Fallen by 0.8% from 2.8% to 2% <i>(good to be low)</i> BUT <b>4.9% in Stanwell North</b>
Rates of anti-social behaviour incidents per 1,000 of the population	Fallen by 3.1 from 16.2 incidents to 13.1 incidents <i>(good to be low)</i> BUT <b>32.7 in SASSE 3 PCN</b>
Rates of domestic abuse per 1,000 of the population	Fallen by 1.5 from 9.8 incidents to 8.3 <i>(good to be low)</i> BUT <b>9.1 in Runnymede</b>

## Priority Populations

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Consideration is being given to changing the HWB Strategy Priority Population 'Black and Ethnic Minority Groups' to two proposed distinct populations – 'Black, Black British, Caribbean and African people' and 'Asian and British Asian people'. 'Gypsy Roma Traveller Groups' may also be changed to 'Gypsy, Roma and Traveller people'. It is proposed that the HWB Strategy will note that these three populations will also include those who identify as being from a diverse background that includes one of these populations. The aim of these changes is to attempt to be more nuanced in our understanding and more culturally sensitive around ethnicity. The system will still need to look at more specific outcomes for people from different and diverse ethnic backgrounds within these broad groups but this is a start and recognises the key point that as the priority populations are currently articulated, these four groups are assumed to be homogenous when they are not. These proposed changes will be explored with those with lived experience to gain their insights; they are currently based on Census 2021 categories, HM Government/SCC Equality, Diversity and Inclusion team advice and [advice from the Centre for Mental Health](#).

### Priority 1

The Surrey **Cancer Inequalities Programme** is a 2-year MacMillan-funded programme to identify and address cancer inequalities across Surrey. It will be informed by robust data, literature reviews and stakeholder engagement exercises, and it will align to national frameworks (Core20Plus5 and Office for Health Improvement and Disparities inclusion groups) and Surrey's health and wellbeing priorities (including key neighbourhoods and priority populations).

The programme will incorporate two over-arching behavioural science informed work packages. 'Act Now' will work in partnership to co-design, implement and evaluate interventions to act on inequalities we know exist. 'Explore, Understand and Co-Create' will work with stakeholders and communities to identify inequalities and inform priorities for action.

By working in partnership with stakeholders and communities, the Surrey Cancer Inequalities programme will address knowledge gaps around prevention, screening, early diagnosis, access to treatment and engagement, and patient experience. The programme will shine a spotlight on invisible inequalities and intersectional factors that are experienced by priority groups but not recorded in routinely collected data.

Two groups will be established to facilitate collaborative working between Surrey Heartlands ICS, Frimley ICS, Surrey County Council, Surrey and Sussex Cancer Alliance, VCSE, and patients and the public. These will be the Surrey Cancer Inequalities Steering Group and the Surrey Cancer Inequalities Patient and Public Involvement Group.

## Priority 2

The remaining funds in the **Mental Health Investment Fund (MHIF)** will be allocated in collaboration with the Community Foundation for Surrey (CFS) which will match the £1.7 million of the MHIF. This was a collaborative effort between Surrey County Council and Surrey Heartlands ICP. CFS, which operates with donor support, is responsible for the creation of a grant programme based on three priorities identified during June roundtable discussions with stakeholders including the VCSE sector. The focus will be on supporting people experiencing multiple disadvantage, a whole family approach to anxiety in young people and in a first phase, [suicide prevention for young people](#) which is now open for applications **until 16 October**.

The Surrey **Suicide Prevention Strategy** is dependent on a multi-agency partnership approach, which is essential to meeting the ultimate aim to reduce the suicide rate over the next 5 years – with initial reductions in half this time – as set out in the Suicide Prevention Strategy for England: 2023 to 2028. The Surrey strategy has been developed using local data and intelligence alongside the key priorities and recommendations from this national strategy. Extensive engagement was run by Public Health team from 8 July to 13 September, which will be followed by further opportunities for collaboration focusing on implementation ahead of the revised Strategy being published in October 2024. The governance of the strategy will be overseen by the Suicide Prevention Partnership Board, which includes people with lived experience, the voluntary sector, community organisations, health, and local government.

## Priority 3

The previous **Domestic Abuse Strategy 2018-2023** sought to break the silence about domestic abuse and remove barriers to reach support; empower specialist expert support to work with survivors, children and perpetrators; maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators. The new Surrey Against Domestic Abuse Strategy 2024-2029, published in collaboration with the Domestic Abuse Surrey Expert by Experience Network, provide an opportunity for strong local leadership to transform the way domestic abuse has been tackled so far. The new strategy will continue to provide support and services to victims and survivors of domestic abuse, reduce harm from perpetrators and focus on prevention.

## Challenges

### Health and Wellbeing Strategy Index

The [HWB Strategy Index and Scorecard](#) has also provided us with key challenges to address as a system (below). Further challenges may be identified as new analysis

/indicators are developed to fill gaps in the Index. These challenges will be reported quarterly in the Highlight Report.

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**HWBS Index Scorecard**

**Overarching Indicator: Inequality in Life Expectancy**

1-year increase in inequality for females and 0.8-year increase for males in Surrey.

**Overarching Indicator: Life Expectancy**

At ward level, there is a 10-year difference in for males and 12-year difference for females between the highest and lowest.

**Spelthorne** is identified through the outcome indicators as having higher levels of need, alongside **SASSE 3 PCN** area and **Stanwell North**. **Woking** has the worst cancer outcomes; **Walton North** ward has worst colorectal cancer outcomes. More analysis required.

Priority populations: examples	Data
People in contact with secondary MH services: Employment gap	Increased by 6.9% to 78.2% - 8% worse than Southeast (new definition) (good to be low)
Stable and appropriate accommodation	Fallen by 7% to 48% - 13% worse than Southeast (good to be high)
Outcome indicators: examples	Data
Proportion of children in the county receiving 2-and-a-half-year check with their Health Visitor	Fallen by 6.3% in three-month period from 70.5% to 64.2 (good to be high)
Children who are physically active with 60+ minutes of moderate physical activity/day	Fallen by 2.8% from 48.9% to 46.1% (good to be high) AND <b>36% in Surrey Heath</b>
Diabetes prevalence	Increased from 5.8% to 6.02% (good to be low) AND <b>8.83% in Stanwell North</b>
Smoking prevalence in adults with routine and manual occupations	Increased from 10.4% from 19.6% to 30% (good to be low)
Admissions to hospital for alcohol-related conditions	Increased from 1,260 to 1,511 (good to be low) AND <b>1,880 in Spelthorne</b>
Anxiety	Increased score from 2.94 (out of 10) to 3.36 (good to be low) AND <b>5.16 in Spelthorne</b>
Proportion of children (aged 0-19) in relative low-income families	<b>8.5%</b> AND <b>24.4% in Canalside</b> (good to be low)
Households in fuel poverty	Increased from 7.3% to <b>8.3%</b> (good to be low) AND <b>15% in Westborough</b>
Travel to work by active transport (walking and riding a bicycle) and public transport (rail and bus)	Fallen by 3.4% and 11.2% respectively (good to be high) (during COVID)

**Access to information and services**

The difficulties people have in finding information, or in understanding the information, have been highlighted this month. Often this information is key to providing the support that can prevent people requiring further or more serious interventions at a later time. The experiences show the value of listening to people to ensure an understanding of how key information needs to be communicated.

**Priority 1**

The JSNA chapter on multiple disadvantage identifies a conservative 3000+ adults experiencing multiple disadvantage in Surrey. The chapter highlighted the need to improve both the type of support and the way the support is delivered to this population taking learning from initiatives like **Surrey’s Changing Future’s Bridge the Gap prevention service**. Without a funding decision in principal by early autumn 2024, the Bridge the Gap prevention service will be de-commissioned from 12 local VCSE community providers leaving 22 specialist practitioners at risk of redundancy, all clients at risk of escalating need, loss of the return on investment (Return on Investment is 1:4) and service/reputational pressures felt across all Surrey system partners ([Evaluation of the Changing Futures programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/evaluations/evaluation-of-the-changing-futures-programme)).

**Active Surrey** is awaiting confirmation from Government as to whether funding for several centrally funded physical activity programmes for children will continue in the new year.

## Priority 2

Following June's update on **Suicide Bereavement Service** funding, Surrey Police have confirmed their continuing strategic support to the Surrey's Suicide Prevention Partnership. The continued leadership on the suicide prevention agenda by Surrey Police is appreciated by the partnership. However, Surrey Police noted that as NHSE funding has come to an end (which has enabled a Suicide Prevention Advisor post within Surrey Police for the past 3 years and allowed them to deliver a 'gold standard' service across the partnership) and if no other monies are sourced across the partnership, it would have to scale back its activity and provide the minimum expectations outlined by the National Police Chiefs Council.

## Priority 3

Funding for some **Local Area Co-ordinator roles** in HWB Strategy Key Neighbourhoods is due to finish at end of March 2025. It has been [independently evaluated](#) confirming positive impact for individuals and communities, and with a system wide investment to [cost avoidance](#) ratio of at least 1:3 (nationally 1:4). There is a risk therefore that this effective 1 to1 relational support in key neighbourhoods is lost, with escalating needs and corresponding increased service pressures.

The imminent ending of some interventions funded by the central government also poses some challenges to Surrey's bid to reducing inequalities and ensuring no-one is left behind. The **Household Support Fund** scheme now has extended funding until April 2025 but after that there will once again be a gap in support to vulnerable resident which it may be difficult for the local government to fill. Another challenge is the **Serious Violence Duty** funding which is due to come to an end in March 2025, with no clarity as to future funding.

## 7. Timescale and delivery plan

The inclusion of more detailed Surrey Heartlands' prevention projects/programmes and system capability development to address health inequalities in this should be considered going forward in order that it further captures delivery against the Integrated Care Strategy as well as the Health and Well-Being Strategy.

## **8. What communications and engagement have happened/need to happen?**

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All members are asked to share the Highlight Report and the Challenges identified in this paper in their organisations to consider their responses. A Communications and Engagement Strategy to respond to these Challenges has been drafted.

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## **9. Legal Implications – Monitoring Officer:**

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There are no legal implications arising from this report.

## **10. Next steps**

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Consideration of drawing more key Surrey Heartlands and Frimley Health and Care project/programmes in under the auspices of the combined meeting of the HWB/ICP will begin after this meeting in order that December's Highlight Report includes more detail on prevention and on reducing health inequalities through the IC Strategies.

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### ***Questions to guide discussion:***

- *Does the partnership board have any questions about items presented in the Highlight Report?*
- *As a system, how should we respond to the Challenges presented in this Highlight Report?*

# Highlight Report: September 2024

These [Highlight Reports](#) are published on the Healthy Surrey website after being reported to and discussed at the quarterly, public combined [Surrey Health and Well-being Board/Surrey Heartlands Integrated Care Partnership](#) meetings.

They provide an overview of a selection of projects and programmes which directly support the delivery of the [Surrey Health and Well-being Strategy](#) with the priority populations. The reports also include the latest relevant data and insights, along with examples of collaboration to support communities experiencing the poorest health outcomes. They highlight the most recent opportunities for and challenges to the Surrey system. Lastly, they include an update on the progress of the [Joint Strategic Needs Assessment](#) and prevention 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 if they are provided in the report or email: [healthandwellbeing@surreycc.gov.uk](mailto: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](#) and Surrey Heartlands Integrated Care Strategy set out Surrey’s priorities for reducing health inequalities across the priority populations for the next 10 years. They identify communities that experience poorer health outcomes and who need more support. They also outline we are collaborating to drive these improvements, with communities leading the way.

## Collaborative working

The following are examples of the work happening between HWB board organisations which are adding value and contributing to the achievement of the Strategy Priorities and Outcomes:

- In addition to the **Mental Health Investment Fund (MHIF)** projects funded through open [round 1](#) and [round 2](#), the £1 million from MHIF allocated via Children’s and Young People Integrated Commissioning has been firmed up in collaboration with Places which put forward proposals. The £1 million allocated

from MHIF via Adult Integrated Commissioning is being used for the Safe Harbours project (the extension of [Safe Havens](#)) and expansion of the [Community Connections](#) initiative. The remaining funds in the Mental Health Investment Fund (MHIF), after a roundtable with partners including the VCSE in June, will be allocated in collaboration with the Community Foundation for Surrey (CfS) who will match fund £1.7 million and oversee the allocation. The focus will be on supporting people experiencing multiple disadvantage, a whole family approach to anxiety in young people and in a first phase, [suicide prevention for young people](#) which is now open for applications **until 16 October**.

- A **Mental Health System Intelligence Network** is being established across the Surrey system with a focus on mental health prevention and addressing health inequalities. It will drive all-age collaborative learning, define key lines of enquiry in partnership, and draw on existing insights such as through the enhanced Priority 2 metrics in the Strategy Index. The Network will be guided by and will inform the work of the Mental Health System Committee, as well as linking with the Mental Health: Prevention Board's work plan, Co-Production and Insights Group and feed into the new [Health Determinants Research Collaboration](#).
- Surrey Youth Focus hosted a 'Better Together' Coffee and Chat seminar on Emotionally Based School Non-Attendance (EBSNA) for 224 colleagues from Surrey County Council, Health, schools, police, family centres and VCSE sector. Mindworks, Educational Psychology service and YMCA East Surrey co-designed and delivered this session which enabled colleagues to better understand how to support children with EBSNA and their families, including reducing social isolation for children and young people they work with.
- A group of neurodiverse young people have just completed their own **peer research projects** through the ['In Our Own Words'](#) project, supported by a partnership steering group and funding to SCC from the National Institute of Health and Care Research Applied Research Grant. The young people are hoping to bring the findings of their research to strategic, cross-system boards in late 2024/ early 2025.
- The 2024 **Health Related Behaviour Questionnaire** is currently out for completion with Surrey schools. The questionnaire collects data on how young people are feeling, specifically in relation to risk taking behaviours and protective factors, which are associated with wellbeing outcomes. This year additional questions on vaping have been included to understand the behaviours around vaping and where children and young people get their vaping products from.
- Following a successful, targeted digital and social media campaign in April-May, a whole system approach to [addressing gambling harm](#) was launched in summer with a Surrey-wide strategic action plan. Surrey County Council's Bridge the Gap partnership programme has been awarded £300,000 by GambleAware, as covered in [BBC News South East](#). This grant will, over the next two years, provide crucial aid to **women facing gambling harm**, as well as other challenges such as mental health issues, domestic abuse, and the risk of homelessness.



## Priority 1 Highlights

**Sponsor:** Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council / Chair – Prevention and Wider Determinants of Health Delivery Board

**Programme Manager:** Olusegun Awolaran, Policy and Programme Manager, SCC

### In the spotlight – Creating positive experiences of being active for children and young people

[Active Surrey](#) is committed to reducing levels of inactivity in the county and leveraging physical activity to help tackle inequalities. Drawing in investment and support from Sport England, Active Surrey in collaboration with local partners, has commenced work on a new Place Partnership in the HWB Strategy Key Neighbourhoods of Stanwell (north and south, in the borough of Spelthorne) which are in the top 10% nationally for its inactivity levels. This long-term partnership aims to break down the barriers locally which hold inactivity in place.

Active Surrey has conducted extensive data analysis, local mapping and community engagement in Stanwell. The emerging Place Partnership focus is the role of physical activity in mental health and anti-social behaviour and increasing uptake of cycling and walking.

More than 50% of children and young people across Surrey are not meeting [Chief Medical Officer guidelines for physical activity](#). Active Surrey has led a number of impactful programmes recently, aimed at creating positive experiences of being active for less active young people. These have included the Specsavers Surrey Youth Games, wellbeing and movement school-based delivery and Club4, the Holiday Activity and Food programme for Surrey. This year the programme, offering free holiday provision including a meal and physical activity for children on free school meals, has had a specific focus on:

- Increasing opportunity for young people with additional needs and disabilities including family stay and play sessions, an additional support fund and camp deliverer training (Learning Beyond the Label.)
- Increasing connectivity with skills agenda for our secondary aged young people (linked to NCS and qualifications)
- Building advocacy and awareness of impact of Club4

At Easter 2024, funding for 12,337 places was available for the Holiday Activity and Food programme; 96% (11,866) of the available places were booked and 82% (9,773) were attended. In all, 3,345 individual children participated in the programme, with an average child attendance of 2.9 days. Among the unique participants:

- 26% disclosed an additional need
- 81% were primary aged and 19% secondary aged

- 69% live in [Club4](#) priority wards (locations where children on Free School Meals (FSM) numbers are high)
- 22% live in Index of Multiple Deprivation 1-4 decile wards
- 30% live in Income Deprivation Affecting Children Index decile 1-4 wards
- 8% were referrals and 92% were eligible for Free School Meals.

This summer, over 39,000 places were available in the Holiday Activity and Food programme and 97% were filled. The last confirmed funding for the Holiday Activity and Food programme is for Christmas 2024. Active Surrey is awaiting confirmation from Government if this scheme (and several other centrally funded physical activity programmes for children) will continue in the new year.

## Outcomes

### 1 People have a healthy weight and are active

- The delivery of 'Eat Well Start Well' programme to support healthy eating in children is in progress as 49 settings, as well as two catering companies, have achieved the award. A mapping exercise is underway to overlay data from different sources to inform targeted health promotion in HWB Strategy's Key Neighbourhoods.
- The integration of a whole system approach to healthy weight for looked after children has led to the completion of several workshops. The core group is developing an action plan around 6 priorities set from the workshops around physical activity, media and culture, access and availability, emotional wellbeing and mental health, and role modelling.

### 2 Substance misuse is low (drugs/alcohol & smoking)

- Public Health has funded an additional Illicit Tobacco and Underage Sales Officer until March 25. This is to support Priority 3 of the Tobacco Control Strategy and will provide additional capacity to the team.
- A targeted centralised SMS messaging pilot to promote stop smoking services is being developed across Frimley Integrated Care System. Text messages based on behaviour change approaches are being developed and will target certain populations of smokers with long term conditions or who are on a waiting list for elective care treatment.

### 3 The needs of those experiencing multiple disadvantages are met

- The national multiple disadvantage second [evaluation](#) and outcomes dashboard has validated responses from Surrey Bridge the Gap service clients who are demonstrating significant improvements in mental health, addictions, contact with criminal justice, homelessness, and domestic abuse. Bridge the Gap has recently evidenced excellent outcomes at individual and system level and has achieved a 4:1 return on investment. A third national evaluation is due to be published soon.

- The Mental Health Rough Sleepers Project, funded by NHS England, aims to establish a psychologically led, multi-disciplinary team to improve access to appropriate mental health support for rough sleepers experiencing co-occurring mental health and substance use issues. It will be integrating with the Changing Futures team.
- A recent survey has highlighted how well the Surrey Adults Matter approach is embedded into multi agency partnership working and improving outcomes for clients with multiple disadvantage. The programme adds value by highlighting the gaps in the systems and services on an individual case-by-case basis to ensure that clients are getting the support they need from the services they want.

#### **4 Serious conditions and diseases are prevented**

- Referral to structured education for people living with type 2 diabetes has been promoted through the Diabetes Network and other communications channels. These include the new Surrey Heartlands [web page on Diabetes](#) which has link to the universal online structured education offer for people living with type 2 diabetes.
- Public Health has completed a data and literature scoping review to identify cross-pathway, cross-cancer type inequalities in Surrey with an emphasis on the Priority Populations. The findings, together with two stakeholder consultation workshops, have informed a Surrey Cancer Inequalities Plan.
- A further dementia prevention push has been planned for autumn. This will be linked to key Surrey services like NHS health checks, stop smoking and alcohol services. Web content has also been drafted for the new Healthy Surrey dementia prevention pages to support a preventative push.
- The vaccine bus pilot has been running since June 2023 and it has been going to specific areas of Surrey known to have low uptake. The project, which is a collaboration between SCC and partners, will be continued from September 2024 with 11 further sessions planned between then and January 2025.

#### **5 People are supported to live well independently for as long as possible**

- The Carers Dashboard continues to progress with this being presented at a number of meetings. Data from the Carers Dashboard will be shared at a local level to encourage improved numbers of carers registered with their GP and improving the number of Carers Prescription referrals from staff and community-based colleagues.
- Surrey Heartlands Integrated Care Board has agreed for mandatory training to be implemented to raise awareness among professionals of the rights of carers.

## Priority 2

Co-sponsors:

Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS / Co-chair Mental Health:

Prevention Board

Lucy Gate, Principal, Public Health and Communities, SCC / Co-chair Mental Health: Prevention Board

**Programme Manager:**

Jason Lever, Policy and Programme Manager, SCC

### In the spotlight – Loneliness & Social Isolation

For the first time the Surrey Joint Strategic Needs Assessment (JSNA) has a chapter dedicated to 'Loneliness & Social Isolation'. It outlines what is known about loneliness and social isolation in Surrey. It recognises that both can be experienced by anyone at any time across the life course.

This chapter raises the profile of social connection as a key indicator of health and wellbeing for individuals and for communities and outlines the key structural enablers of social connection. This includes Surrey's support services for vulnerable groups and the essential contribution of VSCE organisations to creating and maintaining connected and thriving communities. However, it also shines a spotlight on populations who are marginalised and excluded from the social, cultural, and economic life of our communities.

The chapter's key findings can be summarised as:

- Loneliness and social isolation arise from social, economic, and structural inequalities that put some individuals at higher risk than others.
- The poor health and wellbeing outcomes associated with few social connections and poor-quality personal relationships disproportionately affects people who already experience disadvantage.
- The intersectionality of loneliness and social isolation with other wider determinants of health and wellbeing calls for a whole systems approach to tackling its causes and consequences.
- Within this whole systems approach, social connection should be a cross-cutting theme – akin to equalities, diversity, and inclusion – that informs strategies, policymaking, and commissioning across integrated care systems.

Based on these and further findings that can be read in the 'What is this telling us?' section, this chapter makes 10 key recommendations. The chapter will be published in September [here](#) alongside the suite of other JSNA chapters.

Please contact [jsnafeedback@surreycc.gov.uk](mailto:jsnafeedback@surreycc.gov.uk) with any comments, queries, or feedback.

## Outcomes

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

- Engagement across the system on the draft Surrey Suicide Prevention Strategy ran from 8 July to 31 August. The revised Strategy is to be published by October 2024.
- Merstham Community Facility Trust, funded under round 1 of Mental Health Investment Fund, has trained up 22 Health & Well-being Community Champions. They are involved in many aspects of the weekly running of the community hub, actively promote health initiatives like NHS App events.
- An action plan to help tackle sleep problems, based on insights from recent surveys and interviews, will include a campaign focused on how to use smartphones or app timers to support good sleep hygiene and trialing a toolkit to support conversations about sleep hygiene in primary care.
- In the First Steps programme, research interviews with three sample groups of residents will explore barriers and facilitators for phonenumber use. The 14<sup>th</sup> edition of the First Steps booklet is being produced.

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

- Surrey County Council's User Voice and Participation group published its report, 'Mental health support in schools and colleges feedback 2022-2024'. This is informing the teaching resources for [Feeling Good Week](#) (7-11 October 2024) themed around "embracing emotions" and supporting the [Surrey Healthy Schools approach](#). The resource pack will be available for schools and others to download from the beginning of September.
- The Self-Harm Protocol was finalised over summer to share across Surrey agencies ready for the new school year 2024/25, as part of delivering on the Emotional Well-being & Mental Health Strategy. The Protocol will provide local guidance for professionals on available support for parents and carers.
- A recurrent removals working group is planning how to link up Surrey services and build a pilot service to reduce repeat removals of babies due to safeguarding. It will draw on key areas of need identified in the scoping phase. Co-production is taking place with women with lived experience from the Women's Support Centre.
- The Mindworks' transformation of services, guided by national and local strategic priorities, is focussing on: promoting resilience, prevention, early intervention, improving access to effective support, and moving to a THRIVE Framework. This aims to create benefits for children, young people and families, and the broader health and care system.

### 3. Isolation is prevented and those that feel isolated are supported

- Dose of Nature, part of the Green Health & Well-being programme, has been successful in securing limited funds via Department for the Environment, Food and Agriculture (DEFRA) to deliver services to people with serious mental health needs in the HWB Strategy's Key Neighbourhoods.
- One year's extension funding is expected from DEFRA to build on the First Steps Green Volunteering programme, to target 16-24 year-old young people not in employment (a HWB Strategy Priority Population), education or training.
- Nature-based approaches continue to be embedded into workplace wellbeing plans. The Royal Society for the Protection of Birds 'Bird Cam' is operating across 9 Primary Care Networks including at [Farnham Heath](#). Green Health training sessions were organised in July at Newlands Corner for health care professionals from the Care Collaborative PCN which covers Redhill, Reigate, and Merstham.

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

- Barratt Homes began delivery in July as the first external pilot for the Public Health team's [Workplace Wellbeing Programme](#) with medium and large organisations, by adopting workforce wellbeing standards and a self-assessment framework.
- The PH team is developing a 'Five Ways to Wellbeing' toolkit for residents and members of staff. It is now being tested with different groups or organisations. The priority for rollout is on those working with or supporting people in priority populations such as carers, adults with learning disabilities and/ or autism, and those with long-term health conditions.

### Priority 3

**Sponsor:** Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council / Chair – Prevention and Wider Determinants of Health Delivery Board

**Programme Manager:** Olusegun Awolaran, Policy and Programme Manager, SCC

### In the spotlight – Surrey Fuel Poverty Programme

SCC was successful in its Southern Gas Network's (SGN) funding bid, acquiring £920,000 of external funding to allow for the expansion of projects this year. This funding will allow SCC to partner with many organisations to deliver this winter, including:

- Citizen's Advice to provide training for frontline volunteers to triage and refer residents for further support, including the administration of a single referral point.
- Surrey Coalition of Disabled People, through the in-home energy advice and grant application support, to visit disabled residents, as well as the distribution of energy efficient appliances, fuel vouchers and winter warm packs.
- Surrey Fire and Rescue to provide fuel poverty training for Safe and Well Visit Officers, along with fuel vouchers, winter essentials and heaters to distribute directly during visits.

- 'I Choose Freedom' project to provide winter essentials to victims of domestic abuse living in refuge, as well as energy advice sessions.
- Digital Welfare Project to support residents by providing digital skills training including help to sign up to the Priority Services Register, guiding them through online applications for energy funding, as well as making them aware of online scams relating to energy support. The focus will be on the HWB Strategy's Key Neighbourhoods in Surrey where digital deprivation is highest.
- SCC to provide slow cooker programme, which aims to teach residents how to cook health meals using a slow cooker and Making Every Contact Count training in fuel poverty for multi-disciplinary staff.

## Outcomes

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

- The Warm Welcome scheme closed in March. However, 75% of community venues have remained open throughout the year and continue to hold sessions. Residents are still being supplied with fuel vouchers and also fans to mitigate any heat waves/ hot weather.
- Surrey Community Action has continued to host energy efficiency and advice sessions throughout the summer and has supported over 1,000 residents since April 2024. This service will promote action that residents can take to make their homes more energy efficient and to tackle any energy debt in advance of winter.

### Children, young people and adults are empowered in their communities

- The Local Area co-ordination team continue to provide effective 1to1 preventive support in the eight key neighbourhoods in which they are based and have now worked alongside over 350 people, supporting them towards their vision of a good life. There are a wide range of issues that can prompt the initial introduction, but typically they include one or combination of challenges with physical health, mental health, loneliness and isolation, parenting or caring responsibilities, bereavement, cost of living and finances, addiction, housing and homelessness, or unemployment.
- A recent [Independent academic evaluation](#) of Local Area Co-ordination in Surrey underlined the difference the approach is making to people's lives: "local area coordinators go beyond immediate needs, fostering longer-term relationships with people facing complex life challenges...[and] are positively contributing to people's health and well-being over the longer term". An [analysis of examples](#) also highlights an investment to cost avoidance ratio of 4.1, and the value of the insights and feedback the coordinators can provide to drive system improvements.
- Following a one-day qualitative research methods training for 'Ecowarrior' women, a co-produced 'Peer Research Toolkit' will be developed to provide a broad framework for health, local authority and community organisations to reference and adapt to specific projects. The Toolkit will also support the

inclusion of peer research and community-led knowledge in everyday practice, decision-making and service design.

- [In Your Own Words](#) peer research project has completed all training and data collection with the neurodiverse young people engaged. Results and conclusions are now being developed.
- A teenage pregnancy prevention action plan for Surrey has been developed and the plan is being shared with young parents, young people, colleagues and partners for feedback and comments.
- A relationships and sex education training package has been delivered to foster carers and children's social workers, with a training plan in place for the rest of the year.
- Together with Surrey Heartlands, the SCC Public Health team has been promoting the pharmacy contraception programme to raise awareness that contraceptive pills are now available from participating pharmacies without a prescription.

### **People access training and employment opportunities within a sustainable economy**

- The Anchor Employment Programme is an NHS funded scheme from Frimley ICS to get those furthest from the labour market into employment in the Old Dean. Recent achievements include an 'Intro to working in the NHS workshop' followed by a recruitment drive from NHS Frimley Foundation Trust, a Self-Employment workshop, an Opportunities Fair, the recruitment of 10 people onto a supported Construction Skills Certification Scheme and the Camberley Careers Fair.
- SCC has launched [Skills Bootcamps](#) for both residents and businesses. They are free, flexible courses of up to 16 weeks for residents to gain new skills and fast-track their future. Courses across Surrey are now live and available through to the end of March 2025. Businesses can also upskill their employees with knowledge to help the organisation evolve and grow in the future in a great low-cost way.

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

- The [Surrey Against Domestic Abuse Strategy 2024-2029](#) has been published. The vision of the Strategy is for every adult and child experiencing domestic abuse to be seen, safe and heard, and free from the harm caused by perpetrator behaviour.
- Anti-Victim Blaming workshops will be rolled out as part of SCC's training package for professionals who work with victims of violence. Bespoke sessions are also being organised for intersecting partnership boards to ensure joint messaging.

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

- St Ebbas therapy garden, in Epsom, is now complete and officially opened, and is accessible to wheelchair users.



- SCC is seeking support from residents, businesses and community groups to help shape a new 'Local Nature Recovery Strategy'. Developed with partners, the strategy will set out a roadmap for the restoration and enhancement of Surrey's natural environment, ensuring that it is sustainable now and for future generations. Residents are encouraged to have their say by completing the [online survey](#).

## Data and insights:

***Insights have been identified from the [HWB Strategy Index Scorecard](#) which was presented to the HWB Board in June 2024, which has now been updated with additional trend data. The headlines tell us:***

### **Overarching Indicators: Life Expectancy**

- There is a 1-year increase in inequality in life expectancy for females and 0.8-year increase for males.
- At ward level, there is a 10-year difference in life expectancy for males and 12-year difference for females between the best and the worst wards.

***The following insights relate to recommendations from recently published JSNA chapter - Smoking, Vaping and Tobacco Control***

The [Smoking, Vaping and Tobacco Control JSNA chapter](#) makes a number of recommendations across four areas: **Insight and Inequalities, Stop Smoking Services, Enforcement and Environment**. Many of these recommendations will be relevant to the system as a whole. These recommendations include understanding the needs of smokers and the best way to engage with them to promote the benefits of quitting, gathering local intelligence around cultural behaviours related to shisha smoking and other tobacco products, gathering more intelligence on the smoking and vaping prevalence among children and young people, increasing awareness of e-cigarette recycling schemes to Surrey residents, and working with district and borough councils and NHS Trusts to develop smokefree policies and a number of recommendations around improving the effectiveness of Stop Smoking Services. Implementation of the recommendations will be overseen by subgroup 4 of the Combatting Drugs Partnership and the NHS LTP tobacco dependency programme members.

***The following insights are from Healthwatch Surrey, Giving Carers a Voice and Combating Drugs Partnership Public Involvement, and delivered by [Luminus](#), shining a light on what matters to people:***

This quarter there is a focus on the issues that Surrey residents have **accessing care and navigating our NHS and social care systems**. The following experiences highlight the difficulties people have in finding information or in understanding the information that is available. Often this information is key in providing the support that can prevent people requiring further or more serious intervention at a later time.

The experiences show the value of listening to people to ensure an understanding of how key messages need to be communicated. The Healthwatch Surrey annual report highlights the impact that listening to people's experiences can have - [The value of listening - Our annual report 2023 - 2024 - Healthwatch Surrey](#)).

## **Priority Populations**

### **Carers and young carers**

Carers told us that they find it difficult to access the care and support they need for those they care for, and this is often due to difficulties navigating a complex, disjointed system.

"[My daughter] has an on-going physical condition - low immunity and another condition with acute allergies. It's been 2 years since her diagnosis but we're not getting the help we need for her mental or physical condition (her physical condition impacts her mental health). She's had 40 admissions to A&E and I had to instigate the referral to Community Mental Health Recovery Services (CMHRS). She has 7 consultants but none of them are talking to each other. And the GP won't get involved – he won't see us and just sends us to a hub or suchlike. I'm not sure the GP is the right place for us – the other day he handed me all our medical records, I don't think they want us there. I have a life limiting condition too and I'm really struggling."

People also told Giving Carers a Voice about the lack of communication when services change:

"I did have a dementia navigator who was brilliant. When they went, I didn't get any communication to say what was happening or what they were being replaced with. They just disappeared and I was back to square one."

### **Adults with learning disabilities and/or autism**

People who are neurodivergent have been talking to Healthwatch Surrey about their experiences with hospital services, and difficulties with communication:

'Told me a place to go, when I got there, I was told I was in the wrong place and (that) many people get confused. I was then given instructions to another place. Got completely lost and had to make a new appointment. For the next appointment, the lady on the phone gave me a step-by-step guide and that was very helpful'

### **People with drug and alcohol problems**

The Combating Drugs Partnership Public Involvement team attended the Guildford & Waverley Prevention Pilot workshop where they were able to add insight about the importance of having health checks available within a community setting. This

helped to ensure the effectiveness of early interventions by making them accessible to people in the community most at risk of health inequalities.

### Priority 1

People are also frustrated about the lack of clarity around whether **dentists** are or aren't accepting new NHS patients - many told us they had called multiple dentists who were listed as accepting NHS patients, only to be told of long waiting lists or that they were no longer accepting them. For those lucky enough to find NHS dental care, confusion remains about what charges they are expected to pay and why.

'When we registered we provided the surgery with copies of the exemption certificates and other relevant information that would mean we would not be charged. However, when we went to book in for an appointment, we were told we would need to pay privately for care.....we are concerned that we are not going to be able to afford treatment.'

Healthwatch has heard recently about the impact of **pharmacy closures** on local people.

"[the impact will be] significant - it is my local pharmacy for myself and my child, no other options in walking distance causing us difficulties."

These findings, detailed in [our pharmacy reports](#) have been presented to the Pharmaceutical Needs Assessment Steering Group with one of the recommendations being about clear communication.

People also report that **GP practice wait times** can put them off making appointments (hoping the issue will go away).

"My neighbour's elderly parents actually gave up trying and he ended up with sepsis."

And that **hospital** letters can be confusing:

"I have had so many letters from 2 different hospitals as they needed to move my appointment from one to the other. It's very confusing (and not good for the environment)".

### Priority 2

People are frustrated at not being able to access the care and support they need. This leads some people to think that **mental health support** is seen as less significant than support for other conditions.

"Horrible experience. Denied transition support from CAMHS at age 18. Can't access stepped care, so goes without, unless becoming suicidal. Do no harm? You want harm before support! Stuck, housebound, severe

anxiety, but still no. If mental health support was appendicitis, you'd want it to explode and cause sepsis before going on a 6 month waiting list for a few weeks of input.”

In this example, a family faced barriers to accessing the additional communication support they required to support their mental health care journey.

“I’m helping out a Syrian refugee family whose daughter has been referred to STARS (Sexual Trauma: Assault, Recovery and Support). The referral has been delayed because of a court case involving the daughter’s father who has sexually abused her, but finally came through 2 weeks ago. The family need an interpreter but Mindworks are saying they can’t provide one, and that interpreters are only provided in primary care.”

## JSNA update

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

### Priority 1

We have recently published a new JSNA chapter on [Smoking, Vaping and Tobacco Control](#) in Surrey. This work builds on the recent Tobacco Control Strategy and was developed with the support of a range of partners across Surrey which includes health, local authority teams such as public health, trading standards and environment and waste, as well as several community partners. The chapter highlights that smoking is one of the biggest preventable causes of early death and illness and contributes to the biggest gap in healthy life expectancy between the rich and the poor. Smoking costs millions of pounds every year in dealing with the associated health problems, loss of productivity, social care costs and fire-related costs. By looking at data and listening to people’s stories, we can figure out the best ways to prevent and reduce smoking, vaping in children and young people and strengthen enforcement on tobacco control in Surrey by providing help to those in need, and create a healthier, safer environment for everyone.

**Chapters in progress:** 7 JSNA chapters are currently in progress with 3 more planned to start before the end of this year:

### Priority 1

**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). Phase 1 will focus on adults experiencing multiple disadvantage and will be co-produced by the Lived and Living Experience community of experts. Phase 1 is going through internal sign-off processes. The forecast publication has been delayed.

**Food and Health** – development has started, chapter is being scoped and data sources identified.

**Tuberculosis** – this Surrey Heartlands needs assessment is being developed into a Surrey-wide JSNA chapter and is currently being scoped.

## **Priority 2**

**Loneliness and social isolation** – see Priority 2 Spotlight item.

## **Priority 3**

**Economy** – the final draft of this chapter is now being produced alongside a Tableau dashboard and is expected to be published by the end of Summer 2024.

**Community Safety** – the scope of this chapter has now been finalised and individual sections are being written. It is anticipated that this will be published by Autumn 2024.

**Air quality** – development planned to start in 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

**People with Physical Disabilities and Sensory Impairments** – development of this chapter is expected to start in Autumn/Winter of 2024/25.

**Unpaid carers** – development of this chapter is expected to start in Autumn 2024.

### **Other JSNA chapters**

**Armed Forces and Military Veterans** – development has started, chapter is currently being written with publication expected by the end of 2024.

**The Surrey Context: People and Place** – this chapter is currently undergoing a refresh to reflect updated census data.

## **HWB Board Communications Group update**

### **Priority Populations**

#### **Children with additional needs and disabilities/looked after children/minority ethnic groups**

In June, Active Surrey hosted Games Day for the Specsavers **Surrey Youth Games** at Surrey Sports Park. Participants aged between 7-16 years from participated in Boccia, Swimming, Tennis, Girls Touch Rugby, Street Basketball, Judo, Dance, and the Run, Bike Row Challenge. This follows on from promotion for the free training activities run across 9 Boroughs and Districts in Surrey in the Spring.

For the launch of the **Be Your Best** pilot teenage weight management programme, new marketing assets were developed by Active Surrey, including a slide deck presentation and flyer and communications with health partners to promote the programme, resulting in high demand.

### People experiencing domestic abuse

Insights show that reporting of domestic abuse increases during major football tournaments. Through social media, support available for people experiencing domestic abuse was highlighted during the **European football championships**.



### Adults with learning disabilities and/or autism

In the run up to the **local and general elections** the Learning Disability and Engagement Team at SCC hosted a workshop about voting, why it's important, the election process, how to vote for yourself rather than relying on proxy votes by family members and new ID requirements. A polling station was set up and a practice election took place with candidates standing for election as Prime Minister. More information and photos of the day can be found on the [Learning Disability Hub](#). An easy read photo story called '[How to Vote](#)' was developed and sent to all boroughs and districts prior to the local elections with an ask to display it in polling stations. Woking, Reigate and Banstead, Guildford, Surrey Heath and Spelthorne did so.

### Carers and young carers

In recognition of Carers Week and to acknowledge the invaluable contribution made by unpaid carers among our health and social care workforce across Surrey a **Staff Carers Festival** took place at SCC headquarters in Reigate in June. This celebratory event offered some time out for staff juggling work and their caring roles and also offered the opportunity for those staff to connect with fellow carers, share experiences, access valuable information and support but above all, an afternoon to unwind and relax. Around 150 people joined the festival and the network gained 56 new members as a result of promotion across SCC, Surrey Heartlands and Frimley Health and Care ICSs so the network can continue to grow and support more working carers.



## Black and minority ethnic groups

With thanks to the Surrey Heartlands ICS Workforce Innovation Fund, Surrey Youth Focus continue to deliver their popular and highly valued Coffee and Chat engagement sessions – training, learning and networking for practitioners. The recent [cultural inclusion in practice event](#) delivered with support from Surrey Minority Ethnic Forum (SMEF) received very positive feedback.

“That was very refreshing to see this topic brought to the front...”

“Thank you for this, it was all incredibly helpful.”

“Thanks to all presenters... A really thought-provoking session.”

## People with drug and alcohol problems

With a campaign created to highlight the harms of alcohol, using statistics specifically related to Surrey, we used social media, digital advertising and internal communications to promote the [‘drink coach’ quiz](#) during **Alcohol Awareness Week**. The quiz helps people to identify if they are at danger of harm from alcohol and the support available. Printed posters for use by Surrey Police were also created. The campaign resulted in over 1100 people completing the drinks coach quiz.



## Priority 1

Surrey Heartlands ICS continued their promotion of Covid-19 spring booster **vaccinations** to eligible cohorts. This has included digital and social media content

to promote the offer across social media platforms, targeted to communities and areas of lower uptake, which are often linked to areas of health inequalities and our key neighbourhoods. This campaign, which ended on 30 June 2024, was aimed at people in eligible groups and included activity aimed at priority populations including people aged 75 years and over, those in care homes, and those aged 6 months and over with a weakened immune system.

The **Planning for your Future** campaign is being run up to March 2025 in partnership with Age UK Surrey and SCC to encourage residents to plan ahead for a time when they're less able or well, help people navigate the health and care system, understand options available to them, promote preventative services and, ultimately, make better decisions about care and support. An [online hub](#) was developed on the Age UK Surrey website including a checklist, video explainer on how health and social care work together to support residents and a series of people's audio stories. Over 20 information sessions have been run, attended by almost 600 residents. SCC also worked with Surrey Minority Ethnic Forum to host an event for the Nepalese community in Camberley, supported by interpreters. Feedback from the events has been extremely positive. 97% of attendees found them useful, with 87% feeling more confident to talk to someone they trust about the future. Communications about the initiative has included community posters, flyers and social media advertising, with 4.5m impressions to the end of May (270-500k residents).



## Priority 2

The [Wellbeing Events](#) page on Healthy Surrey has been given a revamp to make it even more user-friendly and list more wellbeing support sessions, both virtually and in person, reducing loneliness and encouraging engagement with local communities. The hub lists events such as coffee mornings, mindfulness sessions and yoga from providers such as the Mary Frances Trust and Richmond Fellowship. Filters allow residents to search for specific events to suit their needs and availability.





**MFT** MARY FRANCES TRUST  
30 YEARS: 1994-2024  
Inspiring Mental Wellbeing

**Yoga for wellbeing**

- **When:** 23rd Jul 2024 at 11:30am until 12:30pm (every week on Tuesday, until further notice)
- **Category:**
- **Location:** Mole Valley
- **Provider:** Mary Frances Trust

In the lead up to the European football championship we ran a campaign to highlight the support available to people affected by **gambling harm**. The campaign resulted in over 8000 interactions (clicks, swipes, likes, shares). We also ran social media posts on the days of each of the home nation matches during the competition.



### Mental Health Investment Fund (MHIF)

We continue to highlight the work supported by the Mental Health Investment Fund (MHIF) through press releases and social media. A July [press release](#) was issued to highlight the work of Emerge Advocacy who support young people in Royal Surrey, East Surrey and Epsom Hospitals offering non-clinical support. People accessing the service have praised the support they receive from Emerge after they attend A&E departments because of self-harm, a suicide attempt or emotional crisis.

An August [press release](#) demonstrated how a £28,000 grant of the MHIF to Prospero Theatre Company, based in Caterham, allowing them to put on the show, The Return of Jafar. This was attended by Surrey County Councillor Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health, who said: “It’s inspiring to see how these funds are being used to support community arts and mental health, offering a vital platform for those facing disabilities and mental health challenges”.

## Priority 3

### Health and Wellbeing Board signs End Poverty Pledge

On behalf of the Health and Wellbeing Board, Councillor Bernie Muir signed the Good Company poverty pledge which was highlighted through a [press release from Good Company](#)



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## Health and Wellbeing Board Communications Group Forward Plan

- **Winter 2024/25**

The Health and Wellbeing Board communications sub-group met in May and July as part of a 'deep dive' session that focused on learning from the 2023/4 Winter campaign and planning for this year to ensure maximum impact and increased engagement from wider partners. The outputs from this meeting will be used to inform the winter communications and engagement approach for 2024/5, which will be aligned to key strategic priorities and key audiences (including HWB Strategy's Priority Populations).

- **5 Ways to Wellbeing (mental health campaign)**
- **Domestic Abuse**
- **Poverty**

## Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>Enabling a Surrey system approach to poverty: signing and enacting the End Poverty Pledge</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	HWBS Priority 3/IC Strategy Ambition 1 Prevention - Supporting people to reach their potential by addressing the wider determinants of health
<b>HWBS or IC Strategy Outcome(s):</b>	HWBS outcome - The needs of those experiencing multiple disadvantage / people's basic needs are met IC Strategy Ambition 1 Prevention - wider determinants/root causes of poor health
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	HWBS - Empowered and Thriving Communities; Equality, Diversity and Inclusion; Data, Insights and Evidence IC Strategy - Working with Communities; Data; Workforce; Leadership and development; Estates; Innovation and Research
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> <li>• <b>Community-led action: 'Communities leading, with support when they need it'</b></li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic / System Level interventions</li> <li>• Service Based interventions</li> <li>• Community Led interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>• Helen Johnson, Senior Policy and Programme Manager, Public Health Surrey County Council; <a href="mailto:helen.johnson1@surreycc.gov.uk">helen.johnson1@surreycc.gov.uk</a></li> <li>• Tom Sefton, Poverty Lead, Good Company; <a href="mailto:tom@goodcompany.org.uk">tom@goodcompany.org.uk</a></li> </ul>

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	<ul style="list-style-type: none"> <li>Jonathan Lees, Managing Director, Good Company; <a href="mailto:jonathan@goodcompany.org.uk">jonathan@goodcompany.org.uk</a></li> <li>Negin Sarafraz-Shekary, Public Health Principal, Surrey County Council; <a href="mailto:negin.sarafrazshekary@surreycc.gov.uk">negin.sarafrazshekary@surreycc.gov.uk</a></li> <li>Ella Turner, Programme Manager, HDRC (Health Determinants Research Collaboration), Surrey County Council; <a href="mailto:ella.turner@surreycc.gov.uk">ella.turner@surreycc.gov.uk</a></li> </ul>
<b>Sponsor(s)/Champions:</b>	Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health, Surrey County Council
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	Refer to May/July informal HWB papers
<b>Annexes/Appendices:</b>	<p><b>Appendix 1:</b> Combined meeting of the HWB and ICP actions to implement the End Poverty Pledge</p> <p><b>Appendix 2:</b> Invitation to Poverty Truth Commission celebration event</p> <p><b>Appendix 3:</b> Self-assessment for organisations/businesses</p> <p><b>Appendix 4:</b> Poverty data/insights and opportunities system map</p>

## 2. Executive summary

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This paper outlines the existing commitment of the HWB, recommends the adoption of this commitment by the ICP and outlines the support offer from [Good Company](#) and those with lived experience to HWB/ICP members' organisations to sign the [End Poverty Pledge](#) for a poverty-free Surrey and take action. It also outlines how progress will be monitored and how activity will inform a Surrey system approach to poverty in the future.

## 3. Recommendations

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The HWB and Surrey Heartlands ICP are asked to **formally** approve the following July informal HWB recommendations:

1. Recognise the impact on our communities and services of taking no action to mitigate or prevent poverty in Surrey and the need to be community-led.
2. Lead from the front, adopt the suggested leadership, culture and accountability actions (see Appendix 1) and monitor progress.
3. Support members' organisations/networks to consider signing and enacting the pledge.

The HWB and Surrey Heartlands ICP are also now asked to:

4. As individual HWB and ICP members representing **single organisations**, advocate for the signing of the pledge within their organisations and enacting it, using the resources and support provided.
5. As HWB and ICP members representing **networks**, advocate for the signing of the pledge and enacting it with a view to prompting the networks they belong to also sign, using the resources and support provided.
6. To inform and support the development of a Surrey system approach to poverty framework.

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#### **4. Reason for Recommendations**

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There is no single definition of poverty and measures of poverty (absolute and relative) are routinely debated, particularly with regard to if housing and other costs should or shouldn't be included. The [Joseph Rowntree Foundation definition](#) is 'when a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)'.

In 2022/23, 8.5% of children aged 0-19 years in Surrey live in relative low-income families. That figure rises to 24.4% in the HWBS key neighbourhood Canalside (Woking). The proportion of households in Surrey experiencing fuel poverty is 8.3%, rising to 15% in the HWBS key neighbourhood Westborough. Members can find more data and insights in the [HWB Strategy Index and Scorecard](#) and the SCC [Cost of Living dashboard](#). Whilst there is existing activity, particularly in the VCSE sector, to address these inequalities, as a system it is recognised a more joined-up response is necessary, particularly with winter approaching. This activity needs to be community-led to adhere to the principles for working with communities in the [Surrey Health and Wellbeing Strategy](#).

The mission of the Surrey Health and Well-being Strategy is to reduce health inequalities so no-one is left behind. Priority 3 of the Strategy directs the system to 'Support people to reach their potential by addressing the wider determinants of health', with a focus on the outcome: 'People's basic needs are met (food security, poverty, housing strategy etc)' as measured by the HWB Strategy Index and annual scorecard. The recommendations also support the delivery of outcomes in the Surrey Heartlands Integrated Care Strategy around contributing to delivery on the wider determinants of health.

#### **5. Detail**

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At the informal July HWB, it was noted that the Chair had signed the pledge developed by Good Company on behalf of the HWB, with the aim that the HWB and

ICP adopt that commitment at this formal September meeting. SCC aim to sign the pledge at a full Council meeting via a motion.

The July HWB resolved to:

1. Recognise the impact on our communities and services of taking no action to mitigate or prevent poverty in Surrey and the need to be community-led.
2. Lead from the front and consider the suggested leadership, culture and accountability actions (Appendix 1).
3. Support members' organisations to consider signing and enacting the pledge.

It also approved the following next steps:

1. HWB and ICP members will receive an invitation to the East Surrey Poverty Truth Commission celebration event in late November.
2. The Good Company will continue to develop resources to share with the HWB and ICP and will provide an update on the support offer in September.

The **invitation and support offer** have now been developed; the support offer for those who are considering signing and/or sign the pledge currently includes the following:

- An invitation to the **Poverty Truth Commission's celebration event** 11.30am-1.30pm on 27 November 2024 to hear from those with lived experience of poverty (Appendix 2). The adoption of the pledge by the HWB and ICP will be acknowledged at this event if formally approved; **members are encouraged to attend.**
- [A short guide to participation: how and why to involve people with lived experience of poverty](#) i.e. in the design, delivery and review of programmes, services and policies and in cultural change. Doing so demonstrates a commitment to redressing the structural inequality that exists within the systems that we operate within. When an organisation/business strengthens participation, it chooses to value the diverse, unique and insightful contributions of people whose voices are often marginalised and under-represented. It also leads to better services, as people with lived experience are best placed to highlight issues affecting their experience of services/policies and how to improve these. This resource has been developed by Good Company and [the Poverty Truth Commissioners](#).
- **An interactive video resource** for local organisations, businesses, charities, networks and partnerships in Surrey, which can be used to raise awareness with staff and volunteers of poverty and its effects. This training resource will encourage constructive discussion within teams about how to support service users who are experiencing poverty/financial hardship. The video will be based around the stories of people in Surrey with lived experience of poverty who have faced challenges in accessing support, as well as positive examples of when support has been delivered well and the difference this has made. These stories will be combined with questions to stimulate a discussion around the barriers that people on low incomes may face in accessing

services and how services could help to reduce or overcome these barriers. This resource has been developed with Good Company and the Poverty Truth Commissioners.

- [A self-assessment discussion guide for leadership teams](#) to prompt organisational reflection, developed by Good Company as a result of their extensive experience of working to help re-shape the culture in organisations. The Good Company will be available to support those who are interested in using this resource to explore what more they could do to help tackle poverty in their own context.
- **Online self-assessment forms** (Appendix 3) for organisations / businesses and networks/partnerships to support the development of an action plan, informed by the menu of actions on the Good Company's website. The SCC Health and Wellbeing Team will be available to support larger organisations/businesses and networks/partnerships who are interested in using this resource to explore what more they could do to help tackle poverty in their own context.

Action plans developed as a result of these self-assessments can be reported as part of monitoring on progress in the delivery of the HWB strategy, reporting back to the HWB and ICP, and will help inform the development of a Surrey system approach to a poverty framework which will be measurable via the appropriate indicators in the [HWB Strategy Index](#).

- [A resources list](#) for further background reading and resources for implementing change.

[Surrey Health Determinants Research Collaborative](#) (HDRC) will support the local authority and its partners to become more research active, boost research capacity, and build an evidence-base relating to poverty as a wider determinant of health. This includes research relating to the prevention and reduction of poverty (including both fuel poverty and food insecurity) as local research themes and priorities. Surrey HDRC will also increase community participation in local research relating to these priority areas through the public involvement panel and peer researcher programme. Research facilitated through Surrey HDRC and other programmes/opportunities (Appendix 4) will also inform the development of the whole system approach to poverty framework.

## 6. Opportunities/Challenges

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The signing of the pledge by the HWB and its adoption by the ICP today, alongside the six actions around leadership, culture and accountability, will prompt individuals, organisations, businesses, networks, partnerships and charities to do the same. There have been ten new signatories since the HWB signed the pledge from individuals and organisations including charities.

The Equality Act 2010 legally protects people from being discriminated against on the basis of 9 [protected characteristics](#) in the workplace and in wider society. The new Government has committed to enacting [Section 1 of the Equality Act 2010](#) in England, making it a duty of all public bodies to consider the needs of those experiencing socio-economic disadvantage in all decision-making. This duty is already required in Wales and Scotland. Signing and enacting the pledge will put public bodies in Surrey ahead of the curve of this development nationally.

Signing the pledge will also support ICSs and partners to deliver on the NHS [Inclusion Health](#) framework, encourage the consideration of becoming/focus attention on socio-economic disadvantage within an [anchor institution](#) and support public bodies focus the implementation of their commissioning responsibilities under the [Public Services \(Social Value\) Act 2012](#) for those with experiencing socio-economic disadvantage.

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## **7. Timescale and delivery plan**

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If the six actions around leadership, culture and accountability (Appendix 1) are adopted by this partnership board, these ways of working will be embedded in its business and will be considered during agenda setting.

It is envisaged that HWB and ICP members' organisations consider signing/enacting the pledge in the next three/six months, utilising the resources in the appendices. Progress on this will be reported back at the next formal, public meeting in December 2024 and regularly thereafter via the highlight reports.

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

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Surrey County Council and The Good Company will continue to work together and with those with lived experience of poverty to enhance this support offer. [The short guide to participation](#) will enable organisations that sign the pledge to work with people with lived experience of poverty to develop their action plans and implement organisational change.

Surrey County Council will continue to implement a communications and engagement strategy for the signing/enactment of the pledge by HWB / ICP members' organisations and networks.

## **9. Legal Implications – Monitoring Officer:**

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There are no legal implications arising from this report.



## 10. Next steps

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Any change to cost of living/poverty indicators in the HWB Strategy Index will be specifically referenced in the quarterly Highlight Report to monitor progress.

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### **Questions to guide discussion:**

- *What are your initial thoughts on any barriers you may encounter to signing/enacting the pledge?*
- *Are there other resources/support that would be useful to enact the pledge?*

## Appendix 1

### HWB and ICP actions to implement the End Poverty Pledge:

#### **Leadership: We will support the strategic targeting of those at risk of or in poverty in Surrey**

**ACTION:** We will encourage a focus on poverty in the Surrey system through the HWB Strategy's [Priority Populations](#) (including the Key Neighbourhoods) by considering adding further communities of identity/geography known to be / more likely to be in poverty locally as identified in the [Joint Strategic Needs Assessment](#) (i.e. migrants and refugees, in line with the Rapid Needs Assessment recommendation) and the [HWB Strategy Index](#), ensuring a focus on these in future JSNA chapters and when the Index of Multiple Deprivation/HWB Strategy is reviewed in 2025/26.

**ACTION:** We will promote effective local funding/allocation of resources for those known to be in or at risk of poverty including advocating for closer collaboration between organisations, and nationally for changes in national policy and strategy that we see impacting negatively at a local level.

#### **Culture: We will challenge each other to embed the HWB Strategy's [Principles for Working with Communities](#) by engaging those with lived experience of poverty in Surrey**

**ACTION:** We will listen to individuals and communities with lived experience of poverty to build relationships and trust, co-design and co-produce solutions, and encourage shifting power to communities so that they lead from the front; we will also support the VCSE sector to maintain its capacity to support those in poverty.

**ACTION:** We will value, advocate for and promote asset-based community development/health creation (including EDI, anti-stigma / trauma informed care approaches), training and development in organisations.

#### **Accountability: We will explore funding sources/share good practice, and help to monitor progress towards preventing and reducing poverty across Surrey.**

**ACTION:** We will support the cross-system Cost of Living Partnership Group and advocate for other system boards (eg Surrey Forum, Greener Futures, Economy and Growth Boards) to create / promote opportunities to share resources across the system to address the needs of those in or at risk of poverty.

**ACTION:** We will ensure opportunities for organisations to share best practice (including in the adoption and implementation of the socioeconomic duty in the Equality Act 2010 by public sector bodies and for larger organisations, in becoming an anchor institution).

Appendix 2

[East Surrey Poverty Truth Commission Celebration Event Tickets, Wed, Nov 27, 2024 at 11:30 AM | Eventbrite](#)

Book tickets here

**EAST SURREY POVERTY TRUTH COMMISSION**

## Celebration Event

When: Wednesday 27th November  
11.30-1.30 including lunch  
Where: Bourne Hall, Spring Street,  
Ewell, KT17 1UF

good company supporting our community  
Charity No. 1197493

"Nothing about us, without us, is for us."

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## Appendix 3

### Online self-assessments

#### Online self assessments - Organisations and businesses

Please use this to reflect on what your organisation/business is already doing, and what more you could do to prevent, reduce and alleviate poverty and its effects in Surrey.

For each statement, consider whether your organisation/business is:

- Already doing this well
- Already doing this but needs to improve
- In the process of doing this
- Open to exploring this
- Not currently planning to do this

### Leadership

#### Do we deliver on our vision for the prevention and/or reduction of poverty?

- Our organisation's/business's vision includes the aim of alleviating poverty or the effects of poverty.
- Our organisation's/business's vision is understood/owned by people in key leadership roles and frontline staff.
- Poverty prevention and/or reduction is integrated into the work of all parts of our organisation/business and is a core part of our key delivery plans.
- We regularly advocate for and exert influence locally, regionally and nationally on relevant issues which impact on people in or at risk of poverty.
- We are part of a wider network of organisations/businesses that are working together to tackle poverty and share our funding/resources and practice.
- We are a Living Wage/Living Hours employer.
- We pay invoices to small businesses on time.
- We improve the skills and/or job security of our employees.

For larger organisations/businesses only

- We secure wider socio-economic benefits when we are commissioning services as per the Social Value Act 2013.
- We are an Anchor institution.
- We have considered the impact of socio-economic status in all our decision making as per the socio-economic duty in the Equality Act 2010.

## **Culture**

**How well do we understand poverty within our organisation/business and how do we involve people with lived experience of poverty in shaping what we do?**

- We provide training for our staff/volunteers to make them aware of the challenges facing people in financial hardship and how to minimise these
- Our organisation/business has a culture that focuses on the strengths (and not the problems) of those in financial hardship.
- We make every effort to ensure we are accessible to everyone, regardless of their financial circumstances or characteristics.
- We have effective systems in place to refer or signpost people to additional support, if they need it, so that no-one falls through the gaps.

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## **Accountability**

**Are we making a sustainable impact on outcomes and using our resources effectively for people who are at risk of or in poverty?**

- We have effective systems in place to monitor outcomes for users on lower incomes and other disadvantaged groups.
- We consider the impact of our existing projects, services and policies on services users/customers who are in or at risk of poverty.
- When developing new projects, services or policies, we consider the impact on service users/customers who are in or at risk of poverty.
- We involve people with lived experience of poverty in providing ongoing feedback on the effectiveness of our existing projects, services or policies to help shape them in the future.
- We work effectively with all those with lived experience of poverty to build trust/relationships and work with them to co-design/co-produce solutions, including those solutions where communities take the lead.

For larger organisations/businesses only

- We have the right amount/balance of investment between reducing poverty and/or upstream poverty prevention given the vision of our organisation.
- We support the VCSE sector organisations to deliver services to prevent and reduce poverty in Surrey by commissioning them to provide local initiatives.
- We use our public relations/communications capacity effectively to highlight the needs / celebrate the input of those with lived experience of poverty.

## **Online self-assessment - Networks and Partnerships**

Please use this to reflect on what your network/partnership is already doing, and what more you could do to prevent, reduce and alleviate poverty and its effects in Surrey.

For each statement, consider whether your network/partnership is:

- Already doing this well
- Already doing this but needs to improve
- In the process of doing this
- Open to exploring this
- Not currently planning to do this

### **Leadership**

#### **We support the strategic targeting of those at risk of or in poverty in Surrey**

- We encourage a focus on poverty in the Surrey system by advocating for the consideration of the needs of those at risk of or in poverty in our network/partnership.
- We promote effective local funding/allocation of resources for those known to be in or at risk of poverty including calling for closer collaboration between organisations, and nationally for changes in national policy and strategy that we see impacting negatively at a local level.

### **Culture**

#### **We challenge each other to embed the Surrey HWB Strategy's [Principles for Working with Communities](#) by engaging those with lived experience of poverty in Surrey**

We listen to individuals and communities with lived experience of poverty to build relationships and trust, co-design and co-produce solutions, and encourage shifting power to communities so that they lead from the front; we also support the VCSE sector to maintain its capacity to support those in poverty.

- We value, advocate for and promote asset-based community development, health creation, EDI, anti-stigma and trauma-informed approaches training and development in organisations.

### **Accountability**

#### **We explore shared funding/ resources, monitor progress towards preventing and reducing poverty across Surrey and share good practice.**

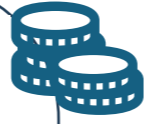
- We support the cross-system creation/promotion of opportunities to share funding/resources to address the needs of those in or at risk of poverty and monitor progress.
- We ensure opportunities for organisations to share best practice.

# Existing data and insights around poverty and future opportunities

## Local data & insights

(relating to poverty including food security and fuel poverty)

- [The Cost of Living Crisis in Surrey](#): Surrey-i dashboard
- [Residents Panel Surveys](#): including dashboards from the Cost of Living Crisis Surveys (August 2022 and August 2023), Surrey Food Strategy Survey (June 2023), Loneliness and Social Isolation Survey (February 2024)
- Impact of Cost of Living on Surrey Residents in 5 locations: research providing an in-depth view at the current health and wellbeing experiences of residents in 5 of the most deprived wards across Surrey
- [Cost of Living Crisis - the true cost](#): research carried out by Surrey Coalition of Disabled People
- [Warm Welcome Resident Insights](#): research to gather information on how Warm Welcome venues are assisting residents in crisis and if the benefits of this support are short or long term.
- [Fuel Poverty & related statistics](#): dashboard of fuel poverty and consumption in Surrey as well as other associated datasets which may be relevant to fuel poverty.
- [No One Left Behind - Skills and Employment discovery](#): research/network to build comprehensive understanding and insight into those most at risk of exclusion from skills and employment in Surrey.
- [Experiences of in-work poverty](#): research showing deeper understanding of how residents in Surrey experiencing in-work poverty feel about employment and what challenges they face.
- Surrey's [Joint Strategic Needs Assessments \(JSNAs\)](#): in particular chapters on economy, Surrey context: people and place, multiple disadvantage, food security, loneliness and isolation.
- [Health and Wellbeing Strategy Index](#): understanding healthy outcomes and inequalities in Surrey, and how wider determinants of health compare at different geographic levels.
- [Access to Food: Surrey Coalition of Disabled People's Access to Food research/ funding](#) to people with disabilities struggling with the cost of living who may also have difficulty getting to their local food bank.
- [The 21 Health and Well-Being Key Neighbourhoods in Surrey: Key Neighbourhoods | Surrey-i \(surreyi.gov.uk\)](#)
- [Household support fund \(HSF\)](#): HSF supports families struggling financially. The short-term nature of this funding could have significant impact on strategic planning for SCC/Ds and Bs/VCSEs delivering support locally



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## National data & insights

- The UK Poverty Strategy Commission, [A new framework for tackling poverty](#): interim report bringing together first steps towards building consensus round the need to tackle poverty in the UK with new metrics, tools and approaches that could be successful in doing so. Final report due October 2024 TBC.
- Local Government Association, [Public health annual report 2023: Supporting communities in difficult times](#): Cost of living pressures have the greatest impact on people who are least equipped to deal with financial challenges but also extends to a far larger population who would normally be able to manage without support.
- Revolving Doors, [The Knot: Poverty, Trauma and Multiple Disadvantage Responses](#): collection of essays exploring the knots between poverty, trauma and multiple disadvantage, and allowing us to find greater connection between our understandings of the structural, interpersonal and institutional layers.
- Joseph Rowntree Foundation, [UK Poverty 2024](#): report looking at the current situation across different groups and regions, and the future forecasts for poverty in the UK.
- The Trussell Trust, [The True Cost of Living](#): research showing that for people already struggling to afford the essentials, the cost of living crisis goes much deeper.



## Future opportunities

Local

- [Surrey Health Determinants Research Collaboration \(HDRC\)](#): enabling local authorities to become more research-active, embedding a culture of evidence-based decision making and boosting our evidence-base relating to wider determinants of health (including poverty, fuel poverty and food security and diet). Surrey HDRC can provide opportunities via:
  - Building our local evidence-base: supporting research to better understand poverty in order to and to inform local impactful policies and interventions to address poverty in collaboration with the University of Surrey.
  - Building research capacity: via Peer Researcher programme training opportunities.
  - Public Involvement: increasing community participation in local research through our Health Inequalities Research Group.
  - Embedded participatory and co-production researchers: two co-ordinating posts based at Good Company and Reigate and Banstead Borough Council.
- Strengthening and collating data: via developing dashboards to bring together data, insights and analysis to help Surrey explore the drivers of health inequality and make the case for action on the wider determinants of health for the services they provide or have influence over.

National

- [Alignment with national policies](#): Government pre-election manifesto commits to:
  - 1) Adoption in England of section 1 of the Equality Act 2010 to require all public bodies to adopt transparent and effective measures to address the inequalities that result from differences in socio-economic status
  - 2) A strategy to reduce child poverty and break down the barriers to opportunity for every child.
  - 3) A review of Universal Credit .
- [Guarantee our essentials](#): campaign to help ensure the basic rate of Universal Credit at least covers the cost of essentials like food, household bills and travel.
- [Living wage/hours](#): campaign to ensure all have access to good/secure employment



## Local mandates, pledges and strategies on poverty:

- Surrey County Council No one Left Behind: [Organisation Strategy 2023 to 2028 - Surrey County Council \(surreycc.gov.uk\)](#)
- Surrey Poverty Pledge ([End Poverty Surrey – Good Company/Surrey HWBB signspledge](#))
- Surrey Whole System Food Strategy: [Surrey Whole System Food Strategy | Healthy Surrey](#)
- Surrey County Council Equality, Diversity and Inclusion Strategy: [Equality, diversity and inclusion - Surrey County Council \(surreycc.gov.uk\)](#)



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## Combined Meeting of the Health and Wellbeing Board and Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>Better Care Fund Update</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	All
<b>HWBS or IC Strategy Outcome(s):</b>	All Outcomes
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	<ul style="list-style-type: none"> <li>• Clear governance (HWB)</li> <li>• Empowered and thriving communities (HWB)</li> <li>• Data, insights and evidence (HWB)</li> <li>• Integrated care (HWB)</li> <li>• Working with Communities (ICS)</li> <li>• Leadership and development (ICS)</li> </ul>
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'.</li> <li>• Co-designing: 'Deciding together'.</li> <li>• Co-producing: 'Delivering together'.</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic / System Level interventions</li> <li>• Service Based interventions.</li> <li>• Community Led interventions</li> </ul>
<b>Author(s):</b>	Jon Lillistone, Director of Integrated Commissioning, Adults Wellbeing and Health Partnerships, Surrey County Council; <a href="mailto:Jonathan.Lillistone@surreycc.gov.uk">Jonathan.Lillistone@surreycc.gov.uk</a>
<b>Sponsor(s)/Champions:</b>	Helen Coombes, Executive Director of Adults, Wellbeing and Health Partnerships, Surrey County Council
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	HWB, 19 June 2024 - <a href="#">Item 8 - BCF Plan 2023-25 Update for 202425 - cover report.pdf (surreycc.gov.uk)</a>
<b>Annexes/Appendices:</b>	None

## 2. Executive summary

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The HWB and ICP are asked to note this progress update to the paper that was discussed at the HWB on 19 June 2024 regarding the Surrey 2023-25 Better Care Fund (BCF) Plan. The Better Care Fund (BCF) Policy Framework 2023-25 sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on urgent and emergency care and social care, supporting intermediate care, unpaid carers and housing adaptations. A key aim of the BCF has always been to support the Local Authority to deliver its Care Act duties and to protect those components of Adult Social Care that support the national BCF priority areas. The BCF can also be used to protect some health and voluntary sector services. The BCF Plan is a two-year plan, covering 2023-25 and the Adult Social Care Discharge Fund was incorporated into the BCF Plan for the first time in 2023/24.

This paper provides a general update, with the two key outcomes remaining the same: enabling people to stay well, safe, and independent at home for longer; and providing people with the right care, at the right place, at the right time.

## 3. Recommendations

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The HWB and Surrey Heartlands ICP are asked to:

1. Confirm and endorse the four areas for development from the February 2024 HWB BCF event.
2. Agree the direction of travel (especially in relation to ongoing demands upon social care and the NHS as well as the ambition to develop further our preventative approach).
3. Note the contribution of the BCF in protecting Adult Social Care, health and the voluntary sector services, and its importance in facilitating integrated working.

## 4. Reason for Recommendations

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The BCF plan has been developed in collaboration with partners across the system and has been approved through both local and system governance routes. It represents a robust plan for how Surrey BCF money should be spent and what outcomes we will achieve between 2023-25.

## 5. Detail

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The national conditions for the BCF in 2023 to 2025 are:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
- implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
- maintaining the NHS's contribution to adult social care (in line with the uplift to commissioned out of hospital services).

Since the June 2024 HWB paper, dedicated staff team leading the BCF programme have commenced in post. They are building upon previous development work on the BCF programme to work up the future strategic direction of travel and strategic priorities that are to be delivered through the BCF programme from April 2025 onwards.

We will now be well placed to understand the local needs for our populations and the interface between the BCF and Frimley system context, as well as delivering on place-led BCF initiatives. This provides, for the first time, specific capacity to take an overarching look at the BCF in Surrey and the opportunity for even greater collaboration between the Surrey and Frimley parts of the system. This resource is only very recently in post and the priority for their work will be taking forward the four areas for Surrey BCF development that were agreed at a HWB partners event in February 2024. These are:

- **Scope** – recognition that we are constrained by the requirement to use BCF to fund core services (social care, health, DFGs) but agreement to take forward work that meets our prevention ambitions.
- **Decision - Making Criteria for BCF Investments** – a framework to be developed that can be applied at HWB level and Local Joint Commissioning Group level.
- **Decision- Making Process** – development of a consistent approach to how BCF investments are approved, based upon the framework at 2<sup>nd</sup> bullet point above. This would include system oversight of BCF activity and performance. This level of detail will need to be included within an updated Section 75 agreement.
- **Capacity/Demand Approach** – To investigate changing our approach to a) provide assurance that our ability to match capacity with demand (initially, in intermediate care) is robust and based upon local and national evidence and b) enable more radical, innovative services to emerge – such as services that reduce reliance upon a bed-based offer or improve prevention and earlier intervention activity.

Launched in 2015, the BCF programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams.

The BCF is a combination of contributions from the following areas:

- minimum allocation from integrated care systems (ICs).
- disabled facilities grant – local authority grant.
- social care funding (improved BCF) – local authority grant.
- winter pressures grant funding – local authority grant.

The Surrey Heartlands Better Care Fund Pooled Fund includes funding allocated across nine categories of spend. The arrangements for allocation in each of those nine areas is detailed below:

<b>POOLED FUND CATEGORIES</b>	<b>ARRANGEMENTS</b>
Protection of adult social care Care Act revenue Carers	Lead Commissioning: funds allocated from the Pooled Fund directly to the Council to manage directly.
Health commissioned services	Lead Commissioning: funds allocated from the Pooled Fund directly to the ICB to manage directly.
Continuing investment in Health & Social Care	Lead Commissioning: funds allocated from the Pooled Fund to the Lead Commissioner, as set out in the table in paragraph 8 below or agreed by the Surrey Heartlands Local Joint Commissioning Group.
Improved Better Care Fund (iBCF)	A specific grant paid directly to the Council for inclusion in the BCF plan as specified in paragraph 6 below.
Adult Social Care Discharge Fund (ASC Discharge Fund)	The fund is pooled into the Better Care Fund and is distributed to areas via the ICB and Council.
Disabled facilities grant (capital)	Funds allocated directly to District / Borough Councils.

It will be important to have a strong focus on implementing a clear Population Health, evidence-based, funding approach to BCF services in Surrey. There is now capacity in place to dedicate system leadership for the BCF to make this a reality. This will

include further development of recording & reporting systems which will work across HWB and ICP partners. An action plan with timescales has been created to review evidence and ensure that decision making is fully informed by the data collated, as well as stakeholder views.

The Better Care Fund has always had a priority for prevention and protecting Adult Social Care so that it can deliver its Care Act duties, thus preventing hospital admission. This is not expected to change because of the new national government. However, currently no new or refreshed government guidance has been published on the further direction of the BCF. It should be noted that BCF has traditionally been focused upon Care Act Support, admission avoidance, hospital discharge and health inequalities. The new government's manifesto pointed to higher primary care and community investment as a proportion of overall NHS funding. There is no detail, as yet, regarding the funding mechanisms that are to be used to achieve this. We expect more information will be made available in the Autumn Budget in October 2024.

We will spend the next quarter and beyond working through the data which will help us to better understand our funding priorities – as noted above. We also plan to have a data led and population health management position for our whole portfolio.

## **6. Opportunities/Challenges**

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### **Opportunities:**

1. There is an opportunity to set up an intermediary group between the LJCG level and Surrey-wide HWB level, meeting regularly to support consistent, evidence-based, countywide joint development/decision making and to agree where local variation is warranted based on population needs and established local assets. The aim is to keep a balance between scale and warranted local variation.
2. A lack of analytical resource has been a key constraint for the BCF programme. Having dedicated BCF staff in post gives us the capacity to take a more detailed and granular look at the Surrey BCF. This allows for the collection, collation and review of system wide data & population lead approach.
3. Whilst we are data rich, the depth and breadth of our current analysis and understanding of the impact and outcomes delivered by current schemes should be developed further. Each scheme is well understood by its commissioner, but the sum of the schemes needs to be well understood also. Now that we have dedicated resource in place, there is real potential to deliver better joined up analysis of BCF for the first time.
4. Continued development of Capacity and Demand work (initially in intermediate care) to better inform decisions and to aid future planning.

5. The BCF has historically always received annual uplifts – should this continue, there may be potential to be innovative with this funding. However, scope to do so will need to be considered within the overall context of financial pressures and system priorities.
6. There is now also dedicated BCF resource in Frimley ICB, allowing for more collaborative working within the BCF between the LA / ICB.
7. We will invite services/providers to attend LJCGs to share how they are performing and how they are supporting the outcomes of the Better Care Fund, Health and Wellbeing and associated strategies and priorities. This will need to be reflected in LCJG Terms of Reference.
8. There is potential to monitor performance against BCF targets at LJCGs, and across the county at each meeting, alongside monitoring Capacity and Demand at LJCG meetings.

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### Challenges:

1. Whilst it is expected that an annual uplift will be awarded, we do not know how much this will be. We also do not know if there are other funds being made available to the wider Health and Social Care sector to provide support in this space.
2. National planning guidance and the reporting template for next year is not yet available (however, the main tenets of what the BCF must achieve have been static since its inception- Care Act support, admission avoidance, supporting hospital discharge and health inequalities).
3. We must agree a new s75 and there are opportunities to revise and update this to support all partners better with scrutiny and governance.
4. The BCF in Surrey is vast and complex. To complete this work well, will require time and effort for a good quality collation and analysis of information. Data collation is challenging, especially from such a broad number of providers/services and partners.
5. It will be a challenge to implement consistent data from services to ensure they are adhering to BCF and strategic criteria (system-wide).
6. There will be an ongoing need to get the right balance between whole Surrey initiatives/framing and warranted local place variation based on specific population needs

### **7. Timescale and delivery plan**

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The work is 'business as usual' and is ongoing and iterative in nature. It is foreseen that by the end of December 2024, there will be a stronger, detailed understanding of

our shared BCF portfolio, so that we are able to start planning for next year's BCF in January 2025. A draft programme plan has been developed and will be shared with partners.

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

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Has happened:

- Frimley ICB – Nicola Airey, Director of Places and Communities and Jonathan Sly, Associate Director for Places and Communities covering Farnham and Surrey Heath
- LJCG chairs
- Surrey Heartlands ICB Place Leads
- Finance – Anja Smith and Andy Wickes
- Public Health – Phillip Austen-Reed
- Governance – Lucy Clements

Needs to happen:

- Carers lead – Dr Sue Tresman

## **9. Legal Implications – Monitoring Officer:**

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There is a current NHS Act 2006 s75 Agreement in place for the Surrey BCF. This expires at the end of March 2025. There will need to be a new s75 Agreement in place for April 2025 and a referral has been made to Legal Services to take this work forward.

Legal Services note that this is a progress update report.

## **10. Next steps**

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- Data collation and analysis, to aid with decision making (evidence-based funding approach). With the ambition that we will move to monthly reporting. Continue with NHSE quarterly reporting, as required.
- BCF staff within Surrey County Council will become members of all Surrey LJCGs, linking with key partners across health, social care, public health and other Council departments This will occur over the next quarter.
- Create and develop key decision-making criteria around BCF spending decisions.
- Continue to work on Capacity and Demand, improving data collection and collation to increase accuracy. Phase one will be complete prior to April 2025, and then improvement will become a business as usual (and will reflect the ongoing changing requests from NHSE).

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**Questions to guide discussion:**

- *It is important that we aim to reduce demand upon formal health and social care services in Surrey. The BCF can be used to make appropriate investments into early intervention and prevention. How can we bring additional focus to these areas and build into any prioritisation mechanism for BCF investment?*
- *Does the HWB/ICP consider that the four areas that we are developing are still correct given the change in Government and uncertainty around BCF national direction?*



## Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>Library of Experiences Update</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	<ul style="list-style-type: none"> <li>All – with a focus on people living in geographic areas which experience the poorest health outcomes in Surrey (HWBS/IC Strategy Key Neighbourhoods)</li> </ul>
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	<ul style="list-style-type: none"> <li>HWBS Index</li> <li>Index of Multiple Deprivation / Key Neighbourhood insights (including qualitative research)</li> <li>HWBS Priority 1,2 and 3 / IC Strategy Ambition 1 – Prevention</li> </ul>
<b>HWBS or IC Strategy Outcome(s):</b>	<ul style="list-style-type: none"> <li>HWBS – The needs of those experiencing multiple disadvantage are met / Children, young people and adults are empowered in their communities</li> <li>IC Strategy – Reducing health inequalities/Wider determinants of health)</li> </ul>
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	<ul style="list-style-type: none"> <li>HWBS - Empowered and thriving communities, Data, insights and evidence</li> <li>IC Strategy - Working with Communities</li> </ul>
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>Community capacity building: 'Building trust and relationships'</li> <li>Co-designing: 'Deciding together'</li> <li>Co-producing: 'Delivering together'</li> <li>Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>Civic / System Level interventions</li> <li>Service Based interventions</li> <li>Community Led interventions</li> </ul>
<b>Author(s):</b>	<ul style="list-style-type: none"> <li>Ruth Hutchinson, Director of Public Health, SCC; <a href="mailto:ruth.huchinson@surreycc.gov.uk">ruth.huchinson@surreycc.gov.uk</a></li> <li>Jo Cogswell, Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley, NHS Surrey Heartlands; <a href="mailto:jo.cogswell@nhs.net">jo.cogswell@nhs.net</a></li> <li>Dan Shurlock, Strategic Lead, Thriving Communities, SCC; <a href="mailto:daniel.shurlock@surreycc.gov.uk">daniel.shurlock@surreycc.gov.uk</a></li> </ul>
<b>Sponsor(s)/Champions:</b>	<ul style="list-style-type: none"> <li>Tim Oliver OBE - HWB and ICP Chair, and SCC Leader</li> <li>Karen McDowell - CEO, Surrey Heartlands ICS</li> </ul>
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	Library of Experiences, Surrey Heartlands Integrated Care Partnership, 27 March 2024
<b>Annexes/Appendices:</b>	<b>Annex 1</b> - Library of experiences approach - Presentation

10

## **2. Executive summary**

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The “Library of Experiences” approach was agreed by the Integrated Care Partnership (ICP) at its meeting on 27 April 2024 to identify, capture and share the lessons from work with communities across the county to reduce health inequalities. These lessons can inform and improve future work. The approach will continue to be developed so it contributes to further improvements in the design and delivery of work with communities to reduce health inequalities, address the wider determinants of health, and enable local community led improvements across towns and villages and the key neighbourhoods they encompass.

## **3. Recommendations**

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The HWB and Surrey Heartlands ICP are asked to:

1. Endorse the further development of the library of experiences method, with all partners committing to share examples and apply the lessons in practice.
2. Confirm that positive examples be showcased at the Surrey Heartlands Expo event on 21 October 2024 and be included in follow up internal and external communications campaigns thereafter as appropriate.
3. Agree to actively consider the key lessons emerging through this approach when reviewing relevant future HWB/ICP items and recommendations.

## **4. Reason for Recommendations**

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To identify examples and learning from across the county that can inform ongoing improvements in the design and delivery of collaborative work with communities to reduce health inequalities.

## **5. Detail**

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On 27 March 2024 the ICP, prompted by a case study of work in North Guildford, agreed it would be helpful to develop a more systematic approach to capturing, sharing and embedding key lessons from collaborative work with local communities to reduce health inequalities. Based on extensive international research base and experiences in Surrey it was agreed there is an opportunity to further strengthen how we work alongside our residents and communities to create health.

Subsequently, the small partnership working group who proposed the approach have made further progress as set out below:

- Added further case study examples, including lessons from the recent ICP site visits to Horley and North Leatherhead.

- Created an initial prototype version of a “working with people and communities” digital support hub for staff from all agencies including the VCSE (Voluntary, Community and Social Enterprise sector). This will have a learning area that collates the case examples collated to date, and it will also bring together practical tools and methods that support effective collaboration with communities.
- Identified opportunities to share the case examples and supporting tools and approaches, using the 21 October 2024 Surrey Heartlands Expo event as a showcase and basis for further follow up communications.

See **Annex 1** for further details and links.

In summary, below are the headline lessons from the partnership work that the ICP witnessed first-hand during recent site visits to Horley and North Leatherhead. HWB/ICP members may have additional reflections. As with other case examples they point to key ingredients that should be present in collaborative work.

### Horley

- Comprehensive **data packs** that pull together insights on health and care, plus the wider determinants of health and community level insights
- Willingness among agencies to step back and **support community-led work and approaches** – and a history of investment of time and resources in these methods (e.g. community development at Reigate and Banstead Borough Council, and Growing Health Together, East Surrey NHS)
- Networks and **governance groups that are well connected** locally and strategically (e.g. Horley Health and Wellbeing Network, and the East Surrey Prevention and Communities Board respectively)

### North Leatherhead

- Focussing collaboration on **real places that people identify with** rather than administrative boundaries, and building strong relationships and trust across organisations in order to bring services closer to communities
- **Accessible local community venues** that people can freely attend without stigma, judgement or the feeling that it is a public service specific space – these act as vital social connecting spaces where public service offers can also be made more accessible to communities (e.g. Leatherhead Community Hub, the Jam Place)
- A **learning and development offer** for those working in professional agency-based roles to improve ways of working alongside communities – with opportunities to test out different approaches in practice and learn (e.g. Pulling Together Programme)

In the next quarter the focus will be on:

- Adding content to the “working with people and communities” digital support hub and sharing this more widely with staff across the wider partnership.
- Using the Surrey Heartlands Expo event on 21 October 2024 to showcase examples and learning ahead of follow up communications.
- Reviewing the current leadership and workforce learning and development offer for working with communities, to ensure these are maximised and any gaps addressed.
- The next HWB/ICP site visit on 30 October.

## **6. Opportunities/Challenges**

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There is a positive opportunity to further strengthen the partnership approach to identifying, sharing and embedding learning to improve collaborative work alongside communities. There are interdependences with system wide work such as:

- Prevention: more upstream partnership work that builds community capacity is essential to a system wide shift to more effective prevention.
- Towns and villages/key neighbourhoods: collaboration at local scales requires effective testing and development of more participative community approaches.
- Data, insights and evidence: maximising the combination of quantitative data sets and local qualitative insights is essential to improved delivery of services.
- Leadership and workforce development: the application of more collaborative and participative ways of working rests on effective learning and the commitment of leaders across the system.
- The HWB/ICP: the board has a key role to play in setting expectations and challenging all partners to apply the agreed principles for working with communities ([the 4Cs](#)).

## **7. Timescale and delivery plan**

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The partnership working group will continue to shape and oversee development of the approach. Headline milestones in next phase are:

- End September: Launch the “working with people and communities” digital support hub.
- October: Surrey Heartlands Expo event and follow up communications, next HWB/ICP site visit to a town/key neighbourhood.
- November / December: next quarterly update to HWB/ICP following site visit.

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

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Following the Surrey Heartlands Expo event on 21 October 2024 there will be wider follow up communications to share specific case examples. In addition, there will be a communications plan to make the workforce aware of the “working with people and communities” digital support hub and how it can help them in their day-to-day work.

Note that this approach to learning is targeted at those in paid or voluntary roles who are involved in work with communities across Surrey. To be clear, any specific initiatives or programmes highlighted will have their own communications and engagement plans for residents and communities.

## **9. Legal Implications – Monitoring Officer:**

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There are no legal implications arising from this report.

## **10. Next steps**

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The approach will be progressed as set out in line with the milestones in section (7) above. The next quarterly update to the HWB/ICP will be scheduled in November / December 2024.

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### **Questions to guide discussion:**

- *Are the HWB and SH ICP happy to commit to the three recommendations and next steps set out in the report?*

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# Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership - Formal (public)

## Library of Experiences

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Dan Shurlock

18/09/24



# The Library of Experiences methodology



## Varied products

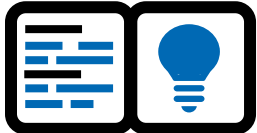
Written summaries



Videos



Case studies



Stories



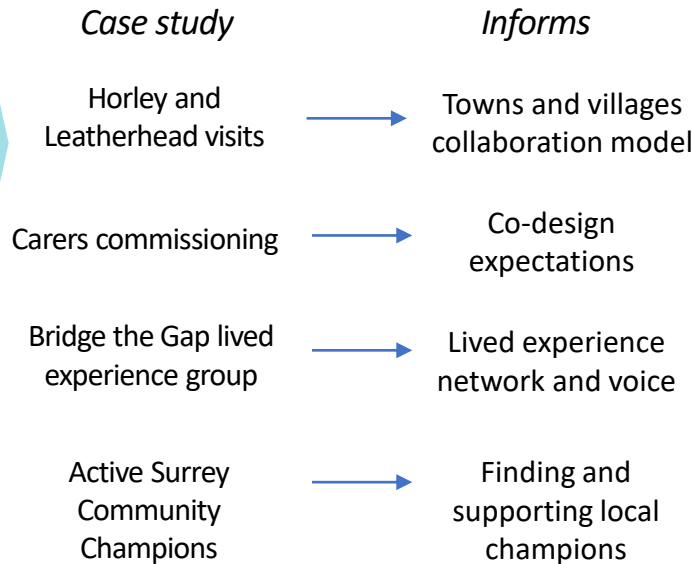
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Identify key examples and lessons for the system

## ICP use examples to set standards

Use examples and lessons to inform and improve our approaches

Examples so far:



Identify practical applications and action

## Embed in ways of working

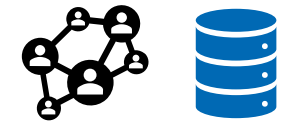
Frameworks & guidance material



Induction, training & e-learning



Shared spaces








Ongoing communication



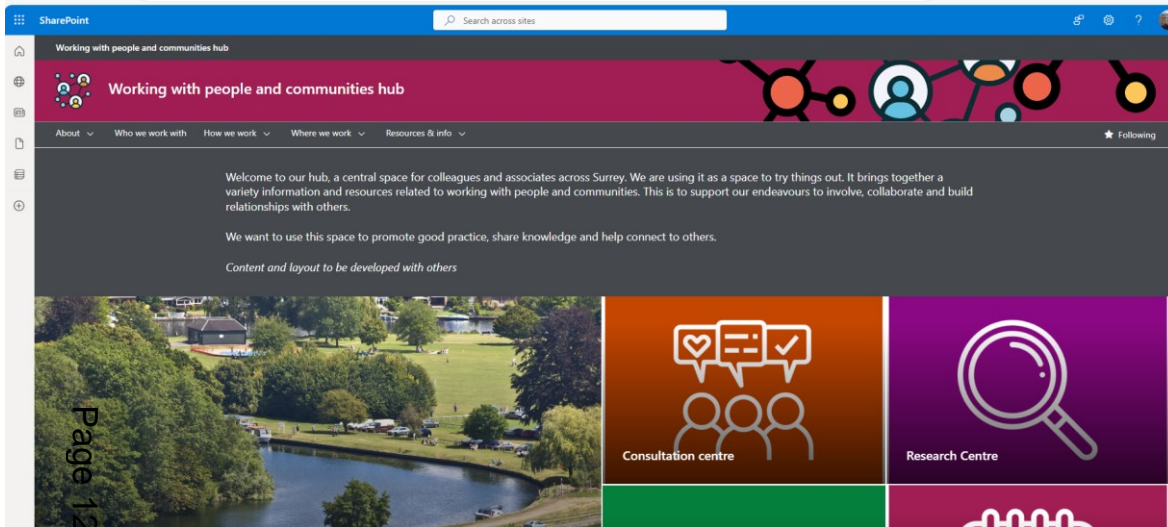


# Case examples so far

Example	Lessons for the system	Details / links
1 Guildford & Waverley collaboration and listening in North Guildford*	Taking an inclusive approach to developing understanding and collaborating	• Case study
2 Carers Co-design	Involving people in the design of new services and commissions	• Case study  Carers codesign
3 Changing Futures - Bridge the Gap Programme	Involving people with lived experience in ongoing service design, delivery and development	• <a href="#">Video – Power of Co Production</a>
4 Walton collaboration and taskforce*	Galvanising all local partners around a shared set of local priorities	• Case study  walton
5 Horley communities and prevention partnership work*	Effective approaches to community development and neighbourhood health and wellbeing networks	• Case study  Adobe Acrobat Document
6 Growing Health Together in East Surrey*	GPs and primary care providers catalysing health creation	• <a href="#">Video</a> • <a href="#">Case study</a>
7 Sheerwater Together community budget	Community led investment decisions	• Case study  Sheerwater :community budge
8 Active Surrey - Community Activity Champions	Finding and supporting local champions who are representative of the people you're trying to reach	• <a href="#">Video</a>
9 North Leatherhead*	The value of locally led community spaces and volunteers in creating wellbeing and making services more accessible	• Case study  Adobe Acrobat Document

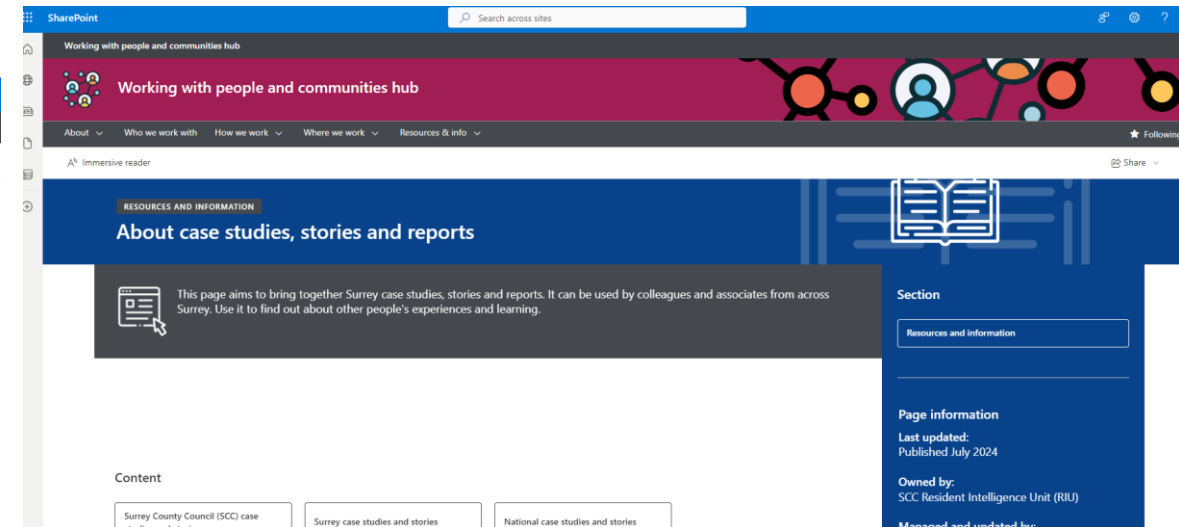
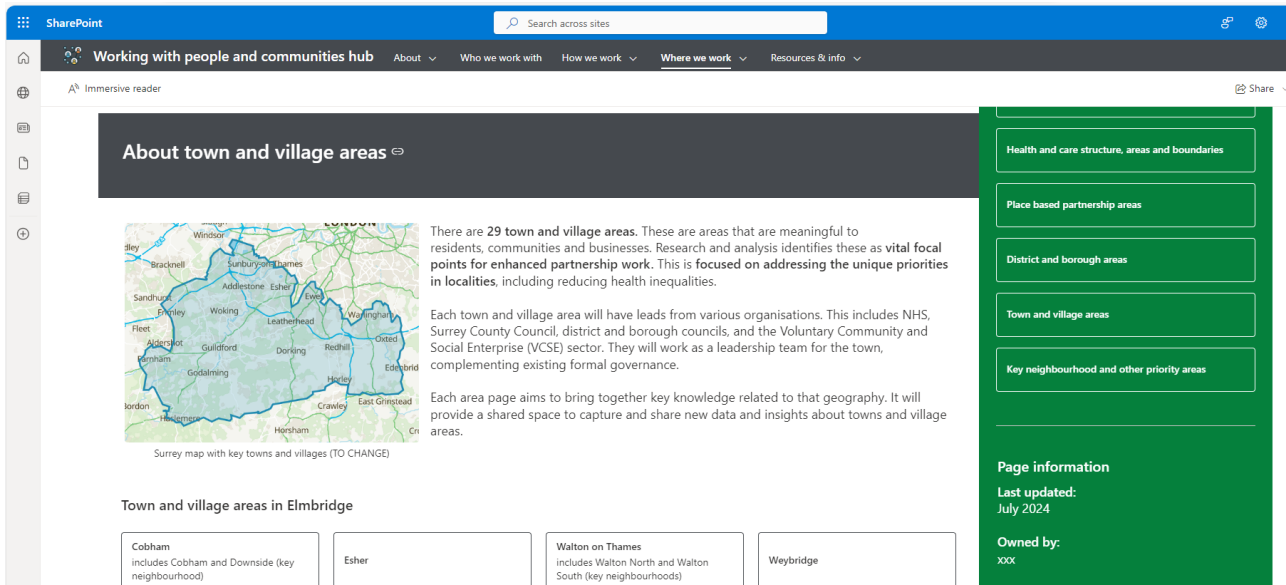
\*Featured in ICP site visits

# The online library of experiences – part of a new “Working with People and Communities” digital hub



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- These are screenshots from the new online hub – it is built using existing MS SharePoint functionality so can be open to staff across agencies and the VCSE
- It will provide tools, support, data links and information sharing to support local collaboration and work alongside communities
- The case studies collated will be made available on the site



Integrated Care Board

18<sup>th</sup> September 2024

### Chief Executive's Report

Item 8 / Paper 4

<b>Author:</b>	Giselle Rothwell, Director of Communications & Engagement
<b>Executive Lead/ Sponsor(s):</b>	Karen McDowell, Chief Executive
<b>Action required and previous approvals:</b>	To note
<b>Attached / references:</b>	n/a

11

### EXECUTIVE SUMMARY & PROPOSED NEXT STEPS

This report provides the Integrated Care Board with an overview of key recent updates, and which do not form part of the wider ICB agenda. Specifically, this report includes updates on:

- **Delivering our statutory responsibilities**
  - System performance
  - Q1 assurance meeting with NHS England
  - ICB operating model update
- **Continuing to deliver our ICS strategy**
  - Surrey Academic Health & Care Partnership
  - Emerge Advocacy – young people in A&E
  - Updates from our four Place Partnerships
- **Looking after our people**
  - Reflection on recent events and supporting workforce
  - National NHS Staff Survey

**Date of paper  
and sign off**

9 September 2024, Karen McDowell, Chief Executive

**For further  
information  
contact:**

Giselle Rothwell, Director of Communications and Engagement  
([giselle.rothwell@nhs.net](mailto:giselle.rothwell@nhs.net))

**COMPLIANCE NOTES** – Please note status below and how any issues will be managed / mitigated.

<b>Equality, Diversity and Inclusion</b>	This paper is an overview; any EQIA requirements relating to items reported are managed separately.
<b>Quality</b>	This paper is an overview; any quality issues relating to any of the items are managed separately.
<b>Risk</b>	This paper is an overview; any risks relating to any of the items are managed separately (for example risks relating to system pressures, industrial action).
<b>Patient and public engagement</b>	This paper is an overview of work happening across the ICS, with relevant patient and public engagement taking place to support individual programmes.
<b>Conflict of interest</b>	No conflicts of interest
<b>Information Governance</b>	No IG issues in producing this paper, which is for publication
<b>Finance</b>	n/a

# Chief Executive's Report

## 1. Meeting our statutory requirements

### 1.1. System performance

As a system, we continue to see high levels of demand for services, including high numbers of mental health presentations in our emergency departments which we are continuing to address through our system-wide 'Mind and Body' programme. Across our acute hospitals, our performance around the four hour waiting target (78% of patients seen, treated, discharged/admitted within four hours) is improving overall although some pockets of lower performance remain. Bed occupancy across our hospitals remains high, with escalation beds continuing to be needed in places, with challenges also being experienced across our discharge pathways with much work taking place across our four Place Partnerships to mitigate this as much as possible.

#### *Winter preparation*

As we begin our winter preparations across the system, we await final confirmation of the winter planning letter from NHS England. We expect this, and are already making preparations, to focus on key areas including:

- Continuation of 10 high impact interventions
- Ambulance performance metrics particularly around ambulance turnaround times
- Reducing waiting times in our emergency departments
- Clinically led decision making

#### *Industrial/collective action*

During July and early August, short periods of industrial action by healthcare assistants took place at Surrey and Sussex Hospitals NHS Trust; no impact was reported across the system, albeit the Trust did experience a limited impact on patient flow.

On 1<sup>st</sup> August, following an announcement by the British Medical Association following a ballot of GPs, a period of collection action by general practice began. This is different to industrial action because practices will still work to their contracts but may choose to make changes to some aspects of how they work, for example by directing patients to other local services to ensure the safe provision of care and is open-ended with no defined end date. Recognising the hard work that practices continue to deliver on behalf of patients, we remain committed to supporting GP colleagues at this difficult time as well as working closely with all concerned to reassure members of the public that GP services remain open and that they should continue to attend and make appointments in the usual way unless advised otherwise by their practice. Our primary care team continues to work closely with practices and the local LMC; to date we have not experienced any disruption to services or wider impact on the system although any impact could take time to work itself through and we will continue to keep a close watch on how this develops.

### 1.2. ICB Quarter 1 assessment

Last month we attended the ICB's Quarter 1 Assessment meeting with NHS England. These are formal meetings, held every quarter and are an opportunity for us to present and discuss current plans and performance with regional NHSE colleagues.

During the meeting, we reflected on a number of areas of positive work including how we are performing on cancer targets, progress with population health management and prevention, the joint transformation work we are doing with Surrey County Council, primary care transformation and a number of digital developments. The regional team recognised these developments and the hard work we continue to do across our system on behalf of local people. Our system financial position was highlighted as a continued challenge and the importance of meeting our year-end agreed control total was made clear.

### **1.3. System sustainability plan**

As a system, we continue to work hard to improve our financial position and, reflecting the challenge, system partners have jointly agreed the need for some focused recovery support. As a result, Surrey Heartlands has recruited a system Recovery Director who will work closely with providers as well as the ICB to maintain a focus on our system position.

We continue to progress a system-wide sustainability plan, covering both this current financial year and future years, which includes a number of specific efficiency programmes such as medicines optimisation and a review of our smaller contracts (a spend worth over £12m) looking specifically at outcomes, how they align to our strategic ambitions, quality, value for money and other criteria that has involved a great deal of collaboration across our four places and our mental health team. Much of this is still under review as we work with partners and those involved to agree the best way forward.

### **1.4. ICB running costs and operating model programme**

As part of our wider work to develop a new operating model for the Integrated Care System, we have continued our programme of work to reframe and resize the ICB, including considering how we should best organise ourselves to deliver our plans and statutory responsibilities, taking into account the NHS England requirement for all ICBs to reduce their running costs by 30% by 2025/26.

We are now moving into the final phases of this initial programme moving affected staff through the process and providing certainty as fast as we have been able, with anyone at risk of redundancy given the opportunity to be considered for any remaining vacant roles either within the ICB or as part of a redeployment programme working with some of our providers. For all those staff who have now left the organisation, either through voluntary redundancy, retirement or moving to new roles, we would like to take this opportunity to thank them for their contribution to the local NHS and to wish them well in their future ventures.

Recognising that this continues to be a difficult time for staff, we remain committed to ensuring all colleagues are fully supported through this period including working closely with our Staff Partnership Forum and trade union colleagues.

As we implement our new structures, it is critical that leaders, teams and staff are supported to embed these successfully, and that staff are supported to work in new ways to deliver the ICB's priorities and overall vision. We have therefore developed an organisational development programme beginning this month, providing teams across the organisation with a consistent support offer whilst recognising the need for some tailored support, for example for teams/individuals where there is a particularly high level of change. These sessions will also help to embed our new draft values and support the fostering of an inclusive and transparent culture where all staff feel valued and heard.

In the meantime, as a board we continue to work with partners to consider the further development of our system operating model; we expect this to bring a period of further change for some teams later this year, particularly as we focus on the wider integration agenda.

## 2. Delivering our Strategy

### 2.1. Surrey Academic Health and Care Partnership

In July, along with partners the University of Surrey, Surrey County Council and Health Innovation KSS (Kent, Surrey Sussex), we launched the Surrey Academic Health and Care Partnership. This is a new innovative partnership that will strengthen our links with academic research and innovation, with a strong focus around primary, community and social care including mental health. There are a number of academic health partnerships up and down the country, but these tend to focus on links between the larger acute hospitals, often teaching trusts, and local universities; the new Surrey partnership is unique in that it is focusing on wider population health and our key priorities of moving health and care closer to the community, whilst at the same time, maintaining close collaboration with our acute partners.

Specifically, the partnership will help support a research-driven health and care ecosystem focused on achieving the best possible health outcomes for local people. This approach very much reflects our wider ICS strategy, with its strong focus on prevention, and our emerging clinical strategy which recognises the importance of keeping people healthy at home and supporting that shift towards early intervention and care in the community, to prevent unnecessary hospital admissions. Defining new ways of treating patients through research and innovation will be critical to delivering our strategy and making sure we can cope with the increasing demand we continue to see across our system.

A key first step has been to launch a £300,000 funding pot, which will be used to fund a range of evidence-based projects focused on improving health outcomes for Surrey residents. Bids are welcomed from all health and care partners, as well as wider system partners and businesses, looking at using the latest medical technology, adopting more innovative use of digital tools and redesigning services. Selected projects will be informed/awarded funding by late September/early October.

As an ICS we have a responsibility around research and innovation with a real ambition to be a leading system in this space and this new partnership will support us on that journey.

### 2.2. Boost for emotional support for young people attending A&E

Following a recent funding boost from the Surrey All Age Mental Health Investment Fund (MHIF), the charity Emerge Advocacy has released impressive data and inspiring case studies on the invaluable care it provides to young people attending A&E due to self-harm, a suicide attempt or emotional crisis. Emerge Advocacy is based in Royal Surrey, East Surrey and Epsom Hospitals, supporting people aged 10-25 years old who are in severe emotional distress. Trained staff and volunteers offer positive distraction and emotional care between 7pm-11pm when many other services are closed, and hospital staff are very busy.

The support is purposely non-clinical with youth workers spending time with young people doing anything from colouring, to playing games or talking about what the young person wants to share, all to help them through their admission. Three months of follow up support also provides the young person and their loved ones with help after their discharge while a care plan for other longer-term support takes effect.

The most recent impact report from the service covering April to December 2023, shows that 271 young people were supported in Surrey hospitals, with a further 114 receiving follow up help.

Emotional temperature checks, which monitor distress levels in young people during their time in hospital, showed a marked reduction after spending time with Emerge professionals. On average young people went from nine out of ten to five out of ten, where ten is extremely high levels of distress.

## 2.3. Updates from our Place Partnerships

### 2.3.1 East Surrey Alliance

*Neighbourhood development meeting: July 2024*

A specification has been developed for *Ageing and Dying Well Integrated Neighbourhood Teams*. This sets out the expectations, structure, and framework for operational delivery. Job descriptions for lead roles have been completed and First Community Health and Care are developing the clinical operations roles which will be part of a triumvirate leadership structure. A launch event is planned on September 11<sup>th</sup> which will bring together the triumvirate leadership teams and neighbourhood team members to network and set the collective direction for operational delivery.

*Ageing and Dying Well*

The Alliance's Ageing Well Steering Group has agreed programme outcomes and aims for the coming year for primary, secondary, and tertiary prevention, presented at the East Surrey Alliance Board in June. In primary prevention, Ageing Well and Growing Health Together continue to strengthen links, with workshops around '*Living longer, better*' aimed at older people and focused around healthy living. In secondary prevention, the Anticipatory Care Hubs Business Case demonstrated reduction in non-elective and emergency department attendances. As a result, additional clinical sessions have now been confirmed for the frailty GPs to focus on 'urgent' cases which could flow into the virtual ward. In tertiary prevention, an integrated ageing well and palliative end of life care model is being tested.

*East Surrey Co-ordinated Discharge Programme*

This programme is now in its second year, focused on improving the experience and outcomes of hospital discharge. The programme has already demonstrated reductions in length of stay and more complex discharges. The focus this year has been the implementation of a '*Care Transfer Hub*' in line with national requirements to establish a hub as a way of streamlining and integrating discharge functions. To deliver this, work is underway to phase in a joint assessment process between health and social care teams that collectively identifies patient need post-discharge much earlier. The intention is for this to go live this September.

*Community Diagnostic Centre (CDC)*

Our objective of establishing a diagnostic centre in the heart of Redhill, looking at the Belfry Shopping Centre, continues to progress. This will bring a significant uplift in diagnostic capacity including X-Ray and CT capability, as well as a host of other diagnostic facilities to support "one stop shop" clinical pathways for our population. The presence of the CDC on the high street will support our aim to improve access for harder to reach communities and demonstrates part of our commitment to addressing health inequalities for local people.

### 2.3.2 Guildford & Waverley

The Guildford and Waverley Place Partnership is now implementing their local delivery plan for 2024/5. This seeks to create a programme that builds on the strength of the partnership to date, embeds the successes of 2023/24, and agrees a new approach focused on the three key areas of:

- Working alongside local people and communities



- Working in partnership to use our collective resource
- Establishing local community partnership teams

The plan is based on both financial, insight and outcomes as well as national and local priorities. Set against a backdrop of local and national challenges on both finance and demand and capacity, this work will require clear leadership, insight, and support. We recognise we are building on the Partnership's strength and core values and seek engagement, support, and collaboration from the Board.

The work focuses on key areas including:

- *Ockford Ridge* - to engage and co-produce with local communities and partners, exploring options to improve the offer for 0-5 year-olds and families within the Ockford Ridge area of Waverley. This is one of Surrey's priority neighbourhoods. Work will focus on gaining an understanding of local needs, co-production across partners and the local community, and exploring the offer to 0-5 year-olds and families in the Godalming and Ockford Ridge area. Aligned to our prevention ambitions this work will support local people to reach their full potential.
- *Voluntary and third sector support* – strengthening our local third sector to ensure a thriving and agile approach to local working. Following our successful Annual Event (held in July), we are seeking a new approach to working with the sector to encourage collaboration and local alignment to key delivery plans. Led by the local Chief Executives of key voluntary/community sector partners, the sector has been positive in feedback on this approach, and we will seek to align how we are working with local communities.
- *Integrated Neighbourhood Teams* - aligned to our local approach to delivering care differently, we are implementing local neighbourhood teams and building on our work to support high-risk patient groups. Seen in the success of the My Care/My Way programme, which delivered an estimated £320,000 savings across the local system across c.400 patient contacts - reducing GP contacts by 430 in six months, acute admissions by 80 and A/E attendances by 50. This work will now move into a system delivery approach using the *Growing System Leaders* programme; this involves c.30 multi professional leaders creating local teams to break down traditional organisational barriers, resulting in more responsive and person-centred care.

### 2.3.3 North West Surrey Alliance

We have continued to successfully bring together key delivery partners across health, district and boroughs and the county council developing strong relationships and partnerships working for the benefit of citizens in the local Place.

#### *Business Units*

Our mission has been further realised through the implementation of the Business Unit concept, an innovative approach which seeks to undo the fundamental fragmentation of the NHS and wider wellbeing services, creating one resident journey. Focusing on the following four areas and each running a range of services collectively on behalf of NWS Alliance, regardless of the individual organisation that formally manages them:

1. Same Day Urgent Care
2. Rehab and System Flow
3. Borough Wide Specialist Provision
4. Integrated Neighbourhood Teams

With single leadership across organisations and one identity for the team responsible for the health of a population, were taking collective accountability for outcomes, access, and people's experience of using services. Each Business Unit now has in place:

- Dedicated leader appointed to work across partners
- Leadership teams implemented with clear alignment of aims and priorities
- Ways of working and governance embedded

Key projects achieved through the Business Units are:

#### *Same Day Urgent Care - unscheduled care hub*

This unscheduled care hub, designed in collaboration with Surrey Heartlands and South East Coast Ambulance (SECamb) will take the form of a Single Point of Access (SPoA), which will be operational from October 2024. The SPoA will enable a SECamb Advanced Paramedic Practitioner to have a direct clinical conversation at the earliest point of the patient's journey with the local system clinical navigator, to ensure they are directed to the most appropriate out of hospital service which will best meet their immediate needs.

Benefits include:

- releasing of capacity in SECamb to respond to those who have immediate Emergency needs in a timeframe which optimises the outcome for those patient's, who have life threatening conditions
- manage the flow through the system by reducing ED attendances for those patients, who do not require emergency interventions
- reducing the number of people who experience delays in returning to their home or place of residence, thereby creating acute capacity to enable recovery
- enabling ICB Partner organisations at Place to optimise community assets and eliminate duplication.

#### *Borough-wide specialist provision - Community Diagnostic Centre at Woking Community Hospital*

This local centre will prevent the need for 30,000 hospital visits outside Woking annually. Providing residents with a vibrant and modern health facility, currently offering a cardiology suite, bone density scanning, blood tests for all patients aged five and over and 20 additional audiology assessments per week. Further test facilities such as MRI, ultrasound and CT scanning are planned to be available by the end of this year.

#### *Borough-wide specialist provision - transformation of diabetes services*

Partner organisations across North West Surrey are working together to transform diabetes services to provide integrated pathways and holistic care, addressing various aspects of diabetes management including medical, nutritional, psychological and foot care.

For more information about other key achievements through each of our Business Units see our [booklet](#).

#### *Talent Hub*

Another exciting development is the launch of the Talent Hub, a project we are piloting to modernise recruitment across our partners and nurture local talent across North West Surrey. The pioneering digital platform allows people to view and apply for job vacancies from all our organisations, on one platform. It also features a Talent Pool where local people can sign up to create profiles, receive

support, and be matched to suitable opportunities based on their skills and job requirements. Read more [here](#).

Transformational change always takes time to realise but we are now starting to see some traction and a positive change to the ways of working in a more focused delivery agnostic to sovereign organisations. As well as the benefits of more cohesive support for people within our communities.

### **2.3.4 Surrey Downs Health & Care Partnership**

The focus for the last month has been two-fold. The first being to refresh the agreed place transformation plan using population health data, insights from local communities and the emerging health and care priorities nationally to establish in more detail our plans for Surrey Downs for the coming 18 months. The next stage of this work is to develop these plans and co-design solutions with local partners and communities, starting with a community development day in mid-September. The second being to establish our demand and capacity plans for the coming autumn and winter months. These plans have now been signed off through our place governance structures and involve focus and investment across our communities and integrated neighbourhood teams, our place partners and our core urgent care services.

The Surrey Downs Virtual Ward was highlighted as a case study of good practice in a letter sent to all providers from Amanda Pritchard, CEO of NHSE. The case study highlighted the strength of the integrated service in both preventing acute admissions and facilitating earlier hospital discharge. The model mirrors the Surrey Heartlands specification for virtual wards.

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## **3. Looking after our People**

### **3.1. Public commitment to equality, diversity and inclusion**

Following on from the tragic events in Southport last month and the resulting violence and protests that have followed across the country, as a system our first priority will always be supporting and protecting our staff and patients.

To that end, our absolute commitment to equality, diversity and inclusion remains and we stand by our firm zero tolerance approach to abuse, racism or discrimination of any kind against our staff, our wider NHS community, our partners and our patients and residents.

We are incredibly proud of the multi-cultural nature of our workforce and our population and the richness this brings to our health and care system and to Surrey Heartlands.

Whilst fortunately, to date, Surrey has not seen the levels of disorder, protest, or hate crime that have been seen across other parts of the country, if anyone witnesses any form of threatening, violent or aggressive behaviour, we urge staff and patients to report it immediately through the appropriate channels, involving police colleagues where necessary, to ensure these behaviours are called out and acted on.

We recognise that members of our workforce, particularly those on the frontline, and members of our communities, may still feel worried or anxious about the nature of the events and attitudes we have witnessed, and some may have been affected personally.

We know our partner organisations are supporting staff locally and, as a health and care system, we would encourage anyone who has been affected by recent events to come forward and seek support – and for us all to continue to support each other and stand strong together.

### 3.2. Annual staff survey

We are now preparing for the launch of the annual NHS staff survey which is expected to launch in October. Each autumn everyone who works in the NHS in England is invited to take part in the survey which offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements.

We recognise that this has been a difficult time for staff as we have implemented our organisational change programme; understanding how people are feeling will be important as we work to embed our new operating model, supported by the organisational development workshops which will begin for all teams this month.

## Frimley System Report

### 1. Meeting our statutory requirements

#### 1.1 System performance

The Frimley system continues to experience high levels of demand for services across all NHS providers and our local authority partners. A number of actions are being taken to identify and implement plans that will help maintain and improve patient experience and flow, and enable our hospitals (acute, community and mental health) to best support those with urgent and emergency needs and continue to reduce our waiting lists. This pressure is affecting both adult and children's services. The redesign of our care model is aimed at both creating improvements for this winter and longer term system sustainability and the new hospital programme (Frimley Hospital replacement).

- During the summer the system has launched a programme of work to ensure we are allocating the resources we do have to gain the most benefit for our patients and populations (allocative efficiency)
- A Clinical summit was held in July to support our UEC (urgent and emergency care) improvement work/strategy delivery
- The system continues to develop its virtual hospital approach and use our population health management capabilities to identify patients most at risk and requiring support (patient segmentation)
- There is a continued focus on strengthening the alternatives to GP/hospital services and the system has high use of the Pharmacy First programme
- Specialty level redesign work is focused on our current outpatient services and reducing elective and diagnostic waiting lists
- There is a link between the care model redesign work and the ambitions of the BCF/adult social care discharge fund to prevent ill health, support more people closer to home and ensure people are in hospital no longer than necessary. We continue to work closely with all our local authority and voluntary sector partners to focus on prevention, admission avoidance and discharge schemes through our BCF work.

Progress is being made in reducing waiting times for surgery and diagnostics and waiting times in our Emergency Departments (ED) improved in August after a challenging period in June and July.

The ICB is continuing to monitor the impact of the GP collective action and works closely with practices to monitor the claes and nature of any of the 10 measures that practices implement. All practices continue to fulfil their contractual obligations and keeping services safe for patients.

## 2. Delivering our Plans

### 2.1 Financial

Delivery of our 2024/25 plans within the resources available continues to be a focus for joint effort. The system remains on track to meet its agreed financial plan by the end of the year (£25m deficit) but this relies on a step change in efficiency delivery from November onwards and includes a level of risk.

### 2.2 ICB running costs and operating model programme

The ICB is in the final stages of moving people to its new Operating Model in line with the NHS England requirement for all ICBs to reduce their running costs by 30% by 2025/26. The new place-based model has retained a 5 place construct (including BCF and Integration roles to directly support our interface into Surrey) with support from other ICB teams including portfolios that support Children and Young People and Mental Health, Learning Disabilities and Autism.

### 2.3 Strategic ambitions

The highlight this month has been the launch of our “Work Well” programme (DWP pilot). Frimley ICS has been chosen as one of 15 pilot sites which will receive significant funding over the next two years to support local residents get back into employment, where poor health has been an inhibitor to doing so. The Frimley pilot is focusing on connecting people to local support services including physiotherapy and counselling so they can get the tailored help they need to stay in or return to work. Participants do not need to be claiming any Government benefits and will receive personalised support from a Work and Health Coach to understand their current health and social barriers to work and draw up a plan to help them overcome them. Frimley ICS is working with partners in statutory bodies and the VCSE to establish a programme which recognises the central role of the community and the importance of sustainable employment as a wider determinant of health outcomes. Links have been established with the Heartlands pilot which has a strong employer focus so the Surrey population can benefit from both pilots.

The Frimley ICP (Integrated Care Partnership) meeting on the 18<sup>th</sup> September will be focusing on how it works going forward (responding the survey results received over the summer) and a workshop session on “Developing an anti-racism Alliance” across the system.

### 3. Supporting our People

#### 3.1 Civil Unrest

The ICB has been supporting its workforce during the civil unrest and recent acts of violence. The focus continues to be on collaboration not division and celebrating the rich diversity of our workforce and wider community. The ICB has a “zero tolerance” approach and statement. Zero Tolerance means we will never ignore, tolerate or condone discrimination, bullying, harassment, abuse or victimisation of any kind in any form.

#### 3.2 Know your numbers week (2<sup>nd</sup>-5<sup>th</sup> September)

The week of 2 – 8 September was Know Your Numbers Week, and as an organisation we’ve been promoting to staff the importance of knowing what their blood pressure is.

High blood pressure is known as ‘the silent killer’ as it often has no symptoms. Left untreated, it can lead to a range of health conditions which can be life-changing, or worse. These include heart attack, stroke, heart disease, kidney disease, dementia and more.

#### 3.2 World Suicide Prevention Day (10<sup>th</sup> September)

The ICB has been raising the awareness about the importance of reducing stigma and encouraging open conversations to prevent suicides. This World Suicide Prevention day hopes to create a shift from a culture of silence and a lack of understanding to one of openness, empathy, and support. To make a difference we need to talk more openly about suicidal thoughts and remember that talking about suicidal thoughts does not increase their presence or occurrence.

Staff have been encouraged to put aside 20 minutes of their time to complete this [suicide awareness training provided free by Zero Suicide Alliance](#). Or read more about how to start a conversation on the [Samaritans website](#)

#### 3.3 New CEO Frimley Health NHS Foundation Trust

Frimley Health NHS Foundation Trust has welcomed its new chief executive, Lance McCarthy as he joined the organisation, following his appointment earlier in the year.

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