

Notice of Meeting

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



Date and Time

Wednesday,
11 December 2024
10.00 am

Place

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

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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 (Vice-Chairman)	Surrey Heartlands ICS	Joint Chief Medical Officer
Jo Cogswell	Surrey Heartlands ICB	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
Claire Edgar	Surrey County Council	Executive Director - Adults, Wellbeing & Health Partnerships
Rachael Wardell OBE	Surrey County Council	Executive Director for Children, Families and Lifelong Learning
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 MBE	VCSE Alliance	CEO at ESDAS
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 / Professor Helen Rostill	Mental Health: Prevention Board	Co-Chairs
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: 18 SEPTEMBER 2024

(Pages
1 - 14)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

a MEMBERS' QUESTIONS

The deadline for Member's questions is 12pm four working days before the meeting (*5 December 2024*).

b PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (*4 December 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) FOR APPROVAL (Pages 15 - 50)

Annex 1 attached is a draft MoU for this combined meeting, which set out the aims, responsibilities and procedural arrangements, as well as detail around the membership and roles of each member of the HWB and ICP. This draft was brought to the September meeting for review, and following discussion, minor amendments were made. It is being brought to this formal meeting for final sign off.

Agenda item for: HWB, and Surrey Heartlands ICP

6 ENABLING STRONGER COMMUNITY SAFETY LEADERSHIP AND GOVERNANCE (Pages 51 - 58)

At their combined meeting on the 18 September 2024, the Health and Wellbeing Board and Integrated Care Partnership agreed for work to commence to review the strategic governance arrangements for Community Safety across Surrey. The overwhelming response to the proposal to establish a dedicated Community Safety & Prevention Board with strategic oversight of community safety has been positive.

Agenda item for: HWB

7 HWB STRATEGY (HWBS) HIGHLIGHT REPORT INCLUDING HWBS INDEX UPDATE (Pages 59 - 98)

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 18 November 2024.

Agenda item for: HWB, and Surrey Heartlands ICP

8 SURREY SAFEGUARDING ADULTS BOARD (SSAB) ANNUAL REPORT 2023/24 AND FUTURE PLANS (Pages 99 - 182)

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency Board with responsibilities set out in the Care Act 2014. SSAB submits its 2023/24 annual report and identifies opportunities for enhanced collaboration across the Surrey system within its 4 priorities in 2024/25.

Agenda item for: HWB, and Surrey Heartlands ICP

9 SURREY SAFEGUARDING CHILDREN PARTNERSHIP (SSCP) ANNUAL REPORT 2023/24 AND FUTURE PLANS (Pages 183 - 228)

This report highlights the work of the SSCP from April 1 2023 - 31 March 2024 and opportunities going forward for 2024 - 2026.

Agenda item for: HWB, and Surrey Heartlands ICP

10 SURREY WIDE IMMIGRATION STRATEGY (Pages 229 - 256)

This report asks the HWB/ICP to review the draft strategy (Appendix 1), as well as discuss and agree the proposed governance including the proposal for the Surrey Wide Immigration Group to report into the HWB/ICP.

Agenda item for: HWB, and Surrey Heartlands ICP

11 OUR SURREY HEARTLANDS UNITED SURREY TALENT STRATEGY (UST) AND HEALTH AND SOCIAL CARE ACADEMY (HSCA) (Pages 257 - 276)

This paper shares progress, high level evaluation of Phase 1 and plans for Phase 2 regarding the Our United Surrey Talent Strategy which was co-developed with Health, Social Care and Voluntary, Community and Social Enterprise partner representatives and approved in July 2022.

Our Health and Social Care Academy is a key pioneer programme of the United Surrey Talent Strategy. This paper shares progress and achievements for this pioneer as an exemplar.

Agenda item for: HWB, and Surrey Heartlands ICP

12 INTEGRATED CARE BOARD UPDATE: SURREY HEARTLANDS ICB AND FRIMLEY HEALTH AND CARE ICB (Pages 277 - 294)

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

13 DATE OF THE NEXT MEETING

The next public combined meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership will be on 19 March 2025.

**Terence Herbert
Chief Executive**

Published: Tuesday, 3 December 2024

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QUESTIONS AND PETITIONS

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

Please note the following regarding questions from the public:

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

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MINUTES of the COMBINED MEETING OF THE HEALTH AND WELLBEING BOARD, AND SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP
held at 10.00am on 18 September 2024 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the HWB and ICP at its next meeting.

HWB and ICP Members:

(Present = *)

(Remote Attendance = r)

- * Cllr Tim Oliver OBE (Chair)
- * Karen McDowell
- * Dr Charlotte Canniff
- * Jo Cogswell
- * Dr Pramit Patel
- * Aruna Mehta
- Fiona Edwards
- * Cllr Mark Nuti
- * Cllr Sinead Mooney
- * Cllr Clare Curran
- * Terence Herbert
- * Sarah Kershaw
- * Helen Coombes
- * Rachael Wardell OBE
- * Ruth Hutchinson
- * Kate Scribbins
- * Dr Julie Llewelyn
- * Paul Farthing
- * Sue Murphy
- Michelle Blunsom MBE
- r Borough Cllr Richard Biggs
- * Borough Cllr Ann-Marie Barker
- * Karen Brimacombe
- * Mari Roberts-Wood
- * Dr Sue Tresman
- * Professor Monique Raats
- * Alistair Burtenshaw
- * Tim De Meyer
- * Lucy Gate (Mental Health: Prevention Board Co-Chair)
- Professor Helen Rostill (Mental Health: Prevention Board Co-Chair)
- Siobhan Kennedy

Substitute Members:

- * Maria Mills - Chief Executive Officer, Active Prospects
- * Nicola Airey - Director of Places and Communities, Frimley ICS

Members in Attendance

Kevin Deanus, Cabinet Member for Fire and Rescue, and Resilience

The Chair welcomed all to the 'Health Day' and first combined meeting of the HWB and ICP, to be followed by the Surrey Heartlands ICB in the afternoon. He welcomed those joining the HWB and ICP for the first time: Aruna Mehta, Terence Herbert, Sarah Kershaw, Dr Julie Llewelyn, Michelle Blunsom MBE, Borough Cllr Richard Biggs, Alistair Burtenshaw, Lucy Gate. He thanked outgoing members for their contributions.

21/24 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Michelle Blunsom MBE - Maria Mills substituted, Fiona Edwards - Nicola Airey substituted, Professor Helen Rostill - Lucy Gate present as MH: PB Co-Chair, Cllr Richard Biggs (remote).

22/24 MINUTES OF PREVIOUS MEETING [Item 2]

The minutes of the Health and Wellbeing Board on 19 June 2024, and the Surrey Heartlands Integrated Care Partnership on 24 July 2024 were agreed as a true record of the meetings.

23/24 DECLARATIONS OF INTEREST [Item 3]

There were none.

24/24 QUESTIONS AND PETITIONS [Item 4]**a Members' Questions**

None received.

b Public Questions

None received.

c Petitions

There were none.

25/24 COMBINING THE HEALTH AND WELLBEING BOARD AND THE SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP: DRAFT MEMORANDUM OF UNDERSTANDING (MOU) [Item 5]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

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

Key points raised in the discussion:

1. The Chair noted that the ten-year Health and Well-Being Strategy for Surrey was constantly being refreshed but the three Priorities remained the same. The HWB had statutory responsibilities to discharge, the ICP was responsible for the delivery of the Surrey Heartlands Integrated Care Strategy and wider determinants of health, and the ICB owned the clinical aspects.

Borough Cllr Ann-Marie Barker arrived at 10.09 am.

2. The Principal Lead - Health and Wellbeing (SCC) noted that the ambition of combining the boards was to provide collective oversight and assurance of the delivery of the Health and Well-Being Strategy, which was Ambition One of the Surrey Heartlands Integrated Care Strategy. The governance had been

streamlined avoiding duplication and aligning decision-making, with one membership. Public formal meetings were quarterly, followed by deep dives/walkabouts at place level, and private informal meetings to reflect on the discussions at the deep dive and discuss items in more detail. The Memorandum of Understanding included both updated Terms of Reference, outlined the common responsibilities and expectations, and included a second Vice-Chair. He welcomed comments and suggestions for items to be added to the forward plan.

3. A HWB and ICP member noted that the Terms of Reference looked clear concerning Surrey Heartlands ICS and noted the need to consider the strategic relationships with other regional ICSs as services are delivered across boundaries. The Principal Lead - Health and Wellbeing (SCC) noted that he was engaging with Frimley ICS colleagues for example in terms of inputting into the HWB and ICP; he would ensure that other ICSs are considered.
4. A HWB and ICP member acknowledged the links with Frimley ICS, the issue concerned other ICSs more widely. The Chair highlighted the NHS Confederation ICS Network and the ICP Chairs Forum, and the Surrey Heartlands ICB Chair for example liaises with West Sussex.

RESOLVED:

1. That the HWB and ICP members reviewed the draft shared Memorandum of Understanding (MoU) and respective Terms of Reference (ToR) in detail and would 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 would 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.

Actions/further information to be provided:

1. The Principal Lead - Health and Wellbeing (SCC) will ensure that the strategic relationships with other regional ICSs is considered and formalised into the MoU and ToRs.

26/24 ENABLING STRONGER COMMUNITY SAFETY LEADERSHIP AND GOVERNANCE [Item 6]

Agenda item for: HWB

Speakers:

Sarah Grahame, Assistant Chief Constable, Surrey Police
 Tim De Meyer, Chief Constable, Surrey Police
 Alison Bolton, Chief Executive, OPCC

Key points raised in the discussion:

1. The Assistant Chief Constable (Surrey Police) highlighted the merger in 2020 of the HWB and Community Safety Board which delivered on some of the community safety workstreams and provided positive collaboration, but the time dedicated to community safety was limited due to the HWB's broad agenda. Going forward a shared steering group was proposed to review what a separate arrangement would look like, as the governance landscape had changed since

- 2020, with the formation of the Community Safety Assembly, the Serious Violence Reduction Partnership, and the Domestic Abuse Executive.
2. The Chief Constable (Surrey Police) noted that to be safe is to be healthy and it was right to take a public health approach to tackling crimes, however the activities necessary to address community safety were distinct requiring dedicated focus. He noted the ambitions of the new government to tackling violence and anti-social behaviour, he noted the aspiration for Surrey to be the safest county in the country. Therefore, it was important to consider constituting a Community Safety Board to progress such work, to better share data on comorbidities and more efficiently direct limited resources.
 3. The Chief Executive (OPCC) noted that the Police and Crime Commissioner for Surrey was keen to have a strategic level where she could engage with partners on community safety matters. She noted the importance of getting the right role and remit for the Community Safety Board, to streamline the governance landscape and reduce duplication and increase effectiveness in tackling violence and anti-social behaviour.
 4. The Chair noted that the Surrey Safeguarding Children Partnership and Surrey Safeguarding Adults Board Independent Chairs were supportive of having a more structured board.
 5. A HWB and ICP member asked whether the voice of people with lived experience regarding violence would be represented in the new board and governance structure. The Assistant Chief Constable (Surrey Police) noted that the good practice in place for example around including the voice of those with lived experience would be developed and enhanced in the new structure.
 6. A HWB and ICP member noted that given that community safety sits within Priority 3, integral to the collective work by the partners on the HWB and ICP, asked whether in the review it could be considered how the HWB and ICP can be kept updated on the work. The Assistant Chief Constable (Surrey Police) noted that yes that would be considered in line with recommendation two.

RESOLVED:

The HWB:

1. Agreed 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, supported 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.

Actions/further information to be provided:

None.

27/24 HWB STRATEGY (HWBS) HIGHLIGHT REPORT INCLUDING HWBS INDEX UPDATE [Item 7]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council / Chair of Prevention and Wider Determinants of Health Delivery Board (PWDHDB)
Lucy Gate, Public Health Principal, SCC / Co-chair of Mental Health: Prevention Board

Ruth Hutchinson, Director of Public Health, SCC
Jonathan Lees, Managing Director, Good Company

Key points raised in the discussion:

1. **Priority 1:** The Chair of the PWDHDB referred to the spotlight section on Active Surrey, which initiated a new Place Partnership in Stanwell. Club4 was the Holiday Activity and Food programme for Surrey, offering over 39,000 places for children on free school meals. Opportunities: the Surrey Cancer Inequalities Programme would address knowledge gaps and highlight invisible inequalities, it was given national best practice recognition. Challenges: the Joint Strategic Needs Assessment (JSNA) chapter on multiple disadvantage (MD) identified 3,000 plus adults experiencing MD in Surrey, the Bridge the Gap prevention service showed a return on investment of 1:4, funding was undecided meaning that the service could be decommissioned. Active Surrey was waiting to see whether funding for Club4 would continue.
2. **Priority 3:** The Chair of the PWDHDB highlighted that the Council made a successful funding bid to Southern Gas Network for £920,000, for Surrey's Fuel Poverty Programme to deliver support to vulnerable residents. Opportunities: Surrey Against Domestic Abuse Strategy 2024-2029 was an opportunity for strong local leadership to transform the way domestic abuse is tackled, the Expert by Experience Network would play a key role. Challenges: funding for some Local Area Coordinators and for the Serious Violence Duty was due to end in March 2025, the funding for the Household Support Fund was until April 2025.
3. The Chair noted that the additional funding for domestic abuse ends in March 2025, the Government needed to be lobbied to sustain it.
4. A HWB and ICP member noted that Active Surrey was renegotiating for the Council to continue to host it, he highlighted its amazing work to get kids active and it was working to expand that to adults. Highlighted the Active Surrey School Sports Day in the summer at Guildford, asked all in the room to stand up and then sit down as that used one hundred muscles. Active Surrey was constantly looking for sponsors, urged all to support them as they provided great results.
5. A HWB and ICP member noted the limited resources and queried whether the focus should be on inactive people rather than encouraging those who do some activity to do more. The Director of Public Health (SCC) noted that the evidence base was strong, that for those who are inactive doing some exercise made a significant difference to their health. It was important that all take part in the Chief Medical Officer guidelines for physical activity, however focus was needed, using the Index Scorecard to target efforts in Stanwell for example focusing on geography and key communities; Active Surrey was a finite resource.
6. A HWB and ICP member referred to the Surrey Heartlands Clinical Strategy, targeting preventative action to its populations that experience the worst outcomes and health, that was where the focus of the HWB and ICP's activity should be. For example, keeping people active was vital to preventing dementia.
7. The Managing Director (Good Company) noted that most people the Good Company works with in energy poverty were £1,000 in debt on average. He called for developing consistent preventative work around energy poverty, as grants such as the Household Support Fund were short-term. The Good Company was trying to support people to reduce consumption and their debt.
8. A HWB and ICP member referred to the prevention framework, the focus was on the primary prevention space, but also proactively identifying and targeting communities, those people with less favourable outcomes or have challenging living circumstances. Targeting those people with the Voluntary, Community and Social Enterprise (VCSE) sector or appropriate partner, looking at self-help,

- referral, advice; reducing the number of crises and emergencies. The Chair noted that prevention would be discussed concerning the Better Care Fund.
9. A HWB and ICP member noted that there were several funding streams due to end, queried what the governance arrangements were for discussions around what is prioritised and how to best use the funding available to deliver for residents, working in partnership. Whether the HWB and ICP can lobby the Government. The Chair noted the need to have those conversations and lobby.
 10. A HWB and ICP member noted that there were more than 100,000 carers she represented that might be inactive, when working with partners who deliver services, it was vital to consider promoting activity and access for carers. A HWB and ICP member noted the upcoming work with Mobilise regarding carers, he would have a conversation with the HWB and ICP member on the matter.
 11. A HWB and ICP member highlighted those people in low paid jobs, working long hours, it was important that all organisations think about their staff's wellbeing and to consider providing accessible access to facilities and support. The Chair noted that the End Poverty Pledge item would outline the work underway, noted that getting the right prioritisation would be challenging.
 12. A HWB and ICP member supported the areas identified in the second recommendation, particularly the Bridge the Gap prevention service, which works with vulnerable residents; there were successful outcomes. Queried how the HWB and ICP would seek to obtain more sustainable funding going forward. The Chair noted that there would be discussions with the Government on the Fair Funding Review, once there was clarity partners needed to come together; it was unlikely that Surrey would receive more money.
 13. **Priority 2:** The Co-chair of Mental Health: Prevention Board noted the Opportunities: the Mental Health Investment Fund (MHIF) was being coordinated by the Community Foundation for Surrey to allocate the money, £1.7 million remained; that was match funded. Asked HWB and ICP members to share the information on the first round, the deadline for applications was 16 October. Regarding the spotlight section on the loneliness and isolation JSNA chapter, it was unique and included experiences from over 2,000 practitioners and residents. Loneliness and isolation caused worse physical and mental health outcomes, and costed £2.5 billion a year of sickness absences. A key recommendation was for system partners to recognise that chronic loneliness was a structural inequality, a shared plan was being developed at system level. The amended Suicide Prevention Strategy had extensive engagement with over 600 recommendations being considered. Challenges: highlighted the work by Surrey Police in surveillance and responding to deaths by suicide or serious attempts, enabling prevention work to happen in real time. Noted the risk of scaled back activity if funding for the suicide prevention post does not continue.
 14. The Director of Public Health (SCC) noted that the Health and Wellbeing Strategy Index was publicly accessible to review and measure progress against the high-level outcomes. The quarterly Highlight Reports show the delivery of the Health and Well-Being Strategy, the annual Index Scorecard provides a summary of the data in the Index. The Challenges were being picked up by the two sub-boards and were being turned into action plans. The JSNA chapters contained the detail of each topic and there were governance arrangements.
 15. The Chair clarified that the original MHIF was over £11 million, the £1.7 million referred to was the remaining balance.
 16. A HWB and ICP member asked whether a dashboard could be produced with Red, Amber, Green ratings of where time and effort should be focused. The Director of Public Health (SCC) noted that was the aim of the annual Index Scorecard, it was scheduled in the forward plan and showed positive outcomes and areas that required more focused efforts. She noted that the sub-boards review the delivery against the recommendations in the JSNA chapters.

17. A HWB and ICP member noted the importance of working in partnership with the boroughs and districts, which have skills for tackling loneliness and social isolation. Noted that continued efforts were needed and that friendships were the biggest cure for loneliness. The Chair noted that there was a piece of work being undertaken looking at the teams around communities, looking at optimising the various resources at local government and health system level.
18. A HWB and ICP member welcomed the work underway but noted concern in the funding, the amount of money had reduced dramatically; asked what was being done to ensure future funding to carry on the work. The Chair noted uncertainty around funding from the new government and therefore prioritisation was key, it would first have to address the continued funding of Adult Social Care. There would be some clarity once the budget is announced in October. Regarding the recommendation on unmet needs, work had been done through the JSNA and towns and villages piece to identify the most vulnerable people and provide support. The four tools ensured the right people were being targeted.
19. A HWB and ICP member stressed the need to look for alternative sources of funding, some of that would come from the philanthropic sector. A lot of work around loneliness was done by the VCSE sector. The match funding for the MHIF for example made the delivery go further. Requested that the VCSE sector be involved in the development of the work on loneliness. The Chair noted the good track record of doing that with the Community Foundation for Surrey, hoping that as the VCSE Alliance matures it could be the point of entry to provide input at an early stage.
20. A HWB and ICP member stressed the need to bear in mind the arts and cultural sector when thinking about social isolation and the work around physical activity, noted the grassroots work underway, some of which was funded philanthropically, but also through other programmes. Highlighted the new ten-year cultural strategy for the county 'Surprising Surrey' which focuses on the outcomes; he offered his support.

RESOLVED:

The HWB and Surrey Heartlands ICP:

1. Would use the Highlight Reports to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Would 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).

Actions/further information to be provided:

1. The Chair will undertake the conversations with partners concerning how best to use the funding available and around what is prioritised; and will lobby the Government on the critical funding issue for Surrey prevention programmes and funding continuation uncertainties as noted in recommendation two.

28/24 ENABLING A SURREY SYSTEM APPROACH TO POVERTY: SIGNING AND ENACTING THE END POVERTY PLEDGE [Item 8]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

Mark Nuti, Cabinet Member - Health and Wellbeing, and Public Health, SCC
 Ruth Hutchinson, Director of Public Health, SCC
 Jonathan Lees, Managing Director, Good Company

Key points raised in the discussion:

1. The Cabinet Member - Health and Wellbeing, and Public Health (SCC) noted that winter highlighted the need for support in Surrey's communities, some people would struggle more than others. Poverty was a year-round problem, the HWB signed the Pledge in July, the HWB and ICP were asked to formally adopt the recommendations to support the Pledge, to be taken to October's Council meeting and hoped it would filter through the boroughs and districts into Surrey's communities. Mitigating that would raise people's standard of living.
2. The Director of Public Health (SCC) highlighted the examples of how the Index was being used to monitor poverty. Noted the following three key areas of how all could collectively enact the Pledge and start to reduce the levels of poverty. Leadership: the HWB and ICP targets the Priority Populations and Key Neighbourhoods. The upcoming economy JSNA chapter demonstrated the disparity in social economic status across Surrey, the system wrote to the Government around extending the Household Support Fund. Culture: continually engaging those with lived experience of poverty. Accountability: continuing to explore funding sources and sharing good practice and monitoring the progress. Strategic groups had been briefed and system awareness was increasing building key those themes into the ways of working.
3. The Managing Director (Good Company) noted that the food bank started twelve years ago and had grown, several projects developed around supporting people in poverty to develop their emotional, physical and financial resilience so they do not need to rely on the Good Company. The Pledge started around eighteen months ago, it was an aspiration which built into a movement. Noted the Pantry project, where people went to get food but also for companionship and Advice Cafés followed, bringing people together. Highlighted the resources available, signing the Pledge was the first step in collectively making a difference. Invited all to attend the second Poverty Truth Commission celebration event on 27 November, which brought people in poverty together with system leaders exploring why someone ended up in that situation.
4. A video was shared on the Pledge, it presented case studies of people in poverty and how they rebuilt their lives, not having to rely on food banks and services. The video encouraged partners to think about the culture of their organisation, how they interact with those struggling and requiring support, using CLEAR: Communication, Listening, Empathy, Agency, Respect.

5. A HWB and ICP member asked whether there was a possibility that the Good Company could expand to operate in the west of Surrey. The Managing Director (Good Company) noted that there were no immediate plans for expansion, the Good Company worked with the other eight Trussell Trust food banks, the nine food banks in total covered over 60% of Surrey. He noted that the HWB and ICP member could email the Good Company on the matter.
6. A HWB and ICP member highlighted the Surrey Living Wage initiative and challenges of Surrey being close to London with expensive housing, access to stable accommodation was a key indicator in lots of wellbeing issues, asked whether the housing strategies in Surrey could be reviewed. A HWB and ICP member highlighted the Housing, Accommodation and Homes Strategy for Surrey, which acknowledged the housing crisis in Surrey, the strategy was discussed at housing related forums nationally. The strategy focused on housing for Surrey's most vulnerable residents, there were regular discussions on housing and the next steps needed to be reinforced.
7. The Chair noted the work by Julianne Meyer CBE commissioned by the previous government concerning extra care facilities for the elderly - which Surrey contributed to - the boroughs and districts are the housing authority and the Council provided specialist housing. There was an extensive programme of building extra care facilities and specialist housing in the county. Would wait and see the direction of travel by the new government concerning the National Planning Policy Framework. Housing was the biggest issue in terms of recruitment and retention of skilled people into the county.
8. A HWB and ICP member queried whether housing could be added to the HWB and ICP's forward plan about how the county, Council and boroughs and districts, come together with partners to look at the outcomes of the strategy and make the required changes. Noted the inability to discharge people who were fit, from a mental health institution because of inadequate housing was a key problem for the individual and those unwell waiting for a bed.
9. A HWB and ICP member reflected on her personal responsibility around poverty and what she could do as a GP. She noted that the Self-assessment for organisations/businesses was a great tool to ask the right questions, to consider how service users are supported. The Managing Director (Good Company) noted that he would be happy to present the item to her organisation.
10. A HWB and ICP member stressed that housing was the biggest challenge for districts and boroughs, it would push well-run, fiscally prudent councils into bankruptcy. Noted that the District Councils' Network was taking a blueprint to the Local Government Association Conference in October to articulate what the ask is of the Government and the solutions needed.
11. A HWB and ICP member noted that the item could be added to the agenda for the Chief Executives Group as necessary.
12. The Chair noted that issues around housing would be followed up. Support from the Government was needed on housing as well as Special Educational Needs and Disabilities, and Home to School Transport - two huge budgetary pressures.

RESOLVED:

The HWB and Surrey Heartlands ICP formally approved the following July informal HWB recommendations:

1. Recognised 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. Would lead from the front, adopt the suggested leadership, culture and accountability actions (see Appendix 1) and monitor progress.

3. Supported members' organisations/networks to consider signing and enacting the pledge.

The HWB and Surrey Heartlands ICP also:

4. As individual HWB and ICP members representing single organisations, would 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, would 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. Would inform and support the development of a Surrey system approach to poverty framework.

Actions/further information to be provided:

1. The comments around housing will be followed up, particularly around lobbying the Government and reviewing the outcomes and next steps of the Housing, Accommodation and Homes Strategy for Surrey.

29/24 BETTER CARE FUND UPDATE [Item 9]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

Jon Lillistone, Director of Integrated Commissioning, SCC

Key points raised in the discussion:

1. The Chair noted that the Better Care Fund (BCF) should be used where possible to focus on preventative activity and early intervention. Noted the recommendation from the Hewitt Review, that 1% of the NHS budget be ringfenced for prevention. Stressed the need to contain the demand for services.
2. The Director of Integrated Commissioning (SCC) noted that the next steps were informed by the outcome of February's workshop. Highlighted the focus on independence and well-being, and keeping people at home for longer; and that people receive care in the right place. Noted the key relationship with district and borough colleagues around the Disabled Facilities Grant discharge work, and the protection of Adult Social Care. Noted the lack of clear direction from the Government, however Lord Darzi's report highlighted areas of focus. Stressed the need to focus on outcomes and to strengthen the evidence base around the decision-making on what the BCF is invested in.
3. A HWB and ICP member asked whether the Surrey and Borders Partnership NHS Foundation Trust could be engaged, considering how it could be prioritised for the prevention agenda. The Director of Integrated Commissioning (SCC) noted that he would ensure that it would be a key stakeholder engaged with.
4. A HWB and ICP member encouraged that recommended communication to happen with the Independent Carers Lead for Surrey as noted in the report, carers were central to the many items discussed on the agenda.
5. A HWB and ICP member supported the Chair's challenge that more could be done and done better with the BCF. The prevention agenda was key, partners needed to challenge themselves regarding the way in which their programmes of

work are structured, the BCF workshop highlighted the enthusiasm for different ways of working; maximising the budget and joint ways of working was vital.

RESOLVED:

The HWB and Surrey Heartlands ICP:

1. Confirmed and endorsed the four areas for development from the February 2024 HWB BCF event.
2. Agreed 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. Noted the contribution of the BCF in protecting Adult Social Care, health and the voluntary sector services, and its importance in facilitating integrated working.

Actions/further information to be provided:

1. The Director of Integrated Commissioning (SCC) will engage with the Surrey and Borders Partnership NHS Foundation Trust as a key stakeholder.

30/24 LIBRARY OF EXPERIENCES UPDATE [Item 10]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

Dan Shurlock, Strategic Lead - Thriving Communities, SCC

Jo Cogswell, Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley, Surrey Heartlands ICB

Key points raised in the discussion:

1. The Chair explained that the Library of Experiences captured experiences and produced a guide about what might be found in a town, using that to build supportive infrastructure.
2. The Strategic Lead - Thriving Communities (SCC) noted that there were pockets of good practice, the focus must be on how to use the lessons learned, looking at how to engage with communities and co-design with people with lived experience. Thanked colleagues in Horley and North Leatherhead as those were two of the site visits. Referred to the SharePoint site, open to partners providing them access to the learning and examples, making it easier to find out information about specific places and using that to collaborate with communities.
3. The Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley (Surrey Heartlands ICB) highlighted the great work done in capturing the work undertaken. Noted that the name of the approach captured the level of energy, about sharing experiences to create a community of practice. Hoped that the Surrey Heartlands Expo would provide an opportunity to demonstrate the passion and commitment from those that want to share their lived experience. Noted the challenge of recreating that, working with local community networks to advance the work fundamental to the ambitions in the Health and Well-Being Strategy and the Integrated Care Strategy.
4. A HWB and ICP member praised the approach, however noted that it focused around the workforce within the ICB and the Surrey Heartlands Expo would have a small group of people in attendance. Noted that there were hundreds of micro examples of good practice and stressed the need to be more ambitious about

how the small groups are reached out to, whether indirectly through the larger charities, or also through the schools' networks, or informal networks of carers; as there was a risk that those small group would feel disconnected. The Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley (Surrey Heartlands ICB) shared that ambition and welcomed further feedback on how to progress the work, stressed that the approach was not solely for statutory organisations.

5. A HWB and ICP member highlighted Voluntary Support North Surrey and noted that there were small umbrella groups, those were being brought together in an upcoming meeting with the Community Foundation for Surrey.
6. The Chair noted that it was the ambition to get down to the granular level, testing the data in the JSNA. Noted the challenge of connecting the small charities together, there were over 16,000 charitable and voluntary organisations; the approach sought to establish support infrastructure within each of the communities, attracting those organisations that want to engage.
7. A HWB and ICP member welcomed the approach and noted the many connections into the arts and cultural sector, for example the Surrey Cultural Partnership had over 300 community stakeholders on its database. There were many examples of work underway at grassroots level, the challenge would be finding all of those, was keen to be a conduit.
8. The Chair hoped that the VCSE Alliance would help finding those voices and help coordinate the work.

RESOLVED:

The HWB and Surrey Heartlands ICP:

1. Endorsed the further development of the library of experiences method, with all partners committing to share examples and apply the lessons in practice.
2. Confirmed 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. Agreed to actively consider the key lessons emerging through this approach when reviewing relevant future HWB/ICP items and recommendations.

Actions/further information to be provided:

None.

31/24 INTEGRATED CARE BOARD UPDATE: SURREY HEARTLANDS ICB AND FRIMLEY HEALTH AND CARE ICB [Item 11]

Agenda item for: HWB, and Surrey Heartlands ICP

Speakers:

Ian Smith, Chair, Surrey Heartlands ICB
Karen McDowell, Chief Executive, Surrey Heartlands ICB and ICS

Key points raised in the discussion:

1. The Chair (Surrey Heartlands ICB) highlighted a decision to be taken under Part 2 in private around the Children's Community Services Procurement.
2. The Chief Executive (Surrey Heartlands ICB and ICS) referred to the Independent investigation of the NHS in England, noting that there were no

surprises in Lord Darzi's report. As part of the ten-year planning process the NHS would need to plan how it would deliver those recommendations.

RESOLVED:

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

32/24 DATE OF THE NEXT MEETING [Item 12]

The date of the next public meeting was noted as 11 December 2024.

The Chair noted the seamless operation of the combined meeting, he thanked the Principal Lead - Health and Wellbeing, and Health Integration Policy Lead for their work.

Meeting ended at: 11.58 am

Chair

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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	
Title:	Combining the Health and Wellbeing Board and the Surrey Heartlands Integrated Care Partnership: Draft Memorandum of Understanding (MoU) for approval
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	All
HWBS or IC Strategy Outcome(s):	All
HWBS system capabilities/IC Strategy Ambition 3 enablers:	All
HWBS/IC Strategy Principles for Working with Communities:	<ul style="list-style-type: none"> Community capacity building: 'Building trust and relationships' Co-designing: 'Deciding together' Co-producing: 'Delivering together' Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Service Based interventions Community Led interventions
Author(s):	Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Public Health, Surrey County Council phillip.austenreed@surreycc.gov.uk Lucy Clements, Associate Director Health Integration - Surrey Heartlands ICB and Surrey County Council lucy.clements@surreycc.gov.uk
Sponsor(s)/Champions:	Tim Oliver - SCC Leader and Chair of the Combined HWB and ICP Meeting
HWB/ICP meeting date:	11 December 2024

<p>Related HWB/ICP papers:</p>	<p>Informal - private HWB meeting, 17 July 2024: Development of a health and wellbeing focused day for Health and Wellbeing board, Surrey heartlands Integrated Care Partnership and Surrey Heartlands Integrated Care Board.</p> <p>Combined Meeting (formal - public) of the HWB and ICP, 18 September 2024: (Public Pack)Agenda Document for Health and Wellbeing Board, 18/09/2024 10:00</p>
<p>Annexes/Appendices:</p>	<p>Annex 1 - DRAFT The Combined Meeting of the Surrey Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership - Memorandum of Understanding (MoU) <u>Contains:</u> Appendix 1 - Summary of Health and Wellbeing Governance with responsible organisations Appendix 2 - Updated Terms of Reference HWB (December 2024) Appendix 3 - Updated Terms of Reference Surrey Heartlands ICP (December 2024) Appendix 4 - Procedure Rules for Combined HWB and ICP meetings</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 meetings have been combined, and alongside the Surrey Heartlands Integrated Care Board (ICB), will create a “Health and Wellbeing Day”. The first of these days occurred in September 2024 as a formal meeting, October ran as a “deep dive” and November successfully ran as an informal meeting, with positive feedback received from all sessions.

Annex 1 attached is a draft MoU for this combined meeting, which set out the aims, responsibilities and procedural arrangements, as well as detail around the membership and roles of each member of the HWB and ICP. This draft was brought to the September meeting for review, and following discussion, minor amendments were made. It is being brought to this formal meeting for final sign off.

Although the HWB and ICP will still remain as separate bodies with their own Terms of Reference, the meeting will operate and meet in common.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

Sign off the draft MoU including the updated Terms of Reference for the combined meeting of the HWB and ICP thereby formalising the document.

4. Reason for Recommendations

Members have reviewed the draft MoU and confirmed 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 18September where a draft Terms of Reference for the combined meeting will be reviewed.”

In developing this document, legal advice was sought which proposed developing the joint MoU (which includes the two respective TORs). It was this document which was brought to the September formal meeting and, following discussion and minor amendments, is being brought back to the December Board for formal sign off.

6. Opportunities/Challenges

Subject to the recommendations also being presented to the 11 December meeting being supported, responsibility for strategic oversight of community safety will move from the HWB to a new dedicated Community Safety and Prevention Board for Surrey commencing in March 2025.

Whilst this will remove community safety responsibility from the Surrey HWB, it will provide greater clarity of leadership and oversight for community safety and present the opportunity to streamline governance within this particular area.

It is recognised that within this change there will continue to be the opportunity to realise the impact that community safety has on wellbeing by supporting appropriate continued interface with the HWB and Prevention & Wider Determinants of Health Delivery Board (PWDHDB) which has enabled collaborations on different programmes of work.

Where appropriate through shared planning, issues will be able to be directed between the boards to ensure they are most effectively addressed; for example where they pertain to wider determinants of health or more preventative work.

Additional governance changes are being discussed between the Executive teams at both Surrey County Council and Surrey Heartlands ICB to ensure any future changes in structure aligns with areas of strategic priority and enables effective continued collaboration around joint priorities.

7. Timescale and delivery plan

Final ratification at full Council, 4 February 2025.

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

Engagement has happened with all members of the HWB and ICP plus legal representatives.

9. Legal Implications – Monitoring Officer:

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

Final MoU including the respective ToRs will go forward for approval to full Council as required.

Questions to guide discussion:

- Are we content as a partnership board to sign off this draft MoU in order to formalise our ways of working as a combined board and meeting process going forwards?

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

1. Context

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 at the same time, 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. These will be organised as extra ordinary meetings.

2. 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 through the governance structure summarised in Appendix 1. This will be accessible online from January 2025 to ensure it is kept current and up to date.

3. Statutory responsibilities

The combined meeting of the HWB and ICP will deliver each body's statutory responsibilities (as described separately in their respective Terms of Reference, see Appendix 2 and 3) 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. This will include taking account of national or regional developments as appropriate.
- 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 via the Chief Executive of Surrey Heartlands, as part of the sequence of meetings on the same day.

4. 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.

5. 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:

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

Surrey County Council	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
Healthwatch	Chief Executive	To represent user voice for health and wellbeing services	Yes
Community Foundation for Surrey	Vice President	To represent CfS	
VCSE Alliance	Chair or nominated representative	To represent VCSE partners across Surrey and Deputy Chair	
VCSE Alliance	Nominated representative	To represent VCSE partners across Surrey	
VCSE Alliance	Nominated representative	To represent VCSE partners across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
Carers	Independent Carers Lead	To represent Surrey’s Carers Partnership Group and be the system representative for carers.	
University of Surrey	Director at University of Surrey	To represent the UoS	
Business	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	
Police	Chief Constable of Surrey Police	To represent the Police and community safety	

Mental Health: Prevention Board (sub group of HWB)	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
Prevention and wider determinants of health delivery board (sub group of HWB)	Chair	To represent Prevention and WDH Delivery Board	
Housing	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

The composition of the combined meeting of the HWB and ICP should be as 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.

6. Decision Making

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.

7. 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 and review every two years, one of which shall come from within the health service representation and the other from the VCSE sector.

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.

8. Quorum

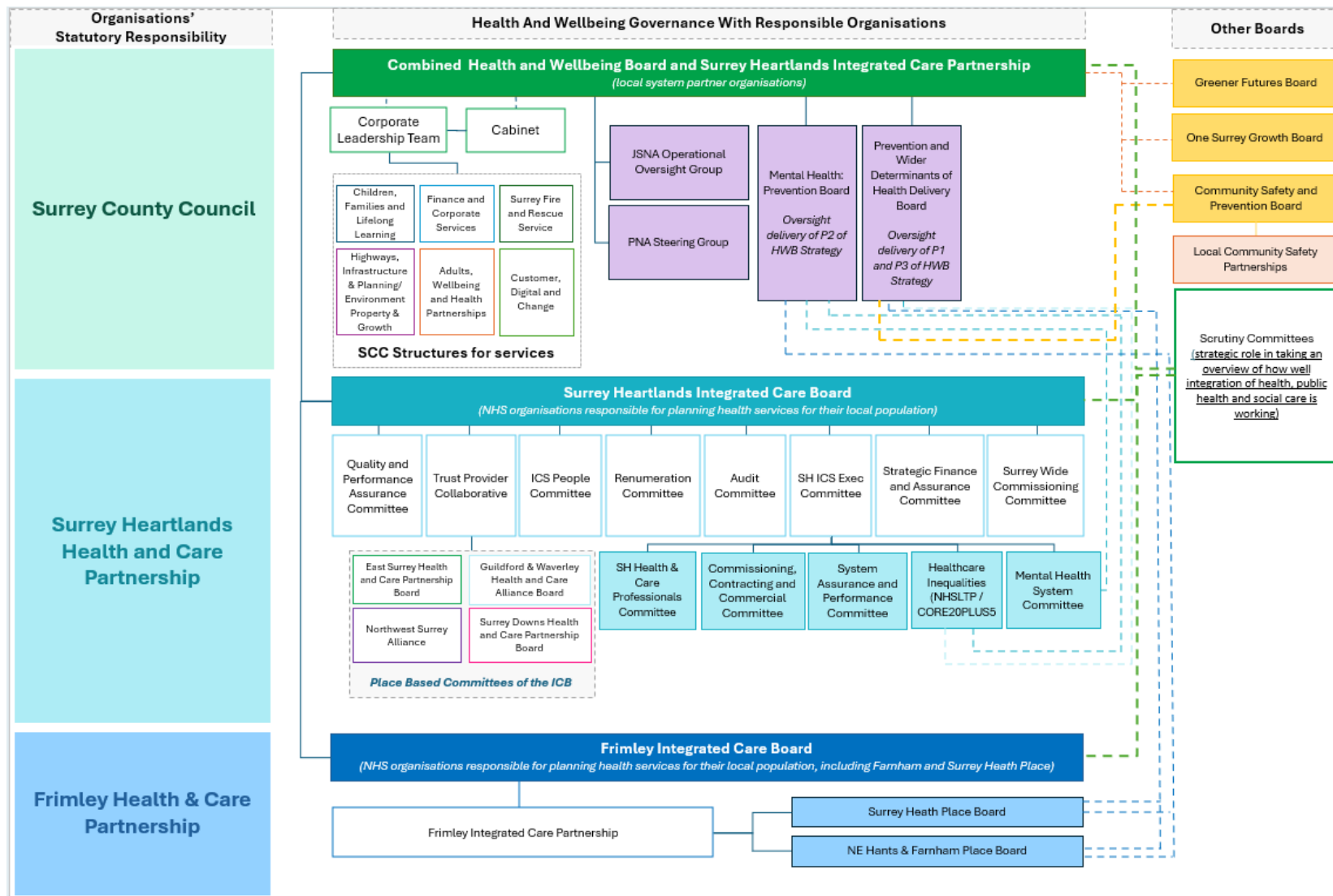
In line with SCC Standing Order 69.1, the quorum shall be one quarter of the total number of voting members of the HWB/ICP. A quorum may not be fewer than three voting members.

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

9. Secretariat

Secretariat for the combined meeting of the HWB and ICP will be provided by Surrey County Council's Democratic Services team and follow the procedure rules as set out in Appendix 4.

Appendix 1: Summary of Health and Wellbeing Governance with responsible organisations: From January 2025 this will be available online to ensure it is kept current and up to date.



Surrey Health and Wellbeing Board

Terms of Reference

Version: December 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:
- 1.4. 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 Board (MHPB), the Communications Group, the Joint Strategic Needs Assessment Oversight Group, the Communication Group and the Pharmaceutical Needs Assessment Steering Group.
- 1.5. The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPB covers Priority 2 of the HWB Strategy;
These Boards:
 - 1.5.1. 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, and have adopted HWB Strategy's Principles for Working with Communities);
 - 1.5.2. Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board
 - 1.5.3. Review the HWB Strategy's [Highlight Reports](#);
 - 1.5.4. Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;

- 1.5.5. Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;
- 1.6. 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.
- 1.7. All Members of the Board have voting rights unless the local authority directs otherwise.
- 1.8. The Board will meet jointly with the Surrey Heartlands ICP

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.
- 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 as referenced in the Health and Well-being Board / Surrey Heartlands Integrated Care Partnership Memorandum of Understanding.

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 involved in the review of Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;
- 3.2.7 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;
- 3.2.8 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;
- 3.2.9 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 Role of members

- 4.1 Be strategic, representative and effective.
- 4.2 Identify and report system/service/community issues.
- 4.3 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.
- 4.4 Ask challenging questions about and scrutinise performance.
- 4.5 Deal honestly and robustly with under-performance.
- 4.6 Minimise bureaucracy and build upon existing structures.
- 4.7 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.
- 4.8 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.
- 4.9 Ensuring awareness of and commitment to strategic priorities, direction and undertakings.
- 4.10 Encouraging the alignment of planning, performance, and budgetary processes between partner organisations where practicable.
- 4.11 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.

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 Two Vice-chairs will be appointed, one from health sector and one from the VCSE sector. This will be reviewed as part of the review of the Terms of Reference every two years.

6 Membership

6.1 The Board membership will be as follows:

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

Surrey County Council	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
Healthwatch	Chief Executive	To represent user voice for health and wellbeing services	Yes
Community Foundation for Surrey	Vice President	To represent CfS	
VCSE Alliance	Chair or nominated representative	To represent VCSE partners across Surrey and Deputy Chair	
VCSE Alliance	Nominated representative	To represent VCSE partners across Surrey	
VCSE Alliance	Nominated representative	To represent VCSE partners across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
Carers	Independent Carers Lead	To represent Surrey’s Carers Partnership Group and be the system representative for carers.	
University of Surrey	Director at University of Surrey	To represent the UoS	
Business	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	
Police	Chief Constable of Surrey Police	To represent the Police and community safety	

Mental Health: Prevention Board (sub group of HWB)	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
Prevention and wider determinants of health delivery board (sub group of HWB)	Chair	To represent Prevention and WDH Delivery Board	
Housing	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 In line with SCC Standing Order 69.1, the quorum shall be one quarter of the total number of voting members of the HWB/ICP. A quorum may not be fewer than three voting members.

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

7.3 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.

7.4 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 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.

8.2 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.

8.3 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.

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 In order to undertake the system leadership role, the Board 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.

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 every two years. 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. Significant changes needs to be approved by SCC.

Surrey Heartlands Health and Care Partnership ICS

Integrated Care Partnership

Terms of Reference

Version: December 2024

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.
- 1.3. The ICP will meet jointly with the HWB Board.

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'
 - 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 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 responsibility of the Integrated Care Partnership are is 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

In addition, as set out in the NHSE Design Framework, it has a responsibility to

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

6. 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.

7. Membership

7.1. The membership of the ICP shall consist of:

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

Elected Members			
Surrey County Council Elected Members	Cabinet Member (Children, Families and Lifelong Learning)	SCC Portfolio Holder	
Surrey County Council	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
Healthwatch	Chief Executive	To represent user voice for health and wellbeing services	Yes
Community Foundation for Surrey	Vice President	To represent CfS	
VCSE Alliance	Chair or nominated representative	To represent VCSE partners across Surrey and Deputy Chair	
VCSE Alliance	Nominated representative	To represent VCSE partners across Surrey	
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District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
Carers	Independent Carers Lead	To represent Surrey’s Carers Partnership Group and be the system representative for carers.	

University of Surrey	Director at University of Surrey	To represent the UoS	
Business	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	
Police	Chief Constable of Surrey Police	To represent the Police and community safety	
Mental Health: Prevention Board (sub group of HWB)	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
Prevention and wider determinants of health delivery board (sub group of HWB)	Chair	To represent Prevention and WDH Delivery Board	
Housing	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

8. Appointment of Members

- 8.1 The members of the ICP shall be jointly appointed with approval from the ICB, Surrey County Council and the support of the HWB.
- 8.2 Members of the ICP should aim to attend all scheduled meetings.

9. Co-opted members / deputies / attendees

- 9.1. 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.
- 9.2. 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 SCC secretariat informed of any agreement to deputise so that quoracy can be maintained.
- 9.3. No person attending the meeting in one role can additionally act on behalf of another person as their deputy.

9.4. 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 Board

10. Quorum

The quorum shall be one quarter of the total number of voting members of the ICP.

A quorum may not be fewer than three voting members.

The Chair will adjourn the meeting if there is not a quorum present.

- 10.1. Members will inform the secretariat, via SCC Democratic Services, in advance if they are unable to attend a meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.
- 10.2. The intention is that the place-based membership will provide a range of voices from the health sector from commissioners to providers. The ICP will keep membership under review to ensure this is achieved.

11. Meetings

- 11.1. In order to undertake the system leadership role, the Board 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.
- 11.2. The ICP will meet on a monthly basis and have an annual rolling programme of meeting dates and agenda items.
- 11.3. 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)
 - 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.
- Issuing an agenda and supporting papers to each member and attendee no later than 5 days before the date of the meetings; and
 - Ensuring an accurate record (minutes) of the meeting

11.4. Informal Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.

11.5. An extra meeting of the ICP can be called at the request of the Chair.

11.6. 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.

11.7. 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.

11.8. Non-voting people may be required to withdraw from the confidential part of the meeting.

11.9. 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.

12. Agenda Preparation

12.1. The ICP will develop the forward-looking rolling agenda programme in conjunction with the HWB and ICB and be maintained by the SCC secretariat.

12.2. The Chair will work with the SCC secretariat on the preparation of the next meeting agenda

13. Managing Conflicts of Interest

- 13.1. The members of the ICP must comply fully with NHS England Guidance and the Policy regarding [Conflict of Interest](#)¹. 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.
- 13.2. Any conflicts or potential conflicts and mitigating actions should be identified in advance of the meeting, with advice from the Surrey Heartlands 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 Chairs is responsible for deciding the appropriate course of action.
 - If both the Chair and the Vice Chairs have a conflict, then the remaining non-conflicted members decide on how any conflicts should be managed.
- 13.3. At the start of the meeting, the Chair will:
- 13.3.1. 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.
- 13.3.2. 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.

14. Decision-making

- 14.1. Members of the combined meeting of the 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.
- 14.2. It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved

¹ The Management of Conflicts of Interest is included in the Standards of Business Conduct Policy.

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.

- 14.3. Decisions taken at combined meetings of the 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.

15. Emergency / Chair's action

- 15.1. The ICP will delegate responsibility for emergency powers and urgent decisions to the Chair and Vice Chairs of the ICP.
- 15.2. In the event of an urgent decision being required, this shall be taken by the Chair or the Vice Chairs of the ICP; who must consult with at least one other member of the ICP.
- 15.3. 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.

16. Governance support

- 16.1. SCC secretariat will ensure minutes of the ICP formal meetings will be presented to the next meeting for formal sign off and made available on the SCC website. 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.

17. Policy and Best Practice

- 17.1. 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.
- 17.2. 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.
- 17.3. 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 a manner which aligns with [these standards and principles](#).

- 17.4. 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](#).

18. Review of Terms of Reference

- 18.1. The ICP will also self-assess its performance on an annual basis referencing its forward plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.
- 18.2. These Terms of Reference will be reviewed every two years by the ICP membership. Any proposed significant changes to the Terms of Reference and responsibilities will be presented to the ICP for approval.

Appendix 4

PROCEDURE RULES FOR COMBINED HWB AND ICP MEETINGS

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 meetings

- 4.1 Copies of agendas and reports are made available for public inspection at County Hall (contact Democratic Services: 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.

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

1. Reference Information

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Paper tracking information	
Title:	Enabling stronger Community Safety Leadership and Governance
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	HWBS Priority 3: Supporting people to reach their potential by addressing the wider determinants of health (Integrated Care Strategy Ambition 1: Prevention)
HWBS or IC Strategy Outcome(s):	HWBS Priority 3: <ul style="list-style-type: none"> • Outcome: People are safe and feel safe
HWBS system capabilities/IC Strategy Ambition 3 enablers:	<ul style="list-style-type: none"> • Clear governance
HWBS/IC Strategy Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System level interventions
Author(s):	<ul style="list-style-type: none"> • Phill Austen-Reed, Principal Lead - Health and Wellbeing, SCC; phillip.austenreed@surreycc.gov.uk • Carl Bussey, Assistant Director - Safer Communities, SCC; carl.bussey@surreycc.gov.uk
Sponsor(s)/Champions:	Tim Oliver - SCC Leader and Chair of the Combined HWB and ICP Meeting Tim De Meyer - Chief Constable, Surrey Police Lisa Townsend - PCC
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	18 September 2024: Item 6 - Enabling Stronger Community Safety Leadership and Governance . 5 March 2020: ITEM 7 - Community Safety Board Merger - Cover report.pdf (surreycc.gov.uk)
Annexes/Appendices:	None

2. Executive summary

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.

At their combined meeting on the 18 September 2024 the Health and Wellbeing Board and Integrated Care Partnership agreed for work to commence to review the strategic governance arrangements for Community Safety across Surrey. Consultation has taken place with key strategic partners who would be impacted by any change, including both county-wide strategic boards and district/borough community safety partnerships. The overwhelming response to the proposal to establish a dedicated Community Safety & Prevention Board with strategic oversight of community safety has been positive.

3. Recommendations

The Health and Wellbeing Board (HWB) is asked to:

1. Agree that responsibility for strategic oversight of community safety is removed from the HWB, with a March 2025 commencement of a dedicated Community Safety & Prevention Board.
2. As part of the above, support appropriate continued interface with the HWB and Prevention & Wider Determinants of Health Delivery Board (PWDHDB), continuing to recognise the impact that community safety has on wellbeing.

4. Reason for Recommendations

The above recommendations seek to enable a stronger, clearer leadership and oversight of delivery of community safety/crime and disorder reduction across Surrey which reflects and complements the more specific community safety related governance and partnerships, both Surrey-wide and district/borough level, which exist across Surrey.

5. Detail

A working group was established between Police, SCC, OPCC and district/borough councils to consider wider feedback on the proposal to establish of a new Board with strategic oversight of community safety from key community safety strategic leads (see section eight for list of consultees).

The proposal sought to determine the need to establish a new Board taking into consideration statutory requirements under the Crime & Disorder Act 1998, complementary legislation requiring a partnership approach to delivery, and the local Surrey landscape.

The role of the new Board will be to provide strategic leadership and direction to tackle community safety/crime and disorder reduction across the county. The remit of the Board will meet the statutory duty, under the Crime and Disorder Act 1998 to agree the key priorities and future direction of the County Community Safety Agreement for Surrey (this remit is supported by work currently ongoing to refresh the Community Safety Joint Strategic Needs Assessment), and co-ordinate county-wide activity on common themes across Surrey.

The Board will oversee a Community Safety Agreement that aims to make the residents of Surrey feel safer and direct collaborative work across county boards to ensure effective strategic join up, and the development of joint strategies where appropriate. The Board will ensure the Community Safety Agreement considers the Police & Crime Plan and the community safety chapter of the Joint Strategic Needs Assessment (JSNA). The agreement will provide Surrey partners working in the fields of community safety/crime and disorder reduction with clear and consistent direction to improve outcomes in the agreed priority areas.

The Chair of the Board will be agreed following the development and agreement, in partnership with key stakeholders, of the purpose and terms of reference for the Board.

Consultees indicated that they would like to see the new Board achieve the following in its first 12 months:

- A simpler governance structure for community safety, fit for purpose to deliver the current statutory duties across a two-tier local authority area.
- A governance structure which has senior local authority representatives from each borough council and the responsible authorities named in the Crime & Disorder Act 1998
- Strategic support to local CSPs around key themes and data provision.
- Clear roles and responsibilities between county groups and local CSPs
- Clear strategic approach to community safety across Surrey with a shared programme of priorities that has a multi-year plan, but still allows for localism where appropriate
- Effective mapping and review of the many partnership meetings to ensure the avoidance of duplication and missing gaps
- Setting outcomes that are achievable
- Attempt at future proofing

Following the establishment of the Board, further work will commence to map, rationalise and restructure existing community safety linked strategic groups at county level, to achieve:

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- More efficient and sustainable strategic partnerships
- Structures that are fit for purpose and make the best use of valuable time and resources
- Strategic partnerships that recognise and work across thematic areas where there are clear links/overlaps in strategic aims/objectives.
- More effective links and joint working with local CSPs to deliver shared priorities

Recognising the continuing benefits of alignment between programmes, this will be achieved whilst maintaining links with the HWB through:

- Continued Police membership of the HWB
- Appropriate membership of the Prevention & Wider Determinants of Health Delivery Board

The relationship between the new Board and the PWDHDB, will also ensure connectivity with the Combatting Drugs Partnership to support delivery of appropriate initiatives from the Combatting Drugs Strategy.

6. Opportunities/Challenges

Following consultation with key community safety partners the following opportunities and challenges were identified:

Opportunities:

- A strong strategic link into local CSPs will support initiatives such as the Combatting Drugs partnership strategy.
- Clarity around priority areas such as child exploitation and extra familial harm and clear lines of responsibility for the Safeguarding Children Partnership and local CSPs.
- Opportunity to ensure Health and Probation (responsible authorities named under the Crime & Disorder Act) are attending/engaging with their local CSPs
- Improved governance, performance management and understanding of the risks.
- Opportunity to modernise the work of CSPs to meet current legislative requirements, while maintain the ethos of the original Crime & Disorder Act
- Work more efficiently in the challenging environment of local government financial cuts.

- Avoiding duplication of work through better communication around shared priorities and a vision for Surrey.
- Opportunity to streamline, achieve clear, meaningful, targeted priorities in line with need and risk, ideally informed by needs assessment/control strategy.
- Clear outcomes/deliverables set and measured through governance that holds all partners to account for progress.

Challenges:

- Need to identify resource available to establish the new Board, provide administrative support and manage its programme of work.
- Addressing overlaps and gaps i.e. Domestic Abuse is governed by the DA Executive and also a key issue for the Surrey Safeguarding Children Partnership and the Safeguarding Adults Board.
- Challenging to address all areas of community safety effectively. Would like to see a focus on 2 or 3 key priorities for Surrey at one time.
- Commitment and attendance of strategic leaders at the right level of seniority.
- Increased duties and responsibilities on CSPs although no direct funding from central government to deliver statutory duties.
- Competing demands on local government finances.
- Currently no set performance management for CSPs.
- Each CSP in Surrey works differently.
- Reduced capacity and resources across all agencies/partners, with increased workloads.
- How do we ensure quality data and analysis to inform whether we are achieving impact – how is this going to be convened across agencies and measured/tracked?

The challenges outlined above will be addressed in phase two of the review of community safety governance, through further consultation, mapping, rationalisation and restructure of existing county level community safety linked strategic groups, and more effective joint working with local CSPs to deliver shared priorities.

7. Timescale and delivery plan

Subject to approval of the above recommendations and feedback from the board, work will commence to establish initial membership of the new Board, with their first meeting taking place in March 2025.

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

Consultation commenced with key partners on 16 October with a deadline to respond by 8 November 2024.

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This included:

- Office of the Police & Crime Commissioner for Surrey
- Surrey Safeguarding Children Partnership
- Surrey Safeguarding Adults Board
- Prevention and Wider Determinants of Health Board
- Surrey Chief Executives forum
- Surrey Police
- District/Borough Community Safety Partnerships
- Combating Drugs Partnership
- Local Resilience Forum
- Serious Violence Reduction Partnership
- Domestic Abuse Executive
- Violence Against Women and Girls Executive
- Prevent (Counter Terrorism) Executive
- Serious and Organised Crime Partnership
- Community Harm & Anti-Social Behaviour Reduction Group & ECINS Executive (partnership information sharing and case management system)
- Hate Crime & Community Cohesion Executive
- Probation

9. Legal Implications – Monitoring Officer:

There are no legal implications arising from this report

10. Next steps

- Incorporate comments of the HWB in the future development and purpose of the new Board.
- Task and finish group involving Police, OPCC, SCC, district/borough councils consider feedback and develop membership and terms of reference for the new Board.
- Agree lead organisation and resources available to support establishment, administration and management of the new Board.

Questions to guide discussion:

- Do you support the recommendations to move the responsibility for strategic oversight of community safety to a separate board that will have its own governance?

- What additional factors should be considered as this governance develops to ensure it can provide stronger and clearer leadership of community safety across Surrey?
- What more could be done to ensure continued links are maintained and developed where helpful and relevant to our residents 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	
Title:	HWB Strategy (HWBS) Highlight Report including HWBS Index Update
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	All HWBS
HWBS or IC Strategy Outcome(s):	All HWBS outcomes
HWBS system capabilities/IC Strategy Ambition 3 enablers:	All HWBS system capabilities
HWBS/IC Strategy Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	Jane Soothill, Policy and Programme Manager, Public Health, SCC; Jane.Soothill@surreycc.gov.uk
Sponsor/Champion:	Ruth Hutchinson, Director of Public Health, SCC
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	Highlight reports Healthy Surrey
Annexes/Appendices:	Appendix 1 - Highlight Report Appendix 2 - MHPB Work Plan Review Summary

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2. Executive summary

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 18 November 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

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. Note the increased functionality of the [HWB Strategy Index](#).
3. Respond to the significant challenges which include the following:
 - The unmet needs highlighted in the HWB Strategy Index Scorecard results for Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North Key Neighbourhood.
 - Critical funding issue for Surrey prevention programmes that have been evaluated locally as effective in addressing need and reducing demand but are not resourced beyond March 2025 including Changing Futures' Bridge the Gap service.
 - Uncertain funding for several centrally funded physical activity programmes for children. Active Surrey is waiting for confirmation from central government.
 - Uncertainty about the level of Household Support Fund for Surrey in 2025/26.

4. Reason for Recommendations

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

In the Spotlight

Priority 1

In the spotlight – Multiple Disadvantage

A JSNA chapter on [Multiple Disadvantage](#) has been published. The chapter was co-produced with Surrey's Changing Futures Lived Experience Recovery Organisation (LERO). It is estimated that approximately 336,000 adults in England are experiencing multiple disadvantage. At least 3,000 of these individuals live in Surrey. For many their circumstances are shaped by long-term experiences of poverty, trauma, abuse, and neglect.

Findings are based on extensive stakeholder consultation, research, data analysis and collaborative engagement across sectors. 156 participants took part in either in-depth interviews or in-person surveys and focus group discussions. 100 responses to an online survey were received. Research participants included service providers, frontline staff, outreach staff, practitioners, health and care partners, system leaders, service users with living experience of multiple disadvantage and members of the LERO.

The chapter's key findings include:

- Some statutory services are geared up to 'assess' and 'treat' an individual's assumed primary need and do not always recognise the multifaceted nature of multiple disadvantage and its roots in trauma. Individuals are misdiagnosed or receive inadequate or no treatment.
- Many people facing multiple disadvantage will have experienced early life trauma and adverse childhood experiences; as such, early intervention and prevention are vital long-term solutions to responding to trauma and identifying risk and support earlier.
- There are gaps in the availability of effective and suitable support services for people facing multiple disadvantage in Surrey, which contributes to the persistence of health disparities and cycles of poverty and inequality.
- People with lived and living experience of multiple disadvantage are vital to decision-making processes and their involvement is pivotal in the design, delivery, co-production, and evaluation of services through genuine co-production.
- Effective intervention requires a partnership approach. The complexity of multiple disadvantage means that no single organisation can address multiple disadvantage in isolation. A 'whole system approach' is essential to improve outcomes for this population.

This JSNA chapter makes 11 recommendations for change that should inform Surrey's strategic planning, decision-making and resource allocation to support this underserved and vulnerable population. Please contact jsnafeedback@surreycc.gov.uk with any comments, queries, or feedback.

Priority 2

In the spotlight – Severe Mental Illness Audit and Modelling

A 'Severe mental illness (SMI) audit and modelling' report was completed in September by SCC and Surrey Heartlands Health & Care Partnership. This aimed to understand what we know about the SMI population and the interventions that are needed in Surrey. It will be taken forward under the governance of a SMI Health Inequalities Board to be established.

Surrey has a higher proportion of the population who are white compared to the rest of the country, and a lower prevalence of people on the SMI register, meaning that the assessed need and therefore allocated funding is low.

In contrast to the lower-than-average assessment of need, Surrey measures higher-than-average in excess mortality for people with severe mental illness. For each of the measured indicators of excess mortality for people with SMI, Surrey is currently performing in the poorest half of the 145 Counties & Unitary Authorities.

People aged 20-29 are the largest group in the SMI cohort, with the highest prevalence rate, and key neighbourhoods have a higher proportion of people known to mental health services and in the SMI cohorts.

The modelling shows that reducing the acute physical health demands of the SMI cohort to that of the non-SMI cohort would save £448.5m over five years. Report recommendations, drawn from a national review and local data and insights, are:

- Understanding variance in need of people on SMI registers – in-depth data analysis including qualitative interviews.
- Ensure continuity of care.
- Focus on 'wellbeing' more holistically, as opposed to just treating or managing the SMI (including NHS Talking Therapies or self-guided resources).
- Improve access to prevention services (e.g. oral health, sexual health).
- Improve capability, opportunity and motivation to self-manage, with a particular focus on multimorbidity.
- Improved trauma-informed case provision and long-term condition healthcare, e.g. training for secondary care health care professionals.

Priority 3

In the spotlight – Inclusive Employment (Workwise & WorkWell)

Employment has a positive impact on physical health and mental wellbeing, particularly for disabled people and people with long-term conditions. The Communities and Prevention team are leading a transformation of the health and work sector in Surrey. The work is informed by ethnographic research and

stakeholder engagement and supported by a single point of access for referrals into all SCC funded employment support.

[Work Wise](#) is a free employment service for anyone with a mental or physical health condition, disability, or neurodivergence, who wants to work. Work Wise supports people to find, maintain and sustain meaningful, long-term paid employment or to support people already in-work to continue their employment. 650 Surrey residents are already being supported and there were over 1,000 unique visitors to the Work Wise webpage in August alone. The programme is funded by DWP as part of the IPSPC national vanguard.

‘WorkWell’ aims to support residents absent from work under a fit note to improve their health and wellbeing, successfully return to work and maintain their health and wellbeing in the longer term. The service is delivered by coaches embedded in primary care and key community locations. The coaches provide time unlimited support, alongside a multi-disciplinary team of advisors in mental health, physical activity and skills and employment. The programme launched in October 2024 and is funded by DWP until March 2026. Frimley ICB is also in receipt of DWP funding to run a WorkWell programme.

The DWP requires ICBs with funding to deliver WorkWell programmes to also develop integrated health and work strategies. SCC is leading on Surrey’s Work and Health Strategy, which will support a whole system approach and be informed by the work and health needs of priority populations. Surrey Heartlands and Frimley will look to align their strategies where appropriate.

‘More and Different’ is a national initiative to enable anchor employers to recruit and retain a workforce from local communities. Research has identified two priority cohorts in Surrey: those aged over 50 and people experiencing in-work poverty. The programme was launched in November and eight anchor institutions have committed to take part, including SCC, Surrey Heartlands ICB and Frimley ICB.

6. Opportunities/Challenges

Opportunities

Health and Wellbeing Strategy Index

There has been increased accessibility/ functionality and further lower-level geography data added to the Index to explore: [Health and Wellbeing Strategy Index | Surrey-i \(surreyi.gov.uk\)](#).

Priority Populations

After consultation with appropriate stakeholders, the Priority Population of identity in the HWB Strategy ‘Black and Ethnic Minority Groups’ will be changed to ‘People who are racially minoritised’. ‘Gypsy Roma Traveller Groups’ will also be changed to ‘Gypsy, Roma and Traveller people’. It is proposed that the HWB Strategy notes that these populations will also include those who identify as being from a diverse

background that includes one of these populations. The system will still need to look at delivery of more specific outcomes for people from different and diverse ethnic backgrounds within these broad groups as these groups are not homogenous and nor are their needs. All projects and programme should identify which groups specifically they are working with and name them (e.g. Southeast Asian); this will be monitored.

The aim of these changes is to attempt to be more nuanced in our understanding of discrimination and more culturally sensitive around ethnicity; we will continue to consult to ensure these changes remain acceptable as policy and practice evolve and inform delivery of outcomes for these Priority Populations.

Priority 1

Active Surrey have launched a Place Partnership focussed on increasing activity levels in one of Spelthorne's key neighbourhoods, Stanwell. The Partnership, including Sport England, Active Surrey, health, county, borough and the VCSE, will take a systemic place-based approach and explore how to create the conditions for residents to be more active by drawing on system and community capacity. A request for Development Award funding has been submitted to Sport England and once approved work will start in earnest in January 2025.

Surrey's Oral Health Improvement Strategy is an all-age strategy which includes a focus on addressing health inequalities through targeted interventions for residents who have the poorest oral health outcomes. For example, children living in Surrey's more deprived areas, such as HWB Strategy Key Neighbourhoods, and care home residents. Consideration will be given to the actions from the Oral Health Improvement Strategy being included within HWB Strategy programmes.

Reablement already supports approximately 3,500 people every year to live more independently with 83% of people either maintaining or increasing their independence and reducing their need for care and support by an average of 4.3 hours a week. By undertaking several transformation activities in response to Newton Europe's diagnostic of Adults Wellbeing and Health Partnerships (AWHP), as well as measures to improve the referral process and increase the system wide, shared understanding of the Reablement approach, Reablement aims to support an additional 1,500 residents within existing resources.

Priority 2

The Mental Health: Prevention Board (MHPB) has reviewed its Work Plan for the calendar year 2024. This was to assess its delivery of the six, high-level actions it set itself, after sharing its draft plan with the HWB Board in December 2023. The MHPB oversees Priority 2 of the HWB Strategy through 4 outcomes, 13 reporting programmes and 19 indicators in the Strategy Index. A two-page summary of the Work Plan Review, measuring against the 'what should be different in one year's time?' success measure, is attached as Appendix 2. This includes outlining deliverables of 16 new Priority 2 Strategy Index indicators; steering the design of, and giving oversight to, delivery of Mental Health Investment Fund rounds 1 and 2,

and remaining funds allocation; and overseeing production of the first JSNA chapter focused on 'Loneliness and Social Isolation'.

The MHPD is now working on a new Work Plan for 2025. This will be aligned with, and taking forward the prevention work in, the Surrey One System Mental Health Plan. It will also draw on and reflect the Mental Health Foundation's ['Planning for Prevention'](#) guidance, SCC's Core Planning Assumptions, Surrey Heartlands Clinical Strategy (2024-27), key recommendations of JSNA chapters on 'Emotional and Mental Well Being in Surrey Adults' and all-age 'Loneliness and Social Isolation' and the Children and Young People's Emotional Wellbeing and Mental Health Strategy.

Priority 3

Surrey Education Partnership's Lifetime of Learning Strategy, which will embrace the opportunities for a 'lifetime of learning' and 'education equity' for all so that no learner is left behind, was agreed at November's Cabinet. Surrey's educational outcomes are above the national average. However, the achievement gap between children from disadvantaged backgrounds and children who are not from disadvantaged backgrounds is wider for Surrey than the national average. [The Surrey Education Partnership](#), supported by the Schools Alliance for Excellence (SAfE), provides the partnership governance for the Strategy and will support the development of a Strategy Action Plan, which is expected by spring 2025.

The Employability and Skills Programme Board (ESPB) has been established to support SCC to improve internal alignment of employability and skills resource and activity in Surrey. There are multiple funding streams which present significant opportunity to the county, and internal oversight and streamlining of activity will deliver better outcomes for residents and business. This Board will ensure cross-directorate engagement and approach to implement long-term sustainable differences to the employment outcomes of the most disadvantaged groups in Surrey, in line with the Council's strategic ambition of No One Left Behind. The ESPB will report directly to SCC Corporate Leadership Team, via the Chair, and, considering the strong economic, business and health drivers for employability and skills, will utilise connections with the HWB/ICP, ICB and the One Surrey Growth Board.

SCC has been awarded 5 years of funding by the National Institute for Health and Care Research (NIHR) to create a Health Determinants Research Collaboration (HDRC). The £5m funding will help the local authority to build capacity to do research on prevention and create a culture of using evidence in making decisions. Surrey HDRC's vision is to improve the health of our residents and reduce health inequalities which are driven by the social determinants of health. To achieve this, the [HDRC Surrey](#) will use the funding to enhance local research capacity, drive research on prevention and public health where evidence isn't yet available. It will also embed a culture of evidence-informed decision-making which is based on local knowledge underpinned by community involvement and issues that matter most to

our residents. Surrey HDRC is a partnership between SCC, the University of Surrey, districts and boroughs and VCSE partners.

Challenges

Health and Wellbeing Strategy Index Scorecard

The following table is a deeper dive into challenges previously identified in Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North – a HWB Strategy Key Neighbourhood. Out of 61 outcomes indicators currently included in the annual Scorecard, these geographic areas are identified in 23 of its outcome indicators as having the highest need.

Surrey HWB Strategy Index Outcome indicators	Surrey HWB Strategy Index Scorecard result plus where Spelthorne/SASSE 3 PCN/ Stanwell North has highest need in county
<i>Recent decline against outcomes across Surrey</i>	
Diabetes prevalence	Increased from 5.8% to 6.02% (good to be low) AND 8.83% in Stanwell North, 7.50% in SASSE 3 PCN, 7.52% in Spelthorne
Hospital admissions for alcohol contributable harm (Standardised Emergency Admission Rate per 100,000)	Increased from 1,260 to 1,511 (good to be low) AND 1,880 in Spelthorne
Under 75s colorectal cancer mortality (per 100,000 population) / New colorectal cancer cases, Standardised Registration Ratio (difference from expected, where expected is represented by '100')*	Fallen from 10.5 to 10.4 / SASSE 3 PCN - 122.9 (compared to South Tandridge PCN - 82.1)
Anxiety	Increased from 2.94 (score out of 10) to 3.36 (good to be low) AND 5.16 in Spelthorne
Feeling worthwhile	Fallen from 7.85 (score out of 10) to 7.75 (good to be high) AND 6.61 in Spelthorne
Households owed a homelessness duty (per 1,000 households)	Increased from 6.8 to 7 (good to be low) AND 9.8 in Spelthorne
Proportion of people who agree that there are places to meet up and socialise in their local area	Fallen from 77.7% to 76.7% (good to be high) AND 64.5% in Spelthorne

Proportion of residents who agree 'I feel like I belong to my local area'	Fallen from 84.3% to 81.1% (<i>good to be high</i>) AND 72.2% in Spelthorne
<i>Recent improvements against outcomes across Surrey</i>	
Proportion of residents who report doing any unpaid work to help their community or the people who live in it in the last 12 months	Increased from 34.1% to 37.8% (<i>good to be high</i>) BUT 33% in Spelthorne
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 55.2% in Stanwell North, 61.8% in SASSE 3 PCN
Adults who are physically inactive (doing less than 150 minutes of moderate intensity physical activity in the past week)	Decreased from 22.1% to 19.5% (<i>good to be low</i>) BUT 25.5% in SASSE 3 PCN
Proportion of residents who reported eating 5 or more fruit/vegetables every day	Increased from 37.2% to 39.5% (<i>good to be high</i>) BUT 26.8% in Spelthorne
Life satisfaction	Increased from 7.58 (score out of 10) to 7.62 (<i>good to be high</i>) BUT 7.20 in Spelthorne
Patients who felt the healthcare professional recognised or understood any mental health care needs during their last general practice appointment	Increased from 81.9% to 84.7% (<i>good to be high</i>) BUT 75.6% in SASSE 3 PCN
Proportion of children (aged 0-19) in relative low-income families	Fallen from 9.5% to 8.5% (<i>good to be low</i>) BUT 11.3% in Spelthorne
Unemployment benefit claimants (Job Seekers allowance / Universal Credit)	Fallen from 2.8% to 2% (<i>good to be low</i>) BUT 4.9% in Stanwell North
Youth unemployment claimants (those aged 18-24 on Job Seekers allowance / Universal Credit)	Fallen from 2.87% to 1.81% (<i>good to be low</i>) BUT 4.1% in Spelthorne

Rates of anti-social behaviour incidents (per 1,000)	Fallen by 3.1 from 16.2 incidents to 13.1 incidents (<i>good to be low</i>) BUT 18.6 in Spelthorne and 32.7 in SASSE 3 PCN
Rates of violent and sexual offences (per 1,000)	Fallen from 24.3 to 23.6 (<i>good to be low</i>) BUT 27.9 in Spelthorne / 23.4 in SASSE PCN
<i>No trend data available</i>	
Proportion of young people (aged 16-18) participating in training, education or employment	97.6% (<i>good to be high</i>) BUT 90.7% in Spelthorne
Proportion of residents who have reported minimising throwing away food in last 6 months**	91.8% (<i>good to be high</i>) BUT 90.1% in Spelthorne
Proportion of residents who have had to access food banks or other community food provision in last 6 months**	14.4% (<i>good to be low</i>) BUT 23.8% in Spelthorne
Proportion of residents who have had to access additional borrowing (loans or credit cards in last 6 months**	30.4% (<i>good to be low</i>) BUT 38.1% in Spelthorne

*Two separate indicators combined in Scorecard

** New SCC/Police Joint Neighbourhood Survey question

Following a presentation on significant, identified needs in the HWB Strategy Index Scorecard for Spelthorne, SASSE 3 PCN and Stanwell North at the Spelthorne Healthy Communities Partnership (SHCP), and the subsequent sharing of a full profile for Spelthorne with SHCP members, a small working group led by Spelthorne Borough Council is meeting to plan a local partnership response to the challenges.

Insights from Luminus

Insights from Healthwatch Surrey, Giving Carers a Voice and Combating Drugs Partnership Public Involvement highlight the lived experiences of priority populations and their challenges with accessing information, services and support. Often this information and support is key to preventing people from requiring more serious interventions later.

Priority 1

Central government funding for Active Surrey's children's physical activity programmes is uncertain. Programmes at risk include the Holiday Activity and Food programme, Opening School Facility Funding, PE Premium to schools, and the School Games Organiser network. Though eight of 24 Friday Night Projects (FNPs) across the county have received top up funding from the Office of the Police and Crime Commissioner to September 2025 and a proportion have become self-sustaining, the future delivery of FNPs is uncertain. FNPs are a core element of Surrey's open access youth groups offer and their loss creates a potential gap in crime diversion and the provision of positive activity outside of school.

Changing Future's 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 if a funding decision in principle is not made by December 2024.

Priority 3

SCC is undertaking a review of options regarding roles working in communities. This includes Local Area Co-ordinator roles.

In October, central government extended the **Household Support Fund** nationally at current levels until March 2025. Subsequently it was extended to March 2026, but it is unclear at this point if this will be at current levels in Surrey.

7. Timescale and delivery plan

The inclusion of more detailed Surrey Heartlands' prevention projects/programmes and system enablers to address health inequalities in the Highlight Report should be considered going forward in order that it further captures delivery against the Integrated Care Strategy as well as the HWB Strategy.

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

All members are asked to share the Highlight Report and the Challenges identified in this paper in their organisations to consider their responses

9. Legal Implications – Monitoring Officer:

There are no legal implications arising from this report.

10. Next steps

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 the March 2025 Highlight Report includes more detail on prevention and on reducing health inequalities through ICS strategies.

7

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: December 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.

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 our collaboration 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:

- Following summer work led by Surrey & Borders Partnership to reset the Community Mental Health Transformation (CMHT) Programme with partners across Surrey, the next phase of the CMHT programme will establish a ‘One Team’ of integrated adult community mental health services. The ‘One Team’

will sit around the towns and villages where people live and work. This will look at delivering an integrated model of primary and community mental health care for all adults and embed earlier intervention and a prevention approach that focusses on the whole-person and addresses wider social determinants of health.

- Under a whole system approach to Surrey's Food Strategy, Public Health have developed a food and wellbeing toolkit for Looked After Children Services, which takes a trauma-informed approach to food and wellbeing.
- Surrey Heartlands was successful in securing funding for the next wave of the Core20PLUS5 Connector Programme which funds ICS and place-based initiatives to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities in their area. The Core20PLUS5 Connector Programme in Surrey will be delivered by Surrey Minority Ethnic Forum (SMEF), focusing particularly on maternity and type 2 diabetes in children and young people (CYP), taking a whole family approach. The first Community Connector event was held in November at the Shah Jahan Mosque in Woking.
- Surrey's Southern Gas Network Launch event in October was a strategic gathering of key partner organisations to discuss the challenges residents will face this winter and to share what services they provide. The focus was on fostering partnerships and exploring innovative solutions to achieve the best outcomes for all residents. Taking place a few days ahead of our Warm Welcome Scheme officially opening, it served as an opportunity to meet colleagues and external organisations, to network, and to ensure we work together collaboratively during the year ahead.
- In November Citizens Advice's Advice First Aid project launched. This brings together multiple organisations and allows them to refer residents through a single referral point, simplifying the route to support and allowing organisations to work seamlessly together.
- FitKits, launched on October 7th at Guildford Library, is a collaborative project with Active Surrey, this library and Zero Carbon Guildford to add Fit Kits to the existing [Library of Things](#). A selection of exercise, sport and movement equipment can be loaned for free by Zero Carbon members.
- Following a six-month social research training program supported by the Department of Sociology professionals at the University of Surrey, 11 experts by experience youth researchers have completed their research projects. 'In Our Own Words' explores mental health experiences among neurodivergent young people, including school support, waiting times, impacts of diagnosis, effects of mental health-related absences from school and work, and the availability of resources for LGBTQ+ youth. To hear the findings, recommendations for services and support from the youth researchers, contact lucy.pearson@surreycc.gov.uk or visit the [website](#).

Priority 1 Highlights

Chair – Prevention and Wider Determinants of Health Delivery Board:

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

Programme Manager: Jane Soothill, Policy and Programme Manager, SCC

In the spotlight – Multiple Disadvantage

A JSNA chapter on [Multiple Disadvantage](#) has been published. The chapter was co-produced with Surrey's Changing Futures Lived Experience Recovery Organisation (LERO).

It is estimated that approximately 336,000 adults in England are experiencing multiple disadvantage. At least 3,000 of these individuals live in Surrey. For many their circumstances are shaped by long-term experiences of poverty, trauma, abuse, and neglect.

Findings are based on extensive stakeholder consultation, research, data analysis and collaborative engagement across sectors. 156 participants took part in either in-depth interviews or in-person surveys and focus group discussions. 100 responses to an online survey were received. Research participants included service providers, frontline staff, outreach staff, practitioners, health and care partners, system leaders, service users with living experience of multiple disadvantage and members of the LERO.

The chapter's key findings include:

- Some statutory services are geared up to 'assess' and 'treat' an individual's assumed primary need and do not always recognise the multifaceted nature of multiple disadvantage and its roots in trauma. Individuals are misdiagnosed or receive inadequate or no treatment.
- Many people facing multiple disadvantage will have experienced early life trauma and adverse childhood experiences; as such, early intervention and prevention are vital long-term solutions to responding to trauma and identifying risk and support earlier.
- There are gaps in the availability of effective and suitable support services for people facing multiple disadvantage in Surrey, which contributes to the persistence of health disparities and cycles of poverty and inequality.
- People with lived and living experience of multiple disadvantage are vital to decision-making processes and their involvement is pivotal in the design, delivery, co-production, and evaluation of services through genuine co-production.
- Effective intervention requires a partnership approach. The complexity of multiple disadvantage means that no single organisation can address multiple disadvantage in isolation. A 'whole system approach' is essential to improve outcomes for this population.

This JSNA chapter makes 11 recommendations for change that should inform Surrey's strategic planning, decision-making and resource allocation to support this underserved and vulnerable population.

Please contact jsnafeedback@surreycc.gov.uk with any comments, queries, or feedback.

Outcomes

1 People have a healthy weight and are active

- Active Surrey is working in a place-based and insight-driven way to support communities to upskill and deliver physical activity through local and relatable role models at an affordable price. Priority groups are ethnically diverse females in Woking, Surrey Heath, Mole Valley and Spelthorne.
- 1 in 4 children in Year 6 in Surrey are clinically obese. Active Surrey has been recommissioned to run Surrey's Tier 2 weight management contract for children and teenagers (5-17 years). [Be Your Best Surrey](#) offers bespoke healthy lifestyle support, online peer-to-peer group sessions, and access to free community offers from cooking sessions to leisure classes.
- Public Health have worked with ICS colleagues in the [Best Start](#) programme to include cultural considerations and appropriate language when discussing infant feeding support. Geographic gaps in infant feeding support have been identified across the county. Increased peer support groups that supplement the current community offer will address these gaps.

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

- In October, the Public Health team launched the [It's Well Worth It](#) smoking cessation campaign. The It's Well Worth It campaign will cover out of home media and digital media with an uplift in HWB Strategy Key Neighbourhoods. It is focused on reducing the number of smokers amongst routine manual workers by redirecting them to free support services at [One You Surrey](#).
- To increase the number of face-to-face smoking cessation clinics in areas of highest smoking prevalence or within GP practices with high numbers of patients registered as smokers, five new clinic locations have opened since July 2024 bringing the total to 12 face-to-face stop smoking clinics.

3 The needs of those experiencing multiple disadvantages are met

- Surrey Changing Futures/Bridge the Gap Programme is being considered nationally for extended funding whilst internal longer-term funding decisions are being concluded. It currently has no sustained funding identified.
- Circa 100 clients are currently open to Surrey Adults Matter (SAM). Recent data shows positive outcomes for 70 clients.
- All trustees and CEOs of the 11 Bridge the Gap Alliance delivery partners signed a Memorandum of Understanding to enter into a formal Consortium agreement through which they can collectively bid for funding.
- On November 5th Changing Futures System Mapping Workshops were held.

4 Serious conditions and diseases are prevented

- Referral numbers to the NHS Type 2 Path to Remission Programme continue to improve. Demographic data is developing - initial insights show lower take-up from men relative to eligible population; higher than expected take-up

- amongst people from ethnic minorities relative to eligible population; and lower representation of people from Index of Multiple Deprivation quintiles 1-3.
- GP practices are being encouraged to utilise a proactive register management (PARM) tool to reduce inequality of care by identifying patients at highest risk of developing diabetes and groups that traditionally get left behind.
 - The Ardens Data Management System has been procured to support the delivery of Surrey's Cardiovascular Disease (CVD) prevention plan. The cloud-based data analytics and population health tool is being piloted with six to ten GP practices. A county-wide roll out will follow.
 - Findings from the Surrey Cancer Inequalities Survey will be used to develop a resource hub to support cross-system knowledge exchange and collaboration. Stakeholder consultation is being undertaken to inform the development of research protocols to (a) co-develop solutions to improving cancer screening uptake for people with severe mental illness and (b) conduct patient journey mapping to identify and address cross-pathway cancer inequalities for people experiencing deprivation and multiple disadvantage.
 - A new [dementia prevention](#) page has been published on [Healthy Surrey](#), which links people to key Surrey services like health checks, weight management, smoking cessation and alcohol services, and to Connect to Support Surrey for social connection.
 - The Dementia Information Project is supporting people and their carers to live well with dementia. The project is enhancing dementia care through strategic initiatives such as the Dementia Information Champions Network and accessible training for unpaid carers. A map of dementia support groups will be maintained. Information Champions will be recruited from these community groups and supported by them.
 - Work is ongoing across the system to increase the uptake of childhood and adult immunisations through the NHSE-led Improving Immunisations Uptake (IIU) Group. The work to embed immunisations into the Surrey Healthy Schools approach is complete. There are further plans to work directly with schools with low immunisations uptake.
 - Funding has been secured for a dedicated Pre-Exposure Prophylaxis (PrEP) champion role with the Sexual Health Service Outreach team. The new role will lead on increasing PrEP uptake in underserved groups (women, sex workers, and ethnic minority groups).

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

- Reablement supports people at home to become more independent and prevents or delays the need for long-term care. The service supports approximately 3,500 people every year. Benchmarking indicates that 83% of people either maintain or increase their independence with the need for care and support reduced by an average of 4.3 hours per week.
- In Northwest Surrey work is underway to increase the use of ReSPECT forms – a summary of personalised recommendations for a person's clinical care in a future emergency, including end of life – by all partners so more residents

can record palliative and end of life preferences. Support for care homes has been identified as a priority. A new Northwest Surrey Palliative and End of Life Care (PEoLC) delivery board for all partners will agree and implement a system-level PEoLC service model.

- Training for multi-agency staff on supporting people with hoarding behaviours has been running in Surrey for 3 years. 147 members of staff have completed 'Hoarding and Self-Neglect: Law and Good Practice' on Olive.
- The Accelerating Reform Fund (ARF) is creating provision for a pilot specialist social prescribing service to support people on probation by connecting them to their communities and addressing health inequalities. The new service is being co-designed by people with lived experience, Surrey County Council, the Health & Justice Partnership, the Probation Service and the VCSE. Social prescribing link workers, employed by the VCSE, will be co-located within Guildford's Probation Service.
- The first stage of a new Social Prescribing framework for East Surrey residents is complete. A new social prescribing digital platform was launched in October to provide hyper local health and wellbeing information for health professionals and residents. The platform provides direct activity notification to EMIS and System One via in system push back and supports self-referral and capacity monitoring.
- Two Carers GP Support Officers have been recruited to support Primary Care Networks, encourage Carers Champions within GP practices, and improve the links between social prescribers and carer support services. The Carers Dashboard was presented to the Carers Partnership Group in September. Feedback from the group will inform the continuing development of the dashboard.
- The Southeast region Carers and Hospital Discharge Toolkit is being piloted in East Surrey and Royal Surrey hospitals to improve the hospital discharge experience for unpaid carers.
- The first young carers training workshop, which was co-designed by young carers, was delivered to professionals in October. Workshops will run monthly for the next 12 months.
- The [Making Every Contact Count \(MECC\) Surrey Strategy 2024 to 2029](#) has been published on Health Surrey. [Making Every Contact Count \(MECC\)](#) is an evidence-based approach to behaviour change that leverages services' everyday interactions to support individuals in making positive changes to their physical and mental health and wellbeing. This strategy sets out the vision, guiding principles and key priorities for MECC in Surrey over the next five years.

Priority 2

Co-chairs of Mental Health: Prevention Board (MHPB):

Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS
Lucy Gate, Principal, Public Health and Communities, SCC.

Programme Manager: Jason Lever, Policy and Programme Manager, SCC

In the spotlight – Severe Mental Illness Audit and Modelling

A 'Severe mental illness (SMI) audit and modelling' report was completed in September by the County Council and Surrey Heartlands Health & Care Partnership, under the governance of the SMI Health Inequalities Board. This aimed to understand what we know about the SMI population and the interventions that are needed in Surrey.

Surrey has a higher proportion of the population who are white compared to the rest of the country, and a lower prevalence of people on the SMI register, meaning that the assessed need and therefore allocated funding is low.

In contrast to the lower-than-average assessment of need, Surrey measures higher-than-average in excess mortality for people with severe mental illness. For each of the measured indicators of excess mortality for people with SMI, Surrey is currently performing in the poorest half of the 145 Counties & Unitary Authorities.

People aged 20-29 are the largest group in the SMI cohort, with the highest prevalence rate, and HWB Strategy Key Neighbourhoods have a higher proportion of people known to mental health services and in the SMI cohorts.

The modelling shows that reducing the acute physical health demands of the SMI cohort to that of the non-SMI cohort would save £448.5m over five years. Report recommendations, drawn from a national review and local data and insights, are:

- Understanding variance in need of people on SMI registers – in-depth data analysis including qualitative interviews.
- Ensure continuity of care.
- Focus on 'wellbeing' more holistically, as opposed to just treating or managing the SMI (including NHS Talking Therapies or self-guided resources).
- Improve access to prevention services (e.g. oral health, sexual health).
- Improve capability, opportunity and motivation to self-manage, with a particular focus on multimorbidity.
- Improved trauma-informed case provision and long-term condition healthcare, e.g. training for secondary care health care professionals.

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 on the Suicide Prevention Strategy over summer produced over 200 comments, with 60% of this feedback coming from people with lived experience. The revised Strategy is due to be published in December [here](#).

- Surrey's [Mentell service's](#) 18-month impact report on supporting men's mental health highlights that over 170 men are accessing Mentell; 185 venues, including bars and barbers, are engaged in its campaigns and 215 voluntary and statutory organisations are signed up as 'care partners'.
- Five work packages in the All-Adult Community Mental Health Transformation Programme have been established to implement a new Place-based 'One Team' model of care. Intended benefits realisation are local residents getting access to support by the most suitable person, service or organisation more quickly.
- The Public Health programme to understand and address mental health stigma with targeted interventions included [End Stigma Survey](#) co-hosting an Epsom & Ewell Borough Council Suicide Prevention Day event in September attended by 100 people. They were also prominent at Surrey University's freshers' week.
- Following presentation of the [End Stigma Survey Report](#) findings to SCC's Employee Experience Team, it was agreed to implement some workplace related recommendations, including seeking addition of a question on stigma to the staff survey and commissioning of a system that staff can report stigma, poor practice or other concerns.
- A new [toolkit for improving sleep](#) has been published, including sections on prescribing and over the counter and natural remedies. Children and young people's sleep resources are available on [Children and Family Health Survey](#).

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

- The working group for the Best Start project to reduce repeat removals of babies due to safeguarding is working up an options paper, linking with the [All Age Autism Strategy](#) team to bring in this perspective as well as communities of practice in other local authorities who have similar service models.
- Public Health Intelligence Team has started mapping [Surrey Healthy Schools](#) to better understand, and improve, engagement with education settings, especially those in HWB Strategy Key Neighbourhoods.
- A task and finish group has been established to audit the use of [My Safety Plan](#), which helps children and young people 'struggling or feeling distressed' with their 'thoughts and feelings'.
- Children and Young People's Emotional Wellbeing and Mental Health Service held a focus meeting on online safety and social media use, at which the South-East Cyber Crime Unit presented to establish connections with SCC and its schools.
- Bite size sessions for education professionals on self-harm were delivered in October by Education Safeguarding to over 53 education delegates.
- The Child Death Review team delivered initial online training on 'professional curiosity in suicide prevention' in September, with roundtable events to follow.

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

- Following the success of Men's Pitstops (peer support groups) in Merstham, Stanwell, Woking, Farnham and Tattenham Corner – two further groups have

been launched in Leatherhead and Elmbridge. These groups provide a safe confidential space for men to share and support one another.

- The Green Health & Well Being (GHWB) programme is working to embed nature into a high-profile, DWP-funded employment programme, with a view to evidencing the value of nature in employment support and workplace wellbeing.
- Horsell Common Community Green Space project is involving community, environment and VCSE professionals to offer cross-sector benefits of health, environment, employment, and community. It has identified HWB Strategy Key Neighbourhoods in Woking as target cohorts.

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

- A recruitment plan is being developed to increase uptake of the '[How are You Surrey](#)' workforce wellbeing standards and self-assessment framework with medium and large organisations. The programme for small businesses has now launched with tailored information and materials.
- Four Mental Health First Aid training courses are fully booked up to December 2024, and bespoke mental health training sessions are planned for Primary Care Networks, VCSE children's sector and others.
- The Five Ways to Wellbeing [Toolkit](#) aims to develop community resilience with priority populations, and help residents, staff, volunteers, teams, or organisations promote wellbeing through small actions to feel well. It includes five principles: Connect, Be Active, Take Notice, Keep Learning, and Give.
- The free and anonymous phonenumber, email and SMS [First Steps service](#) has been newly promoted to Surrey residents.

Priority 3

Chair – Prevention and Wider Determinants of Health Delivery Board:

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

Programme Manager: Jane Soothill, Policy and Programme Manager, SCC

In the spotlight – Inclusive Employment (Workwise & WorkWell)

Employment has a positive impact on physical health and mental wellbeing, particularly for disabled people and people with long-term conditions. The Communities and Prevention team are leading a transformation of the health and work sector in Surrey. The work is informed by ethnographic research and stakeholder engagement and supported by a single point of access for referrals into all SCC funded employment support.

[Work Wise](#) is a free employment service for anyone with a mental or physical health condition, disability, or neurodivergence, who wants to work. Work Wise supports people to find, maintain and sustain meaningful, long-term paid employment or to support people already in-work to continue their employment. 650 Surrey residents

are already being supported and there were over 1,000 unique visitors to the Work Wise webpage in August alone. The programme is funded by Department of Work and Pensions (DWP) as part of the Individualised Personal Support in Primary Care vanguard.

'WorkWell' aims to support residents absent from work under a fit note to improve their health and wellbeing, successfully return to work and maintain their health and wellbeing in the longer term. The service is delivered by coaches embedded in primary care and key community locations. The coaches provide time unlimited support, alongside a multi-disciplinary team of advisors in mental health, physical activity and skills and employment. The programme launched in October 2024 and is funded by DWP until March 2026. Frimley ICB is also in receipt of DWP funding to run a WorkWell programme.

The DWP requires ICBs with funding to deliver WorkWell programmes to also develop integrated health and work strategies. SCC is leading on Surrey's Work and Health Strategy, which will support a whole system approach and be informed by the work and health needs of priority populations. Surrey Heartlands and Frimley will look to align their strategies where appropriate.

'More and Different' is a national initiative to enable anchor employers to recruit and retain a workforce from local communities. Research has identified two priority cohorts in Surrey: those aged over 50 and people experiencing in-work poverty. The programme was launched in November and eight anchor institutions have committed to take part, including SCC, Surrey Heartlands ICB and Frimley ICB.

Outcomes

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

- Surrey's Warm Welcome venues scheme launched on November 1st. There are 80 venues across the county, including libraries, which have been selected based on areas of need and fuel poverty data.
- Public Health MECC training on Fuel Poverty and Carbon Monoxide Safety is being delivered to frontline staff, including Hospital Social Care/Reablement teams involved in hospital discharge.

Children, young people and adults are empowered in their communities

- SCC is undertaking a review of options regarding roles working in communities. This includes Local Area Co-ordinator roles.
- Weave Associates have been commissioned to lead a mapping exercise across Surrey to measure interest in setting up micro enterprises at place. Micro providers are very small, community-based care and support services. Micro providers work in Northwest Surrey continues to develop with four micro provider profiles now live on the Tribe platform.
- 150 VCSE organisations have signed up to SCC's Asset Networks through their local CVS. A communications strategy is planned over the next few months to target smaller VCSE organisations.

- The Surrey Education Partnership Board is developing an action plan (expected Spring 2025) to support delivery of the 'No Learner Left Behind' vision outlined in Surrey's Education and Lifetime of Learning Strategy.
- Delivering on the Teenage Pregnancy Prevention Action Plan, the Sexual Health Outreach team have delivered sexual health and healthy relationship training to social workers, foster carers and residential staff, and a training session for school governors on the importance of relationships and sex education.
- The first Surrey Heartlands Women's Health Network was held in November.

People access training and employment opportunities within a sustainable economy

- In its first academic year of delivery (ending August 2024), the Surrey Careers Hub has delivered a 2-10% increase in performance by schools and colleges across all Gatsby benchmarks (the indicators of quality careers provision). The Hub also achieved the target of 90% of schools achieving at least 3 Gatsby benchmarks and now has 95% of Surrey schools and colleges signed up to be part of the Hub.
- Over 2000 students and 80 businesses and training providers are signed up to be part of the second annual Surrey Festival of Skills, inspiring 14–18-year-olds to consider their best next step into the world of work.
- Since the launch of [Skills Bootcamps](#), free, flexible courses of up to 16 weeks for adult residents to gain new skills and fast-track their future, 126 starts have taken place across the nine courses. This is supporting those aged 19 year plus to move into new work or to develop skills to progress in their existing work. 540 starts are expected to be delivered by March 2025.

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

- Following agreement of the Surrey Health and Wellbeing Board (HWB)/Surrey Heartlands ICP combined meeting in September a range of partners are currently being engaged on how to best establish clearer community safety leadership and governance that going forwards will sit alongside rather than within the HWB/ICP. Conclusions on this will come back to the December HWB/ICP meeting for final agreement and this will outline how to maintain appropriate connections going forwards.

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

- A conference by the Green Health & Well-Being (GHWB) programme team, with support from Atkins Realis, will create collaboration opportunities between private business and the VCSE sector to understand the benefits of green health for workplace wellbeing.
- The evaluation of the GHWB programme is to become part of a wider evaluation of SCC Communities & Prevention programmes during the autumn, which will be led by an academic partner.
- Public Health, SCC has supported the development of Town & Country Planning Association (TCPA) guidance on [Planning for healthy places](#) – a

practical guide for helping local authorities embed health in local plans. Public Health collaboration with the River Thames Scheme continues through the Health Working Group, and relationships with district & boroughs and NHS Estates are being strengthened through the work of the Health and Planning Forum.

- A new community green space is being co-designed and developed on Horsell Common as part of Surrey's GHWB programme. The project will deliver skills to local young people not in education, employment or training (NEET) and demonstrate the value of community green spaces for delivering on Surrey's health & wellbeing, economy & growth, and nature recovery ambitions.
- Surrey continues to develop a county-wide programme of [Local Cycling and Walking Infrastructure Plans](#) as part of its ambitions to increase active travel. Nine road safety schemes outside schools were delivered over the summer, and SCC Cabinet approved a policy update to 20 mph speed limits as part of a Vision Zero Road Safety Strategy. Ongoing public engagement is informing the development of nine Local Street Improvement Zones to encourage active travel.

Data and insights:

The [HWB Strategy Index](#) now has improved functionality for exploring levels of geography by outcome indicator and evaluating rankings.

A deep-dive into the results from the [HWB Strategy Index Scorecard](#) for Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North (Key Neighbourhood) has been completed. The table below is a full account of the outcome indicators in the Scorecard where results are the worst in the county for these three geographical data areas:

Surrey HWB Strategy Index Outcome indicators	Surrey HWB Strategy Index Scorecard result plus where Spelthorne/SASSE 3 PCN/ Stanwell North has highest need in county
<i>Recent decline against outcomes across Surrey</i>	
Diabetes prevalence	Increased from 5.8% to 6.02% (good to be low) AND 8.83% in Stanwell North, 7.50% in SASSE 3 PCN, 7.52% in Spelthorne
Hospital admissions for alcohol contributable harm (Standardised Emergency Admission Rate per 100,000)	Increased from 1,260 to 1,511 (good to be low) AND 1,880 in Spelthorne

Under 75s colorectal cancer mortality (per 100,000 population) / New colorectal cancer cases, Standardised Registration Ratio (difference from expected, where expected is represented by '100')*	Fallen from 10.5 to 10.4 / SASSE 3 PCN - 122.9 (compared to South Tandridge PCN - 82.1)
Anxiety	Increased from 2.94 (score out of 10) to 3.36 (good to be low) AND 5.16 in Spelthorne
Feeling worthwhile	Fallen from 7.85 (score out of 10) to 7.75 (good to be high) AND 6.61 in Spelthorne
Households owed a homelessness duty (per 1,000 households)	Increased from 6.8 to 7 (good to be low) AND 9.8 in Spelthorne
Proportion of people who agree that there are places to meet up and socialise in their local area	Fallen from 77.7% to 76.7% (good to be high) AND 64.5% in Spelthorne
Proportion of residents who agree 'I feel like I belong to my local area'	Fallen from 84.3% to 81.1% (good to be high) AND 72.2% in Spelthorne
Recent improvements against outcomes across Surrey	
Proportion of residents who report doing any unpaid work to help their community or the people who live in it in the last 12 months	Increased from 34.1% to 37.8% (good to be high) BUT 33% in Spelthorne
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% (good to be high) BUT 55.2% in Stanwell North, 61.8% in SASSE 3 PCN
Adults who are physically inactive (doing less than 150 minutes of moderate intensity physical activity in the past week)	Decreased from 22.1% to 19.5% (good to be low) BUT 25.5% in SASSE 3 PCN
Proportion of residents who reported eating 5 or more fruit/vegetables every day	Increased from 37.2% to 39.5% (good to be high) BUT 26.8% in Spelthorne
Life satisfaction	Increased from 7.58 (score out of 10) to 7.62 (good to be high) BUT 7.20 in Spelthorne

Patients who felt the healthcare professional recognised or understood any mental health care needs during their last general practice appointment	Increased from 81.9% to 84.7% (<i>good to be high</i>) BUT 75.6% in SASSE 3 PCN
Proportion of children (aged 0-19) in relative low-income families	Fallen from 9.5% to 8.5% (<i>good to be low</i>) BUT 11.3% in Spelthorne
Unemployment benefit claimants (Job Seekers allowance / Universal Credit)	Fallen from 2.8% to 2% (<i>good to be low</i>) BUT 4.9% in Stanwell North
Youth unemployment claimants (those aged 18-24 on Job Seekers allowance / Universal Credit)	Fallen from 2.87% to 1.81% (<i>good to be low</i>) BUT 4.1% in Spelthorne
Rates of anti-social behaviour incidents (per 1,000)	Fallen by 3.1 from 16.2 incidents to 13.1 incidents (<i>good to be low</i>) BUT 18.6 in Spelthorne and 32.7 in SASSE 3 PCN
Rates of violent and sexual offences (per 1,000)	Fallen from 24.3 to 23.6 (<i>good to be low</i>) BUT 27.9 in Spelthorne / 23.4 in SASSE PCN
No trend data available	
Proportion of young people (aged 16-18) participating in training, education or employment	97.6% (<i>good to be high</i>) BUT 90.7% in Spelthorne
Proportion of residents who have reported minimising throwing away food in last 6 months**	91.8% (<i>good to be high</i>) BUT 90.1% in Spelthorne
Proportion of residents who have had to access food banks or other community food provision in last 6 months**	14.4% (<i>good to be low</i>) BUT 23.8% in Spelthorne
Proportion of residents who have had to access additional borrowing (loans or credit cards in last 6 months**	30.4% (<i>good to be low</i>) ³ BUT 38.1% in Spelthorne

*Two separate indicators combined in Scorecard

** New SCC/Police Joint Neighbourhood Survey question

Public Health and Surrey Heartlands representatives attended the Spelthorne Healthy Communities Partnership Board on October 8th to discuss these findings and offer support. A follow up meeting with Spelthorne Borough Council has taken place and a plan of targeted action will be implemented in the New Year.

The following insights relate to recommendations from the recently published JSNA chapter – Multiple Disadvantage

The [JSNA Multiple Disadvantage](#) highlights eleven recommendations for action to improve outcomes for people experiencing multiple disadvantage, which are relevant to all parts of the system. These include: developing a Multiple Disadvantage Partnership Board, developing a 5-year strategy for addressing multiple disadvantage, improving system wide data collection, involving people with lived experience of multiple disadvantage with the co-design of services, investing in early intervention and prevention interventions, embedding a Trauma Informed Approach at all levels of the system, adopting commissioning best practices for people facing multiple disadvantage, reviewing commissioned substance use services in Surrey, improving access to and outcomes of mental health services for people facing multiple disadvantage, and improving access to housing and accommodation support. These calls to action will be reviewed regularly so we can track progress, within the governance of the Health and Wellbeing Strategy and through the combined Health and Wellbeing Board and Surrey Heartlands ICP.

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:

Priority Populations

Carers and young carers

The physical, emotional and psychological demands of caring can be stressful and are often referred to by researchers collectively as ‘the burden of care’. The British Medical Association (BMA) recognises that caring can have a negative impact on mental, physical health and emotional wellbeing.

Giving Carers a Voice continues to hear how caring responsibilities leads to social isolation which negatively affects a carer’s health and wellbeing:

“Being a carer is so lonely. I’ve lost friends due to a lack of understanding.”

“No one chooses to be a carer. It’s something you fall into and just accept. I do cry a lot. It helps.”

Giving Young Carers a Voice recently took part in a ‘Unheard Voices’ project with Surrey Youth Focus along with a local author, Rab Ferguson, author of The Late

Crew. This is a book about young carers who are always late for school due to their caring responsibilities and encounter aliens along the way; symbolising how different young carers sometimes feel from their peers. At the workshop for young carers, the children were encouraged to share their own experiences of being a young carer by drawing what their aliens would represent. One young carer drew an alien with three heads; one for the ears to really listen and hear what they said, one for eyes to look after their wellbeing, and one for a mouth symbolising their voice to speak up for them when they felt they couldn't speak up for themselves. The children's experiences will be written into a story that will be shared to highlight the voice and experiences of young carers.

For more experiences of carers and young carers please read these Giving Carers a Voice reports:

[Giving-Carers-a-Voice-Q1-Insight-Report-July-2024.pdf \(luminus-cic.uk\)](#)

[Giving-Young-Carers-a-Voice-Insight-Report-July-2024.pdf \(luminus-cic.uk\)](#)

Adults/children & young people with learning disabilities and/or autism

Healthwatch Surrey's recent report [Neurodivergent people's experiences of outpatients in Surrey hospitals - September 2024](#) highlights the experiences of both adults and young people before, during and after outpatient appointments, and makes recommendations about how their experiences could be improved.

Neurodivergent people are known to have poorer health outcomes than neurotypical people and have been found to be more at risk of early mortality overall.

70 people (those with or waiting for a diagnosis and parent/carers of people with or waiting for a diagnosis) shared their experiences with us. Findings covered 7 key themes, which form the basis for the report's recommendations. These recommendations have been shared with Surrey's five hospital trusts.

1. Environment

"My triggers tend to be sensory based; I struggle a lot with loud noises and crowds and can struggle with lights".

2. Information

"It told me a place to go, when I got there, I was told I was in the wrong place and 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."

3. Communication

"I did not attend an appointment as I did not understand the letter, I have a degree and work full time. The letter was unclear of what to do/where to go and it had too much information that was non-specific."

4. Waiting

“Even something as simple as allowing him to wait in the café/ reception would be preferable and then calling us from there would then result in better results as he would be more compliant.”

5. Length of appointment

“Having slightly longer appointments, or the option to contact the clinician I spoke to after my appointment, would allow me to fully process what has been said and ask any questions I need to.”

6. Clinical

“I need to have things explained to me clearly before any action is taken.”

7. Training and awareness of neurodiversity

“Some clinicians have not seemed to believe me when I say I am autistic because I come across well-spoken and put together, but this leads to them not accommodating my needs.”

Older people 80+ and those in care homes

Healthwatch Surrey’s recent report [Who can help me plan for my future as an older person?](#) highlights their findings regarding the information people might require when considering self-funding future care. Speaking to future self-funders in community settings and using an online questionnaire, Healthwatch Surrey heard the experiences of 97 people.

They made recommendations based on what people told them to improve future communications:

- Future care planning is a subject that many people don’t want to talk about at all, they are happy to ‘leave it to their children’.
- Many people have very limited knowledge of the basics - we heard many times that some people don’t know that they might have to pay for social care- ‘why isn’t it like the NHS?’.
- When people do then have to arrange social care, it is often in a crisis.

“I feel somewhat confident about making decisions about my future care in a care home. Completing this survey makes me realise I don’t know enough about the available alternatives.”

People with drug and alcohol problems

The Combating Drugs Partnership focus for this quarter is to achieve a shift in the demand for recreational drugs and alcohol. The Combating Drugs Partnership Public Involvement team have been visiting colleges, LGBT+ youth groups, The Meeting Room and meeting with young carers. They have also been working with Catch22 to connect with young people in treatment to better understand people’s experiences

and attitudes to alcohol and drugs and therefore better understand how change might be realised.

Priority 1

People are frustrated and anxious about extended wait times to see a primary care clinician face to face, despite the availability of same day remote appointments. Digital exclusion continues to be a challenge for some patients with insufficient support from services to adapt to change.

“This is about my mother in-law aged 89yrs. She is very together and for her age is brilliant with apps, emails etc. However, our local surgery seems to have tightened their belts with regards to access due to using the NHS App more. They seem to be aware that there are issues, but they told my mother in-law that they had sent her an email regarding deleting & re-installing the app and doing all sorts of “things”. She never received the email. the receptionist printed it off and gave it to her and left an 89yr old to sort it out herself.”

People have also expressed confusion about the options available to them for weight loss support, or dissatisfaction with what they have been able to access.

“I was referred for NHS weight management from my endocrine consultant via a GP referral. It was a complete waste of time... I got offered Slimming World (already doing that!) or an online service. I opted for that, then had conflicting phone calls about being eligible as my BMI wasn't high enough, then told off for not registering online.... All I wanted to do was to speak to a dietician for advice.”

People are concerned about extended waiting times and the impact it has on their daily life and clinical prognosis. There is a feeling that extended waiting times have a disproportionate impact on people on lower incomes who are unable to access private care or services.

“I've been waiting 18 months to get a hearing aid. I went to hospital for my initial appointment a year and a half ago. I have been to Specsavers and they said that it would cost at least £400 and I just don't have that kind of money.”

Priority 2

Parents are struggling to access mental health support and autism/ADHD assessments for their children. They are frustrated by wait times, lack of continuity, and transition to adult services.

“My 17-year-old son is constantly having a mental health crisis. I am on probation and really stressed with life. He is about to move under Adult Mental Health, it feels like no one will help. I can't cope with

him. I am struggling. I wanted to go into a refuge, but they wouldn't take me and my son, just me. He is slitting his wrists. We were in Accident and Emergency this weekend.”

“Both my children [14] have ASD/ADHD. It's taken my daughter from the age of 8 to now [she's now 13] to get the ASD and ADHD diagnosis. She was referred to Mindworks after her paediatrician flagged her. She had had a cognitive assessment and was diagnosed with ASD, but the ADHD diagnosis was needed. We thought that we were on a waiting list and were waiting to hear what was happening, but no one had contacted us. Then at 13 she was again referred by a paediatrician to CAMHS for an ADHD diagnosis. We had to fill out more forms and then we waited for nearly a year to be told whether we would be placed on the waiting list. This is now nearly 3 years later. We have now gone privately to get the ADHD diagnosis. We are also paying privately for medication for my daughter. If we are referred back to Mindworks for this, there will be another long wait and my daughter can't wait. It's been 3 years since we were referred for a social care assessment, even though we have an Educational Health and Care Plan.”

7

JSNA update

Chapters published: two chapters have been published in the last quarter.

Priority 1:

A new JSNA chapter on [Multiple Disadvantage](#) has been published. (See Priority 1 – In the Spotlight.)

Priority 2

A new JSNA chapter on [Loneliness and Social Isolation](#) in Surrey has recently been published, which covers the whole life course, recognising that children and older adults (and everyone in between) can be affected by loneliness. With the Mental Health: Prevention Board (MHPB) acting as the governing body for its production, the chapter highlights the link between isolation and poor health outcomes, and the inequalities which are often driven by economic factors and the structure of society. It outlines the intersectionality of loneliness and social isolation with other wider determinants of health and wellbeing. The chapter calls for a whole systems approach to tackling its causes and consequences.

10 recommendations have been developed to progress this work to improve outcomes for individuals, families and communities. These look at the behavioural, psychological and physiological impacts of loneliness and social isolation on health and wellbeing. The chapter was developed with the support of a range of local stakeholders, frontline health, wellbeing and community workers, Surrey residents, and people with lived experience. It is envisaged that MHPB will have an important

role in ongoing governance under the Health & Well-being Board, helping to shape an action plan across the system and to ensure the recommendations have appropriate board, group or organisational owners.

Chapters in progress:

Five JSNA chapters are currently in progress. There are plans to begin the development of five further chapters before the end of this calendar year, with a further two planned to start in early 2025:

Priority 1:

Food and Health – the chapter has been drafted and is with the JSNA Oversight Group for final sign-off. Publication is expected by the end of 2024.

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

Sexual Health – this will be developed as two separate JSNA chapters focusing on Contraception and STIs respectively. Work on these chapters started in Autumn 2024.

Priority 2:

Emotional and Mental Wellbeing in Surrey Adults – updates have been made to the Adult Social Care data tables to reflect the more recent data available.

Priority 3:

Economy – this chapter has now been drafted and is currently going through final sign-off processes. It is expected to be published alongside a Tableau dashboard in January 2025.

Community Safety – this chapter is being written and the first draft has been completed. It is anticipated that this will be published in early 2025.

Air quality – development of this chapter started in October 2024.

Transport – development work on this chapter commenced in Autumn 2024.

Priority Populations:

People with Physical Disabilities and Sensory Impairments – development of this chapter is expected to start in 2025.

Unpaid carers – development of this chapter started in Autumn 2024.

Gypsy, Roma, Travellers – development of this chapter is expected to start in early 2025.

Other JSNA chapters:

Armed Forces and Military Veterans – the chapter has been sent to the Oversight Group for final sign-off and publication is 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

7

Priority Populations

Carers and young carers



Giving Carers a Voice launched a project to understand how unpaid carers contribute to better outcomes for the people they support and how care homes can work better with unpaid carers. Over 40 unpaid carers have completed a survey and 5 carers have provided in depth case studies of their experience of being the unpaid carer for someone who now lives in a care home. Their experiences will inform recommendations being made about future service development.



A campaign to reach unpaid carers for whom we held email addresses completed in the period under review. The initiative was designed to raise awareness of the Surrey Carers Card, which enables them to flag their status and more importantly have a way of passing on details of people who can step in if they can't offer care for whatever reason

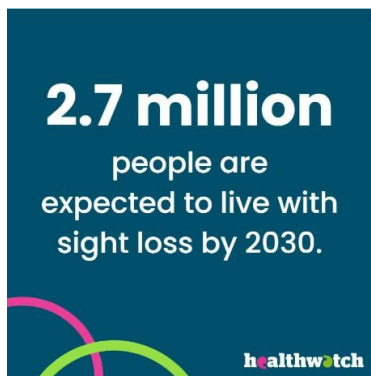
Between two thirds and three quarters of emails were opened each month, with an average of just under 200 new cards issued over the months for which figures have been collated.

Adults with learning disabilities and/or autism



An event was held in Horley in July to mark early onsite progress in the building of new Supported Independent Living accommodation for adults with LD & A needs. Homes for 16 residents are being constructed on the edge of the town centre through six self-contained one-bedroom flats and two shared townhouses. A similar development will commence shortly in Byfleet.

People with long term health conditions, disabilities or sensory impairments



From July through to September, Healthwatch Surrey supported the promotion of Healthwatch England's eye health campaign, including a national survey asking if people are getting the eye care they need. This culminated in #EyehealthWeek 23 – 29 September. Nationally, the survey has had over 2000 responses.



Older people, who are more likely to have or develop long term conditions, are among the targets for our long-running 'Planning for your Future' campaign, run in

conjunction with Age UK Surrey. The aim is to encourage people to plan early for the care and support needs of themselves or a loved one. Information is primarily shared through a programme of in-person and online presentations across the county.

During Q2, over 100 members of the public attended live events, with a further 73 viewing the presentation through monthly webinars.

SCC's Giving the gift of independence campaign suggests gift ideas to help residents stay independent has been launched on social media highlighting the Home Equipment Finder resource at www.surreycc.gov.uk/homeequipmentfinder.

People with drug and alcohol problems

The Combating Drugs Partnership Public Involvement's area of focus for July to September was focused on sub-group 3: generational shift in demand. They engaged with young carers, students, LGBTQI+ communities, and families who had had lived or living experience with treatment and support.

They spoke to 203 people about the service and 70 individuals shared in-depth experiences with them. Throughout the quarter, they engaged with people at Twister LGBTQI+ youth groups, Angelic Network Muslim group, The Meeting Room in Leatherhead, Woking young carers and with students at colleges and universities.

Priority 1



An ongoing social media campaign aims to provide early information to residents on the most common enquiries that are handled by the ASC Information and Advice Service (social care helpline for residents). These 'Top 10' posts cover a range of topics from where to get wheelchairs and walking aids to accessing mental health support and help for carers.

Run in a repeating cycle over 2-3 months, social media posts continue to see good engagement. For Q2, the most popular post related to the help available before or after hospital treatment, which saw 665 clicks for further information.



During 'Know Your Numbers' week we encouraged residents and staff to learn about the importance of knowing their blood pressure, with tips on how to improve heart health. We promoted staff health checks with 28 colleagues taking up the offer.



We continue to raise awareness of the national COVID and Flu programmes, and the offer of a free flu vaccination for staff. We encourage people to reduce their risk of serious illness and in turn reduce pressures on the NHS. During September we saw a 50% increase in the number of people visiting the Healthy Surrey immunisation page.

Priority 2

During September, Healthwatch Surrey spoke to 670 students at freshers' fairs across the county. We asked students to vote on what was important to them about health and social care. From the 523 votes we received, 41% of students said mental health was the most important, and 25% said hospital waiting lists.



SCC continues to highlight the work supported by the Mental Health Investment Fund (MHIF) through press releases and social media. A [new MHIF webpage](#) has been developed on Healthy Surrey, which will include media coverage of projects and also provides a list of all round 1 and round 2 funded projects.

A [press release](#) highlighted the support given to children in Stoke, Ash and Westborough who have been taking part in Olympic-themed activities as part of a scheme awarded over £120,000 from the Mental Health Investment Fund. The Children's Holiday Inclusive Play Scheme (CHIPS) had a fun-filled summer thanks to

generous support from the fund, which supports people in improving their emotional health and wellbeing.

In another [release](#), SCC demonstrated how £49,999 of support given to Appeer CIC is helping to address the social isolation experienced by girls with Autism.

Priority 3

Warm Hub are being publicized

A motion went to SCC (full council) meeting on 8th October proposing that SCC sign the [Good Company's End Poverty Pledge](#). A [media release](#) was produced and SCC and Good Company have been meeting with representatives from member organisations of the HWB/ICP to support them to sign up with resources and advice; the aim of this programme is to establish a whole system approach to poverty in Surrey.



Healthwatch

Between July and September, 128 people contacted Healthwatch Surrey's Helpdesk asking for information and advice about health and social care or sharing their experience of services. Healthwatch Surrey staff engaged with 814 people across Surrey at various events and engagements.

Health and Wellbeing Board Communications Group Forward Plan

- **Stop Smoking**
- **5 Ways to Wellbeing (mental health campaign)**
- **Men's Mental Health**
- **Domestic Abuse**
- **Poverty**
- **Winter Health**

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Mental Health: Prevention Board (MHPB) Work Plan 2024 – Review of delivery at September ahead of writing new Work Plan for 2025



The purpose of this review is to assess the delivery of the 6 Actions we set in November 2023 for MHPB's Work Plan during this calendar year to date. MHPB oversees Priority 2 of the HWB Strategy - through 4 outcomes, 13 reporting programmes and 19 indicators in the Strategy Index.

ACTION 1: Ensure all HWB Strategy Priority 2 (P2) programmes continue to build in a strong understanding of Surrey's [priority populations](#) and [key neighbourhoods](#) in delivering the four outcomes.

Key impact over the last 12 months

Evidence of focused support to improve outcomes across P2 programmes, especially for these targeted groups.
Promoted professionals' & residents' engagement - eg end stigma survey and gambling campaign.
Supported funding cases to HWB Board where evidenced need for sustainable funding on Suicide Prevention and Green Health & Wellbeing programmes.

Better alignment across all HWBS priorities, to build the whole system picture of/ better meet the population needs.
Enabled better system linkages through widely shared Highlight Reports, and linking with the Co-production & Insights Group (CPIG).

Supported the Surrey System to move forward on the most important priorities for prevention and early intervention in mental health.
Working strategically with Mental Health System Committee through an explicit focus on mental health prevention in One System Plan.

✓ **Examples of deliverables**

Monitored/ reported on refreshed list of 13 Priority 2 programmes' milestone delivery across four quarters to HWB Board/ the system.

Built relationships with programme managers to support their meeting of milestone actions against their logic models, and raising risks & issues.

ACTION 2: Mental Health Investment Fund (MHIF) Oversight Sub-Group will provide quality assurance, guidance and challenge in support of MHIF project team's operational management of funded schemes.

Key impact over the last 12 months

Supported Mental Health Investment Fund (MHIF) project team to ensure effective delivery of the programme, system communications & appropriate use of funds.
Supported Round 1 & Round 2 funding criteria and successful projects into delivery.
Gave oversight of project reporting by providing quality assurance, guidance and challenge in Oversight Sub Group.
Helped design of evaluation framework and communications work.

✓ **Examples of deliverables**

Helped to determine the focus areas for spending the remaining £1.7m funds at a June round table with partners, by evidencing of need in line with effective mental health prevention interventions, resulting in match funded, grant rounds led by Community Foundation for Surrey (September's round is on suicide prevention in young adults).

ACTION 3: Understand, and work within, how the Surrey system organises at county-wide, Place, town and neighbourhood levels – and focus on making strong connections with Place.

Key impact over the last 12 months

All relevant strategies and equivalent around mental health prevention and promoting well-being were influenced and/or endorsed by board scrutiny.
Priority was given to providing expert input to, and endorsement of, draft Surrey system partnership strategies, protocols or action plans, eg the refreshed Suicide Prevention Strategy after national policy changes.

Helped with successful prototype of Place-based work on prevention interventions, including its endorsement to HWB/ MHSC for a wider roll out based on this learning and with engaged Place partners across the system.
Providing governance to this major development work in mental health prevention, aligned with One System Plan, has been an increasing focus since spring 2024.

✓ **Examples of deliverables**

Support to design of new Mental Health System Intelligence Network being established across the Surrey system with a focus on mental health prevention and addressing health inequalities.

Steered the NW Surrey (and wider) population health management prototype work, including health inequalities scenario modelled by the PH MH team with partners.

Mental Health: Prevention Board (MHPB) Work Plan 2024 – Review of deliverables

September ahead of writing new Work Plan for 2025 (cont'd)



ACTION 4: Provide direct oversight of, steering or broad support to Joint Strategic Needs Assessment (JSNA) chapter development, as relevant to Priority 2.

Key impact over the last 12 months

Ensure the effective coverage of preventative mental health in the Surrey JSNA of the current and future health and social care needs of the population.
Focused time of programme manager and Board members to support writing of the 'Loneliness and Social Isolation' JSNA chapter in Surrey, whilst also reviewing and steering other relevant JSNA chapters' recommendations.

✓ Examples of deliverables

Governance body for production of the first 'Loneliness and Social Isolation' JSNA chapter, published in September with 10 key recommendations for the Surrey system, and to draw up action plan for implementing its wide-ranging findings.

Steers provided to JSNA team/ lead authors where preventative mental health aspects (eg on 'Housing' and 'Migrant Health Rapid Needs Assessment' chapters).

ACTION 5: Identify gaps in services or under-supported needs, through working with communities, in order to improve targeted mental health prevention and early intervention.

Key impact over the last 12 months

Better understanding of the resources within the priority populations, to help us coordinate and focus the board's efforts on achieving the P2 outcomes.
Prioritising HWBS priority populations and key neighbourhoods, through Priority 2 programmes (eg GRT communities focus adopted in MH 1st aid training) and projects delivering the MHIF.

Embedded ethos and ways of working through evidenced community and neighbourhood input into delivery of the Work Plan and enhanced VCSE membership on the Board.

Through the new MH Intelligence Network and working with Co-Production & Insights Group (CPIG), empower the VCSE/ lived experience voice strategically, including to have a clearer clearer focus on Strategy Index/ Scorecard and Place-based work.

✓ Examples of deliverables

Strengthened relationship with Co-Production & Insights Group (CPIG) through bringing items for collaboration and input (eg on men's mental health and green health & wellbeing).

Ensured good VCSE representation in the June roundtable to influence the decision-making on the remaining MHIF allocation.

ACTION 6: Oversight of Strategy Index Working Group, led by SCC Analytics & Insights, to understand gaps and improve metrics and the evidence base for Priority 2 (and Priorities 1 & 3) appropriate for inclusion in the [Strategy Index](#).

Key impact over the last 12 months

Reduce the current deficit in the number of HWB Strategy Index indicators for Priority 2.
In June, added seven new indicators under outcome 1, four under outcome 2, three under outcome 3 and two under outcome 4.

Development of better metrics for Priority 2 that can demonstrate impact of programmes/ meeting of population needs, in reducing health inequalities.
Delivered through 16 new indicators with four more for development in 2024-25.

Understanding of the gaps from data insights that supported the evidence-based case for resources directed to the areas of most need.
The first Index annual scorecard provided a read out on the positive and negative directions of travel for Priority 2 indicators, now to be considered by MHPB in its 2025 Work Plan in terms of system action required and/or escalation to HWB Board.

✓ Examples of deliverables

Guidance of MHPB Working Group members to the Index developers on priority areas for development of new or improved indicators for Priority 2 produced a plan of action agreed at HWB Board in June.

The HWBS scorecard was published in July as a first annual report against the Index, identifying where momentum needs to be maintained, and where need persists and improvement may be required.

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

1. Reference Information

Paper tracking information	
Title:	Surrey Safeguarding Adults Board (SSAB) Annual Report 2023/24 and future plans
HWBS/Surrey Heartlands IC Strategy priority populations:	All The Surrey Safeguarding Adults Board (SSAB) works collaboratively across statutory, voluntary and third sector organisations to enable people in Surrey to live a life free from abuse and neglect.
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	Priority 3 / Ambition 1 - Prevention
HWBS or IC Strategy Outcome(s):	People are safe and feel safe
HWBS system capabilities/IC Strategy Ambition 3 enablers:	Empowered and Thriving Communities / Working with Communities
HWBS/IC Strategy Principles for Working with Communities:	Community capacity building – ‘Building trust and relationships’ Co-designing - ‘Deciding together’
Interventions for reducing health inequalities:	
Author(s):	Dena Kirkpatrick, SSAB Administrator, SCC; dena.kirkpatrick@surreycc.gov.uk
Sponsor(s)/Champions:	Cllr Sinead Mooney, Cabinet Member for Adult Social Care, Surrey County Council
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	N/A
Annexes/Appendices:	Annex 1 - Surrey Safeguarding Adults Board Annual Report 2023/24

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2. Executive summary

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency Board with responsibilities set out in the Care Act 2014. The primary duty of the SSAB is to ensure that the main statutory agencies work together to improve practice which protects and

promotes the safety of adults at risk of abuse and neglect in Surrey. The Board is chaired by an independent chair, Teresa Bell.

SSAB submits its 2023/24 annual report and identifies opportunities for enhanced collaboration across the Surrey system within its 4 priorities in 2024/25.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

1. Consider and note the attached SSAB's Annual Report for 2023/24.
2. Consider how they can support SSAB's 'Journey for 2024/25'.

4. Reason for Recommendations

Consideration of the annual report 2023/24 by the HWB Board and Surrey Heartlands ICP supports SSAB in being transparent by providing information to the public via this combined meeting on the performance of SSAB and its strategic plan.

The SSAB requires support from system partners for its 'Journey for 2024/25'.

5. Detail

The Board would like to support HWB and ICP members to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment, as required by the Care Act (Section 14.193 of the statutory guidance). It is anticipated the Annual Report will increase that understanding.

The report highlights the work of the Board over the past year in relation the strategic priorities.

- Prevent abuse and neglect.
- Improve the management and response to safeguarding concerns and enquiries.
- Learn lessons and shape future practice.

The report also includes data from a number of our partners including Surrey County Council Adult Social Care, Surrey Police and Trading Standards. All SSAB agencies were asked to contribute to the report and highlight their achievements and challenges within the 23/24 year in relation to their safeguarding adults duty.

6. Opportunities/Challenges

Challenges

The section on SSAB Member Updates includes a summary from each partner agency on their identified challenges. These inform our action planning and risk register. The challenge of meeting statutory duties and keeping people safe in the context of

increasing demand and complexity of concerns, under the pressure of resource constraints across the sector, remains the partnership's greatest challenge.

Opportunities

The opportunities for system working with the HWB/ICP in 2024/25 include support for the following SSAB actions:

Priority 1:

Prevention and Awareness

- Improve community awareness including using available opportunities to increase public involvement, and to engage media interest.
- Ensure the role of carers and the challenges they face are recognised and action is taken to prevent carer breakdown and abuse/neglect.
- Support the use of best practice to reduce avoidable safeguarding incidents.
- Highlight neglect and acts of omission issues and develop stronger mechanisms to address these

Priority 2:

Communication and Engagement

- Coordinate the development and delivery of an annual communication strategy that sets out what the SSAB will do.
- Focusing on key messages, target audiences, ensuring that the message has been delivered.
- Develop a model to gain the voice of adults with care and support needs and carers, and link with existing services and groups.
- Work closely with other Boards to ensure smarter working, eliminate duplication, and share Surrey wide comms benefits.

Priority 3:

Quality and Improvement

- Identify from audits and available data trends and research, adults in need of care and support who are or have been experiencing abuse or neglect (increase in neglect, and abuse in people's own homes) this will help drive our workplans and agenda.
- Develop an assurance process to capture the voice of people with lived experience, particularly in respect of making safeguarding personal, and using this to drive practice improvements.

Priority 4:

Reflection and Learning

- Disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning is embedded across the partnership.
- Share learnings, be they good practice or areas of development.

7. Timescale and delivery plan

The Board's Annual Report has been presented to SCC Cabinet for agreement on 29 October 2024.

The report will now be:

- Published on the Surrey Safeguarding Adults Board website.
- Circulated with the Surrey SAB newsletter.

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

See 'Journey for 2024/25' regarding a communication strategy above.

SSAB will coordinate the development and delivery of an annual communication strategy in 2024/25. We will do this by:

- Continuing to progress our existing communication strategy with key agencies and partners – via newsletters, social media and stronger links with agencies' comms leads.
- Ensure that the communication strategy includes key message and target audiences, such as homelessness and lived experience and learning from Safeguarding Adults Reviews.

SSAB will develop a model to gain the voice of adults with care and support needs and carers, linking with existing services and groups. We will do this by:

- Mapping existing networks that gain the voice of the adult with care and support needs and carers.
- Working with existing networks to gain the voice of the adult/carer regards the SSAB comms work.
- Creating a clear pathway for homeless adults with care and support needs in regard to safeguarding concerns and gaining their voice.
- Further developing links with existing groups to inform our quality assurance processes.

9. Legal Implications – Monitoring Officer

S43 Care Act 2014 requires a local authority to set up a Safeguarding Adults Board to help to protect adults who have needs for care and support and who are experiencing or at risk of abuse and neglect. The Surrey Safeguarding Board annual report summarises the work that has been done by the Board and enables Surrey County Council to be satisfied that the Council's duty is being met.

10. Next steps

The Board's Annual Report will be circulated as follows:

- Published on the SSAB website.
- Circulated with the SSAB newsletter.
- Distributed to:
 - Chief Executive of the Council and Leader of the Council.
 - Board members for them to cascade within their own agencies.
 - The Police and Crime Commissioner.
 - The Chief Constable.
 - Healthwatch Surrey.

Actions included in our 'Journey for 2024/25' will be progressed.

Questions to guide discussion:

- How will the HWB and ICP use this SSAB report to inform their work?
- How can the HWB and ICP support SSAB's 'Journey for 2024/25'?
- Have you any suggestions for how we might increase the influence and voices of people with lived experience in our adult safeguarding work?

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Surrey Safeguarding Adults Board



Annual Report 2023-24

www.surreysab.org.uk

Message from the Chair



Welcome to the SSAB annual report for 23/24. Our annual report shows what the Board aimed to achieve during April 2023 to March 2024 and what we have been able to achieve. It provides a summary of who is safeguarded in Surrey, in what circumstances and why. This helps us to know what we should be focussing on for the future in terms of who might be most at risk of abuse and neglect and how we might work together to support people who are most vulnerable to those risks.

During this year, the SSAB made a commitment to a strategic direction which emphasises how safeguarding risk might be managed nearer to the point at which it is identified and by applying more active multi-agency approaches. Most importantly, for our work to be informed by people's lived experience, whether as carers or people with care and support needs. We want to be confident that the work we do as a partnership can and will make a positive difference to people's lives and we recognise that no single agency can create an effective safeguarding system by itself.

Safeguarding Adults Reviews (SARs) are a statutory duty for SABs when an adult in its area dies because of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. During the past year the Board has been managing a high number of SARs, over half of which were agreed in 2022, to be undertaken jointly with a Domestic Homicide Review process (DHR) and are due to be published in the coming year. The SSAB is committed to achieve more timely and effective ways in which to share and implement our learning from reviews and this has led to a revision of the local SAR process. The appointment of a SAR Coordinator in the last quarter of the year, working alongside our SAR Subgroup Chair and partner representatives, has been hugely helpful in bringing this ambition closer to reality.

This report contains a summary of the three SARs which were published during this year. The recommendations from these reviews have individual action plans which are monitored by the Board to ensure improvements are made as needed and inform priorities for our business plan. Our SARs evidenced some common themes: self-neglect, domestic abuse and responding to multiple and complex needs. This report highlights some of the

Message from the Chair cont.

ways in which SSAB partners have worked together to keep improving and refining our response to these issues.

The Board also needs to be assured that safeguarding adult practice is accessible to all the communities living in Surrey. Our engagement work to extend the SSAB's reach across the county has been accelerated through this year following the appointment of our Partnership Officer. This has enabled further promotion and understanding of the Board's work with communities, neighbourhoods and faith groups, to raise awareness of types of abuse a 8' neglect and of adult safeguarding.

A very successful virtual conference was held during adult safeguarding week. Surrey Police gave a valuable opening session on their approach to adult safeguarding and investigations followed by contributions from partner agencies and national speakers, with major themes being professional curiosity, trauma informed practice and learning from safeguarding adult reviews. Throughout the year, a number of webinars and other events were run, with strong take-up from across the partnership.

SSAB partner agencies have reported on their work throughout the year, both as individual organisations and together in partnership, providing assurance that they continue to meet their safeguarding responsibilities during these ever more challenging times. I am very privileged to work with partners who demonstrate such commitment to achieving the best outcomes for adult safeguarding. I would like to thank the chairs and members of the subgroups, who work tirelessly to progress our shared priorities for adult safeguarding and also my colleagues in the SSAB core team, for their dedication and support. Last, but by no means least, I would like to take this opportunity to acknowledge the work of all practitioners, managers and carers who are committed to keeping people safe in Surrey.

This report of our work together over the last year evidences a commitment to effective partnership working, which provides a sound basis to approach our priorities for reducing the risks of abuse and neglect in Surrey. I look forward to continuing to progress our ambitions in the coming year.

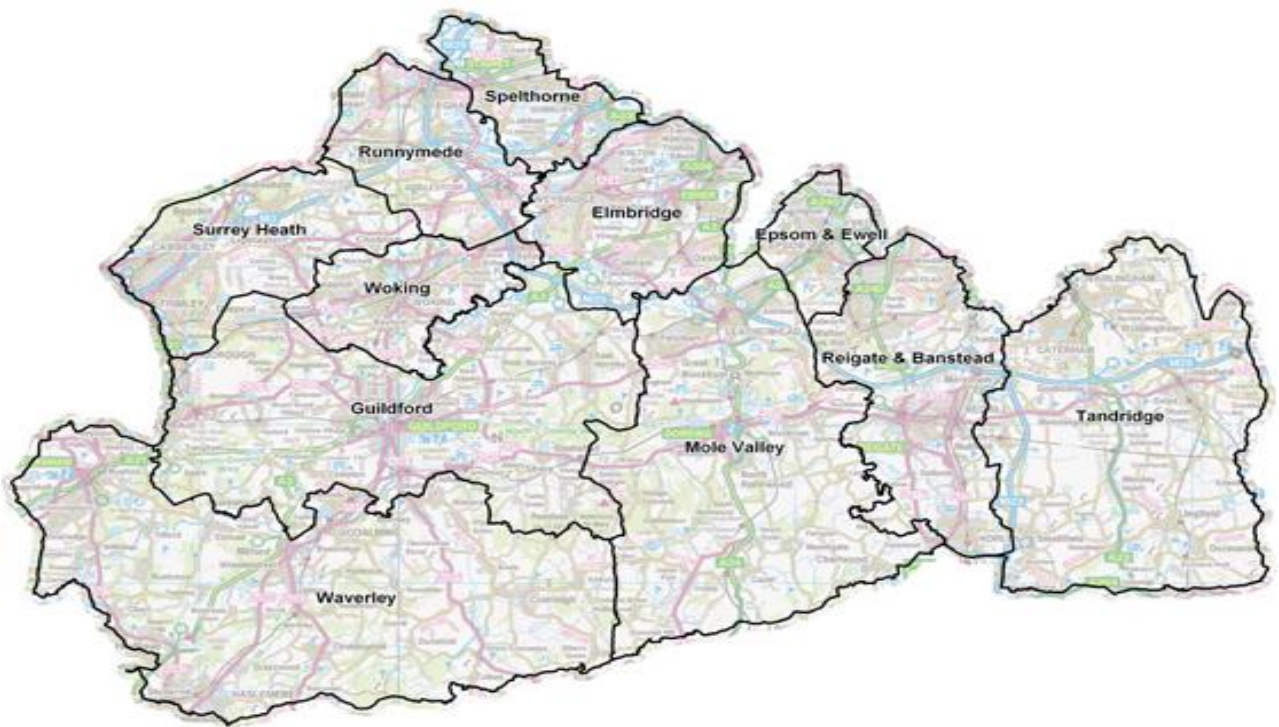
Surrey's Local Context

Surrey is the 5th largest Local Authority in England, based on resident numbers, with a population of just over 1.2 million people (2021 Census data).

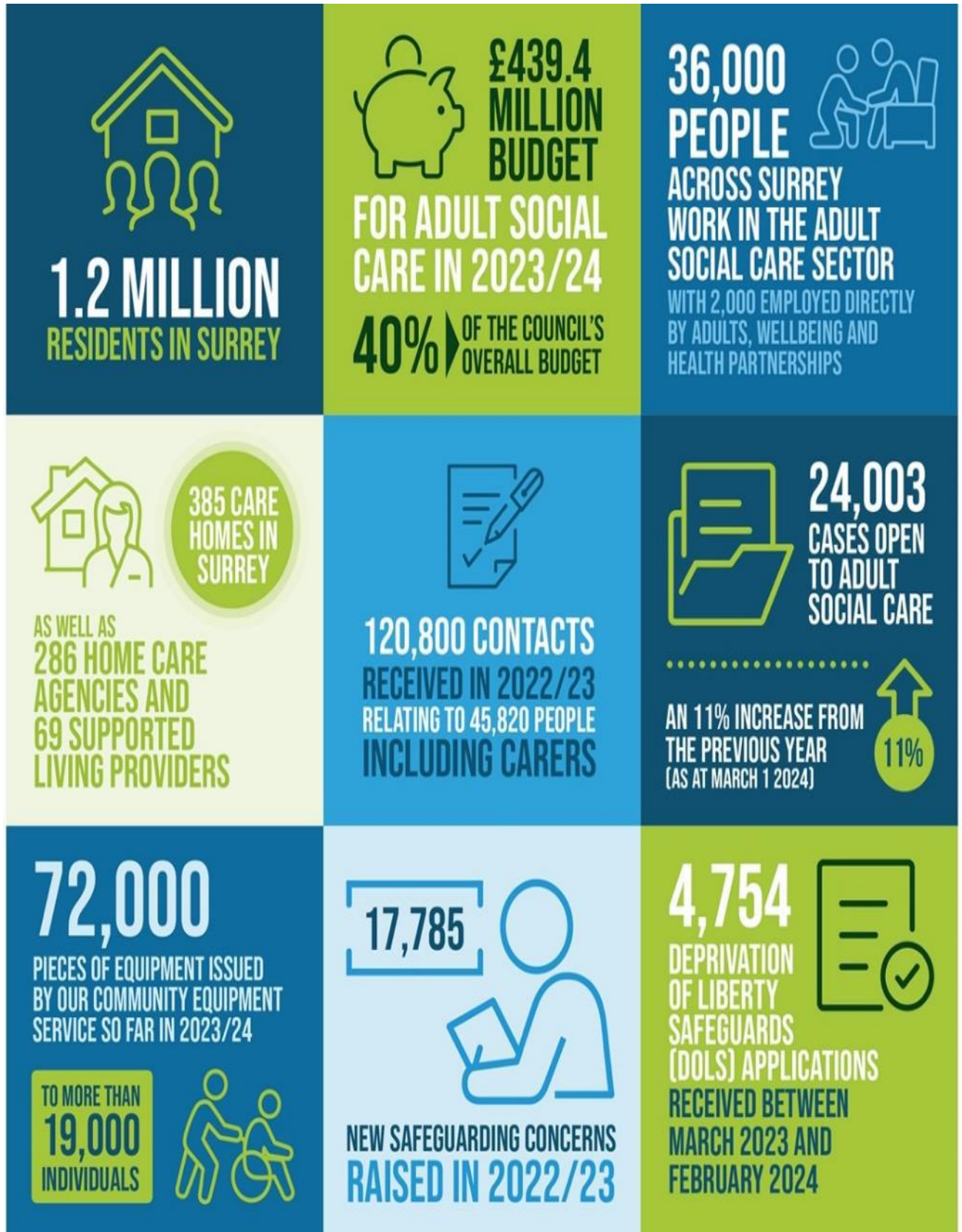
In Surrey, there is a two-tier system of local government, the county council (upper-tier local authority) and the 11 district and borough councils (lower-tier local authorities).

8 The composition of Surrey ranges from significant urban areas to north and rural areas to the south of the county. This creates a variety of needs across the county and the challenge of responding in a way that is relevant to each area.

In addition to a growing population, Surrey is becoming more diverse with 6% more residents in 2021 identifying as ethnic groups other than White British compared with 2011. A similar increase was seen between the 2001 and 2011 censuses and shows the shifting populations within Surrey.



Surrey's Local Context



Our Story



Safeguarding Adults Boards (SABs) were established under The Care Act 2014.



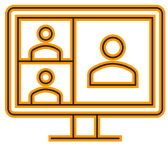
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The Care Act 2014 Statutory Guidance stipulates that:

The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out below.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs).
- is experiencing, or at risk of, abuse or neglect.
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.



The three core duties for SABs are to:

1. Publish a Strategic Plan.
2. Publish an annual report.
3. Undertake Safeguarding Adult Reviews.



Transparency– the SAB leads a learning culture where best practice is identified. This will be shared and recommended, and where concerns are identified these will be communicated appropriately.

Our Story



Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs.



Engage with the voluntary and community sector to strengthen preventative work and to broaden our understanding of who is most at risk of abuse and neglect in Surrey.

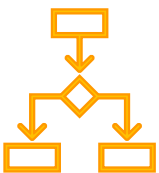
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Help improve the quality of referrals for safeguarding concerns by supporting agencies to consider their practice through audits, reviews, peer learning and feedback from people with lived experience. To consider their referral processes and by working with the Local Authority to develop a feedback loop.



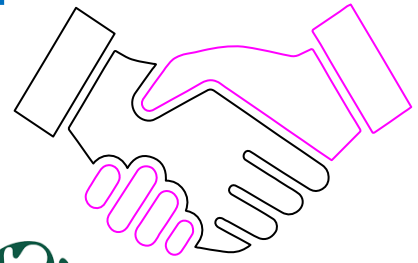
Provide guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Make safeguarding personal by placing people at the heart of our work, ensuring their involvement in developing and agreeing their desired outcomes.

Partnership

The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from statutory, voluntary and independent sector agencies.



The Board is facilitated by an Independent Chair and supported by a small team.



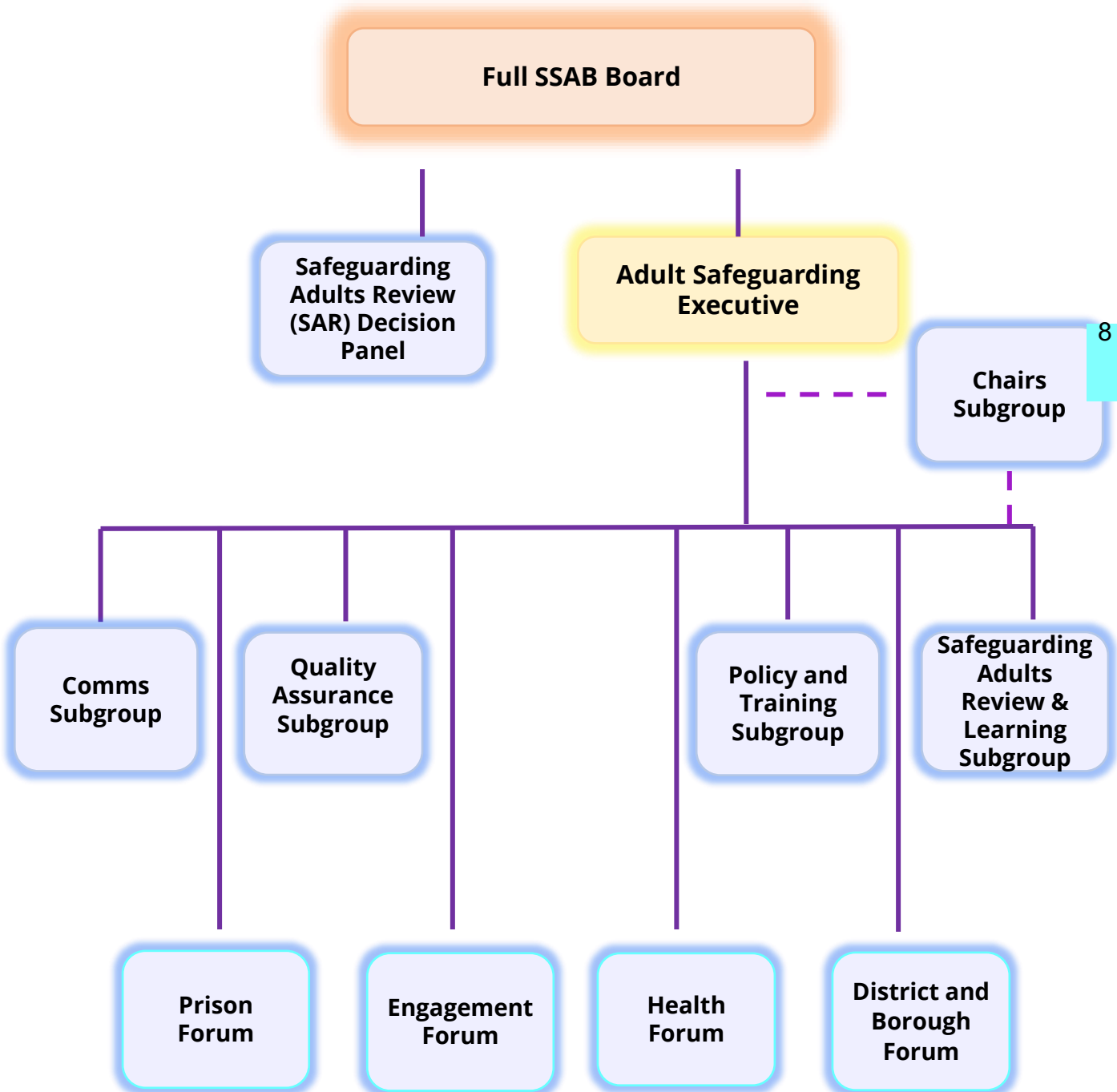
8 Smiley Health and Care



Community Rehabilitation Company



Board Structure



How the Board works

Full Board

- The Surrey SAB meets four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives from voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding adults' work.
- Provides direction to all subgroups.

Adult Safeguarding Executive (ASE)

- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

8

Chairs Group

- Brings all the chairs of the subgroups together.
- Discusses emerging issues or stuck issues from their subgroup.

Safeguarding Adults Review (SAR) Decision Panel

- Considers SAR referrals, against the Care Act 2014 section 44 criteria.

Communications Subgroup

- Oversees the communication strategy of the of the Board.
- Oversees the Board publication materials.

Quality Assurance Subgroup

- Request and receives the QA data from agencies.
- Scrutinises the QA data from partners, identifies areas of best practice and/or concern.
- Raises questions on data received.

Policy and Training Subgroup

- Oversees the multi-agency safeguarding training of the Board.
- Oversees the multi-agency policy and procedures.

SAR & Learning Subgroup

- Manages the reviews once they are commissioned.
- Leads on sharing the lessons from reviews.

Prison Forum

- To provide a forum for discussion of key issues for all Prisons in Surrey.

District & Borough Forum

- To provide a forum for discussion of key issues for all District & Borough Safeguarding Leads in Surrey.

Engagement Forum

- To help to establish better engagement with all organisations across Surrey.

Health Forum

- To provide a forum for discussion of key issues for both NHS and private health providers in Surrey.

SSAB Work in 2023/24

The SSAB developed a new [3-year Strategic Plan](#) at the start of 2022.

The priorities identified in the three-year strategic plan (2022-25) for the Surrey SAB are:

➤ **Prevention and Awareness**

We will deliver a preventative approach and will raise awareness of safeguarding adults across our partners and communities.

➤ **Communication and Engagement**

We will engage and learn from organisations, including the many voluntary sector agencies as well as the Adult and their families or carers in Surrey.

➤ **Quality and Improvement**

We will seek assurance from agencies and use that information to strengthen our safeguarding adults work.

➤ **Reflection and Learning**

We will reflect upon learning from statutory reviews and good practice using this to inform new ways of working.

The SSAB subgroups developed individual work plans as to how these priorities would be taken forward.

The following pages sets out what the SSAB has achieved against each of the priorities over the year.

Priority 1: Prevention and Awareness



During 2023/24 the SAB continued to raise awareness by providing multi-agency training which is detailed further from Pg 32.

8



Work continues, on the SAB website following the update in 2022/23 to make it easier to find information for both agencies and members of the public.



The SSAB webinar series continues to grow with sessions becoming more regular and covering a variety of topics which is detailed further on Pg 35.



The SSAB's outreach has extended through the year, with our engagement forum having over 50 members from a wide range of agencies in Surrey.



SSAB resources were strengthened for agencies to use in their own community networks. This included virtual resources e.g. videos, leaflets etc.

Priority 1: Prevention and Awareness



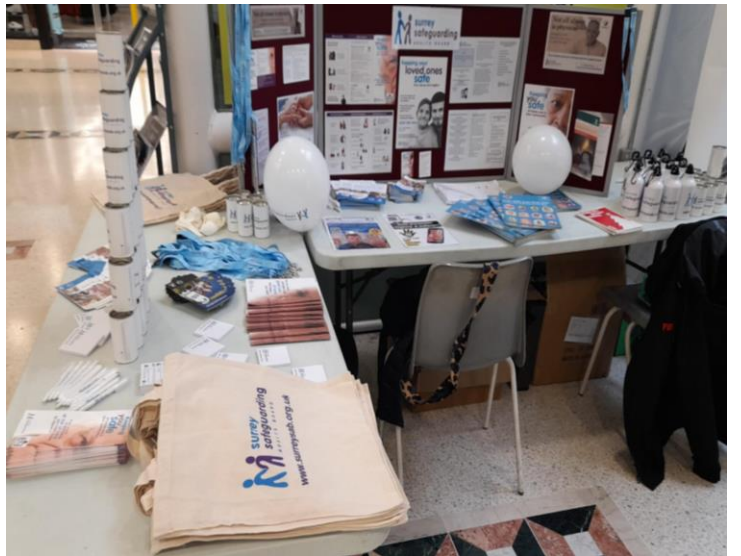
The SSAB fully supported [Safeguarding Adults Week](#) during November 2023, with a number agencies using SSAB resources to have within their own settings.

The SSAB attended several session throughout Safeguarding Adults Week, at various locations across Surrey including:

- Surrey University Campus, Guildford.
- Action for Carers
- Belfry Shopping Centre, Redhill.



Following the appointment of the new Partnership Officer, the SSAB was able to increase its awareness raising via social media, and to increase the presences of the SSAB by extending and engaging with a wider variety of agencies in Surrey.



Priority 1: Prevention and Awareness



The SSAB is aware of the high number of safeguarding concerns in relation to neglect/acts of omission and within the 22-25 Strategic Plan it was agreed that the SSAB highlight these issues and develop stronger mechanisms to address these.

8



A key achievement over the 23/24 year was the agreement to establish establishing a SAR Coordinator role.

This role will take the lead on all SARs and joint DHRs, where appropriate review different methods for a carrying out a SAR, to extract the learning as quickly as possible.



The SSAB core team engaged with many organisations within Surrey as well as nationally and attended many multi-agency meetings to ensure that the SAB is engaged with aligned work streams as well as meeting with key personnel

- Domestic Abuse Management Board
- Surrey Adult Matters Steering Group
- Sexual Abuse Management Board
- Domestic Homicide Review Oversight Group
- Anti-Slavery and Human Trafficking Partnership
- Domestic Abuse Executive
- LeDeR¹ (Frimley and Surrey Heartlands ICB)
- National SAB Managers Network
- Surrey Safeguarding Adults Advisors

Priority 1: Prevention and Awareness



The SAB had presentations from both Surrey Heartlands ICB and Frimley ICB on their annual LeDeR reports to hear the themes identified from LeDeR reviews. A number of themes link with Board work and is being incorporated into the task and finish group regarding avoidable safeguarding concerns, particularly in relation to choking.

8



Regular meetings took place with Surrey Safeguarding Children Partnership to look at areas where work could be taken forward together, this relationship continues to be strengthened.

The Boards Prison forum was extended to a joint forum for the SSAB and SSCP.



Relationships were strengthened with the Health and Wellbeing Board with both board managers having regular contact to consider areas of commonality, including domestic abuse, adults with multiple disadvantages and the SAB is connected with relevant workstreams for these.



The SSAB recognised the importance of links with District & Borough Housing. A housing lead is now a member of the SAB representing all District & Borough Councils across Surrey. Links were also established with the Surrey Chief Officer's Housing Association who agreed to disseminate information to housing providers as well as have updates from any SARs.

Priority 2 : Communication and Engagement



The SSAB works with other boards including the Health and Wellbeing Board and Safeguarding Children Partnership to ensure that resources are shared, and county wide communications coordinated.

8



The SSAB's newsletter is subscribed to by over 4,500 people. This newsletter included an update of the work the SSAB has been undertaking as well as advertising events and resources available. The newsletter is added to the website on a quarterly basis.



Autumn 2023 Newsletter

👉 **SAVE THE DATES!** 👈

SSAB Adult Safeguarding Conference - November 2023

The Surrey Safeguarding Adults Board (SSAB) are pleased to announce that we will be holding our adult safeguarding conference on Wednesday 22 November 2023. The conference will be a great way to share information and identify local priorities for safeguarding adults and share our vision to ensure they live a life free from fear, abuse and neglect.

As we continue to build on our 2022-2025 strategy, it will be a fantastic opportunity for senior leaders through to frontline practitioners across the County to refresh their commitment to safeguarding adults and expand their networks. Throughout the day we hope you will be able to interact with each other, engaging by taking part in informative keynote sessions which will hopefully enable you to understand and channel ideas surrounding safeguarding adults.

As the event will be virtual we hope that all agencies will be able to attend and participate in the day. Booking for this event will be advertised on the SSAB website shortly, so please hold the date in your diaries until then.

Safeguarding Adults Week 20-26 November 2023

Safeguarding Adults week is taking place from Monday 20 – Sunday 26 November 2023. Along with our conference, the Surrey Safeguarding Adults Board (SSAB) will be raising awareness of important safeguarding issues and themes across the week.

The SSAB is supporting this with its own resources, as well as those from the Ann Craft Trust.

Priority 2 : Communication and Engagement



8

The SSAB held its 2023 conference, on 22 November during Adult Safeguarding Week, attended by over 400 people from a variety of agencies across the county including frontline practitioners to senior managers.

The day was arranged so that attendees could come and go, without commitment to attend all day. There were six sessions throughout the day covering:

- ❖ Session 1 - Our Approach to Adult Safeguarding and Investigations by Surrey Police.
- ❖ Session 2 - Professional Curiosity by Research in Practice.
- ❖ Session 3 - Unexplained injuries, neglect and acts of omissions by Surrey County Council.
- ❖ Session 5 - Learning from safeguarding reviews by SCIE
- ❖ Session 6 - The future for safeguarding adults in Surrey by the SSAB independent Chair.

There were also sessions arranged throughout the day for online networking for all attendees.

Each of the sessions were well received and well attended.

Sessions were recorded separately to enable those who were unable to attend the day/ a particular session to be able to watch the recording and have access to the slides which are available on the [SSAB Website](#).

Priority 2 : Communication and Engagement



Surrey Safeguarding Adults Board Conference Agenda



WEDNESDAY 22ND NOVEMBER 2023 | 09:30 - 16:30

This conference will be hosted virtually via MS teams - [click here to register](#)

09:30 - 09:45	Welcome Speech and Introductions by Teresa Bell, SSAB Independent Chair
09:45 - 10:45	Session 1 - Our Approach to Adult Safeguarding and Investigations by Surrey Police
10:45 - 11:05	Breakout Rooms and Networking Session
11:05 - 12:05	Session 2 - Professional Curiosity by Emily Smith, Research in Practice
12:05 - 12:30	Lunch and Networking Session
12:30 - 13:30	Session 3 - Unexplained injuries, Neglect & Acts of Omission by Debbie Potts, Surrey County Council
13:30 - 14:30	Session 4 - Domestic Abuse, Mental Health, and Trauma informed Practice by Dr Asha Patel, Innovating Minds CIC
14:30 - 14:35	Tea/ Coffee Break
14:35 - 15:35	Session 5 - Learning from Safeguarding Adult Reviews by Alison Ridley, SCIE
15:35 - 16:15	Session 6 - The future for Safeguarding Adults in Surrey by Teresa Bell, SSAB Independent Chair
16:15 - 16:30	Closing Remarks by Teresa Bell, SSAB Independent Chair

surreysafeguarding.adultsboard@surreycc.gov.uk

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Priority 3: Quality and Improvement



The SSAB agreed arrangements for quality assurance of adult safeguarding across the partnership through a self-assessment survey.

8



The associated questionnaires incorporate specific areas for assurance based on the SSABs priorities and strategic plan e.g. neglect and acts of omission. A bespoke QA questionnaire was developed with the prisons in Surrey.



The assurance arrangements expanded to include agencies including private health providers and hospices.



Capturing the adult's experience, especially in relation to Making Safeguarding Personal and Advocacy requirements is a key component of Safeguarding Adults work. The SSAB receives quarterly reports from Surrey County Council Adult Social Care in respect of this. The analysis of this data indicated that there were areas for improvement in relation to ensuring formal advocacy for adults and the Board held a session for all partners to raise their understanding of the requirement for this.

Priority 4: Reflection and Learning



The SAB continued focus on learning from SARs both local and national as a partnership by holding workshops as part of Board meetings. SAB members considered questions and how learning can be taken back to their agency.



The SAR learning summary was updated following feedback from partners. Partners recognised the importance of the summary to assist in ensuring the wider dissemination of the learning from reviews within their agency. Good practice was recognised as a key aspect and this area has been strengthened within the learning summary documentation.



The importance of connecting with national networks including the Safeguarding Adults Chair network, Board managers network, SE ADASS network, SANN and Police networks was recognised. Partner leads were identified who will feed back to relevant subgroups on emerging issues and collective actions. Emerging themes from national networks were discussed and disseminated as appropriate.

Priority 4: Reflection and Learning



8

The SAR & Learning subgroup continued to take forward the recommendations from the National Analysis of SAR Reviews. The SAR tracker is continually updated with criteria to better assist the SSAB in capturing information. All reviews are added to the SAR National Library; a repository for all SARs.



In June 2023, a learning event was held following the publication of the Peter SAR in September 2022.

This included presentations from key agencies involved in Peters case: Health, Adult Social Care and Hope Hub, with an introduction and lesson from national best practice from the independent author.

Agenda

Welcome – Sarah McDermott SSAB Board Manager

Introduction to the Review Fiona Bateman (Author)

Agency presentations

- Health - especially role of GP and specialist where cognitive decline suspected (Dr Raja Badrakalimuthu, SABP)
- SCC Adult Social Care – Clement Guerin (Head of Safeguarding)
- Surrey Adult Matters – Julie Shaw (Senior Partnership and Programme Manager)
- Hope Hub - Mags Mercer/Camilla Spicer (Chief Executive/Head of Service Delivery)

Questions

Lessons from national best practice for frontline staff and team managers (Fiona Bateman)

Thank you and end (Sarah McDermott)

SSAB Forums

Engagement Forum

The Engagement forum has now been established for three years, meeting six monthly. The membership of this group continues to expand. Agencies who attend have found value in not only connecting with the work of the SSAB but also connecting with other agencies within Surrey. The forum looked at the following areas; Making good safeguarding concerns in Surrey and feedback from MASH, supporting Safeguarding Adults Week, highlighting the Boards conference, gaining the voice of the adult, SSAB Updates including the annual report, SARs, webinar series, agencies feedback in relation to SSAB leaflets, the website and the resources that the SSAB has to offer, extending the invitation to join the SSAB Communications group.

Health Forum

The Health forum met six monthly and, having extended the membership to include private health providers, has been very productive. It has ensured that the health system in Surrey is kept updated on the work of the SSAB as well as allowing for peer support between NHS and private health providers. The Health forum covered the following areas over the year; NICE Guidance on Advocacy, MASH update presentation, LPS, Surrey Suicide Prevention Strategy Safeguarding Concerns Referrals to ASC, Patient Safety Incident Response Framework (PSIRF) (NHS Serious Incidents currently Section 22 current SSAB policy and Procedures).

SSAB Forums cont.

District & Borough Forum

This forum meets quarterly and covered both the work of the Surrey Safeguarding Children Partnership (SSCP) and the Surrey Safeguarding Adults Board (SSAB). Key areas that this forum covered over the year included; Development Session on Neglect (Adults and Children), Domestic Homicide Update, Learning from Reviews, Policy Updates, SSCP/ SSAB QA, updates from the SSAB including Conference, Webinars and engaging with District & Boroughs to support the SAB with Safeguarding Adults Week and communication with residents.

Prison Forum

The SSAB continued to strengthen engagement with the five prisons in Surrey. This remains a joint SSAB/ Surrey Children Partnership forum which is strengthening the work of the prisons in Surrey in relation to Safeguarding Adults and Children.

At times attendance from all the prisons has been variable, however those that attend find it valuable. The forum not only includes the prisons but also agencies who work within the prison setting, including health care, SCC Adult Social care prison team and provider services and Surrey Heartlands ICB. Over the past year the forum considered; Concern referral process in prisons, NHSE benchmarking, Working Together 2023, HM Inspectorate of Prison Inspections and how the SSAB can support these within Surrey, learning from SARs and Prison and Probation Ombudsmen reviews.

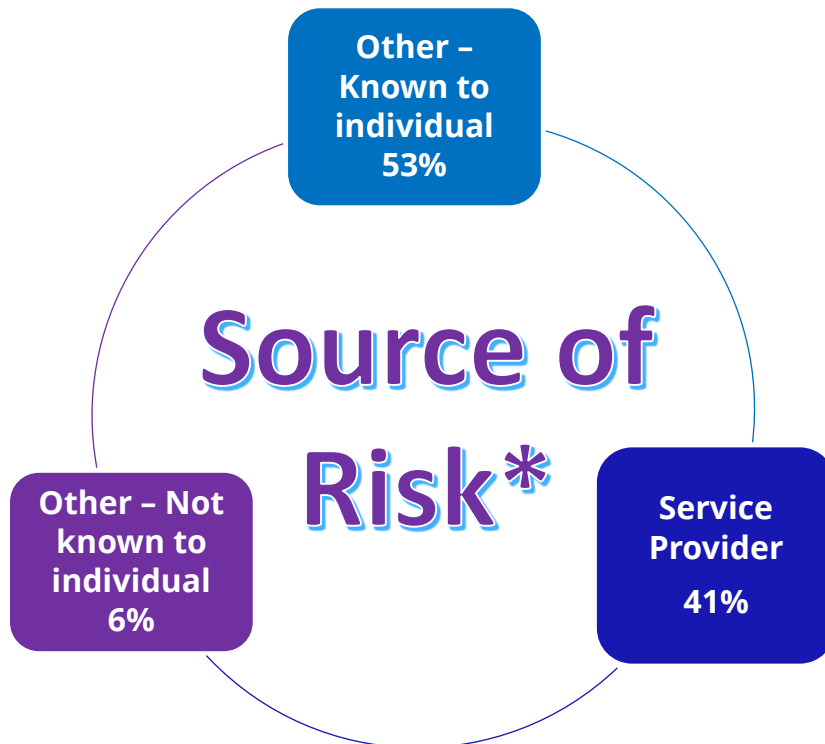
Adults in Surrey Data

Care and Support needs*

This shows the primary support need for adults for whom the safeguarding concern relates to and for those cases that met the criteria for a Section 42 safeguarding enquiry. Most adults who are the subject of a safeguarding enquiry have a need for physical support. There was a slight decrease in those concerns where the primary support was not known from 40% in 2022/23 to 37% this year.

	Physical Support	Sensory Support	Learning Disability	Memory and Cognitive	Social Support	Mental Health	Not Known
Safeguarding Concern	34%	1%	11%	4%	3%	10%	37%
S42 Safeguarding enquires	38%	1%	12%	5%	2%	9%	33%

* Source: SAC SG1d



* Source: SAC SG2b

This shows the analysis of where the risk originates, based on concluded S42 safeguarding enquires, with the main source of risk coming from people known to the individual.

What Abuse is happening?

This information comes from concluded Section 42 adult safeguarding enquiries

Types of Risk

Figure 10 proportions of risk for section 42 enquiries

Discriminatory Abuse Domestic Abuse Financial or Material Abuse Modern Slavery Neglect and Acts of Omission Organisational Abuse

Physical Abuse Psychological Abuse Self Neglect Sexual Abuse Sexual Exploitation

Surrey County Council

*data taken from [Microsoft Power BI](#) – see page 13 for breakdown by abuse type

Type of Abuse*	2022/23	2023/24
Discriminatory Abuse	0.3%	0.4%
Domestic Abuse	7.3%	6.9%
Financial or Material Abuse	7.0%	8.1%
Modern Slavery	0.1%	0.1%
Neglect and Act of Omission	33.3%	35.3%
Organisational Abuse	15.8%	14.9%
Physical Abuse	18.9%	17.0%
Psychological Abuse	12.3%	12.3%
Self-Neglect	2.6%	2.4%
Sexual Abuse	2.1%	2.2%
Sexual Exploitation	0.2%	0.3%

* Source: SAC SG2

The biggest change since 2022/23 was in Neglect and Acts of Omission, which remains the largest category and saw an increase from 33.3% to 35.3%. There was a smaller increase in Financial or Material Abuse (up from 7.0% to 8.1%) and a decrease in Physical Abuse (down from 18.9% to 17.0%).

What the data says about the response to abuse

962,999

Population of Surrey aged 18 and over. (*source: ONS mid-2023 population estimates from Surrey-i)

The number of safeguarding concerns made in 2023/24 in relation to 11,163 individuals. This is a 5% decrease in concerns from 2022/23.

16,854

63%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014 . A slight decrease from 70% in the previous year.

The number of Safeguarding enquiries started in 2023/24. This is a 15% decrease from 12,335 in 2022/23, compared to an increase of 7% between 2021/22 and 2022/23.

10,508

35%

Neglect or acts of omission were a concern in over 35% of the safeguarding enquiries undertaken, this is an increase from 33% in 2022/23.

The percentage where the risk remained after the safeguarding enquiry work. This is the same proportion as in 2022/23.

9%

91%

The percentage of S42 enquiries where the risk to the adult was reduced or removed. This is the same proportion as in 2022/23.

The percentage of S42 enquiries where the individual or their representative were asked about their desired outcomes. This is a decrease from 88% in 2022/23.

87%

97%

The percentage who were asked and expresses their desired outcomes and said they were fully or partially met. This is the same proportion as in 2022/23.

The percentage of s42 enquiries where the adult lacked mental capacity. Of those 91% were supported by advocate, family or friend (an increase from 88% in 2022/23)

25%

Safeguarding Adults Reviews (SARs)

The SSAB Safeguarding Adults Review (SAR) subgroup received seventeen SAR notifications during 2023/24.

Of the seventeen received, fourteen notifications were agreed to meet the SAR criteria.

Of these fourteen, four will proceed as joint DHR/SARs with the relevant Community Safety Partnership and the others will be taken forward as SARs.

The SAR & Learning subgroup continued to monitor multi-agency action plans in relation to:

- Peter²
- Mary²
- Person 1

In 2023/24 the Safeguarding Adults Review subgroup continued to oversee;

- 10 SARs from previous years.
- 11 joint DHR/SARs from previous years
- One NHSE/I London Investigation/SAR

Published Safeguarding Adults Reviews (SARs)

The SSAB published three Safeguarding Reviews in relation to Zahra², Louise², and Ella².

Zahra was 55 years old when she died as a result of an accident in November 2020. Who came to the UK from another country in 1999. English was not Zahra's first language, and she struggled to understand English and be understood by others. Zahra may have felt isolated. It appears that Zahra began to drink large quantities of alcohol as a result.

Zahra and her husband had two children in the UK. Both were taken into care in 2011 because of Zahra's alcohol dependency and concerns of neglect. Zahra had a long relationship with alcohol and was possibly dependant since at least 2000. There were some attempts by agencies to engage with Zahra about her alcohol misuse, but Zahra refused to acknowledge that she relied on alcohol.

Leading up to her death, Zahra was struggling to cope, and her behaviour was becoming extreme. Zahra experienced domestic violence from her husband and their relationship ended at some point before 2010.

At the time of her death Zahra had a partner and there was a history of mutual domestic abuse between them. Zahra was described as leading a chaotic lifestyle and terrified of being left. She would go to extreme lengths to stop her partner(s) leaving her. One of the children said that they had acted as Zahra's carer

The SAB published an executive summary that can be found here [Zahra](#). A multi-agency action plan was developed and will be monitored by the SAR & Learning subgroup.

Published Safeguarding Adults Reviews (SARs) Cont.

Louise was discovered by Surrey Police to have died at home, with some evidence to suspect that this was caused by an overdose of medication. She had been known to mental health services and had recently been discharged from a psychiatric hospital admission under S2 (MHA '83) less than a week before she died. This hospital admission arose following a previous overdose attempt, whereby her son found her at home and called an ambulance, leading to her hospital admission in Epsom, initially to the High Dependency Unit and subsequently to her transfer to psychiatric hospital for her final admission.

Louise had been in a relationship for over 10 years with a man whom she lived with, she had a son and daughter from a previous relationship. Her Partner had suffered a stroke 2 years previously and Louise reported his behaviour had changed since this time. Louise had made some allegations about domestic abuse, but these were disputed by both her children and his daughter. She was referred by the police to both Adult Services and subsequently to MARAC and local domestic abuse services following these allegations. He was arrested and bailed with conditions not to return to the family home.

Louise had previously been referred for both counselling and medication by her GP for depression and stress. Louise had also identified a legal dispute with tenants of a flat she owned as a significant cause of stress for her, which she was struggling with.

The SAB published an executive summary that can be found here [Louise](#). A multi-agency action plan was developed and will be monitored by the SAR & Learning subgroup.

Published Safeguarding Adults Reviews (SARs)

Ella was a 33-year-old woman who took her own life on 13th October 2018 while an informal inpatient at the Abraham Cowley Unit in Chertsey, run by the Surrey and Borders Partnership NHS Foundation Trust (SaBP).

The review looked at the care and support received by Ella during 2018, in the ten months leading to her death. It looked briefly at her background and issues of relevance outside that timescale, and Ella's parents provided a short piece to describe their child from their perspective.

Ella had several episodes of care under the local mental health service during the 2010's and was diagnosed with anorexia nervosa in 2016. She had taken an overdose in 2016 with the reported intention of ending her life and was drinking alcohol to excess.

The SAB published an executive summary that can be found here [Ella](#). A multi-agency action plan was developed and will be monitored by the SAR & Learning subgroup.

Safeguarding Adults Reviews (SARs) Learning Events

In June 2023, the SSAB held a learning event following the publication of the SAR [Peter](#) the previous year.

The event was well attended with over 30 people participating from a range of agencies across Surrey. The recording is available on the SSAB's website.

The event covered:

- A presentation from the author on the review, learning the lessons.
- A presentation from Surrey and Borders Partnership Trust (SABP).
- Surrey County Council, Adult Social Care.
- Surrey Adults Matter (SAM).

Feedback received:

It is nice to hear about the improvements made after Peter. I thought that having so many services attending meant that it was very informative.

The number of external agencies involved in one person's care.

Seeing how housing is often crucial to good outcomes.

We are trying to include SAM as much as possible with complex cases, when we struggle to get other services engaged. We are also trying to reach out to local services and build better relationships.

SSAB Training

Contributing to Section 42 Safeguarding Enquiries

The SSAB continued to offer virtual courses following both feedback from candidates and agencies. We have continued to see greater numbers from a range of different agencies attend.

The SSAB provided a Contributing to Section 42 Safeguarding Enquiries course.

The course covers; understanding when S42 safeguarding duties apply, recognising MSP in practice, understating contributing to a S42 safeguarding enquiry, understanding roles in an enquiry, how to professionally challenge and skills to write a good quality contribution.

Two courses were held over the year with 22 people attending from a variety of agencies across both statutory and non-statutory partners.



"Very good course and informative."

"Better understanding of a safeguarding concern and who can raise one"

"Clearer guidance in order to support my direct reports."

Other Training within Surrey

Adult Safeguarding Essential

Following an agreement made in 2022 between the SSAB and the Surrey Skills Academy (SSA), the Safeguarding Essentials Course continues to be provided by SSA. This ensures that there is a central place for this training within Surrey for agencies.

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The Essentials course covers:

- Meaning of 'abuse and neglect' in the context of adult safeguarding.
- Identify who an adult safeguarding enquiry applies to and the s42 duties.
- Types of abuse.
- Common indicators of abuse.
- The adult safeguarding roles of Surrey County Council, Surrey Safeguarding adults Board and other partners.
- How Making Safeguarding Personal (MSP) works in Practice.
- Response to disclosures of abuse and neglect effectively.
- Correct reporting and recording of adult safeguarding concerns in Surrey.
- The relationship between adult safeguarding, child protection and domestic abuse.
- What happens when a safeguarding concern is reported to the Local Authority.

Other Training within Surrey

Domestic Abuse Training

Domestic Abuse Training within Surrey is centralised and the SSAB ensured that adults with care and support needs and the Care Act 2014 were incorporated into the training delivered.

During 2023/24* the following courses took place:

Course Title	Number of sessions	Confirmed attendees
Dealing with Dual Allegations of Domestic Abuse (DA) (SCSA)	2	31
Domestic Abuse, Stalking, Harassment & Honour-Based Abuse (DASH), DA Risk Assessment (DARA), Multi-Agency Risk Assessment Conferences (MARAC) (DA) (SCSA)	2	54
Domestic Abuse: Dynamics within the LGBTQ+ Population (DA) (SCSA)	1	16
Domestic Abuse: Impact on Children and Parenting Capacity (DA) (SCSA)	2	52
Domestic Abuse: Legal Framework and the Domestic Abuse Act 2021 (DA) (SCSA)	2	55
Domestic Abuse: Safely Engaging with Perpetrators (DA) (SCSA)	2	55
Domestic Abuse: The Care Act (DA) (SCSA)	2	29
Domestic Abuse: Understanding Coercive Control and the Multi-Agency Framework (DA) (SCSA)	2	60
Domestic Abuse: Young people (Peer) (DA) (SCSA)	2	44
Domestic Homicide Reviews, Safeguarding Adult Reviews, and the Homicide/Suicide Timeline (SCSA)	4	65
Economic Abuse (DA) (SCSA)	2	48
Introduction to Domestic Abuse (DA) (SCSA)	9	226
Male Survivors (DA) (SCSA)	2	20
Non-Fatal Strangulation / Suffocation (SCSA)	2	32
Stalking (SCSA)	4	48
Grand Total	40	835

*data refers to attendance from across Adults and Childrens Directorates.

The SSAB signposted to relevant training/ webinars that were provided within Surrey including:

- Healthy Surrey website
- Skills Academy
- Surrey Children's Services Academy
- Surrey Heartlands ICB Lunch and learn sessions

SSAB Webinars

The SSAB held a series of webinars throughout 2023/24 on topics including:

- Advocacy services by POhWER and Matrix. 28 candidates attended the session.
- An insight into Trading Standards in Relation to Safeguarding Adults. 70 candidates attended the session.
- An insight into the Surrey Solace Centre 63 candidates attended the session.
- An insight into preventing the abuse of older people by Hourglass. 94 candidates attended the session.

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Presenter presentation slides and the recordings can be found on the SSABs Website on the [webinar series page](#).

Feedback from participants is below

Presenter was very knowledgeable and was clear in her presentation. Keep them coming!

Delivered in an informative way. What a complicated topic. Thank you.

Very informative session, thank you. Extremely well organised

Really informative and very helpful

Very clear and thorough. The information on the equipment that can be offered is really helpful.

Was very informative - explaining the teams involved.

The slides with all the examples of the hoarding etc made the presentation very real and interesting, thank you. Your vast knowledge and experience came across, the personal approach was much appreciated. Really informative session, thank you.

i found Liam a good speaker with sound knowledge, handling a sensitive topic very well.

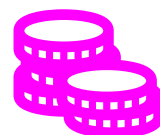
Informative and very useful as I work in ASC and work with some very vulnerable clients

Pooled Budget

The SSAB was funded by partner agencies during 2023/24, Financial contributions totalled £348,605. To ensure that costs associated with Safeguarding Adults Review it was agreed that monies remaining to be carried forward from the previous year.



Partners contributions ensure that the SSAB can continue to operate, showing a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Board. In addition to contributing financially, partners continued to contribute their time to ensure effective working of the Board.



Breakdown of partners contributions *

Partner Agency	Partner Contribution 2023/24	% split
Surrey CC	£117,450	33.6%
Surrey Heartlands ICB	£117,450	33.6%
Surrey Police	£79,000	22.6%
Health Agencies	£23,050	6.6%
District & Boroughs	£11,605	3.3%
SECamb	£10,000	2.8%
Total Contributions	£348,605	100%
Carried Forward	£117,500	
Income from training	£72.00	
Total Board Budget 2023/24	£466,177	

* Figures supplied by Surrey County Council Strategic Finance - HWA & PH

During 2023/24 the Board spent £260,497. The majority of our costs were on staffing, followed by the costs associated with conducting Safeguarding Adults Reviews.

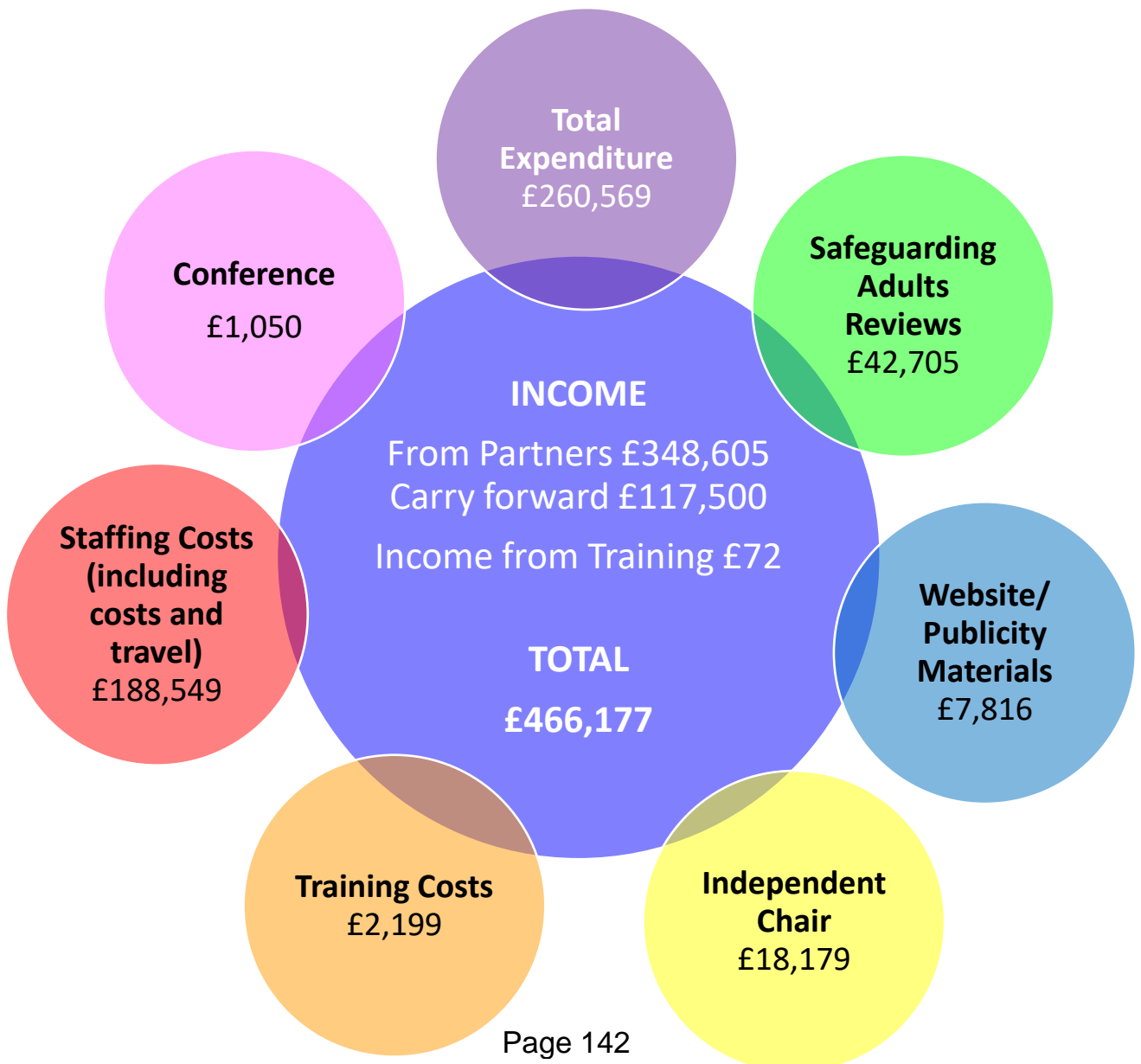


Pooled Budget cont.

There was an underspend within the 2023/24 year, however the SSAB recognised that potential costs in 2024/25 would be greater due to an increase in the number of statutory reviews. It was agreed that all monies remaining within the 2023/24 budget would be carried forward into the 2024/25 budget.

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Breakdown of SSAB Expenditure for 2023/24



Journey for 2023/24

The 2023/24 year is the second year of the SSABs 3-year Strategic Plan which covers 2022-2025.

The 2023/24 annual report has reported on what work has been done within the year against the priorities by both the SSAB its subgroups and task and finish groups.

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Next year, moves the SSAB into its final year of the 3-year strategy and the following pages detail how the strategic priorities will be taken forward over the next year.

Surrey Safeguarding Adults Board
Annual Plan
2023/2024
ADULTS IN SURREY LIVE A LIFE FREE
FROM FEAR, ABUSE AND NEGLECT

STRATEGIC PRIORITIES
Priority 1: Prevention and Awareness
Priority 2: Communication and Engagement
Priority 3: Quality and Improvement
Priority 4: Reflection and Learning

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@SurreySAB

For more information please email the
Safeguarding Adults Board Email: surreysafeguarding.adultsboard@surreycc.gov.uk

The graphic features a central yellow box with the title and mission statement, four stylized human figures in orange, yellow, green, and blue below it, and a dark purple footer containing contact information and social media details.

Journey for 2024/25

Priority 1:

Prevention and Awareness

Improve community awareness including using available opportunities to increase public involvement, and to engage media interest.

➤ How we will do this:

- ❖ Incorporate into the communication strategy.
- ❖ Continue engagement with and building on partnerships relationships – engaging with those experts by experience.

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Ensure the role of carers and the challenges they face are recognised and action is taken to prevent carer breakdown and abuse/neglect.

➤ How we will do this:

- ❖ Review research re generational differences of carers of asking for help/support.
- ❖ Strengthen relationship with Action for Carers and other carer support agencies including leads in SCC Adult Social care.
- ❖ Acknowledged a plan for learning from SARs in relation to carers.
- ❖ Review and update SSAB resources/ website pages.

Support the use of best practice to reduce avoidable safeguarding incidents.

➤ How we will do this:

- ❖ Establish a shared understanding of what is an avoidable (preventable) safeguarding incident.
- ❖ Review ASC data to determine the volume of safeguarding concerns that are considered avoidable(preventable) safeguarding incidents/types of incidents.
- ❖ Best practice examples are identified and shared.

Highlight neglect and acts of omission issues and develop stronger mechanisms to address these

➤ How we will do this:

- ❖ Develop spotlight on neglect/acts of omission within SSAB website.
- ❖ Referrers will have an awareness of the referrals they are making in regard to neglect/acts of omission and develop plans to address these.

Journey for 2024/25

Priority 2:

Communication and Engagement

Coordinate the development and delivery of an annual communication strategy that sets out what the SSAB will do. Focusing on key messages, target audiences, ensuring that the message has been delivered.

➤ How we will do this:

- ❖ Continue progressing our communication strategy with key agencies and partners – via newsletters, social media and stronger links with agencies comms leads.
- ❖ Ensure that the communication strategy includes key message and target audiences, such as homelessness and lived experience and learning from SAR reviews.

Develop a model to gain the voice of adults with care and support needs and carers, and link with existing services and groups.

➤ How we will do this:

- ❖ Map existing networks that gain the voice of the adult with care and support needs and carers.
- ❖ Work with existing networks to gain the voice of the adult/carer regards the SSAB comms work.
- ❖ Clear pathway for homeless adults with care and support needs in regard to safeguarding concerns and gaining their voice.
- ❖ Further develop links with existing groups to inform our quality assurance processes.

Work closely with other Boards to ensure smarter working, eliminate duplication, and share Surrey wide comms benefits.

➤ How will we do this:

- ❖ Continue to consolidate relationships with other Surrey Boards/Partnerships and share communications strategies to determine cross-over.

Journey for 2024/25

Priority 3:

Quality and Improvement

Identify from audits and available data trends and research, adults in need of care and support who are or have been experiencing abuse or neglect (increase in neglect, and abuse in people's own homes) this will help drive our workplans and agenda.

➤ How we will do this:

- ❖ Implementing a revised quality assurance framework.
- ❖ Review partners audits for themes/trends and available research.
- ❖ Adapt workplan based on findings.

Develop an assurance process to capture the voice of people with lived experience, particularly in respect of making safeguarding personal, and using this to drive practice improvements.

➤ How we will do this:

- ❖ Determine existing processes for capturing adults' experiences locally/nationally.
- ❖ Develop a Surrey process for assurance of adults' experiences based on national/local examples.

Journey for 2024/25

Priority 4:

Reflection and Learning

Disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning is embedded across the partnership.

- How we will do this:
 - ❖ Examination of QA returns for assurance purposes to include how agencies ensure this across their workplace.
 - ❖ Consider a process for multi-agency learning and how this is embedded across the agencies.
 - ❖ Develop different methods for dissemination learning.

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Share learnings, be they good practice or areas of development.

- How we will do this:
 - ❖ Learning Summary template will be reviewed and updated as appropriate based on feedback from agencies.
 - ❖ Establish links with the DHR Coordinator who has oversight of DHRs across the country and develop consistency of approach for sharing learning.
 - ❖ Emerging issues from networks will be discussed at the SAR and Learning meetings and any required actions will be taken forward.

SSAB Member Updates

All agencies who are members of the SSAB were asked to provide input into this report, highlighting the work they have done over the 2023/24 year to support the work of Surrey Safeguarding Adults Board.





Adults, Wellbeing and Health Partnership (including Adult Social Care) plays an active role in Surrey Safeguarding Adults Board and participates in each of the sub-groups which form part of the wider Board's governance.

The partnership recognises the needs to strengthen Making Safeguarding Personal with an outcome focus and support for people to improve their circumstances and this is an area we have worked hard to promote during the last year with excellent results. Making Safeguarding Personal is an area outlined on the SSAB website.



A strong example of this entailed an elderly diabetic woman not being administered insulin and being fed ice cream. One of our safeguarding advisors chaired a safeguarding review meeting.



The daughter acknowledged that her views had been listened to and that the meeting had been conducted well allowing her to express her opinion and desired outcome. She welcomed the learning outcomes and agreed that a holistic approach is needed outcome with complex cases, where physical needs are just as important as the mental wellbeing of the individual. The daughter was satisfied with the learning outcomes which put in place by the provider.



There have been significant staff changes within Adult Social Care during the last year. We recruited an experienced Principal Social Worker (PSW), who has a key role in raising operational standards – including in safety and risk – in partnership with the Interim Director, Practice, Assurance and Safeguarding, to develop an increased focus on safeguarding.

Whilst we have continued to receive high demand, we have worked with partners to review our approach to risk enablement and proportionate risk management as complexity has increased, We have reviewed our learning and training offers to front line staff in order to, facilitate the change.





We have empowered practitioners to undertake proportionate enquiries to ensure people are being safeguarded in a timely and person-centred way.


We have improved our training offer - providing staff with easy access to safeguarding training resources. This also links to the Surrey Safeguarding Adults Board's competency framework and guidance, ensuring that staff are aligned with local and national safeguarding standards. Our mandatory training efforts have focused on enhancing the skills and knowledge of staff through various programs, fostering inter-agency collaboration, and refining processes for handling safeguarding concerns under Section 42 of the Care Act 2014.




Adult Social Care cont.

 Our mandatory training efforts have focused on enhancing the skills and knowledge of staff through various programs, fostering inter-agency collaboration, and refining processes for handling safeguarding concerns under Section 42 of the Care Act 2014.


Safeguarding Advisors are part of our locality teams and our specialist services and provide leadership. Safeguarding audits are undertaken locally with a view to disseminating the learning from them. A part of the work of our Safeguarding advisors, we have introduced targeted audits using a LGA approved tool, and we have introduced a review of our audit process across the county. This will ensure consistency of practice of help to inform lessons 

 Our DOLs team receives an average of 19 DOLs requests per working day. As of March 2023, there were 5,525 incomplete applications/awaiting sign off, which as of March 2024 was reduced to 3,498 -. We have undertaken a significant programme of work to triage outstanding cases, outsourcing a cohort to an external agency and training more staff as authorisers and ensured that learning from complaints and the LGSCO has been embedded into our approach. Our Academy has also developed a training programme to increase our own internal Best Interest Assessors.


Raising awareness is an essential part of our vision to ensure residents are 'informed' and 'able to make decisions about their lives.' We contribute to the SSAB website and have worked with SSAB to produce information for the public. Easy read safeguarding booklets were developed and tested by people with learning disabilities. These include - What is abuse, Reporting Abuse, Section 42 Enquiries, Cuckooing, Domestic Abuse, Financial Abuse, Modern Slavery, Neglect and Scams. These booklets are available from the SSAB website and published on the Council's Learning Disability and Autism Hub. This information is used by a range of people supporting individuals with learning disabilities. Each year we support SSAB's awareness raising for Safeguarding Adults Week as an opportunity to remind residents, staff and partners that safeguarding is everyone's business 

 We actively supported the SSAB Safeguarding Conference and one of our Safeguarding Advisers did a presentation on 'Unexplained Injuries, Neglect and Acts of Omission' at the conference in November 2023.


Challenges faced in 2023/24

- We continue to experience high demand; and the complexity of referrals has increased. Permanent recruitment is a particular challenge, and we are dependent on locum staff in a financially challenging environment.
- We are working with our workforce to embed our approach to risk enablement and proportionate risk management. Given the increase of complexity, we recognise staff require support and confidence to manage this change. 

Children Social Care

 Children's, Families & Lifelong Learning directorate has made significant contributions to the Board's work on adult safeguarding throughout the year.


Early Intervention and Family Support:

- **Early Support Service** (0-5 years) focuses on children with complex needs and disabilities, including those on long-term hospital stays. This service safeguards adults by supporting parents, including those with moderate mental health issues, to provide a safe and nurturing environment for their children. 
- **Family Centres** (all ages) were remodelled in 2023/24, offering tailored support across various settings. Their staff are trained in GCP2 assessments and have consistently low their behaviour impacts child well-being. 8
- **Family Support Programmes (FSP) and Intensive Family Support Service (IFSS)** (5-18, up to 25 with disability) provide integrated support to families with interconnected needs like housing, domestic abuse, and substance misuse. Their focus on early intervention helps prevent situations that could lead to child neglect or endangerment.

Supporting Young People in Transition:

- **The Key Worker Service** (0-25) supports young people with autism and learning disabilities to remain in their communities, avoiding unnecessary hospital admissions or residential placements. This indirectly safeguards adults by minimizing the burden on care systems.
- **Mindworks Surrey** offers mental health support to care leavers aged 16-25, promoting well-being and preventing long-term emotional and mental health challenges for them as adults.
- **The Virtual School** provides tailored career guidance to care leavers (18-25), helping them achieve independence and reduce potential future vulnerabilities.

Capturing Voices and Measuring Outcomes:

- **Keyworker Service:** Utilises a variety of tools like outcome stars, person-centred PATHs, and goal-based measures. They also support communication through passports. 
- **Family Centres & Family Support Programme:** Regularly gather adult voices through Early Help Assessments, Outcome Stars (including Family Star Plus for parent well-being), and regular file audits. This ensures all voices, including fathers, are heard.
- **Agency-wide:** DWP grant funding supports training for managing relational conflict. Trained practitioners use early intervention tools to help families improve the lived experience for children.

Children Social Care cont.

Utilising Feedback for Improvement:

- **Audits:** Regularly analyse service user feedback through audit tools. Questions address family participation in interventions and access to assessments. Auditors utilise gathered information to assess core practice standards.
- **Care Leavers Service:** Annual surveys capture feelings on support, safety, and aspirations. Additionally, a Care Leavers Participation Group provides a platform for sharing voices and improving services.

8 Ongoing Work:

Continued focus on capturing voices and utilising feedback across all services.

- Expansion of training programs to support families with various challenges.



- **Direct Support:** Family Centres and Family Support Programmes (FSP) collaborate with community Domestic Abuse (DA) services, providing one-on-one support in refuges and offering programs like the Freedom Programme for adults experiencing abuse. They also extend this support to refugees and asylum-seeking families in temporary accommodation.
- **Raising Awareness of New Services:** The Key Worker Service, though newly established, is actively developing communication strategies to promote wider community awareness.
- **Online Resources:** The Care Leavers Local Offer website serves as a statutory resource hub, providing information and support options for care leavers.

Challenges faced in 2024/25

1. Staff Recruitment and Retention:

- **Securing qualified staff:** Filling vacancies in roles focused on domestic abuse, mental health, and substance misuse is difficult due to consistent demand and competitive recruitment landscapes. This diverts resources from other areas and increases training burdens.
- **Family Centres & Family Support Programme:** Recruiting staff with the necessary skills to provide mental health support for adult family members while simultaneously supporting children.

2. Access to External Support Services:

- **Long waiting lists:** Limited access to mental health support for adults and neurodiversity screenings creates additional stress for families. Delays in diagnoses can hinder parents' ability to support their children, further impacting family well-being.

Surrey Police



Surrey Police is responsible for policing a varied geographical area of busy towns and rural areas with a population of approximately 1.2 million people. Surrey Police employ around 4,000 officers and staff and cover all areas of operational policing business. Major Crime, Firearms, Roads Policing, Dogs Section are collaborated with Sussex Police. All other operational teams, including Public Protection are Surrey only.

We continue to progress Our Plan which was set out by our Chief Constable, Tim de Meyer in 2023. The plan falls under four main headings: Investigations, Leadership, Problem Solving and Standards. The following are mission statements associated with the plan (please note this is not an exhaustive list) Prevention of crime, investigating thoroughly, pursuing criminals relentlessly, providing outstanding victim care, demonstrating ethical high standards and reflecting communities.



8



Surrey Police are active contributors to the ASE and the SSAB. The Strategic Manager for Public Protection continues to deputise for the SSAB Board and the SSAB Executive and works closely with the independent chair. The Strategic Manager also chairs the SAR Decision Panel and the SAR & Learning Group. We have previously maintained good representation at other groups such as the Quality Assurance Group and Communications Group.



Following a very successful pilot, Surrey Police have continued to operate a specialist Adults at Risk (ART) investigation team. We have witnessed significant improvements in the identification of crime relating to adults at risk and our response to adult safeguarding, this includes single and joint investigations. We continue to support and equip our staff to carry out meaningful and effective investigations by way of training and continuing professional development.

We are developing a model which will enable us to bring a number of agencies and members of the third sector together (monthly) to discuss and manage some of the complex and challenging investigations.

We will continue to be committed to pursuing opportunities to work collaboratively with our colleagues across all agencies and the third sector to improve the lived experiences of those who are victims of crime and/or require us to protect them and to seek out and identify those who neglect or abuse and bring perpetrators to justice or find proportionate and suitable criminal justice or other outcomes.


Surrey Police


We continue to face challenges alongside partners in achieving the best joint working possible, however, there is a willingness to do this as it is accepted that no one agency can act alone.



 We have revisited our interview suites across the force and made significant adaptations being cognisant of recommendations made from a trauma informed and neurodiversity perspective.



 Due to the ART, we have continued to look closely of the effectiveness and efficiency of investigations and safeguarding, particularly good practices for learning.

 We are running daily triage meetings discussing all adult at risk cases. This is proving to be highly effective in assessing risk and improving investigation standards but also is providing an excellent platform for learning.

There is also a weekly roundup meeting for the ART which looks at any presenting challenges, encourages staff to discuss the voice of the victim and disseminate good learning.



 Surrey Police use social media well to promote the importance of protecting vulnerable people.

We contributed several presentations at the Adult Safeguarding Conference, including, financial abuse and cuckooing.



Challenges faced in 2023/24

- Potential demand exceeding available resources, particularly specialist resources.
- Understanding that adult at risk investigations are often complex and potentially increasing due to a number of socio-economic factors, such as more elderly people living in the community being cared for by family or friends or people who have “befriended” the adult at risk posing risk of intended or unintended abuse and/or neglect.
- We are experiencing a more transient workforce then we have done historically which presents some challenges in stabilising and sustaining specialist staff.

Surrey Heartlands and Frimley Integrated Care Boards (ICBs)



Attendance at the SSAB Board, Subgroups and Forums.

Review of updated NHS Pressure ulcer Protocol aligned to Surrey Safeguarding Adults Protocol: Pressure ulcers and raising a safeguarding concern.



Working with the Board for Care Providers Safeguarding Audit, to gain assurance.

8

Top Tips/ Guidance for avoidable safeguarding concerns in development.



Working with Board to look at changes in SAR process.

Completed ICB QA questionnaire



ICB team contribute to DHRs/SARs/ Section 42 panel meetings

Working on a joint adults and children Was Not Brought Policy for health providers



Working on the "Stop, Look, Care" model – How to recognise a deteriorating patient, including references to persons with learning disabilities.



MCA Forum includes case discussion to hear the voice of the person.



LeDeR – webinars developed to share themes and lessons learned e.g. bowel management.

Poo matters campaign with Skills for Care.



Good bowel health with ASC Providers- Good Bowel Health event 25.8.22

The importance of good bowel management to safeguard residents.



GP Lunch and Learn

Surrey Heartlands and Frimley Integrated Care Boards (ICBs) cont.



The Surrey ICB Safeguarding newsletter includes links to the SSAB newsletter, and links and briefings about SARs upon publication.

Promote safeguarding events through the ICBs social media accounts.



8



Support the Board to raise awareness in the community e.g. Adult Safeguarding Awareness Week, Community Questionnaire.

ICB DA Health Forum looks at training and awareness within provider services around DA for women and children, and from minority backgrounds



Challenges Faced Moving into 2023/24

- A major challenge for the team, as well as providers is the large number of SARs and DHRs being commissioned. Whilst managing to keep apace, there is a risk that if numbers continue at the rate seen in recent years, that the ICB and providers may not be able to meet statutory responsibilities in relations to SARs and DHRs.
- Workforce capacity to deliver the identified learnings, and best practice guidelines from reviews.

NHS Acute Trusts

Frimley Health NHS Foundation Trust



In 2023/24 Frimley Health NHS Trust's has achievement Level 3 Adult Safeguarding training with compliance at 89% across the organisation. This was achieved due to strong leadership from the safeguarding team and senior nursing staff in clinical areas.

The improvement in training compliance has led to an increased awareness and understanding of adult safeguarding within the organisation and is aligned with the work of the Surrey Safeguarding Adult Board in raising awareness across the community.



An increase in the number of adult safeguarding referrals from the ward suggests an improved knowledge and understanding from staff in highlighting safeguarding concerns such as neglect or an act of omission.

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The continuing work between FHFT Adult Safeguarding team, Surrey MASH, and Adult Social Care demonstrates a strong working relationship, with weekly meetings to discuss section 42 cases. This is to ensure correct information is shared, enabling clarification of any queries leading to consistent decision making. FHFT will also be undertaking an internal section 42 audit which will give emphasis on how learning is identified and shared.



FHFT commits to ensure hospital staff has the opportunity for continuous learning. Additional supplementary training on Mental Capacity Assessment and the Deprivation of Liberty Safeguards has been arranged to increase staff understanding. The supplementary training is delivered by an external organisation called EDGE Training and facilitated by a barrister who is an expert in this field.

FHFT is an active member of the Surrey Safeguarding Adult Board attending meetings, and Adult Safeguarding reviews. Identified learning is shared across the Trust through the Safeguarding Operational Group, Safeguarding Executive Meeting and Matron and Ward Sisters meetings plus embedded in safeguarding training.



Challenges Faced Moving into 2024/25

- FHFT is an active member of the Surrey Safeguarding Adult Board attending meetings, and Adult Safeguarding reviews. Identified learning is shared across the Trust through the Safeguarding Operational Group, Safeguarding Executive Meeting and Matron and Ward Sisters meetings plus embedded in safeguarding training.

NHS Acute Trusts

Royal Surrey Hospital Foundation Trust



The RSFT Safeguarding Adult Team has continued to deliver high levels of service, specialist signposting and strong partnership working with local agencies to adults at risk of all forms of abuse, but adults with dual diagnoses such as learning difficulties, autism, mental health or long-term physical health conditions.

The Safeguarding Adult Team referral rate has consistently increased with a total of 1106 referrals throughout the financial year 2023/4. This represents a 35% increase in referrals from the previous year. The complexity of these cases continues to increase, in line with the local and national picture. Although most referrals involve adults with care and support needs requiring a referral to Adult Social Care via the Multi-Agency Safeguarding Hub (638 referrals in 2023/24), the Safeguarding Adults Team are supporting more individuals requiring other referral pathways such as Police, Domestic Abuse Outreach (170 referrals) and referrals for assessment of Care and Support needs under Section 9 of The Care Act for self-neglect (169 referrals).



Alongside this the RSFT secured funding in quarter 4 of 2023/24 to continue the role of the Hospital Independent Domestic Violence Adviser (HIDVA) into 2024/25. The RSFT Safeguarding Adult Team received 263 domestic abuse related referrals in this timeframe, of which 152 were supported by the HIDVA, with 58 involving police intervention due to high-risk behaviours and 32 being reviewed at MARAC within Surrey. The HIDVA also provided bespoke domestic abuse related training to clinical staff, via face-to-face domestic abuse modules within the safeguarding adult and safeguarding children's level 3 study days, bespoke training in clinical areas, and specialist support for victims and survivors from minority groups, disabled and LGBTQIA+ communities.

A focus of the RSFT Safeguarding work plan for 2023/24 was centred on improving use of the Mental Capacity Act (MCA) to safeguarding adults at risk. Initial data from the RSFT Safeguarding MCA Audit in 2023 indicated variation in confidence levels across clinical teams in use of the Act in assessing capacity, determining best interests and appropriate use of deprivation of liberty safeguards. This was followed up with a deep dive audit which reviewed more than 200 capacity assessments documented within the medical records of relevant patients.



NHS Acute Trusts

Royal Surrey Hospital Foundation Trust cont.

The RSFT contributed to Adult Safeguarding Week in 2023 through patient, staff and public facing communications throughout the week, with training opportunities available for staff. The team similarly provided safeguarding and HIDVA representation at RSFT wellbeing weeks, facilitating sessions on domestic abuse which resulted in disclosures from staff and members of the public. During November 2023, the Safeguarding Adult Team also facilitated a safeguarding conference at the Royal Surrey County Hospital Site, with 127 attendees in person and attendance from other providers and agencies online utilising a live webinar. The conference focussed on the violence against women and girls (VAWG) agenda, and included representation and signposting from a wider, intersectional approach. Speakers included experts from NHS England, Surrey Police Domestic Abuse Public Protection Unit, SARC (Surrey Sexual Assault Referral Centre), and RASASC (Rape and Sexual Assault Support Centre).



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The safeguarding team also provide safeguarding services to the RSFT Community Hospitals in Cranleigh, Haslemere and Milford, including the Minor Injuries Unit, Outpatient and inpatient areas, along with support and training to Guildford and Waverley District Nursing, Community Matrons, and Allied Health Care Professionals, and wider services across the whole of the South East Coast. This wide remit enables the RSFT Safeguarding team to provide training and support across a large geographical area, ensuring that staff are aware of and able to support vulnerable adults on the peripheries community services that otherwise may not receive safeguarding input. The safeguarding team have gone on to support/ signposting a number of patients, as a result of referrals from these satellite hubs.


Challenges Faced Moving into 2024/25



- The main area of challenge for the RSFT Safeguarding Team is no funding for the essential HIDVA role within the Trust after March 2024 for the financial year 2024/25, with no ongoing assurance for funding going forward. This provided job insecurity for many in the HIDVA role across Surrey, including the RSFT HIDVA. We are very grateful to have the expert knowledge and support of the only remaining HIDVA in Surrey and acknowledge the significant impact that this has and continues to have on outcomes and experience for high-risk victims and survivors of domestic abuse but are concerned that there may not be the financial envelope to continue this work at the end of the current funding. The role of the HIDVA is embedded in policy and practice within the RSFT and is a key resource for the wider community teams.


NHS Acute Trusts

Ashford and St Peters Hospital (ASPH)

 The Trust is an active participant of the SSAB, supporting this work through attending the SSAB meetings, Health Subgroup, Safeguarding Adult Review Panel, Safeguarding Adults Review and Learning group and chairing the Policy and Training subgroup.


During 2023/24 the Trust was able to contribute to the strategic plan by streamlining responses to S42 enquiries, disseminating thematic learning from enquiries and working across the multi-disciplinary hospital teams to identify areas of practice improvement.



 Close working with the MASH team has seen improved focus on S42 enquiry decision making reducing the burden on both ASC and hospital clinical teams whilst ensuring that the outcomes for the patient are met.

Significant improvements in compliance levels for all safeguarding training has been seen over the year, with an increase of 20% (to 75%) for MCA and DoLS training and an increase of over 20% (to 85%) for L3 Prevent compliance. This has been achieved through close divisional oversight and the increased capacity in the safeguarding team enabling increased training provision being available.



 As many safeguarding concerns are raised once the patient has been discharged from the acute Trust, it is not always possible to get this information first hand but understanding the impact on the patient (or their families) is of paramount importance to improving care and this is being used within the hospital as part of ongoing training to improve sharing of learning across the organisation. The close working relationships between the hospital safeguarding team, the adult social care team and the MASH over the year has led to improved, proportionate and consistent decision making relating to S42 enquiries.

NHS Acute Trusts

Ashford and St Peters Hospital (ASPH) Cont.

The Adult safeguarding team supported safeguarding awareness week by spending time with ward staff, highlighting thematic learning identified through S42 enquiries.



Due to the nature of the organisation, raising awareness directly in the community is challenging.

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Due to the nature of the organisation, raising awareness directly in the community is challenging.



The adult safeguarding team work closely with the community health providers to ensure open and clear communication continues between the two organisations. The work started in 2022/23 relating to community nursing referrals has been maintained and has been a great success, this has had a positive impact on keeping people safe when they are discharged from hospital.

Challenges Faced Moving into 2024/25



- Improving training compliance has been a focus area for the past two years and whilst there have been some significant improvements seen in the past 12 months, maintaining the momentum for continued success cannot be underestimated.
- The hospital domestic abuse outreach service (HIDVA) funding has now ceased which has left a gap in service provision relating to domestic abuse support. This gap is being bridged across the wider safeguarding team and the adult safeguarding team are delivering the domestic abuse training as part of the L3 safeguarding adult session.

NHS Acute Trusts

Epsom and St Helier Hospitals



Continued support with complex cases in clinical areas to maximise the voice of the person at the centre of safeguarding. This includes inviting patient and relevant families to involve them in decisions regarding their care and ensuring that their voices are heard.

Contribution to Statutory reviews, sharing and embedding the learning through training, team meetings and other Trust-wide learning platforms and ensuring action plans are fully implemented.



We also observed the national safeguarding week with various activities to raise more awareness and recognition of abuse and effectively responding to it.



Creation of a discharge checklist to promote safe discharges and to reduce concerns relating to discharges.

Sharing of various safeguarding leaflets/placing them at vantage points within the organisation, organising a safeguarding conference with good attendance, utilising technology to reach out to all staff members and observing the national safeguarding week with various activities.



Challenges Faced Moving into 2024/25

- Operational pressures causing numerous declaration of business continuity incidents impacted on training attendance, safeguarding supervision and information gathering for safeguarding concerns.



NHS Acute Trusts

Surrey and Sussex Healthcare NHS Trust (SASH)



To support vulnerable adults, families and carers who access services at SASH, a comprehensive training programme educates, informs and supports our large workforce to be able to identify those who are vulnerable and know what to do if they have concerns. We have used learning from statutory reviews and processes to review our practices and make improvements particularly around communication and documentation.

Our compliance of the Mental Capacity Act has improved hugely, ensuring patients are at the centre of decision making, and if they are unable, ensuring this process is as protective and safe as possible for the patient and those closest to them. This is created by improved training, internal guidance and support.

8



We started providing Level 3 safeguarding training for our workforce in January 2022, we have managed to go from 0-90% compliance in that short time by implementing an ambitious programme of training days facilitated online and face to face providing training for up to 400 people at any one time

The training is ever evolving with scope to provide external agencies places in the future, and to have external agencies be a part of the day as speakers.



We have been fully immersed in Safeguarding week each year, running awareness campaigns internally, display stands, competitions, mobile roadshow and participating in external campaigns also with partner agencies. During this time, we are particularly active on social media, promoting the priorities and sending out positive messages about safeguarding at work and in the community.

Challenges Faced Moving into 2024/25

- The increasing number of vulnerable adults who do not necessarily fully meet the safeguarding definition neatly, but are extremely vulnerable perhaps due to Neurodiversity, Mental Health or Substance dependency, and being limited as to how much support is available for them.
- Increase in Domestic Abuse cases and the funding ending with no onward commissioning secured for the Hospital Domestic Abuse Advocate/Practitioner to continue excellent work that was in place 2021-2023.



South East Coast Ambulance (SECAMB)




Over the past twelve months there has been increasing challenge to SECAMB's mental capacity practice – the challenge has come from Coroner's inquests and a recent SAR. The Trust has developed a plan to address these concerns.

Actions to address these deficits include:

- Training – focus on ability to make a decision and whether patients can carry out what they say they want to do.
- Focus on impact of executive functioning on mental capacity assessment
- Two-minute briefing on Executive Functioning to raise profile of assessing capacity in practice
- Reported into Quality Governance Group and Quality & Patient Safety Committee
- Working in partnership with students at Bexhill College to produce a short film focusing on the principles of MCA and Executive Function
- Regular attendance at local operational meetings to raise the profile of MCA, Best Interest Decision Making
- Electronic Patient Care Record update now includes the ability to better evidence MCA assessment and best interest decision making
- During 2024/25 the Trust's Clinical Audit team will undertake a review of current MCA practice .

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SECAMB's Safeguarding Team became aware of a gentleman who was calling 999 with the sole purpose of being conveyed to hospital (without clinical need), to access his wife who was an inpatient. His wife had been admitted a few days before the first call, having been found at home in a very poor condition due to her unstable diabetes, and abuse and neglect over a period of time by her husband. 

Multi-agency working involved meetings with SECAMB, the hospital, Police and adult social care.

Plans were put in place; the wife was kept safe in the hospital with their own security plans. A marker on the husband's address and created a plan for clinicians to discuss any calls with the Safeguarding On-Call line to determine if conveyance was necessary for clinical care and if so, whether he should be conveyed to a different hospital. SECAMB and the hospital Safeguarding Team kept in regular contact with weekly meetings.

SECAMB went on to receive 8 to 10 further calls from the husband, the plan was triggered and – when challenged – he mostly admitted that there was nothing wrong and he just wanted access to his wife. SECAMB played a significant part and worked well with other agencies to ensure the lady's safety.

Southeast Coast Ambulance (SECAMB) Cont.



As a regionally commissioned organisation SECAMB have responsibilities to numerous Boards and Partnerships across Kent, Surrey & Sussex; unfortunately, there isn't the capacity to drill down its safeguarding activity to produce localised awareness raising of each individual board and partnership.

The primary role of the ambulance service is to respond to urgent emergency, and critical situations; recognising safeguarding concerns is generally a secondary responsibility. However, SECAMB clinicians will recognise and escalate safeguarding risks to adults and children in line with guidance based on the thresholds outlined within local multi-agency safeguarding policies and protocols.


Challenges Faced Moving into 2024/25

- The Safeguarding Team will continue to work closely with operational colleagues across all its services to further develop the Trust's practice in the MCA and executive functioning as highlighted in Section 2 above.





Community Providers


First Community Health & Care (FCHC)

 First Community have provided consistent and proactive attendance and contribution at the SSAB Meeting and subgroups and have supported the Board in all their strategic priorities. The Adult Safeguarding Lead has been on a number of task and finish groups including the Policy and Procedures Group, Pressure Ulcer Decision Tool and the Safeguarding Adults Week task and finish group; we also had frontline staff attending the Boards conference in November 2023.

8

First Community has shared learning from Safeguarding Adults Reviews and been panel members on two Domestic Abuse Related Death Reviews. We have continued to ensure that safeguarding adults remains high on the agenda and that we have a robustly trained work force who have the knowledge and skills to identify and support individuals and their families with safeguarding concerns. 

 First Community have embedded a clear routine enquiry process within the organisation to increase opportunities for people to disclose domestic abuse. Training, guidance and a recording template have been rolled out to support staff with asking about domestic abuse. An audit completed in September 2023 has demonstrated that routine enquiry was asked in 45% of first attendances (up from 17% in previous audit).

First Community has prioritised a 'Think Family' approach to safeguarding with a joint adult and children safeguarding workplan and a cohesive working relationship. We have provided joint adult and children safeguarding sessions and jointly deliver our domestic abuse training which highlights the impact of domestic abuse on the whole family. 

Community Providers

First Community Health & Care (FCHC) Cont.

The First Community Safeguarding Champion role is now well established, and we have continued to recruit new enthusiastic and passionate champions who are keen to support the safeguarding agenda. Presentations from multi agency partners has supported the champions professional development and an increased understanding of safeguarding with a multi-agency approach.



8



First Community Adult Safeguarding Lead and the Safeguarding Champions supported Adult Safeguarding Week in November 2023 by jointly hosting a stall in the Belfry Shopping Centre (Redhill) in conjunction with SSAB, Surrey Police and Surrey Fire and Rescue. Discussions were had with the general public and SSAB information and merchandise was handed out to help raise awareness of Adult Safeguarding for the local population.

Challenges Faced Moving into 2023/24



- Ensuring that the Mental Capacity Act is well embedded and evidenced in clinical practice.
- Ensuring that Making Safeguarding Personal is embedded and evidenced in clinical practice. Capturing the outcomes wishes of the individual can be difficult to achieve in the healthcare role.

Community Providers

CSH Surrey



CSH have worked together with partner organisations to ensure service users are protected from harm.

Priority 1: Prevention and Awareness

Referrals: The safeguarding adult activity has remained at an increase in 2023/2024 with a total number 503 referrals being completed and sent to the local authority. These figures are on par with the 536 referrals made in 2022/2023. The increase in the referrals being raised by CSH reflects increasing staff knowledge and awareness of their responsibilities in this matter. The common themes included neglect, self-neglect, and domestic abuse, which were no different to the previous year.



DOLS: There has been a consistent number of DOLS applications made by staff over the reporting year. This is positive and signifies staff's knowledge base and confidence on MCA and DoLS.

Safeguarding Adult Training: The Level 3 Adult SG training continues to take place bi-monthly face to face. However, within Q3 the training was cancelled by the SG team, due to the low numbers of clinicians booked on the training session we have seen compliance fall below the target of 85%. Safeguarding Training is being reviewed with CSH, the training strategy and a trajectory will be a priority for 2024/2025.



Priority 2: Communication and Engagement



S42s: Over the year CSH have contributed to the S42s, which were completed by the safeguarding advisors. It was found that the common themes related to medication errors, and or deferred appointments for wound care. The Learning from Section 42 Enquiries is presented at the bimonthly Safeguarding Working Group and on monthly quality dashboard. Any required actions identified from Section 42 Enquiry continue to be recorded and monitored on Datix. However, to mitigate the risks and ensure learning is firmly in place there needs to be a multi - agency approach. The nurse consultant has liaised with ASC to look at how they can work together and progress this work in 2024/2025.

Priority 3: Quality and Improvement

Partnership working: Adult Safeguarding Team have continued to attend local and regional safeguarding networks and committees the following meetings on behalf of CSH, which are held quarterly; SSAB Health Forum; SSAB Policy and Training Subgroup; ICB Domestic Abuse Health Steering Group; ICB MCA Steering Group; Prevent Regional Meetings; Monthly networking meetings with ASC Learning Teams and Weekly networking meetings with MASH.



Community Providers

CSH Surrey Cont.

Priority 4: Reflection and Learning

Safeguarding Reviews: The safeguarding team has proactively engaged in the Safeguarding Adult Review meetings in Surrey. Any learning, both local and national, is embedded within the CSHs safeguarding training to ensure that patients who receive Trust services are safeguarded from abuse.



Making Safeguarding Personal Audit: An audit was completed by the adult safeguarding team, the premise was to look at making safeguarding personal. What the audit did evidence was that staff are able to raise concern and refer to the local authority. There were 308 safeguarding concerns identified by CSH services. In 169 of the 308 identified concerns, the patient or representative was informed about raising the concern. In 130 of the 308 identified concerns, the staff discussed with patient/representative the desired outcome of the referral. The data collected within this audit did not capture information which reflected an individual's wishes and thoughts, beyond the point of the safeguarding referral.

The objective was for the staff listened to the patient's voice throughout the safeguarding process. To ensure we can evidence as an organisation we are listening to patient's voice and making safeguarding personal. In Q2 for 2024/2025 there will be a second phase of this audit where the focus will be on a smaller pool of cases looking MSP questions where we will focus on the voice of the patient and their journey, including other practitioners involved within the care of the patient; looking at evidence of MSP within the patients notes.

Patient Safety Incident Response Framework: The implementation of PSIRF has been one of the key priorities for the strategic delivery plan for 2023/2024. The aim of PSIRF is to explore how to respond to patient safety incidents for the purposes of learning and improving, with a compassionate engagement and involvement of those affected by patient safety incidents. It is vital that both Patient Safety and Safeguarding work in partnership. There is always learning in practice on how we manage and respond to abuse. This will help teams work together, to look at how we can learn from incidents to safeguard our patients, when providing care and treatment and whilst embedding a Just culture. The PSIRF plan was presented to the ICB and received positively.



Community Providers

CSH Surrey Cont.



The Safeguarding Team along with the Patient Safety team have presented a case for the learning to the ICB, which focused on an allegation of theft this case highlighted good practice, where a safeguarding concern was appropriately raised, a Datix was completed, police involvement, patient safety and a safety huddle initiated and S42. This has been received positively by the ICB and there has now been a request to present this to NHS England for wider learning.

8



Challenges Faced Moving into 2023/23

- CSH has recognised that the provision around services offered to our patients with learning disabilities needs significant improvement. A learning disabilities strategy is being developed under the NHS benchmarking standards, to look at compliance across the organisation about how we manage our vulnerable patients with learning disabilities at CSH work which will be completed working with SABP the work is being led by our deputy director of quality/chief nurse. This will help our staff to be aware on how to manage LD patients within our service and our patients with vulnerabilities receive appropriate care under the NHS benchmarking standards.
- Think family is part of the strategic delivery plan, this is firmly embedded across children's services there is presently nothing in place across adults. Think Family is key as it aims to identify the needs for the whole family. The impact on children/siblings, through vulnerabilities faced through the adult/carer can have an impact and it is vital health care professionals are aware of this so the risk can be identified. The profile for think family within adults has been raised across CSH within safeguarding adults' week, with safeguarding adults training, within safeguarding champions meetings and with the safeguarding children, devising 7-minute briefings and adults team working integrated the work is ongoing.


District & Borough Councils

Waverley Borough Council

 Community Services Manager Chairs the Borough and District Safeguarding Leads meeting in conjunction with SSAB and SSCP.

A council representative contributes to the Quality Assurance Subgroup.




 The council completes and submits the Quality Assurance Questionnaires as requested.

8


We have been working with services across the council to review the recording and monitoring of safeguarding concerns / referrals and cases ensure safeguarding is embedded into their service and all officers are aware of their responsibility.



 Safeguarding sessions have been delivered to services across the council highlighting ASC thresholds and as a partner organisation actively own / manage cases, particularly for those who do not have a care and support need or those who could require an assessment.

We encourage managers and staff to attend learning event webinars for Safeguarding Adult Reviews and also disseminate learning through the operational safeguarding group for members to cascade to their services.



 Introduced an Operational Safeguarding Coordinator to work directly with services and with front line officers and lead in coordinating multi-agency interventions where necessary.

District & Borough Councils

Waverley Borough Council Cont.



A key area of change/improvement has been the establishment of safeguarding case meetings (WBC organised and led) to support the management of complex cases and bring all the partners/agencies together. This includes adults with identified care and support needs and adults.



8

Establishment of a central safeguarding operational group whose primary role is to review all safeguarding cases across the council on a monthly basis.



Operational Safeguarding Coordinator to work directly with services and with front line officers and lead in coordinating multi-agency interventions where necessary.



Awareness raising of the work and role of SSAB is to our staff team through articles on our by weekly cascades and sharing of relevant information




Campaigns or awareness raising from SSAB that are for the community are cascaded through our social media channels, such as Twitter / Instagram ad Facebook.




Challenges Faced Moving into 2024/25

- The council is still seeing an increase in safeguarding concerns for residents and tenants who are self-neglecting / hoarding / significant mental health issues, substance misuse and domestic abuse. These cases are complex, put pressure on resources and take up significant officer time when working with partners to achieve a positive outcome.


HMP Prison and Probation Service


All members of staff are required to complete Adult Safeguarding Training (4 hours classroom training) within the first 6 months of joining the organisation, with a refresher expected every 3 years. 

 This course aims to increase confidence and competence in the identification and management of complex risks and vulnerabilities, whilst operating in line with relevant legislative frameworks. A range of case studies are used to explore a series of complex adult safeguarding concerns in the context of probation practice, promoting the application of professional curiosity and person-centred approaches throughout.


8

Safeguarding and Police checks are made on all people managed by the service, within the first 15 days of sentence and can lead to Adult Safeguarding referrals being made, dependant on the information received.

 HMIP feedback shared that: Positive and effective practice was shared with the introduction of “safeguarding heroes”. This was used by leaders to emphasise positive work done in public protection, drawing on examples of effective practice and was supported further by the use of staff reward and recognition.

User Voice, working with HM Inspectorate of Probation, had contact with 56 people on probation as part of this inspection. 38 out of 50 respondents indicated that practitioners were taking the time in induction meetings to understand the personal needs of the person on probation. This set a good foundation for supervision with the large majority of respondents stating that they understood what was expected of them whilst on probation (48 out of 51). “My induction was very informative with regards to alcohol groups and housing. There was information that was shared which was more than what I was expecting”. 

 Promotion of Adult Safeguarding Week to all members of staff.

Safeguarding Adults related themes are shared at team meetings alongside learning from DHRs/ SARs and internal audits. 

Challenges Faced Moving into 2024/25

- Workload and staffing pressures, particularly for qualified Probation Officers remains a challenge nationally for the Probation service, with recruitment campaigns ongoing.

Third Sector Agencies

East Surrey Domestic Abuse Service (ESDAS)



ESDAS has supported the board through DARDR and SAR's including developing learning events and the implementation of subsequent recommendations. ESDAS' CEO sits on the Surrey Safeguarding Adults Board and regularly works closely with the board around their policies, procedures and training.

8 Advocating for the voices of survivors with Care and Support Needs



Strong partnership working with SSAB and wider partners

Delivered Safeguarding Adult training to staff and volunteers



Supported SSAB in developing and/or delivering training

Challenges Faced Moving into 2024/25

- Increase in demand for our services as well as increased complexity of cases.
- Uncertain funding levels after 31st March 2025.



Third Sector Agencies

Luminus



We have been an active member of the SSAB, supporting the Board by being a “critical friend”, ensuring that the involvement of people with lived experience is considered. During the year we amplified the voices of vulnerable adults in Surrey by summarising all the experiences that have been shared with Luminus via our work on Healthwatch; Giving Carers and Voice and the Combating Drugs Public Involvement Service. We produced a report which was shared and discussed with SSAB, Adult Social Care partners, and the Adults and Health Select Committee. This report referred back to a series of “recommendations” in our report on the lived experience of going through a safeguarding enquiry, published in 2019. The Adults and Health Select Committee used the report as part of their scrutiny of Surrey’s adult safeguarding performance.

Our whole team has been trained in adult safeguarding, and we have refreshed our safeguarding policy. This ensures that all our staff when out and about engaging with the public are trained to listen with curiosity, spot and be confident in handling safeguarding issues. Where appropriate, we will explain safeguarding to members of the public.



Luminus is part of the Voluntary Community and Social Enterprise Leadership Group (VCSE), and we have worked this year to link SSAB officials up with that group to raise awareness to the charities working in frontline roles. Charities can also feed back to SSAB as to whether the comms materials are appropriate and relevant to their clients.

We have also worked to raise awareness of the work of SSAB with our Citizens Advice partner



Challenges Faced Moving into 2024/25



- The key challenge facing us is that people have low awareness of our existence and will not seek us out to leave feedback about safeguarding in Surrey. So it is challenging for us to gather insight.
- A second challenge is that when we do escalate a concern to MASH, we often do not get an acknowledgement or any feedback on whether our escalation was appropriate – so it is hard for us to learn and develop in this respect – or to have confidence that an escalation has been acted on.

Police and Crime Commissioners Office



Tailored support for adults experiencing multiple disadvantage:

The PCC is working collaboratively with partners to fund specialist outreach workers to better support adults in Surrey experiencing multiple disadvantage. This is part of the Bridge the Gap initiative, led by Public Health as a collaborative effort involving several third-sector providers in Surrey who can support people experiencing a combination of challenges. These include contact with the criminal justice system; mental health issues; substance use; homelessness (or at risk of); and domestic abuse. Such an individual will likely have been in touch with many services, but due to complexities in their needs, can often slip through the gap or be tossed about from service to service, thereby compounding their issues, and making it difficult to access the right support. The PCC for Surrey, Surrey County Council, and a range of public service agencies and voluntary sector providers have come together to ensure co-ordinated, trauma informed and tailored support helps people to rebuild their lives and engage positively in the community.

8

Positive action against drug criminality and protecting vulnerable people:

The PCC is co-commissioning with Public Health, a vital specialist outreach service to support victims of 'cuckooing' – a term used when someone's house is taken over for criminal activity, including dealing drugs or carrying out sex work. Victims of this predatory and exploitive practice can include people experiencing addiction, mental health issues, or with learning disabilities and can become prisoners in their own home. The service to date has taken nearly 500 referrals as part of countywide efforts to prevent this harm and to deter and disrupt perpetrators in Surrey. The service works alongside people to understand what is needed to best support them, undertaking work to help build their resilience if at risk or being cuckooed. By responding early, we are protecting and safeguarding some of the county's most vulnerable people, helping to prevent the risk property closures and minimising impact on the whole community.



Challenges Faced Moving into 2024/25

- Implementing the Serious Violence Duty is a challenge for the specified authorities. Surrey has formed a Serious Violence Reduction Partnership, with the PCC convening partners to support the right services being in place and targeted activity undertaken to prevent harm against both adults and children in Surrey.

Buckinghamshire and Surrey

Trading Standards

-  The total resident impact of Trading Standards disruptions is £13,867,211.
-  Trading Standards interventions Health and Social Care impact £1,189,710.
-  Trading Standards interventions residents' impact £3,402,678.
-  The Prevention Team installed 22 door cameras into the homes of vulnerable residents being targeted by in person doorstep scammers.
-  The Prevention Team installed 118 call blockers into the homes of vulnerable residents being targeted by cold calling fraudsters.
-  The call blockers stopped 52,635 scam/nuisance calls originating from both national and international call centres.
-  The call blockers saved Health and Social Care £1,053,962
-  The call blockers prevented losses of £1,951,782.
-  Supported 1,006 vulnerable residents saving £1,340,894.

Buckinghamshire and Surrey Trading Standards Cont.



During 2023/24 we undertook three monthly feedback questionnaires from Service users, and received the following feedback:

"I much appreciated your visit and that the call blocking device will bring more peace of mind. I had not realised just how supportive Trading Standards are, the feeling of isolation in the first instance cannot be stressed too much, but now I know how to access some support I feel better. Many thanks."



"The Truecall device has made such a difference to my elderly mother (98) and my disabled sister (70) as they can now answer the phone with confidence. As their carer I have peace of mind knowing that nobody can get through who they don't know. They were victims of a scam and the phone is now one thing I do not have to worry about. Thank you."

"Has been great. Disabled husband - don't need him stumbling to take rubbish calls."



"My life has been transformed. Now I know when the phone rings that it will be someone I know. All the regular harassment has been stopped."



Buckinghamshire and Surrey

Trading Standards Cont.



Organised multiple events including delivery of 4 Safeguarding webinars utilising BSL and subtitles and partnering with Squires Garden Centres to set up multiagency advice drop in centres as part of Adult Safeguarding week.

8

Protect yourself

- Your bank or the police will never call you to ask you to verify your personal details or PIN by phone or offer to pick up your card by courier. Hang up if you get a call like this.
- If you need to call your bank back to check, wait five minutes; fraudsters may stay on the line after you hang up. Alternatively, use a different line altogether to call your bank.
- **Your debit or credit card is yours** – don't let a stranger take it off you. You should only ever have to hand it over at your bank. If it's cancelled, you should destroy it yourself.

Developed multiple materials and resources in easy read format.

[Trading Standards - Surrey County Council \(surreycc.gov.uk\)](https://surreycc.gov.uk)



Have trained a total of 27,114 members of the public to be 'Scam Champions' or equivalent who in turn delivered numerous talks and presentations to community groups, organisations, places of work and sheltered housing.

Challenges Faced Moving into 2024/25

- Resources. Reductions in staffing levels mean maintaining this level of service for our residents will be extremely challenging.
- Engagement and Information Sharing between partners.



Surrey Prevent (Counter-Terrorism) and Channel Panel

The UK government's counter terrorism strategy, CONTEST, is made up of 4 strands:

-  Pursue
-  Prevent
-  Protect
-  Prepare

8

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by 'stopping people becoming terrorists or supporting terrorism'.

Prevent focuses on all forms of violent extremism and terrorism and is a multi-agency approach to safeguarding and prevention.

The Counter Terrorism and Security Act 2015 introduced a new Prevent Duty. Specified authorities must have "due regard to the need to prevent people from being drawn into terrorism".







It also introduced a duty for local authorities to provide support for people vulnerable to being drawn into terrorism, through Channel Panels.

Channel Panel is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to individual to protect and divert them away from being drawn into terrorism.

Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

In Surrey, Channel Panel hold monthly multi-agency meetings Chaired by Surrey County Council.

Between April 2023 to March 2024,

-  66.6% of the adults known to the Channel Panel had care and support needs. (Approximately the same on 2022/23)
-  44.4% of the adults known to the Channel Panel were also known to adult social care. (decrease on 2022/23)
-  55.5% were known to adult mental health services. (decrease on 2022/23)
-  44.4% had care and support needs related to mental health issues. (decrease on 2022/23)
-  22.2% had care and support needs related to substance misuse issues. (Increase on 2022/23)
-  33.3% had care and support needs related to autism. (Approximately the same on 2022/23)

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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	
Title:	Surrey Safeguarding Children Partnership (SSCP) Annual Report 2023/24 and future plans
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	HWBS Priority 3: Supporting people to reach their potential by addressing the wider determinants of health; Integrated Care Strategy - Ambition 1: Prevention
HWBS or IC Strategy Outcome(s):	Outcome: People are safe and feel safe
HWBS system capabilities/IC Strategy Ambition 3 enablers:	Empowered and Thriving Communities / Working with Communities
HWBS/IC Strategy Principles for Working with Communities:	Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	
Author(s):	Alison Cutler, Partnership Development Manager, SSCP; alison.cutler@surreycc.gov.uk
Sponsor(s)/Champions:	Rachael Wardell, Executive Director - Children, Families and Lifelong Learning, SCC
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	N/A
Annexes/Appendices:	Annex 1 - SSCP Annual Report 2023/24

2. Executive summary

This report highlights the work of the SSCP from April 1 2023 - 31 March 2024 and opportunities going forward for 2024 - 2026.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

1. Note the SSCP Annual Report 2023/2024.
2. Note our priorities for 2024 to 2026 (i.e. a two-year plan) - Neglect, Early Help and Safeguarding Adolescents.
3. Note that from 1 January 2025 our arrangements will be changing in line with legislation in Working Together 2023 [Working together to safeguard children - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115222/Working_together_to_safeguard_children_-_2023.pdf).

4. Reasons for recommendations

SSCP areas of priorities are based on issues arising from practice and from safeguarding reviews.

SSCP look forward to continuing discussions with the HWB/ICP to identify any areas where our work may be aligned with member organisations.

5. Detail

Our priorities for 2023/24 were:

- Neglect – a [Neglect Strategy 2024 - 26 was developed](#).
- Early Help - an [Early Help Strategy 2024-27](#) was developed.
- Mental health and well-being – it has been recognised that this is a wider system, rather than uniquely safeguarding issue.

The SSCP Executive agreed that two of these priorities for 2023 – 2024 i.e. Neglect and Early Help will be carried over to 2024 - 2026 and Safeguarding Adolescents has been added as a third priority which will include a focus on extra familial harm and contextual safeguarding, linking into the Adolescent Service Project Board.

These areas of focus are those which appear to be having the most impact on safeguarding for children and young people in Surrey based on the work that has been done in reviews, and themes emerging from practice. Our children and young people are also telling us that they value the importance of communities and a sense of belonging. They want to feel part of a community with support networks and friends, and children and young people with additional needs and disabilities would like to see the stigma of additional needs and disabilities reduced.

Whilst in its infancy, the Adolescent Service Project Board aims to improve services for adolescents in Surrey and particularly those suffering from mental health issues associated with exploitation. We are particularly keen to hold a safeguarding lens up to those children who are out of sight due to a range of situations, for example Elective Home Education, those children who are severely absent from school, or

who have an Education Health and Care Plan (EHCP) and have been permanently excluded.

Topics such as child exploitation, adultification and those children who are missing will also be explored. The aim is to adopt a unified 'Surrey' approach, or model that improves outcomes for adolescents who are vulnerable and victims of exploitation which is highly associated with mental health concerns.

Details of each priority 2024/26

Each of these priorities are listed in more detail below. There are subgroups responsible for the delivery of workplans under these and progress is reported back regularly to the Executive.

Priority 1: Neglect: Deliver a consistent and effective multi-agency response to all forms of neglect.

Actions:

- Support the implementation of the Neglect Strategy.
- Develop an understanding of the demographics in Surrey around neglect.
- Early identification of neglect using appropriate tools e.g. GCP2, Neglect screening tool
- Increase awareness, knowledge, understanding and recognition of all forms of neglect by the effective dissemination and embedding of learning from reviews and from practice.
- Use data to reassure the partnership that interventions are effective.
- Improve the quality of referrals around neglect to ensure intervention is at the right level at the right time.

Priority 2: Early Help: Ensuring that children and young people receive the right support from the right agencies at the right time.

Actions: Implementation of the Early Help JTAI action plan under the following headings:

- Leadership and oversight of the quality and effectiveness of early help
- Consistency of feedback to families and agencies when referrals are made.
- Effective information sharing between agencies to ensure children are effectively supported.
- When families are stepped down from statutory intervention, agencies are informed and given the opportunity to contribute to that decision.

Priority 3: Safeguarding Adolescents.

Actions: Implementation of the new multi-agency Adolescent Safeguarding model, including:

- Extra-Familial Harm and the partnership response to children & young people who are missing and experiencing extra-familial harm.
- Improving the experience for children & young people requiring mental health services; including the management of demand, pathway, commissioning, language, and culture.
- Developing and improving partnership understanding and multi-agency response for children and young people who are missing education.
- Developing and improving partnership understanding and multi-agency response for children and young people who are or at risk of homelessness.
- Co-design of the service with children, young people, and their families

9

Changes in governance in line with new statutory guidance

From 1 January 2025 The SSCP governance arrangements will be changing in line with legislation in Working Together 2023 [Working together to safeguard children - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115121/Working_together_to_safeguard_children_2023.pdf).

This means the SSCP will no longer have an independent chair and the chairing will be undertaken by one of the Delegated Safeguarding Partners on an annual rotation basis. The three Partners remain the Local Authority, Police and Health (ICBs).

The SSCP has also used the opportunity presented by Working Together 2023 to redesign its governance around the work priorities including revising its subgroup and forum structures.

These new arrangements are due to be published by 31 December 2024 in line with Statutory Guidance on the SSCP website.

6. Opportunities/Challenges

Challenges

Since 2023/24, Neglect continues to be a challenge in Surrey and therefore has therefore remained a priority for the SSCP for 2024 - 2026. (A refreshed [Neglect Strategy for 2024 - 26](#) has recently been launched). We are committed to the use of language that families can understand, therefore helping professionals provide families with the support they need. Neglect Masterclasses have been undertaken share the new strategy and ensure all agencies are engaged and providing support to families to reduce the number of children that suffer neglect.

Detailed data analysis into demographics such as age, ethnicity, income deprivation and location are helping to identify signs of neglect and those who are disproportionately affected by it. This allows for appropriate support to be provided at

an earlier stage where it is needed. All of this work is being led by our Neglect subgroup.

The cost of living crisis and pressures on agency resources are issues that will continue to put pressure on the system, and we will continue to monitor the impact of these as we move into 2025.

Opportunities

SSCP's new arrangements and re-focussed subgroups and forums will help further develop the improve the work of the SSCP as it moves forward. This represents an opportunity for the SSCP to strengthen its relationships with other partners and Boards both locally and nationally.

In Surrey, SSCP would want to explore the following with the HWB / ICP:

- Regular discussions about priorities for the SSCP and organisations that are members of the HWB and ICP to explore any potential areas of cooperation
- Mental health and wellbeing remains an area of interest to the SSCP even though it is not a uniquely safeguarding issue. It would therefore be useful to explore how the work of the SSCP and organisations that are members of the HWB and ICP could align in this regard.

7. Timescale and delivery plan

An SSCP work plan is in place and will be reviewed again in March 2025 to look at progress in the year and if any of the priorities need to be amended. Progress is also regularly reviewed during the year with reports coming to the Executive from each of the subgroups. Our Independent Scrutineer acts as a critical friend to help highlight where improvements can be made. Our next annual report will be published by 30 September 2025.

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

This Annual Report is product of engagement with all partners of SSCP. It has been developed with input from all the subgroups and forums as well as the Statutory Partners and has been published on the SSCP website since September 2024. The Annual Report and priorities for 2024/26 can be found at this link: [Strategic Documents - Surrey Safeguarding Children Partnership](#)

9. Legal Implications – Monitoring Officer:

There are no legal implications arising from this report.

10. Next steps

To continue to have conversations with the member organisations of HWB/ICP as our work progresses to identify any areas where work may align and where we might be able to cooperate and work together as a system.

Question to guide discussion:

Where are the potential areas for co-operation between member organisations of the HWB/ICP and SSCP and the system as a whole?



Annual Report 2023-2024



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Reflections on the Year from our 3 Statutory Partners

2023/2024 has afforded the Safeguarding Partners an opportunity to really strengthen our partnership working, building on the learning from the Early Help JTAI ([Joint Targeted Area Inspection](#)) that took place at the end of 2022/2023, and we have enjoyed a period of stability across the Designated Safeguarding Partners, which has supported this well.

We have been thoughtful about engagement with the wider partnership and made better use of the Forums and the Annual Conference to reinforce our key priorities. Surrey County Council has based the redesign of some key services, including Early Help and the Adolescent Service, on the learning emerging from the safeguarding partnership.

Surrey Police are particularly proud of the work around the neglect training and screening tool, Child Centred Policing Strategy and work on safeguarding adolescents. As a partnership we will continue to improve identification and response to child sexual abuse and exploitation in 2024/25.

The Surrey-wide ICB Safeguarding Team have continued to deliver statutory services across health, working with NHS providers, NHS England, Safeguarding Partnerships, and other relevant agencies to improve practice to safeguard children and young people.

The cost of living crisis, the increase in demand for mental health services, including neurodevelopment assessments with limited resources, and a depleting NHS workforce nationally, are issues that will continue to put pressure on the system, and we will continue to monitor the impact of these as we move into 2024/2025.

As Safeguarding Partners, we have coalesced around a small number of priority areas which emerge time and again as complex challenges for our system. These issues are evidenced in all our sources of learning, and we have used the opportunity presented to us by [Working Together 2023](#) to redesign our governance around these priorities. As a result, we have developed the role of the scrutineer to increase the independent challenge to us to improve. We are moving positively into 2024/2025 with a focus on the implementation of the new Working Together requirements including a review of our governance structures and performance accountability arrangements.



Rachael Wardell, Executive Director, Children, Families and Lifelong Learning, Surrey County Council



Audrey Scott-Ryan, Associate Director of Safeguarding Adults and Children Surrey Heartlands Integrated Care System, NHS Surrey Heartlands



Gemma Morris, Detective Chief Superintendent, Head of Public Protection, Surrey Police

Introduction

This annual report of the Surrey Safeguarding Children Partnership covers the period 1 April 2023 to 31 March 2024. It reviews progress against our priorities over the year, areas of strength, areas of challenge and future plans.

Purpose and Vision of the Surrey Safeguarding and Children Partnership (SSCP)

The purpose of the Surrey Safeguarding Children Partnership is to safeguard and promote the welfare of children in Surrey. As defined in [The Children and Social Work Act 2017](#) and [Working Together to Safeguard Children 2023](#), the Surrey Safeguarding Children Partnership (SSCP) consists of three statutory safeguarding partners; Surrey County Council (SCC), Surrey Police, and the NHS Surrey Heartlands Integrated Care Board (ICB) and the Frimley ICB.

In Surrey, these statutory safeguarding partners are significantly supported by representatives from education, the county's schools and colleges, district and borough councils, and the Police and Crime Commissioner's office, to provide strategic leadership for our wider safeguarding children practices here in Surrey. These partners form the SSCP's Executive Group. The membership of the wider Surrey Safeguarding Children Partnership however includes all those agencies across Surrey who provide support and services to children and young people up to the age of 18 years. This group represents the full breadth of interests and stakeholders involved in children's safeguarding in Surrey.

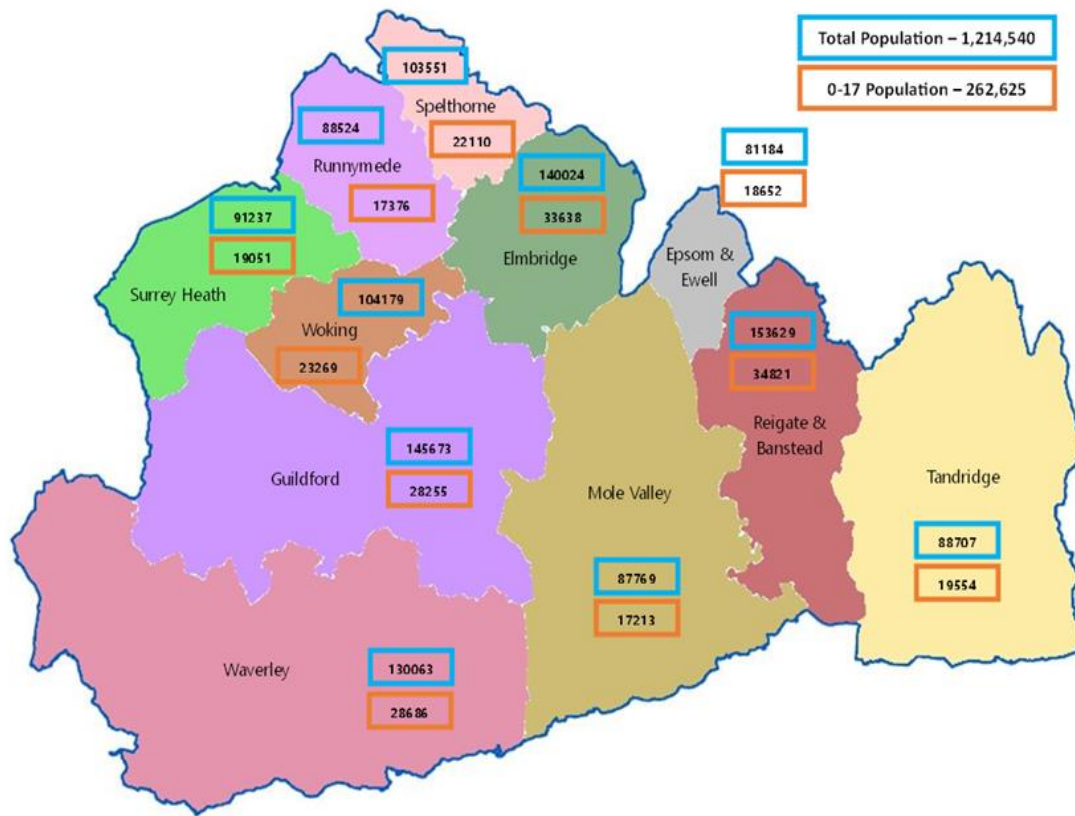
Structure of the Partnership

The full structure of the SSCP can be seen in [Appendix 1](#). The SSCP's vision is that our partnership arrangements and the work that we do together will make a difference to the lives of children and young people in Surrey. Our aim is to facilitate closer working relationships across our partner agencies and to ensure that we learn from listening to our children and families, undertaking our own local reviews and learning from national reviews and guidance so that we can improve the lives and welfare of children and young people here in Surrey. This annual report reflects on what we have learnt and what we have achieved in the period 1st April 2023 until 31st March 2024 and our aspirations for the next 12 months.

Surrey's Local Context

By population size, Surrey is one of the top 10 local authorities in England. This population is spread across 11 districts and boroughs and the composition of these ranges from significant urban areas to the north and rural areas to the south of the county. The diverse nature of our communities provides opportunities and challenges in our response to the needs and support to each area.

22% of our population are aged 0-17, which equates to approximately 1 in 5 Surrey residents being children or young people. This ranks Surrey as having the 6th highest number of children and young people across all local authorities.



Total Population - 1,214, 540

0-17 Population - 262,625

District & Borough	Total population	0-17 population
Elmbridge	140024	33638
Epsom & Ewell	81184	18652
Guildford	145673	28255
Mole Valley	87769	17213
Reigate & Banstead	153629	34821
Runnymede	88524	17376
Spelthorne	103551	22110
Surrey Heath	91237	19051
Tandridge	88707	19554
Waverley	130063	28686
Woking	104179	23269

In addition to a growing population, Surrey is becoming more diverse with a 6 percentage point increase in residents identifying in ethnicity groups other than White British in 2021, compared with 2011.

Surrey is an affluent county, which is clear when viewing the [Income Deprivation Affecting Children Index](#) (IDACI). The IDACI measures the proportion of all children aged 0 to 15 living in income deprived families, and in Surrey shows that only 0.42% of the county is classified as very deprived. Yet, 42.9% of households have at least one deprivation marker, highlighting that other families may need support beyond those areas and households that are the most in need.

Priorities

The Partnership has continued to focus on three priorities this year: neglect, early help and child and adolescent mental health and emotional well-being. This focus is because these are the three areas that continue to have the most impact on the effectiveness of our safeguarding practice and also continue to feature most frequently in our reviews. Strong multi-agency collaboration from our partners and a commitment to improve outcomes for children, young people and their families has led to progress across all three priorities this year.

Priority One: Neglect

Neglect continues to be a challenge in Surrey and therefore has remained a priority for the SSCP. There were an additional 128 professionals trained to use the [GCP2 Assessment tool](#) (Graded Care Profile) during the year. This tool has the capacity to be used simultaneously by involved professionals to create a fully rounded assessment of a family's situation and identify how to respond to the level of neglect observed. There are some technical issues regarding the uploading of completed assessments onto the ECINS (Empowering Communities with Integrated Network Systems) Portal which have affected the volumes registered as complete, but Children's Services are looking to appoint a GCP2 Administrator to resolve this. The Partnership has taken a view that the GCP2 Assessment Tool should be seen as one of a number of tools that can be utilised to assess the level of neglect affecting individual families.

As such, a [Neglect Screening](#) tool is also widely used by Surrey and Borders Partnership (SABP) when children present in health settings and neglect is considered to be a factor. Surrey Police have added the tool to officers' mobile data terminals for more immediate on the scene use. This has assisted officers in determining the level of neglect and the need to consider using Police Powers of Protection in "live" situations. Use of this tool has also been extended to the Child Exploitation and Missing Unit in Surrey Police, recognising the links between neglect and children and young people being at risk of extra familial harm, particularly for repeat missing children and victims of exploitation. In this scenario, situations involving individual children are regularly reviewed, including within Risk Management Meetings (RMM) to identify where further support for the child might be required, with signposting to relevant support or further discussions with children's services

Next steps...

A refreshed [Neglect Strategy](#) for 2024 – 26 has recently launched and we are committed to the use of language that families can understand, therefore helping professionals provide families with the support they need. Neglect Masterclasses are

planned for Autumn 2024 to share the new strategy and ensure all agencies are engaged and providing support to families to reduce the number of children that suffer neglect.

Detailed data analysis into demographics such as age, ethnicity, income deprivation and location are helping to identify signs of neglect and those who are disproportionately affected by it. This allows for appropriate support to be provided at an earlier stage where it is needed.

Increased awareness, knowledge, understanding and recognition of all forms of neglect has been addressed through bespoke training delivered to all front-line officers, staff in the PSPA (Surrey Police Single Point of Access) and the Child Abuse team, on identifying and understanding child neglect, including the definition and criminal threshold of neglect, the different forms of neglect, the impact of neglect and the neglect screening tool. Surrey Police know from daily reviews on child abuse crimes, carried out by a Review Officer from the Public Protection Support Unit, that Neglect is being identified and investigated, and that referrals for support are being made into the PSPA who triage these before making appropriate onward referrals into CSPA (Children's Single Point of Access) highlighting the perceived higher risk cases. This highlights any additional lines of enquiry, any hidden crime and ensure the voice of the child has been heard and that we are being child centred.

Surrey Police and Surrey Children's Services have demonstrated strong partnership work delivering Assessment and Intervention workshops to further increase understanding and offer support to families.

The increased awareness of neglect across the partnership has resulted in reductions in Children's Services involvements where neglect has been identified. This includes 31% fewer Child Protection plans with a category of neglect at the end of March 2024 when compared to April 2023, with a 12% drop in the number of Child in Need plans where neglect has been recorded over the same time. There has also been a reduction in the number of contacts to the CSPA that had neglect as a factor with 24% fewer in March 2024 than April 2023. However, while there has been a reduction around neglect, the progression of appropriate concerns remains with 39% more children and young people being referred for assessment in March 2024 than April 2023 and the number of completed assessments with neglect recorded as a factor has remained steady across the year.

Priority Two: Early Help

Early Help is support that is provided as soon as needs emerge. It can be in the critical years of a child's life (including pre-birth and pregnancy) and in later childhood and adolescence. As a partnership, we seek to offer support at the earliest opportunity, to best meet the needs of families and to prevent these escalating. Parents and carers are generally the best people to understand their child's needs, and asking for help is a sign of responsibility and not of failure. Parents say that support works well when they are respected and listened to by those working with them, and in most cases, it should be the decision of the parents when to ask for help or advice. Early help requires a diverse partnership and includes support from wider family, friends, and the local community. By working together and including all

family members, we can empower families to lead happy, full lives and to achieve their goals and aspirations.

An [Early Help Strategy](#) has been developed. This has been informed by the annual Early Help Systems guide self-assessment review, and the Written Statement of Action in response to the Joint Targeted Area Inspection (JTAI) in 2023. This strategy seeks to drive the transformation in early help in response to these needs. It highlights the governance through the Surrey Safeguarding Children Partnership Executive and seeks to create a more cohesive early help system through improved partnership, data, and effective communication.

There are a number of ongoing projects including CSPA Transformation and Families First. The CSPA transformation project launched in August 2023 to address areas for improvement identified by the Joint Targeted Area Inspection (JTAI) in March 2023. The project aims to establish a sustainable and effective front-door service that ensures children and families receive the right support at the right time. Significant progress has been made on the CSPA project, with key deliverables completed and several initiatives currently under development, as outlined below.

Key completed activities:

Activity	Description	Impact Actual – evidenced and achieved Anticipated – longer term impact or not yet measurable
Social Worker oversight pilot	Introduced robust Social Worker oversight of all critical junctions within CSPA to ensure threshold is applied effectively.	<ul style="list-style-type: none"> • Actual - Reduction in the number of internal transfers between teams. • Anticipated - Children and families are directed to the right service as soon as possible.
CSPA Open events	Delivered events for Health and Education partners with events for the third sector under development. Virtual events aimed to strengthen partnership working; improving the quality of requests for support and the understanding of consent and early help offer.	<ul style="list-style-type: none"> • Actual - Positive feedback from partners about the series of events. • Actual - Improvement in quality of requests for support received. • Anticipated - Raised awareness of early help offer and support in the community.
System Improvements	EHM (Early Help Module) contact form reviewed and updated to reduce processing time thus improving timeliness and data to inform our practice.	<ul style="list-style-type: none"> • Anticipated - Improved timeliness at this part of the process. • Anticipated - Improved worker experience to complete form.

Quality Assurance Framework	Framework with audit cycle, including partnership audits to measure the quality of service provided, celebrate success and address areas for improvement identified.	<ul style="list-style-type: none"> • Actual - Audit activity highlights improvement in quality of requests for support.
Multi-Agency Partnership Information Sharing Protocol	Details specific arrangements and processes for information sharing, compliant with data protection and legislation.	<ul style="list-style-type: none"> • Anticipated - Promotes consistent, proportionate and timely information sharing.

The success of the project will be measured against four main benefits:

Benefit	Measures
Children and families receive the right support the first time	<ul style="list-style-type: none"> • Reduction in repeat contacts • Reduction in demand into front door where those families with emerging needs who would be best supported by universal or community support
Children and families receive timely and proportionate support based on need	<ul style="list-style-type: none"> • Increase in referral decisions completed within timescale • Increase in MAPE (Multi-Agency Partnership Enquiry) enquiries completed within timescale
Increase in the use of Early Help Services (applying the Family Safeguarding Model)	<ul style="list-style-type: none"> • Increase in conversion rate from CSPA to Early Help
Reducing demand on specialist and higher cost services (which includes statutory) where needed	<ul style="list-style-type: none"> • Reduction in conversion rate from CSPA to Assessment • Proportionate increase in contacts with an outcome of progress to assessment resulting in C&F Assessment

Note – The measures outlined above may be slightly amended and evolve as a result of ongoing efforts to improve data reporting within CSPA.

A key part of the [Families First](#) work is to create an Intensive Family Support Service (IFSS).



The purpose of [Families First](#) is to help families identify and connect with the local support services that are available and helpful to them in their communities. This includes health, education, social care, and a wide range of community services. This will have the following benefits:

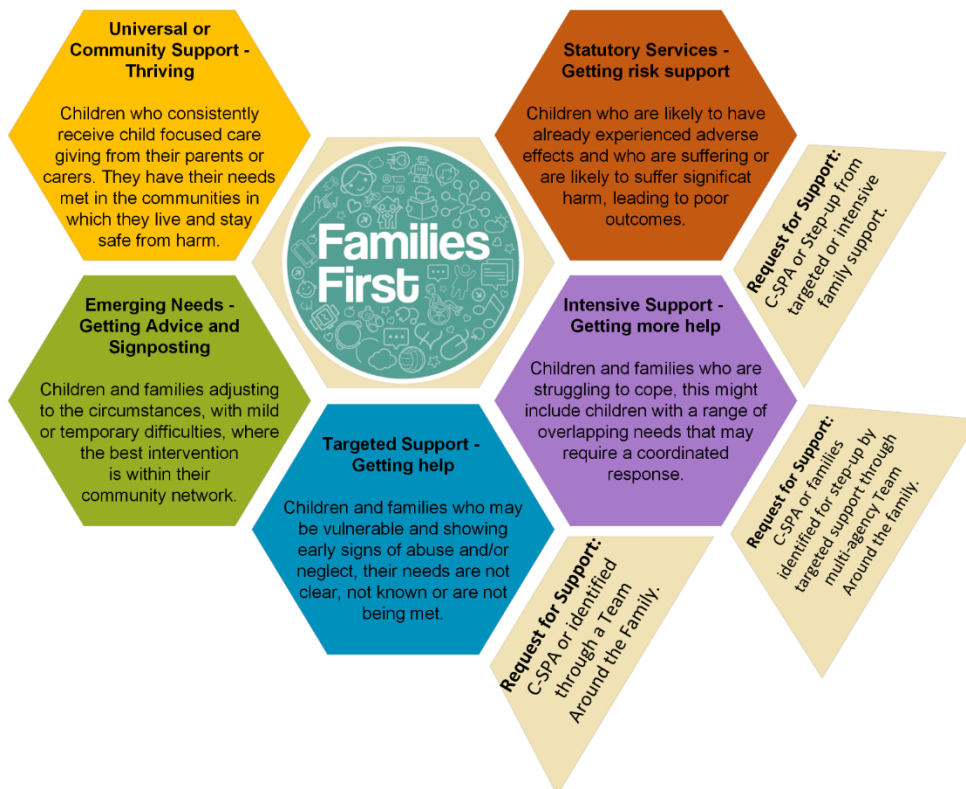
- Gives families the power to decide on what help they need to enable them to make a positive change.
- Brings partners closer together to deliver one targeted plan of support, with shared working principles.
- Provides a dedicated Family Support Service to reduce the need for families to access statutory services.

The outcomes and impact of this work so far are:

- **Families know where to get help:** Families First principles have been developed through wide consultation with partners and families. They seek to provide shared approaches and a consistent brand for any person and/or organisation working in Surrey providing early help in its widest form. The principles are written in clear language and capture some of the key aspirations from Working Together 2023, Social Work National Framework principles and local input from partners and families. Their purpose is to develop a consistent approach to supporting families across the county.
- **Children and families receive the right help at the right time:** The [Continuum of Support](#) further promotes the partnership approach for working together to support families according to their needs, aligning with the [Thrive](#) framework. This encourages families to receive the right support at the right time at the earliest opportunity, as per the Family Safeguarding Model. Embedding the [Continuum of Support](#) is a priority for the partnership.
- **Need is identified early:** In 2023, 50 staff in targeted early help teams completed a survey to analyse where partnership and collaboration was strongest and where it most required development. The results showed that staff most wanted to strengthen the partnership with [Mindworks](#) services (children and young people's emotional wellbeing and mental health service in Surrey) as a priority for offering help and support to children with mental health needs. In response to this, workshops with Mindworks providers and a range of local partners including Housing, Community Safety and Family Centres have been organised, following on from a prototype developed in Working in 2023.

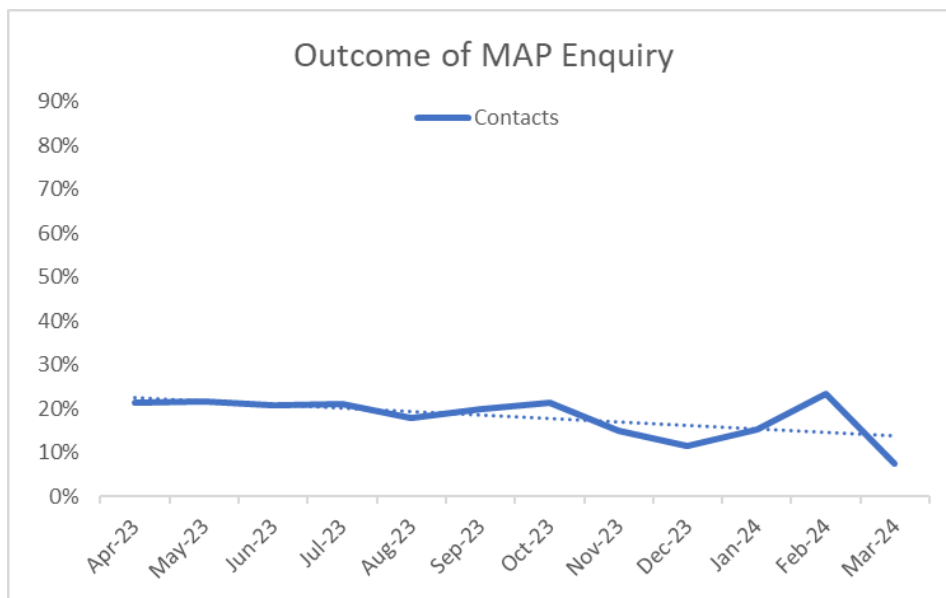
- **Partnership Support is in place for families and in the local environment:** Families will have the best access to the support they need if local services are connected. The early help partnership is committed to joining together prevention, place, and early intervention services including health, education, social care, and community services into a systemic model of delivery within a district/borough. Developing local forums/boards for early help, driven by the new Lead Providers of the Family Centres under the new commissioned model will help to enable this. Importantly, these forums will connect with wider local initiatives such as the Team Around the Community and wider collaborations through Integrated Care Systems.
- **Intensive Support is in place for families during periods of escalating need:** The creation of the IFSS will enable more opportunities for agencies to work together. The Early Help Strategic Board (EHSB) will engage with the new Complications from Excess Weight (CEW) Service in Surrey Heartlands. This is part of the NHS Long Term Plan and supports children aged between two and eighteen who experience health complications relating to severe obesity.
- **The Be Your Best programme [Be Your Best Surrey \(bybsurrey.org\)](https://bybsurrey.org)** is Surrey's wider weight management programme, aimed at families with children and teenagers and is now able to take children aged 5-17 who are above the healthy weight range.

As part of the Early Help work the Partnership has also developed and launched in January 2024 the [Continuum of Support](#) which replaces the previous Effective Family Resilience Levels of Need.



The new guidance document is for everyone who works with children and their families in Surrey, whether in a statutory or voluntary capacity and enables practitioners to recognise, report and address the needs of a family in a timely manner and intervene accordingly at an early stage. The introduction of the [Continuum of Support](#) has seen an improvement in the quality of the information received by the CSPA.

As the graph below indicates, this means that fewer of the contacts made to CSPA require additional information as part of the Multi-Agency Partnership Enquiry process to decide the appropriate outcome. This also means that decisions are being made sooner as fewer steps are being completed within the CSPA. The [Continuum of Support](#) model is evidenced based and the families are being offered the right level of support in a timely manner.



Since its launch a growing number of practitioners have accessed training and webinars. Embedding the [Continuum of Support](#) is a priority for the partnership and understanding the impact of the new framework on supporting families' needs earlier. Practitioners in health have been positive about the alignment to the [Thrive](#) model as we can have consistent language and a whole system approach to working with children and families.

The [Early Help Strategy](#) ensures:

Oversight specifically relating to the Early Help offer for families has also been the medium in which to respond to the recommendations identified in the Joint Targeted Area Inspection (JTAI March 2023).

An action plan has been developed in relation to the JTAI inspection, an example of which is the implementation of the [ICON](#) programme to support families on how to safely manage crying babies. This is an example of where early help is aimed at parents and carers with young babies.



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Children's Services are also undertaking a full review of the JTAI Action Plan in relation to front door activity, including step-downs to Early Help. Initial findings suggested good progress in many areas and identification of areas for further improvement in respect of including partners in decision making and ensuring the voice of parents and children are amplified in decisions made.

All of this work regarding Early Help was reinforced by the SSCP Annual Conference held in November 2023 which focussed on "Safeguarding and Family Resilience in Surrey". The in-person event was attended by multi-agency, partnership-wide colleagues who work with or for children and young people in Surrey, including education settings, children's social care, Police, Health and voluntary/community sector organisations.

The event featured a range of informative and interactive thematic workshops throughout the day. These included:

An Introduction to Participation which included participation theory and co-production with young people; how participation can help service design and procurement; case studies of successful user participation and interactive activities.

An informative workshop exploring the Surrey Early Help and Family Safeguarding Model, how it can be used and benefits in supporting children, young people and their families.

The conference provided attendees with an understanding of the Family Safeguarding practice model in Surrey; how partners can effectively work together within the practice model, and ideas and understanding of good practice in participative techniques.

Priority Three: Mental health and wellbeing

[Mindworks](#) is now established as the children and young people's emotional wellbeing and mental health service in Surrey. It is delivered by a group made up of NHS and national/local voluntary sector organisations all working together.



An approach called [THRIVE](#) is used, where children and young people and their families have a central voice in decisions about their care. The Mindworks reference group provides an open and constructive multi-agency perspective, and this year has focussed on two areas of service re-design; the Access and Advice Team (AAT) and the Neurodevelopmental (ND) Pathway. A task and finish group over the summer of 2023 supported necessary changes to the AAT pathway, ensuring safeguarding concerns were heard alongside the financial and capacity issues, whilst work on the ND pathway remains a challenge with some very long waits to access support.



Ongoing work is in place to help children and families who remain on a waiting list to access the neurodevelopmental (ND) pathway. There is a schools consultation service for ND that has been implemented to ensure referrals have the appropriate information to enable discussion of the completed screening questionnaires, as well as weekly escalation meetings. It is recognised that all children, young people and families with mental health difficulties should be able to access additional support and strategies through Mindworks Surrey at any time without the need for a referral. The partnership recognises there are challenges in accessing support and work will continue to monitor this area over the coming year.

We recognise that school attendance is important in a child's wellbeing and therefore is an area that the partnership had identified as requiring particular focus. The establishment of a multi-agency Encouraging School Attendance Partnership Forum is committed to good school attendance, and was formed during COVID to encourage cohorts of vulnerable children to attend school – which was very successful. The recent national changes to the school attendance strategy [Working together to improve school attendance](#), have created an ongoing need for a multi-agency partnership to be maintained as school attendance is everybody's business.

The Forum's aims are to:

- ensure that all children benefit from the protective factor of attending a high-quality education setting every day.
- improve outcomes for children and young people by monitoring school attendance and providing assurance of the effectiveness of partnership activity.
- promote collaborative working with all agencies including local health services and school nursing teams to ensure practitioners understand attendance

requirements and responsibilities and work collaboratively with them to link families into the right support.

- identify attendance as a concern, where appropriate, for children with a social worker, by including it in the Child Protection Plan (CPP) and Child in Need (CiN) Plans, provide a formalised multi-agency approach to discuss issues around attendance.
- communicate changes to statutory responsibilities for schools and local authorities around attendance at school, alongside the development of partnership understanding of education neglect.

The multi-agency focus on the school attendance of children who have an allocated social worker, including those children on a Child Protection Plan or with a Child in Need Plan, as well as children in care, has increased the visibility of these children and the barriers they may face to their attendance. This cohort of children's attendance, educational progress and outcomes are nationally reported so that this data can be benchmarked by schools.

The Surrey Virtual School has led a multi-agency task and finish group to develop a resource for social workers focussing on key areas including school attendance. This will better support high quality conversations with schools, parents and children, and development of specific approaches such as inclusion of attendance as a key focus within CiN plans where appropriate.

The shared focus from this group on the attendance of Surrey's children in care is one contributing factor to the improvement reported by the Department for Education (DfE) for 2022-2023 since the previous year, against a national and Southeast area worsening picture. DfE data reflects that overall attendance for Surrey children in care was in line with the Southeast and Nationally, whilst severe absence (50% absence or more) was better than both England and the Southeast and unauthorised absence was considerably better than either England or the Southeast.

SSCP Forums and impact

The SSCP Forums continue to forge close working relationships across the partnership to ensure their voice and contribution to partnership working is at the forefront of the SSCP safeguarding model.

The Forums are:

- Schools and Education Safeguarding Forum
- District and Borough Forum
- Third Sector Network
- Health Forum

The Schools & Education Safeguarding Forum's (SESF) work in partnership with other agencies, including the Surrey County Council Education Safeguarding Team and the Police, has grown closer during the last twelve months, resulting in greater awareness of the role schools and education settings play within the work of the SSCP. Education is a key partner in the SSCP, with the CEO of a Multi Academy

Trust sitting on the SSCP Executive and other school leaders being members of various subgroups. Achievements of the SESF include:

- greater understanding regarding how the Voice of the Child is sought and used in safeguarding practices across agencies and settings.
- much more direct involvement of schools within the forum ensuring greater consistency of practice in relation to safeguarding.
- more effective working with other agencies leading to better outcomes for young people. An example of which is a move to implement a process to ensure secondary schools are made aware and have timely information when a young person is taken into custody and subject to arrest.
- improved awareness by school & education settings of work being undertaken by SSCP and the roles schools & education settings play in it.
- support from Designated Safeguarding Leads (DSLs) Network is closely matched to issues/demands on DSLs in schools and education settings.

Surrey Police have been working to ensure that the way they engage with schools is consistent, effective and clear. The importance of building trust with children, young people, and their communities to help keep them safe, happy, and healthy is crucial, and they have revised their offer to schools to ensure it is consistent, relevant, trauma informed and joined up. A refreshed Youth Engagement offer for Years 4 and 7 has been developed, ensuring the content is engaging, thought-provoking and educational and the aim is for these sessions to build on the trust and confidence in the police and provide early engagement and opportunity for young people to have a positive experience and engagement with a police officer.

A pilot regarding Police Intelligence briefings in the West of the county has proved to be successful, with 140 schools taking part. The aim has been to increase information sharing and has provided improved knowledge of local issues and concerns, and as a result has increased intelligence submissions, providing an excellent example of partnership working. It is anticipated that due to the success of this work, it will be rolled out across the county.

The District & Borough Forum provides an effective way of ensuring that all districts and boroughs are kept up to date on safeguarding issues, actively participating in Local Child Safeguarding Practice Reviews (LCSPRs), and provides support to those developing their safeguarding policies, ensuring consistency across the partnership. This includes:

- strengthening the arrangements for the Section 11 audit process to ensure depth and consistency across all district and borough councils.
- disseminating findings from case reviews and development of practice.
- ensuring improved knowledge of the changing models covering areas such as Special Educational Needs and Disabilities (SEND) and Early Help.
- enabling active participation in various SSCP sub-groups including the Neglect sub-group, which in turn has provided a platform for District & Boroughs to provide input into policy development.

Providing a platform for organisations across the SSCP remains the Third Sector Networks focus, with the voice of the child a regular agenda item offering the opportunity to share current issues within communities and feed back to the partnership. Areas of work include:

- the effective sharing of information which has led to collaboration between services, both statutory and third sector, with voluntary sector organisations such as [Catch22](#) linking with [East Surrey Domestic Abuse Service](#) (ESDAS), and the Police child exploitation team, linking with [Leatherhead Youth Project](#).
- the sharing of knowledge and resources such as the [Self-Harm Protocol](#), [Suicide Prevention Toolbox](#) and the [Neglect screening tools](#) have greatly benefited organisations in their work with families. A presentation by the police regarding drugs in schools was also well received.
- direct working with safeguarding managers in third sector organisations to develop their understanding of threshold and consent issues, including the [Continuum of Support](#).

The overarching purpose of the SSCP Health Safeguarding Forum is to provide scrutiny of child safeguarding arrangements across the Surrey health community in line with statutory duties. In the past 12 months the focus has been to:

- provide a framework for the SSCP priorities, with key documents and feedback as a standing item on the agenda, ensuring work being undertaken across the system and around the SSCP priorities is shared with all health partners.
- influence the strategic direction in relation to the planning, commissioning, and delivery of services to safeguard children and young people in order to achieve a consistent and responsive approach.
- update key issues for health services and provides a forum for discussion arising from local and national safeguarding guidance including good information sharing across the Surrey wide health system, the oversight of a safe recruitment process delivered across the Surrey health system and safeguarding learning from children reviews which includes training requirements.
- review and update policies including the bruising policy and the review of processes around non-accidental injuries in infants attending the emergency department since publication of the Health Services Safety Investigations Body (HSSIB) Review, which is central to the work around the neglect priority.

Learning from Reviews

The SSCP published three Local Child Safeguarding Practice Reviews in 2023-24:

- [Maple report](#)
- [Ash report](#)
- [Rowan report](#)

Themes from Maple & Ash included strengthening services to support child and adolescent mental health and emotional well-being, with specific recommendations to develop professional curiosity, critical reflection, response to neglect and

cumulative harm and the multi-agency responses to children with mental ill health, alongside celebrating difference and building belonging. Gender Identity is now included within the Children and Young People Emotional Wellbeing and Mental Health (CYP EWMH) Strategy, and a robust multi-agency neglect strategy has been developed in conjunction with feedback from young people via the User Voice & Participation team.

The Rowan report highlights the importance of parenting assessments, including pre-birth assessments. Recognising the vulnerabilities and additional support required for a parent who is still a child also featured.

As a result of these and other rapid reviews undertaken in the year, the Learning from Practice sub-group (LfP) has had a particular focus on the following areas:

- Cultural Awareness – recent safeguarding reviews identified the need to strengthen practice in relation to the culture and identity aspects of families and how to ensure that practitioners across the partnership are confident in routinely applying cultural competence when assessing the needs of children and their families. A task and finish group identified aspects for practitioners to consider within their work and as a result a [7 minute briefing - Cultural Literacy](#) has since been disseminated. Work in this area will continue throughout 2024.
- Pre-birth Planning - The work around Pre-birth planning ([Pre-birth assessment & intervention timeline](#)) and particularly early identification of safeguarding issues has seen clarity brought to Practice Standards within Children Social Care and has supported better understanding of activity expected within key timeframes. Clinicians can now refer in as soon as they know about a pregnancy provided the criteria of the referral are met in terms of a safeguarding need, which allows for work to begin with the family as soon as possible. The pre-birth conference should take place by the time the expectant mother is 28-30 weeks pregnant to allow as much time as possible to clarify and establish the support necessary to create safety for the baby and family once the baby is born. This gives the opportunity to work with the family, intervene and provide support at the earliest opportunity but also under a Child in Need (CiN) plan where appropriate. For some families, this timely support may mean that a pre-birth conference is not needed as the risks have been supported and reduced.
- Elective Home Education (EHE) - Following the LCSPR regarding [Ash](#), Surrey helped contribute to a National Panel briefing paper regarding EHE. The briefing paper [safeguarding children in elective home education](#) explores common themes and patterns identified across reviews where children died or were seriously harmed while being electively home educated. It shares learning from reviews to help improve the quality of multi-agency safeguarding practice and how this group of children should be better protected in the future. As a result of the [Ash](#) review, one of the recommendations by the National Panel to the DfE is a statutory register of children who are electively home educated to help safeguarding agencies have better local knowledge about this group of children. In addition, Children's Services leadership

commissioned a piece of analysis internally to look at the strengths of EHE monitoring, the presence of additional vulnerabilities and the demographics for this group of children and young people. An action plan, developed by Senior Leaders, oversees the activity and practice development regarding the safeguarding of children who are electively home educated. As a result, Surrey County Council's [EHE Policy](#) has been updated and republished, awareness training has been delivered to professionals within the wider partnership and specific training has been delivered to workers within the PSPA and CSPA. EHE Inclusion Officers have maintained regular contact with electively home educated children who have a social worker, and Surrey County Council have recruited additional staff to meet increasing demand in this area.

- GCP2 – [GCP2 Assessment tool](#) continues to be used as one of a number of identification and assessment tools for neglect. Agencies are encouraged to contribute to an assessment even if they are not in a position to complete the entire assessment.
- [The Bruising in a Non-Mobile Infant Policy](#) has been widely disseminated throughout the partnership. Practitioners are supported in implementing this policy which includes supporting families through the non-accidental injury processes. Safeguarding Supervision offers the opportunity to promote the policy and also discuss any individual cases or concerns. As part of a subsequent review, a learning event was held, and it was encouraging to note that all participants were aware of the Bruising policy and were using this to inform their practice.

In order to share learning we are flexible in the way we disseminate messaging, for example Designated Safeguarding Leads (DSLs) training has been reviewed to ensure it covers information sharing and highlights to DSLs the importance of information sharing between schools, in particular for looked after children and those on Child Protection Plans. Training also highlights and references learning from [National](#) and [Local Learning Reviews](#), [7 minute briefings](#) and bitesize training. The use of 7-minute briefings and Reflective Practice Discussions linked to specific cases, has helped to ensure themes and practical advice are shared across the partnership. The practitioner learning events have encouraged open discussions around a range of topics that have been taken to team meetings and other forums. These events, which will be expanded on during 2024-2025, enable practitioners to not only think about the recommendations, but how they might also apply them in practice.

Another area explored was the need to look more holistically at a family's needs when a referral is received. It is now practice within CSPA to explore the full history when making risk decisions, and within the health needs assessment a 'Think Family' approach is adopted, and training has also been disseminated relating to [The Myth of Invisible Men](#) and attempts are made to include fathers in the care of families. Demographics of the family are also included in the medical health records identifying siblings within families.

In 2024-2025, a series of multi-agency events will tackle some of the more common themes arising in our reviews. One of the biggest challenges found is the concept of 'professional curiosity' when referenced in reviews. Partners acknowledge that this may have become a catch-all phrase which can often feel vague in day-to-day practice. Therefore, we have used the lens of '*re-envisioning professional curiosity and challenge*' – what it really means in practice, both for professionals and policy makers, and how we can embed learning meaningfully across all of our Surrey services. We will take this theme and apply it to various subjects to explore what it means in practice and what we would expect 'more curiosity' to look like in some of the scenarios multi-agency practitioner's encounter. The first subject we are going to address is Sudden Unexpected Death in Infants (SUDI). This work will be expanded to other themes in 2024/25 and will better enable learning to be embedded into practice.

Work continues to review recommendations coming from Local Child Safeguarding Practice Reviews (LCSPRS) and to increase focus and improve measurability in driving change. One of the ambitions going forward is to begin to bring in the learning from Domestic Abuse Related Death Reviews (DARDR) and Safeguarding Adults Reviews (SAR) where children's welfare and safeguarding is a parallel need to those of the adult, but where relationships and communication are not as developed between involved agencies.

Over the past couple of years, it has been the priority of both the SSCP and the Case Review Group (CRG) to improve the child review process. As well as embedding changes to the existing process the new Independent Scrutineer is undertaking a review of the Rapid Review process to ensure a robust and efficient process is in place and that we continually improve the way we carry out reviews to maximise and embed learning.

We recognise that embedding learning into practice is fundamental and as a result during 2024-2025, the Learning from Practice subgroup will look at implementing a different method to track the actions and recommendations from reviews to ensure a more thematic approach and one that offers greater opportunity for agencies to highlight any ongoing challenges or risks.

Measuring impact of the work of the SSCP

Auditing is one of the ways in which we assess impact of learning and changes in practice. These are conducted by the Learning from Practice subgroup. Audits are based on work arising from our priorities as highlighted via the subgroups, reviews, and any other areas of concern. In 2023-2024 we have sought to use an 'appreciative enquiry' model which looks at the circumstances of a smaller group of children but in much greater depth. Participants felt that the quality of the audit and the inter-agency dialogue was richer as a result.

Another way in which we measure impact is via the Section 11 process, which places a statutory duty on organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. The new Section 11 self-assessment process was launched

in September 2023 with a series of virtual briefings and guidance documents, and further support provided throughout the year via SSCP Forums and associated groups. The deadline for submissions is July 2024 and the outcomes will be reported in October 2024.

This year the Learning from Practice sub-group commissioned Multi-Agency Audits (MAA) which looked at neglect and suicide in young people, linked to the emotional wellbeing priority. As part of the Joint Targeted Area Inspection (JTAI) in 2023, a multi-agency audit of selected children and young people took place which looked at the strengths of the multi-agency response to these children's needs.

MAA 1 Findings: Re-referrals made under the category of Neglect – July 2023

Surrey data for repeat referrals showed a significant increase where neglect had been identified, while referrals overall were experiencing a more gradual rise. The aim of the audit was to better understand the reasons behind this disparity.

The audit identified that partners generally have a good understanding of neglect and the need for intervention. In most cases, referrals to CSPA were timely and appropriate for accessing support from Early Help Services or Children's Services, however areas for improvement identified included:

- **Quality of referrals** – examples of limited information being provided, and children's voices not being heard which in turn led to delays in gathering more information and the incorrect application of thresholds and lack of clear understanding of the [Continuum of Support](#),
- **Inconsistent use of strategy discussions** when thresholds were met, resulting in missed opportunities to potentially work with families within the child protection arena, where it was appropriate to do so.
- **Lack of consent and poor engagement with parents** was identified as a barrier to all the children receiving the right support at the right time, and limited challenge from partners especially where there was a history of families declining support.

Work to address these issues:

As a result of the multi-agency audit on neglect and particularly repeat referrals related to re-emerging neglect, practitioners are more aware of the complexity and long-term impact of neglect. As part of the work to improve awareness of early help and the Family Safeguarding Model, decision making in response to neglect recognises that child protection processes may not always be the most appropriate route to achieve change, particularly where families may have "normalised" Children's Service involvement. Greater use of Early Help services, working alongside families to effect meaningful and sustained change is one approach being used. More effective use of the Public Law Outline (PLO) to highlight the seriousness of concerns and the need for change is another.

With renewed focus on using the Family Safeguarding Model, qualified social workers now oversee the triage stage, when contact into the CSPA is first made. There is greater clarity around decision making, particularly when it is felt that,

despite meeting threshold for child protection, families can be worked with at a lower level of intervention where it is safe to do so.

The issue of parental consent and how consent is sought has been an area for considerable reflection across all agencies. There is recognition that the offer of support needs to be presented in ways that enable families to see involvement with services as a positive step in their recovery. The roll out of Motivational Interviewing training and aligned techniques has assisted practitioners to have better conversations with parents and couch support in ways that enable parents to move beyond fear of involvement from agencies to recognising the benefits that involvement can bring.

In order to gain better understanding of the different ways neglect can present, particular focus has been on the impact of early childhood neglect and how this can present in adolescence as challenging behaviours rooted in trauma. One of the Learning from Practice sub-group's emerging themes is how to help school settings understand more about some children's difficulties and challenges within this context, and to respond in ways that recognise the root causes that some behaviours may have, giving greater recognition to this element of the child's experience being amplified through behaviour.

Recognising "affluent neglect" is another emerging theme for practice and focus has been on how to have "challenging" conversations with parents who provide material security, but where it is evident that children are, or are at risk of, suffering emotional neglect.

Conversations with practitioners on how to respond to educational neglect, particularly for children and young people who have not been able to fully return to school-based learning is another cross-cutting theme across children's social care, education and services supporting children's mental health.

MAA 2 Finding: Children and young people who have survived a suicide attempt – January 2024.

We acknowledge that deaths by suicide in children and young people have been increasing nationally and locally.

The purpose of this multi-agency audit was to test out the following hypothesis *"There is good evidence of effective multi-agency collaboration, including consultation with and involvement of parents and carers, when a child or young person has survived a suicide attempt"*.

The key points of learning were identified as:

- Lack of understanding around the lived experience of children and young people and the key factors that contribute to their vulnerability to mental health issues and risk of harm.
- A need for greater curiosity about the child's lived experience, their family history and presenting behaviours, as well as recording the voice of the child, is essential to ensure practice is more child centred.

- A need for more purposeful multi-agency meetings, combined safety plans and greater clarity regarding who is working with the child and when this intervention has ended, are all areas that can be improved.
- Reflective supervision and training opportunities are needed to promote greater professional confidence in having conversations with children and young people about diversity issues such as gender identity, neurodiversity and racism. It is essential that professionals understand each child's uniqueness.

Reflecting on the initial hypothesis set for this audit we found that whilst this practice aim was agreed by all agencies and professionals as the undoubted intention, in practice responses are often crisis driven and more fragmented in both the short and long term.

Work to address these issues is as follows:

Greater understanding of the need to provide help at earlier points when a young person's behaviours indicate a deteriorating profile is behind the proposed restructure of Adolescent Services so that help is provided at the right time by the right professionals. In Children's Services the newly formed Section 20 Panel seeks to divert children from care by offering creative responses to families that enable them to continue to care for and support their children at home. The Intensive Family Support Team which should be operational later in 2024, also seeks to provide timely and targeted support to young people and their families at earlier points of intervention.

One of the outputs from the teenage survivors of attempted suicide audit work has been a raising of awareness of the issues and making links between operational and strategic strands of this work. The audit activity reinforced the need to respond to young people's "suicide talk" as a serious issue that needs a co-ordinated response to understand how best to respond to young people's distress. Practitioners working with young people where these risks have been identified are well supported but there is still more to do to build individual practitioner confidence. It is hoped that the above developments will go some way to improving the effectiveness of responses in this area of practice.

In 2024-2025 a new subgroup, Performance Audit Scrutiny (PAS) will strengthen this area of work by testing out the progress being made against the partnership's key objectives, gather evidence of positive impact and also areas where improvements need to be made. This group will also develop a revised dataset and measures to support scrutiny of the work of the Partnership.

SSCP Safeguarding Learning Programme

The SSCP safeguarding Learning Programme provides multi-agency access to instructor-led training and e-learning, together with webinars and other online resources through the Care Knowledge online learning platform.



The annual programme is commissioned by the Surrey Children's Services Academy, with decision making on the offer being undertaken by the SSCP Learning and Development Group. This group is made up of representatives from Education, Health, Police, Third Sector, and the Academy.

As well as providing a comprehensive learning programme, which has been closely aligned to the learning reviews overseen by the Learning from Practice subgroup, the Surrey Children's Services Academy has developed an evaluation system to give practitioners the opportunity to share feedback about their learning experience. This will ensure the Academy can improve the learning offer to the partnership, and in doing so create more positive outcomes for children and their families in Surrey.

Together with in-course assessment where appropriate, learners evaluate their knowledge and confidence before and immediately after each course. Once they have had time to apply their learning to practice, a follow-up asks them to reflect on whether and how this has had an impact on children or families, and if it hasn't, why that might be.

The programme is well received, with 99%+ learners who would recommend the courses to others. There has also been positive feedback on training provided to support the SSCP priorities and improvements in pre and post course knowledge of these topics as well the intention to use what is learned in practice. More detailed information about the evaluation can be found in [Appendix 4](#) of this report.

Child Death Review and the Surrey Child Death Overview Panel

Surrey Child Death Overview Panel (CDOP) reviews the deaths of all children in Surrey in accordance with the requirements of the Children Act 2004 and Working Together to Safeguard Children 2023. The review by the Child Death Review (CDR) partners at CDOP is intended to be the final, independent scrutiny of a child's death by impartial professionals. Surrey CDOP reviews deaths of all children through themed panels which facilitates identification of themes and actions needed to reduce similar deaths in the future.

Examples of modifiable factors identified at case closure and notification included:

Neonatal / infant deaths	Older children / adolescents
Maternal smoking/smoking in household	Challenges for parents with access to services
Maternal obesity in pregnancy	Delay in seeking/failure to seek medical support
Maternal alcohol misuse	Initiation of treatment/identification of illness
Hazardous co sleeping	Not following guidelines/pathway/policy
Unsafe sleep environment	Alcohol/drug misuse by child and risk-taking behaviour

Overcrowding	Organisational issues: Staffing/bed capacity/equipment issues/inappropriate skill mix
Not following guidelines/pathway/policy	Use of appropriate safety equipment in vehicles
Organisational issues: Staffing/bed capacity/equipment issues/inappropriate skill mix	

CDOP learning is shared via a combination of different formats and methods:

- quarterly across Surrey via CDOP ebulletin
- one hour lunchtime learning events for professionals are held on the second Tuesday of each month on themes identified from child deaths.
- [Published Thematic Reviews of Child Deaths](#).
- Annual CDR Conference
- Surrey CDR workspace on [NHS Futures Platform](#)

The CDR team have continued to progress the areas for further development identified in the annual report 2022-2023. [A four-year report of Patterns and trends in the deaths of children and babies aged under 18years normally resident in Surrey, whose deaths occurred between 1 April 2018–31 March 2022](#)) has been undertaken to identify learning from child deaths which will help to inform commissioners, providers and partners of actions needed and opportunities not to be missed to help prevent future deaths.

Surrey continues to offer a high-quality service which fulfils the statutory requirements and most importantly, keeps our bereaved families fully engaged with the process. Parental engagement in the CDR process remains high and feedback from parents is overwhelmingly positive.

During the year 1st April 2023 to 31st March 2024, the Specialist Child Death Review Nurses have continued their excellent and invaluable work in supporting bereaved families.

An excerpt from one of the many positive comments our nurses receive from the families that they support is shown below, highlighting the positive impact the Child Death Review service in Surrey has on families when they are at their most vulnerable.

“Our CDR Nurse is a remarkable lady, and has been a tremendous support to us emotionally, practically, and in so many other ways. She has been our absolute rock and has made herself totally available to us. She has put us in touch with charities, guided us through the whole funeral process, dealing with coroners, funeral directors etc. Her level headedness and knowledge of the whole system surrounding death is incredible. Despite her role requiring her to impart information about lots of formal processes she has eased us into everything gently and extremely sensitively. She did many of the jobs for us which we simply didn’t have the mental capacity to do, such as chasing up appointments, and letting us know where we were on waiting

lists. She truly understands what we are going through and helps implement ideas and gives us options which may help us.”

Voice of Children and Young People

Having a ‘child first mindset’ is central to all the work within the Partnership, and therefore ensuring our children and young people have a voice is crucial.



Surrey Youth Voice is a partnership between children and young people in Surrey with the User Voice Participation Team (UVPT) at Surrey County Council.

They aim to bring about positive change in the services available to people aged 8 to 25 by empowering children and young people to play an important part in the decisions that affect them, and 2023 has been a busy and productive time.

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The User Voice and Participation Team have five main workstreams:

- Emotional Wellbeing and Mental Health
- Additional Needs and Disabilities
- Care
- Youth Cabinet
- Training

They create safe spaces for children and young people in Surrey to have their voice heard and make sure children and young people’s views are shared with the right audience to influence positive change and impact.

Working with Children and Young People in Surrey - Achievements realised this year:

- [Corporate Parenting Strategy 2023-25 \(surreycc.gov.uk\)](https://www.surreycc.gov.uk) – a joint production by the Corporate Parenting Board and our Care Council for care experienced children and young people.
- Surrey has now been approved for the National Housing Project, which is a chance for care experienced young people to have more of a say in their housing community. One young person has commented: *“By working with other young people leaving care, you make friends, get a house to call your home, and take ownership and control over your life. You have joint ownership of your Local House Project (LHP) with staff.”*
- User Perspective Training: In 2023 just over 1700 professionals were trained by young people and specifically looked at what it feels like for a child to access care services, mental health services and having additional needs and disabilities. Feedback from the training established that 99% of delegates would recommend the training course to a colleague, and all colleagues made pledges on what they would stop, start or change following the training

course, ensuring that listening to and acting on the voice of the child is central to the partnership values.

- Surrey Police introduced their [Child Centred Policing Strategy](#) this year, which ensures a consistent approach to being child focused and child centred within all the police's interactions and involvement with children. As this is a new initiative it is too soon to see the evidence of its impact, but the intention is this will be seen in reviews of investigations, where we can identify that the principles have been adhered to and within the content on Single Combined Assessment of Risk Forms (SCARFs).
- A [Co-production Charter](#) has been published, co-produced with children, young people and their families, and partners from health, education and social care. This will enable children and their families to influence the development of the services that are provided to them and the way in which those services are delivered. Since its launch in July 2023, the co-production charter has served as the cornerstone for all co-production activities of the Additional Needs and Disabilities Partnership.
- The User Voice and Engagement Co-ordination Group (UV&ECG) was created in May 2023 and meets monthly, gathering together [Mindworks partners](#) to share engagement activities, good practice and collate young people, parent and carer feedback and experiences from [Mindworks](#) organisations. Their group objective is to identify key themes, as well as co-produce actions with young people and families to influence change and improvement within the system.
- During the latest [Area SEND Inspection](#) in September 2023, co-production was recognised as a “shining beacon”, with members of the ATLAS (Accept, Teach, Listen, Access, Support) participation group, being involved in “many of the recent positive changes across the Local Area” and “helping partnership leaders to understand and respond well to the current situation of inconsistency”.
- Surrey Youth Voice also run a project called Recruit Crew, where young people sit on interview panels and have an equal say on who gets hired in Surrey. In 2023, young people had their voice heard in 440 interviews.
- Publication of the [Surrey Health and Well-Being Strategy](#), where service improvements are focused on what children and young people would like to positively change about services. As a result of this collaboration, the Universal wellbeing plans to support children and young people's wellbeing was piloted in schools during Feeling Good Week in February 2024, and information about [parent/carers support groups](#) has been added to the [Mindworks](#) website, further demonstrating children and young people's ideas have weight and really impact ways of working across Surrey positively.

Further Evidence of Impact

There are many examples to show how Surrey Partners are listening to and acting upon the voice of children and young people. We have included examples from our Voluntary, Community and Social Enterprises sector below which help to illustrate this impact under Surrey's [Time for Kids](#) principles:

CONNECT – be crazy about the kid

[Jigsaw South East](#) provide support to bereaved young people – listen to their stories explaining how Jigsaw SE helped to guide them through the difficult emotions of bereavement after the death of a loved one. *“Young people tell us that connecting with others helps them to feel less alone”*, Charity Director of Jigsaw SE.

The Friday Night Project is run by the [Our Time Youth Project](#) in Tandridge, and is another example of how partners are helping to bring young people together, to connect with each other in a fun and engaging way.

TRUST - Provide children with a consistent relationship with at least one adult that they trust

“Sometimes a simple chat can make the biggest difference to someone’s life, and it definitely did to mine. Like looking back on things that have happened in my life I have many regrets but letting you guys into my life will never be one of them. It’s probably one of the smartest things I did because it showed me true care, understanding and empathy so thank you for that”.

A young person’s message to [Emerge Advocacy](#), a Surrey based charity that supports young people struggling with their feelings or their mental health.

HOPE - Encourage children to tell their story and learn to hope

Email received from a Mum expressing her appreciation of the mentoring service [Surrey Care Trust](#) have given to her son:

“I think the mentor is a very positive and encouraging person in my son’s life. He engages really well, he is always pleased to see him, it was a good match. He has been through a very difficult time in the last few years, and he suffers with low mood, however he always leaves his mentor laughing, joking and with a big smile on his face. I feel that my son benefits from these meetings enormously and hope they continue. With Surrey Care Trust’s support, I hope that he will begin to look forward to a more positive outlook and that he can achieve all he aspires to in the future.

Many thanks for the wonderful work you do in offering young people like my son, caring people who offer their time to listen”.

BELONG - Give children a sense of belonging and encourage them to shine

The WiSE service (What is Sexual Exploitation) run by YMCA Downslink Group here in Surrey and across the South East, supports children and young people who have been victims of sexual assault and exploitation. Last year, they worked with one young person over a period of several months, whose past trauma had led to a decline in mental health, loss of employment and ultimately to self-harming and

suicidal ideation. The safe and trusting relationship that the WiSE worker was able to build with this young person, turned their life around. By educating and exploring themes such as consent, empowerment and wellbeing, this young person is now in new employment, belonging to a community, in a stable and healthy relationship and feeling hopeful for the future.

BELIEVE - in what they can achieve

“Through our sessions, you have enabled me to truly believe in my abilities as a parent and given me many tools that can be applied to so many different aspects of life which have not only helped with my son (who referral related to) but have also fuelled positive relationships with my daughter, husband and friends. I know I may have mentioned it in our last session, but I really want you to know that you have made a HUGE difference to my quality of life. Not only have you given me the tools to learn so much about myself, but you have given me the strength needed to move from what was a survival mode last year, to a revival mode this year. For this I will be eternally grateful. Thank you so much for making such a huge and positive impact in our lives and helping us through what was a very difficult time.”

Parent reflecting on [Barnardo's](#) Parent Wellbeing Service.

Children and Young People helping to shape services

Children and young people were involved in the design and name of Surrey’s new inpatient setting for children and young people, [Emerald Place](#). This unit has been purpose built in order to accommodate Surrey children, and from across the country, who require specialist mental health interventions in a residential setting. Their considerations included:

- The area is on greenbelt and young people wanted the name to represent nature and greenery, but not to be stereotypical of nature.
- They didn’t want to define the setting as something clinical but also acknowledge it is not a home, so young people felt “place” was appropriate.

Subsequently Emerald Place commissioned Surrey Youth Voice, and the Our Perspective Training programme, to train professionals on what it feels like to be a young person accessing mental health services.

Children and young people who attend Emerald Place will be in a setting that has been thoughtfully designed for children and young people by children and young people and confirms to them that they feel listened to. The impact of this will be reviewed in 2024/2025, however it is expected that this facility will offer a bespoke service to a given cohort of children who have not been offered such a service provision before in Surrey.

One of the Consulting Youth Advisors commented: "It was nice to be a part of a project from the beginning to the end and to see it from being just blueprints and building plans to an actual building. This was a great example of participation and co-production done well. I hope for more projects that involve young people's voices as much as this did in the future."

Another area where children and young people have influenced change is the co-production of the Surrey Emotional Wellbeing and Mental Health Strategy, where service improvements are focused on what children and young people would like to positively change about services. As a result of this collaboration, the Universal wellbeing plans to support children and young people's wellbeing was piloted in schools during Feeling Good Week in February 2024, and information about [parent/carer support groups](#) has been added to the Mindworks website, further demonstrating children and young people's ideas have weight and really impact ways of working across Surrey positively.

Future work and Priorities for the SSCP

Implementation of Working Together 2023

The implementation of [Working Together to Safeguard Children 2023](#) will continue to be the key piece of work for 2024, with our new arrangements having to be in place and published by December 2024. Specific activity since the publication of Working Together 2023 so far includes working with the National Safeguarding Partner Facilitators on implementation of the new guidance. We have also held a number of workshops with our Executive Members and wider partnership to establish how we act upon this guidance for the benefit of our children, young people and their families in Surrey. We will also continue to work with our schools and education partners and embed the already close relationship formed to further strengthen the involvement of schools as a partner. Our subgroups are also being reviewed in line with the new guidance and this will form the basis of a new structure for the Partnership. With the help of our Independent Scrutineer as 'critical friend', we will also continue to review the impact of learning from reviews, practice and audits, and develop a more robust performance audit and scrutiny framework to identify any emerging issues that needs action by the Partnership, to ensure that our new arrangements lead to improved outcomes for children and young people.

This annual report has been agreed by our delegated safeguarding partners (DSP) as not all our lead safeguarding partners (LSP) are in place at the time of writing. Our new arrangements setting out the roles and responsibilities of DSP and LSP will be published in December 2024 as required under Working Together 2023.

Priorities

The SSCP Executive has agreed that the priorities for 2024-25 will be Neglect, Early Help and Safeguarding Adolescents, the latter of which will include a focus on extra-familial harm and contextual safeguarding, linking into the Adolescent Service Project Board. These areas of focus are those which appear to be having the most impact on safeguarding for children and young people in Surrey based on the work that has been done in reviews, and themes emerging from practice. Our children and young people are also telling us that they value the importance of communities and a sense of belonging. They want to feel part of a community with support networks and friends, and children and young people with additional needs and disabilities would like to see the stigma of additional needs and disabilities reduced.

Whilst in its infancy, the Adolescent Service Project Board aims to improve services for adolescents in Surrey and particularly those suffering from mental health issues associated with exploitation. We are particularly keen to hold a safeguarding lens up to those children who are out of sight due to a range of situations, for example Elective Home Education, those children who are severely absent from school, or who have an Education Health and Care Plan (EHCP) and have been permanently excluded. Topics such as child exploitation, adultification and those children who are missing will also be explored.

The aim is to adopt a unified 'Surrey' approach, or model that improves outcomes for adolescents who are vulnerable and victims of exploitation which is highly associated with mental health concerns. In due course the evidence will be able to fulfil the

vision which aims to develop a multi-agency hub that supports adolescents in Surrey in a holistic way, staying with them throughout their journey.

Independent Scrutineer reflections

I was appointed to the role of Independent Scrutineer midway through the reporting year and took up role alongside an Independent Chairperson who chairs the Executive and Full Partnership.

During the period covered by this yearly report, revised statutory guidance was published in December 2023; this guidance details the requirements for the content of yearly reports and sets expectations about the future requirements of the leadership provided by statutory partners through safeguarding partnership arrangements. On the basis that the guidance was introduced in December 2023, National Facilitator advice is that it is recognised that this report may need to be considered as an intermediary report in respect of meeting the requirements of revised statutory guidance. That said, some of the core requirements of yearly reports remain unchanged. It is in this context that I provide my independent scrutineer reflections.

When delegated safeguarding partners formally meet as an Executive Group, I am invited to be present; other meetings between delegated safeguarding partners and the Independent Chairperson take place in response to operational matters and/or delivery of statutory functions. I also attend the Full Partnership forum meeting which serves as a mechanism to engage and communicate with a range of relevant partners. I have provided critical friend challenge to safeguarding partners in respect of:

- Developing a multi-agency performance dataset that will provide a line of sight to front line practice and the experiences of children and young people
- The distinction between dissemination of learning from serious child safeguarding cases and taking action to implement and embed learning to change safeguarding practice and/or system
- The respective accountabilities of other strategic partnerships in relation to matters that impact on the safety and wellbeing of children and young people e.g. emotional health and wellbeing and the interface between SSCP and these forums

In February 2024, I was commissioned by the delegated safeguarding partners to undertake my first piece of bespoke scrutiny activity. As detailed above, this was an evaluation of the arrangements to identify serious child safeguarding cases and the associated Rapid Review process which is undertaken to distil learning and determine next steps. The rationale for delegated partners requesting this scrutiny exercise was the challenge in meeting the statutory 15-day timescale to complete Rapid Reviews. The findings were reported to the delegated partners in the first quarter of 2024-25 and a series of recommendations accepted.

I facilitated a workshop in January 2024 to support the launch of the PAS subgroup which was to meet from May 2024 onwards and as outlined above, in addition to providing critical friend challenge in respect of a multi-agency performance dataset,

through listening to professionals from across the partnership, I was able to provide feedback to delegated safeguarding partners about the need to clarify the respective roles of the Case Review Group and Learning From Practice group.

The report provides a detailed description of a range of activity that has taken place to safeguard children and young people and provides evidence that learning from serious child safeguarding cases is informing work undertaken e.g. pre-birth assessment practice standards. There are a small number of examples of impact provided e.g. better-quality requests for support to C-SPA and school attendance rates for cared for children. The introduction of the PAS subgroup will facilitate me to be able to evaluate the effectiveness of the arrangements, and coupled with a formalised annual programme of scrutiny, will enable the statutory partners to evidence the impact of the partnership arrangements on outcomes for children and young people in future yearly reports.

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In respect of the changes required by statutory guidance to multi-agency safeguarding arrangements, the report details some features of the current arrangements that will promote compliance with the revised statutory guidance e.g. Headteacher representation at SSCP Executive, Schools and Education Safeguarding Forum and Third Sector Network; it also outlines the issues that need to be addressed and the activity undertaken to meet the new requirements.

Finally, the revised statutory guidance, along with the children's social care national framework, detail the change programme that is to be delivered in response to the independent review of children's social care. Positively, the Families First approach and underpinning principles, set out the ambition and approach of the Partnership to work together to provide responsive and effective support to families in Surrey.

Liz Murphy
Independent Scrutineer

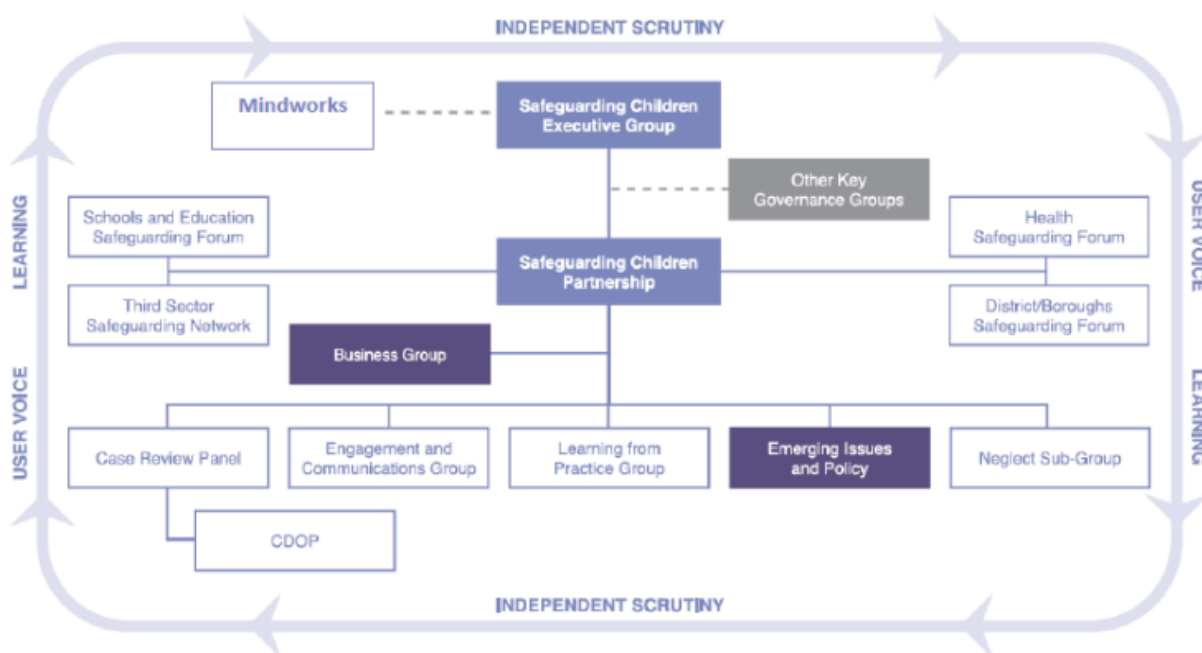
Appendices

Appendix 1: Governance Structure 2023-2024

THE SAFEGUARDING PARTNERSHIPS STRUCTURE

Updated 2023

Sub-Group, Forum and Network Structure



Appendix 2: SSCP Sub-groups

Each of the SSCP sub-groups have their own specific areas of focus which have contributed to the work around our three priorities in 2023/24 of Neglect, Early Help and Mental Health and Well-Being.

Sub-group	Work area for 2023/24
Case review group (CRG)	Commissioning and delivering reviews
Learning from Practice (LfP)	Learning from reviews and multi-agency audits
Neglect	Refreshed the Neglect Strategy
Emerging Issues and Policy	Updated several multi-agency procedures e.g. Preventing Homelessness in Surrey – Joint Protocol for 16 and 17 year-olds; Child Protection Medical Guidance for multi-agency professionals; Child Protection Medical Guidance for multi-agency professionals and the Levels of Need replaced by Continuum of Support.

Appendix 3: Budget 2023-2024

SCC	183,300
Police	80,103
NHS Surrey Heartlands ICB	183,000
Central Surrey Health LTD (Health Commissioned Services Providers)	30,000
Surrey & Borders NHS Partnership	4,226
Frimley Park Hospital	4,226
Royal Surrey County Hospital	4,226
Epsom & St Helier University Hospitals NHS Trust	4,226
Surrey & Sussex Healthcare NHS Trust	4,226
St Peters Hospital	4,226
SEC Ambulance Service	11,000
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Districts and Boroughs	
Elmbridge	1,270
Epsom & Ewell	1,270
Mole Valley	1,270
Reigate and Banstead	1,270
Runnymede	1,270
Spelthorne	1,270
Surrey Heath	1,270
Tandridge	1,270
Waverley	1,270
Woking	1,270
Guildford	1,270
	<hr/>
Total contributions for 2023-2024	<u>526,729</u>

Appendix 4: Evaluation of Multi-agency learning

Feedback from course attendees outlines the change in knowledge and confidence of learners from pre-course to post-course, one to seven months after participation, applying their learning is very good, with over 60% confirming they have put their enhanced knowledge into practice, and over 45% feeling more confident having attended the training.

With neglect as one of the priorities, the Academy has provided training for colleagues to increase their knowledge, including a Neglect Partnership Workshop. 90% of the delegates fed back that the course met their identified aims and over half advised that they would use this learning on a daily basis.

Course attendee reflection on impact:

“This course supported and continues to support my understanding of Neglect, the impact this has on the children and young people and their families with whom I work. I was able to identify concerns of neglect with a parent and was able to discuss ways in which they could be more present for their child. This strengthened the relationship the young person had with their parent which in turn supported the child to remain living at home with their parent and not becoming looked after and being placed in the care of the local authority.”

Training regarding Effective Family Resilience incorporating Early Help Assessments provided evaluation which identified that learning would be put into practice on a weekly basis, including assurance from attendees following the training such as, *“I am more able to understand and give better support to families.”*

For training about Working with Complexity (Parents showing resistance, evasion) the following attendee reflections were captured on the impact the learning has had on their practice:

“Positive impact when working with families, [in] team meetings, [and] in reflection in supervision.”

“Following the training I was able to encourage a mother to attend parenting groups with her children and spent time with her afterwards to listen to her experiences and encourage her to continue and engage with me about her parenting experiences.”

Core training in the Safeguarding in Surrey and Advanced Safeguarding in Surrey courses also received positive feedback on impact, and just a few examples are:

“I was able to effectively and positively support a family through the initial stage of safeguarding and I felt empowered to do this positively due to the training I received. I feel this reflected on the family involved as they felt they could trust me to help them.”

“I am working as a Deputy Designated Safeguarding Lead (DDSL) and use the knowledge developed on the course almost daily. I have been preparing for a Child Protection (CP) conference which will be happening tomorrow. I have spoken with social workers, referred families to CSPA, and communicated with parents.”

“Working with a family who the child was at risk of homelessness from the family when he hit 18, due to risk and taking drugs. By working with this family and communicating to the father ... I was able to encourage the family to consider other ways to deal with the situation and reduce the safeguarding risks. The outcome was they had an honest conversation, and the son was able to share with him about his mental health struggles. I referred the son to Catch 22 who continue to support him to reduce drug usage, as our service only works up to 18. The father allowed his son to stay at home and live in a safe environment.”

“I implement this training in my job every day.”

Appendix 5: Glossary of Acronyms

Acronym	Full title
AAT	Access and Advice Team
AN&D	Additional Needs & Disabilities
ATLAS	Accept, Teach, Listen, Access, Support
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CEW	Complications from Excess Weight
CDOP	Child Death Overview Panel
CDR	Child Death Review
CiN	Child in Need plan
CP	Child Protection
CPP	Child Protection Plan
CYP	Child and Young Person
CRG	Case Review Group
CSPA	Children's Single Point of Access
DARDR	Domestic Abuse Related Death Reviews
DfE	Department for Education
DDSL	Deputy Designated Safeguarding Lead
DSL	Designated Safeguarding Lead
DSP	Designated Safeguarding Partner
ECINS	Empowering Communities with Integrated Network Systems
EHCP	Education Health Care Plan
EHE	Elective Home Education
EHM	Early Help Module
EHSB	Early Help Strategic Board??
ESDAS	East Surrey Domestic Abuse Service
EWMH	Emotional Wellbeing and Mental Health
GCP2	Graded Care Profile 2
ICB	Integrated Care Board
IDACI	Income Deprivation Affecting Children Index
IFSS	Intensive Family Support Service
JTAI	Joint Targeted Area Inspection
LCSPR	Local Child Safeguarding Practice Review
LfP	Learning from Practice subgroup
LHP	Local House Project
LSP	Lead Safeguarding Partner
MAA	Multi-Agency Audit
MAP	Multi-Agency Partnership
MAPE	Multi-Agency Partnership Enquiry
ND	Neurodevelopmental
NHS	National Health Service
PAS	Performance Audit Scrutiny group
PSPA	Police Single Point of Access
PLO	Public Law Outline
QA	Quality Assurance
RMM	Risk Management Meetings
SABP	Surrey and Borders Partnership

SAR	Safeguarding Adults Review
SCARF	Single Combines Assessment of Risk Form
SEND	Special Education Needs and Disabilities
SESF	Schools and Education Safeguarding Forum
SSC	Surrey County Council
SSCP	Safeguarding Children Partnership
SUDI	Sudden Unexpected Death in Infants
UV&ECG	User Voice and Engagement Co-ordination Group
UVPT	User Voice Participation Team

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

1. Reference Information

Paper tracking information	
Title:	Surrey Wide Immigration Strategy
HWBS/Surrey Heartlands IC Strategy priority populations:	Possible inclusion of Sanctuary Seekers during future HWBS refresh
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	Migrant Health Rapid Needs Assessment Priority 3: Supporting people to reach their potential by addressing the wider determinants of health
HWBS or IC Strategy Outcome(s):	<ul style="list-style-type: none"> • People's basic needs are met (food security, poverty, housing strategy etc) • Children, young people and adults are empowered in their communities • People are safe and feel safe (community safety including domestic abuse, safeguarding)
HWBS system capabilities/IC Strategy Ambition 3 enablers:	<ul style="list-style-type: none"> • Empowered and Thriving Communities • Clear Governance • Programme Management • Equality Diversity and Inclusion • Data, Insights and Evidence
HWBS/IC Strategy Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions
Author(s):	<ul style="list-style-type: none"> • Bashir Fatehi, Surrey Immigration Manager, SCC; Bashir.Fatehi@surreycc.gov.uk • Hannah Dirks, Strategic Lead for Strategy and Policy, SCC; Hannah.Dirks@surreycc.gov.uk
Sponsor(s)/Champions:	<ul style="list-style-type: none"> • Ruth Hutchison, Director of Public Health, SCC • Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health, SCC
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	N/A

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Annexes/Appendices:	Appendix 1 - Draft Surrey Wide Immigration Strategy Appendix 2 - Analysis of Sanctuary Seeker Engagement
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2. Executive summary

Led by the Surrey Wide Immigration Group (SWIG), a Surrey Wide Immigration Strategy has been drafted, setting out partners' joint narrative, values, strategic objectives and agreed governance for the ongoing partnership work to support Sanctuary Seekers in Surrey.

Sanctuary Seekers are a group who, due to their immigration status and/or heightened vulnerability, often have greater need for the services and support of the wider system in Surrey.

The draft strategy sets out key objectives for partners to deliver against under the four sub themes: Meeting the Basic Needs of Sanctuary Seekers, Economic Inclusion, Community and Belonging, and Working Together as a System. It also proposes a strengthened governance structure enabling partners to more effectively shape and deliver services for sanctuary seekers.

This report asks the HWB/ICP to review the draft strategy (Appendix 1), as well as discuss and agree the proposed governance including the proposal for the Surrey Wide Immigration Group to report into the HWB/ICP.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

1. Approve the draft Surrey Wide Immigration Strategy (Appendix 1).
2. Endorse the ongoing engagement on the draft Surrey-Wide Immigration Strategy.
3. Approve the proposed governance structure within the draft strategy, including the HWB and ICP's ongoing role in overseeing delivery against the strategic objectives.

4. Reason for Recommendations

The Surrey Wide Immigration Strategy closely aligns with the priorities in the Health and Wellbeing Strategy, in particular priority 3. As such, SWIG and authors of this report feel that the HWB/ICP are an important oversight group for the delivery of this strategy.

Within this context, the report asks the board to approve the draft strategy and its strategic objectives, as developed and agreed by SWIG. The board is also asked to review the proposed governance and consider its role in the oversight of partnership delivery for Sanctuary Seekers in Surrey.

5. Detail

Surrey has a long and proud history of providing sanctuary for people fleeing crises, from Huguenots escaping persecution in the 16th century to displaced people from both World War 1 and 2. Over the last few years, Surrey has continued to welcome migrants, asylum seekers, and refugees into the county as migration patterns have shifted in response to changing global pressures such as war and instability. The essence of No One Left Behind has been exemplified time and time again by Surrey residents, who have opened their homes and hearts to welcome new arrivals into their communities.

The Surrey Wide Immigration Strategy sets out our intent and role as a system of partners for how we will continue to work to ensure all people are welcomed, feel safe and are supported to achieve the best outcomes, regardless of where and what situation they come from. The strategy brings together the various strands of extensive work partners are already delivering and sets out our objectives as a system.

Immigration is a broad term referring to all forms of voluntary and forced migration into a place, however this strategy will focus on a group that the strategy is labelling as 'Sanctuary Seekers' due to their migration status and/or heightened vulnerability which often result in greater need for the services and support of the wider system in Surrey. This term broadly includes individuals who have fled their home either due to violence or persecution, or continued insecure status at home, and are therefore seeking sanctuary in Surrey. A more detailed definition can be found in the draft strategy (Appendix 1).

Strategic Objectives:

The Surrey Wide Immigration Strategy contains a set of strategic objectives located under four headings: Meeting the Basic Needs of Sanctuary Seekers, Economic Inclusion, Community and Belonging, Working together as a System. The objectives under these categories can be found in the draft strategy (Appendix 1).

The objectives were shaped based on existing Surrey insight and data such as the Migrant Health Rapid Needs Assessment¹, as well as best practice examples from Sanctuary strategies across the UK. They were then refined and added to by partners across the county. Finally, they were discussed and approved by residents with lived experience in seeing sanctuary in Surrey through dedicated focus groups. As such, these objectives reflect the view and commitment of the partners working together through SWIG, as well as residents with lived experience of seeking sanctuary in Surrey.

Governance:

This strategy sets out the systems commitment to developing a robust and appropriate governance structure in order to oversee system-wide activity. SWIG is committed to reviewing this governance on an annual basis to ensure it remains fit-for-purpose to deliver against the strategic objectives in an ever-changing national

¹ [Migrant Health | Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk)

and local context. A more detailed breakdown of the governance and delivery mechanisms can be found in the draft strategy (Appendix 1).

Surrey-Wide Immigration Group (SWIG):

SWIG is responsible for coordinating activities and resources across Surrey, addressing immigration challenges, ensuring efficient integration of new residents, capturing the benefits of immigration, and managing pressures on partner services. The group is comprised of local, regional and national partners from across health, education, VCSE (voluntary, community and social enterprise), and local government.

SWIG holds primary responsibility for steering and reporting on the progress of the Surrey Wide Immigration Strategy and its action plan.

SWIG will report into the HWB/ICP as well as the Surrey Chief Executives group through regular reports on the delivery against the action plan.

Thematic, Task and/or Response Sub-Groups:

A number of thematic, task and response sub-groups exist to bring together partners around specific programmes of work related to sanctuary seeker support. By nature, these groups stand up when targeted partnership activity is necessary, based on the current immigration context. Each group is linked into SWIG through board representation.

Regional and National Immigration Groups:

There are a number of groups that have been set up at a regional level or that bring together regional and national partners to discuss immigration activity. Relevant partners in Surrey have representation on these groups and feed information into the wider system through the local governance.

Wider Alignment:

Individual partners in SWIG and the sub-groups will remain aligned with other relevant partnership groups or internal organisational groups, feeding in updates or specific discussion items when relevant and ensuring duplication is avoided.

6. Opportunities/Challenges

The Surrey Wide Immigration Strategy presents the opportunity for more effective and streamlined partnership working to deliver against the systems priorities for supporting sanctuary seekers. It enables partners to better focus joint attention and action, as well as removing risks of duplication or gaps in support and service provision.

Our guiding mission for Surrey is that No One is Left Behind, and in line with this one of our core values for immigration work in Surrey is universal and inclusive services and support. However, it is important to note that the individuals who fall under the term Sanctuary Seeker will have arrived in Surrey under different national schemes and pathways which result in differing levels of funding and service provision being

made available to them. As such, partners in the Surrey system are not always able to overcome or mitigate the inequity that is built into the current system.

Furthermore, some cohorts within the term Sanctuary Seekers, may be 'subject to immigration control' resulting in them having No Recourse to Public Funds (NRPF). In this context, public funds include certain benefits, housing assistance and social housing. As such, when delivering against the joint strategic objectives of this strategy, partners will need to understand and act within the legal bounds of NRPF, ensuring that appropriate support is provided to individuals.

Immigration can be an emotive topic. We hope that the engagement with residents through the customer panel will allow for a temperature check on residents' views. The strategy sets out the systems commitment to taking a participative approach and engaging communities throughout the delivery against the strategy.

7. Timescale and delivery plan

Following the approval of the draft strategy, partners will jointly develop an action plan, with SWIG holding responsibility for monitoring this. The action plan will detail activity against each of the strategic objectives as well as responsibility within the system.

The HWB/ICP will be kept informed on the development of, and delivery against, the action plan for the Surrey Wide Immigration Strategy.

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

Partner Engagement:

- The initial draft strategy and plan for development of this was taken through SWIG three times between July and November. SWIG is comprised of local, regional and national partners from across health, education, VCSE (voluntary, community and social enterprise), and local government.
- A discussion item was taken to each of the active partnership subgroups that feed into SWIG. These groups include the Ukraine Task Force Group, the Housing Officers Group and the Immigration & Education group.
- In addition, four focus groups were hosted to discuss the strategy and its strategic objectives in detail with partners. Three of the focus groups brought together relevant partners from the VCSE, and the final focus group brought together housing, asylum and resettlement officers from the district and borough councils together.

Sanctuary Seeker Engagement:

- A series of focus groups were hosted with residents who have lived experience seeking sanctuary in Surrey.

- The first cohort was made up of 10 adult sanctuary seekers who met three times to review the strategic objectives and discuss their experiences.
- The second cohort was a group of 3 children and young people seeking sanctuary in Surrey who were brought together for two hours to discuss the strategic objective in relation to their experience in Surrey.

Resident engagement:

- Three questions were added to the November Customer Panel survey which was sent to circa. 1,500 residents, with representation for Surrey's age and gender demographics. These questions were multiple choice and asked for residents' awareness and feelings towards services provided to sanctuary seekers by SCC and partners.

9. Legal Implications – Monitoring Officer:

Within the HWB and ICP's Terms of Reference the Immigration Strategy falls under Priority 3 of the Health and Wellbeing Strategy (HWBS) which the HWB/ICP has oversight of. The HWB has a statutory duty to prepare a joint local health and wellbeing strategy and there is a migrant needs assessment as part of the Joint Strategic Needs Assessment to which this Immigration Strategy contributes.

10. Next steps

The HWB/ICP is asked to review and approve the strategy in its current draft form. The ongoing engagement set out in section 8 may see minor changes made to this draft after approval.

At present, feedback from the first Surrey County Council Customer Panel is being collated where a representative sample of residents were asked closed questions about services provided by the county council and partners for Sanctuary Seekers. The results, along with the analyse of the engagement with Sanctuary Seekers will be added to the annex of the draft strategy.

In line with the proposed governance structure, the draft strategy will also be taken to the Surrey Chief Execs group in the new year for the group to review and approve the draft strategy.

Following the approval of the draft strategy, partners from SWIG will collaborate to draft an action plan, which will be delivered and monitored through SWIG and other relevant sub-groups. The HWB/ICP and Surrey CEX will be kept informed on the development of, and delivery against, the action plan for the Surrey Wide Immigration Strategy.

Questions to guide discussion:

- Do HWB/ICP members have any questions or requests for clarification in regard to the draft strategy document, especially the strategic objectives within this?
- Do the HWB/ICP approve the draft Surrey Wide Immigration Strategy, as well as endorse the plans to develop an action plan to deliver the objectives of the strategy?
- Do HWB/ICP members approve the suggested governance structure for oversight of the delivery against this structure? How would members like to be engaged in the future?

Appendix 1 – Surrey Wide Immigration Strategy – DRAFT

Overview

The Community Vision for Surrey in 2030² sets out a system-wide view on the ambitions we all share for the county. Partners and residents agreed that 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. As partners we agree that Surrey is a welcoming and inclusive county with a fundamental goal to support communities in accessing opportunities and tackling inequalities wherever and for whomever they exist in our county. We envision Surrey to be a place where **no one is left behind**.

Global migration is complex and multifaceted but is a phenomenon that has been present throughout human history. Although migration can bring with it some challenges, countries, organisations and communities also recognise the significant economic, social and cultural value that migration offers.

Surrey has a long and proud history of providing sanctuary for people fleeing crises, from Huguenots escaping persecution in the 16th century to displaced people from both World War 1 and 2³. Over the last few years, Surrey has continued to welcome migrants, asylum seekers, and refugees into the county as migration patterns have shifted in response to changing global pressures such as war and instability. The essence of No One Left Behind has been exemplified time and time again by Surrey residents, who have opened their homes and hearts to welcome new arrivals into their communities. It is likely that further global instability and the growing effects of climate change will continue to impact the number of people seeking sanctuary in our county, and Surrey has a strong foundation from which to grow its support for those finding safety here.

This strategy sets out our intent and role as a system of partners for how we will continue to work to ensure all people are welcomed, feel safe and are supported to achieve the best outcomes, regardless of where and what situation they come from. Supporting our communities and our residents through this process requires a partnership approach on every level and in every part of our county. This strategy brings together the various strands of extensive work partners are already delivering and sets out our objectives as a system.

Immigration in Surrey

Immigration within Surrey remains a dynamic situation with a regular flow of people in and out of the county.

Since the notable increase in immigration after welcoming Syrian refugees in 2016, our system-wide effort has expanded in recent years with the evacuation of initially military personnel and those supporting them from Kabul, Afghanistan and then Afghan civilians and more recently, those arriving in the UK from the Ukraine. British Nationals from Hong Kong have also been welcomed into Surrey, under their national re-settlement scheme. In

² [Community vision for Surrey in 2030 - Surrey County Council](#)

³ [Refugees \(exploringsurreypast.org.uk\)](#)

addition, Surrey is providing accommodation for asylum seekers, most notably those that arrive in small boats having crossed the channel. A number of these are Unaccompanied Asylum-Seeking Children (UASC), who warrant the utmost sensitivity in their treatment.

In recent years, the system has developed a substantial amount of data and insights on the experiences of migrants, communities and service providers in Surrey.

- The Migrant Health Rapid Needs Assessment⁴, published in 2023, highlighted the challenges experienced by vulnerable cohorts of migrants. It identified issues such as difficulty accessing services, difference in presentation and awareness of mental health conditions, the impact of cultural differences and the complex nature of pre-migratory experiences and how these can all significantly impact the health and wellbeing of migrants.
- Similarly, the 2024 annual Public Health Report⁵ looked at the health needs of vulnerable migrants in Surrey. The report focused on five key areas of need, primary care, mental health, women and children’s health, education and housing.
- A 2024 needs assessment looked into the experiences of guests and hosts that were part of the Homes4Ukraine scheme. The assessment presented findings on guest and host relations, guest access to jobs and skills, guest access to support for mental health and wellbeing, and children’s experiences of settling into school in the UK.
- Sanctuary Seeker focus groups were brought together specifically to discuss the drafted contents of this strategy to help inform and set the strategic direction and priorities for the system (Appendix 2).

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These insights paint a clear picture of the challenges and barriers facing both sanctuary seeking residents and service providers within Surrey. They have therefore shaped the contents and direction of this Surrey-wide strategy.

Definition and Scope

Immigration is a broad term referring to all forms of voluntary and forced migration into a place, however this strategy will focus on a group we are labelling as ‘**Sanctuary Seekers**’ due to their migration status and/or heightened vulnerability which often result in greater need for the services and support of the wider system in Surrey. This term broadly includes individuals who have fled their home either due to violence or persecution, or continued insecure status at home, and are therefore seeking sanctuary in Surrey.

Sanctuary Seeker may include, but is not limited to:

- Someone seeking asylum
- Someone with refugee status
- Someone who has arrived as part of a resettlement scheme
- Someone who has been sponsored (such as under the Ukrainian Visa Schemes)
- Someone who has lived, worked, or contributed for years but experiences insecurity, discrimination, and hardship because of insecure or irregular immigration status
- Someone who has relocated due to significant changes in political or legal conditions in their place of origin, impacting their freedoms and rights

⁴ [Migrant Health | Surrey-i \(surreyi.gov.uk\)](https://surreyi.gov.uk)

⁵ [The Health Needs of Vulnerable Migrants in Surrey. Annual Public Health Report. \(surreyi.gov.uk\)](https://surreyi.gov.uk)

More detailed definitions of the cohorts included within the Sanctuary Seekers term can be found in the annex of this report.

Our guiding mission for Surrey is that No One is Left Behind, and in line with this one of our core values for immigration work in Surrey is universal and inclusive services and support. However, it is important to note that the individuals who fall under the term Sanctuary Seeker will have arrived in Surrey under different national schemes and pathways which result in differing levels of funding and service provision being made available to them. As such, partners in the Surrey system are not always able to overcome or mitigate the inequity that is built into the current system.

Furthermore, some cohorts within the term Sanctuary Seekers, may be 'subject to immigration control' resulting in them having No Recourse to Public Funds (NRPF)⁶. In this context, public funds include certain benefits, housing assistance and social housing. As such, when delivering against the joint strategic objectives of this strategy, partners will need to understand and act within the legal bounds of NRPF, ensuring that appropriate support is provided to individuals.

Within this context, this strategy sets our ambition to, where possible, welcome every sanctuary seeker in Surrey with the same care, support and dignity.

Principles for Action

Values

- **Welcoming** - The primary guiding principle for our response to sanctuary seekers will be make clear that they are welcomed and valued in the county. We treat sanctuary seekers with respect and dignity, and on an equal basis with all residents.
- **Inclusive** – We welcome and respect people from all backgrounds, place the highest value on diversity and are committed to equality.
- **Universal** - Sanctuary seeker groups were clear that "what is good for one marginalised group is good for all". The county will work to make sure that, wherever possible, the services it offers are open to all on a consistent basis.
- **Clear** - Organisations working with sanctuary seekers emphasise the importance of clarity - around services available, around policies on housing eligibility, on how to access services, and the time it may take. The system of partners will ensure that they are clear in their communication and interactions with sanctuary seekers about what they can expect and when.
- **Collaborative** – Each partner recognises that it is just one part of a network of organisations and groups which support sanctuary seekers. It will endeavour to deliver joined-up services, to signpost to other services and providers when needed, and to work in partnership with community groups.

⁶ [Immigration conditions | NRPF Network](#)

- **Accessible** - Sanctuary Seekers should be able to access the right service in the right place at the right time. Partners will make sure that services are accessible to sanctuary seekers, including access to translated documents and interpreters when needed.
- **Participative** - We value and recognise the contribution of all involved in making Surrey a place of sanctuary. We aspire to ensure people seeking sanctuary are fully involved in decision making processes.
- **Inspiring** - We work with enthusiasm and positivity and are determined to surpass what has already been achieved to welcome people seeking sanctuary. We act as a catalyst for change by being open to new and innovative ideas and through sharing knowledge gained with others and working in partnership.
- **Integrity** - We aspire to high standards of honesty and behaviour, and act in the interests of people seeking sanctuary, service providers and our wider communities.
- **Outcomes-driven & Effectiveness** – We focus on delivery, and maximising our collective action to make best use of resources
- **Evidence-led** – We act based on the facts and adapt our approach as the facts change the nature of our delivery landscape

Our Role as a System

As a system we will...

1. **Offer a positive vision** of a culture of welcome and hospitality to all. We will promote in our county an unwavering commitment to equality, protecting and promoting the rights and welfare of all our residents.
2. **Be accountable for strategic delivery** of support systems and services across the county which help existing residents, new residents, groupings, and communities to make the most of the potential within population change.
3. **Promote relationships of friendship and community** between local people and those seeking sanctuary. We will support community development and foster good community relations, while rejecting all forms of discrimination.
4. **Recognise and encourage collaboration to achieve our collective aims.** We will work as partners and communities to improve the county for everyone who lives and works here, using our influence to create positive changes.
5. **Identify opportunities for practical action** and work on common cause issues to effect change within and across communities.

Objectives

As a system, we will seek to deliver against the following objectives:

1. Meeting the Basic Needs of Sanctuary Seekers

We prioritise:	Our objectives:
Secure and Stable Housing	<ul style="list-style-type: none"> ▪ Sanctuary Seekers will be supported with access to information on housing options, rights and responsibilities. ▪ Surrey partners will work alongside housing providers to ensure that, where possible, Sanctuary Seekers have access to timely and good quality housing support. ▪ When accommodation is provided, it will meet local authority housing standards.
Health and Wellbeing	<ul style="list-style-type: none"> ▪ Sanctuary Seekers will be supported to access appropriate medical support upon arrival in Surrey. This may include emergency treatment, immunizations, and infectious disease screening. ▪ Sanctuary Seekers will be assisted in registering with local GPs and dentists. ▪ Sanctuary Seekers will be assisted in accessing appropriate adult and children’s social care services. ▪ Where available, mental health and well-being services will be accessible and tailored to meet the specific needs of Sanctuary Seekers. ▪ All health services will provide professional interpreting and translation services in line with NHS guidance. ▪ Health promotion and awareness services will be available to reduce health inequalities.
Preventing Crisis, Destitution or Homelessness	<ul style="list-style-type: none"> ▪ Where necessary, Sanctuary Seekers will be supported with timely access to appropriate welfare support to prevent crises and acute poverty, thereby reducing future demand on social care and health care services.
Security and Safety	<ul style="list-style-type: none"> ▪ All partners play an active role in raising the awareness of the needs and value-add of Sanctuary Seekers in the community to make Surrey a safe and welcoming place for everyone. ▪ Sanctuary Seekers are made aware of their rights and responsibilities in the UK and are supported with access to legal advice and representation when needed. ▪ Culturally sensitive advice and support will be provided on topics such as safeguarding and domestic abuse. ▪ Sanctuary Seekers feel safe, trust authorities, and are confident in reporting crime, including hate crime. ▪ Young Sanctuary Seekers, including UASC and care leavers, will be supported to feel safe and have opportunities to develop and thrive.

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2. Economic Inclusion

We Prioritise:	Our Objectives:
Access to Skills and Education	<ul style="list-style-type: none"> ▪ Sanctuary Seekers skills, qualifications and work experience are assessed and recognised by relevant agencies. ▪ Sanctuary Seekers are supported with access to education, training, volunteering, and work experience opportunities that meet their aspirations and increase employability. ▪ Schools, colleges, and other educational providers support Sanctuary Seekers and ensure they feel welcomed. ▪ Sanctuary-seeking children have timely access to education in early year settings, schools and colleges that are safe and welcoming, with additional support to ensure academic attainment and social integration.
Participation in the Economy	<ul style="list-style-type: none"> ▪ Where permitted by immigration status, Sanctuary Seekers will be supported to access employment and business development support aligned with their needs and aspirations, as part of the local employment support offer.
Advocacy and awareness building	<ul style="list-style-type: none"> ▪ Employers, businesses and education providers are educated on Sanctuary Seekers' rights and needs, promoting employment opportunities.
Addressing Barriers to Economic Inclusion	<ul style="list-style-type: none"> ▪ The English language needs of Sanctuary Seekers will be assessed as soon as possible after arrival using consistent and comprehensive tools, such as the British Council self-assessor. ▪ Sanctuary Seekers will have access to ESOL provision that is suitable to their individual needs and aspirations, including informal learning opportunities. ▪ Sanctuary Seekers will be supported with digital access and are helped to gain the necessary skills, equipment, and connectivity to use online services. ▪ Sanctuary seekers are supported with information and guidance on how to access local transport provision.

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3. Community and Belonging

We Priorities:	Our Objectives:
Community Integration	<ul style="list-style-type: none"> ▪ Cultural, leisure, sports and wider voluntary, community and faith sectors will engage in the integration of Sanctuary Seekers through safe, accessible, and welcoming activities. ▪ Recognising the importance of social connection for mental health and wellbeing, Sanctuary Seekers will be supported to make sustainable connections with people from all backgrounds and have access to meaningful opportunities to interact with others.
Bringing Communities Along	<ul style="list-style-type: none"> ▪ Residents and community groups will be informed and supported with welcoming sanctuary seekers into their communities, helping to educate, upskill and raise

	<p>awareness of the value sanctuary seekers bring to their host communities.</p> <ul style="list-style-type: none"> Take a partnership approach to promoting community cohesion and tackling hate crime.
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4. Working Together as a System

We Prioritise:	Our Objectives:
Information and Data Sharing	<ul style="list-style-type: none"> Services and organisations in Surrey have access to, and use of, information and data sources about Sanctuary Seekers in the county. Through the governance structure, partners share relevant data and insights in an effective and timely manner, to inform decision making. Existing services are mapped and their information is easily accessible so partners are able to signpost sanctuary seekers to available support.
Participative approach	<ul style="list-style-type: none"> Sanctuary Seeker communities will be involved in data production, research, and evaluating service impacts where possible. Feedback from Sanctuary Seekers will be sought to mitigate any negative service impacts. Ensure sanctuary seekers have adequate means of understanding and communicating with the system and their community, through ESOL provision and translation services.
Partnership Working	<ul style="list-style-type: none"> Providers in Surrey collaborate effectively with each other through strong partnerships, robust referral mechanisms and joint commissioning. Robust and appropriate governance is developed to oversee system-wide activity, and this governance is reviewed on an annual basis to ensure it remains fit-for-purpose.
Service and provision planning and management	<ul style="list-style-type: none"> Leadership within services will be committed to sanctuary seeker integration and the development of welcoming and inclusive services. Positive action for Sanctuary Seekers will be promoted, and where possible resources allocated to eliminate access disadvantages.
Training and support for staff	<ul style="list-style-type: none"> Raise awareness and understanding of cultural differences between service users, providers, commissioners, and communities. Raise awareness of the impact of trauma on Sanctuary Seekers and the need for services to be trauma informed. Ensure frontline staff working with sanctuary seekers have access to occupational mental health and wellbeing support and/or training.
Responsibilities as Employers and Commissioners	<ul style="list-style-type: none"> Partner organisations to take responsibility both as employers and, where relevant, commissioners to understand, mitigate and address modern slavery through appropriate policies and activities.

	<ul style="list-style-type: none"> ▪ Provide staff and commissioners with anti-slavery training to ensure organisations are equipped to recognise and address exploitation where present. ▪ Take a partnership approach to providing comprehensive support for victims of modern slavery.
Sustainable Funding	<ul style="list-style-type: none"> ▪ The system works together to identify and map the funding available to support sanctuary seekers, making any necessary changes to the funding allocation process in order to maximise and ensure best use of limited resources. ▪ Explore alternative funding provision such as through philanthropic sources.
Advocacy and Lobbying	<ul style="list-style-type: none"> ▪ Raise awareness of the experiences and needs of sanctuary seekers with national stakeholders, ensuring national leadership is equipped with the information to make systematic changes.

Governance

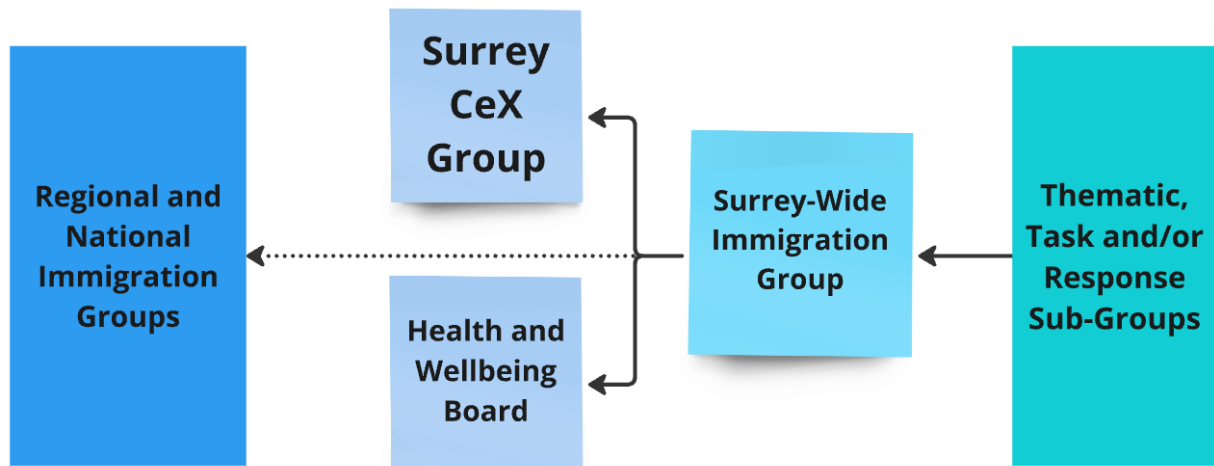
Partners Across Surrey

There is an extensive amount of partnership work already taking place across the county between health services, education providers, voluntary, community and faith groups, local government, local businesses, central government departments and residents themselves. These partners, forming the wider system, have collectively worked to accommodate, care for, and settle sanctuary seekers in Surrey, both on a temporary and permanent basis. Each of these partners has an important and integral role to play in responding and supporting sanctuary seeker communities in the most effective way.

In order to deliver the objectives within this strategy, we must make the best use of our collective resources, work in an effective way as possible, not duplicate effort, celebrate successes together, remain flexible to the changing context and find solutions to issues as a collective.

System Governance Structure

This strategy sets out the systems commitment to developing a robust and appropriate governance structure in order to oversee system-wide activity. The system is committed to reviewing this governance on an annual basis to ensure it remains fit-for-purpose to deliver against the strategic objectives in an ever-changing national and local context.



Surrey-Wide Immigration Group (SWIG):

SWIG is responsible for coordinating activities and resources across Surrey, addressing immigration challenges, ensuring efficient integration of new residents, capturing the benefits of immigration, and managing pressures on partner services. The group is comprised of local, regional and national partners from across health, education, VCSE (voluntary, community and social enterprise), and local government.

SWIG holds primary responsibility for steering and reporting on the progress of the Surrey Wide Immigration Strategy and its Action Plan.

SWIG will report into the Health and Wellbeing Board/Integrated Care Partnership, as well as the Surrey Chief Executives group through regular reports on the delivery against the action plan.

Thematic, Task and/or Response Sub-Groups:

A number of thematic, task and response groups exist to bring together partners around specific programmes of work related to sanctuary seeker support. By nature, these groups stand up when targeted partnership activity is necessary, based on the current immigration context. They operate in line with their own agreed Terms of References and decision-making structure. However, when a system-wide decision or discussion is needed this will be escalated to SWIG for consideration. Each group is linked into SWIG through board representation.

Regional and National Immigration Groups:

There are a number of groups that have been set up at a regional level or that bring together regional and national partners to discuss immigration activity. Relevant partners in Surrey have representation on these groups and feed information into the wider system through the local governance.

In order to raise awareness of the experiences and needs of sanctuary seekers in Surrey with national stakeholders, SWIG will feed into national and regional immigration groups

where necessary, whilst transferring important information from these groups into SWIG to ensure local conversations are in line with the regional and national context.

Wider Alignment:

Individual partners in SWIG and the sub-groups will remain aligned with other relevant partnership groups or internal organisational groups, feeding in updates or specific discussion items when relevant and ensuring duplication is avoided.

Accountability and Delivery Mechanisms

The primary delivery mechanism for this strategy is through an action plan that sets out activity against each of the agreed upon objectives within the strategy. The action plan is an iterative document and is able to flex in line with the changing context and realistic delivery timescales.

Accountability for the action plan sits with SWIG. SWIG will have a standing item on the delivery against this action plan and the group will produce regular progress reports to share with the wider governance and senior stakeholders. Ownership of individual objectives sit with the appropriate sub-group or, in some cases, with individual partners to lead.

Importantly, and in-line with the strategic objective to take a participative approach, Sanctuary Seekers will be engaged on the delivery against objectives where appropriate, ensuring that their lived experience is factored into decision making and prioritisation.

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Appendix 2 – Sanctuary Seeker Lived Experience Engagement - Report

Surrey County Council - Surrey Wide Immigration Strategy Development

Participation Phase 3: Sanctuary Seekers Lived Experience Engagement

Facilitated by Jenny Cave-Jones (Research Officer, RIU) & Bashir Fatehi (Surrey County Council (SCC) Immigration Manager, C&P, PH)

Full Report

by Jenny Cave-Jones

28.11.2024

Introduction

This research took place as part of the wider system and public participation process in designing the Surrey Wide Immigration Strategy. The engagement process took the following phases:

1. Internal SCC engagement phase
2. External partner engagement phase
3. Sanctuary Seeker Lived Experience Participation
4. Resident Research through Customer Panel Survey

This report sets out the approach and findings of Phase 3: Sanctuary Seeker Lived Experience Participation. It is structured with the following sections: aims, sample, data collection, data analysis, findings, discussion, conclusion and key recommendations. The 'findings' section contains many of the human experiences shared against the objectives, whilst the 'discussion' and 'key recommendations' sections both contain information about the feedback on delivery. Whilst this sits technically outside the scope of the strategic objectives review, there were rich discussion, views and ideas which are outlined to support the ultimate endeavour of meaningful implementation.

Aims

To find out:

- whether participants identified and agreed with use of the term 'Sanctuary Seekers'
- whether participants agreed with the draft strategic objectives included in the Surrey Wide Immigration Strategy
- about experiences participants have had seeking sanctuary in Surrey, in relation to the strategic objectives
- about insights participants have that may further inform the final shaping of the strategy's values and objectives.

Sample

Ten adults participated in total, with two groups of five each attending three sessions, in addition to four one to one catch up sessions due to participant non-attendance at one or more of the three planned meeting slots. Male and female participants attended, with countries of origin being Hong Kong, Ukraine, Syria and Afghanistan. Immigration status was variously identified as settled, asylum seeker or refugee and immigration visa programmes such as HK BNO and Homes for Ukraine.

- Interpreters required for adult groups: Arabic, Ukrainian, Dari
- Translation modes: Microsoft Teams basic transcript translation.
- Written documents of session summaries and pre-session reading shared with participants in English and language of origin as required.

The Young People Focus Group consisted of three male participants aged between eighteen and twenty-seven years; countries of origin being Iran, Nicaragua and Sudan, with either settled or refugee status.

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Data collection methods

Quantitative

A Surrey Says Survey (online) was distributed via organisational contacts, and demographic information and availability of people interested in participating was collected.

Invites were then sent to participants who met the identified priorities in order to ensure that, where possible, there was representation across county-of-origin, gender, immigration status and age.

Qualitative

This section includes ethical considerations around how this data was collected.

Focus Groups (online):

In order to accommodate the participants availability, the group of adults was split into two subgroups, one meeting in the morning and the other in the evening. Each subgroup took part in three session over the 17th, 24th of October and 7th November. Although the sessions were scheduled for hour, most lasted one and a half hours and it became apparent this was the minimum time allocation needed given the nature of the content and richness of experience sharing. Several one-to-one sessions were also facilitated with participants who were unable to attend one of the group sessions for various reasons, in order to ensure thorough capture from all participants. These lasted up to one hour. Each participant was gifted a £25 voucher per session, up to a total of £75 for all three sessions.

A decision was taken to interview the participant who is an SCC employee separately to avoid other participants potentially being less open if the group space contains SCC employees in addition to core facilitators

One participant disclosed their current status as a Borough Councillor in Surrey at the end of the first session. Given the group had positively bonded at that point, the decision was made to retain the group as it was, in the best interests of the participants.

Before each meeting, an agenda and pre-reading was sent to participants, and after each meeting a summary of discussion for any comments and amendments. Versions were sent in English, Dari, Arabic and Ukrainian. Participants were informed they will receive a summary report at the end of the sessions once collated.

The young person focus group took place as one, two-hour session with three young people aged between eighteen and twenty-seven years old.

In all groups, a trauma-informed approach was taken, and the key principles of safety, trust, choice, collaboration, empowerment and cultural consideration/ intersectionality were named to the groups as the relational framework, alongside agreement around the key aspects of confidentiality and consent. Contextual aspects, such as any sharing not negatively affecting their status or situation, were clearly named. It was explained that the facilitation would be led by the Research Officer with support from the Immigration Manager and any session translators, and that for any issues requiring specialist advice, the Immigration Manager would be available for a one-to-one support session at a later point for participants seeking help with personal circumstances.

For the young person group, the facilitation differed to include a representative from Big Leaf who was familiar to the young people, alongside the Surrey County Council Research Officer. The young people involved have direct support in place from Big Leaf but were also offered the opportunity to contact the County Council's Immigration Manager at any future point for advice or assistance.

Data analysis methods

A Thematic Analysis (light touch) was conducted to include main themes, insights, experiences and ideas put forward.

Findings

The term 'Sanctuary Seeker' was unanimously welcomed by all participants, though with the clear caveat that a definition should accompany any usage of it. The purpose of this is to:

Define what 'sanctuary' means in this context – different cultures ascribe various meanings to the word

Clarify that it is being used as an overarching term to describe anyone who might be going through the legal processes related to immigration and is an intended term of humanity rather than a legal definition or separate category.

Participants were in unanimous agreement with all objectives of the draft strategy, whilst sharing their own experiences around each one, and consistently referring to the underpinning delivery mechanisms that will need to be in place, with key themes being: action, accountability, and outcome measures.

There follows a summary under each objective heading of the insights provided by the participants in these groups. There were varied experiences, some being culture specific, whilst several themes were recurrent regardless of country of origin, immigration status, or resettlement route. It became quickly apparent during the session discussions that many experiences, both positive and negative, sit across more than one objective, each impacting the effectiveness of the other.

Secure and Stable Housing

Experiences varied from receiving the right information and timely support with suitable housing provided, to not having the correct or complete information around rights and processes, unsuitable accommodation (hotel, temporary etc), borrowing money to self-fund private renting and associated stresses.

Private landlords charging one year rent in advance (circa 20K), an experience shared by Ukrainian and Hong Kong participants, can significantly add to stress and limit options whilst creating more debt. This arrangement was described as being proposed by landlords in lieu of references they deem acceptable. Participants from Hong Kong also shared experiences of estate management companies increasing fees and explaining that this was due to the increased security cost incurred to protect migrant tenants.

One participant described how they worked two jobs, 72 hours a week in order to get references to rent somewhere, because their family had not received the correct information about housing options. The participant described it as being like 'stuck in a circle' and landlords would still not accept references which resulted in borrowing money for one year upfront, in addition to exhaustion from parenting three children at the same time.

Another participant became upset when sharing their experience of where they and their family are currently living:

'You know when you go to a new place it is difficult to settle about and some places with the war we've lived in have been unsuitable and very tough. I didn't want that for my kids. I want them to grow up in a better place.'

'There is no parking close by.... and if (my) kids sleep,(I) need to wait in the car till they wake up to be able to walk back to the flat...the windows are very low and with their age they can easily climb into the window....the windows are exposed, although

I covered it, but as a Muslim, you know that I wear the hijab. So at home I take off my hijab. Well, when I want to open the windows for ventilation, I need to put on my hijab because it would be too exposed.'

Young people described experiencing the housing system as very complicated without much help to understand the different categories and bandings of priority, for example. One young person said that seeing their Personal Advisor every eight weeks was not enough for the support and information that was needed.

Transport

Transport was described in all groups as posing several challenges; frequency of services, costs (being given discounted fares only for limited periods), navigating bus systems (especially where there are multiple companies operating with different fares) and availability of services more rurally. Delays re-issuing free travel passes caused stress and travel limitations for one family.

It was raised by the young people that in London and Surrey where Transport for London (TFL) operated, it was much easier than other areas. They had also experienced being given no or minimal advice by Personal Advisors and accommodation Support Workers respectively, which added to stress and confusion about how to travel in the most efficient way.

Health and Wellbeing

Most participants had been able to register with a GP fairly easily, and there were mixed experiences with some praising care, especially of children and in one case, outstanding signposting. It was also apparent, though, that not all were aware of the scope of issues GP's can provide support with, for example mental health.

Participants also explained a lack of information and awareness around the role of Special Education Needs and Disabilities Co-ordinator (SENDCo's) in school, and English As a second Language (EAL) support staff. Registration with an NHS dentist had only been successfully experienced by one participant, with others struggling and quoted large sums privately for needed dental work. Participants described a lack of understanding around wide reaching impacts of contextual Complex Post Traumatic Stress Disorder (C-PTSD) especially in adolescence, parenting, inter and intra cultural bullying.

The young people shared that it is very important to be able to talk to someone they have a trusted relationship with about anything which might be bothering them in terms of mental/ emotional wellbeing. And that being heard, understood and validated is very helpful. One young person was passionate about suggesting therapy should be much more readily available, and that there needs to be far greater understanding generally about what Young Sanctuary Seekers may have experienced prior to arrival and once in the host country.

Surrey was described as a beautiful place with lovely nature, peaceful and quiet, though also isolating where transport was an issue, and especially where people were housed rurally, delayed issue of bus passes had caused already sparse public transport options to be more of a stressor for integrating into the local community and visiting other places of interest.

Being able to learn and speak better English was relevant here too so as to more fully understand communications about, and access, wellbeing opportunities and activities.

Preventing Crisis and Destitution

It was agreed that clear definition around the meaning of 'Crisis and Destitution' in this context is needed, and clearer explanation of this objective and what meeting it means.

Information about rights and support were described as not only needing to be disseminated on arrival but on an ongoing basis and in different ways due to overwhelm of traumatic experiences and adjustment in the initial stages of resettlement.

Security and Safety

Participants had mixed experiences of feeling safe, often depending on housing and location. One participant described feeling generally safe in Woking because of the multicultural aspect, but unsafe at night and in their job at a local supermarket because adolescents would come in regularly and shoplift. The participant said they had not experienced anything in regard to their culture or immigration status specifically but that they would be advising their children not to go out at night when they are older due to this general cultural issue of youths in groups late at night locally, which can feel threatening, and said they would be interested to know if this was the case across Surrey and nationally too.

Young people spoke about feeling safe in Surrey, one described seeing police around generally who are always friendly but had friends in other areas of the UK who did not feel safe and had been told there was less preventative police presence in areas such as Liverpool and Manchester. They spoke particularly about the riots and one young person described feeling scared and wondering if they would need to move country, thinking 'where to next' because 'I can't change the colour of my skin.'

An adult participant described feeling safe at all times in their neighbourhood and very welcomed by many different parts of the community with meaningful GP signposting which led to inclusion and relationship building.

Access to Skills and Education

The adult participants discussed the experience of accessing skills and education for children and young people in their family or community. There were several examples given of the need for educators/ schools be more aware of, the specific challenges that sanctuary seeker children face at different points in their development and how to provide support in these circumstances.

Examples were given of how it can be harder for Sanctuary Seekers to get diagnoses and support for children with additional needs due to lack of information and language barriers, such as a pediatrician mis-understanding a parent explaining there was no autism in their family that they were aware of. This resulted in a discharge with the note that the parent did not believe the child was autistic. It then took several months for a diagnosis to be given, which is what the parent was hoping for initially. This had an impact on schooling, and support offered which caused great stress to both parent and child.

Adult participants were keen to access various learning and courses, some advanced vocational, some to learn other skills/ trades, in addition to improving English language skills but had mixed experiences around being able to find information about opportunities.

The young people all described situations of being unable to progress in ways they are trying to learn and earn money, and said whilst the objectives seemed very good, what actually happens currently is very different. One young person described being assigned to an ESOL college course by their social worker, when their language skills were already at a standard for subject study, and identification and advocacy from Big Leaf Foundation (BLF) meant they were able to undertake A-Levels instead and is now at university training as an Allied Health Professional. Another described wanting to be a barber and being told because they are over 19 years of age they would need to pay for a Level 1 course in London before being accepted for Level 2 locally. They cannot afford to pay in excess of £1,000 for this course.

Participation in the Economy

Some participants described how they are struggling to make sense of how people with advanced qualifications can access suitable work. Issues around qualification recognition and networking opportunities were also raised. Some described Job Centres as being very limited in terms of what they could offer beyond basic skills job opportunities.

'I personally encountered an issue with the recognition of my Master's degree from the National Technical University of Ukraine in the field of science. The UK government needs to launch a specific program for the recognition of Ukrainian diplomas, just as it does for Switzerland and other countries. Wherever I turned, I did not receive support in finding a job in the IT sector, even though programming was a

core subject of my degree. Is there a list of companies that are willing to hire me according to my technical background?'

Addressing Barriers to Economic Inclusion

A recurring theme here that also came up in discussions around Health and Wellbeing and Skills and Education was the quality and availability of advance English Language Classes. It was recognised that sometimes these classes are unavailable and inaccessible despite there being a high need and desire from Sanctuary Seekers to further English skills in order to attain employment that reflects their other qualifications, skills and experience.

Advocacy and Awareness Building

Some participants described positive experience of making local connections, feeling supported and advocated for in adjusting and settling into life in the UK. Participants highlighted workers who they felt had passionately advocated for them. Others described more difficult experiences of receiving inadequate support and understanding from others about what they have been through and challenges they continue to face when trying to get information, advice and support about meeting the needs of themselves and their dependants.

Community and Belonging:

Better quality and more English classes needed were raised specifically in relation to several objectives, this being one of them, highlighting the far-reaching impact of communication skills across each area.

Wider community education around cultural understanding needed, so that local people can understand communication differences are cultural not rudeness or unwillingness to integrate. For example, Ukrainian culture in verbal interactions tends to be very direct and blunt, without saying sorry and thank you often, and no small talk, which has been something participants have had to learn to do but would also like it if other cultures in the UK understood this and that the communication difference does not represent values that are any less kind or caring.

Participants discussed that there needs to be more understanding from all service providers around both the value and complexities of peer support, with some participants describing experiences of bullying and invalidation from other sanctuary seekers within their own culture. One participant described a situation where they experienced this whilst in hospital, from a social worker who had also experienced sanctuary seeking in Surrey.

Positive experiences were shared about Libraries – that the welcoming staff with a wealth of useful information, and free children’s activities creates a sense of inclusion, belonging and feeling valued for the whole family.

‘The community that I’m living in is fantastic and a lot of good people, good families around so if we want to see anyone, a neighbour, mostly we see them in the park or the community centre.’

Positive experiences highlighted outcomes when the system works well, and as one participant stated:

‘people smiling...cookies in the library...the little things are the big things’ in reference to community-based services and connections

Participative Approach

Participants agreed the importance of continued involvement of sanctuary seekers in any work concerning this demographic and would welcome further work with SCC and partners in shaping the delivery of the strategy, with interest expressed around coming together at intervals as the delivery against this strategy progresses.

Service and Provision Planning and Management

Participants raised throughout that although they were in full agreement with the objectives, they were keen to see the delivery mechanisms and the importance of action, accountability and outcome measures.

Training and Support for Staff

It was suggested that all relevant staff should receive training to increase understanding around what sanctuary seeking residents and colleagues might be experiencing. The idea of a Sanctuary Seeker identity card was also put forward, which would be a card that people could give to staff for the purposes of not needing to repeat their situation each time, and the staff member instantly knowing that the person is at much higher risk/ likelihood of having had traumatic experiences.

Reflection

Shared by groups verbally prior to close of final session:

Participants felt engaged in the process, and felt it had benefited them to attend in being heard

Participants felt safe to share their own experiences in the space

Participants were very positive about SCC doing this engagement but felt more time would have been useful

'I am confident and grateful that all who work at Surrey Council are committed to improving the lives of asylum seekers.'

'I just wanted to thank you... for the conversation and especially for acknowledging and validating our struggles and my personal pain.'

Conclusion

The term 'Sanctuary Seeker' was welcomed as an overarching descriptor, with a topline definition being put in place for clarity of meaning. Other terms, such as 'crisis and destitution' also require topline definition, and further shaping of the associated objectives to be more specific in how crisis and destitution will be prevented.

All participants agreed with the draft objectives in the Surrey Wide Immigration Strategy.

Receiving and being able to find correct and full information was an experiential theme of participants throughout discussion of all the objectives, and it is important to note that many participants were not aware of Surrey County Council's own website information page, including the SCC employee participant.

Acknowledgement of, and reference to, the various types and layers of traumatic experiences represented was an important part of helping participants feel understood and reassured in sharing their thoughts and experiences in the focus group space.

Further to the strategic objectives being confirmed, key themes highlighted were the required underpinning delivery actions, accountability and outcome measures; what these will look like, and how these will be communicated to the public,

A combination of legal loopholes, miscommunications, lack of communication, cultural misunderstanding and challenges such as being in unsuitable housing, C-PTSD, caring for children with additional needs, and many more all lead to ongoing difficulties and stressors layered on top of already very traumatic experiences.

A key recommendation is that all system workers are trained in understanding the experiences of Sanctuary Seekers through a trauma-informed lens, and that there continues to be Sanctuary Seeker involvement in the shaping of delivery planning moving forward.

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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	
Title:	Our Surrey Heartlands United Surrey Talent Strategy (UST) and Health and Social Care Academy (HSCA)
HWBS/Surrey Heartlands IC Strategy priority populations:	Relevant to all populations as it addresses and focuses on the workforce needed in Surrey Heartlands Integrated Care System to meet the needs of the population now and in the future. Also providing employment opportunities to some of our population groups experiencing poorest outcomes.
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	Our United Surrey Talent Strategy and Health and Social Care Academy aims to support all priorities and strategic ambitions by uniting and enabling our workforce to support our population.
HWBS or IC Strategy Outcome(s):	Supports all outcomes
HWBS system capabilities/IC Strategy Ambition 3 enablers:	Our vision is to unite our Surrey workforce across health, social care and voluntary, community and social enterprise partners: for our workforce to be enabled, mobile and skilled to serve others during fulfilled careers.
HWBS/IC Strategy Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	<ul style="list-style-type: none"> • Leila Javadi-Babreh, ICS Head of People Strategy; l.javadi-babreh@nhs.net • Kim Everett, ICS Head of Programmes – Health and Social Care Academy in collaboration with the wider HSCA team; kim.everett1@nhs.net
Sponsor(s)/Champions:	<ul style="list-style-type: none"> • Karen McDowell, Chief Executive, Surrey Heartlands ICS (HWB/ICP Sponsor)

	<ul style="list-style-type: none"> • Sue Murphy, Chief Executive Officer, Catalyst, VCSE (HWB/ICP Sponsor) • Michael Pantlin, Chief People and Digital Officer, Surrey Heartlands ICS • John Marsh, Non-Executive Member, Surrey Heartlands ICS
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	N/A
Annexes/Appendices:	Annex 1 - Uniting Surrey Talent, PowerPoint - includes references to further information and content to bring the work to life

2. Executive summary

Our United Surrey Talent Strategy was co-developed with Health, Social Care and Voluntary, Community and Social Enterprise partner representatives and approved in July 2022. NHS and Surrey County Council joint funding so far supports 32 workforce pioneer programmes to help ensure we have the right talent in Surrey to meet the needs of our population now and in the future. This paper shares progress, high level evaluation of Phase 1 and plans for Phase 2.

Our Health and Social Care Academy is a key pioneer programme of the United Surrey Talent Strategy. A strategic enabler, bringing together and integrating workforce planning, education and learning opportunities for all our current and future Health and Social Care workforce - accessible through a digital one stop shop. This paper shares progress and achievements for this pioneer as an exemplar.

3. Recommendations

This paper is shared for information and the HWB and Surrey Heartlands ICP are asked to support the following recommendations:

1. To note the progress of United Surrey Talent Strategy implementation.
2. To invite the development of a business case for the long-term sustainability of the Health and Social Care Academy.

4. Reason for Recommendations

Our United Surrey Talent Strategy was identified as a whole system need to help provide a united health and social care workforce for now and in the future. There is a robust evaluation of Phase 1, which evidences effectiveness and learning. Significant engagement and planning has been undertaken to support the Phase 1 evaluation and Phase 2 emerging proposals.

The workforce innovation fund has largely been allocated and is non-recurrent. A business case needs to be developed to sustain and grow the potential of the new Health & Social Care Academy.

5. Detail

Our United Surrey Talent Strategy <https://www.surreyheartlands.org/united-surrey-talent-strategy> and Health & Social Care Academy <https://www.surreyheartlands.org/academy> have been co-created and are being co-delivered to meet and help enable the Surrey case for change.

Although Surrey is one of the healthiest places to live in England, we recognise there are still disparities in experience. With a 12 year gap in life expectancy depending on where people live and poorer outcomes in some of our population groups.

We know that medical care alone will only ever impact about 20% of someone's health and wellbeing; the rest (the *wider determinants of health*) is influenced by factors such as education, housing, employment, the environment and personal characteristics, such as race.

As a partnership, we want to create a health and social care system that values the role of the local community and organisations and enables people to take more control of their health and wellbeing. With a focus on prevention and targeted support, we want to reduce the unfairness some people experience in accessing health and social care, so nobody is left behind. At the same time, we want to pursue innovation, joining up services for residents and developing digital technologies to create smarter ways of managing health and accessing support.

To support this, Our United Surrey Talent Strategy identified Six Levers of Change:

1. Modernise and Integrate Recruitment
2. Build New Capabilities
3. Develop fulfilling Careers
4. Establish a Surrey Offer
5. Enable the United Surrey team
6. Build our Expertise

Our initial 32 Pioneer Programmes are aligned with the 6 Levers and Phase 1 is now subject to robust evaluation. Initial findings are showing 3 main themes:

- Financial savings from joint working
- Significant improved access to training, education and recruitment
- Genuine culture change towards uniting cross-sector workforce

Our emerging Phase 2 proposals include the learning from Phase 1 and will seek to support common aspirations for the future of health and care, such as:

- More staff looking after people in out of hospital settings, either at or near home.
- A professionalised care workforce, with accredited skills, qualifications and better pay, terms and conditions.
- More “home-grown talent”, with disadvantaged job seekers provided better access to employment and more degree education provision in Surrey for professional roles.
- A corresponding investment in training, resources and awareness on Equality, Diversity and Inclusion to support and attract a diverse workforce.
- Targeted increases in roles in non-medical primary care, community nursing, diagnostics and social care.
- A more mobile workforce, able to share data and work across settings.
- Clear and accessible career structures enabling staff to have greater control over their future.
- Many more multi-professional teams in place who are supported to collaborate, learn and improve together to consistent standards in our towns.
- A leadership more representative of the people it serves and with the skills and tools to lead effectively across traditional boundaries.

As key pioneer of the United Surrey Talent Strategy, our Health and Social Care Academy is an important strategic system convener and enabler to help achieve our ambitions. Through our transformational learning and education programmes, we are providing more work opportunities and supporting improved outcomes for some of the population groups who experience the poorest outcomes.

For example:

Our system wide **Universal Family Programme**, which during the **Care Leavers Covenant Pilot** we have received 59 referrals against a target of 25. Of those 40 young people are having career coaching, 6 have now started college places, 4 secured apprenticeships, 3 are in social care placements and 13 further placements are available in our partner organisations. For this work, under the strategic leadership of our Health and Social Care Academy and Surrey and Sussex Healthcare, Surrey Integrated Care Partnership received a **Lived Experience Charter Bronze Award**.

Our **Oliver McGowan Mandatory Training Programme** is pioneering a unique and innovative model of sustainable delivery. Not only is it supporting the provision of this mandatory training to c£50k health, social care and voluntary, community and social enterprise professionals in Surrey, it is also providing access to work for our population with lived experience of learning disability and autism. To date we have provided full day face to face training seminar places and employment to 40 co-trainers with lived experience.

Our **Surrey Accredited Care Certificate Programme** is a collaboration between the Health and Social Care, Adults and Surrey Skills Academies, with tripartite funding from NHS, County Council and NHS England. It is a unique and pioneering programme where students join a ‘boot camp’ to achieve a Level 2 Care Certificate

Qualification, accredited by OCN (Open College Network) London. Currently we have the opportunity for 75 students in 5 cohorts. Cohort 1 have graduated, with Cohorts 2, 3 and 4 in progress. This is one of a number of programmes designed to help upskill our wider workforce to support older people, those living in care homes and those with long term conditions who are cared for in our local communities.

Please take time to watch these read the appendix slide dec and watch these short videos, which are very much part of this report and describe our Health and Social Care Academy and some of our key programmes.

- Health and Social Care Academy explainer: https://youtu.be/bWu1C13iR_w
- Surrey Accredited Care Certificate students: <https://youtu.be/leD0CgJG1hc>
- Oliver McGowan Mandatory Training: <https://youtu.be/kaEGil4LaoA>
- Nursing Associate Programme: <https://youtu.be/Ck3A1U2Mofo>
- Professional Skills in Practice: <https://youtu.be/FEDzaqDImIE>

6. Opportunities/Challenges

United Surrey Talent Strategy and Health and Social Care Academy already work interdependently with many Surrey partners. Whilst each pioneer has a duty to plan for sustainability, there is a significant risk to the Health and Social Care Academy as it is currently not supported with any recurrent funding.

7. Timescale and delivery plan

United Surrey Talent Strategy pioneers, including the Health and Social Care Academy, are currently in delivery and utilising the innovation funding awarded. Our intention is to learn from the evaluation of phase 1, take stock of developments nationally since 2022 and move to Phase 2.

Within this, the case for sustainable funding to continue to evolve the work of the Health and Social Care Academy is a priority.

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

There has been continuous engagement through a range of media throughout our work. Bringing stakeholders together from initial workshops through development groups, steering groups, projects groups, programme boards, sub committees and the ICS People Committee. This has included representation from health, social

care, voluntary, community and social enterprise partners, local authority, independent provider organisations and people with lived experience.

Some major events include:

- Surrey Heartlands Expo – February 2023 and October 2024 [Surrey Heartlands Expo 2024](#)
- Surrey Workforce Summit – April 2024 <https://youtu.be/c9RePVAbuNQ>
- Surrey Care Association Spring Conference – May 2022, 2023 and 2024
- United Surrey Talent Workshops – April 2022, January and September 2024
- Surrey Festival of Skills – April 2023 and 2024
- T Level Workshop with East Surrey College – July 2024

This activity and events demonstrate how we have met the HWBS/IC Strategy's Principles for Working with Communities:

- Community capacity building: 'Building trust and relationships'
- Co-designing: 'Deciding together'
- Co-producing: 'Delivering together'

9. Legal Implications – Monitoring Officer:

Not applicable for our report.

10. Next steps

- Conclude the evaluation and the shape of United Surrey Talent Phase 2.
- To continue to develop and evolve the work of the Health and Social Care Academy into 2025 and beyond.
- We would welcome any comments and/or feedback please contact:
Our United Surrey Talent Strategy: l.javadi-babreh@nhs.net
Our Health and Social Care Academy:
syheartlandsicb.healthandsocialcareacademy@nhs.net

Questions to guide discussion:

- We have come a long way in two years and appreciate there is so much more to do. What else would you like to see on top of the Phase 2 emerging priorities?

Uniting Surrey Talent

Supporting our communities

Combined HWB/ICP Board 11 December 2024

Kim Everett: ICS Head of Programmes and lead for the Health & Social Care Academy

Sue Murphy: UST Alliance member, CEO of Catalyst Support, Chair of the Adult Mental Health Alliance and Workforce Portfolio Lead for the Surrey VCSE Alliance

Michael Pantlin: UST Alliance Member, Chief People & Digital Officer, Surrey Heartlands ICB, SRO Health & Social Care Academy

John Marsh: UST Evaluation Panel Member, Non-Executive Director, Surrey Heartlands ICB, Chair of Surrey Heartlands ICS People Committee



Vision: To unite Surrey talent across health, care & VCSE which is enabled, mobile and skilled to serve others during fulfilled careers'



Modernise and Integrate Recruitment

- Unite recruitment efforts across sectors
- Recognise values as well as skills



Build New Capabilities

- Health & Care Academy for wider access
- More community placements



Develop fulfilling Careers

- Integrated, attractive, careers
- 2 job offers in 1



Establish a Surrey Offer

- Seek equity & consistent experience
- Tackle affordable living



Enable the United Surrey team

- Build our neighbourhood teams
- Mobility across partners
- Digital enablement



Build our Expertise

- Sharing HR capabilities with small businesses

Timeline



United Surrey Talent Alliance
equal partners

July 2022

United Surrey Talent Publication



£3,000,000
Surrey County Council

+



£3,000,000
NHS Surrey Heartlands ICB

£6 Million
Workforce Innovation Fund (WIF)
provided by Surrey County Council and
NHS Surrey Heartlands ICB

32

pioneer projects. **25** projects funded by
Workforce Innovation Fund



November 2024

Evaluation...





The United Surrey Talent Alliance

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Nicola McLeish
Chief Executive Officer
Surrey Care
Association



Liz Uliasz
Chief Operating Officer
Adult Social Care
Surrey County Council



Sue Murphy
Chief Executive Officer
Catalyst
VCSE



Michael Pantlin
Chief People and Digital
Officer Surrey Heartlands
Integrated Care System

- ❖ Shared decision making
- ❖ £6 Million Innovation Fund

- ❖ Health, Social Care, VCSE Strategic Connectors
- ❖ Stewardship of the fund

- ❖ Performance monitoring
- ❖ Cross sector critical friend

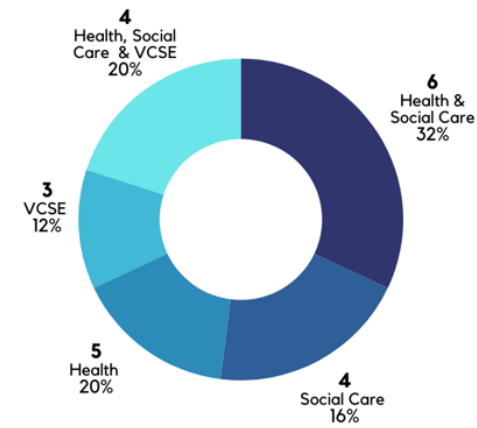




Pioneers by Change Lever

The below demonstrates the cross sector innovative programmes that enable the delivery of the United Surrey Talent Strategy. All funded programmes have undergone extensive application processes and monitoring and performance oversight by the United Surrey Talent Alliance.

The chart on the right details the approved bids by sector.



1. Modernise and Integrate Recruitment

- NW Surrey Talen Hub (with elements of the People Together Project)
- G&W Place Based Recruitment Hub
- See, Hear, Share

2. Build New Capabilities

- **Surrey Heartlands Health and Social Care Academy**
- Surrey Heartlands Placements Team
- Local Area Coordination in Key Neighbourhoods
- Surrey Social Care Workforce: Clinical support to empower care home staff to work with older residents with complex mental health needs.
- Expanding prescribing capability in neighbourhoods through community pharmacy
- G&W Frailty H&C Academy
- Surrey LD & Autism Talent Alliance – Care Talent Collective
- Surrey Heartlands Careers
- Adult Social Care Accreditation
- East Surrey Place Leadership Offer: Growing System Leaders

3. Develop Fulfilling Careers

- Home-Start Surrey volunteer recruitment and retention
- AHP International Recruitment
- Employment Works for Health - Supported Employment Liaison Lead
- Community Nursing Associate Expansion
- General Practice Career Pathway Enhancement Programme (GPCPEP)
- 2-4-1 Job Offers
- ICS Retention Programme

4. Establish a Core Surrey Offer

- Social Care Workforce – Parity of Esteem

5. Enable the United Surrey Team

- Integrated Workforce Model: (Home First Plus)
- FBOBSH Temporary Staffing Collaboration Model
- GP Development Toolkit
- Innovation Fund Programme and UST Alliance Management Resource
- Connecting Surrey Heartlands & Better Together (Combined)
- Integrating Children's Health and Care Workforce

6. Build our Expertise

- Workforce: Integrated, Planning, Performance and Intelligence (WIPPI)
- Enhanced Data Analytics and Workforce Planning (NWS)
- Coaching and Mentoring Portal

0209 2266

Collaborating On Strong Foundations

Integrated Health & Care
System Strategy



Key enabler



Key programmes



2022

2023

2024

The Surrey Heartlands Health and Social Care Academy is just one example of a pioneer programme that has been supported by the innovation fund and is a key enabler of the strategy.



Health & Social Care Academy



Ambition and Aims

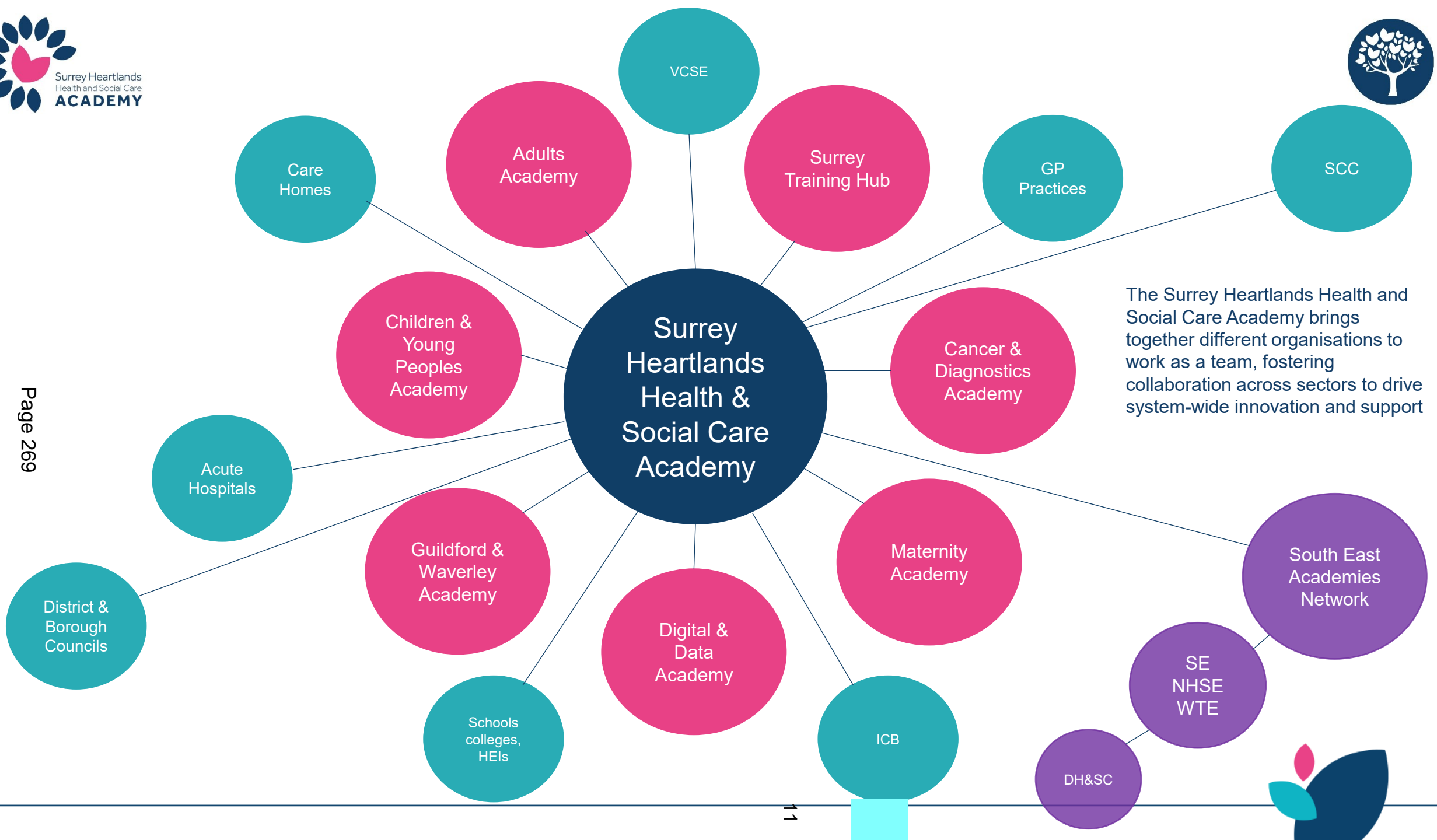
To bring together and integrate **workforce planning, education, training and learning opportunities** for all our current and potential Health and Social Care workforce. Accessible through a digital **'one stop shop'** to best support our communities

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- 1 Improve access to learning development and work opportunities
- 2 Help attract and retain our workforce across Health, Social and Voluntary Community and Social Enterprise Partners
- 3 Provide access to good work with fair terms and conditions and flexibility in line with changing workforce expectations
- 4 Use a modern learning and development approach that enables us to offer exciting, rewarding and sustainable career pathways




This section displays a wide array of partner logos, including: NHS, Oxford Brookes University, Surrey and Sussex Healthcare, Brooklands College, First Community Health and Care, University of Chichester, Bucks New University, Guildford and Waverley Health and Care Alliance, CARE, Frimley Training Hub, NW Surrey Alliance, Royal Holloway University of London, University of Brighton, Farnborough College of Technology, The East Surrey College, Procare, Kingston University London, Surrey Heartlands Integrated Care Board, Surrey Heartlands Health and Care Partnership, Surrey Heartlands Health and Social Care Academy, Surrey Care Association, Princess Alice Hospice, Ashford and St. Peter's Hospitals NHS Foundation Trust, East Surrey College, Royal Surrey NHS Foundation Trust, Surrey VCSE Alliance, Surrey Training Hub, Surrey VCSE Alliance, Surrey VCSE Alliance, University of Roehampton London, Holy Cross Hospital, Surrey and Borders Partnership NHS Foundation Trust, Surrey Downs Health & Care Partnership, Runnymede Borough Council, Epsom and St Helier University Hospitals NHS Trust, and Strode's College.



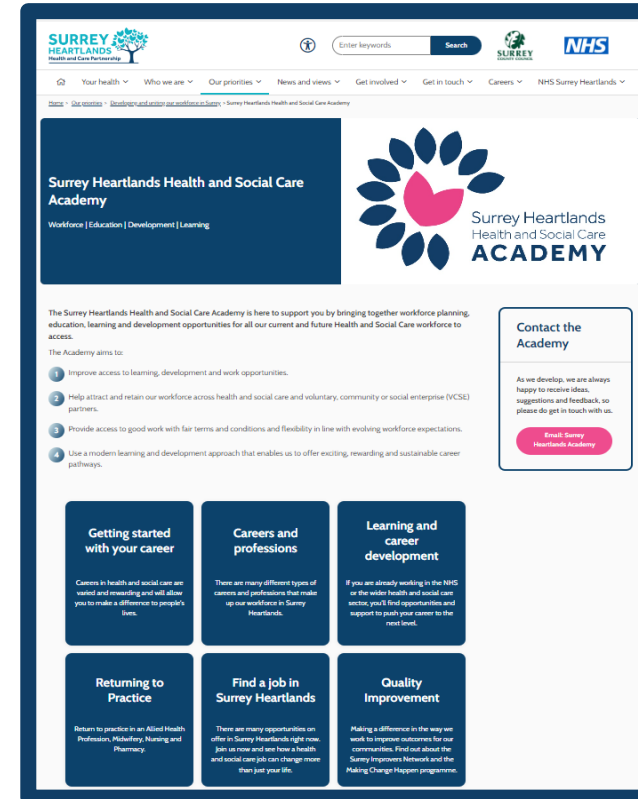
The Surrey Heartlands Health and Social Care Academy brings together different organisations to work as a team, fostering collaboration across sectors to drive system-wide innovation and support





The following is live on our Academy digital space: www.surreyheartlands.org/academy

- **Getting started with your health and social care career** Information and resources promoting T Levels, Apprenticeships, Careers and Professions, Volunteering and Work Experience in Surrey Heartlands.
- **Careers and professions** Guidance and support to schools and students on health and social care careers and professions in Surrey Heartlands. Detailing how Surrey Heartlands can support schools and colleges with careers events, school workshops, 1-1 mock interviews. Information and support on the Enact performance workshops for schools with an engaging promo film.
- **Learning and career development** Supporting our workforce with:
 - **Advanced Clinical Practice** guidance and information
 - Linking to both Surrey Heartlands and SELA **Coaching and Mentoring offers**
 - **Leadership development opportunities** – including SH Local Mary Seacole and EOI's for Growing System Leaders and linking to national leadership offers
- **Return to Practice** - Surrey Heartlands guidance on **return to practice for AHPs, Midwifery, Nursing and Pharmacy**
- **Find a job in Surrey Heartlands** - Linking to **vacancy job boards** for SH, health and social care partner organisations within SH
- **Quality Improvement** - Providing information and contact details for **SH Making Change Happen** and **Surrey Improvers Network** improvement programmes.
- **Surrey Heartlands storytelling – ‘Getting to Know You’** Developed case studies and videos with some workforce colleagues across SH. **Ambition to inspire our current and future workforce.**



- **Further development**
 - **VCSE** – continue to develop roles, content and information about the work undertaken by the third sector.
 - An **event platform** to host system wide development offers on our digital space. Partner organisations are sharing their offers which will be accessible for all system colleagues.
 - **Social care professions** and roles – developing content further
 - **Apprenticeships** – developing content further and outlining the apprenticeship process steps at system partners.
 - **Oliver McGowan Mandatory training** – providing information around the training, our system response and contact details
 - **Professional Skills in Practice (PSP)** – providing information and support to our SH preceptors
 - **System Intelligence & Analytics** – hosting of an ‘Analytics Training Hub’ page.



Key programmes and developments

The Surrey Heartlands Health and Social Care Academy is driving key programmes to improve workforce skills, attract new talent, and enhance retention. Initiatives include the development of a new digital platform and learning management system, expanding system wide apprenticeships and placements, development of Oliver McGowan Mandatory Training for the health and social care workforce, and unique learning and development opportunities tailored to local needs.

1

Improve access to learning development and work opportunities

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- **New website** currently hosted by Surrey Heartlands Health and Care Partnership
- Development of a **learning management system** with multi partner access
- **New Trainee Nursing Associates in Social Care** – target to have 41 on programme by end of 2025
- **Upskilling in Care Homes and Home Care** offering clinical and non-clinical skills development in partnership with CSH Surrey - 512 training places offered between June 2022 to June 2024.

2

Help attract and retain our workforce across Health, Social and Voluntary Community and Social Enterprise Partners

- 130 **Career Ambassadors** attended 170 career events
- 4300 school students attended 57 **Enact Career Workshops**
- **Apprenticeships** system collaboration – supporting 715 apprentices in Surrey Heartlands
- 3 providers have started offering placements to **T-level** students with 16 other organisations potentially interested with Academy support.

3

Provide access to good work with fair terms and conditions and flexibility in line with changing workforce expectations

- Sustainable development of **Oliver McGowan Mandatory Training** to c50k health & social care workforce
- Providing work opportunities to our learning disabled and autistic population
- **Student placement** utilisation – 20% placement growth for nurses, midwives and Allied Health Professionals in 23/24
- **Universal Family Programme**, supporting **care leavers** into work, has received more than 55 referrals

4

Use a modern learning and development approach that enables us to offer exciting, rewarding and sustainable career pathways

- **Professional Skills in Practice** – a bespoke interprofessional, cross sector programme to meet locally identified workforce learning needs such as professionalism, resilience and inclusion
- **Surrey Level 2 Accredited Care Certificate course** – not being done anywhere else in the UK! In collaboration with Surrey Adults Academy
- **Growing System Leaders** – a bespoke Surrey programme, to help develop our future leaders in leading change across sectors. Cohort 1 complete and Cohort 2 underway.



The following are just some examples of the many programmes and developments being led by the Surrey Heartlands Health and Social Care Academy.

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- Surrey has the only accredited L2 with L3 offer in the UK and has space for 75 students on the programme. Cohort 3 now in delivery. Expanding offer for Cohort 5
- The benefits of the accredited Care Certificate includes recognition, progression opportunities, portability, quality assurance, time efficiency.
- We now have nursing associates in community settings, with the initial goal to train the first 41 by the end of 2025.

Care Certificate & Nursing Associates



- The Universal Family Programme provides employment, education, and training opportunities for care-experienced young people through partnerships with Careers Matters and our system partners.
- To date, 59 young people have engaged with this programme, with outcomes including apprenticeships, career coaching, college placements, and social care roles, and an additional 13 placements have been made available. This initiative has earned a Lived Experience Charter Bronze Award for its impact.

Universal Family Programme



- Delivered by trainers with lived experience, OMMT Training offers Tier 1 and Tier 2 levels based on staff roles, with over 1,300 Tier 2 places already taken up through the Surrey Heartlands approach. A £200k sustainability grant supports equitable access through the Care Talent Collective.
- Oliver's Provider Collaborative is an innovative collaboration of training organisations who have been brought together by Surrey Heartlands Health and Social Care Academy to ensure the highest standards of OMMT training, and value for money for Health and Social Care Partners.
- Through this collaboration we aim to create a managed market which can meet the needs of the 46.8k workforce who require OMMT training within the next 3 years.

Oliver McGowan Mandatory Training



Exciting opportunities into 2025 and beyond



As we look to the future, the Surrey Heartlands Health and Social Care Academy team plans to continue to progress the variety of collaborative programmes and innovative opportunities that have already commenced. There are already a multitude of opportunities on the horizon, some of which are noted below, **however there is a risk to the sustainability of the Academy**, due to the current absence of recurrent funding.

The Health and Social Care Academy emerged as a standout success from evaluation and has played a pivotal role in addressing workforce development, particularly within the social care sector. Its inclusive approach to workforce training has not only unified sectors but also built strong partnerships, making it well-suited for further expansion in phase two of UST.

Apprenticeship Strategy

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- Working with system partners to develop a Surrey Apprenticeship strategy

DHSE Ignite Programme-Masterclass

- Working with Surrey County Council, Surrey Care Association and Health and Social Care Academy
- Launching Jan 2025

Guildford & Waverley Frailty Academy-Enhanced collaboration

- Further cohesive working
- Potential for collaboration with the Level 3 Care Certificate

Digital T Level placements

- Already supporting system T level placements
- Digital T levels in the HSCA from 2025 a collaboration with East Surrey College

Primary Care – Enhanced collaboration

- Quid pro quo training offers between Surrey Skills Academy and Surrey Training Hub
- Safe Learning Environment Charter – collaborative bid with Surrey Training Hub

L3 Enhanced Care Certificate

- Opportunity to develop with additional module
- Appetite from our L2 students to create a L3 cohort to test and learn

Volunteer Code of Practice

- Working with VCSE partners
- Develop a Surrey Volunteer code of practice strategy

Surrey Health & Social Care Show

- Surrey specific to showcase all opportunities available - Academies, SCA and VCSE partners
- Opportunities to start a 'roadshow of events

North West Surrey Talent Hub

- Linking recruitment and colleagues looking for development with system opportunities
- Exploring potential options for careers

United Surrey Talent: Evaluation Phase One



Evaluating the first phase of the UST is crucial for several reasons:

- To provide insights into the programme's successes and challenges, helping to refine its delivery and help bring into focus the priorities for the second phase.
- The evaluation will strengthen stakeholder engagement by offering transparent, evidence-based feedback on the strategy's progress.
- Finally, it will assess the cultural and systemic changes the UST has initiated, identifying additional actions needed to embed these changes more effectively.

A framework was used for the evaluation, specifically chosen for complex multi- sector programmes. This involved forming a multi-sector evaluation panel. There were two key areas of the evaluation.

- Focus groups and interviews
- The numbers behind the findings

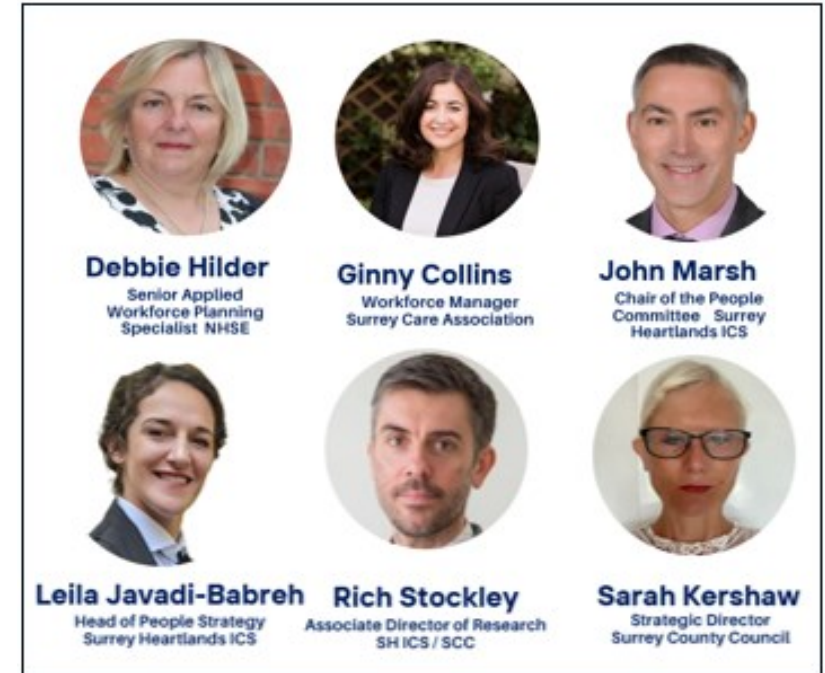


Figure 3. United Surrey Talent Evaluation Panel



Phase 1 UST Emerging Evaluation Findings

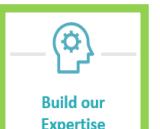


Findings from the evaluation	Example of benefits	
Improved Workforce Collaboration Across All Sectors	One of the things I think is at the heart of UST is strengthening that sense of shared purpose Pioneer lead	32 Cross Sector Pioneers
Improved Education & Training Within & Across Sectors	“The health and social care academy has had a genuine impact on staff and the workforce. The training and development it offers have been a real success.” Strategic leader	1256 education and training opportunities delivered through our pioneers including 57 care certificate accreditations 24 Community Nursing Associates
Improved Pipeline Supply & Career Progression Within & Across Sectors	“Before UST, staff weren’t connected in a meaningful way and there weren’t enough development opportunities.” Pioneer lead	System placement activity increased by 20%
Reduction in Temporary Staffing Utilisation in health	Re. temporary staffing; It’s become business as usual now, which shows the lasting impact of the workforce planning through UST’s work.” Strategic leader	Reduction in agency utilisation by whole time equivalent (WTE)
Increased Workforce Diversity	The UST has done work on bringing people with disabilities into the workforce.” Pioneer lead	108 opportunities for individuals with learning disabilities and/or Neurodiversity for volunteering, work experience and paid work 715 Apprentices supported
Improved Retention / Reduced Turnover and Workforce Stability	“We faced high turnover rates and a lack of skilled workers.” Strategic leader	Reduction in NHS system turnover between 3.3% - 5.2%
Improved Recruitment Practices Across Sectors	“Now, the team is starting to see recruitment as a shared endeavour”. Strategic leader	125 candidates for hard to fill roles across the sector 1597 vacancies filled in health
Improvements to Quality of Patient Care	“healthcare professionals start talking across the system, they start building networks” Strategic leader	Two Admiral Nurses to support dementia in training in care homes
Care Closer to Home	14 community Pharmacists	System Partners have shared in £145k to support apprenticeships in Primary and Social Care.
Financial Benefits	“We have saved millions. I have never worked on a programme that has saved millions” Pioneer Lead	Significant reductions in temporary staffing, improved turnover, currently being quantified as a financial saving.

Plans for Phase 2

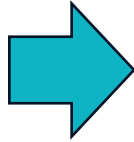


Current Change Levers

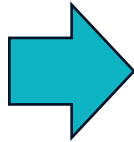


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Phase 1 Evaluation



Phase 2 Workshop
27 Sept
24



Pioneer Programmes



Nurture



Scale up



Sustain



New

New or Emerging Themes

- Deeper Integration
- Flexibility and responsiveness to workforce changes – Darzi & 10-year plan
- Inclusivity & Equity
 - Career Development & mobility
- Innovation & Sustainability
- Shared framework for workforce planning

New Governance Structure

Surrey Heartlands People Committee

Train

Attract and Retain

Reform

Transition from Phase 1 to 2, from breaking down silos and fostering collaboration to addressing key workforce gaps, enhancing systems, exploring new solutions for greater impact



Integrated Care Board
11 th December 2024

Chief Executive's Report

Item 9 / Paper 6	
Author:	Giselle Rothwell, Director of Communications & Engagement
Executive Lead/ Sponsor(s):	Karen McDowell, Chief Executive
Action required and previous approvals:	To note
Attached / references:	n/a

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. This report includes updates on:

- **Delivering our statutory responsibilities**
 - System performance and winter preparation
 - System sustainability plan
 - 2025/26 planning
- **Continuing to deliver our ICS strategy**
 - 10-year Plan engagement
 - Bridge the Gap visit
 - Surrey Heartlands Expo 2024
 - Surrey County Council Adults & Social Care CQC inspection
 - Children's Community Services contract
 - Partnership agreement for elective care
 - Outpatient scheme to tackle missed appointments
 - Ashford & St Peter's / Royal Surrey group model
 - Award wins
- **Updates from our Place Partnerships**

- **Looking after our people**

- Supporting equality, diversity and inclusion
- Staff suggestion box
- Freedom to Speak Up Guardians
- Leaders unite to improve care for people with learning disabilities and/or autism
- Allied Health Professionals Day
- Sexual Safety in Healthcare Charter
- Carer's Rights Day

Date of paper and sign off	28 th November 2024, Karen McDowell, Chief Executive
For further information contact:	Giselle Rothwell, Director of Communications and Engagement (giselle.rothwell@nhs.net)
COMPLIANCE NOTES – Please note status below and how any issues will be managed / mitigated.	
Equality, Diversity and Inclusion	This paper is an overview; any EQIA requirements relating to items reported are managed separately.
Quality	This paper is an overview; any quality issues relating to any of the items are managed separately.
Risk	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).
Patient and public engagement	This paper is an overview of work happening across the ICS, with relevant patient and public engagement taking place to support individual programmes.
Conflict of interest	No conflicts of interest
Information Governance	No IG issues in producing this paper, which is for publication
Finance	n/a

1. Meeting our statutory requirements

1.1. System performance

As a system, we are seeing increasingly high levels of demand for services across the board as winter gets underway, including a higher acuity of those attending our emergency departments. Ambulance attendances (to hospital) remain relatively constant, with the highest increase in demand to our emergency departments coming from those self-presenting. Our urgency and emergency care team is looking to better understand what is driving this demand. Handover performance (how quickly ambulance crews are able to handover their patients once they arrive at the emergency department) has remained in a positive position, with 78.4% of patients seen, treated and discharged or admitted within four hours across our acute hospitals for October.

Mental health services continue to experience high demand, although most recently the bed waiting list numbers have reduced significantly, with work continuing through our 'Mind and Body' group and twice weekly mental health cell. Overall bed occupancy in our hospitals remains very high, with all core acute beds in use, alongside surge capacity. Pressure on children's inpatient services has also increased as the system is now seeing an increase in children presenting with RSV (respiratory syncytial virus) as winter gets underway. Challenges remain in relation to discharge, with work taking place across our four Place Partnerships to mitigate this as much as possible.

Winter preparation

As a system we are now starting to deliver our winter plan, based on the national ask via this year's [winter letter](#) from NHS England. Key areas of focus include:

Reducing high hospital bed occupancy – creating improved capacity to manage emergency admissions, elective care and the increased demand we see over the winter months. This will support emergency admissions to move more quickly to the right bed, thereby helping reduce waiting times in our emergency departments and ambulance handover times.

Improving our community response - understanding who our most frail patients are, and should they become unwell, ensure they are prioritised for an early intervention.

Admission avoidance - consolidating alternative pathways for patients who call an ambulance (helping to prevent hospital admission), supported by single point of access services (see below) and urgent community response / step-up services.

Managing length of stay for those who are admitted to hospital – this includes making sure our most frail patients are seen by a frailty consultant within 24 hours to develop a detailed care plan; a focus on reducing acute length of stay by one day (through improved discharge processes that operate seven days/week); and making sure we are using tools such as 'Criteria Led Discharge', minimising deconditioning of patients in hospital.

Our plan also focuses on maintaining capacity, increasing productivity of acute and non-acute services (including improving flow and length of stay in hospital as detailed above, and clinical outcomes) and continuing to develop services that shift activity from acute settings (through proactive and urgent care, admission avoidance and so on).

As a system our main areas of risk include mental health demand and our continued work on elective recovery. There are a number of other services and initiatives that support our winter plan, including extra sessions in primary care, respiratory hubs, community response teams and our continued work

on discharge, including our integrated discharge programme. We continue to increase awareness and uptake of winter vaccinations for people who are eligible to increase their protection, alongside general messaging to help direct people to the right service, first time. Our communications and engagement team has also been out on the streets of Surrey engaging with our priority populations to remind people of the need to be 'winter-ready' and to answer their questions around areas such as vaccination, local urgent care services and so on.

Virtual clinical hubs – a new project where we are working closely with the South East Coast Ambulance Service which looks at some 999 calls in more detail to consider the most appropriate pathway, including alternatives to taking patients to hospital emergency departments. This involves ambulance clinicians speaking directly to hospital and community clinicians through the Surrey 'Single Point of Access', enabling faster decision-making and helping to reduce unnecessary hospital conveyances. When necessary, ambulance clinicians can then quickly refer patients to alternative services such as frailty units or virtual wards. This new service will help people get the care they need in the most appropriate setting, also helping to ensure a faster 999 service to those who really need it and is a key element in our winter plan this year.

1.2. System sustainability plan

As a system, we continue to work hard to improve our financial position and to progress our system-wide sustainability plan which covers the rest of this current financial year and future years. This work includes a number of specific efficiency programmes, such as medicines optimisation, and wider cost improvement plans across our partners. This work is supported by a dedicated Efficiency Delivery Unit with a programme management approach to oversee and assure our system-wide efficiency programme. Our plans have been positively received by NHS England who have recognised the good work undertaken across the organisation, noting that there is still a lot to do to ensure we achieve our agreed deficit position of c. £40m.

1.3. Planning for 2025/26

We have now launched our commissioning intentions process for the next financial year and are undertaking deep dive sessions with each directorate within the ICB between now and Christmas. In addition we are also discussing and collecting feedback from ICS partners to identify priorities and key risks, and to align our system strategy going into 2025/26.

2. Delivering our Strategy

2.1. 10-year engagement plan

The UK government's 10-year plan for health and care sets a transformative agenda to address the pressing challenges facing the healthcare system. The plan aims to create a system that better meets the needs of a diverse and evolving population through three foundational shifts:

1. *From Hospital to Community Services*: Prioritising primary and community care to reduce hospital dependency, bring care closer to people's homes, and foster integrated care models.
2. *From Treating Sickness to Preventing It*: Investing in public health strategies to promote prevention, keeping people healthier for longer and reducing long-term demand on services.

3. *From Analogue to Digital: Leveraging digital technology to improve patient experience, streamline service delivery, and support integrated care.*

These priorities reflect the urgent need for change emphasised by the Darzi Review and align with our own system ambitions set out most recently in our new Clinical Strategy.

A national engagement plan has been launched – [Change NHS](#) – a national conversation to support development of the 10-year plan and systems are being asked to support in several ways:

- Promoting the national portal change.nhs.uk to encourage staff, patients and the wider public to contribute their views
- Submitting system and organisational responses
- More targeted engagement with staff and the public (with particular focus on priority populations) through a nationally developed and consistent 'Workshop in a Box'

Surrey Heartlands has been working with partners and colleagues to create both a system and ICB response, submitted to the national team by the deadline.

We have also developed a robust public and staff engagement plan (based on the Workshop in a Box), which we will deliver between now and the end of March 2025 using a series of evidence—based methodologies. Our plan will pay particular attention to under-represented groups, particularly those within the CORE20PLUS5 framework and intends to gather insights to both feed into the national programme and importantly to inform plans and strategies locally.

Of particular note are two workshops engaging with young people and a second with justice-involved populations - two areas of interest requested from the national team (for which we were directly approached). Members of our social research team have also been part of the national communications and engagement steering group for this programme, helping to shape some of the methodology. A full engagement report will be developed and published following the close of the programme in early spring 2025.

2.2. Bridge the Gap visit

Last month I was part of a quarterly informal walk-about with members of the ICP and Surrey's Health & Wellbeing Board, visiting two small charities - Guildford Action and Oakleaf in Guildford - to hear about the amazing work they are supporting through Surrey's *Bridge the Gap* outreach programme, which offers life-changing support to people experiencing multiple disadvantage. The visit was hosted by the Guildford & Waverley Alliance.

During the morning our group – which included over 30 local health and care leaders and partners - had the privilege of hearing several case studies, presented by service users and their outreach workers. We heard about the difficult journeys they have been on and how their lives have been transformed through the programme. All their stories were incredibly moving, and it was clear that the strong relationships built up between individuals and their outreach workers have been fundamental. Each person's story was different, but all involved time spent just listening, support to develop coping strategies, simple help to navigate day-to-day living, all helping to build confidence over time.

Unlike many other outreach services, Bridge the Gap is a long-term programme – recognising that these fundamental relationships take time to build effectively. Outreach workers are specialist workers running small caseloads and are supervised by a Consultant Clinical Psychologist, also a trauma informed mental health professional. The health inequalities and challenges people experiencing multiple disadvantage face substantially increase their risk of early onset of chronic health issues, shortened healthy life expectancy and premature death.

Bridge the Gap is provided through an alliance of Surrey's voluntary, community and social enterprise organisations (such as Guildford Action and Oakleaf who kindly hosted our visit) in partnership with Surrey County Council's Changing Futures, initially funded through the national [Changing Futures initiative](#) to improve outcomes for people with multiple disadvantage. More information is on the [Healthy Surrey website](#). There is also a [new chapter of Surrey's JSNA \(Joint Strategic Needs Assessment\)](#) on multiple disadvantage, co-produced with a group of experts by experience from the local Changing Futures programme.

2.3. Surrey Heartlands Expo 2024

Following the success of our first Expo last year, last month over 320 partners from across Surrey Heartlands came together for a second event. This brought together partners from across the ICS – including health and care colleagues, Place Partnerships, Surrey County Council, district and boroughs, colleagues from the voluntary, community and faith sector, patient representatives and many others – to make connections, share best practice and explore opportunities to work more closely together to improve the health and wellbeing of our population.

It was also an opportunity to showcase some of the great work happening across the system and share our plans and priorities to improve care for people living in Surrey through the launch of our new Clinical Strategy. A [short film](#) was produced to demonstrate some of the work so far.

The day began with a market-place, where more than 30 organisations/teams from across the ICS showcased their work and the contributions they are making to the lives of our residents. As part of the agenda, system leaders spoke about our ambitions for the future and attendees also joined break-out sessions to explore specific topics in more detail. This was an opportunity to hear more about: the work happening through our 'towns and villages' approach, where we are engaging with communities to deliver positive changes; our new One System Mental Health Plan; how we're managing demand in primary care; our United Surrey Talent Strategy and the work of the Health and Social Care Academy; children and young people's emotional wellbeing; and how we are creating an integrated approach to hospital discharge to support patients and the wider system.

Overall feedback from participants was positive and we will be looking to build on the conversations and discussions held during the day.

2.4. Surrey County Council Adult Social Care CQC inspection

Surrey County Council's adult social care service has been rated 'good' by the Care Quality Commission which praised a focus on supporting people to lead independent lives in their own homes and communities.

Following an inspection which gathered feedback from residents, carers, staff, partners and providers, the social care regulator highlighted a number of strengths including the county council's preventative work to delay or reduce people's need for care and support. This often involves working with health and voluntary sector partners to keep people independent for longer in their local communities.

Assessors also found a consistent person-centred approach to supporting people with care needs, whose wishes and goals were put at the heart of care assessments and planning. Staff displayed empathy, respect and a 'can-do' attitude. In a report published on 20 November, the CQC concluded that 'evidence shows a good standard' for the county council's adult social care provision, with an overall score of 70 per cent. More information on key findings is on the [Surrey County Council website](#).

2.5. Children's Community Health Services contract awarded

Children's Community Health Services in Surrey comprise a wide range of community-based services and therapies that support physical and emotional health and wellbeing amongst children and young people from birth up to 19 years of age and their families and carers.

Following a robust procurement process by Surrey Heartlands ICB, Frimley ICB, Surrey County Council and NHS England South East, HCRG Care Group has been awarded the contract for an 8-year term (procurement as 6 plus 2 years) to deliver children's community health services in Surrey from 1st April 2025. The service is currently provided by Surrey and Borders Partnership Foundation Trust (SaBP), in partnership with First Community Health and Care and Central Surrey Health (CSH Surrey).

HCRG are now working with commissioners to mobilise the new service and, where possible, seek insight and feedback from children, young people and staff as well as staff and professionals.

2.6. Partnership Agreement for elective care

A Partnership Agreement between Surrey Heartlands ICB and the Surrey Heartlands acute trusts (Royal Surrey NHS Foundation Trust, Ashford and St Peter's Hospitals NHS Foundation Trust and Surrey and Sussex Healthcare NHS Trust) means the Trust Provider Collaborative is now (from 1st October) overseeing elective care delivery across the system.

This change will see the Trust Provider Collaborative playing a lead role in the facilitation and delivery of the system's priorities in elective, diagnostic, cancer and outpatient care and builds on closer collaboration already being achieved through the collaborative.

Working in this way offers many benefits including equity in relation to waiting times and an ability to offer more mutual aid and support between providers to treat people more quickly. It will also create productivity opportunities and shared learning that will enable us to achieve greater consistency of care across Surrey Heartlands. The benefit will be seen across the whole patient journey, including in diagnostics, elective and cancer pathways in order to ensure capacity across the system is used for the greatest benefit.

2.7. Outpatient scheme to help tackle missed appointments

Surrey Heartlands' three acute Trusts have been approved as a national NHS pilot to help reduce DNA (do not attend) rates in outpatients. Working with specialties from Surrey and Sussex and Ashford & St Peter's and Royal Surrey, the pilot will use new software that predicts likely missed appointments and short notice cancellations, breaking down the reasons why someone may not attend/cancel an appointment using a range of external insights including the weather, traffic, and jobs, and offers back-up bookings. Appointments are then arranged for the most convenient time for patients.

The system implements back up bookings to ensure no clinical time is lost while maximising efficiency. Trials elsewhere in the country have seen a 30% reduction in DNAs as a result.

2.8. Ashford and St Peter's and Royal Surrey group model

Following recent discussions, Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey NHS Foundation Trust are progressing a proposal to form a group model, which would lead to closer working between the two organisations.

The Boards and Council of Governors of both trusts have agreed recommendations to form a group model and appoint a group chief executive and group chair. They have also agreed that the chief executive should be the current chief executive of Royal Surrey, Louise Stead who, subject to some formal processes and final decisions by both Trust's Council of Governors, will take up the new role in January 2025. Both Trusts have also agreed to form a joint transformation committee which will set the strategic direction for the group and agree priorities and key areas for collaboration. A memorandum of understanding and terms of reference are being discussed at both Trust's board meetings and once finalised the new committee will be mobilised.

2.9. Award wins

- The Surrey Health Inclusion team won the Diversity, Equality and Inclusion award at the Unite-CPHVA (community practitioners and health visitors) professional conference earlier this month in Birmingham.
- The South East Temporary Staffing Collaborative, of which we are a member ICB, has won the award for Data Driven Transformation of the Year at the national HSJ Awards in November. Using the power of data, the 27 acute, community and mental health trusts involved have shared their intelligence through digital platforms to provide visibility and enhance decision making, reducing annual spend on agency workers by £125m (based on the previous year).

2.10. SASH announces new Chair

Surrey and Sussex Healthcare NHS Trust recently announced Dr Anita Donley OBE as their new Chair, as long-standing Trust Chair, Richard Shaw, retires after more than 12 years. As an acute medicine consultant physician of more than 30 years, Dr Donley is also an experienced Chair with broad experience across healthcare, quality and patient safety and medical education.

2.11. Welcome to Clare Stafford, new Chief Finance Officer

Surrey Heartlands is pleased to welcome Clare Stafford, our new Chief Finance Officer, who joined us on 1st November. Clare joined from University Hospitals Sussex NHS Foundation Trust, where she had been working as interim Chief Financial Officer. Clare has over 26 years' experience working in NHS finance across a variety of NHS organisations including the community, mental health and the acute sector. Thank you to Dan Brown, who has been providing interim support as Acting Chief Finance Officer, following Matthew Knight's departure.

3. Updates from our Place Partnerships

3.1. East Surrey Alliance

Neighbourhood development:

A proposal has been developed for improving respiratory care with a focus on Chronic Obstructive Pulmonary Disease (COPD). The framework is based on NICE guidance and proposes increasing clinical capacity to the respiratory team, hosted by First Community and integrated with neighbourhood teams. The interventions are seeking to target a reduction in acute bed days for respiratory patients, this will be done through increased clinical capacity, neighbourhood teams working locally to identify additional support on a needs basis and utilising the Growing Health Together team linked to Stop Smoking. Next steps are working through the delivery plan in the respiratory working group.

Ageing and Dying Well

End of Life Proof of Concept work has aligned clinical nurse specialists with the district nursing teams in two integrated neighbourhood teams. The concept has delivered positive staff satisfaction and has resulted in key data showing:

- More people dying in their preferred place of death.
- Seen a reduction of 2-3 calls per patient within First Community.
- Seen a trend towards a lower length of stay for people who died in hospital (compared to 23/24).

The next steps are to explore different models to understand how the service could be provided across the full East Surrey area.

Single Point of Access (SPOA)

In East Surrey the SPOA went live on 18th November with additional GP cover provided by the Alliance for Better Care Federation - acting as the senior clinical decision-maker as part of a multidisciplinary Team with the ambulance trust and First Community to ensure that Category 3 and 4 patients (less urgent) get the most appropriate response.

Community Diagnostic Centre (CDC)

Work continues to establish the CDC within Redhill Shopping Centre. This month has reached a major milestone in the finalisation of the lease agreement to take control of the three units earmarked for the CDC and begin the strip and fit out process.

This process has taken longer than expected due to protracted negotiations with tenants in neighbouring retail units (some of which are major high street chains) due to a need to undertake works that could impact their operations and trading. Having resolved this critical milestone, we look forward to making more progress in November and to finally start our programme of alterations.

Health Creation in East Surrey

The Financial Times on 8th November 2024 published an article on the impact of our [Growing Health Together](#) programme. The programme also got widespread coverage in the new NHS Confederation reports on prevention and neighbourhood care: [Unlocking prevention in ICSs](#) (East Surrey pages 24-26); [Surrey Growing Health Together](#), feature as part of the NHS Confederation series on neighbourhood health and care.

East Surrey has made significant strides in improving local health and wellbeing through a co-creation approach that integrates place-based prevention into a neighbourhood model.

To evaluate the efficacy of these initiatives, Growing Health Together collects patient level data from consenting participants in a sample of the funded initiatives to assess quantitative impacts on variables such as GP consultation frequency, weight, BMI and HbA1c levels. An independent evaluation of Growing Health Together is also underway by the University of Kent, using a mixed-methods design and incorporating qualitative data.

Overcoming obstacles requires dedicated time and funding to foster relationships between statutory and non-statutory groups and the local population, but the benefits of these collaborations are evident in improved patient outcomes. For example, patients attending an inclusive exercise class, established in response to local demand, were noted to have experienced a reduction in GP attendances and reductions in weight, body mass index and blood pressure between 2023 and 2024, and they described self-reported improvements in their mental, physical and social health and wellbeing.

3.2. Guildford & Waverley

New cancer centre at Royal Surrey – The Royal Surrey NHS Foundation Trust’s new cancer centre has opened its doors following a multi-million-pound redevelopment. The £6million project, which was partly funded by the Royal Surrey Charity, has provided a much-needed increase in clinical space and improved the environment in which more than 8,000 patients receive treatment and care each year. Cancer patients will also benefit from a new dedicated website written by the Trust’s internal team of renowned experts, which takes them from diagnosis, through treatment and beyond. The building work has also provided a new spacious waiting area, a larger café for refuelling, a centrally located space for carrying out blood tests, more changing areas that lead directly into clinic rooms, additional bathroom facilities, a dedicated information hub and a sensitive conversation suite that has its own private garden and exit for when patients need privacy. As part of this new chapter in cancer care the building, previously known as St Luke’s Cancer Centre, has been renamed Royal Surrey Cancer Centre.

Ockford Ridge – plans are progressing to undertake engagement and co-production 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.

Preventing and tackling multiple disadvantage – the Guildford & Waverly Alliance hosted the ICP/Health & Wellbeing Board visit to Guildford Oakleaf and Guildford Action centres in Guildford, highlighted above.

3.3 North West Surrey Alliance

New Community Diagnostic Centre (CDC) in Woking

A key milestone has been reached in the development of the new CDC in Woking with the installation of the building extension and diagnostic equipment. The CDC services are due to start by the end of the year and will offer a local centre, preventing the need for 30,000 hospital visits outside of Woking annually, providing residents with a vibrant and modern health facility.

Weybridge health campus update

On the 22 November the formal planning application was submitted for the development of the Weybridge Health Campus. This follows pre-planning public engagement event/s at St James' Church Hall in Weybridge on 18 and 19 October, with over 100 residents of Weybridge and surrounding areas giving their thoughts on the plans.

Elm Grove development

As part of the redeployment of the Elm Grove site in Walton-on-Thames, community engagement has launched into the potential development of the site by Elmbridge Borough Council. The two main options are: a new NHS neighbourhood health hub or housing, including affordable homes. The project aims to also improve Elm Grove Recreation Ground, with enhancements to the play area and additional trees to help address flooding.

Integrated Neighbourhood Teams (INTs) blueprint for Surrey

Whilst many aspects of how our INTs function across Surrey Heartlands will be defined in line with local population need, they will all share some commonality. As part of the Surrey Heartlands Place Network, we are leading a piece of work to align the strategic direction of our INTs across each of the places to create a generic blueprint for Surrey. Further detail will be shared in due course.

Diabetes transformation

A new diabetes strategy for North West Surrey is being scoped which focusses on bringing care closer to patients in an out of hospital model. We have been visiting successful examples across the country, undertaking engagement with stakeholders and patients, with a full business case planned in the coming months.

3.4 Surrey Downs Health & Care Partnership

Following engagement with local people and partners over the past few months, the Surrey Downs Place Board formally approved our two-year transformation plan at its November seminar. The board was assured that the plan was in line with the emerging national direction and move towards enhancing the neighbourhood health service. This was supported by feedback from two key visitors to Surrey Downs in the last month. Professor Paul Corrigan, strategic advisor to the Department of Health and Social Care spent time with Surrey Downs leaders and clinicians hearing and providing feedback on our model of care and direction of travel. In addition, Dr Tim Caroe, Medical Director, Primary Care Transformation for NHS England SE Region spent the morning with Banstead Integrated Neighbourhood Team hearing about the partnership work being undertaken locally as well as a range of cross-place community services transformation programmes.

As part of the agreement of the transformation plan, the board confirmed a governance and partnership structure with the seven towns within the geography of Surrey Downs, each supported by integrated neighbourhood delivery teams co-terminous with primary care networks and working together through neighbourhood boards aligned to our Districts and Boroughs and chaired by their Chief Executives. Noting the new relationship with our local voluntary services the board also confirmed its support for our place-based Health and Wellbeing committee.

4. Looking after our People

4.1. Supporting equality, diversity and inclusion

We continue to celebrate the equality and diversity of our workforce through a number of events that mirror national/international cultural celebrations and awareness campaigns:

- In October we celebrated Black History Month and this year's theme of 'reclaiming narratives', including a talk by Dame Neslyn Watson-Druée, a pioneering leader in diversity and inclusion which focused on how we can all take part in reclaiming and reshaping narratives around race, identity, and inclusion. This topic was further explored through a blog we published from Non-Executive Director Michael Parker who wrote about his and his family's experiences. The awareness month was also an opportunity to talk about action, not simply celebration, ensuring the stories of black colleagues, patients and communities are heard, valued and respected and a focus on the work that still needs to be done to dismantle the barriers that prevent true equity and inclusion.
- At the end of October/beginning of November we recognised Diwali, the Hindu festival of Light, raising awareness of this important festival and supporting staff celebrations.
- As part of Islamophobia Awareness Month in November, all staff were invited to take part in a virtual session with Dr. Shehla Imtiaz-Umer, GP Principal in Derby, Equality, Diversity and Inclusion Director for General Practice Task Force and volunteer at the British Islamic Medical Association.
- In recognition of World Menopause Day (held every year in October during World Menopause Month), we set up a virtual 'Menopause Café' at the end of November, to provide a space where we can learn openly from others, helping to create a supportive and understanding environment for all colleagues (all staff were invited to attend).

4.2. Staff Suggestion Box

Itself an idea from a member of staff, we have recently introduced a virtual staff suggestion box, inviting staff to make suggestions about anything they think might help improve how we work – from celebrating success, getting to know each other better, to saving money and being more sustainable – all ideas welcome. Launched in October, I have personally championed this initiative and go through the ideas put forward each month with a small group of staff to agree relevant plans of action before feeding back to staff at our monthly briefing sessions.

4.3. Freedom to Speak Up Guardians

October was Freedom to Speak Up month, with this year's theme *Listen Up* focusing on the power of listening and the important part that listening plays in encouraging people to speak up. We recently appointed three new Freedom to Speak Up Guardians who are independent advisors able to provide confidential support and guidance to any staff members who wish to discuss a matter about their work or the workplace and play an important role in our cultural development work.

4.4. Leaders unite to improve care for people with learning disabilities or autism

Leaders from across Surrey Heartlands have come together to affirm their commitment to improving care for people with learning disabilities or autism, leading the way where they are among the first

members of the ICS to take part in a full day of training, jointly led by people with learning disabilities or autism.

The commitment being shown by health and care leaders and partners across Surrey supports the government's pledge that will see all health and social care staff undertaking new mandatory training to improve knowledge, awareness and care for people with learning disabilities or autism, ensuring lessons are learnt from the death of Oliver McGowan.

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to receive better training.

4.5. Celebrating Allied Health Professionals Day – 14 October

#AHPsday on 14 October provided an opportunity to celebrate the vital role that Allied Health Professionals play in delivering health and care across our system. As the third largest professional group in the NHS, the unique skills and expertise of each of the [14 professions](#) collectively help to improve patient care and outcomes, reduce unnecessary hospital admissions, and save lives. We have recently appointed our first Surrey Heartlands Chief Allied Health Professional who will bring strategic and professional leadership for the 14 allied health professions, acting as a key contact for system-wide issues for AHPs and contributing strategic input from AHPs into relevant transformation programmes and priorities.

4.6. Sexual safety in healthcare charter

NHS Surrey Heartlands has made a clear commitment to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace by signing up to a national Sexual Safety in Healthcare Organisation Charter.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work and by taking this first step, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

4.7. Carer's Rights Day

In November we celebrated Carer's Rights Day, highlighting the important role unpaid carers play in our healthcare system and importantly promoting carers' rights. Within the Surrey Heartlands system, we have two staff carers networks, one sits within Surrey Heartlands ICB and the other sits within Surrey County Council. The ambition is to have one system wide staff carer network in the future. The ICB staff carers network is a confidential space to talk about caring responsibilities with people who are in similar situations and ask for advice and signposting from the Joint Carers Team and continues to be a valuable resource and safe space for staff.

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Frimley System Report

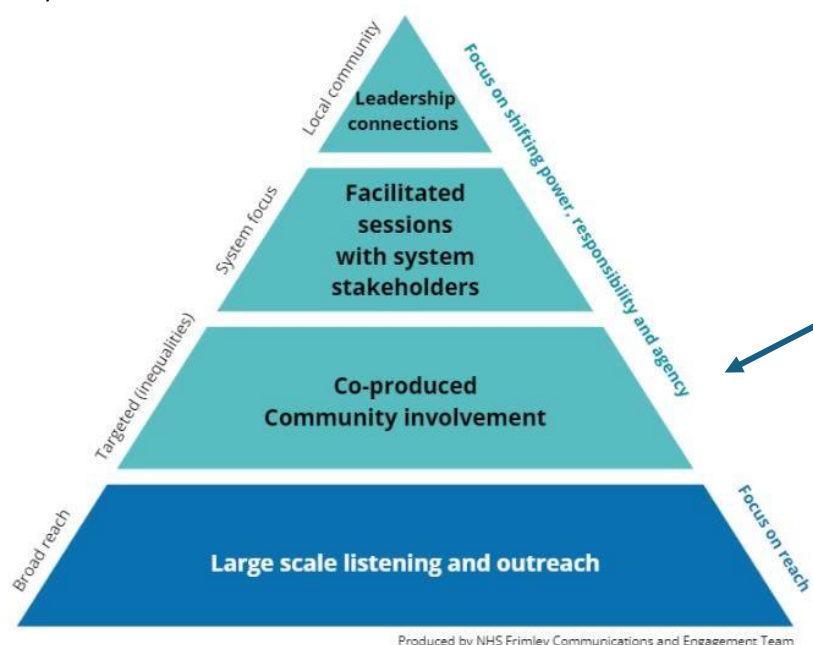
1. Community Engagement 2024

Reconnect • Reset • Rebuild

Planning is now underway for a large-scale engagement exercise across Frimley Health and Care (Frimley ICS). It's time for a new conversation with our communities, staff and stakeholders to Reconnect, Reset and Rebuild our priorities and focus together.

Its purpose is to:

- Provide staff, stakeholders, communities and the wider public with the opportunity for a different conversation about health, care and wellbeing - considering short, medium and long-term goals and aspirations.
- Promote inclusive leadership in action and involve Board members and senior leadership throughout to help foster new relationships and understand different perspectives.
- To feed into the Government plans, inform service change design and consider the principles of our transformation plan. (Health in broadest sense – more health, less NHS)



VCSE to lead community involvement. Includes a 'Community Engagement Fund' that VCSE organisations can apply to for small amounts of funding to carry out community engagement activity

The recent Darzi review, Grenfell recommendations, and work towards a new 10 year plan for the NHS, all provide an opportunity to open up a new conversation that can encourage a deeper understanding of our local communities, identify what matters to them as well as new opportunities and aspirations for existing assets. The way people live their lives has profound effect on health outcomes. This work will build on previous engagement and

emphasise collaboration between individuals, professionals, and local community organisations.

Frimley Health and Care has a wide range of mechanisms that will be engaged in this process. Including, but not limited to our Integrated Care Partnership (ICP), Primary Care Networks, the Mirror Board, well established relationships with Local Healthwatch and our emerging VCSE Alliance.

The evolving approach will utilise a number of techniques to ensure we are encouraging a deeper understanding of our local communities, identifying what matters to them as well as exploring new opportunities and aspirations for existing partnerships. This work will be phased to enhance opportunities to feed into the new [‘Change NHS’ government consultation](#) but will not be limited by this. The majority of engagement will take place between mid-November 2024 and Mid-February 2025 – details on how to take part are set out on our website [Community Engagement 2024](#), or for more information contact frimleyicb.insight@nhs.net

2. Delivering our Plans

2.1 Performance

Some encouraging progress on eliminating long surgical waits and improving access to diagnostics is being seen. Primary care activity, both face to face and remote, continues to increase. Urgent care is challenging with around 75% of patients receiving on the day care within 4 hours through our walk in centres and emergency departments (ED). The aspiration is to continue to reduce the time people spend waiting in ED and fully utilise other avenues for urgent care including NHS111, primary care and pharmacy first.

2.2 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. Whilst the budget announcement has given some visibility of the funding envelop available for next year further detail is expected from NHSE shortly.

2.3 Planning for winter

The Frimley system has finalised in 2024/25 winter surge plan, building on the system’s UEC transformation plan and a multi-agency winter summit was held on the 13th November to prepare for the months ahead. No additional “winter pressures” funding has been received this year and the system is focused on three main changes: new single points of access (SPA) for urgent care referrals (x 2 for the system), new urgent treatment centre (UTC) at Frimley Park Hospital (moved from Aldershot) and some new beds at Frimley Park Hospital in the

new year (M block). The single point of access for the south of the system is a joint piece of work with Heartlands ICB and SECAMB (shared ambulance provider). Frimley System partners continue to focus on activities/schemes that are aimed at preventing admissions/ED attendances, improving flow within the acute and community hospitals and ensuring people do not stay longer in hospital than required for their clinical recovery.

2.4 New Hospital Programme (Frimley Hospital)

Frimley Park Hospital needs to be replaced on a new site by 2030 because the current hospital was built using Reinforced Autoclaved Aerated Concrete (RAAC). RAAC deteriorates over time and the NHS is required to stop using buildings made from it. Work is continuing to review site location and develop a new clinical strategy to inform the new build.

Information is available on the ['New Frimley Park Hospital' webpage](#) including how to get involved and sign up for the monthly newsletter and updates.

3. Supporting our People

3.1 Equality, diversity and inclusion conference 2024/25

This year's EDI conference was made up of a [series of free webinars](#) which are accessible to all staff (including volunteers) within the Frimley Health and Care Integrated Care System. The webinars ran from Monday, 4 November, to Tuesday, 12 November and concluded with a final half-day session on Wednesday, 13 November, 9am to 1pm.

3.2 Yoga and mental health



The ICB combined support for our charity of the year (Mind) and workforce wellbeing through participation in Mind's 30 days of yoga challenge in November.

Mind have created a free instructor-made daily class plan to guide participants on the 30-day yoga journey. It's totally free and you can do it wherever you want – in your living room, garden or even the cupboard under the stairs.

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