

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 13 March 2014 at Old Council Chamber, Reigate & Banstead Borough Council, Town Hall, Castlefield Road, Reigate, RH2 0SH.

These minutes are subject to confirmation by the Board at its meeting on Thursday 3 April 2014.

**Board Members:**

- \* Mr Michael Gosling (Co-Chairman, in the Chair for items 10-15, 19 & 20)
- \* Dr Joe McGilligan (Co-Chairman, in the Chair for items 16-18)
- \* Mrs Mary Angell
- \* Helen Atkinson
- \* Dr Andy Brooks
- \* Dr David Eyre-Brook
- \* Mr Mel Few
- \* Dr Claire Fuller
- \* Dr Liz Lawn
- \* Dr Andy Whitfield
- Dr Jane Dempster
- \* Nick Wilson
- \* Councillor James Friend  
John Jory  
Councillor Joan Spiers  
Chief Constable Lynne Owens
- \* Dave Sargeant  
Peter Gordon

**10/14 APOLOGIES FOR ABSENCE [Item 1]**

Apologies for absence had been received from Mr John Jory, Cllr Joan Spiers Peter Gordon and Chief Constable Lynne Owens. Also in attendance were Ms Pennie Ford (NHS England), Mr Tom Kealey (Reigate and Banstead Borough Council) and Ms Jane Shipp (Healthwatch Surrey).

**11/14 MINUTES OF PREVIOUS MEETING: 6 FEB 2014 [Item 2]**

The minutes of the meeting held on 6 February 2014 were agreed and the Chairman authorised to sign them.

**12/14 DECLARATIONS OF INTEREST [Item 3]**

None.

**13/14 QUESTIONS AND PETITIONS [Item 4]**

No questions or petitions were received.

**14/14 FORWARD WORK PROGRAMME [Item 5]**

**Key points raised during the discussion:**

1. In light of the increasing list of things that the Health and Wellbeing Board is being asked to approve / take responsibility for, the Chairman advised that a list of 'responsibilities' is being kept and an updated

version would be circulated to Board Members within the next few weeks.

2. The Chairman discussed arrangements for the Board to comment on CCG commissioning strategies. It was proposed that the Board discuss and agree this process at the 3<sup>rd</sup> April Board meeting with the aim of the strategies formally being discussed at the Board at the 5<sup>th</sup> June meeting.
3. The Chairman advised that alternative representatives from Board Members' organisations could attend Board meetings but would not have any voting rights.

**Resolved:**

The forward work programme was noted.

**Actions/Next Steps:**

- List of proposed items to be circulated to Board Members.
- CCG commissioning strategies to be submitted to Justin Newman as soon as they are available.

**15/14 MEMBERSHIP OF THE BOARD [Item 6]**

**Key points raised during the discussion:**

1. It had been proposed that Mr Mel Few be appointed to the Health and Wellbeing Board in his position as the Cabinet Member for Adult Social Care. This appointment would ensure similar representation arrangements on the Board for adults and children's services.

**Resolved:**

The appointment of the Cabinet Member for Adult Social Care to the Board be approved.

**Actions/Next Steps:**

None.

**16/14 JHWS PRIORITY PLAN: DEVELOPING A PREVENTATIVE APPROACH [Item 7]**

**Key points raised during the discussion:**

1. Helen Atkinson updated the Board on the progress made in turning the Prevention priority of the Joint Health and Wellbeing Strategy into an action plan. The task ahead to narrow the gaps in life expectancy within Surrey, particularly with respect to pockets of deprivation, and focus on prevention was a challenging one and so would take place in two stages. The first phase would focus on the biggest causes of ill health and early death. The second phase would widen the focus on prevention. Work was taking place between Public Health and the

Clinical Commissioning Groups on prevention plans. Work on the wider prevention agenda would be brought to the Board in the autumn.

2. The Chairman noted the importance of focusing on the impacts on people within Surrey rather than statistics. Using generalised figures and comparative data had sometimes resulted in those outside the county not always understanding the complex picture within Surrey. The vital role of the voluntary sector and the importance of continuing to actively engage with them was noted.
3. Reducing health inequalities, as set out in the Marmot review, would be dependant on working smarter and coordinating better across health, social care and the district and borough councils. This included needing to look at housing, employment, education and leisure opportunities in a joined up way. Work had already taken place, for example, to look at a prescribing approach for those groups who did not usually take up physical activity.
4. The production and ready availability of metrics on the five leading causes of health inequalities would be of key benefit to decision makers. This data could be applied when taking a wide range of decisions, for example, to determine the best locations for providing leisure facilities. Performance information on which activities proved to be effective would be vital in identifying successes and rolling them out widely and quickly. The Board expressed the desire to encourage innovation and avoid the dangers of being restricted solely to lengthy or numerous pilot and review processes.
5. An accredited 'brief interventions' training programme would be introduced and made available to both staff and those in the voluntary sector. This would help to ensure that the right conversations were taking place to enable people to be referred and supported in improving their health.
6. Opportunities to set challenging local objectives would be examined, particularly where national targets were not felt to represent an improvement for Surrey residents. This work would also examine opportunities to work with businesses, including the many national companies that were based in the county, to align objectives.

**Resolved:**

1. The progress made so far in turning the prevention priority into an action plan be noted.
2. The proposed approach to developing the Prevention Priority Plan, and specifically the two-staged approach, be endorsed.
3. A further update report and action plan be brought to the Board following the completion of phase two of the priority planning.

**Actions/Next Steps:**

None.

**17/14 JHWS PRIORITY PLAN: PROGRESS REVIEW OF 'PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH' [Item 8]****Key points raised during the discussion:**

1. Diane Woods, Associate Director for Mental Health and Learning Disabilities updated the Board on the progress made against the 'Promoting Emotional Wellbeing and Mental Health' priority action plan. The Board was informed of the work that had taken place to raise awareness of mental health in order to tackle stigma and discrimination. Engagement, including increasing the availability and ease of access of information for GPs, would continue to play a key role.
2. National guidance showed that Surrey was doing quite well in this area and further clarity was expected in future around standards. Work had taken place to create a local baseline of how services were doing. This was a first step to the creation of a mental health outcomes dashboard, which would enable health and social care commissioners to measure success.
3. The engagement which had taken place so far had highlighted that services are good however this might not always be taking place in a joined up manner. The key measure of success would be that any individual who presented themselves in any manner, would have their needs assessed and met quickly, without stress and in an appropriate way.
4. Work was taking place to ensure links with the police and emergency services. This included working to the Mental Health Crisis Concordat and establishing mental health representation on the Emergency Services Collaboration Project Board.
5. The need to ensure equity of access to mental health services across the county was highlighted. Reducing the variation in levels of provision of mental health work in acute hospitals was noted as a priority area. There was also a need to ensure parity of esteem between mental health and physical health services.
6. The importance of wider factors in supporting mental health issues was noted. These included helping people with mental health issues to obtain and retain employment and issues relating to accommodation. Work would take place to ensure that mental health representatives had appropriate input to the accommodation working group between the district and borough councils and housing association representatives. High quality transition arrangements between service provision for children and adults were noted to be vital.

**Resolved:**

1. The progress made against actions in the Promoting Emotional Wellbeing and Mental Health Priority Plan be noted.
2. An update on the progress of the priority action plan be brought to the Board at the June meeting

### **Actions/Next Steps:**

- Diane Woods to confirm details of dates and leads in the action plan relating to employment and accommodation (currently 'To be confirmed').
- Diane Woods to include success measures / indicators in the next update report to the Board
- Helen Atkinson to check current arrangements for representation on the accommodation working group.

### **18/14 JHWS PRIORITY PLAN: PROGRESS REVIEW OF 'IMPROVING CHILDREN'S HEALTH AND WELLBEING' [Item 9]**

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

1. Nick Wilson and Dr Claire Stevens, Guildford & Waverley CCG, provided an update on the progress being made towards the Joint Health and Wellbeing Strategy priority of 'Improving children's health and wellbeing'.
2. Surrey's Health and Wellbeing Board was noted to be one of the few to have actively prioritised children and young people's health. Challenges facing Children's Services were noted to include the complex funding arrangements and the increasing day to day demand for services. All involved were determined and focused on the work taking place and what needed to be done. There was confidence that the priorities within the Strategy were the right ones, that the right people were involved and that the work was taking place to deliver on these.
3. The Chairman congratulated Nick Wilson and his team on their passion and the advances that had been made. Board Members asked questions around aspects of the Plan including the approaches towards safeguarding, addressing substance misuse and measurements against its outcomes. A pilot was noted to be underway which placed assessment team members with police officers to triage young people within domestic abuse situations. The evaluation of this pilot was due in April and the initial view was that this was providing safeguarding at a higher and better level than before. Discussions would take place with the police and Adult Social Care regarding implementing these working arrangements more widely.
4. Board members asked when the priority plan would include how the outcomes will be measured, in order to understand the impact it is having on children, young people and families. Work is underway by officers to determine the most effective way of measuring success.

#### **Resolved:**

1. The progress towards actions to improve children's health and wellbeing be noted.

2. The approach for overseeing work through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group be noted.
3. A progress report be brought to the Board for consideration at its meeting in September 2014.

**Actions/Next Steps:**

None.

**19/14 SELF ASSESSMENT FRAMEWORKS FOR AUTISM AND LEARNING DISABILITIES [Item 10]**

**Key points raised during the discussion:**

1. The Health and Wellbeing Board received and considered the local Joint Health and Social Care Learning Disability Self Assessment Framework in order to inform the JSNA and Surrey Health and Wellbeing Strategy. Jo Poynter, Senior Manager for Adult Social Care Commissioning updated Board Members on the detail of the ratings and the remedial actions being taken to address red ratings.
2. Agreed actions included work to ensure that everyone in Surrey had received a care review within the past twelve months and the appointment of primary care liaison nurses to work in GP surgeries. New contracts had also been issued, following a full review of terms and conditions, for all people receiving care packages. These actions were expected to lead to green ratings next year.
3. Services for people with autism had been treated separately and were noted to be better than most. A specific Autism Partnership Board was in place to provide increased focus. It was noted that the number of people with autism being reported was increasing.
4. Ensuring appropriate support arrangements for mutual carers had received considerable focus however it was noted that some additional work could take place to identify young carers.
5. Healthwatch Surrey asked about the access liaison nurses had to GP surgeries as this had previously been highlighted as a challenge. GPs had been receptive to learning disability liaison work within their surgeries. There were currently four posts for the county and areas with higher reported levels of people with learning disabilities had been prioritised. It was noted that there were very limited numbers of people with the required expertise for working with people with learning difficulties and this presented a recruitment issue.
6. Data sharing with neighbouring areas was noted to be improving and no recent issues had been reported.

**Resolved:**

The continued work of the Partnership Board and the action plan going forward be noted.

**Actions/Next Steps:**

None.

**20/14 PUBLIC ENGAGEMENT SESSION [Item 11]**

1. The Board received questions from the members of the public present at the meeting. A summary of the questions received is included below.
2. The Board were asked about the representation from North East Hampshire & Farnham and Guildford and Waverley on the Mental Health Partnership Board and noted that there had been relatively few user and carer representatives at a recent mental health public engagement event. Dr Andy Whitfield advised that North East Hampshire & Farnham Clinical Commissioning Group was the lead commissioner for mental health and learning disabilities in Surrey and viewed this as hugely important. He advised that a colleague from North East Hampshire & Farnham Clinical Commissioning Group chaired the Mental Health Partnership Board but that he, with the Chair of Guildford and Waverley Clinical Commissioning Group would look into ensuring appropriate representation.
3. In response to a question, the Chairman confirmed that an update on autism would be considered at a future Board meeting.
4. The Board noted the support that could be provided by Community Connections in helping people keep well in their local communities and retain their employment and encouraged the Board to refer into the service.

**Actions/Next Steps:**

Jo Poynter to arrange for the Board to receive a presentation on the findings of the Autism Self Assessment Framework.

Meeting ended at: 3.25 pm

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Chairman

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