

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 7 December 2017 at Old Council Chamber, Reigate and Banstead Borough Council. Town Hall, Castlefield Road, Reigate, RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 1 March 2018.

Elected Members:

- * Dr Andy Brooks (Co-Chairman)
- * Mrs Helyn Clack (Co-Chairman)
- Dr Russell Hills
- Mrs Clare Curran
- * Dr Elango Vijaykumar
- Dr Charlotte Canniff
- Dr Andy Whitfield
- Peter Gordon
- Helen Atkinson
- John Jory
- * David Munro
- Dr David Eyre-Brook
- * Mr Mel Few
- * Borough Councillor Paul Spooner
- Borough Councillor Clive Smitheram
- Jason Gaskell
- * Rose Durban

Substitutes:

- * Dr Sian Jones
- * Dr Richard Barnett
- * Liz Uliasz
- * Kate Scribbins
- * Tom Kealey

In attendance

47/17 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Russell Hills, Cllr Clare Curran, Dr Charlotte Canniff, Dr Andy Whitfield, Dr David Eyre-Brook, Mr Peter Gordon, Mrs Helen Atkinson, Cllr John Jory, Cllr Clive Smitheram and Mr Jason Gaskell.

Dr Sian Jones substituted for Dr David Eyre-Brook, Liz Uliasz substituted for Helen Atkinson, Kate Scribbins substituted for Peter Gordon, Tom Kealey substituted for John Jory and Dr Richard Barnett substituted for Dr Charlotte Canniff.

48/17 MINUTES OF PREVIOUS MEETING: 7 SEPTEMBER 2017 [Item 2]

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

49/17 DECLARATIONS OF INTEREST [Item 3]

There were none.

50/17 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

There were no Member questions received.

51/17 PUBLIC QUESTIONS [Item 4b]

There were no public questions received.

52/17 PETITIONS [Item 4c]

There were no petitions received.

53/17 BOARD BUSINESS [Item 5]**Declarations of interest:**

None

Witnesses:

None

Key points raised during the discussion:

1. The Board noted that there has been feedback from the JSNA Strategic Development Group regarding the updated JSNA:
2. First they were very complimentary about the robustness of the approach to prioritisation led by Shannon Katiyo, with support from Andy Cross, Selina Rajan, and others members of the Public Health team. They thought the priorities identified through this process and those ultimately agreed by the HWBB reflected current concerns/issues across the system and were good priorities for the HWBB to focus on.
3. Second, they thought that the new JSNA is a significant improvement on previous iterations, particularly the dynamic data visualisations, having strategic group ownership of individual chapters, the life course approach with fewer chapters and the cross-cutting themes focussing on wider determinants. The process of implementing the change was led by Rich Stockley with significant support from Jon Walker and Andre Lotz amongst others, with Shannon Katiyo securing the completion of a number of chapters in time for the prioritisation process.

4. Finally, it was discussed what approaches could be taken to keeping the JSNA current but agreed that there was no need for the group to continue meeting at this juncture.
5. The Board noted it's thanks to all of those listed and to others who worked on the JSNA and worked with the JSNA Strategic Development Group.

54/17 FORWARD PLAN [Item 6]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager
Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. Officers outline the forward work programme and asked the Board to provide comment and agree and approve the programme for 2018.

RESOLVED:

1. That the Board agreed the forward work programme for the Health and Wellbeing Board.

55/17 ACTION REVIEW [Item 7]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager
Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. The Board noted the actions undertaken. Officers noted that the Health and Wellbeing Strategy would be shared in draft and will be finalised by the next public meeting of the Board.

Actions/ further information to be provided:

1. That the draft of the Health and Wellbeing Strategy be shared with the Board before approval at its next public meeting.

RESOLVED:

1. That the Board notes and approves the Actions Tracker.

56/17 LETTERS CIRCULATED BY THE BOARD [Item 8]

Declarations of interest:

None

Witnesses:

Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. The Board noted the letters circulated by the Board since the last public meeting.
2. Members noted that the three Sustainability and Transformation Programmes (STPs) had received letters regarding police attendance at acute sites, and suggested that the Health and Wellbeing Board continue to attempt to receive a response.

Actions/ further information to be provided:

None

RESOLVED:

1. That the Board noted and approved the letters circulated by the Board.

57/17 PRIORITY STATUS UPDATE REPORT - PREVENTION [Item 9]

Witnesses:

Catherine Croucher, Public Health Consultant, Surrey County Council
Bryn Strudwick, Surrey Fire and Rescue

Key points of discussion:

1. Officers noted that the emphasis of this Priority Update on prevention had shifted in this update towards the Sustainability and Transformation Partnership (STP) programmes and the development of their prevention plans.
2. The air quality achievement and outcome was highlighted by officers, noting the establishment and work of the Surrey Air Alliance to raise the awareness and impact of air quality on physical and mental health.
3. It was noted that road traffic, and the consequences of, was the primary area of concern regarding air quality. It was stressed that a behavioural change regarding the use of motor vehicles was

required and was being promoted.

4. Members questioned recycling and waste disposal methods used, and noted that the Surrey Waste Plan suggested that it would use incineration methods to remove some waste. It was suggested by Members that this could have a detrimental impact upon air quality and should be monitored by the service. Officers agreed to look into this.
5. It was questioned by Members whether the service formulated a data set of key areas at risk from poor air quality and whether this was available to the public. Officers noted that this was in development and that it would be shared with the Board upon completion.
6. Members asked what this impact of the Surrey Air Alliance would be on District and Borough Authorities and questioned whether they were sufficiently engaged with this group. Officers stressed that Borough and District Authorities were key partners in the Surrey Air Alliance and that they were well engaged with the group.
7. Members stressed that hospitals would need to be engaged as a key partner, due to the high levels of emissions that are put out by them. It was noted by officers that hospitals were a key part of this initiative and that energy sustainability was an aspect of the work on the sustainable hospitals model.
8. District and Borough Members noted that air quality was a key aspect of local plans, but that there were no specific targets included.
9. The work around the Surrey Fire and Rescue Service as a health asset was outlined by the representative of Surrey Fire and Rescue Service. It was noted that there had been collaborative work undertaken with partners to engage with falls prevention. It was noted that the "Safe and Well" visits had been implemented with the aim of alleviating issues in a number of high risk areas including falls prevention, non-emergency (Telecare) response service and referrals of high risk vulnerable adults. It was highlighted that there was a high uptake for this service.
10. It was noted that the formulation and implementation of new locality hubs was in progress resultant of the success of the current service.
11. The witness for the Fire and Rescue Service stressed that there was no identified county-wide support for the utilisation of the Fire Service as a health asset and that there was a requirement for a Surrey-wide consensus across all partner organisations. They noted that CCGs would need to be a key part of this plan and that a business case was being developed with STPs with the potential requirement for support from the Health and Wellbeing Board to aid in finding Surrey-wide consensus in future.

12. Members requested more detail regarding the development of the non-emergency (Telecare) response service pilot in Elmbridge and whether details of the use of technology could be circulated to the Board. Members also stressed that the provision of Telecare could be improved.
13. Witnesses from Surrey Fire and Rescue noted that a paper had been submitted to Public Health and the six Surrey CCGs for approval to encourage the use of the Fire Service as a health asset. Members noted that the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset.
14. Officers highlighted the links between the Surrey Healthy Weight Strategy and the work undertaken in the prevention of Cardio Vascular Disease (CVD). It was noted that the Surrey Heartlands STP was undertaking a programme of early prevention work. Secondary prevention was also highlighted as a key priority, explaining that routine checks on this were being undertaken and creating positive results.
15. Members stressed that there was a requirement to look at the wider determinants of health and the public choice aspect of the causes of CVD in eating habits and awareness of health issues. Officers noted that this was a long term goal, but that the service was looking at any potential quick wins to help alleviate CVD issues.
16. Members questioned the consistency of treatment of CVD across all STPs covering Surrey. It was stressed that coverage of service must be maintained equally across the STPs and that the Health and Wellbeing Board should engage with the three STPs to ensure consistent practice.
17. Officers noted that there had been an individual and environmental change with regard to the use of tobacco, noting that many public sector organisations had implemented smoke free grounds and were encouraging smoke free home environments.
18. The service noted that they and the Surrey STPs were working in close partnership with Surrey Police to resolve the issue of illicit trade in tobacco, alcohol and drugs.
19. Members stressed that the next steps outlined in the report regarding prevention did not indicate a timescale for implementation, and noted that they would like to see additional impetus on some of these problems. It was noted that some of these actions could be undertaken by April 2019 and that a timescale for completion of these actions would be provided to the Board at a later date.

Actions/ further information to be provided:

None

RESOLVED:

That the Health and Wellbeing Board agreed to:

1. Ask that the Surrey Air Alliance report to the Health and Wellbeing Board as part of the next Prevention Priority Update to suggest key priorities for air quality in Surrey.
2. That the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset.
3. That there is an update provided in nine months to update the Board on work undertaken and give an indication of timescales.
4. That more work is undertaken with NHS organisations to explore how to use Fire as a health asset.

58/17 TRANSFORMING CARE PLAN [Item 10]**Witnesses:**

Liz Uliasz, Deputy Director, Adult Social Care
Diane McCormack, Director of Commissioning G&W CCG

Key points of discussion:

1. Officers outlined the plan and background, noting that the Transforming Care Plan was initially aimed towards being an adult social care project. It was explained that this had subsequently expanded to include children and young people due to increasing numbers of users and demand.
2. It was noted that tier four service users were all placed out of county. However, it was noted that there were a fluctuating number of service users being placed in and out of county.
3. Officers noted that the Intensive Support Service was developed in 2016 and had worked to support individuals in crisis and to prevent individuals from being admitted into assessment and treatment services. It was noted that the team involved in this met regularly and had reduced overall stay time and improved overall outcomes.
4. It was noted by officers that there had been a shift in the governance arrangements and that all of the workstreams highlighted which were discussed at the Transforming Care Partnership Board: Workforce, Estates, Prevention, Information, Advice and Advocacy, TCP Finance Plan, Service Development, 0 - 25 SEND.
5. It was noted by officers that the Estates workstream had been working on improved utilisation of assets and had reviewed a wide range of options. However, it was noted that there was a significant range of needs which limited any change in asset

utilisation.

6. It was stressed that the service needed to upon build and identify skill sets among staff and was undertaking a scoping exercise to do this.
7. Officers noted that the finance plan was being submitted to NHS England for approval in September 2017.
8. Members questioned how accommodation fit in with local health and care plans. Officers noted that there was a potential gap in provision, but that the service would seek to work more closely with local housing officers to ensure successful resolution and improve partnership working. Members suggested that this should be completed as a matter of urgency as local plans were almost completed.
9. Officers stressed that safeguarding was a key aspect of the plan and that training for staff would be undertaken regarding the utilisation of the Multi-Agency Safeguarding Hub and Surrey Police, and that any who had not undertaken this training would be accompanied by a member of staff who had.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

The Health and Wellbeing Board:

1. Noted and approved of progress of the Transforming Care Plan.

**59/17 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH
PRIORITY UPDATE [Item 11]**

Witnesses:

Diane Woods, Mental Health Collaborative Commissioning on behalf of Surrey Heartlands and East Surrey CCG MH Collaborative and Blackwater Mental Health CCG Alliance

Key points of discussion:

1. Witnesses explained the background of the Emotional Wellbeing and Adult Mental Health Strategy approved by the Board in 2014 and highlighted the achievements undertaken as a result. It was explicitly noted that Section 136 persons in custody had reduced significantly. It was highlighted that the service was pleased with developments and achievements.
2. It was noted by witnesses that access standards had increased to Priority One: Promotion, Prevention and Early Intervention and that the priority actions had all been met for year three.

3. It was explained by witnesses that there was a gap in provision for perinatal mental health provision, but stressed that the service was working to improve this working in partnership with STPs. It was explained that a bid to commission perinatal mental health community services had been prepared for submission to Surrey Heartlands STP and Surrey Health CCG after successful implementation in East Surrey.
4. It was noted by witnesses that there had been significant work undertaken with regard to suicide prevention and that a multi-agency prevention plan was in place. It was stressed that work was underway to further develop the plan and that there was a need to engage more with STPs to help alleviate the issue.
5. Work on "Priority Two: Working Better Together" was outlined by witnesses, noting that there were significant challenges to delivery and that the service needed to work more in order to achieve its stated goal. However, it was noted that this issue was not isolated to Surrey and that it was a national trend. It was noted that there was a strong adult mental health movement in Surrey which could be engaged with better, but noted that independent care networks had improved involvement.
6. It was noted that the effectiveness of crisis care was rated as good, as noted in Priority Five.
7. Witnesses noted that there was a gap in provision relating to autism and challenging behaviour, but that the service was working to raise awareness of the issue with training for secondary care staff with Surrey and Borders Partnership NHS Trust.
8. Witnesses noted and explained the success of the implementation of the GP Education for Mental Health Advanced Diploma. Members questioned how many staff members undertook training. It was stressed that there was significant interest in this amongst staff and that the value of this training was recognised. It was noted that a new training provider would need to be sought, due to the provider falling through. Members stressed that there needed to be a continuation of these and encouraged the service to find a new provider for training.
9. The representative for Healthwatch Surrey questioned the amount of information available between referral and treatment and offered to help the service by providing user centric information. Witnesses noted that NHS Choices did hold some information and work with providers but welcomed the offer from Healthwatch Surrey to provide user centric information.
10. The representative of the Surrey Police and Crime Commission noted that instances of S136 in custody had dropped, but noted that there were some exceptions. Witnesses noted that they would look into any exceptions and report back to the Police accordingly.
11. Members noted that suicide prevention should remain a key priority due to the social and mental health impact on a wide range of people.

It was stressed by witnesses that the service would be keeping this as a key aim for the mental health priority.

12. The Chairman of the Health and Wellbeing Board opened the item to public questions:
13. Members of the public questioned the extent to which the service was working with housing agencies to ensure that they are trained to identify and work with issues in mental health for residents. Witnesses noted that work had started with providers and housing agencies to identify the level of need. It was noted that the agencies that the service was working with would be made available in the next public update of the Health and wellbeing Board.
14. Members of the public questioned work with the Surrey Mental Health Network and raised concerns that issues were not being addressed by the service, several of which were identified as long term issues.
15. Members of the public raised concerns regarding changes to Young People's Havens, and stressed there needed to be an emphasis on Mental Health. Members noted that this was a concern, but stressed that there have been good examples of where social inclusion in Young People's Havens has been successful, but that this should be monitored, stressing the requirement to maintain a good level of crisis care.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

The Health and Wellbeing Board:

1. Noted the outcomes on the implementation of the commissioning Strategy at the end of year 3.
2. Will ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.
3. That the housing agencies that the service was working with would be made available in the next public update of the Health and wellbeing Board.

60/17 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN (2017) [Item 12]

Declarations of interest:

None

Witnesses:

Diane McCormack, Director of Commissioning G&W CCG

Key points of discussion:

1. The Director of Commissioning highlighted the Children and Adolescent Mental Health Services Transformation Plan (2017), noting that it was written on behalf of the six Surrey Clinical Commissioning Groups (CCGs) and that it was a requirement of the Health and Wellbeing Board to approve the plan once per annum.
2. The Executive Summary was highlighted, stressing that it had followed guidance issued from the Cabinet Office regarding children's input into plans, which the executive summary has done. Members stressed that this work was positive and that it clearly had young people in mind in its design.
3. Witnesses noted that the service was working to improve work with the voluntary sector, stressing that it hoped to provide access to Improving Access to Psychological Therapies (IAPT) training through a specialist workstream. It was noted that additional funding was being released to allow voluntary sector providers to embark on training.
4. Members noted the behavioural pathway and questioned what the timescale was for improving the waiting lists for the behavioural pathway. It was noted that the commissioner was working with the provider to help deliver the service and that a decision to improve the timescales would be made by March 2018.
5. Members questioned whether there was an outcome plan for the CAMHS transformation. Witnesses noted that the CAMHS Transformation Board ensures that the service discusses and scrutinises the service Key Performance Indicators (KPIs) to ensure that it is delivered within them.

Actions/ further information to be provided:

None

RESOLVED:

That the Health and Wellbeing Board:

1. Approved the Surrey CAMHS Whole System Transformation Plan (2017)
2. Noted the Executive Summary written by Surrey's young people and the impact of this transformational work demonstrates on the outcomes and experience for children and young people.
3. That CCGs would be asked by the Health and Wellbeing Board to ensure that the updated Plan is published on their websites.

61/17 CASE STUDY - INTEGRATED MODELS OF CARE [Item 13]**Declarations of interest:**

None

Witnesses:

Dr Andy Cross, Public Health Registrar

Key points of discussion:

1. Officers noted that the evaluation of the integrated models of care was focussed on the Surrey Heartlands STP and looked at a snapshot of locality care models primarily. The models of care, implementation of these and the evaluation of success used in the integration process were highlighted in the presentation attached as **Annex A**.
2. Members questioned whether there was merit in implementing a single care model. Officers noted that the locality model allowed for a tailored approach, noting that different areas had significantly different needs which could be addressed as part of this model.
3. Members queried whether the service held hospital discharge figures and whether these could be shared with the Board. Officers noted that these were in the full report which would be circulated to the Health and Wellbeing Board.
4. Members noted that re-ablement was a key aspect of any integration model and that the service should carefully consider this aspect. Officers stressed that there was a model in place with different levels of development across a wide range of areas. It was noted that the service was involving staff and that they shared instances of good practice across the different locality models to grow the service.
5. Members questioned the level of engagement with service users. Officers noted that they had engaged with service users as part of the evaluation stage, and noted the positive feedback, but that number of respondents for feedback was low. Members of the public noted that engagement with the public was positive and stressed that there needed to be more undertaken and with a wider audience.

Dr Andy Brooks entered the meeting at 3.13pm

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

1. That the service reports to the Health and Wellbeing Board on progress and next steps in one year.

62/17 SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT UPDATE [Item 14]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager

Key points of discussion:

1. Officers highlighted the outcomes of a co-ordinated summer campaign in Surrey from June to September 2017, noting that the Communications Sub Group had done significant amounts of work with partners to raise awareness of seasonal health issues.
2. It was noted that the sub group had worked to examine key health issues identified in Surrey and tailor campaigns based on those. It was noted that the service had worked closely with Healthwatch and NHS England to produce relevant seasonal campaigns.
3. It was noted that different medium were used to engage with people living in Surrey, including online and printed, to deliver health messages. A one page summary outlining these medium was shared with the Board.
4. It was noted that the group is currently co-ordinating a Surrey-wide winter campaign, details of which are in the report.
5. Key challenges highlighted by the group was the timeliness of messages for health campaigns being issued from central government, and the relevancy issues that arise from this.

Paul Spooner left the meeting at 3.36pm

6. Members questioned whether the communications were in an easy read format for users. Officers stressed that all publication was available in an easy read format, which was welcomed by members of the public.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

That the Health and Wellbeing Board:

1. Noted the progress made on Board communications and engagement since June 2017;
2. Endorsed the activity of the Communications and Engagement Sub-Group for the next six months and requested a further update in six months.

63/17 CCG COMMISSIONING INTENTIONS [Item 15]

Declarations of interest:

None

Witnesses:

Dr Andy Brooks, Clinical Chair Surrey Heath CCG

Dr Sian Jones, Clinical Chair Guildford and Waverley CCG

Dr Elango Vijaykumar, Clinical Chair East Surrey CCG

Key points of discussion:

1. Members noted the statutory responsibility to publish and approve CCG Commissioning Intentions to the Health and wellbeing Board and stressed the requirement for intentions to align with the Health and Wellbeing Strategy. It was noted that this was the second year of a two year plan.
2. It was noted that the Commissioning Intentions must align with STP plans. It was noted that STP plans, due to changes in NHS structure, are being published before CCG Commissioning Intentions.
3. It was stressed by Members that CCG Commissioning Intentions was an overview of all of the CCGs covering the Surrey area.
4. CCGs highlighted key work being undertaken as part of the Commissioning Intentions:
 - (a) Surrey Heath CCG particularly highlighting work regarding frailty and the work undertaken to identify early those at risk of frailty to promote wellbeing and independence. One particular initiative highlighted was measuring “chair rise” time to recognise those at risk of frailty. It was also noted that there was a frailty index being used by GPs to identify those in need of support early.
 - (b) Guildford and Waverly CCG noted that there was a single set of Commissioning Intentions for the Heartlands STP. Members highlighted adaptable care and how this is planned to work with devolution proposals.
 - (c) East Surrey CCG noted that their priorities were different from those of Sussex and East Surrey STP and stressed that their intentions were aligned more towards Surrey Heartlands. Members highlighted that it was working on socialisation in a joined up manner in committees.

Actions/Further Information To Be Provided:

None

Resolved:

That the Health and Wellbeing Board:

1. Approved the commissioning intentions and agreed that they are aligned to the Surrey Joint Health and Wellbeing Strategy.

64/17 DATE OF THE NEXT MEETING [Item 16]

The Board noted that its next public meeting would be held on 1 March 2018.

The Board noted that its next private meeting would be held on the 4 January 2018.

Meeting ended at: 3.59 pm

Chairman