

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 7 June 2018 at County Hall, Committee Room C.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 13 September 2018.

Elected Members:

*present

- * Dr Elango Vijaykumar (Co-Chairman)
- * Mr Tim Oliver (Co-Chairman)
- Dr Andy Brooks
- * Dr Russell Hills
- * Mrs Clare Curran
- * Helen Atkinson
- Dr Peter Bibawy
- * Dr Charlotte Canniff
- * Dr Sian Jones
- Dave Hill
- David Munro
- Tom Kealey
- * Mr Mel Few
- Borough Councillor Paul Spooner
- * District Councillor Vivienne Michael
- * Jason Gaskell
- * Kate Scribbins

In attendance

Zully Grant-Duff, Chairman of the Health, Integration and Commissioning Select Committee

Bill Chapman, Committee Member of the Health, Integration and Commissioning Select Committee

15/18 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Andy Brooks, Dr Peter Bibawy, Dave Hill, David Munro and Borough Councillor Paul Spooner.

Nicola Airey acted as a substitute for Dr Andy Brooks and Gareth Symonds acted as a substitute for Dave Hill.

16/18 MINUTES OF PREVIOUS MEETING: 5 APRIL 2018 [Item 2]

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

17/18 DECLARATIONS OF INTEREST [Item 3]

There were none.

The Chairman reminded members to complete new declarations of interest forms to allow records to be up to date.

18/18 QUESTIONS AND PETITIONS [Item 4]**MEMBERS' QUESTIONS [Item 4a]**

There were none.

PUBLIC QUESTIONS [Item 4b]

1. The Board received one public question and a formal response was tabled at the meeting (attached as Annex 1).
2. It was noted that the response, did not reference s.15 under the Care Act 2014 detailing the Council's statutory responsibilities.
3. The Strategic Director of Adult Social Care and Public Health highlighted that work was underway to promote the borough and district councils' role in partnership working under the Care Act. It was further highlighted that Tom Kealey, Head of Health and Wellbeing in Reigate & Banstead Borough Council was leading this development and would be driving it forward on a more formal basis.
4. It was noted to endorse this partnership working the Member Co-Chairman agreed to raise its awareness when attending borough and district joint committee meetings scheduled to take place in September 2018.

20/18 PETITIONS [Item 4c]

There were none.

21/18 BOARD BUSINESS [Item 5]**Declarations of interest:**

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. It was noted that the application for a Darzi Fellow to work on a self-care project that was put forward by the Board at its meeting on November 2017 has been successfully selected.
2. The Board were informed that future correspondence would be managed through the Democratic Services inbox to support efficiency; and that the Health and Wellbeing inbox would be removed and deleted from the server.
3. It was highlighted that the next informal meeting scheduled for 5 July 2018 conflicted with the NHS celebrating its 70 years of service. The Board agreed to cancel this meeting.

Actions/ further information to be provided:

The Democratic Services Assistant to circulate cancellation notice of the Board's meeting on 5 July 2018.

RESOLVED:

The Board agreed to cancel its next informal meeting on 5 July 2018 and postpone the formal plan workshop to the following meeting on 4 October 2018.

22/18 FORWARD PLAN [Item 6]

Declarations of interest:

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. The Board were informed that the University of Surrey Medical School case study would no longer be presented at its meeting in October as the bid was unsuccessful.
2. It was noted that the Surrey Safeguarding Adults Board Annual Report had been moved to the Board's meeting in September due to delays with the report publication.

Actions/ further information to be provided:

None

RESOLVED:

The Board reviewed the forward plan and noted the updates.

23/18 ACTION REVIEW [Item 7]

Declarations of interest:

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. The Board received an amended version of the action tracker and reviewed all the ongoing actions in turn.

A34/17

2. The Clinical Commissioning Groups were reminded to update the CAMHS Transformation Plan published on their websites.

A35/17

3. The Board noted it would receive an update on integrated models of care as part of the improving older adult's health and wellbeing priority update in December 2018.

A2/18

4. The Board were informed that a letter of thanks had been drafted and sent to Dr David Eyre-Brooks.

A3/18

5. The Board agreed to consider an item on pharmacies and the health and social care system at its forward plan workshop session in October 2018.

A4/18

6. The Board agreed to remove this action from its tracker as sufficient member oversight and engagement was apparent within the Sustainability Transformation Partnerships (STPs)

A5/18

7. The Board noted that information on young carers in Surrey would be circulated to members via email.

A6/18

8. It was further noted by the Board that Tom Kealey had been appointed as the Health and Borough & District representative on the Accommodation with Care and Support Board.

A7/18

9. It was highlighted that an update on the Children's Health Summit held in May 2018 would be provided in the mental health priority status update relevant to Item 11.

Actions/ further information to be provided:

None

RESOLVED:

The Board reviewed its action tracker and noted the updates.

24/18 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE [Item 8]

Declarations of interest:

None

Witnesses:

Nicola Airey, Surrey Heath & East Berkshire CCG
Dr Elango Vijaykumar, East Surrey CCG
Dr Sian Jones, Guildford & Waverley CCG
Dr Charlotte Caniff, North West Surrey CCG
Dr Russell Hills, Surrey Downs CCG
Kath Cawley, South West London Health and Care Partnership

Key Points raised during the discussion:

1. The Board received PowerPoint presentations on the Frimley Health STP and the South West London Health and Care Partnership (attached as Annex 2).
2. The Board received verbal updates on key themes for the following Clinical Commissioning Group areas;

North West Surrey

3. It was reported that the North West Surrey division were working closely with district and boroughs, improving Integrated Care System (ICS) governance, supporting new children's work stream and were supporting the population by running extending access from 8am to 8pm.

Guildford and Waverley

4. It was noted that the NHS e-referral service in Guildford and Waverley would be going live for the next six months; and that fax and paper referrals would no longer be accepted. It was further noted that work was in development with Primary Care.

Surrey Downs

5. It was stated that the digital strategy for Surrey Downs had gone live in May 2018; and the CCG was also exploring opportunities to work with Primary Care.

Sussex and East Surrey

6. It was reiterated that the alliance formed under the Sussex and East Surrey STP was experiencing challenges and complexities due to the geographical make up and the individual systems. The Sussex and East Surrey representative highlighted that extended access had also been introduced and more appointments had been made available.
7. There was a discussion around public engagement and all STPs informed the Board that although work streams were in place to promote public engagement, this was an area of continuous improvement.

8. The CEO of Surrey Community Action highlighted that support through the voluntary sector could be coordinated to help reach people in isolated areas or situations.
9. Members shared the view that it would be useful for the three STPs to explore further opportunities to work together to promote information sharing and engagement.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

25/18 DOMESTIC HOMICIDE REVIEWS [Item 9]

Declarations of interest:

None

Witnesses:

Lisa Herrington, Head of Policy and Commissioning, Office of the Police and Crime Commissioner

Key points raised during the discussion:

1. The Board were provided with a legislative background on Domestic Homicide Reviews (DHRs), and were presented with figures outlining the level of domestic abuse in Surrey.
2. The Head of Policy and Commissioning informed members of the progress made in improving the process of undertaking a DHR and embedding the learning into practice.
3. The Board were also presented with a summary on thematic analysis collated from reviews completed so far and a status update of DHRs to date.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

26/18 DOMESTIC ABUSE STRATEGY [Item 10]**Declarations of interest:**

None

Witnesses:

Lisa Herrington, Head of Policy and Commissioning, Office of the Police and Crime Commissioner

Key points raised during the discussion:

1. The Board were presented with the Surrey Against Domestic Abuse 2018-23 Delivery plan and noted the following three key priorities;
 - i. Community – to break the silence about domestic abuse within our local communities, and remove the barriers that make it hard for survivors and perpetrators to reach support.
 - ii. Professionals – to maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators.
 - iii. Expert support – to empower specialist expert support to work with survivors, children and perpetrators in a way that achieves safety, with minimum reliance on external resources.
2. It was noted that the Surrey Domestic Abuse Management Board (DAMB) implements the Surrey Against Domestic Abuse Strategy and delivery plan and the Community Safety Board oversee DAMB.
3. Despite having male victims, the strategy recognised domestic abuse as a gendered crime and mentioned comments such as 'I didn't feel like mum was safe'. Members raised concerns with this stereotype and suggested that wording could be more wide ranging to reflect the different types of victims.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

27/18 MENTAL HEALTH PRIORITY STATUS UPDATE [Item 11]**Declarations of interest:**

None

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care and Public Health
Garath Symonds, Assistant Director of Commissioning & Prevention

Key points raised during the discussion:

1. The Board were reminded that officers attended a Children's health summit in May to discuss how to tackle the current issues challenging the service in relation to the CAMHS contract.
2. It was highlighted that the CAMHS Interim Plan was developed to address the lengthy waits currently being experienced by children and young people. It was further highlighted that the plan also sought to improve ways of working across the system and identified five priorities to work towards.
3. It was noted that both outstanding actions (perinatal mental health and education delivered to GPs on mental health) relating to the Emotional Wellbeing and Adult Mental Health Strategy have now been progressed.
4. Members agreed that there were areas of the CAMHS contract that was working well, however shared the view that there were better ways of working.
5. Members were informed that the three Sustainability Transformation Partnerships in Surrey had mental health as one of their priorities and were drafting plans to deliver these. It was noted that further reports to demonstrate progress could be provided at a later date.

Actions/ further information to be provided:

None.

RESOLVED:

The Board were asked to;

- a) Note the updates from CAMHS, perinatal mental health and GP Education.
- b) Note the establishment and progress of the mental health workstreams within each STP across Surrey and look to receive reports in the future of their progress.

28/18 DEVELOPING A PREVENTATIVE APPROACH PRIORITY STATUS UPDATE [Item 12]

Declarations of interest:

None

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care and Public Health

Key points raised during the discussion:

1. The Board received a presentation providing an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the last update in December 2017 (attached as Annex 3).

2. To improve public awareness in developing a preventative approach, members suggested further signposting to be made available, advising one message to be communicated from all practices.

Actions/ further information to be provided:

None.

RESOLVED:

The Health and Wellbeing Board were asked to;

- Endorse delivery mechanism of ‘Developing Preventative approach’ – through ICSs

MEAM

- Formally agree Multiple Disadvantaged Steering Group is accountable to H&WBB
- Support and advocate the Multiple Disadvantage Steering Group’s ambition for a system-wide solution
- Nominate an executive sponsor from one of Surrey CCGs to join executive sponsors from SCC, the police and the PCCC for the Multiple Disadvantaged Project

Alcohol

- Support the alcohol prevention ‘DrinkCoach’ launch in own organisation and promote Don’t Bottle it Up
- Endorse Surrey-wide buy-in to DrinkCoach pilot to ensure residents can access skype based alcohol support

29/18 COMMUNICATION AND ENGAGEMENT UPDATE [Item 13]

Declarations of interest:

None

Witnesses:

Tom Gurney, Director of Communications and Engagement, Central Sussex and East Surrey Commissioning Alliance

Key points raised during the discussion:

1. It was noted that the report was on progress made on communications and engagement since December 2017.
2. The Director of Communications and Engagement provided the Board with a campaign activity update which included the winter 2017/18 campaign and upcoming campaign activity for 2018.
3. It was highlighted that the Health and Wellbeing Board Communications and Engagement Sub-group were proposing to update the Terms of Reference and membership to reflect a wider remit and extended membership to include providers.
4. The Board agreed to receive continuous six- monthly formal reports on communication and engagement.

Actions/ further information to be provided:

None.

RESOLVED:

It was recommended that the Health and Wellbeing Board noted;

- a) note the progress made on communications and engagement since December 2017,
- b) identify solutions to key challenges, and
- c) note and agree the proposed new way of working for the Communications and Engagement Sub-group

30/18 DATE OF THE NEXT MEETING [Item 14]

The Board noted that its next meeting would be held on 13 September 2018.

Meeting ended at: 3.57 pm

Chairman

Heading Notes for questions to place on agenda for Health and Wellbeing Board meeting on 7 June 2018

These questions come from a resident of Surrey who qualifies as being amongst the possibly 20% of the population who are over 75 years old, may live alone, now need some support to be able to live independently in their own home, but who can no longer drive for health reasons, who do not have any equipment or assistance to obtain information and/or advice to remedy these deficiencies, or who do not want to do so by the use of digital methods.

In 2014 Surrey County Council were concerned in preparing for a Social Care Act the Government would not recognise that it is a 2 tier authority, resulting in specific powers, range of duties and thus financial accountability between the County and its District Councils (plus Boroughs) (B/DCs), and called on the Government to do so. They were successful, and it was confirmed that

- The Government had formally recognised the existence of 2 tier authorities
- That from 1 April 2015 it would be mandatory that all means of communication with individuals must be accessible in all formats, in all locations of personal choice etc; as specified in Section 3
- Confirmed that use of digital means of communication alone would not fulfil the duties of the Council under the terms of the Care Act

The Act itself contains a very detailed range of obligations on both parties in partnerships to secure the rights of all individuals – with whatever limitations they may have – including the right to receive – and have access to – all sources of information and advice in all formats

To secure these rights etc., SCC has supported each/all of the 11 B/DCs in the County to establish a presence – either in or adjacent to their main offices, containing both the local Social Services staff and a police presence, using a range of grants and the Better Care Fund to do so.

Unfortunately, although having provided such an excellent basis to operate and implement the Care Act, the opportunity to create the right partnerships was missed. SCC should have accepted this proper role for their support etc. of the 20% of the population whose needs they must provide for – which is being done to national acclaim, while the health needs of the 80% of the population which are the B/DCs role are not being formally recognised, and thus an excellent opportunity missed.

However, spurred by the debates which took place on the excellent item 108 (Item 8) and 118 (Item 9), and the responses in the Minutes of the meeting,

and building on their view that having a partner-led system of the development of STPs in Surrey

including recognition of the importance and

the value of the wider determinants of health and the role the voluntary sector and districts and boroughs have to lead and to deliver this

My question is in 2 parts:-

- What do the Board propose to initiate to update procedures internally within the County Council's area to complete the formation of partnerships at all levels, including financial accountability in compliance with the Care Act 2014, to recognise the leadership status of the B/DCs?
- Call on the STP to recognise the relevant B/DCs as lead partners within each/all of the 3 designated areas for the CCGs and in parallel with Social Services areas.

RESPONSE:

Part 1

Surrey County Council has the statutory responsibility to deliver the Care Act (2014). Sections 3, 6, 7, 22, 23, 74 and Schedule 3 of the Care Act 2014 covers integration, cooperation and partnerships, including the cooperation of partner organisations and working with housing authorities. The Care Act 2014 states:

"Local authorities must carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services)...

...This duty applies where the local authority considers that the integration of services will:

- promote the wellbeing of adults with care and support needs or of carers in its area
- contribute to the prevention or delay of the development of needs of people
- improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people" (Department of Health and Social Care, 2016).

Surrey County Council has an Adults and Lifelong Learning Select Committee responsible for scrutinising all adult services which are governed by the Care Act 2014.

The Health and Wellbeing Board (HWB) is a strategic oversight Board comprised of health and social care commissioners and other bodies, including three members representing the 11 borough and district councils in Surrey. The HWB's role is to set the strategic direction of health and social care delivery in the county and therefore it would not be an appropriate forum to update internal procedures relating to the Care Act 2014 as this is the responsibility of Surrey County Council. The HWB do promote partnership working and borough and district councils are a key partner in all discussions at the Board.

Financial accountability sits within individual organisations, and therefore the HWB is not in a position to update procedures relating to financial accountability. However, the Board members who commission services, share budget plans and commissioning intentions annually and borough and district leaders are an equal partner in these discussions.

Recognising the value of borough and district councils as a key partner in promoting the health and wellbeing of Surrey residents and capitalising on the HWB's role to encourage

partnership working, the HWB has gone beyond its statutory responsibility and done the following:

- Invited three members onto the HWB to represent the 11 borough and district councils in Surrey, where they are involved in discussions setting the strategic direction for improving the health and wellbeing of residents in Surrey
- Shared and discussed the commissioning intentions of all commissioners on the Board, including Borough and District Councils plans, to ensure partner organisations have the opportunity to join up services (last item received December 2017).
- Received and discussed the financial plans for all commissioners on the Board providing an opportunity for Borough and District colleagues to comment and influence how finances are spent (last item received January 2018)
- Recommended that Borough and District representation be identified for the Accommodation with Care and Support Board to ensure borough and district colleagues are part of these discussions (April 2018 HWB meeting)

Part 2

Borough and district councils play a vital role in the health and wellbeing of residents as outlined above. This has also been recognised in various ways by the Sustainability and Transformation Partnerships (STPs) and Integrated Care Partnerships (ICPs) in Surrey:

- Borough and district colleagues are members on the Local Joint Commissioning Groups in Surrey
- Borough and district colleagues are increasingly engaged in discussions on the STPs and ICPs locally
- Borough and district colleagues are leading a programme of work relating to the wider determinants of health in Surrey Heartlands Health and Care Partnership. Borough and district leaders have worked with colleagues in public health and wider borough and district stakeholders through the Borough and District Health Leads Group to identify the borough and district role in the wider determinants of health and the impact that they have on the health outcomes of residents. This programme of work has fed into a framework for the wider determinants of health that will be going to Surrey Chief Executives Group for approval.

We will continue to work together to ensure that districts, boroughs and health can work together in a joined up way.

In terms of providing information and advice, The Care Act 2014 is clear that it is the joint responsibility of all health, social care, local authority, voluntary, community and faith sector organisations to provide information and advice about care and support. Surrey County Council (SCC) has a co-ordinating role and duty to understand what the offer is but does not provide all of it and has a duty to improve that local offer. SCC does not have control over channels and access to information.

The HWB knows and acknowledges that we all have a duty to provide information and advice and endorsed the Surrey Information and Advice Strategy in October 2016.

References

Department of Health and Social Care (2016) Care Act Statutory Guidance [Updated February 2018]

This page is intentionally left blank

Frimley Health and Care



Frimley Health and Care ICS Update 'Creating healthier communities'

Health and Wellbeing Board
Thursday, 7th June 2018 - 1.00 pm

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Governance

- The ICS has a System Operating Plan for 2018/19
- An approach to the system control total for health for 2018/19 agreed with NHS England and Improvement
- ICS branding and key messages agreed by HWB Alliance Board
- Discussions underway on appropriate role for non-executives and lay members within our ICS
- Care provider role for ICS under consideration

Workstreams

- All workstreams and enabling elements have clear delivery plan for 2018/19
- Social prescribing is now live across the ICS
- Mental health - cross-system approach to the crisis care pathway in mental health being co-designed
- Integrated Care Decision Making –spreading successful model across East Berkshire
- Workforce strategy - implementation plan agreed with leads across workstreams

Frimley Health and Care



Creating healthier communities

– key messages

Your Local Authorities and local health organisations are working together as the Frimley Health & Care System to provide you with a joined up health, care and wellbeing system. This means you will receive the right care at the right time and in the right place.

You and your family will:

- Be supported to remain as healthy, active and independent as you can be
- Know who to contact if you need help and only have to tell your story once
- Have easier access to information and services
- Work together with a care and support team to plan and manage your own care
- Access urgent or emergency care more easily closer to home
- Be treated in the best place for your needs
- Increase your ability and confidence to take responsibility for your own health, care and wellbeing
- Be confident that your care is provided in the best possible way.

Frimley Health and Care



Workstream Aims:

- Prevention and self-care – ensuring people have the **skills, confidence** and support to **self-care** and to **stay well**
- Integrated care decision-making – developing integrated teams of **multi-disciplinary** practitioners providing **single points of access** to services such as rapid response and re-ablement
- GP transformation – laying foundations for a new model of general practice provided at scale to offer a **wider range of services** in the community, including development of GP networks to **improve resilience and capacity**
- Support workforce – supporting the care support workforce so that it is **fit for purpose** and offers good career opportunities across the system
- Care and support – transforming the social care support market and **improved management** of the market by health and social care working more closely together. Helping to make the **best use of the money** available across the Frimley Health and Care system and better plan for the future care support needs of local people.
- Reducing clinical variation – ensuring that the population **has access** to the same **high quality of services** across the system wherever they live
- Shared care record – helping people to **tell their story once** by implementing a shared care record that is accessible to professionals across the footprint

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Frimley Health and Care



Benefits already being seen:

- Health and care workers working more closely together
- An improved patient experience across the system – more joined up care provided in peoples homes
- Plans are continuing to be rolled out
- A greater community involvement and support in health and wellbeing
- Mental health liaison 24/7 has been rolled out across both Frimley and Wexham Park hospitals
- An increase in staff satisfaction, with retention and recruitment supported by the new roles and opportunities being developed
- **GP referrals down by 7% (Note to Andy: Do you want to keep this?)**
- More flexible ways of engaging with your GP
- No increase in A&E activity year-on-year.
- 8am-8pm appointments in primary care
- Fewer people with mental health problems having to travel out of the area for treatment.
- There has been greater investment in the local system

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

This page is intentionally left blank

Prevention Update

7 June 2018

Helen Atkinson

Executive Director of Health, wellbeing and
Adult Social Care

Outline

- Prevention programmes in each ICS / STP
- MEAM
- Fire as a health asset
- Alcohol
- Recommendations

Surrey Heartlands: prevention work stream objectives

	Objective	Programmes/ Areas of work
Healthy Places	Shape environment in which people live to improve and protect H&WB of communities	Urban planning for health; <ul style="list-style-type: none"> - Housing - Mobilising community assets - Air quality
Healthy lifestyles	Address major causes of ill health to prevent development of long term conditions	MECC: Integrating and improving support offer for: Smoking cessation, Alcohol reduction, Healthy weight and Mental wellbeing
Staying independent	Empower citizens to remain independent in own homes	Social prescribing – support for carers
Staying well	Improve health outcomes for people with existing long term conditions	Early diagnosis; Robust management of care; Self-care; wrap around support for people with multiple disadvantage
Healthy workforce	Support for staff to be happy and healthy through creation of healthy workplace and access healthy lifestyle support	Workplace wellbeing strategies; Emotional wellbeing in the workplace

Page 21

Surrey Heartlands Health and Care Partnership

- **3 workshops**
 - Smoking
 - Healthy weight
 - Alcohol
- **Clinical academy** session (Feb 18) ensuring prevention is part of all clinical workstreams
- **Transformation funding** granted in 2017/18 for 3 prevention and wider determinants work stream projects:
 - social prescribing
 - MECC (Making Every Contact Count)
 - alcohol

Frimley Health and Care STP

Community Asset Toolkits & Maps

- Collaboration across agencies and resident groups to take place to generate set of online tools aimed at guiding asset based work

Social prescribing

- Work will be undertaken to expand and embed existing programmes across Frimley system and develop new programmes where don't exist

Page 23

MECC

- Training to be rolled out for staff across Frimley in behavioural change techniques

Hospital Based Alcohol Services

- Behavioural advice and support offered when patients in hospital for alcohol related reasons.

Physical Activity Initiatives

- Range of accessible opportunities for activity will be developed and promoted with particular focus on community programmes that have proven health benefits

Sussex and East Surrey STP

Wellbeing prescription service

- Wellbeing prescription service operates from East Surrey GPs.
- Wellbeing advisors have helped over 2,500 people
- Supporting newly diagnosed Type 2 diabetics

Hypertension

Page 24

- STP wide bid to the BHF for a 2 year project for SECAMB clinicians to assess at least 5000 people each year for hypertension through pop up tents in key areas of deprivation

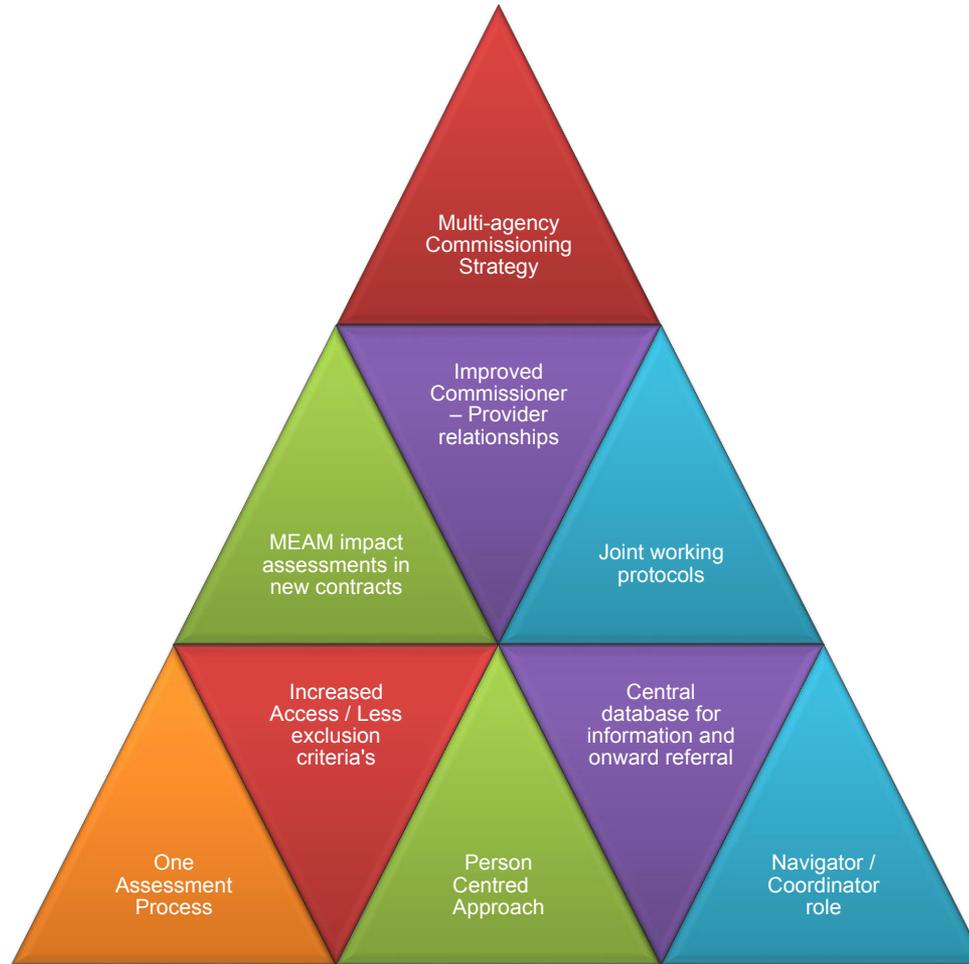
All Together Better approach in East Surrey is supporting citizens to:

- Build knowledge, resilience and confidence
- Become engaged, involved and active
- Communities to share skills and expertise

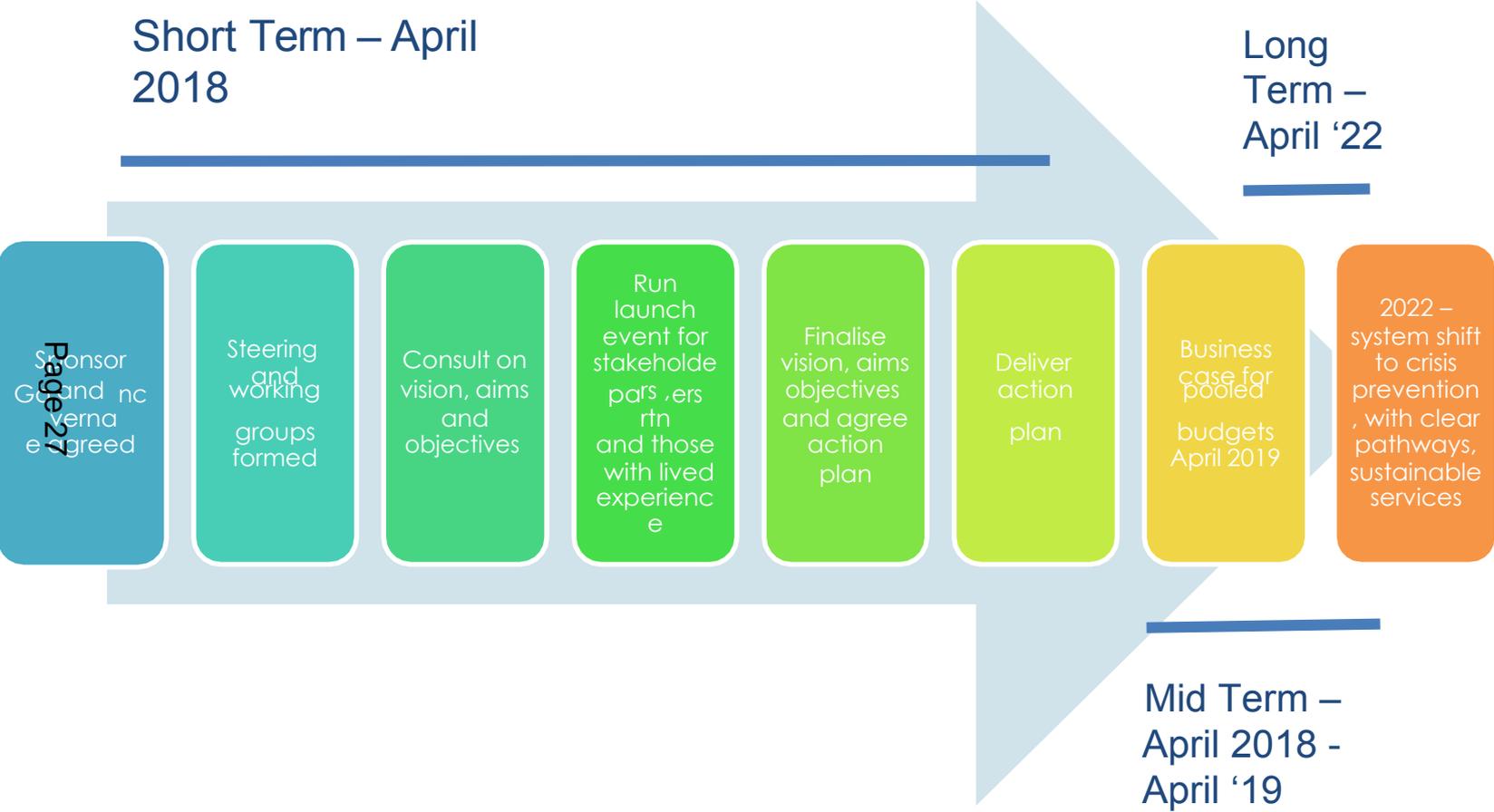
MEAM – What have we done so far?

- Secured support and engagement in the national Making Every Adult Matter programme
- Secured a Darzi Fellow- located with the Police
- Widened the engagement and membership of the multiple disadvantage group
- Held initial steering group meeting to clarify and draft the vision and objectives for the work

MEAM – What does good look like?



MEAM – Next steps and timelines



Fire as a health asset

- SFRS engaged in supporting falls prevention response in Guildford and Waverley and East Surrey
- Exploring opportunities with Public Health to implement 'Making Every Contact Count' programme across SFRS staff

Alcohol Prevention

Why prevent harmful drinking?

- **28%** of adults in Surrey consume more than the recommended limit. This equates to **257,000 harmful drinkers** within Surrey
- Estimated cost of alcohol-related harm in Surrey **£380m a year**
- Alcohol is a causal factor in over **200 medical conditions**
- Alcohol consumption is strongly linked to health, social and economic inequalities

Page 29

How can we prevent harmful drinking?

- Improved detection and early intervention
- Screening, Brief Advice and Extended Brief Interventions (EBI)
- Evidence-based approach; recommended by NICE
- Highly cost-effective interventions

DrinkCoach Pilot

What is DrinkCoach?

- Online, skype-based brief treatment service for alcohol.
- Alcohol EBIs for **increasing risk** and **higher risk drinkers**
- Up to six 40 minute sessions
- Free, confidential service
- Accessed via [Don't Bottle It Up](#) (DBIU) along with other referral routes - ie self-referral, GPs, ALNs, wellbeing advisors

Page 30

DrinkCoach Evaluation

- An independent evaluation of DrinkCoach pilot commissioned to assess impact/outcomes, service user experience and acceptability
- Public Health is undertaking economic analysis – value for money and ROI.

DrinkCoach Pilot

Next steps

- Soft launch – August 2018
- Full launch – September 2018
- Evaluation – February 2019
- Final report inc recommendations – March 2019

Page 31

Recommendations

- Work with East Surrey and Surrey Heath CCG to buy into pilot
- Widespread communication and promotion of DrinkCoach
- Support with referrals into DrinkCoach
- Distribution of alcohol scratch cards
- Engagement in DrinkCoach evaluation

Recommendations

The HWBB is asked to:

- Endorse delivery mechanism of 'Developing Preventative approach' – through ICSs

MEAM

- Formally agree Multiple Disadvantaged Steering Group is accountable to H&WBB
- Support and advocate the Multiple Disadvantage Steering Group's ambition for a system-wide solution
- Nominate an executive sponsor from one of Surrey CCGs to join executive sponsors from SCC, the police and the PCCC for the Multiple Disadvantaged Project

Alcohol

- Support the alcohol prevention 'DrinkCoach' launch in own organisation and promote Don't Bottle it Up
- Endorse Surrey-wide buy-in to DrinkCoach pilot to ensure residents can access skype based alcohol support