

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 5 March 2020 at North West Surrey CCG, 58 Church Street, Weybridge, Surrey KT13 8DP.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 4 June 2020.

**Elected Members:**

(Present = \*)

Siobhan Kennedy  
 \* Dr Andy Brooks  
 \* Dr Charlotte Canniff (Deputy Chairman)  
 \* Dave Hill  
 Jason Gaskell  
 Dr Russell Hills  
 David Munro  
 \* Mr Tim Oliver (Chairman)  
 \* Kate Scribbins  
 Dr Elango Vijaykumar  
 Simon White  
 \* Ruth Hutchinson  
 \* Dr Claire Fuller  
 \* Fiona Edwards  
 Joanna Killian  
 \* Helen Griffiths  
 Sue Littlemore  
 \* Mrs Sinead Mooney  
 \* Mrs Mary Lewis  
 \* Giles Mahoney  
 \* Rob Moran  
 \* Rod Brown  
 Borough Councillor Caroline Reeves  
 Borough Councillor John Ward  
 \* Frances Rutter  
 Carl Hall  
 Robin Brennan  
 \* Gavin Stephens  
 \* Denise Turner-Stewart

**Substitute Members:**

Catherine Butler - Housing Needs Manager, Woking Borough Council  
 Liz Uliasz - Deputy Director for Adult Social Care (SCC)  
 Cynthia Allen - Deputy Chief Probation Officer at Kent, Surrey and Sussex  
 Community Rehabilitation Company

**In attendance**

Dr Bill Chapman - Chairman of the Adults and Health Select Committee (SCC)  
 Miss Alison Griffiths - Deputy Cabinet Member for Health (SCC)

**1/20 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Siobhan Kennedy - Catherine Butler acted as substitute, Caroline Reeves, Joanna Killian, Dr Russell Hills, Simon White - Liz Uliasz acted as substitute, David Munro, Dr Elango Vijaykumar, Robin Brennan, Carl Hall - Cynthia Allen acted as substitute, John Ward and Jason Gaskell.

**2/20 MINUTES OF PREVIOUS MEETINGS: 5 DECEMBER & 16 DECEMBER 2019 [Item 2]**

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

**3/20 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**4/20 QUESTIONS AND PETITIONS [Item 4]****a MEMBERS' QUESTIONS [Item 4a]**

None received.

**b PUBLIC QUESTIONS [Item 4b]**

None received.

**c PETITIONS [Item 4c]**

There were none.

**5/20 REFRESHING THE JOINT STRATEGIC NEEDS ASSESSMENT: PROPOSALS [Item 5]**

*Liz Uliasz arrived at 1.14pm*  
*Helen Griffiths arrived at 1.14pm*  
*Rod Brown arrived at 1.20pm*  
*Frances Rutter arrived at 1.20pm*

**Witnesses:**

Lucy Lynch - Public Health Registrar (SCC)

**Key points raised in the discussion:**

1. The Public Health Registrar introduced the report and noted that:
  - it was a statutory requirement to maintain the Joint Strategic Needs Assessment (JSNA), so a refresh following the publication of the new Joint Health and Wellbeing Strategy (JHWS) in 2019 was needed.
  - the refresh proposed using the 12 focus areas identified in the JHWS to frame the JSNA and support detailed action plans that address local needs.

- central to renewing the governance of the JSNA was the avoidance of duplication - to be achieved by ensuring ownership of specific chapters by the relevant JHWS governance group with a coordinating operational oversight group - to meet in April 2020. That group would include representatives from the Council and other key organisations.
2. The Chief Constable of Surrey Police stated that the force were happy to engage with the project particularly from a mental health aspect which formed a significant part of the force's duty.
  3. Board members urged caution in the approach to prevent the formation of blind spots if the focus areas were too narrow, noting that it was important to recognise potential gaps in commissioning as issues change over time. The Public Health Registrar commented that while each chapter would include a horizon-scanning section within their focus area, the operational oversight group would also have a role in identifying new and emerging issues.
  4. A Member of the Board was concerned that vulnerable groups such as Looked After Children (LAC) and Care Leavers were scattered across various JSNA chapters which did not support the partnership in meeting their responsibilities for Corporate Parenting. In response, the Public Health Registrar explained that the four target population groups included one of 'deprived and vulnerable communities' but this was broad and not yet delineated. She added that a list of such groups was being developed and would be shared with population group champions for discussion. The developing list included LAC and care leavers. The intention was to develop infographic summaries of each population group/sub-group as required.
  5. A Member of the Board raised a concern regarding the difficulty in cross-system data collection on vulnerability and health inequality as many organisations held pockets of information and were not good at sharing it centrally. In response, the Public Health Registrar replied that in light of the Chairman's earlier comment that the Health and Wellbeing Board would reaffirm itself as a 'doing' board, there were opportunities to improve the collation of data, across partners.
  6. In response to the Deputy Chairman's query, the Public Health Registrar commented that the public health team were considering how the intelligence within the JSNA refresh would align with and complement the NHS England's Population Health Management (PHM) system across Surrey Heartlands.
  7. Responding to a Member of the Board's question, the Public Health Registrar explained that veterans were currently included one of the 'deprived and vulnerable communities' target population and she would extend this to include the families of military personnel.

#### **RESOLVED:**

The Health and Wellbeing Board agreed:

1. The 5 core principles to underpin the JSNA, namely that the JSNA is:
  - a. Current – a rolling programme of review will ensure the JSNA remains up to date through an iterative process of maintenance and development.
  - b. Embedded – linked into Council and NHS organisational processes to spend money, shape services and respond to need.

- c. Relevant – to our professional audience, supporting the JHWS, working through partnerships to fill knowledge gaps or undertake calls for evidence.
  - d. Partner-driven – working together, informed by residents, to develop the evidence base required to drive improvements in outcomes.
  - e. Transparent – both in how we develop chapters, by involving residents, patients and partners, and in publications, which will be available online.
2. For the relevant teams to develop:
    - a. New chapters underpinning each of the 12 focus areas of the JHWS.
    - b. Target population group summaries identifying key health inequalities.
  3. To renew governance for the JSNA with:
    - a. An operational oversight group with representatives from Surrey County Council public health, adult and children’s services, the Insight & Analytics team, the CCGs, HealthWatch and Districts & Boroughs. Others may be coopted as appropriate.
    - b. Ownership of specific chapters by the relevant governance group within the JHWS governance structure, reporting to priority area boards as appropriate, or task and finish groups where these are required.
  4. In 2020, for the new operational oversight group to oversee delivery of:
    - a. An action plan for refreshing the entire JSNA.
    - b. Target population group summaries for 4 groups.
    - c. New chapters for up to 3 topics requiring in-depth analysis.
    - d. Refreshed chapters for up to 3 topics requiring minor updates.

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

None.

**6/20 SAFEGUARDING CHILDREN ANNUAL REPORT [Item 6]**

*Fiona Edwards arrived at 1.40pm*

*Dr Claire Fuller arrived at 1.40pm*

**Witnesses:**

Simon Hart - Independent Chair of the Surrey Children’s Safeguarding Partnership

**Key points raised in the discussion:**

1. A Member of the Board highlighted that 2018/2019 was a year of national change towards local improvement in children’s safeguarding with the move away from Local Safeguarding Children’s Boards towards the new Local Safeguarding Partnerships. She recognised the key work of the previous Independent Chair of the Surrey Safeguarding Children Board who put in place development arrangements for the Board and praised the work of the current Independent Chair.
2. The Independent Chair of the Surrey Children’s Safeguarding Partnership summarised that the new local safeguarding Partnership was operational from October 2019. Unlike the Surrey Safeguarding Children Board (SSCB) which was convened solely by Surrey County

Council, the Partnership was convened more widely with Surrey Police and the NHS, as it was important that safeguarding was underpinned by various agencies.

3. He explained that the SSCB's annual report unusually covered an 18 month period from April 2018 in order to give a full account of the Board's activities over that extended period including the transition to the new Partnership arrangements. The key focus of the Partnership would be the Children's Services Improvement Programme with oversight to embedding the new arrangements moving away from the Ofsted Priority Action Board towards the Partnership.
4. He highlighted the following key strategic priorities of the SSCB which would serve as the foundation for the new Partnership:
  - the remodelling of the Early Help Services delivered and commissioned by Surrey County Council, with the new Early Help Hub established through a Children's Single Point of Access (C-SPA).
  - reducing harm to children and young people from exploitation through contextual safeguarding which was an approach to safeguarding using children and young peoples' experiences of harm outside of their homes.
  - children's exposure to domestic abuse, which was a key issue underlying many of the serious case reviews. Following on from the SSCB, the Partnership was working closely with Surrey Police, social services and other key partnership groups such as the Community Safety Strategy to allow the escalation of concerns where necessary.
5. The Independent Chair noted that the new governance structure from the SSCB to the new Partnership received strong agreement from partners who in the past felt as though the SSCB considered large agendas too quickly. Whereas the Partnership had more focused agendas and was steered by the Executive Group. There would also be a reduction in the number of sub-groups in order to consider the commissioning approach more effectively.
6. He stated that a core value for the Partnership was a child-centred approach and ensuring that children's voices and lived experiences were heard as they were integral to the decision-making process.
7. He noted that the strong lead from the Council was vital to aid the Partnership's focus on supporting children, families and young people to reduce the likelihood of them needing statutory services. As well as supporting the Partnership's commissioning of serious case reviews where a child in Surrey dies or is seriously injured, he emphasised that he would like to attend a future Board meeting to present the findings from those serious case reviews and provide and update on the development of the Partnership.
8. In addition to the SSCB's priorities above, the Independent Chair was pleased with the start of the new arrangements and discussed that priorities for the new Partnership included:
  - children with Special Educational Needs and Disabilities (SEND), with the aim to increase the representation of parent/career and user groups. A number of partners had volunteered to assist the work.
  - ensuring the emotional well-being of Child and Adolescent Mental Health Services (CAMHS) through improving children and young people's access to services.

- ensuring full cooperation across the county on historical abuse, providing open and full support.
  - a commitment to raising the standards in addressing neglect.
  - a clear understanding of thresholds for different levels of intervention.
9. The Independent Chair explained the changing emphasis of the Partnership towards independent scrutiny across agencies. It was vital to find a better way to engage with the broad constituent of interests across the county and it was hoped that the upcoming second meeting of the Partnership would start to create an opportunity for people to be more influential in key areas.
  10. A Member of the Board noted the initial difficulty in the transition from the SSCB to the Partnership, with the eighteen serious case reviews that went back approximately seven years. The Council had consulted with Government on the matter and himself and the Chairman noted that a review would soon be published on the outstanding cases. The Member praised the Independent Chair and noted the good collaborative progress of the Partnership with joint responsibility between the NHS, Council and Surrey Police as opposed to solely the County Council and its Chief Executive.
  11. In response to the Deputy Chairman's query on the terminology of 'threshold' as a priority of the Partnership rather than the level of need, the Independent Chair accepted that the term threshold was potentially outdated but it did not detract from the outcome of effective family support for the county.
  12. The Chief Constable of Surrey Police queried whether there was one priority out of seven to start with, in response the Independent Chair stressed that all seven priorities were different and important in their own respect. He noted the importance of the collaboration between leaders in the county and experts across the priorities and in particular making sure that agencies felt confident to share information with other colleagues.
  13. Responding to a Member of the Board's query regarding how to quantify when objectives of the Partnership were being achieved due to their subjective nature, the Independent Chair explained that the development of a performance framework based on indicators and intelligence allowed the evaluation of the priorities. Internal audits and inspection reports also provided an assessment of the Partnership's objectives.
  14. The Independent Chair added that Surrey was in a unique position due to the number of the serious case reviews, which provided a learning opportunity going forward. A change of approach towards those case reviews was warranted, as it was wrong that first case review meetings only took place in some cases after three months. That was not acceptable and the Partnership had begun a rapid-review process with findings and next steps being generated within fifteen days.
  15. He commented that engagement was a complex key strategic area and it was important to work in conjunction with front line workers, children and young people. Motivating young people to share information with organisations such as the police was essential. More sophisticated ways to increase engagement were needed and it was important to find out how life was from their perspective, there were strong leads on the matter in the third sector.

16. A Member welcomed the focus on children's voices and lived experiences as integral to the SSCB and asked for an evaluation of how the Partnership were implementing that and whether there were any gaps in the new arrangements. In response, the Independent Chair noted that the Partnership must be fit for purpose accepting that more work needed to be done. The workforce was beginning to be stabilised across the county, recognising the new responsibilities of the Partnership in place of the Ofsted Priority Action Board, difficulties in recruitment and the reduction in the caseloads of social workers from forty cases down to fifteen in some instances.
17. The Chairman thanked the Independent Chair for his work and positively noted that the Partnership was moving in the right direction regarding its seven core priorities and was equipped to resolving issues such as the serious case reviews.

**RESOLVED:**

1. The Health and Wellbeing Board discussed the annual review.
2. The Health and Wellbeing board noted the report and annual review.

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

The Independent Chair of the Surrey Children's Safeguarding Partnership will attend a future Board meeting to present the findings from the serious case reviews and to provide and update on the development of the Partnership.

**7/20 COMMUNITY SAFETY BOARD MERGER [Item 7]**

**Witnesses:**

Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)

**Key points raised in the discussion:**

1. The Policy and Programme Manager noted that the merger was based upon developing a longer term approach to improving health outcomes and inequality across Surrey, after close working with the Office of the Police and Crime Commissioner and key stakeholders represented through the four new Members of the Board.
2. She emphasised that greater connectivity across priority areas was vital to improving the lives of those with severe disadvantages and to address the wider determinants of health. Over the last three months, officers in the OPCC and SCC had worked with stakeholders, including the Community Safety Partnerships, to map the current work and statutory responsibilities of both the Community Safety Board and the Health and Wellbeing Board. Officers were able to provide assurance that the four major priorities of the Community Safety Board would be aligned with those of the Health and Wellbeing Board, which would ensure the delivery of the Surrey Community Safety Agreement (CCSA).
3. The Health and Wellbeing Board was also developing stronger links to the Adult Safeguarding and Children Safeguarding Partnerships. The Surrey Adults Matter programme was a good example of how the Health and Wellbeing Strategy was responding directly to community safety-related concerns raised by the Adult Safeguarding Board.

4. The Chief Constable of Surrey Police, was very supportive of the merger noting the national policing and health consensus on the importance of wellbeing which was exemplified at the 2019 Fifth International Law Enforcement and Public Health Conference.
5. He summarised that: policing was more closely coupled with health - 70% demand of policing - than justice, that case work was increasingly complex, focusing on a range of issues to work out why someone committed a crime rather than simply who did it, active research to understand the causes of safety and wellbeing rather than the symptoms - personal resilience and control were key, that different and earlier intervention was required such as trauma informed policing and adverse childhood experiences, collective action across agencies was essential as there was a move away from individual territorial leadership.
6. The Cabinet Member for Community Safety, Fire and Resilience positively reported that she had seen tangible progress on the ground through the use of Trading Standards community safety departments to identify hotspots of priority offenders to manage crime more intelligently and from a wellbeing perspective addressing the causes of criminal activity.
7. The substitute for the Assistant Chief Officer of the Community Rehabilitation Company noted that it was important that probation and community rehabilitation remained represented on the Board, as reoffending and health were closely linked.
8. Members were in agreement with the merger and noted that it was the first of its kind in the United Kingdom.

**RESOLVED:**

The Health and Wellbeing Board:

1. Approved the merger of the Community Safety Board and the Health and Wellbeing Board.
2. Agreed for the new members from Surrey Police, Surrey County Council, South East Probation Services and the Community Rehabilitation Company (CRC) to join the Board.
3. Noted the alignment of the Community Safety Board priorities to the Health and Wellbeing Strategy priorities 1 and 3.
4. Approved the new Terms of Reference which link to the delivery of the Surrey Community Safety Agreement (CCSA).

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

None.

**8/20 SURREY PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT 2020 [Item 8]**

**Witnesses:**

Julie George - Public Health Consultant (SCC)

**Key points raised in the discussion:**

1. The Public Health Consultant provided a summary of the report, highlighting that the Board had a statutory responsibility to deliver a Pharmaceutical Needs Assessment (PNA) every three years.
2. The last PNA was in March 2018 to which no substantive changes to the findings of that PNA were required on the advice of the PNA Steering Group which annually reviews changes to the local population and pharmaceutical services. The steering group identified gap in the provision. There have been four closures of community pharmacies in 2019, with alternative provision nearby. The large housing developments and rate of pharmacists per 100,000 were also considered evaluated.
3. Future pharmacy provision would be reviewed through the 2021 PNA which would be brought to the Board in March 2021. That PNA would include the evaluation of the future requirements of large new housing developments and travel time using public transport - if possible - recognising the inequality in transport provision across communities.
4. The Deputy Chairman was concerned as three out of the four closures in community pharmacies were in North West Surrey - the area in which she was Clinical Chair - and asked what other measurements were used to assess provision other than large housing developments and population size. Especially as in 2019/20 community pharmacies would be expected to commission two new services: the Community Pharmacist Consultation Service (CPCS) with community pharmacies as a first port of call for minor illnesses and Hepatitis C testing. In response, the Public Health Consultant commented that at present no other measurements were used, but explained that her team was working closely with the Surrey and Sussex Local Pharmaceutical Committee and other health colleagues to incorporate consideration of the requirements of the new pharmaceutical contract in the 2021 PNA.
5. Responding to a Member of the Board's query on the disparity in access between populations to community pharmacies, the Public Health Consultant replied that it was a challenge as a PNA Steering Group could only make recommendations on the acceptable level provision. Its remit did not include the way in which services were paid which can also affect pharmaceutical service provision. A recent judicial review concluded that drive time to a community pharmacy greater than thirty minutes was not good access.

**RESOLVED:**

1. The Board approved the 2020 PNA Supplementary Statement, on the advice of the PNA Steering Group.
2. The Board would publish the approved Supplementary Statement on [surrey-i.gov.uk](http://surrey-i.gov.uk) and [surreycc.gov.uk](http://surreycc.gov.uk) by 31 March 2020.

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

The Board will publish the approved Supplementary Statement on [surrey-i.gov.uk](http://surrey-i.gov.uk) and [surreycc.gov.uk](http://surreycc.gov.uk) by 31 March 2020.

## 9/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 9]

### Sponsors:

Rod Brown - Head of Housing and Community at Epsom and Ewell District Council (Priority 1)

Giles Mahoney - Director of Integrated Care Partnerships at Guildford and Waverley Clinical Commissioning Group (CCG) (Priority 2)

Rob Moran - Chief Executive of Elmbridge Borough Council (Priority 3)

Ruth Hutchinson - Interim Director of Public Health (SCC)

### Witnesses:

Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)

### Key points raised in the discussion:

1. The Priority 1 sponsor outlined the key issue across all three priorities as included in the annex on project diagnosis highlighting several projects which were missing a Senior Responsible Owner (SRO) to progress. One Red rated area without an SRO was Surrey-wide cardio-vascular diseases (CVD) prevention and the overall CVD prevention approach had not been agreed across partners.
2. The project diagnosis was a vital health check on various key projects and successes in Priority 1 included:
  - increasing the local uptake of childhood immunisations to 95% of the population which was reached in two weeks.
  - a Planning and Health Forum was established in which health and planning officers met to help embed health and wellbeing into planning policies.
  - regarding Surrey Adults Matter, an approach had been agreed with all key system partners and work was beginning with frontline agencies. A newly recruited Senior Partnership Manager would aid that area.
3. He noted that although there were many professionals working hard across all three priorities, it was difficult to identify SROs to take on specific projects and the priority sponsors were working closely with the Policy and Programme Manager (H&Sci) on the matter.
4. The Priority 2 sponsor similarly stated that it was difficult to identify SROs in some areas within that priority. He summarised the current progress on:
  - the recent Surrey Mental Health Planning meeting composed of system partners across Surrey Heartlands and Frimley Health ICS aligning mental health with the Surrey Health and Wellbeing Strategy.
  - the draft First 1000 Days Strategy was being finalised and would shortly be shared with system partners for feedback.
  - the Dynamic System Purchasing Arrangements were established for Supported Accommodation aiding supported living for people with a mental health problem.
  - Pocket Parks which were small plots of land often in urban spaces which provide green spaces to aid wellbeing physical and mental health of the communities using them, supported by the Royal

Horticultural Society Garden Wisley and initiatives in Epsom and Ewell.

5. He explained that a key risk within the priority was developing community resources to support a consistent Surrey-wide approach to social isolation. Projects included work on social isolation in Surrey Downs, a mental health centre of excellence in Woking and Social Prescribing intergenerational mentoring pilots in Guildford and Waverley which secured a funding of £750,000. Those pilots were volunteer led in which volunteers spent time with those over 65 who sought company. The Priority 3 sponsor and Chief Executive of Elmbridge Borough Council indicated that he would be the SRO for social isolation.
6. The Chairman highlighted the Council's countryside offer regarding wellbeing provision and the Community Foundation for Surrey which provided financial support for local families and stated that the Council's lead regarding the Foundation was the Cabinet Member for Community Safety, Fire and Resilience in conjunction with the High Sheriff of Surrey.
7. The Priority 3 sponsor noted that a major challenge was the joining up of and how to ensure ownership of the focus areas without increased governance. He welcomed the merger with the Community Safety Board as it would simplify work streams as their respective priorities would be combined, he noted the large scope for inter-generational mentoring which was sporadic and highlighted the linkages with the Employment and Skills Board to utilise the Apprenticeship Levy more fully as in some employers only used 10% of it. The Chairman noted that nationally businesses were spending only 25% of the Levy, a commission for economic development was convened with big leaders in business to assess better utilisation of the Levy.
8. The Chairman commented on the difference between economy in the east from the west of the county and the need to retain current businesses before attracting others as well as identifying ways to increase employment in the east. The Priority 3 sponsor discussed that Surrey as a whole needed to change to become more modern and connected to ensure that whole generations were not excluded. The Chairman added that the county must serve older and younger generations alike, rather than provisioning for the older demographic.
9. A Member of the Board stressed the importance of ensuring the ownership of priorities and as Cabinet Member for Adults and Public Health at the Council, she pledged to work with the Priority 1 sponsor so that an SRO could be identified to address fuel poverty. She raised concern that no SROs were identified for the focus area within domestic abuse, but noted that she was working in conjunction with the Independent Chair and the Executive Director for Children, Families, Lifelong Learning and Culture on the matter. A Member of the Board added that officers from Surrey Police were working on those focus areas concerning domestic abuse.
10. The Interim Director of Public Health discussed the outcomes dashboard of high level measures which was composed of the 38 metrics agreed by the Board. She noted that it was live on Surrey-i and the Healthy Surrey website and it mapped the metrics in relation to the three priority areas and the KPIs were measured every quarter.
11. In response to a Member of the Board's query concerning areas such as CVD that had not identified an SRO, a Member indicated that she had knowledge of who might be a suitable SRO for CVD. The

Chairman thanked the priority sponsors and volunteers to be SROs and replied that outstanding SROs would be identified and the current KPIs provided a clear baseline for the Board moving forward. The Policy and Programme Manager noted that there was a recent workshop considering the Board's KPIs earlier on week to identify SROs and most would be in place for June.

**RESOLVED:**

The Health and Wellbeing Board members:

1. Agreed the Senior Responsible Owners (SROs) for the project areas and would assist in identifying SROs for the outstanding areas.
2. Committed to engagement between the team coordinating the delivery of the Health and Wellbeing Strategy and those developing local plans at place in your organisations.
3. Ensured all local ICP plans and District and Borough Health and Wellbeing Strategies were aligned to the strategy priorities.
4. Ensured delivery of the strategy met the needs of the target populations through interventions to tackle health inequalities and the wider determinants of health.

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

Board members would assist in identifying Senior Responsible Officers for the outstanding focus areas and Members who pledged to be SROs would continue to work closely with the Policy and Programme Manager (H&Sci) and the Public Health team.

**10/20 SOCIAL PROGRESS INDEX [Item 10]**

**Witnesses:**

Satyam Bhagwanani - Head of Analytics and Insight (SCC)  
 Amy Morgan - Policy and Programme Manager for Health & Social Care Integration (H&Sci) (SCC)  
 Simon Hart - Independent Chair of the Surrey Children's Safeguarding Partnership

**Key points raised in the discussion:**

1. The Head of Analytics and Insight introduced the report and explained that the Social Progress Index (SPI) aligned to the Board's third priority of all fulfilling their potential.
2. Fundamental to the SPI was the collaboration between the SPI Working Group with the Social Index Imperative, to which there would be a workshop in March bringing together multi-agency data owners across the county. With the aim to agree Surrey's choice of indicators for the SPI, providing a holistic view of Surrey and the wider determinants of health inequality.
3. An early version of the SPI would be shared with the Board in June and the full SPI would be completed by summer. The Head of Analytics and Insight noted that it was an ambitious timeline and the main risk was data collection from many partners, urging Board members to support the quick signoff on data where possible.

4. Responding to Board members' queries on the purpose of data collection, the Head of Analytics and Insight replied that the SPI would be outcomes focused by evaluating where populations were at across the county and at ward level, economically, socially and environmentally. The Chairman added that the SPI ensured the objective identification of the top ten areas of deprivation within the county, with multidisciplinary teams to provide a range of solutions for different areas - which would overlap and develop some of the Board's KPIs.
5. A Member of the Board noted that the SPI was piloted in Elmbridge which identified regional solutions there but was concerned that ward level data collection would be more complex. In response, the Chairman noted that obtaining ward level data was crucial as he cited the example of the difference in life expectancy between certain wards in Waverley. A Member of the Board added that despite a very high percentage of good GCSEs results in Surrey schools, schooling in deprived wards was comparably poor and he stated that schools should be a beacon of opportunity and not a mirror of deprivation.
6. The Policy and Programme Manager discussed that from a public health perspective, the SPI would be an important step in mapping out health inequality, highlighting areas where there was good or bad access to community facilities.
7. The Chairman commented that one important initiative of the Council was the £100 million Community Investment Fund to support key initiatives, recognising the shifting narrative of public health being community led.
8. The Independent Chair of the Surrey Children's Safeguarding Partnership took a proactive interest in assisting the SPI, noting the importance of including safeguarding.

**RESOLVED:**

The Board members would:

1. Emphasise the SPI ambition within partner organisations.
2. Secure executive level agreement/support to share data.

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

Board members will emphasise the SPI ambition within partner organisations and secure executive level agreement to support the sharing of data.

**11/20 DATE OF THE NEXT MEETING [Item 11]**

The Board noted that its next meeting would be held on 4 June 2020.

**Any other business:**

The Interim Director of Public Health, provided the Board with an update on Coronavirus (COVID-19) noting the recent cluster of four positive cases in Surrey and West Sussex. Public Health England (PHE) had made good progress in contacting anyone who had been in close contact with the individuals to provide them with necessary advice. She noted that the country was still in the 'contain' phase of the outbreak but likely to move to 'delay' soon.

Board members added that:

- they were seeing frequent suspected cases in their GP surgeries but swabbing all patients was not current policy.
- councils in Surrey were actively working through emergency planning procedures.
- three schools in Surrey had been closed recently for a brief time for deep cleaning.

Members were provided with a handout detailing the Board's response to the survey on Surrey CCGs regarding the delivery of the joint health and wellbeing strategy which was developed across key organisations within Surrey. It signalled an important shift to a more preventative approach, addressing root causes of poor health and wellbeing and not simply focusing on treating the symptoms, setting targets for the next ten years. NHS East Surrey CCG, North West CCG, Surrey Downs CCG and Guildford & Waverley CCG were all part of Surrey Heartlands Integrated Care System and as of 1 April 2020, would become one CCG, named Surrey Heartlands CCG.

Meeting ended at: 3.07 pm

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**Chairman**