

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 13 June 2013 at New Council Chamber, Reigate Town Hall, Castlefield Rd, Reigate, Surrey RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 19 September 2013.

**Elected Members:**

- \* Mr Michael Gosling (Co-Chairman)
- \* Dr Joe McGilligan (Co-Chairman)
- \* Mrs Mary Angell
- \* Helen Atkinson
- Dr Claire Fuller
- \* Sarah Mitchell
- \* Nick Wilson
- \* Councillor James Friend
- \* John Jory
- \* Councillor Joan Spiers
- \* Healthwatch Member TBC

**Apologies received from:**

Dr Andy Brooks  
Dr David Eyre-Brook  
Dr Liz Lawn  
Dr Andy Whitfield  
Dr Jane Dempster

**Ex officio Members:**

**Co-opted Members:**

**In attendance**

**14/13 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Dr Liz Lawn and Dr David Eyre- Brook.

Nicola Airey substituted for Dr Andy Brooks and Ros Hartley substituted for Dr Andy Whitfield/Dr Jane Dempster.

**15/13 MINUTES OF PREVIOUS MEETING: 4 APRIL 2013 [Item 2]**

The minutes of the last Board Meeting on 4 April 2013 were agreed as a true and correct record by the Board.

**16/13 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**17/13 QUESTIONS AND PETITIONS [Item 4]**

There were none.

**(a) MEMBERS' QUESTIONS [Item 4a]**

There were none.

**18/13 PUBLIC QUESTIONS [Item 4b]**

There were none.

**19/13 PETITIONS [Item 4c]**

There were none.

**20/13 JOINT HEALTH & WELLBEING STRATEGY PRIORITY PLAN:  
EMOTIONAL WELLBEING AND MENTAL HEALTH [Item 5]****Witnesses**

Donal Hegarty, Senior Manager in Commissioning (Adult Social Care), Surrey County Council

**Key points raised during the discussion:**

1. A presentation was given to members of the Board by Donal Hegarty, Senior Manager in Commissioning with Ros Hartley (North East Hampshire and Farnham Clinical Commissioning Group). The Board was reminded that emotional wellbeing and mental health had scored highly during the Boards prioritisation process and had been approved by the Health and Wellbeing Board as one of the five priority areas.
2. The Co-Chairman, Michael Gosling said that he had spoken to Surrey and Borders Partnership NHS Foundation Trust who were positively engaged with the work on the Emotional Wellbeing and Mental Health priority.
3. In discussion, the following points were raised:
  - A member of the Board asked if there would be any reassurance that children's mental health would be picked up earlier by the Integrated Commissioning Group. The Senior Manager in Commissioning stated that the team was working with families at an earlier stage to ensure any issues relating to children's mental health could be picked up as soon as possible. That the Districts and Boroughs had more to offer to the Emotional Wellbeing and Mental Health priority plan in terms of employability and housing. There was an opportunity to train various Local Authorities in the integrated systems pathway theme. It was also commented upon that the green space in Surrey, especially Surrey parks could be used to help improve the overall wellbeing of Surrey residents.
  - If any Surrey resident or stakeholder felt they had not been consulted in discussions and actions relating to the strategic priorities they were invited to contact Dr Joe McGilligan and/or Councillor Michael Gosling.

**Resolved:**

The presentation was noted.

The Board endorsed the proposed actions set out in the presentation and asked for the work to be taken forward on that basis.

**Actions/Next Steps:**

**A progress report against delivery of the priority action plan is to be presented to the Board on 20 March 2014.**

**21/13 BETTER SERVICES BETTER VALUE (BSBV) [Item 6]**

**Witnesses**

Sarah Tunkel, Better Services Better Value (BSBV)

**Key points raised during the discussion:**

1. A presentation was given to Members of the Board from Sarah Tunkel representing Better Services Better Value (BSBV). Sarah Tunkel, stated the demands of the health service had significantly changed over the years and Surrey hospitals faced challenges in meeting demands and meeting the Royal College (and equivalent) guidelines and the London Quality Standards.
2. In discussion, the following points were raised:
  - A member of the Board commented that on Slide 5 of the presentation, it had been stated that it would not be possible to deliver recommended improvements across all five sites without making significant changes. The Board Member asked for financial information supporting this. The Board also asked for financial information relating to the investment in 'Community Services' to be provided. The BSBV representative stated that she would provide this information for Board members.
  - That Surrey Downs Clinical Commissioning Group (CCG) had not yet agreed to the consultation proposed by BSBV. Dr Claire Fuller, Surrey Downs CCG said that a local committee had been set up with representatives of all seven CCGs involved in the BSBV programme (including Surrey Downs CCG) – the local committee will decide on whether the BSBV proposals should go to public consultation and will consider the response to the consultation if it goes ahead. The comments of the Board will feed into Surrey Downs CCGs contribution to the BSBV process.
  - That the report did not contain any financial analysis and the importance of a sustainable financial model was stressed. Concerns were also raised over the accuracy of travel timings and questioned specifically where the evidence to support these times had come from. The BSBV representative said that the business case detailing the financial analysis and travel timings could be found in the appendix of the report.
  - That although travel times had been considered it would be important to factor in the time for assessment and treatment in the consultation report (not just time to get to individual hospitals).
  - Concerns were raised about the timing of the consultation and the possibility the consultation process would not start until the Autumn.

- Board Members stated that changes provided an opportunity for a more innovative 'community approach' which gave the public the opportunity to co design services in their communities. CCGs were seizing the opportunity on paying closer attention to their out of hospital strategies.

**Resolved:**

The presentation was noted.

**Actions/Next Steps:**

- **The BSBV representative to provide financial data to the Board relating to the supposed non-viability in delivering recommended improvements across all five sites (slide 5).**
- **The BSBV representative to provide financial data to the Board relating to the investment in community services.**

**22/13 FORWARD WORK PROGRAMME [Item 7]**

**Witnesses:**

None

**Key points raised during the discussion:**

1. The items on the agenda for the meeting on 19 September 2013 were confirmed by the Board.

**23/13 UPDATE ON LOCAL HEALTH AND WELLBEING FORUMS [Item 8]**

**Witnesses:**

None

**Key points raised during the discussion:**

1. An update on local health and wellbeing groups was provided by John Jory, Chief Executive, Reigate and Banstead Borough Council. Good progress had been made in the development of local health and wellbeing groups in each of the 11 district and boroughs across Surrey, working with both CCGs and Surrey County Council.

2. In discussion the following points were raised:

- It was felt that preventative initiatives needed to be a strong focus to deliver improved outcomes and that local health and wellbeing groups would play a key role in their delivery.
- The good work that had been done between local health and wellbeing groups and CCGs was acknowledged by the Board. Sharing expertise and providing support for local health and wellbeing groups would be vital for the success of these groups.
- The importance of local health and wellbeing groups feeding back any concerns they may have to the Board was noted and that ongoing engagement with residents was needed to better understand residents' needs.

**Resolved:**

The presentation was noted.

**Actions/Next Steps:**

- **The Lead Manager for the Health and Wellbeing Board to collate information from the local health and wellbeing groups and feedback the results to the Board when necessary.**

**24/13 PUBLIC ENGAGEMENT SESSION (Q&A) [Item 9]**

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Chairmen stated that it would be useful to get members of the public more involved with the work of the Board. Members of the Board agreed that it would be good practice to have a short Q&A session for members of the public at the end of each meeting.
2. A member of the public asked if it was possible for the Board to publish notes from informal private meetings that were held. The Chairmen stated that it was important for as much information as possible to be public but that some issues discussed at the private meetings may be sensitive and could not be shared at that time. It was agreed that a summary of the discussions from the informal meetings would be published.
3. A member of the public questioned the progress being made on the suicide prevention strategy. The Acting Director for Public Health

stated the Public Health team was leading on this and that work on this had paused but would restart very shortly. A new group which would be working on refreshing the Suicide Prevention Strategy was being organised.

4. A representative of Surrey and Borders Partnership NHS Foundation Trust stated the organisation welcomed the priority given to promoting emotional wellbeing and mental health in Surrey's Joint Health and Wellbeing Strategy and was looking forward to working on the forward plan for the priority.
5. The Strategic Director for Children's, Schools and Families (CSF) commented on the importance of engagement, stating that Surrey Youth Forum and Surrey Youth Parliament, amongst others, all wanted involvement with the work of the Board. The Chairman also raised the question as to how to involve the Voluntary Community Faith Sector (VCFS) in the work of the Board. The representative for Healthwatch also stated the need for more involvement from the public in order for Healthwatch to meet its objectives.

**Resolved:**

- **That a public question session of up to 30 minutes would be held at the end of each board meeting.**

**Actions/Next Steps**

None

Meeting finished at 3.09pm.

Meeting ended at: 3.09 pm

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**Chairman**

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