

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 15 June 2022 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 28 September 2022.

Board Members:

(Present = *)

(Remote Attendance = r)

- Fiona Edwards
- * Dr Charlotte Canniff (Vice-Chairman)
- Jason Gaskell
- r Dr Russell Hills
- * Tim Oliver (Chairman)
- * Kate Scribbins
- * Liz Bruce
- * Ruth Hutchinson
- Professor Claire Fuller
- Graham Wareham
- r Joanna Killian
- * Sinead Mooney
- * Clare Curran
- * Mark Nuti
- * Karen Brimacombe
- Jason Halliwell
- Carl Hall
- Gavin Stephens
- * Kevin Deanus
- r Steve Flanagan
- Professor Helen Rostill
- * Professor Deborah Dunn-Walters
- * Rachael Wardell
- Borough Councillor Nick Prescott
- Lisa Townsend
- Siobhan Kennedy (Associate Member)

Rotational VCSE Alliance Board members:

- r Maria Mills - Chief Executive Officer, Active Prospects
- Michelle Blunsom MBE - Chief Executive Officer, East Surrey Domestic Abuse Services

Substitute Members:

- r Dr Ian McPherson - Chair, Surrey and Borders Partnership NHS Foundation Trust (SABP)
- * Sue Murphy - CEO, Catalyst (VCFS representative)
- * Nicola Airey - Executive Place Managing Director, Surrey Heath (NHS Frimley CCG)
- r Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)
- * Borough Councillor Hannah Dalton - Chair of Residents' Association (Majority Group), Epsom and Ewell Borough Council (Surrey Leaders' Group)

The Chairman welcomed incoming Board members and thanked outgoing Board members:

- Welcomed Kevin Deanus - Cabinet Member for Community Protection (SCC) as agreed at March's Board meeting.
- Thanked Simon White as the outgoing Executive Director for Adult Social Care and Integrated Commissioning (SCC) for all of his hard work over the past four years; welcome Liz Bruce as the new Joint Executive Director.
- Welcomed Professor Deborah Dunn-Walters - Professor of Immunology and leads the Lifelong Health research theme (University of Surrey); and Dr Bernadette Egan as her Deputy - Senior Research Fellow and Deputy Director of NIHR Research Design Service South-East (University of Surrey); and thanked Rachel Hargreaves (interim) - Industry Partnerships Manager - Health (University of Surrey) as the outgoing Representative of further education / universities.
- Thanked outgoing Board member Vicky Stobart, Integrated Care Partnership Director and Director of Clinical Integration, Guildford and Waverley ICP.

14/22 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Gavin Stephens, Graham Wareham - Dr Ian McPherson substituted, Professor Claire Fuller, Professor Helen Rostill, Carl Hall, Jason Gaskell - Sue Murphy substituted, Fiona Edwards - Nicola Airey substituted, Lisa Townsend - Alison Bolton substituted, Borough Councillor Nick Prescott - Borough Councillor Hannah Dalton substituted, Michelle Blunsom MBE (rotational VCSE Alliance Board member).

15/22 MINUTES OF PREVIOUS MEETING: 16 MARCH 2022 [Item 2]

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

16/22 DECLARATIONS OF INTEREST [Item 3]

There were none.

17/22 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

**18/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT
INCLUDING: APPROVAL OF THE NEW TERMS OF REFERENCE OF
THE SURREY PREVENTION AND WIDER DETERMINANTS OF
HEALTH DELIVERY BOARD [Item 5]**

Witnesses:

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority One and Priority Three Sponsor)
Liz Williams - Joint Strategic Commissioning Convener, Learning Disability and Autism, Surrey County Council and Surrey Heartlands ICS
Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)
Ruth Hutchinson - Director of Public Health, Surrey County Council

Key points raised in the discussion:

Priority One

1. The Priority One Sponsor noted that:
 - The updated Health and Wellbeing Strategy (HWS) was on the Healthy Surrey website.
 - Feedback from the Health in all Policies approach (HiAP) workshop in March was to ensure that the approach would be embedded through organisations and that needed to be given some consideration.
 - Referring to 'In the Spotlight' on health inequalities faced by people with learning disabilities in Surrey, highlighted the significant differences in life expectancy for males and females with and without a learning disability; understanding the systemic and unfair differences in health outcomes and access to services was crucial. The most notable health inequalities from the study were around type 2 diabetes, obesity, hypertension, the age of mortality and attendance to cancer screenings. She urged Board members to think about what their organisations can do to help.
2. The Joint Strategic Commissioning Convener, Learning Disability and Autism, (SCC and SH ICS) noted that:
 - There was now a more granular picture of those who are on the learning disabilities primary care GP register and the health inequalities they face.
 - The recommendations within the learning disabilities report were being finessed and would drive programmes of improvement forward firstly at neighbourhood level, then at place and system level.
 - Data had been combined with that of Active Prospects who had been commissioned to construct a whole system approach to obesity for people with a learning disability; a second phase of work was being commissioned as a result of the analysis in the report and the discussions had in various forums, she thanked the Place Leader / Chief Officer - North West Surrey Health & Care Alliance for his work around the inequalities.
 - No one in Surrey would be left behind as whilst the analysis for the report had taken place against Surrey Heartlands data, Frimley colleagues would provide further recommendations and support.
3. A Board member queried whether any of the recommendations in the learning disabilities report addressed the pre-14 years age group for children and young people with learning disabilities and their broader wellbeing, as the annual health check started from the age of 14 years onwards.

- In response, the Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) noted that the recommendations in the report did not address the pre-14 years age group for children and young people with learning disabilities, the second phase of analysis would look at Educational, Health and Care Plans (EHCPs) to do a further deep dive and look at the pre-14 years pre-annual health check. Once produced, the revised set of recommendations would be shared and scrutinised.
4. A Board member noted that regarding prevention and early intervention in screening, often people with a learning disability do not get accessible letters or invites, or their experience going into clinics for screening does not work well for them; and asked about how the accessibility requirements were met for those with learning disabilities in Surrey.
- In response, the Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) noted that there was an accessible letter generating ability on the learning disability website, which would be refreshed enabling primary and secondary care colleagues to add details into the website; analysis on the previous uptake was underway. She would look to liaise with the Board member on her experience of the matter from the previous system she worked at.
 - The Vice-Chairman noted that according to the data in North West Surrey, the uptake of the cervical smear was significantly below the target for women with learning disabilities. A piece of work looked at that cohort and the reasons why they were not coming forward, which led to the provision of delivering a service on a Saturday because many of them required a carer to take them to an appointment. She noted that accommodating those with learning disabilities required a bespoke process or for easy-read invites to be provided. That screening pilot would be reviewed to see whether it could be extended to other screening programmes.
 - The Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) noted that a lead was working closely with the Cancer Alliance to try and improve the uptake of the cervical screening offer. Another issue concerned the accessibility of buildings and the availability of hoists. Having the granularity of data across different levels in the system would help drive improvements and reduce the mortality gap.
 - The Chairman referred to a Board member's comment in the meeting chat, noting that tackling obesity would be a key area of focus given the impact on blood pressure and diabetes, and that historically some areas of screening for women with learning disabilities have been challenged with more need for support around cervical and breast screening by learning disability nurses to support learning disability residents and their carers.
5. A Board member referred to waiting well and asked whether that was specifically linked to learning disabilities within the Priority. She noted that Healthwatch Surrey had undertaken a small-scale survey in Surrey about how residents are experiencing being on waiting lists for elective care and Healthwatch England had published a broader survey on the impact of waiting and support provided. The findings were that those with multiple disadvantages faced a significant impact on the length of waiting time and the likelihood of cancellation. She asked what was known about people in Surrey with learning disabilities, how were they faring on waiting lists and how the

impacts were tracked; elective care was not a choice and waiting had a huge impact on people's ability to function and those around them.

- The Vice-Chairman noted that elective care describes the people who were waiting for an outpatient appointment, a surgical procedure or a diagnostic. She noted that Surrey Heartlands ICS about nine months ago had looked across all its health inequality domains - including learning disabilities - and did not identify anyone in those groups that were waiting any longer than the already unacceptable wait for everybody. The Covid-19 pandemic had exacerbated the waiting lists. An action had been taken away from the elective care board to refresh that work. Taking a broader view was needed of those with health inequalities who do not come forward to access services and therefore are not on the waiting lists.
- A Board member noted that regarding the Communities service, a piece of work was underway with the newly formed Community Link Officers, part of their remit would be to find out what issues there were in communities such as around health. He suggested that the officers could gather intelligence around waiting lists for people with learning disabilities or multiple disadvantages.

Priority Two

(Priority Three and Approval of the new Terms of Reference of PWDHDB were discussed before this)

6. The Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) (on behalf of the Priority Two Sponsor) noted that:
 - Referring to the changes to the Priority Two outcomes:
 - Outcome one had been amended to clarify that it covers all ages: 'Adults, children and young people at risk of' and with depression, anxiety and 'other' mental health issues access the right early help and resources.

Alison Bolton left the meeting at 2.44 pm.

- Outcomes two around the emotional wellbeing of carers and three around isolation remained the same.
 - The proposed fourth outcome 'Environments and communities in which people live, work and learn build good mental health'; had been aligned with the Mental Health Improvement Plan, retaining a strong focus on primary prevention which was critical.
 - The report included a suggestion for a Priority Two Working Group to be established, ensuring an integrated approach with workstream one of the Mental Health Improvement Plan around early intervention and prevention.
7. The Chairman highlighted the process underway to create a single mental health delivery board that would be chaired by Jonathan Perkins - Lay Deputy Chair at NHS Surrey Heartlands CCG. He noted the two different aspects to mental health, the prevention and early intervention agenda covering item 8 for example, and the more medicalised solutions and the work of Mindworks Surrey and Surrey and Borders Partnership NHS Foundation Trust (SABP). He noted that building on the recent conversations, work underway through various forums and support officers in place, it was the right time to focus on the practical delivery aspects around improving mental health.

8. Regarding the proposed fourth outcome, a Board member noted that for children and young people the environments where they learn is predominantly in schools and early education; she highlighted that point so that when discussing item 8, that important relationship with Surrey's schools is noted.

Priority Three

9. The Priority Three Sponsor noted that:
 - Extra capacity by the Public Health team (SCC) had been provided to deliver Priority Three and the HiAP approach.
 - Referring to the 'In the Spotlight' on the Community Safety Assembly event in Surrey in May which was well attended, there were three main aims around data, shared and holistic response as outlined in the report.
 - The afternoon session of the event focused on the Community Safety Agreement (CSA) and the key themes were vulnerability, community harm and community empowerment. Feedback from the three interactive sessions around the CSA were around investment, knowledge and data sharing, the accessibility of services and community problem-solving.

Joanna Killian left the meeting at 2.32 pm.

10. The Chief Executive (OPCC) highlighted that the Police and Crime Commissioner for Surrey (PCC) had found the event to be valuable, input from colleagues was being collated and it was a good opportunity to see community safety colleagues together in person. It was hoped that a report would be provided at the next public Board meeting and the PCC intended to hold another similar event in the autumn.
11. The Chairman and a Board member commended the event, and the Board member noted that attendees identified the close correlation between feeling safe in one's community and being able to enjoy good health such as being active, or elderly residents not being obstructed by cars on the pavement. She noted that regarding the Surrey Corporate Parenting Board, care leavers were engaged with regularly and they recognised the correlation between their wellbeing and good mental health and feeling safe in their communities.
12. The Chairman noted that it would be good to bring that report following the CSA event in May back to the Board - and the Community Safety Board - to ensure that there are more agenda items on community safety going forward.

Approval of the new Terms of Reference of the Surrey Prevention and Wider Determinants of Health Delivery Board (PWDHDB)

13. The Director of Public Health (SCC) noted that:
 - The PWDHDB had oversight of Priorities One and Two, following the HWS refresh the PWDHDB's terms of reference had been refreshed and the Board was asked to provide approval.
 - The refreshed terms of reference and scope and principles reflected the strengthened focus on health inequalities and wider determinants of health and the importance of working with communities, the membership had been revised with extra representation from those working in communities and places and colleagues representing the wider determinants of health.

- Place-based representatives were being engaged with and reviewed to see how the link between what happens at the PWDHDB and the delivery at place could be maximised.
 - The frequency of the PWDHDB had been moved from quarterly to six-weekly to ensure delivery and to have meaningful discussions particularly around Priority Three.
14. The Chairman provided reassurance around the terms of reference noting that the different responsibilities had been mapped, with the PWDHDB sitting alongside the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).
 15. The Vice-Chairman noted that as the role of the Joint Chief Medical Officer was developing, clinical leadership would be delivered in a number of the priority programmes such as around cardiovascular disease (CVD); referring to the singular clinical lead representative, she asked whether the membership could be strengthened to include the system clinical leads against those high priority programmes.
 - In response, the Director of Public Health (SCC) noted that those roles would be essential, particularly around CVD as the prevention work had been aligned to the work in the CVD workstream.
 - The Vice-Chairman added that rather than having separate prevention plans for each health problem such as CVD, it would be good to think about how a single holistic prevention plan is presented for Surrey's residents.
 16. A Board member noted that although there was a representative of Voluntary Community and Faith Sector (VCFS) she could not see representation for people with lived experience on the PWDHDB which was important. She explained that Healthwatch held the contract for adult carers alongside the local Healthwatch contracts, and if useful Healthwatch Surrey could provide user voice representation to the PWDHDB.
 - In response, the Director of Public Health (SCC) noted Healthwatch Surrey's offer and would liaise with the Board member.
 17. A substitute Board member queried whether the VCFS representation would be via the VCSE (Voluntary, Community and Social Enterprise (VCSE)) Alliance.
 - In response, the Director of Public Health (SCC) confirmed that the above was her understanding.
 18. The Chairman acknowledged the importance of ensuring that the right voices were on the PWDHDB.

RESOLVED:

1. Noted progress against the three priorities of the Strategy in the Highlight Report.
2. Endorsed the changes to the outcomes of Priority 2 of the Health and Wellbeing Strategy.
3. Approved the revised Terms of Reference of the HWB's Prevention and Wider Determinants of Health Delivery Board.
4. Would utilise the link to the refreshed Health and Well-being Strategy to increase awareness through their organisations to elicit support for reducing health inequalities (as per findings of the HWB Health in All Policies workshop, March 2022).

Actions/further information to be provided:

Priority One

1. Board members will look to see how their organisations can help concerning the findings in report on the health inequalities faced by people with learning disabilities in Surrey.
2. The Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) will share the revised set of recommendations in due course concerning the report on the health inequalities faced by people with learning disabilities in Surrey.
3. The Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) will liaise with the Board member (Joint Executive Director, Adult Social Care and Integrated Commissioning, SCC and SH ICS) on her experience of ensuring accessible letters and invites to or experiences at screening appointments from the previous system she worked at.
4. The Joint Strategic Commissioning Convener, Learning Disability and Autism (SCC and SH ICS) will look to liaise with the Board member (Cabinet Member for Communities, SCC) on his suggestion on intelligence gathering around health via the newly formed Community Link Officers.

Priority Three

5. The Chief Executive (OPCC) and Police and Crime Commissioner for Surrey will look to provide the report following the Community Safety Agreement event in May back to the Board - and the Community Safety Board - at the next public Board meeting.

Approval of the new Terms of Reference of the Surrey Prevention and Wider Determinants of Health Delivery Board (PWDHDB)

6. The Director of Public Health (SCC) will look at the inclusion of multiple system clinical leads on to the PWDHDB's membership as opposed to a singular clinical lead representative.
7. The Director of Public Health (SCC) will liaise with the Board member (Chief Executive, Healthwatch Surrey) on providing user voice representation on the PWDHDB via Healthwatch Surrey.

19/22 PRIORITY 1: BETTER CARE FUND (BCF) REVIEW [Item 7]

Items 7 and 8 were taken before item 6.

Witnesses:

Liz Bruce - Joint Executive Director, Adult Social Care and Integrated Commissioning, Surrey County Council and Surrey Heartlands ICS

Jon Lillistone - Assistant Director Commissioning Health, Wellbeing and Adult Social Care, Surrey County Council

Key points raised in the discussion:

1. The Joint Executive Director, Adult Social Care and Integrated Commissioning (SCC and SH ICS) noted that:
 - The Better Care Fund (BCF) is a mechanism through which to pool, share and target money into priority areas across health and care.
 - Surrey's BCF totalled approximately £110 million.
 - The overall outcomes of the BCF review were that Surrey needed to: remain in a steady state this year, review the governance at a local commissioning level and establish a common governance framework, shift to prevention spend mapping and focus on prevention and early intervention, focus on health inequalities ensuring that the BCF reflects against the national guidance and Surrey's refreshed HWS.

- A shift in the direction of travel was needed for Surrey's BCF towards more strategic thinking and longer-term investment.
2. The Assistant Director Commissioning Health, Wellbeing and Adult Social Care (SCC) noted that:
 - Emerging from the BCF review was: the importance of setting system-wide expectations and ambitions for the spend of the BCF, it had been identified that more work needed to be done to strengthen the approach around evidence gathering and impacts and outcomes - particularly important around addressing health inequalities - to share good practice on the management of the BCF at place-level and system-wide.
 - Community Equipment Services were a key part of the BCF spend system-wide with the majority of places spending around 20% of their budget on that, places spent around 10-12% of their funding on Community Connections Services relating to mental health early intervention, BCF spend was invested in core functions within adult social care and integrated teams within the health system; recognising those key parts of the system was needed for the future strategic plans.
 - Having engaged with colleagues at place-level there was a strong desire to commit to system-wide priorities, whilst having a degree of flexibility.
 - The interface with Surrey's District and Borough Councils was critical as they were key delivery partners for many aspects of the BCF schemes, the Disabled Facilities Grant made up around 10% of BCF spend.
 - The BCF was comprised of a complex set of relationships, but there were real opportunities to deliver system-wide ambitions.
 3. The Chairman queried whether there was alignment within the system so that the BCF links in with the JSNA and the potentially increasing amount of Section 75 agreements following the Health and Care Act 2022, ensuring that there was a complete picture of what Surrey's priorities were and how those would be funded.
 - In response, Assistant Director Commissioning Health, Wellbeing and Adult Social Care (SCC) provided assurance that alignment was underway including linking in with the broader prevention spend mapping work underway system-wide.
 4. A Board member referring to the relationship between place and the system with BCF spending at place-level and services commissioned by the local joint commissioning groups, asked about how to ensure that residents across Surrey have equitable access to the services which are important to them such as Tech to Community Connect offered by the Surrey Coalition of Disabled People. Decision-making was at place-level and the inconsistency of services offered Surrey-wide was a problem, so too was the practical issue of voluntary sector organisations offering services having to make a different business proposal to each place which was time-consuming. She asked whether place-based decision-making would continue and how some services would be identified and decided to be provided on a Surrey-wide basis.
 - In response, the Assistant Director Commissioning Health, Wellbeing and Adult Social Care (SCC) noted that the above questions highlighted areas to be worked on in the next phase of the BCF review. It would be vital to ensure that there would be a simple governance process that balances place-level decision-making for their local population and the commitment to key strategic priorities for system-wide provision of identified schemes that could address health inequalities. The consistency in decision-making was fundamental, highlighting the example of the Community Equipment Services where decision-making was made at a strategic system-wide level; having the right interfaces to share good examples would be critical. He was happy to liaise further with the Board member.

- The Joint Executive Director, Adult Social Care and Integrated Commissioning (SCC and SH ICS) noted that it would be a reoccurring theme in the system working with partners, about what is done and at what spatial level and what the rationale is to do things at a system-wide level, a county level or a local level; having a commonality of governance would be key. The ICS structure would go live in July and included in one of the White Papers was that some of the decision-making around the BCF would go on a legal basis alongside the statutory ICS which would drive those geographical decisions being made as a system.
 - The Vice-Chairman noted that discussions were underway about subsidiarity, a balance was needed between being clear at a strategic level on the setting of high-level outcomes and the desirable outputs for citizens with the delivery of achieving those at community level through the BCF money.
 - The Chairman noted that the ICP would work on how to get BCF spending down to the community level.
5. A substitute Board member noted the current discussions underway about what level decisions are made. She noted that those working at the system-level need to have confidence that people who work at place-level make rational decisions; she had not experienced a situation where framing a recommendation to work at scale had not been supported by place-level. To ensure the engagement of places, it was important that they feel that they have some of that decision-making responsibility. She noted the fear from some people who work at a system-level who believe that if decisions are not taken at or delegated from the system-level the right decisions would not be made.
6. The Chairman highlighted a Board member's comment in the meeting chat around the 'Next steps for integrating primary care: Fuller Stocktake report' which was about how to address primary care and deliver it at community level, also the direction of travel from the Department of Health and Social Care. He noted that clarity was needed around the levels of decision-making, it was not a top-down situation, the ICSs would own the strategy and the budget for the whole system and it was vital to ensure that money is filtered down the right channels to where it is needed. He highlighted recommendation seven from the BCF review which required a structure to be designed to enable its delivery and the upcoming health inequalities White Paper might provide further detail.

RESOLVED:

Agreed the recommendations from the review:

- The BCF programme continues in a 'steady state' for FY22/23.
- That we review the governance across each of the Local Joint Commissioning Committees with the aim of creating a common governance framework between the places.
- That BCF spend is brought into the scope of the 'Prevention Spend Mapping' exercise currently being undertaken across the system.
- That the analysis from this exercise is used to inform a recommendation on the direction of travel to be taken from FY2023/24.
- This new direction of travel will be presented to ICS exec in Q3 22/23.
- The new direction of travel includes a commitment to longer-term funding arrangements where appropriate (rather than 1-year contracts). This decision acknowledges that the BCF is likely to continue with 1 year planning

frameworks but that longer-term funding arrangements are likely to result in better value for money.

- That the new direction of travel includes a commitment to use the BCF to address health inequalities, in line with national guidance and the refreshed HWB strategy, which has a strong focus on health inequalities and priority populations.
- To note the end of year report submission for 2021/22.

Actions/further information to be provided:

1. The Assistant Director Commissioning Health, Wellbeing and Adult Social Care (SCC) will look to liaise with the Board member (Chief Executive, Healthwatch Surrey) further on the questions asked around the levels of decision-making (place-based or Surrey/system-wide) concerning BCF spending.

20/22 PRIORITY 2: MENTAL HEALTH INVESTMENT FUND [Item 8]

Witnesses:

Liz Bruce - Joint Executive Director, Adult Social Care and Integrated Commissioning, Surrey County Council and Surrey Heartlands ICS

Kate Barker - Joint Strategic Commissioning Convener, Children and Young People, Surrey County Council and Surrey Heartlands ICS

Sinead Mooney - Cabinet Member for Adults and Health, Surrey County Council

Key points raised in the discussion:

1. The Joint Executive Director, Adult Social Care and Integrated Commissioning (SCC and SH ICS) noted that:
 - The £8 million early intervention and prevention in mental health investment via a 1% uplift in Council Tax, supported the delivery of the Surrey County Council's strategic priority of 'No one Left Behind'.
 - Ensuring clarity in the bidding process and its criteria, implementation plans and outcomes was vital; so that those with mental health needs receive better outcomes.
2. The Chairman noted that Surrey Heartlands ICS had also contributed £4 million and the Community Foundation for Surrey had provided some match funding.
3. The Joint Strategic Commissioning Convener, Children and Young People (SCC and Surrey Heartlands ICS) noted that:
 - Public accountability and co-production regarding the Mental Health Investment Fund (MHIF) was fundamental, there was a commitment to use the resources to translate the outcomes already co-designed through the mental health alliance and the independent networks into measurable outcomes for residents.
 - The aim was for the funding process to be inclusive, building on the successful Contain Outbreak Management Fund (COMF) process.

Dr Russell Hills left the meeting at 3.04 pm.

- The report sought the Board's support on the proposed criteria, principles and governance framework, so that it is assured that the co-designing process would contribute to the outcomes in the HWS. With short-term investment those proposals would enable innovation with

- measurable outcomes in relation to mental health identification, early intervention and prevention and that business intelligence evidence would be used to measure what the costs would be to reduce the demand on statutory services, to understand the lived experience of residents and to look at the long-term cost to sustain good innovation.
- Whilst the scope of the proposed investment covered all ages, teenage suicide was a key focus as was the mental health and wellbeing of men aged 18 to 30 years, support for those with eating disorders, carer support for families, and support in schools and community settings.
 - Support had been provided from Democratic Services in outlining the governance processes, ensuring that there is the appropriate accountability on the spending decisions around the MHIF. Spending might commence in autumn following approval through the governance bodies within Surrey County Council, the ICSs and the VCSE partners.
 - Ensuring alignment with partners and administrative support would be crucial.
 - The Board was to consider how it would contribute to future decision-making concerning the MHIF, how it would like to be kept informed of the developing outcomes and whether there was any additional evidence required for assurance that the proposals would align with the HWS.
4. The Cabinet Member for Adults and Health (SCC) noted that:
 - The report was thought-provoking and outlined system working to improve the mental health service provided in Surrey; it followed on from the work undertaken by the Adults and Health Select Committee's Task Group on Mental Health in 2019 with over thirty recommendations, the two Mental Health Summits and the creation of the Mental Health Improvement Board.
 - Funding had been recognised as a priority to improve mental health services and the Leader of Surrey County Council had a few months ago announced the creation of the MHIF to tackle health inequalities.
 - She agreed with the proposed principles in the report which balanced the focus on personalised improvements and better outcomes.
 - Acknowledged that more work needed to be done and it would be good to see engagement with service users and to ensure the clear and streamlined process for approvals for accessing the MHIF.
 - It was vital for the Board to recognise the importance of elected Members - through the Surrey-Wide Commissioning Committees in Common for example - taking public decisions around the MHIF noting the ring-fenced funding from the Council Tax rise.
 5. The Chairman commended the Cabinet Member for Adults and Health (SCC) for championing the MHIF, mental health issues had risen and it was a priority to residents and important that the rise in Council Tax for mental health was ring-fenced, with funding decisions to be made in public. The MHIF would accelerate important projects to support residents' mental health.
 6. The Vice-Chairman considered the question around Board member support and assurance on the right decisions to be made on the MHIF, agreeing with the proposed purpose which must focus on mental health early intervention and prevention; she would like to see granular detail on where the gaps are and whether there was mapping on the gaps so that the MHIF could be targeted. She asked whether a part of the MHIF should be ring-fenced for children and young people. She also asked how the Board would prove impact through the MHIF and whether there was best practice on the matter.
 7. A substitute Board member noted SABP's support of the ambitious approach to tackle mental health early intervention and prevention for all ages and the

importance of early identification particularly for those with eating disorders or neurodivergent disorders for example. He emphasised that it would be vital to go beyond the traditional provision of support and services, towards the innovative work already underway in Surrey. Whilst it would be important to demonstrate that the money would be well spent, the governance over it should not be too constrained, so to allow a flexibility approach and creative response.

8. A Board member noted the support from the Public Health team (SCC), referring to the 'Proposed Criteria & Principles' outlined in Annex 1 and point about supporting the implementation of the HWS Priorities, she noted that it felt lost in the scope and it was an opportunity in the bidding criteria to emphasise those, aligning with the assessment of the HWS outcomes and linking in with the health inequalities programme.
 - In response, the Joint Strategic Commissioning Convener, Children and Young People (SCC and Surrey Heartlands ICS) noted that the evidence base could be strengthened around health inequalities and the Community Vision for 2030. The report was high-level concerning the principles around the governance and the decision-making; and hoped that in the next few weeks the interdependencies with other strategies would be developed and that areas requiring support would be identified.

Liz Bruce left the meeting at 3.22 pm.

9. A Board member flagged the interest in the MHIF from Surrey's schools, welcoming the investment in all ages and highlighted the importance of ensuring children's voices and their practitioners are heard. She noted the comment made in the meeting chat by the Joint Strategic Commissioning Convener, Children and Young People (SCC and Surrey Heartlands ICS) which clarified that schools could meet the criteria for making a bid and that schools would be engaging with successful bidders in the delivery of the services to their children and young people. She queried how schools could be engaged with more broadly in the MHIF process, other than through her representation as the Executive Director for Children, Families and Lifelong Learning on the Board.
 - The Joint Strategic Commissioning Convener, Children and Young People (SCC and Surrey Heartlands ICS) noted that regarding the engagement with schools, she would engage with the Children, Families and Lifelong Learning leadership team and the Director for Education and Lifelong Learning (SCC) to consider the appropriate forum to start that conversation and to identify what support partners might need as part of the application process. She explained that work on the communications around the MHIF was needed and mapping was underway on the resource budget.
10. The Chairman provided assurance as the Leader of Surrey County Council that the Council's governance procedures would not delay decisions, as ensuring that the projects move forward as quickly as possible would be crucial and more detail on the MHIF would follow in due course.

RESOLVED:

Reviewed and commented on the proposed criteria, principles, and governance.

Actions/further information to be provided:

1. More detail will be provided on the MHIF in due course by the Joint Strategic Commissioning Conveners (SCC and Surrey Heartlands ICS) once the criteria, principles and governance arrangements of the MHIF have been approved through the governance channels.
2. The Joint Strategic Commissioning Convener, Children and Young People (SCC and Surrey Heartlands ICS) will engage with the Children, Families and Lifelong Learning leadership team and the Director for Education and Lifelong Learning (SCC) to consider the appropriate forum to start that conversation around engagement with schools and to identify what support partners might need as part of the application process to the MHIF.

21/22 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REFRESH, PROGRESS AND NEXT STEPS [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health, Surrey County Council

Key points raised in the discussion:

1. The Director of Public Health (SCC) introduced the report and noted that:
 - At the next informal Board meeting there would be an item on the Surrey-wide Data Strategy of which the JSNA forms a part of.
 - The JSNA was a continuously updated document and had been around for over a decade.
 - Due to the Covid-19 pandemic starting in February 2020, the Board in June 2020 decided to refresh the JSNA approach and Community Impact and Rapid Needs Assessments were produced in autumn 2020 to support recovery.
 - The JSNA Operational and Oversight Group was re-established in July 2021, the Government's 'Living with COVID-19' plan was published in February 2022 and the first round of refreshed JSNA chapters would be published from June 2022.
 - The Board sits above the JSNA Operational and Oversight Group which had a broad membership across Surrey and provided a robust process, below sat the JSNA Working Group which looked at the mechanics of the JSNA; below that sat the Chapter Delivery Groups.
 - As there were forty chapters in the current JSNA there was a period of prioritisation to refresh key chapters first, assessment criteria looked at the priority population groups, the chapters most out of date, health inequalities and the impact of the Covid-19 pandemic.
 - Priority One: the current JSNA chapters were sorted under the five outcomes of the Priority - those outlined in black sat across the outcomes - so gaps could be identified.
 - Priority Two: there was a new proposed chapter under outcome four 'loneliness and social isolation'.
 - Priority Three: there was a new proposed chapter on 'digital inclusion'.
 - The refresh of the JSNA sought to mirror the HWS.

Rachael Wardell left the meeting at 3.30 pm.

- There were a number of chapters underway in line with the timetable and the aim was to produce at least four chapters by the end of quarter 2 and in total ten new refreshed chapters by the end of the year.

- Producing a new chapter took around three months due to legislative requirements about what needs to be in the JSNA; co-produced by multiple partner organisations including the voices of lived experience, using up-to-date empirical evidence.
 - Stakeholder workshops were held and chapters were produced system-wide, clear roles and responsibilities ensured broad ownership, the host board would sign-off the relevant JSNA chapter.
 - Outlined the five recommendations and regarding the fifth it was important to ensure that when a chapter is produced that it would be used and promoted system-wide through communications.
2. A substitute Board member sought clarity that the way that the refresh of the JSNA was being approached would pick up some of the direction of travel within the ICB legislation such as around having more granular data down to smaller place and community-levels, would it make closer links with the wider determinants of health, and would it be future-facing so it was predictive.
 - In response, the Director of Public Health (SCC) explained that:
 - Firstly, small area data was included where feasible and meaningful, if not able to go down to a smaller geographical area a reason was provided.
 - Secondly, regarding the wider determinants of health during the scoping exercise it was recognised that there were large gaps for example in Priority Three and therefore the relevant chapters would have more weighting in the prioritisation process.
 - Thirdly, future-facing the JSNA where feasible was being done but that was challenging.
 - She would feed those three points back to the JSNA Oversight Group, to look to see how the third point particularly can be incorporated into the JSNA.
 3. The Chairman noted that it was a complicated and comprehensive piece of work and assumed that the choice of those first ten chapters to be refreshed had been prioritised in some way.
 - In response, the Director of Public Health (SCC) clarified that the JSNA Oversight Group had a prioritisation framework for refreshing the chapters.
 4. The Chairman asked for any detailed questions on any of the chapters or any particular issues with the process to be raised outside of the meeting.

RESOLVED:

1. Noted that:
 - a JSNA Operational and Oversight Group (Oversight Group) has been established to oversee and direct the production of the JSNA refresh;
 - a comprehensive governance structure has been established underneath the Oversight Group to ensure the delivery of individual JSNA chapters; and
 - there is ambition to deliver 10 Chapter refreshes by quarter four 2022-23, although this is dependent on resourcing and engagement from the local system.
2. Approved the continuation of a life-course based structure to the JSNA, i.e., publication of chapters under a life stage matrix. Noted and approved that chapters have been intentionally structurally aligned to HWB strategy priorities, outcomes and priority populations - the approach has already been agreed by the Oversight Group.

3. Provided support to ensure that the local system considers and makes use of the findings from individual JSNA chapters as they are published, specifically to inform local health and care strategies and subsequent implementation plans. Approved that procedures are designed and embedded to HWB protocols to ensure that any strategy brought to the HWB is quality assured for its use-of, and reference-to, JSNA evidence.
4. Provided support to increase awareness of and participation in the JSNA from partners across the Surrey health and social care system.
5. Requested the HWB task the Oversight Group with connecting and aligning the ongoing development of the JSNA communication plan to the work of the Health and Well-Being Board Communications Group.

Actions/further information to be provided:

1. The Director of Public health (SCC) will feed the three points made by the substitute Board member (Executive Place Managing Director, Surrey Heath (NHS Frimley CCG)) back to the JSNA Oversight Group, to look to see how the third point particularly can be incorporated into the JSNA.
2. Board members outside of the meeting may raise any detailed questions on any of the chapters or any particular issues with the process.

22/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]

Witnesses:

Dr Charlotte Canniff - Joint Chief Medical Officer for Surrey Heartlands ICS
 Nicola Airey - Executive Place Managing Director, Surrey Heath (NHS Frimley CCG)

Key points raised in the discussion:

1. The Vice-Chairman (Joint Chief Medical Officer for Surrey Heartlands ICS) highlighted that concerning the Surrey Heartlands ICS, the transition work continued in Surrey Heartlands ICS regarding the establishment of its ICB on 1 July 2022.
2. The Executive Place Managing Director, Surrey Heath (NHS Frimley CCG) highlighted that concerning the Frimley ICS, the Executive Director for Children, Families and Lifelong Learning (SCC) would be joining the Frimley ICB as a county council voice representing Children's Services.
 - In response, the Chairman understood that the Local Authority Organisation partner members would rotate between Hampshire County Council and Surrey County Council in the case of the county council partner member.

RESOLVED:

Noted the report on the development of the Integrated Care Systems (ICS) - Surrey Heartlands and Frimley - including the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

Actions/further information to be provided:

None.

23/22 2022/23 NHS SYSTEM OPERATIONAL PLANS - SURREY HEARTLANDS ICS AND FRIMLEY ICS [Item 10]

Witnesses:

Nicola Airey - Executive Place Managing Director, Surrey Heath (NHS Frimley CCG)

Dr Charlotte Canniff - Joint Chief Medical Officer for Surrey Heartlands ICS

Key points raised in the discussion:

1. The Executive Place Managing Director, Surrey Heath (NHS Frimley CCG) highlighted that concerning the Frimley ICS:
 - Post submission NHS England and Improvement (NHSEI) had requested some updates to the System Operational Plans, Frimley ICS would be submitting an improved position about elective recovery; it would reach the 104% target partly due to a baseline adjustment rather than additional activity. Frimley ICS would be submitting a balanced financial plan, some additional money had been received from NHSEI but that did not cover the full deficit and different assumptions had been made about how that financial gap would be closed.
2. The Vice-Chairman (Joint Chief Medical Officer for Surrey Heartlands ICS) highlighted that concerning the Surrey Heartlands ICS:
 - The report described the developing System Operational Plan which recently had some significant changes, for example the submission of a balanced financial plan was proving difficult, given that there was a significant recovery target and that would require Surrey Heartlands ICS to make some difficult decisions which were being worked through; it was likely to be a key piece of work for the ICB going forward.

RESOLVED:

Noted the 2022/23 NHS System Operational Plans for Surrey Heartlands ICS and Frimley ICS submitted in April 2022.

Actions/further information to be provided:

None.

24/22 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [Item 11]

Witnesses:

Sinead Mooney - Cabinet Member for Adults and Health, Surrey County Council

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman (Cabinet Member for Adults and Health, SCC) noted that:
 - At the last public LOEB meeting on 21 April 2022, in line with the move towards business as usual nationally the LOEB had been stood down and all future meetings are hold invites to be cancelled unless required.
 - The Surrey Local Outbreak Management Plan (LOMP) version 17 was published on 19 May 2022 and reflects the Government's 'Living with COVID-19' plan and incorporates all the new guidance published on 1

April; a national Contingency Framework was expected to be published in June and the LOMP would be revised to reflect that.

- Planning was underway for a Surrey County Council and Surrey Local Resilience Forum COVID-19 debrief session, following that a Lessons Learnt report would be produced and circulated to partners.
 - Preparations for the COVID-19 public inquiry continued, and Surrey County Council was working with Surrey Heartlands ICS and other system partners, to establish the relevant processes ahead of the inquiry; the final terms of reference for the inquiry are yet to be published.
 - The Surrey COVID-19 Intelligence Summary was now published fortnightly on a Tuesday.
 - The Office for National Statistics estimated that the percentage of people testing positive for COVID-19 increased slightly in England in the week ending 2 June 2022; it was estimated that 1.5% of the population in England and 1.5% of the population in the South East had COVID-19.
 - Up to 12 June 2022, 85% of people aged 12 plus and Surrey have received the first dose of the COVID-19 vaccination, 81% of people in Surrey had received the second dose, 67% of people aged 12 plus in Surrey had received a booster or third dose of a vaccination.
 - COVID-19 hospital admissions had increased in Surrey and remained steady in England, with 134 in Surrey hospitals between 30 May to 5 June 2022.
 - It was never too late to book a COVID-19 vaccination.
2. The Chairman noted that there had been a slight rise in COVID-19 infections and noted the expectation that there might be an offer of a fourth booster vaccine from September. He hoped that there would not be another major outbreak and therefore it was important that the LOEB remained in place in the background. He thanked the LOEB Chairman and LOEB for its good work over the past two years.

RESOLVED:

Noted the verbal update on the work of the Surrey Local Outbreak Engagement Board.

Actions/further information to be provided:

1. The Lessons Learnt report once produced will be circulated to partners: Health and Wellbeing Board and the LOEB.

25/22 DATE OF THE NEXT MEETING [Item 12]

The date of the next public meeting was noted as 28 September 2022.

Meeting ended at: 3.46 pm

Chairman