

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 28 September 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, 21 December 2022.

Board Members:

(Present = *)

(Remote Attendance = r)

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

Rotational VCSE Alliance Board members:

Sue Murphy - CEO - Catalyst
 r Rosemarie Pardington - Director of Integrated Care - Young Epilepsy

Substitute Members:

* Gemma Morris - Detective Superintendent, Surrey Police
 * Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)
 * Nicola Airey - Executive Place Managing Director, NHS Frimley, Surrey Heath Place
 * Cynthia Allen - Director of Service Design, Interventions Alliance

In attendance

Rebecca Paul - Deputy Cabinet Member for Levelling-Up (SCC)

The Chairman noted that there had been an accident on the M25 and therefore some attendees might be late or might be unable to attend.

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

- Welcomed Denise Turner-Stewart - Cabinet Member for Communities and Community Safety.
- Noted the change in portfolios for existing Board members: Sinead Mooney - Cabinet Member for Children and Families and Mark Nuti - Cabinet Member for Adults and Health.
- Thanked outgoing Board members, the Cabinet Members: Clare Curran and Kevin Deanus.
- Welcomed Borough Councillor Hannah Dalton - Chair of Residents' Association (Majority Group), Epsom and Ewell Borough Council (Surrey Leaders' Group); thanked outgoing Board member: Borough Councillor Nick Prescott.
- Welcomed Mari Roberts-Wood - Managing Director (Head of Paid Service), Reigate and Banstead Borough Council (Priority 3 Sponsor).
- Welcomed Kate Barker and Liz Williams (not in attendance) - Joint Strategic Commissioning Conveners, Surrey County Council and Surrey Heartlands (P2 Co-Sponsors).
- Welcomed Sue Murphy (CEO - Catalyst) and Rosemarie Pardington (Director of Integrated Care - Young Epilepsy) who were attending as the rotational VCSE Alliance representatives.

26/22 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Charlotte Canniff, Gavin Stephens - Gemma Morris substituted, Professor Helen Rostill - Kate Barker substituted, Jason Gaskell, Fiona Edwards - Nicola Airey substituted, Liz Bruce, Siobhan Kennedy, Carl Hall - Cynthia Allen substituted, Sue Murphy.

27/22 MINUTES OF PREVIOUS MEETING: 15 JUNE 2022 [Item 2]

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

28/22 DECLARATIONS OF INTEREST [Item 3]

There were none.

29/22 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

One question was received from Rebecca Eddington. The question and response were published in the supplementary agenda.

A supplementary question was asked by Rebecca Eddington and the response can be found below.

Supplementary question asked by Rebecca Eddington:

The questioner asked if there was anyone specific that would lead the details for bridging into additional resources for mental health so that they could work together.

Response:

The Chairman noted that Liz Bruce, Joint Executive Director of Adult Social Care and Integrated Commissioning (SCC and Surrey Heartlands ICS) would be the best person to contact to follow up her question and her contact details would be put in the Microsoft Teams meeting chat.

c Petitions

There were none.

30/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item5]

Witnesses:

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority One Sponsor)

Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

Mari Roberts-Wood - Managing Director (Head of Paid Service), Reigate and Banstead Borough Council (Priority 3 Sponsor)

Key points raised in the discussion:

Priority One

1. The Priority One Sponsor noted that:
 - Carers and young people are a priority population within the Health and Wellbeing Strategy (HWS) and the Board was being asked to endorse the Surrey Joint Strategy for Young Carers 2022 - 2024 (SJSYC).
 - Feedback from young carers during the consultation period on the SJSYC was that whilst they were proud to be a young carer it can have a negative impact on them, caring becomes normalised and therefore they do not seek support and teachers do not complete the young carers assessments as they are unsure when a young person is a carer.
 - The SJSYC would focus on ascertaining what the true figure of young carers across Surrey is, the scale of young carers was outlined in the report.
 - A rapid review would be undertaken to identify the challenges in ensuring an appropriate transfer of information from primary to secondary education.
 - A new information system would be developed to capture the numbers of and demographic profiles of Surrey's carers.
 - If identified numbers grow, the services that are provided might also need to grow and the SJSYC commits to developing peer support networks.
 - The SJSYC sets out strategic priorities and a vision for Surrey of young carers feeling recognised, valued and supported, and being protected from providing inappropriate care; also ensuring that young carers

achieve their full potential with access to the same opportunities as their peers.

- The SJSYC would be developed into an all-age Carers Strategy to be live from the end of 2024.
2. A Board member welcomed the acknowledgement in the SJSYC of the importance of hearing young carers' voices in every aspect of the work via the Young Carers Forum. For those young carers who do not wish to or were unable to engage with the Forum or did not self-identify as a carer, she asked how their voices would be captured. The identification of carers was vital so that support could be given, Healthwatch Surrey for example was finding that many adult carers did not self-identify as a carer.
- In response, a Board member recognised the importance of finding other routes of engagement for hearing the voices of young people, who might not self-identify as a young carer. There were a range of different children's voice opportunities, for example the User Voice and Participation team engages with a wide range of children on a range of different issues. The SJSYC uses inquisitive language and it was important for staff working with children and young people to be curious about their lives, to ask the right questions in a gentle way and to explore their situation.

Gemma Morris joined the meeting at 2.14 pm.

Priority Two

3. The Priority Two Co-Sponsor noted that:
- The 'In the Spotlight' section focused on the new outcome '*Environments and communities in which people live, work and learn build good mental health*', in the report there was a comprehensive summary of a range of the activities that are in progress. 'How are You Surrey?' is a cross system piece of work underway which focused on vulnerable groups who are either in Adult Social Care and health or working in manual roles, to consider their emotional health and wellbeing in their workplace.
 - Work at the targeted neighbourhood level had commenced and a more comprehensive update would be provided at the next quarter as well as briefings to Members and place-based leads.
4. A Board member referred to the preliminary meeting for the Empowered and Thriving Communities Board that morning where there was a discussion on focusing on the role of the Voluntary, Community and Faith Sector (VCFS) and the Community Foundation for Surrey and deploying some of that mental health resource funding and the role of communities in supporting that agenda. She noted that it would be helpful to link in with the Priority Two Co-Sponsor on that.

Nicola Airey joined the meeting at 2.19 pm.

Priority Three

5. The Priority Three Sponsor noted that:
- The Health in All Policies (HiAP) concept is an evidenced based system-led approach for reducing health inequalities; at November's informal Board meeting there would be an item on the draft HiAP phase one action plan, building on observations made at the HiAP workshop

that whilst leaders understood and were committed to the HWS, that commitment needed to be developed at a deeper level throughout the Board's member organisations.

- A PowerPoint - HWS Engagement Slide Deck - on the refreshed HWS which can be utilised for staff briefings would be sent after the meeting to Board members to disseminate to their organisations to embed the HWS.
 - Key objectives identified at the HiAP workshop were being delivered including identifying where there are cross-cutting issues and key players, such as within planning and transport. Positive impact would come from embedding HiAP into designing policies at an early stage, ensuring less retrofitting, joining up with the Healthy Workplaces approach.
 - The HiAP phase one action plan included a newly convened Health and Planning Forum to explore the need for health impact assessments across Surrey and updates to the 'Creating healthier environments strategic guidance'.
 - Making Every Contact Count (MECC) would be included in the HiAP phase one action plan and is an approach which seeks to maximise opportunities in everyday interactions between councils, health partner services with residents to empower individuals and communities to make positive change in their health and wellbeing; there were some proposals for maximising the delivery of MECC through 'train the trainer' programmes and using community champions to work closely with communities.
 - More information had been included on Surrey County Council's (SCC) website around Warm Hubs.
6. A Board member noted that there was a lot underway regarding the HiAP approach and the item at November's informal Board meeting would provide the details and next steps.
 7. The Chairman reinforced that request for Board members to circulate the HWS Engagement Slide Deck across their organisations.

RESOLVED:

1. Noted progress against the three priorities of the Strategy in the Highlight Report (Annex 1).
2. 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.
3. Endorsed the Young Carers Strategy (Annex 2).

Actions/further information to be provided:

1. The Priority Two Co-Sponsor will liaise with the Board member (Denise Turner-Stewart) regarding the role of the VCFS and the Community Foundation for Surrey for example and deploying some of that mental health resource funding and the role of communities in supporting that agenda.
2. The PowerPoint - HWS Engagement Slide Deck - on the refreshed HWS which can be utilised for staff briefings will be sent after the meeting to Board members; Board members will look to disseminate that to their organisations to embed the HWS.

31/22 HEALTH AND WELL-BEING STRATEGY METRICS: REVIEW AND REFRESH [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health, Surrey County Council
Phillip Austen-Reed - Principal Lead – Health and Wellbeing, Surrey County Council

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that as the HWS had evolved - as reported in quarterly updates - how that was measured also needed to evolve and the revised metrics and indicators reflected that. 'Data, insights and evidence' was a key system capability and the metrics formed a part of that, aligning with other key work within the Data Strategy as well as the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA).
2. The Principal Lead – Health and Wellbeing (SCC) noted that:
 - The metrics had been outlined in terms of each of the Priority One - Three outcomes that are in the HWS, whilst there was not the same number of indicators per outcome as publicly available data was limited, the indicators did align to all of the outcomes including the new outcome under Priority Two and were to be measured over the long-term.
 - The importance of considering the indicators in terms of the priority populations was recognised and emphasised through the refreshed HWS.
 - A key benefit of the approach presented via the Surrey Index would be that the indicators can be understood at the wider Surrey level but also geographical levels below that such as district or borough, health: place or primary care network, or the Local Super Output Area (LSOA) level.
 - Having more granular data would be important in terms of understanding what the indicators mean in those key neighbourhoods in the HWS, however a limitation in measuring the outcomes was around what publicly available data was available on many of the priority populations and links were being made with various teams to help assist with filling in the gaps in information.
 - Screenshots of indicators around fuel poverty viewable at different geographical levels via the Surrey Index were shown down to ward level with the intention to go down to LSOA level where possible and that granularity was helpful in terms of benchmarking across Surrey and comparing each area over time.
 - Work would be undertaken collectively to ensure that the developing tools would interface where appropriate with products such as the JSNA.
 - Whilst the HWS indicators sit within a larger set of Indicators in the Surrey Index as well as Organisational Indicators, the proposal was that the Strategy indicators could be used as a collective reference point by organisations in Surrey; particularly as many of the indicators and outcomes can only be impacted on by collective action.
 - The request was for organisations when developing their own internal metrics to consider the links with and impact on the HWS indicators.
 - The intention would be to review the metrics and indicators on an annual basis so that where progress is or is not made could be measured over the long term, as a result it was hoped that the focus of the HWS and

other organisations would change to reflect the updated metrics and indicators.

3. The Chairman encouraged Board members to have a look at the Surrey-i website which contains a wealth of data available such as the Surrey Index which could be filtered and it would be an important part of data capturing and actioning the data.
4. A Board member noted that the Board should lead by example by using the appropriate language regarding young cared for people which should not be 'in care' and 'care leavers' rather 'cared for' and 'ex-cared for' as the language has moved on.
5. Referring to inclusion, a Board member noted that it linked back to the joint approach about having equalities in the workforce as well as the wider population; thinking about the metrics used across health and social care, and those being developed within the Council's settings concerning the different workforce populations and the wider population served. He wondered whether there was anything within those metrics to broaden out to look at both populations and linking that approach with what the responsibilities are as anchor institutions.
 - In response, the Principal Lead – Health and Wellbeing (SCC) would follow up with the Board member.
6. A Board member noted the sets of very good indicators relating to children and young people but noticed that further engagement was needed around the safeguarding indicator, she offered her support as it was one of the most measured elements of the work within the Children, Families and Learning Directorate.
 - In response, the Principal Lead – Health and Wellbeing (SCC) noted that whilst there was some initial engagement, the issue would be to work out which indicators are the most pertinent to bring through so it would be useful to sense check that with the Board member.

RESOLVED:

1. Considered and agreed the proposed set of metrics as a reflection of the greater focus in the HWB Strategy on reducing health inequalities and wider determinants of health.
2. Reviewed and would promote awareness of the metrics within Board member organisations to enable a common understanding and assessment of progress.

Actions/further information to be provided:

1. The Principal Lead - Health and Wellbeing (SCC) will action the Board member's (Hannah Dalton) request to change the language used which should not be 'in care' and 'care leavers' rather 'cared for' and 'ex-cared for.
2. The Principal Lead - Health and Wellbeing (SCC) will follow up the comments made by the Board member (Russell Hills) concerning inclusion and having equalities in the workforce as well as the wider population; whether there was anything within those metrics to broaden out to look at both populations and linking that approach with what the responsibilities are as anchor institutions.
3. The Principal Lead - Health and Wellbeing (SCC) will follow up the offer of support from the Board member (Rachael Wardell) about the further engagement needed around the safeguarding indicator.

Witnesses:

Jonathan Perkins - Independent Chair, Surrey Mental Health System Delivery Board

Kate Barker - Joint Strategic Commissioning Convener - Children and Families, Surrey County Council and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

Key points raised in the discussion:

1. The Independent Chair (Surrey Mental Health System Delivery Board - MHSDB) noted that:
 - The Mental Health Improvement Plan is a piece of work that had been ongoing within Surrey for several years.
 - A peer report was produced in the early summer of 2021 which had multiple recommendations on the improvement of mental health, worked on by the Mental Health Partnership Board.
 - After a year a reset was needed to create more momentum to some of the recommendations from that peer report and from July that reset began and he was invited by the Board's Chairman to chair the new Surrey MHSDB; in order to focus on those recommendations and review what was happening in the wider context in terms of mental health concerning: the development of the new ICS Strategy and inclusion of Surrey Heartlands ICS's 'Critical Five', the implications of the Fuller Stocktake report and looking ahead to winter pressures as well as the cost of living crisis.
 - An update on that new governance in place, the summary of the new MHSDB and the draft Terms of Reference for the Board's approval are included in Appendices 1 and 2.
 - Several senior people from across the system sat on the MHSDB to focus on how to deliver the improvements around mental health and emotional wellbeing in partnership.
 - The best of the previous governance arrangements formed the Co-production and Insight Group which had a broad membership from across the county who met together once a month; and the quality assurance of mental health was overseen by a new board.
 - There was a huge amount of work underway by the providers in the third sector and prioritisation was needed to concentrate resources. The MHSDB was undertaking a phasing exercise to look at what were the most important things that need to be achieved in the quickest time - Appendix 3.
 - The MHSDB was determined to move things forward as a partnership and unblock issues, making progress in the next few months.
2. The Chairman noted that there had been two Mental Health Summits where there had been good discussion but what was needed was frontline delivery and the MHSDB was doing that.
3. A Board member thanked the Independent Chair (Surrey MHSDB) for his leadership and time spent on revitalising the work, she also acknowledged the Joint Executive Director of Adult Social Care and Integrated Commissioning's (SCC and Surrey Heartlands ICS) contribution to progressing delivery.
4. A Board member was grateful to the Independent Chair (Surrey MHSDB) for the invitation to join the MHSDB, she noted that the draft terms of reference were comprehensive and she supported the work underway. She asked the

Independent Chair (Surrey MHSDB) how he envisages the MHSDB would measure the success of all the workstreams and priorities.

- In response, the Independent Chair (Surrey MHSDB) recognised that the MHSDB needed to be able to show success and that was dependent on the different workstreams. He noted that the phasing work would focus on four different areas and within those there would be several priorities and workstreams. Within those, clear and precise delivery objectives would be needed and the MHSDB would not sign those off until it knows how, when and that those delivery objectives had been achieved.
 - The Priority Two Co-Sponsor added that a lot of the additional work in development was the engagement with the Health and Inequalities team and the collaborative working looking at the new HWS outcomes metrics, the HiAP approach and the data sets to build up a population-based framework that would be relevant at place and neighbourhood levels; highlighting where the variations are for each of the priorities and to use the Mental Health Investment Fund to provoke targeted interest and investment in communities based on the evidence gained. The renewed leadership and collaborations were positive and significant progress had been made over the past six months, she thanked colleagues for their support.
5. A Board member noted that the indicators regarding Priority Two approved in the previous item provides some of the concrete outcomes relating to prevention and early intervention for example.
 6. A Board member noted that the approach set out was clear and structured, however in terms of the capacity to deliver against the ambitions she asked at what point would there be an evaluation of the capacity within the system to deliver against the Mental Health Improvement Plan and at what point would a decision be taken to commit resources to increase that capacity, whether through academies or through a recruitment and retention programme or support for the VCFS. Ensuring that once a set of outcomes had been committed to, the direction of travel would be able to maintain that delivery working to a sustainable capacity.
 - The Independent Chair (Surrey MHSDB) explained that an initial phasing exercise had been undertaken and the next stage would be to look at the detail and to see what the MHSDB as a partnership consider to be the priority areas, what the resourcing is which is linked to each provider and what might need more focus; difficult decisions might need to be made.
 7. A Board member agreed that the metrics should be the bedrock of how to test whether the mental health system is improving. Undertaking cohorting or subsetting could be a possibility even for those metrics that do not specifically look at mental health, such as looking at the life expectancy for those with a learning disability for example compared to the general population, to get a sense of the inequalities. He noted that there would also be a mental health policy and activity board pack which would inform how the MHSDB would operate. He noted that the MHSDB is committed to identifying the changes it wants to make and ensuring that the resources are in place and are used as effectively as possible; both the local authority and the NHS had a clear commitment to invest in the mental health system. As a leadership group it would be vital to get the right balance between the level of ambition and the pace of change.
 - The Chairman noted that the £13 million funding within the Mental Health Investment Fund for early intervention and prevention was crucial; and thanked the Independent Chair (Surrey MHSDB) and the Priority Two Co-Sponsors for taking this large piece of work forward.

8. A Board member reflected on what children and young people tell SCC the difference that they want to see: that they want to wait less time to be assessed and they want to wait less time between being assessed and being treated; a measure of success therefore would be if that waiting time and numbers of young people waiting were to shrink. Another measure of success would be if a presenting problem at the start of any treatment has been improved by the end of any treatment. She noted that it would be vital to look at those aggregate measures across the system.
9. The Chairman commented that bearing in mind the impact that people with mental health issues has on policing, he asked whether the Independent Chair (Surrey MHSDB) would be happy to have a policing representative on the MHSDB.
 - A Board member noted that she would welcome policing representation on the MHSDB. She noted that as the national lead for Police and Crime Commissioners on mental health she was keen to learn more. She noted a worrying conversation with Surrey's Rape and Sexual Abuse Support Centre (RASASC) this week about men, women and children with serious sexual trauma not able to access the trauma informed services they need. That is a vulnerable group who being sent for Cognitive Behavioural Therapy, whilst well-meaning, is in fact retraumatising to them.

RESOLVED:

1. Approved the draft terms of reference of the new Mental Health System Delivery Board (Appendix 2); and
2. Noted the contents of this update and endorsed the proposed next steps.

Actions/further information to be provided:

1. The Independent Chair (Surrey MHSDB) and the Priority Two Co-Sponsors will look to ensure policing representation on the MHSDB, liaising with the Board member (Lisa Townsend) on the matter.

33/22

A COUNTY-WIDE STRATEGY FOR HOUSING, ACCOMMODATION AND HOMES: BASELINE ASSESSMENT [Item 8]

Witnesses:

Michael Coughlin - Executive Director - Partnerships, Prosperity and Growth, Surrey County Council
 Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey

Key points raised in the discussion:

1. The Executive Director - Partnerships, Prosperity and Growth (SCC) noted that:
 - The report was prompted by a number of drivers including economic and health, many would be aware about the links between health and housing, workforce was a key issue and many employers were impacted by the housing market on the ability to recruit and retain staff.
 - The link between housing and security and mental health is well made, there are a number of links between the work of the Board and the wider health market and housing in general.

- The report sets out the role of housing in health as embodied in the Adult Social Care White Paper that every decision about someone's care should be a decision about their housing. As a result, SCC had commissioned this strategic piece of work.
 - 'A County-wide Strategy for Housing, Accommodation and Homes' is broad in scope and includes an ambitious range of issues to address, acknowledging that the housing market is dynamic and complex both in terms of the private sector and social housing and social housing rents.
 - The approach being taken is to look at the broader issues, to seek to undertake desktop research analysis and over thirty face-to-face interviews had taken place with representatives from all aspects of the housing market and housing provision to achieve a 'Baseline Assessment', a summary of the findings is attached at Annex 2 including the top strategic themes.
 - The focus is on county-wide strategic issues as opposed to local site specific or housing related policies or service issues at the local level and it does not take on matters that are the statutory responsibilities of others other than influencing and building the evidence work already undertaken.
 - The purpose of the 'Baseline Assessment' is to then test that approach to provide assurance that the key relevant issues within housing have been captured, it was being taken to several different audiences to test and quality assure it in greater detail - providing confidence for the next stage.
 - The next stage of the process would be to hold themed deliberative workshops - Annex 3 - out of that deliberative piece of work over the next couple of months, the intention would be to create a broad strategy which would contain proposals for lobbying which would assist in addressing the issues in Surrey or individual or collective action that could be taken.
 - As shown in the findings, partnership is a key part of the strategy and that is why an item has come to the Board and would go elsewhere to engage a broader group of partners, acting collectively where possible to achieve better outcomes.
 - The findings and the strategic priorities would be taken to a summit on 8 December 2022, through a proposed panel discussion including questions and answers; to be taken in final form through to a variety of bodies in January 2023 for enacting thereafter.
 - There was a huge amount of background work, upon request Board members could be provided with the 88 slide deck of the research and the performance management information that had been gathered.
2. A Board member asked whether it would be possible to request condition surveys from all of Surrey's housing association providers in terms of the current maintenance status of all of their properties. As whilst SCC relies heavily on those borough and district councils that have social housing provided by housing associations, there was sometimes a questionable standard of the quality that they are providing. It would be helpful to get a sense of how satisfied SCC is with the providers that it indirectly relies upon.
 - In response, the Executive Director - Partnerships, Prosperity and Growth (SCC) noted that SCC has access to the local authority Decent Homes Standard through the work done with the consultants. He would look to see whether the Registered Social Landlord standards could be obtained, he was unsure whether that was publicly available information.
 3. A Board member noted that she and officers were excited about being at the current stage in terms of the strategy and that SCC has commissioned this piece of work. She highlighted that housing is a touch point across all

Directorates and it was a golden thread throughout the work of the former Mental Health Partnership Board. She noted that the 88 slide deck was fascinating as it highlights the inequalities across the county.

- The Chairman noted that the 88 slide deck was an exciting read containing good data and insights, which could be circulated upon request.
4. The Partnership and Community Safety Lead (OPCC) noted that she was unsure whether the Executive Director - Partnerships, Prosperity and Growth (SCC) had spoken to anyone in Surrey Police and offered to put him in contact with the Head of Anti-Social Behaviour and Partnerships for Surrey Police, who was presenting to the National Landlords Association on the impact of housing and community harm and she would be a key person to bring in discussions around safe tenancies and how to create that safe space for everyone in their homes.
 - The Chairman noted that Executive Director - Partnerships, Prosperity and Growth (SCC) was happy to be contacted on the matter.

RESOLVED:

1. Endorsed the consultative research work undertaken in partnership, to establish a strategic baseline assessment of accommodation and housing across the county.
2. Approved the proposed deliberative engagement approach to secure the views and buy-in of partner bodies to the identification of strategic priorities for accommodation and housing in Surrey.
3. Agreed to a further report, confirming the Accommodation and Housing Strategic needs and priorities, coming to Health and Wellbeing Board in February 2023.

Actions/further information to be provided:

1. Upon request Board members will be provided with the 88 slide deck of the research and the performance management information.
2. The Executive Director - Partnerships, Prosperity and Growth (SCC) will look to see whether the Registered Social Landlord standards could be obtained and he will liaise with the Board member (Denise Turner-Stewart).
3. The Partnership and Community Safety Lead (OPCC) will put the Executive Director - Partnerships, Prosperity and Growth (SCC) in contact with the Head of Anti-Social Behaviour and Partnerships for Surrey Police, concerning housing and safety.

34/22

EVALUATION REPORT FROM THE COMMUNITY SAFETY ASSEMBLY [Item 9]

Witnesses:

Lisa Townsend - Surrey Police and Crime Commissioner
 Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey
 Rachel Crossley - Joint Executive Director - Public Service Reform, Surrey Heartlands ICS and Surrey County Council

Key points raised in the discussion:

1. The PCC noted that:

- The Community Safety Assembly (CSA) had its first meeting in May and she thanked all those who attended, there was a provisional date in November for the next meeting.
 - The issues that had been discussed in earlier items touch on policing as often people and those in our most vulnerable categories come into contact with policing in a non-crime context; she was grateful for the work of the Board and interest in this area.
 - Following the first meeting of the CSA an Evaluation Report was produced - Annex 1 - which includes recognisable themes and the Board is asked to agree to explore some of the initial areas of focus in order to deliver change such as around information sharing, knowledge, collaboration, leadership/strategic prioritisation and unseen communities.
 - The CSA wished to continue to give updates to the Board on the thematic areas, particularly around domestic abuse, serious violence and fraud, in order to start to consider what actions could be taken to help the vulnerable.
2. The Partnership and Community Safety Lead (OPCC) noted that work was underway and links were being made and opportunities shared, she welcomed the collaboration with the Priority Three Sponsor and inclusion on the Prevention and Wider Determinants Board; noting a recent meeting on how to share information on the policing and community safety side with frontline professionals and what they are looking out for when they go into someone's home such as spotting the signs of exploitation and fraud. The next steps and recommendations were about working collaboratively to remove the blockages around the themes identified.
 3. The Joint Executive Director - Public Service Reform (Surrey Heartlands ICS and SCC) linked in the information sharing theme with the Surrey-wide Data Strategy, the Chief Constable of Surrey Police chaired the steering group ensuring a broader view outside of health and social care. Whilst reports would continue to be brought to the Board, the steering group was having discussions about how to bring more partners in whilst being mindful about the ethical issues.
 4. The Chairman noted the prominence of mental health concerning the Evaluation Report and that the Board would consider collectively how to drive forward community engagement via a future Board report on the Community Safety Agreement Implementation Plans.

RESOLVED:

Following a detailed evaluation report and analysis of the feedback from the Community Safety Assembly, the Health and Wellbeing Board provided agreement to explore some initial areas of focus:

- Explore the information sharing culture in Surrey and seek to promote a clear set of principles.
- Develop the Healthy Surrey website further as a portal for professionals to access resources in supporting individuals and communities.
- Increase the representation at the Health and Wellbeing Communications Group to include more community safety members to ensure campaigns and key messages are programmed in and are distributed across the systems.
- Work with the priority populations including the Key Neighbourhoods to ensure community safety partners are well represented and there is a broader understanding of available interventions.

Actions/further information to be provided:

1. The Board will receive a future report on the Community Safety Agreement Implementation Plans and will consider collectively how to drive forward community engagement.

35/22 SURREY PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 [Item 10]**Witnesses:**

Tom Bourne - Public Health Analyst Team Lead, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council

Key points raised in the discussion:

1. The Public Health Analyst Team Lead (SCC) noted that:
 - Board members had sent through comments on the draft Pharmaceutical Needs Assessment (PNA) in advance following a four-week review period - which had been incorporated.
 - Every Health and Wellbeing Board nationally has a statutory responsibility to look at pharmaceutical need in their area and to publish and keep the PNA up to date.
 - The PNA is used for a range of legal and commissioning responsibilities and is updated every three years and there had been an extension to that three-year period because of the Covid-19 pandemic.
 - The national regulations set out the content and requirements of the PNA, the PNA was fully compliant with that and those regulations.
 - The Board delegated responsibility for the oversight and production of the PNA to the PNA Steering Group which had met regularly since last year.
 - Two positive aspects of the PNA drafting process in line with the process set out by the Department of Health and Social Care was that: the PNA Steering Group had gone beyond the minimum expectation of the regulations through carrying out extensive surveys with the public and providers, an extended version of the questionnaire was circulated to the targeted population groups and those in key neighbourhoods; there had also been a 60-day consultation with the public and the draft PNA had been circulated to the required organisations and it was shared additionally with the place-based leads and chief pharmacists, and was shared with neighbouring authorities.
 - Six quality concerns from members of the public outside the scope of the consultation had been received and were listed in the PNA and where possible those were sign-posted to a point of escalation. Those qualitative responses are aired at the Board meeting and are not verifiable.
 - The PNA Steering Group recognised that for some groups service provision is not equal across all populations, but in making a PNA conclusion reference must be made to the regulations which asks for specific statements and the need to look at the full body of evidence; the conclusions being that there are no gaps in necessary services, there was no consistent identification of additional pharmaceutical services and the locally commissioned services provided an improvement to provision.
 - The Board is asked to approve the final draft of the Surrey PNA and for it to be published on the Surrey-i website shortly, the PNA would last three years from 1 October 2022 to 30 September 2025.

- The PNA Steering Group would revisit the PNA annually and would publish a supplementary statement taking into account new housing developments, increases in population and feedback from providers.
2. A Board member noted that it was a fantastic and comprehensive piece of work, she understood how it connected with her unlike the previous PNA and she wondered why the Board receives it for sign-off and not other bodies such as the Integrated Care Board for example which had taken delegated commissioning from the region for dentistry, optometry and pharmacy. That gives the ICB different accountabilities that she was not sure were reflected in the PNA and she wondered whether the Health and Social Care Act had missed that.
 - A substitute Board member referred to the draft PNA, Annex 1, page 15 which outlined that ICBs had taken on delegated responsibility for community pharmacies. She noted that it was appropriate that the PNA comes to the Board for sign-off because it is part of SCC's responsibility as it hosts Public Health and undertakes the needs assessment, however she noted that there were many other forums where this information also needed to go.
 3. A Board member noted that Healthwatch Surrey was involved in the drafting process and she appreciated the amount of engagement that was carried out. She reflected that things had changed dramatically in the last four to six months and she felt uncomfortable reading a recommendation that says that pharmaceutical needs provision is meeting the needs of Surrey residents when it is now almost the number one issue voiced by the public that they cannot get access to a pharmacist when they need it due to closed pharmacies. She recognised that it was an ongoing process and it would come back to the Board regularly, however noted the potential inequality being created as people with limited resources cannot necessarily travel further and wider to access the medicines that they need.
 - A Board member noted that she would like to have a conversation after the meeting with the Board member about the rise in the concerns about pharmacy provision, to understand how much that was due to people using pharmacies as an alternative to General Practice and actually the demand is rising beyond where it was or whether it was something different.
 - The Chairman noted that pressure on pharmacies would increase under new plans by the Health Secretary.
 - A substitute Board member noted that there is a difference between the PNA and whether the services that had been commissioned are functioning and working and the workforce pressures that they have and that relates to the commissioning side of pharmaceutical services. She acknowledged the concerns but noted that it does not mean that there was not a good spread of pharmacies in the right places, validating the conclusions in the PNA.
 4. The Chairman sought clarification on an additional comment from a member of the public and for that person to be responded to, in response a Board member noted that a member of public had made a comment however the PNA Steering Group was confident that the PNA addresses those comments. She reiterated that there is an annual process to update the PNA and so it is dynamic. She welcomed the offer for the Public Health team (SCC) to take the PNA to wherever it is appropriate for discussion, ensuring that it is used as a dynamic document.

RESOLVED:

Health and Wellbeing Board members were provided a copy of the PNA for comment during the four-week period Friday 5 August 2022 to Friday 2 September 2022. All comments received were addressed and incorporated.

1. In order to give final approval of the PNA for publication, the Board considered:
 - a. Whether the process followed to produce the PNA (section 5 of the report) was robust and met related regulations?
 - b. Whether the findings are appropriate to the evidence found?
2. The Board approved the final draft of the Surrey PNA 2022 (Annex 1) including its Appendices (Annex 2) and agreed to its immediate publication.

Actions/further information to be provided:

1. The Board member (Claire Fuller) and a Board member representing the Frimley ICS will follow up with the Board member (Kate Scribbins) on her comments about the rise in concerns by Surrey's residents of not being able to get access to a pharmacist when they need it due to closed pharmacies.
2. The Public Health Analyst Team Lead (SCC) or the Director of Public Health (SCC) will respond to that member of the public regarding their additional comment.

36/22 BETTER CARE FUND PLAN 2022-2023: NARRATIVE AND FINANCIAL PLAN [Item 11]

Witnesses:

Jonathan Lillistone - Assistant Director - Commissioning, Surrey County Council

Key points raised in the discussion:

1. The Assistant Director - Commissioning (SCC) noted that:
 - The Board was asked to approve the Better Care Fund (BCF) Plan Narrative and Financial Plan 2022-23 and the report references the ongoing work underway around the review of the BCF and early update report which came to the June Board meeting.
 - The report sets out how the BCF is approached and managed in Surrey and with its partners, it sets out the priorities and several examples of how it is deployed and it draws linkages with wider pieces of work with health partners in terms of helping to deliver the Surrey Heartlands ICS's 'Critical Five' and the findings of the Fuller Stocktake.
 - The report notes the importance of the district and borough councils as key delivery partners for many aspects of the BCF services.
2. The Chairman noted that the sign-off was a statutory responsibility of the Board and he noted that he had asked that in future that the Board does get an opportunity to look at the BCF Plan in more detail and at an earlier stage. He noted that as a result of the creation of the ICSs it was likely that there would be an expansion of the use of the BCF and also Section 75 agreements.
3. A Board member highlighted the increased scrutiny around the BCF given the tightening around the finances and the importance on the joint working in

place over the next year, more time for scrutiny would be needed particularly as changes happen.

4. A substitute Board member noted that one of the things that was new for the BCF this year was an exploration around the demand and capacity concerning intermediate care services, whilst the inclusion of that area was not mandated for the submission she noted that it was a useful piece of work which should be undertaken across Surrey and she asked for that piece of work to be followed up and to note that it was being considered in the context of the BCF.
 - The Assistant Director - Commissioning (SCC) noted that he was happy to pick up that suggestion through the BCF review work and would liaise with the substitute Board member.

RESOLVED:

That the Health and Wellbeing Board approved the Better Care Fund (BCF) Plan for 2022-2023 (Annex 1 and 2).

Actions/further information to be provided:

1. The Assistant Director - Commissioning (SCC) will liaise with officers to ensure that the Chairman's request to receive the BCF Plan in more detail and at an earlier stage is taken forward.
2. The Assistant Director - Commissioning (SCC) will follow up the suggestion made by the substitute Board member (Nicola Airey) around undertaking a piece of work across Surrey exploring the demand and capacity concerning intermediate care services, particularly in the context of the BCF.

37/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 12]

Witnesses:

Professor Claire Fuller - Chief Executive, Surrey Heartlands ICS
 Nicola Airey - Executive Place Managing Director, NHS Frimley, Surrey Heath Place

Key points raised in the discussion:

1. The Chief Executive (Surrey Heartlands ICS) noted that the Surrey Heartlands Integrated Care Partnership would be meeting for the third time as a statutory body after the Board meeting and would be discussing the production of the Integrated Care Strategy, building on the work started by the Board and linking to its priorities.
2. The Chairman noted that there was a piece of work underway at the national level around the interaction between the Health and Wellbeing Board and the ICS, as in some areas where there is a coterminous footprint it is often the same people making similar decisions.
3. The Executive Place Managing Director (NHS Frimley - Surrey Heath Place) noted that the Frimley Integrated Care Partnership would be meeting for the first time tomorrow. She noted that all the executives within the Integrated Care Board were now in place. She noted that some of the place-based roles were being changed around so she would gradually be moving from Surrey Heath into Bracknell, her incoming replacement has portfolio leads on children, young people and learning disabilities. She noted that this Board meeting might be her last so she noted her thanks to the Board.

RESOLVED:

That the Board noted the updates provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards.

Actions/further information to be provided:

None.

38/22 DATE OF THE NEXT MEETING [Item 13]

The date of the next public meeting was noted as 21 December 2022.

Meeting ended at: 3.31 pm

Chairman