MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 19 June 2024 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its next meeting.

Board Members:
(Present = *)
(Remote Attendance = r)

* Bernie Muir (Chair)
* Dr Charlotte Canniff (Vice-Chair)
r Karen Brimacombe
Professor Helen Rostill (Co-Sponsor)
Liz Williams (Co-Sponsor)
* Kate Barker (Co-Sponsor)
* Mari Roberts-Wood
Fiona Edwards
* Jason Gaskell (Co-Representative)
r Sue Murphy (Co-Representative)
* Paul Farthing
* Dr Russell Hills
* Kate Scribbins
* Ruth Hutchinson
* Helen Coombes
Rachael Wardell
* Karen McDowell
* Graham Wareham
Michael Coughlin
* Mark Nuti
Sinead Mooney
Clare Curran
Kevin Deanus
Sarah Cannon
Carl Hall
Tim De Meyer
Borough Councillor Ann-Marie Barker
r Steve Flanagan
Jo Cogswell
Dr Pramit Patel
Lisa Townsend
* Professor Monique Raats
Dr Sue Tresman
r Siobhan Kennedy (Associate Member)

Substitute Members:
* Nicola Airey - Director of Places and Communities, Frimley ICS
* Kim Jacobs - Surrey Joint Carers Programme Manager
* Tamara Cooper - Manager, Public Protection, Surrey Police
r Lauren McAlister - Partnership and Community Safety Lead, OPCC

The Chair welcomed a new Board member:

- Michael Coughlin - Interim Head of Paid Service, Surrey County Council.

The Chair reminded officers and Members of the guidance issued around the current pre-election period for the General Election 2024 on Thursday 4 July.

11/24 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Fiona Edwards - Nicola Airey substituted, Dr Sue Tresman - Kim Jacobs substituted, Professor Helen Rostill - Kate Barker present as P2 Co-Sponsor, Tim De Meyer - Tamara Cooper substituted, Lisa Townsend - Lauren McAlister substituted (remote), Karen Brimacombe (remote), Sue Murphy (remote), Steve Flanagan (remote), Rachael Wardell, Liz Williams, Kevin Deanus, Jo Cogswell, Michael Coughlin, Sinead Mooney, Clare Curran, Carl Hall, Borough Councillor Ann-Marie Barker.

12/24 MINUTES OF PREVIOUS MEETING: 20 MARCH 2024 [Item 2]

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

13/24 DECLARATIONS OF INTEREST [Item 3]

There were none.

14/24 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

15/24 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Karen Brimacombe, Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
Emma Jones, Public Health Lead, SCC
Kate Barker, Joint Strategic Commissioning Convener (Priority 2 Co-Sponsor)
Jack Smith, Prevention and Communities Manager, SCC
Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
Julia Groom, Public Health Consultant, SCC

Key points raised in the discussion:

Priority 1

1. The Priority 1 Sponsor noted that findings from the work on encouraging young people to maintain a healthy weight revealed a gap in support for children aged between 5 and 17 years old and Active Surrey was awarded a contract for Be Your

Best to deliver a programme of work to that cohort. Two outreach workers from the Surrey Bridge the Gap programme spoke to representatives from various government departments to promote how Surrey was delivering cost effective system outcomes. Changing Futures alongside the Alliance for Better Care presented their work at a national conference and received an award for supporting individuals with lived experience to get back into meaningful employment. Several agencies were working in partnership with community and faith organisations in Key Neighbourhoods to address the lower levels of referrals and uptake of NHS health checks. A Macmillan researcher had started work on cancer inequalities. There was training to raise awareness around hoarding and there was a SharePoint site for professionals to seek information. Training was being developed around preventing falls. A new Carers Partnership Group was operational and three quarters of its membership are non-paid carers.

2. The Public Health Lead (SCC) detailed the spotlight item: Surrey Tobacco Control:
    - smoking continued to be the significant contributor to health inequalities and cost Surrey £950 million per year. Under 12% of the population smoke and the highest prevalence is in routine and manual workers, people in treatment for substance misuse, Gypsy, Roma, Traveller Communities and those who face homelessness.
    - the Surrey Tobacco Control Strategy was launched in October 2023 and that same month the Government announced its plans to create a smokefree generation through the Tobacco and Vapes Bill. Whilst not enacted before the General Election, using the additional grant allocation of £1.1 million for the next five years work was underway in Surrey to support an additional 15,000 smokers to set a quit date. A partnership action plan was in place.
    - the evidence showed that only 6% of smokers would use local stop smoking services, so the programme has sought to increase demand through local mass media campaigns using behaviour change approaches and building on the tobacco programme in acute trusts and across maternity services. The training provision would be increased for all frontline staff. Performance would be tracked through a Combating Drugs Partnership sub-group.
3. The Chair asked how long the additional funding was for. The Public Health Lead (SCC) explained that it was an annual grant committed to for five years.

Priority 2

4. The Priority 2 Co-Sponsor noted that consultation on the revision of the Surrey Suicide Prevention Strategy was underway with input sought from the relevant board chairs and groups. Progress was underway on creating a universal Wellbeing Plan for Children and Young People in Surrey prior to Feeling Good Week in early October. The First Steps to Support pilot areas had been extended to Waverley and Woking, and to care homes. The launch of the Chatbox pilot meant Surrey-wide access to it. The Mental Health Investment Fund (MHIF) team was close to agreeing an evaluation framework to support impact analysis of the funded programmes, a workshop is to take place in early autumn and there were monthly communications across the Council and Surrey Heartlands highlighting the impact. A round table workshop on 12 June involved representatives from across the system and work was underway to allocate the remaining funds.
5. The Prevention and Communities Manager (SCC) detailed the spotlight item: Green Health & Wellbeing Programme: Dose of Nature:
    - Dose of Nature is a charity established to promote mental health benefits of engaging with the natural world, there was a hub in Richmond. The Council paid £100,000 to commission them to set up a second hub in Guildford. There was a ten-week Social Prescription Programme and group therapies.

- commissioned by the Council in 2022 as part of the Green Social Prescribing (GSP) programme, Guildford was chosen as a hub (Dapdune Wharf) focused on providing services in north Guildford. In the first year there were 80 referrals and high engagement levels, there was an average seven point reduction in measures of anxiety and depression. There was relief in demand to GP Integrated Mental Health Service (GPimhs) and qualitative improvements.
- results from a study at the Richmond hub showed that there were 40% fewer GP contacts post-nature intervention at a six-month follow up.
- Dose of Nature would likely receive limited funding from the Department for Environment, Food and Rural Affairs in phase two of the national GSP programme for a year, other funding sources were being reviewed.
- whilst having a large network of local stakeholders such as voluntary sector organisations, making a clear contribution to the Health and Well-Being Strategy with positive quantitative outcomes, the programme struggled to attract long-term system funding. Strategic support was needed to identify financial resource to align green health with the health system priorities.

6. A Board member highlighted the correlation between mental health and anxiety with neurodiversity and alcohol and substance dependency, and asked whether the service was open to those people. Hoped that the presenter was linked into the Voluntary, Community and Social Enterprise (VCSE) Alliance and noted the development of greater integration and funding relationships with the NHS. The Prevention and Communities Manager (SCC) believed that Dose of Nature would take referrals from those people, he was in contact with the VCSE Alliance and would follow up the offer of support.
7. A Board member noted that the £100,000 for 150 people was around £700 per person per programme and that there were several providers of NHS Talking Therapies (formerly IAPT) services in Surrey. If the programme of work was reducing anxiety and depression, queried whether there was a different way of approaching the funding of such services for a more sustainable model rather than relying upon green funding. The Chair agreed noting the evidence of such interventions having a larger and longer impact, and queried if the Better Care Fund (BCF) should be funding these.
8. A Board member noted that the Public Health team was working to align such projects into the strategic conversations at every level, considering how to invest the money collectively and how to create the best integrated prevention and early intervention model. The Chair noted that many initiatives were short-lived often funded as a pilot for one year. She stressed that impacts must be assessed cross-agency and that sample representatives of service users must be tracked. She welcomed the individual projects however they should not be looked at in the current piecemeal approach, they could replace expensive business as usual initiatives and should be committed to long-term. A Board member noted that it was important that all the initiatives are looked at collectively and have robust impact on population health and financial return. That was happening as part of the transformation programme and Surrey Heartlands ICS's One System Plan.
9. A Board member explained that the funding dictates the projects and pilots. Work was underway to look at the overall picture and benefits and how to bring those together. The Chair queried whether the benefits for residents was known from the pilots as opposed to them repeatedly accessing business as usual interventions. Of those who accessed Dose of Nature coming out better than when they entered, she asked how it was known where they might have ended up otherwise. The Board member noted the work underway that sought to create a strategy through business cases and modelling to see the outcomes if intervention or prevention was not done and to understand the value for money for residents.

10. The Vice-Chair noted that many of the projects supported through the MHIF had robust outcome measures, to be followed up over a longitudinal study cross-agency, over the last six years the system did not have the maturity to do what the Chair had previously requested, it was developing. There was a six-month follow-up on the outcomes from the one-year Dose of Nature programme. The MHIF supported programmes had funding for several years as a year's pilot was insufficient. The same interventions could have very different outcomes for people.
11. A Board member noted that some of the activities by Dose of Nature were the same as those from Community Connections, she offered her support in addressing the challenge of duplication. She welcomed the work to ensure cohesive support through the Commissioning Collaborative, addressing that lack of funding through partnership working would be beneficial. The Prevention and Communities Manager (SCC) acknowledged that there was duplication across the county with an overlap in similar provision and that impeded the coordinated approach needed to target populations; that could be provided by Dose of Nature.
12. A Board member noted that they had been involved in the early trials of GSP two decades ago. He noted the need to take advantage of that duplication, many organisations needed volunteers to do green activities, it would be beneficial to link the Prevention and Communities Manager (SCC) with the voluntary sector organisations doing similar activities. He had worked with Dr William Bird MBE who had researched the issue over thirty years, and he suggested that people like him be involved to talk about the benefits of those interventions.
13. A Board member presumed that the programmes or projects were accessible to people with physical disabilities. The Prevention and Communities Manager (SCC) noted that several of those were accessible to people with disabilities, the therapy gardens for children and young people had a wheelchair accessible path.

Priority 3

14. The Priority 3 Sponsor noted that the Council's Warm Welcome scheme launched in November 2023 and had over 40,000 residents attending the sessions across winter compared to 16,000 visitors the year before. Over 1,100 fuel vouchers and 9,000 Winter essentials were distributed to residents, energy advice and support was given to 5,000 attendees. The feedback was positive and providing those additional services was vital to the prevention and early intervention agenda. Surrey Community Action was successful in its funding bid submission to the Fuel Poverty programme and would continue to provide energy support to residents for another year, engaging with key demographics at risk of fuel poverty. The In Our Own Words peer research project for neurodiverse young people was in its implementation phase and training had been delivered. The Council's Work Wise programme was accepting referrals, it is a free employment service available to any person with a mental or physical health condition, disability or neurodiversity who wants to work. The Sanctuary Scheme offered people the choice of remaining in their homes where suitable, for example where their domestic abuse perpetrator has left. As at March 2024 the scheme fitted nearly 300 security measures in the homes of survivors across Surrey.
15. The Public Health Consultant (SCC) detailed the spotlight item: Surrey Sexual Health Programme:
    - the vision for Surrey was for positive sexual wellbeing for all, providing access to high quality sexual health services when needed and reducing sexual health inequalities so that no one is left behind. Three services provided by Surrey Sexual Health were outlined.
    - Chlamydia: the most common bacterial sexually transmitted infection in England, the priority was on testing young women as they were at the most risk of reproductive harm through untreated infection. The 2023 data on the

chlamydia detection rate for women between 15-24 years old had increased and was at its highest level since 2012. Need to continue to test the right people and to reach more people, targeting the 21 Key Neighbourhoods, promoting pharmacy access and working with organisations that work with young people to ensure effective communication through social media.

- Teenage pregnancy: it was important to work as a whole system to address the range of reasons that influenced the pregnancy, linking to the wider determinants of health such as education and a young person's early life experiences. The national rates had increased, Surrey's rates had plateaued, and the ambition was to see a continued decline. A prevention action plan had been developed working in partnership, focusing on: leadership support, understanding data, targeted communications and prevention work, expanding contraception support in non-clinical settings and focusing on relationship and sex education in schools. Training had been delivered for workers in residential homes and children's social workers, for young people to be confident to talk about relationships and sexual wellbeing.
- HIV: there was an action plan in Surrey which reflects the Government's national action plan and focuses on four areas: prevent, test, treat and live well and reduce stigma around HIV. A pilot had been undertaken for point of care testing that provides instant results, a wider roll out was the aim across organisations to increase access; staff had been trained. Surrey's prevalence rate of HIV was lower than England's, yet the challenge was that 60% of HIV diagnoses were late diagnoses against the national ambition of 25%.

16. A Board member asked how people with lived experience or those from target cohorts had been involved with communications and social media, was there co-design to ensure the messages reach the intended audiences. The Public Health Consultant (SCC) noted that there were several areas where people had been engaged to co-design services. For example, through the joint sexual health outreach plan where feedback was collected from service users and there was targeted work around chlamydia testing using targeted social media messages to girls aged 15 to 24 years old, she could provide further details on request.
17. A Board member noted their visit to Guildford's Sexual Health Clinic and was impressed to see many young people there being sensible about their own health, the messaging was reaching them. He noted that much of the work had been designed with the help of the Surrey School of Acting to make sure it is focused on the younger cohort. It was a joint responsibility to make sure such topics are not taboo and can be openly discussed across ages.
18. The Chair noted feedback from residents that for some young adults living at home, there were parts of Surrey where sexual health clinics were far away and they do not want testing kits sent to their home address where their parents are. Noted the loss of wages for time spent travelling to and at the clinics for those on zero-hour contracts. The Vice-Chair clarified that test kits were in discreet packaging. The Public Health Consultant (SCC) added that there was access to some testing from pharmacies, she stressed the need to reduce the stigma about discussing sex and relationships for example through education at schools. She noted that since Covid-19 there had been a change in accessing online services and was keen to promote that more widely, the service had expanded access through teen Tuesday clinic drop-ins.
19. The Vice-Chair noted that she was not surprised that Surrey's pregnancy rates had plateaued when they should be decreasing, a sexual health clinic at St Peter's Hospital which was well-attended had closed. To effectively target, she noted the need to cross reference gaps in access looking at geographical data around chlamydia and pregnancy rates. The Public Health Consultant (SCC) noted that unlike previous data where there were geographical hotspots of teenage conceptions, the latest data did not reflect that. The focus was on groups at a higher

risk such as young people excluded or missing from school and care experienced young people.

20. A Board member commended the work of the Public Health team which had reached out to primary care and had run a webinar for World AIDS Day with a sexual health consultant and someone with lived experience highlighting the late presentations for HIV, linked conditions and destigmatising HIV testing particularly for those from South Asian and Black communities. Work was underway with Surrey Minority Ethnic Forum to support those communities around HIV testing. The Public Health Consultant (SCC) welcomed the support provided during National HIV Testing Week which this year focused on stigma.
21. The Chair referred to the new Work Wise programme noting that the employment statistics for vulnerable groups was low and the impact was dreadful. She asked how many people had taken up the service and how much capacity was available to communicate it across Surrey; were employers being engaged with. The P3 Sponsor would obtain those take up figures, it was a free service and referrals were from many partners. She noted that the economic prosperity teams within the district and borough councils had advertised the scheme but recognised that more could be done in terms of the communication and reach.

RESOLVED:

1. Would use the Highlight Reports and Engagement Slides to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Noted the opportunities/challenges including:
   - The sharing and use of the updated HWB Strategy Index.
   - The increased focus being seen on health inequalities through Key Neighbourhoods and Priority Populations.
   - The doubling of funding for local stop smoking services for the next 5 years.
   - EOIs being requested for organisations to benefit from workplace wellbeing programme.
   - Workshops to inform topics for the Health Determinants Research Collaboration (HDRC) programme that will boost research capacity and capability within Surrey.
   - The beneficiaries being supported by Bridge the Gap are at significant risk without securing sustained funding from April 2025.
   - The funding for Serious Violence programme finishes on 31 March 2025 and there is currently no indication of a future funding settlement.

Actions/further information to be provided:

1. The Prevention and Communities Manager (SCC)/Public Health team will look into ensuring the evidence base such as from Dr William Bird MBE is involved and built into GSP interventions.
2. The P3 Sponsor will obtain the take up figures for the Work Wise programme, sharing those with the Chair.

16/24 HEALTH AND WELL-BEING STRATEGY INDEX SCORECARD [Item 6]

Witnesses:

Ruth Hutchinson, Director of Public Health, SCC
Rich Carpenter, Senior Analyst - Analytics and Insight, SCC

Key points raised in the discussion:

1. The Chair noted that significant work had progressed to add over twenty new indicators to the Health and Well-Being Strategy Index. The Scorecard provided a baseline to track progress against the three Priorities and their outcomes and to start assessing the impact. Gaps would be addressed and were largely due to the work needed to analyse data or ensure rigour and relevance of existing data.
2. The Director of Public Health (SCC) noted that last year the Board received a live demonstration of the Index which measures high-level outcomes and many of the programmes meet multiple outcomes. The Index was interactive and she encouraged partners to continue to use it. Through extensive engagement with partners additional indicators were introduced and where available and meaningful, data for different geographical levels was included: district and borough, ward and Primary Care Network (PCN), as well as at county level providing data on the Priority Populations and the overarching life expectancy indicators. Gaps in data on Multiple Disadvantage was partly addressed through the JSNA chapter. The Scorecard was a high-level snapshot of the data, including that in the Index, to be produced annually and progress on the Index reported in the Highlight Reports.
3. The Senior Analyst - Analytics and Insight (SCC) noted that publicly available data was used so in some cases might be somewhat outdated due to delays in reporting. He highlighted areas in the Scorecard that showed significant changes in performance or progress:
    - Challenge: Overarching indicators: Inequality in life expectancy at birth: Surrey was performing better than the regional and national average between the areas of highest deprivation and lowest but there had been a recent slight increase likely due to COVID-19. However, inequalities at ward level were significant.
    - Challenge: Priority Populations: Employment gap for adults in contact with secondary mental health services: poor result although the indicator definition had changed so the trend was not reliable as the figures were different for the latest period.
    - Opportunity: Priority Populations: Employment gap for adults with a learning disability: that gap had decreased; to improve further through new programmes such as Work Wise.
    - Further opportunities were highlighted for example the chlamydia detection rate was good; regarding further challenges an FAQ document could be provided explaining further the context of some indicators.
4. A Board member noted that regarding mental health, stable housing was not mentioned yet it looked like there was a significant gap. Regarding employment, he asked if the data was comparable whether that would mean that Surrey was doing relatively better than England or not. He asked whether there was a correlation between the lack of stable housing and the employment gap for people accessing secondary mental health services. The Senior Analyst - Analytics and Insight (SCC) explained that the Index and Scorecard contained data for those in stable and appropriate accommodation, both for learning disabilities and secondary mental health. The Director of Public Health (SCC) noted that the challenges needed to be read in conjunction with the JSNA chapters, which triangulated that data, then sense checking whether enough focus was put on key areas.
5. The Vice-Chair noted that she is a GP in Spelthorne, an area with poor performance, the focus should be on the HWB's response to the data and ask of Spelthorne for example through an action plan detailing improvements against the indicators from all relevant partners in the borough, so the HWB can support them. For the Mental Health System Committee to receive that information and question what was being done about employment. Whilst there were several programmes around employment support for people with a mental health diagnosis, there was a

lack of knowledge about those services from professionals and a lack of referrals. Triangulation between indicators was needed to enrich the Index.

6. The Chair noted that it would be interesting to see whether there were patterns in the indicators across Surrey's boroughs and districts, to understand the interrelated impact of those. The Senior Analyst - Analytics and Insight (SCC) noted that the idea of the Index was to start raising those questions to see the patterns and generate hypotheses, working together to incorporate that into deeper dives through a workshop or similar.
7. A Board member noted that much of the data was provided as a percentage which did not clearly convey the change in the figures and problem areas. He asked for aspirational figures of Surrey's targets and how that compares nationally and regionally. The Senior Analyst - Analytics and Insight (SCC) acknowledged the need for clarity as for example the drop in youth unemployment of less than one percent represented about 1,000 young people. He noted that in the Tableau version of the Index on Surrey-i each indicator included the score, rank and actual value, as well as historical data where available. The score for each indicator and overall Priority was between 0 and 100, 0 was the estimated worst outcome and 100 was the best and aspirational targets based on what was the most achievable or as compared to regional and national data could be set. The Director of Public Health (SCC) noted that the Index included trend level data showing the increase or decrease, the team would take the high-level overview of the Index with those challenges to the relevant boards in the system such as the Mental Health System Committee.
8. A Board member asked what the interrelationship was between the various boards in the system that developed their own strategies and the high-level indicators. For example, the Carers Partnership Group was developing an outcomes framework based on the Surrey Carers Strategy in co-production with carers; the Index had one indicator concerning carers regarding adequate social contact. If from that work the Group formulated different metrics, would there be a discussion about whether the indicator in the Index needed to change over time. The Senior Analyst - Analytics and Insight (SCC) noted the restriction in how data was published regarding the geographic levels and timeliness, where possible sub-groups had been engaged to identify the overlap and alignment with other strategies. He was happy to discuss the possible inclusion of a new indicator. The Director of Public Health (SCC) added that the Index and Scorecard provided a high-level overview; indicators had evolved reflecting feedback given.

RESOLVED:

1. Reviewed and would provide feedback to healthandwellbeing@surreycc.gov.uk on the annual HWBS Index and Scorecard and the progress/needs it highlights.
2. Would promote the HWB Strategy Index and Scorecard to inform organisational and partnership plans where relevant.
3. Would raise awareness of the HWB Strategy Index and Scorecard at related boards and networks.

Actions/further information to be provided:

1. The Senior Analyst - Analytics and Insight (SCC) will develop an FAQ document/content to further explain the context of the indicators in the Index and Scorecard.
2. The SCC team will take the high-level overview of the Index with the challenges raised by the Board to the relevant boards in the system such as the Mental Health System Committee and will incorporate those challenges into deeper dives through a workshop or similar.

2

17/24 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): MULTIPLE DISADVANTAGE [Item 7]

Witnesses:

Ruth Hutchinson, Director of Public Health, SCC
Lisa Byrne, Changing Futures Programme Delivery Manager, SCC
Steve Saunders, Expert by Experience, Lived Experience Recovery Organisation (LERO)
Ella Turner, Programme Manager - Health Determinants Research Collaborative (HDRC), SCC

Key points raised in the discussion:

1. The Director of Public Health (SCC) highlighted the key overarching priority of the Health and Well-Being Strategy: to reduce health inequalities so no one is left behind. Commended all for their hard work to understand the breadth and depth of the challenges faced by those with Multiple Disadvantage. Noted that the chapter and draft recommendations should be read in conjunction with other JSNA chapters on: mental health, substance misuse and housing. The Board should consider its collective action to implement the draft recommendations which needed time to embed, she encouraged participation in the discussion events.
2. The Changing Futures Programme Delivery Manager (SCC) explained that Multiple Disadvantage was where people faced concurrent and compounding challenges: mental health needs, substance use, homelessness, domestic abuse and contact with the Criminal Justice System. In 2015, there were approximately 336,000 adults in England experiencing Multiple Disadvantage, the findings in the JSNA chapter estimated that there were 3,000 Surrey residents experiencing it. The findings came from extensive stakeholder engagement, data analysis and collaboration across sectors, co-produced with the LERO set up in 2023.
3. The Expert by Experience (LERO) noted his background of Multiple Disadvantage due to substance use and he was a SMART Recovery facilitator. He noted that it was vital to highlight lived experiences at decision-making forums and was working to ensure co-production was included. Essex, Middlesbrough and Sheffield had good representation of lived experience people on boards. He called for action on the draft recommendations to put the hard work into practice.
4. The Changing Futures Programme Delivery Manager (SCC) explained that a mixed methods approach was taken and included cross-cutting representation from a range of stakeholders across the system. The chapter was awaiting final sign-off from the JSNA Oversight Group, the full document would be available on Surrey-i in the coming weeks and a summary version would be produced.
5. The Programme Manager - HDRC (SCC) outlined the six key findings:
    - ways of working: fragmented care was identified from siloed working across the system, statutory services were often equipped to assess and treat only what they considered to be an individual's primary need.
    - feeling abandoned: identified gaps and unmet needs in service provision, the impact of limited access to mental health services often intensified mental health challenges. Explored how the housing and accommodation support system could be better designed.
    - misheard and misunderstood: commonly experienced stigma and judgement often due to the lack of understanding around Multiple Disadvantage. A culture change was needed and understanding around trauma and psychologically informed approaches.

- one size does not fit all: identified a need for bespoke support that recognises the interconnected nature of Multiple Disadvantage, to focus on relational rather than medical models of support, it should be outcomes led.
- overcoming hurdles: numerous barriers that prevent people from accessing services, thresholds and eligibility criteria risked excluding people.
- under pressure: strategic challenges could create disruption and discord, current commissioning structures did not always foster flexibility, choice and innovation. Considered how funding could be redistributed or restructured to create service stability and support longer-term strategic planning.

6. The Programme Manager - HDRC (SCC) thanked the Experts by Experience and those involved in the primary research and detailed the draft recommendations:
   - recommendation 1: a refresh of current governance arrangements was needed and the Partnership Board would have representation from local partners co-producing with people with lived experience and would agree a system-wide Multiple Disadvantage definition.
   - recommendation 2: the recommendations would form the basis of a five-year iterative strategy, used to achieve sustained change at all levels.
   - recommendation 3: to address the gaps in data a Population Health Management approach should be adopted, identifying people at risk for priority action and prevention planning.
   - recommendation 4: ensuring the full involvement of people with lived experience of Multiple Disadvantage or impacted by it, to be integral to decision-making. A shift in power towards a service user led system.
   - recommendation 5: improving intervention and prevention approaches at all stages was crucial to reducing the incidence and impacts, the prevention of Multiple Disadvantage must be a whole system responsibility.
   - recommendation 6: embedding a trauma informed approach required collective system-wide cultural change.
   - recommendation 7: commissioning models were vital to addressing Multiple Disadvantage as those determined the type and way that services were delivered, work must be done at pace to embed innovative best practice.
   - recommendation 8: identified that there were major barriers to accessing care, progressive models should be provided focusing on relational support.
   - recommendation 9: to undertake a review in 2025/26 of substance use services to ensure the transparency of funding availability and find ways to redistribute and restructure funding streams to maximise outcomes.
   - recommendation 10: the limited availability, accessibility, and flexibility of mental health support intensified mental health challenges. Offering a diverse range of mental health services would help to reduce barriers in access.
   - recommendation 11: the lack of housing nationally and locally meant many people experiencing Multiple Disadvantage were homeless or living in inappropriate and unsuitable accommodation. Housing should be considered as a primary need, improved planning for winter provision and investment in rough sleeping solutions was needed.
7. The Vice-Chair commended the co-design approach with those with lived experience which should be a blueprint for each JSNA chapter. Suggested that the draft recommendations be reviewed in detail outside of the meeting as per the report's first recommendation.
8. The Chair asked whether there was a Multiple Disadvantage Co-Production and Insight Group bringing together various groups and stakeholders. The Programme Manager - HDRC (SCC) explained that there were pockets of co-production underway and the LERO was specific to Multiple Disadvantage.
9. A Board member noted that the draft recommendations included a lot of commissioning language as opposed to co-production language of getting people

responsible for delivering services working alongside people who use those services to formulate a new vision and ensuring accessibility.

10. A Board member referred to draft recommendations 7 and 8 noting their implementation would be evidence of real partnership working across the system for those requiring support. Noted the importance of having a five-year strategy and consideration of how the finances are distributed from shared pools to fund the work. Noted that the majority of PCNs in Surrey Heartlands had signed up to the Veteran Friendly Accreditation scheme and it was important for veterans to be considered in the work as roughly 5% of the homeless population were veterans.
11. A Board member referred to recommendation 5 regarding prevention and intervention noting that it would be interesting to understand the circumstances that led people to experience Multiple Disadvantage, to understand what would have helped at the right time to stop that route. Called for access to services to be improved and made simpler. Noted that some of the wording needed simplifying. The Programme Manager - HDRC (SCC) explained that the JSNA chapter focused on adults, to be followed up through work with children, young people and families focusing on early intervention and prevention and the transition period between 18 and 25. The discussion events would showcase more case studies.
12. A Board member noted that statutory organisations tended to overlay new ideas and ways of working on the old and made a plea to stop doing some of the things being replaced; to avoid building complicated networks of change delivery.
13. The P3 Sponsor referred to recommendation 11 around accommodation and highlighted that the lack of accommodation for many was horrendous. Asked for early engagement with the Surrey Chief Housing Officer Group to get a constructive response, as services were under significant pressure. The Programme Manager - HDRC (SCC) noted that engagement had been done with that Group throughout the primary research and was factored in.
14. The Chair thanked all for their work on the JSNA chapter, noting the synergy between chapters and other areas of work.

RESOLVED:

1. Would consider how the headline draft recommendations are relevant to their own organisations and what actions can be taken to support progress to be made.
2. Once the final chapter is published would support dissemination of the chapter's findings and recommendations within their own organisations and networks.

Actions/further information to be provided:

1. The Board will review in detail and consider how the headline draft recommendations are relevant to their own organisations and what actions can be taken to support progress to be made.
2. The Board will be invited to the discussion events on the JSNA chapter.

Helen Coombes, Jason Gaskell, Paul Farthing left the meeting at 4.04 pm.

18/24 BETTER CARE FUND (BCF) PLAN 2023-25 (UPDATE FOR 2024/25) [Item 8]

Witnesses:

Jonathan Lillistone, Director of Integrated Commissioning, SCC

Key points raised in the discussion:

1. The Director of Integrated Commissioning (SCC) introduced the report noting that the Board was asked to confirm sign-off of the submission, discussions had been had with the Chair and it had been circulated to other decision-makers.
2. The Chair stressed her disappointment in what seem to be the funding reductions for mental health, social prescription, autism and neurodiversity services. She noted that whilst funds might have come from elsewhere in some cases, the funding longevity was not assured. The Director of Integrated Commissioning (SCC) would review the detail and would provide a written response on the impact. The Vice-Chair noted that it would be useful for the BCF team to have a meeting with the Chair to run through the decision-making process at place level. The Chair noted that those discussions were had at the February workshop.
3. A Board member noted that it would be useful to undertake the planning for the next BCF before the end of September, to ensure proper conversations and time to consider what should be done in the next two years. The Director of Integrated Commissioning (SCC) agreed and noted that an additional team member working on the BCF was starting shortly so could pick that up; building on the strategic themes discussed at the workshop to be focused on going forward.
4. The Vice-Chair highlighted the opportunity to look at the next iteration of BCF spend in terms of the various programmes of work that would benefit from a long-term funding solution from the BCF along with statutory funding.

RESOLVED:

1. Noted and agreed the 2024/25 update to the previously approved 2023-25 BCF Plan.
2. Noted the 2023/24 BCF Return which was submitted to NHSE on 23 May.
3. Noted the update following the BCF Strategy Workshop in February 2024.

Actions/further information to be provided:

1. The Director of Integrated Commissioning (SCC) will review the detail and will provide a written response to the Chair on the impact of the funding reductions for mental health, social prescription, autism and neurodiversity services.

19/24 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]

The Chair explained that the reports from Surrey Heartlands ICS and Frimley Health and Care ICS were included for information.

RESOLVED:

Noted the update provided on the recent activity within the Surrey Heartlands Integrated Care System (ICS), and Frimley Health and Care ICS regarding the Integrated Care Partnerships and Integrated Care Boards against the Health and Wellbeing Strategy.

20/24 DATE OF THE NEXT MEETING [Item 10]

The date of the next public meeting was noted as 18 September 2024.

Meeting ended at: 4.10 pm

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Chair

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