

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 10 September 2020 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 3 December 2020.

Elected Members:

(Present = *)

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

Substitute Members:

Borough Councillor Julia McShane - Lead Councillor for Community, Guildford Borough Council
 Carwyn Hughes - Detective Chief Superintendent, Surrey Police

In attendance

Miss Alison Griffiths - Deputy Cabinet Member – Place (SCC)
 Dr Bill Chapman - Vice-Chairman of the Adults and Health Select Committee (SCC)
 Hayley Connor - Director – Commissioning (SCC)

21/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Rob Moran, Joanna Killian, Gavin Stephens - Carwyn Hughes substituted, Cllr Caroline Reeves - Cllr Julia McShane substituted, and Frances Rutter.

22/20 MINUTES OF PREVIOUS MEETING: 4 JUNE 2020 [Item 2]

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

23/20 DECLARATIONS OF INTERESTS [Item 3]

There were none.

24/20 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

There were none.

b PUBLIC QUESTIONS [Item 4b]

One question had been received from a member of the public. The response was circulated to Board Members and can be found attached to these minutes as Annex A.

No supplementary question was asked.

c PETITIONS [Item 4c]

There were none.

25/20 SURREY HEALTH AND WELLBEING BOARD MEMBERSHIP REVIEW [Item 5]**Witnesses:**

Victoria Berry - Policy and Programme Manager – Health and Social Care Integration (H&SCI) (SCC)

Key points raised in the discussion:

1. The Chairman noted that initial proposals for a membership review were presented to the Board in June. It had been eighteen months since the Board was last reconstituted, so it was an opportune time to revisit the Board's membership as presented in the proposed membership changes.
2. The Chairman highlighted that:
 - New members had been invited to this meeting to observe and for approval: Vicky Stobbart to represent Guildford & Waverley ICP and Michael Wilson CBE to represent Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers.
 - Officers were working with the Chairman of the Surrey Leaders Group to identify a new District & Borough Leader Representative.

- Rachael Wardell had been appointed as the new Executive Director for Children, Families and Lifelong Learning and would be joining Surrey County Council in December.
 - Matthew Tait had left his role as Joint Accountable Officer at Surrey Heartlands CCG and Dr Claire Fuller had taken over as interim Accountable Officer as well as continuing as Senior Responsible Officer.
 - The main membership changes were that some Board members had stepped down including the Priority Two Sponsor in which Dr Helen Rostill had expressed her interest and was proposed by a member, one moved to the One Surrey Growth Board and another to become an Associate Member invited to attend as determined by the agenda.
3. A Board member queried her proposed change to an Associate Member on behalf of the Chief Housing Officers, noting that it was important to ensure that housing would continue to be represented as many items considered by the Board directly or indirectly related to it and asked on what basis she would be invited to attend going forward. In response, the Chairman explained that agendas would be shared with the Associate Member and officers would then discuss to agree on attendance.
 4. A Board member asked for clarity on the column titled 'representing' - within the table titled 'Proposed named representation assuming changes' - as in his case membership on the Board was based on his wider role representing the Voluntary, Community and Faith Sector (VCFS) and not solely that listed organisation for him. In response, the Chairman noted that officers would re-look at the terminology used in the table for all Board members.
 5. A Board member queried the positions for both the Community Rehabilitation Company (CRC) and for the National Probation Service, as the CRC was due to be subsumed into the National Probation Service (NPS) in April 2021 and whether the CRC role would become an additional NPS post. In response, the Policy and Programme Manager (H&SCI) noted that the membership review sub-group were aware of that change and would keep the matter under review.
 6. The Policy and Programme Manager (H&SCI) thanked Board members for completing the recent Health and Wellbeing Board Members Survey in July and August; noting that it was an opportunity for Board members to share their thoughts as to how things had progressed over the last 12-18 months since the Strategy was published in April 2019. She noted that:
 - One third of the Board completed the survey and of those, all agreed or strongly agreed that the priorities of the Health and Wellbeing strategies were reflected within the work of Board member's own organisations.
 - All respondents were supportive of adopting a virtual format in the longer term, adopted as a result of Covid-19 - legislation permitting.
 - Half of the respondents were undecided on the role of the 'champion' adopted last May, and whether all Board members should act as 'champions' for all target population groups - rather than having named individuals. In response, the Chairman noted that the three Priority Sponsors had mixed views on that as individual champions provided momentum to focus areas but

- those roles involved greater commitment; the role of champion would be reviewed and the Board updated in due course.
- Board members were also asked about how engaged they felt with the Health and Wellbeing Strategy and in the 'overall' category they felt that they were extremely engaged. Engagement levels were also broken down into the three priorities, target population groups and system capabilities with a range between extremely to slightly engaged; highlighting areas for greater engagement.
 - The key strengths identified were that there was a clear understanding of the wider determinants of health, a shared vision and priorities with clear strategic oversight, a strong partnership focus, a collective enthusiasm for change, and a commitment to tackling health inequalities.
 - Some areas of change were addressed as part of the membership review such as ensuring effective membership, Board members also noted that it would be beneficial to have more time for discussion on each agenda item as well as clearer executive summaries and recommendations, greater engagement and ownership of the Strategy with local implementation, a focus on the priorities and pace of delivery as well as more of an understanding the Strategy's delivery at Place level.
7. The Chairman concluded that it was important to continually review the effectiveness of the Board in order to maintain the crossover between the health system and local government - shared through the 10 year Health and Wellbeing Strategy - periodic surveys and regular feedback was vital.

RESOLVED:

The Health and Wellbeing Board:

1. Agreed the proposed representation and approved the changes to membership.
2. Discussed and agreed a new sponsor for priority 2 (see item 8's resolved recommendation).
3. As a result of the merger of the Community Safety Board with the Health and Wellbeing Board, agreed the arrangement of an informal session for HWB members in the Autumn to better understand the local community safety agenda. This will be used to inform an updated HWB members briefing pack for all existing and new members as vacancies occur.

Actions/further information to be provided:

1. Officers will re-look at the terminology used in the column titled 'representing', as some members had a wider role on the Board rather than solely representing one organisation.
2. The Board will be kept updated on future changes to community safety membership as a result of the Community Rehabilitation Company (CRC) being subsumed into the National Probation Service in April 2021.
3. The role of the champion and whether target population groups should be represented by individuals or the Board as a collective, will be reviewed with an update provided to the Board in due course.

4. In order to gauge the effectiveness of the Board and its membership, periodic surveys will be useful to gather Board member feedback.

26/20 SURREY COVID-19 COMMUNITY IMPACT ASSESSMENT [Item 6]

Siobhan Kennedy dropped out of the call at 2.52pm then re-joined at 2.58pm

Witnesses:

Dr Naheed Rana - Consultant - Intelligence and Insights (Public Health SCC)
 Rachel Abbey - Advanced Public Health Information Analyst (SCC)
 Ruth Hutchinson - Director of Public Health (SCC)
 Satyam Bhagwanani - Head of Analytics and Insight (SCC)

Key points raised in the discussion:

1. The Chairman noted that the Community impact Assessment (CIA) explored the impacts of Covid-19 on communities in Surrey and looked at social deprivation and health inequalities in different locations, communities and ethnic groups across Surrey, highlighting areas of need.
2. The Consultant - Intelligence and Insights introduced the report, noting that provisional findings were reported to the Board as the data was still being synthesised - the Board would continue to be updated with further findings.
3. She highlighted that the CIA was a result of the Board's agreement in June to deliver a population health and intelligence response to understand the impact of Covid-19 on Surrey residents, supporting recovery.
4. She noted that the (CIA) explored health, social and economic impacts of Covid-19 across Surrey and highlighted groups disproportionately affected helping partners to act preventatively by providing targeted support to communities to mitigate future impacts.
5. It was hoped that the CIA would develop into the Joint Strategic Needs Assessment (JSNA) and would inform the Health and Wellbeing Strategy.
6. She explained that the CIA was made of five intelligence products: geographical impact assessment, Recovery Progress Index (RPI), temperature check survey, community rapid needs assessments and place based ethnographic research.
7. She outlined that the Rapid Needs Assessments was a tool used by agencies in emergency situations to obtain a snapshot as to where resources were most required geographically as well as to marginalised and vulnerable communities. Ten groups were chosen for the RNA based on the risk of mortality such as those with chronic conditions, those in residential care and individuals from a Black, Asian and Minority Ethnic (BAME) group. Those groups had an eight, four or two-fold higher risk of mortality respectively than average. The vulnerability to socioeconomic impacts was the other criterion for selecting groups and cross-cutting themes emerged across other groups.
8. The Advanced Public Health Information Analyst summarised that a mixed method analysis was used for the CIA including stakeholder interviews, prevalence mapping, quantitative and qualitative analysis. Criteria for interview participants were that key informants must be

working closely with vulnerable residents and those residents in Surrey must have been able to provide consent.

9. The initial findings were that:
 - BAME - the Advanced Public Health Information Analyst explained that data blind spots were encountered for the group as ethnicity was not recorded on death certificates and there was no updated information since the 2011 census. The group reported confusion around the messages as they were often not translated into different languages and there was more chance of household transmission due to the higher prevalence of inter-generational households.
 - Residential care - Personal Protective Equipment (PPE) and testing were the strongest infection control strategies and PPE added large costs to care homes that had not been accounted for and the elderly found digital forms of communication challenging.
 - Domestic abuse - the Consultant - Intelligence and Insights reported that lockdown had exacerbated pre-existing abuse with the closure of schools further exposing children, and the financial control of victims was exacerbated. Remote training of support staff was important to handle situations sensitively and there were opportunities to develop silent and digital forms of reporting.
 - Mental health - key issues were social isolation and the loss of coping mechanisms which were particularly problematic for those with dementia, access to services and care for patients, carers and front line staff and the long-term impact of job losses.
 - Crosscutting themes - communication, exclusion, isolation, stigma and rigidity of regulations.
 - Unexpected findings - positive findings included a wider uptake through use of online outreach tools, improved collaboration and greater attention to health inequalities. Negative findings included the prevalence of outdated views such as the stigma of mental health and chronic conditions and the stereotyping of how vulnerable people should behave as well as the complexity of overlapping vulnerabilities combining homelessness or domestic abuse with substance misuse and mental health.
10. The Consultant - Intelligence and Insights noted that the CIA products were on track for publication on 23 October on Surrey-I, there was a communications engagement strategy in place with easy read versions; and the interim findings would be communicated to stakeholders and the CIA would inform decisions on future service delivery and resource allocation.
11. A Board member highlighted that students was another group for consideration, there were two large university campuses in Surrey and residents were worried with the large influx during the pandemic. In response, the Consultant - Intelligence and Insights noted that oversight of that group was included in daily surveillance and communication. The Director of Public Health added that the team was working hard over the summer with universities on the matter who had put precautionary measures in place and with Guildford Borough Council on the night-time economy. Daily data was cut down by age groups and although nationally there was a rise in cases in young people, it was too early to know the impacts from term starting.
12. A Board member noted the extra refuge and queried if there was any analysis on how many women's refuges were needed. In response, the

Consultant - Intelligence and Insights reassured members that initially during lockdown it had not been appropriate to engage with survivors, however the lead author was working on the next phase to talk to victims of domestic abuse. In addition, the Director – Commissioning responded that the new refuge had the capacity to take additional families. Refuge providers, local commissioners and colleagues from community domestic violence services met through the executive group and operational groups to discuss domestic abuse - the Board to be kept updated.

13. A Board member queried whether rough sleepers were going back to the streets despite hotels and shelters providing accommodation. In response the Consultant - Intelligence and Insights noted that homelessness was being reviewed daily by Health Protection and would be followed up through the RNA findings. Another Board member responded that as a result of the Government's 'everyone in' directive over 90% of rough sleepers had moved into settled accommodation or had shelter. She noted that since lockdown was lifted there were some rough sleepers in Guildford and Surrey Heath, but they were not the same cohort that were being supported pre-Covid.
14. A Board member commented that compliance with the lockdown restrictions was generally good in the Gypsy, Roma and Traveller (GRT) community but that did not apply to unauthorised encampments. In response, the Consultant - Intelligence and Insights noted that a communities strategy group had been established to build on the work of the RNA. The Director of Public Health added that the team was working closely with the GRT community to ensure messages were culturally competent.
15. A Board member queried whether armed forces serving personnel, veterans and their families had been engaged with. The Consultant - Intelligence and Insights responded that colleagues and partners were engaging with a wide range of communities including the armed forces - particularly concerning mental health, and insights continued to be amassed with crosscutting themes emerging.
16. A Board member queried that aside from informing strategies in the long-term, whether there were immediate actions resulting from or was a timeframe for follow-up with the ten groups included in the RNA. She queried if the lead authors could choose a couple of actions that would make a big difference in the short- term and how the Board would keep track of progress and actions as they got dispersed into strategies. The Consultant - Intelligence and Insights responded that in conjunction with the Head of Analytics and Insight, she had been liaising with the lead authors on the actions arising and next steps.
17. Regarding the RPI, a Board member suggested that citizen voice was needed and perhaps relating to the society aspect of the index. The temperature check was useful, but she queried whether something could be done on a rolling basis to ensure there was citizen reported feedback in the RPI. She also suggested that it might be beneficial to include screening into the RPI to see how people were re-engaging with health services. In response, the Head of Analytics and Insight commented that there would be an update on the RPI later in item 8 and would look at bringing different indicators into it, thanking the Board member for her suggestions.
18. In response to a Board member's query on the level of involvement with children and young people in the mental health piece of work, the Consultant - Intelligence and Insights commented that there were

tactical insights and actions had gone to the relevant forums with the lead author linking in there.

RESOLVED:

The Health and Wellbeing Board:

1. Acknowledged the issues highlighted in the Community Impact Assessment (CIA) and asks lead officers to incorporate them into the Health and Wellbeing Strategy.
2. Supported the use of the CIA findings to refine the target populations in the Health and Wellbeing Strategy and instigate actions within the delivery plans to tackle the impact of COVID-19 on at risk and vulnerable communities.
3. Provided individual and collective leadership to ensure CIA findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.
4. Supported the proposal for the CIA steering group to become the Joint Strategic Needs Assessment steering group when the CIA is complete.

Actions/further information to be provided:

1. Concerning domestic abuse, the Board will be kept updated on refuge provision.
2. Officers will liaise with the report authors in order to keep the Board informed of the immediate actions and their dispersal into various strategies concerning the ten groups included in the RNA.
3. Officers to consider the inclusion of citizen voice on a rolling basis and how people re-engaged with the health services possibly through screening.

27/20 SURREY SAFEGUARDING CHILDREN PARTNERSHIP: THEMATIC REVIEWS OF ADOLESCENT SUICIDE AND SERIOUS CASES [Item 7]

Witnesses:

Simon Hart - Independent Chair of the Surrey Safeguarding Children Partnership (SSCP)

Amanda Boodhoo - Surrey Wide CCG Associate Director Safeguarding / Designated Nurse Safeguarding Children

Mrs Mary Lewis - Cabinet Member for Children, Young People and Families (SCC)

Key points raised in the discussion:

1. The Independent Chair of the Surrey Safeguarding Children Partnership (SSCP) introduced the report, noting that thirteen case reviews were concluding concurrently and that SSCP had also taken the opportunity to consider twelve cases where young people in Surrey had taken their own lives. The SSCP saw it as a unique opportunity to review the substantial amount of information and to ensure the strongest possible partnership response to the findings.
2. He noted that whilst usually abuse and neglect would be a trigger for a case review it was often not the characteristic for suicide.

Nevertheless, SSCP considered it important to look at all the circumstances in which a young person may die to ensure a comprehensive review as presented through the two thematic reviews.

3. The Surrey Wide CCG Associate Director for Safeguarding summarised the key headlines, noting that she had the privileged position of chairing the case review group. It was an invaluable opportunity to gather data pertinent to the deaths of young people in Surrey which benefited from family engagement.
 - Thematic Review - Deaths of Children and Young People through probable suicide 2014-2020: the key findings from the twelve deaths of children were presented to the Board.
 - Significant figures included 45% of children that were open to CAMHS (Child and Adolescent Mental Health Service) and only 50% of those children were known to social care, which meant that those other children were accessing wider universal services.
 - Key themes from the review included the 'impact of Adverse Childhood Experiences' (ACE) which was high in Surrey in which 83% experienced four or more ACEs. Another theme was the 'Autistic Spectrum Disorder' in which 58% of children in the review were categorised under.
 - One interesting finding that had not been flagged up by national data was the theme of 'Medication' or the number of children that had a change in medication, one third had a change or increase four weeks prior to their death.
 - Other themes were: 'Gender', 'Substance misuse – drug and alcohol', 'Management of self-harm', 'Schools and further education colleges' - although a number of children were in school some found it difficult to access the lessons - 'Multi-disciplinary working within healthcare' and 'Social care'.
 - Thematic Review - Serious Case Reviews (SCRs) 2016-2020 – Briefing Paper: there were thirteen Surrey Serious Case Reviews, Partnership Reviews and Rapid Reviews. The main finding was that there were three key learning domains: the experience of the child, parental issues and practice issues.
 - Serious Case Reviews would be commissioned when a child who was known to the services in the county died or was seriously harmed.
4. The Cabinet Member for Children, Young People and Families commented that the depth of the analysis of the two thematic reviews was important. She emphasised that all of the affected children were living, growing up and learning in Surrey at the time of their death and in accordance with the legislation - Section 17 of the Children Act 1989 - safeguarding was the collective responsibility of all in the county.
5. She challenged Board Members on what could be and could have been done differently to make adolescent suicides less likely to occur; adding that it was World Suicide Prevention Day. Prevention and early intervention were key such as minimising the feeling of loneliness, isolation and hopelessness of young people. She asked the Board to reflect on how to ensure depth and consistency in Surrey's responses to those affected children and to bolster the strength of partnership delivery.
6. The Independent Chair (SSCP) was concerned with the recurring findings in the case reviews nationally, regionally and locally; as well

as new risks to safeguarding faced by children such as social media and the internet. Out of the twenty-five cases across the two thematic reviews there were common messages which provided a transformative opportunity to reflect on what could be done differently to strengthen the outcomes for children, to better support their families and front-line practitioners.

7. A Board Member thanked the SSCP for their work and highlighted that she sat on the Suicide Prevention Board, noting that Surrey had recently secured three mental health support teams from NHS England further strengthening early intervention and highlighted the Samaritans' 'Step by Step' service which provided practical support to assist schools to repair and recover from a suicide attempt. The Suicide Prevention Board was also in discussions around suicide and young carers and as the carers champion she was looking to create a bespoke package for that cohort; the Board was also taking a deep dive into autism.
8. A Board Member expressed gratitude to the SSCP for the comprehensive piece of work amalgamating the key themes. Evidence nationally showed that young people faced challenges to emotional and mental health exacerbated by Covid-19. All had a duty to think about the context and pressures in which young people were exposed to. As a result of the thematic reviews, the Surrey and Borders Partnership - NHS Foundation Trust (SABP) were looking at their own practices and how to better understand the impact of emotional distress, severe mental illness and neurological development disorders as a reaction to early childhood trauma.
9. She noted that the work led by the late Dave Hill CBE in the last few years as the Executive Director for Children, Lifelong Learning and Culture towards a greater collective focus on early intervention was crucial and how the preventative measures could be accelerated. In response, the Independent Chair (SSCP), noted that a common understanding across agencies in relation to suicide was vital.
10. Although there was national research into self-harm and social media, the Board Member was worried that there was still no answer and traction on social media locally. In response, the Independent Chair (SSCP) noted that in discussions with police colleagues they were being advised that there were clusters of young people sharing similar thoughts and experiences on social media. Understanding that network of peers in relation to suicide, self-harm or abuse provided a learning-opportunity to understand the drivers which lead to some young people taking their own lives and what influences others to make different decisions.
11. The Board Member asked whether suicide prevention training was mandatory in all statutory organisations. In response, the Independent Chair (SSCP) endorsed the comment on training but emphasised the importance of ensuring that partners spend time with front line practitioners to be assured that the training has had an impact and that positive changes in practice could be identified. Training should not be seen as a short-term measure.
12. A Board Member commented that he did not get the impression from the reports that the management and supervision of key workers who were the first points of contacts for those attempting suicide, was as stringent and proactive as it could have been in many cases. In response, the Independent Chair (SSCP) agreed that when things went wrong, management and supervision were common

characteristics in those case reviews, emphasising the need to more consistently support front line practitioners in difficult situations.

13. The Board Member noted that the reports showed a reactive mode in which action was taken after a young person self-harmed or attempted suicide or their families raised the alarm. Funding should be used proactively to identify those children at greater risk, although that was challenging.
14. The Board member stressed that Surrey Police took suicide seriously, noting that there was a suicide prevention officer in post and that often the police were the first responders who witness traumatic incidents. That initiative on the part of Surrey Police was acknowledged by the Independent Chair (SSCP) as a very positive and helpful step forward.
15. A Board Member highlighted that more work was needed in acute hospitals in terms of training for suicide prevention. He queried whether there was a piece of work looking at the wider system to ensure a collective response at an earlier stage and how different agencies worked together with children in hospitals when they were recovering from an attempted suicide or an acute illness.
16. The Chairman noted that it was a complex area in which all had a collective responsibility to address, the Board would reflect on how to ensure consistent responses across agencies and he invited representatives from the SSCP back at a future meeting.

RESOLVED:

The Health and Wellbeing Board:

1. Reflected and commented on the findings from the Thematic reports on Adolescent Suicide (Deaths of Children and Young People through probable suicide 2014-2020) and Serious Cases (Serious Case Reviews (SCRs) 2016-2020 – Briefing Paper).
2. Committed to working with the SSCP to ensure a robust multi-agency response to findings.
3. Ensured that commissioning arrangements for future service provision take full account of the findings.
4. Supported the SSCP in reviewing practice development through training and multi-agency audits over the next 24 months.

Actions/further information to be provided:

1. The Board would reflect on how to ensure consistent responses across agencies.
2. Representatives from the Surrey Safeguarding Children Partnership (SSCP) are to be invited back at a future meeting in approximately six-month's time.
3. The additional points raised by Board Members in the Microsoft Teams chat will be captured and provided to the Board and officers.

28/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 8]

Witnesses:

Rod Brown - Head of Communities and Housing, Epsom and Ewell District Council (Priority One Sponsor)

Giles Mahoney - Director of Integrated Care Partnerships, Guildford and Waverley CCG (Priority Two Sponsor)

David Munro - Surrey Police and Crime Commissioner (on behalf of the Priority Three Sponsor Rob Moran)

Satyam Bhagwanani - Head of Analytics and Insight (SCC)

Key points raised in the discussion:

1. The Priority One Sponsor noted that whilst Covid-19 impacted on the priority's progress, momentum had been regained and in certain instances such as domestic abuse and housing, that impact had accelerated during Covid-19. On occasion there were ownership issues in some focus areas but those were being addressed in conjunction with the Prevention Board.
2. The Priority Two Sponsor thanked the Chairman and Board members, noting that he had enjoyed his time on the Board and would continue to keep a close eye on the recovery work and NHS Covid-19 Phase 3 whilst at Surrey Heartlands and Guildford and Waverley ICP. He added that Dr Helen Rostill would be well placed to take over as Priority Two Sponsor. In response, the Chairman thanked Giles on behalf of the Board for his huge contribution on the Board and as Priority Sponsor.
3. On behalf of the Priority Three Sponsor, the Surrey Police and Crime Commissioner explained that as a result of the Board's merger with the Community Safety Board in March 2020, work was underway to integrate the Community Safety Agreement with the Health and Wellbeing Strategy through a new third focus area. A task and finish group had been set up to oversee that work and was chaired by the Community Safety Policy and Commissioning Lead (OPCC).
4. Concerning Priority Three, the Head of Analytics and Insight provided an update on the Social Progress Index (SPI) and the Recovery Progress Index (RPI). He informed the Board that:
 - A workshop on the SPI was run pre-Covid-19 with partners across Surrey and the result was the identification of three-hundred indicators. Those indicators were cross referenced with various strategies including the Health and Wellbeing Strategy and those partners were invited back to refine the indicators which later formed the SPI.
 - Due to Covid-19 work had been paused but had picked up over the past few months including work on the RPI which was a surveillance tool for monitoring how well Surrey was recovering from the pandemic and it formed part of the Community Impact Assessment (CIA).
 - The RPI was a focused subset of the SPI and measured the broad impact of Covid-19 in Surrey through five dimensions: economy, health, place, society and infrastructure. There would be a rank and score for each dimension as well as a combined overall rank and score for each of the eleven district and boroughs in Surrey for the RPI and further down to ward level for the SPI. The RPI was updated quarterly and the high-level results were presented in the CIA item.
 - A Covid RPI dashboard was being produced holding all the data via Tableau, allowing comparison between areas.
5. The Chairman queried whether Board members could access the dashboard via Tableau and in response the Head of Analytics and

Insight commented that a licence was needed to be a Tableau reader which could be explored. Another option was to make static copies available to Board members, although the Vice-Chairman noted that as being less helpful.

6. The Head of Analytics and Insight stressed that the challenge around the RPI was ensuring the same data for each of the eleven districts and boroughs, which he would be discussing with the Surrey Chief Executives Group.

RESOLVED:

The Health and Wellbeing Board:

1. Approved the continued programmes of work within each of the Priority focus areas and that they be reviewed by the priority boards / coordinating groups to incorporate as necessary the outcomes of the Rapid Needs Assessments.
2. Discussed and agreed a new sponsor for priority 2 - Dr Helen Rostill, Director of Innovation & Development, Surrey and Borders Partnership – NHS Foundation Trust (SABP).
3. Agreed to a refresh of the published Health & Wellbeing Board (HWB) strategy to reflect the merger with the Community Safety Board within the strategy. This will include the addition of a third focus area under Priority Three to imbed community safety and meet the expectations as set out in the merger paper from March 2020.
4. Agreed that the HWB adopt the longer term oversight of relevant work identified within the current 'Place' - appendix 2, 'Economy and Retail' - appendix 4 in the supplementary agenda and 'Health and Social Care' - attached to the minutes as Annex B (appendix 5) and future RCG papers detailing the handover of those workstreams and ask the Prevention and Wider Determinants Board, and the Employment and Skills Board respectively to review and if necessary amend the existing priority one to three implementation plans.

Actions/further information to be provided:

1. An update on the new third focus area concerning community safety within Priority Three, including the workstream leads and governance structures will be brought back to Board in due course.
2. The Head of Analytics and Insight will explore Board members' access to the Covid RPI dashboard via Tableau.

29/20

HEALTH AND WELLBEING COMMUNICATIONS PRIORITIES [Item 9]

Witnesses:

Andrea Newman - Director of Communications and Engagement (SCC)
Giselle Rothwell - Associate Director of Communications and Engagement, Surrey Heartlands CCG

Key points raised in the discussion:

1. The Director of Communications and Engagement introduced the report and noted that the Health and Wellbeing Board

Communications Group had for the last six months been co-chaired with the Associate Director of Communications and Engagement, Surrey Heartlands CCG. She added that some of the work had been initiated before Covid-19 and so had been re-visited with a Covid-19 focus.

2. She highlighted that the Health and Wellbeing Board Communications Plan contained three broad areas. Firstly, 'Transforming Health and Social Care for residents'; secondly, 'Addressing the consequences and 'hidden harms' of Covid-19'; and thirdly, 'Promoting testing, self-care and acting early to protect your health'.
3. She explained that the Group had been predominantly tactical in its approach focusing on winter and summer orientated communications campaigns, so both co-chairs set about lifting the Group to a more strategic level by coordinating work into the Surrey Local Resilience Forum's Strategic Coordinating Group (SCG) and the Multi-Agency Information Group (MIG), as well as aligning the Plan with Surrey's Local Outbreak Control Plan.
4. She emphasised that work was aligned with NHS and Department of Health and Social Care advice and locally the three workstreams had been assigned a communications workstream lead with tactical communications groups that sat below, a winter flu sub-group had been established and there was a communications planning grid put in place - reassuring Board members of the work were being undertaken in the next six to nine months.
5. Regarding the second communications priority area of 'hidden harms' she noted that suicide prevention, and mental health and wellbeing were broadly captured in the Plan but the clear emphasis on young people as discussed in Board member feedback on the items concerning the Surrey Safeguarding Children Partnership's thematic reviews and the CIA was useful and she would look to link in the Plan with those areas.
6. The Associate Director of Communications and Engagement commented that it was important to work in partnership harnessing colleagues across communications, and health and social care to drive forward the work collectively.
7. The Chairman praised the work on communications, noting that it felt more cohesive across the Surrey system.

RESOLVED:

The Health and Wellbeing Board supported the proposed communications plan and would endorse the approach within their respective organisations.

Actions/further information to be provided:

The Director of Communications and Engagement would look to integrate the feedback from Board members in relation to the items on the Surrey Safeguarding Children Partnership thematic reviews and the Community Impact Assessment on the emphasis on young people in relation to suicide prevention and mental health and wellbeing into the Communications Plan to develop the second priority area of 'hidden harms'.

30/20 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD [Item 10]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Public Health highlighted the rapidly changing climate in relation to Covid-19, noting the Prime Minister of the United Kingdom's announcement last night on the 'rule of six'. Surrey's Local Outbreak Control Plan was a dynamic document updated at least every two weeks via the Council's website.
2. She commented that the public Local Outbreak Engagement Board and officers' Health Protection Operational Group (HPOG) continued to review the escalation framework in line with Surrey's Local Outbreak Control Plan (LOCP) and the NHS Test and Trace Communications Plan for Surrey, looking at who would be communicated with and when in response to positive cases reaching a certain level.
3. She highlighted the Surrey COVID-19 weekly intelligence summary which was updated every Monday and provided various website links to the granular data available in the public domain.
4. The Chairman reinforced the simple messages of hand washing, wearing face coverings and social distancing, adding that although Surrey was just below the national average on the number of cases - apart from a few districts and boroughs - it was important not to be complacent.

RESOLVED:

The Board noted the Terms of Reference for the Surrey Local Outbreak Engagement Board.

Actions/further information to be provided:

None.

31/20 COVID-19 RECOVERY PLANNING - SURREY HEARTLANDS [Item 11]

Witnesses:

Steve Flanagan - Representative, North West Surrey Integrated Care Partnership and Community Provider voice

Key points raised in the discussion:

1. The representative of North West Surrey ICP and Community Provider voice provided a verbal update:
 - Regarding restoration, he took interest in a previous Board member's comment on the importance of citizen voice regarding the Community Impact Assessment.
 - Acute services and colleagues in Accident & Emergency were seeing almost winter levels of patients and primary care colleagues were also busy as the general public were access health services again.

- There was a challenge in standing up services again particularly in diagnostics and endoscopy, with further support potentially from the private sectors on those areas.
 - Regarding recovery, since his last update to the Board in June the eight workstreams were fully resourced and running with non-executive director support. Different areas were moving at different paces with updates provided to the Recovery Board, which recently approved the workstream on care home activity to be stood down as it was moving towards business as usual.
2. There were challenges to the development of some workstreams due to resources being focused in areas outlined in the move to Phase 3 of NHS response to Covid-19 since August towards restoration and recovery.
 3. The Chairman invited Board members to the first meeting of the Surrey Heartlands Health and Care Partnership System Board on 21 October at 9am.

RESOLVED:

The Board noted the verbal update.

Actions/further information to be provided:

None.

32/20 DATE OF THE NEXT MEETING [Item 12]

The next meeting of the Health and Wellbeing Board will be on 3 December 2020.

Meeting ended at: 4.07 pm

Chairman

HEALTH AND WELLBEING BOARD – 10 SEPTEMBER 2020

PROCEDURAL MATTERS – QUESTIONS AND RESPONSES

1. Question submitted by Nicky Brownjohn

Relating to Priority One of the HWB Strategy

The HWB Strategy states: “A whole system approach to physical activity including improving green spaces, transport initiatives and healthy planning Promotion of healthy, inclusive and safe places through planning and transport policies”.

Statement

I live in Earlswood and I am trying to become more active as I am obese. I see lots about the opportunities for social prescribing etc. but these usually relate to gyms or classes. I love walking and want to be able to do more locally. This requires the area to be safe for me to walk and for good facilities to be accessible, at points, such as toilets.

In Earlswood, there is a private road but with a public right of way which the main pedestrian access point from Earlswood and Redhill to reach East Surrey Hospital. It is also part of the route 21 cycleway. It should, therefore, be a significant part of the Health and Wellbeing Strategy to encourage people like me to walk or cycle. However, Reigate and Banstead Council have for many years approved planning applications which have led to an increase in the vehicle use. This makes the path dangerous as when vehicles pass each other they mount the path. This is particularly a problem with buses. However, the council approved an expansion of the YMCA sports centre, whereby users drive. This makes it dangerous for those of us trying to increase our activity by more natural and environmental means. During lockdown the road and pathway were used constantly by walkers, joggers and cyclists. This really demonstrated what a naturally healthy route it was.

Question 1A

How is the Board working to ensure that these poor planning decisions are stopped? As the actions of both Reigate and Banstead Borough Council and Surrey County Council, who approved the travel plan for additional cars, are barriers to increasing the activity of the population.

The A23 divides Earlswood Common. The Common is a fabulous area for adults and children to be active, from walking to games. However, there is no crossing on the A23 to enable people to access this area safely. There is only a footpath on one side of the road and so this restricts how people can cross. During lockdown I was able to cross the A23 easily due to the reduction in vehicles. I used this way for my exercise several days a week. However, now vehicles numbers have again increased, I find it difficult to cross. Today it took me several minutes and, if I had children with me it would have taken longer, and I felt most unsafe. There needs to be a crossing which would open up the opportunities for pedestrians and cyclists to access the Common but also provide a connection between Reigate, Earlswood and East Surrey Hospital.

Question 1B

How is the Board influencing the cycle and pedestrian plan for Surrey?

Response 1A

Thank you very much for your question.

The Health and Wellbeing Board encourages all public, private and third sector partners to work collaboratively with residents to improve health outcomes and deliver our ten-year strategy. The Board has by way of one example supported the development of a Planning and Health Forum to improve collaborative working across planning and health departments and maximise opportunities for health to influence Local Plans

Various changes in behaviour (both positive and negative) that were observed and recorded during the lock- down period are currently being reviewed by partners to establish where work needs to be adapted to address negative outcomes and further support positive changes

Obesity and physical activity remain a key focus for the Health and Wellbeing Strategy. Partners are working on a whole systems approach to obesity which will include working with transport and planning departments to support improvements in the environment to help to people to be healthy. The objective is to deliver sustainable systemic change to ensure that those living and working in Surrey are provided with the right environment and the best opportunities to achieve and maintain a healthy weight.

Surrey County Council is consulted by each of the County's twelve (12) local planning authorities on planning applications that could have an impact on highway and transport issues. Consultations are on highway safety, capacity and wider transport policy matters and are made directly to the County's Transport Development Planning teams. This team makes recommendations if these issues are affected and need mitigation or protection, or if there are opportunities to promote sustainable travel within the development proposals.

Actual planning decisions are taken by the relevant District/Borough Planning Committees, or in the case of Minerals and Waste and the County's own development matters, by the County's own Planning Committee. These may or may not take on board Transport Development Planning's recommendations.

Travel Plans often accompany larger applications, and comments are made on these where they can assist in delivering more sustainable and or safer travel associated with the development. In the case of private roads, comments are generally kept to the impact that any potential increased vehicular activity or travel demand could have on the adopted road system, or on other transport networks.

Any concerns over a specific location/section of route, can be raised via our highway "report it" portal, which can be found at the following link:

<https://www.surreycc.gov.uk/do-it-online/report-it-online>

A request for requesting crossings to be considered can be found at the following link:
<https://www.surreycc.gov.uk/roads-and-transport/roadworks-and-maintenance/request-highway-improvement>

Response 1B

The Health and Wellbeing Strategy recognises that walking and cycling are highly sustainable ways to travel. Whilst there is potential for more trips to be walked or cycled in Surrey, this ambition must be accompanied by investment in the right places to make

travelling on foot or by bike practical and desirable from journey start to journey finish, where it is not already.

Surrey County Council is working in partnership with its eleven (11) Districts & Boroughs to develop Local Cycle and Walking Infrastructure Plans (LCWIPs).

LCWIPs are part of a new national approach to improving trips by bike and on foot, linked to the Department for Transport's (DfT) Cycling and Walking Investment Strategy. The process to develop an LCWIP provides a best practice evidence-led method for local authorities to plan both walking and cycling infrastructure. The infrastructure plans enable a long-term approach to developing local cycling and walking networks, ideally over a 10-year period.

Further detailed information and guidance on the LCWIP process can be found on the DfT website using the link here: <https://www.gov.uk/government/publications/local-cycling-and-walking-infrastructure-plans-technical-guidance-and-tools>

The intention is to develop LCWIPs across Surrey, which in turn will support existing local cycling plans. This work is subject to funding and will be rolled out in phases. Reigate and Banstead has been identified as a priority for developing an area wide LCWIP, to include route connections for town centres and other strategic sites within the Borough. Further information when available will be published on the Surrey County Council and Reigate and Banstead Borough Council websites.

The goals of LCWIPs are to provide a network plan for walking and cycling which identifies preferred routes and core zones for further development, together with a prioritised programme of targeted infrastructure improvements for future investment.

By taking a strategic approach to improving conditions for cycling and walking, LCWIPs will assist to identify cycling and walking infrastructure improvements for future investment in the short, medium and long term, and ensure that in accordance with the Health and Wellbeing Strategy consideration is given to cycling and walking within both local planning and transport policies and strategies.

The LCWIP is expected to build on the recently delivered cycle and walk improvements provided through the Greater Redhill Sustainable Transport Package (STP). *This scheme included delivery of the new off-road shared cycle/pedestrian route along the A23 between the junction with Three Arch Road and Cross Oak Lane to the south.*

As well as being sustainable, walking and cycling are also 'active' ways to travel that encourage everyday physical exercise and support mental wellbeing.

Development and delivery of the LCWIPs across the county will help Surrey deliver on its Health and Wellbeing Strategy, by helping people to live healthy lives through regular exercise, supporting mental health and emotional wellbeing by helping people better connect with each other and the place they live, and supporting people in Surrey to fulfil their potential by making it affordable and safe for everyone to access local jobs, shops and services.

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Surrey Recovery Coordinating Group (RCG) – Covid-19

‘Transitioning from Recovery’: ‘Health and Social Care’

Background

Following the declaration of a major incident by the Local Resilience Forum to manage the response to Covid-19 in Surrey, the multi-agency Recovery Coordinating Group (RCG) was established to plan for and coordinate recovery from the pandemic at a county wide level. The RCG developed a Recovery Strategy with the aim ‘To restore the humanitarian, economic, environmental and infrastructure well-being, conditions and resilience of Surrey’, with the objectives to:

- Restore essential services that have been disrupted as a result of the Covid-19 pandemic and associated response measures (e.g. lockdown and social distancing)
- Ensure the effective transition to a ‘steady state’, with clear responsibilities identified for the continuation of services
- Capture lessons learned and refer on to the relevant body/authority.

A number of sub-groups under the themes of humanitarian, economic, environmental and infrastructure were established, and associated action plans developed and implemented.

Introduction

In line with the objectives of the Recovery Strategy, the action plans developed by the sub-groups identified short term ‘restart and restore’ actions across public, private and third sector organisations, as well as medium and longer term actions to support the Surrey community on its journey to recovery from the pandemic.

The RCG met weekly from April 2020 to August 2020 to oversee the ‘restart and restore’ actions, as well as looking at where actions could sit in the longer term. This document sets out some of the new practices developed during the pandemic and the medium and longer term actions that have been identified to support the recovery of Surrey. The responsibility for these actions will transition to existing agencies and partnerships to take forward as part of their business as usual activity, within their existing financial framework and governance arrangements. As well as identifying delivery partners for the actions, the document also identifies an overseeing body/strategic link, who will be asked to take on a governance role to ensure the proposed actions are fully considered and implemented and communicated as appropriate.

Going forward the RCG will move to a monitoring role, liaising with the delivery and oversight bodies accountable for delivery of the actions, whilst monitoring the Recovery Progress Index and the strategic risk register to ensure that Surrey continues to recover positively from the pandemic.

Health and Social Care

There is significant learning from across the crisis response and various new practices have been developed or had roll out significantly accelerated. A core part of the recovery approach within Health and Social Care is capturing and maximising the value from these. Examples include:

- Discharge of medically fit patients into non-hospital settings
- Increase in multi-disciplinary approach
- Increase in digital-first approach to patient/citizen contact

- Increase in digital-first approach between services/staff
- Deeper partnership working
- More agile decision-making
- 'Drive through' approach to service provision
- Increased scope and improved quality of demand and capacity modelling

Health and Social Care has a comprehensive governance structure in place through the Surrey Heartlands Integrated Care System (ICS) and the Frimley Health and Care ICS. The pandemic has necessitated a fast move to recovery – as such, the majority of health and social care actions identified to date have been actioned and are being monitored through existing governance structures. These include actions in the following areas:

- Restoration of health services and associated communications
- Addressing the increase in mental health referrals in both adults and children
- Supporting care homes
- Close working with Adult Social Care around hospital discharge, vulnerable people, Personal Protective Equipment (PPE) etc
- Increased partnership working
- Modelling data to support effective decision making

The key longer-term partnership actions identified by the RCG are set out below. Financial implications of these actions will be included in the Financial Strategies of relevant organisations. Appropriate comms support around the actions can be provided via the Multi-agency Information Group (MIG).

Issue/Action	Delivery partners	Overseeing Body / Strategic Link
Community response to crisis leading to a change in the 'social contract' between citizens/patients and service providers. Discussions and dialogue with citizens about self-care and healthy lifestyles	Integrated Care System (ICS) x2, District and Borough Councils ('D&Bs') and voluntary sector	Prevention & Wider Determinants Board - Health and Wellbeing Board: Health and Wellbeing Strategy (HWBS) Priority 1 – Focus Area (FA) – 5 - Prevention
Building more integrated service models between health and social care. Partnership approaches to maximise gains of discharge from secondary care.	ICS x2	Prevention & Wider Determinants Board - Health and Wellbeing Board: HWBS Priority 1 – FA 7 – Living Independently / Better Care Fund
With the impact of the crisis on people's mental health being significant, we have developed new ways for people to access support and services and will sustain these working in partnership.	ICS x2	Health and Wellbeing Board Priority 2