

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 3 December 2020 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 4 March 2021.

**Elected Members:**

(Present = \*)

- \* Dr Andy Brooks
- \* Dr Charlotte Canniff (Deputy Chairman)
- \* Jason Gaskell
- \* Dr Russell Hills
- \* David Munro
- \* Mr Tim Oliver (Chairman)
- \* Kate Scribbins
- Michael Wilson CBE
- \* Simon White
- \* Ruth Hutchinson
- Dr Claire Fuller
- \* Fiona Edwards
- \* Joanna Killian
- \* Rachel Hargreaves
- \* Mrs Sinead Mooney
- \* Mrs Mary Lewis
- \* Vicky Stobbart
- \* Rob Moran
- \* Rod Brown
- \* Borough Councillor Joss Bigmore
- Robin Brennan
- Carl Hall
- Gavin Stephens
- \* Ms Denise Turner-Stewart
- \* Helen Rostill
- \* Steve Flanagan

**In attendance**

Siobhan Kennedy - Housing Advice Manager, Guildford Borough Council  
(Associate Member)

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)

**33/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [ITEM 1]**

Apologies were received from Gavin Stephens, Dr Claire Fuller - Dr Charlotte Canniff acted as substitute, and Michael Wilson CBE.

**34/20 MINUTES OF PREVIOUS MEETING: 10 SEPTEMBER 2020 [ITEM 2]**

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

**35/20 DECLARATIONS OF INTERESTS [ITEM 3]**

There were none.

**36/20 QUESTIONS AND PETITIONS [ITEM 4]****a MEMBERS' QUESTIONS [ITEM 4a]**

None received.

**b PUBLIC QUESTIONS [ITEM 4b]**

None received.

**c PETITIONS [ITEM 4c]**

There were none.

**37/20 UPDATE ON COMMUNITY IMPACT ASSESSMENT, LOCAL RECOVERY INDEX AND SOCIAL PROGRESS INDEX [ITEM 5]****Witnesses:**

Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)  
 Dr Naheed Rana - Health Consultant - Intelligence and Insight (SCC)  
 Rich Carpenter - Data Scientist - Insights, Analytics and Intelligence (SCC)  
 Satyam Bhagwanani - Head of Analytics and Insight (SCC)  
 Hayley Connor - Director – Commissioning (SCC)

**Key points raised in the discussion:**

1. The Chairman explained that the Community Impact Assessment (CIA) was an excellent piece of work that measured and highlighted the disproportionate impact that Covid-19 has had on Surrey's communities.
2. The Chairman explained that over the coming year, four workstreams would be combined to provide a more comprehensive picture of what was happening across Surrey: the CIA which was currently broken down to borough and district level, the Social Progress Index which included national benchmarks, the Local Recovery Index which was Surrey's version of SPI and the Health and Wellbeing Strategy metrics which measured key outcomes.
3. The Chairman highlighted that partnership work was key to ensure attainment of the Council's overarching priority that 'no one is left behind' as noted in the Community Vision for Surrey in 2030. He outlined the Council's four strategic priorities of focus for the next five years: 'tackling health inequality' - through the four workstreams listed above, 'growing a sustainable economy so everyone can benefit' - by supporting local high streets and upskilling residents, 'enabling a greener future' - through the Surrey Greener Future Strategy to achieve a carbon neutral future by 2050, and 'empowering

communities' - by working with partner organisations to increase engagement with residents.

4. The Priority Three Sponsor noted that through the recommendations the Board would ensure it would address the findings from the CIA and the Local Recovery Index (LRI) as it was crucial that the priorities aligned with current Covid-19 recovery and future service planning. He praised officers' work on the intelligence products within the CIA and particularly the Rapid Needs Assessments (RNA) which provided ten in-depth assessments of vulnerable communities; an easy read version was also available on Surrey-I.
5. The Health Consultant - Intelligence and Insight (SCC) explained that the aims of the CIA were to explore the impact that Covid-19 has had on health, social and economic elements of Surrey's communities and to understand the needs and priorities of communities for recovery.
6. The Health Consultant - Intelligence and Insight (SCC) noted that the CIA was composed of five discreet intelligence products using a mixed method approach combining qualitative and quantitative data which interlinked forming a high-level analysis of Surrey's diverse communities:
  - Geographical Impact Assessment (GIA)
  - Temperature Check Survey
  - Rapid Needs Assessments (RNA)
  - Place Based Ethnography
  - Local Recovery Index (LRI)
7. The Health Consultant - Intelligence and Insight (SCC) provided an overview of the first national lockdown which began on 23 March 2020 noting that:
  - the furlough scheme began on 19 March.
  - cases peaked in Surrey between April and May and started to fall towards the end of May.
  - there was a greater need for support with 40,000 vulnerable and shielded residents in Surrey contacted and the Surrey Community Helpline was stood up with high demand in March and April.
  - at the same time there was a decrease in demand for some services such as C-SPA (Children's Single Point of Access).
  - national and local evidence highlighted that certain groups were impacted disproportionately from Covid-19 and so ten RNAs were undertaken across vulnerable groups with pre-existing vulnerabilities or a greater risk of mortality from Covid-19.
  - lockdown led to a decrease in mobility and economic activity such as the reduction of traffic flow and passenger bus journeys in the county.
8. The Health Consultant - Intelligence and Insight (SCC) summarised the impacts of Covid-19 as highlighted through the CIA, noting that the:
  - health impacts had been felt the most in areas with higher numbers of over 80s and those in care homes and were mapped across the five most impacted areas in Surrey.
  - economic impacts had been felt the most in areas with a higher reliance on certain industries such as aviation and data was combined on estimated workers furloughed and increases in the claimant count, mapped across the five most impacted areas in Surrey.
  - residents who were not used to needing support struggled as evidenced from the Temperature Check Survey, the Place Based Ethnography and the RNAs with many seeking financial support such as Universal Credit and Jobseeker's Allowance for the first time.
  - lockdown had impacted many people's mental health, findings from the Temperature Check Survey and the Place Based Ethnography showed that 52% of those aged 16-25 said that they felt lonelier due to

lockdown; across each of the RNAs mental health and wellbeing were significantly affected.

- there were significant impacts on those already using mental health services, with key issues reported in interviews such as not knowing where to access services and support, the loss of coping mechanisms, the impact on staffing and on those with dementia, the fear of infection and social isolation.
  - lockdown exacerbated the impact on people experiencing domestic abuse, particularly pre-existing domestic abuse as for example the closure of schools further exposed children. It was vital to raise awareness as reporting became difficult due to remote working, the first RNA focussed on service providers and key informants and when possible, a further update would be published on Surrey-I once survivors could be contacted.
  - more people participated in unhealthy behaviours since the start of lockdown such as smoking tobacco and drinking alcohol, as shown by the Temperature Check Survey.
  - people from Black, Asian and Minority Ethnic (BAME) communities struggled to access support such as food or financial help. Key findings included an increased experience of racism and racial discrimination, the lack of clear communication of guidelines which were also culturally sensitive, and that social distancing was a challenge for families living in multi-generational households.
  - residents living in residential care homes had felt more isolated particularly due to the loss of mobility, digital forms of communication were challenging, adequate Personal Protective Equipment (PPE) was an issue as well as access to testing and limited visitors.
  - positive impacts from the pandemic included strengthened partnership working between service providers and the Voluntary, Community and Faith Sector (VCFS), a reduction in travel and air pollution and behavioural changes such as increase in time spent outdoors.
9. The Health Consultant - Intelligence and Insight (SCC) detailed the strengthened partnership response across Surrey, highlighting that:
- the Surrey Community Helpline had handled over 10,000 calls, 40,000 vulnerable and shielded residents in Surrey were contacted, a new community hospital had opened in just over a month, over 10,000 registered volunteers supporting the community delivering food boxes and over 7 million items of PPE were delivered to the front line.
  - regarding the Temperature Check Survey findings, the Health Consultant - Intelligence and Insight (SCC) noted that although the majority of vulnerable people had received the support they needed, there were a few areas of concern such as childcare - outreach needed to be increased.
  - there was a greater sense of community and neighbourliness, with over half reporting a positive impact on their connection to the local community.
  - some groups had felt excluded or stigmatised, several themes were identified through the ten RNAs: information, exclusion, isolation, stigma and rigidity of regulations.
  - there were gaps in service provision for some types of need, as crucially services with a lower demand had been harder to access. Shielded individuals and their carers felt there was a lack of contact from Adult Social Care and other support services.

- residents had found information around guidelines and rules confusing and there was a lack of culturally sensitive information.
10. The Health Consultant - Intelligence and Insight (SCC) outlined the current second wave, noting that cases in Surrey had started to rise again in September taking Surrey's total of cases to over 10,000 since the start of the pandemic; and that many residents had concerns regarding their long term physical and mental wellbeing and that of their family and friends.
  11. Looking to the future, the Health Consultant - Intelligence and Insight (SCC) noted that:
    - local recovery efforts had started to show results since the easing of lockdown, with mobility trends around retail and recreation activities reverting to pre-pandemic levels. Although recovery and particularly the economic impact was uneven across the county.
    - residents indicated that the focus should be on supporting local businesses and vulnerable people in the county.
    - the CIA was published on Surrey-I and that the findings were being disseminated across key partners with strategic groups being established as well as alignment with phase 3 of the NHS' response to Covid-19.
    - tackling misinformation and providing targeted communications was key, Covid-19 surveillance was carried out daily and mass vaccination was a key area of focus.
  12. The Data Scientist - Insights, Analytics and Intelligence (SCC) introduced the Local Recovery Index (LRI) which was a thematic subset of the Social Progress Index and measured Surrey's recovery from the pandemic - return to pre-pandemic levels - and the impact that COVID-19 has had across three dimensions: economy, health and, society and infrastructure.
  13. The Data Scientist - Insights, Analytics and Intelligence (SCC) explained that the LRI produced a score and rank for each dimension and indicator to enable a comparison between areas. He provided a summary of the recently published quarter two scores and ranks, noting that there had been some movement between July-September 2020 since quarter one:
    - quarter two saw a reduction in infection rates and increased mobility, all three dimensions saw an increase in recovery, so the overall scores had improved for every borough and district.
    - the rankings of boroughs and districts changed slightly in that Tandridge ranked the highest for recovery whilst Spelthorne ranked the lowest. Woking which was ranked first in quarter one had dropped down the most.
    - a reduction in overall scores in quarter three was expected due to the second wave with increasing infection rates. Impacts on the economy continue to worsen with the increase in claimants for Universal Credit, although furlough had some beneficial impact.
  14. The Data Scientist - Insights, Analytics and Intelligence (SCC) provided an update on the Social Progress Index (SPI) which although paused in response to Covid-19, some work was undertaken in the background as 70% of the data for the indicators had been collected. Work on the LRI was useful as it acted as a test of the process of the SPI using the same methodology.
  15. The Data Scientist - Insights, Analytics and Intelligence (SCC) noted that there was a workshop early in the year on the SPI with partners to formulate key indicators which had since been shortlisted.
  16. The Data Scientist - Insights, Analytics and Intelligence (SCC) added that piloting indicators at borough data in Elmbridge had been resumed, with data collected down to ward level. A beta version of the Surrey SPI was planned to

- be produced by early next year and asked Board members to help with data collection and partners would be consulted on regarding the draft indicators within the four components under the three dimensions.
17. The Head of Analytics and Insight (SCC) noted that the team was happy to receive any feedback on the intelligence products.
  18. A Board member praised the dedication of officers and was encouraged by the determination to get the data and information out to key partners that support hard to reach groups which was crucial particularly as there was often a deep sense of mistrust and a single source of truth in certain communities.
  19. A Board member highlighted that according to the evidence, Surrey's communities should be given credit for their stoic acceptance of the severe restrictions; as from the policing side there was no widespread flouting of the restrictions. The data showed that social isolation was a damaging impact of the restrictions and must be addressed.
    - The Priority Three Sponsor noted that although there was initial pushback and queries from residents when Elmbridge was the first area in Surrey to be moved into Tier 2 in October, he positively noted the compliance of Surrey's residents with the restrictions.
    - A Board member echoed the stoicism reported to Healthwatch Surrey and gratitude of the services people have had, she emphasised the importance of taking note of the feedback during the pandemic as people were reluctant to speak out.
  20. A Board member noted that it was encouraging that the majority of vulnerable people who needed help received the support they needed but highlighted that the single most negative perception of residents who needed help was in childcare as only 15% felt they received effective support and access to services. He hoped that the issue would be given greater priority by the Council as the Local Education Authority moving forward to develop a more coherent approach going forward in response to the haphazard closure and reopening of educational settings. However, he recognised the challenging circumstances of the ever-changing situation and the excellent provision stood up by educational settings.
    - In response the Director – Commissioning (SCC) noted that it was important to recognise that schools and early years settings did an incredible job during wave one when they had to close and subsequently when they had to reopen with social distancing measures and bubbles.
    - She recognised that it was difficult for parents working at home to juggle childcare and home learning; and that schools stayed open for the children of key workers and children with defined health, education, or social needs. Going forward it remained important to look at how the Surrey community and employers support members of staff with childcare whilst working at home.
  21. A Board member queried that given the wealth of information from the CIA and the intelligence products, what the role of the Board was in having oversight of how that work was progressed. She asked whether the Board would receive a concise set of prioritised recommendations so that the Board could hold itself publicly accountable on how the CIA and intelligence products have informed various workstreams and how would the Board map that in relation to the priority boards.
    - The Priority Three Sponsor responded that the work only had value if it has utility within organisations and the Board has oversight of how the work is permeated through their work.
    - A Board member highlighted the comments in the Microsoft Teams chat noting that the CIA and intelligence products were already permeated



through ICPs, with an insight in recovery and restoration being presented in a later item from Surrey Heartlands CCG on the health inequalities work underway across the system. The tableau dashboard looked progress regarding the Health and Wellbeing Strategy, with more detailed annual review by the Board of the Strategy's metrics at its next meeting.

- The Health Consultant - Intelligence and Insight (SCC) noted that the team had offered some design workshops to different partners to look at integrating the findings and priorities along with the Strategy to ensure action.
22. Regarding the LRI, a Board member noted that from public point of view there were many health dimensions not included in the LRI, which as referenced in the paper was due to data not being available at the borough and district level. As for example mental health, rates for screening and immunisations, and return to normal for elective and urgent care were concerns to residents, she asked whether there were any next steps to get that data.

*Dr Andy Brooks left the meeting at 2.52 pm*

- In response, the Priority Three Sponsor noted that if such data was available that it should be captured so that the work followed an iterative and ongoing process adding to the richness of data.
  - Regarding data collection on the LRI, the Head of Analytics and Insight (SCC) added that his team took that action away from the last Board and was being followed up through discussions with colleagues from Surrey Heartlands CCG and acute trust colleagues. He added that geography posed a challenge as for example waiting times information was available at NHS Trust level in Surrey, so the team was looking at how that data could be made available at borough and district level.
  - The Health Consultant - Intelligence and Insight (SCC) noted that the CIA and RNA highlighted the health inequalities angle exacerbated by Covid-19. There were multiple workstreams and various indicators relating to health inequalities, so it was key to align those pieces of work whether through the LRI or through the comprehensive dashboard which was in development, to look at those health inequalities in consultation with healthcare partners.
23. The Priority Three Sponsor thanked officers for their expertise and ongoing work and that it was up to Board members to ensure that the findings were integrated into their organisations. Partnership work was vital to ensure collective ownership and the findings showed the insidious impact of loneliness and isolation in communities and the exacerbation of domestic abuse which must be addressed.
24. The Chairman thanked the Priority Three Sponsor for leading on the partnership work and emphasised that the CIA and intelligence products underpinned the Strategy's priorities. He thanked all and noted that the Board will follow up on the item in the upcoming year to ensure that improved outcomes were being delivered particularly targeting those vulnerable groups and communities identified.

## **RESOLVED:**

That the Health and Wellbeing Board:

1. Considered how the findings from the Covid-19 Community Impact Assessment can best be incorporated into the council's strategic, financial and service planning and delivery.
2. Acknowledged the issues highlighted in the LRI and asked lead officers to incorporate them into the Health and Wellbeing Boards planning and response to Covid-19.
3. Supported the use of the LRI findings to refine the target communities and themes 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.
4. Provided individual and collective leadership to ensure LRI findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.
5. Acknowledged the proposals for the SPI and provides individual and collective leadership to ensure the SPI benefits from board members unique oversight and expertise to help us tailor the SPI framework for Surrey.
6. Highlighted areas or issues of interest and for future focus in terms of further research and analysis.

**Actions/further information to be provided:**

1. The Board will receive a beta version of the Surrey SPI in due course, including the pilot in Elmbridge and Board members are to help with data collection and partners will be consulted on the draft indicators.
2. The Board will continue to have oversight over the progression of the CIA and the intelligence products on how they will inform and permeate through workstreams across organisations concerning both current Covid-19 recovery and future service planning; and mapping that in relation to the priority boards. An update will be received by the Board in due course to ensure that improved outcomes were being delivered particularly targeting those vulnerable groups and communities identified.
3. Officers will ensure that the many workstreams and various indicators relating to health inequalities are aligned whether through the LRI or the more comprehensive dashboard through partnership working to capture data at the borough and district level.

**38/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [ITEM 6]**

**Witnesses:**

Rod Brown - Head of Communities and Housing, Epsom and Ewell Borough Council (Priority One Sponsor)  
 Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority Two Sponsor)  
 Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)

**Key points raised in the discussion:**

1. The Priority One Sponsor noted that although the Priority covered a broad area with seven focus areas and thirty-five targeted projects it was progressing. He noted:
  - the work within the Priority was overseen by the Prevention Board which was developing positively with increased membership and board members were proactively bringing assistance and working with other Priority leads to join up work and tackle challenges.



- the natural connectivity emerging between focus areas such as focus area 1 concerning excess weight working closely with focus area 5 concerning the incidence of serious conditions and diseases.
  - that housing was a major factor, good progress had been made as for example two sites for homelessness cabins in Surrey were being established which would help alleviate winter pressures and some accommodation would be put aside for Covid-19 positive homeless so they could self-isolate.
  - that due to Covid-19 several projects on domestic abuse had been accelerated such as the provision of additional domestic refuge capacity. The Priority Board were due to consider a fuller report on focus area 4 on domestic abuse and empowering survivors early next year, as well as reports on focus areas 5 and 6 later next year.
  - that Covid-19 brought challenges such as in focus area 3, project 1: 'tackling fuel poverty, as a Senior Responsible Owner still needed to be identified and he welcomed suggestions; progress had been hindered in other areas but there were signs of those projects picking up momentum.
2. Discussing focus area 3 and project area 1 'tackling fuel poverty in Surrey' within Priority One, a Board member noted that there were various schemes across the county for those to donate their Winter Fuel Payment to charity who did not need it, but was struck by the small amount donated with only £19,000 donated last year in Waverley. He asked whether the Board could look into the matter to increase those donations.
    - In response, the Chairman explained that the Board would take that point away and look to work with charities.
    - The Priority One Sponsor added that he would look into the matter.
  3. Discussing focus area 3 and project area 4 'supporting people who hoard in Surrey' within Priority One, a Board member asked for further detail on the matter and whether there was an impact on policing.
    - In response, the Priority One Sponsor would look to provide more detail.
  4. The Priority Two Sponsor noted the shift seen concerning mental health in the last few weeks and system partners working closely together. She noted:
    - that the Surrey Mental Health Summit 2020 in November energised and renewed commitments to work in partnership to improve outcomes for residents. The Summit discussed the community impact of Covid-19 on mental health as highlighted by the CIA; as well as initiatives in the workplace such as in Australia promoting good mental health and its impact on productivity and partnership working in West Yorkshire promoting acts of kindness in communities.
    - the outputs from the Summit included concern over the ongoing resourcing of mental health, the importance of wellbeing and early intervention, training, partnership working and supporting carers of people with mental health. The next steps would be considered by the Surrey Heartlands Health and Care Partnership System Board in December.
    - the Adults and Health Select Committee's Mental Health Task Group report which took a bottom-up approach by looking at the journey for service users, carers and those who commissioned services. The Task Group were embedding recommendations within the Priority with further progress to be tracked.
    - the use of the CIA's insights and cross-checking priorities to target affected groups such as the recently unemployed or at risk of losing their job due to the pandemic through a working group with the Department for Work and Pensions, Citizens Advice and Richmond Fellowship.

- that pressure continued in mental health, recent benchmarking showed a surge in demand with a 22% increase in demand for children's services nationally with the impact being felt in Surrey. The increase in acuity for adults continued around the crisis pathway and inpatient services.
  - the green social prescribing Expression of Interest submitted to the Department for Environment, Food and Rural Affairs to scale up existing local projects in Surrey including community gardens, community sheds and walking for health. Surrey was invited to submit a full application; to secure part of the £4 million funding.
  - the completion of the first phase of the GP Integrated Mental Health Service (GPIMHS) programme across the county's eleven Primary Care Networks (PCNs) which had helped over 3,000 people. Development of an enhanced pathway for people with Personality Disorder (PD) traits was underway, development of the 18 to 25 Young Adults' pathway was also underway - with a bid submitted to NHS England for further funding to phase rollout across all PCNs.
  - the small amount of funding awarded from NHS England to develop a workforce wellbeing hub to address Covid-19's disproportionate effects on the health and care workforce, to accelerate the promotion of prevention and self-care offers through a single gateway with an enhanced *Improving Access to Psychological Therapies* (IAPT) offer and 1:1 support.
  - the key risks included health inequalities and risks around physical health checks for people with serious mental illness and for those with learning disabilities with targets set through the NHS Long Term Plan not being reached nationally. There was a real focussed effort with NHS England nationally and regionally to increase the number of people getting those psychical health checks, as well as work with ICPs and PCNs to put together a local action plan.
5. The Chairman endorsed the comments on the Surrey Mental Health Summit 2020 which was a good opportunity to reinforce the key priorities and review the current model; partners recognised that there needed to be a real focus on prevention and early intervention work.
  6. The Priority Three Sponsor summarised the progress in the three focus areas:
    - focus area 1 - the 2030 Economic Strategy Statement and the county's approach to skills and unemployment were key and were covered in the next item. The SPI also was also a crucial piece of work and was covered in the previous item.
    - focus area 2 - overseen by the Women and Children's Transformation and Assurance Board and key work included the First 1,000 days initiative.
    - focus area 3 - as a result of the Community Safety Board's merger with the Health and Wellbeing Board in March 2020, the community safety priorities have been merged with the Strategy fulfilling Surrey Police's vision for communities to be safe and to feel safe. Next February the Board would hold an informal session to agree key themes around the Community Safety Agreement and the relationship between health and policing, undertaking a risk-based and partnership approach to crime and disorder prioritisation and residents' perceptions of crime. The Board would receive an update on the milestones and programmes of work at its next meeting.
  7. A Board member was glad that work on community safety was moving at pace as it was the foundation of many of the workstreams.

8. The Vice-Chairman noted Public Health England's insightful guidance document 'Health Matters: Cold Weather and COVID-19' which highlighted the impacts of the cold on vulnerable people with Covid-19 amplifying cold-related risks. The document noted the link between the risk of cold outdoor temperatures and winter weather with the increased incidence of heart attacks and strokes. Therefore, the message of keeping warm - particularly for vulnerable residents - was important and was included in Healthy Surrey's communications 'keep warm, keep well' linking to the County Council's 'Winter advice 2020-21', with similar communications and guidance prepared by the NHS.
9. The Chairman noted the positive progress across the three Priorities which were all interlinked.

### **RESOLVED:**

That the Health and Wellbeing Board:

1. Noted the positive impact a sustainable economy, enabling a greener future and empowering communities to support each other, can have on reducing inequality and endorse a focus on these through the work of the Health and Wellbeing Board.
2. Considered and approved the Community Safety Agreement focus areas as described under Priority 3.
3. Noted the shared progress described across the three strategy priorities in adapting and responding to the impacts of the pandemic.
4. Noted the adoption of longer-term oversight of relevant work identified within the VCFS strand of the Recovery Coordinating Group which should inform relevant work and the system capability discussion at the March Board.

### **Actions/further information to be provided:**

1. The Board will continue to identify a Senior Responsible Owner regarding Priority One, focus area 3, project 1: 'tackling fuel poverty in Surrey'.
2. The Priority One Sponsor on behalf of the Board will look to work with charities concerning increasing donations of the Winter Fuel Payment to charities.
3. The Priority One Sponsor will look to provide more detail on hoarding in relation to the policing impact.
4. Following the informal session to agree key themes around the Community Safety Agreement and the relationship between health and policing focus area 3, the Board will receive an update on the milestones and programmes of work at its next meeting.

## **39/20 SURREY 2030 ECONOMIC STRATEGY STATEMENT AND ONE SURREY GROWTH BOARD UPDATE [ITEM 7]**

### **Witnesses:**

Dawn Redpath - Director for Economy and Growth (SCC)

### **Key points raised in the discussion:**

1. The Chairman explained that the Surrey 2030 Economic Strategy Statement and One Surrey Growth Board supported the Council's strategic priority of the Council for the next five years of 'growing a sustainable economy so everyone can benefit'.

2. The Director for Economy and Growth (SCC) hoped that the work would be the start of an ongoing relationship between the Board and the work within Surrey's 2030 Economic Strategy Statement, linking health with the economy to fulfil all four of the Council strategic priorities, particularly supporting 'growing a sustainable economy so everyone can benefit' which has a direct impact on 'tackling health inequality'.
3. The Director for Economy and Growth (SCC) reinforced the link between the economy and the wider determinants of health, noting that the socio-economic determinants of health such as housing and social inclusion were linked to having higher levels of income and more importantly good quality employment, which was vital for mental health and wellbeing.
4. The Director for Economy and Growth (SCC) noted that economic responses focussed on the quality of employment opportunity, skills and inclusion. The links between the economy and health could be seen geographically through a place-based approach as for example in pockets of deprivation health was poorer and there was higher economic inactivity and unemployment. It was vital to reduce unemployment and to ensure good quality employment in response to zero hours contracts and the gig economy, ensuring that individuals were not left behind in terms of a higher requirement of digital skills and access to digital services. She added that economic responses could also be thematic, for example looking at people with low level mental health or anxiety.
5. The Director for Economy and Growth (SCC) noted that Surrey Future Economy Commission chaired by Philip Hammond commissioned research from ARUP and the University of Surrey in 2019. The findings highlighted Surrey's comparative economic advantage, as well as challenges such as in the aviation sectors and high levels of unemployment, an unbalanced economy due to an ageing population and inability to retain young talent, structural issues relating to housing affordability, transport, and access to digital infrastructure. Action needed to happen on a whole-Surrey basis, to be a driver of the local, regional and UK economy.
6. The Director for Economy and Growth (SCC) explained that the Surrey 2030 Economic Strategy Statement brought together five areas of focus underpinned by the Surrey Future Economy Commission's findings:
  - growing the leading edge - by encouraging innovation, capitalising on the number of large multinational companies which provide 50% of employment to Surrey.
  - a whole-Surrey approach to quality places - place-based approach, create new hyper local places in line with the CIA's findings of supporting local services and revitalising town centres.
  - improving connectivity for the next generation - ensuring that the digital infrastructure is fit for purpose.
  - green economic ambitions - capitalising on the green sector in Surrey by using the established automotive industry and exploring the possible 4,000 additional jobs in electric vehicles available to Surrey residents.
  - maximising opportunities for all - the work aligns with Priority Three of the Health and Wellbeing Strategy: supporting people in Surrey to fulfil their potential by generating aspirations and developing skills:

*Fiona Edwards left the meeting at 3.33 pm*

- the Skills and Inclusion Framework looked at inclusion, high volume and high skills with the progression of employment provision in

Surrey across five stages: engagement, barrier removal, vocational activity, supporting job entry and in-work support.

- understanding what provision there was in Surrey was key to support target populations to go from stage one to stage five, although not always in a neat linear way. There was a lot of provision available and close working with the DWP, and Surrey Employment & Skills Board to engage closely with partners.
- 7. The Director for Economy and Growth (SCC) explained that the One Surrey Growth Board (OSGB) was working alongside the Board and offered the opportunity to bring together all place-related activity into 'One Surrey' leadership.
- 8. The Director for Economy and Growth (SCC) explained that the OSGB had wide representation across key partners and had started to look at the recommendations from the Surrey Future Economy Commission, after reviewing the findings from the Surrey 2030 Economic Strategy Statement it would develop a 'One Surrey Plan for Growth'. She noted that the key components of the Plan were cross-cutting with many linking to health as an outcome, the OSGB would have a role in recognising complementary objectives.
- 9. The Director for Economy and Growth (SCC) explained that the next steps were for the Surrey 2030 Economic Strategy Statement to be approved by Cabinet in December - with proposed stakeholder engagement with all partners to follow, continued engagement with the OSGB, and the 'One Surrey Plan for Growth' was being developed. She noted that updates would be provided at a future Board.

#### **RESOLVED:**

That the Health and Wellbeing Board noted the progress being made in supporting a more sustainable and inclusive whole-Surrey economy focusing on the links that good quality employment can have on health and wellbeing outcomes as well as the direct relationship between the economic strategy work and HWB Priority 3.

#### **Actions/further information to be provided:**

1. The Board will continue to work closely with the Director for Economy and Growth (SCC) to ensure that the work within Surrey's 2030 Economic Strategy Statement aligns with the Health and Wellbeing Strategy and the Council's four strategic priorities, particularly supporting 'growing a sustainable economy so everyone can benefit'.
2. The Board will receive updates on the work of the One Surrey Growth Board, including the 'One Surrey Plan for Growth'.

#### **40/20 BUILDING YOUR FUTURE HOSPITALS (BYFH) PROGRAMME [ITEM 10]**

*The Chairman considered Item 10 (this item) before Item 8*

#### **Witnesses:**

Daniel Elkeles - Chief Executive, Epsom and St Helier University Hospitals NHS Trust

#### **Key points raised in the discussion:**

1. The Chief Executive, Epsom and St Helier University Hospitals NHS Trust explained that extensive planning had been undertaken since July when the



NHS Surrey Heartlands and NHS South West London Clinical Commissioning Groups made their decision to build a new emergency care hospital in Sutton; adding that in a subsequent review the Independent Reconfiguration Panel found no reason to contradict the choice of Sutton.

2. The Chief Executive, Epsom and St Helier University Hospitals NHS Trust noted that work was on track to submit the business case by the end of December to the Department of Health and Social Care, NHS and HM Treasury for completing the refurbishment of Epsom Hospital, the refurbishment of St Helier Hospital and for the new specialist emergency care hospital at Sutton. Part of the business case would look at co-locating nephrology services currently divided between St George's Hospital and St Helier Hospital; with intended public engagement on the business case between January to March if approved at national level.
3. The Chief Executive, Epsom and St Helier University Hospitals NHS Trust noted that the refurbishment of Epsom Hospital was moving at pace with two more large construction projects to start in January, that the design for the new specialist emergency care hospital at Sutton was exciting with a proposal to have curved walls in order to deliver 70% single rooms with the challenge of being the first carbon neutral hospital in the world as well as being a fully digital building.

#### **RESOLVED:**

That the Health and Wellbeing Board noted the verbal update on the 'Building Your Future Hospitals' (BYFH) programme.

#### **Actions/further information to be provided:**

1. The Board will continue to keep an eye on the progress of the 'Building Your Future Hospitals' (BYFH) Programme.

#### **41/20 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/2020 [ITEM 8]**

#### **Witnesses:**

Mrs Sinead Mooney - Cabinet Member for Adults and Health (SCC)  
Simon Turpitt - Independent Chair, Surrey Safeguarding Adults Board

#### **Key points raised in the discussion:**

1. The Cabinet Member for Adults and Health (SCC) explained that the Surrey Safeguarding Adults Board (SSAB) was a statutory multi-agency board with responsibilities set out in the Care Act 2014.
2. The Cabinet Member for Adults and Health (SCC) commended the SSAB for their work over the last year noting the improved format and presentation of the data gathered from key partners, acknowledging that it had been a busy year for the SSAB dominated in final months by Covid-19. The report highlighted the responsiveness of agencies in Surrey to keep safeguarding adults in the forefront of the work done in the county and she would continue to work closely with the SSAB to ensure improved safeguarding responses.
3. The SSAB Independent Chair noted that the annual report was a review of 2019/20 before Covid-19 and its significant impacts. He highlighted the continual increase in safeguarding referrals and a significant increase in Section 42 reports over the last year.



4. The SSAB Independent Chair highlighted that although referrals and Section 42 reports decreased due to Covid-19, they had since increased which showed that firstly, understanding of the need for safeguarding was continually improving and agencies were more responsive to that; and secondly, there were more vulnerable individuals out there and people under more pressure as demonstrated by the rise in domestic abuse referrals, scams and an increase in deaths due to Covid-19 in vulnerable individuals with care and support needs.
5. The SSAB Independent Chair noted that having heard the earlier discussions, he noted that it was vital for the SSAB to be more closely aligned with the Health and Wellbeing Board more so than presenting an annual report. The CIA and the Surrey Mental Health Summit 2020 highlighted that linkages needed between partners needed to be strengthened and suggested an informal session next year to further explore critical data sources and better processes to reduce the number of people requiring safeguarding.
6. The SSAB Independent Chair thanked all partners and organisations that supported the SSAB, noting improved partnership working over the last year including with the Surrey Safeguarding Children Partnership (SSCP) and that awareness needed to be raised on what safeguarding adults was as opposed to the safeguarding children model.
7. The SSAB Independent Chair noted the format of the annual report was made simpler to read and sought feedback on areas missing or which needed to be improved. He stressed that safeguarding was a concern for all and welcomed further Board collaboration to ensure it remained a priority for the Board.
8. A Board member noted that although there had been an increase in the number of cases reported, at the same time there had been a drop in the percentage reported by families and asked for an explanation on the importance of increasing knowledge and awareness amongst families of the reporting process. Particularly as the work of Healthwatch Surrey highlighted that there was a low level of awareness of the process of safeguarding and who to contact.
  - In response, the SSAB Independent Chair noted that Healthwatch Surrey's report showed that safeguarding was not understood clearly understood by the general public and the SSAB took action by looking at ways to better communicate with families such as leaving information in care homes, publicising National Safeguarding Adults Week 2020 a few weeks ago and working closely with the SSCP on joint initiatives to provide people with a greater understanding of safeguarding and the differences between adult and children safeguarding.
9. A Board member asked whether there was a breakdown between care homes and domiciliary care concerning the number of safeguarding enquiries related to neglect. In response, the SSAB Independent Chair noted that the data would be broken down into those areas as Covid-19 posed enormous pressures and risks exacerbating issues such as loneliness and safeguarding; it was noted that the Executive Director of Adult Social Care (SCC) would provide that breakdown.

#### **RESOLVED:**

1. That the Health and Wellbeing Board considered and noted the Surrey Safeguarding Adults Annual Report for 2019/2020.
2. Considered the Safeguarding Adults Annual Report in relation to the Health and Wellbeing Board strategic priorities.

### **Actions/further information to be provided:**

1. The Board will ensure that it is more closely aligned with the SSAB going forward in order to ensure that safeguarding remained a priority; and will look at a possible informal session next year to further explore critical data sources and better processes to reduce the number of people requiring safeguarding.
2. The Executive Director of Adult Social Care (SCC) will provide the breakdown in relation to care homes and domiciliary care concerning the number of safeguarding enquiries related to neglect.

## **42/20 COVID-19 RECOVERY PLANNING - SURREY HEARTLANDS [ITEM 9]**

### **Witnesses:**

Steve Flanagan – CEO, CSH Surrey and Chair of ICS Recovery Board  
(Representative, North West Surrey Integrated Care Partnership and Community Provider voice)

### **Key points raised in the discussion:**

1. The Representative, North West Surrey Integrated Care Partnership and Community Provider voice noted the progress made in restoration and recovery since the last update to the Board in September and was impressed with the presentations and discussions made in previous items which highlighted key interlinkages and partnership work.
2. The Representative, North West Surrey Integrated Care Partnership and Community Provider voice outlined the response to the letter 'Third Phase of NHS response to Covid-19' in which the focus was on restoring services lost through wave one of the pandemic. Covid-19 had developed and strengthened partnership work across acute colleagues, community services as well as primary and social care; and the work on Surrey Heartlands' Phase 3 plans was led by the Chief Executive of Royal Surrey County Hospital NHS Foundation Trust and the Recovery Director Surrey Heartlands ICS.
3. The Representative, North West Surrey Integrated Care Partnership and Community Provider voice highlighted that Surrey Heartlands was being recognised nationally on its restoration response as for example its elective services were back up and running above target at 89% of pre-pandemic levels. The challenges encountered were on the diagnostic side with teams now working more effectively together and endoscopy was a challenge at the start of the year although it was now operating at 125% of its target.
4. The Representative, North West Surrey Integrated Care Partnership and Community Provider voice provided updates from the two workstreams which had a significant overlap with the Health and Wellbeing Strategy:
  - Emotional Wellbeing - led by the Chief Executive, Surrey and Borders Partnership, as well as the Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority Two Sponsor); particularly as Covid-19 significantly impacted on mental health.
  - Equalities and Health Inequalities (formally known as 'Hidden Harm') - led by the Director of Public Health (SCC), the Surrey Heartlands ICS Director of Children's and Learning Disabilities Services and the and the Clinical Chair, Surrey Downs ICP; using the work of the CIA and other intelligence workstreams to identify and reduce multiple inequalities.
5. The Representative, North West Surrey Integrated Care Partnership and Community Provider voice noted the lessons learnt so far including the:

- challenge of getting partners to work together more to ensure a system first approach which was more of a challenge for the recovery side which focussed on long-term fixes - which had subsequently improved.
- challenge concerning the governance of the Surrey Heartlands ICS Recovery Programme and alignment with statutory powers.
- benefit of harmonising more back office activity such as finance, IT, and personnel amalgamating services across Surrey Heartlands for financial efficiency towards the betterment of healthcare.

*David Munro left the meeting at 3.56 pm*

*Professor Helen Rostill left the meeting at 3.57 pm*

6. The Chairman commended the groundwork made regarding both the practicalities of restoration and recovery and the partnership work.
7. The Chairman noted NHS England and NHS Improvement's '*Integrating Care: Next steps to building strong and effective integrated care systems across England*' paper published last week. As a result the future direction of travel for Surrey Heartlands ICS including its Integrated Care System Strategy would need to be revised early next year in anticipation of the proposed legislative changes in which all health and care systems were expected to become Integrated Care Systems by 2021.
  - He emphasised that it would be a good opportunity to link all workstreams in with the work on the Health and Wellbeing Strategy to ensure that the health system was delivering the three key priorities, via a possible Board informal session next year.

#### **RESOLVED:**

That the Health and Wellbeing Board noted the verbal update and presentation slides.

#### **Actions/further information to be provided:**

1. In relation to the NHS England and NHS Improvement's paper '*Integrating Care: Next steps to building strong and effective integrated care systems across England*' the Board will work with partners on the future direction of travel for Surrey Heartlands ICS including the revision of the Integrated Care System Strategy; linking all workstreams in with the work on the Health and Wellbeing Strategy to ensure that the health system was delivering the three key priorities, via a possible Board informal session next year.

*Dr Charlotte Canniff left the meeting at 3.59 pm*

*Dr Russell Hills left the meeting at 4.00 pm*

*Mrs Mary Lewis left the meeting at 4.00 pm*

#### **43/20 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [ITEM 11]**

##### **Witnesses:**

Sinead Mooney - Cabinet Member for Adults and Health (SCC)

##### **Key points raised in the discussion:**

1. The Cabinet Member for Adults and Health (SCC) as the Surrey Local Outbreak Engagement Board (LOEB) Chairman noted that the LOEB last met

on 20 November and had a both constructive and interactive meeting, receiving six public questions and a number of supplementary questions which were broad in range covering lateral flow tests, the impact of the pandemic on the economy and transitioning out of lockdown.

2. The LOEB Chairman noted the insightful update on Covid-19 Surveillance as the intelligence was key to identify areas of concern and ensure prompt action continued to be taken. The LOEB also received updates on the Covid-19 Local Outbreak Control Plan covering areas such as the local tracing partnership, Covid Marshals as well as care homes and winter pressures; from Spelthorne Borough Council on Covid Champions as well as an update on the Local Outbreak Control Communications Plan which was dynamic all and responsive to Covid-19 trends.
3. The LOEB Chairman thanked all that took part in the LOEB and looked forward to the upcoming year and further positive work.

#### **RESOLVED:**

That the Health and Wellbeing Board noted the report and verbal update on the work of the Surrey Local Outbreak Engagement Board.

#### **Actions/further information to be provided:**

None.

#### **44/20 DATE OF THE NEXT MEETING [ITEM 12]**

The next meeting of the Health and Wellbeing Board will be on 4 March 2021.

Meeting ended at: 4.03 pm

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**Chairman**