

MINUTES of the **INFORMAL** meeting of the **HEALTH AND WELLBEING BOARD** held at 10.00 am on 2 June 2021 via Microsoft Teams.

These minutes are subject to noting by the Committee at its meeting on Thursday, 9 September 2021.

The published decision sheet providing a record of the decisions taken under delegated powers by the Proper Officer (Council) is accessible via the following link: <https://mycouncil.surreycc.gov.uk/ieDecisionDetails.aspx?ID=4608>

Elected Members:

(Present = *)

- Fiona Edwards
- Dr Charlotte Canniff (Vice-Chairman)
- * Jason Gaskell
- Dr Russell Hills
- * Tim Oliver (Chairman)
- Kate Scribbins
- Simon White
- * Ruth Hutchinson
- Dr Claire Fuller
- * Graham Wareham
- * Joanna Killian
- * Sinead Mooney
- * Clare Curran
- * Rob Moran
- Rod Brown
- Robin Brennan
- * Carl Hall
- Gavin Stephens
- * Mark Nuti
- Steve Flanagan
- Vicky Stobbs
- Michael Wilson CBE
- * Professor Helen Rostill
- * Rachel Hargreaves
- Rachael Wardell
- Borough Councillor Joss Bigmore
- * Lisa Townsend
- Siobhan Kennedy (Associate Member)

Substitute Members:

Nicola Airey - Executive Place Managing Director (Surrey Heath), NHS Frimley CCG
 Fiona Macpherson - Temporary Assistant Chief Constable, Surrey Police
 Deborah Mechaneck - Board Director and Co-Chair, Healthwatch Surrey

The Chairman welcomed all returning Board members and the following new members:

- Clare Curran - Cabinet Member for Children and Families, Surrey County Council
- Mark Nuti - Cabinet Member for Communities, Surrey County Council
- Lisa Townsend - Surrey Police and Crime Commissioner
- Graham Wareham - Chief Executive (Interim), Surrey and Borders Partnership NHS Foundation Trust - he takes the place of Fiona Edwards
- Fiona Edwards - Chief Executive of the Frimley Health and Care Integrated Care System (ICS) and Accountable Officer, NHS Frimley CCG - new role

The Chairman reiterated the roles and responsibilities of Members as discussed at the Board's recent May 2021 induction session.

The Chairman highlighted the period of transition as a result of the Government's intention to introduce a new Health and Care Bill following the publication in February of the White Paper on Integration and Innovation: working together to improve health and social care for all. Whereby the current Integrated Care System structure would be split into two, an 'ICS NHS body' and an 'ICS health and care partnership'. It was hoped that the partnership would take the place of the Health and Wellbeing Board, further developing the Health and Wellbeing Strategy and the three Priorities set in 2019, which was part of the Community Vision for Surrey 2030 focussing on addressing inequality of opportunity and inequality of life expectancy, and to ensure that no one is left behind; recognising the exacerbating effects that the pandemic has had on many communities as highlighted through the intelligence products and key workstreams.

14/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Rod Brown, Rachael Wardell, Dr Charlotte Canniff, Dr Claire Fuller, Dr Russell Hills, Steve Flanagan, Siobhan Kennedy (Associate Member), Gavin Stephens - Fiona Macpherson substituted, Fiona Edwards - Nicola Airey substituted and Kate Scribbins - Deborah Mechaneck substituted.

15/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 2]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)
 Simon Hart - Independent Chair, Surrey Safeguarding Children Partnership (SSCP)
 Simon Turpitt - Independent Chair, Surrey Safeguarding Adults Board (SSAB)

Key points raised in the discussion:

1. The Director of Public Health (SCC) highlighted the new format of the Highlight Reports which provided an overview of the progress made across Priorities One-Three, showed how collaborative working had made a difference and included a spotlight section on key programmes. The intention was to share the Highlight Reports more widely with partners such as through the Healthy Surrey website.
2. The Independent Chair (SSCP) provided an update on the report on the two Thematic Reviews that were brought to the Board last September noting that:

- the Thematic Reviews provided a practical understanding of self-harm and suicidal ideations within young people and he welcomed the large amount of activity undertaken since then.
 - the Thematic Reviews had been shared extensively across Surrey and commented that any organisations who had not been able to connect with the reviews, that they should contact the SSCP for a briefing.
 - that the national Child Safeguarding Practice Review Panel which oversaw case review work for children and young people had expressed an interest in the Thematic Reviews, using them to promote some of the findings nationally raising the profile of the work in Surrey.
 - a substantial number of workshops and webinars had been provided to try and ensure that frontline staff were well briefed.
 - the SSCP Suicide Prevention Toolbox had been completed which helped frontline workers recognise the early signs and a Self-Harm Protocol was under development.
 - although as a result of the Thematic Reviews additional training and staff briefings would be put in place, work would only be effective if it was disseminated across the management level to ensure coaching was in place.
 - regarding the Child and Adolescent Mental Health Service (CAMHS) in Surrey there was a safeguarding specific Alliance Reference Group chaired by the Board's Vice-Chairman which looked at practical experiences from people working in schools, social care and health from a safeguarding perspective.
 - he welcomed the collaborative working of the Mental Health Partnership Board (MHPB), through which the safeguarding message was being heard and was being addressed in the system-wide longer-term plans towards a transformation in mental health services for young people in Surrey.
3. The Independent Chair (SSAB) provided an update on the SSAB noting that:
- the link between the Board, SSCP and SSAB had strengthened which led to increased dialogue and partnership working.
 - the SSAB had finalised its Annual Plan based on the three-year Strategic Plan and it was key to ensure that the SSAB's voice was heard more widely in Surrey; a communications group had been established which was supported by the Multi-Agency Information Group (MIG) aligning communication messages across Surrey, and a voluntary group had been established.
 - a challenge concerning the new Annual Plan was ensuring the support of agencies; recognising resource and time constraints in the system and he reinforced that call for support from the Board.
 - improving engagement was a key focus going forward through public and frontline staff engagement as well as a focus on supervision and training for frontline staff.
 - risks to the Annual Plan's implementation were a return to lockdown, staff burnout, delayed referrals being received in large quantities in both safeguarding and serious adult reviews, and similarly with the SSCP finding authors that could deliver a report quickly and efficiently.
 - supported the comment about the MHPB which had been a real opportunity for the SSAB to be involved, noting the strong mental health input to most of the cases received and emphasised the importance of partnership working across Surrey and its agencies.
4. The Director of Public Health (SCC) introduced the proposed approach to the review and refresh of the Health and Wellbeing Strategy noting that:

- a clear rationale for undergoing the re-framing of the ten-year Strategy was that it was published back in 2019 and there had been significant change since.
 - The Strategy needed to align with: the draft Community Safety Agreement, changes in the life expectancy indicator, the Community Impact Assessment (CIA) recognising the exacerbating impact of the pandemic, the delivery of the NHS's 2021/22 priorities and operational planning guidance, the transformation and recovery programmes with an emphasis on the empowering communities roadmap and place-based systems as an underlying principle for reducing health inequalities for all programmes; and to ensure that health inequalities were measurable as noted in the intelligence report - item 5.
- the proposed next steps model had four stages with the first being the June Board meeting and the second stage being the informal Board meeting in July to discuss the programmes and principles of the Strategy, with the approval of the agreed programmes and principles and governance to follow at the September and December Board meetings.
- proposed re-framings of the Strategy were in red text in the report and were ambitious in nature as on reflection the proposals would ensure a more explicit reference to 'reducing health inequalities so no one is left behind' re-stating it as the Strategy's foremost ambition; and that was shown at the centre of the honeycomb graphic surrounded by Priorities One-Three, the system capabilities and priority populations.
 - the proposed re-framing of Priority One included the expansion of the Priority through emphasising the prevention of physical ill health by promoting physical wellbeing; and an additional outcome on ensuring that the needs of those experiencing multiple disadvantages were met, embedding the Priority into the work of the Making Every Adult Matter programme (MEAM).
 - the proposed re-framing of Priority Two included the expansion of the Priority through emphasising the prevention of mental ill health by promoting emotional wellbeing; and an additional outcome on supporting the emotional wellbeing of parents, caregivers, babies and children.
 - the proposed re-framing of Priority Three included the expansion of the Priority through emphasising the need to address the wider determinants of health; and three additional outcomes on meeting people's basic needs, empowering children, young people and adults in their communities, and adults being able to access training and employment opportunities within a sustainable economy.
 - there was an overlap between the Priorities which did not sit in isolation.
 - the proposed re-framing of the five target priority populations arose from the evidence base from the CIA and Rapid Needs Assessments (RNAs) and need to expand the target population groups.
 - the proposed re-framing of the system capabilities included empowerment within the existing community development ethos, the inclusion of recovery and development concerning the workforce, the inclusion of the Equality, Diversity and Inclusion agenda, and insights and evidence.

Joanna Killian joined the meeting at 10.27am

5. The Chairman welcomed the informal Board session which was key for the development of the Strategy through evaluating and re-defining the principles and programmes and asked that pre-reading material be circulated to the Board.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Noted progress reported against the three priorities.
2. Supported wider use of the new format for the Highlight Report.
3. Agreed the reframed Priorities, Outcomes, System Capabilities and Priority Populations (see appendix 2) to enable a refresh and alignment of the Strategy's design principles and programmes.
4. Agreed to an informal Board meeting in July to discuss:
 - The Strategy's ongoing design principles
 - Criteria for the inclusion of programmes within the Strategy and on Board agendas
 - The Strategy's programmes
 - Links to the Empowering Communities roadmap
 - Alignment as part of the broader Health Inequalities programmes.
5. Acknowledged that any future changes to the roles, responsibilities and governance of the Board will be aligned to the requirements of the Health and Social Care white paper 2021 which are still to be confirmed by HM Government.

Actions/further information to be provided:

In advance of the Informal Board meeting in July with a date to be set in due course, pre-reading material will be circulated to the Board.

16/21 REVIEW OF THE FINAL DRAFT OF THE COMMUNITY SAFETY AGREEMENT 2021-2025 [Item 3]

Witnesses:

Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)
 Lisa Townsend - Surrey Police and Crime Commissioner

Key points raised in the discussion:

1. The Priority Three Sponsor noted that:
 - he was presenting the report on behalf of the new Police and Crime Commissioner for Surrey and paid tribute to the Commissioning and Policy Lead for Community Safety (OPCC) for her work on the report.
 - the final draft of the Community Safety Agreement was a manifestation of the merger of the Community Safety Board and the Health and Wellbeing Board in March 2020; combining two statutory responsibilities:
 - the Board as a partnership doing all it could to reduce crime and disorder, and to coordinate its community safety activity;
 - to produce a Community safety Agreement.

- the initial draft was received by the Board in March 2021 and it was one of the first of its kind in the country bringing together community safety, and health and social care.
- there were three areas of focus:
 - protecting our most vulnerable - such as from the risk of abuse and violence.
 - protecting our communities from harm - such as antisocial behaviour and drug related harm.
 - empowering communities to feel safe - such as through building community resilience.
- after a period of consultation on the initial draft following the March Board meeting, he highlighted several changes from the positive feedback:
 - an addition around 'public space safety' following the murder of Sarah Everard, highlighting pages 4 and 5 concerning Violence Against Women and Girls (VAWG) - VAWG Strategy was being developed.
 - regarding information sharing there was a reference to ECINS multi-agency case management system.
 - more on fire safety to reflect the work of Surrey Fire and Rescue Service (SFRS).
 - included a table on which partnerships were linked to each of the thematic areas.
 - reflected more overtly the work of the probation service and the work on multiple disadvantages and their route to crime.
 - a foreword from the PCC and the Board's Chairman would be added.

Mark Nuti joined the meeting at 10.32am

- he commended the final draft for review and agreement on the basis that it would continue to be embedded and measured through the developing metrics and would be incorporated into the refresh of the Strategy.
2. The Police and Crime Commissioner for Surrey thanked the Priority Three Sponsor and the Commissioning and Policy Lead for Community Safety (OPCC) for their work, noting that although newly in post she had been kept briefed on the progress of the draft CSA and looked forward to implementing it.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. The Community Safety Agreement be approved.
2. Consideration of the Agreement be ensured and its focus areas fit into the Health and Wellbeing Strategy review and refresh.

Actions/further information to be provided:

None.

17/21 SURREY MENTAL HEALTH PARTNERSHIP BOARD: REVIEW AND IMPROVEMENT PROGRAMME [Item 6]

The Chairman considered Item 6 (this item) before Item 4

Witnesses:

Alan Downey - Independent Chairman, Surrey Mental Health Partnership Board
 Simon Turpitt - Independent Chair, Surrey Safeguarding Adults Board (SSAB)
 Simon Hart - Independent Chair, Surrey Safeguarding Children Partnership (SSCP)
 Graham Wareham - Chief Executive (Interim), Surrey and Borders Partnership NHS Foundation Trust
 Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)

Key points raised in the discussion:

1. The Chairman thanked the Independent Chairman (MHPB) for his work, noting his recent interview with BBC Radio Surrey. In response the Independent Chairman echoed his comments made on BBC Radio Surrey that he was impressed by the willingness of all the organisations and individuals involved to make it a success, reiterating that Surrey was unique as a local authority its approach to addressing mental health through prevention and intervention.
2. The Independent Chairman (MHPB) highlighted that:
 - the report reflected a consensus view that was reached by all members of the MHPB; recognising the challenges faced and the willingness of those involved to be self-critical.
 - the recommendations were in priority order beginning with endorsing the recommendations of the MHPB recognising the shift from dealing with the consequences of mental ill-health to a clearer focus on prevention and early intervention.
 - it was vital to focus on the next steps concerning the governance arrangements for the nature of the challenges ahead, the Mental Health Delivery Board would assume system-wide leadership and accountability for the delivery of the Improvement Programme and would report to the Board and ICS Board, with a strong recommendation that a strategic programme lead should be appointed.
 - it was important to ensure a commitment across Surrey's organisations, paying tribute to the MHPB members for the work achieved to date, the external advisors who would be involved in the peer-led review and the project team led by the Deputy Chief Executive (SCC) and Chair of SODA.
 - following the defining the problem and the solutions, the challenge of implementing the Improvement Programme lay ahead as it would be a transformational shift in the way that mental ill-health and mental wellbeing were tackled within Surrey.
3. The Independent Chair (SSAB) noted the enthusiasm of the MHPB which needed to be channelled into its implementation and that it was important to change the dynamic by embracing and understanding mental health across Surrey.
4. The Independent Chair (SSCP) noted that the report was refreshing as it offered clarity on areas of concern and reassurance came from recognising the strong partnership agreement committed to the transformational change needed and welcomed the periodic review of the priorities. He hoped that all partners were disseminating the messaging on mental ill-health across their strategic organisations, paying attention to the lived experiences of young people and their families.

5. The Chief Executive (Interim) (SABP NHSFT) supported the report and constructive approach taken by the team, noting that the challenge going forward would be ensuring sufficient resources and time, and he welcomed the role of strategic programme lead. He emphasised that the MHPB was a unique opportunity for partners across the system to direct the changes needed and hoped that the MHPB would continue to meet periodically to ensure the Improvement Programme was progressing well.
6. A Board member thanked the Independent Chairman (MHPB) and the team for their work, noting the important recommendations for all. She highlighted that process grew out of the Mental Health Summit held last autumn which brought together voices from across the county to express how they felt about the mental health services they were receiving, she suggested that a similar conference or summit be held for autumn 2021 and would liaise with key officers, to report back on the MHPB's progress across a broad range of communities and to hold partners to account on delivery of the change needed.
7. The Chairman referred to the recommendation about the strategic programme support and lead for the Improvement Programme querying who would be taking that forward. In response the Chief Executive (Interim) (SABP NHSFT) explained that the matter would be brought to the next MHPB.
8. A Board member noted the MHPB to be an open and trusted setting with honest conversations by organisations and agencies about the issues within the mental health setting. She commended the leadership of the Independent Chair and the MHPB's progress with moving forward with a tangible plan to address competing pressures.
9. The Priority Two Sponsor commended the work of the Independent Chair and noted the opportunity of the MHPB to look at creating better opportunities for Surrey's communities around good mental health and building those robust foundations going forward.
10. The Independent Chair (MHPB) thanked Board members for their comments and highlighted that although the challenge lay ahead, he was optimistic about the ability of the organisations in Surrey and their willingness to implement the recommendations, noting the need to remain accountable and to continue to work collaboratively.
11. The Chairman noted that the Board would receive a future update on the MHPB and Improvement Programme and that going forward the next steps would be the delivery of the work through the action plan and embedding the approach across the system.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Accepted and endorsed the report, findings, and recommendations of the Mental Health Partnership Board the peer-led review.
2. Approved the proposed governance structure of the future MHPB and oversees progress.
3. Ratified and approved the Improvement Programme which has been devised to achieve a full redesign of the emotional wellbeing and mental health system model, aligned to national best practice with co-design by service and users at its centre.

4. Acknowledged the need for strategic programme support for the Improvement Programme, to ensure the alignment and implementation of system, organisation and tactical resources and services to drive forward and manage the implementation of the mental health service's redesign.

Actions/further information to be provided:

1. The Board member (Chief Executive SCC) will liaise with officers on the possibility of a similar mental health conference or summit be held for autumn 2021.
2. The Board will receive a future update on the MHPB, the Improvement Programme and its action plan, as well as an update on the strategic programme lead.

18/21 DIGITAL WORKSTREAMS FOR RESTORATION AND RECOVERY ACROSS THE SYSTEM AND DIGITAL INCLUSION [Item 4]

Witnesses:

Katherine Church - Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC)

Key points raised in the discussion:

1. The Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) introduced the report noting:
 - the reasons for the recommendations which included a recognition of the importance of the need for continued partnership working, the focus on transparent citizen engagement, tackling digital exclusion ensuring that no one is left behind and the development of the Digital Inclusion Strategy.
 - an overview of the digital ambitions across six workstreams, highlighting the challenge of condensing the focus of the work as digital was a key enabler to many of the transformation programmes across Surrey:
 - Workstream One - Digital first primary care/healthy neighbourhoods: to further digitise health and social care to deepen citizen engagement, capitalising on virtual consultations, looking at systems for remote modern monitoring around a number of long-term conditions such as diabetes and hypertension for prevention and management, as well as signposting residents to providers.
 - Workstream Two - Children's digital programme: governed by the multi-agency Children's Strategic Group, utilising insights gained last summer from practitioners on the barriers to coordinated working such as disconnectedness of services and information. Key projects included the emotional health and wellbeing programme with the Surrey and Borders Partnership NHS Foundation Trust and integrating health and care records through the Surrey Care Record.
 - Workstream Three - Adults' Digital Programme: using integrated technology to enable people to live their best lives, promoting independence through focusing on digital projects such as Enabling You with Technology and supporting the Palliative and End of Life Care (PEoLC) Strategy.

- Workstream Four - Shared data and shared records: joining medical and care records across providers in Surrey Heartlands via the Surrey Care Record. Usage and views had increased over ten percent per month and with future savings of time and money, it was an NHS core deliverable with Surrey ahead of the national schedule.
 - Workstream Five - Digital infrastructure and one public estate: the move to enabling teams to work more closely together such as through joint commissioning across organisations, such as the programme with Surrey County Council's Digital Infrastructure Strategy. As well as enabling integrated working across estates.
 - Workstream Six - Digital inclusion: recognising that all of the programmes above would only deliver their benefits if Surrey's residents had the digital skills they needed to fully participate - currently 200,000 residents in Surrey were digitally excluded. Research over the past six months to identify those individuals would be used through a programme identifying localised services, working with several large-scale partners in the voluntary sector.
 - there were gaps to be addressed in the development of the Digital Inclusion Strategy, which would be collated in a detailed action plan to come back to the September Board.
2. A Board member asked whether work was underway concerning digital safety and security, focusing on addressing online health misinformation.
- In response the Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) noted that although there was not a specific topic on the above, citizen engagement would be embedded into each of the digital programmes through working closely with Healthwatch Surrey and the Communications team (SCC) - she was happy to liaise with the Board member on the gap.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. The significant digital capabilities being delivered across the system as part of Restoration and Recovery and the need for partnership working be noted.
2. The need for more joined up communication of digital across partners and a greater focus on citizen engagement at every level be supported.
3. The ongoing data analysis and insights regarding digital exclusion given its relationship to health inequalities be supported.
4. The development of a Digital Inclusion Strategy, as requested by the ICS System Board be supported.

Actions/further information to be provided:

1. That once developed the detailed action plan concerning the Digital Inclusion Strategy, will be brought to the September Board meeting.
2. The Chief Digital Officer (Surrey Heartlands ICS) and Joint Strategic Chief Digital Officer (SCC) will liaise with the Board member (VCFS representative) concerning the gap on digital safety and security, with a focus on addressing online health misinformation.

19/21 A RENEWED VISION FOR DATA: DRIVING INSIGHT-LED DECISION MAKING, DEMAND MANAGEMENT AND PERFORMANCE TO IMPROVE OUTCOMES [Item 5]

Witnesses:

Nicola Kilvington - Director of Insight, Analytics and Intelligence (SCC)
 Fiona Macpherson - Temporary Assistant Chief Constable, Surrey Police
 Dr Naheed Rana - Public Health Consultant (SCC)
 Richard Carpenter - Data Scientist (SCC)

Key points raised in the discussion:

1. The Director of Insight, Analytics and Intelligence (SCC) introduced the report which was in three parts: the renewed vision for data across Surrey, the Joint Strategic Needs Assessment and the Surrey Index.
2. The Temporary Assistant Chief Constable (Surrey Police) emphasised the importance of the work noting that the response to the pandemic over the past year highlighted what could be achieved when organisations worked in partnership; recognising the work of the Surrey Local Resilience Forum. She added that in relation to the report, the work of each organisation across Surrey when combined would make a difference to people's lives, noting the support of the work by the Chief Constable and Surrey Police.
3. The Director of Insight, Analytics and Intelligence (SCC) outlined the work on the Intelligence system capability, noting that:
 - data and insights were integral to the Health and Wellbeing Strategy and highlighted the close connections with the work and the digital workstreams.
 - data played a large role in helping to inform the response to the pandemic, the vaccination effort and the recovery work utilising the insights of the CIA on widening inequalities faced by certain communities in Surrey.
 - the first set of recommendations sought to build on the collaborations forged to date, including the work of the Surrey Office of Data and Analytics (SODA), the Surrey Care Record and Population Health Management; and to seek further consideration around how data from more partners can be included within the shared datasets, to be led by the Chief Constable (Surrey Police) on behalf of the wider system to develop a longer term vision and road map to progress the shared intelligence ambitions and outcomes.
4. The Public Health Consultant (SCC) outlined the work on the refresh of the Joint Strategic Needs Assessment (JSNA) noting that:
 - producing a JSNA was a statutory responsibility of the Board, in March 2020 the Board agreed an approach and principles in relation to implementing the JSNA which were presented in the report.
 - the JSNA continued to support the Health and Wellbeing Strategy, and the refresh learnt from the insights of the RNAs and the CIA, through a partnership-driven and resident evidence-based approach it was vital that the JSNA remained responsive to evolving needs of the population and was embedded into the wider system.
 - the refresh would be overseen by the JSNA Operational Oversight Group with system-wide representation, which would agree a workplan for 2021/2022 and beyond. Over a series of new chapters and revised chapters there would be an in-depth look at the insights gained from the RNAs and CIA, focusing

on groups that were disproportionately affected by the pandemic - the insights used from the Surrey Index would help develop the refreshed JSNA.

5. The Data Scientist (SCC) provided an update on the Surrey Index - Alpha Version noting that:
 - the link to the Surrey Index was published on Surrey-i where there was also a demonstration video.
 - the Surrey Index had developed over the past eighteen months and sat under Priority Three. It provided intelligence on the health and wellbeing of communities across the county measured by various indicators in relation to the foundations of wellbeing, basic needs, opportunity and inclusion, and prosperity and growth, which were aligned to the Community Vision for Surrey 2030.
 - there was both a fixed index with pre-defined indicators which was shown in a screenshot, as well as a flexible index which allowed users to build a bespoke index by choosing indicators of interest to them.
 - through a demonstration of the fixed index he provided an overview of:
 - the indicators via the dashboard and the aggregated components and dimensions. Data was available at the following levels: borough and district, local community networks, primary care networks and wards; with scores between 0-100 for each indicator and a rank showing how an area compared to others. There were three different 'views': Overall, Place and Indicator.
 - data at a more granular level by ward mapped across the boroughs and districts highlighted the disparities between neighbouring wards such as Oxshott and Stoke D'Abernon (Elmbridge) and its direct neighbour Leatherhead North (Mole Valley), where for the Wellness component, Leatherhead North ranked 184th, while Oxshott and Stoke D'Abernon ranked 6th; there was also an approximately ten year difference in healthy life expectancy between the two wards.
 - Board members were asked to consider how the Surrey Index might be used to inform strategy, commissioning, new service design and local interventions.
 - over the next few months there would be roadshows and demonstrations on the Surrey Index.
 - the Alpha Version was the draft version which would be updated in phase two by early July with additional datasets to refine some of the issues, with the final version out by the autumn. Further data would be added from the most recent 2021 Census and with each update the change in scores and ranks overtime would provide a useful 'trend' view.
6. The Chairman encouraged all to navigate the Surrey Index themselves, noting that the more the data and knowledge could be amassed the more useful it will be in helping drive the system-wide strategies.
7. The Chairman noted that the Board would welcome further updates at future meetings explaining how the data was being developed and that the work on the renewed vision for data provided a single lens on what was happening across Surrey's communities and which areas needed to be addressed.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

In relation to the system capability:

1. Endorsed the need to renew the ambition around data and intelligence, recognising that we need to jointly design the data infrastructure and analytics capability to inform and monitor the ambitions of the refreshed Health and Wellbeing Strategy.
2. Confirmed support for the areas for collaboration and next steps (see sections 5, 7 and 9) and suggest any additional areas.
3. Agreed that Chief Constable Gavin Stephens (Surrey Police), leads on behalf of the wider system, the development of a longer-term vision and roadmap to progress our shared intelligence ambitions and outcomes, and works with the Chair of the Surrey Office of Data Analytics (Michael Coughlin, Surrey County Council) and relevant data and intelligence leads in partner organisations, to deliver it.

In relation to the JSNA:

4. Agreed the renewed governance for the JSNA through an operational oversight group with representatives from the CIA Steering Group, to include Surrey County Council public health, adult and children's services, the Insight & Analytics team, the CCGs, Community Teams, Healthwatch and Districts & Boroughs. Others may be co-opted as appropriate.
5. Agreed that the new operational oversight group will oversee delivery of the JSNA.

In relation to the Alpha Version of the Surrey Index:

6. That the use of the Surrey Index to guide local level decision making and targeted interventions in local areas be supported.
7. Individual and collective leadership to ensure the Surrey Index is used to inform partnership and organisational strategies and decisions around future service delivery and resource allocation be provided.
8. That the Surrey Index in their respective organisations, other partnership forums, and with local communities and residents be championed.
9. Buy-in from partners, including District and Borough councils be built, so that more local level up to date data can be included in future iterations.

Actions/further information to be provided:

Further updates on the development of the data and Surrey Index will be scheduled for a future Board meeting.

20/21 ADDRESSING WIDER DETERMINANTS OF HEALTH INEQUALITIES IN SURREY: POVERTY [Item 7]

Witnesses:

Michael Coughlin - Deputy Chief Executive (SCC) and Chair of SODA
 Rob Moran - Chief Executive, Elmbridge Borough Council (Priority Three Sponsor)

Key points raised in the discussion:

1. The Deputy Chief Executive (SCC) and Chair of SODA noted that:
 - the report set out the evidence demonstrating the strong relationship between poverty and poor health, and conversely the impact that poor health could have on an individual's income.
 - poverty was a key wider determinant of health to which many parts of Surrey were not immune as highlighted through the Surrey Index and Surrey-i.
 - economic pressures had been exacerbated by Covid-19 through the lockdowns, furloughing and redundancies, often interrelated with issues in relation to rent affordability, debt, Universal Credit and in some cases addiction and mental health issues.
 - the worrying uptake in free school meals, the prevalence of food banks, and the delivery of food parcels were all indicative of the extent in the extremes of poverty felt by some people.
 - emotive feedback was received at the Mental Health Summit through individual's testimonies experiencing poor mental health. Similarly with poverty, the most powerful imperative to act came from having the awareness and understanding of the lived experience of individuals, families, and communities.
 - in terms of health impacts of poverty they were most acutely felt by children in the early stages of life, leaving impacts that potentially last throughout a lifetime, noting the importance of the recent Surrey County Council motion on child poverty.
 - the table in the report set out a number of initiatives in Surrey aimed at mitigating the effects of poverty, it was evident that solutions to resolve poverty had been more difficult to identify and the recommendations sought to identify the causes of poverty; linking in with the work on the refresh of the Health and Wellbeing Strategy incorporating poverty into Priority Three with the need to ensure deliverables and engaging with those with lived experiences.
 - it was vital to review best practice across Surrey and nationally, a working group would be established to support the delivery of the action plan.

Jason Gaskell left the meeting at 11.31am

2. The Priority Three Sponsor:
 - paid tribute to colleagues for their work on the report and noted that thirteen years after the last economic recession and having had up to £10 billion worth of public investment in the county every year, the report showed that poverty was increasing across the country and all ages, and had been exacerbated by Covid-19.
 - echoed the Chairman's opening remarks recognising the real poverty experienced by large numbers of residents in the county, and so it was vital to align poverty with health inequalities.
 - noted that the challenge going forward was how to move from the insights into real action that would make a positive difference to people's lives, he welcomed its inclusion in Priority Three and the momentum going forward from the upcoming refresh of the Strategy.
3. Referring to recommendation five the Chairman queried what the timescale would be for the Board to receive the further report from the working group.

- In response the Deputy Chief Executive (SCC) and Chair of SODA noted that there was not a definitive timescale for that report until the working group was established, however noted that it could be at the end of the year or towards the beginning of next year.
- The Priority Three Sponsor added that following the formation of the working group, the intention was that a programme of reporting would be established.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Noted the significant demands, issues, and concerns raised about the changing nature of poverty through the pandemic and its impacts on people, and in particular health inequalities.
2. Endorsed the inclusion of action against poverty as a delivery programme within the refresh of the Health and Wellbeing Strategy.
3. Confirmed support for the ongoing examination of best practice across Surrey, and the country, with a view to highlighting key initiatives which could positively impact residents and communities experiencing poverty in Surrey.
4. Initiated a delivery programme to target reduction of poverty at system level, as part of the Health and Wellbeing Strategy refresh, drawing together a working group of key partners across Surrey to coordinate best practice initiatives and a jointly-owned action plan to address the causes and experience of poverty in Surrey.
5. A further report, through this working group, outlining different approaches in tackling poverty across other counties in the UK to elaborate on a potential future strategy for Surrey would be received.

Actions/further information to be provided:

As per recommendation five, the Board will receive the further report in due course.

21/21 SURREY CARERS STRATEGY 2021-24 [Item 8]

Witnesses:

Sue Tresman - Independent Carers Lead, Surrey Heartlands Integrated Care System

Adam Watkins - Senior Joint Carers Lead (Carer Contingency Planning), Surrey Heartlands Integrated Care System

Anna Waterman - Head of Commissioning for Disabilities, Autism and Carers (SCC)

Key points raised in the discussion:

1. The Independent Carers Lead (Surrey Heartlands ICS) highlighted:
 - the inclusive working model across Surrey and its Integrated Care Partnerships (ICPs), working with carers in developing the Strategy to ensure that their experiences arising from living and caring for family members were at the heart of the Strategy and the development of support services for carers across Surrey.
 - the role of carers in overseeing the ongoing governance and evaluation of the objectives of the Strategy through the Carers Strategic Partnership Board and proposed commissioning arrangements.
 - the new Senior Commissioning Manager for Carers (SCC).

2. The Senior Joint Carers Lead (Carer Contingency Planning) (Surrey Heartlands ICS) explained that:
 - the Strategy presented a joint vision for unpaid carers across the system, in which carers should be recognised, valued and supported both in their caring role and as an individual; that carers would be respected as partners in care, that they would have a strong voice that influences improvement and would equally be able to access the support they needed in the way that worked best for them.
 - the Strategy set out system-wide ambitions and commitments, whilst also being place-based and aligned to local provision.
 - a Young Carers Strategy focusing on the needs of young carers was in its advanced stage of development and would be aligned with the Strategy to ensure an all-ages approach to unpaid carers.
 - the Strategy had been driven by a process of ongoing engagement with ICPs, Borough and District Councils, the Voluntary, Community and Faith Sector (VCFS) and other community groups, as a shared set of values and priorities was a key enabler to achieving consistency across the system - normalising the work of unpaid carers across the system.
 - delivery of the Strategy would be monitored through the system-wide action plan and local action plans under development.
 - a joint 'carers dashboard' was being developed, with work underway through the Carers Strategic Partnership Board, with the creation of a Carers Co-production Action Group being explored.
 - in response to feedback, a citizen-friendly document would be developed, and an Easy Read version has been commissioned.
 - subject to the Strategy's approval, communications teams would work on a launch plan which would include key messaging through other media such as short videos.
3. The Head of Commissioning for Disabilities, Autism and Carers (SCC) noted that:
 - the carers budget in Surrey was allocated out of the Better Care Fund - £6.5 million - pooled across health and social care, the spending was monitored by the Carers Strategic Commissioning Group and the Carers Strategic Partnership Board.
 - going forward to realise the commitments set out in the Strategy it was vital to ensure robust governance across the system-wide action plan and local action plans.
 - contracts and grant agreements for a range of commissioned carers services would end in March 2022 and so a re-procurement exercise would begin in September to look at the right services for carers going forward and to realise the commitments in the Strategy - there would be a market engagement event on 10 June.
 - it was vital to recognise the impacts of Covid-19 on carers as part of the wider determinants of health approach, as carers have provided a greater share of health and social care throughout the pandemic and additional funding was set aside for carers breaks with carers receiving a 5% uplift for inflation across contracts.

RESOLVED:

That the relevant Proper Officer(s) in consultation with the Chairman:

1. Approved the Surrey Carers Strategy 2021-24.
2. Supported and promoted the implementation of the Surrey Carers Strategy 2021- 24 as the Surrey-wide strategy to inform the ongoing development, delivery and improvement of services for carers in Surrey.
3. Adopted the values identified in the Surrey Carers Strategy 2021-24, which were developed in partnership with carers and partners across Surrey.
4. Agreed the strategic priorities 2021-24, which were developed based on what carers have said matters most and would make the biggest difference to them, and the specific commitments made in order to deliver against these priorities.
5. Supported the proposal for delivering the Surrey Carers Strategy 2021-24, which will see the development of a system-wide and local action plans, and the monitoring of the strategy through the Carers Strategic Partnership Board and the Joint Carers Strategic Commissioning Group.
6. Noted and agreed the proposal for the development of a Young Carers Strategy, which will dovetail with the Surrey Carers Strategy to create a truly all-ages approach.

Actions/further information to be provided:

None.

22/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [Item 9]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Sinead Mooney - Cabinet Member for Adults and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that:
 - Covid-19 infection rates had begun to slowly rise in the past few weeks as a result of the easing of the national lockdown and the rise in infections from the Gamma and Delta Variants of Concern (VOCs); data on the more prevalent Delta VOC was shared through the weekly COVID-19 Intelligence Summary report.
 - current areas of concern included Reigate and Banstead with rates rising in the 10-19 age group although the overall rate was around 60 per 100,000 population which was significantly lower than previous rates; rates were also rising in Epsom and Ewell.
 - The vaccination message remained vital as there were still residents eligible to get their vaccination, noting the importance of the Equalities, Engagement and Inclusion Group.
2. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted that:
 - LOEB members continued to be regularly informed of key updates from the Public Health team (SCC) and the Communications team (SCC) and the LOEB continued to engage positively with residents.
 - the Community (COVID) Champions programme was progressing well and reached across most of the county.
 - the LOEB continued to take its steer from its regional and national level equivalents and partners, keeping a close eye on the pandemic in the county.

RESOLVED:

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

Actions/further actions to be provided:

None.

23/21 DATE OF THE NEXT MEETING [Item 10]

The Chairman thanked all Board Members for their work across the system and contributions to the Board, noting the challenge of Covid-19 recovery and Surrey's ambitious plans to improve the health and wellbeing of its residents.

It was noted that a date for the proposed informal public meeting in July to discuss the refresh of the Health and Wellbeing Strategy would be confirmed in due course.

The date of the meeting was noted as 9 September 2021.

Meeting ended at: 11.56 am
