

## ICS System Board Agenda

Friday, 22 October 2021, 09:00 - 10:45.

This will be a meeting broadcast in public held on Microsoft Teams.

| Item   | Purpose   | Lead                | Paper/<br>presentation | Mins |
|--|---|---------------------|------------------------|------|
| 1. Welcomes, apologies, minutes, updates and context     |   |                     |                        |      |
| a. Introductions, apologies and conflict of interests.   | For approval<br>For noting<br>For noting              | Tim Oliver, Chair   | Verbal                 | 5    |
| b. September System Board minutes.                       |   | Tim Oliver, Chair   | 1b                     | 5    |
| c. Matters arising                                       |   |                     | Verbal                 | 5    |
| d. National/regional context.                            |   | Prof Claire Fuller  | Verbal                 | 5    |
| 2. Escalations from the System                           |   |                     |                        |      |
| a. SOAG.   | Key areas of discussion for noting and for escalation | Prof Claire Fuller  | Verbal                 | 5    |
| b. Finance.  |   | Matthew Knight      | 2b                     | 5    |
| c. Quality and Performance.                              |   | Steve Hams          | 2c                     | 5    |
| d. Other key updates.                                    |   |                     | Verbal                 | 5    |
| 3. Updates   |   |                     |                        |      |
| a. Black History Month                                   | For decision  | Yasmin Damree-Ralph | Presentation           | 20   |
| b. System Development Programme                          | For noting  | Karen McDowell      | Presentation           | 10   |
| c. System conveners                                      | Introductions   | Prof Claire Fuller  |                        |      |
| 4. Health & Wellbeing                                    |   |                     |                        |      |
| a. Stage 3 H&W refresh.                                  | For noting  | Ruth Hutchinson     | 4a                     | 10   |
| 5. Integrated Care Partnerships (Place) updates          |   |                     |                        |      |
| a. Updates from Places.                                  | For noting  | Place Based Leads   | Verbal                 | 10   |
| b. Deep dive – Surrey Downs                              | For noting  | Thirza Sawtell      | Presentation           | 15   |
| 6. Hot Topics and AOB                                    |   |                     |                        |      |
| 7. Date of next System Board Meeting.                    |   |                     |                        |      |
| Wednesday, 17 November 2021<br>between 9.00 and 11.00 am |   |                     |                        |      |

## Integrated Care System Board

## Minutes of meeting held on 21 July 2021

| Members  |  |   |   |     |   |  |    |   |  |
|--|--|---|---|-----|---|--|----|---|--|
| Tim Oliver, ICS Chair  | TO   | P | Dr Claire Fuller, ICS Lead and Interim Accountable Officer Surrey Heartlands CCG      | CF  | P | Ruth Hutchinson, Director of Public Health                                     | RH | P |  |
| Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG        | CC   | P | Dr Justin Wilson, Medical Director, Surrey & Borders Partnership NHS Foundation Trust | JW  | A | Sarah Billiald, Chief Exec, First Community Health and Care                    | SB | P |  |
| Joanna Killian, Chief Executive, Surrey County Council             | JK   | A | Karen McDowell, coo, Surrey Heartlands CCG and ICS                                    | KMc | P | Dr Pramit Patel Lead PCN Clinical Director for Surrey Heartlands               | PP | P |  |
| Thirza Sawtell, Place Based Lead, Surrey Downs ICP                 | TS   | A | Louise Stead, Place Based Lead, Guildford & Waverley ICP                              | LS  | P | Simon White Interim Director of Adult Social Care, SCC                         | SW | P |  |
| Dr David Fluck, Medical Director, Ashford & St Peter's Hospitals   | DF   | A | Dr Marianne Illisley, Medical Director, Royal Surrey County Hospital                  | MI  | P | Steve Flanagan, CEO CSH Surrey   | SF | P |  |
| Dr Ed Cetti, Medical Director, SASH                                | EC   | A | Michael Wilson, CEO, Surrey & Sussex Healthcare NHS Foundation Trust                  | MW  | P | Suzanne Rankin, CEO Ashford & St Peter's Hospitals FT                          | SR | P |  |
| Graham Wareham, Interim CEO, Surrey and Borders NHS Partnership FT | GW   | P | Philip Astle, CEO, South East Coast Ambulance Service                                 | PA  | A | Jon Ota, Chief Nurse & Director of Quality and People, FCH                     | JO | A |  |
| Sumona Chatterjee, East Surrey Place Director                      | SC   | P | Jack Wagstaff, Place Based Lead, North West Surrey ICP                                | JW  | P | David Radbourne, NHSE/I  | DR | A |  |
| Julius Parker, Local Medical Committee, Representative             | JP   | A | Matthew Knight, Surrey Heartlands ICS Director of Finance                             | MK  | P | Michael Pantlin, SH ICS, Executive Director of People and Digital              | MP | A |  |
| Rachel Crossley, SCC Director of Public Sector Reform              | RC   | P | Gillian Francis-Musanu, Surrey Heartlands ICS WRES and BAME Executive Sponsor         | GF  | A |  |    |   |  |
| In attendance:   |  |   |   |     |   |  |    |   |  |
| Steve Hams, Independent Nurse, SHHCP                               | Dr Ian McPherson, Chair, Surrey and Borders NHS Partnership FT (SABP)        |   |   |     |   | Sue Sjuve, Chair, RSCH   |    |   |  |
| Andy Field, ASPH Chair   | David Astley, SECAmb Chair   |   |   |     |   | Florence Barras, First Community Health and Care Chair                         |    |   |  |
| Tom Edgell, NHSE Senior Improvement and Delivery Manager           | Sinead Mooney, SCC Cabinet Member for Health and Wellbeing                   |   |   |     |   | Hayley Connor, SCC Director of Children's, Families and Learning Commissioning |    |   |  |
| Steve Hook, SCC Assistant Director of Disabilities                 | Jamie Gault, Action for Carers Surrey CEO                                    |   |   |     |   | Alison Taylor, SCC Director of Communications and Engagement                   |    |   |  |
| Mairead Rooney, SCC Health Policy Advisor                          | Dr Sian Jones, Guildford and Waverley Alliance GP Member                     |   |   |     |   | Farah Khan,  |    |   |  |
| Dr Sue Tresman, Guildford and Waverley ICP Independent Chair       | Giselle Rothwell, Associate Director of Communications and Engagement, SHHCP |   |   |     |   | Kate Scribbins, Health Watch Surrey CEO  |    |   |  |
| Paul Mitchell, Surrey Heartlands, Joint Head of System Governance  | Rian Hoskins, Governance Manager, Surrey Heartlands CCG                      |   |   |     |   |  |    |   |  |

## 1 WELCOME AND APOLOGIES

Apologies were noted as listed.

TO welcomed everyone to the meeting which was being held in private.

- **Conflict of interests**

No conflict of interests were declared at the meeting relating to items on the agenda.

- **Minutes from July 2021 meeting**

The minutes of the meeting held on 21 July 2021 were **agreed** as an accurate record.

**Arising** - Frimley Operational Plan. KMc confirmed that this had been signed off at the H&WB meeting along with the South-West London Operational Plan.

The action log was **noted** as up to date with no issues outstanding.

- **National and Regional Updates from NHSE/I**

CF updated on the National/ regional context. Draft guidance had been received on ICS establishment which appeared to be quite permissive. Chair's interviews were now underway. The CEO advert was now out and closes at the end of the following week. The SH SDP had been well received by the regional office.

Service pressures continued at an extraordinary level for the time of year. Particular pressures were expected on maternity services during October and November.

Services were being provided to recently arrived asylum seekers and Afghan refugees.

CF confirmed that an announcement was expected regarding the extension of the Covid vaccination programme to cover school age children and Covid boosters for the over 50s as well as the annual influenza programme.

## 2 KEY UPDATES / ESCALATIONS FROM ICS

**a) SOAG** – presented by CF. The recent meeting had covered:

- System review of long-term plans.
- Commitment to racial equality. Re-enforcement of the five main commitments.
- Ongoing Covid incident response and surge planning.
- Surrey Safe Care (standing item).
- SABP – leadership review.

**b) Finance** – presented by MK. The report covered:

- Financial planning 2021/22.
- H1 2021/22 outlook, currently on plan. The national pay rise had been broadly funded but did not cover the CCG or ICS. The hospital discharge position was improving. There was particular pressure on children's mental health.
- H2 2021/22. Draft settlement numbers were being discussed for H2. Covid funding would be continuing. 3% efficiency savings were expected to be built in. At the same time elective targets were likely to be expanded. MW suggested that following national discussions on the role of social care the use of local community hospitals needed planning as a matter of urgency.

**c) Quality and Performance – SH.**

SH introduced the QPB report which included updates against key topic areas discussed. He highlighted:

- Service challenges across the system as reported earlier by CF.
- There were particular concerns regarding emergency care and maternity services plus ambulance handovers.
- He gave thanks to all providers for maintaining services under such pressure.

**d) Other key updates –**

KMc updated on winter planning. This will align with H2 planning guidance. Key issues being discussed were funding, hospital discharges and social care. This will go to the relevant committees for review and sign off.

### **3 ALL AGE AUTISM STRATEGY**

#### **Strategy update and launch**

CF made a declaration that her younger son was autistic.

Hayley Connor and Steve Hook, lead officers from Surrey CC introduced the All Age Autism strategy update. This had been co-designed in conjunction with SEND Surrey, Surrey Heartlands H&CP, Surrey Autism Partnership Board and Surrey County Council. SW commented that this was a very complex condition that had been captured well in the report.

#### **Discussion:**

- There was an increasing issue of parents pressing for diagnosis in order to gain support. Likewise, employers pressing in order to plan reasonable adjustments.
- LS raised the issue for hospitals bearing in mind their limited resources. SH commented that there had been an increase in primary care liaison services which may be helpful.
- GW welcomed the strategy and asked how it can be moved up the agenda with other public organisations ie learning academy. MK suggested sharing information with education services.

The System Board **noted** the All Age Autism strategy update.

### **4 CARER'S EXPERIENCE OF HOSPITAL DISCHARGES**

KS presented a report exploring the impact of hospital admission and discharge on the wellbeing and outcomes of patients and their carers between Summer 2020 and late Spring 2021. This including two patient stories.

Key findings from the quantitative survey related to communication between ward and carers and levels of inclusion in post-discharge planning. Key findings from the quantitative survey were that carers were unable to communicate a patient's baseline to those providing treatment or arranging discharge, contradictory and confusing information and carers not prepared for discharge. Consequences of poor communication impact on clinical and discharge decision making and caused stress and distress. However, even at the height of the pandemic it was possible for discharge to be collaborative, safe and enabling.

KS highlighted the recommendations:



1. Proactively identify patients who rely on unpaid carers.
2. Review practices and processes that govern hospital-carer communications.
3. Improve carers' understanding.
4. Provide a professional, efficient handover of the patient to the carer.

**Discussion:**

- JG report is a good example of cross organisation co-operation. He supported the recommendations.
- SW commented that additional resources for supporting hospital discharge and continuing care may be required.
- SR be aware of the current pressure on staff.
- CF asked the place based leaders to discuss the recommendations with local partners.

The System Board **noted** the presentation on carer's experience of hospital discharges and that the subject will be brought back to future meetings.

## 5 SYSTEM DEVELOPMENT PLAN (SDP)

KMc updated the System Board on the SDP. The first submission had been made to NHSE and had received a favourable response. Formal guidance was now being received and the timetable for ICS establishment was being outlined. KMc further updated on current activity, progress to date and the next steps. An SRO had been identified for each of the SDP chapters. Workshops were being arranged to take forward the work. The required assurance and due diligence processes were explained.

The System Board **noted** the SDP presentation.

## 6 INTEGRATED CARE PARTNERSHIPS –UPDATE FROM SURREY HEARTLANDS PLACES

East Surrey – SC introduced the deep dive into East Surrey which included:

- Approach to developing Place in East Surrey.
- Refining the model of care.
- Population Health management.
- Examples of Place achievements – growing health together, ageing well programme, transforming pathways (digital programme), respiratory programme.
- Next steps for East Surrey Place.

Guildford & Waverley – LS

- Restructuring was taking place.
- Frailty strategy was being developed.
- Focus on improving the experience of older patients.
- Cranleigh service development programme being taken forward via co-production.

North West Surrey - JW

- Strategy refresh was underway.
- Core team was now in place.
- Staines campus was at the OBC stage.
- Service pressures continue.



Surrey Downs

- No report.

## 7 HOT TOPICS/ AOB/ FORWARD PLAN

AOB – None.

Forward plan - anything for inclusion to be sent to TO/PM.

The meeting closed at 11:00 am.

**The next meeting will be on Friday, 22 October at 9:00 am. The meeting will be broadcast in public.**

PNJM/ September 2021



ICS System Board

22 October 2021

## Finance Update

|                                   |  |
|-----------------------------------|--|
| <b>Author:</b>                    | Matthew Knight, ICS Chief Finance Officer        |
| <b>Executive Lead/Sponsor(s):</b> | <i>Matthew Knight, ICS Chief Finance Officer</i> |
| <b>Action required:</b>           | To Note  |
| <b>Attached:</b>                  | N/A  |

### EXECUTIVE SUMMARY

This summary provides an update on current finance matters:

- **Financial Planning 2021/22**
- **H1 2021/22 Draft Outturn**
- **H2 2021/22 Planning**

#### Financial Planning 2021/22

- A final system financial plan (supported by detailed Provider financial plans) was submitted for the first half of the financial year (H1) on 15<sup>th</sup> June 2021, which was in overall balance. H2 submission will be made on 16<sup>th</sup> November 2021
- Separate capital and transformation funding plans were submitted for the full financial year.
- Income for H1/H2 includes the CCG's recurrent programme, Primary Care and running cost allocations, Covid funding, Hospital Discharge Funding and system top-up funding.
- National Elective Recovery Funding for H1/H2 and Accelerator revenue and capital funding awarded as part of a national pilot is accounted for under a separate mechanism.
- System Financial Risks identified at the time of the plan submission included rising demand for Mental Health services, uncertainty on the Elective Recovery



Funding volumes and mechanism, the cost of Hospital Discharge Programme and demand pressures in Urgent and Emergency Care.

### H1 2021/22 Draft Outturn

- Based on draft M6 figures, the system is expected to achieve the control total for H1.
- At the start of July, published Elective Recovery Fund rules were changed for months 4 to 6, increasing the threshold level of activity above which the system is separately reimbursed for elective work, thereby reducing funding awarded under this mechanism for a given amount of elective work.
- Risks include mental health (children's volume and IP out of area placements), costs of the Hospital Discharge Programme and ERF volumes which have been affected by system pressures in Q2.

### H2 2021/22

- H2 Allocation has been published and work is underway to determine the values by place and service lines
- Initial review has indicated an underling reduction after removing the pay awards and other known adjustments.
- Net impact of H2 allocation is in line with the FRP requirement presented by CFO in July 2021
- Covid funding has had a slight reduction against the H1 value
- Initial plans are to setup a £10m contingency pot (per guidance) to address known and emerging risks within the system.
- Draft pay award figures have been shared with providers and a reconciliation process is underway to understand impact
- There will be no commissioner funding for pay award for 21/22. Impact to be c£900k.
- Submission of schemes against the Targeted Investment Fund (£700m nationally) will be submitted by the system.

### 2022/23

- It is expected that the normal planning timetable for 2022/23 will resume and planning instructions are expected to be issued during Q3.
- 

**The Board is asked to note the contents of the finance summary.**

|   |  |
|---|--|
| <b>Date of paper</b>                    | 14 <sup>th</sup> October 2021  |
| <b>For further information contact:</b> | <i>Matthew Knight – ICS Chief Finance Officer</i><br><i>Charles Gunaratnam – Deputy CFO – System Finance</i> |







ICS System Board

20<sup>th</sup> October 2021

## Quality and Performance Board (QPB) September 2021: Summary

|                                   |   |
|-----------------------------------|---|
| <b>Author:</b>                    | Justin Dix, Joint Head of System Governance   |
| <b>Executive Lead/Sponsor(s):</b> | Clare Stone, ICS Director of Multi-Professional Leadership, Karen McDowell, Deputy SRO, Professor Steve Hams, Independent Registered Nurse and QPB Chair. |
| <b>Action required:</b>           | To Note   |
| <b>Attached:</b>                  | N/A   |

### EXECUTIVE SUMMARY

This paper provides a summary of the ICS Quality and Performance Board meeting held on Monday 11<sup>th</sup> October 2021.

**Healthwatch** updated on issues regarding primary care and dental access in particular for those who were not digitally enabled.

Updates in particular around mental health thresholds and referrals from optometrists to secondary care were discussed.

It was agreed to review and feedback updates at the next QPB.

**The risk report** highlighted the shift to reporting in-common risks across the system, mapped to system wide priorities. A further workshop was planned for November.

Red risks scoring >16 and mitigations were noted. CHC consumables were discussed and this was also discussed at Governing Body and an action taken to look into it further.

**Urgent and Emergency Care** highlighted significant pressures on the system – in particular:

- High levels of calls to 111



- Significant demand for SECamb services
- Workforce / recruitment issues

The levels of acuity of patients had increased and four-hour A&E targets were changing although performance measurement in this area would be changing. The public had a significant role to play in reducing inappropriate demand and information campaigns were being planned ahead of the winter period.

**Assurance report.** Operational planning was now following national guidance, and the System Development Plan continued to be developed with a focus on readiness to operate. From April 2022 the ICB and ICP would need to be established.

Maternity services and eating disorders remain pressures in the system both of these are also under discussion at regional level as these pressures are not unique to Surrey Heartlands.

CHC was discussed and a deep dive was being done this month to look at backlog referrals.

#### **Place based feedback.**

- G&W - the report was noted and workforce pressures including staff turnover, fatigue and increased sickness levels were emphasised. Additional overseas nurses had been recruited but maternity and A&E were particularly difficult areas.
- East Surrey. The report was noted. Main concerns were in relation to children and maternity, and large increases in attendance at minor injuries units. Quarantine hotels in this area were causing pressures.
- Surrey Downs - the report was noted. The top risks around ESTH were around workforce and CAMHS. The increase in falls in community hospitals was noted and would be followed up.
- NWS - There would be more focus on community in the report going forward but there were also pressures in this area with supporting the influx of people into quarantine hotels. Maternity staffing was highlighted. The report into the Bronzefield incident has now been published.

**Children's services.** Issues were highlighted in relation to health visiting capacity and increased support to level 2 families in family centres. Ongoing oversight into developmental paediatrics workforce and continence services were discussed.



**Escalation to System Board.** The following points were identified for escalation:

- Workforce - both recruitment, retention and the welfare of the workforce plus continued system pressures.
- Safeguarding examinations for children is a statutory duty and confirmation required that this is in place.

**Date of paper**

13/10/2021

**For further information contact:**

Clare Stone, ICS Director of Multi-Professional Leadership

Karen McDowell, ICS Chief Operating Officer/Deputy CCG AO



ICS System Board

Date: 22 October 2021

## Health and Well-Being Strategy: Stage three of the review and refresh

|                                   |  |
|-----------------------------------|--|
| <b>Author:</b>                    | Ruth Hutchinson, Director of Public Health, Surrey County Council    |
| <b>Executive Lead/Sponsor(s):</b> | Tim Oliver, Leader, Surrey County Council and Chair ICS System Board |
| <b>Action required:</b>           | To Note  |
| <b>Attached:</b>                  | Appendix 1   |

### EXECUTIVE SUMMARY

Following the publication of the Surrey Health and Well-Being (HWB) Strategy in May 2019, there have been many significant developments that meant a review and refresh of the ten year Strategy was felt to be appropriate by the HWB Board at the March 2021 meeting.

On 9<sup>th</sup> September 2021, the HWB Board agreed the need for the following to take the refreshed Strategy forward:

- A core set of Principles for Working with Communities
- An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes.
- The system wide adoption of a Health in All Policies approach.

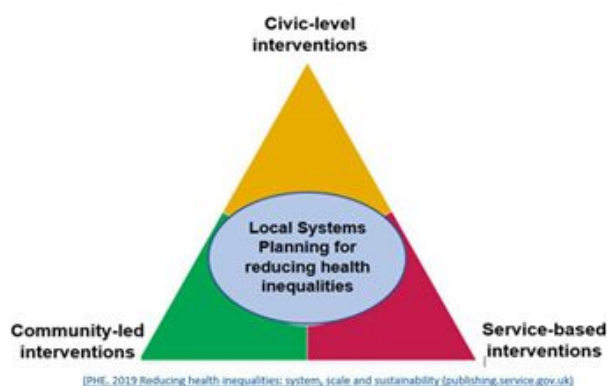
The Board also endorsed the refreshed and finalised outcomes, priority populations and system capabilities of the HWB Strategy at this meeting (Appendix 1) and a set of Principles for Working with Communities going forward.

Key links continue to be progressed between the Surrey Heartlands' Equalities and Health Inequalities workstream and the HWB Strategy, including the aligned metrics will form part of Stage 4 of the review.

|   |   |
|---|---|
| <b>Date of paper</b>                    | 12.10.2021  |
| <b>For further information contact:</b> | Phillip Austen-Reed, Principal Lead, Health and Well-Being, Surrey County Council: <a href="mailto:Phillip.Austen-Reed@surrey.gov.au">Phillip.Austen-Reed@surrey.gov.au</a> |

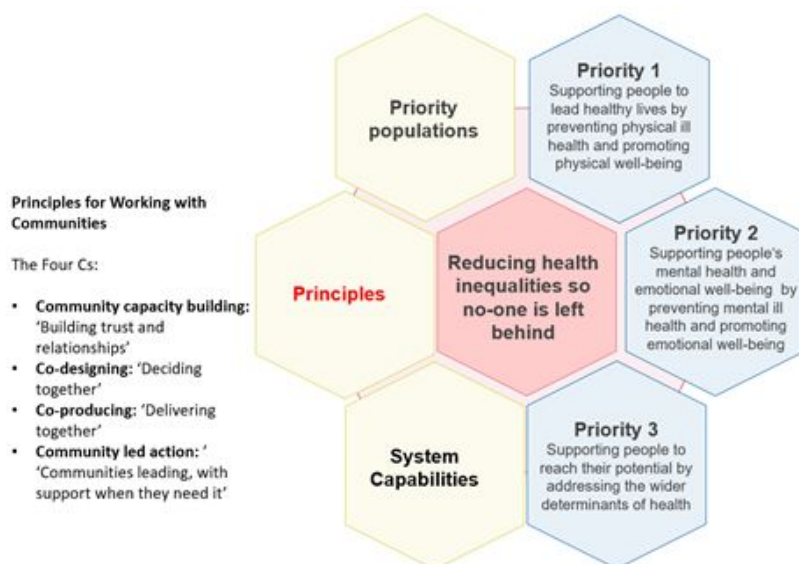
## Health and Well-Being Strategy: Stage three of the review and refresh

This paper sets out the HWB Strategy's core Principles for Working with Communities and the two key commitments to action endorsed by the Health and Well-being Board on 9 September 2021.



### Principles for working with communities

The HWB Board had previously discussed how to best enable community-led interventions (as per the Population Intervention Triangle above, adapted for Surrey and endorsed by the HWB Board). Based on feedback from the session, the following core Principles for Working with Communities across the system were endorsed at the September HWB Board:





### **Key commitments to action**

At the informal Board meeting on 8 July, Board members agreed the need to move from rhetoric to applied action. In light of this, two key commitments to action were endorsed at the September Board meeting:

- An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes
- The system wide adoption of a Health in All Policies approach.

### **An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes**

The previous approval of the Board to create an additional priority population group in the HWB Strategy of "People living in geographic areas which experience the poorest health outcomes in Surrey" gives us an opportunity to apply the new Principles for Working with Communities in specific key localities. This will help ensure collective efforts, skills and resources from across the Surrey system are used to best effect as part of a community-led approach to reducing health inequalities. There is of course a significant amount of work already underway by organisations, partnerships and communities themselves in localities to address health needs and the wider determinants of health. Any enhanced partnership efforts must build on these, working creatively with communities and reflecting the unique context of each locality. There is also scope to develop a stronger evidence-base of what works in which communities and why, using this to inspire further action.

To move this forward, the HWB Board endorsed the recommendation that Marie Snelling (Executive Director for Customers & Communities, Surrey County Council and the refreshed HWB Strategy's Empowered and Thriving Communities system capability lead) coordinates with colleagues and produce a fuller proposition to be brought back to the next informal HWB Board meeting in November. At a minimum, this will cover:

- Identification of the particular localities of focus - drawing on core data sets and local insights and collectively reviewing what this means in terms of proposed action
- Understanding, at high level, what is underway and working, so any additional effort builds on this and continues to grow the strengths of local communities
- Identifying key actions that can further enhance our work with communities, particularly by enabling more community led interventions
- Ensuring the Principles for Working with Communities, as endorsed by the HWB Board at this meeting, are put into practice
- Describing the key roles and governance in place to enable positive progress in each locality (including alignment to the developing Integrated Care System and place arrangements)
- Understanding the resources required to make tangible progress, including the additional support and investment required



This work will bring a clear focus to the range of actions that can support our Empowered and Thriving Communities ambition (as set out in the Empowering Communities report to the HWB Board in March 2021 [Item 9 - Empowering Communities.pdf \(surreycc.gov.uk\)](https://surreycc.gov.uk/item/9-empowering-communities.pdf))

### **The system wide adoption of a Health in All Policies approach**

The HWB Board also endorsed a move to explore a Health in all Policies (HiAP) approach at an informal HWB Board in November and for this to potentially be adopted across the system, as a way to augment and stretch existing civic and service-based actions to reduce health inequalities. The World Health Organisation (WHO, 2013) states that HiAP is: “An approach to public policy across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity”. It is built on the idea that all parties benefit from the partnership and that collaboration drives the achievement of each parties’ own goals.

Experience and evidence from around the world prove this approach can reduce health inequalities. The HiAP approach:

- Is built on engagement of key-players and stakeholders.
- Simultaneously and positively impacts on other important priorities, such as promoting the creation of good-quality jobs, local economic stability, educational attainment, and many others.
- Provides an opportunity to identify issues which are addressed by multiple key players, including poverty, sustainability, climate change mitigation.
- Fosters conversations about how resources can be shared – and duplication reduced - whilst retaining a focus on outcomes.

Examples of practical, system-wide actions that can be taken in Surrey using a HiAP approach are:

- Requiring suppliers to offer fair work and pay conditions to their employees
- Changing procurement policies and utilising the Social Value Act
- Co-commissioning healthy eating catering services
- Ensuring evidence-based employment and management practices support mental health
- Embedding best practice in community-led approaches and Equality, Diversity and Inclusion strategies, policies and procedures including a system-wide approach to Equality Impact Assessment
- Working with partners to ensure understanding of required housing stock (eg on workforces) and sustainable housing strategy
- Committing to following national planning guidance to exploit existing and create new green spaces
- Sharing plans for integrated working e.g. to support children with complex needs at transition points

The Local Government Association has made an offer of support for Surrey to implement such an approach.





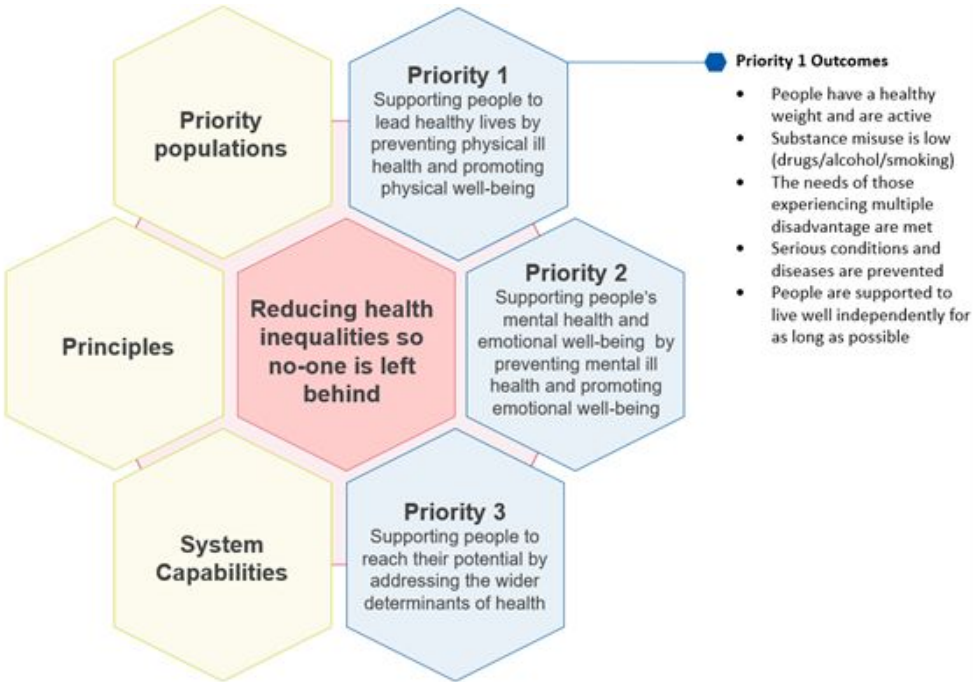
### Next Steps – HWB Strategy Review and Refresh

|       | Stage 1  | Stage 2   | Stage 3  | Stage 4   |
|-------|--|---|--|---|
| When  | <b>June 2021</b>   | <b>8 July 2021</b>  | <b>September 2021</b>  | <b>Oct – Dec 2021</b>   |
| Who   | HWB Board<br>Surrey Heartlands<br>System Board   | HWB Board and other<br>limited stakeholders<br>including Surrey Heartlands<br>System Board  | HWB Board and relevant<br>Surrey Heartlands Boards   | HWB Board<br>Relevant Surrey<br>Heartlands Boards   |
| Where | HWB Board public<br>meeting/ SH System<br>Board private meeting  | Informal, private HWB<br>Board meeting  | HWB Board public<br>meeting/ relevant Surrey<br>Heartlands Board<br>meetings including SH<br>Equalities and Health<br>Inequalities Board | HWB Board/ relevant<br>Surrey Heartlands Board<br>meetings  |
| What  | Approval of:<br><ul style="list-style-type: none"> <li>- reframed Priorities</li> <li>- outcomes</li> <li>- priority Populations</li> <li>- system Capabilities</li> </ul> | Facilitated informal meeting<br>on:<br><ul style="list-style-type: none"> <li>- evidence base</li> <li>- Principles</li> <li>- Removing/<br/>retaining/adding new<br/>Programmes</li> </ul> | Approval of:<br><ul style="list-style-type: none"> <li>- Principles</li> <li>- Programmes</li> </ul>                                     | Further discussion and<br>approval of:<br><ul style="list-style-type: none"> <li>- governance<br/>arrangements</li> <li>- implementation<br/>plans</li> <li>- new HWBS metrics</li> </ul> |

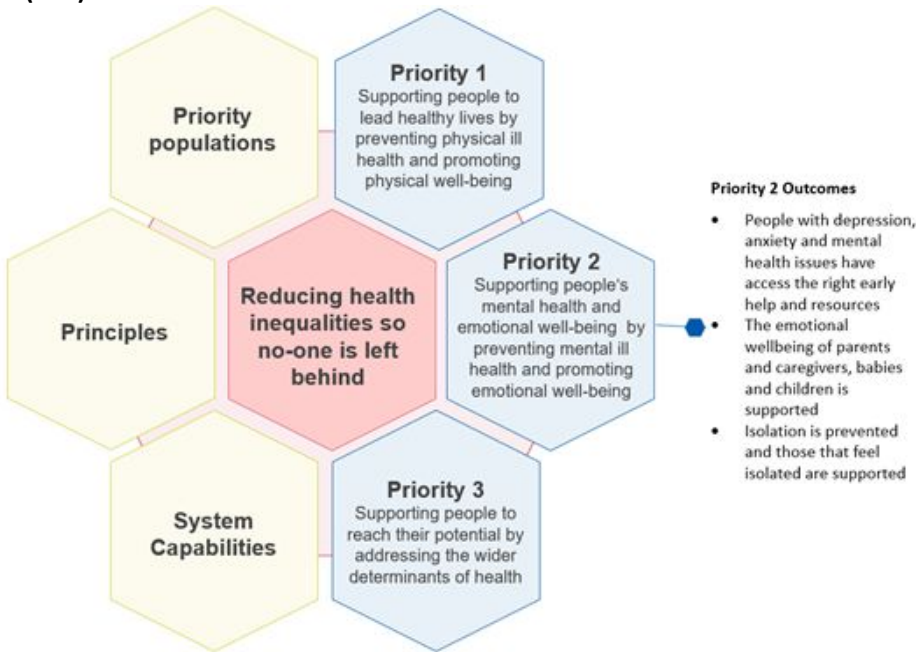


Appendix 1

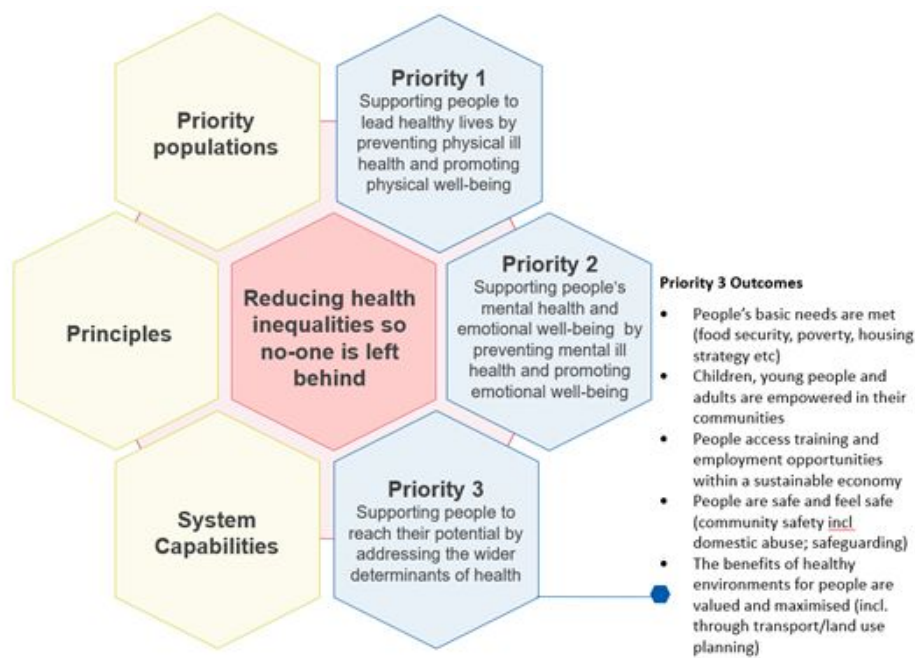
Priority 1 Outcomes



Priority 2 Outcomes (TBC)



### Priority 3 Outcomes



### Priority Populations

- **People across Surrey who experience the poorest health outcomes**
    - Carers and young carers
    - Children in care and care leavers
    - Children with Special Educational Needs and disabilities
    - Adults with learning disabilities and/or autism
    - People with long term health conditions, disabilities or sensory impairment
    - Older people 80+ & those in care homes
    - Black and Minority Ethnic groups
    - Gypsy Roma Traveller community
    - Young people out of work
    - People experiencing domestic abuse
    - People with serious mental illness
    - People with drug and alcohol problems
    - People experiencing homelessness
  - **People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**
- We acknowledge an individual's needs may result in them identifying across several of these groups of identity and geography**





System Capabilities

