

**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 4 March 2021 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 3 June 2021.

**Elected Members:**

(Present = \*)

- Dr Andy Brooks
- \* Dr Charlotte Canniff (Deputy Chairman)
- \* Rachael Wardell
- \* 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

**Substitute Members:**

Nicola Airey - Executive Place Managing Director for Surrey Heath CCG

**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)

**1/21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [ITEM 1]**

Apologies were received from Dr Andy Brooks - Nicola Airey substituted.

**2/21 MINUTES OF PREVIOUS MEETING: 3 DECEMBER 2020 [ITEM 2]**

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

**3/21 DECLARATIONS OF INTERESTS [ITEM 3]**

The Chairman declared a non-pecuniary interest in item 7 as he was a previous chair of trustees of Shooting Star Children's Hospice and was currently a vice-president.

**4/21 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.

**5/21 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [ITEM 5]****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)

Sarah Haywood, Community Safety Policy and Commissioning Lead, Office of the Police and Crime Commissioner for Surrey (OPCC)

**Key points raised in the discussion:**

1. The Priority One Sponsor highlighted:
  - Focus Area 3: Ensuring that everyone lives in good and appropriate housing - there were two cabins for Covid-19 symptomatic homeless people and also for winter shelter provision, the license would cease at the end of March but a larger site would be established on 1 April in Surrey Heath.
  - There were 35 projects involving 44 people in the Priority, with real progress being made.
  - The work within the Priority was overseen by the Prevention Board which was a productive multidisciplinary board.
  - Focus Area 7: Living Independently - see item 7, report on Palliative and End of Life Care (PEoLC) Strategy 2021-2026.
  - Focus Area 2: Supporting prevention and treatment of substance misuse, including alcohol and Focus Area 3: Ensuring that everyone lives in good and appropriate housing - Surrey had been shortlisted by the Ministry of Housing Communities and Local Government (MHCLG) for the Changing Futures Fund to help potential projects to address:

- enhancing and extending a pilot outreach service called Bridge the Gap to include clinical support and reach people in temporary and move-on accommodation.
  - evidence to invest further and develop early intervention and prevention services such as cuckooing and Checkpoint Plus.
  - innovative solutions to fill accommodation gaps across the wider system, including philanthropic, social and community solutions.
2. The Priority Two Sponsor highlighted:
- That overall the Priority remained rated Amber as Covid-19 had affected the delivery of workstreams.
  - That there continued to be a high demand for mental health services with high levels of acuity, particularly in crisis services and bed-based services.
    - There had been a rise in crisis services from 33% prior to the pandemic to 80% at present.
    - There was an increase in children reporting poor mental health and eating disorders increased due to the lockdowns.
    - There was insufficient supply to meet the demands to support children with poor emotional health and Surrey had called for a coordinated national response which had resulted in a response to improve access to bed-based services.
  - Regarding mental health, Surrey and Borders Partnership NHS Foundation Trust (SABP) had set up a weekly Emergency Response team to identify pressure areas which were then escalated to the Surrey Heartlands Covid-19 Incident Management Group.
  - Following the Mental Health Summit last November, an independently chaired Mental Health Partnership Board was established - see item 8: Improving Mental Health Outcomes, Experiences and Services In Surrey. The Partnership Board looked to at ensuring good mental health and reducing health inequalities, as well as benchmarking and best practice, supported by the Centre for Mental Health.
  - The twenty recommendations from the Adults and Health Select Committee's Mental Health Task Group had been incorporated into the Priority with a progress update to the Select Committee presented yesterday. In line with those recommendations a 24/7 Safe Haven in Woking had been established on 15 February and was funded through Winter Pressures funding, as well as an update on the continued roll out of the Surrey Care Record.
  - NHS England had confirmed funding for the continued roll out of the GP Integrated Mental Health Service (GPIMHS) programme across the county's eleven Primary Care Networks (PCNs), although ensuring a swift roll out was a challenge.
  - That work was underway with primary care colleagues on the Additional Roles Reimbursement Scheme (ARRS) to put in place mental health practitioners - to be coordinated with GPIMHS.
  - The Tech to Community Connect project was being rolled out across Surrey to support people at risk of or suffering from, digital exclusion.
  - That the Surrey Virtual Wellbeing Hub was launched in December and offered one-to-one support for the workforce and training. There was a good uptake and through the Hub, acute hospitals and their wellbeing teams were linked in, with the formation of a wellbeing network.
  - That risks and challenges included some pauses to workstreams in the First 1000 Days strategy due to Covid-19.

- The low number of annual health checks for people with a serious mental illness and so locally there was a piece of work to address that in conjunction with the Integrated Care Partnerships (ICPs) and to refine communications and digital reporting.
3. The Priority Three Sponsor highlighted:
    - That there was not a natural single partnership for the work as it brought disparate pieces of work together to provide coherence.
    - That the impact of Covid-19 on the Priority meant that a period of reassessment was underway, including the key elements of the community safety work and a greater focus on inequality, child poverty and the wider determinants of health.
    - That the Social Progress Index had been expanded to cover new areas post Covid-19, including transport, business, economic recovery and was renamed the Surrey Index and would be on Surrey-I.
    - That work continued with the One Surrey Growth Board and the 2030 Economic Strategy Statement and the 2030 Community Vision for Surrey.
    - Focus Area 1: Supporting Adults to succeed professionally and/or through volunteering - work was underway on skills for young people and the workforce needs and growth sections in a post furlough world, with funding for:
      - £500,000 bid for Health Foundation funding had been submitted for the economies for healthier lives, regarding employment and training pathways for children and young people in Pupil Referral Units.
      - The Apprenticeships and Skills Hub was operational as of mid to late February which was progressing well.
    - Focus Area 2: Supporting children to develop skills for life - some pauses to workstreams on First 1000 Days strategy due to Covid-19.
    - Focus Area 3: Supporting communities to be safe and feel safe - linking in the community safety priorities, the draft Surrey Community Safety Agreement 2021 to 2025 (CSA) had been discussed at February's informal Board, with a consultation period in April and sign-off at the June Board.
      - A Board member added that hopefully following sign-off in June, thought needed to be given as to how to incorporate it into the Board's three Priorities; whether Community Safety needed to be a standalone additional Priority as opposed to Focus Area 3 in Priority Three.
      - The Community Safety Policy and Commissioning Lead (OPCC) noted that the draft CSA would be re-circulated to Board members with the opportunity to provide feedback and that the next steps would be to review the governance and how to deliver its priorities.
  4. A Board member referred to Priority One, Focus Area 2 noting that the Prime Minister was planning an advertising campaign to address drug use by the middle-class by making it socially unacceptable to snort cocaine; it had long been a concern of his and hoped that Surrey would take that national campaign onboard.
  5. A Board member referred to the draft CSA, which referenced the change to the Probation Service with the new model to come into effect in June 2021 and that the section on that service was about delivery but did not seem to reference the partnership working potential opportunities for collaboration; noting that prolific and priority offenders were processed through probation but there was little in terms of actions or support in relation to those perpetrators from a health or a community safety perspective, so asked for further detail and assurance on the issue.

- In response, the Priority Three Sponsor noted that he would take that point away regarding priority offenders and the Probation Service which would be fed into the consultation stage.
6. A Board Member referred to Priority One, Focus Area 1: Helping People to live healthy lives - around the whole system approach to obesity, she noted that it was important to get the strategy right, particularly following the pandemic. She welcomed the involvement of local people and lived experience from the prioritised populations groups identified in the Community Impact Assessment (CIA) and sought assurance that co-production and co-design meant involving people with lived experience throughout the whole development and implementation of the Strategy.
    - In response, the Priority One Sponsor recognised the complexities and the interdependencies, noting that within the Prevention and Wider Determinants Board many co-dependencies were represented at a professional level and had been a recent area of discussion. Regarding co-production, he would liaise with the Senior Responsible Owner (SRO) for Priority One.
  7. A Board member noted that within Priority Two, Tech to Community Connect was being extended to Black, Asian and Minority Ethnic (BAME) populations in North West Surrey offering support to those in deprived areas; and commented that regarding Priority Three and other opportunities in the county, there was work underway on looking at the role of the system as an anchor institution and that a national anchors network had recently been set up.
  8. The Board member referred to Priority One, Focus Area 4: Preventing domestic abuse and supporting and empowering victims - noting the 'White Ribbon' accreditation. He noted that Board members had received a past presentation on Iris in East Surrey and he asked what progress had been made and whether ICPs could help with that and as part of Covid-19 recovery.
    - In response, the Priority One Sponsor noted that he would take the point away regarding the Iris rollout.
  9. Referencing the upcoming electoral cycle and uncertainties ahead for the elected Members on the Board, a Board member:
    - Reflected on the Board's positive changes since the beginning of the electoral cycle, as it no longer focussed on the frail elderly but felt like a Board about everyone.
    - Welcomed the focus on mental health for young people and allowing people to fulfil their potential. She pleaded that following the upcoming electoral cycle, Board members would continue that focus on young people noting the impact of Covid-19 on 16 to 25 year olds.
    - Noted that an area for a quick win was Priority One, Focus Area 3: Ensuring that everyone lives in good and appropriate housing and that it would be helpful if the Board reminded partners of their duty to apply statutory Corporate Parenting principles in their work. Care Leavers was a vulnerable cohort, noting the inconsistent offer in Surrey as there were still three District and Borough Councils that did not have a Council Tax exemption for Care Leavers aged 18-25 years old and one District/Borough Council did not fulfil its duty to allow care leavers from other parts of the county to apply for local housing.
  10. A Board member commented on Priority Two and yesterday's Adults and Health Select Committee which had a robust discussion around the findings from the Mental Health Task Group and highlighted two key points:

- There was strong support for our third-party sector and the importance that they placed ensuring easy access to information across the system.
- Ensuring a consistent approach in commissioning was a key area of focus.

The Board member noted that she had agreed to update the Select Committee in six months on the progress of the Mental Health Partnership Board on the twenty recommendations.

11. The Chairman thanked the Priority Sponsors for presenting and noted that genuine progress had been made but there was still work to do.

**RESOLVED:**

1. Noted the progress and adaptations made in response to the pandemic.
2. Reviewed and approved the draft Community Safety Agreement shared via the recent informal session for wider consultation prior to alignment within strategy priorities, particularly Priority Three.
3. Agreed the review of focus areas that are currently reported within the three priority areas. This will be to ensure they continue to be relevant, are appropriately located under the priorities and continue to maintain a focus on collaborative work to address health inequalities and the longer term impact of the pandemic.

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

1. The Priority Three Sponsor will ensure priority offenders and the Probation Service will be fed into the consultation stage of the draft CSA.
2. The Priority One Sponsor will liaise with the SRO to seek clarity on co-production, in relation to the whole system approach to obesity.
3. The Priority One Sponsor will look into the progress made regarding the Iris roll out in relation to domestic abuse.

**6/21 HEALTH AND WELLBEING STRATEGY METRICS UPDATE AND PROPOSED REVIEW 2021 [ITEM 6]**

**Witnesses:**

Ruth Hutchinson - Director of Public Health (SCC)

**Key points raised in the discussion:**

1. The Director of Public Health (SCC) noted that:
  - The Surrey 10 Year Health and Wellbeing Strategy (HWBS) metrics were finalised following the launch of the strategy in May 2019 and had since been revised and condensed into thirty-eight metrics which were publicly available online via the Tableau dashboard on Surrey-I.
  - Many of the indicators were updated annually whilst others could be refreshed on a more frequent basis.
  - There had been some significant change in some outcomes which would be reviewed by the relevant priority oversight board or groups as well as the need to review the Key Performance Indicators (KPIs).
  - Presented a screenshot of the dashboard, categorised by the three Priorities, the Focus Areas and Population Groups with various indicators, graphs showing the trend overtime and the comparison with other areas such as the South East and England.

- The over-arching metrics of life expectancy and healthy life expectancy were measured every three years, highlighting the 2017-2019 data for England, the South East and Surrey for men and women which had increased. However in Surrey there was a significant gap of over ten years for women and men between healthy life expectancy and life expectancy which varied between wards.
  - Provided an example of smoking rates in routine and manual workers in Priority One in which there was a continued decrease in overall prevalence but there had been an increase in smoking amongst routine and manual workers in Surrey compared to the South East and England.
  - Work was underway to review and align the Surrey-wide HWB outcome metrics with more granular data: the Surrey Index, the Local Recovery Index and the Local ICS Health Inequalities Indicators (part of the NHS recovery workstream post-pandemic), the metrics would be updated in 2021 to also include community safety.
2. A Board member noted the need to update the metrics and sought reassurance that they would not be changed as the importance of metrics was to track change through consistent measuring.
    - In response, the Director of Public Health (SCC) noted the need to review the current metrics to ensure a systematic approach by the priority delivery boards and the use of contemporaneous data, and would ask her colleagues in the priority boards to emphasise that approach.

*Michael Wilson CBE joined the meeting at 2.42pm*

3. The Board member further noted that changing the results towards more positive outcomes in some areas would be difficult, however the decrease in the percentage of people with learning disabilities in settled accommodation was within the scope of public authorities to tackle quickly.
  - In response, the Director of Public Health (SCC) noted that delivery of the metrics was a mixed picture so it was vital to align the metrics with the KPIs as part of the delivery of the HWBS.

#### **RESOLVED:**

1. Noted those areas where we are seeing change in outcomes reported and ensure priority delivery boards have oversight, specifically where there is significant change.
2. Agreed to the review of the current HWBS metrics to reflect the work that has been stood up over the past year, particularly with regards to the Local Recovery Index, the new Surrey Index (which has emerged from the work on the Social Progress Index) as well as the Surrey Heartlands Health Inequalities workstream under the Recovery Board.
3. Supported collaboration between organisations represented to ensure local and countywide measures align and can be built into a suite of dashboards that enable a common picture of progress to be shared across Surrey.

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

1. The Director of Public Health (SCC) will liaise with the colleagues on the priority boards to emphasise the need for a systematic approach to metrics.

## 7/21 PALLIATIVE AND END OF LIFE CARE (PEOLC) STRATEGY 2021-2026 [ITEM 7]

### Witnesses:

Dr Charlotte Canniff - Surrey Heartlands CCG Chair and HWB Deputy Chairman

Vicky Stobbart - Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC, Surrey Heartlands CCG

Katherine Church - Joint Chief Digital Officer, Surrey County Council and Surrey Heartlands Health and Care Partnership

Dr Sian Jones - Guildford & Waverley GP Representative, Surrey Heartlands CCG

Sreya Pokkali - Research and Engagement Officer, Surrey Heartlands Health and Care Partnership

### Key points raised in the discussion:

1. The Deputy Chairman noted that living independently and dying well was a focus area under Priority One of the HWBS, noting the item at the June 2019 Board on the End of Life Care Partnership Project which was tasked with bringing together all services across Surrey that were involved with end of life care and palliative care. Its aim was to work collaboratively across the system and partners to improve the experience of Surrey's citizens.
2. The Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC (SH CCG) noted that:
  - Her role as executive lead was based upon the development of the Palliative and End of Life Care (PEoLC) Strategy 2021-2026, ensuring that all voices were heard and that it captured the collective ambition of partners and citizens.
  - The Strategy was centred on the importance of personalised care that was planned in partnership with the individual and their caregivers, which was particularly important during the pandemic.
  - The care that someone received at the end of their life had the power to bring comfort and peace, it was vital to get the approach right as the experience of end of life care may have a profound effect on the bereavement process and future trust in health and care services.
  - In Surrey there were 10,000 deaths every year, every single person counted, end of life care should be coordinated, personalised, and compassionate.
  - From initial discussions emerged the PEoLC Strategy Development Reference Group to work on the Strategy and work was underway to co-produce it, and there were many examples of excellent care provided by services across Surrey as well as honest reflections about areas where it had not gone well.
  - The five-year strategy and the high-level outcome measures reflected the ambitions to deliver change. The strongest theme to emerge from the engagement exercise was the significance of the person, including their circle of support, and sharing information so that everybody has a clear understanding of the person's wishes and needs.
  - Further high-level outcomes included dying with dignity, that care was provided in the community where possible and after-death families were supported.
  - There had been an incredible response in the development of the Strategy, over twenty organisations had been involved in scoping, drafting and designing, with over thirty members of the monthly PEoLC Strategy Development Reference Group.



- It was clear that across Surrey there was a real dedication and commitment to wanting to get the Strategy right.
  - She was pleased to have the support of the Surrey Heartlands Research and Insights Team which led a review of local, national and international literature and gathered views from a wide range of stakeholder groups across Surrey. In partnership with the voluntary sector, the team conducted twenty-five interviews with people from different population groups at the end of their lives.
  - Implementation plans would be drafted by the ICPs and local partners.
  - Outcomes would be measured and the ICS Performance team was working on pulling together the data sources.
  - The Strategic Quality and Performance Board as well as updates to the Health and Wellbeing Board, would ensure accountability and the Strategy would be shared through the newly established clinical and professional executive board and the Strategy Development Reference Group would be re-established.
  - The Surrey Caring to the End support website was launched a few weeks ago which provided resources and signposting to unpaid carers.
  - If approved the Strategy including a summary version and future easy read version would be made available online on Surrey Heartlands ICS, Surrey County Council and Surrey Heartlands CCG websites, and would be shared with partners to be publicised.
  - A formal launch was planned to coincide with Dying Matters Week, between 10 - 16 May.
  - Thanked all those involved across the system for their support and collaboration including those interviewed, key officers involved in developing the Strategy and the Deputy Chairman.
3. The Joint Chief Digital Officer for Surrey County Council and Surrey Heartlands Health and Care Partnership noted that:
- It had been a privilege to be part of the Strategy and the collaborative partnership effort was inspiring.
  - Ensuring joined up care was vital, noting the digital principle 'know me, know my needs', the Surrey Care Record was live with 95% of GPs working on that and collaborating with Surrey's acute providers. Surrey's five hospices were to be incorporated into the Surrey Care Record with further integration planned with primary care and SECamb ensuring access to ReSPECT forms across the system.
  - That the new Surrey Caring to the End website provided a range of services and the content would continue to be enriched.
  - That death was not the end of the journey for families; obtaining a death certificate swiftly and being able to carry out funeral rites was important, so work was underway to issue Medical Certificate of Cause of Death (MCCD) in a timely manner, which could be digitised through the national programme.
4. The Guildford and Waverley GP Representative SH CCG noted that:
- It was a privilege to be part of this piece of work and as a GP it was a privilege to be able to look after people at the end of their lives, working with their families and carers.
  - Welcomed the collaboration undertaken in the Strategy, in which primary care was a key part.
  - 47% of citizens or patients die at home or in their care home in Surrey, compared to the national trend towards deaths in hospital although that was reducing which was positive.

- Hospices were important and supportive of primary care in allowing us to be able to look after people in their own homes, it was hoped that the Strategy would make end of life care equitable across Surrey.
5. The Chairman explained that:
    - Regarding the second recommendation he had spoken with the chairman of the national Health and Social Care Select Committee, Rt Hon Jeremy Hunt MP, who had agreed that his select committee would be looking at end of life care later in the year.
    - There was an issue around the long-term funding of hospices, only 25% of which was statutory funding, the pandemic had shown the importance of hospices for PEOLC and community care along with the Voluntary, Community and Faith Sector (VCFS).
    - He was keen to send the Strategy to Rt Hon Jeremy Hunt MP to raise national support on PEOLC and review the allocation of resources to hospices.
    - Going forward discussions were needed on the provider collaboratives and how hospices amongst others, fitted into that within the ICPs.
  6. A Board member welcomed the emphasis in the Strategy to equal access to bereavement support. She noted that bereavement and loss were critical factors in relation to mental health issues and was a contributing factor to the risk of suicide. She stressed the importance of recognising that relationship and to prioritise that.
  7. A Board member commended the Strategy which was moving to read and was attentive to people's needs and wishes.
    - She emphasised the importance of having a flexible boundary between children's and adult services, understanding that although the legal status of an individual changed from a child to an adult at 18 years old, their needs and environment remained unchanged.
    - She was drawn to ambition 4: care is co-ordinated, with different services working together - in which the insights in the strategy highlighted the difficulty in navigating the transition from child to adult services for end of life care. Noting that the right approach might be continuing to look after a young adult in a children's service as opposed to try that transition; she highlighted the example in schools when care and education continues once a pupil turned 18 in their last stage of education noting the importance of honouring that approach across services.
      - The Chairman supported the need to look at the experience of those in that transition stage from a child to an adult.
  8. A Board member welcomed the complete and sensitive report, noting that it felt as though the PEOLC Strategy Development Reference Group and evidence base had the opportunity to look at both historic situations and examples of where things had not gone well and queried how such examples had been addressed in the Strategy, noting the polarised experience and challenge of Covid-19.
    - In response, the Research and Engagement Officer (SH HCP) noted that when individuals were interviewed they were asked about their experiences around supporting individuals and their families regarding end of life care in general, however Covid-19 had exacerbated some of the existing issues around the rigidity in choice and that IT systems were not joined up.
  9. A Board member welcomed the clarity of the report and the sensitive engagement of the links between the insight gathered and the actions. She welcomed the Surrey Caring to the End support website noting positive feedback from some of Healthwatch Surrey's volunteers.

- She further welcomed the clear outcomes and that it was interesting to see the differentiation between outcomes for individuals and families split out from outcomes for the system. Regarding delivery going forward with ICPs and local partners responsible to deliver the improvements, she sought further detail on how feedback from individuals and families would be tracked at ICP level as it was difficult to obtain.
  - She highlighted the potential risk that it would be simpler to measure performance against some of the system outcomes compared to the outcomes for individuals and families and asked whether there would be a framework for making sure that all those metrics measured across the ICPs were consistent and the outcomes were being delivered.
    - In response, the Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC (SH CCG) noted that when looking at the measurement of the metrics, it was recognised that a whole new way of measuring was not needed as there multiple existing surveys and qualitative information available for individuals and families, so the ICS Performance team was tasked with collecting all of those data sources and to look at amalgamating that to ICP level.
    - The Guildford and Waverley GP Representative (SH CCG) added that there had been discussions with the Senior Commissioning Manager - End of Life Care and Cancer (SH CCG) on the matter, noting that there were also national audits for end of life care that were used in acute trusts and different metrics used within hospices. Although those tools and sources were different they asked similar questions, so the ICS Performance team were pulling those consistent metrics together.
10. Referring to the metrics, a Board member asked whether officers needed to discuss the Strategy in more detail at each of the ICP boards or whether that was in place.
- In response, the Guildford and Waverley GP Representative SH CCG and Guildford and Waverley Director of Integrated Partnerships and Executive lead for PEoLC, Surrey Heartlands Clinical Commissioning Group (CCG) welcomed the opportunity to visit the ICP Boards; noting that ICP leads and providers were engaged in the development of the Strategy.
  - The Deputy Chairman added that most of the people engaged in the development of the strategy were from the ICPs, including hospice chief executives, acute trust oncologists, palliative care consultants and charitable organisations.
11. The Chairman thanked officers for their work on the strategy noting that it was an important piece of work and would be progressed across the system and with the national Select Committee.

**RESOLVED:**

1. The Health and Wellbeing Board approved the Strategy.
2. The Chairman of the Health and Wellbeing Board would write to the chairman of the Health and Social Care Select Committee, Rt Hon Jeremy Hunt MP, to share the PEoLC Strategy and seek clarification on the Government's plans for a central strategy and the allocation of resources to hospices.

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

1. Officers to work with Board members to discuss the Strategy in more detail at each of the ICP boards where appropriate.

## 8/21 IMPROVING MENTAL HEALTH OUTCOMES, EXPERIENCES AND SERVICES IN SURREY [ITEM 8]

### Witnesses:

Alan Downey - Independent Chairman, Surrey Mental Health Partnership Board

### Key points raised in the discussion:

1. The Independent Chairman of the Surrey Mental Health Partnership Board explained that:
  - The Partnership Board had two meetings so far noting some overlap between membership of the Partnership Board and the Health and Wellbeing Board.
  - Work was progressing well, thanking Partnership Board members and the project team led by the Deputy Chief Executive (SCC), and the Partnership Board would continue to meet every three weeks over the next six months.
  - It was clear from the first two meetings that there was a strong and shared commitment to make progress in improving mental health outcomes in Surrey and to tackle the obstacles which had prevented past progress in some areas.
  - He echoed the comments by the Priority Two Sponsor that mental health had never been more important, particularly given the context of the pandemic which had highlighted health inequalities.
  - The key points from the first meeting were that there was a strong desire to see a more preventive approach in dealing with mental health issues, through prevention and early intervention, and the importance of building on wider community assets, schools, families and workplaces not just looking to the public sector to solve all of the problems.
  - It remained vital to listen carefully to those who experienced mental health issues and to listen to their families and carers.
  - At the most recent Partnership Board the draft key lines of enquiry were reviewed and once finalised those would form the basis of the workshops, interviews and focus groups over the next few weeks.
  - Although there was shared commitment to make progress, there were some differences of view about priorities, the language used, about how best to involve and to reach people who experienced mental ill health.
  - A set of jointly agreed actions, an implementation plan, and priorities would need to be developed; the first stages of implementation would start in May followed by a progress review in August.
  - The success of the Partnership Board would depend on the willingness and the determination of those involved to set aside organisational interests and to work cooperatively across organisational boundaries.
  - As part of the review a relational diagnostic was included which would tease out the strengths and the weaknesses in relationships across the mental health and the care system in Surrey.
2. The Chairman looked forward to receiving that data on the progress of the work at the next Board.

### RESOLVED:

1. Noted the significant demands, issues, concerns and performance associated with the mental health system in Surrey, particularly arising from the additional pressures created by Covid-19, and the impact this is having on Surrey residents.

2. Approved and supported the range of multi-agency work going on and being initiated to address the situation, including through the Surrey Heartlands Mental Health Partnership and Improvement Board.
3. Would receive a further report on the issue of mental health outcomes, experiences and services in Surrey in June.

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

None.

**9/21 EMPOWERING COMMUNITIES [ITEM 9]**

**Witnesses:**

Marie Snelling - Executive Director of Communities and Transformation (SCC)

**Key points raised in the discussion:**

1. The Executive Director of Communities and Transformation (SCC) shared:
  - Three key points that had resonated most strongly in the recent discussions about the work with a variety of partners:
    - That work done by individual organisations or as a system of public agencies, needed to be done alongside the communities served; recognising the need to harness the multitude of talents, ideas and capabilities.
    - That better engagement with Surrey's communities and empowerment depended on assisting them and partners to continue to strengthen collaboration, coordinate responses, to share insights and challenges; the continued evolution of the Council's leadership and culture was vital.
    - That the rhetoric around empowering communities needed to be put into action, building upon the examples referenced in the report and through Covid-19 recovery it was an important time to harness the renewed ambition in the system to drive the empowerment of Surrey's communities in a tangible and sustainable way to narrow health inequalities.

*Professor Helen Rostill left the meeting at 3.25pm*

- That based upon her experience, she noted that she did not think it would be easy for a number of reasons:
  - Making it real would challenge some of our traditional ways of working, including our decision-making and established processes.
  - That it required a relentless focus on outcomes for people, meaning the need to put aside preconceptions and organisational barriers.
  - That acknowledgement of where approaches were not working well was vital as well prioritising innovation to take a wide and organic approach to community engagement.
  - That by combining the large ambitions set out in the report with some pragmatic action, there would be a real impact for Surrey's communities.

*Dr Claire Fuller joined the meeting at 3.28pm*

2. A Board member noted the need to bear in mind the structures already in place that could help support some of the work, such as VCFS organisations. He noted that the extent to which communities are empowered could take the system in uncomfortable directions but that was not necessarily a bad thing.

- In response, the Executive Director of Communities and Transformation (SCC) recognised that the VCFS was vital to the work and recognised that some of the work could be uncomfortable but it was vital to be willing to understand the need for it.
3. A Board member referred to the section in the report on ambition regarding the difficulty in engaging with some communities effectively, noting that through the pandemic the Community Impact Assessment (CIA) and the work through the BAME Alliance and other networks, the issue of trust in big public sector organisations was highlighted. He noted that current work on engagement around the vaccination programme and the work within PCNs was an opportunity to build trust and the need to connect workstreams and conversations to look at successes and failures around engagement potentially linking the work on devolution and the future integrated system.
    - In response, the Executive Director of Communities and Transformation (SCC) noted that she was happy to liaise with the Board member outside of the meeting. She recognised the need to develop and coordinate the current work on listening to hidden voices and engaging with hard to reach communities across the system and welcomed diverse ways of achieving that.
  4. The Chairman noted that it was a long-term piece of work that underpinned the work carried out across the system and that it would be good to have a regular progress update.

**RESOLVED:**

1. Endorsed the renewed ambition to empower communities (see section 5.2).
2. Confirmed support for the ongoing work on key opportunities, and highlighted any additional suggested areas of focus (see section 5.3).
3. Agreed that the Executive Director of Communities and Transformation (SCC) leads and coordinates, on behalf of the wider system, the development of a longer-term roadmap to embed the empowerment of communities at the heart of our efforts to improve health and wellbeing and address health inequalities (see section 5.4).

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

1. The Executive Director of Communities and Transformation (SCC) will liaise with the Board member regarding the need to develop and coordinate the current work on listening to hidden voices and engaging with hard to reach communities.
2. The Board will receive a progress update in due course.

**10/21 SURREY PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT 2021 [ITEM 10]**

**Witnesses:**

Dr Naheed Rana - Consultant in Public Health (SCC)

**Key points raised in the discussion:**

1. The Consultant in Public Health (SCC) noted that:
  - The Pharmaceutical Needs Assessment (PNA) determined the local need for pharmaceutical services and was used to inform decisions on whether to allow new pharmaceutical services to be introduced in a given area based on need through the market entry process.

- The PNA helped inform other activities with ICP colleagues around primary care, long term care management and urgent emergency care provision.
  - The Health and Wellbeing Board had a statutory responsibility to deliver the PNA every three years with the last full PNA published in March 2018. The publication of the next PNA was delayed from 2021 to 2022 due to Covid-19.
  - Annually the PNA Steering Group reviewed changes to the local population and local services in order to advise whether there were substantive changes to be made to the PNA; if not a Supplementary Statement was produced.
  - The PNA Steering Group met and agreed the 2021 Supplementary Statement, noting that:
    - there were a large number of housing developments planned in Surrey in the coming decade, namely in Epsom and Ewell, Guildford, and Mole Valley.
    - interventions under Covid-19 and national lockdown caused significant disruption to community pharmacies, slightly mitigated through an increase in telephone and online consultations as well as an amendment to scheduled pick-ups.
    - it concluded that no new pharmacies or pharmaceutical services were required at present, and that an in-depth needs assessment into the impact on health inequalities for those more vulnerable populations, service access and housing developments would be undertaken in the 2022 PNA for approval by the Health and Wellbeing Board - drafts would be circulated to Board members.
2. The Deputy Chairman asked about the process around the objective needs assessments for more pharmacies, noting that Surrey was down by about twelve pharmacies per 100,000 population, particularly as Covid-19 would have changed the way pharmacies faced the public, and asked whether footfall for pharmacy access had increased as a result of primary care becoming more digital. She also asked whether Surrey would develop an objective needs assessment or whether that was happening nationally.
- In response, the Consultant in Public Health (SCC) explained that although national guidance allowed a delay in publishing the next PNA, Surrey had already started the work on an in-depth needs assessment.
  - The Consultant in Public Health (SCC) explained that the benchmark was that there should be one pharmacy per 100,000 population, however that excluded the online and telephone consultations and the other online provisions in place and an analysis was underway by NHS colleagues to capture the change in accessibility, noting digital exclusion.
  - The Consultant in Public Health (SCC) explained that at present additional pharmacies were not required, however it was vital to complete the in-depth needs assessment swiftly through the PNA Steering Group, with key partners and following national guidance, welcoming Board member input.
  - The Deputy Chairman added that she would be happy to get involved and welcomed the in-depth needs assessment, as the 100,000 population benchmark was one dimensional; pharmacy provision must look at deprivation, transport links and social isolation.
3. A Board member recalled the past discussion at the Board on the 2018 PNA around online pharmacies and what impact those might have on local services since the new Community Pharmacy Contract. He asked whether there had been any significant negative impacts from the online roll out and lessons learnt.
- In response, the Consultant in Public Health (SCC) explained that when ascertaining the impact of online pharmacies, there was a good record of the Surrey based ones, that nationally NHS colleagues were undertaking

that analysis and the in-depth needs assessment would take that into account.

4. A Board member asked whether the 2021 census information would be included in the in-depth needs assessment and whether assumptions were received based on Borough and District Council interpretations of people living in houses of multiple occupancy or unofficial dwellings, regarding an unrecorded population and possible additional provision based on that.
  - In response, the Consultant in Public Health (SCC) explained that the issue had been noted in previous PNAs and Supplementary Statements and that as part of addressing health inequalities it was vital to capture all populations including hard to reach communities to accurately assess pharmacy provision; which was not about a benchmark but was about meeting the needs of residents. Reviewing transport links, maps around transport distance and deprivation would be included in the 2022 PNA.

**RESOLVED:**

1. The Board approved the 2021 Pharmaceutical Needs Assessment Supplementary Statement, on the advice of the Pharmaceutical Needs Assessment Steering Group.
2. The Board would publish the approved Supplementary Statement on [surreyi.gov.uk](http://surreyi.gov.uk) and [surreycc.gov.uk](http://surreycc.gov.uk) by 31 March 2021.

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

1. Drafts of the 2022 PNA will be shared with Board members in due course.
2. The Deputy Chairman will liaise with the Consultant in Public Health (SCC) regarding the in-depth needs assessment for the 2022 PNA.

**11/21 BETTER CARE FUND SUBMISSION 2020/21 [ITEM 11]**

**Witnesses:**

Simon White - Executive Director for Adult Social Care (SCC)

**Key points raised in the discussion:**

1. The Executive Director for Adult Social Care (SCC) noted that:
  - There were twenty-seven days' worth of activity in the Submission that the Board could influence as Better Care Fund (BCF) arrangements had been delayed as a result of the pandemic; hoping that the planning processes next year would be quicker so the Board could have a greater chance to influence the spend.
  - Local providers had been engaged with through each of the Local Joint Commissioning Groups (LJCGs) and noted three additional areas of expenditure:
    - Persistent overspend on the local equipment store - sourced to current levels.
    - Investments had been in mental health, community connection services and in collaborative re-enablement partnerships, which originally had been funded using the Winter Pressures grant. The conditions of the improved Better Care Fund (iBCF) grant had been met and so CCGs were contributing £76.7 million - the total funding across Surrey's health and social care system was £99.2m.
    - It was possible that the Discharge to Assess funding introduced during the early stages of the pandemic would be transferred into the BCF.



2. A Board member asked what would happen to the LJCGs in light of the Government White Paper: Integration and innovation: working together to improve health and social care for all, in which CCGs would be subsumed into statutory Integrated Care Systems (ICSs) in 2022.
  - In response, the Executive Director for Adult Social Care (SCC) noted that although going forward funding could be discussed in relation to the Surrey Heartlands and Frimley overarching systems, many of the initiatives such as Winter Pressures were place-based. The matter could be discussed at the next Commissioning Collaborative.
  - A Board member added that it would be useful to discuss the matter at the LJCGs as they were a helpful forum for joint conversations about place-based community focussed work and noted the importance of having a funding stream regarding local commissioning.

**RESOLVED:**

1. Noted that the national planning conditions have been met; including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.
2. Signed off the Surrey 2020/21 Better Care Fund submission.
3. Noted the responsibilities of the Health and Wellbeing Board in providing an end of year reconciliation to Departments and NHS England.

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

1. The Executive Director for Adult Social Care (SCC) will look at discussing the issue of funding at the next Commissioning Collaborative in light of the Government White Paper and Board members to look into raising the matter at the LJCGs.

**12/21 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [ITEM 12]**

**Witnesses:**

Mrs Sinead Mooney - Cabinet Member for Adult Social Care, Public Health and Domestic Abuse and LOEB Chairman (SCC)  
Jane Chalmers - COVID Director, Surrey Heartlands CCG

**Key points raised in the discussion:**

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted:
  - The COVID-19 Response - Spring 2021 roadmap out of the current lockdown for England issued by the Government on 22 February 2021. It was a four-step plan and before taking each step, the Government would review the latest data on the impact of the previous step against four tests:
    - The vaccine deployment programme continues successfully.
    - Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
    - Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
    - Our assessment of the risks is not fundamentally changed by new Variants of Concern.
  - That local contact tracing had been successful in Surrey, the combined national and local contact tracing of cases across Surrey was 87% of

cases - higher than the national average. Surrey had been invited to participate in a hot spot pilot beginning on 3 March, whereby positive tests in Woking, Runnymede and Spelthorne would be wholly traced using local contact tracing teams.

- Individuals contacted by Test and Trace were asked whether they required support, offered through the British Red Cross, Surrey County Council and District and Borough Councils.
  - The Council's Public Health and Education colleagues continued to provide support to schools that remained open for vulnerable children and the children of critical workers during national lockdown; from 8 March schools would be open for all pupils on site.
  - Care homes remained a key area of focus, noting the success of the vaccination programme, as well continued lateral flow and PCR testing for residents in line with the national guidance.
  - Regarding asymptomatic testing there were four main test sites in Staines, Woking, Ewell and Redhill, as well as twenty-five pharmacies in operation. Current demand was lower than expected so would be reviewed and individuals and residents were urged to book a test for those that met the criteria.
2. The COVID Director (SH CCG) noted that:
    - The success of the vaccination programme was down to the partnership effort across the whole of Surrey Heartlands, supported by Surrey County Council, Borough and District Councils, volunteers and organisations such as Surrey Police.
    - 335,000 residents of Surrey Heartlands had at least one vaccination or 28% of the eligible population.
    - All Older Adult Care homes had been visited at least once and good progress was being made in the vaccination rollout concerning more vulnerable residents.
    - The programme was a marathon not a sprint. It was anticipated that there would be an uplift in vaccine supply in the near future which would mean that sites could run seven days a week for the foreseeable future.
    - That eligible individuals would continue to be contacted directly.
  3. The LOEB Chairman praised the work of the LOEB members and their active contributions across a number of partners.
  4. The Chairman thanked the LOEB and all those who had guided the county through the pandemic, commending the work of the Surrey Local Resilience Forum (SLRF) and its joint Chairmen, as well as the Director of Public Health (SCC) and her team.
  5. The Vice-Chairman of the Adults and Health Select Committee (SCC) queried the point made by the COVID Director (SH CCG) in terms of 'Don't call us. We'll call you' as previously there had been a message that people who were not registered with a GP would be welcomed to step forward for a vaccination and asked how that fitted in with Surrey Heartlands' programme.
    - In response, the Deputy Chairman noted the specific issue regarding university students who returned home whilst their university was closed during the pandemic and were away from their registered GP. It had suggested that individuals - including such students, homeless people or temporary residents - could register temporarily with their local GP surgery who could then refer them to their local vaccination hub. That would ensure that data on vaccinations could be stored on the NHS data collection digital system Foundry, as GPs were permitted to register people even if they did not have proof of address.

- The Deputy Chairman was happy along with Surrey Heartlands colleagues to follow up with the Member on any individuals struggling to receive their vaccination.

**RESOLVED:**

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

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

1. The Deputy Chairman along with Surrey Heartlands colleagues will follow up with the Vice-Chairman of the Adults and Health Select Committee (SCC) on any individuals struggling to receive their vaccination.

**13/21 DATE OF THE NEXT MEETING [ITEM 13]**

The date of the meeting was noted as 3 June 2021.

Meeting ended at: 4.01 pm

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**Chairman**

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