

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 16 March 2022 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 15 June 2022.

Board Members:

(Present = *)

(Remote Attendance = r)

- Fiona Edwards
- r Dr Charlotte Canniff (Vice-Chairman)
- Jason Gaskell
- Dr Russell Hills
- * Tim Oliver (Chairman)
- * Kate Scribbins
- r Simon White
- * Ruth Hutchinson
- Professor Claire Fuller
- Graham Wareham
- Joanna Killian
- * Sinead Mooney
- Clare Curran
- * Karen Brimacombe
- Jason Halliwell
- Carl Hall
- * Gavin Stephens
- * Mark Nuti
- Steve Flanagan
- Vicky Stobbart
- * Professor Helen Rostill
- * Rachel Hargreaves
- Rachael Wardell
- Borough Councillor Nick Prescott
- * Lisa Townsend
- r Siobhan Kennedy (Associate Member)

Substitute Members:

Maureen Attewell - Deputy Cabinet Member for Children and Lifelong Learning, Surrey County Council (SCC)

Hayley Connor - Director – Commissioning (SCC)

Cate Newnes-Smith - CEO, Surrey Youth Focus

In attendance

Rebecca Paul - Deputy Cabinet Member for Levelling-Up (SCC)

1/22 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Russell Hills, Rachael Wardell - Hayley Connor substituted, Clare Curran - Maureen Attewell substituted, Graham Wareham, Fiona Edwards, Jason Gaskell - Cate Newnes-Smith substituted, Borough Councillor Nick Prescott, Professor Claire Fuller, Steve Flanagan.

2/22 MINUTES OF PREVIOUS MEETING: 2 DECEMBER 2021 [Item 2]

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

3/22 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/22 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.

5/22 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT INCLUDING: CONFIRMING THE PRIORITY POPULATIONS OF GEOGRAPHY ('KEY NEIGHBOURHOODS') [Item 5]**Witnesses:**

Karen Brimacombe - Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 and Priority 3 Sponsor)

Professor Helen Rostill - Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)

Dan Shurlock - Head of Design, Empowered and Thriving Communities Lead (SCC)

Key points raised in the discussion:*Priority One*

1. The Priority One Sponsor highlighted:
 - that carers were a priority population across the Health and Wellbeing Strategy, referring to the 'in the spotlight' section on the joint report 'Carers' Experiences of Hospital Discharge' published in autumn 2021 by Healthwatch Surrey and Action for Carers. The report highlighted the risks and consequences of poor communication with carers and work with Healthwatch Surrey on sharing carers' experiences would continue.

- outcome one - 'People have a healthy weight and are active':
 - the eighteen-month healthy weight project focusing on Looked After Children was underway.
 - the Physical Activity Strategy now has a year one implementation plan; a risk related to the resourcing of the Active Surrey team.
- outcome three - 'The needs of those experiencing multiple disadvantages are met':
 - the Changing Futures and Surrey Adults Matter programmes continue to prioritise partnership working to create system improvements.
 - thirty networks had been identified in the mapping of lived experience and peer mentoring with further consultation to follow.
 - alignment with district and borough councils was taking place.
 - Surrey County Council was embedding four new assistant social worker posts within Adult Social Care.
 - a training collaborative through Changing Futures had been formed as well as a whole system strategy for Trauma Informed Culture.
- outcome four - 'Serious conditions and diseases are prevented':
 - the Blood Pressure Plus Project was relaunched in December with a focus on areas of deprivation.
 - a risk identified was the low number of referrals into their Thrive Tribe carers health checks, now being mitigated through communications.

Priority Two

2. The Priority Two Sponsor highlighted:

- the continued pressure within mental health services, only one third of people receive support from mental health services; support largely comes from schools, workplaces, families, or from communities.
- that focusing on early intervention and prevention and reducing inequality in access was key to the Strategy, noting the work on this by the Public Health team (SCC).
- the start of the refresh of the mental health chapter for the Joint Strategic Needs Assessment (JSNA).
- item 7 - the refreshed Joint Health and Social Care Dementia Strategy for Surrey (2022-2027) which was well-informed through the insights.
- outcome one - 'People with depression, anxiety and mental health issues have access the right early help and resources':
 - the focus this quarter was on children and young people as requested at the December Board. A launch event led by Mindworks Amplified (User Voice) team would be held in May and requested that Board members inform her if they had not received a hold the date invite.
 - that there was more to do concerning school-based needs and building better relationships with schools and suggested that an

- update on the outcomes in the Elmbridge school cluster be provided at the next Board.
 - that work was underway within schools around suicide prevention and self-harm.
 - that work was underway around enhanced and rapid support for care homes across Surrey Heartlands and Frimley, such as testing a model of advice and guidance and workforce training; an update to be provided at the next Board.
 - outcome two - 'The emotional wellbeing of parents and caregivers, babies and children is supported':
 - the Baby Buddy launch had been rolled out across Surrey and there would be a review on introducing a portal to hold electronic records.
 - outcome three - 'Isolation is prevented and those that feel isolated are supported':
 - Richmond Fellowship was delivering an employment support service which had been endorsed by a local MP and had been nationally accredited. Employment support officers were embedded into community mental health support services and into the GPIMHS teams; 60 to 70% of those people with serious mental illness were now in employment compared to 9% nationally.
3. The Chairman reinforced the importance of the work being done with schools, noting that Surrey County Council had ringfenced 1% of the increase in the Council Tax band - £8 million - to focus on accelerating prevention and early intervention initiatives.

Priority Three

4. The Priority Three Sponsor highlighted:
- that the new comprehensive implementation plan for this revised Priority was in development and required capacity within the Health and Wellbeing team (SCC) to provide effective oversight - extra resourcing was being pursued by the Public Health team (SCC) and would be used to address the need for continued planning for a system-wide approach to poverty.
 - that 'in the spotlight' was the refreshed Information and Advice Strategy about care and support 2021-2026; providing good and accessible information was critical in delivering the Health and Wellbeing Strategy - partnership work was vital to ensure that residents can make informed choices and are signposted to specialist support.
 - the Board's responsibility since 2019 over community safety and implementing the Community Safety Agreement.
 - outcome four - 'People are safe and feel safe':
 - the Police and Crime Commissioner for Surrey (PCC) awarded £100,000 to the charity Catch22 to launch a new service 'Music to My Ears' on 1 April 2022 until 2025 for young people at risk of or affected by criminal exploitation across Surrey. The service had

been successful in Guildford and Waverley Clinical Commissioning Group (CCG) since 2016.

- the Office of the Police and Crime Commissioner for Surrey (OPCC) had funded two Stalking Advocates and provided associated training.
 - the Youth Using Violence and Abuse (YUVA) service had launched through Surrey County Council.
5. A Board member referring to the Senior Responsible Officer for fuel poverty, noted that it was likely that in the coming months the situation would deteriorate further, having a knock-on effect to childhood hunger and asked whether the Board could give attention to that.
- In response, the Priority Three Sponsor recognised that there were various initiatives underway regarding fuel poverty and would follow the matter up.

Key Neighbourhoods Methodology (priority populations of geography)

6. The Head of Design (SCC) noted that:
- the section of the report related to recommendations three, four and five and built on partner and Board discussions, with agreement from the Board in December on adding geographies or key neighbourhoods - areas with poor health outcomes and deprivation - to the priority population groups in the Health and Wellbeing Strategy.
 - the Board was asked to confirm the set of key neighbourhoods and the method for determining them, a further discussion on the implications of that work would happen at the April informal Board.
 - there was no perfect methodology regarding geographies as lives do not end at borders and the key neighbourhoods provided a focus.
 - three developments:
 - the approach aligned to the national Core20PLUS5 approach from NHS England and Improvement around tackling health inequalities.
 - the methodology focused on children and young people and their prospects, there was a cross-check against income deprivation affecting children and education skills and employment sub-indicators; resulting in three additional small areas being added to the list.
 - thanked Public Health's Intelligence and Insight team (SCC) who tested the application of the methodology.
7. The Vice-Chairman supported the key neighbourhoods identified and linked in a previous comment by a Board member noting that where work was underway to prioritise fuel poverty it would be good to look at the issue over the five key neighbourhoods identified as having the highest need; the effect of cold weather on people's health and non-health outcomes was well known.
8. The Chairman referred to the Highlight Report regarding Priority Three which stated that the Strategy team (SCC) was undertaking research on fuel poverty and the findings would be shared in early March - he asked for an update.
- In response, the Head of Design (SCC) would follow the above requests up and would circulate an update to Board members as soon as possible.

RESOLVED:

1. Noted progress against the three priorities of the Strategy in the Highlight Report.
2. Would share the Highlight Report across their networks (direct links to quarterly Highlight Reports available at www.healthysurrey.org.uk/about), including a Communications Update.
3. Agreed the use of a methodology based on the Index of Multiple Deprivation (see Annex 2, figure 1) to determine the priority populations of geography ('key neighbourhoods) in the Health and Wellbeing Strategy.
4. Confirmed the final list of 21 wards (key neighbourhoods) encompassing the 22 small geographic areas which result from the application of this methodology (see Annex 2, figure 2).
5. Agreed that within this list there will be an initial primary focus on five wards (key neighbourhoods) encompassing the small geographic areas with the very highest levels of deprivation in the county – noting this aligns with the new NHS England definitions and guidance for priority action on health inequalities (see Annex 2, section 3).

Actions/further information to be provided:

1. *Priority Two* - Board members will inform the Priority Two Sponsor if they have not received a hold the date invite for the launch event in May led by Mindworks Amplified (User Voice) team.
2. *Priority Two* - An update on the Elmbridge school cluster will be provided at the next Board.
3. *Priority Two* - An update on the work underway around enhanced and rapid support for care homes across Surrey Heartlands and Frimley will be provided at the next Board.
4. *Priority Three* - The Board will give attention to the knock-on effect of fuel poverty on childhood hunger over the coming months; the Priority Three Sponsor will follow the matter up.
5. *Priority Three* -
 - a) The Head of Design (SCC) will follow up the request on looking at fuel poverty in relation to the five key neighbourhoods identified as having the highest need.
 - b) The Head of Design (SCC) will follow up the request on providing an update as soon as possible on the findings of Surrey County Council's Strategy team's research on fuel poverty.

6/22 PRIORITY 1: ECINS CASE MANAGEMENT SYSTEM WITHIN SURREY AND FUTURE FUNDING ARRANGEMENTS [Item 6]**Witnesses:**

Alison Barlow - Temporary Assistant Chief Constable, Surrey Police
Iain Gibbins - ECINS Manager, Surrey Police

Rachel Crossley - Joint Executive Director (Public Sector Reform), SCC and Surrey Heartlands ICS
 Alison Bolton - Chief Executive (OPCC)

Key points raised in the discussion:

1. The Temporary Assistant Chief Constable (Surrey Police) noted that:
 - Empowering Communities Inclusion and Neighbourhood System (ECINS) in place since 2019, is a secure multi-agency case management system, widely used across the UK by police and partners and brought together case management information relating to individuals across crime, disorder as well as wider health and social care activity for example.
 - there were wide benefits to partners in the sharing of case management across the ECINS platform, since its introduction there were over 1,200 registered users across Surrey.
 - the OPCC had funded the licence for ECINS since 2019 and both Surrey Police and the OPCC would share the funding for another year, the licence renewal fee would increase in June 2022 following a favourable deal secured in 2019.
 - it was hoped that partners would contribute to the licence renewal and the support team based on their percentage usage - or suitable funding formula - from 2023.
2. The Vice-Chairman asked whether for example the Surrey Multi-Agency Safeguarding Hub (MASH) used the ECINS platform.
 - In response, the Temporary Assistant Chief Constable (Surrey Police) noted that the MASH used its own separate platform but noted that there were various workstreams relating to projects such as Surrey Adults Matter (SAM) - the ECINS Manager (Surrey Police) confirmed the above position on the interoperability of ECINS.
3. The Vice-Chairman sought to understand what the NHS' engagement and involvement was with the platform and what the implication might be for the NHS in terms of funding going forward. Noting the increase in the licence fee from £40,000 currently to around £90,000 for 2023-24 she asked how that cost compared with other systems on the market.
 - In response, the Temporary Assistant Chief Constable (Surrey Police) recognised that there were other systems on the market, however ECINS was as a Government pre-approved supplier and was used widely by partners. There were areas in development around the health and wellbeing agenda and Appendix 1 provided an example from a health perspective regarding TinyLife in Northern Ireland.
4. The Chairman sought reassurance that ECINS and the various databases in Surrey would be joined up, noting the Surrey Care Record and the work of Surrey Office of Data Analytics (SODA).
 - In response, the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that the Chairman as Leader of Surrey County Council, had commissioned a Surrey-wide data strategy -

- sponsored by the Chief Constable of Surrey Police - and that would be reported to the next public Board meeting.
- The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that as part of that data strategy, all the different systems capabilities were being mapped and evaluated to see where they could be maximised effectively, joining up policing, health and social care, the local authorities', and voluntary sector perspectives where appropriate.
 - A Board member emphasised that ECINS is a practical day-to-day case management solution which stops cases falling between the gaps of different agencies and it encouraged joint working. Referring to Appendix 1, he noted the example of targeting a reduction in permanent exclusions in Peterborough through ECINS, whereby ECINS would be a good platform to link into the work on school exclusions undertaken at Royal Holloway University of London.
5. The Chairman noted that whilst he could confirm Surrey County Council's contribution, he noted that the recommendation on the funding of ECINS needed to go through the different authorities' decision-making processes and could not be confirmed by the Health and Wellbeing Board on their behalf.
- The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that therefore as part of the work on the data strategy, it would be timely to review the linkages with the ECINS, over the year a business case could be developed to review all the systems within the data strategy including ECINS and to ensure that ECINS goes through the right governance processes.
 - A Board member noted that the one-year lead in to renew the ECINS licence would allow colleagues time to plan their governance processes. He suggested an action to produce a more detailed funding formula for contributions that would incentivise use, so as many people as possible use the system, as opposed to the current proposal based on percentage usage.
6. The Chairman asked whether there was a reason why NHS Surrey Heartlands ICS and NHS Frimley ICS would not also contribute funding towards ECINS.
- The Vice-Chairman commented that it would be useful to understand how ECINS would work for the NHS and what the degree of financial support might be; before taking it through the right governance process working in conjunction with the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS).
7. The Chief Executive (OPCC) noted that having visited several Borough and District Councils with the PCC, she queried whether there was more the Board could do at a strategic level to engage partners to use ECINS.
- The Priority One and Three Sponsor responded that she would raise the matter of ECINS at the next Surrey Chief Executives' Group meeting. She noted that contributing to the future funding of ECINS would be a decision to be made within the Borough and District Councils.

- The Chairman commented that Board members would look to progress the call for the future funding of ECINS through their respective organisations.

RESOLVED:

1. Agreed the continued use of ECINS as the Surrey partnership case management system for community safety and other health and social care activity.
2. Would seek agreement from partners for future funding of the 2022-25 ECINS system licence which is due for renewal and the small team which supports it.

Actions/further information to be provided:

1. The various databases, systems and their linkages - ECINS, the Surrey Care Record and the work of Surrey Office of Data Analytics (SODA) - will be reviewed and will be included in the agenda item on the Surrey-wide data strategy at the next public Board meeting.
2. Following the report on the Surrey-wide data strategy a business case will then be developed to ensure that ECINS goes through the right governance processes:
 - as part of that business case a more detailed funding formula for contributions that would incentivise use will be produced.
 - the Vice-Chairman will work with the Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) to understand how ECINS would work for the NHS and what the degree of financial support might be.
 - to raise the profile of ECINS across the county, the Priority One and Three Sponsor will raise the matter of ECINS at the next Surrey Chief Executives' Group meeting.
3. Board members will look to progress the call for the future funding of ECINS through their respective organisations.

7/22 PRIORITY 2: JOINT HEALTH AND SOCIAL CARE DEMENTIA STRATEGY FOR SURREY (2022-2027) [Item 7]

Witnesses:

Kate Scribbins - Chief Executive, Healthwatch Surrey
 Dr Sophie Norris - GP Womersley Surgery Mental Health and Dementia Clinical Lead for Guildford and Waverley ICP (NHS Surrey Heartlands CCG)
 Jane Bremner - Head of Commissioning Mental Health (Adult Social Care) (SCC)

Key points raised in the discussion:

1. The Chief Executive, Healthwatch Surrey noted that:
 - the insights gathered through Healthwatch Surrey were of people who had gone through the experience of a dementia diagnosis, where timely and ongoing information through the right channel was vital.

- there was positive feedback on Dementia Navigators who signposted individuals to support services including informal support groups whose provision relied on a few volunteers.
 - areas for improvement were the inconsistent access to Dementia Navigators and people felt shocked at the lack of information and support that they were given within primary care.
 - three key recommendations followed from those findings and had been taken forward:
 - build access to Dementia Navigators;
 - undertake a strategic overview of the support groups;
 - empower primary care to signpost effectively.
2. The GP (Wonersh Surgery) and Mental Health and Dementia Clinical Lead for Guildford and Waverley ICP (NHS Surrey Heartlands CCG) noted that:
 - co-production on the Dementia Strategy and engagement with those with dementia and their carers and loved ones was hugely important.
 - there were more than 10,000 people living with dementia across Surrey, with many more people yet to be diagnosed.
 - the Dementia Strategy Action Board sought to bring together various interrelated workstreams such as care homes, frailty, end of life and learning disability care.
 - the Dementia Strategy Action Board met bi-monthly and co-produced the Dementia Strategy with Surrey and Borders Partnership (SABP), Alzheimer's Society, Age UK, service user groups and Healthwatch Surrey.
 - the Dementia Strategy identified that people with dementia were a health inequality group and sought to ensure they are not left behind in discussions around commissioning and mental health for example.
 - the Dementia Strategy was based on the mental health for dementia care pathway which is an NHS framework and has five components: preventing well, diagnosing well, living well, supporting well and dying well; not just solely focusing on dementia diagnosis rates.
 - through working in partnership, localised recommendations for Surrey had been drawn up, alongside a clear action plan with target dates.
 3. The Head of Commissioning Mental Health - Adult Social Care (SCC) welcomed comments on how Board members could provide support to develop a programme of work particularly around prevention.
 4. A Board member commented that in her capacity as Cabinet Member for Adults and Health (SCC) she had been involved in ensuring that the Dementia Strategy went through the scrutiny process and was sent to relevant partners - feedback had been positive and had been incorporated. She thanked the three item presenters for their work, including the work of Healthwatch Surrey ensuring that the voices of those with dementia were heard and thanked the informal groups across Surrey such as DayBreak Respite Care in Spelthorne.
 5. The Vice-Chairman commended the Dementia Strategy which had clear deliverables and timelines. She offered her support to achieving those deliverables from an NHS perspective. Referring to item 5 around the key

neighbourhoods, she suggested whether targeted mapping could be undertaken so support could be given - noting the unwarranted variation across Surrey in the availability of Dementia Navigators - as often the areas of highest deprivation are also those without key community support networks.

6. A Board member echoed the support offered by colleagues, the clear targets and focus on prevention in the Dementia Strategy. She emphasised that prevention was a focus across Priority One and that programme management support was in place to continue to align the work with the Dementia Strategy.
7. The Chairman requested an update within a year or so on the progress made in terms of achieving the targets set out in the Dementia Strategy. He praised the Dementia Strategy and thanked those involved in producing it.

RESOLVED:

1. Approved the Joint Health and Social Care Dementia Strategy for Surrey.
2. Supported identifying resources to develop services that reduce inequalities in access for people with dementia, their carers and families.
3. Supported the inclusion of dementia specific prevention activities in the programme of work included in priority 1: supporting people to live healthy lives.

Actions/further information to be provided:

1. Board members' comments will be taken on board and an update on the progress made in terms of achieving the targets set out in the Dementia Strategy will be given in a year or so.

8/22 PRIORITY 3: POLICE AND CRIME PLAN FOR SURREY 2021-2025 AND COMMUNITY SAFETY [Item 8]

Witnesses:

Lisa Townsend - Police and Crime Commissioner for Surrey
 Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey (OPCC)

Key points raised in the discussion:

1. The Police and Crime Commissioner for Surrey noted:
 - her thanks to the Commissioning and Policy Lead for Community Safety (OPCC) for putting together the report.
 - that the Police and Crime Plan for Surrey 2021-2025 was published in early December, it had been widely consulted on and it was resident focused.
 - the importance of the priority on: 'Preventing violence against women and girls in Surrey', which was high up on the national agenda.
 - the priority on: 'Protecting people from harm in Surrey', which included dealing with vehicle theft.

- that partnership work with the Health and Wellbeing Board and in other forums across the county was vital in order to deliver a Surrey that is safe and feels safe for all of its residents.
 - that whilst crime and policing were important to her role, so too was commissioning whereby working with partners was crucial on areas around prevention and safety, working with Board members, East Surrey Domestic Abuse Service (ESDAS), or Women's Aid.
 - that the Deputy PCC had a responsibility over youth and prevention work, which ran through the entire plan - rather than being a specific priority.
 - that she was the national lead for mental health and custody for the Association of Police and Crime Commissioners (APCC) - mental health ran through the entire Plan and the OPCC was working with Women's Aid.
 - that value for money also ran through the entire Plan.
 - the intention for a biannual meeting to agree the community safety strategic direction - with the inaugural meeting to happen in May - a forum to consider community safety in detail.
 - that it is an evolving Plan and encouraged Board members to engage with the OPCC on areas of focus and improvement.
2. A Board member echoed the PCC's call for support from Board members, particularly regarding the sections on 'together we will'.
 3. The Chairman noted that the Board considered the draft Plan at its last meeting.
 4. The Chairman stressed that partnership working was key to delivering the Plan and the Board would continue to consider the opportunities for greater collaboration with the PCC and community safety partners.
 5. The Chairman asked that the details of the upcoming biannual meeting be shared with Board members.

RESOLVED:

1. Noted the report and the Police and Crime Plan for Surrey 2021-2025.
2. Would continue to consider the opportunities for greater collaboration with the Police and Crime Commissioner for Surrey and community safety partners.
3. Endorsed the proposal to hold a biannual meeting to agree the community safety strategic direction.

Actions/further information to be provided:

1. The details of the upcoming biannual meeting will be shared with Board members.

9/22 HEALTH AND SOCIAL CARE INTEGRATION WHITE PAPER OVERVIEW [Item 9]

Witnesses:

Louise Inman - Health Integration Policy Lead (SCC)

Key points raised in the discussion:

1. The Health Integration Policy Lead (SCC) noted that:
 - the White Paper published on 9 February set out the Government's ambitions to accelerate the delivery of joined up health and social care at place level - comparatively in England, Surrey was fairly advanced in the integration of health and social care.
 - the proposals include a single accountable person for place, place level governance arrangements and a review of pooled budgets and a shared outcomes framework by April 2023.
 - the White Paper also included other enablers of integration around workforce - such as creating more opportunities for staff to switch between health and care career paths, funding to develop care certificates and the introduction of integrated skills passports - digital and data - such as around shared care records, digital social care records for at least 80% of CQC registered providers, a population health management platform by 2025 and a suite of standards for Adult Social Care to ensure consistent information.
 - Annex 1 set out a number of questions about the proposals in the White Paper with a response due on 7 April 2022, Board members are to submit any views in relation to best practice and any risks, to the report author - Health Policy Advisor (SCC) in the next ten days.
2. The Chairman noted that the White Paper was a large piece of work, alongside an upcoming Health Inequalities White Paper and the Health and Care Bill, and discussions around section 83 of funding of Adult Social Care.
3. The Chairman noted that it was vital for the health system, local government and other partners to work more efficiently together - recognising the increased centralisation in some areas such as the creation of a national data centre and the focus on the individual through individual care plans - such as through the new Integrated Care Systems and their respective Integrated Care Boards and Integrated Care Partnerships.

RESOLVED:

Noted that the Integration White Paper is in line with Surrey's ambitions to integrate health and local government services where doing so will help improve outcomes for our residents and deliver the Community Vision for Surrey by 2030.

Actions/further information to be provided:

1. Board members will submit any views in relation to best practice and any risks regarding the White Paper, to the report author - Health Policy Advisor (SCC) in the next ten days.

10/22 REVIEW OF HEALTH AND WELLBEING BOARD MEMBERSHIP [Item 10]**Witnesses:**

Phill Austen-Reed - Principal Lead – Health and Wellbeing (SCC)

Key points raised in the discussion:

1. The Principal Lead - Health and Wellbeing (SCC) introduced the report and provided context to the recommendations which sought to ensure that the Board's membership would reflect the evolution within the system.
2. The Principal Lead - Health and Wellbeing (SCC) requested that if there were any additional changes that can be incorporated over the next few months, Board members were to contact the Health and Wellbeing team (SCC).
3. The Chairman noted possible future changes to the Board's membership with the move into the new statutory Integrated Care Systems (ICSs). He clarified that the Health and Wellbeing Board owns Surrey's Health and Wellbeing Strategy, the Integrated Care Board (ICB) would lead on the health aspects and the Integrated Care Partnership (ICP) would lead on the partnership aspects of the Strategy.
4. The Chairman noted that as the overarching body it was vital that the Health and Wellbeing Board has the right representation from organisations.

Karen Brimacombe left the meeting at 3.29 pm

RESOLVED:

The Board considered and approved the proposed developments and changes to membership:

1. Once established, VCSE alliance to nominate three representative members to the board (this would increase membership by two, enabling rotation depending on board business and content).
2. Following changes in structures and roles at Surrey Heartlands ICS, the following approach to ensuring appropriate membership is proposed alongside its formal establishment in July 2022:
 - a. Engage current board members representing “place based partnerships” to explore and ensure appropriate representation of each partnership and appropriate links to the Integrated Care Partnership as that develops recognising the dual representative role of some existing members.

- b. Confirm strategic clinical input and role of Vice-Chairman will continue through role of Surrey Heartlands Chief Medical Officer from 1 July when current clinical chair role will end.
3. Confirmed representation for mental health via membership of the newly appointed Chief executive of SABP (Graham Wareham) and the chair of the Mental Health Delivery board (Helen Rostill) in the continued role of priority two sponsor.
4. Confirmed representation from probation is through Head of Probation Delivery Unit (Jason Halliwell) along with provider representation continuing through Deputy Director of community interventions, interventions alliance (Carl Hall), following the ending of the Community Rehabilitation Company in 2021.
5. Confirmed new membership to Cabinet Member for Community Protection to reflect community safety function of the board following the 2020 merger and recent creation of portfolio.

Actions/further information to be provided:

1. Board members will raise any additional changes with the Health and Wellbeing team (SCC) to the Board's membership that can be incorporated over the next few months.

11/22 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 11]

Witnesses:

Dr Charlotte Canniff - Vice-Chairman of the HWB / Clinical Chair, Surrey Heartlands CCG

Key points raised in the discussion:

1. The Vice-Chairman noted that the latest Surrey Heartlands ICB report had been shared with Board members and included an update on Covid-19 incident management, Surrey Heartland's three main priorities: ongoing response to the Covid-19 pandemic, the recovery and restoration of its services and supporting the health and wellbeing of its workforce.
2. Representatives from Frimley ICS were not in attendance so no update from Frimley ICS was provided - Board members had been sent a report.

RESOLVED:

The Board noted the verbal update on the development of the Integrated Care System (ICS) - Surrey Heartlands - including the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

Actions/further information to be provided:

None.

12/22 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – UPDATE [Item 12]**Witnesses:**

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

Ruth Hutchinson - Director of Public Health (SCC)

Rachel Crossley - Joint Executive Director (PSR), SCC and Surrey Heartlands ICS

Key points raised in the discussion:

1. The Surrey Local Outbreak Engagement Board (LOEB) Chairman noted that:
 - the Government had published its 'Living with COVID-19' plan on 21 February 2022 which included the timeline for removing restrictions including: on 1 April the use of the NHS COVID Pass would no longer be recommended in certain settings; free symptomatic and asymptomatic universal testing for the general public in England would no longer be provided; working safely guidance would be replaced.
 - information on the UK COVID-19 Public Inquiry launched by Government was available on the independent website.
 - Surrey's Local Outbreak Management Plan (LOMP) had been updated as a result of the national policy changes.
 - the intention was to hold the final meeting of the LOEB in April - to discuss living with Covid-19 - to be reviewed later in the year.
2. The Director of Public Health (SCC) emphasised the importance of the LOMP in light of the increase in Covid-19 rates in the last week and following the change in regulations. She explained that the system was preparing to incorporate Covid-19 into business as usual whilst being prepared to react to a case surge.
3. The Chairman asked whether the Surrey Local Resilience Forum (LRF) was undertaking work on lessons learnt from Covid-19 and outbreak management.
 - In response, a Board member explained that there was a previous lessons learnt exercise and a paper was taken to the executive board last week.
 - The LOEB Chairman suggested that an item be added on the LOEB agenda for the April meeting on lessons learnt - the Chairman agreed.
 - The Joint Executive Director (PSR) (SCC and Surrey Heartlands ICS) explained that many organisations including health and Surrey County Council were looking at the terms of reference around the UK COVID-19 Public Inquiry, whereby feedback on lessons learnt could be incorporated.
4. The Chairman asked whether there would be any further guidance on Covid-19.
 - In response, the Director of Public Health (SCC) explained that the guidance remained the same for self-isolation and the legal restrictions had been lifted which would be challenging with the changes to testing.
5. The Chairman asked whether there would be a fourth Covid-19 job and how that would be distributed.

- In response, the Vice-Chairman noted that it had been confirmed that there would be a fourth Covid-19 jab - second booster - in spring, which would be six months after the initial booster for patients aged over 75 and those most clinically vulnerable. The roll out would be through the current model of local and mass vaccination sites and community pharmacies.

RESOLVED:

That the Board noted the verbal update on the work of the LOEB.

Actions/further information to be provided:

1. An item will be added on the LOEB agenda for the April meeting on lessons learnt from Covid-19 and outbreak management.

13/22 DATE OF THE NEXT MEETING [Item 13]

The date of the next public meeting was noted as 15 June 2022.

Meeting ended at: 3.37 pm

Chairman

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