

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 21 June 2023 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its next meeting.

Board Members:

(Present = *)

(Remote Attendance = r)

- * Bernie Muir (Chair)
- * Dr Charlotte Canniff (Vice-Chair)
- * Karen Brimacombe
Professor Helen Rostill (Co-Sponsor)
- r Liz Williams (Co-Sponsor)
- r Kate Barker (Co-Sponsor)
- * Mari Roberts-Wood
Fiona Edwards
Jason Gaskell (Co-Representative)
- * Rosemarie Pardington (Co-Representative)
- * Sue Murphy (Co-Representative)
- * Dr Russell Hills
Kate Scribbins
- * Ruth Hutchinson
Liz Bruce
Rachael Wardell
Professor Claire Fuller
- * Graham Wareham
Joanna Killian
- * Mark Nuti
- * Sinead Mooney
- * Denise Turner-Stewart
Jason Halliwell
Carl Hall
Tim De Meyer
- * Borough Councillor Ann-Marie Barker
- * Steve Flanagan
Jo Cogswell
Dr Pramit Patel
Lisa Townsend
- * Professor Monique Raats
- r Siobhan Kennedy (Associate Member)

Substitute Members:

- * Tina Benjamin - Director Corporate Parenting, Surrey County Council (SCC)
- * Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley Integrated Care Board (ICB)
- * Gemma Morris - Detective Superintendent, Surrey Police
- r Deborah Mechaneck - Co-Chair, Healthwatch Surrey
- * Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands Integrated Care System (ICS)
- * Michelle Blunsom MBE - CEO, East Surrey Domestic Abuse Services
- * Rachel Crossley - Joint Executive Director – Public Service Reform, SCC
- * Alison Bolton - Chief Executive, Office of the Police and Crime Commissioner for Surrey

The Board's new Chair introduced herself noting that she was the Surrey County Council Member for Epsom West and Borough Councillor for Horton Ward at Epsom and Ewell Borough Council, she was the outgoing Chair of the Adults and Health Select Committee. She thanked the outgoing Chair and Board member, Tim Oliver whose chairmanship of the Board had been exceptional for the last five years.

The Chair welcomed new Board members:

- Tim De Meyer - Chief Constable of Surrey Police.
- Professor Monique Raats - Co-Director, Institute for Sustainability; Professor; Director of the Food, Consumer Behaviour and Health Research Centre, University of Surrey; the Chair thanked the outgoing member: Professor Deborah Dunn-Walters.
- Borough Councillor Ann-Marie Barker - Leader of Woking Borough Council (Surrey Leaders' Group representative); the Chair thanked the outgoing member: Borough Councillor Hannah Dalton.

The Chair provided an update on the Health and Wellbeing Index, noting that since March's Board meeting it continued to be developed and several indicators were available at a district and borough level on the link:

<https://public.tableau.com/app/profile/dan.harmer/viz/HealthWellbeingIndex/HealthWellbeingIndex> The full set of originally proposed indicators would be available at ward level for the next public meeting in September, feedback was welcomed on the indicators and what additional functionality would be useful to partners.

10/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Rachael Wardell - Tina Benjamin substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Gemma Morris substituted, Kate Scribbins - Deborah Mechaneck substituted (remote), Professor Claire Fuller - Karen McDowell substituted, Jason Gaskell - Michelle Blunsom MBE substituted, Joanna Killian - Rachel Crossley substituted, Lisa Townsend - Alison Bolton substituted, Carl Hall, Jason Halliwell, Liz Bruce, Dr Pramit Patel, Jo Cogswell (remote), Liz Williams (remote), Kate Barker (remote), Siobhan Kennedy (remote).

11/23 MINUTES OF PREVIOUS MEETING: 15 MARCH 2023 [Item 2]

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

12/23 DECLARATIONS OF INTEREST [Item 3]

Regarding item 10, it was noted that the borough and district council representatives' councils were beneficiaries of the Better Care Fund.

13/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

14/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Karen Brimacombe - Chief Executive, Mole Valley District Council (Priority 1 Sponsor)

Adam Letts - Public Health Lead, SCC

Kate Barker - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands (Priority 2 Co-Sponsor)

Phill Austen Reed - Principal Lead – Health and Wellbeing, SCC

Mari Roberts-Wood - Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)

Saba Hussain - Strategic Lead – Partnerships, Policy and Commissioning, SCC

Key points raised in the discussion:

Priority 1

1. The Priority 1 Sponsor chose to focus on the Surrey Breastfeeding Strategy 2023-2028 which was important in terms of supporting the Priority.
2. The Public Health Lead (SCC) provided an update on the refreshed Breastfeeding Strategy as outlined 'In the Spotlight' section which aimed to improve breastfeeding initiation and continuation rates, he added that the detail around changes implemented was included in the action plan; partnership work would be led by the Breastfeeding Strategic Group. It was recognised that not all parents want to or can breastfeed, acknowledging and respecting that was important. Partners were encouraged to champion breastfeeding as a public health priority.

Sue Murphy joined the meeting at 2.11 pm.

3. The Chair asked whether the Breastfeeding Strategy had a toolkit and communications package. The Public Health Lead (SCC) noted that such information was included within the action plan, which would be implemented gradually over five years; communications and engagement was a key theme.
4. A Board member noted that the benefits were outlined in relation to the infant and mother in terms of breast and ovarian cancer, and enhanced attachment. Noting that there remained social stigma around breastfeeding, she asked whether there could be more emphasis on the wide range of benefits to mother and child such as breastfeeding's effect on countering post-natal depression and mental health; to increase that uptake in those lower socioeconomic groups. The Public Health Lead (SCC) welcomed that important point which had been considered at the Breastfeeding Strategic Group, linking closely with mental health specialists and was factored in as peer and general support using the trauma informed approach.
5. The Chair noted the important point made above around cultural attitudes to breastfeeding and asked whether discussions had taken place with cultural and minority groups, and whether they were involved in the action plan; she requested a copy of the action plan. The Public Health Lead (SCC) confirmed that those groups were being engaged with, the action plan had been widely distributed and partners included the Birth to Five Years Community Health Partnership and Maternity and Neonatal Voices Partnerships, and Surrey Minority Ethnic Forum. Other smaller

projects were underway relating to certain population groups in Surrey focusing on the continuation rates.

6. The Chair referred to the 'Challenges this quarter' section and asked whether the two leads that left had been replaced and whether there was a risk to delivery. The Vice-Chair explained that the cardiovascular lead - two sessions a week - was replaced three weeks ago, the respiratory lead - one session a week - had been advertised for and there had not been any applications yet. If those leads were critical to the delivery of the outcomes, there needed to be a consideration on their resourcing and she noted that the programme leads could liaise with her.

Priority 2

7. The Priority 2 Co-Sponsor referred to the 'In the Spotlight' section adding that:
 - the Green Health and Wellbeing programme was a wider and more embedded programme system-wide following a transition from the Green Social Prescribing pilot since March. Through partnership engagement a logic model was used to develop common outcomes. The Board was asked to provide support to address the critical challenge of funding which was yet to be agreed by key system partners to enable the proposed programme delivery. She praised the impact created by the Chief Executive Officer's (Surrey Heartlands ICS) video message and ICS support of the aims.
8. A Board member noted the abundance of open spaces and facilitators to enable mental health groups and nature walks and other benefits to mental health. She noted that there were the resources and funding available and noted that the preventative agenda was strong and so it was a question of allocation. The Chair added to that comment asking whether there was buy in from some partners and who was not buying in. The Principal Lead – Health and Wellbeing (SCC) noted that resourcing had been secured for a year during the transition period, as part of that officers were looking at what was currently available and how to coordinate that, and what the gaps were. He would follow up with partners and share information on the buy in. A Board member noted that she was the executive lead for the pilot when it was a test and learn site for the NHS side and noted that the Green Health and Wellbeing programme was valuable particularly in the prevention space. She noted that more needed to be done to embed it into business as usual within the towns work, working with partners at place level.
9. The Chair following up the above point noted that it would be interesting to know the time scale of embedding the Green Health and Wellbeing programme and whether there was an impact assessment of the initiatives and value for money. A Board member noted that was being built into the methodology and there were national examples of that, work was underway using the research available and working with primary care and neighbourhood teams to understand the benefits, value for money and getting buy in for it to be an alternative support.
10. The Chair referred to the 'Challenges this quarter' section and asked for views on the system capacity challenge within the three programmes listed, whereby a lack of capacity was affecting progression. The P2 Co-Sponsor noted that feedback was being collated from the project leads to review the gaps and what the impact would be of having an insufficient capacity in those programmes; as well as understanding what could be provided through the Best Start Strategy which was in the scoping phase; an update could be provided following the next Best Start Strategy meeting.

Priority 3

11. The Priority 3 Sponsor noted the two collaborative pieces of work underway:
 - Individual (Employment) Placement and Support in Primary Care (IPSPC): SCC and system partners had secured £6.3 million grant by the Department for Work

- and Pensions to roll out the employment support aimed at adults with a physical disability or mental health need, or long-term condition. Around 3,000 people would be supported between October 2023 and March 2025; targeted support would be provided for those in the top five Key Neighbourhoods and the Priority Populations.
- Wider Determinants of Health Research Collaboration: working across the system to try to change outcomes for people. Additional funding was being used to undertake research around policy to development to address the wider determinants of health. If successful in stage two of the application, the funding would provide the capacity to put more effort further upstream to address the challenges at the acute end.
12. The Strategic Lead - Partnerships, Policy and Commissioning (SCC) provided an update on the Community Sparks funding as outlined 'In the Spotlight' section, to fund community-led activity primarily across the 21 Key Neighbourhoods, for projects which would make a difference, and where possible were sustainable and had a preventative angle. £10,000 was given to Tandridge so it did not miss out. Infrastructure organisations were asked to support with the delivery of the funding building on their existing networks, working closely with the Community Link Officers, the borough and district councils and health colleagues. Grants of up to £2,000 had been offered and over 50 applications had been received. She highlighted the example of Hilary's Hut in Spelthorne to tackle social isolation, the funding enabled activity such as chair aerobics, and arts and crafts; to move around the borough based on need. A flexible approach was taken for organisations to work in a way that suited their community. It was hoped that the funding would support the larger funds like Your Fund Surrey and the Mental Health Investment Fund; a review on the impact would be undertaken.
 13. The Vice-Chair reflected on health and care economics and the importance of evidencing impact and the return on investment or a cost-benefit analysis from intervention and prevention work. For example, the IPSPC £6.3 million grant for employment support for just under 3,000 people was equivalent to around £2,000 per person, she asked what the evidence was for its long-term impact; she noted the need to be critical when such programmes are initiated.
 14. The Chair stressed the importance of having impact assessments, measuring, monitoring and evidence behind every initiative. The P3 Sponsor noted that a lot of prevention work such as community development activity was undertaken at district and borough level, such work took a longer period of time to evidence its impact; that was more challenging to do across organisations and system-wide. The activity underway would provide the space and funding to evidence impact.
 15. A Board member noted optimism from a public health perspective about the application for prevention funding and even if unsuccessful it would be essential to continue with the Collaboration to show particularly where the wider determinants of health work has an impact on Surrey's population and ensuring it has value for money; the Board would be kept informed.
 16. The Vice-Chair wondered how the community led projects were being advertised so that they reached the necessary residents. She was unaware of Hilary's Hut and as a local GP in Spelthorne noted that she could help to sign-post people to it; adding that and primary care was a good route for communications via their websites and she offered her support in terms of advertising on the websites. The Strategic Lead - Partnerships, Policy and Commissioning (SCC) noted that the Community Sparks funding and available grants had been advertised widely, she noted that there was more work to do about advertising the projects and how people can get involved and she would feed back the Vice-Chair's comment.
 17. The Chair asked how long an initial grant would sustain a project for and whether she was aware if there was a potential for further funding for the projects once the initial funding was used up. The Strategic Lead - Partnerships, Policy and

Commissioning (SCC) noted that it was one-off funding. As in the Hilary's Hut example it was hoped that the projects would look for other sources of funding. She noted that officers were thinking about how to bring in social value and different ways of supporting something similar in the future.

18. The Chair referred to the 'Challenges this quarter' section around domestic abuse and asked how significant the lack of clarity around the delivery/funding was. A Board member clarified that the Hospital Independent Domestic Violence Advocates service funding would run out in 2024, that service and funding was crucial for people experiencing mental and physical trauma. That was being looked at by the Assistant Director - Safer Communities, SCC.

RESOLVED:

1. Noted progress against the delivery of the Strategy in the Highlight Report.
2. Utilised the links to the refreshed Health and Well-being Strategy and Highlight Reports to increase awareness through their organisations and elicit support for reducing health inequalities.
3. Ensured member organisations are utilising the HWB Strategy engagement slide deck on the SCC Community Engagement sharepoint site to provide active leadership around the mission to reduce health inequalities within their own organisations and across the system.
4. Noted the disbanding of the Surrey Local Outbreak Engagement Board.
5. Noted that with the appointment of a new Chair, the Terms of Reference of the Board would now be reviewed at the September Board meeting.

Actions/further information to be provided:

1. Priority 1: The Public Health Lead (SCC) will share the Breastfeeding Strategy action plan with the Chair and any Board member that requests it.
2. Priority 2: The Principal Lead – Health and Wellbeing (SCC) will follow up with partners and will share information on the buy in regarding the Green Health and Wellbeing programme; the time scale of embedding the programme and whether there was an impact assessment of the initiatives and value for money will be shared.
3. Priority 2: An update will be provided to the Board by the P2 Co-Sponsor following the next Best Start Strategy meeting, regarding the system capacity challenge.
4. Priority 3: The Director of Public Health (SCC) will keep the Board informed about the work of the Wider Determinants of Health Research Collaboration in evidencing impact and ensuring value for money and the application (stage two) to NIHR Health Determinants Research Collaboration for prevention funding.
5. Priority 3: The Strategic Lead - Partnerships, Policy and Commissioning (SCC) will feed back the Vice-Chair's comment on the need to advertise the Community Sparks projects further and will follow up her offer of support in terms of advertising on the primary care websites.

15/23 HEALTH AND WELLBEING STRATEGY SUMMARY IMPLEMENTATION PLAN JUNE 2023 [Item 6]

Witnesses:

Ruth Hutchinson - Director of Public Health, SCC
 Phill Austen Reed - Principal Lead – Health and Wellbeing, SCC

Key points raised in the discussion:

1. The Director of Public Health (SCC) noted that:
 - the update provided the high-level detail of the delivery of the programmes, working closely with the Senior Responsible Officers (SROs) to ensure alignment with the Priority Populations and Key Neighbourhoods; and ensuring impact on the ground to improve health inequalities.
 - attention was given to the programmes where there could be a collaborative focus and it was recognised that there were other programmes underway across the health and care systems which had an impact on the three Priorities.
2. The Principal Lead – Health and Wellbeing (SCC) noted that:
 - the Summary Implementation Plan set out the leads and partners engaged with on the 41 programmes so the risks could be identified and addressed; a logic model was used to understand the inputs and the outputs on the desired outcomes within the Strategy and resources targeted to maximise impact.
 - the impact indicators for the Priority Populations were being developed as part of the draft Health and Wellbeing Index and the next phase would go online in September; having stronger engagement with the SROs would be vital to understand whether the programmes were actively engaging with and targeting those Priority Populations and Key Neighbourhoods.
 - Priority 1: there were mechanisms to go back and ask further questions on the impact indicators and related programmes, to understand what impact was being had. Some of the indicators and related programmes in italics were earlier in their engagement and that had galvanised collective action such as the implementation of the End of Life Strategy.
 - Priority 2: there were connections and overlapping impacts between the programmes in terms of the outcomes such as isolation which was linked to the Green Health and Wellbeing programme and the Mental Health Investment Fund; it was expected that there would be more programmes supporting Voluntary, Community and Social Enterprise partners to help reduce isolation.
 - Priority 3: the big shift in the refreshed Strategy last year was the focus on the wider determinants and the Summary Implementation Plan represented a clearer picture of the touch points with the Growth Board and the Greener Futures Board, having joint conversations as well as drawing on the Community Safety Implementation Plans.
 - mobilising with partners in support of the programmes and formulating discussion points would be crucial to help overcome some of the challenges.
 - it was the first time that an outline could be included on the Health in All Policies (HiAP) approach, of which the related programmes cut across the three Priorities; to be reported back to the Board via the Highlight Reports.
 - engagement had been had with the sub-boards and the SROs, and the Board would receive an update every twelve to eighteen months on the progress.
3. A Board member noted that she could not see performance or metrics data in the report. Regarding Priority 2, outcome 2, impact indicator: 'Proportion of children receiving a 12-month review with their Health Visitor', she asked for an update on that and what the challenges were. Regarding Priority 2, outcome 1, programme: 'Improved Access to Preventative Emotional and Mental Wellbeing Support (Wellbeing Front Door Service Phoneline)' asked partners how those services were tested and measured in terms of working as intended. The Director of Public Health (SCC) responded that the impact indicators were the metrics of how measurements would be undertaken, whilst the performance was included within the Health and Wellbeing Index dashboard which was updated with live performance information, the link would be included in the Teams meeting chat.
4. As a supplementary on the above the Board member reiterated her second question wanting to hear from providers on the Board as to what the checks and balances

were regarding the capacity of the Wellbeing Front Door Service Phonenumber. The Vice-Chair noted that there was a regular commissioning performance review with the mental health providers. She noted that Surrey and Borders Partnership (SABP) did not deliver all the psychological therapies and early intervention services, many of those were delivered by the voluntary sector and other providers. A Board member noted that there were multiple Single Points of Access in both Children's and Adults across the system. There was not a single metric that measured the ease of access, SABP had its own access data for its services. He would liaise with the Director of Public Health on what the aggregation looks like across all different agencies providing front door services. The Chair noted that the system should know its overall situation.

5. A Board member referred to the HiAP slide around the summary of Civic / System Level Interventions, whereby programme 4: 'Air Quality is improved' was in development. She noted that it would be helpful to have an assurance over the quality of the baseline data and to gauge the consistency of the measures in place across the county, both pre Covid-19 and post Covid-19. As well as incorporating the transitions made to improve air quality: through the Greener Futures team around biodiversity and the environmental policies in Surrey such as the measures in Guildford and Farnham around encouraging people to use electric vehicles; to understand what that trajectory looked like. The Principal Lead – Health and Wellbeing (SCC) noted that it was in development as pre Covid-19 there was a Public Health Lead that was engaged with partners on that, that role was being re-established and would have a collective view identifying what was working well and where additional programmes or consistency might be needed.

Borough Councillor Ann-Marie Barker left at 3.04 pm.

6. Regarding all the initiatives, the Chair requested that the anticipated reach and the actual reach be provided in terms of the numbers of people that they would impact, what the geographical spread was, whether specific demographics were targeted, what the direction of travel was, how were those being monitored and what the measurements were and the value provided.
7. A Board member thanked Public Health colleagues for their collaborative approach. She noted the need to connect with education and schools on the opportunities within the Priorities, to use children and young people's energy to help hold parents and adults to account for their behaviours. For example, regarding Special Educational Needs and Disabilities, some of the indicators and information collected from schools, were good measures in terms of young people's wellbeing which aligned to the Priorities.

RESOLVED:

1. Recognised the range of current and developing programmes currently within scope of the implementation of the Health and Wellbeing Strategy priorities and outcomes. These programmes are also related to the impact indicators previously shared with the board (see related Health and Wellbeing Board papers above).
2. Recognised the progress made in highlighting the range of programmes that focus resource on Priority Populations including the Key Neighbourhoods.
3. Supported the continued collaborative oversight of programmes alongside action to address barriers and challenges within the three priorities through:
 - i. the Prevention and Wider Determinants Board (Priority One and Priority Three) and
 - ii. the Mental Health: Prevention and Oversight Delivery Board (MHPODB) (Priority Two) (See Appendix 4 for actions in its first year's progress report).

4. Would raise any obvious or significant omissions with the Health and Wellbeing Programme team via publichealth@surreycc.gov.uk and the relevant senior lead for follow up.

Actions/further information to be provided:

1. The Director of Public Health (SCC) will include the link to the Health and Wellbeing Index dashboard in the Teams meeting chat.
2. The Board member (Graham Wareham) will liaise with the Director of Public Health on what the aggregation and access data looks like across all different agencies providing front door services via different access points; with a focus on the programme: 'Improved Access to Preventative Emotional and Mental Wellbeing Support (Wellbeing Front Door Service Phonenumber)'.
3. Regarding all the initiatives, the Principal Lead – Health and Wellbeing (SCC) will follow up the Chair's request for information on the anticipated reach and the actual reach in terms of the numbers of people that they will impact, what the geographical spread is, whether specific demographics are targeted, what the direction of travel is, how are those being monitored and what the measurements are and the value provided.

16/23 COMMUNITY SAFETY ASSEMBLY AND IMPLEMENTATION PLANS [Item 7]

Witnesses:

Sarah Haywood - Partnership and Community Safety Lead, Office of the Police and Crime Commissioner for Surrey

Key points raised in the discussion:

1. The Partnership and Community Safety Lead (OPCC) noted that:
 - she welcomed the Board's comments on the Community Safety Assembly's updated Terms of Reference, to be signed off by the Assembly in November.
2. The Chair noted that she alongside many Members and residents had a problem with understanding what counted as anti-social behaviour, having looked up the Anti-Social Behaviour Action Plan she did not sense its alignment with the report. She noted the need to understand how the Plan was integrated, noting that she needed to understand who was taking ownership or the responsibility over anti-social behaviour and to communicate that across the county.
3. Responding to the Chair, the Partnership and Community Safety Lead (OPCC) noted that:
 - the Implementation Plans sat under the Community Safety Agreement and then fed into the Strategy Implementation Plan, particularly Priority 3.
 - the four work programmes within the Implementation Plans were topical: serious violence, domestic abuse, violence against women and girls, and anti-social behaviour; there were lots of collaborative opportunities within those.
 - there were pieces of work underway nationally through pilot areas looking at the Government's Anti-Social Behaviour Action Plan, local implementation would follow from the results of those pilots.
 - it was sometimes difficult for residents and communities to understand who to report anti-social behaviour complaints to, as in the absence of criminality it would not always be the police. She would liaise with the SRO to ensure that within the action plan there would be clarity on the correct responder.
 - a recent survey of victims' and residents' perception and feeling of what anti-social behaviour looked like in Surrey's communities had been undertaken; the

- results of that needed to be triangulated against the data from practitioners and frontline officers; to target resources to the right areas.
- updates would be provided to the Board on the four work programmes within the Implementation Plans, for example violence against women and girls was on the agenda for the July informal Board meeting.
4. A Board member noted that regarding the vision for anti-social behaviour in terms of the aim to continue to improve the understanding and response to incidents, it would be helpful to have a baseline of how effective the current response was. At a recent Thriving Communities Board in Stanwell the *Police Community Support Officers* present noted that they struggled to respond because they did not have the capacity. In terms of resourcing, she asked about how practical the Implementations Plans were on the ground noting that it would be important to have a holistic perspective, including for example preventative work in terms of community groups to occupy young people.
 5. A Board member queried whether the Community Safety Assembly meeting twice a year would be sufficient to address issues and follow up actions promptly. He paraphrased from the report which noted that members of the Assembly should be of sufficient seniority to be able to make decisions and commit resources, however most of those bodies would have to report back to committees and cabinets for approval; he suggested that the Assembly could meet quarterly. The Partnership and Community Safety Lead (OPCC) noted that the Assembly meeting twice a year was to ensure that it did not deflect from the Board's work around community safety following the merger with the Community Safety Board. She would liaise with the Police and Crime Commissioner for Surrey on that suggestion.

RESOLVED:

1. Considered the Community Safety Assembly's Terms of Reference.
2. Considered and supported the further development of the implementation plans for community safety under the Priority 3 outcome – 'People are safe and feel safe'.

Actions/further information to be provided:

1. The Partnership and Community Safety Lead (OPCC) will liaise with the SRO to ensure that within the action plan there would be clarity on the correct responder to anti-social behaviour.
2. The Partnership and Community Safety Lead (OPCC) will provide a response to the Board member's (Denise Turner-Stewart) query on what the baseline is of how effective the current response to anti-social behaviour incidents is; and in terms of resourcing will explain how practical the Implementations Plans were on the ground and to have a holistic perspective.
3. The Partnership and Community Safety Lead (OPCC) will liaise with the PCC on the Board member's (Mark Nuti) suggestion for the Community Safety Assembly to meet quarterly rather than bi-annually.

17/23 SURREYWIDE DATA STRATEGY – UPDATE [Item 8]

Witnesses:

David Howell - Joint Director for Strategic Insight and Analytics, Surrey Heartlands ICS
 Sarah Haywood - Partnership and Community Safety Lead, OPCC

Key points raised in the discussion:

1. The Joint Director for Strategic Insight and Analytics (Surrey Heartlands ICS) noted that:
 - the Surrey Wide Data Strategy sought to address the key challenges around data across the system, it was composed of four components: purpose, infrastructure, people, and opportunity; he would focus on the last three.
 - data and services were fragmented and needed to be integrated and joined up avoiding repetition and delays; there was a need to better understand the Priority Populations and health inequalities.
 - Infrastructure: a significant piece was underway to develop the Integrated Digital and Data Platform, which would deliver shared analytical capabilities for different use cases across the system: direct care, and secondary uses around performance assurance and wider analytical capabilities, Population Health Management, and research. Several business cases had been developed, providing more granularity and costings.
 - People: Surrey Office of Data Analytics (SODA) sought to solve key problems faced by the system, a use case for serious violence had been identified and towns development was ongoing. The focus was on prevention spend mapping and how that could be supported.
 - Opportunity: the Hewitt Review looked at how systems used data and work was underway to implement those recommendations and it provided the backing for funding around people and infrastructure, expanding capabilities.
2. The Partnership and Community Safety Lead (OPCC) thanked the report author for including serious violence within SODA's work, which would result in a detailed needs assessment.
3. The Chair noted that measuring, monitoring, and reporting the impacts of projects, and data collection, use and sharing, threaded through the upcoming agenda items as well as the Joint Strategic Needs Assessment (JSNA) and the Surrey Index. She queried whether the architecture was robust and whether there was the funding, capacity and staffing now to deliver all the strategies and programmes throughout their duration. She asked whether the organisations were able to provide the requested data. The Joint Director for Strategic Insight and Analytics (Surrey Heartlands ICS) explained that regarding the Infrastructure programme, the work underway could be used to target the four use case areas, investing and ensuring that they would be fit for purpose system-wide. Regarding the Opportunity programme, the Full Business Case would set out the funding required as a result of the recommendations from the Hewitt Review. Regarding the People programme, there were good skills across the system but there was a shortfall in specific areas like data sciences.

Sinead Mooney left the meeting at 3.31 pm.

RESOLVED:

1. Noted the progress that has been made to date across the system.
2. Ensured that the direction of travel and progress being made by the teams are in line with the views of the Health and Wellbeing Board membership.
3. Provided feedback and recommendations on the highlighted areas of challenge being faced at this time.

Actions/further information to be provided:

None.

18/23 MENTAL HEALTH IMPROVEMENT PLAN - UPDATE [Item 9]

Dr Charlotte Canniff and Rachel Crossley left the meeting at 3.33 pm.

Witnesses:

Liz Williams - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands (Priority 2 Co-Sponsor)

Key points raised in the discussion:

1. The Joint Strategic Commissioning Convener (SCC and Surrey Heartlands) (Priority 2 Co-Sponsor) noted that:
 - the report outlined the progress of the four programmes and was a shortened version than that reported to the recent Adults and Health Select Committee.
 - Early Intervention and Prevention: that was well integrated into Priority 2 as covered in items 5 and 6.
 - Bounce and Access: she was a joint SRO and had worked closely with Unity Insights on the logic model and evaluation framework to be discussed and reviewed imminently, and with the Independent Mental Health Network run by the Surrey Coalition of Disabled People who co-designed the definition of Bounce using lived experience. In terms of monitoring and evaluating impacts, programmes were being mapped to highlight any gaps.
 - Crisis and Flow: since October 2022, led by colleagues in SABP, focusing on improving flow and discharge, and admission avoidance.
 - Enablers and Culture: as with SODA, there was a commitment to having the right data and analytics, the Surrey Hackathon Project had been convened. Transformation happening outside of the MHIP, such as the NHS Long term Plan and recovery work needed to be combined.
 - there were significant gaps in projects and programme resourcing around Bounce and Access, she was solely working on that and Unity Insights would finish their work in late June; the Joint Executive Director of Adult Social Care and Integrated Commissioning (SCC and Surrey Heartlands ICS) was working with system colleagues on the matter.
2. A Board member thanked the Priority 2 Co-Sponsor for all her hard work noting that in the absence of a mental health convener she was undertaking that role in addition to her current role. He noted that resourcing and funding was the biggest problem faced by the system and that needed to be addressed.
3. The Chair noted that mental health funding had been slashed, she had in her former role as Chair of the Adults and Health Select Committee asked for an impact assessment but had not received it. There were also impacts on the NHS in terms of physical ramifications of not handling mental health. She stressed the need to understand the impacts caused system-wide of funding cuts to mental health; with the judiciary, other organisations and the third sector having to face the consequences. She welcomed partners being able to supply that information to explain the full impact of not properly resourcing mental health. A Board member responded that in the health arena plans sent to NHSE were being finalised, any changes in programmes of work would go through equality impacts analysis, an aggregate form of that would be provided to the Board.
4. The Chair noted that in taking an amount of money from a cohort not being serviced for their mental health issues, asked whether someone was doing an assessment of the likelihood of those individuals to appear in another part of the system and for example the police having to address the impacts. A Board member noted the difficulty in ascertaining the secondary and tertiary impacts however noted that the system was providing targeted support for example through the 'Right Care, Right

Person' national model, to ensure that the best agencies support someone in distress. An enhanced mental health offer in acute care in the operating plan had been approved, to come into fruition in due course; with other initiatives scheduled for future financial years.

5. The Chair emphasised that the indirect consequences were expensive in terms of cost but also impacts to individuals and their lived experiences, communities and organisations. She reiterated that there should be a proper attempt at an impact assessment on what it means not to spend sufficient money on mental health, work was being done abroad for example. She highlighted the need for the proper funding and resourcing of Bounce and Access. The Board member noted that SABP would look to review the impacts from the schemes within that programme; he agreed that more resources would improve outcomes.

Karen Brimacombe left the meeting at 3.47 pm.

6. A Board member acknowledged that all were under pressure financially from every angle, however he noted that there would not be a huge handout from the Government and noted that locally all must take prevention seriously and must invest in it. He suggested that the Board could have a crisis meeting with all partners on how to invest in prevention, noting that the pressures were growing annually. Action was needed now, partners needed to commit an amount of money to start making a difference. The Chair agreed noting the need to lobby for the change in the mental health funding formula. She noted that the system could not afford to not have that data on prevention spending, nor could not afford to not spend the money on mental health.
7. Referring to the Enablers and Culture programme on page 167 under 'Data and digital', regarding the published JSNA chapter the Chair highlighted the sentence: 'noted caveats that big gaps remain in the data and the chapter and SRO recommendations' and asked whether that data was now available. The Priority 2 Co-Sponsor did not believe that data was available, she noted that officers would use SODA to fill in the gaps and use the Surrey Hackathon Project; combining data together in packs.

Mark Nuti, Graham Wareham and Steve Flanagan left the meeting at 3.51 pm.

RESOLVED:

1. Noted the contents of this update and endorsed the proposed next steps.

Actions/further information to be provided:

1. The Board member (Graham Wareham) will provide the Board with an aggregate form of the finalised plans - within the health arena - sent to NHSE which would include an equality impacts analysis.
2. The Chair will follow up her request with the Director of Public Health (SCC) for a system-wide mental health impact assessment, both direct and indirect impacts; partners to look to supply that information.
3. The Chair will follow up the suggestion of the Board holding a crisis meeting on prevention with partners, looking at how to invest in it to make a difference.

19/23 BETTER CARE FUND (BCF) PLAN 2023-25 AND BCF END OF YEAR REVIEW 2022/23 [Item 10]

Witnesses:

Jonathan Lillistone - Assistant Director – Commissioning, SCC
 Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands ICS

Key points raised in the discussion:

1. The Assistant Director – Commissioning (SCC) highlighted that:
 - the review of last year's Better Care Fund (BCF) set out the metrics and delivery and it had been submitted to NHS England (NHSE).
 - the current two-year BCF Plan was welcomed compared to previous one-year plans due to late national guidance. The report set out the systematic engagement with partners around developing the plan and priorities for 2023-2025, metrics and financial allocations; with more rigorous monitoring. NHSE feedback was included and changes were integrated around the use of additional discharge grant funding, as well as an additional narrative on the metrics and trajectory.
 - Annex 2: BCF Planning Template 2023-25 was the final and not a draft version, within that spreadsheet there was a technical error which NHSE was aware of regarding some of the tabs indicating red and incomplete.

Dr Russell Hills left the meeting at 3.54 pm.

2. The Chair asked how the BCF Plan would address the 'wicked problems' faced by the system as noted in item 11, as the BCF was spending the money on the initiatives. The Assistant Director – Commissioning (SCC) acknowledged the connection between the two, noting that the BCF linked closely with the Health and Wellbeing Priorities, particularly around prevention under Priority 2, discharge to assess and system transformation were linked. He noted that within the various schemes funded by the BCF, many were key contributors to delivering wider strategic priorities. The ICS Chief Operating Officer (Surrey Heartlands ICS) noted that there was alignment, it would be vital to ensure that the initiatives or schemes being invested in by the BCF would have an impact on the 'wicked problems' within the Joint Forward Plan.

Denise Turner-Stewart and Tina Benjamin left the meeting at 3.57 pm.

RESOLVED:

1. Approved the proposed 2023-25 BCF Plan (including Planning Narrative and Planning Template)
2. Noted:
 - i. 2022/23 BCF Review which was submitted to NHSE on 23 May following delegated authority by HWB Board Chair.
 - ii. Integrated Care Board (ICB) Additional Discharge Templates for Surrey Heartlands and Frimley Health and Care – both submitted to NHS England on 19 May 2023.
 - iii. BCF Strategy Workshop next steps actions (from 3 March 2023)
3. Recommended that a Section 75 agreement* between Surrey County Council and Surrey Heartlands ICB should be developed, based on the BCF Plan, for approval by the Surrey-Wide Commissioning Committees in Common (CIC).

4. Recommended that a Section 75 agreement* between Surrey County Council and Frimley ICB should be developed, based on the BCF Plan, for approval by CIC.

*Section 75 agreements are made between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s.

Actions/further information to be provided:

None.

20/23 SYSTEM PLANNING: SURREY HEARTLANDS DRAFT JOINT FORWARD PLAN (JFP) 2023 - 2028 [Item 11]

Mari Roberts-Wood left the meeting at 3.59 pm.

Witnesses:

Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands ICS

Key points raised in the discussion:

1. The ICS Chief Operating Officer (Surrey Heartlands ICS) noted that many Board members had been involved in the production of the draft five-year Joint Forward Plan (JFP), she highlighted that there had been multiple engagement sessions with partners and deep dives. She noted that the JFP was aligned to the Health and Wellbeing Strategy Priorities and the Integrated Care Strategy; and it would be published on the Surrey Heartlands website. She noted that the deadline date for submission was 30 June, it had been reviewed and approved by several boards including the Integrated Care Partnership (ICP).

RESOLVED:

1. Noted the near-final draft Joint Forward Plan and its alignment with Surrey's Health and Wellbeing priorities and strategic approach.
2. Would provide an opinion of the plan.
3. Noted that the annual update of the plan would be provided in March 2024.

Actions/further information to be provided:

None.

21/23 SYSTEM PLANNING: FRIMLEY DRAFT JOINT FORWARD PLAN (JFP) 2023 - 2028 [Item 12]

Witnesses:

Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB

Key points raised in the discussion:

1. The Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath (NHS Frimley ICB) noted that the draft Joint Forward Plan had been agreed at the Frimley ICB yesterday.

RESOLVED:

1. Noted the near-final summary presentation of the draft Joint Forward Plan and its alignment with Surrey's Health and Wellbeing priorities and strategic approach, and would provide informal feedback.
2. Noted that the annual update of the plan would be provided in March 2024.

Actions/further information to be provided:

None.

22/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 13]**Witnesses:**

Karen McDowell - ICS Chief Operating Officer, Surrey Heartlands ICS
Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB

Key points raised in the discussion:

1. No comments were made.

RESOLVED:

1. Noted the update provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards.

Actions/further information to be provided:

None.

23/23 DATE OF THE NEXT MEETING [Item 14]

The date of the next public meeting was noted as 20 September 2023. Prior to that there would be an informal Board meeting in July.

The Chair noted that public Board meetings would revert to two hours to enable more discussion on items.

Meeting ended at: 4.03 pm

Chair