

SURREY HEARTLANDS INTEGRATED CARE PARTNERSHIP DRAFT MINUTES

Date	Wednesday 24 th July 2024	Time	10.30-12.00
Venue	Eagle & Kestral, Woodhatch Place/ Microsoft Teams (Hybrid)		

Present (✓) Apologies (A) Virtual (V)

Members, Participants and Attendees

Name	Role	Attendance
Board Members		
Tim Oliver (TO)	Chair and Leader	Surrey County Council ✓
Rachael Wardell (RW)	Executive Director of Children, Families and Lifelong Learning	Surrey County Council A
Ruth Hutchinson (RH)	Director of Public Health	Surrey County Council ✓
Kate Scribbins (KS)	Chief Executive	Healthwatch Surrey ✓
Karen McDowell (KM)	Interim Chief Executive Officer	Surrey Heartlands ICB ✓
Helen Coombes (HC)	Interim Executive Director Adults, Wellbeing & Health Partnerships	Surrey County Council A
Sarah Kershaw (SK)	Strategic Director - Adults, Wellbeing & Health Partnership	Surrey County Council ✓
Cllr Denise Turner Stewart (DTS)	Cabinet Member for Customer and Communities and Deputy Leader	Surrey County Council ✓
Dr Prमित Patel (PP)	Partner Member - Primary Care Medical Services	Surrey Heartlands ICB ✓
Jo Cogswell (JC)	Place Based Leader, Guildford and Waverley	Surrey Heartlands ICB ✓
Jack Wagstaff (JW)	Place Based Leader (NW Surrey)	Surrey Heartlands ICB A
Thirza Sawtell (TS)	Place Based Leader (Surrey Downs)	Epsom St Helier Hospital NHS Trust A
Sumona Chatterjee (SC)	Place Based Leader (East Surrey)	Surrey Heartlands ICB A
Sue Murphy (SM)	CEO	Catalyst A
David Ford (DF)	Chief Executive	Tandridge District Council A
Cllr Richard Biggs (RB)	Councillor	Reigate and Banstead Borough Council A
Cate Newness Smith (CNS)	CEO	Surrey Youth Focus ✓
Solette Sheppardson (SS)	CEO	Voluntary Support North Surrey ✓
Maria Mills (MM)	CEO	Active Prospects ✓
Susan Tresman (ST)	Independent Carers Lead	Surrey Heartlands ICB A
Kathy Atkinson (KA)	Associate Non-Executive Director	Surrey Heartlands ICB A
Alistair Burtenshaw (AB)	Brice Director & Chief Executive at Watts Gallery Trust	Arts, Heritage and Leadership A

Juliet Wright (JW)	Founding Dean of the Medical School at the University of Surrey	University of Surrey	A
Councillor Mark Nuti (MN)	Cabinet Member for Adults and Health	Surrey County Council	✓
Julie Llewelyn (JL)	Vice Chair Community Foundation for Surrey	Community Foundation for Surrey	A
In attendance			
Nicola Bassani (NB)	Senior Programme Manager, Community Development & Integration.	Surrey Heartlands ICB	✓
Armajit Ballagan (AB)	Head of Health Inequalities & Prevention, Guildford and Waverley Place	Surrey Heartlands ICB	✓
Dr Ruchi Gupta (RG)	Clinical Director for Long Term Planning Delivery, Deputy CMO	Surrey Heartlands ICB	✓
Adam Watkins (AW)	Senior Programme Manager Long Term Planning Delivery	Surrey Heartlands ICB	✓
Uma Datta (UD)	Assistant Director Insight	Surrey County Council	✓
Daniel Shurlock (DS)	Strategic Lead Thriving Communities & Towns and Villages.	Surrey County Council	✓
Ian Smith (IS)	Chair Integrated Care Board	Surrey Heartlands ICB	✓
Lucy Clements	Health and Integration Policy Lead	Surrey Heartlands ICB	A
Laura De Campos Duhdamell (LDCD)	Health Integration Projects and Partnership Support Assistant	Surrey County Council	✓
Sarah Wimblett (SW)	Health and Integration Policy Advisor	Surrey County Council	✓
Giselle Rothwell (GR)	Director of Communications and Engagement	Surrey Heartlands ICB	V
Michael Coughlin (MC)	Head of Paid Service	Surrey County Council	✓
Substitutes			
Kate Barker (KB)	On behalf of Rachael Wardell	Surrey County Council	V

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Business items	
1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all members and attendees to the third formal-public meeting of the Integrated Care Partnership.</p> <p>Apologies were received from Alistair Burtenshaw, Rachael Wardell, Helen Coombes, Jack Wagstaff, Sumona Chatterjee, Thirza Sawtell, Sue Murphy, David Ford, Cllr Richard Biggs, Susan Tresman, Kathy Atkinson, Juliet Wright and Julie Lewellyn. Lucy?</p> <p>DECLARATION OF INTEREST</p> <p>The register was noted. There were no conflicts relevant to today's agenda.</p> <p>MEMBERS OF THE PUBLIC QUESTIONS</p> <p>None Received.</p> <p>QUORUM</p> <p>The meeting was declared quorate.</p>
2	<p>MINUTES OF PREVIOUS MEETING (24th June 2024)</p> <p>These were agreed as an accurate record.</p>
3	<p>GOVERNANCE REVIEW: HWB/ ICP/ ICB</p> <p>Presenter (s):</p> <ul style="list-style-type: none"> • Sarah Kershaw, Strategic Director of Adults, Health and Wellbeing. <p>Discussion Questions</p> <p>(1) Does the board foresee any unanticipated consequences of the proposed way forward to establish a joint Surrey HWBB and Surrey Heartlands ICP that will be need consideration as this way of working progresses?</p> <p>Overview</p> <ul style="list-style-type: none"> – The Chairman informed members that the purpose of this approach is to ensure that local system governance supports the delivery of the Health and Wellbeing Strategy (HWS), Surrey Heartland Integrated Care Strategy (SHICS), and Surrey Heartlands Joint Forward Plan (SHJFP) is configured in the most effective and efficient way. This is to support and ensure effective delivery, avoid duplication, and make the best use of system partners' input. – The presenter added that the recommendations specified in the paper summarise that meetings would occur on the same day and location as the Surrey Heartlands ICB to streamline agenda topics. The meetings of HWB and ICP will have the same membership, maintaining the current organisational representation of both. – The first of these joint meetings will start at 10 AM on 18th September, where a draft Terms of Reference for the combined meeting will be reviewed. <p>The following key points were highlighted in the discussion:</p> <ul style="list-style-type: none"> – Members raised a question about how the Community Safety role of the HWB will be managed. The presenter and chairman stated that conversations have been happening with Surrey Police and the Office of the Police and Crime Commissioner. The team is in the process of developing a transition of the Community Safety agenda into a more

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	<p>specific governance structure. In the meantime, members will remain in the HWB/ICP meeting until a formal arrangement is established.</p> <ul style="list-style-type: none"> – A point was raised regarding the wording in the document, which does not explicitly state representation of the VCSE Alliance. The chairman clarified that this was merely a wording issue and the intention is to include three representatives from the VCSE Alliance. The feedback would be taken forward to the authors and would be amended in the document. – A question was raised concerning the representation of the VCSE within the Surrey Heartlands ICB. Board members clarified that the ICB and ICP are aligned with VCSE representatives as they are part of the ICP membership. The proposal presented at today's meeting aims to further streamline this alignment. Additionally, the leader of Surrey, who attends the ICB meetings, is positioned to observe and provide updates on discussions involving VCSE representatives from the ICP. It was also noted that the ICB membership is constituted by NHSE, and Surrey Heartlands aims to avoid increasing the number of members, as doing so could negatively impact decision-making effectiveness. – Members approved the recommendations presented.
4	<p>PREVENTION UPDATE</p> <p>Presenter (s):</p> <ul style="list-style-type: none"> • Ruth Hutchinson, Director of Public Health. • Adam Watkins, Senior Programme Manager – Long Term Planning Delivery • Dr Ruchi Gupta, Clinical Director for Long Term Planning Delivery, Deputy CMO • Dan Shurlock, Strategic Lead Thriving Communities & Towns and Villages. • Uma Datta, Assistant Director Insight. • Armarjit Ballagan, Head of Health Inequalities & Prevention, Guildford and Waverley Place <p>Discussion Questions</p> <ol style="list-style-type: none"> a) What actions can the ICP take in relation to the challenges highlighted in the HWB Strategy Index Scorecard? b) Recognising the role of the wider determinants of health and the significant role of all partners in addressing health inequalities, how can the ICP encourage partnership working to further strengthen collaborative approaches to reduce healthcare health inequalities? c) How can the ICP support and encourage stronger shared leadership accountabilities at the town level between NHS, district and borough councils, Surrey County Council and the voluntary, community and faith sector? d) Does the ICP want to respond as a partnership to the impact of alcohol related harm, given the significant opportunities to reduce harm? Is there a need to progress this work and address some of the key challenges? <p>Overview</p> <ul style="list-style-type: none"> – The presentation focused on four areas of prevention: <ol style="list-style-type: none"> a) The Health and Wellbeing Strategy focuses on integrating care and improving outcomes for residents by addressing local needs and health disparities. The Joint Strategic Needs Assessment (JSNA) has been updated to reflect current health challenges and priorities, ensuring that interventions are evidence-based and targeted. Key areas of focus include enhancing mental health services, addressing social determinants of health and improving access to care for key neighbourhoods and priority populations.

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	<p>b) Addressing Health and Healthcare Inequalities and the Prevention Elements of the NHS Long Term Plan: Efforts to tackle health and healthcare inequalities in Surrey Heartlands are guided by the NHS Inclusion Health Framework and the Core20PLUS5 initiative. These initiatives aim to improve healthcare access and outcomes for socially excluded groups and those facing multiple risk factors. Recent achievements include enhanced hypertension and diabetes care through targeted interventions and personalised support, alongside improvements in respiratory care and smoking cessation programs.</p> <p>c) The Towns and Villages approach emphasises localised collaboration to enhance community health and wellbeing. The framework includes strengthening boroughs and place leadership, and community engagement to better address local needs. Progress has been made in developing shared tools and methods for collaboration, with a focus on integrating services and improving outcomes through more effective community partnerships.</p> <p>d) The Guildford and Waverley Alcohol Pilot: The Guildford and Waverley pilot aims to address alcohol harm through a system-wide preventative approach. By involving various partners and utilising a multi-criteria decision-making tool, the pilot has provided insights into effective interventions and the importance of upstream investment. The initiative has highlighted the high costs associated with alcohol-related harm and has fostered a coalition of partners committed to expanding preventative measures and applying learnings to other areas.</p> <p>The following key points were highlighted in the discussion:</p> <ul style="list-style-type: none"> – Members highlighted the importance of adapting strategies to local needs while emphasising collaboration among different sectors. There was agreement that efforts to enhance community-based work are crucial for effective implementation. The focus should be on understanding and addressing the unique challenges faced by different areas, which requires a flexible and tailored approach. The discussion stated the necessity of building strong, collaborative relationships to transcend traditional service boundaries and improve outcomes on the ground. – Members recognised the value of person-centred approaches in assessing and improving wellbeing. There was interest in developing well-being indexes that could be integrated into broader health and social care systems. This would involve joint efforts and utilising support structures to ensure accountability and effective measurement of outcomes. The importance of aligning with existing frameworks and enhancing community engagement through data-driven insights was emphasised. – A question was raised about integrating vaping statistics into broader tobacco control metrics and addressing emerging issues related to addiction and prevention. – Members noted the potential of community groups and social prescribing in addressing negative health trends. – The board agreed the need for better coordination in utilising local resources and ensuring that strategies are responsive to community needs. – The discussion concluded with a focus on shifting towards prevention and early intervention, with ongoing efforts to clarify leadership and enhance collaborative practices.

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	<p data-bbox="284 253 1302 286">VCSE SECTOR: REPRESENTATION, ENGAGEMENT AND GOVERNANCE</p> <p data-bbox="284 320 472 353">Presenter (s):</p> <ul data-bbox="331 394 995 456" style="list-style-type: none"> <li data-bbox="331 394 995 427">• Michael Coughlin, Interim Head of Paid Service <li data-bbox="331 432 347 456">• <p data-bbox="284 499 424 533">Overview:</p> <ul data-bbox="331 551 1525 1088" style="list-style-type: none"> <li data-bbox="331 551 1525 752">– In response to financial pressures, Surrey Heartlands ICB and Surrey County Council have engaged with the Voluntary, Community, and Social Enterprises (VCSE) sector to discuss the actions that could be taken to ensure the sustainability of important VCSE activities and services. A steering group has been meeting to address financial challenges, shared information on support and funding, and promoted a strategic transformation fund to help VCSE organisations adapt and improve. <li data-bbox="331 757 1525 1088">– The VCSE Alliance is working on establishing a new leadership structure to better represent the sector. In light of the above, both Surrey Heartlands and Surrey County Council are undertaking reviews of the VCSE infrastructure organisations active across the County, with the objectives of ensuring that value for money is being secured from public funds, priority outcomes for the VCSE sector are being secured and that to the greatest extent possible, public funds from both Surrey Heartlands and Surrey County Council directed through VCSE organisation are making the most positive contribution to the lives of Surrey residents, particularly those in key neighbourhoods and/priority places. It is intended that the results of the reviews will be shared and fed into the budget setting processes during the Autumn, in readiness for decisions being made at the end of 2024. <p data-bbox="284 1126 1126 1160">The following key points were highlighted in the discussion:</p> <ul data-bbox="331 1200 1525 1910" style="list-style-type: none"> <li data-bbox="331 1200 1525 1424">– Members discussed that the VCSE Alliance's primary role is to coordinate representation within the voluntary sector rather than provide infrastructure support. The Alliance focuses on facilitating engagement and communication among its member organisations, which share common values and goals. Although it is in the process of establishing governance documents and structures, the Alliance is not a formal organisation but rather an agreement among various VCSE entities. Members will elect leadership positions, such as chair and vice-chair, to guide its efforts. <li data-bbox="331 1429 1525 1603">– The VCSE Alliance aims to provide more coordinated representation at a strategic level, distinct from existing infrastructure organisations that address specific community needs. Members recognised the complexity of balancing representation with infrastructure needs, given the diverse range of community groups. The Alliance's role is intended to complement, rather than replicate, the functions of these infrastructure organisations. <li data-bbox="331 1608 1525 1805">– Concerns were raised about the value for money and effectiveness of current funding arrangements for infrastructure organisations. The VCSE Alliance is expected to add value by offering a strategic voice rather than direct support. The discussion also highlighted the challenge of effectively representing the varied voluntary sector, noting that while the Alliance will coordinate efforts, it cannot fully represent every small organisation and community group. <li data-bbox="331 1809 1525 1910">– The discussion concluded with the emphasis on the importance of clearly defining the Alliance's role in relation to infrastructure bodies and ensuring that the contributions of the voluntary sector are effectively integrated into public sector strategies.

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5	CLINICAL STRATEGY - CONFIDENTIAL Presenter (s): <ul style="list-style-type: none">• Tim Oliver, Chairman. This item was noted.
7	AOB There were none.
DATE OF THE NEXT MEETING: The next public-formal meeting of the Integrated Care Partnership will be in Woodhatch on the 18 th of September 2024 Meeting ended at 12:30PM	

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