AGENDA

Reports circulated separately

Item 9 JOINT HEALTH AND WELLBEING STRATEGY FOR SURREY (Pages 1 - 12)

To agree the Joint Health and Wellbeing Strategy for Surrey. Report to be presented by Dr Joe McGilligan (EsyDoc Clinical Commissioning Group).
This page is intentionally left blank
Surrey’s Joint Health and Wellbeing Strategy

“Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people”
Dear Residents/Patients

All of us at some time are patients. This is the first joint strategy between health and social care presented by the Health and Wellbeing Board. The criteria for selecting our priorities is what can we do better together than apart that will benefit all. The joint strategy is an evolutionary document and the start of a conversation with you, our patients, people who use services, their carers, families, and partners.

Michael Gosling
Cabinet Member for Public Health and Health and Wellbeing Board
Joint Chair – Surrey Health and Wellbeing Board

Dr Joe McGilligan
Chair – East Surrey Clinical Commissioning Group
Joint Chair – Surrey Health and Wellbeing Board
Health and Wellbeing Boards are being set up around the country as part of the Government’s changes to the NHS. The Board is the place for the NHS, Public Health, children’s and adult social care, local councillors and service user representatives to work together to improve the health and wellbeing of the people of Surrey.

This joint strategy is the first to be developed by Surrey’s Health and Wellbeing Board, which has set itself the ambitious challenge of developing the most innovative and effective health and social care system in the country. During its shadow year Surrey’s Board has built a strong foundation for leading this change:

**Changing cultures**
- Personal prejudice and vested interests left at the door
- Openness, transparency, trust between partners

**Being locally accountable**
- Person-centred
- Locally engaged
- Decision-making with involvement

**How do we work together?**
- Use structures that don’t duplicate but add value, complement, and incentivise
- Use common outcomes

**Increasing public understanding**
- Promote personal responsibility
- Raise awareness
- Challenge inequalities

**What can we do better together?**
- Collaborate early
- Make best use of collective resources and assets

The Board sets direction and makes sure that direction is translated into activity, supporting each partner organisation. Some areas are led by specific partners and some are led by the Board as a whole.

This year the Board asked for the help of Surrey residents, partner organisations and key stakeholders, to decide what it should focus on. While lots of work continues across all the areas considered, you helped us select five priorities where the Board should work together.

These are:

**Improving children’s health and wellbeing**

**Developing a preventative approach**

**Promoting emotional wellbeing and mental health**

**Improving older adults’ health and wellbeing**

**Safeguarding the population**

You can find more information about all the priorities in the Joint Strategic Needs Assessment at [www.surreyi.gov.uk](http://www.surreyi.gov.uk). This pulls together lots of information about people in Surrey, how they live, where they live and their health and wellbeing needs.
Priority 1: Improving children’s health and wellbeing

Improving children’s health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.

Our Joint Strategic Needs Assessment tells us that:

- A high proportion of women start breastfeeding in Surrey, but data suggests that after six to eight weeks just 56% of women are still breastfeeding
- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Around 8,500 children with a disability live in Surrey
- Surrey supports around 1,200 young carers (children caring for siblings and other family members) but this may represent as little as 10% of the total number of young carers
- Looked after children and care leavers are more likely to experience poorer health and education outcomes than other people, as well as behavioural, emotional or mental health disorders. At any one time there are approximately 800 looked after children. Around 390 children leave care every year
- There are certain groups in Surrey who experience health inequalities. For example, the percentage of Gypsies, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population.

Priority 1 - If we get this right we hope to see the following outcomes:

- More babies will be born healthy
- Children and young people with complex needs will have a good, ‘joined up’ experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient.
Priority 2: Developing a preventative approach

We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they:

Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.

You can find out more about this from: www.instituteofhealthequity.org

Our Joint Strategic Needs Assessment tells us that:

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the '5-a-day' recommendation
- 14% of children in year 6 are classed as 'obese', this is five percentage points below the English average of 19%
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day
- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)
- About 25% of people aged 16+ in Surrey drink in a way classed as “increasing risk”, meaning more than 3-4 units a day on a regular basis. This is the second highest level of “increasing risk” drinking in the country, and is higher than the national average which is 20%
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

Priority 2 - If we get this right we hope to see the following outcomes:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people in this strategy- children and adults) will be physically active
- More people will be a healthy weight
- The current increase in people being admitted to hospital due to drinking alcohol will slow
- There will be fewer avoidable winter deaths.
**Priority 3: Promoting emotional wellbeing and mental health**

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual’s mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

**Our Joint Strategic Needs Assessment tells us that:**

- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Of the 145,860 children and young people aged 5 to 15, 10,356 (one in 14) have a mental health issue
- Generally, although rates of mental health disorders in children are lower in Surrey, some areas have a higher rate than the national average.
- Nearly one in four adults is estimated to experience some form of mental distress. This would be 215,741 people aged 16+ in Surrey
- National stigma and discrimination studies indicate nearly nine out of ten people (87%) with mental health problems have been affected by stigma and discrimination
- Depression is the biggest form of mental illness in older people, with more than 24,000 people aged 65 and over (around one in seven) estimated to have either depression or severe depression
- The World Health Organisation has projected that by the year 2030, depression will be the greatest cause of disease burden in high-income countries.

**Priority 3 - If we get this right we hope to see the following outcomes:**

- More people (people means all people in this strategy - children and adults) will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination.
Priority 4: Improving older adults’ health and wellbeing

More people in Surrey are living longer. This is great news, but there are also some challenges. The growing number of older people in Surrey will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing.

Our Joint Strategic Needs Assessment tells us that:

- The number of older people aged 65 and over in Surrey is projected to rise from 181,500 in 2013 to 233,200 in 2020
- It is estimated that the number of people aged 85 and over in Surrey will increase from 32,000 people in 2013 to 46,000 by 2020
- Dementia is a significant issue in Surrey. Around 14,500 people over 65 have a diagnosis of dementia, but this is likely to be an under-estimate
- Although the 65+ population accounted for 17.6% of the county’s total population in 2011, people aged 65 or over accounted for almost 41% of all hospital spells in Surrey from 2011 to 2012, and accounted for over 67% of total bed usage
- Around 75,000 people over 65 have a long term health condition, which is projected to rise to 90,000 in 2020
- An estimated 7,770 carers aged 65 and over are providing more than 20 hours of care every week
- People from all ethnic groups are affected by dementia. Across the country the number of people with dementia in minority ethnic groups is around 15,000 but this is set to rise sharply. People from some communities access support services less than people from other communities. This is because of many different reasons, for example language challenges (in many Asian languages there is no word for dementia) or social stigma.

Priority 4 - If we get this right we hope to see the following outcomes:

- Older adults will stay healthier and independent for longer
- Older adults will have a good experience of care and support
- More older adults with dementia will have access to care and support
- Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
- Older carers will be supported to live a fulfilling life outside caring.
Priority 5: Safeguarding the population

Living a life that is free from harm and abuse is a fundamental right of every person and everyone has a responsibility for safeguarding children and adults. Any individual can be hurt, put at risk of harm or abuse regardless of their age, gender, religion or ethnicity. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues, with the individual’s views at the heart of the process.

Protecting this right means that people can grow up and live safely, and live a life that makes the most of their opportunities.

Our Joint Strategic Needs Assessment tells us that:

• Currently around 800 children are subject to a Child Protection Plan; this is a slight increase from the last year

• More than half of children with a Child Protection Plan were affected by domestic abuse within their family

• The number of vulnerable children needing social care support has risen to around 5000

• Estimates indicate that 21,000 women between 16 and 59 years old in Surrey could be experiencing domestic abuse each year

• As awareness of the issue of abuse of vulnerable adults has improved among partner agencies and the wider public, the number of initial contacts about potential abuse has increased. During 2011-12, Surrey Adult Social Care received 3,176 contacts about potential abuse, from members of the public, police and other agencies. Of these, 853 progressed to a full safeguarding investigation

• Physical abuse (34%) and neglect (33%) are the most common types of alleged abuse of vulnerable adults reported in Surrey.

Priority 5 - If we get this right we hope to see the following outcomes:

• People (people means all people - children and adults) whose circumstances make them vulnerable will be safeguarded and protected from avoidable harm

• People will receive care in hospital that always promotes their health and wellbeing

• People who use services will feel safe

• Fewer people will experience domestic abuse and repeat incidents of domestic abuse.
The Health and Wellbeing Board is the place to ensure each of these priorities is clear and present in the plans and actions of all its partner organisations.

The Board has agreed a set of principles that will underpin its work together on each priority. The principles provide reference points for each discussion at the Board and will help to identify where to facilitate an improved outcome, support existing arrangements, challenge underperformance, or develop new ways of working:

- **Improved outcomes**
- **Evidence based**
- **Opportunities for integration**
- **Centred on the person, their families, and carers**
- **Reducing health inequalities**
- **Early intervention**

**Systems leadership in practice: implementing the strategy priorities**

The Board wants everybody in Surrey to be involved in improving their health and wellbeing.

You can keep an eye on the Board and let us know what you think or share any ideas you have by following us on [www.surreycc.gov.uk/healthandwellbeingboard](http://www.surreycc.gov.uk/healthandwellbeingboard). As well as joining us at Health and Wellbeing Board meetings you can find out what is going on in your local area.

Healthwatch Surrey represent the views of local people on health and social care issues, and they are members of the Health and Wellbeing Board. You can contact them and they always welcome new members who want to be involved.

We will be reviewing our strategy and looking at what we will need to do in the future. We really need your help to do this so please join in.
Working to improve your health and wellbeing

The Surrey Health and Wellbeing Board membership is made up of the following representative organisations:

Councillor Michael Gosling - Co-Chair of Surrey Health and Wellbeing Board, Cabinet Member for Adult Social Care and Health, Surrey County Council

Dr Joe McGilligan - Co-Chair of Surrey Health and Wellbeing Board, Chairman, EpyDoc Clinical Commissioning Group

Councillor Mary Angell - Cabinet Member for Children and Families, Surrey County Council

Sarah Mitchell, Strategic Director of Adult Social Care and Health, Surrey County Council

Nick Wilson, Strategic Director of Children, Schools and Families, Surrey County Council

Dr Azeem Ali, Director of Public Health, Surrey County Council

Dr Andy Whitfield, Chair, North East Hampshire and Farnham Clinical Commissioning Group

Dr Jane Dempster, North East Hampshire and Farnham Clinical Commissioning Group

Dr Andy Brooks, Chief Officer (designate), Surrey Heath Clinical Commissioning Group

Dr Liz Lawn, Chair, North West Surrey Clinical Commissioning Group

Dr Claire Fuller, Vice Chair, Surrey Downs Clinical Commissioning Group

Dr David Eyre-Brook, Chair, Guildford and Waverley Clinical Commissioning Group

John Jory, Chief Executive, Reigate and Banstead Borough Council (district and borough officer representative)

Councillor James Friend, Deputy Leader, Mole Valley District Council (district and borough elected member representative)

Councillor Joan Spiers, Leader, Reigate and Banstead Borough Council (district and borough elected member representative)

Surrey Healthwatch

Useful links and references

For further details on the Board’s work visit
www.surreycc.gov.uk/healthandwellbeingboard

To find your nearest healthcare services and for comprehensive online information to help people make choices about their health visit: www.nhs.uk

For health advice and information about local services call NHS Direct on 0845 46 47.

For information about the health needs of the Surrey population visit: www.surreyi.gov.uk

To find out what local support and services are available in your area visit www.surreyinformationpoint.org.uk