Notice of Meeting

Health and Wellbeing Board

Date & time	Place	Contact
Thursday, 13 March 2014 at **1.00 pm**	Old Council Chamber, Reigate & Banstead BC, Town Hall, Castlefield Road, Reigate, RH2 0SH	Huma Younis Room 122, County Hall Tel 020 8213 2725 huma.younis@surreycc.gov.uk

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8213 2725, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email huma.younis@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Huma Younis on 020 8213 2725.

Board Members

Mr Michael Gosling (Co-Chairman)	Cabinet Member for Public Health and Health and Wellbeing Board
Dr Joe McGilligan (Co-Chairman)	East Surrey Clinical Commissioning Group
Mrs Mary Angell	Cabinet Member for Children and Families
Helen Atkinson	Public Health
Dr Andy Brooks	Surrey Heath Clinical Commissioning Group
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Dr Liz Lawn	North West Surrey Clinical Commissioning Group
Dr Andy Whitfield	North East Hampshire and Farnham Clinical Commissioning Group
Dr Jane Dempster	North East Hampshire and Farnham Clinical Commissioning Group
Nick Wilson	Director, CSF
Councillor James Friend	Mole Valley District Council
John Jory	Reigate and Banstead Borough Council
Councillor Joan Spiers	Reigate and Banstead Borough Council
Chief Constable Lynne Owens	Surrey Police
Dave Sargeant	Interim Director for ASC
Peter Gordon	Healthwatch Surrey

TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

PART 1
IN PUBLIC

1 APOLOGIES FOR ABSENCE

To recieve any apologies.

2 MINUTES OF PREVIOUS MEETING: 6 FEB 2014 (Pages 1 - 6)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

4 QUESTIONS AND PETITIONS

4a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting *(7 March 2014).*

4b Public Questions

The deadline for public questions is seven days before the meeting (*6 March 2014).*

4c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 FORWARD WORK PROGRAMME (Pages 7 - 8)

To consider the Board's Forward Work Programme and confirm the agenda for the next meeting on 3 April 2014.

6 MEMBERSHIP OF THE BOARD

To agree any additional Members to the Board.

7 JHWS PRIORITY PLAN: DEVELOPING A PREVENTATIVE APPROACH (Pages 9 - 86)

The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.

(Please be aware that an updated version of this report has replaced the original report published on 5 March. The updated report is attached.)

8 JHWS PRIORITY PLAN: PROGRESS REVIEW OF 'PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH' (Pages 87 - 142)

The purpose of this report is to review progress made against the 'Promoting Emotional Wellbeing and Mental Health' priority action plan, consider proposed next steps and agree actions going forward.

9 JHWS PRIORITY PLAN: PROGRESS REVIEW OF 'IMPROVING CHILDREN'S HEALTH AND WELLBEING' (Pages 143 - 168)

This report summarises progress against the aims and outcomes for improving children's health and wellbeing. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.

10 SELF ASSESSMENT FRAMEWORKS FOR AUTISM AND LEARNING DISABILITIES (Pages 169 - 216)

Purpose of the report:

1. For the Health and Wellbeing Board to receive the local Joint Health and Social Care Self Assessment Framework outcomes in order to inform strategy and the JSNA.

2. The Health and Wellbeing Board has also been asked to oversee and monitor the outcomes.

11 PUBLIC ENGAGEMENT SESSION

An opportunity for Members of the public to ask Members of the Board questions arising from content and issues discussed at the meeting (i.e. items 5 – 10 above).

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 5 March 2014

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
   The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings with the Chairman's consent. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that the Chairman can grant permission and those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

This page is intentionally left blank

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 6 February 2014 at Committee Room C, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday 13 March 2014.

Elected Members:

* Mr Michael Gosling (Co-Chairman)
* Dr Joe McGilligan (Co-Chairman)
  Mrs Mary Angell
* Helen Atkinson
* Dr Andy Brooks
* Dr David Eyre-Brook
* Dr Claire Fuller
  Dr Liz Lawn
* Dr Andy Whitfield
* Dr Jane Dempster
* Nick Wilson
  Councillor James Friend
  John Jory
* Councillor Joan Spiers
* Chief Constable Lynne Owens
* Peter Gordon

1/14 APOLOGIES FOR ABSENCE [Item 1]

Apologies had been received from Cllr Mary Angell, Cllr James Friend, Mr John Jory and Dr Liz Lawn.

In the absence of Mr John Jory and Dr Liz Lawn, Ms Jo Alner and Ms Kathy O'Leary attended the meeting.

2/14 MINUTES OF PREVIOUS MEETING: 12 DECEMBER 2013 [Item 2]

1. A member of the board raised a query regarding the public update sent out after the last health and wellbeing board meeting in December 2013. The board member agreed to discuss this further with the Co-Chairmen.

Resolved:

That the Minutes of the meeting held on 12 December 2013 be agreed and that the Chairman be authorised to sign them.

3/14 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/14 QUESTIONS AND PETITIONS [Item 4]

There were none.

5/14 FORWARD WORK PROGRAMME [Item 5]

Witnesses:
None

Key points raised during the discussion:

1. The Chairman advised the Board that there would be some changes to the forward work programme due to government sign off requirements. It was agreed that the Board would be kept informed of changes that were required to the forward work programme.

2. The Chairman explained that the budget for Surrey County Council would be agreed by mid February and that the dates of NHS England guidance around commissioning plans would be circulated to the Board.

Resolved:

- The forward work programme was noted.

Actions/Next Steps:

- Key budget milestone dates to be sent to members of the Health and Wellbeing Board.

6/14 BOARD APPROVALS [Item 6]

There were none.

7/14 BETTER CARE FUND DRAFT PLAN [Item 7]

Witnesses:

Susie Kemp, Assistant Chief Executive, Surrey County Council

Key points raised during the discussion:

1. The Chairman introduced the report to the Board. The Better Care Fund draft plan aims to encourage integrated working and deliver better health outcomes and experiences for residents in Surrey. The Chairman explained that further work would need to be undertaken prior to the final submission date on 4 April 2014. More work will also be required with the local joint commissioning groups in the six clinical commissioning group areas.

2. Board Members congratulated officers for their work on preparing the Better Care Fund planning template for submission at short notice. The Board noted that good progress was being made.

3. A member of the board highlighted that some of the funds referred to in the finance summary sat with the NHS rather than Surrey County Council. The Chairman agreed that some of the guidance around the Better Care Fund was unclear and would need further clarification before final submission.

4. Members of the board agreed that the timeframe for writing the draft report had been challenging but had also allowed for closer working and focussed discussions to take place. It was agreed that everyone should be made aware that this was a joint budget with existing funding.

5. It was felt that more work needed to be done at the local level and a discussion around how the funding would be used was needed. The Chairman stated that there were existing positive relationships with providers on the local level which would be affected by the Better Care Fund plan. It was therefore essential for the Board to carefully plan its next steps going forward.

6. The Chief Constable raised concerns over the incorporation of feedbackinto the draft plan. The Assistant Chief Executive stated that comments had been taken on board but more time would be required between now and April to fully incorporate the comments of Surrey Police. The Better Care Fund template is functional in its layout and has been filled out as required with the aim of satisfying the submission criteria and stakeholders.

7. A member of the Board advised that they saw increased level of involvement of the Police on the local level as part of the Whole Systems Funding.

8. The Assistant Chief Executive clarified that the report being considered was only 'draft' and would be coming back to the Board for final sign off in April before final submission to the Department of Health.

9. Mrs Joan Spiers stated that active involvement with the District and Boroughs would be required on the Better Care Fund plan. The tight timescales involved in producing the draft plan were understood however further involvement was requested going forward.

10. The Chairman agreed that drafts of the Better Care Fund plan would be sent to all members of the Board before final sign off. Once final sign off had been agreed at the beginning of April, the integration work could begin. The Better Care Fund plan allowed for all stakeholders of the Board to be bound by a framework where all were responsible to the public.

11. It was agreed that the wording of the recommendation before the Board should be amended to replace the term 'sign-off' with 'approve the submission of' to better reflect the process involved. .

Resolved:

- The 'draft' Surrey-wide Better Care Fund plan be approved for submission to NHS England by 14 February 2014.

Actions/Next Steps:
That drafts of the Better Care Fund plan be sent to all members of the Board before final sign off.

8/14 ALLOCATION & DRAWDOWN OF WHOLE SYSTEMS FUNDING [Item 8]

Witnesses:
None

Key points raised during the discussion:

1. Members of the Board were happy with the content of the report and agreed to approve the allocation of the Whole Systems Funding.

Resolved:

- The allocation of the Whole Systems Funding into the individual projects and NHS priority areas be approved, enabling this funding to be drawn down from NHS England.

Actions/Next Steps
None

9/14 PUBLIC ENGAGEMENT SESSION [Item 9]

Key points raised during the discussion:

1. A member of the public asked that the first two clauses on page 10 of the Better Care Fund report be expanded to better embrace the range of service providers and commissioners who will ensure the overarching aims and objectives of the Better Care Fund Plan are met.

2. The Chairman explained that a programme was in place with district and boroughs to ensure regular updates were taking place. A health and wellbeing workshop would be held for all Members on 10 March to promote the work of the Health and Wellbeing Board in Surrey. The Chairman advised that the Board was continuing to develop its ongoing relationship with the voluntary sector and that, going forward, a meeting would take place with Surrey Compact.

3. A further question was asked around communication services and the Local Empowerment Board. The Chairman agreed to send a written response to the member of the public.

Actions/Next Steps
For the Chairman to send a written response to questions asked by the member of the public.

Meeting ended at:

_____

Chairman

This page is intentionally left blank

Meeting dates	**13 Mar 2014 PUBLIC**	**3 April 2014 PART PUBLIC**	**5 June 2014 PUBLIC**
Time & Venue	**1-4pm Reigate & Banstead Town Hall**	**1-4pm Council Chamber, Woking Borough Council**	**1-4pm Reigate & Banstead Town Hall**
Planned agenda items	JHWS Priority Plan: developing a preventative approach Report from outcomes group (JSNA steering group): 1) progress review of Emotional wellbeing and mental health priority 2) progress review of children and young people priority Self Assessment Frameworks for Autism and Learning Disabilities	JHWS Priority: Older Adults Health and Wellbeing – sign off Better Care Fund Final Plan – sign off	JHWS Priority Plan: safeguarding the population Report from outcomes group (JSNA steering group): 1) progress review of Older adults priority
30 mins	Public engagement session	Public engagement session	Public engagement session
		Private Workshop – JHWS Priority: Safeguarding the population	

This page is intentionally left blank

Health and Wellbeing Surrey

Surrey Health and Wellbeing Board

Date of meeting	13 March 2014

Item / paper title: Developing a Preventative Approach Priority Action Plan

Purpose of item / paper	The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper outlines the progress to date and next steps needed to implement the 'Developing a Preventative Approach' priority of the Joint Surrey Health and Wellbeing Strategy.
Financial implications - confirmation that any financial implications have been included within the paper	The development of the priority action plan is in its' early stages and one of the next steps will be to consider the financial implications for all the actions.
Consultation / public involvement – activity taken or planned	Large scale engagement took place as part of the prioritisation process that resulted in Surrey's five health and wellbeing priorities. This engagement included over 900 people from a range of organisations from across Surrey. The development of the action plans is in its early stages and one of the next steps should include engagement with stakeholders.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	The development of the priority action plan is in its' early stages and one of the next steps will be to consider the equality and diversity implications for all the actions.
Report author and contact details	Helen Atkinson: Director of Public Health, Surrey County Council - Helen.atkinson@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson: Director of Public Health, Surrey County Council - Helen.atkinson@surreycc.gov.uk John Jory: Chief Executive Reigate and Banstead Borough Council - john.jory@reigate-banstead.gov.uk

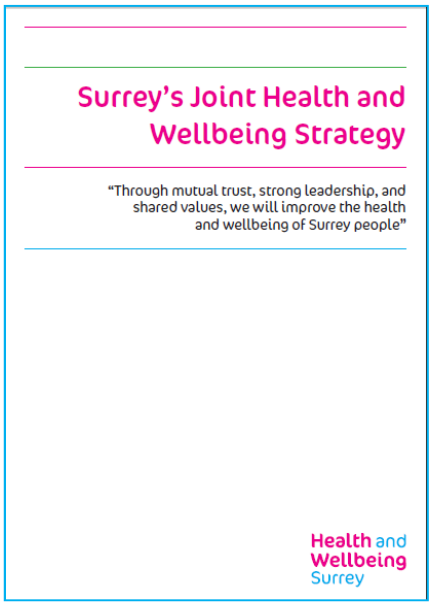
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** • Review progress made so far in turning strategic priorities into actions. • Endorse the proposed approach to a developing the Prevention Priority Plan, and specifically the two-staged approach. • Agree to receive a further update report and action plan following the completion of phase two of the priority planning.

7

1. Background / context

Surrey's Joint Health and Wellbeing Strategy sets out five priority areas for Surrey's Health and Wellbeing Board to focus upon - these are:

- Improving children's health and wellbeing
- Developing preventive approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding population



In developing its work programme, and to ensure sufficient focus and time is spent on each priority, the Board decided to tackle each of the five priorities in turn with the aim of translating the high level strategic intentions described in the Strategy into clear sets of actions for the Board and its member organisations to take forward together.

The Board has also agreed a set of cross cutting principles which underpin the Board's work on each of the priority areas:

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

This report provides an update on the work that has been undertaken to develop the Health and Wellbeing Board's action plan for the 'Developing a preventative approach' priority – it sets out the rationale for the focussing on prevention (the evidence base), summarises the work undertaken so far and sets out a proposed approach and set of next steps for taking the priority planning forward.

2. Why prevention? – the evidence base

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. The evidence base for this is substantial, and includes:

- The Global Burden of Disease Survey 2010
- The US County Health Rankings Model
- The Marmot Review

7

The Global Burden of Disease Survey 2010 - Leading Risk Factors

The Global Burden of Disease 2010 study is the largest study ever undertaken, and shows that in the UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous. This represents a key opportunity to improve health and wellbeing through targeting these behaviours through a prevention strategy.

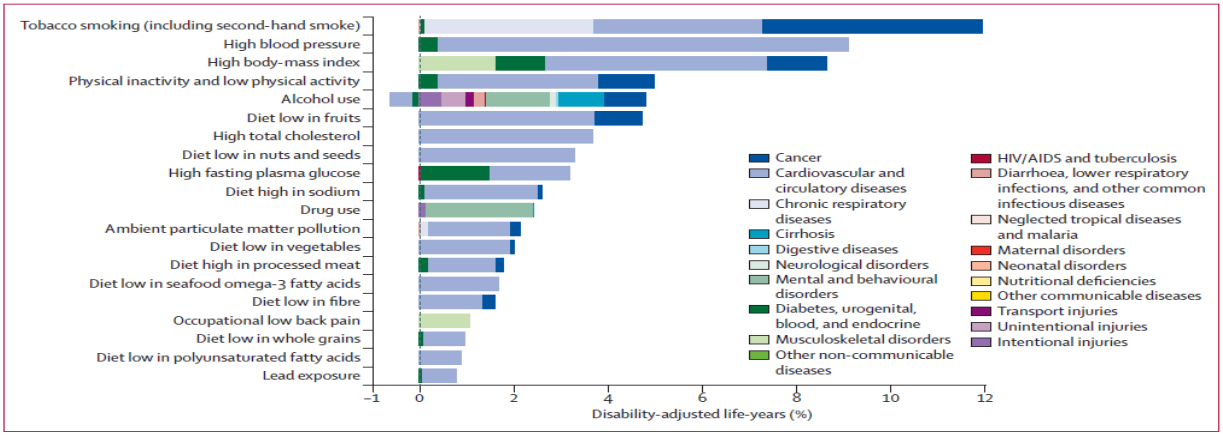


Figure 7: **Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years**
The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

According to the Global Burden of Disease Survey 2010 the top 5 risk factors are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part amenable to prevention (significant weight loss through calorie restriction or bariatric surgery leads to a cure rate for hypertension and diabetes of over 70% - not an argument for bariatric surgery necessarily, but for the impact of weight loss on hypertension).

All dietary and exercise components together account for 14.3% of the burden of disease.

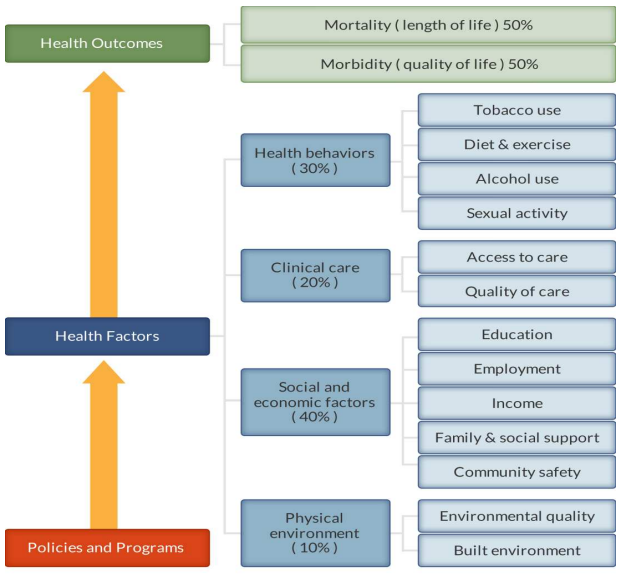
Tobacco smoking alone accounts for 12% of the burden of disease, the single greatest cause of ill health in the UK.

It should also be noted that tobacco smoking, as the single greatest cause of preventable deaths in England, kills over 80,000 people per year, greater than the COMBINED total of preventable deaths from obesity, alcohol, road traffic accidents, illegal drugs, and HIV (source: NICE).

US County Health Rankings

The US County Health Rankings systematic review of determinants of health outcomes estimates the following contributions:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors: 10%

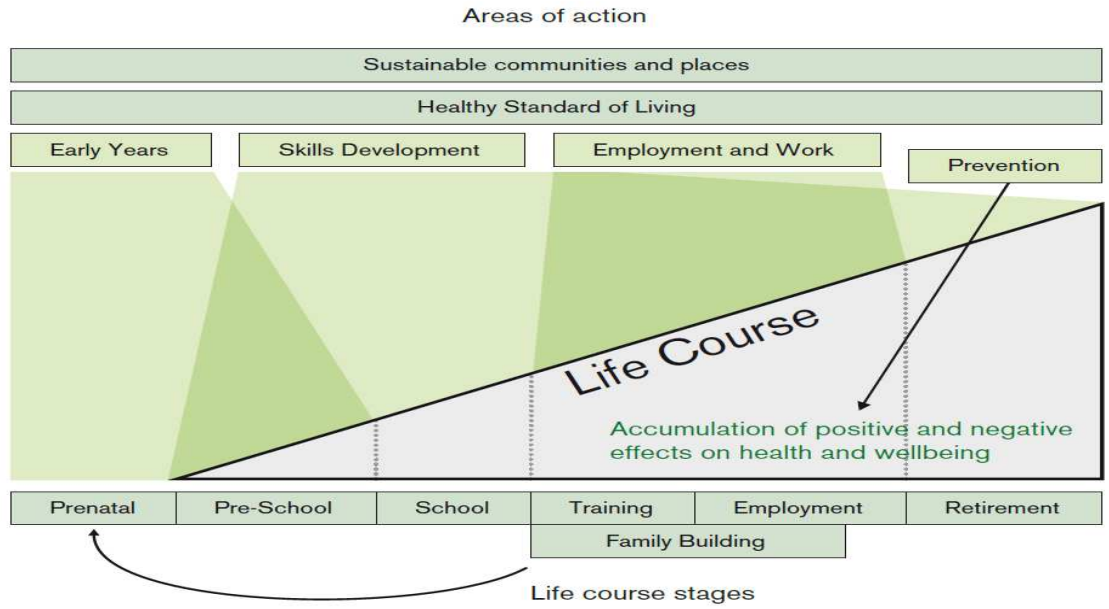


County Health Rankings model ©2012 UWPHI

Marmot Review

The Marmot Review shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on prevention. Prevention here incorporates both the narrow definition of tackling unhealthy behaviours, and the wider definition of action on socio-economic determinants to prevent the onset of ill-health in the future.

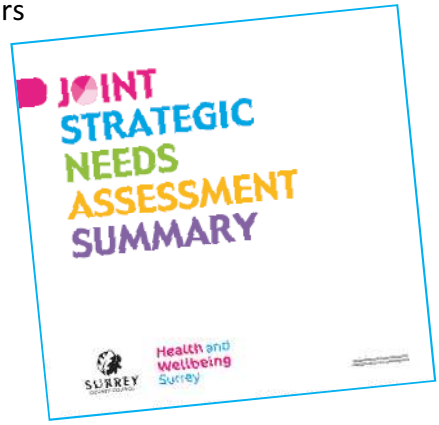
Figure 5 Action across the life course



3. Outcomes for people in Surrey

Surrey's Joint Strategic Needs Assessment (JSNA) provides a vast range of information, measures and indicators regarding the population in Surrey and includes information about the 'risk factors', outcomes and lifestyle choices of those living in the County.

The JSNA tells us:



- 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.

4. What are we trying to achieve?

Surrey's Health and Wellbeing Strategy describes five outcomes that will be achieved if we are successful – these are:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people – 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

The Public Health Outcomes Framework , which reflects a focus not only on how long people live, but on how well they live at all stages of life, provides a helpful set of measures to help us to track progress.

The Framework, a summary of which is included in appendix one, has two overarching indicators:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

5. Our approach to prevention planning in Surrey

Prevention cuts across all aspects of health and wellbeing – in order to develop a manageable programme of work, the Board began by looking at the evidence base and selecting four areas to focus its initial discussions. These, being the leading causes of ill-health and early death, were:

- Smoking;
- Physical activity / exercise;
- Healthy eating / nutrition; and
- Alcohol.

The Board held two workshops in January and February 2014 to explore the evidence and begin to identify actions and opportunities for partners from the County Council, District

and Borough Councils, Surrey's Clinical Commissioning Groups (CCGs) and Surrey Police to work together. Examples of the types of projects / pieces of work discussed at those workshops are set out in appendices two and three. The intention is for the actions identified and agreed by the Health and Wellbeing Board to complement the actions within the CCG Prevention Plans that the County's Public Health Team have already produced (see appendix 4).

In addition, and to inform the Board discussions and to share good practice, a District and Borough workshop was held in January 2014 – this included presentations from a range of partners including Active Surrey, Sustrans[1], Guildford Borough Council's food safety team, Reigate and Banstead Borough Council's Community Safety Team and the County Council Trading Standards Team.

6. Next steps and proposed approach

Through this report, the Board is asked to endorse a two-staged approach to prevention planning. At a high level, this two staged approach would be:

Stage one of the Surrey prevention planning

- CCGs to incorporate their CCG Prevention Plans into their local strategic and operational plans; and
- Further work to be undertaken across all six CCG areas in Surrey to further develop, refine and agree the CCG / District and Borough / Public Health actions identified in the Health and Wellbeing Board workshops in January and February 2014.

Stage two of the Surrey prevention planning

- Stage two Health and Wellbeing Board and District and Borough workshops to be held in Summer / Autumn 2014 focussing on the wider prevention agenda (including, for example, air quality and accident prevention);
- Discuss and agree governance arrangements for overseeing delivery of local action plans; and
- Prepare and present a Surrey Prevention Plan (covering stages one and two) for approval by the Health and Wellbeing Board. A Surrey Prevention Plan template is attached (appendix 4).

Alongside the approach proposed above:

- The Annual Public Health Report (to be produced by the Director of Public Health) will focus on the evidence to support the prevention planning for stages one and two; and
- This prevention plan will not be developed or implemented in isolation - there are interdependencies with numerous other regional and local strategies and programmes.

[1] Sustrans is a UK charity that aims to enable people to travel by foot, bike or public transport for more of their everyday journeys.

Appendix one – the Public Health Outcomes Framework 2013 – 2016

Public Health Outcomes Framework 2013–2016
At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or clarification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 People in prison who have a mental illness or a significant mental illness
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services **(i-NHSOF 2.2) ††(ii-ASCOF 1E) **(ii-NHSOF 2.5) †† (ii-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † *(ASCOF 1I)*
1.19 Older people's perception of community safety †† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2 – 2 ½ years
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
2.8 Emotional well-being of looked after children
2.9 Smoking prevalence – 15 year olds *(Placeholder)*
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for TB
3.6 Public sector organisations with board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
4.8 Mortality rate from communicable diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6i)*

Appendix two - local actions agreed at the Health and Wellbeing Workshop on 9 January 2014

CCG/D&B	Rationale	What action	Who by	When and next steps	Measure of Success
Surrey Heath, Guildford and Waverley CCGs	Smoking has a big overall impact on health and wellbeing	Involving targeted local communities in a different model of delivery of Stop Smoking interventions e.g. Smoking clinics in pubs	PH stop smoking team CCG's, D and Bs on the wider smoking issues Targeting GP practices in areas of high prevalence. Involve Voluntary sector (Carol Dunnett)	Immediate	Improved numbers of quits and improved quit rates
Surrey Heath, Guildford and Waverley CCGs	Improving opportunities for physical exercise in daily routine e.g. work	Stair marking in workplaces showing the number of calories used if people use the stairs rather than the lift. Has an evidence base and has been tried before in other areas. Easy to do by everyone and all partners	PH team, CCG and D& Bs	Discussions to start with partners on feasibility within work places e.g. SCC and D and B offices	Slow down overall increase in obesity rates. Increase level of physical activity within population
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Improving health and wellbeing with particular focus on the wider determinants of health	Social prescribing of physical activity, emotional wellbeing activity and befriending schemes.	CCG and D& Bs	To start by scoping referral route between GPs and D&B services	Improved health and emotional health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Reduction in health inequalities by targeted interventions	Making better use of the existing Family Support Programme by adopting wider reach criteria.	CCG and D&Bs	Scope	Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Widening the PH workforce for better health outcomes	Developing multidisciplinary skill sets by training frontline staff in brief interventions (staff in job centres , GP surgeries, schools, housing dept and benefits agency)	PH, D&Bs, CCGs	Scope the training offer and how this will be offered	Increased specialist workforce Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A focus on alcohol which is one of the leading causes of ill health	Patch targeting by Trading Standards and licensing based on risky drinking and antisocial behaviour information.	SCC, D&Bs, Police and PH	Scope what needs to be done and add to the alcohol strategy	Improved health outcomes and reduction in A&E attendances due to alcohol

Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A targeted approach to improve health outcomes in the workplace	Trying to target the unhealthy behaviours and lifestyles of the 'White Van Demographic' through the Workplace Health Charters and Environmental Health	PH, D&Bs	The Workplace Health Charter is to be piloted in April when the national tool kit is launched	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Better information sharing across partners on alcohol: Primarily between GPs, borough and district councils and the Police.	For discussion at the Joint Enforcement Group – need to work through the detail i.e. what the information would be, how it would be shared and when, and have a formal protocol.	PH, CCG, D&Bs	Joint Enforcement Group to invite health to their meeting	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	**Licensing:** The Police and Public Health should be more formally involved in licensing decisions about bars and off licences, to ensure they are more effective, based on more robust evidence	Map the current process for consultation re licensing in Reigate and Banstead. Identify what other areas are doing with respect to health input into licensing. Public Health to consider their input into the licensing process	PH, D&Bs and CCG Pete Tong Kate Lees Kate Lees	To include in the alcohol strategy action plan	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Communications - Agreeing key messages to public / joint surrey communications strategy on alcohol	Agree core messages so that we can have a coordinated approach. Localise these messages e.g. numbers of people turning up at A&E, what this costs i.e. at East Surrey Hospital there were X no of alcohol related admissions Agree a comms strategy can explain what comms methods will be a county approach and what methods will be local.	PH, CCG, D&Bs and the Health and Wellbeing Board Communications Group	Include in the Alcohol Strategy Action Plan and use the Health and Wellbeing Board Communications Group and website to take forward	Improved health outcomes and reduction in A&E attendances due to alcohol

East Surrey CCG and Reigate and Banstead BC	Having one pot of money that many organisations contribute to (like the Better Care Fund).	This would help delivery of preventative initiatives where one organisation invests (the money, time, effort) and another organisation gains the benefits. An e.g. initiative Booze Bus outside hospital	PH, CCGs and D&Bs	Further scoping	TBC
East Surrey CCG and Reigate and Banstead BC	Focused work on increasing physical activity a key priority for improving health outcomes	GP prescribing physical activity with the incentive of free gym membership for one month	CCG and D&Bs	Scope the referral	Increased physical activity Improved health outcomes
East Surrey CCG and Reigate and Banstead BC		A service that provides blood pressure monitors or an ECG in different locations like libraries or leisure centres	CCGs, D&Bs	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Linking up GPs to the Neighbourhood Policing Teams–	GPs could refer patient's details onto policing team to follow up on, to prevent reoccurrence?	CCGs, D&Bs, Police	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Birmingham City Council provides leisure centre services free of charge.	D&Bs to offer leisure services free of charge	D&Bs	Cost / benefit evidence for this is not clear – would need to be investigates before exploring in Surrey.	
East Surrey CCG and Reigate and Banstead BC	Police and CCG keen to work together on occupational health	Districts and Boroughs are leading on the Workplace Health Charter. Could the Police and Primary Care practices be included as workplaces?	D&Bs, PH, CCGs and Police	Include in the plans for roll out post the pilot in April	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Targeted joint working with the elderly frail at a local level	GPs should share the risk stratification tool with borough and district councils to enhance effectiveness and outcomes	CCGs, D&Bs	Further scoping of what information would be shared and link into Better Care Fund action plans	Improved health outcomes

NW Surrey CCG and Woking Borough Council	Linking H&W prevention priority (smoking, alcohol, physical activity and nutrition) and H&W children's priority. Strong evidence base regarding implementing 'early help'. (Marmot life course)	Focus on 'early help' in targeted communities in Woking. To align with partners commissioning plans in particular NW Surrey CCG 'targeted communities' prevention plan. Immediate action: clarify needs regarding prevention in early years from NW Surrey JSNA. Ensure strategic fit with all key partners: NW Surrey CCG, Surrey County Council (CSF, ASC and PH), Woking Borough Council and Area Team Find recent research on 'family nursing' and circulate. **Principles:** Universally available services but targeted and differentiated where necessary. Evidence based: effective prevention in early years support but not over professionalised e.g. use of peer support.	SCC CSF, CCG, D&B, PH Ian Banner (SCC) - to lead from 'early help' perspective. Jo-Anne Alner (NW Surrey CCG) Ray Morgan (Woking BC) Ruth Hutchinson (SCC- PH)	Scoping to be completed by end of March 2014.	Strategic fit with priorities of all partners based on need.

Appendix three - on 6 February 2014 the Board assessed the identified projects for each CCG/D&B area against both the Board Principles and the Strategy Outcomes.

Health and Wellbeing Board Principles

CCG/D&B Projects	Centred on the person, their family and carers	Early Intervention	Opportunities for integration	Reducing Health Inequalities	Evidenced based	Improved outcomes
East Surrey – Alcohol better info sharing	√	√	√	√	√	√
East Surrey - Licencing	X	√	√	X	√	√
East Surrey – pooled budgets	√	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	√	√	√
East Surrey – Workplace Health Charter	X	√	√	√	√	√
East Surrey – frail elderly social prescribing	√	√	√	√	√	√
Surrey Downs – Social Prescribing	√	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	√	√
Surrey Downs – Developing multidisciplinary skills	√	√	√	√	?	?
Surrey Downs – Alcohol intelligence in enforcement	√	√	√	√	√	√
Surrey Downs – Workplace Health Charter	√	√	X	√	?	?
North West Surrey – Teenage Conceptions	√	√	√	√	√	√
North West Surrey – emotional wellbeing children	√	√	√	√	√	√
North West Surrey – childhood obesity	√	√	√	√	√	√
North West Surrey - Alcohol	√	√	√	√	√	√
North West Surrey - smoking	√	√	√	√	√	√
North West Surrey - Nutrition	√	√	√	√	√	√

North West Surrey – Physical activity	√	√	√	√	√	√
North West Surrey – Targeted awareness	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	---	√	---	---	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	?	√√	?	√	√	√

Health and Wellbeing Board Outcomes

CCG/D&B **Projects**	**Gap in Life Expectancy narrowed**	**More people physically active**	**More people with a healthy weight**	**Increase in alcohol admissions slowing**	**Fewer avoidable winter deaths**
East Surrey – Alcohol better info sharing	√	X	√	√	√
East Surrey - Licencing	√	X	X	√	X
East Surrey – pooled budgets	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	X	X
East Surrey – Workplace Health Charter	√	√	√	√	X
East Surrey – frail elderly social prescribing	√	√	√	X	√
Surrey Downs – Social Prescribing	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	X

Surrey Downs – Developing multidisciplinary skills	√	√	√	√	√
Surrey Downs – Alcohol intelligence in enforcement	√	X	√	√	X
Surrey Downs – Workplace Health Charter	√	√	√	√	X
North West Surrey – Teenage Conceptions	X	X	X	X	X
North West Surrey – emotional wellbeing children	√	√	√	√	X
North West Surrey – childhood obesity	√	√	√	X	X
North West Surrey - Alcohol	√	X	√	√	?
North West Surrey - smoking	√	X	X	X	√
North West Surrey - Nutrition	√	√	√	√	√
North West Surrey – Physical activity	√	√	√	X	√
North West Surrey – Targeted awareness	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	X	X	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	?	√	√	X	?
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	√	X	X	X	?

This page is intentionally left blank

Appendix 3

Version: 1 (Last updated: 28/02/2014)

Surrey Prevention Action Plan

7

1. Background

Surrey Prevention Action Plan (DRAFT)

Why prevention is important?

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing

The evidence base for this is substantial, and includes:

The Global Burden of Disease Survey 2010
The US County Health Rankings Model
The Marmot Review

The Global Burden of Disease Survey 2010

The Global Burden of Disease 2010 study is the largest study ever undertaken, and shows that in the

UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous.

This represents a key opportunity to improve health and wellbeing through targeting these behaviours through a prevention strategy

Leading Risk Factors

According to the Global Burden of Disease Survey 2010 the top 5 risk factors are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part amenable to prevention (significant weight loss through calorie restriction or bariatric surgery leads to a cure rate for hypertension and diabetes of over 70% - not an argument for bariatric surgery necessarily, but for the impact of weight loss on hypertension)

All dietary and exercise components together account for 14.3% of the burden of disease

Tobacco smoking alone accounts for 9% of the burden of disease, the single greatest cause of ill health in the UK

It should also be noted that tobacco smoking, as the single greatest cause of preventable deaths in England, kills over 80,000 people per year, greater than the COMBINED total of preventable deaths from obesity, alcohol, road traffic accidents, illegal drugs, and HIV (source: NICE)

US County Health Rankings

The US County Health Rankings systematic review of determinants of health outcomes estimates the following contributions:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors:10%

Marmot Review

The Marmot Review shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on prevention

Prevention here incorporates both the narrow definition of tackling unhealthy behaviours, and the wider definition of action on socio-economic determinants to prevent the onset of ill-health in the future

Surrey Health and Wellbeing Strategy

Surrey Prevention Action Plan links with the Surrey Health and Wellbeing Board Priorities

(Priority 2):

The Surrey Health and Wellbeing priorities are as follows:

1. Improving children's health and wellbeing
2. Developing preventive approach
3. Promoting emotional wellbeing and mental health
4. Improving older adults' health and wellbeing
5. Safeguarding population

Other Strategies

This prevention plan will not be implemented in isolation - there are interdependencies with numerous other regional and local strategies and programmes.

Public Health Outcomes Framework

The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life

Overarching indicators:

1. increased healthy life expectancy

2. Reduced differences in life expectancy and healthy life expectancy between communities.

2. Alcohol

Needs Assessment

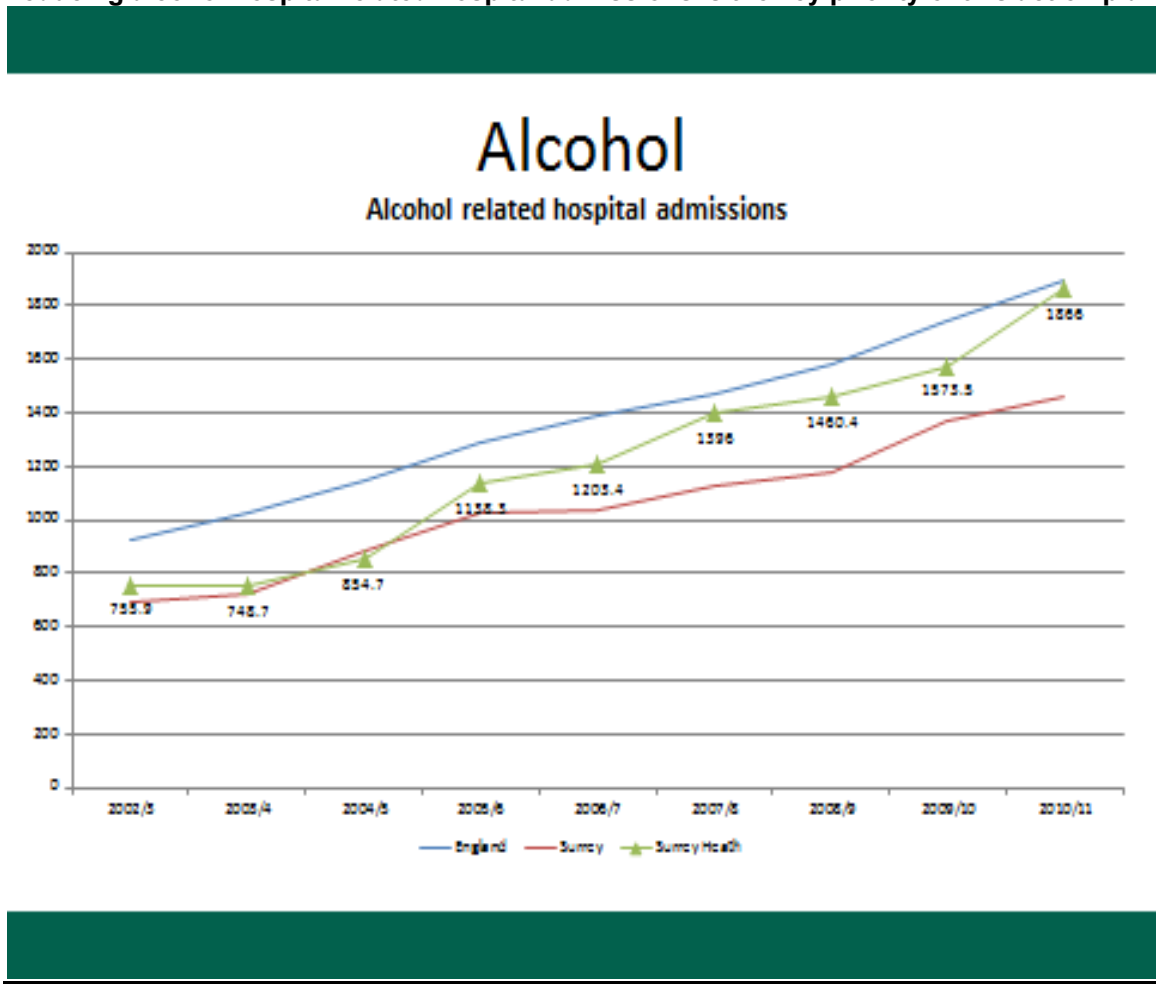
7

- Surrey has:
  - One of the highest rates of increasing risk drinking (formerly hazardous drinking) in the country
  - A lower rate of higher risk drinking and binge drinking than the national/regional average

		Higher risk drinking rates - drinking population aged 16+ - Rate (%)	**Increasing risk drinking rates - drinking population aged 16+ - Rate (%)**	**Binge drinking rates - full population aged 16+ - Rate (%)**	**Abstainers - population aged 16+ - Rate (%)**
	Population 16+ census 2011	***Mid 2009 Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in harmful drinking***	***Mid 2009 Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in increasing risk drinking***	***Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in binge drinking (2007-2008)***	***Mid 2009 synthetic estimate of the percentage within the total population aged 16 years and over who report in abstaining from drinking***
England	42,946,840	6.75	20	20.1	16.53
South East	6,992,100	6.75	20.54	18.1	14.73
Surrey	914,880	6.44	21.02	17.99	14.26

Hospital admissions for alcohol related conditions is increasing at a faster rate than the national average, doubling between 2002/3 and 2009/10

Reducing alcohol hospital related hospital admissions is the key priority of this action plan.



1. Strategy

The alcohol strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

- Education providers (schools and colleges)
- Borough Council
- Public Heath (Surrey County Council)
- Health Commissioners (Surrey Clinical Commissioning Groups)
- Health Providers (Acute, Surrey and Borders Partnership, Community Trusts, GPs)
- Police
- Local business community
- Housing
- Community groups
- Voluntary agencies

2. Focus of action plan (see appendix A)

The focus of the action plan is around three main areas for improvement:

Focus Area	Measure
Education and prevention	Survey: % of sample population who were aware of appropriate levels of alcohol consumption (improvement

	expected by March 2014)
Reduction in hospital alcohol related activity	Quarterly reports of alcohol related admissions & attendances
Community awareness of services & enhanced collaborative working	Clear pathways produced & feedback from agencies re improved understanding of services available (Survey)

7

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	HEALTH OUTCOMES	PHOF measures	TARGET GROUP	LEAD AGENCY	TIMESCALE
Education & prevention	Deliver alcohol harm reduction messages to Surrey population, in particular those drinking at increasing risk levels and in the home	Reproduce annual article with alcohol information into centre fold spread into Health magazine Include alcohol info webpage on Surrey Health and Wellbeing website Support delivery of messages during Alcohol Awareness Week and Surrey-wide C4L alcohol campaign (Feb 2014) Explore opportunities to deliver alcohol messages in workplaces. Liaise with Surrey Business Group and Surrey Chambers of Commerce Continue & expand with alcohol awareness and screening activities in Acutes	Deliver 37,000+ alcohol articles via Healthscene to SH homes and businesses One main alcohol campaign delivered in 2013-14 in line with SCC alcohol campaign; XX number of opportunities identified to deliver alcohol messages in workplaces % of population who are aware of C4L alcohol campaign	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health	Mar-14
Education & prevention	Ensure consistent quality messages on alcohol and associated harm are delivered within schools via PSHE	Ensure Surrey Drug and Alcohol Toolkit and supplementary training is made available to all secondary schools Audit and evaluate current use of Surrey Drug and Alcohol Toolkit and seek support from B4S /SH Confederation of Schools to improve uptake Develop system to ensure a co-ordinated approach is taken to commissioning of external contractors which includes quality assurance measures Explore opportunity to deliver alcohol education in schools via PSHE as part of a holistic prevention programme aimed at addressing substance misuse and all risk taking behaviour (ie tobacco, drugs, sexual health)	All schools provided with Surrey Drug and Alcohol Toolkit and offered supplementary training for PSHE teachers and staff	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health & SCC Education (working with Babcock 4S/Sarah Sewell)	Mar-14
Reducing acute hospital alcohol related activity	Ensure **EARLY IDENTIFICATION** of alcohol misuse among the general population: i) via GP Surgeries by improving quality and quantity of alcohol IBA delivered via alcohol DES ii) via Surrey Health Checks Programme iii) via training wider public and third sector workforce in delivery of alcohol IBA in	Ensure alcohol identification and brief advice (IBA) is delivered in primary care by promoting uptake of alcohol DES among GP surgeries Interrogate 2012-13 DES data in order to interpret current activity and make better use of intelligence Explore opportunities to commission delivery alcohol IBA within GP surgeries via use of a LES	At least 50% of GP surgeries signed up to Alcohol DES XX number of new patients screened for alcohol misuse and receiving brief advice	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health / Surrey CCGs	Mar-14

	non-health settings	Ensure alcohol screening is fully integrated and delivered via Surrey Health Checks Programme						
Reducing acute hospital alcohol related activity	Ensure **TARGETED IDENTIFICATION** of alcohol misuse among high risk/minority individuals and **hard to reach groups via Surrey's Family Support Programme** (FSP) and appropriate provision of / access to specialist treatment services	Ensure alcohol IBA is delivered within Surrey's FSP and that screening is in line with NICE Guidance (ie using AUDIT screening tool)Ensure alcohol services are appropriate, accessible to the needs of vulnerable/minority groups	Alcohol screening is fully integrated into FSP - establish baseline measure for % of families/individuals screened for alcohol misuse	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Heath / SCC	
Reducing acute hospital alcohol related activity	Explore effective interventions to reduce repeat alcohol-related A&E attendances and in-patient admissions	Obtain data on alcohol-related admissions and A&E attendances Review evidence base on 'frequent flier' (FF) interventions Undertake audit of alcohol-related FFs at acutes Explore and develop a care pathway to tackle FF patients at acute based on East Surrey CCG Pathfinder work Implement new care pathway for FFs	Care pathway for management of alcohol-related FFs at acute identified and implemented Reducing number of A&E attenders and admissions due to alcohol related disorders	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Surrey CCGs (working with acute and public health)	Mar-14
Reducing acute hospital alcohol related activity	Ensure there is effective management of dependent alcohol users within acutes	Explore opportunities to commission an Alcohol Liaison Nurse / Team within acutes Map current care pathway for alcohol patients requiring detox and identify opportunities for improvement	Care pathway identified and improvements implemented Business case to health commissioners available for 14/15 planning	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Acutes	Sep-13
Reducing acute hospital alcohol related activity	Ensure A&E assault data is shared with Community Safety Partnerships (CSPs) and used as intelligence in police licensing reviews, representations and targeted community safety activity	Manage monthly provision of A&E assault data from acute hospitals to CSPs in accordance with Public Health Core Offer and CEM guidance (2009) Co-ordinate and chair quarterly acute Violence Prevention Steering Groups Monitor A&E assault attendances from premises under review	Monthly dataset provided to CSPs 90% of acute assault data: 1) Integrated into Surrey Police Enforcement Licensing Systems 2) Cross-referenced with Surrey Police intelligence and used when appropriate in licensing	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health	Ongoing

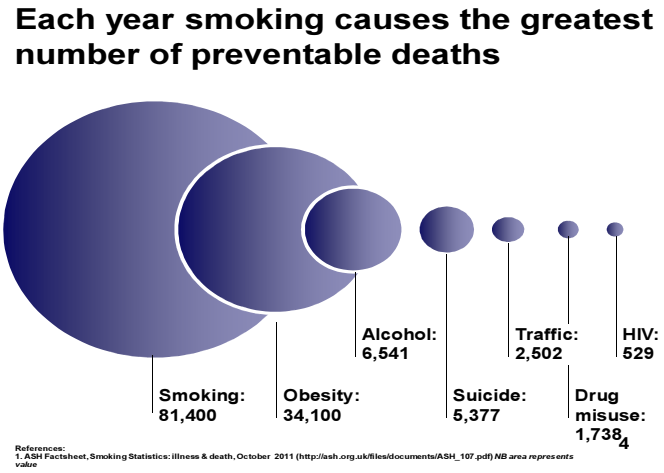
			reviews Reduction in A&E assault attendances from licensed premises which have undergone a review					
Community awareness of services & enhanced collaborative working	Improved communication between partners to enhance collaborative working to ensure local alliances and networks are able to raise awareness of alcohol services and provide appropriate sign posting	Ensure a list of all local stakeholders involved in delivery agencies and partners plus contact details and share Ensure DAAT Service Directory is kept up to date and made available to all partners	Alcohol stakeholder group list kept updated and circulated as appropriate DAAT Alcohol Service directory kept updated and made widely available	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional) 4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health & D&Bs	Ongoing (List issued and kept up to date)
Community awareness of services & enhanced collaborative working	Improve signposting to alcohol services by relevant agencies within SH in line with **MAKING EVERY CONTACT COUNT**	Review Street Angels cards to include relevant agencies (above) e.g. Catch 22Improve signposting. Ensure schools have access to information about Catch 22 Identify professionals (ie school nurses, youth workers, Supporting Families Link Workers) for alcoho IBA training	New card produced and distributed to Street Angels Signposting to alcohol services improvedXX number of professionals trained in alcohol IBA	Reduce alcohol related hospital admissions	2.18- Alcohol-related hospital admissions 4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health	Mar-14
Community awareness of services & enhanced collaborative working	Improve liaison between acutes and local GPs	Improve communication between Acute Hospital and GPs concerning patients identified with an alcohol issue – explore use of discharge summary	Mechanisms in place to share information on referral and discharge	Reduce alcohol related hospital admissions		high risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Acutes	Dec-13
Community awareness of services & enhanced collaborative working	Learn from best practice elsewhere and evidence-base - as identified by Surrey Public Health Department	As good practice is identified elsewhere, review to ensure it is incorporated as part of local delivery plans. In particular: 1) East Surrey CCG - Integrated Alcohol Care Pathway Project 2) Guildford BC / Business Improvement District - Workplace Wellbeing Charter Pilot	Implementation of best practice and learning from pilots elsewhere nationally and locally	Reduce alcohol related hospital admissions		High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	All	Mar-14
Community awareness of services & enhanced collaborative working	Contribute to delivery of Surrey's Domestic Abuse Strategy	Identify what DA policies / procedures exist within FPH and gaps in relation to new NICE Guidelines on domestic violence and abuse - identification and prevention (due Feb 2014) Ensure patients identified as DA are routinely screened for alcohol misuse	Trust-wide DA policy in place at Acutes Mechanisms in place to ensure DA patients screened for alcohol misuse	Reduce alcohol related hospital admissions		High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and appropriate provision by way of access to specialist treatment services	Public Health	Mar-14
Community awareness of services & enhanced collaborative working	Ensure appropriate links are made between the alcohol strategy and Community Covenant work	Review both action plans and identify areas of mutual interest and mechanisms to work jointly/prevent duplication		Reduce alcohol related hospital admissions		High risk/minority individuals and hard to reach groups via Surrey's Family Support Programme and	D&Bs	Mar-14

						appropriate provision by way of access to specialist treatment services		

3: Tobacco Control

1. Joint Strategic Needs Assessment Summary

Smoking remains the major preventable cause of premature death and disability and as a result reducing tobacco use is the single most effective means of improving public health. According to most recent estimates there are currently around 80,000 premature deaths from smoking each year in England, more that for all other major preventable cause of premature death. Above is a bar chart showing prevalence in Surrey– 15 per cent. However deprived communities in Surrey have higher prevalence.



Source : SCC PH

Surrey data on risk factors and specific conditions is that commissioners should have regard to improving morbidity, mortality, and unplanned admissions through:

Early identification and management of risk factors such as smoking, through supported behaviour change programmes and appropriate follow-up.

In this area both well-established and locally innovative approaches should be combined to tackle the stubbornly fixed levels of tobacco. Attention should be given to 'making every contact count', which includes opportunistic work in primary care, structured programmes in secondary care, e.g. in A&E and the use of in-hospital behaviour change programmes, and further innovative approaches.

In Surrey there is a case for discussing a Health Prevention strategy concentrating on smoker patients already on risk registers with long term conditions such as COPD to reduce their emergency admissions which cost an average of £2,000 each spell.

2. Strategy

The prevention strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

- Education providers (schools and colleges)
- Borough Council (SCC Trading Standards)
- Public Heath (Surrey County Council)

- Health Commissioners (Clinical Commissioning Group)
- Health Providers (Acute Trusts, Community Services, GPs)
- Police
- Local business community
- Housing (Housing trusts, Social housing accommodation)
- Community groups
- Voluntary agen

7

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	HEALTH OUTCOMES	PHOF measures	TARGET GROUP	LEAD AGENCY	TIMESCALE
COPD patients with smoking status	Reduce number of COPD admissions	Review smoking status Invite to treatment for nicotine addiction and behavioural support.	Increase number of these patients in treatment	Prevent deterioration of COPD	2.14 - Smoking prevalence - adults (over 18s) 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	Patients diagnosed with COPD	GP's from Surrey CCGs with support from Surrey Stop Smoking Service	1 year
Asthma patients aged 40 and upwards with smoking status	Ameliorate risk of increased number of COPD	Review smoking status Invite to treatment for nicotine addiction and behavioural support.	Measure increase in number of smoker patients on COPD register in Surrey GP practices	Reduction in the number of asthmatic patients who smoke developing COPD	2.14 - Smoking prevalence - adults (over 18s) 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	Smokers aged 40+ with asthma not yet identified as having COPD	GP's from Surrey CCGs with support from Surrey Stop Smoking Service	1 year
COPD A&E Admissions to acute trusts	Reduce number of these types of admissions	Work with acute trusts on brief intervention and referral pathways to Stop Smoking support.	Measure number of referrals received from Acute Trusts to Surrey Stop Smoking Service	Reduce COPD admissions in the over 18's	2.14 - Smoking prevalence - adults (over 18s) 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	Patients who identiy as smokers in primary care and those under secondary care respiritory teams	CCG commissioning and Surrey Stop Smoking Service	1 Year
Other Public Health Preventative Strategies :								
Education & Prevention	Delivery of Smoking Toolkit and training for staff Promote local Stop Smoking Services Give brief advice	Distribution of Toolkit Other local projects Family Support Programme Promotion of Healthy Surrey Website	Number of Schools using toolkit Number of referrals received by Surrey Stop Smoking Service	Reduce the uptake of smoking in under 18's Reduce the number of smoking related illnesses	2.14 - Smoking prevalence - adults (over 18s)	Those aged between 12 and 16 in full time education Family members who smoke engaging in the Family Support Programme	Public Health Babcock 4S	1 year
Children Centres	Promote local Stop Smoking Services Give brief advice	Offer to train staff on brief intervention Support centre with Stop Smoking Promotional materials	Number of referrals received by Surrey Stop Smoking Service from the centre	Reduce number of smoking related illnesses in parents/carers and their families	2.14 - Smoking prevalence - adults (over 18s)	Parents/carers aged 18 upwards	Surrey Stop Smoking Service	1 Year

Pregnant Smokers	Reduce the numbers of smokers at delivery	Review of Referral pathways Include stop smoking telephone support help on Wellbeing website Promote on CCG and GP Practice health websites (Include actions plan from FSP document)	Maintain current smoking at delivery rate 7 – 8 percent Number of pregnant referrals received year on year Where received from There is currently no national targets for pregnant smokers and young people in PHOF	Reduce the number of pregnant smokers to improve health of mother and baby	2.14 - Smoking prevalence - adults (over 18s) 2.03 - Smoking status at time of delivery	Pregnant smokers aged over 18	SCC Public Health	01/03/2013 01/04/2014
Workplaces	More local employers involved in stop smoking support, raising awareness, and referrals, in particular those in manual and routine sector and in priority areas	Liaison with workplaces Calendar of raising awareness events Referrals In House Clinics	Number of workplaces taking part Number of raising awareness events Number of clinics Number setting a quit date and numbers quitting	Reduce the number of smokers and smokers taking time off sick	2.14 - Smoking prevalence - adults (over 18s)	Smokers aged over 18	SCC Public Health	March 2013 April 2014
Health Checks	Increase number of Stop Smoking support offers to smokers	Include routine referral to smokers taking part in Health Checks	Count in number of referrals received from Surrey practices as a result of Health Checks	Reduce the numbers of smokers and prevent people from developing smoking related illnesses such as COPD	2.14 - Smoking prevalence - adults (over 18s) 2.22i - Take up of NHS Health Check Programme by those eligible - health check offered 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	Those aged 40 to 74 who identify as smokers	GP's from Surrey CCGs with support from Surrey Stop Smoking Service SCC Public Health	1 year
Surrey 4 week quit target	Achieve target	Increase referrals through various sources including street based referral generation, NHS health checks programme, workplaces, other settings including primary/secondary care and youth services, and through effective referral conversion via our telephone support service. Promotion of Healthy Surrey Website	Annual quit target - 3541	Reduce the number of smokers across the county to improve general health and wellbeing	2.14 - Smoking prevalence - adults (over 18s)	Smokers aged over 18	Surrey Stop Smoking Service	1 year

4. Health Checks

1. Joint Strategic Needs Assessment Summary – there is no JSNA for health checks

Cardiovascular Disease (CVD) is a major cause of mortality and long-term morbidity. Early detection can not only reduce the impact on individuals but also healthcare costs. NHS (vascular) Health Checks are an evidence based vehicle for increasing early detection.

Evidence published by the DH suggests that NHS Health Checks prevent strokes and heart attacks. They also prevent the development of diabetes and detect diabetes or kidney disease earlier, allowing individuals to be better managed and improve their quality of life.

Health checks enable the identification of clients with modifiable lifestyle factors such as smoking or inactivity. Once identified clients can be referred to appropriate early intervention and prevention initiatives such as the Stop Smoking Service, Healthy Walk and Exercise on Referral.

Project Aim: To increase the number of NHS Health Checks offered and delivered in Surrey via primary care, pharmacy and workplaces. There will also be a focus on groups most at risk of CVD (including carers, BME groups, smokers, and people in areas of socioeconomic deprivation)

1. Strategy

The prevention strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

- Education providers (schools and colleges)
- Borough Council
- Public Heath (Surrey County Council)
- Health Commissioners (Clinical Commissioning Group)
- Health Providers (Acute Trusts, Community Services, GPs)
- Police
- Local business community
- Housing
- Community groups
- Voluntary agencies

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	HEALTH OUTCOMES	PHOF	TARGET GROUP	LEAD AGENCY	TIMESCALE
Primary care delivery	Begin health checks delivery and meet allocated target	T and C's signed off and training done for GP's asap	No of health checks offered No of health checks delivered	Prevent heart attacks and save life Prevent people from developing diabetes Detect diabetes and kidney disease earlier	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	Those aged between 40 and 74 that have not had a stroke or been diagnosed with heart disease, kidney disease or diabetes	Surrey GP's	By March 2014
Pharmacy delivery	Begin health checks delivery and meet allocated target	Training to commence in Oct for pharmacy	No of health checks offered No of health checks delivered	Prevent heart attacks and save life Prevent people from developing diabetes Detect diabetes and kidney disease earlier	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	Those aged between 40 and 74 that have not had a stroke or been diagnosed with heart disease, kidney disease or diabetes	Surrey Pharmacy's	By March 2014
Workplace	Begin health checks delivery and meet allocated target	Maintain delivery momentum and increase capacity	No of health checks offered No of health checks delivered	Prevent heart attacks and save life Prevent people from developing diabetes Detect diabetes and kidney disease earlier	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	Those aged between 40 and 74 that have not had a stroke or been diagnosed with heart disease, kidney disease or diabetes	SCC Public health	By March 2014
Community	Begin health checks delivery and meet allocated target	Maintain delivery momentum and increase capacity	No of health checks offered No of health checks delivered	Prevent heart attacks and save life Prevent people from developing diabetes Detect diabetes and kidney disease earlier	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	Those aged between 40 and 74 that have not had a stroke or been diagnosed with heart disease, kidney disease or diabetes	SCC Public health	By March 2014

5.Physical activity

Why physical activity?

According to the Lancet report (2012) "The pandemic of physical inactivity: global action for public health", physical inactivity is the fourth leading cause of death worldwide. The high prevalence of physical inactivity, its harmful health and environmental consequences, and the evidence of effective physical activity promotion strategies, make this problem a global public health priority. Available data suggest that 31% of the world's population is not meeting the minimum recommendations for physical activity.

In July 2011, The Chief Medical Officer's (CMO's) of England, Scotland, Wales and Northern Ireland published guidelines for physical activity. The report emphasises the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour.

Meeting the government guidelines for physical activity can prevent and help to manage over 20 conditions and diseases including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers (NICE, 2013).

Public Health Outcomes Framework

There are three indicators directly related to physical activity.

PHOF indicator	Surrey	England
1.16 - Utilisation of Green Space for exercise/Health (Mar 2009 - Feb 2012)	**8.9%**	14.0%
2.13i - Proportion of physically active adults (active) (2012)	**60.1%**	56.0%
2.13ii - Proportion of physically active adults (inactive) (2012)	**23.1%**	28.5%

How active is Surrey?

Children

The activity levels of children in Surrey are unknown as no data collection mechanism is in place.

Adults

In Surrey 60.1% of adults are active, doing at least 150 minutes of moderate equivalent physical activity per week, while 23.1% are inactive, doing less than 30 minutes of moderate equivalent physical activity per week.

Table 1. Active People Survey results from January 2012 – January 2013 (APS6 Quarter2 to APS7 Quarter 1) by bands of activity highlighting which data are used for PHOF indicators

	<30 mins	30-89 mins	90-149 mins	150+ mins	Sample size
PHOF indicator	**2.13ii**			**2.13i**	
England	28.5%	8.1%	7.3%	56.0%	151912
Surrey	23.1%	8.4%	8.4%	60.1%	5204
Elmbridge	25.9%	8.0%	8.5%	57.7%	461
Epsom and Ewell	23.0%	8.4%	8.6%	59.9%	473
Guildford	23.2%	7.7%	9.7%	59.4%	471
Mole Valley	23.2%	9.2%	8.0%	59.6%	467
Reigate and Banstead	23.9%	8.7%	9.5%	57.9%	478
Runnymede	22.8%	9.5%	9.0%	58.7%	500
Spelthorne	28.0%	9.1%	5.2%	57.6%	469
Surrey Heath	21.4%	9.6%	9.3%	59.8%	460
Tandridge	18.7%	8.7%	7.7%	64.9%	484
Waverley	19.5%	6.4%	8.9%	65.1%	469
Woking	23.3%	8.1%	6.8%	61.8%	472

Source: Active People Survey 6 Quarter 2 to Active People Survey 7 Quarter 1 (January 2012-January 2013)[1]

The Active People Survey small area estimates tool[2] (Active People Survey 3/4 , 2008-2010) provides data at middle super output area (MSOA) level for adults achieving 3 x 30 minutes of sport and active recreation (formerly NI8). This is currently being updated in line with the new CMO physical activity guidelines, however, data from 2008-2010 showed a clear link between areas of deprivation and lower levels of physical activity.

Utilisation of open space for exercise/health reasons

This data is not available at borough level, however, 35% of adults in Surrey accessed the natural environment for exercise or health reasons in 2011 – 2012. This is similar to the England figure of

[1] Sport England (2013) Active People Survey 6 Quarter 2 to Active People Survey 7 Quarter 1 January 2012-January 2013

[2] Sport England (2010) Small area estimates tool, based on Active People Survey ¾ 2008 – 2010).

35% and is a 10% increase from 2009 – 2010 when 25% of adults in Surrey accessed for exercise or health reasons.

In Surrey (2011 – 2012) fewer females (27%) than males (48%) accessed for exercise or health reasons compared to England (39% and 36% respectively). Young people aged 16 – 24 years were least likely to access for this reason (7%) compared to England (25%). Socio-economic groups C1 (24%) and C2 (28%) were least likely to utilise open space for exercise or health reasons and no unemployed or those categorised as not white stated exercise or health as their reason for visiting.

Screening for physical activity in Primary Care

The Quality and Outcomes Framework (QOF)[5] is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

From April 2013, two indicators were included in QOF regarding physical activity screening and intervention for hypertensive patients within primary care. These indicators can be seen in table 3.

Table 3. QOF indicators

Indicator description	Points	%
HYP004. The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an annual assessment of physical activity, using GPPAQ[85], in the preceding 12 months NICE 2011 menu ID: NM36	5	40-80%
HYP005. The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ[85] in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months NICE 2011 menu ID: NM37	6	40-80%

READ CODES:

a. 138b active
b. 138a mod active
c. 138Y mod inactive
d. 138X inactive

Table 4 shows the number of patients in Surrey with hypertension and the estimated number of inactive hypertensives and thus eligible for a brief intervention in physical activity (HYP005).

Table 4. Hypertension prevalence and estimated number of hypertensive patients eligible for HYP004 and HYP005 by Borough and District Council in Surrey (based on 2011/12 QOF data)

	Number with established hypertension[3]	Hypertensive prevalence (%)[5]	Proportion that are less than active (<30 mins, 30-90 mins, 90-149 mins)[2]	Estimated less than active hypertensives (Number of hypertensives/proportion of the population that are less than active)
England	7567965	13.6%	44%	3329905
Surrey	147871	12.8%	39.9%	**58,995**
NHS East Surrey CCG	20606	12.1%	N/A	N/A
NHS Guildford and Waverley CCG	26723	12.5%	N/A	N/A
NHS North West Surrey CCG	44453	12.7%	N/A	N/A
NHS Surrey Downs CCG	40030	13.8%	N/A	N/A
NHS Surrey Heath CCG	11788	13.0%	N/A	N/A
Elmbridge	16706	12.00%	42.3%	**7067**
Epsom and Ewell	10443	14.00%	40.1%	**4188**
Guildford	16519	11.60%	40.6%	**6707**
Mole Valley	12996	14.50%	40.4%	**5250**
Reigate and Banstead	17304	13.10%	42.1%	**7285**
Runnymede	9584	13.00%	41.3%	**3958**
Spelthorne	14047	14.20%	42.4%	**5956**
Surrey Heath	11294	12.70%	40.2%	**4540**
Tandridge	9652	12.10%	35.1%	**3388**

[3] QOF disease prevalence 2011/12

Waverley	16839	13.30%	34.9%	**5877**
Woking	12486	11.80%	38.2%	**4770**

Sources: QOF (Quality Outcomes Framework) disease prevalence (2011/12)[5]

Source: Active People Survey 6 Quarter 2 to Active People Survey 7 Quarter 1 (January 2012-January 2013)[1]

Summary of need

The needs for physical activity in Surrey, including groups to target, are:

- Reduce the number of inactive people (those participating in <30 mins activity)
- Increase the number of active people (those participating in 150mins+ activity)
- Up-to-date data is required that provides children and young people's activity levels
- Adults living in deprived wards
- Females
- Older adults (aged 65+)
- People with a limiting illness or disability
- People from BME groups
- People on lower incomes
- Increase the number of people who travel actively
- Increase the number of people who use outdoor space for exercise/health reasons

Summary of Recommendations/Actions

- Collect children's activity data in line with the government guidelines for physical activity in children.
- Commission physical activity services that aim to address the needs identified in this chapter, in particular those that reduce the number of people achieving less than 30 minutes of physical activity each week and increase the number of people achieving 150 minutes or more of physical activity each week.
- Commission physical activity services that target the least active groups such as females, older adults, BME groups, people with limiting illness or disability, people living in areas of deprivation; and ensure the effectiveness is evaluated.
- Commission and signpost to services that encourage people to use outdoor space for exercise/health reasons.
- Particular attention to commission physical activity services for people from BME groups such as 'fit as a fiddle' faith and community strand project[4] and for people with limiting illness or disability such as 'steps to fitness' health and wellbeing pilot project.[5]

[4] Sporting Equals (2010) Fit as a fiddle: sporting equals older people faith and community strand project

- Build evaluation into existing services using the Standard Evaluation Framework for physical activity[6], ensuring that the single-item measure physical activity questionnaire is used.
- Review or de-commission services that don't evaluate the impact that service has on physical activity levels
- When developing new physical activity interventions use social marketing techniques, making use of existing insights as highlighted in this chapter and using tools such as Change4Life, promoting Activity Toolkit.
- Ensure a co-ordinated approach to activity, including all activities (not just sport) to be included on the Active Surrey Activity Finder
- Support the national Change4Life physical activity campaign locally, with all partners on board.
- Provide a forum for better partnership working between various sectors and organisations that impact upon physical activity levels, ensuring that increasing physical activity levels is everybody's business.
- When leisure centre contracts are re-tendered, ensure that the JSNA physical activity chapter guides the retendering.
- Provide educational support and training to staff that are involved in changing peoples physical activity behaviours.
- Develop local transport plans that incorporate walking and cycling
- Commission personalised travel planning programmes to support willing individuals to make daily changes.
- Ensure that all planning applications for new developments always prioritise the need for people to be physically active as a routine part of their daily life. Comprehensive networks for active modes of transport including those to public open spaces and parks.
- Ensure that workplace health initiatives support employees to become more physically active.
- Ensure that County and Borough and District strategies for physical activity and open space/parks incorporate the needs identified in this chapter, with particular focus on targeting inequalities and evaluating physical activity outcomes.
- Assist the Family Support Programme in Surrey to work with those families most at need to increase their physical activity levels by providing staff with training and up to date information on local physical activity opportunities.

http://www.sportingequals.org.uk/PICS/files/Fit%20as%20a%20fiddle%20Executive%20Summary.pdf

[5] Poynor L (2008) Steps to fitness: a health and wellbeing pilot project. Learning Disability Practice, 11 (3) **http://rcnpublishing.com/doi/full/10.7748/ldp2008.04.11.3.10.c6475**

[6] Public Health England (2013) Standard evaluation framework for physical activity interventions **http://www.noo.org.uk/core/frameworks/SEF_PA**

Primary Care

- Ensure that a brief intervention, such as Lets Get Moving, is undertaken and evaluated for effectiveness in primary care. Patients should be screened for physical activity levels in primary care using GPPAQ[7] and referred onto or recommended appropriate services for anyone identified as less than active.
- Ensure brief advice on physical activity is included in care pathways for mental health, particularly services for groups that are more likely to be inactive i.e. people aged 65 years and over, people with a disability and people from certain minority ethnic groups.
- Provide information and training for primary care practitioners that addresses how physical activity promotion can help prevent and manage a range of health conditions.
- Ensure systems such as Read Codes are being used to identify opportunities to assess people's physical activity levels and that information and resources about local opportunities to be active are up to date.

Diet

Poor nutrition results from eating an unbalanced diet in which certain nutrients are lacking, in excess or in the wrong proportions. An unbalanced diet can contribute to: diet-related conditions including cardiovascular disease, cancer, diabetes and obesity; mineral and vitamin deficiencies such as vitamin D deficiency; and under nutrition usually termed malnutrition.

There is scarce local data on the nutritional intake of the Surrey population as dietary surveys are both complex and expensive. Intake of fruit and vegetables is often used as a proxy measure for the nutritional quality of diet.

The only source of local healthy eating data shows that 32.5% of the Surrey population meet the recommended minimum intake for fruit and vegetables and therefore approximately two-thirds of the population are not eating enough fruit and vegetables. Spelthorne has the lowest intake of fruit and vegetables, 29.2%, and Elmbridge the highest intake at 34.7%.

National data shows that groups of people at particular risk of poor diet are:

People in lower socio-economic groups

[7] Department of Health (2013) General Practitioner Physical Activity Questionnaire (GPPAQ) **https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq** [Accessed on 14/10/13]

Women of childbearing age – those planning pregnancy, during pregnancy and whilst breastfeeding as increased physiological demands for nutrition may put them at risk

- Infants and young children
- School aged children and young people aged 11 to 18 years
- Children in care/Looked After Children
- Young adults aged 19-24 years
- Adults aged 65 years and over
- People with dementia
- People with a mental illness
- People with a learning disability
- South Asian and African Caribbean communities
- Smokers
- Prisoners
- People being admitted to hospitals, care homes and mental health units

Public Health Outcomes Framework (PHOF)

2.11 Diet - is currently a placeholder indicator
2.02ii Breastfeeding prevalence 6 - 8 weeks after birth

Global Burden of Disease (WHO, 2010) - 13 of the top 20 leading risk factors for disease in the UK are an imbalance of dietary components e.g. low intake of fruit or diet-related e.g. high blood pressure

Healthy Weight

Adults

There is a lack of local prevalence data for adult obesity in Surrey. Figures for obesity prevalence in the local population are extrapolated from national data available from the HSE (Health Survey for England) which shows that

· the proportion of adults with a normal BMI decreased between 1993 and 2011 from 41 per cent to 34 per cent among men and from 50 per cent to 39 per cent among women.

· the proportion that were overweight including obese increased from 58 per cent to 65 per cent in men and from 49 per cent to 58 per cent in women between 1993 and 2011

· There was a marked increase in the proportion of adults that were obese from 13 per cent in 1993 to 24 per cent in 2011 for men and from 16 per cent to 26 per cent for women.

The latest data for Surrey showed that in 2008 obesity prevalence was estimated to be 20.3% which is significantly lower than the England average and is linked to the lower level of deprivation in Surrey.

In terms of absolute numbers of obese adults there are estimated to be over 180,000 adults in Surrey who are obese and by including those who are obese and overweight it is estimated this would represent over 500,000 (61.3%) of the adult population of Surrey.
National data shows that groups of people at particular risk of obesity and who would benefit from support to achieve a healthy weight include:

- People with long term conditions that would benefit from weight management including those with diabetes and pre-diabetes
- Men who are currently under represented in community weight management services as they may not be suitable for their needs.
- Women pre and post pregnancy
- BME communities who are at greater risk of identified long term conditions including type 2 diabetes and coronary heart disease and for whom current community weight management services may not be suitable
- People with physical and learning disabilities for whom current community weight management services may not be suitable
- People in lower socio-economic groups
- Adults aged 65 years and over living in residential or nursing care

Children

Over 20,000 children in Surrey were weighed and measured in 2011/12 and the results show that obesity prevalence In Surrey was 6.8% (9.5%) in year R and 14.4% (19.2%) in year 6.

(Figures in brackets for England)

There is a public health outcome framework (PHOF) indicator for excess weight in children and in 2011/12. Surrey had 18.4% (22.6%) obese and overweight children in year R and 28.2% (33.9%) in year 6. (Figures in brackets for England). This equates to 1 in 5 children in year R having an excess weight with this rising to over 1 in 4 in year 6. (And nearer to 1 in 3 in some boroughs) Surrey is one of the better performing local authorities in terms of obesity prevalence but this is little reason to be complacent as the health survey data shows that over 57,000 children in Surrey have an excess weight.

7

The main concerns are

· obesity prevalence doubles from year R to year 6
· obesity is strongly linked to deprivation

2. Strategy

The prevention strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

- Education providers (schools and colleges)
- Borough Council
- Public Heath (Surrey County Council)
- Health Commissioners (Clinical Commissioning Group)
- Health Providers (Acute Trusts, Community Services, GPs)
- Police
- Local business community
- Housing
- Community groups
- Voluntary agencies

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	Health Outcomes	PHOF measures	Target Group	LEAD AGENCY	TIMESCALE
All groups	Increase knowledge and skills of the population of Surrey to enable them to make lifestyle changes leading to improved health outcomes as demonstrated through living longer as a result of "eating well, moving more" **(Making Every Contact Count)**	Support the local population of Surrey to access Change4 Life materials and join up Support all staff to sign up as local partners. Ensure Change4Llife resources are available at all NHS health premises in the Surrey CCGs with particular focus on targeting C2DE socioeconomic families with children aged 5 - 11 years	XX number of Change4Life resources accessed xx number of residents registered to the Change XX number of staff signed up to Change4Life website as local partners XX % increase in life expectancy	Eating well important to maintain health and prevent and manage diet-related conditions e.g. cardiovascular disease, cancer, diabetes and obesity	2.06i Excess weight in 4 - 5 year olds 2.06ii Excess weight in 10 - 11 year olds 2.11 Diet - is currently a placeholder indicator	C2 and DE socioeconomic families with children aged 5 - 11 years	Surrey CCGs SCC Public Health	*Baseline* April 2013 to March 2014
	Education and prevention Staff are aware of existing services to support patients to make lifestyle changes for themselves around physical activity, diet and healthy weight and are able to signpost them to appropriate services	Ensure all staff have the opportunity to access appropriate training on local services and resources that can help support their patients to follow a healthy lifestyle	XX number of courses provided XX number of staff trained XX numbers referred to local services	Eating well important to maintain health and prevent and manage diet-related conditions e.g. cardiovascular disease, cancer, diabetes and obesity. Also to prevent malnutrition and related deficiency diseases	2.11 Diet - is currently a placeholder indicator	Primary care staff and their patients	Surrey CCGs with support from SCC Public Health	Baseline April 2014 - March 2013
	Education and prevention Staff can access training on physical activity, diet and healthy weight to enable them to advise and support their patients/clients and to make lifestyle changes for themselves and their families	Promote need for and provide opportunity for staff to access training on: o Healthier eating and special diets ○ Cookery leader training o Physical activity o Healthy weight o Health improvement including behaviour change (All training to include health inequalities and working wtih vulnerable and hard to reach groups)	XX courses available XX staff trained	Eating well important to maintain health and prevent and manage diet-related conditions e.g. cardiovascular disease, cancer, diabetes and obesity. Also to prevent malnutrition and related deficiency diseases	2.11 Diet - is currently a placeholder indicator	Primary care staff and their patients	Surrey CCGs SCC Public Health	
	Surrey CCGs to support discussions regarding the improvement of infrastructure that promotes cycling in Surrey	Ensure that cycling is everyone's business and as a CCG feed into the Surrey Cycling Strategy with support from the Borough Council.	Feedback provided to the consultation on the Surrey Cycling Strategy by 1st November	Increased levels of physical activity and thus redcution in risk of over 20 diseases/conditions	1.16 Utilisation of outdoor space for physical activity 2.13i Proportion of active adults (150mins+) 2.13ii Proportion of inactive adults (<30mins activity)	All patients - particular focus on those likely to be less than active: - Females - Older adults - People living in Old Dean and St Michaels - People from minority ethnic groups - Families being supported by the Family Support Programme	Surrey CCGs with support from Surrey District & Borough Councils and SCC	09/09/2013 - 01/11/13

Starting well	Support all pregnant women to breastfeed as seen through an increase in breastfeeding initiation rates and 6-week rate	Provide 10 day breastfeeding rate data	XX number of babies being breastfed at 10 days	Benefits of breastfeeding include: decrease risk of: infection e.g. gastro-intestinal; developing allergic disease e.g. eczema; and becoming overweight/obese and developing related diseases e.g. diabetes	2.02ii Breastfeeding prevalence at 6 - 8 weeks after birth	Pregnant and breastfeeding women including Families being supported by Family Support Programme	Surreys CCG SCC Public Health	
	Ensure more health staff are aware of the need to advise all pregnant and breastfeeding women on taking a 10µg daily supplement of vitamin D **(Making Every Contact Count)**	Increase awareness of all those in contact with pregnant and breastfeeding women to take 10µg daily supplement of vitamin D	XX number of pregnant and breastfeeding women have been advised on vitaminD Awareness raising through training and communication to NHS staff	Reduction in conditions caused by Vitamin D deficiency such as rickets		Health staff such as GPs, midwives, HVs, etc. and their clients including families being support by Family Support Programme	CCGs SCC Public Health	Mar-14
	Increase in uptake of Healthy Start Vouchers combined with promotional campaign to increase children drinking cow's milk at age 1 with vitamin supplement **(Making Every Contact Count)**	Increase in the uptake of healthy start vouchers both for fruit and vegetables and vitamins (available for pregnant women and families with children under four on benefits - midwives, health visitors and children's centres to promote scheme)Promote the use of cow's milk as a drink with vitamin supplement from age 1. This will save money for parents. Promote drinking from cup rather than a bottle, which should have positive benefits for teeth (HVs, GPs and children's centres to promote in particular to families on low income and teenage parents)	Increased uptake in vitamin vouchers to above 3% consistently. Promotional campaign to ensure parent's are aware that they can provide their children with cow's milk and drops	Improvement in nutritional intake leading to decrease in short- and long term-diet-related health conditions such as rickets, diabetes, overweight/obesity, etc	2.11 Diet - is currently a placeholder indicator	Pregnant women and families with children under four on benefits including families being supported by Family Support Programme GPs, midwives, HVs and children's centres staff	Surrey CCGs SCC Public Health	Healthy Start returns April 2013-March 2014
	Ensure that those families who would benefit from attending the HENRY programme are signposted to their local Children's Centre in order to enable them to develop the knowledge and skills to follow a healthy lifestyle	Ensure that GP practices are aware of HENRY programmes available to their practice population. Identify and signpost families who would most benefit from attending HENRY programme Ensure that GP practices are aware of HENRY programmes available to their practice population. Identify and signpost families who would most benefit from attending HENRY programme	X number of parents/carers have been signposted to HENRY programme by their GP. XX number of parents/carers have been signposted to HENRY programme by their HV		2.06i Excess weight in 4 - 5 year olds		Surrey CCGs SCC Public Health	On-going evaluation of HENRY programme

Developing Well	All staff to be aware of NCMP programme and offer appropriate support to families	Ensure participation target is met Signpost parents/carers to support and advice as appropriate including C4L Signpost parents/carers to weight management programmes as appropriate Use findings alongside other data to identify target areas	PHOF for healthy weights in school year R and Year 6		2.06i Excess weight in 4 - 5 year olds 2.06ii Excess weight in 10 - 11 year olds		Surrey CCGs SCC Public Health	
Developing well **Living and working well**	**Screening for physical activity levels** Patients screened for physical activity levels using GPPAQ within primary care **(Early identification)**	Work with GP surgeries to screen patients for physical activity levels using GPPAQ. GPPAQ is integrated into EMIS. NB. 5 QOF attached to indicator HYP004 for hypertensive patients	Xxx number of patients screened using GPPAQ	Early identification of inactivity highlighting the risk to patient i.e. CVD, diabetes, stroke, high cholesterol, hypertension, depression, dementia	1.16 Utilisation of outdoor space for physical activity 2.13i Proportion of active adults (150mins+) 2.13ii Proportion of inactive adults (<30mins activity)	All patients - particular focus on those likely to be less than active: - Females - Older adults - People living in Old Dean and St Michaels - People from minority ethnic groups - Families being supported by the Family Support Programme	Surrey CCGs	Apr-14
	Brief intervention Patients are offered brief advice on physical activity and are signposted to appropriate services.**(Making Every Contact Count)**	Offer patients that score less than active on GPPAQ brief advice on physical activity within a primary care setting. Refer to appropriate services such as Surrey Exercise Referral and Weight Management Scheme or Let's Get Moving: a physical activity care pathway (providing funding for Let's Get Moving is secured) NB. 6 QOF points attached to indicator HYP005 for hypertensive patients.	Xxx number of GP surgeries offering patients a physical activity brief intervention xxx number of patients referred to Surrey Exercise and Weight Management Referral Scheme xxx number of patients recommended to other physical activity opportunities	Increased physical activity levels and thus redcution in risk of over 20 diseases/conditions	1.16 Utilisation of outdoor space for physical activity 2.13i Proportion of active adults (150mins+) 2.13ii Proportion of inactive adults (<30mins activity)	All patients that score less than active on GPPAQ	GP Surgeries	Apr-14
	Brief intervention Funding secured from Surrey County Council and NESTA to deliver Let's Get Moving in Surrey	Apply for funding to ensure Lets Get Moving: a physical activity care pathway can be delivered in Surrey. This will provide a one point of referral for patients screened on GPPAQ as less than active. Lets Get Moving will be the gateway to all physical activity opportunites in Surrey	Funding secured	Increased physical activity levels and thus redcution in risk of over 20 diseases/conditions	1.16 Utilisation of outdoor space for physical activity2.13i Proportion of active adults (150mins+)2.13ii Proportion of inactive adults (<30mins activity)	Those likely to be less than active:those likely to be less than active:- Females- Older adults- People living in Old Dean and St Michaels- People from minority ethnic groups- Families being supported by the Family Support Programme	Surrey CCGs, District & Borough Councils with support from SCC Public Health	Apr-14

	Brief intervention Brief advice on physical activity included in mental health care pathways	Ensure brief advice on physical activity is included in care pathways for mental health	Physical activity included in mental health care pathway xx number of people on the pathway recieving brief advice on physical activity	Increased physical activity levels in people with recorded mental health problem		Those likely to be less than active:those likely to be less than active: - Females - Older adults - People living in deprived communities - People from minority ethnic groups - Families being supported by the Family Support Programme	Surrey CCGs	Apr-14
	Staff promote the Surrey Eat Out Eat Well scheme to their patients who eat a nutritionally unbalanced diet and/or those with a diet-related condition such as hypertension, diabetes, overweight/obesity, etc	Raise awareness of Surrey Eat Out Eat Well (EOEW) award scheme with patients	XXX number of patients provided with EOEW promotional material all link to EOEW website	Eating well important to maintain health and prevent and manage diet-related conditions e.g. cardiovascular disease, cancer, diabetes and obesity	2.11 Diet - is currently a placeholder indicator	GPs, practice nurses, HVs, etc and their patients in particular those who eat a nutritionally unbalanced diet and/or those with a diet-related conditions such as hypertension, diabetes, overweight/obesity, etc.	SCC Trading Standards SCC Public Health Surrey CCGs	
Ageing well	More people aged 65 years and over will take a daily supplement containing 10 µg of vitamin D **(Making Every Contact Count)**	Promote the intake of 10µg daily supplement of vitamin D to all people aged 65 years and over (GPs, district nurses, other health staff and care staff to promote with their patients/clients in particular those housebound and/or cover their skin for cultural reasons)	XX number of staff resent CMOs letter on vitamin D????	Reduction in conditions caused by Vitamin D deficiency including bone problems such as bone pain and tenderness as a result of osteomalacia		People aged 65 years and over in particular those housebound and/or cover their skin for cultural reasons	Surrey CCGs SCC Public Health	Mar-14
	Education and prevention Staff working in care homes and day centres for older people are able to access evidence based training in nutrition and hydration	Promote need for and support development of staff training on: o Nutrition and hydration training for older people including need for vitamin D supplement	XX number of staff accessing training courses	Eating well important to maintain health and prevent and manage diet-related conditions e.g. cardiovascular disease, cancer, diabetes and obesity. Maintaining adequate hydration is important to prevent conditions e.g. urinary tract infection, constipation, etc		Staff working in care homes and day centres for older people and their clients	Surrey CCGs SCC Public Health	Mar-14

6. Sexual Health

Joint Strategic Needs Assessment Summary

Having good sexual and reproductive health is an important aspect of overall physical and emotional health and well-being and is central to the development of some of the most important relationships in our lives. Any person who is sexually active could be negatively affected by their sexual health decisions and may require the support from non-judgemental professionals to help put in place the necessary precautions in order to have a positive and healthy sexual life and to know what to do and where to go in a timely manner if things go wrong.

According to the Health Protection Agency (8), sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), remain among the most important causes of illness due to infectious disease across all age groups, but particularly among younger people. If left untreated, STIs can lead to long-term fertility problems, cervical cancer, and long-term illness and HIV can reduce life span and cause premature death. Teenage parenthood can lead to many health and social disadvantages for mother and baby but an unplanned pregnancy can have a devastating effect both emotionally and economically for people of any age. Termination of pregnancy can have long term emotional consequences and sexual dysfunction can lead to low self esteem, relationship problems and possible marriage and family break-up. All of these aspects of poor sexual health can occur at any stage of life and can have an enduring and severe impact upon people's overall quality of life.

Levels of need around the issue of sexual and reproductive health remain diverse in Surrey. In the case of HIV, Black African people and men who have sex with men (MSM) are the two population groups in Surrey who are most affected by this infection given their relative proportions within the Surrey population. The numbers of new diagnoses decreased in 2009 but the number of people being diagnosed late for this infection means that opportunities have been missed to offer testing and access to effective treatments before they become very ill.

The overall number of new STI diagnoses has decreased in Surrey between 2009 and 2010 although young people under the age of 25 are disproportionately represented in these figures. Surrey did not achieve the 2010-11 target for screening 35% of sexually active young people under the age of 25 for Chlamydia infection though the numbers being screened is increasing year on year. However, the positivity rate is in line with the National average so we can be confident the young people being tested are those more likely to be having unprotected sex and at risk of catching Chlamydia.

The numbers of abortions and repeat abortions performed on women in Surrey has increased over the same period which implies that access to abortion services is good but women are not protecting themselves adequately from getting pregnant in the first place. Long Acting Reversible Contraception (LARC) is cited by the National Institute for Health and Clinical Excellence (NICE) as being the most reliable form of contraception and is recommended for preventing teenage pregnancy and reducing the demand upon abortion services by women of all ages. The numbers of women in Surrey opting for a LARC method of contraception remains low compared to other, less reliable methods. However, the uptake of a LARC method is increasing steadily and GPs are continuing to receive enhanced funding to offer these methods, whilst increasing the choices offered to women to help them find something suitable. The psychosexual health needs of Surrey's population are as yet unknown as it is notoriously difficult to assess the needs of people with problems that they often choose to keep private. At present, two specialist therapy services funded by the NHS are oversubscribed though private options remain available

Approximately 200 babies are born to teenage mothers and around 280 teenagers have terminations in Surrey each year.

7

High levels of under 18 year old conception rates were highlighted as a major public health issue and social problem in 1999 with the publication of the Social Exclusion Report (1) which showed that England had the highest teenage conception rate in Western Europe. There are links between high teenage conception rates and areas of deprivation and poverty. Babies born to teenage mothers have worse health outcomes than those of older mothers. They are at risk of premature birth, death in their first year and accidental harm.

Teenage mothers are more at risk of poor mental health, more likely to smoke, less likely to breastfeed and more likely not to be in education, employment or training (NEET) and live in poverty. In response to this, the national strategy for teenage pregnancy and parenthood (2000) was published.

The importance of improving sexual health is acknowledged by the inclusion of three indicators in the Public Health Outcomes Framework (PHOF). These indicators have been prioritised, as each represents an important area of public health that needs sustained and focused effort in order to improve outcomes. The indicators are: • under-18 conceptions; • chlamydia diagnoses (15–24-year-olds); and • people presenting with HIV at a late stage of infection.

Strategy

The prevention strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

Education providers (schools and colleges)

Borough Council

Public Heath (Surrey County Council)

Health Commissioners (Clinical Commissioning Group)

Health Providers (Acute Trusts, Community Services, GPs)

Police

Local business community

Housing

Community groups

Voluntary agencies

Focus of action plan (see Action Plan)

The focus of the action plan is around contributing to the sexual health strategy:

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	HEALTH OUTCOMES	PHOF measures	TARGET GROUP	LEAD AGENCY	TIMESCALE
Chlamydia and Gonhorrea screening	Increase screening uptake	Promotion of NCSP	Screening uptake increased		3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD	15-24 years old	SCC Public Health and Virgin Care	Sexual Health Strategy to be finalised by Jan 2014
Teenage conceptions	Reduction in teenage conceptions	Work with services for young people and education to ensure all children and young people receive good-quality sex and relationship education at home, at school and in the community.	Reduction in teenage conceptions		2.04 - Under 18 conceptions	13-19 year olds	SCC Public health via sexual health strategy	Sexual Health Strategy to be finalised by Jan 2014
HIV and STIs	Individuals and communities have information and support to access testing and earlier diagnosis and prevent the transmission of HIV and STIs	Appropriate signposting and access to CASH services by wider public health workforce including primary care, pharmacy	Appropriate signposting and access to CASH services by wider public health workforce including primary care, pharmacy		3.04 - People presenting with HIV at a late stage of infection	16 plus	SCC Public Health and wider PH workforce	Sexual Health Strategy to be finalised by Jan 2014
Access to CASH services	Ensure appropriate access to CASH services	Appropriate signposting and access to CASH services by wider public health workforce including primary care, pharmacy and services for young people.	Appropriate signposting and access to CASH services by wider public health workforce including primary care, pharmacy and services for young people.			16 plus	SCC Public health via sexual health strategy	Sexual Health Strategy to be finalised by Jan 2014

7. Mental Health

Risk and Protective Factors

There are evidence based protective and risk factors for mental health and a central element of Prevention and Mental Health Promotion is to reduce the risk factors and increase the protective factors. Mental health risk factors can be grouped into the following key categories:

Family factors: Parental mental health, Parenting

Wider determinants of health and Social economic factors

Individual factors:

Genetic factors

Poor health/long term health conditions

Caring role

Poor resilience (eg poor problem solving, communication skills, low self- esteem)

Adverse life experiences (eg neglect, abuse, bullying, job loss, relationship breakdown bereavement)

Incidence of Mental Health Problems

The table below shows the percentage of people with various mental health disorders (based on the Adult Psychiatric Morbidity Survey (2007) and the *estimated* numbers of adults in Surrey with these disorders (based on the Surrey population aged 16+ 2012 estimate (ONS))

	16+			Number in Surrey (16+)		
	Male %	Female %	Persons %	Male	Female	Persons
Prevalence of common mental disorder (CMD) in past week	12.5	19.7	16.2	55,807	93,586	149,286
Suicidal thoughts lifetime (self completion)	14	19.2	16.7	62,504	91,211	153,893
Suicide attempts lifetime (self completion)	4.3	6.9	5.6	19,198	32,779	51,605
Self harm lifetime (self completion)	4.4	5.4	4.9	19,644	25,653	45,154
Prevalence of psychotic disorder in past year	0.3	0.5	0.4	1,339	2,375	3,686
Antisocial personality disorder in past year	0.6	0.1	0.3	2,679	475	2,765
Borderline personality disorder in past year	0.3	0.6	0.4	1,339	2,850	3,686
Comorbidity: 1 condition	15.1	16.4	15.8	67,415	77,910	145,600
Comorbidity: 2+ conditions	6.9	7.5	7.2	30,806	35,629	66,349
Surrey 16+ 2012 population estimate (ONS)				446,459	475,058	921,517

Source: Psychiatric morbidity among adults living in private households 2007, The Stationery Office,

However these figures are underestimates as the Adult Psychiatric Morbidity Survey demonstrates there is considerably higher prevalence of mental health problems among the general population, than those receiving treatment as indicated by data from primary and secondary health services [2]: Often the stigma surrounding mental health can make people reluctant /make it harder for people to seek help from health services, hence the importance of self-help and anti-stigma interventions.

The table below shows the areas in Surrey with the highest level of common mental health needs (The indicator measures mood or anxiety disorders, based on prescribing, suicides, and health benefits data).

IMD 2010: Surrey Lower Super Output Areas with the highest levels of common mental illness (Highest Mental Health Indicator scores)

LSOA11CD	LSOA11NM	LA	Ward	Surrey CCG	ID 2010 Mood and anxiety disorders indicator
E01030914	Waverley 010A	Waverley	Godalming Central and Ockford	NHS Guildford and Waverley CCG	0.97
E01030985	Woking 004F	Woking	Maybury and Sheerwater	NHS North West Surrey CCG	0.94
E01030599	Reigate and Banstead 008A	Reigate and Banstead	Merstham	NHS East Surrey CCG	0.85
E01030793	Surrey Heath 008A	Surrey Heath	St Michaels	NHS Surrey Heath CCG	0.83
E01030893	Waverley 003D	Waverley	Farnham Moor Park	NHS North East Hampshire and Farnham CCG	0.81

Comparative Data

Incidence

Overall common mental health needs in Surrey – as measured by the Index of Multiple Deprivation (2010) Mental Health Indicator – are *relatively low compared to nationally,* with the worst score being .97 in Surrey compared to 3.32 nationally

Surrey has a statistically significantly lower percentage of adults aged 18+ with depression (11.32%), compared to national data (11.68%, where 20.29% is the highest in the country and 4.75% is the lowest) [3].

Surrey has statistically significantly lower prevalence of schizophrenia, bipolar disorder and other psychoses than England *(QOF 2011) and* The MINI2000 score for Surrey indicates an incidence of severe mental illness that is *40% lower in Surrey than England* [4]

Wider Determinants [3] – Surrey is statistically significantly better than England on:

Percentage of 16-18 year olds not in employment, education or training (2011)

Percentage of the relevant population living in the 20% most deprived areas in England (2010)

Working age adults who are unemployed (rate per 1 000 population 2011/11)

Hospital admissions for alcohol attributable conditions (rates per 1 000 population 2011/12)

Risk factors – Surrey is statistically significantly better than England on [3]:

Rate of statutory homeless households per 1 000 households (all ages) 2010/11 (0.42 vs 2.03)

Percentage of population with a limiting long term illness 2001 (12.5% vs 16.9)

Number of f first time entrants into the youth justice system (10-17 year olds) 2001-11

Suicide & undetermined injury: Indirectly standardised mortality rate 2010-11 in Surrey was slightly higher, than for England (109 vs 100 – although this difference was not statistically significant) [3]

Cost of Mental Ill Health

In 2009-10 the estimated total cost of mental ill health in England was £105.2 billion. £53.6 billion in human suffering and negative impact on peoples' quality of life; £30.3 billion in lost economic output and £21.3 billion in health and social care costs.

Nationally and in Surrey, Mental health disorders was the largest total expenditure of all health programme budgeting categories - accounting for 10.8% of the total health spend in Surrey [5].Surrey spend is £195 per head, just below the £198.3 per head national average, which puts Surrey in the second highest spend decile nationally [6]

Mental Health and Wider Determinants Public Health Outcome Indicators

The table below shows comparisons between England and Surrey on Mental Health Indicators and relevant wider determinants indicators. Where data is available, shaded boxes indicate that the differences between England and Surrey are statistically significant.

Mental Health Indicator (with published data)	England	Surrey	Surrey higher/lower than Eng
2.13i Percentage of physically active adults	56%	60.1%	Higher
2.13ii Percentage of physically inactive adults	28.5%	23.1%	Lower
2.23i Self-reported well-being: people with a low satisfaction score	24.3%	20.0%	Lower
2.23ii Self-reported well-being: people with a low worthwhile score	20.1%	16.7%	Lower
2.23iii Self-reported well-being: people with a low happiness score	29.0%	27.5%	Similar
2.23iv Self-reported well-being: people with a high anxiety score	40.1%	40.9%	Similar
2.08 Emotional wellbeing of looked after children (average difficulty score for all Looked After Children aged 4-16 who have been in care for at least 12 months)	13.8%	14.7%	confidence level data not available
Wider Determinants Indicator (with published data)			
1.04i First time entrants to the criminal justice system	537	151	Lower
1.06ii Adults in contact with secondary mental health services who live in stable accommodation	66.8%	72.3%	confidence level data not available
105 16-18 year olds not in education, employment or training	5.8%	4%	Lower
1.12ii Violent crime (including sexual violence) violent offences	13.6 per 1000 crude rate	10.7 per 1000 crude rate	Lower
1.13i Re-offending levels: % of offenders who re-offend	26.8%	22.9%	Lower
1.13ii Re-offending levels: average number re-offences per offender	0.77	0.71	Lower
1.15i Statutory homelessness: homelessness acceptances	2.3 per 1000 households	0.6 per 1000 households	Lower
1.15ii Statutory homelessness: households in temporary accommodation	2.3	0.8	Lower
1.8.i Social isolation: % of adult social care users who have as much social contact as they would like	42.3%	43.5%	Similar
Healthcare and Premature Mortality			
4.10 Suicide rate (provisional) 2009-11 Age standardised mortality rate from suicide and injury of undetermined intent	7.9 per 100 000	8.1 per 100 000	Similar

Hard to Reach Groups

The population based mental health promotion service for Surrey has within its specification, to work with high risk and hard to reach groups. Specifically:

Black Minority Ethnic groups (BME); older adults; men; unemployed people; people with long term health conditions; prisoners; carers; homeless people; victims of abuse; lesbian/ gay/bisexual/ transgender groups (LGBT).

The Supporting Families programme works with families that can be hard to reach.

References

The Mental Health Foundation, http://www.mentalhealth.org.uk/help-information/mental-health-statistics

Source: National Centre for Social Research (2009)

Community Mental Health Profiles 2013: North East Public Health Observatory http://www.nepho.org.uk/cmhp/index.php?pdf=E10000030

Glover G, Arts G, Wooff D (2004). A needs index for mental health care in England based on updatable data. Social Psychiatry and Psychiatric Epidemiology 39:730-738 and Quality and Outcomes Framework . NHS Information Centre 2011

PCT programme budgeting returns to the Department of Health for 2011-12

Department of Health (2013) National Survey of Investment in Adult Mental Health Services (2011-2012)

Strategy

The prevention strategy will only be delivered through partnership working across statutory and voluntary organisations with delivery of actions by:

Education providers (schools and colleges)

Borough Council

Public Heath (Surrey County Council)

Health Commissioners (Clinical Commissioning Group)

Health Providers (Mental Health Trusts Acute Trusts, Community Services, Mental Health Promotion Service, GPs)

Police

Local business community

Housing

Community groups

Voluntary agencies

Focus of action plan (see Action Plan)

The focus of the action plan is around 4 main areas for improvement:

Focus Area	KEY OUTCOME	KEY ACTIONS	MEASURE	HEALTH OUTCOMES	PHOF measures	TARGET GROUP	LEAD AGENCY	TIMESCALE
Mental Health Promotion & Prevention: Adults	Resilience	· Delivery of Mental Health Promotion Service: First Steps · Agencies directing people to it ·Ensure brief advice on physical activity is included in care pathways for mental health · Implement actions of the National Mental Health Strategy https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf Including: -CCGs & Local Authorities identifying a MH Lead -MH Awareness Training for front line staff: Primary Care, Acute & Community Trusts, Housing, Employment, Criminal Justice, Employer managers Prevention Actions in Joint MH Commissioning Strategy (tbc) ·Supporting Families Programme: ensure all staff understand the implications for mental health of the difficulties faced by these families. Offer staff MH Awareness training	Service delivered to the specification. -Service usage data -Signposting to the service by various agencies Physical activity is included in the MH care pathway. Measured by no. of people on path-way receiving brief advice Actions implemented (checklist to be developed) Strategy monitoring/evaluation Programme evaluation measures				Virgin Care CCGs, LA's, Health Providers, Housing, Employers, Voluntary sector -CCGs/GPs P18-19 -Primary Care P22-3 -MH Trusts P 19-20 - Acute/Comm.Trusts P21 -Local Authorities P24 -HW B Boards P25 -Social Care P26 -Public Health P27 -Education P31 -Employment Support P33, Employers P34 -Criminal Justice P36 -Housing Org.s P38 CCGs, Acute, MH, Social Care & Community Service Providers Local Authorities	Ongoing Jan 2014 onwards Ongoing
Mental Health Promotion & Prevention: Children and Young People		Healthy Schools – PSHE & Emotional Health & Wellbeing· Targeted Mental Health in Schools training to whole school staff in MH awareness and attachment theory. Identifying children who may need targeted support & ensuring good systems of delivering early interv-entions are in place, link to CAMHS· Supporting Families Programme	Established evaluation system Established evaluation system				CAMHS SCC & Babcock 4S SCC & Babcock 4S Local Authorities	Ongoing Ongoing Ongoing

Wider Determinants of Mental Health		· Implement actions from National Mental Health Strategy :-Appoint a member MH Champion-Assess impact of strategies/ commissioning decisions & services on MH & Wellbeing (eg via MWB Impact Assessment)-Involve people with MH problems &carers in service/pathway design-Consider whole place/community budgets for people with MH issues-Sign up to Surrey & national Time to Change campaign (belowActions from Health & Wellbeing Board workshop for Borough & District councils on Emotional Wellbeing & Mental Health 11 July. (Priorities: 5 ways to wellbeing campaign, MH Awareness Training for public facing staff, encouraging employment, volunteering & social capital, mapping & publicising social assets, use of Surrey Information Point , Digital Inclusion & Hubs, Co-location of services & encouraging voluntary & faith sector to do more around MH)	Actions implemented (checklist to be developed)Implementation table				District & Borough CouncilsThird Sector Agencies	TBC by Local Authorities. Monitoring quarterly
Stigma & Discrimination	More awareness of MH Reduced stigma & discrimination More confidence to address discrimination	Pilot & evaluate Time to Change-Surrey in Redhill/Merstham: MH awareness training Ambassador Scheme Arts approaches: councils & college Community Empowerment Local Authorities, Employers & Third Sector Agencies to sign the Surrey Time to Change Pledge www.surreycc.gov.uk/timetochangesurrey Roll out Time to Change to other high MH need areas in Surrey Anti-stigma work done by First Steps Service	Evaluation measures of pilot (based on national measures) Numbers of pledges on web page Contract Monitoring reports and meetings					Pilot Apr-Nov13 Sep-Nov 2013 & ongoing Roll out subject to evaluation Ongoing
Suicide Prevention	Reduction in suicide	Suicide Audit (Coroner data) gathered on a regular basis · Suicide Audit Working Gp. set up · Development of Surrey Suicide Prevention Strategy (based on audit & national strategy & Think Tank events with staff & users) · Implement strategy actions · Frontline staff to receive MH Awareness/MH First Aid /Suicide Prevention Training (as appropriate)	Audit data Group established Suicide Prevention Strategy completed Actions implemented Training provided and evaluated				Public Health Public Health Multi-agency & service users CCGs , staff in primary care, Acute, Community & MH Trusts, Ambulance), Police, Fire, Housing, Job Centre/Benefits	Nov 13 to collect 2012 data. Then bi-monthly 01/11/2013 Dec 2013 Jan 2014-2017

7

Prevention Priority -

Health and Wellbeing Board

13th March2014

Health and Wellbeing Surrey

Board's principles

The board share a common set of values underpinning their partnership and work together:

Health and Wellbeing Surrey

Developing a preventative approach

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.

Developing a preventative approach

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.

Health and Wellbeing Surrey

Why prevention is important

- prevention **must** form the foundation of any strategy to improve health and wellbeing
- We will develop a Surrey Prevention Strategy in two phases
    - Phase 1 – focusing on the greatest risk factors for ill-health
    - Phase 2 – widening the focus on prevention
- The evidence base for this is **substantial**, and includes:
  - The Global Burden of Disease Survey 2010
  - The US County Health Rankings Model
  - The Marmot Review

Health and Wellbeing Surrey

Health is a vital resource for our country

Healthy People

Being productive

A virtuous circle

Building a strong society

Health and Wellbeing Surrey

We ‘enjoy’ good health, and it can be cheap to create. Why aren’t we doing more?

Some opening facts

It costs **£349** per person to put a person at risk through a falls prevention programme, yet the average cost per fall in hospital treatment is **£3,320**

The number of people dying from tobacco in England is equivalent to a **747 crashing** at Heathrow every **2 days**

Health and Wellbeing Surrey

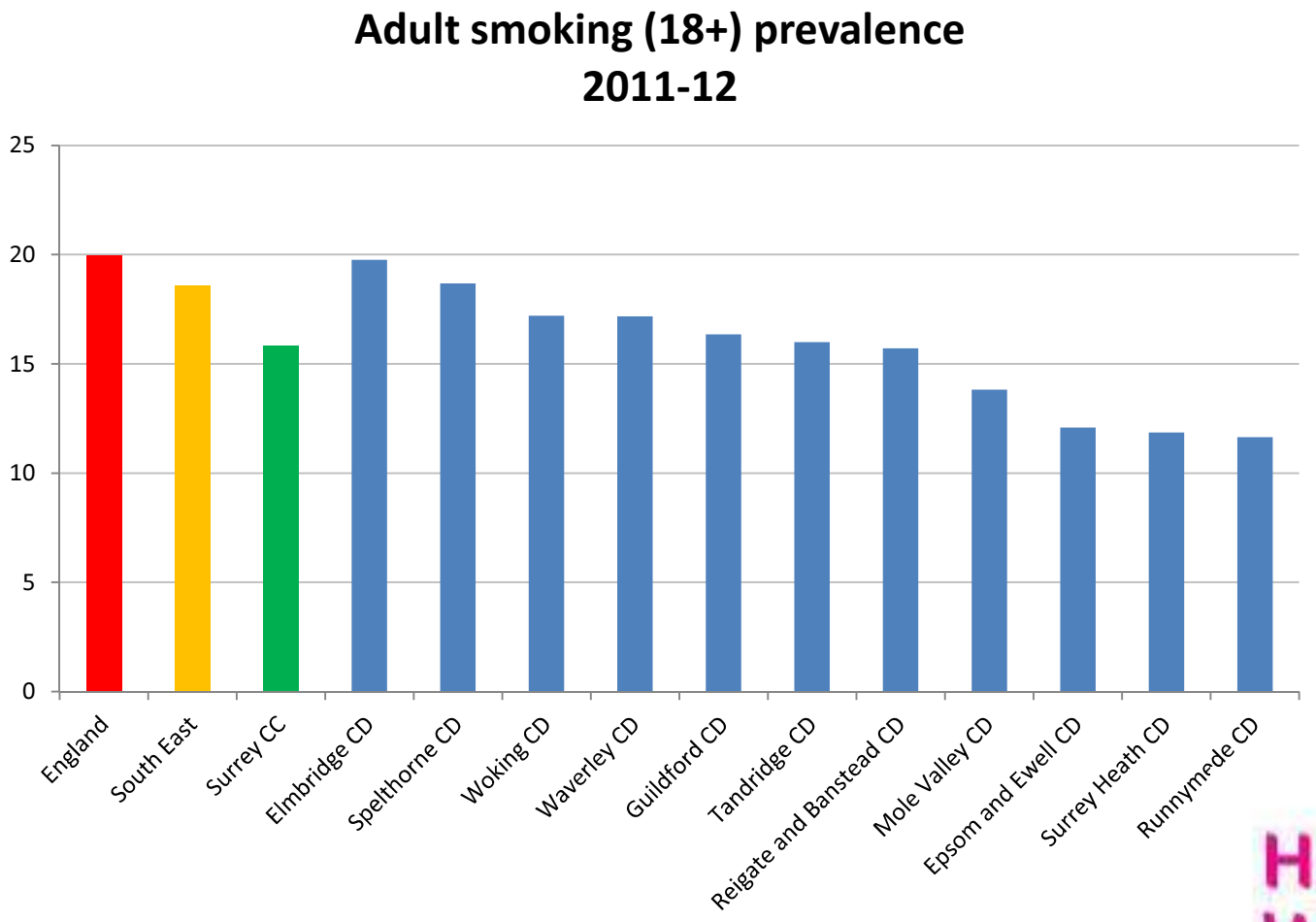
The wider determinants influence the proximate causes of ill health

Health and Wellbeing Surrey

These factors come together to drive the main causes of disability

- Musculoskeletal disorders
- Mental Health
- Diabetes
- Chronic respiratory diseases
- Neurological disorders
- Unintentional injuries
- Cardiovascular and circulatory disorders
- Cancer

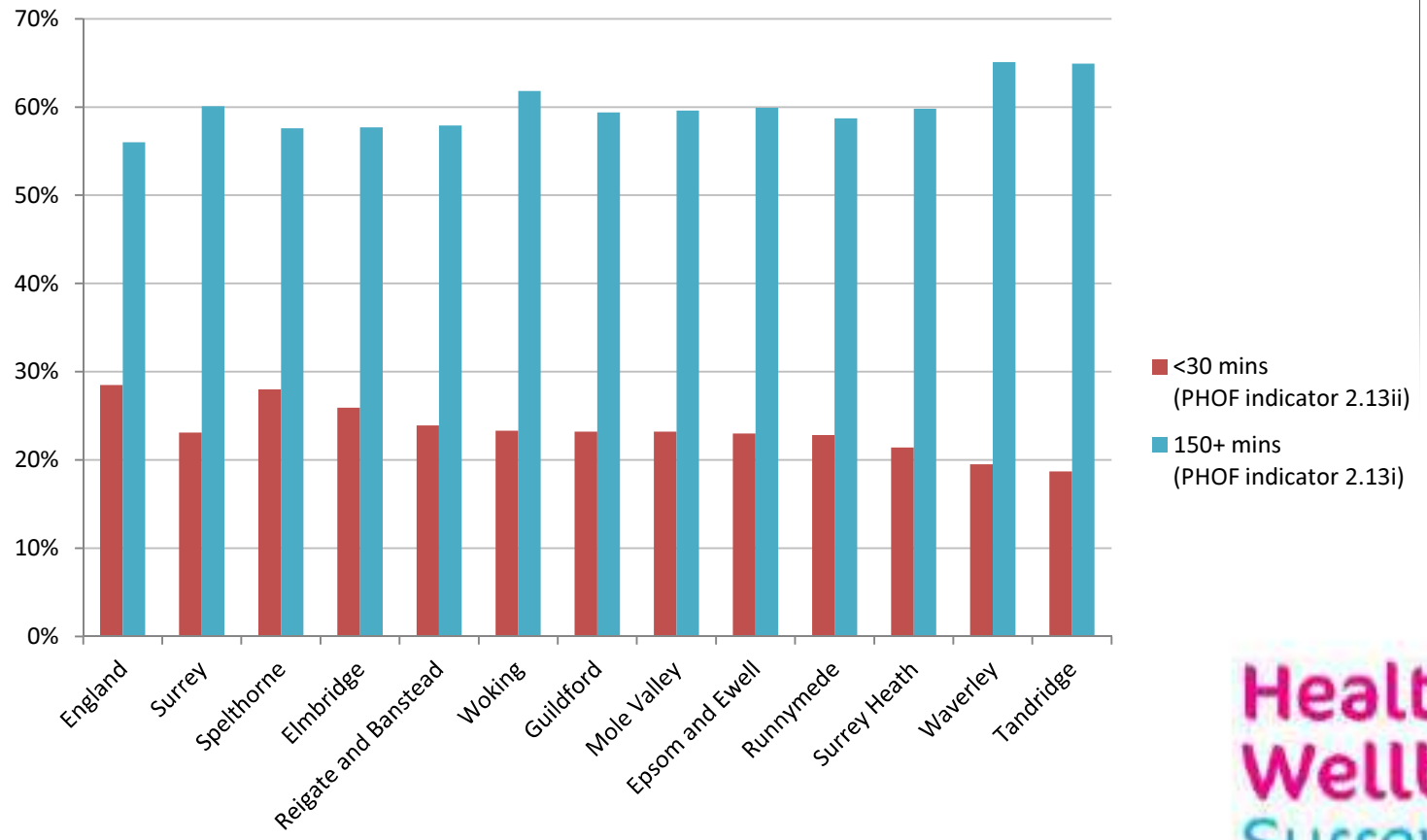
Smoking Prevalence in Surrey



Health and Wellbeing Surrey

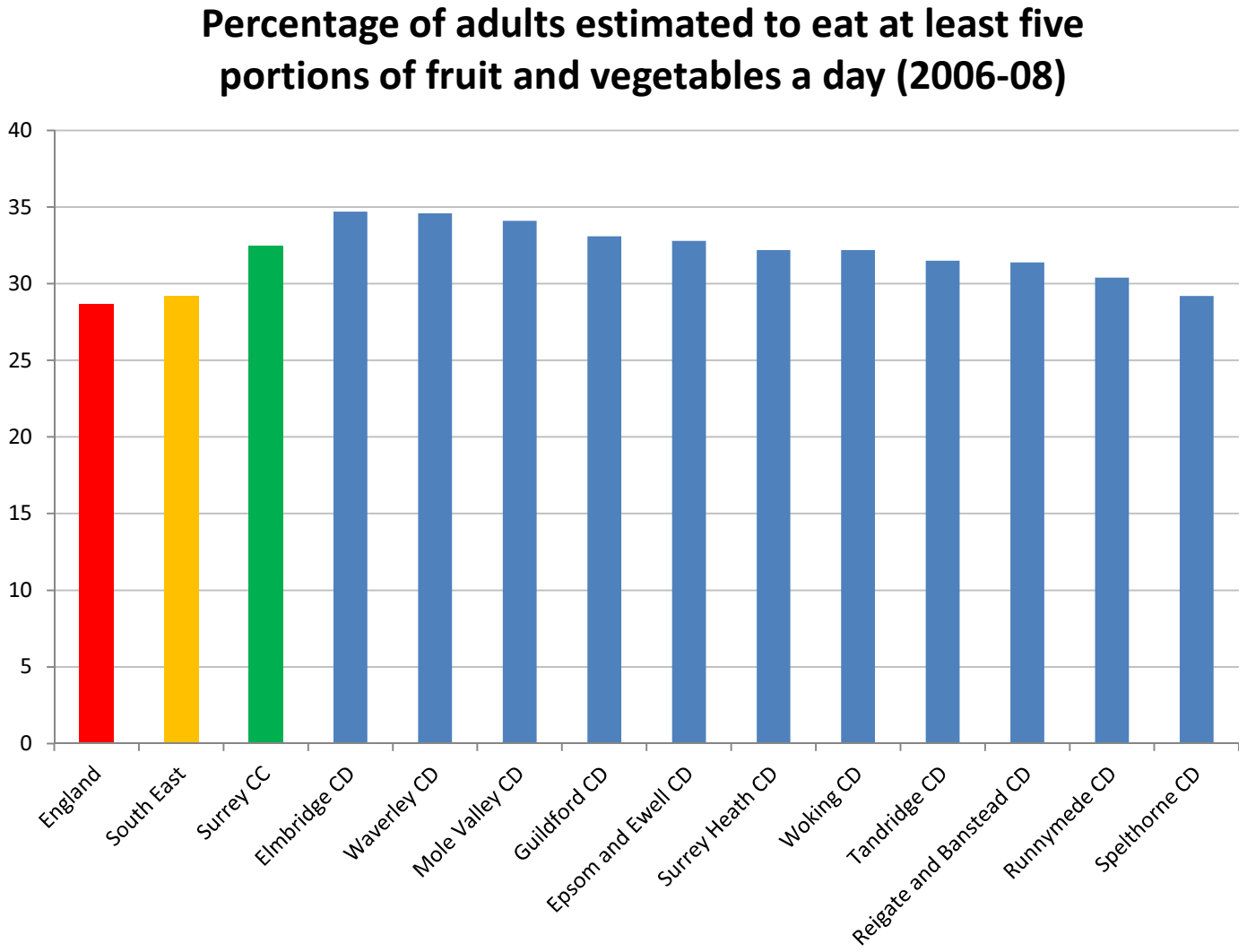
Physical Activity in Surrey

Percentage adults (16+) achieving minutes of physical activity per week
2012



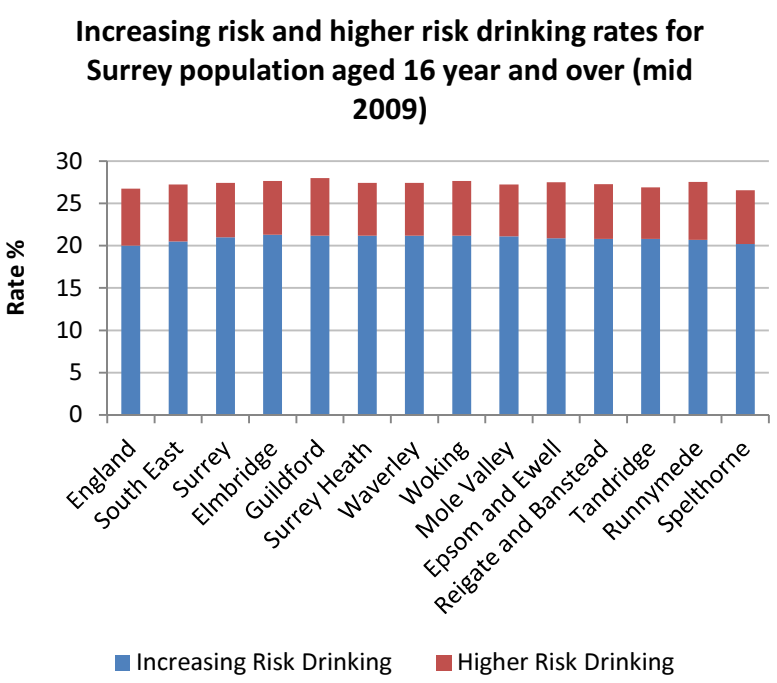
Health and Wellbeing Surrey

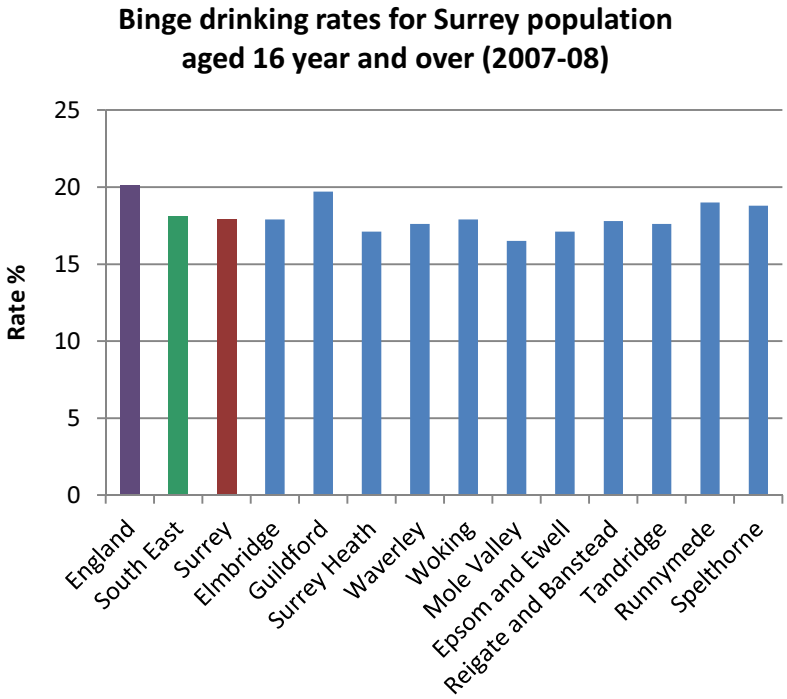
Healthy Eating in Surrey



Health and Wellbeing Surrey

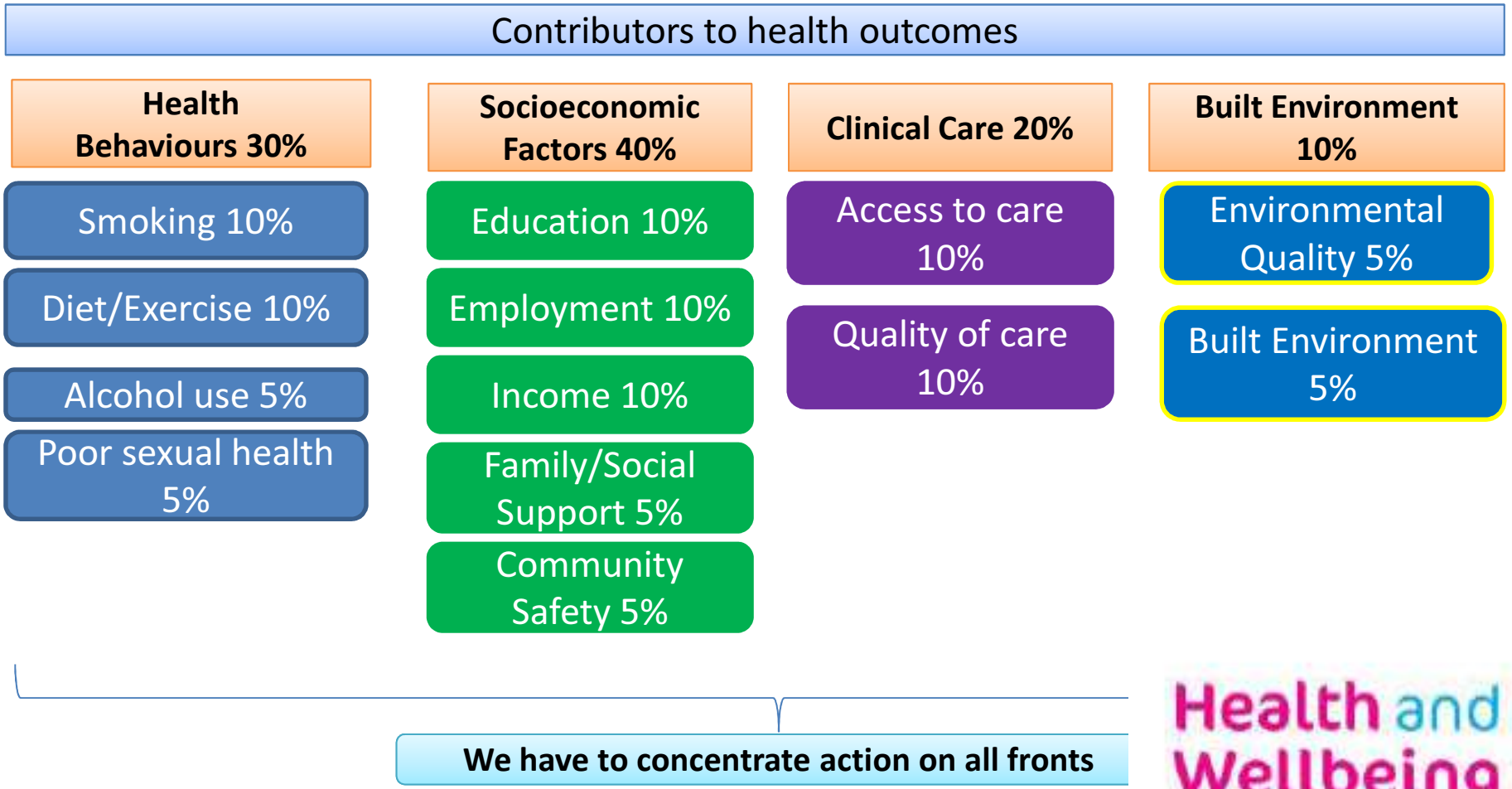
Alcohol misuse in Surrey





Health and Wellbeing Surrey

Health is affected by a wide range of factors

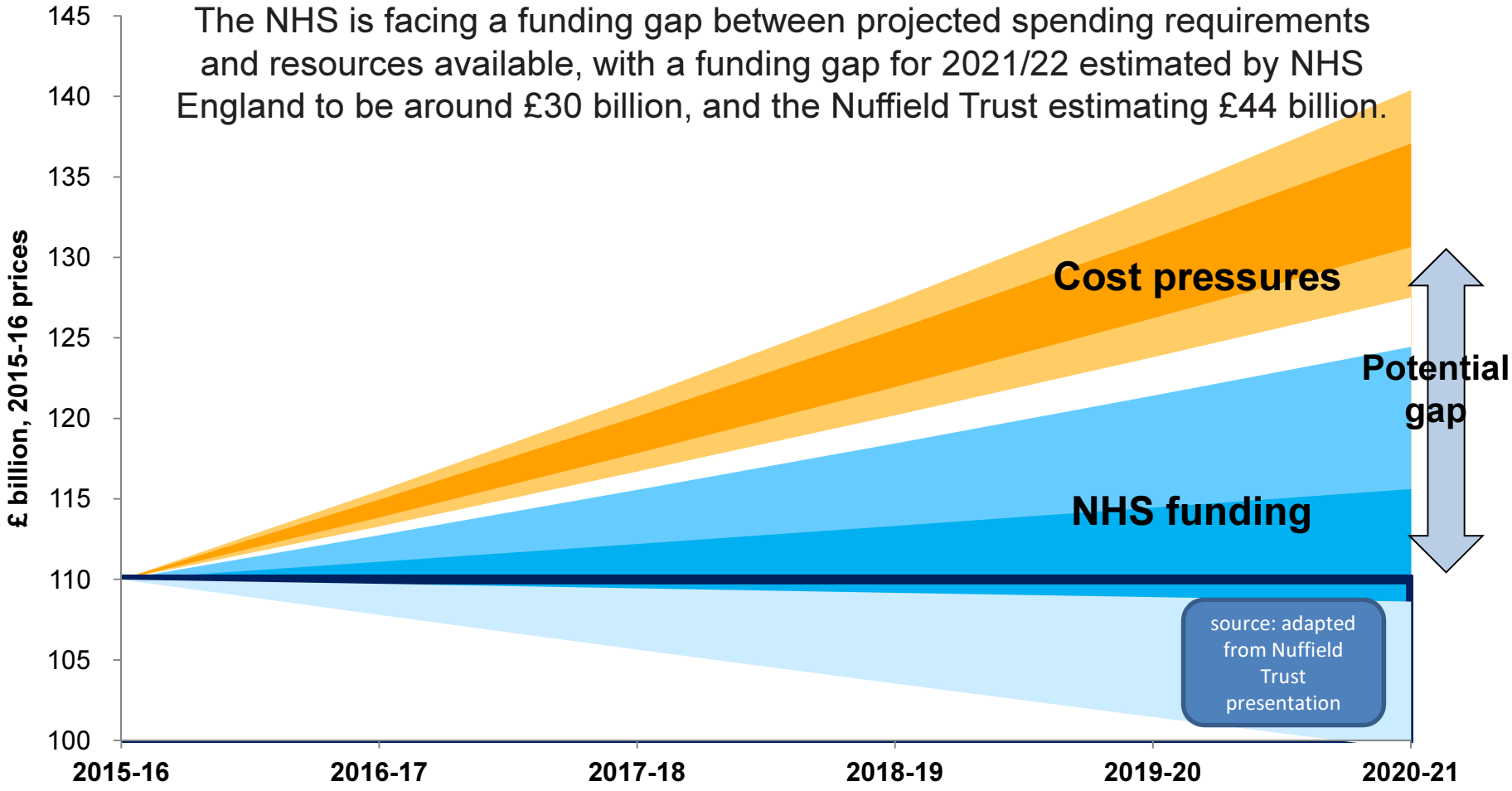


Health and Wellbeing Surrey

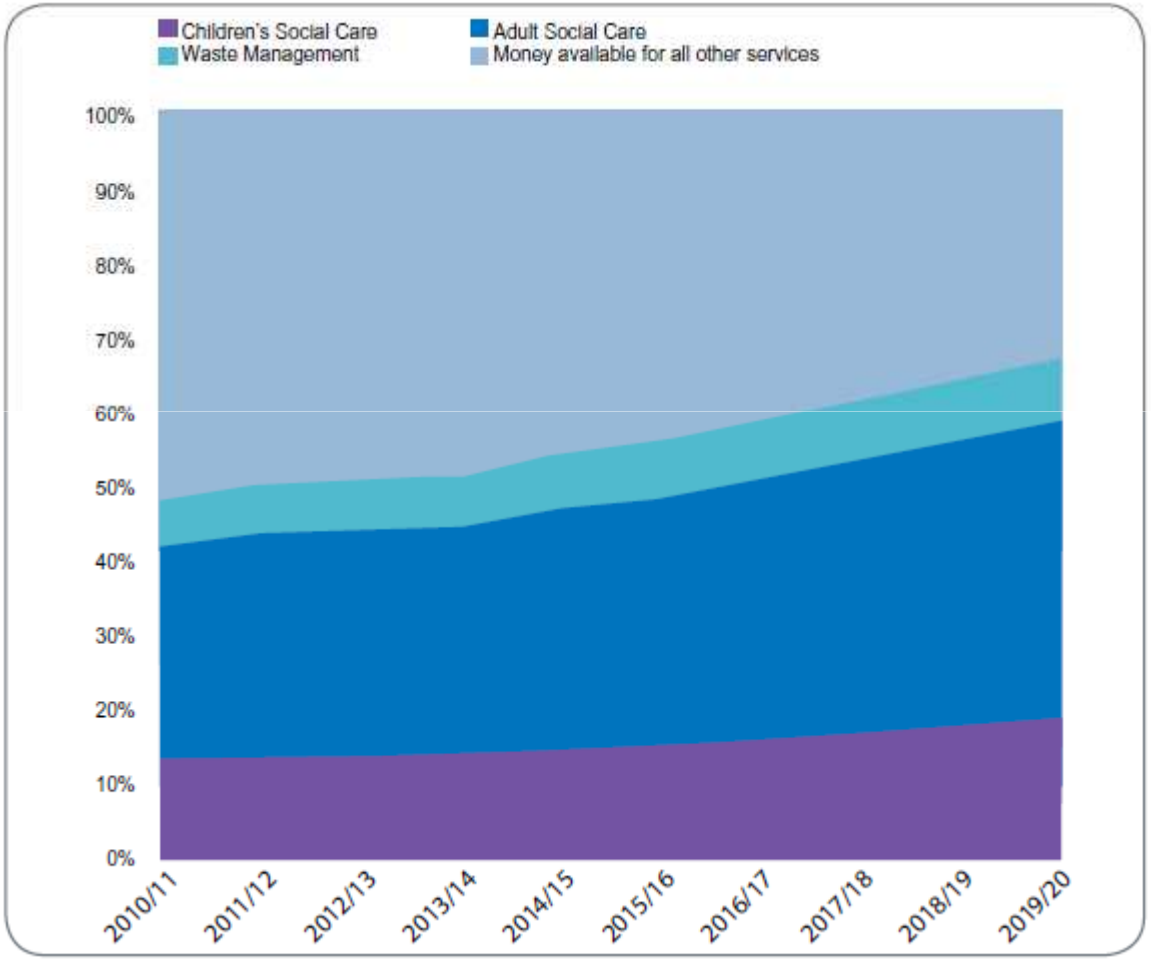
Unless we act now, things could get worse

Illustrative funding scenarios for future cost pressures and funding

The NHS is facing a funding gap between projected spending requirements and resources available, with a funding gap for 2021/22 estimated by NHS England to be around £30 billion, and the Nuffield Trust estimating £44 billion.



Local Authorities may struggle to provide basic services



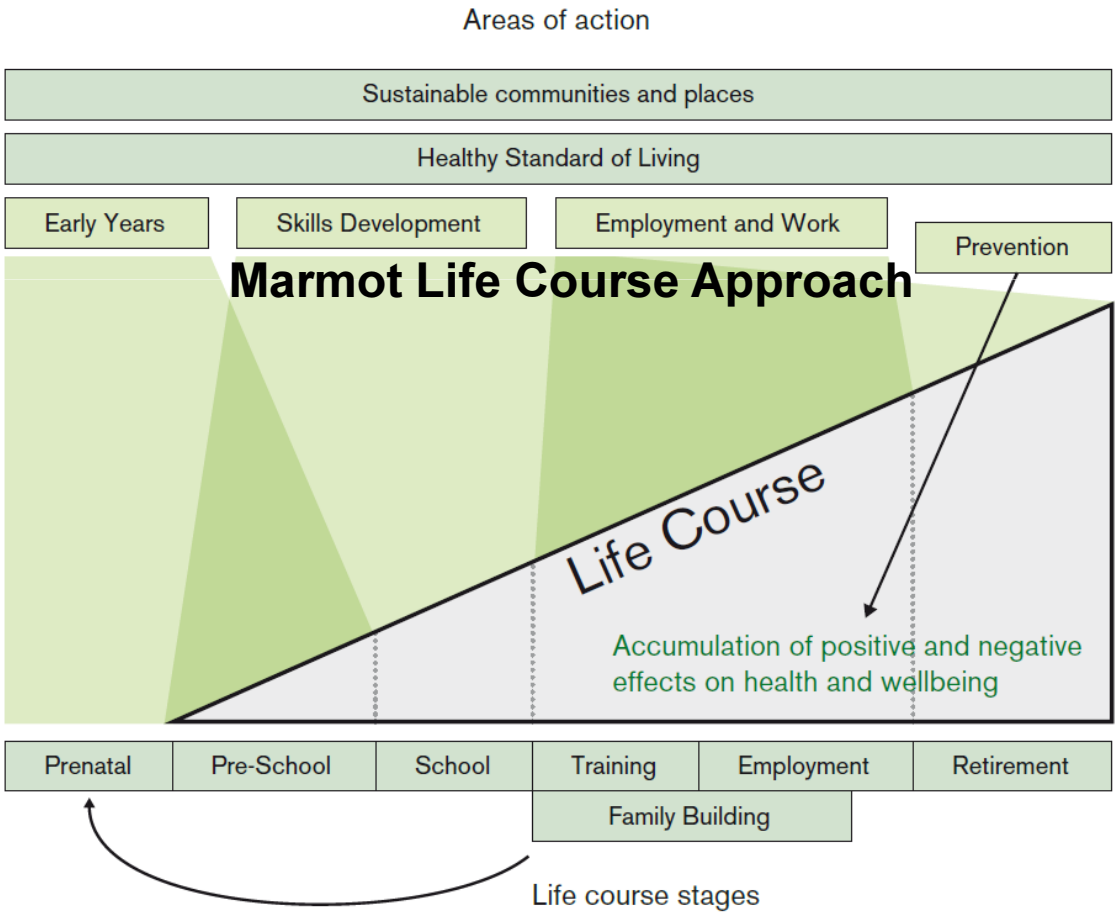
Within 10 years, adult social care and children's services will account for 50% of council budgets

Other services e.g. transport, fire safety will be squeezed

Source: LGA – Funding outlook for councils from 2010-11 to 2019-20

Marmot Life Course Approach

Figure 5 Action across the life course



The costs of neglecting health are huge, for government and society

Starting with early years

Experiences in the early years of a person's life greatly impact on later life chances

Life course

To school

There is an association between **lack of physical activity** and **poor school performance**

Affecting employment

£14b per year lost through sick days – with conditions linked to anxiety, stress and depression the leading cause of long-term absence

Public expenditure on social care for older people to rise to **£12.7b** by 2022 (an **increase of 37%** from £9.3b in 2010)

Increasing health and social care costs

Marmot Review

- The **Marmot Review** shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on **prevention**
- **Prevention** here incorporates both the narrow definition of **tackling unhealthy behaviours**, and the wider definition of **action on socio-economic determinants** to prevent the onset of ill-health in the future

Health and Wellbeing Surrey

Deprivation and Health

- Following the publication of the Marmot Review in 2010, it is clear that there is a strong association between health inequalities and other measures of deprivation, including education, skills and employment, income, and housing.

> "Many key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition ... Reducing health inequalities requires a focus on these health behaviours"

Health and Wellbeing Surrey

What have we done so far? And next steps

- Developed CCG Prevention Plans to be incorporated into local strategic plans.
- Developed local CCG, D&B and PH action plans which will be further developed into Phase 1 of the Surrey Prevention Plan.
- APHR 2014 to focus on the evidence to support the Prevention Planning for Phase 1 & 2.
- Develop Phase 2 of the Prevention Plan over Summer/Autumn 2014.

Health and Wellbeing Surrey

This page is intentionally left blank

Health and Wellbeing Surrey

Surrey Health and Wellbeing Board

Date of meeting	13 March 2014

Item / paper title: Progress Review of Emotional Wellbeing and Mental Health Priority Plan

Purpose of item / paper	The purpose of this report is to review progress made against the 'Promoting Emotional Wellbeing and Mental Health' priority action plan, consider proposed next steps and agree actions going forward.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	This paper demonstrates progress on delivering the 'Promoting Emotional Wellbeing and Mental Health' plan, which is one of the five Surrey Health and Wellbeing Strategy priorities.
Financial implications - confirmation that any financial implications have been included within the paper	The joint Emotional Wellbeing and Mental Health action plan will be delivered within existing resources.
Consultation / public involvement – activity taken or planned	Large scale engagement took place as part of the prioritisation process that resulted in Surrey's five health and wellbeing priorities. This engagement included over 900 people from a range of organisations from across Surrey. To inform the development of the Emotional Wellbeing and Mental Health Strategy, five co-production events are scheduled (December 2013 – March 2014). These events include involvement from people who use services, carers and local organisations.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	An Equality Impact Assessment is being undertaken as part of the development of the wider Emotional Wellbeing and Mental Health strategy. This will examine equality of access for people with mental health problems, with the aim to put mental health on a par with physical health, and to close the health gap between people with mental health problems and the population as a whole.
Report author and contact details	Donal Hegarty: Senior Manager, Commissioning, Adult Social Care, Surrey County Council donal.hegarty@surreycc.gov.uk 01483 517 944 Diane Woods: Associate Director Commissioning, Mental Health and Learning Disability, North East Hampshire and Farnham Clinical Commissioning Group diane.woods@hampshire.nhs.uk 07912 774 656
Sponsoring Surrey Health	Dr Andy Whitfield: Chair, North East Hampshire and Farnham

and Wellbeing Board Member	Clinical Commissioning Group Dave Sargeant: Acting Director Adult Social Care, Surrey County Council
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** a) Note and comment on the progress made against actions in the Promoting Emotional Wellbeing and Mental Health Priority Plan b) Agree to receive an update on proposed actions

8

Health and Wellbeing Board
Thursday 13 March 2014

8

Promoting Emotional Wellbeing and Mental Health Priority

Purpose of the report: Performance Management / Policy Development and Review

The purpose of this report is to review progress made against the 'Promoting Emotional Wellbeing and Mental Health' priority action plan, consider proposed next steps and agree actions going forward.

Introduction

1. 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. Through extensive public consultation, residents and partner organisations told the Health and Wellbeing Board (the Board) that emotional wellbeing and mental health was one of the most important issues in Surrey. Promoting emotional wellbeing and mental health therefore became one of five priorities agreed as part of Surrey's joint Health and Wellbeing Strategy.

2. The Board 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. Doing so will contribute to achieving the following outcomes:

   - More people 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
   - Fewer people will experience stigma and discrimination.

3. The Board is made up of partner organisations, all of which have a key role to play in supporting the delivery of the strategy. The Board translated the high level priority into an Emotional Wellbeing and Mental Health action plan in June 2013, with lead Health and Social Care Commissioners for Mental Health Services.

4. Actions within the plan are aligned to four themes: stigma and discrimination; whole systems pathway; accommodation and employment; and governance. These themes were prioritised by the Board in June 2014.

5. This report demonstrates progress against the actions within the four themes since the action plan was approved in June 2013 (see Annex 1 for presentation on priority actions) and also highlights an additional and vital workstream being undertaken with the emergency services. This report also sets out the planned actions for coming year.

8

Review of progress against actions

6. Mental health awareness, stigma and discrimination

This theme was agreed to tackle the stigma, discrimination and inequalities experienced by people with mental health problems and their carers in Surrey. Identified actions sought to improve understanding of and encourage positive attitudes towards mental health and increase the confidence and ability of people with mental health problems, their families and carers to address discrimination and have equal access to employment and housing opportunities. Examples of the progress that has been made include:

- The 'Time to Change[1]' campaign has been publicised through various channels, including the Surrey County Council website, mental health events and 'Surrey Matters' magazine. The campaign aims to raise awareness of mental health issues and reduce stigma and discrimination. A Time to Change Surrey web page has been set up; from January-November 2013 there were 498 unique visitors to the webpage and 60 published pledges to end mental health discrimination. Organisations are continuing to add to and sign up to pledges. An initial evaluation of Time to Change Surrey has been completed and Adult Social Care and Mental Health commissioners are currently developing a plan to roll out the campaign across Surrey.

- The Workplace Wellbeing Charter has been signed up to by all local authorities in Surrey. The Charter aims to meet the same mental health outcomes as the Mindful Employer Scheme[2]. Public Health England has commissioned a review of the Charter and the development of a toolkit to support local government in the implementation of the scheme. These are due to be published in April 2014 and implementation of the Surrey scheme will commence once published. Mental health and wellbeing is one of the eight standards that businesses and organisations are required to address to improve the health and wellbeing of their workforce.

- A Time to Change pilot project has been run in Merstham and Redhill (as an area with high mental health need) to include:

[1] Time to Change – Surrey is a cross-sector alliance which recognises Surrey's challenge to change the stigma surrounding mental health problems, linking up with the national Time to Change campaign run by the leading mental health charities Mind and Rethink Mental Illness.
[2] Mindful Employer Scheme is a charter for organisations to sign up to. The charter contains a set of principles that are positive about mental health e.g. Ensuring that all staff involved in recruitment and selection are briefed on mental health issues and The Equality Act 2010

- Workforce mental health first aid training for local employers
- Mental health awareness training for local health, social care and voluntary sector organisations
- A local mental health ambassador scheme (whereby people with experience of mental health problems received training and support to deliver face-to-face contacts with the public around mental health and community events,
- Drama based mental health awareness plays for students and training sessions for staff in East Surrey College, and for borough and district council staff.
- The 'Flashpoint' play (about a man's mental health problems following redundancy) was performed to district/ borough representatives at the Health and Wellbeing Board workshop on Mental Health. As a result of the play's impact, Reigate & Banstead Council commissioned two further performances of the play and accompanying mental health awareness training for their housing and client facing staff.

The pilot has finished and the evaluation will be published in March 2014. Initial findings indicate:

- An increase in confidence among the 135 people that attended the workplace mental health first aid lite training in supporting others with a mental health problem after the training.

- The mental health ambassador scheme has given 12 local people with experience of mental health problems a 'sense of purpose', and has visibly improved their health, outlook and confidence. Being an ambassador has empowered the participants to speak to their community openly about mental health. Ambassadors made about 440 mental health related contact s with members of the public at community based events in Redhill and Merstham

- The 'Breaking Point' play at East Surrey College resulted in a shift in knowledge and attitudes for the majority of the 278 people in the audience - for example an awareness that virtually anyone can develop a mental health problem, being able to recognise signs of possible mental health problems and being more able to help someone access mental health support.

7. Whole Systems pathway

The priority to establish a whole systems pathway for people with mental health problems originates from feedback from people who use services in the 2012 public value review. People who use services cited examples where services that were not joined up could potentially result in people 'falling through the net' where they may not meet eligibility criteria and be at risk of having no support when they needed it. The public value review consulted over 850 people and the overwhelming response was that people wanted joined up connected services with clearly defined routes of care, which are easily understood.

8

Commissioners of Mental Health services are therefore developing an integrated strategy for emotional wellbeing and adult mental health in Surrey. This will outline a coherent and systematic approach to mental health promotion, early intervention and effective treatment and support. It will set the priorities for the next five years in a challenging economic environment. The strategy is being prepared and will be completed by April 2014. Examples of the progress that has been made include:

- To inform the strategy, independent benchmarking work has been taking place and an engagement event for people who use services and carers held in December 2013. A further four events are planned in February and March 2014, to continue the ongoing co-production with residents and prioritise the emerging themes (see Annex 4 for the engagement events presentation including emerging themes). The strategy's objectives will be defined and prioritised throughout this engagement with residents, although mental health service commissioners recognise that mental health promotion and prevention will be the first key objective.

- The Surrey Emotional Wellbeing and Adult Mental Health Partnership Board and a steering group comprising commissioners from health and social care, the mental health trust, voluntary sector organisations and service user and carer representation has been established to lead the implementation of the strategy, with confirmed lead personnel from each organisation.

- Working with the emergency services to tackle the rising number of people with mental health problems in crisis being managed by emergency services. Mental health commissioners and representatives of the integrated mental health services (Surrey and Borders Partnership NHS Foundation Trust, SaBPT) have met with the police to enhance our joint commitment to ensuring people with mental health problems are not detained in police custody as a result of being detained under section 136 of the 1983 mental health act. Commissioners have agreed to monitor local activity on section 136 at the regular meetings between SaBPT and the police as well as looking at establishing close operational relationships between the police and approved mental health services within SaBPT.

- An Emergency Service Collaboration Project is underway as part of a wider Public Service Transformation Programme in Surrey to transform the way emergency services in Surrey and Sussex work together. The project will deliver a five year strategy with the shared aim of improving performance and jointly responding to the changing pattern of demand, and reducing costs by removing overlaps between these services. As part of this project

health and social care commissioners have begun to work closely with Surrey Police, South East Coast Ambulance Service and the Fire Service to coordinate management of people with mental health problems. Longer term, this work could expand to include the role of the emergency services in supporting prevention and early intervention.

- Initial discussions have led to the agreement to hold a workshop in March 2014 to explore where mental health fits into an integrated emergency response and move forward to a multi-agency approach. Specialist mental health advice is also being provided to the Emergency Services Collaboration project board to ensure that emergency services better take account of exciting pathways to care and support for people with mental health problems. The outputs of these discussions are a positive step closer to agreeing and committing to a local Mental Health Crisis Declaration, following the recently published national concordat[3].

8. Employment and accommodation

Actions were identified in the priority plan aimed at increasing the access to and sustainability of people with mental health problems in relation to securing employment and accommodation. Examples of the progress that has been made include:

- An Employment Working Group has now been set up to deliver the prioritised actions:
  - Set up targeted apprenticeship schemes for people with mental health problems
  - Extend the existing six month NEET[4] scheme to include people with mental health problems subject to GP recommendation
  - Promote the benefit of employing people with mental health problems through work with Jobcentre Plus.

- A training course application has been submitted to the Surrey Joint Training Partnership for three tailored courses on mental health awareness for borough and district council housing staff and staff within the community mental health recovery teams.

- An Accommodation Working Group has been established to develop and agree shared protocols between borough and district housing departments and health and social care services. Membership includes borough housing staff and staff from secondary mental health services. Reducing evictions for people with mental health problems is a priority agenda item. This group will also focus on:
  - Designing and delivering ways to achieve a better understanding among GPs around the range and criteria for accessing accommodation, for example producing a local directory of services.
  - Ensuring that information sharing is robust and available to all partners

[3] https://www.gov.uk/government/news/better-care-for-mental-health-crisis
[4] NEET: people not in education, employment or training

- Mental Health Commissioners are also working in partnership with Housing Needs Managers from borough and district councils and third sector housing providers to develop bids for capital funding from the Homes and Communities agency to provide special needs housing schemes. Examples are eight new supported self contained units in Runnymede for people with long term mental health problems funded by the national 'Empty Homes Scheme[5]' and a further eight units opening in Runnymede in summer 2014; thee units in Mole Valley; four units opening in Guildford in 2014 and a 12 unit self contained scheme opening in Woking in 2015. The Housing Departments support the allocation of capital grants, the third sector deliver the supported service and Surrey County Council contributes to the revenue costs.

9. Governance

In order to ensure the outcomes set out in the Health and Wellbeing Strategy are achieved, there needs to be suitable structures in place. These governance structures should be both local and county wide to carry out the development, implementation and monitor progress of the priority action plan and wider Emotional Wellbeing and Mental Health Strategy. Examples of the progress that has been made include:

- The implementation of the agreed governance structure has been taking place with the establishment of the emotional wellbeing and adult mental health partnership board that has agreed terms of reference and has harnessed leadership from across the range of stakeholders.

- The emotional wellbeing and adult mental health partnership board have met on three occasions through 2013/14. As part of the strategy development the Partnership Board has agreed key performance areas for mental health from the national outcome frameworks that will be monitored by the Partnership Board and reported to the Health and Wellbeing Board. This dashboard will be developed over the next few months in preparation for the strategy's launch. The draft dashboard is included in Annex 4).

- The establishment of the Integrated Commissioning Group for emotional wellbeing and mental health is moving forward with the expected first meeting to take place in March 2014. This is to ensure that commissioners across health and social care in children, adults, substance misuse and specialist commissioning bring together their respective planning so that emotional health and mental wellbeing is not planned for in siloed areas of activity

- The four local stakeholder forums for mental health have continued. Their terms of reference will be reviewed and updated to reflect the new governance arrangements being developed and the engagement and involvement work that will be set out in the strategy.

- Whilst the dashboard to use from 2014/15 is being finalised, a self assessment RAG rating of performance in 2013/14 is included below. This is based on national indicators from Department of Health (2012) No Health Without Mental Health Implementation Framework.

[5] The National Empty Homes Loans Fund (NEHLF) is a new loans fund that enables people to borrow the funds necessary to get empty homes back into use http://www.emptyhomes.com/

No health without mental health (DH, Feb 2011) Implementation Framework (DH, July 2012)		
The Vision		
More people 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 suffer avoidable harm** **Fewer people will experience stigma and discrimination**		
Going Further - Translating vision into reality		
Outcome	**Measure**	**Rating ourselves 2013/14 RAG**
Mental health has parity of esteem with physical health within the health and care system	Local planning and priority setting reflects MH across full range of services and agencies	**Amber**
	Collaborative programme of action to achieve ambition of mental health being on a par	**Red**
	Integrate MH from the start and take into account how physical & MH are interconnected	**Red**
	Mental Health & Wellbeing is Integral to the work of CCG's, HWBB's and other new local org's	**Amber**
People with mental health problems, their families and carers, are involved in all aspects of service design and delivery	Full involvement in planning, priority setting, commissioning, design & delivery	**Amber**
	Choice and control over treatment and care options	**Red**
Public services improve equality and tackle inequality	Services actively promote equality and consider the needs of most vulnerable groups	**Red**
	Services are accessible, acceptable and culturally appropriate	**Red**
	Public and NHS Bodies reduce inequalities and meet their Act obligations and duties	**Unknown**
More people have access to evidence-based treatments	Increase access to psychological therapies, CYP, Older people, BME, LTC, SMI and MUS	**Amber**
	Providers monitor outcomes, and adjust and improve services accordingly	**Red**
	Research into mental health is promoted, and academic career pathways are strengthened	**Unknown**
Public Health system includes mental health from day one	Public Health Outcomes Framework includes Mental Health Measures	**Amber**
	Local public health deliver clear plans for Mental Health	**Amber**
	Universal health services and campaigns include Mental Health & Wellbeing	**Green**

	All organisations recognise value of promoting good Mental Health	**Amber**
Public Services intervene early	Children and parents receive evidence-based Mental Health promotion from birth	**Amber**
	Schools/colleges promote good MH for all alongside targeted support for those at risk of MH	**Amber**
	Services recognise people at risk of MH and take appropriate timely action & innovative services	**Red**
	Health service intervene in early stages of psychosis	**Green**
	Health service intervene in early stages of crisis	**Red**
Public services work together around people's needs and aspirations	People receive faster, high-quality care when they are in crisis	**Red**
	Health and care services focus on recovery, rehabilitation and personalisation	**Amber**
	All services underpinned by humanity, dignity and respect	**Amber**
	Public services recognise & address the wider determinants of MH&W, including differences	**Red**
Health services tackle smoking, obesity and co-morbidity for people with MH	Local public health campaigns target people with MH problems	**Red**
	Services address people who use mental health services physical health problems	**Amber**
	Mental Health is mainstreamed into core public health priorities	**Amber**
	Services tackle co-morbidity of physical/MH and support dual diagnosis of MH/substance misuse	**Amber**
People with MH problems have better experience of employment	Employers promote mentally healthy workplaces and tackle causes of mental ill health at work	**Red**
	Employment support organisations use effective approaches to help people find and keep work	**Green**
	Services work together to support people maintain or return to employment	**Amber**
Tackle stigma and discrimination faced by people with mental health problems	Frontline workers across full range services trained to understand MH & principles of recovery	**Amber**
	More individuals and organisations join the Time to Change campaign	**Amber**
	All organisations challenge poor reporting, and praise good reporting of MH issues in media	**Amber**

Borough and district level highlights

11. Borough and district councils in Surrey have a key role in commissioning and delivering services that promote good emotional wellbeing and mental health. In addition to collaborating with mental health commissioners on accommodation and housing projects, borough and districts organise a range of leisure and community-focused services.

11.1 Alongside the development of the Promoting Emotional Wellbeing and Mental Health priority action plan, borough and district council officers have actively engaged with the agenda by coming together to share good practice in commissioning and service delivery. New ways of working have been identified with each other, social care, public health and clinical commissioning groups – some highlights of which are included in 11.2.

11.2 Promoting Emotional Wellbeing and Mental Health: Borough and district level highlights

Delivering 'Vitamin G', arts & community Garden project tailored to isolated residents

A new economic strategy & action plan is developing ways to encourage employment

Developing a '5 ways to wellbeing' campaign to be delivered locally.

'Welcome packs' being provided to new residents in the borough.

Leisure providers displaying emotional wellbeing promotional material at leisure centres.

Young Workers Scheme has been established to encourage employment.

A Young People's mental health pilot is underway, including a Young man's anger management group with the Child and Adolescent Mental Health Service (CAMHS) and discussions taking place with CCG and SCC commissioners for an in-between CAMHS and Community Mental Health Recovery Service.

Linking with 'Corner House' on commissioned services that are offered locally

Commissioning Alzheimer's Society to provide dementia peer support assistant to run sessions in community settings.

A multi-agency action plan is being developed to set out opportunities for improvement, shared vision and evidence base for mental health and emotional wellbeing.

Artisans Project focuses on older men: volunteers provide guidance with maintenance & DIY to provide new skills and help reduce social isolation.

Borough council staff worked with mental health ambassadors and Let's Link to deliver a day of mental health awareness raising.

Working with the Live Smart Hub in Redhill, providing residents with free local advice, health checks, travel advice and information on accessing wellbeing services.

Actions for the year ahead

12. Based on achievements this year, the following table summarises actions identified for the year ahead.

Theme	Action	Lead	By when
Stigma and discrimination	Deliver implementation plan to roll out Time to Change across Surrey.	Jane Bremner, Maya Twardzicki	March 2015
	Implement the Workplace Wellbeing Charter in Surrey	Julie Nelson	March 2015
	Implement the recommendations from the pilot evaluation for the whole community pilot project in Merstham and Redhill.	Jane Bremner, Maya Twardzicki	March 2015
	Work with borough and district councils to identify further ways to promote emotional wellbeing and mental health.	Jane Bremner, Maya Twardzicki	March 2015
Whole system pathway	Publish and promote joint mental health strategy.	Diane Woods	April 2014
	Identify CCG and borough and district council level services in the pathway, where appropriate.	Emotional Wellbeing & Mental Health Partnership Board	April 2014
Employment and accommodation	Deliver Mental Health Awareness training programme to borough and district council staff and staff from Community Mental Health Recovery teams.	**TBC**	**TBC**
	Accommodation Working Group to define and implement joint means of reducing the number of evictions for people with mental health problems.	**TBC**	**TBC**
	Accommodation Working Group to produce a local directory of services available and access criteria.	**TBC**	**TBC**
	Employment Working Group to define and implement ways to promote the apprenticeship scheme.	**TBC**	**TBC**
Governance	Integrated Commissioning Group to be established.	Diane Woods	April 2014
	Develop the Mental Health Outcomes Dashboard to ensure success can be demonstrated.	Diane Woods & Donal Hegarty	April 2014
	Continue to build on work of mental health partnership board	Ros Hartley, Diane Woods, Donal Hegarty	March 2015
	Continue to support and develop local mental health stakeholder groups	Diane Woods, Donal Hegarty	March 2015
Working with the emergency services	Undertake a joint workshop with health and social care commissioners, health and social care providers, the police, fire service and ambulance service to understand each others' bottlenecks and define a better coordinated response for residents.	Donal Hegarty	March 2014

Conclusions:

13. The progress made within the Emotional Wellbeing and Mental Health priority since June 2013 has largely focused on developing the governance arrangements of the joint strategy and subsequent working groups; with many objectives and tasks yet to be defined. Since the focus has been establishing working arrangements, many of the actions in the plan have been noted as amber.

13.1 In order to make substantial progress against the outcomes in the Health and Wellbeing Strategy, it is recognised that actions for next year need to be clear, tangible and provide more detail around what is expected.

8

Recommendations:

14. The Board is asked to:

a) Note and comment on the progress made against actions agreed in June 2013
b) Agree to receive update on proposed actions.

Next steps:

15. The next steps are:

- Nominated Priority Leads to refresh the Promoting Emotional Wellbeing and Mental Health Priority Action Plan, as agreed by the Board.
- Nominated Leads for priority area to ensure implementation of action plan.
- Nominated Priority Leads to report back to Health and Wellbeing Board, as per the agreed method.

Report contacts:

Diane Woods
Associate Director Mental Health and Learning Disability Commissioning (MH/LD)
North East Hampshire & Farnham Clinical Commissioning Group, on behalf of Surrey CCG MH/LD Collaborative

Donal Hegarty
Senior Manager
Adult Social Care Commissioning
Surrey County Council

Contact details:
diane.woods@hampshire.nhs.uk
07912 774 656

donal.hegarty@surreycc.gov.uk
01483 517 944

Sources/background papers:

- Annex 1: Surrey's Joint Health and Wellbeing Strategy: turning strategic priorities into actions Promoting emotional wellbeing and mental health 13 June 2013

- Annex 2: Promoting Emotional Wellbeing and Mental Health Priority Plan with commentary

- Annex 3: Presentation: Co-Production events update on Emotional Wellbeing and Mental Health Strategy

8

Surrey's Joint Health and Wellbeing Strategy: turning strategic priorities into actions

Promoting emotional wellbeing and mental health

13 June 2013

Health and Wellbeing Surrey

Aim

The Health and Wellbeing Board are asked to:

- review the progress we have made so far in turning our strategic priorities into actions
- reflect and remind ourselves of the journey we have been on
- consider and discuss a set of proposed actions
- agree which actions should be taken forward as part of the next steps

The journey so far

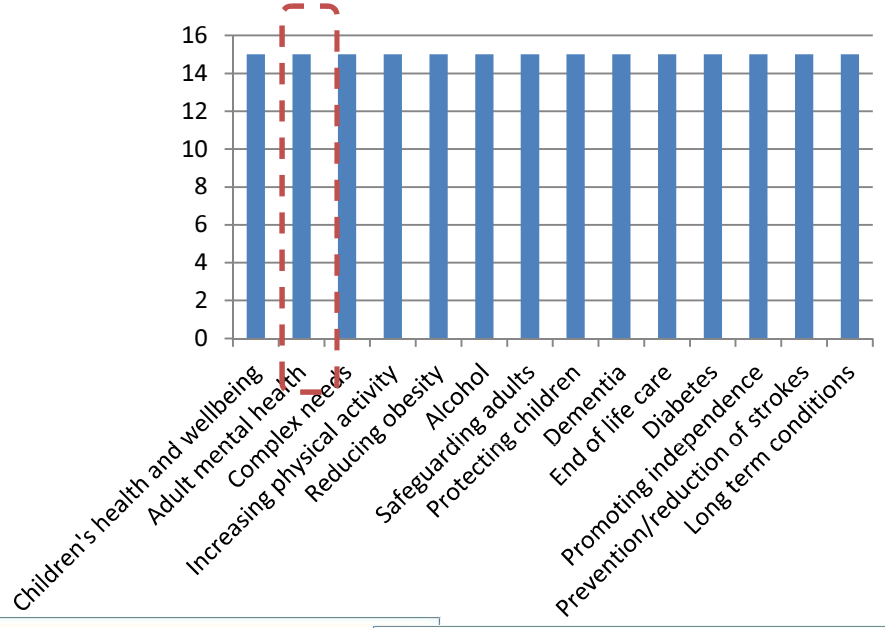
October 2012 – development workshop of the 'shadow' Health and Wellbeing Board identified Mental Health as a potential priority

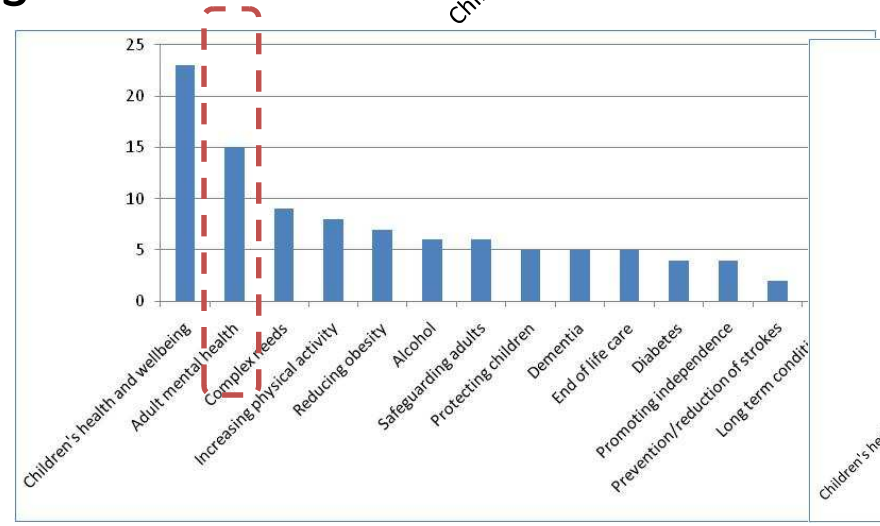
April 2013 – Surrey's Joint Health and Wellbeing Strategy approved by the Health and Wellbeing Board with Emotional Wellbeing and Mental Health as one of five priority areas

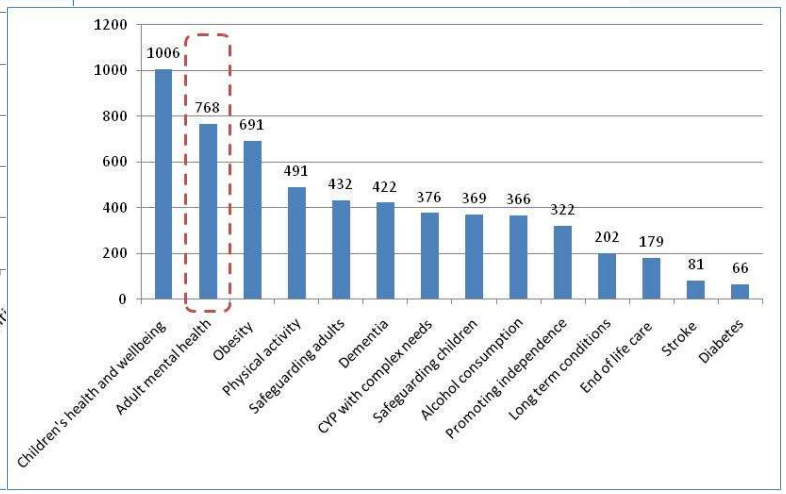
May 2013 – Informal workshop of the Health and Wellbeing Board to generate and discuss ideas for actions the Board should take forward

Why we chose this as a priority

Emotional wellbeing and mental health scored highly during the board's prioritisation process







Joint Health and Wellbeing Strategy

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 mo 24,000 people aged 65 and over (around one in seven) estimated to hav depression or severe depression
- The World Health Organisation has projected that by the year 2030, will be the greatest cause of disease burden in high-income countr

10

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.

11

Health and Wellbeing Surrey

Scoping the priority

A working group consisting of Donal Hegarty, SCC, Diane Woods, North East Hants and Farnham CCG and Ros Hartley, North East Hants and Farnham CCG scope the priority.

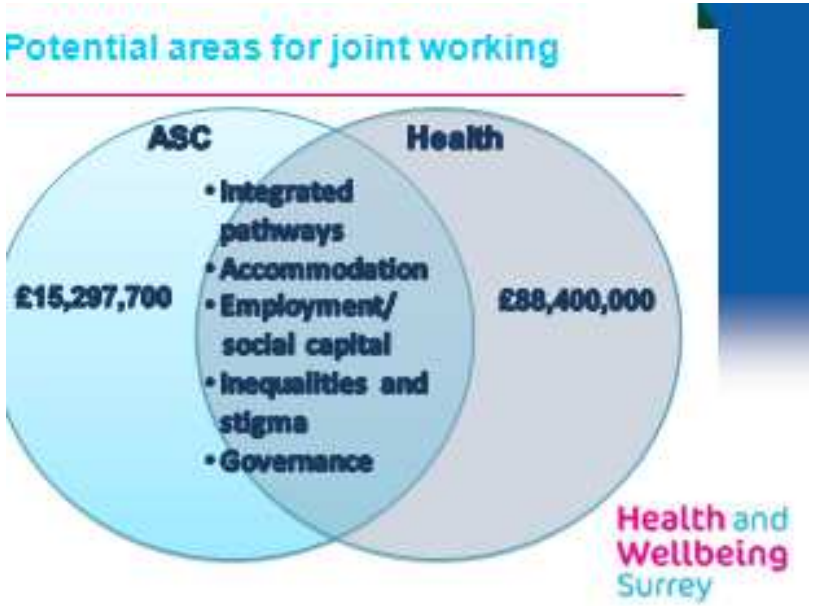
Four key themes were identified:

- An integrated systems pathway/strategy
- Accommodation & employment
- Inequalities and stigma
- Governance

Health and Wellbeing Surrey

Informal workshop – generating ideas

A successful workshop was run to generate ideas of how the EWMH priority could be implemented



Discussions centred around the four themes identified by the working group.

Stigma and discrimination

Aim

To tackle the stigma, discrimination and inequalities experienced by people with mental health problems and their carers in Surrey.

Key Objectives

- Improve understanding of and positive attitudes towards mental health.
- Reduce the stigma, discrimination and equalities experienced by people with mental health problems, their family and/or carers.
- Increase the confidence and ability of people with mental health problems, their families and carers to address discrimination and have equal access to employment and housing opportunities.

Health and Wellbeing Surrey

Stigma and discrimination

Proposed actions

- Promote ‘Time to Change Surrey’ message countywide with positive media coverage of mental health.
- Encourage individual and organisation pledges to tackle stigma and discrimination.
- Establish an employer accreditation scheme to promote good mental health at work.
- Support the pilot project in Merstham/Redhill to deliver a whole community approach which includes workforce mental health awareness training for local employers, establishing a local mental health ambassador scheme, drama based awareness in East Surrey College and community development project that tackles discrimination, stigma and inequalities.

Health and Wellbeing Surrey

Stigma and discrimination

What would success look like?

Year 1 – 2013

Increase in knowledge and awareness of positive mental health in the pilot area.

Reduction in stigma experienced by people with mental health problems and carers in the pilot area.

Year 3 – 2016

Programme of work and learning from pilot delivered in other areas of high mental health need to achieve measurable increase in positive attitude, awareness and reduction of stigma.

Established employer accreditation schemes across Surrey.

Year 5 – 2018

Established climate of positive change cross Surrey where discrimination, stigma and inequalities are not tolerated.

Health and Wellbeing Surrey

Whole systems pathway

Aim

The aim of developing an integrated strategy for emotional wellbeing and adult mental health in Surrey will be to have a coherent and systematic approach 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

Health and Wellbeing Surrey

Whole systems pathway

Key Objectives

• Provide better mental health for all and to increase the amount of people recovering from mental illness
• Raise awareness of how everyone has a role in improving mental health locally; not just health and care services
• Outline what the new health and care system will mean for emotional wellbeing and mental health
• Set out how progress on delivering the strategy will be monitored and reported and how the range of outcome measures currently available will be built upon in future illustrating how improving mental health will help organisations meet their broader objectives
• Translate the strategy's vision into specific actions setting out a series of recommendations for local organisations to take forward.
• Detail a series of local commitments to support implementation.

Health and Wellbeing Surrey

Whole systems pathway

Proposed actions

- Establish a governance structure in Surrey for emotional wellbeing and mental health that will oversee the development and monitoring of the joint commissioning strategy
- Each partner organisation to nominate a person to lead the development and implementation of the emotional wellbeing and mental health strategy
- Workstreams, timeframes and resource requirements for developing the strategy to be agreed and established
- Preparation work for development of strategy which includes bringing together information from the Mental Health Needs Assessment, review of current service pathways, a review of whole system spend and stakeholder views to be completed

Health and Wellbeing Surrey

Whole systems pathway

What would success look like?

Year 1 – 2013

By the end of 2013 there will be a Surrey joint commissioning strategy for Emotional Wellbeing and Adult Mental Health

Year 3 – 2016

By 2016 Surrey will be able to see a % increase in the number of:

- People who will have good mental health
- People with mental health problems who have recovered
- People with mental health problems who have good physical health
- People who have had positive experience of care and support
- People experiencing stigma and discrimination

Year 5 – 2018

By 2018 Surrey will be able to see a further % increase in the number of:

- People who will have good mental health
- People with mental health problems who have recovered
- People with mental health problems who have good physical health
- People who have had positive experience of care and support
- People experiencing stigma and discrimination

Health and Wellbeing Surrey

Accommodation and employment

Aim

To increase the access to and sustainability of people with mental health problems in relation to employment and secure accommodation.

Key Objectives

- Increase the numbers of people with mental health problems into full time employment.
- Support people with mental health problems to retain employment.
- Promote the value to employers of recruiting and retaining people with mental health problems.
- Increase access to appropriate accommodation for people with mental health problems.
- Work with landlords to reduce evictions for people with mental health problems.

Health and Wellbeing Surrey

Accommodation and employment

Proposed actions

- Mental health awareness training for all Borough Housing Department staff.
- Agreed protocols between Borough Housing Departments and Health & Social Care Services to reduction evictions.
- Better understanding locally for general practitioners (GPs) of the range and criteria for accessing accommodation.
- Ensure that information sharing is robust and available to all partners supporting an individual with mental health problems.
- Establish apprenticeship schemes for people with mental health problems and creating access to existing schemes in Surrey County Council.
- Extend the existing 6 months NEETS Scheme to include people with mental health problems with applications, subject to general practitioner (GP) recommendation.
- Promote the benefit of employing people with mental health problems through work with Job Centre Plus.

Health and Wellbeing Surrey

Accommodation and employment

What would success look like?

Year 1 - 2013

Better understanding of professionals across the whole system on the processes to access accommodation locally.

Promotion of schemes that promote employment opportunities for people with mental health problems.

Year 3 – 2016

Reduction in the eviction rate of people with mental health problems

Housing staff are trained to support people with mental health problems in a whole system approach.

Employers recognise the value of employing and retaining people with mental health problems.

Year 5 – 2018

People with mental health problems contribute to the workforce of organisation, both public and private, across Surrey.

People with mental health problems have access to local accommodation that supports their community integration and mental wellbeing.

Health and Wellbeing Surrey

Governance

Aim

To ensure structures are set in place locally and county wide to carry out the development, implementation and monitor progress of the emotional wellbeing and mental health strategy

Key Objectives

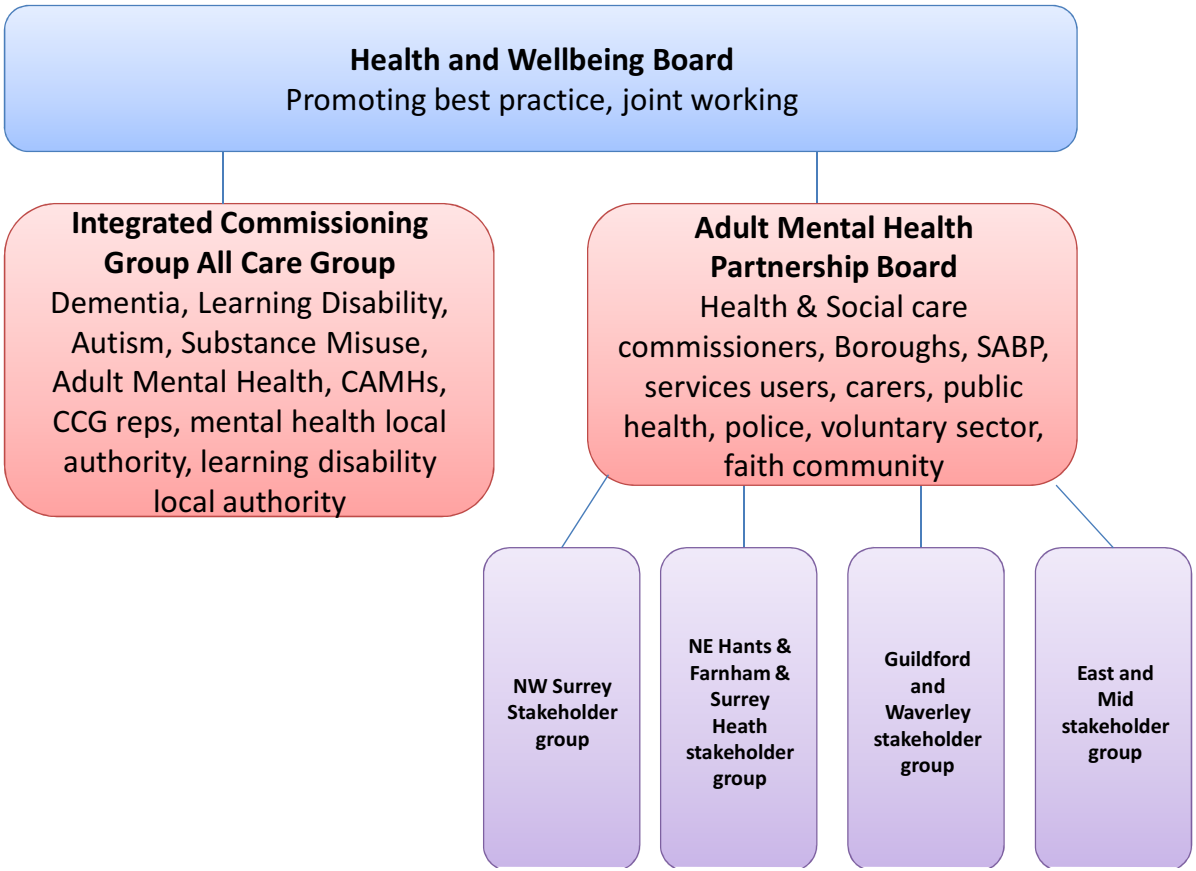
- Governance structures assist in defining *expectations*, harnessing leadership, and verifying performance against key indicators.
- Assure the investment in Emotional Wellbeing and Adult Mental Health generate business value and mitigate the risks that are associated with Emotional Wellbeing and Mental Health.
- Ensure emotional wellbeing and mental health is part of everyone's business and is not just a siloed area of activity
- Ensure that quality is at the heart of the indicators developed
- Comprehensive multi level communication approaches to gain involvement and support engagement

Health and Wellbeing Surrey

Governance

Proposed actions

- Support for the governance structure illustrated below
- Establish an Emotional Wellbeing/Adult Mental Health Partnership Board
- Establish an Integrated Commissioning All Care Group



Health and Wellbeing Surrey

Governance

What would success look like?

Year 1 - 2013

In 1 years time (end of 2013) there will be clear structures in place that have engaged the right people and organisations to reflect a whole system and partnership approach of putting emotional wellbeing and mental health as one of their key priorities to improve

Year 3 – 2016

In 3 years time (2016) the structures will have had success in monitoring and evaluating the partnerships key deliverables

Year 5 – 2018

In 5 years time (2018) the governance arrangements will have ensured that the planning and initiation of future plans have taken place to continue supporting the improvement of peoples emotional wellbeing and mental health

Health and Wellbeing Surrey

Next steps

- Board decision today about which proposed actions to take forward
- Engagement of key partners and stakeholders
- Agree resources and contributions from all partners to implement the priority
- The working group lead the planning of agreed actions.

Health and Wellbeing Surrey

This page is intentionally left blank

Surrey Joint Health and Wellbeing Strategy: Promoting Emotional Wellbeing and Mental Health Priority						
	Action	**End date**	**Lead**	**RAG Sep'13**	**Commentary Sept '13**	**Status Update March 2014**
Stigma and discrimination						
1	Promote 'Time to Change Surrey' message county wide with positive media coverage of mental health	Ongoing	Jane Bremner & Maya Twardzicki	A	Ensure members of Health and Wellbeing Board have pledged to support the campaign. Ensure pledges are included within Surrey's contracts with providers.	**Evaluation is complete demonstrating tackling discrimination is fundamental to promoting good mental health currently making plans to role out across the county.**
2	Encourage individual and organisational pledges to tackle stigma and discrimination	Ongoing	Jane Bremner & Maya Twardzicki	G	As above and need to use all available events and other opportunities to promote as many pledges as possible.	**Continue to encourage organisations to sign the pledge, including representatives of the health and wellbeing board.**
3	Promote the Mindful Employer accreditation scheme	Ongoing	Jane Bremner & Maya Twardzicki	A	Need to ensure that all members of the Health and Wellbeing Board have pledged to support the employer accreditation scheme.	**The outcomes of this scheme are now being picked up within the Workplace Wellbeing Charter.**
4	Support the pilot project in Merstham/Redhill	01/10/13	Steering Group, Jane Bremner & Maya Twardzicki	G	Pilot to be reviewed in October with lessons learnt to be spread to other areas.	**Pilot finished and evaluation is in development. Evaluation report will be distributed in March 2014.**
Whole systems pathway						
5	Each partner organisation to nominate a person to lead the implementation of the strategy	01/09/2013	Ros Hartley	A	Partnership Board to be used to achieve this.	**Achieved and now rated as Green with Partnership Board formed.**
6	Workstreams, timeframes and resource requirements for developing strategy to be agreed and established	01/09/13	Diane Woods & Donal Hegarty	A	Strategy Task and Finish Group to be set up to establish.	**Steering group formed and working through the strategy development plan. Status rated as green.**
7	Preparation work for development of strategy to be completed	01/09/13	Diane Woods & Donal Hegarty	G		**Completed and co-production events being run to define and prioritise objectives.**
Employment and accomodation						

Surrey Joint Health and Wellbeing Strategy: Promoting Emotional Wellbeing and Mental Health Priority						
	Action	**End date**	**Lead**	**RAG Sep'13**	**Commentary Sept '13**	**Status Update March 2014**
8	Mental health and emotional wellbeing accomodation training for all district and borough housing department staff	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	**Application has been submitted to the joint training for 3 course on mental health awareness for borough housing staff and member of the community mental health recovery teams.**
9	Agreed protocals between borough housing departments and health and social care services to reduce evictions	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	**Accommodation sub group has been set up. Membership includes borough housing staff and staff from secondary mental health services. Reducing evictions will be a priority agenda item.**
10	Better understanding locally for GPs of the range and criteria for accessing accomodation	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	**Accommodation sub group will produce local directory of services available and access criteria.**
11	Ensure that information sharing is robust and available to all partners	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	
12	Establish apprenticeship schemes for people with mental health problems	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	**Employment sub groups has been set up and will examine how we promote the apprenticeships.**
13	Extend the existing 6 month NEET scheme to include people with mental health problems subject to GP recommendation	TBC	Diane McCormack	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Ros Hartley to have a conversation with Diane McCormack	
14	Promote the benefit of employing people with mental health problems through work with JobCentre Plus	TBC	Public Health & District & Boroughs	**A**	Deliverable needs further scoping with Public Health and District and Boroughs. Discuss with Public Health how to progress this.	**Employment sub group includes job centre plus representative who will advise on best practice.**

Surrey Joint Health and Wellbeing Strategy: Promoting Emotional Wellbeing and Mental Health Priority						
	Action	**End date**	**Lead**	**RAG Sep'13**	**Commentary Sept '13**	**Status Update March 2014**
				Governance		
15	Implement agreed governance structure	01/09/13	Diane Woods	**G**		**Completed previous reporting period**
16	Establish a emotional wellbeing/adult mental health	01/09/13	Diane Woods	**G**		**Completed previous reporting period**
17	Establish an Intregrated Commisioning All Care Group	01/09/13	Diane Woods	**A**	Diane to develop terms of reference for this group.	**Terms of reference drafted. First group to meet in March for sign**

(R)ed: Delayed and will require mitigating
(A)mber: At risk and may/will require
(G)reen: On target to complete by end
(W)hite: Not yet due to start
(B)lue: Complete

This page is intentionally left blank


Hope
morning cup of tea
food
child
photographs
support
Reading
Purpose
My Mum
not taking life too seriously
Radio
Holidays
love
being listened to
Opportunities
football
Kids
fulfillment from work
garden
Sleeping
feeling valued
Music
being creative
Courses
Dad
laughing
Hope
husband
Friends
getting help when needed
my community my country my species my planet
Two sons
Exercise
Cuddles
Health
wife
Cat
nice things for myself each week
Daughter
Playing sport
having a voice
Family
Experiences
Theatre
travel
nature
Things being worthwhile
being in nature
Ballet
Cinema
Life
Time for me
simple pleasures
Grandchilrden
Keeping well
My happiness
my second family
having a home

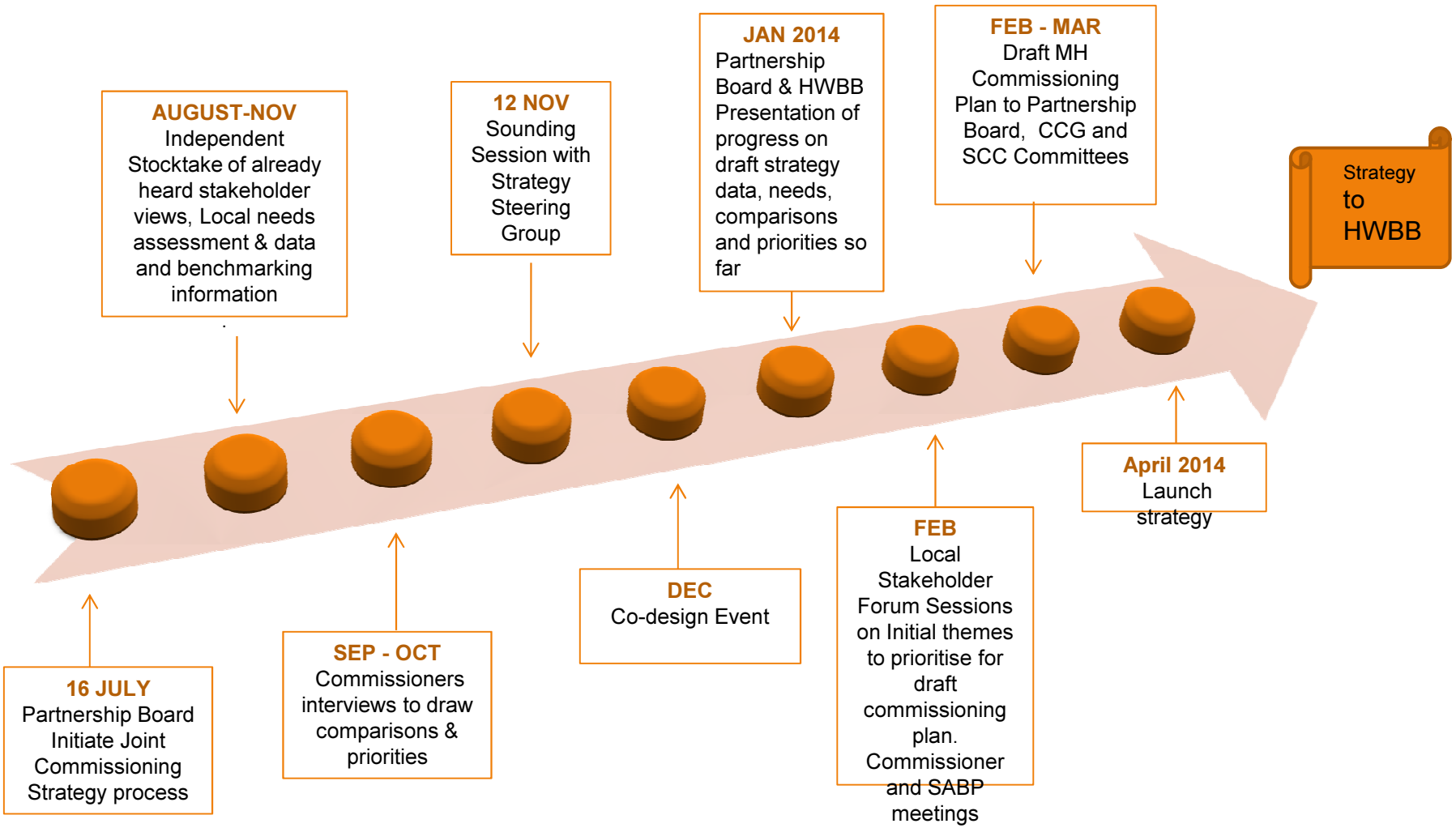
What do we need a strategy for?

- 1.2 million people in Surrey (1 in 4)
- Increasing burden (costs doubling in next 18 years)
- Finite & Reducing resource (4% x 5years = 20% efficiency)
- Inequalities (Mortality 3x higher)
- Mental Health should have equal importance to physical health (parity of esteem)
- Priorities & What will help us get there
- Accountability
- Transparency on Method and measures of implementation & success

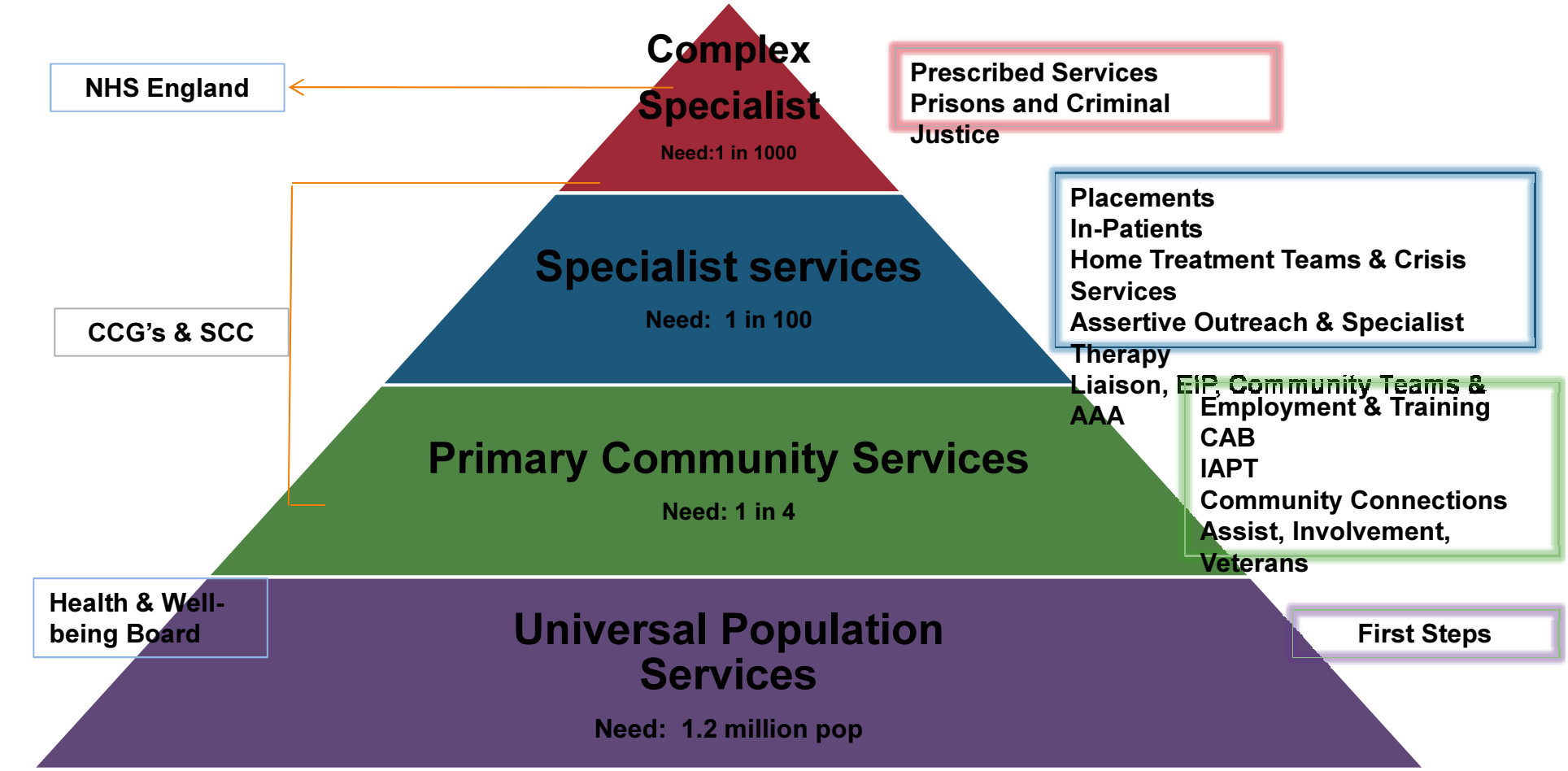
What will the strategy include?

- Introduction setting out the Commissioning principles and position for next 5 years covering:
  - Growth and Need
  - Evidence Base
  - Critical Outcomes
  - Resource & Shift of Spend
  - Reference to other strategies interdependent with Adult Mental Health and Emotional Wellbeing (ie childrens, substance misuse)
- Theme Chapters (Promotion and Prevention will be the first theme chapter followed by the stakeholders prioritised themes)
- Agency Commitments
- Performance and Implementation Framework of Strategy & Commitments

How are we developing the strategy - Timeline of Key Events



What is Currently Commissioned



Commissioning Aims:
Prevention; Integration; Early intervention; Diversion; Recovery, Independence & Personalisation

NHS Spend Analysis on Adult MH

	2010/2011	2011/2012	2012/2013	2013/2014	Spend Trend
Specialist Tertiary prescribed & non-prescribed	£18,755,576	£17,820,465	£18,985,778	£4,496,261	
Specialist and Secondary Services	£57,236,616	£55,185,935	£55,555,472	£53,960,063	
Primary & Community Services	£2,029,123	£5,664,624	£5,812,602	£9,271,062	
Mental Health Promotion	£320,000	£398,658	£398,658	Not known	
TOTAL	**£78,341,315**	**£79,069,682**	**£80,752,510**	**£67,727,386**	
TOTAL minus Specialist teriary spend	**£59,585,739**	**£61,249,217**	**£61,766,732**	**£63,231,125**	

What Do the Stats Tell Us

Health warning on data - benchmarking data is dated and has riation

- We have a significantly lower level of need compared with the national average on severe mental illness and relatively low on common mental illness
- £ per head under/over national average!
- Trends and patterns in use of in-patient beds inconsistent between various data sources
- Access to all secondary care MH services is lower than comparator groups
- Access to inpatient services is above average
- Reported contacts for CMHT above the comparator group
- Access to IAPT services was below average, outcomes were average
- Outcome measures for proportion of people on CPA in employment or settled housing lower than comparator groups

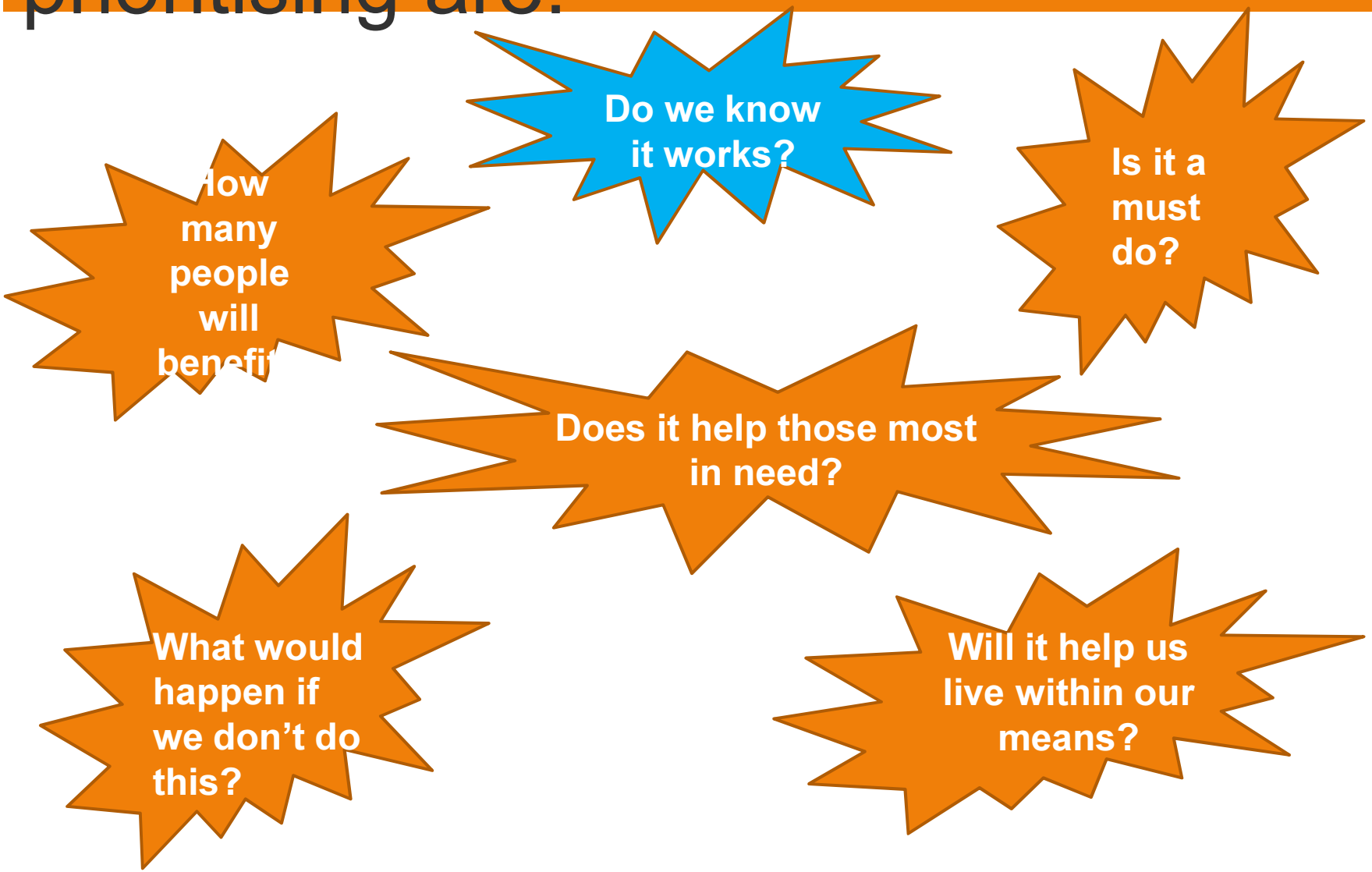
What are Our Stakeholders Telling Us they Want for the Future

- More joint working
- Priorities to focus on
- Better ways of working
- More inclusivity & respect
- Clarity of services and Ease of access
- Increased quality of care
- Continuity
- Increased personal courage and resilience
- Enablement
- Early recognition
- Employment
- Higher priority for mental health issues, currently do not get parity of esteem

Themes that have come out from our Stakeholders – so far…….

- Employment
- Accommodation
- Stigma & reduction in inequalities
- Prevention & Promotion
- Involvement and engagement people who use services and carers
- Acute 24/7 care
- Crisis Care
- Improving information on services available to make better use of what we have
- Building Community resilience and enhanced social support
- More integration physical health & mental health
- Support for carers
- Personalisation
- Recovery focus services
- Working together as whole system of care – removing structural problems in pathway have single point of access, flexibility in thresholds, improved responsiveness, phone advice
- Safeguarding
- Early intervention
- Gaps:
  - Between IAPT and Secondary care
  - peri-natal MH
  - Personality disorder
  - Autism & MH
  - Response to self defined crisis
- Better consistent data
- Ageless services
- More use of technological advances
- Expansion of voluntary sector use
- Substance misuse linkage, particularly alcohol

Lots of issues - so we need to prioritise. Things to consider when prioritising are:



What does the evidence tell us we should concentrate on.

- Give greater focus on whole population mental health promotion and prevention
- Early diagnosis and intervention
- Address social causes and consequences of mental health problems
- Improve the quality and efficiency of current services, both physical and mental health with increased integration
- Closing the Gap document published give further examples of good practice

Dashboard to measure our success will look like this…..

Better physical health	• People with severe mental illness receive list of physical checks (NHS OF, . . COF & PHOF)
More people have better mental health	• Self-reported wellbeing (PHOF) • Rate of access to NHS mental health services by 100,000 pop (MHMDS)6 • Number & Ethnicity of detained patients (MHMDS) • IAPT: Access rate (IAPT Programme) • Access to community mental health and psychological therapy services by people from BME groups (NHS OF & COF)
More people will recover	• Employment of people with mental illness (NHS PHOF) • People with mental illness or disability in settled accommodation (PHOF) • IAPT Recovery Rate (IAPT Programme) • Proportion of people who use services with control over their daily life . . (ASCOF)

Contd……..

Positive experience of care and support	• Patient experience of community mental health services (NHS OF) • Overall satisfaction of people with their care and support (ASCOF) • Proportion of people who say services made them feel safe & secure (ASCOF) • Proportion of people feeling supported to manage their condition (NHS OF)
Fewer people suffer avoidable harm	• Safety incidents reported. (NHS OF) • Safety incidents involving severe harm or death (NHS OF) • Hospital admissions as a result of self harm (PHOF) • Suicide (PHOF) • Absence without leave of detained patients (MHMDS)
Fewer people experience stigma and discrimination	• National Attitudes to Mental Health survey (Time to Change) • Press cuttings and broadcast media analysis of stigma (Time to Change) • National Viewpoint Survey – discrimination experienced by people with . . MH problems (Time to Change)

Agency current performance is being baselined to then set commitments for the 5 year strategy

No health without mental health (DH, Feb 2011) Implementation Framework (DH, July 2012)			
The Vision			
More people 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 suffer avoidable harm			
Fewer people will experience stigma and discrimination			
Going Further - Translating vision into reality			**Rating ourselves 2013/14 RAG**
Priorities	Mental health has parity of esteem with physical health within the health and care system	Local planning and priority setting reflects MH across full range of services and agencies	Amber
		Collaborative programme of action to achieve ambition of mental health being on a par	Red
		Integrate MH from the start and take into account how physical & MH are interconnected	Red
		Mental Health & Wellbeing is Integral to the work of CCG's, HWBB's and other new local org's	Amber
	People with mental health problems, their families and carers, are involved in all aspects of service design and delivery	Full involvement in planning, priority setting, commissioning, design & delivery	Amber
		Choice and control over treatment and care options	Red
	Public services improve equality and tackle inequality	Services actively promote equality and consider the needs of most vulnerable groups	Red
		Services are accessible, acceptable and culturally appropriate	Red
		Public and NHS Bodies reduce inequalities and meet their Act obligations and duties	Unknown
	More people have access to evidence-based treatments	Increase access to psychological therapies, CYP, Older people, BME, LTC, SMI and MUS	Amber
		Providers monitor outcomes, and adjust and improve services accordingly	Red
		Research into mental health is promoted, and academic career pathways are strengthened	Unknown
	Public Health system includes mental health from day one	Public Health Outcomes Framework includes Mental Health Measures	Amber
		Local public health deliver clear plans for Mental Health	Amber
		Universal health services and campaigns include Mental Health & Wellbeing	Green
		All organisations recognise value of promoting good Mental Health	Amber
	Public Services intervene early	Children and parents receive evidence-based Mental Health promotion from birth	Amber
		Schools/colleges promote good MH for all alongside targeted support for those at risk of MH	Amber
		Services recognise people at risk of MH and take appropriate timely action & innovative services	Red
		Health service intervene in early stages of psychosis	Green
		Health service intervene in early stages of crisis	Red
	Public services work together around people's needs and aspirations	People receive faster, high-quality care when they are in crisis	Red
		Health and care services focus on recovery, rehabilitation and personalisation	Amber
		All services underpinned by humanity, dignity and respect	Amber
		Public services recognise & address the wider determinants of MH&W, including differences	Red
	Health services tackle smoking, obesity and co-morbidity for people with MH	Local public health campaigns target people with MH problems	Red
		Services address people who use mental health services physical health problems	Amber
		Mental Health is mainstreamed into core public health priorities	Amber
		Services tackle co-morbidity of physical/MH and support dual diagnosis of MH/substance misuse	Amber
	People with MH problems have better experience of employment	Employers promote mentally healthy workplaces and tackle causes of mental ill health at work	Red
		Employment support organisations use effective approaches to help people find and keep work	Green
		Services work together to support people maintain or return to employment	Amber
	Tackle stigma and discrimination faced by people with mental health problems	Frontline workers across full range services trained to understand MH & principles of recovery	Amber
		More individuals and organisations join the Time to Change campaign	Amber
		All organisations challenge poor reporting, and praise good reporting of MH issues in media	Amber

Surrey Health and Wellbeing Board

Date of meeting	13 March 2014

Item / paper title: Children's Health and Wellbeing – status update

Purpose of item / paper	Following on from the meeting of the Health and Wellbeing Board on 5 September 2013 and 12 December 2013, this report summarises progress against the aims and outcomes for improving children's health and wellbeing. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	This status update sets out how the Priority for Children and Young People's Health and Wellbeing is being delivered. The Draft Surrey Children and Young People's Partnership Plan 2014-17 provides an action plan for continued and future work to deliver the Priority.
Financial implications - confirmation that any financial implications have been included within the paper	This status update and action plan will shape the collective spend on children and young people's health and wellbeing of the following organisations: Surrey County Council, Clinical Commissioning Groups, Police and District and Borough Councils. This includes £325m Children, Schools and Families (not including schools) and £23m (Public Health total budget)
Consultation / public involvement – activity taken or planned	The status update and action plan has been informed by extensive public consultation on the Health and Wellbeing Strategy and needs analysis including service user experiences. Actions have been developed through workshops and meetings with the Health and Wellbeing Board, Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group. The detail of delivery will continue to be further shaped by engagement with wider stakeholders for each action and further co-production with service users where appropriate.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	The analysis of need that informs this action plan systematically identifies inequalities in health and wellbeing. The action plan has been developed to help to mitigate those inequalities. For example through our approach to supporting children with complex needs, targeting interventions to promote healthy behaviours, tackling the causes of poorer outcomes for children which can include parental issues like substance misuse and domestic abuse.
Report author and contact details	Jo Holtom – Senior Strategy and Policy Development Manager, jo.holtom@surreycc.gov.uk, 0208541 7150
Sponsoring Surrey Health	Nick Wilson, David Eyre-Brooke

and Wellbeing Board Member	
Relevant portfolio holder	Councillor Mary Angell
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** a) note the progress towards actions to improve children's health and wellbeing. b) note the approach for overseeing work through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group. c) consider a progress report in September 2014

9

Health and Wellbeing Board
13 March 2014

Children's Health and Wellbeing – status update

Purpose of the report: Policy Development and Review

Following on from the meeting of the Health and Wellbeing board on 5 September 2013, this report summarises progress against the aims and outcomes for improving children's health and wellbeing. It provides a detailed status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.

Introduction:

Surrey's Health and Wellbeing Strategy commits to five priorities:

1. Improving children's health and wellbeing
2. Developing a preventative approach
3. Promoting emotional wellbeing and mental health
4. Improving older adults' health and wellbeing
5. Safeguarding the population

On 5 September 2013, the Health and Wellbeing Board considered an action plan for the first priority: Improving children's health and wellbeing. On 12 December 2013 the Board considered a report on the commissioning responsibilities and governance arrangements of individual members' organisations, which set out the next steps for delivery through the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership.

Developing the priority to improve children's health and wellbeing

1. In developing its priorities to improve children and young people's health and wellbeing, the Board identified a number of key themes. These are based on needs emerging from the Joint Strategic Needs Assessment (JSNA) (see summary document), extensive engagement, and priorities identified through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group.

Delivering the priority to improve children's health and wellbeing

2. The past six months have seen the establishment of firm partnership arrangements around children's health and wellbeing. As part of clarifying their respective roles both the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership have strengthened membership and refreshed and simplified their priorities. The resulting action plan is set of shared priorities and clear accountabilities for improving children's health and wellbeing (Annex 2).

3. The action plan aims to deliver the following improvements to children's health and wellbeing:
    - 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

4. The four key areas that have been identified as priorities for 2014/15, are:
    - **Early help**, which includes healthy behaviours
    - **Complex needs** which includes paediatric therapies
    - **Emotional wellbeing and mental health**
    - **Safeguarding**, which includes domestic abuse and improving health outcomes for looked after children

5. A key enabler that supports these priorities is developing a **shared understanding of need**.

6. **Surrey Children and Young People's Partnership** will focus on the **systems change** needed to deliver the aims and outcomes – e.g. strategic and resource alignment, workforce development, cultural change, service integration. Particular areas of progress include:
    - Continued development of Early Help offer including an early help strategy for all partners
    - Developing an interim solution to tier 4 specialist mental health beds through Police and Health
    - Developing a strategy and action plan for online safety through collaboration with SCC and Police
    - Developing understanding of substance misuse issues and opportunities

- Implementation of online system (SurreySays) to capture views of service users and professionals (SCC lead with plan to roll out to partners).

7. The **Children's Health and Wellbeing Group** will focus and advise on the health, wellbeing and social care **commissioning changes** that could support the aims and outcomes – e.g. through joint commissioning and aligning commissioning intentions. Led by colleagues in the NHS and SCC (including Public Health), particular areas of progress include:
   - An early help commissioning group has been established and a needs analysis and commissioning strategy are in development
   - Jointly commissioning a review of paediatric therapies to inform joint commissioning of new provision
   - A decision by CCGs and Surrey County Council to jointly tender targeted and specialist CAMHS services this year with a new contract to be effective from April 2015
   - CAMHS Youth Advisors and Jeremy Hunt MP met in December 2013 to discuss placements being a long way from home due to the national commissioning arrangements, and propose solutions
   - Development of a health needs assessment for looked after children and response to issues with individual health assessments

Performance reporting

8. This is the first six monthly report summarising progress against the priority for improving children's health and wellbeing (Annex 1).

9. It provides a status update on delivery against the workstreams identified by Surrey Children and Young People's Partnership and commissioning priorities for the Children's Health and Wellbeing Group.

10. Over the next six months partners will agree expected outcomes for each of the workstreams and these measures will be reported in September 2014.

Conclusions:

11. Arrangements have been put in place to improve children's health and wellbeing with clear roles and responsibilities for delivery through the Children and Young People's Partnership and the Children's Health and Wellbeing Group.

Recommendations:

12. It is recommended that the Health and Wellbeing Board:
    a) note the progress towards actions to improve children's health and wellbeing.
    b) note the approach for overseeing work through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group.
    c) consider a progress report in September 2014.

Next steps:

9

13. Progress towards delivering aims and outcomes will be reported to the Health and Wellbeing Board in September 2014.

Report contact: Jo Holtom, Senior Strategy and Policy Development Manager, Children, Schools and Families.

Contact details: 020 8541 7150, jo.holtom@surreycc.gov.uk

Sources/background papers:

- Joint Strategic Needs Assessment
- Development of the Health and Wellbeing priorities for Surrey
- Surrey Joint Health and Wellbeing Strategy
- Summary of the informal meetings of the Health and Wellbeing Board on 4 July and 1 August
- Summary of the formal meeting of the Health and Wellbeing Board on 5 September 2013
- Children's Health and Wellbeing draft priority update 12 December 2014
- Draft Surrey Children and Young People's Partnership Plan 2014-17

Annex 1 – status update delivering the priority to improve children's health and wellbeing

Early Help (including healthy behaviours)	
Aim: To identify and address the needs of Surrey's children and families earlier, reducing the need for more intensive, acute or specialist support.	**Outcomes:** ➢ Families are resilient and feel supported to tackle issues and problems as soon as they arise ➢ Families receive a minimum intervention as early as possible to prevent escalation of problems ➢ Children and young people make good relationships ➢ Children and young people are happy, healthy and well ➢ Children and young people maximise life opportunities ➢ Professionals are clear about early help options and feel informed and supported to tackle issues in partnership as soon as they arise

Lead body	Areas of focus	Current Position	Risk/Challenges	Next steps
Children and Young People's Partnership	• Supporting early help workforce reform. • Strategic support to embed key information sharing systems and assessment/case management tools • Strategic support for developing integrated delivery models for early help.	• Multi-agency early help assessment (EHA) training package being developed with the family support programme. • A partnership Early Help conference is being held in early March. Strategic leads from the CYPP will be in attendance.	• Monitoring the demand for training is essential. • Ensuring all partners understand their role and contribution to early help.	• Agree administration of the early help training through the SSCB, and roll out training. • Deliver early help conference.
	• Healthy schools: PSHE review in secondary schools commissioned. Completion date August 2014	• This review has started	• Additional resources may be needed, depending on recommendations	• Present scope and findings to CYP partnership and Area Education Officer meetings
	• Supporting the development/implementation of an online safety strategy	• **Online safety:** Strategy drafted and draft action plan went to CYP Partnership Operational Group on 23rd January		
	• Developing a clearer picture of the scale and type of substance misuse amongst children and parents	• **Substance Misuse:** Public health report written and reported to CYP Partnership Operational Group on 23rd January		
	• Influencing and shaping the alcohol strategy, sexual health strategy and other related strategies	• **Alcohol strategy** is out for consultation. • **Sexual Health** needs assessment being		• **Substance Misuse:** Will go to the CYP Partnership Strategic Board on 26th February 2014

		conducted and will inform the Sexual Health Strategy. Will be completed by August 2014		• **Alcohol strategy:** Gather feedback from consultation. Going to the board on 26th February
	• Healthy weight	• Latest National Childhood Measurement Programme results showed Surrey was top (best) in the Country. However, this still equates to 50,000 young people overweight.	• Complacency. • Although good from a County perspective there are pockets that have higher rates of excess weight, linked to deprivation.	• Development of healthy weight pathway. • Refresh Obesity needs assessment. • Write Healthy Weight Strategy.
Children's Health and Wellbeing Group	• Implementing 'Early Help Assessment' through commissioned universal and targeted services • Developing the market of local services and jointly commissioning early help and timely intervention services • Delivering Supporting Families approach through commissioned services • Improving quality and value for money by reducing the need for high cost, low volume spends	• EHA being used in paper format as part of the transition from CAF to EHA. • eHelp (electronic recording system that underpins the EHA) will go live in mid April • An Early Help commissioning group has been established to understand gaps in the early help offer, and to develop the market. • An Early Help Commissioning Strategy, Market Position Statement and needs analysis is currently in development.	• It is important that EHA is part of the new Education, Health and Care Plan (EHCP) pathway for SEND. • Ensuring robust data to inform commissioning decisions.	• Develop a proposal for a pilot for using the EHA with SEN children in a local school. • Add existing known early help services into the Family Information Service directory. • Develop an understanding of the Early Help Voluntary sector market • Develop an Early Help commissioning action plan

Complex needs (including paediatric therapies)	
Aim: Children and young people with complex needs have a single assessment process and education, health and care plan with personalised support.	**Outcomes:** ➢ CYP and families have greater control and choice in decisions through co-production ➢ Children and young people receive more personalised services ➢ Introducing personal budgets for health ➢ Integrated assessment – families will not have to repeat their stories more than once ➢ Good quality transition and preparation for adulthood ➢ Delivery of services CYP and families receive will be more co-ordinated

Lead body	**Areas of focus**	**Current Position**	**Risk/Challenges**	**Next steps**
Children	• Overseeing progress of	• The new EHCP process is currently trialling	• Not all themes in the	• Evaluate trial and address

and Young People's Partnership	SEND14 (pathfinder) to ensure that services are co-ordinated around the needs of CYP and ensure Surrey meets the requirements of the Children and Families Bill 2012.	with an extra 70 families. By April 2014 it will have been trialled with 70-100 families • Success in engaging with parents and young people and trialling activity with the 16-25 year olds. • Publish interim Local Offer by Easter 2014.	legislation have yet been trialled and this needs to be done within tight timescales. • Sustainability of multi-agency panels. • The conversion of existing statements to EHCPs	improvements/gaps • More work to look at the new process from a 0-25 and integrated perspective. • Staff development conferences and training being planned. • Potential Rapid Improvement Event for changing complex needs system to meet needs of CYP and families • Reframe complex needs report to include a foreword and so it can be used to guide constructive discussions. • Share report
	• Improving long term planning through developing better predictive data	• Update on preview/millennium cohort?		
Children's Health and Wellbeing Group	• Reviewing commissioning of paediatric therapies	• Joint therapy forum between SCC and NHS being established. First meeting took place on 11th Feb. • SCC and the NHS will commission an independent joint review of Paediatric Therapy provision in Surrey. This will put forward a proposal. • SCC proposal to extend current contracts with Paediatric Therapy providers for additional three years whilst joint commissioning arrangements agreed with NHS. • Needs analysis for Speech, Language and Communication near to completion.	• 0-25 age range of EHCPs means that more CYP may have entitlement to Paediatric Therapies. • Parents/carers will be able to request a personal budget, making central commissioning of paediatric therapies more challenging. • Higher threshold for new EHCPs means there may be an increased number of CYP with therapy needs who do not have a statutory entitlement.	• Joint therapy forum takes place • Joint review of Paediatric Therapies undertaken • Needs analysis completed
Emotional wellbeing and mental health				
Aim: Children and young people are supported as close		**Outcomes:**		

to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed.	➢ Children and young people are supported by people they know in their local area ➢ Families feel supported ➢ Professionals working together for the young person's identified outcome ➢ Children, young people and their families know where to seek help ➢ Parents and carers are supported to have good mental health and emotional wellbeing and resilience

Lead body	Areas of focus	Current Position	Risk/Challenges	Next steps
Children and Young People's Partnership	• Improving transitions between services			
	• Focusing the resource of mental health providers across initiatives whilst supporting those below thresholds		• Current understanding of need is limited	• Look to develop a better needs analysis
	• Developing a long term partnership plan to provide a place of safety under section 136 of the mental health act	• Review of current pathway of past cases to identify other alternative options on the care pathway.		• SaBP to host a mental health summit with CCG & SCC partners to increase awareness and identify local solutions.
	• Develop an interim solution to providing tier 4 specialist beds	• Interim solution in place	• It does not look like there will be any change to national commissioning for 1-2 years	• Develop local proposals for a local solution and lobby Secretary of State
Children's Health and Wellbeing Group	• Promoting effective training and workforce development to support integrated working	• Targeted Mental Health in Schools (TaMHS) continues to roll out training and engage with priority schools. • Training delivered by CAMHS re. self harm, ADHD, anxiety etc. • Also via TAMHS – Helping Pupil's Progress in Surrey Schools running with support from the Young Minds Consortium. There will be four workshops in February for schools and service providers (voluntary and statutory) to plan for improving emotional and mental		• To review workshops and training and recommission subject to funding availability.

		health in their local communities to support educational progress.		
	• Influencing the national commissioning framework to improve pathways, outcomes and safeguarding in tier 4 services	• CAMHS Youth Advisors (CYA) and Jeremy Hunt MP met in December 2013 to discuss their concerns with the increasing number of placements being a long way from home due to the national commissioning arrangements, and propose solutions.	• To ensure young people are placed in inpatient units closer to home and don't stay longer than necessary.	• NHS England to meet with CYA to discuss further issues raised with Secretary of State for Healthcare.
	• Re-procuring tier 2 and tier 3 CAMHS services	• CCG and SCC decision to jointly tender targeted and specialist services this year with new contract to be effective from April 2015	• Maximising the impact of CAMHS commissioning on wider outcomes for children	•

Safeguarding including improving health outcomes for looked after children (LAC) and domestic abuse	
Aim: To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board	**Outcomes:** ➢ Children and young people are safe and feel safe ➢ Causes of domestic abuse are mitigated ➢ Health outcomes are improved for Looked After Children in Surrey

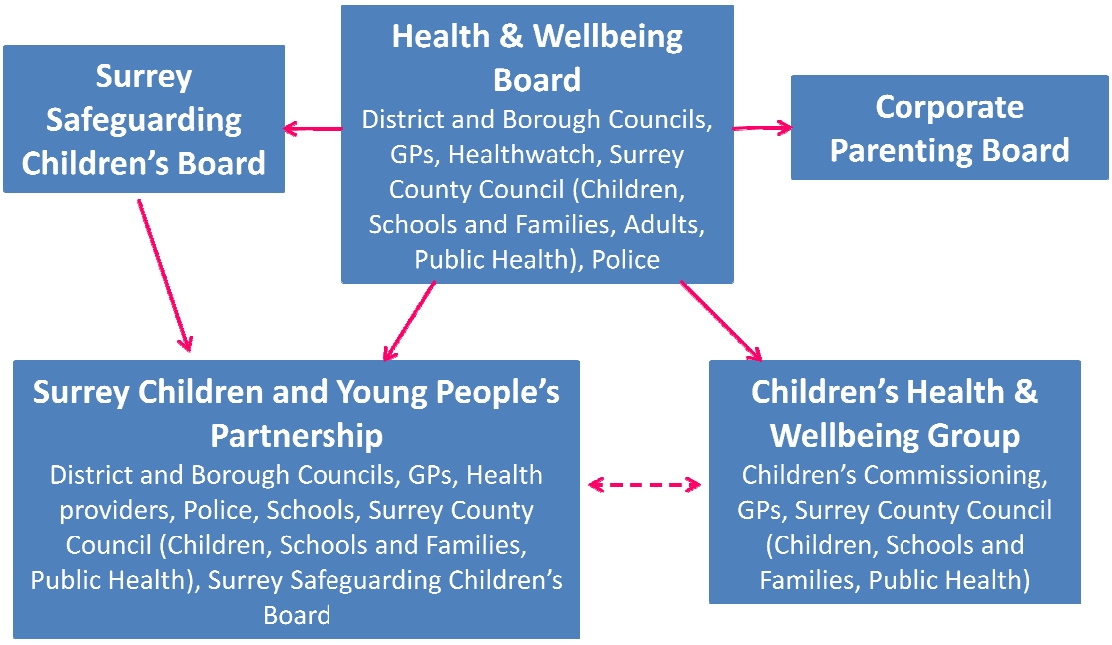
Lead body	Areas of focus	Current Position	Risk/Challenges	Next steps
Children and Young People's Partnership	**Domestic Abuse** • Providing strategic support to the Community Safety Board's Domestic Abuse Strategy • Clarifying the commissioning landscape for children and families	• Strategy written and action plan being developed. • JSNA Domestic abuse chapter been refreshed and expected to be published by end of February 2014, after sign-off. • Lack of specialist services for CYP affected by domestic abuse. • Domestic abuse checklist for use by Children's Social Care developed and	• Need to clarify governance arrangements • Need to ensure that all partners have a shared understanding of the impact of domestic abuse on children & young people. • Concern that strategy may not focus enough on perpetrators and the impact of DA on children and young people. • Action plan not implemented and not implemented quickly enough	• Review action plan to support DA Strategy • Inform commissioned service gap and spend analysis

		launched January 2014.		
Children's Health and Wellbeing Group	**Improve health outcomes for Surrey's looked after children**	• **Health needs assessment** in development led by Public Health.		• Findings to be presented to Corporate Parenting Board in February 2014.
		• **Health assessments** – Guildford and Waverley CCG have appointed a project manager to focus on improving current service issues with LAC health assessments and to look at future commissioning options.	• Delays in undertaking health assessments/adoption/fostering medicals for children and adults resulting in SCC liability if medical reports not received • Lack of shared performance and workload management and reporting arrangements • Children placed out of county not receiving same level of service as in-county children • Contract variations are a stopgap for dealing with immediate issues but do not address long term issues with the service • This is a key inspection area needing evidence of improvement	• Ensuring adequate medical advisers capacity to meet demand. A further variation of contract is in place to ensure ongoing in and out of county provision of health assessments. • Collaborative working between SCC and G&W CCG project manager to ascertain current position and to review current data. • Contract variation in place and discussions to take place with Croydon Council re: out of county provision for unaccompanied asylum seeking children. • Report to Corporate Parenting Board on 20 January on developing improvements was well received; action plan being developed. • Health outcomes for LAC to be developed. • To ensure effective governance and oversight, joint health and social care chairing of the Healthy Outcomes Subgroup, which reports to CPOG and CPB.
	School nursing	• School nursing review underway by Public Health	• Limited school nursing capacity to deliver safeguarding and preventative roles	• Partners to consider options for school nursing capacity, including reviewing role of health lead professionals in safeguarding case conferences • Take proposals to Children and Young People's Partnership
Shared understanding of need				
Aim: To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way	**Outcomes:** ➢ Health and wellbeing services for children and families are designed to take account of their needs and experiences ➢ CYP and families feel a part of decisions made about their health and wellbeing ➢ CYP and families are able to see where and how their input has affected strategic decisions (SurreySays) ➢ Agencies have developed an appropriate 'if in doubt, share' culture around data ➢ Agencies are collectively well aware of the future demand for services and needs of CYP and families			

		➢ Agencies are collecting and using the voice of CYP and families routinely to inform service decisions ➢ There is less duplication of work within and between agencies		
Lead body	**Areas of focus**	**Current Position**	**Risk/Challenges**	**Next steps**
Children and Young People's Partnership	• Embedding solutions for joining up different management information systems to support operational decision making	• Review of options for developing and sharing Surrey County Council's data-matching hub (ICS)	• Challenge: Resourcing the project in the medium and long term.	• Continue to improve data quality across systems • Draft specifications for data warehouse
	• Building a common understanding of need, based on robust data/sharing of challenges and to improve specific data sets (complex needs/substance misuse)	• Planning to establish network of analysis staff in statutory and commissioned services, and data reference group for intelligence sharing • Discussions around the restructure of the JSNA have progressed. New chapters planned: ○ **Families in Need** – Focus for 2014, **Safeguarding CYP** – Focus for 2014, **CYP in the care of the council** – Focus for 2014, **Healthy lifestyles, Risky behaviours, Pregnancy** and **Maternity, SEND**	• That the two strands develop independently and do not relate to one another. • That the data reference group is too difficult to get off the ground. • Honesty about data sharing issues • Resources/capacity for JSNA work	• Develop a long list of potential analysis stakeholders. • Run first networking event on Data Visualisation. • Begin mapping out the longer term data reference group work. • Develop three JSNA Chapters that are focus for 2014.
	• Developing a mechanism for gathering evidence and sharing research about our children and young people	• **Surrey Says** as a system for collecting and sharing consultation and engagement feedback is up and running within Surrey County Council. The tool is on track to be rolled out to all of SCC and partners by April 2014.	• That staff are unwilling to move from a system they are used to • Skills development to support effective use of consultation and engagement system	• Surrey Says to be offered to partners by April 2014. • Develop training options for Surrey Says by April 2014.

Annex 2

Governance arrangements for delivering and monitoring the Health and Wellbeing Strategy Action Plan for improving children and young people's health and wellbeing



Annex 3- Draft Surrey Children and Young People's Partnership Plan 2014-17

1. Introduction

1.1 The Surrey Children and Young People's Partnership (formerly known as the Surrey Alliance) brings together those organisations and partnerships involved in providing children's services, to design and deliver integrated services around the needs of all children and young people.

1.2 The vision for the Children and Young People's Partnership is to improve outcomes for children and young people through effective multi agency working.

1.3 The Children and Young People's Plan (CYPP) sets out the strategic direction and goals for the Partnership, covering all services for children and young people. It sets out the priorities for the Partnership for the next three years and the key pieces of work that will need to be undertaken to deliver them.

1.4 It does not include everything we will be doing, but concentrates on the priorities and actions which we believe will make the biggest difference to children and young people.

1.5 The Plan is a delivery mechanism of the Health and Wellbeing Board (HWB) and closely linked with the Surrey Safeguarding Children Board (SSCB), an independent statutory board which co-ordinates safeguarding activities in Surrey.

2. Context

2.1 The Children and Young People's Plan will be implemented during a period of major change for us all. Implementation of the CYPP will need to be taken forward within a context of increasing demand for services, reduced funding, changing commissioning responsibilities and the introduction of new local structures.

2.2 In devising this plan we have had to take account of radical changes being implemented in children's services at a national level, many of which are happening very quickly. This plan also reflects our joint priorities which are based on real evidence of need gathered through the Joint Strategic Needs Assessment (JSNA).

2.3 Furthermore, through the creation of the Health and Wellbeing Board, this is the first time clinicians and councils have come together to address local health needs. There is a big opportunity to rethink and redefine preventative health interventions to radically improve the health outcomes of our local population.

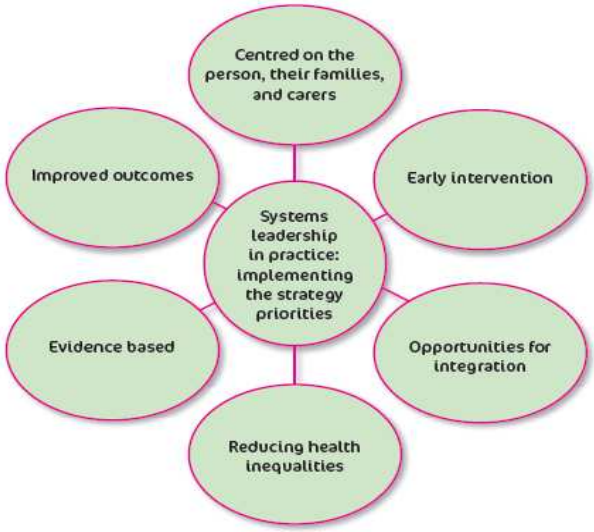
2.4 Now more than ever it is vital that we maximise our use of public resources for the benefit of children and young people. This means we will need to find new and innovative ways of partnership working to deliver services differently, more efficiently and more responsively.

3. Our principles

3.1 The Children and Young People's Partnership is committed to service transformation, new ways of working, and improving operational effectiveness.

3.2 The Partnership will ensure that the principles developed by the HWB also underpin the work of the Children and Young People's Partnership. These are set out below:

3.3 In addition, an enabler to achieving the Partnership's vision is an open and honest conversation; communication and sharing data.



4. Partnership working in Surrey

4.1 Partnership arrangements are well established in Surrey and there are many excellent examples of joint working.

4.2 As the partnership architecture diagram shows in Annex 1, there is significant partnership activity already taking place across the children's system. There are currently six partnership groups delivering statutory responsibilities for children and young people in Surrey. They are:

- Surrey Health and Wellbeing Board – through the Children's Health and Wellbeing Group
- The Children and Young People's Partnership – the Strategic Group and Operational Board (this replaces the historical Surrey Alliance)
- Surrey Safeguarding Children Board (SSCB)
- The Corporate Parenting Board
- Youth Justice Partnership Board
- The Schools Forum

4.3 The purpose of partnership is to co-ordinate joint working across the entire children's system. At a systems level this means influencing commissioners, strategic and resource alignment, workforce development, cultural change and service integration.

5. Insight

5.1 Evidence from the JSNA[1] has been used, and will continue to support the partnership, in identifying priorities and identifying gaps in knowledge. The current JSNA summary shows needs around:

- **Complex needs:** family approach, integrated pathway and transition planning
- **Domestic abuse:** in particular addressing the causes in an integrated way
- **Mental health and emotional wellbeing including parental mental health:** addressing whole family needs early enough and integrated pathways
- **Substance misuse including parental substance misuse:** addressing whole family needs and the cost of consequences (e.g. children on multi-agency child protection plans)
- **Appropriate use of emergency services and admission avoidance:** supporting children and young people and families out of hours, including ensuring they will not attend A&E where they can be treated successfully elsewhere either by primary care, community health services or self care.
- **Early help:** services that identify and address the needs of Surrey's children and families early, reducing the need for more intensive, acute or specialist support.

6. Priorities for action

6.1 Surrey's Health and Wellbeing Strategy commits to five priorities:

- 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

6.2 In developing priorities to improve children and young people's health and wellbeing, the Board identified a number of key themes. These are based on evidence from the JSNA, and priorities identified though the Children and Young People's Partnership and Children's Health and Wellbeing Group.

6.3 The four key areas that have been identified as priorities for 2014/15, are:

- **Early help**, which includes healthy behaviours
- **Complex needs** including paediatric therapies
- **Emotional wellbeing and mental health**
- **Safeguarding**, which includes domestic abuse and improving health outcomes for looked after children

6.4 An underpinning activity that supports these priorities is developing a **shared understanding of need**.

6.5 In order to promote co-ordination across the partnership architecture these priorities have also been adopted for the CYPP. This ensures a strategic fit across the children's

[1] JSNA Summary produced by SCC Strategy and Policy Development Team, (Children, Schools and Families Directorate)

system so that we can achieve positive outcomes through working together for the best use of resources to meet the needs of children and young people.

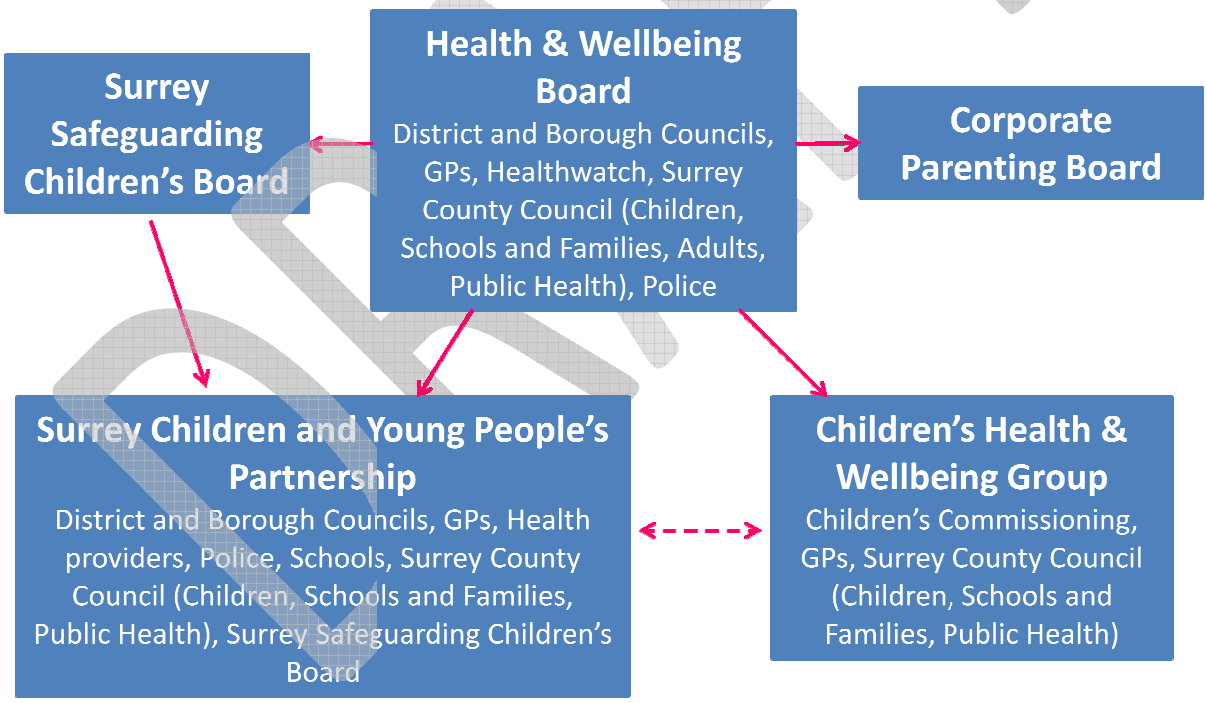
7. Commissioning for better outcomes

7.1 The Joint Health and Wellbeing Strategy provides the overarching framework for all local strategies and strategic commissioning including the CYPP as well as partner plans. The SSCB and Corporate Parenting Board both have significant strategic influence on the Partnership and HWB and close links will be critical to ensure children's priorities are driven forward effectively.

7.2 The SSCB has a statutory responsibility to hold all organisations and partnerships to account for the extent to which their services adequately promote and safeguard the welfare of children and young people. The SSCB consults with and makes recommendations to the Surrey Children and Young People's Partnership around systems change required to improve safeguarding.

7.3 The Corporate Parenting Board holds organisations to account for the wellbeing of looked after children.

Governance for the delivery of partnership priorities



7.4 The Children and Young People's Partnership provides strategic direction and leadership of the **systems change** needed to deliver better outcomes across the children's system. The Partnership will take forward priorities for systems change to deliver the themes for children's health and wellbeing set by the Health and Wellbeing Board. E.g. strategic and resource alignment, workforce development, cultural change and service integration. The Partnership comprises the **Strategic Group** and **Operational Board.**

7.5 The **Strategic Group** is responsible for developing and monitoring the Children and Young People's Plan, and is chaired by the Chief Executive of the County Council. This includes working in partnership with the SSCB to embed safeguarding improvements across the whole children's system.

7.6 The Strategic Group is supported by an **Operational Board** which drives key pieces of work and provides progress updates to the Strategic Board, and is chaired by the Director of Children's Services.

7.7 The **Children's Health and Wellbeing Group** will focus and advise on the health, wellbeing and social care **commissioning changes** that could support the aims and outcomes – e.g. through joint commissioning and aligning commissioning intentions.

7.8 The **Children and Young People's Partnership** and the **Children's Health and Wellbeing Group** together will ensure that there a clear strategic fit between the Health and Wellbeing priorities and joint commissioning arrangements.

7.9 A single action plan for delivering the respective priorities for the Children and Young People's Partnership and Children's Health and Wellbeing Group can be found in annex 2.

Surrey Children and Young People's Partnership architecture

Purpose:
To lead and coordinate partners working with all children, young people and families in Surrey with a particular focus on those most vulnerable.

Priorities

- Early help including healthy behaviours
- Emotional wellbeing and mental health
- Complex needs including paediatric therapies
- Safeguarding including domestic abuse and improving health outcomes of looked after children
- Shared understanding of need

- Surrey Children and Young People's Partnership strategy group
- Surrey Children and Young People's Partnership operational group

Surrey Safeguarding Children's Board

Purpose:
To coordinate and ensure the effectiveness of what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in Surrey. Objectives and functions of the SSCB are set out in section 14 of the Children Act 2004 and regulation 5 of the Local Safeguarding Children Boards Regulations 2006.

Priorities

1. Ensure the delivery of its core business as identified in 'Working Together' 2013.
2. Ensure there's sufficient work with partner agencies to reduce domestic abuse and the impact on children.
3. Ensure sufficient, timely and effective early help for children and families..
4. Ensure professionals and child protection processes effectively protect children identified in need and who are looked after.
5. Develop, agree and implement a multi-agency child sexual exploitation strategy.

- Surrey safeguarding operations group
  - Strategic case review group
  - Child death overview panel
  - Health safeguarding group
  - Education safeguarding group
  - Policy and procedures group
  - Training and communications group
  - E safety task group
  - Quality assurance and evaluation group
  - Child protection conference dissents group
  - Child sexual exploitation, missing children and trafficking group
  - South-west safeguarding group
    - North-west safeguarding group
  - South-east safeguarding group
    - North-east safeguarding group

Health and Wellbeing Board

Purpose:
To bring together partners across a number of organisations to jointly plan services across health and social care. Responsible for the joint strategic needs assessment and health and wellbeing strategy.

Priorities

1. Improve children's health and wellbeing.
2. Develop a preventative approach.
3. Promote emotional wellbeing and mental health.
4. Improving older adults' health and wellbeing.
5. Safeguard the population.

- Children's health and wellbeing group
  - Early help including healthy behaviours
  - Improving health outcomes of looked after children
  - Paediatric therapies
  - Emotional wellbeing and mental health
- Providers/Commissioners
  - Virgin Care
  - Central Surrey Health
  - First Community Health and Care
  - Surrey and Borders Partnership NHS Foundation Trust
  - 6 X acute hospitals
  - Clinical commissioning groups (CCGs)
    - North-east Hampshire and Farnham
    - East Surrey
    - Guildford and Waverley
    - Surrey Downs
    - Surrey Heath
    - North-west Surrey
    - Public health service

Corporate Parenting Board

Purpose:
To enable the children and young people we look after to grow up having the same opportunities as their peers - physical and emotional health, personal confidence and access good education, training and employment. Support children leaving our care to live self-supported and independent lives.

Priorities

1. Reduce the number of children who are coming into our care by ensuring the right services are in place to support children and families as early as possible..
2. Make sure that being in care is not a limiting experience for children and young people and we equip them for a successful and fulfilling future.
3. Increase the number of placements provided in Surrey when children need to be placed with foster families or in residential care. This will reduce the number of children who need to move out of county.
4. Ensure that children who we place out of the county are not disadvantaged but have the same chances as all our children and young people.

- Corporate parenting operational group (CPOG)
  - South-west area group
  - South-east area group
  - North-west area group
  - North-east area group
  - Healthy outcomes sub group
  - Achieving economic wellbeing sub group
  - Placement strategy group
  - Justice steering group
- Care Council
- Virtual School (inc Governing Body)

Youth Justice Partnership Board

Purpose:
To deliver the partnership's statutory responsibilities to reduce and prevent offending by children and young people and protect the public (Crime & Disorder Act 1998 s.37).

Priorities

1. Reduce offending/re-offending with a focus on those most persistent and prolific.
2. Reduce and prevent offending by looked after children and young people.
3. Improve participation rates for young people in education, training and employment.
4. End the use of bed and breakfast accommodation for 16 and 17 year olds.
5. Improve access to mental health.

Schools Forum

Purpose:
To advise the local authority and represent schools' views on the distribution of schools' funding and certain expenditure managed centrally by the council for the provision of support for pupils with special educational needs and disabilities (SEND), education out of school, out of county and independent SEND placements.

Priorities

1. Increase participation and engagement in the best education for all Surrey children and young people.
2. Support collaboration and partnership to improve outcomes and services for Surrey children and young people through a more localised framework and compact working agreement.
3. Raise achievement and excellence and realise the potential for Surrey children and young people.
4. Prevent exclusion.

- 389 schools
- Colleges
- 14-19 partnership
- Schools forum
- Three phase councils
  - Primary
  - Secondary
  - Special

Community Safety Board

Purpose:
To develop strategies and oversee plans that aim to increase the sense of safety of the people of Surrey. The board will work collaboratively with other county boards to ensure effective strategic join up and the development of joint strategies where appropriate.

Priorities

1. Through public consultation, the strategic assessment and environmental scanning, identify strategic priorities impacting on the safety of Surrey's communities.
2. Oversee strategies aimed at making demonstrable improvements to these priority areas and where possible identify opportunities to work across organisational boundaries.
3. Provide direction at both a county and borough level by commissioning and funding (where appropriate) projects, services or activities aimed at targeting the agreed priority areas.
4. Oversee the delivery and impact of funded programmes of work, identifying and sharing best practice across the county to support the local delivery of crime and disorder reduction activity.

- DA Development Group

- South-west area management team
- South-east area management team
- North-east area management team
- North-west area management team

v32 – 18/2/14
Review – 1/4/14

Annex 2 – Surrey Children and Young People's Partnership Action Plan 2013/14-2017 – This action plan focuses on milestones that can be monitored to achieve the desired aims and outcomes. They are underpinned by each organisation's and service's separate performance management systems such as the Public Health Outcomes Framework, NHS Outcomes Framework, etc.

Early Help including healthy behaviours	
Aim: To identify and address the needs of Surrey's children and families earlier, reducing the need for more intensive, acute or specialist support.	**Outcomes:** ➢ Families are resilient and feel supported to tackle issues and problems as soon as they arise ➢ Families receive a minimum intervention as early as possible to prevent escalation of problems ➢ Children and young people make good relationships ➢ Children and young people are happy, healthy and well ➢ Children and young people maximise life opportunities ➢ Professionals are clear about early help options and feel informed and supported to tackle issues in partnership as soon as they arise

Lead body	Areas of focus	Measures	By when
Children and Young People's Partnership	• Supporting early help workforce reform. • Strategic support to embed key information sharing systems and assessment/case management tools • Strategic support for developing integrated delivery models for early help.	• Deliver effective multi-agency early help conference • Deliver effective early help area roadshows • Develop multi-agency training plan	
	• Healthy schools: PSHE review in secondary schools commissioned. Completion date August 2014	• Present scope and findings to CYP Partnership and Area Education Offices	August 2014
	• Supporting the development/implementation of an online safety strategy	• Implement recently developed strategy and action plan, once completed	
	• Developing a clearer picture of the scale and type of substance misuse amongst children and parents	• A report about substance misuse is going to the CYP Partnership Strategic Board on 26th February 2014 • Develop a comprehensive needs analysis of substance misuse in CYP and parents in Surrey	
	• Influencing and shaping the alcohol strategy	• **Alcohol strategy:** Gather feedback from consultation. Presenting to the CYP Strategic Partnership board on 26th February	
	• Healthy weight	• Development of healthy weight pathway	

		• Refresh a comprehensive obesity needs assessment • Write Healthy Weight Strategy	
	• Development of a multi agency county wide safeguarding hub and supporting area based hubs • Continued development of professional support networks/ forums • Increasing co-location and integration models of delivery	• Monitoring of effectiveness of area hubs • Analysis of where there is alcohol and domestic abuse	• Area hubs go live from 17th March 2014
Children's Health and Wellbeing Group	• Implementing 'Early Help Assessment' through commissioned universal and targeted services • Developing the market of local services and jointly commissioning early help and timely intervention services • Delivering Supporting Families approach through commissioned services • Improving quality and value for money by reducing the need for high cost, low volume spends	• Develop a proposal for a pilot for using the EHA with SEN children in a local school. • Add existing known early help services into the Family Information Service directory. • Develop an understanding of the Early Help Voluntary sector market • Develop an Early Help commissioning action plan	

Complex needs including paediatric therapies	
Aim: Children and young people with complex needs have a single assessment process and education, health and care plan with personalised support.	**Outcomes:** ➢ CYP and families have greater control and choice in decisions through co-production ➢ Children and young people receive more personalised services ➢ Introducing personal budgets for health ➢ Integrated assessment – families will not have to repeat their stories more than once ➢ Good quality transition and preparation for adulthood ➢ Delivery of services CYP and families receive will be more co-ordinated

Lead body	Areas of focus	Measures	By when
Children and Young People's Partnership	• Overseeing progress of SEND14 (pathfinder) to ensure that services are co-ordinated around the needs of CYP and ensure Surrey meets the requirements of the Children and Families Bill 2012.	**To be confirmed** • Parental and family satisfaction with the new arrangements, including transition from statements to EHCP. This includes: confidence in the system, a good experience, real partnership, person centred and personalised, outcomes focused and holistic.	Ongoing

		• Develop a survey to capture feedback around above areas that can then be turned into a "net satisfaction indicator" • Scope potential for Rapid Improvement Event for changing complex needs system to meet needs of CYP and families • Reframe complex needs report to include a foreword and so it can be used to guide constructive discussions. • Share report	As soon as possible but in place for September 2014 TBC February – April 2014
	• Improving long term planning through developing better predictive data	• Data analysis through Preview	
Children's Health and Wellbeing Group	• Reviewing commissioning of paediatric therapies	• Joint Therapy Forum established with agreed terms of reference • Joint Needs Analysis completed • Joint therapies commissioning strategy agreed • New 0-25 years therapy service models in place with agreed care packages and pathways • Training and development programme in place to up skill wider workforce • New jointly commissioned 0 -25 years paediatric therapy service in place	February 2014 April 2014 April 2015 April 2015 September 2014 April 2017

Emotional wellbeing and mental health

Aim: Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed.	**Outcomes:** ➢ Children and young people are supported by people they know in their local area ➢ Families feel supported ➢ Professionals working together for the young person's identified outcome ➢ Children, young people and their families know where to seek help ➢ Parents and carers are supported to have good mental health and emotional wellbeing and resilience

Lead body	Areas of focus	Measures	By when
Children and Young People's Partnership	• Improving transitions between services		
	• Focusing the resource of mental health providers across initiatives whilst supporting those below thresholds	• Develop need analysis	
	• Developing a long term partnership plan to provide a place of safety under section 136 of the mental health act	• SaBP to host a mental health summit with CCG & SCC partners to increase awareness and identify local solutions.	

Children's Health and Wellbeing Group	• Promoting effective training and workforce development to support integrated working	• To review workshops and training and recommission subject to funding availability.	
	• Influencing the national commissioning framework to improve pathways, outcomes and safeguarding in tier 4 services	• NHS England to meet with CYA to discuss further issues raised with Secretary of State for Healthcare. • Develop local proposals for local solution and lobby Secretary of State	
	• Re-procuring tier 2 and tier 3 CAMHS services		
Safeguarding including improving health outcomes for looked after children (LAC) and domestic abuse			
Aim: To embed and inform specific safeguarding improvements including those directed by the Health and Wellbeing Board, Safeguarding Children Board and the Community Safety Board		**Outcomes:** ➢ Children and young people are safe and feel safe ➢ Causes of domestic abuse are mitigated ➢ Health outcomes are improved for Looked After Children in Surrey	
Lead body	**Areas of focus**	**Measures**	**By when**
Children and Young People's Partnership	**Domestic Abuse** • Providing strategic support to the Community Safety Board's Domestic Abuse Strategy • Clarifying the commissioning landscape for children and families	• Partners to review and contribute to action plan to support DA Strategy • Inform commissioned service gap and spend analysis	
Children's Health and Wellbeing Group	• **Improving health outcomes for Looked After Children**	**Health needs assessment:** • Findings to be presented to Corporate Parenting Board in February 2014. **Health assessments** • Ensuring adequate medical advisers capacity to meet demand. • Collaborative working between SCC and G&W CCG project manager to ascertain current position and to review current data. • Contract variation in place and discussions to take place with Croydon Council re: out of county provision for	

		unaccompanied asylum seeking children. • Following report to Corporate Parenting Board, action plan being developed. • To ensure effective governance and oversight, joint health and social care chairing of the Healthy Outcomes Subgroup, which reports to CPOG and CPB. • **Develop performance measures to assess and understand the health and wellbeing outcomes of LAC.**	
	• **School nursing**	• Partners to consider options for school nursing capacity, including reviewing role of health lead professionals in safeguarding case conferences • Define the role of the school nurse in mainstream schools and how they can support the CAMHS school nurse	

Shared understanding of need	
Aim: To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way	**Outcomes:** ➢ Health and wellbeing services for children and families are designed to take account of their needs and experiences ➢ CYP and families feel a part of decisions made about their health and wellbeing ➢ CYP and families are able to see where and how their input has affected strategic decisions (SurreySays) ➢ Agencies have developed an appropriate 'if in doubt, share' culture around data ➢ Agencies are collectively well aware of the future demand for services and needs of CYP and families ➢ Agencies are collecting and using the voice of CYP and families routinely to inform service decisions ➢ There is less duplication of work within and between agencies

Lead body	Areas of focus	Measures	By when
Children and Young People's Partnership	• Embedding solutions for joining up different management information systems to support operational decision making	• Continue to improve data quality across systems • Draft specifications for data warehouse	
	• Building a common understanding of need, based on robust data/sharing of challenges and to improve specific data sets (complex needs/substance misuse)	• Develop JSNA Chapter: Families in Need • Develop JSNA Chapter: CYP in the Care of the Council • Develop JSNA Chapter: Safeguarding CYP • Develop a multi-agency virtual data group, and get it up and running	• End 2014 • End 2014 • End 2014 • Autumn 2014

	• Developing a mechanism for gathering evidence and sharing research about our children and young people	• Roll out Surrey Says to the rest of SCC and partners • Develop training options for Surrey Says • Improved capture of CYP/parent insight through the use of Surrey Says • More visible co-production with CYP/Parents across agencies, evidenced through Surrey Says input related to service development engagement	• By April 2014 • By April 2014 • Ongoing • Ongoing

Health and Wellbeing Surrey

Health and Wellbeing Board
13 March 2014

Self Assessment Frameworks for Autism and Learning Disabilities

Purpose of the report:

1. For the Health and Wellbeing Board to receive the local Joint Health and Social Care Self Assessment Framework outcomes in order to inform strategy and the JSNA.

2. For the Health and Wellbeing Board to oversee and monitor the outcomes.

Introduction:

1. What is the Partnership Board Self Assessment?

The Government have asked us to check how well services are working for people with learning disabilities and their families.

The Joint Health and Social Care Learning Disability Self Assessment Framework is a return that Partnership Boards across the country are asked to complete. In Surrey there were 3612 people receiving social care packages of support in 2012-13. Results are collated by Improving Health and Lives Learning Disabilities Observatory. (https://www.improvinghealthandlives.org.uk/)

What is the Self Assessment Framework about?

2.

The questions were about 3 subjects

- Health
- Social care
- Including people

The Assessment Framework consisted of

- a section that requested figures in relation to people with learning disabilities. Figures requested included break down of the age of people with learning disabilities, how many were eligible for range of health screening, had an annual health checks, attended out-patients, received in- patient care; received social care assessment; were in employment and range of accommodation options.

- a section in which the Partnership Board RAG rated its services and provided evidence for the rating. The areas covered were: Health, Social Care and Inclusion.

As well as gathering the figures from across health and social care, the Self Assessment form was made accessible, questionnaires where produced and sessions held across Surrey to RAG rate services

3. **We had to rate how we were doing.**

Red means

We are not doing well and need to improve.

Amber means

We are doing some things well, but there is still a lot of work to do.

Green means

We are doing really well.

How did we do?

4. **We were red on 6 ratings**

The sections we rated ourselves red were on the number of people

with learning disabilities that are on the GP register

that had a health screening

that had a annual health check

that had health action plans

that had regular care review

10

- People with learning disabilities that are on GP register
  Although we have QOF registers we were not able to validate them and get information required.

- People with learning disabilities are accessing health prevention, health screening and health promotion in following areas: Obesity, Diabetes, Cardio Vascular disease and Epilepsy. We could not provide figures or compare them against general population as this information is not currently captured via register or other mechanisms within public health.

- People with learning disabilities have had an annual health check.
  1778 people out of 3612 people were agreed with GP's as eligible for annual health check. 1308 people received an annual health check

- People with learning disabilities have an annual health action plan.
  Figures state that 3130 were eligible for a health action plan and 2970 individuals have a health action plan. However individuals are not clear on who is responsible for monitoring annual health checks and do not always relate to annual health check.

- People with learning disabilities have had regular care reviews.
  Figures state that 3612 individuals were eligible for Social Care. 1650 people had an assessment or re assessment.

- Care Providers have contracts in place but not all have signed the newly issued contracts.

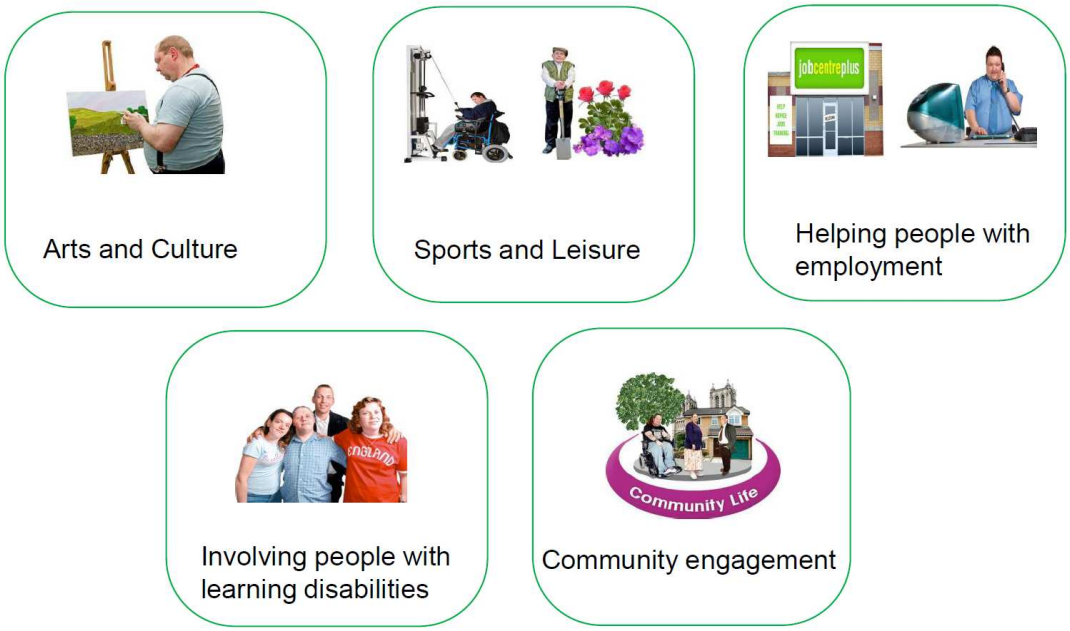
5. **We were amber on 13 ratings**

Surrey could provide some evidence and data on the following areas but felt more work could be done to be considered green:

- Flagging People with a learning disability when they access health services.
- Community Health Care- had good information on dentistry but not other community health services.
- Work Criminal Justice system- Surrey have a prison liaison nurse but need to do further work supporting people through the system.
- Safeguarding- Surrey have an action plan in place for Winterbourne but it needs to check actions are completed after investigations and ensure they have made a different.
- Recruitment and Training is in place but could include more people with learning disabilities across all services.
- Dignity and Respect – Surrey can demonstrate training is provided but it was felt this target was difficult to measure as it was qualitative.
- Local Councils- We work within local councils but need to join this with health.
- Whistle Blowing and Complaints- there are some good policies but cannot guarantee these are always used.
- Mental Capacity Training – it is a target across services for everyone to receive training but the report required records over the past 3 years.
- Joint working – Surrey health and Social care are not integrated.
- Transport – Surrey has disabled bus passes and good use of transport but not all bus companies understand terms and condition regarding bus passes and prevent people using them.
- Community and Citizenship- Surrey need to continue to raise awareness on inclusion and value people with learning disability contribute to society.
- Support to Carers- Surrey had good engagement and access to support via assessments, short breaks and support groups but more could be done

6. **We were green on the other 7 ratings.**

The sections we rated ourselves green were on



Surrey could provide good evidence and data on the following areas:

- Work of Acute Liaison Nurses.
- All Foundation Trusts had met all monitoring standards.
- People with learning disabilities included in Arts and Culture.
- People with learning disabilities included in Sports and Leisure.
- People with learning disabilities are helped into Employment. There are 365 people in Surrey with a Learning Disability in Paid employment and 240 involved in Voluntary work.
- That Surrey were working well with people in Transition and are a 'Trail blazer' site for the single educational health and care plan.
- That Surrey are involving people with learning disabilities

Conclusions:

7. The Surrey Learning Disability Partnership Board is performing well in most areas. However there is a need to improve information and data collection relating to people with learning disabilities, and invest in developing the GP registers. We also need to work on completing individuals annual reviews.

Recommendations:

8. The Health and Well Being Board support the continued work of the Partnership Board and action plan going forward.

Next steps:

We are writing an action plan to list all the work we need to do and how we are going to do it.

Our action plan will say how we are going to make things better.

Next year there will be another Self Assessment Framework that will be completed and everybody can give their comments

Full responses of the Self Assessment Framework will be available on the Partnership Board website

---

Report contact: Jo Poynter, Senior Manager, Adult Social Care Commissioning – Learning Disabilities

Contact details:
Telephone: 07794 034773
Email: Jo.poynter@surreycc.gov.uk

Sources/background papers:
Public Health England: Joint Health and Social Care Assessment Framework

Annex 1- Self Assessment Framework

index.php - Final 061213v3 with sign o

Annex 2- SAF Action Plan

SAF Action plan 2013-14.pdf

Annex 3- SAF March Bulletin

SAF Bulletin March 2014 - draft b.pdf

Joint Health and Social Care Self-Assessment Framework

Healthcare

Demographics

You should obtain this information from general practices. You can do this directly either by the Clinical Commissioning Group (CCG) or Commissioning Support Unit (CSU) using MiQuest queries, or by direct liaison with practices. Primary Care Trusts and GP practices may also know this information from routine liaison in relation to Health Checks. In some areas, primary care contracting requires information flows to support this.

You should aim to provide this data broken down by **age bands** and **ethnicity**. However, if you are unable to provide an age breakdown at this level then **either** report the data by the number of people of aged **0 to 17** years old and aged **18 and over**, **Or** the numbers for **all ages**. These are the last three options in questions 1 to 3.

Please note recorded as being from an ethnic minority means that a person's ethnic category (if declared) is different from the English ethnic majority. That is to say they are not 'British (White)'. This refers to the term as defined for the NHS data dictionary.

1. How many people with any learning disability are there in your Partnership Board area?

1.1 Aged 0 to 13 years old

1.2 Aged 14 to 17 years old

1.3 Aged 18 to 34 years old

1.4 Aged 35 to 64 years old

10

1.5 Aged 65 years old and over

1.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

1.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 1.8 and 1.9, question OR 1.10.

1.8 Aged 0 to 17 years old

1.9 Aged 18 years old and over

3612

1.10 All ages

2. How many people with complex or profound learning disability are there in your Partnership Board area?

Complex or profound learning disability here means learning disability complicated by severe problems of continence, mobility or behaviour, or severe repetitive behaviour with no effective speech (i.e. representing severe autism) (Institute of Public Care, (2009) Estimating the prevalence of severe learning disability in adults. IPC working paper).

2.1 Aged 0 to 13 years old

2.2 Aged 14 to 17 years old

2.3 Aged 18 to 34 years old

10

2.4 Aged 35 to 64 years old

2.5 Aged 65 years old and over

2.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

2.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 2.8 and 2.9, question OR 2.10.

2.8 Aged 0 to 17 years old

2.9 Aged 18 years old and over

2.10 All ages

3. How many people with both any learning disability and an Autistic Spectrum Disorder are there in your Partnership Board area?

3.1 Aged 0 to 13 years old

3.2 Aged 14 to 17 years old

3.3 Aged 18 to 34 years old

3.4 Aged 35 to 64 years old

10

3.5 Aged 65 years old and over

3.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

3.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 3.8 and 3.9, question OR 3.10.

3.8 Aged 0 to 17 years old

3.9 Aged 18 years old and over

3.10 All ages

Screening

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. Directors of Public Health should be monitoring this routinely as an equalities issue.

The total eligible population includes people with and without learning disabilities unless otherwise stated.

4. How many women are there eligible for cervical cancer screening?

- The eligible population are women aged 25 to 64 years old inclusive and who have not had a hysterectomy.
- The population who had a cervical smear test in the last three years (1st April 2010 to 31st March 2013 inclusive) if aged 25 to 49 years old or else in the last five years (1st April 2008 to 31st March 2013 inclusive) if aged 50 to 64 years old

4.1 Number of total eligible population

4.2 Number of total eligible population who had a cervical smear test

4.3 Number of eligible population with learning disabilities

10

4.4 Number of eligible population with learning disabilities who had a cervical smear test

5. How many women are eligible for breast cancer screening?

- Eligible population are women aged 50 to 69 years old, inclusive.

5.1 Number of total eligible population

5.2 Number of total eligible population who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

5.3 Number of eligible population with learning disabilities

5.4 Number of eligible population with learning disabilities who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

6. How many people are eligible for bowel cancer screening?

- Eligible population are people aged 60 to 69 years old, inclusive.

6.1 Number of total eligible population

6.2 Number of total eligible population who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

6.3 Number of eligible population with learning disabilities

10

6.4 Number of eligible population with learning disabilities who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

Wider Health

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. These are routinely available measures of major health issues that should be monitored by Directors of Public Health.

Report how many people there were on the **31st March 2013**.

7. How many people with learning disabilities are there aged 18 and over who have a record of their body mass index (BMI) recorded during the last two years (1st April 2011 to 31st March 2013)?

8. How many people with learning disabilities are there aged 18 and over who have a BMI in the obese range (30 or higher)?

9. How many people with learning disabilities are there aged 18 and over who have a BMI in the underweight range (where BMI is less than 15 as per Health Equalities Framework indicator 4C)?

10. How many people with learning disabilities aged 18 and over are known to their doctor to have coronary heart disease?

As per the Quality and Outcomes Framework (QOF) Established Cardiovascular Disease Primary Prevention Indicator Set.

11. How many people with learning disabilities of any age are known to their doctor to have diabetes?

As per the QOF Established Diabetes Indicator Set and include both type I and type II diabetes here.

12. How many people with learning disabilities of any age are known to their doctor to have asthma?

As per the QOF Established Asthma Indicator Set

13. How many people with learning disabilities of any age are known to their doctor to have dysphagia?

10

14. How many people with learning disabilities of any age are known to their doctor to have epilepsy?

As per the QOF Established Epilepsy Indicator Set

Mortality

Following the publication of the Confidential Inquiry, Directors of Public Health will want to set up mechanisms to monitor this. Relatively few are likely to be able to answer this question this year. In the longer term this will be produced as part of the NHS Outcomes Framework.

15. How many people with a learning disability resident in your Partnership Board area died between 1st April 2012 and 31 March 2013?

15.1 Aged 0 to 13 inclusive

15.2 Aged 14 to 17

15.3 Aged 18 to 34

15.4 Aged 35 to 64

15.5 Aged 65 and older

Annual Health Check & Health Action Plans

16. How many people with a learning disability aged 18 and over were agreed as eligible for an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

1778

17. How many people with a learning disability aged 18 and over had an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

1308

18. How many people aged 18 and over with a learning disability have a Health Action Plan?

18.1 Total number eligible

3130

10

18.2 Total number completed

2970

Practices participating in Health Checks

Report how many general practices there were on the **31st March 2013**.

19. How many GP practices are there in your Partnership Board area?

129

20. How many GP practices in your Partnership Board area signed up to a Locally Enhanced Services or Directed Enhanced Service for the learning disability annual health check in the year 2012-2013?

82

Acute & Specialist Care

Providers should know this as a result of the Compliance Framework.

Report the numbers between **1st April 2012 and 31st March 2013**.

21. How many spells of INPATIENT Secondary Care were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note 21.2 has changed from "Number for people with learning disabilities as percentage of total spells". We are now asking for the denominator value as to ensure the accuracy of the information.

21.1 Number of spells for people identified as having a learning disability

183

21.2 Total number of spells

127251

22. How many OUTPATIENT Secondary Care Attendances were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

22.1 Number of attendances identified as having a learning disability

560

22.2 Total number of attendances

520010

23. How many attendances at Accident & Emergency involved a person with learning disabilities as the patient?

Please note this changed from "Number for people with learning disabilities as percentage of attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

23.1 Number of attendances involving people with learning disabilities

210

23.2 Total number of attendances

155367

24. How many people with a learning disability have attended Accident & Emergency more than 3 times?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

24.1 Number of people with a learning disability

25

24.2 Total number of attendances

Continuing Health Care and Aftercare

Your Local CCG or CSU/Function should have this information.

Report the numbers on the **31st March 2013**.

25. How many people with a learning disability are in receipt of Continuing Health Care (CHC)?

119

26. How many people with a learning disability are in receipt of care funded through the Section 117 arrangement of the Mental Health Act?

23

Location of mental health and learning disability in-patient care

In most cases, this should be known by CCG and possibly through CSU. Your Local CCG or CSU should have this information.

Report the numbers on the **31st March 2013**.

27. How many people with learning disability were in-patients in mental health or learning disability in-patient units (HES speciality function codes 700 to 715) run by providers that provide the normal psychiatric in-patient and community services for the CCGs in your Partnership Board area.

10

Note: the impact of this question is likely to be the 'missing figures' that relate to those placed out of area and this will be compared with the Winterbourne View data collection/registers.

27.1. Number of people placed primarily due to Challenging Behaviour

27.1.1 Age 0 to 17

27.1.2 Age 18 or older

27.2. Number of people placed primarily due to Mental Health Problems

27.2.1 Age 0 to 17

27.2.2 Age 18 or older

45

27.3. Number of people placed primarily due to complex physical health needs

27.3.1 Age 0 to 17

27.3.2 Age 18 or older

28. How many people with learning disability were in-patients in mental health or learning disability in-patient units commissioned by NHS England (specialised commissioning)?

Note: this question has been changed to clarify what is requested.

28.1. Located in your Partnership area or a CCG area bordering it

28.1.1. Number of people placed primarily due to Challenging Behaviour

28.1.1.1 Age 0 to 17

28.1.1.2 Age 18 or older

1

28.1.2. Number of people placed primarily due to Mental Health Problems

28.1.2.1 Age 0 to 17

28.1.2.2 Age 18 or older

1

28.1.3. Number of people placed primarily due to complex physical health needs

28.1.3.1 Age 0 to 17

28.1.3.2 Age 18 or older

0

28.2. Located elsewhere

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

28.2.2.2 Age 18 or older

5

28.2.2. Number of people placed primarily due to Mental Health Problems

28.2.2.1 Age 0 to 17

28.2.2.2 Age 18 or older

0

10

28.2.3. The Number of people placed primarily due to complex physical health needs

28.2.3.1 Age 0 to 17

28.2.3.2 Age 18 or older

0

Reasons for mental health and learning disability in-patient placements

CCG or CSU should have this information. In some cases where commissioning for this group has been partly subcontracted to providers, this may require their input too.

10 **29. How many people with a learning disability have been admitted once or more often to both in-patient mental health and learning disability care (HES specialty function codes 700-715) at least once between 01 April 2012 and 31 March 2013?**

Count each individual once only.

29.1 Primarily for management of challenging behaviour

29.2 Primarily for other reasons

29.3 Total number of individuals (One individual may in the year have had admissions for both reasons)

17

30. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013?

30.1 Primarily for management of challenging behaviour

14

30.2 Primarily for other reasons

4

31. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 90 days.

31.1 Primarily for management of challenging behaviour

11

31.2 Primarily for other reasons

4

32. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 730 days (two years).

32.1 Primarily for management of challenging behaviour

10

32.2 Primarily for other reasons

4

Challenging Behaviour

CCG or CSU should have this information.

Report all NHS funded hospital care.

10

33. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the PCT register handed over to the CCG at 31st March 2013.

33.1 Number in hospital at index date

68

33.2 Number NOT in hospital at index date

34. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register at 30th June 2013.

34.1 Number in hospital at index date

30

34.2 Number NOT in hospital at index date

38

35. Number of people in learning disability or autism in-patient beds at 1st December 2012 (Publication of Transforming Care) and number of these whose care has been reviewed in line with the Ian Dalton Letter between the beginning of December and 1st June 2013.

35.1 Number in hospital at index date

26

35.2 Number NOT in hospital at index date

23

Assessment and provision of social care

You should refer to your Local Authority Referrals, Assessments and Packages of Care (RAP) Return data.

Report the numbers between 01 April 2012 and 31 March 2013.

36. How many people with learning disabilities received the following between 01 April 2012 and 31 March 2013?

36.1 Received a statutory assessment or reassessment of their social care need whose primary client type was learning disability. (A1 and assumedly knowable from sources capable of producing A6 and A7)

1650

36.2 Received community-based services whose primary client type was learning disabilities (P1)

2550

10

36.3 Received residential care whose primary client type was learning disabilities (P1)

1410

36.4 Received nursing care whose primary client type was learning disabilities (P1)

30

Inclusion & Where I Live

Social services statistics unit should have this information. Please note, these are data you should have reported to the Health & Social Care Information Centre (HSCIC) earlier in the year. They are included here so they can be seen in the context of the other data. They will not be published by HSCIC until March 2014.

Report the number of people with learning disability as primary client type.

Employment & Voluntary Work

Refer to Adult Social Care Combined Activity Returns data L1.

37. How many people with learning disabilities in paid employment (including self-employed known to Local Authorities)?

365

38. How many people with learning disabilities as a paid employee or self-employed (less than 16 hours per week) and not in unpaid voluntary work?

195

39. How many people with learning disabilities as a paid employee or self-employed (16 hours + per week) and not in unpaid voluntary work?

170

40. How many people with learning disabilities as a paid employee or self-employed and in unpaid voluntary work?

10

41. How many people with learning disabilities in unpaid voluntary work only?

240

Accommodation

Refer to Adult Social Care Combined Activity Returns data L2

Please note, the National Adult Social Care Intelligence Service rounds these numbers to nearest five prior to publication. As such, we will take similar precautions when publishing these data.

10

42. How many people with a learning disability live in or are registered as:

42.1. Rough sleeper/Squatting

0

42.2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)

0

42.3. Refuge

0

42.4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement)

10 *5*

42.5. Acute/long stay healthcare residential facility or hospital

15

42.6. Registered Care Home

1095

42.7. Registered Nursing Home

20

42.8. Prison/Young Offenders Institution/Detention Centre

0

42.9. Other temporary accommodation

5

42.10. Owner Occupier/Shared ownership scheme

40

42.11. Tenant - Local Authority/Arm's Length Management Organisation/Registered Social Landlord/Housing Association

85

42.12. Tenant - Private Landlord

25

42.13. Settled mainstream housing with family/friends (including flat-sharing)

1120

42.14. Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)

790

42.15. Adult placement scheme

35

42.16. Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)

0

42.17. Sheltered Housing/Extra care sheltered housing/Other sheltered housing

15

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

0

42.19. What is the total number of people with a learning disability known to the Local Authority?

3250

Quality

For Health Commissioning Deprivation of Liberty Safeguards refer to Omnibus data collection
http://www.hscic.gov.uk/dols

Training

43. How many of Health & Social Care commissioned services implement mandatory learning disabilities awareness training? - We have withdrawn this question.

Complaints

44. How many complaints have directly led to service change or improvement in learning disabilities services?

11

Safeguarding

45. How many adult safeguarding concerns have there been in the year to 31st March 2013 concerning adults with learning disabilities?

908

46. How many adult safeguarding concerns have been raised in relation to people with learning disabilities that required escalation?

195

47. What percentage of commissioned accommodation, residential or nursing placements "in borough" have had unannounced visits in the past 12 months?

48. How many commissioned accommodation, residential or nursing placements "out of borough" have had unannounced visits in the past 12 months?

Note: this question has been changed. Please provide the total figure, not the percentage.

Mental Capacity Act, Deprivation of Liberty Safeguards and Best Interest referrals

10

49. How many Deprivation of Liberty Safeguards referrals were made by local authorities in 2012-13?

Note: this question has been changed to clarify what is requested.

8

50. How many Deprivation of Liberty Safeguards referrals were made by CCGs (formerly PCTs) in 2012-13?

Note: this question has been changed to clarify what is requested.

5

51. How many Best Interest Decisions referrals have been made in 2012-13?

33

52. What percentage and number of staff in commissioned services have undertaken DOLS training in the last 3 years?

52.1 Percentage

52.2 Number

53. What percentage and number of staff in commissioned services have undertaken Mental Capacity Act training in the last 3 years?

53.1 Percentage

53.2 Number

Transitions

54. The total school age population in your Partnership Board area

145638

55. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of moderate learning disability.

915

56. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of severe learning disability.

400

57. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of profound or multiple learning disability.

94

58. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of autistic spectrum disorder.

1363

59. The number of people with a learning disability aged 14 to 17 years old who are in receipt of a co-produced transition plan.

10

Self-Assessment Framework

This section allows you to rate each measure of the self-assessment framework green, amber or red. You should continually refer to the guidance in order to decide the ratings. The guidance can be downloaded here.

In addition, you can click on each measure which will take to the definition of the measure and the RAG ratings.

In order to rate yourself RED, you must meet the criteria described under this heading In order to rate yourself AMBER, you must meet the criteria described under BOTH the RED and AMBER headings In order to rate yourself GREEN, you must meet the criteria described under the RED, AMBER and GREEN headings

For each indicator, you should provide an explanation as to why you rated it green, amber or red and a link to a webpage containing further evidence to support this rating.

In addition, you can also provide a positive or negative real life stories of experience that explains why you think that indicator is strong or needs improvement.

Please note, we would like you to keep these explanations and stories concise. As such please limit these to 1,000 characters (including spaces). There is a counter underneath each comment box indicating how many characters out of the 1,000 you have used.

Section A

A1. LD QOF register in primary care

- ⊗ Red
- ○ Amber
- ○ Green

Explanation for this rating

** Surrey has six Clinical Commissioning groups who through the NHS changes have been unable to validate the LD registers. Each CCG now has a delegated lead person for learning disabilities and one CCG has taken the lead for LD.*
** Systems seem to be available to GP surgeries but we need to look at how to co-ordinate information.*
** Some GP's are better at recording information than others*
** Primary Care Liaison Nurses have been employed to help GP surgeries and their work will include looking at data collection. Contact has been made with all GP practices and significant progress has been made in validating the learning disability QOF registers.*
** Mencap have funded the 'Getting It Right' Project in the east of the county to help improve the patient experience. See http://www.eastsurreyccg.nhs.uk/index.php/news/archived-news/getting-it-right-from-the-start*
** The GP services vary across Surrey and are not equal. In the East and West there has been a lot of development in learning disability in primary care.*

10

Web link to further evidence

http://www.surreyhealthaction.org/health-services-in-surrey-made-easy/going-to-the-doctors-surgery

Real life story

Through their work in validating the GP registers the primary care liaison nurses were advised about an individual with learning disabilities who repeatedly did not attend GP appointments. The liaison nurse became involved and identified that the individual lived in a supported living environment with intermittent carers and he was unable to read his mail. The liaison nurse arranged for easy read letters to be used in place of the standard GP letters. They also ensured a copy of the letter was sent to the individual's keyworker who took on the role of co-ordinating health appointments for the person. The person has since attended all health appointments and as a result his health needs have been diagnosed and better managed.

A2. Screening

People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy

- ⊗ Red
- ○ Amber
- ○ Green

Explanation for this rating

** Data collection has commenced through primary care liaison nurses.*
** We do not have any information on how many people with learning disabilities were invited to screening, or uptake of screening.*
** The Macmillan nursing service has delivered cancer awareness sessions for people with learning disabilities.*
** In Surrey there are some healthy living groups for people with a learning disability which support individuals and include information on screenings.*
** We do not have any data or information on levels of diabetes, obesity or cardiovascular disease prevalence amongst people with a learning disability*
** As part of the AHCs GPs do carry out lifestyle screening however, we don't not have any data on this*
** Surrey provides accessible information via http://www.surreyhealthaction.org, which includes easy read letters to appointments and explanations on screening services.*

Web link to further evidence

www.healthysurrey.org.uk

Real life story

Royal Surrey Hospital has excellent support for people attending for EEG. The RSCH neuro- physiology department utilises a full range of adjustments including ; TV/DVD, music, clients are able to take in anything that helps to keep them calm . The clinicians have attended LD awareness training and they are happy for people to attend for a pre visit to be familiar with the department. They understand the need to adapt the environment to meet the individual's needs.
On one particular episode they managed to carry out nerve induction tests which previously would not have been completed by joint working with the learning disability liaison team the person was supported to have the tests without requiring any sedation and the whole experience was extremely positive .

A3. Annual Health Checks and Annual Health Check Registers

- ⊗ *Red*
- ○ *Amber*
- ○ *Green*

Explanation to rating

** Last year over 50% of people who get support from Surrey County Council were agreed as eligible for an annual health check and about 75% of these individuals received one.*
** All GP surgeries have a learning disability register.*
** http://www.surreyhealthaction.org was visited 9,212 times this year. Surrey also have www.healthysurrey.org.uk*
** Primary Care Liaison nurses are working with GP surgeries to validate the learning disability QOF registers.*
** Some people have reported not receiving invitations for AHCs.*
** Some people feel that GPs do not speak to them and speak to their carers instead.*
** The primary care liaison nurses are currently linking in with GP's practices. They have developed learning disability resource files for the GP practices which are awaiting distribution.*
** The primary care liaison nurses can provide learning disability awareness training and link in with DES training as required. They are also on hand to support with individual cases as appropriate.*

10

Web link to further evidence

** http://www.eastsurreyccg.nhs.uk/index.php/news/archived-news/getting-it-right-from-the-start*

Real life story

X has complex needs and has limited communication. He had never attended a GP routine appointment or any appointment within a community setting.
Once the Practice received training and support on X's needs. They worked with him to build up his tolerance to visiting the Practice on random days and with different members of staff. X has now attended a blood test appointment at the Practice accompanied by the 'trusted' worker and also another member of staff. In the past this would have caused enough anxiety for X to refuse to go
X had to wait for 3 minutes before being called through for the test which meant being in the waiting room. Previously, X would not have been able to cope with this. The risks to X have been minimised as he has engaged with the Practice.

A4. Health Action Plans

Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.

- ⊗ *Red*
- ○ *Amber*
- ○ *Green*

Explanation to rating

** Although Health Action planning is good in Surrey, these do not follow the Annual Health check process.*
** People with a learning disability tell us they have health action plans and providers are expected to support people to look after their health however there is no-one centrally coordinating the checking of these Health action plans.*
** This has been added as a recommendation to the Learning Disability Health Strategy.*
** Health Action planning materials are available on www.surreyhealthaction.org People are using these.*
** We have developed an Easy Read Health Action Planning Toolkit which is currently being piloted.*
** Most People have a HAP but they are not always updated*
** In Surrey individuals are not clear who is responsible for reviewing and completing their HAP.*
** Different care providers have different approaches to HAP. Some have their own versions.*
** There is HAP training in place*

Web link to further evidence

www.healthysurrey.org.uk

Real life story

Work has been completed to develop a HAP which links into the AHC this is being used as part of pilot with a group of surgeries and provider services . This will be reviewed and roled out next year.

A5. Screening

Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for:

a) Cervical screening

b) Breast screening

10 c) Bowel Screening (as applicable)

- [x] *Red*
- [ ] *Amber*
- [ ] *Green*

Explanation for rating

** We don't have evidence to say how many people with learning disabilities have screening checks compared to the general population or have data on the number of people with learning disabilities that have been invited for screening.*
** The Primary Care Liaison Nurses will be working with Clinical Commissioning Groups and screening services to improve data and access.*
** Information is available on www.surreyhealthaction.org People are using this information.*
** We have developed an Easy Read Health Action Planning Toolkit which is currently being piloted .*
** We need to work with Primary Care Services, GPs, CCGs and Public Health England to get this data. Additionally we need to work with these partners to develop screening care pathways so that we can ensure equal access and reasonable adjustments.*
** Some people with learning disabilities are aware of the breast and screening services,*
** There is no targeted sexual health screening services as people with LD can access mainstream services*

Web link to further evidence

http://www.healthysurrey.org.uk/

Real life story

A6. Primary care communication of learning disability status to other healthcare providers

- [ ] *Red*
- [x] *Amber*
- [ ] *Green*

Explanation for rating

** "My Care Passport" is freely available from Surrey Health Action and is widely used.*
** Over 70% of people with a learning disability have a "My Care Passport". We have had good outcomes from the use of these passports in hospitals.*
** The 'Getting It Right Project' is doing work with GP Surgeries in East Surrey which we can learn from*
** Primary Care Liaison Nurses will be doing training with Clinical Commissioning Groups.*
The Acute hospitals have a flagging system, work is being undertaken to link this to Primary Care.
** Some GPs registers need to be updated, the primary care liaison nurses are supporting practices with this.*
** The acute trusts are in the process of identifying developing a process to ensure all clients with learning disabilities are coded appropriately through their coding departments*
** A CCG is hosting a "data sharing event" taking place soon. At this event GPs, Council and primary care liaison nurses are invited to share their data and update their registers.*

Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

The primary and acute liaison nurses are working together to encourage better documentation of someone having a learning disability through correspondence between the GP and hospitals. This allows more accurate coding in the hospital and ensures there is more accurate documentation around reasonable adjustments required etc. They have developed a standard discharge letter which can be adapted dependant on client need. In this letter it states the contact details of the liaison nurse and their role. It also asks them to use a standard format and code when referring in to the hospital.

A7. Learning disability liaison function or equivalent process in acute setting

For example, lead for Learning disabilities.

Known learning disability refers to data collated within Trusts regarding admission - HES data.

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

10

Explanation for rating

** "My Care Passport" is freely available from Surrey Health Action and is widely used.*
** People with learning disability were part of a team that designed the health passport*
** The Acute Liaison Nurses work across the hospital service including working with ward staff, outpatients, safeguarding leads and discharge planning teams.*
** We have had hospital peer reviews that have been very positive, which are being repeated this year.*
** Positive stories about the acute liaison nurses. One person reported that he had an ongoing health issue. Despite his father writing lots of letters to GP and hospital he only received pain relief. The ALN worked with the person and hospital to get him assessed. He eventually had an operation and is now free of pain.*

Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

During the last peer review it was identified that a particular surgical ward area were developing easy read information on their own volition and had a very good understanding of the needs of patients with learning disabilities. This work included developing a welcome pack which contained explanations of the ward staff roles, what they help with and what uniforms they wear. It was then placed on the action plan that sharing good practice was to be a standing agenda for the nursing and midwifery / safeguarding groups.
Similarly it was identified that one area was found to be very difficult to find your way around. A review of signage in the hospital was then added to their learning disability action plans which are reviewed by the deputy chief nurses.
The learning disability nurses have introduced feedback sessions at one of the local hospitals. This allows people's personal stories to be incorporated into the patient experience data and fed back to the Trust board.

A8. NHS commissioned primary and community care

* Dentistry

* Optometry

* Community Pharmacy

* Podiatry

* Community nursing and midwifery

This measure is about universal services NOT those services specifically commissioned for people with a learning disability.

◯ *Red*
⊗ *Amber*
◯ *Green*

10

Explanation for rating

** "My Care Passport" is freely available from Surrey Health Action and is widely used.*
** Health Action Planning materials help people to access these services. People are using the Easy Read appointment letters.*
** We are learning from the Getting It Right project about reasonable adjustments that make a difference.*
** People are using Telecare equipment.*
** People with learning disability report that:*
** Community Nurses have been excellent and provide a good service- however not everyone gets this service.*
** Dentists provide good service and always explain treatment. Some people access high specialist dentist, others high street dentist.*
** Community pharmacy will put medication in blister packs for individuals*

Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

Getting it Right Project

X has complex needs and has limited communication. He had never attended any appointments within a community setting. Training was provided to the Dentist surgery and X visited on numerous occasions with people who supported him gradually working towards sitting in the chair and experiencing things in his mouth.
It is hoped that this will lead to a dental examination and regular attendance at the dentists.

A9. Offender Health & the Criminal Justice System

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

** We have a Prison Liaison Nurse in Surrey.*
** We have provided training for prison officers and prison health staff*
** More training and awareness is needed for prison staff*
** As there are 4 prisons in Surrey the Prison Liaison Nurse service is limited. More resource is needed*
** All prisons have a disability officer*
** We have developed Easy read information to use in prisons.*
** We need to do more work with the Probation Service and the Courts to support people with learning disabilities.*
** Front line staff report improvements in how police officers work with people with learning disabilities.*
** We have started to work with the Police about developing an Autism Alert Card. Police officers have joined our Autism Champion Training Programme.*
** We need to further develop the support for people when they leave prison*

Web link to further evidence

http://www.sabp.nhs.uk/news/breaking-down-barriers

Real life story

** J, a prisoner was found to probably have a learning disability on being screened using the LDSQ.*
** J was offered an annual health check and was found to have three conditions needing further investigation.*
** Appointments were made at local hospital for J to be seen by appropriate specialists, and he was supported to understand what the appointments were for and the outcomes.*
** J received appropriate medical interventions.*
** J had been in prison for some months prior to the screening tool being introduced and his needs had not been identified. The use of the screening tool and the annual health check enabled J to have his needs identified and to access appropriate health care while in prison.*

Section B

B1. Regular Care Review

10

Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.

Evidence should describe the type (face to face or telephone etc.)

⊗ *Red*
○ *Amber*
○ *Green*

Explanation for rating

** The statistic requires us to have over 90% of people having had an annual review. Our figure shows that we have approximately 65% of people with a learning disability, who are open to ASC, that have had reviews in the past year. This is supplemented by annual meetings done by our In-house day services and other providers. These reviews are predominately face to face reviews.*
** Surrey is aware of where all individuals, who are funded by Health and Social Care, are placed and we have issued placement contracts.*
** Individuals have welcomed the use of accessible invitations to reviews and also the use of accessible self assessment forms that are used to reassess individuals.*
** Every person living outside Surrey has been visited.*

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/how-to-access-adult-social-care-services/self-directed-support

Real life story

X lived out of county in a high cost residential service, this was the only service that could meet his needs at that time. X and his family were advocating that he would benefit from living more closely to them.
Following his review X's needs were shared with our Commissioning team who approached the market to develop services locally. Two services were developed providing choice of accommodation and area for the person and his family.
Transition meetings took place with everyone to develop a package of support that met his needs. This package of support has evolved following the move into his new home. His package of care is now provided in a number of different ways by different people and includes: horticultural, education and leisure opportunities as well as the opportunity to carry out daily living tasks within the home with his own support which he wasn't able to do before. X and his family are happy with the new local service.

B2. Contract compliance assurance

For services primarily commissioned for people with a learning disability and their family carers

⊗ *Red*
○ *Amber*
○ *Green*

Explanation for rating

** Surrey County Council have issued new contracts to all providers who support people we fund. The updated contract includes a service specification based on TLAP 'I' Statements around expectation on quality.*
** Commissioners have established a Relationship Managers Role to link with Surrey strategic providers. Strategic providers account 50% of the annual contracted commissioned spend. We hold quarterly meetings and annual review meetings with all these providers to look at quality and outcomes from their services.*
** Commissioners also visit and liaise with other providers as required*
** In addition to annual meetings, monthly surgery days are open to any current or potential providers. This need to be advertised widely so that people can attend*
** Commissioners attended quarterly provider forums with Surrey Care Association to discuss issues*
** All grant contracted services have a grant contract agreement*

Web link to further evidence

** http://www.surreycc.gov.uk/your-council/council-services/business-services-directorate/procurement-services/purchasing-terms-and-conditions/terms-and-conditions-for-residential-care-services*

Real life story

10 *The SCC learning disability commissioning team have worked with a key Surrey based provider of supported living, residential care and outreach support services during 2013. These contract compliance meetings have addressed:*
-areas of poor performance identified by CQC
-areas of poor performance identified by the provider themselves during their own internal QA process
-areas of poor performance addressed as part of the safeguarding process across Surrey and identifying key themes
-follow up on key theme of medication errors raised and focussed target for improvement
-key relationship management and building during their year ensuring that SCC maintained good relations with the provider during difficult time and ensured that there was consistency during period of change of key managers at the provider
The meetings focussed on the quality processes the provider put in place to address issues and meetings were scheduled on a monthly basis throughout the year.

B3. Assurance of Monitor Compliance Framework for Foundation Trusts

Supporting organisations aspiring towards Foundation Trust Status

Governance Indicators (learning disability) per trust within the locality

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Explanation for rating

** All the Surrey NHS Foundation Trusts governance ratings are currently Green on Monitor website re performance.*

Web link to further evidence

http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/nhs-foundation-trust-directory-and-register-licence-holders/surrey-and-borders-partnership

Real life story

B4. Assurance of safeguarding for people with learning disability in all provided services and support

This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

** Commissioners sit on Surrey Safeguarding Board and also provide reports to the Health and Well Being Board*
** Surrey Safeguarding Board has an action plan in response to Winterbourne View, CIPOLD and Frances Report. This sub group meet quarterly to monitor the action plan that is in place.*
** Learning Disability Commissioners link with Quality Assurance and Safeguarding Teams as well as Personal Care and Support to resolve any concerns with providers. Commissioners attend Safeguarding meetings on individuals and services were appropriate.*
** Commissioners are registered to receive CQC alerts and will follow up any alerts where an individual from Surrey is a resident and will liaise with the provider to ensure that they have an action plan in place to resolve the issues to alerts*
** Commissioners are open and transparent with families and families can contact the team with their concerns and attend the commissioning surgeries.*
** Feedback from individuals is that policy and procedures that are in place are good.*
** Health and Adult Social Care commissioners meet bi monthly to ensure joined up approach.*
** Commissioners attend Safeguarding awareness training and have produced easy read information see http://www.surreypb.org.uk/index.php?page=/other_info_8.*

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/surrey-safeguarding-adults-board/safeguarding-resources-helpful-information-from-non-surrey-safeguarding-adults-board-sources/safeguarding-adults-useful-govern

10

Real life story

Surrey Safeguarding Board held an event in March attended by over 70 young people. The purpose of the event was to help young people the opportunity through drama, easy read information and discussion groups to gain confidence in their abilities to live in the community and know who they can get help from when required. There was an interactive Drama performance from the Blue Apple Theatre Company and a session with Surrey Police, who went through the accessible materials that they had produced with people with learning disabilities.
People with learning disabilities found the course very helpful and enjoyed being able to talk to police officers and others in authority. People with learning disabilities place great trust and reliance on people in authority to give them help. If they feel unsafe, they will seek support from people they trust. It is therefore vital we help people in these roles understand the needs of people with learning disabilities. This work will continue to be supported by the projects being undertaken by the four Safeguarding Adults Groups in Surrey.

B5. Training and Recruitment - Involvement

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

** SCC and many providers involve people with a learning disability in recruitment at every level.*
** There are courses where staff and individuals train together such as first aid and health and safety. Individuals are involved in training on Disabilities Awareness*
** Fire and Rescue have worked with vulnerable people to design "Keeping you Safe from Fire" video.*
** Individuals were involved in interviewing for Health watch and Advocacy tender*
** As part of Olympic Legacy Surrey trained individuals with learning disabilities and their carers to run Boccia sessions across the county for everyone*
** More work needs to be done to ensure providers are aware of joint training opportunities that are available for teams to attend*
** Training DVD's have been developed re Right to Control, Safeguarding and GP surgeries*

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/results.page?adultchannel=0&qt=training&term=&sorttype=relevance

Real life story

Smart Enterprise, who provide induction training to adult social care staff , have enabled staff with limited experience of working with learning disabilities to increase their confidence and knowledge.
This has been achieved by practice group work which incorporated a group of people with learning disabilities - each group had to complete part of a support plan with their learning disabled trainer, giving delegates an opportunity to practice their communication skills. The feedback from delegates suggests that not only did the exercise give them a greater understanding of the issues involved for people with learning disabilities, but also was very helpful in building confidence when returning to the workplace.
Course feedback included
"It took the fear out of working with people with learning disabilities and has given me the tools and confidence to work with them. I especially enjoyed the guest speakers who were people with learning disabilities. "

B6. Commissioners can demonstrate that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.

This is a challenging measure but it is felt to be vital that all areas consider this.

- ◯ Red
- ⊗ Amber
- ◯ Green

10

Explanation to rating

** Surrey County Council (SCC) have issued new contracts to all providers who support people we fund. The updated contract includes a service specification based on 'I' Statements around expectation on quality. Including being able to demonstrate how staff supports individuals*
** SCC mapped training courses to Qualifications and Credit Framework to make sure course content is suitable and staff are appropriately trained.*
** SCC completed Common Induction Standards and refresher training.*
** At provider Relationship Annual Review meetings with the quality of staff training is discussed. Unannounced visits also take place to review practice.*
** We also look at CQC reports on services which include looking at staff development*
** Surrey Care Association hold an annual award ceremony and categories include recognising importance of good quality staff who understand the importance of caring see http://www.surreycare.org.uk/cms/awards-2/awards-2012.html.*

Web link to further evidence

http://www.surreycc.gov.uk/your-council/council-services/business-services-directorate/procurement-services/purchasing-terms-and-conditions/terms-and-conditions-for-residential-care-services

Real life story

X moved from a NHS campus to a supported living scheme .The care & support providers for the new support services were selected on the basis of a thorough evaluation process that involved people with learning disabilities and relatives' representatives. The providers ability to pull together support teams with high levels of compassion and an appreciation of the dignity and respect for very vulnerable individuals that had been not only socially isolated but had rather outdated non-person centred support provision was an essential pre-requisite to deliver sustainable new services.
The new service was visited by people with a learning disability to monitor how well services were being delivered - experts by experience, as well as a range of other organisations such as Surrey LiNKS All were impressed with staff in the new service and how quickly it had become a 'home' for X.
X fell ill after about 18 months which resulted in hospitalisation, an illness that ultimately resulted in his death; throughout his period in hospital the provider staff continued to support him. X's relatives were extremely complimentary of the support provided in the new service and had nothing but high praise for the staff that had supported X.

B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.

- ◯ Red
- ⊗ Amber
- ◯ Green

Explanation for rating

** All eleven housing authorities in Surrey have Housing Strategies which set out the housing needs and priorities within their Boroughs & Districts and how these needs are being addressed. Consideration will have been given to the needs of residents with learning disabilities as part of this strategy and each authority have undertaken an Equality Impact Assessments*
** Commissioners are updating the Joint Strategic Needs Assessment and Locality Profile so that we can understand current and future demands for services in particular Boroughs and Districts.*
** The Partnership Board has four Local Valuing People Groups to support individuals.*

Web link to further evidence

http://www.epsom-ewell.gov.uk/EEBCWeb/Equality%20Impact%20Assessments/Archived%20documents/Equality%20Impact%20Assessments/Housing%20-%20East%20Surrey%20Home%20Choice.pdf

Real life story

The Tandridge Locality Team worked with the District Council to secure a DFG which had originally been turned down for a ramp in a shared house privately rented by 3 individuals with a learning disability and physical needs.
In Woking a young man with a learning disability was enabled to move into social rented accommodation after a Commissioning Manager worked with the Locality Team and the Borough Council through the supported housing panel to ensure he was on the correct banding. After the locality team confirmed the support plan, and the Borough agreed to revise his banding from E to C, the young man was successful in bidding for property through Choice Based Lettings

10

B8. Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

** SCC have a dedicated team implementing the strategy complaints process. The team have a system to log complaints and track outcomes and learning from complaints*
** Regular training is provided to staff, including LD managers on what a complaint is and how to respond and how to learn from complaints*
** Safeguarding Board have completed audits re-Whistleblowing policy across services to ensure they are in place*
** Feedback from Quality Assurance in East demonstrates that all providers have Complaints and Whistleblowing policies and staff are aware of these, as shown in interviews.*
** There has been an increase in staff Whistleblowing in the past year, indicating a level of awareness amongst staff of this procedure. They normally contact Surrey County Council directly rather than going to senior management within their organisations.*
** Where complaints or Whistleblowing alerts have been addressed within safeguarding, all learning disability providers are working with SCC to resolve issues*
** All providers have easy read and accessible information on whistleblowing*
** It is part of T&Cs to have a whistleblowing policy.*

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/surrey-safeguarding-adults-board/safeguarding-resources-helpful-information-from-non-surrey-safeguarding-adults-board-sources

Real life story

The SCC learning disability commissioning team have worked with two key providers over 12 months to address issues of CQC non compliance and other concerns at locations outside Surrey. This has involved:
-identifying all the individuals funded by SCC at the provider's services
-checking CQC profiles and identifying areas of non compliance
-asking the provider to provide a copy of the response they had provided to CQC to address the non compliance
-raising issues with the provider management in meetings regarding failure to meet SCC contract terms and conditions
-forwarding information regarding services to care practitioners, who in turn could arrange to visit the service and update families and individuals
-continuing the contract compliance meeting process until all issues had been resolved

B9. Mental Capacity Act & Deprivation of Liberty

- ◯ Red
- ⊗ Amber
- ◯ Green

Explanation for rating

** Expectations regarding competency in knowledge and use of relevant legislation is incorporated into SCC recruitment process*
** Within Adult Social Care Services, a days training of "Working with the Mental Capacity Act" is offered throughout the year*
** Between April 2012 and April 2013, 105 Adult Social Care staff attended this course over 6 separate Training days.*
** Prior to attending the days training, all staff are expected to complete e learning on the Mental Capacity Act, which is currently being changed to a new SCIE training course which includes 9 modules on MCA, including a DOLS module.*
** Individual training sessions are also provided to any team who requests it.*
** Support and Advice for any MCA/ DOLS issues are provided from the DOLS and Deputyship Team,. A duty system is run every day to manage*
** Deputyship enquiries, Advice and support are also offered to partner agencies in Surrey.*
** We have also produced accessible information to explain MCA*

10

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/accommodation-and-residential-and-nursing-home-care/residential-and-nursing-home-care/mental-capacity-act-2005-deprivation-of-liberty-safeguards

Real life story

In a newly commissioned service X was referred to supported living accommodation. X did not have capacity to sign a tenancy so her care practitioner, after a best interest meeting, applied and got Court Appointed Deputy to sign their tenancy.
This has allowed X to move into their own flat, where they have connected back into their local community. X attends college, takes part in a range of activities locally, and is developing local networks.

Section C

C1. Effective Joint Working

- ◯ Red
- ⊗ Amber
- ◯ Green

Explanation for rating

** Surrey Compact is a code of best practice between the public and voluntary, community and faith sectors.*
** Being a Compact signatory means that your organisation signs up to being responsible for improving relationships between the sectors.*
** Surrey County Council has 2 Caldicott Guardians, one for Children's Services and one for Adults. These guardians look at ways to share information that is lawful.*
** Surrey Care Association have a ten year plan and a simple concordat is in place which defines the way business is conducted between Adult Social Care and the independent sector.*
** Surrey have a Health and Well Being Board which has governance structure*
** Surrey have a Multi Agency Adult Safeguarding Board*
** Health and Social Care Commissioners sit on Surrey' Learning Disability Partnership Board along with people with learning disabilities, family carers voluntary and private providers, healthwatch and others*
** There is a gap with joint arrangements between health and social services. This is being worked on and there is a target to establish a joint working agreement within 3 months. Integrated/collaborative commissioning and provision are currently being explored.*

Web link to further evidence

http://www.healthysurrey.org.uk/health-and-wellbeing-board/

Real life story

SCC and NHS commissioners worked together with community team, Transition Team, and the housing / support partners to support M, a young woman fully funded by NHS to move into a new autism supported living scheme. This work clarified that the housing and support available was suitable for M, and that the only other accessible options available for her would consist of out of county residential care. As a result, SCC prioritised M to be offered a flat in the scheme. M did not have capacity to sign a tenancy, and so required a Court Appointed Deputy to do this on her behalf. SCC's Deputyship Team took on this responsibility.
M is supported by a scheme commissioned by SCC, funded and case managed by the CCG, with support and input from Transition Team, and with financial deputyship from SCC.
This joint work has allowed M to move into her own flat, where she has connected back into her local community. She attends college, takes part in a range of activities locally.

C2. Local amenities and transport

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

** Surrey have worked closely with user led organisations, voluntary sector, health and districts and boroughs to develop Surrey Information Point website to support people to find out about resources in their local area*
** Cobham Link project has integrated Older People Services to include people with learning disabilities*
** A Communication Booklet has been developed with the Red Cross to support people with learning disabilities in event of emergency planning*
** Surrey have opened a Changing places toilet in Epsom see http://thesmartenterprise.co.uk/changing-places-toilet-surrey*
** Surrey has an accessible website to support independent travel for people with learning disabilities see http://travelsurrey.org*
** Surrey Police have worked closely with Partnership Board to develop easy read information regarding staying safe and reporting Hate Crime see http://www.surrey.police.uk/Portals/0/pdf/easy-read/travelling_safely_July13.pdf*
** Individuals have a bus passes but not all bus drivers are aware of terms and conditions which needs to be addressed*
** People have feedback that local libraries and shops are helpful and easy to access and that they feel part of their community.*

10

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home

Real life story

The Learning Disability Partnership Board event this year was organised with a small group including people with a learning disability, family carers and service provider. It was attended by over 350 people, including people with learning disabilities who had the opportunity to ride on adapted bikes, take part in self defence sessions, practise first aid with the red cross, develop person centred action plans and much more. The day had a great 'buzz' and energy about it and showed what we can do when we all work together to create and develop fabulous opportunities for people we support to have their say, get involved and stay safe.
Over 40 stands were available to provide information on activities available in the local community. Those who attended have said it was the best event they had been to.

C3. Arts and culture

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Explanation for rating

** Surrey support individuals to attend leisure facilities such as cinema and music festivals through flexible break schemes.*
** Individuals are supported to visit art venues and many individuals participate in having work shown at local galleries and have shown work at Albert Hall as part of the Olympics*
** Surrey Arts support people with learning disabilities through DAiSY (Disability Arts in Surrey). Activity over the past 18 months has included participation in the Torch Relay Festival, in Guildford's Stoke Park. Learning disabled dancers took part in a site specific dance linked to the spectacular Supernature art installation in Jubilee Copse, Stoke Park. The DAiSY programme at the festival included performances and art exhibits by approximately 70 artists with learning disabilities. The total number of visitors to the festival exceeded 20,000.*
** Following on from Olympics people with learning disabilities and Surrey staff put on an event together to demonstrate art and culture see http://www.easyinfoforus.org.uk/information/healthy-living/leisure/sport-2012/get-in-the-spirit*
** Following easy read survey for people with learning disabilityover 90% of the returns stated that individuals were able to participate in local activities in the community*

Web link to further evidence

http://www.disabilityartsinsurrey.org.uk/

Real life story

Stopgap employs two full time dancer artists with learning disabilities Stopgap promote integrated dance practice and impact the lives of many young people through their work. In 2012-13 Stopgap delivered 267 workshops to 2,684 participants from Surrey. See. http://stopgap.uk.com/

C4. Sport & leisure

- ◯ Red
- ◯ Amber
- ⊗ Green

Explanation for rating

10

** Cycling has provided a healthy and fun activity for people with a learning disability Wheels for All sessions have been set up for people to experience cycling and participate in community events*
** Reigate & Redhill YMCA have an IFI (inclusive Fitness Initative) gym and staff fully qualified to work and understand the needs of adults with LD.*
** R U Able run inclusive sports sessions for people with learning disabilities in Camberley.*
** There are a wide range of interactive sports and leisure sessions available which can be found surrey information point see http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home.page*
** Local groups and commissioned services actively link to local sports facilities*
** Team of Boccia players lead a session at Valuing People Partnership Board Network event which was attended by 360 people*

Web link to further evidence

http://www.epsomguardian.co.uk/news/10677883.VIDEO__Volunteers_smash_100_lap_target_at_Sunnybank_Trust_s_cycling_challenge/?ref=rss

Real life story

"People with learning disabilities across the county participated in various organised inclusive cycling sessions in preparation for the Surrey stage of the Tour of Britain 2013 and individuals led the professional riders out at the start of the race from Epsom Grandstand see http://www.kingstonld.info/Libraries/Local/831/Docs/Whats%20happening/TOB%20Flyer%20V1.pdf

C5. Supporting people with learning disability into and in employment

- ◯ Red
- ◯ Amber
- ⊗ Green

Explanation for rating

** EmployAbility is Surrey County Council's supported employment service currently working with over 700 disabled people - 350 who are working. The service is specialist in finding employment for people with learning disabilities and autism and provide on-going support for both employer and employee.*
** Employability work closely with JobCentre Plus DEA to support disabled people who are not on the Work programme or WorkChoice . They hold Saturday morning job clubs for disabled people or carers who want advice or support on finding jobs, and is not limited to people eligible for funded services.*
** EmployAbility also support apprentices with disability or for those who want work at Surrey County Council and made a You Tube video see http://www.youtube.com/user/SurreyAboutUsProject.*
** This year EmployAbility won the BASE award for the best Supported Employment organisation nationally*
** We need to continue to challenge Surrey County Council and District Boroughs to employ more people with learning disabilities*

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adults-with-learning-disabilities/employability

Real life story

X was 20 years of age and attending a local College when he was accepted on the Employment Works project which is a partnership between Guildford College, The University of Surrey and EmployAbility. X was very anxious throughout this process and EmployAbility provided workplace visits, travel training and work preparation. X was very focussed on a Catering placement. He required one to one support on his placement at the beginning, but this was slowly withdrawn as he got used to his work patterns, environment, work colleagues and he learnt the tasks he was required to complete.
During his time on Employment Works X impressed the catering staff team with his effort and energy. His commitment to challenge his own anxieties in order to please his employers and customers was apparent to all. Before the end of the Employment Works placement paid work was offered. One year on X have has now increased his hours to 27.5 each week and is off benefits. He has a wide range of social activities and travels independently in his local community.

C6. Effective Transitions for young people

A Single Education, Health and Care Plan for people with learning disability

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

10

Explanation for rating

** Surrey is a Pathfinder site. We are working closely with 70 families on a single education, health and care plan for young people with learning disabilities*
** Surrey are a champion site and have good stories about how things are changing for people*
** Surrey are looking at internships for young people in transition. Tailored programmes for education, training and transport are being developed for young people*
** More young people are going to surrey colleges than ever before. To support families Surrey are looking at developing a local offer to compliment the education programme providers are looking to develop leisure and life skills training which will enable individuals and families to be supported locally.*
** EmployAbility are also working with schools, colleges, transition team, brokers and Youth Services around individual young people, to find appropriate jobs or work placements.*
** Families have attended commissioning surgeries to discuss options and develop plans for young people and following planning sessions groups have developed friendships and networks and further details for families can be found on http://familyvoicesurrey.org*
** All young people in transition have individual budgets*
** Surrey still developing work around continuing health care transition , though it is piloting people managing their Personal Health budgets.*

Web link to further evidence

http://www.preparingforadulthood.org.uk/what-we-do/pathfinder-support/surrey-(part-of-south-east-7-consortia-pathfinder)

Real life story

Feedback from P- a young person who has been supported to return to Surrey and moved into a newly commissioned supported living service nearer to his family.

I've been here about 8 months. I love it here, I'm very happy. I'm going to be more independent. I have lots of activities. I go to a Job Club and I want to get a paid job in Surrey. At the moment I have a volunteer job at a Football Stadium. I use to need a lot of support and lessons to do the work, but I don't any more. People from where I live have supported me to be more independent. I still need their help to get there and back.
I go bowling, swimming, to the cinema, to the bank, and to Linkable, where I get to play sport with friends. I took part in a football tournament and we won. I support Man U and Woking.
I went to Snowdon and we hiked up to top. I enjoyed it, it was fun.
Moving here has meant that I can do more. I have an X Box. I like cooking and want to be more independent, but I don't like making cakes. I want to carry on living here for many years.

C7. Community inclusion and Citizenship

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

** Surrey's JSNA has identified "Inclusion- Improving the accessibility of mainstream provision. "as a key theme*
** JSNA pg 3 One of the four principles of supporting people with learning disabilities is "Inclusion: This means being able to join in all the aspects of community - to work, learn, get about and meet people, be part of social networks and access goods and services - and to have the support to do so (1)."*
** Adult Social Care locality teams have co - located within our district and boroughs to ensure improved communication and locality presence.*
** Across Surrey user led Hubs have been establish where people can visit and get support and information on what is happening within our local communities.*
** Commissioners have commenced Think Local and Act personal events which join up communities - including the faith communities and voluntary sector.*
** Commissioners are actively working with a range of providers offering clearly priced support options accessible to people with a learning disability or autism enabling them to tailor their support to meet their needs using their personal budget."*

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home.page

10 Real life story

In Woking Local Valuing people group asked individuals to complete a town survey to develop knowledge of what was available and how they could improve their networks. This resulted in the team doing work for Age Uk, helping older people to maintain their gardens.
The Growth team (people with learning disabilities)manage a nature reserve on behalf of Woking Borough Council, the plan being to open a very underused nature reserve up to the local community. This work has received very positive feedback and Woking Borough Council will be extending the contract. Also the Chief Executive of SCC volunteered there for an afternoon.
The Partnership Board have supported a group of individuals to work with the police to design accessible information on how to report crime and as part of the process worked with the police to help them understand people with learning disabilities.

C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets

This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.

◯ *Red*
◯ *Amber*
⊗ *Green*

Explanation for rating

** Following Public Value Review (see http://www.surreypb.org.uk/index.php?page=/Public_value_review_home) clear work streams were identified to enhance the principles of co-production at local and strategic level. This included engagement of people with learning disabilities and their families through Valuing People Groups, Day Services , One to One conversations, implementation of personalisation, supported self assessments, personals budgets, local and personal solutions and development of community assets in each locality.*
** Individuals and carers have been involved in designing new services for young people which has included design of building, tendering service and interviewing support staff.*
** Supporting People service involved individuals when they designed their floating support service.*
** Individuals and carers were also involved with the tender for Advocacy Services and Healthwatch.*

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/getting-involved-in-adult-social-care-plans-and-services

Real life story

When developing a new service for young people with autism commissioners were able to involve all key partners. Family carers and young people were able to contribute to the design of the tender documents and supported the creation of the technical evaluation questions and case studies. This enabled the suppliers to gain an understanding of the levels of support required by the individuals receiving the service and families be able to feel reassured that suppliers understand the needs of the individuals. The social care Transition team worked closely with young people and families to complete support plans and individuals were allocated their budgets. Because individuals have their own budgets and signed tenancies they have been able to choose additional support providers, if they have wished over and above the core hours supplied. This has meant two individuals have been able to continue to work with existing providers who they already have a good relationship with. Good communication and regular meetings with everyone has ensured the service supports the individual.

C9. Family Carers

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Explanation for rating

Surrey Carer Commissioning Strategy was co - designed with significant input from carers (of all client groups). There is carers representation on carers commissioning group and the council works in partnership with carers organisations to hold 4 carers conferences a year that involve a wide range of carers.
Carers are actively involved in Partnership Board and local groups
In 2012/13 services funded through our Multi- Agency Carers Commissioning Strategy provided a wide range of carers support. A total of 2118 carers of people with a learning disability received some form of support. All 2118 received information and advice. In addition to this :
1526 received carers support through local carers centre
289 received a break
99 help related to work and caring
22 received help moving and handling
182 received specialist support ad a young carer.

10

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/information-for-carers/carer-advice/legal-matters-for-carers/carers-and-their-rights

Real life story

Carers from our partnership board and local valuing people groups continue to play a critical role in ensuring that people with learning disabilities and their families are able to be involved and have a voice in their local community.

Have you looked at the PDF output and agree that all the answers as they appear on it are correct?

To do this, click Return to front page then click on 'View' under **Start Questionnaire**.

This marks the end of principal data collection and at the closing date (currently set as 30th November) we will lock the questions in the principal entry against further change.

☒ *Yes*

This page is intentionally left blank

	RED Rating	Action taken	Date
	How many people on learning disabilities on GP register	Primary Care Liaison Nurses have been employed via SABFT by lead Health Commissioners to work with GP's and part of their role will include completing the GP Learning Disability registers and looking at data collection. Work has begun to validate QOF register.	31st March 2014
	People with learning disabilities are accessing health prevention, health screening and health promotion	Public Health and CCGs to develop a method to identify and record uptake of screening for people with learning disabilities. Primary Liaison nurses to work with primary care to increase the uptake of screening	31st March 2015 31st March 2014
	People with learning disabilities have had an annual health check.	Primary liaison nurses to cross reference their register with those known to Surrey Adult Social Care. GPs to increase the number of annual health checks	31st March 2014 31st March 2015
	People with learning disabilities have an annual health action plan.	Design an accessible health action plan that can be used across Surrey following an annual health check. Improve the numbers of people with annual health checks	31st March 2015 31st March 2014
	People with learning disabilities have had regular care reviews.	Care Practitioners to ensure annual reviews are completed	31st March 2014
	Care Providers have contracts in place but not all have signed the newly issued contracts.	New Terms and Conditions issued on the 1st July 2013. Strategic Providers to sign and return by 31st March 2014	31st March 2014

This page is intentionally left blank

The Learning Disability Partnership Board in Surrey

Bulletin - March 2014

Updating you about our work

Our Joint Health and Social Care Self Assessment Framework

What is the Self Assessment Framework?

The Government asked all Partnership Boards to check how well services are working for people with learning disabilities and their families in their areas

2012 ↓ 2013

Surrey reported on our work from April 2012 to March 2013.

- We answered questions about health, social care and including people.
- We sent the Government lots of facts and figures.

The full report of our assessment is available on our website www.surreypb.org.uk and will be published on the ihal website www.improvinghealthandlives.org.uk.

We had to rate how well we are doing by using traffic lights

Red means we are not doing well and need to improve.

Amber means we are doing some things well, but there is still work to do.

Green means we are doing really well.

We will be doing this assessment every year. We have done lots of good work since April 13 which we couldn't include in this 2012 to 2013 assessment.

We expect to be able to rate ourselves amber or green this year for many issues we rated ourselves red for in 2012 to 2013. We will write an action plan to say how we will do this.

How we found out the views of people in Surrey

Providers of services in Surrey gave us lots of facts and figures.

We designed an Easy Read questionnaire to get the views of people with learning disabilities.

We also talked to lots of groups.

People had their say at our Big Event Partnership Board meeting in November 2013.

Health and people with a learning disability

There are 129 GP Practices in Surrey. 82 practices had signed up to do annual health checks by March 13.

- 1778 people were eligible for an annual health check in 2012/13. 1308 people had a health check.
- 3130 people were eligible for a health action plan in 2012/13. 2970 people had a health action plan.
- 210 people attended A&E, 560 attended outpatients and 183 had stays in hospital in 2012/13.
- 119 people with a learning disability were in receipt of Continuing Health Care.

How we rated ourselves on health issues:

Underneath each subject is an update on the work we have done since April 2013.

GP Registers

Our Primary Care Liaison Nurses are working to make sure GP Surgeries have up to date lists of patients who have a learning disability.

Annual Health Checks

8 out of 10 GP Surgeries have now signed up to do annual health checks for people with learning disabilities in Surrey.

Health Action Plans

We are launching our new Easy Read Health Action Planning Toolkit in March 2014 which will link annual health checks and health action plans together.

Health Screening 1

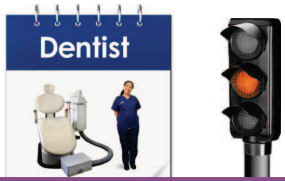
GP Surgeries are working to make sure people with learning disabilites are checked for obesity, Diabetes, Cardio Vascular disease and epilepsy.

Acute Liaison Nurses

Our Acute Liaison Nurses have been doing very good work in Surrey's hospitals making sure people with learning disabilities get equal care.

Flagging people

Acute Liaison Nurses have done further work with hospitals to help them to recognise when a person has a learning disability.



Community Healthcare

Dentists and Opticians in Surrey have information packs to help them support people with learning disabilities.

Health Screening 2

GP Surgeries are working to make sure people with learning disabilites use breast, bowel and cervical screening services.

Criminal Justice

Our Prison Liaison Nurse has been helping prisons in Surrey get better at supporting people with a learning disability.

Social care and people with a learning disability

There were 3612 people with learning disabilites receiving social care services in Surrey in 2012/13.

- 1650 people had an assessment or re-assessment of their needs in 2012/13.
- 2550 people received community based services in 2012/13.
- 1410 people received residential care in 2012/13.
- 30 people received nursing care in 2012/13.

How we rated ourselves on social care issues:

Underneath each subject is an update on the work we have done since April 2013.

Regular Care Reviews

We rated ourselves red because under 90% of people have had a review. This year we have been visiting everyone living out of Surrey who we fund.

Contracts

Care providers all have contracts. This year we issued new contracts but not all have been signed and returned.

Foundation Trusts

Surrey and Borders Partnership NHS Trust support people with a learning disability. They met all the standards required by Monitor.

Safeguarding

We have an action plan in place for Winterbourne View. We respond fast to safeguarding alerts. We need to check action is taken after an investigation.

Recruitment & Training

We have lots of good examples across Surrey of people with learning disabilities helping to choose and train staff. We still need to do more of this.

Dignity and Respect

Staff have training on treating people with dignity and respect as part of their job. Providers will be giving us evidence of care worker practice.

Local Councils

We work closely with the 11 local councils in Surrey. Some Surrey County Council staff are based in local council offices.

Whistleblowing / complaints

Organisations have policies about whistleblowing. Our Quality team tell us that whistleblowing happens and leads to safeguarding alerts.

Mental Capacity Act

A lot of good work and training is happening in Surrey.

We need to get better at recording what we do.

Involving people with a learning disability

There were 365 people with a learning disability in paid employment in Surrey in 2012 to 2013..

- Another 240 people did voluntary work.
- 1120 people lived in settled accomodation with family/friends, and 15 lived in sheltered accomodation.
- 790 people lived in supported accomodation, and 35 lived with a family through adult placement.
- 140 people owned, or part owned their home, and 110 had tenancies in rented accomodation.

How we rated ourselves on involving people:

Underneath each subject is an update on the work we have done since April 2013.

Joint Working

Surrey County Council and health services in Surrey do not have a formal agreement about working together. This is being worked on in 2013.

Local services / Transport

People with learning disabilities have problems using their bus passes and companion passes.

Bus drivers need better training about this.

Arts and culture

Many people with learning disabilities are actively involved in the arts in Surrey. They put on events & shows and take part in many activities.

Sport and leisure

The London 2012 Games got people with learning disabilities more involved in sport.

New activities like boccia and accessible cycling have started.

Employment

Many people with learning disabilities have support with paid or voluntary jobs in Surrey.

Surrey County Council needs to employ more people.

Transition

Surrey is a Trailblazer site for the single education, health and care plan for young people so we are ahead of most other areas in this work.

Community & Citizenship

Our Bus Tour for Learning Disability Week helped to promote the work people do to benefit their communities.

Involving service users

We are good at involving people. We need to make sure that more information is designed in Easy Read.

Involving family carers

Family carers are very active members of our Partnership Board and Local Valuing People Groups.