Notice of Meeting

Health and Wellbeing Board

Date & time
Thursday, 7 March 2019 at **1.00 pm**

Place
Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN

Contact
Ben Cullimore
Room 122, County Hall
Tel 020 8213 2782
ben.cullimore@surreycc.gov.uk

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ben Cullimore on 020 8213 2782.

Board Members

Helen Atkinson	Director of Public Health
Dr Andy Brooks	Chief Officer, Surrey Heath and East Berkshire Clinical Commissioning Group
Dr Charlotte Canniff	Clinical Chair, North West Surrey Clinical Commissioning Group
Dave Hill	Executive Director for Children, Families and Learning
Jason Gaskell	CEO, Surrey Community Action
Dr Russell Hills	Clinical Chair, Surrey Downs Clinical Commissioning Group
Vivienne Michael	Leader, Mole Valley District Council
David Munro	Police and Crime Commissioner
Mr Tim Oliver (Co-Chairman)	Leader of the Council
Kate Scribbins	Chief Executive, Healthwatch Surrey
Paul Spooner	Leader, Guildford Borough Council
Dr Elango Vijaykumar (Co-Chairman)	Clinical Chair, East Surrey Clinical Commissioning Group
Simon White	Director of Adult Social Care
Dr Claire Fuller	Senior Responsible Officer, Surrey Heartlands
Fiona Edwards	Chief Executive, Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council
Helen Griffiths	Executive Dean of the Faculty of Health and Medical Sciences, University of Surrey
Sue Littlemore	Head of Partnerships and Higher Education, Enterprise M3
Mrs Sinead Mooney	Cabinet Member for Adults
Mrs Mary Lewis	Cabinet Member for Children, Young People and Families
Ruth Colburn Jackson	Managing Director, North East Hampshire and Farnham Clinical Commissioning Group
Giles Mahoney	Director of Integrated Care Partnerships, Guildford and Waverley Clinical Commissioning Group
Catherine Butler	Housing Needs Manager, Woking Borough Council
Rob Moran	Chief Executive, Elmbridge Borough Council
Rod Brown	Head of Housing and Community, Epsom and Ewell District Council

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 receive any apologies for absence and substitutions.

2 MINUTES OF THE PREVIOUS MEETING: 6 DECEMBER 2018 (Pages 1 - 12)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

(i) Any disclosable pecuniary interests and / or
(ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

a Member Questions

The deadline for Member's questions is 12pm four working days before the meeting (1 March 2019)

b Public questions

The deadline for public questions is seven days before the meeting (28 Feruary 2019*).*

c Petitions

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

5 ACTION REVIEW (Pages 13 - 14)

To review and agree the Board's action tracker.

6 SURREY HEALTH AND WELLBEING BOARD TERMS OF REFERENCE (Pages 15 - 22)

For the Board to note changes and approve the terms of reference.

7 DRAFT SURREY 10 YEAR HEALTH AND WELLBEING STRATEGY (Pages 23 - 68)

To ask board members to formally review the Draft Surrey 10 year Health and Wellbeing Strategy as part of the engagement period running from 28 February 2019 and 27 March 2019.

8 A THRIVING COMMUNITY OF CHILDREN AND YOUNG PEOPLE IN SURREY. A STRATEGY FOR THEIR EMOTIONAL WELLBEING AND MENTAL HEALTH. (Pages 69 - 108)

To approve and endorse: A thriving community of children and young people in Surrey. A strategy for their emotional wellbeing and mental health 2019 – 2022.

9 SURREY SUICIDE PREVENTION STRATEGY (Pages 109 - 158)

To ask board members to formally review and sign of the Surrey Suicide Prevention Strategy.

10 PHARMACEUTICAL NEEDS ASSESSMENT: SUPPLEMENTARY STATEMENT AND UPDATE (Pages 159 - 170)

The Surrey Health and Wellbeing Board (HWB) is responsible for delivering a Pharmaceutical Needs Assessment (PNA) every three years. The PNA was last published in 2018, but the PNA Steering Group reviews annually to ensure no substantive changes are required. The attached report provides a supplementary statement to the 2018 PNA which the PNA Steering Group recommends the Board approves.

11 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 6 June 2019.

Joanna Killian
Chief Executive
Surrey County Council
Published: Wednesday, 27 February 2019

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

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

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Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 6 December 2018 at Committee room C, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 March 2019.

Elected Members:
*present

*	Helen Atkinson
	Dr Peter Bibawy
*	Dr Andy Brooks
*	Dr Charlotte Canniff
	Mrs Clare Curran
	Mr Mel Few
	Dave Hill
	Jason Gaskell
*	Dr Russell Hills
	Dr Sian Jones
	District Councillor Vivienne Michael
	David Munro
*	Mr Tim Oliver (Co-Chairman)
*	Kate Scribbins
	Borough Councillor Paul Spooner
*	Dr Elango Vijaykumar (Co-Chairman)
*	Simon White

118 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dave Hill, David Munro, Jason Gaskell, Councillor Mel Few, Councillor Clare Curran, Councillor Vivienne Michael, Dr Sian Jones and Dr Peter Bibawy.

Mark Barratt substituted for Dave Hill, Craig Jones substituted for David Munro and Ruth Colburn Jackson substituted for Dr Peter Bibawy.

118 DECLARATIONS OF INTEREST [Item 2]

There were none.

118 QUESTIONS AND PETITIONS [Item 3]

a MEMBERS' QUESTIONS [Item 3a]
There were none.

118 PUBLIC QUESTIONS [Item 3b]

There were none.

118 PETITIONS [Item 3c]

There were none.

118 MINUTES OF THE PREVIOUS MEETING: 13 SEPTEMBER 2018 [Item 4]

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

118 ACTION REVIEW [Item 5]

Key points raised during the discussion:

1. The Board received a presentation on young carers in Surrey at its previous meeting on 13 September 2018 and agreed to remove action A5/18 from the action tracker.

2. It was highlighted that the Board would receive an update on older adults at Item 9 on the agenda and therefore action A35/17 was complete.

3. It was noted that action A10/18, the Board to receive tableau data on target and outcomes relating to performance in Children's Services, would be carried forward to 2019.

Actions/ further information to be provided:

None

Resolved:

The Board reviewed and noted its Action Tracker.

118 SURREY HEALTH AND WELLBEING BOARD MEMBERSHIP [Item 6]

Declarations of interest:

None

Witnesses:

Tim Oliver, Lead Cabinet Member for Place

Key points raised during the discussion:

1. It was noted that the Board's membership was being reviewed to ensure it aligned with the Surrey 2030 vision, the NHS 10 year plan and Surrey's 5-10 year plan on health and wellbeing and reflected the Board's focus on prevention and the wider determinants of health.

2. It was highlighted as part of the Council's Transformation plans that partnership working was a key factor to improving outcomes and the proposed membership would support this.

3. It was reported that once the appointments against the new membership proposals were confirmed, the Board would review the option to consider sub-groups to provide a focused approach in improving outcomes for residents.

4. Members of the Board were supportive of the proposals however shared the view that consideration be given to including representation of Senior Responsible Officers from all Surrey sustainability transformation partnerships and integrated care systems into the new membership structure.

5. It was highlighted that PricewaterhouseCoopers who were commissioned to develop the 10 year strategy for Surrey were in the process of delivering a final workshop on 24 January 2019 which would determine the health and wellbeing strategy for the Board.

6. A member of the public asked the Board to consider providing terms of reference for the proposed new appointments, particularly for the housing lead role.

Actions/ further information to be provided:

A11/18 - The Board to consider providing terms of reference for the proposed new appointments.

Resolved:

The Health and Wellbeing Board:

a) Endorsed the new proposed new membership

b) Where named representatives have yet to be agreed, asked the co-chairs of the Board to work with relevant partner organisations to agree this ahead of the next meeting of the Board.

118 SYSTEM OPERATING PLANS FOR 2019/20 [Item 7]

Declarations of interest:

None.

Witnesses:

Dr Russell Hills, Clinical Chair, Surrey Downs Clinical Commissioning Group
Dr Andy Brooks, Chief Officer, Surrey Heath and East Berkshire Clinical Commissioning Group
Dr Elango Vijaykumar, Clinical Chair, East Surrey Clinical Commissioning Group

Key points raised during the discussion:

1. The Co-Chairs agreed to take this item into Part 2, private.

Resolved: That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information under the relevant paragraphs of Part 1 of Schedule 12A of the Act.

118 PREVENTION PRIORITY STATUS UPDATE [Item 8]

Declarations of interest:

None

Witnesses:

Dr Rachel Gill, Public Health Consultant, Surrey County Council

Key Points raised during the discussion:

1. The Board received a presentation (attached as Annex 1).

2. The Executive Director for Public Health and the Wider Determinants of Health informed the Board that acute trusts were exploring options for using Skype where possible for outpatient appointments to support reducing air pollution as 1 in 10 people drive to attend appointments.

3. A Member highlighted that the report did not refer to public transport and suggested going forward to map public transport to centres to encourage less vehicles on Surrey roads.

4. The Board noted that measuring air quality was a complex piece of work and the main aim was to deliver baseline to measure impact of interventions and provide an indication of local health impacts.

5. The Executive Director for Public Health and the Wider Determinants of Health recognised concerns with the challenges around engagement for district and boroughs to find ways of delivering infrastructure and assured members of the public plans were in place to tackle this.

Actions/ further information to be provided:

None

Resolved:

The Health and Wellbeing Board:

a) Approved and supported the Wider Determinants of Health Framework and the three priority areas being taken forward.

b) Considered the contribution that partners could make to the air quality agenda in relation to the key priorities to improve local air quality.
   - Communication and awareness raising
   - Increase use of low emission vehicles
   - Increase use of active forms of travel

c) Noted progress on embedding the integrated model of sexual health and HIV treatment and care services in Surrey.

118 JOINT HEALTH AND WELLBEING STRATEGY PRIORITY UPDATE: IMPROVING OLDER ADULTS' HEALTH AND WELLBEING [Item 9]

Declarations of interest:

None

Witnesses:

Simon White, Executive Director for Adult Social Care

Key points raised during the discussion:

1. The Executive Director for Adult Social Care presented the report and informed the Board that a range of programmes had been undertaken across the partnership to improve the health and wellbeing of adults.

2. It was noted that the report focused on integrated health and social care services (including Better Care Fund), transformation work around Adult Social Care and the development of Accommodation with Care and Support in Surrey.

3. There was a discussion around emergency readmissions and it was highlighted that the rate has increased to 9%. The Executive Director for Adult Social Care noted concerns and agreed to review data on readmissions.

Actions/ further information to be provided:

None

Resolved:

The Health and Wellbeing Board:

a) Noted and supported the ongoing transformation work around Health and Social Care Integration, Adult Social Care Practice Improvement and Accommodation with Care and Support.

b) Noted the Better Care Fund returns for quarter one and two 2018/19.

c) Engaged with and supported the work to develop a Better Care Fund plan for 2019/20 once the Policy Framework and Planning Guidance for this is published by NHS England.

d) Noted that the Surrey Strategic Health and Care Collaborative Will Act on behalf of the Health and Wellbeing Board to oversee preparation of Better Care Funds returns going forward.

118 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH PRIORITY STATUS UPDATE - SUICIDE PREVENTION [Item 10]

Declarations of interest:

None

Witnesses:

2

Martyn Munro, Senior Public Health Lead, Surrey County Council
Judi Mallalieu, Director of Transformation and Partnerships, Surrey and Border Partnership

Key Points raised during the discussion:

1. The Board received a presentation on the Suicide Prevention Strategy and the work of the Mental Health workstreams from the three sustainability transformation partnerships (attached as Annex 2).

2. The Senior Public Health Lead clarified to the Board that the Suicide Prevention Strategy was still in draft stage and would be available in January 2019.

3. It was highlighted that 72% of people who died by suicide were unknown to Mental Health Services and the Board asked what programmes were in place to work collaboratively and openly share information in this area to support prevention.

4. It was noted that a mental health single point of access was being rolled out by Surrey and Borders across Surrey and North East Hampshire and Farnham (NEHF) for all adults. This would help ease access for people needing to seek routine or crisis mental health support and would also introduce increased resource with a rapid response service.

5. It was further noted that lessons would be shared across the whole of Surrey and the NEHF footprint.

6. The Senior Public Health Lead informed the Board that Public Health were working closely with other sustainability and transformation partnership in the south east, who were successful in getting funding from NHS England and were supporting bids to support the Suicide Prevention funding.

7. The Director of Transformation and Partnerships stated that the main challenge in relation to the data on the proportion of suicide deaths in Surrey, was the reporting of deaths by coroners. It was suggested that coroners were reluctant to record deaths as suicide and in order to improve this, the Board would need to review addressing the stigma that surrounds suicide reporting and strengthening the relationship between public health and coroners.

8. The Board noted suggestions from members of the public to consider the review of coroner reports to help understand how future deaths can be avoided and the benefits of having an audit of these coroner reports.

9. It was noted that the strategy was aligned to the national target of achieving a 10% reduction in suicide by 2021 through the coordinated actions of partner organisations.

Actions/ further information to be provided:

None

Resolved:

The Health and Wellbeing Board:

a) Committed partners to joint delivery of the Suicide Prevention Strategy

b) Agreed to provide strategic oversight of the implementation of the strategy, holding partner organisations to account for their contributions to the delivery of the actions and recommendations contained within.

118 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH PRIORITY - SURREY CHILD AND ADOLESCENT MENTAL HEALTH INTERIM PLAN [Item 11]

Declarations of interest:

None

Witnesses:

Karina Ajayi, Head of Commissioning, Community Health Services, NHS Surrey Heartlands Clinical Commissioning Groups

Key Points raised during the discussion:

1. The Head of Commissioning introduced the report and provided a summary of the outcomes of the CAMHS Interim Plan implemented in June 2018 to October 2018, highlighting the improved ways of working.

2. Members commented on waiting lists for assessments and asked the Head of Commissioning to report on the level of performance. It was noted that although significant improvement has been made in supporting children and young people to receive assessments, there were now delays in receiving the treatment required.

3. To address data quality issues Surrey and Borders Partnership were working on a data plan and were working jointly to resolve issues which would be routinely reviewed going forward.

Actions/ further information to be provided:

None

Resolved:

The Health and Wellbeing Board noted the report.

118 SURREY CHILD AND ADOLESCENT MENTAL HEALTH UPDATE - TRANSFORMATION PLAN [Item 12]

Declarations of interest:

None

Witnesses:

Karina Ajayi, Head of Commissioning, Community Health Services, NHS Surrey Heartlands Clinical Commissioning Groups

Key Points raised during the discussion:

1. The Board received a summary of key points for the period 2018/19.

2. It was noted that a number of new services had been put in place as a result of the plan. This includes four children and young people havens, an intensive support service for challenging behaviour, paediatric nurses working in children wards to increase awareness of mental health in acute settings, increased workforce for eating disorder services and Assistant Educational Psychologists training staff and parents in the principles of mindfulness.

3. Members endorsed the report which gave a clear structure and understanding of the work to be undertaken but queried who was responsible for capturing the lessons learnt and providing assurances. The Head of Commissioning explained that the CAMHS Improvement Board reported to the Escalation Board, which reported to the Children's and Women Workstreams and onto governing bodies. This would then go to Clinical Review meeting and the CAMHS review Board.

Actions/ further information to be provided:

The Head of Commissioning to share the revised governance structure.

Resolved:

The Health and Wellbeing Board:

a) Approved the refreshed Surrey CAMHS Whole System Transformation Plan (2018).

b) Noted the Summary written by Surrey's young people and the impact of this transformational work demonstrated on the outcomes and experience for children and young people.

c) Asked Clinical Commissioning Groups to ensure that the refreshed Plan was published on their websites.

118 SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT UPDATE [Item 13]

Declarations of interest:

None

Witnesses:

Caroline Sargent, (Interim) Communications Manager, Surrey Downs Clinical Commissioning Group
Helen Atkinson, Executive Director for Public Health and the Wider Determinants of Health

Key points raised during the discussion:

1. The Board received an update on activity and progress relating to communications and engagement.

Actions/ further information to be requested

None

Resolved:

The Health and Wellbeing Board:

a) Noted the progress made on the communications and engagement since June 2018.

b) Noted the new way of working for the Communications and Engagement group.

118 THE INDEPENDENT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH SURREY COUNTY 2018 [Item 14]

Declarations of interest:

None

Witnesses:

Helen Atkinson, Executive Director for Public Health and the Wider Determinants of Health.

Key points raised during the discussion:

1. The Executive Director for Public Health and the Wider Determinants of Health introduced the report and welcomed Board Members to share the Annual Public Health Report (APHR) across their demographic.

2. Members were pleased with the APHR and asked how the Board could support maximising the opportunity to identify people who could benefit from the service.

3. There was a discussion around social prescribing and the Executive Director for Public Health and the Wider Determinants of Health explained this involved a partnership approach. It was noted that the Surrey-Wide Voluntary Forum was a platform to encourage the progression of linking partnership working.

Actions/ further information to be provided:

None

Resolved

The Health and Wellbeing Board:

a) Noted the findings and recommendations of the report

b) Considered where they can, as individual organisations or through joint actions described, improve the health and wellbeing of older people.

118 PRICEWATERHOUSECOOPERS UPDATE: 10 YEAR PLANNING [Item 16]

Declaration of interests:

None

Witnesses:

Viv Tong, Management Consultant, PricewaterhouseCoopers

Key points raised during the discussion:

1. The Board received a PowerPoint presentation (attached as Annex 3) providing an update of the progress made against the strategic planning.

2. The Executive Director for Public Health and the Wider Determinants of Health clarified that data in relation to this work had been shared with the Board prior to this meeting.

3. PricewaterhouseCoopers (PwC) explained that the Health and Wellbeing Strategy would be revisited to ensure it aligned with the anticipated NHS 10 year plan.

4. It was explained that to ensure patient reporting was incorporated into the planning process, the timeline was amended to accommodate this work.

5. The Lead Cabinet Member for Place informed the Board that the new 10 year strategic plan would involve the 11 district and boroughs councils sign off, however logistically this was a complex piece of work going forward.

6. The Lead Cabinet Member for Place assured members of public that the role of local committees was advancing particularly as a number of local committees were moving to form as joint committees, making its roles more effective.

7. The Board acknowledged the public's concern with the lack of transparency regarding the PwC work and system ambitions for 2019/20.

Tim Oliver left the meeting at 3.30pm

Actions/ further information to be provided:

None

Resolved:

The Board noted the update report.

118 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT [Item 15]

Declarations of interest:

None

Witnesses:

Dr Rachel Gill, Public Health Consultant, Surrey County Council

Key points raised during the discussion:

1. It was noted after the approval of the pharmacy consolidation by NHS England in Merstham, for which the Board had already made representations, it was a statutory function for the Board to issue a supplementary statement.

Resolved:

The Board approved the supplementary statement, that must be issued in response to the approval of the pharmacy consolidation in Merstham by NHS England and agreed its publication on the basis that there was no gap in the pharmaceutical provision created as a result of the merger.

118 DATE OF THE NEXT MEETING [Item 17]

The Board agreed to reschedule its next meeting on 28 January 2019 to 7 February 2019.

Meeting ended at: 3.50 pm

Chairman

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SURREY HEALTH AND WELLBEING BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED FEBRUARY 2019

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

KEY	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/ Actions	To	Response	Progress Check On
5 April 2018 A5/18	Priority Status Update: Improving Older Adult's Health And Wellbeing	The Board to receive an update report providing figures of the number of young carers in Surrey.	Democratic Services	The Board to receive a presentation at its meeting in September.	Complete
6/12/2018 A5/18	Surrey Child And Adolescent Mental Health Update - Transformation Plan	[The Board] asked Clinical Commissioning Groups to ensure that the refreshed Plan was published on their websites.	Surrey CCGs		March 2019

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Health and Wellbeing Board
7 March 2019

Surrey Health and Wellbeing Board Terms of Reference

Purpose of the report:

For the Board to note changes and approve the terms of reference.

Recommendations:

The terms of reference have changed to reflect the new membership of the Board. The Board are asked to note changes and approve the terms of reference

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Report contact: Amy Morgan, Policy and Programme Manager, Health and Social Care Integration, Surrey County Council

Contact details: amy.morgan@surreycc.gov.uk; 07881 328250

Sources/background papers: The updated terms of reference

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Surrey Health and Wellbeing Board

Terms of Reference

Draft 24/01/2019

1. Context

1.1 The Health and Social Care Act 2012 set out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.

1.2 Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g. such as requirements for political proportionality or allowing council officers to be a member of the committee).

2. Purpose

2.1 The purpose of the Surrey Health and Wellbeing Board is to improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well.

2.2 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to improve health outcomes, and to deliver the joint health and wellbeing strategy.

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey;

3.1.2 Oversees delivery of the priorities set out in the joint health and wellbeing strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the joint health and wellbeing strategy;

3.1.3 Has a statutory function to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council.

3.2 The Health and Wellbeing Board has the following additional statutory functions:

3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services;

3.2.2 Works with local organisations and partnerships to ensure alignment of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment with other locally developed plans or reports. For example, through receiving and providing comments on the CCG Annual reports and commissioning plans / intentions, and the Surrey Safeguarding Adults' and Children's' Boards Annual Reports;

3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;

3.2.4 A power to encourage close working between commissioners of health-related services and the board itself; and

3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment.

3.3 Health and Wellbeing Board business will focus on:

3.3.1 Overseeing delivery of the priorities and workstreams associated with the health and wellbeing strategy, not performance management of individual organisations;

3.3.2 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the Joint Health and Wellbeing Strategy;

3.3.3 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and ensure the most effective use of time and collective resources;

3.3.4 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g. Surrey Better Care Fund Plan); and

3.3.5 Discussing and highlighting key strategic issues in relation to the health and wellbeing of the population, only focusing on single organisational issues where they have a significant impact on the population of Surrey.

4. Principles

4.1 The following principles describes how Board members will work together. Board members will:

4.1.1 Prioritise resources and make decisions in the best interests of the Surrey population based upon evidence and data;

4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;

4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me';

4.1.4 Use consensus as the primary driver for decision making;

4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;

4.1.6 Seek to align local and system level success wherever possible; and

4.1.7 Champion an inclusive approach to engaging residents in the work of the Health and Wellbeing Board.

5. Chair

5.1 The Leader of the County Council will be the chair of the Health and Wellbeing Board.

5.2 A deputy chair will be nominated from one of the NHS organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed annually.

6. Membership

6.1 The Board membership will be as follows:

- *The Leader of Surrey County Council*
- Cabinet Member for Adults, Surrey County Council
- Chief Executive of Surrey County Council
- *Director for Adult Social Care, Surrey County Council*
- *Director for Children's Services, Surrey County Council*
- *Director for Public Health, Surrey County Council*
- *Representative of Healthwatch Surrey*
- [1]Leads of each constituent Integrated Care Systems (ICS) / Sustainability and Transformation Partnerships (STP).
- [2]Representatives of each of the six integrated health and care partnerships across Surrey (defined by CCG geography). *At least one of these representatives should be a CCG representative to meet the statutory CCG representation membership requirement*.
- Surrey Police & Crime Commissioner
- 4 x representatives of the District/Borough Councils (2 x Council Leaders and 2 x Chief Executive Officers)
- Representative of the housing sector
- Representative of further education / universities
- Representative of mental health / wellbeing service providers

[1] These representative roles can be undertaken by another member of the Board with agreement from the respective ICS/STP.

[2] These representative roles can be undertaken by commissioners or providers as agreed by the integrated health and care partnership. Statutorily, each of the six CCGs must appoint a representative to the Health and Wellbeing Board BUT an individual can represent more than one CCG.

- Representative of a Local Enterprise Partnership
- Representative of the Voluntary, Community and Faith Sector

6.2 Those members above denoted in italics are Statutory Members of the Board.

6.3 Board members are able to nominate a deputy (as agreed by the chair) who can attend and vote in their absence but must have delegated authority to make decisions.

6.4 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Health and Wellbeing Strategies and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England's commissioning functions in relation to the area and it is requested to do so by the board.

6.5 In addition to the statutory membership of the Board the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees e.g. for one year, the length of council or as a permanent addition to the full membership.

6.6 Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

7. Quorum

7.1 For all meetings, there should at least be representation from all *statutory* members or their nominated deputy.

7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

7.3 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The board will keep membership under review to ensure we achieve this.

8. Decision-making

8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports.

8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

9. Board Support

9.1 The Surrey County Council Health and Social Care Integration team are responsible for the Board forward plan, developing the agenda and support for Board members to fulfil their role.

9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, maintaining the actions tracker and the organisation of the meetings.

10. Meeting Frequency

10.1 The Board will meet quarterly in public following an agreed calendar of meetings. The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will be held at venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

11.1 These terms of reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members at least annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the board members at a public meeting.

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Health and Wellbeing Board
7 March 2019

Draft Surrey 10 year Health and Wellbeing Strategy

Purpose of the report: Policy Development

To ask board members to formally review the Draft Surrey 10 year Health and Wellbeing Strategy as part of the engagement period running from 28 February 2019 and 27 March 2019.

Introduction to strategy

Local context

1. Over the spring and summer of 2018, Surrey County Council engaged with residents, communities and partners across the county to understand what Surrey should look like by 2030. Informed by those conversations, a new community for vision for Surrey was created:

   'By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.'

2. In light of the new community vision, and the vital role people and organisations in the health and care system have to play in its delivery, partners initiated a rigorous process for developing a new and fully aligned Joint Health and Wellbeing Strategy (JHWS) for Surrey. The Surrey Health and Wellbeing Board are responsible for the production of the JHWS – the Board will approve the final strategy and will oversee its delivery and implementation. The draft JHWS, annexed to this report (Annex one), has been published as a draft on 28th February for comment to test the priorities and ambition within it as part of a four week engagement period before being finalised in April.

3. The JHWS is the product of unprecedented collaboration between the NHS, Surrey County Council, district and borough councils and our wider partners, including the voluntary and community sector and the police. The primary health and care partnerships across Surrey are the two Integrated Care Systems (ICS) in Surrey Heartlands and Frimley, and the Sustainability and Transformation Partnership (STP) covering East Surrey (and Sussex) – as a Surrey-wide document, partners from all three have been involved in the development of the new JHWS.

National context

4. Nationally, a key policy focus over recent years from the NHS has been on developing new models of out of hospital care (driven by the NHS five year forward view document) and the creation of new partnerships bringing together NHS providers and commissioners, with local authorities and other partners encouraging a more place-based approach to planning and delivery (Sustainability and Transformation Partnerships or in more advanced areas, Integrated Care Systems).

5. In June 2018, the government announced a new five-year funding settlement for the NHS representing a 3.4% average real-terms annual increase in NHS England's budget from 2019/20 to 2023/24 (this equals a £20.5 billion increase over the period). National NHS bodies were asked to develop a 10 year plan to secure this funding and in January 2019, the NHS published it Long Tern Plan (LTP).

6. The LTP's aim is '*to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment*'. The LTP also placed significant emphasis on the role of ICS's asking each to develop its own 5 year plan by the autumn of 2019.

7. The local partnerships asked to respond to the NHS LTP in Surrey are the two ICSs and the STP mentioned above. As the Surrey Heartlands ICS is entirely within the county of Surrey, the Surrey JHWS will form the core of its response to the NHS LTP (with supplementary Surrey Heartlands specific information submitted alongside it). The Surrey JHWS will also form part of the separate submissions made by both East Surrey and Sussex STP and Frimley ICS in their responses to the NHS Long-Term plan.

8. A Green Paper on social care is due to be published later this year with indications it will cover integration with health and other services, carers, workforce and technological developments, with an overall aim of ensuring that the care and support system is sustainable in the long term. Partners locally will review the contents of the Green Paper once

published to ensure alignment with the implementation of the Health and Wellbeing Strategy.

The Joint Health and Wellbeing Strategy

9. The draft Joint Health and Wellbeing Strategy (JHWS) sets out the challenges facing the Surrey health and care system as part of the case for change and describes the priorities for the system focusing on the wider determinants of health to create long-term and generational change for the population. Set out below is an executive summary of the JHWS (annex one) highlighting what can be found in each of the sections of the document. Links to the JHWS appendices are provided where additional detail can be found.

Background / foreword (JHWS pages 3-4)

10. The background and foreword provide an introduction to the Strategy giving context describing the ambition and strategic intent of the document. In summary:

- The people and organisations in the health and care system will play a vital role in the delivery of the 2030 community vision for Surrey. Recognising this, partners initiated the development of the new 10 year JHWS for Surrey.
- The JHWS is the product of unprecedented collaboration between the NHS, Surrey County Council, district and borough councils and our wider partners, including the voluntary and community sector and the police.
- The strategy focusses on the importance of prevention and addressing root causes of poor health and wellbeing – including things like poor housing and the environment – and not simply on treating the symptoms. It is intentionally ambitious.
- It states ‘We want the people of Surrey to live longer, healthier lives. We believe that people should be supported to look after themselves and those they care for, and have access to services when they need them. And we want to deliver better health and wellbeing outcomes within our budget’.
- The strategy focuses on a single set of agreed priorities for the county, in particular where change can be effected as a partnership. It is not meant to include everything, and therefore doesn’t cover sector specific, organisational or local plans although these will all need to be aligned to this overarching work.

Context and case for change (JHWS pages 5-8)

11. This section of the JHWS describes the county of Surrey and summarises the evidence that has been reviewed and used to understand the current state of health and wellbeing in Surrey (using the life phases of Start Well, Live Well, and Age Well as a framework). The Surrey Joint Strategic Needs Assessment is named as a comprehensive source of information to inform the strategy. In summary:

    - Public services in Surrey and across the country are under growing pressure, with continued funding constraints, rising expectations and increasing demand. Surrey's population is older than the national average and this is expected to increase. By 2030 over 22% of Surrey's residents will be aged 65 and over, and more than 30% are already living with a long term condition.
    - Although on the whole Surrey is widely perceived as a 'healthy and wealthy' county, it is not without its share of challenges. For example, it is estimated that 10,600 5 to 15 year-olds in Surrey have a mental health disorder. Similarly, there is considerable variation in deprivation, with over 23,000 children in Surrey living in poverty, which is linked to poor health and wellbeing outcomes for them and their parents.
    - Health and wellbeing is at the heart of a prosperous society. The evidence is clear; shifting towards a place based approach to deliver key priorities will result in a more effective and efficient service.
    - Alongside the data we have about people's health and wellbeing, citizen engagement has and will continue to form a vital role in the design and delivery of the JHWS.

12. Appendix two to the JHWS (priority scorecards) provides greater detail and insight into the data that was reviewed in helping determine the priorities – these scorecards were developed for 12 emerging priority areas, summarising the information gathered both from external research and stakeholder engagement. They were used at a system-wide workshop to discuss and debate which of the 12 areas should be prioritised first. They provide a clear picture to understand the current state of Surrey and where there are opportunities for improvement, or a case for change.

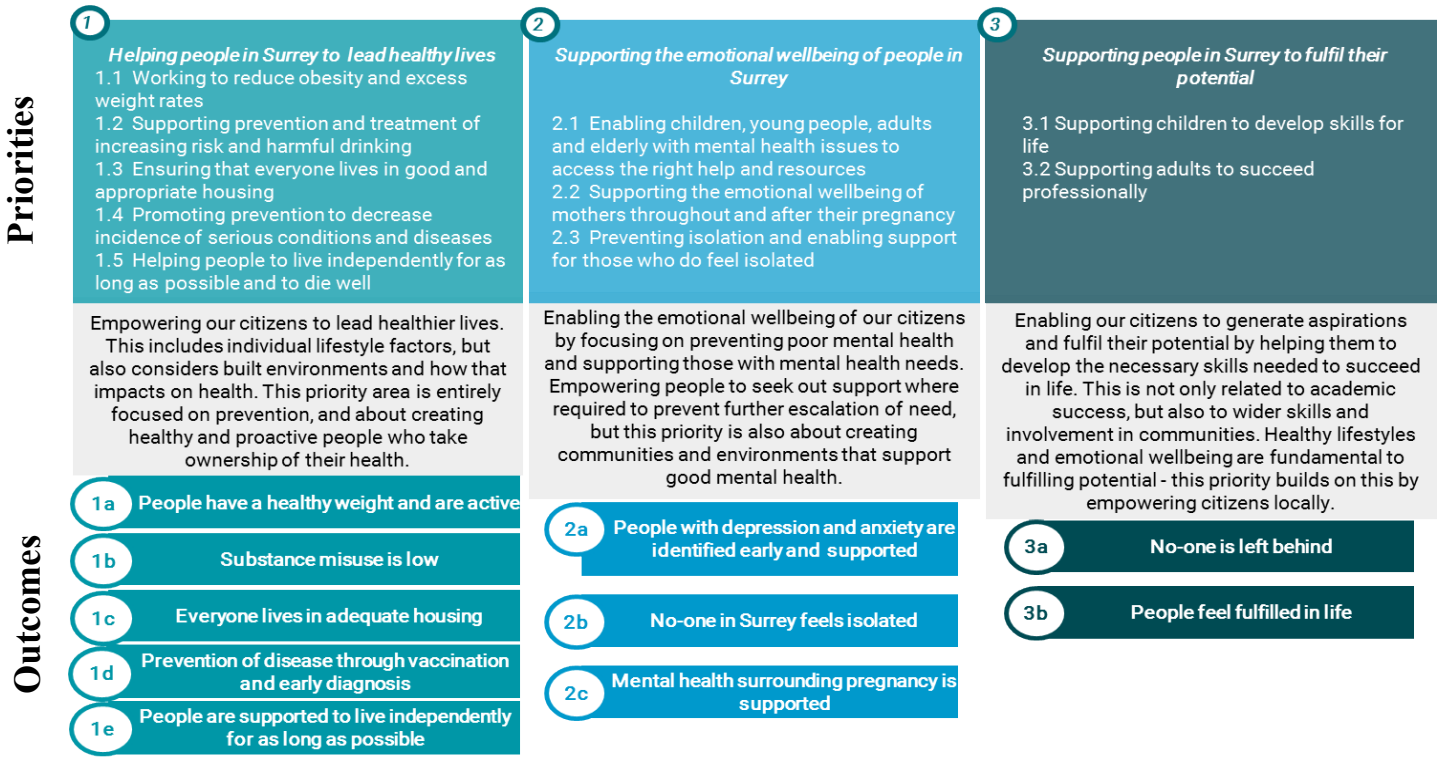
Priorities for Surrey (JHWS pages 9-12)

13. The 'Priorities for Surrey' section sets out the priorities that have been identified and the groups of the population that the Strategy is aimed at. It also summarises the approach taken to identifying priorities. In summary:

    - The Strategy describes the evidence based approach taken so that the focus is on Surrey's greatest

challenges and, where appropriate, target the groups of the population that need additional help to achieve their target outcomes.

- Surrey will focus on three interconnected priorities described with outcomes in the diagram below:
  - Leading healthy lives;
  - Having good emotional wellbeing; and
  - Fulfilling potential.



- To avoid any groups of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within some specific groups of people which are often overlooked or most at risk. Those population groups are:
  - The general population
  - Children with special education needs and disabilities (SEND) and adults with learning disabilities and / or autism
  - Young and adult carers
  - People who need support to live with illness, live independently, or to die well
  - Deprived or vulnerable people
- These priorities and target population groups have been identified based on extensive data and benchmarking analysis as well as stakeholder engagement across the

county. They focus on prevention in its earliest form, and on providing the right 'place' for the population to thrive and reach their full potential.

14. Appendix Four of the JHWS describes in more detail how the measures and targets for each of these population groups were developed, and includes an outcomes matrix illustrating the metrics being used to track progress against each priority and the population groups.

Priority population groups (JHWS pages 13-27)

15. The JHWS describes the target outcomes for each population group (identified above). Fulfilling potential, leading healthy lives, and having good emotional wellbeing have different meanings and implications depending on the environment and conditions for each individual. Whilst the system-wide priorities remain the same for each population group, the definition of success has been adapted to each target population group. This is to avoid the overall positive outcomes for the wider population masking the existing areas for improvement and poor outcomes for specific groups.

16. Identifying how the system-wide outcomes relate to each population group helps enable partners to measure and track success more clearly. In addition, this puts a specific focus on those groups who may have been left behind in the past, or may not have had their outcomes measured or addressed in a way that delivers the greatest impact.

17. For each population group this section of the JHWS describes:

    - A short definition of the population group;
    - The difference delivery of the JHWS is intended to make through some key measures of success (this includes 10 year outcome targets);
    - Example initiatives or programmes that have been identified – these are not the explicit initiatives that will be implemented but provide a view of how outcomes may be achieved and how learning from best practice elsewhere can be used to deliver improved outcomes; and
    - A description of how partners will need to work together differently to achieve our ambitions ('building capabilities').

18. Appendix six of the JHWS sets out clearly the measures of success against each of the outcomes under the population group headings. The use of further measures identified through recent engagement activity is also being explored – a summary of these additional measures is also captured in Appendix Six.

System capabilities (JHWS pages 28-32)

19. The final section of the JHWS describes a set of 'system capabilities' that will need to be developed across Surrey to achieve the target outcomes and describes how the different parts of the Surrey system will need work together and collaborate to be successful. In summary, the eight system-wide capabilities identified in the JHWS are:

    - Community development - clear channels are needed through which local communities and residents can be engaged;
    - Governance - decision making that is simple, collaborative and unambiguous, whilst being representative of all partners in Surrey to support delivery;
    - Estates - using a one-Surrey estates ethos to consolidate collective estates across the patch;
    - Workforce and culture - a modern and radical workforce approach that will create and develop a future workforce equipped to manage future demands and work effectively and collaboratively to deliver the outcomes set out in the JHWS;
    - Programme and performance management - programme management and performance management capabilities which can manage multi-partner programmes and delivery effectively across Surrey;
    - Digital and technology - our information systems working together within / across organisational boundaries; greater collaboration; and better visibility and transparency over performance data;
    - Intelligence - data sharing and intelligent analytics which underpin effective decision-making and provide clarity on system performance; and
    - Devolution and alignment of incentives - devolution affords freedoms and flexibilities which can allow the Surrey system to align incentives across partners and eliminate financial and performance barriers to collaboration.

20. Appendix seven of the JHWS describes the system capabilities in more detail and provides an indicative timeline for implementation.

Approach to developing the JHWS

21. Partners have followed a rigorous and in depth process to fully understand the challenges the system is facing, the experience and outcomes current secured for Surrey's

residents, and identified those priority areas that will have the biggest impact on the health and wellbeing of the population.

22. This work has included:

- a thorough review of evidence and population health needs – benchmarking data and root-cause analysis into wider socio-economic factors impacting on people's health and wellbeing;
- listening to experts and key stakeholders from across the system – over 150 people's views gathered through more than fifty 1:1 meetings and fifteen focus groups and workshops;
- two 'whole-system' workshops bring together over 100 people from partner organisations across Surrey to help shape the draft JHWS;
- a review of existing strategies and plans learning from what is already in place; and
- listening to the views of people in Surrey – residents, patients, those who use health and care services – using for example the feedback gathered through the Surrey Residents Survey; the Connected Care Survey; the Mental Health Survey; deliberative research carried out with residents by the Surrey Heartlands ICS; and the feedback captured as part of the most comprehensive resident engagement exercise Surrey County Council has embarked upon in the development of the Surrey 2030 vision.

23. Appendix three of the JHWS includes a summary of the approach to citizen engagement and a list of all the partners and individuals engaged in the development of the strategy.

24. Whilst the approach taken to developing the JHWS has been robust – based on evidence, resident / patient views and the expertise of professionals working across the system – the Health and Wellbeing Board were keen to publish as a draft to help test that the evidence has been translated into a set of priorities and ambitions that are clearly understood and recognised. The draft JHWS has been published on the 'Surrey Says' engagement website to enable people to comment on the priorities, population groups identified and level of ambition set and a summary of the feedback received will be presented to the Health and Wellbeing Board at their meeting on 4th April 2019 where the Board will be asked to approve any changes to the draft for it to be finalised and published.

25. Alongside publication of the draft JHWS, work is ongoing to:

- finalise finance and activity modelling intended to show the impact delivering the strategy will have on the finances of the health and care system; and
- finalise the supplementary Surrey Heartlands specific information that will be used alongside the JHWS to meet the planning requirements of the NHS LTP.

26. Once these have been completed, appendices and supporting documents will be updated / published with the JHWS.

Governance

27. The Surrey Health and Wellbeing Board are responsible for the production of the JHWS – the Board will approve the final strategy and will oversee its delivery and implementation.

28. To support the delivery of the new JHWS, the Board has recently agreed to widen its membership to reflect a more place based membership, and to reflect the wider determinants of health focus of the JHWS. The changes see a shift from NHS organisational representation, to representation from each of the six 'places' across Surrey (based on CCG geographical footprints) and from each of the ICS/STPs, together with new representation from the housing sector, Surrey University, Local Enterprise Partnership, and mental health service providers.

29. A key part of the next phase of work being undertaken will be to work through each of the priorities in the new JHWS - agreeing how each will be delivered and what programme management arrangements need to be established (using existing groups and mechanisms where it makes most sense). The Board will also agree how it will keep oversight of each of the priorities to support and ensure delivery.

Conclusions:

30. The draft JHWS is the product of unprecedented levels of collaboration between partners across Surrey and a robust and rigorous process to identify a new set of priorities to improve the health and wellbeing of Surrey's population based on evidence, analysis, the views of experts and key stakeholders, and feedback from residents.

31. We will collate the feedback from the engagement period and bring this to the Health and Wellbeing Board meeting on 4th where we will ask board members to approve any changes to the draft with a view to publish the final strategy later in April.

7

Recommendations:

32. To ask board members to formally review as part of the engagement period running from 28th February and 27th March.

33. To ask board members for their views on the proposed implementation structure for the Joint Health and Wellbeing Strategy (to be presented verbally at the meeting).

Report contact: Justin Newman, Devolution Programme Director, Surrey County Council / Surrey Heartlands ICS

Contact details: justin.newman@nhs.net

Sources/background papers:
Annex one – draft Joint Health and Wellbeing Strategy
Annex two – executive summary of the Joint Health and Wellbeing STrategy

Appendices to the draft Joint Health and Wellbeing Strategy (mentioned in the report) can be found at:
https://www.surreysays.co.uk/

DRAFT FOR ENGAGEMENT

SURREY HEALTH AND WELLBEING STRATEGY

DELIVERING THE COMMUNITY VISION FOR SURREY

V.2. 25-02-18

CONTENTS PAGE

FOREWORD

I am delighted to present this ten year Health and Wellbeing Strategy for Surrey. It is the product of unprecedented collaboration between the NHS, Surrey County Council and our wider partners, including the voluntary and community sector and the police.

We want the people of Surrey to live longer, healthier lives. We believe that people should be supported to look after themselves and those they care for, and have access to services when they need them. And we want to deliver better health and wellbeing outcomes within our budget.

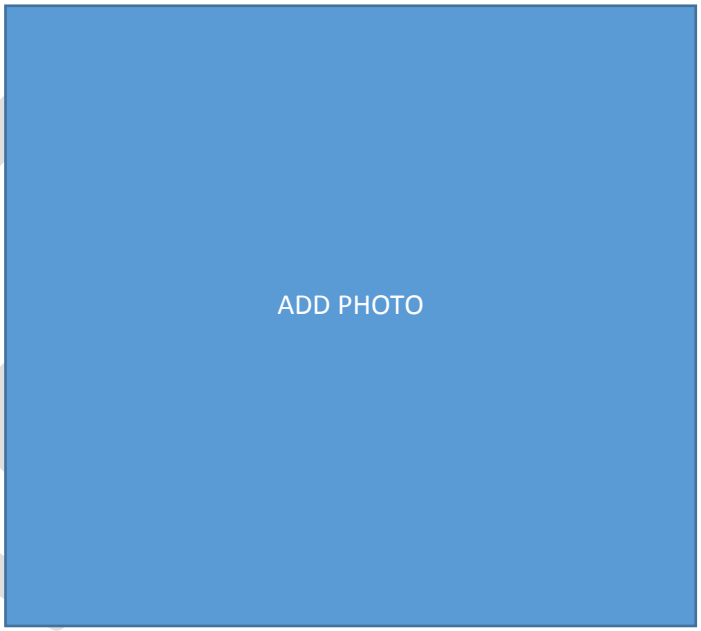
This strategy sets out how we can work together with our local communities to transform services across Surrey to achieve these aims.

Our strategy focuses specifically on the opportunities we want to work on together as a partnership. Delivering it will play a crucial part in achieving the '*Community Vision for Surrey in 2030*' which was the result of significant engagement with the Surrey population last year. It will also support the delivery of local health and care plans, how we respond to the NHS Long-Term Plan* and individual organisational strategies and plans (which include specific priorities that organisations will focus on themselves).

We have used a robust methodology to arrive at a set of priorities that all partners across Surrey recognise and support. We are committed to making a real change for the next generation by focusing on these areas and on those groups within the population who need more support.

We have been talking to our citizens about these issues for several years, and the ideas put forward in this document build on those discussions. This plan is only the first step in engagement with local communities, and acknowledges the importance of engaging further with the Surrey population if this strategy is to be truly meaningful.

We look forward to discussing our plans with you further.



Tim Oliver

Chair of the Surrey Health and Wellbeing Board & Leader of Surrey County Council

***** On behalf of each of our health and care systems; the Frimley and Surrey Heartlands Integrated Care Systems, and the Sussex and Surrey Sustainability and Transformation Partnership.

BACKGROUND

Over the spring and summer of 2018, Surrey County Council engaged with residents, communities and partners across the county to understand what Surrey should look like by 2030. Informed by these conversations, a shared vision for Surrey has been created:

> *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

Our ambitions for people are:

- Children and young people are safe and feel safe and confident.
- Everyone benefits from education, skills and employment opportunities that help them succeed in life.
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.

Our ambitions for our place are:

- Residents live in clean, safe and green communities, where people and organisations embrace their environmental responsibilities.
- Journeys across the county are easier, more predictable and safer.
- Everyone has a place they can call home, with appropriate housing for all.
- Businesses in Surrey thrive.
- Well-connected communities, with effective infrastructure, that grow sustainably.

In light of the new community vision and the vital role people and organisations in the health and care system play in its delivery, partners initiated the development of a new Joint Health and Wellbeing Strategy for Surrey. This involved partners coming together to drive real change in how Surrey's residents are enabled and supported to achieve better health and wellbeing outcomes. The strategy recognises the importance of addressing root causes of poor health and wellbeing – including things like poor housing and the environment – and not simply focusing on treating the symptoms. It is intentionally ambitious.

The strategy sets out Surrey's priorities for improving outcomes across the population and a set of targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. And outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

We recognise that the county of Surrey sits across three health and care partnerships (the Surrey Heartlands and Frimley Integrated Care Systems (ICSs), and the Sussex & East Surrey Sustainability and Transformation Partnership). These, along with other local partnerships, will be the key vehicles for delivery with no need for any additional governance or new structures.

The strategy focuses on a single set of agreed priorities for the county, in particular where we can effect change *as a partnership*. It is not meant to include everything, and therefore doesn't cover sector specific, organisational or local plans although these will all need to be aligned to this overarching work. As the Surrey Heartlands ICS is entirely within the county of Surrey, this strategy will form the core of its response to the NHS Long-Term plan (with additional information which is included in Appendix One). These priorities will also form part of the separate submissions made by both East Surrey and Sussex STP and Frimley ICS in their responses to the NHS Long-Term plan.

CONTEXT AND CASE FOR CHANGE

A picture of Surrey

Over 1.1 million people live in the county of Surrey, interacting with and having their needs addressed by:

Local Businesses

Police

Eleven District & Borough Councils

Six healthcare trusts

Surrey County Council

Community healthcare providers

GP practices and other primary care providers

Six Clinical Commissioning Groups

Fire and Rescue Service

4,500 - 6,000 VCFS organisations

Approximately 386 schools & academies

Higher and further education establishments

Three health & care partnerships (ICSs/STP) - and their respective Integrated Care Partnerships (ICPs)

Surrey is one of the most densely populated shire counties in England, with almost one in five of the population aged 65+ and life expectancies amongst the highest in the country.

Only 8.8% of children in Surrey are from low income families, with Surrey being within the top 10 least deprived counties in England. People in Surrey on average are relatively healthy, with obesity prevalence in children at almost 7% lower than the national average. Additionally the employment rate in Surrey is again above the national average at 77.7%, with children on average succeeding academically with over 65% of children achieving 5 or more GCSEs at grades A*- C.

Although on the whole Surrey is widely perceived as a 'healthy and wealthy' county, it is not without its share of challenges. It is estimated that 10,600 5 to 15 year-olds in Surrey have a mental health disorder.

Similarly, there is considerable variation in deprivation, with over 23,000 children in Surrey living in poverty, which is linked to poor health and wellbeing outcomes for them and their parents.

Whilst there remain areas that need to be improved, the system already has a number of strategies and agreements to tackle these challenges, including the *Community Vision for Surrey in 2030* and the *Surrey Heartlands devolution agreement* which gives more local freedom to decision-making and pooling of budgets. As a result Surrey has been able to develop momentum to start working together on achieving its desired outcomes.

Surrey has the opportunity to capitalise on the assets and resources available, including the ability to work collaboratively across organisations, to address challenges and improve outcomes for the people of Surrey.

A more detailed understanding of Surrey's population and the opportunity is detailed in appendix two (Priority Area Scorecards).

Understanding the health and wellbeing of our population

We have used the life phases of *Start Well*, *Live Well*, and *Age Well* as a framework for understanding the current health and wellbeing of our population. The *Surrey Joint Strategic Needs Assessment* has provided a comprehensive source of information to inform our findings.

This analysis has helped us define the opportunity for generational and sustainable long-term change through:

- Improved health and wellbeing outcomes for the population;
- A reduction in health and care activity; and
- Reducing the financial burden on the public sector.

We intend to use this plan to drive an ambitious push for change, rather than simply reacting to short-term challenges. Surrey has an abundance of assets and resources we can capitalise on to think and work differently.

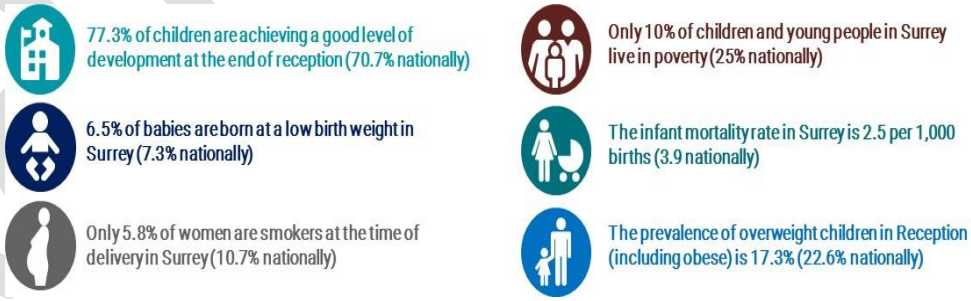
This strategy outlines our key priority areas, the evidence base to support this and a plan of what needs to change across partners in the system to deliver this change.

Starting well in Surrey

There are over 70,000 children under the age of five in Surrey, out of a total population of approximately 1.1 million, with needs that vary greatly across the county.

It is widely known that the first five years of a child's life are critical to their future development. These years are therefore an important foundation for building caring, productive and healthy families and communities. Helping children get the best start in life is both good for them and good for our society.

Early years' indicators depict Surrey on the whole as performing well compared to the national average and to the region:



However, in Surrey there are also pockets of inequality, which have a significant impact on those children's outcomes - both health related and more widely. The Income Deprivation Affecting Children Index indicates that whilst overall 10% of Surrey's children are impacted by income deprivation, in the worst affected areas over 40% are affected. Where poverty exists, it is also frequently accompanied by higher incidence of poorer average health, obesity, isolation and difficulty accessing local support services.

Living well in Surrey

Most people in Surrey lead healthier lives than the average UK citizen.

However, this strong average performance often masks areas of underperformance, inequality or where additional focus is required for the future.

Areas where Surrey performs well:

- Healthy life expectancy at birth (Female): 68.1 years (63.9 nationally)
- Healthy life expectancy at birth (Male): 68.9 years (63.3 nationally)
- People reporting low life satisfaction: 3.7% (4.5% nationally)
- Unemployment: 3.4% (4.8% nationally)
- Utilisation of outdoor space for exercise/health reasons: 20.5% (17.9% nationally)
- Employment rate (aged 16-64): 79.5% (74.4% nationally)
- Income deprivation: 7.0% (14.6% nationally)
- 16-17 year olds not in education, employment or training: 4.3% (6.0% nationally)
- Excess weight in adults (aged 18+): 55.9% (61.3% nationally)
- Smoking prevalence in adults (aged 18+): 10.9% (14.9% nationally)
- GCSEs achieved: 65.6% (57.8% nationally)

Areas of inequality and underperformance:

- 22% of all adults and 13% of all children in Surrey are obese, with the rate of adult obesity increasing at an average of 18% per year since 2014 (obesity and excess weight rates are 13.5% higher in deprived wards than the average Surrey ward).
- The proportion of people in Surrey living in overcrowded homes is set to rise by 5% over the next 10 years, specifically for the population living in more deprived wards.
- Smoking rates in Surrey amongst routine manual workers are 15% higher than average Surrey rates.
- In relation to educational attainment, children who qualify for free school meals in Surrey have considerably worse performance than the average child receiving free school meals across England.
- Surrey's employment rates for adults with learning disabilities has decreased by 35% since 2011.

Ageing well in Surrey

Over the next 10 years, the number of people aged 65+ living in Surrey is expected to rise by over 18%. As this population cohort grows in size, Surrey can also expect an increase in the number of people with complex conditions such as dementia, chronic kidney disease and other conditions related to ageing.

A further impact of Surrey's ageing population is that by 2023 the number of carers aged 85+ will have increased by 31%, with only a total 8% increase expected in the number of carers across all ages.

Dementia is a particular issue in Surrey. Compared to the peer group average in 2016/2017, the ratio of hospital inpatients with dementia was 11% higher in Surrey. Furthermore the level of hospital emergency admissions for patients aged 65+ with dementia is also 12% higher in Surrey. The higher life expectancy in Surrey is likely to be a contributing factor. With a high predicted growth in the over 65 population, this challenge is only likely to grow, meaning a greater focus on prevention and early support.

Supporting this cohort will need to be done through a partnership approach as there is no one organisation that can do this alone.

As of 2017 18.7% of the population in Surrey was aged 65+ (18% nationally) where the range per locality is between 23% and 16.3%,

Approximately 1 in 25 people aged over 65 in Surrey lived in care homes in 2015, which is expected to increase by 60% by 2030.

It is estimated that there are approximately 22,000 people with frailty in Surrey currently, expected to increase by almost 30% by 2030.

Citizen engagement

It is critical that alongside the data we have about people's health and wellbeing, we understand and act on the feedback we get from our citizens. Citizen engagement has and will continue to form a vital role in the design and delivery of this strategy – of which there are three key phases:

Phase one: Using the feedback we have.
In developing our strategy, we have used a wide range of resident and patient feedback to inform our priorities. These include the findings from: the quarterly Surrey Residents' Survey; the Connected Care Survey; the Mental Health Survey; and the widest resident engagement exercise ever undertaken by Surrey County Council in the development of the Surrey 2030 vision. Alongside this, our stakeholder workshops involved Healthwatch Surrey and a range of service user / patient representative organisations to ensure a strong resident / patient voice, alongside the expertise of key stakeholders.

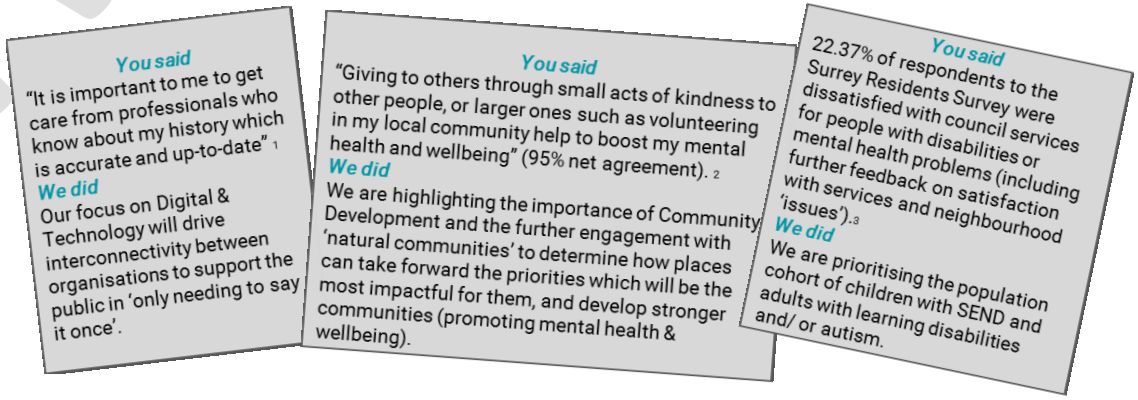
Phase two: Publishing the draft plan to test it.
Whilst we are confident that the approach we have taken to develop this draft strategy was robust – based on evidence, resident / patient views and the expertise of professionals working across the system - it was important to make this draft strategy available for people to comment on. This will help test that we've got it right and that we have translated the evidence available into a set of priorities and ambitions that are clearly understood and recognised. So we're now asking for your feedback before taking the draft strategy to the Health and Wellbeing Board for approval.

Phase three: co-design and co-production
Our strategy is ambitious – we want to secure the best health and wellbeing outcomes possible for our population. But no single organisation or group of organisations can do this without the active involvement of citizens – i.e. residents, patients and carers.

Partners across Surrey are committed to working with residents to co-design and co-produce the solutions we need to achieve the outcomes described in this strategy. We know this will require partner organisations to work differently and to redefine how citizens and our organisations work together.

We're embedding this as one of the key enabling programmes ('system capabilities') described later in this document to help ensure we maintain our focus on citizen engagement and involvement.

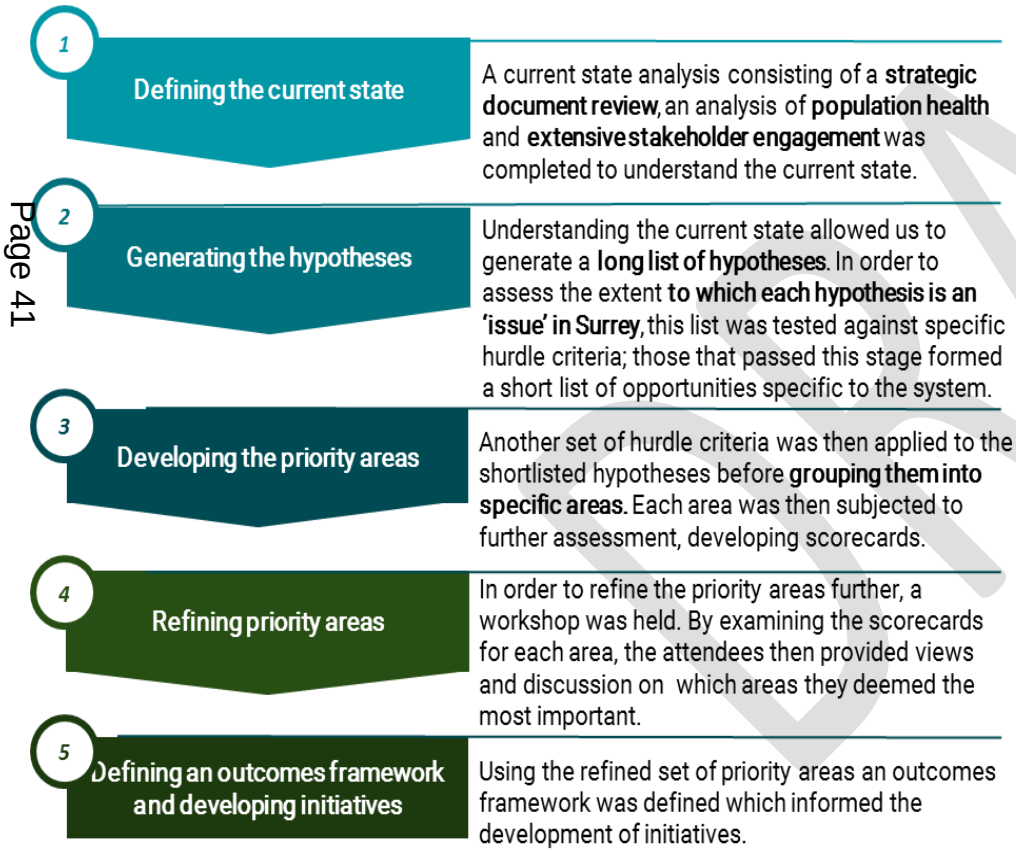
We've already put the findings from the feedback citizens have given us to good used, as described in 'phase one' above. These rich sources of insight have been used to shape our priorities – for example:



PRIORITIES FOR SURREY

Approach

We used an evidence based approach in developing our strategy, so that we focus on Surrey's greatest challenges and, where appropriate, target the cohorts of the population that need additional help to achieve their target outcomes. This approach is summarised below and further details can be found in Appendix four (methodology and approach).



Priority areas and population cohorts

Surrey will focus on three interconnected priorities: ***fulfilling potential***, ***leading healthy lives*** and ***having good emotional wellbeing***.

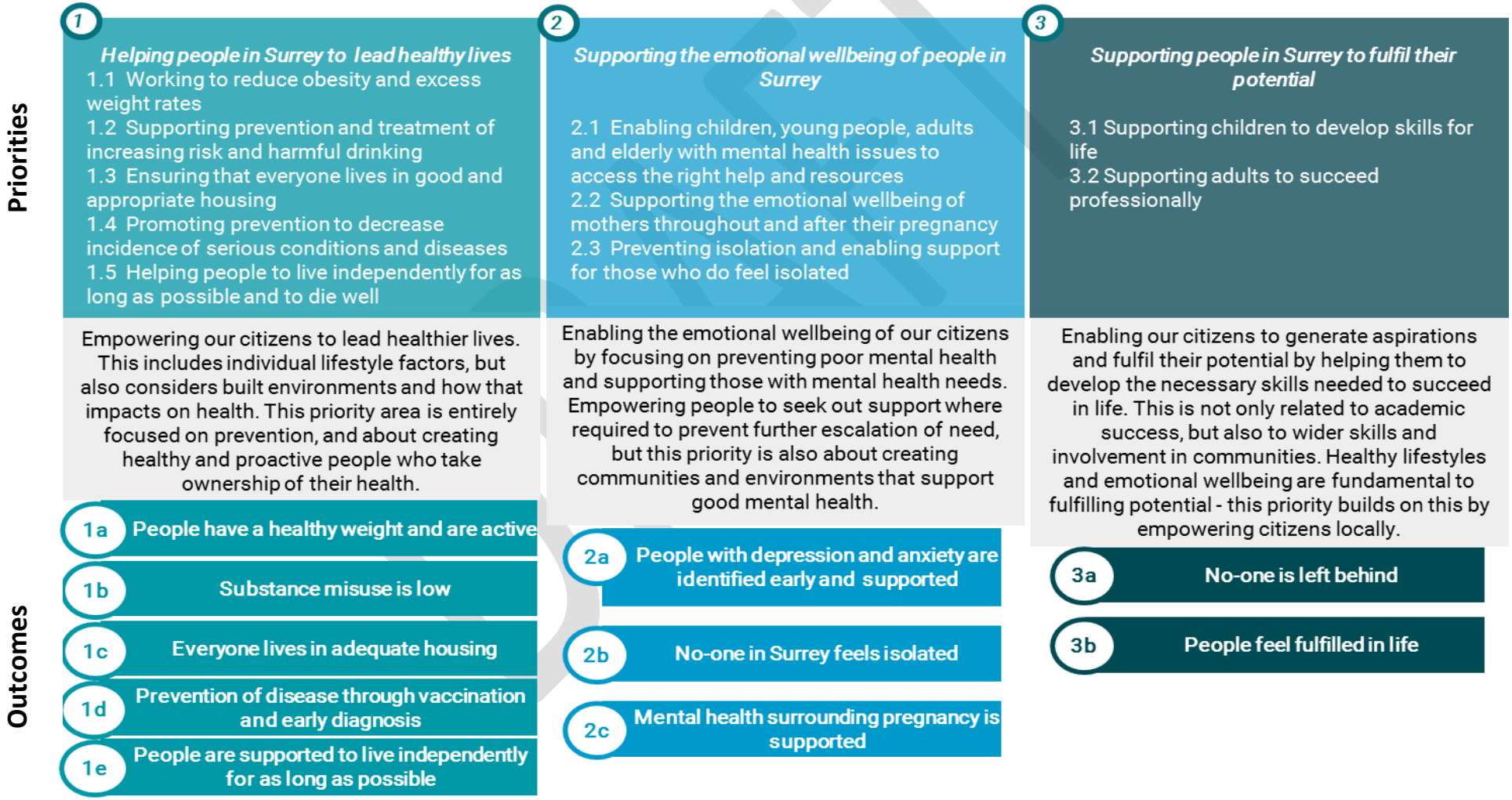
To avoid any cohorts of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within some specific groups of people which are often overlooked or most at risk.

These priorities and target groups – described in more detail over the next two pages - have been identified based on extensive data and benchmarking analysis as well as stakeholder engagement across the county. They focus on prevention in its earliest form, and on providing the right 'place' for the population to thrive and reach their full potential.

The target outcomes for each priority focus on areas where Surrey has been underperforming, or where performance has been deteriorating. This allows for the plan to take a targeted approach in improving outcomes for those who would benefit the most whilst also creating clarity for the system on the direction of travel and long-term vision.

Surrey's priorities and outcomes

Surrey's selected priorities are described below - these have been categorised for pragmatism, but we recognise the fundamental importance of mental health and wellbeing as connected parts of living health lives; and the role of good physical and mental health in enabling people to fulfil their potential. Outcomes have been identified for each priority - these are the goals and overall targets the system will work towards for our population. Specific metrics for measuring these outcomes per cohort have been identified to allow a clearer understanding of progress and measurement of the target outcomes. The detailed methodology and outcomes matrix is included in Appendix Four (methodology and approach).



Surrey's priority population groups

The aim of this strategy is to address outcomes for the whole of Surrey - driving change across the population at pace and scale. However, it also recognises that specific groups of people suffer disproportionate inequalities in outcomes, and therefore may require specific and targeted support/resource to bring their outcomes to be on par with the wider population. We have identified these priority groups below.

A General Population

This refers to the entire population of Surrey. This plan aims to address the wider determinants of health and wellbeing for all of Surrey, with a strong focus on prevention.

B Children with SEND and Adults with Learning Disabilities and/or Autism

Children with special education needs and disabilities, and adults with Learning Disabilities and/or Autism. The focus is on improving the outcomes for this cohort and on providing opportunities for them to achieve their potential.

C Young and Adult Carers in Surrey

All young and adult carers in Surrey. The focus is on supporting this population cohort and creating opportunities for this cohort to be part of their local community and as a result avoid feeling isolated.

D People who need support to live with illness, live independently, or to die well

Those people living with illness, including long term conditions, multimorbidities, people who require support to live independently, and people who require support to die well. Our focus is to promote self management where possible, independence, and use of community assets and resources.

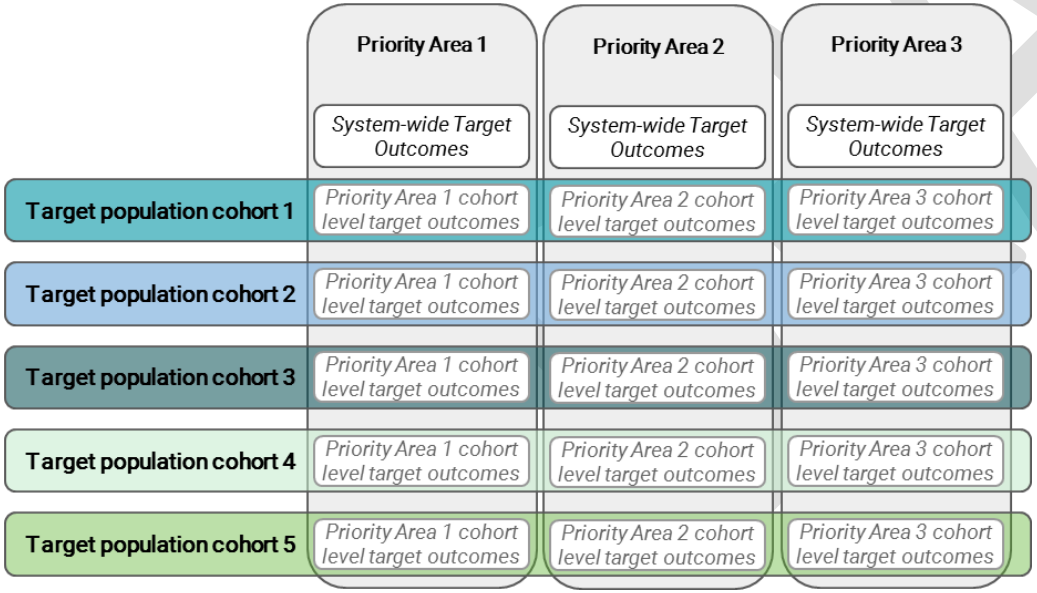
E Deprived or vulnerable people

Those people living in deprivation, or those who are vulnerable across Surrey. This includes children in care and care leavers. The aim is to place a focus on this cohort which based on indicators has been left behind in the past, and improve their health outcomes.

Measuring and tracking success and delivering ambition at a population group level

Fulfilling potential, leading healthy lives, and having good emotional wellbeing have different meanings and implications depending on the environment and conditions for each individual. So whilst the system-wide priorities remain the same for each population group, the definition of success has been adapted to each target population group. This is to avoid the overall positive outcomes for the wider population masking the existing areas for improvement and poor outcomes for specific groups.

Identifying how the system-wide outcomes relate to each population group helps us measure and track success more clearly. In addition, this puts a specific focus on those groups who may have been left behind in the past, or may not have had their outcomes measured or addressed in a way that delivers the greatest impact.



Our priority groups in more detail

This section describes each of our priority population groups in a bit more detail – for each one you'll find:

- A definition of the population group
- A description of the difference we're trying to make through some key measures of success – this includes 10 year outcome targets and the financial and activity impact
- A description of example initiatives or programmes we have identified – these are not the explicit initiatives that will be implemented but provide a view of how outcomes may be achieved and how we can capture learning from best practice elsewhere to deliver improved outcomes
- A description of how we will need to work together differently as partners to achieve our ambitions ('building capabilities').

Appendix Four describes how we have developed the measures and targets for each of these population groups. The use of further measures identified through recent engagement activity is also being explored – a summary of these additional measures is captured in Appendix Six.

Population group one - *general population*

Definition:

General population - this refers to the entire population of Surrey. This plan aims to address the wider determinants of health and wellbeing for all of Surrey, with a strong focus on prevention.

The difference we're aiming to make:

Outcomes	Metrics for Measurement	Current Performance		Target Performance	10 Year Target Outcomes Impact: Financial Impact
People feel fulfilled in life	Reported low life satisfaction	3.7%		3.2%	
People have a healthy weight and are active	Obesity admission rate per 100,000 population	East Surrey CCG	499	236	
		G&W CCG	551	510	
		North West Surrey CCG	473	499	
		Surrey Heath CCG	876	682	
		Surrey Downs CCG	382	220	
		NEH&F CCG	374	194	
Substance abuse is low	Successful completion of alcohol treatment	32.2%		51.8%	
Prevention of disease through vaccination and early diagnosis	Vaccination rates	DTaP/IPV/Hib	88.1%	98.4%	
		Pertussis	82.9%	92.9%	
		MMR	81.7%	93.6%	
		Rotavirus	89.0%	95.3%	
	Diabetes diagnosis rates	69.4%		79.1%	
	Bowel cancer screening coverage	60.6%		65.3%	
People with depression and anxiety are supported	Depression prevalence	East Surrey CCG	7.0%	6.2%	
		G&W CCG	7.5%	6.2%	
		North West Surrey CCG	6.2%	6.5%	
		Surrey Heath CCG	6.3%	5.3%	
		Surrey Downs CCG	6.8%	6.2%	
		NEH&F CCG	8.6%	6.5%	
	Anxiety prevalence	19.5%		14.1%	

Outcome metrics 'Mental health surrounding pregnancy is supported' and 'No-one in Surrey feels isolated' have not been modelled due to the availability of data.

The general population - examples of supporting initiatives

1. Use of community assets and local organisations to promote healthy lifestyles across Surrey

- Improving the wellbeing of people across Surrey through **local-level initiatives**, including:
  - Improving physical activity access through utilising local assets (parks, greenspaces);
  - Improving access to healthy food through farm stands and corner stores;
  - Promoting neighbourhood safety by addressing pedestrian safety and crime challenges; and
  - Coordinated school health programmes.
- Communities with specific challenges are selected, and based on the available local assets, a **coalition of local organisational leaders** is put together to **oversee the programme** and multiple initiatives (multi-organisational).
- Example initiatives: farm stands set up at local schools and joint-use agreements set up for school playgrounds and parks in schools to promote physical activity and healthy eating promotion.
- Where this has been implemented a **30% reduction in perception of barriers to physical activity** was realised, where this correlated with an increased usage of neighbourhood assets and **improvements in physical activity utilisation behaviours by 20%.**
- Furthermore a **20% increase in awareness of barriers to healthy food access was realised**, with an increased utilisation of local good retail outlets.

2. Mental health first aid training of the Surrey-wide workforce

- Whilst to date there are some organisations across Surrey which provide basic mental health first aid training to their workforce, this would be the opportunity to train employees **across all organisations in Surrey** to be mental health first aiders. This would include both public sector organisations a part of the Surrey-wide partnership, but also **further organisations and businesses** (e.g. local businesses).
- Where mental health first aid training has been implemented in their workplace;
  - 91% of employees surveyed have said there had been an **increased understanding of mental health issues**;
  - 88% reported an **increase in confidence around mental health issues**;
  - 87% said **more mental health conversations were happening at work** as a result of the training;
  - 83% noticed an **improvement in procedures for signposting to further support**; and
  - 59% reported an **increase in help-seeking behaviour.**
- This initiative would focus on a Surrey-wide, partnership driven, promotion of mental health first aid training in partnership and wider organisations.

Sources: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5874305/, http://www.ssehsactive.org.uk/userfiles/Documents/eonomiccosts.pdf, https://www.thelancet.com/action/showPdf?pii=S0140-6736%2812%2960766-1, https://mhfaengland.org/mhfa-centre/news/mentor-study-research/, https://mhfaengland.org/individuals/adult/2-day/

Overall potential impact on priority areas and cohorts

Target Cohorts	Priority Areas: Healthy Lifestyles	Emotional Wellbeing	Fulfil Potential
General Population	High	High	Medium
Deprived	High	High	Medium
People with SEND and LD/Autism	Medium	Medium	Low
Young and Adults Carers	Medium	Medium	Low
Living with illness & ill health	Medium	Medium	Low

Potential Finance and Activity Impact of initiatives*

Promoting Healthy Lifestyles	Mental Health First Aid
£	£
X	X

* To be added when the finance / activity modelling has been

The general population - building capabilities

In order to implement these types of initiatives successfully, we will need to engage with all the necessary partners from within health and social care and beyond, and put in place the governance and infrastructure to enable the successful delivery of the initiatives. To achieve the target outcomes for the general population we will build the following types of capabilities:

Community development

- Progressing forward with the 'Surrey deals' being developed by Surrey County Council to agree clear 'pledges' with the community.
- Agree the communications and engagement strategy to be translated at the local level (district & borough) to co-develop initiatives with local people.
- Agree how that strategy interacts with the local workforce to create a two-way loop for feedback.

Clear governance

- Agreement on Health and Wellbeing Board responsibilities in relation to all of the outcome targets.
- Communication to the general public of the outcome targets and governance to be used to create accountability.

Estates

- Public sector estates strategy that encourages community based, multi-organisational provision to focus on building stronger asset-based communities.

Workforce and culture

- Development of a multi-organisational workforce deal to promote public sector employment in Surrey and to grow the required capabilities.
- Define the required culture, value and behaviours required by the workforce, including system leadership to achieve the target outcomes.

Programme management

- Define and embed programme and project management support capable of managing multi-agency projects across the general population.
- Create a central view of existing local and system-wide initiatives across Surrey to undertake portfolio management activities to identify areas of duplication and overlap.

Digital and technology

- Scoping of existing digital and technological capabilities and maturity across key system partners to identify need or gaps in capability to be able to effectively work collaboratively.
- Development of system interoperability to enable data sharing across organisations for early identification and support where appropriate.
- Development of system network, enabled digitally, to enable clearer signposting by partners.

Intelligence

- Refining of the information captured and metrics measured by the system (e.g. measuring indicators such as fulfillment or happiness across Surrey).
- Utilisation of geographic data across organisations to better equip local systems to develop targeted and universal initiatives for their populations.

Devolution / alignment of incentives

- Funding agreements determined based on priority areas and prevention.
- Ability to alter statutory requirements of services in line with the target outcomes.
- Ability to pool budgets and subsequently jointly fund initiatives and services.

Population group two – *children with special education needs and disabilities (SEND) and adults with learning disabilities and / or autism*

Definition:

Children with special education needs and disabilities, and adults with learning disabilities and/or autism - the focus is on improving outcomes for this group and on providing opportunities for them to achieve their potential.

The difference we're aiming to make:

				10 Year Target Outcomes Impact
Outcomes	**Metrics for Measurement**	**Current Performance**	**Target Performance**	**Financial Impact**
Adults with LDs/Autism feel fulfilled in life	Adults with LDs in employment	10.0%	16.4%	Data unavailable
People with LDs live in adequate housing with the adequate support	Rates of people with LDs living in settled accommodation	67.7%	82.4%	

Children with SEND and adults with learning disabilities and / or autism - examples of supporting initiatives

1. Implementation of community interest groups led by adults with learning disabilities

- Community coordinators, established by the partnership, **enable people with learning disabilities to set up and run interest groups in their local areas.**
- People are supported to shape their ideas, identify locations, invite group members and **make groups a reality in their local communities.**
- The established groups **draw on community assets** to facilitate activities (e.g. through equipment donation from local businesses, use of existing under utilised estates or co-locating groups with other activities to facilitate greater community join-up).
- Where this has been implemented nationally it has had a **transformative impact of the wellbeing** of both group leaders and group members.
- Participants have since gone on to **achieve qualifications, further volunteering activities or employment.**
- Additionally it has contributed to the **changing of perceptions** of people with learning disabilities and/or autism, and has developed new networks across VDFS and local businesses.
- In the context of Surrey the partnership would be able to use its respective data and information, or if possible join up this information, to better **understand individuals with learning disabilities who require support and in which communities.**

2. Shared Lives model for those with learning disabilities

- **Individuals with learning disabilities either live, or regularly visit households in the community,** in order to improve wellbeing and sense of community.
- This would require the household carers to be **appropriately trained and approved,** as well as those provided with payment.
- Where this has been implemented nationally this has improved the wellbeing for people with learning disabilities through;
  - **Sense of permanency;**
  - **Security stability**; and
  - **Consistency of residing with one household for an extended period of time** (often years).
- Furthermore a **higher quality of care** was experienced (on average) with 92% rated as good / outstanding and 0% rated as inadequate.
- An average £26,000 reduction in cost of care per person with learning disabilities compared to existing packages was experienced.
- In addition to the benefits gained for the individual, this initiative focuses on building stronger communities that support each other, which includes those currently providing care for those with learning disabilities.

Sources: https://www.communitycatalysts.co.uk/wp-content/uploads/2018/06/The-Do-Your-Thing-project-published-report-November-2017.pdf, https://sharedlivesplus.org.uk/images/300718_SLP_England_LR.pdf, https://www.socialfinance.org.uk/sites/default/files/publications/sf_shared_lives_final.pdf

Overall potential impact on priority areas and cohorts

Target Cohorts	Priority Areas: Healthy Lifestyles	Emotional Wellbeing	Fulfil Potential
General Population			
Deprived			
People with SEND and LD	High	High	High
Young and Adults Carers	Low	Low	Low
Living with illness & ill health			

Potential Finance and Activity Impact of initiatives*

Community interest groups	Shared Lives
£	£
X	X

* To be added when the finance / activity modelling has been completed.

Children with SEND and adults with learning disabilities and / or autism - building capabilities

In order to implement initiatives successfully, we will need to engage with all the necessary partners from health, social care and beyond, and put in place the right governance and infrastructure. For children with special education needs and disabilities, and adults with learning disabilities and/or autism we will build the following types of capabilities:

Community development

- Developing a clear network of the existing VCFS and system-partners working with children with SEND and adults with LDs across Surrey. This allows for a stronger gathering of existing insights of cohort.
- Promotion of community level engagement to co-develop initiatives based on local needs of children with SEND and adults with LDs.

Clear governance

- Clarity on how the target outcomes and metrics for measurement will be reported and monitored for this population cohort, including accountability and decision-making responsibility.
- Further clarity developed on which system partners are responsible for what aspect of this population cohorts' needs.

Estates

- Mapping exercise of existing estates utilised to provide care and support for children with SEND and adults with LDs, to identify opportunities for co-location and more focused community based provision.
- Public sector estates strategy that encourages community based, multi-service provision in welcoming environments, to promote access.

Workforce and culture

- Development of workforce 'passport' to allow those who work with children with SEND and adults with LDs to move between organisations to share knowledge, experience and practice.
- Workforce development to train all staff to better recognise and provide for the needs of this cohort, and feel confident in an appropriate response.

Programme management

- Define and embed a system-wide programme and project management capability to manage multi-agency projects for children with SEND and adults with LDs. This provides an opportunity to understand where there may be duplication in the system as well as existing gaps resulting in a fragmented offer for children and adults.

Digital and technology

- Understand the existing digital maturity of system partners in providing care and support to this population cohort. This allows for understanding where there are gaps in allowing for system interoperability but also where there are opportunities to use technology differently in service provision and in enabling people to live independently.
- Development of system-wide place strategy for utilising digital and technology in the provision of care for this population cohort.
- Development of system network, enabled digitally, to enable clearer signposting by partners.

Intelligence

- Working with the VCFS to better understand the data and analytics captured for this population cohort. This will allow for greater clarity of the existing outcomes and needs of this cohort.

Devolution / alignment of incentives

- Ability to alter statutory requirements of services for those with Learning Disabilities and / or Autism in line with the target outcomes and wider determinants.
- Ability to pool budgets and subsequently jointly fund initiatives and services for those with Learning Disabilities and / or Autism.
- Payment reform of services for those with Learning Disabilities and / or Autism to align incentives across the system.

Population group three – *young and adult carers*

Definition:

All young and adult carers in Surrey. The focus is to develop more support for carers and create opportunities for them to feel part of their local community to avoid feeling isolated.

The difference we're aiming to make:

				10 Year Target Outcomes Impact
Outcomes	**Metrics for Measurement**	**Current Performance**	**Target Performance**	**Financial Impact**
Carers are supported to lead balanced and fulfilling lives	Carer-reported quality of life (out of 12)	7.9	8.4	To be added when the finance / activity modelling has been completed

Outcome metrics 'Rates of unpaid carers' and 'No-one in Surrey feels isolated' have not been modelled due to the availability of data.

Young and adult carers - examples of supporting initiatives

1. Identification and support of young carers through community pharmacies

- An initiative to **partner with pharmacies** across Surrey to improve the early identification of young carers and their families, and supporting pharmacies to engage with carers to provide the appropriate support.
- This would require:
  - **Training pharmacy staff on issues affecting young carers**;
  - **Carers' champions in pharmacies**;
  - **Confidential referral process**;
  - **Support information in pharmacies**; and
  - **Shared learning**.
- The benefit of this initiative is that young carers and their families are **identified early** and in their local communities, leading to timely assessment and / or engagement with appropriate support services.
- Furthermore through early identification, young carers and their families receive **early support and inappropriate caring roles are prevented or removed at an early stage.**
- As a result young carers and their families are able to make **better use of pharmacy services**, and there is an improved understanding of the processes in place for dispensing medicines to young carers.
- The use of pharmacies is an **ideal route to engage meaningfully with young carers** as it is in their local communities and at locations they already frequent.
- *It should be noted this work is currently underway in Surrey.*

2. Carers health and wellbeing programme

- Currently there are a number of VCFS organisations across Surrey providing care and support for both young and adult carers. This initiative would be focused on **a partnership approach to a carers health and wellbeing programme, pulling on partnership working beyond what currently exists across Surrey.**
- This initiative is a focused programme which **promotes the encouragement of carers to take ownership of their physical and emotional health** through;
  - **One-to-one support** by a multi-skilled individual who can effectively coordinate needs across multiple organisations; and
  - **Awareness raising** across the partnership and with local businesses.
- The goal of this initiative, and what has been realised elsewhere through similar programmes, **is an increase in access to social activities, increase in confidence and reduced stress / anxiety of carers.**
- A number of health and wellbeing initiatives related to Carers are already embedded through existing workstreams across Surrey.

Sources: https://professionals.carers.org/sites/default/files/the_young_carers_pharmacy_project_evaluation.pdf, https://www.carersleeds.org.uk/wp-content/uploads/2016/02/Carers-Leeds-report-FINAL-.pdf

Overall potential impact on priority areas and cohorts

Target Cohorts	Priority Areas: Healthy Lifestyles	Emotional Wellbeing	Fulfill Potential
General Population			
Deprived			
People with SEND and LD			
Young and Adults Carers	High	High	High
Living with illness & ill health	Low	Low	Low

Potential Finance and Activity Impact of initiatives*

Young carers and pharmacies	Carers Health and Wellbeing
£	£
X	X

* To be added when the finance / activity modelling has been completed.

Young and adult carers - building capabilities

In order to implement initiatives successfully, we will need to engage with all the necessary partners from health, social care and beyond, and put in place the right governance and infrastructure. To achieve the target outcomes for young and adult carers we will build the following types of capabilities:

Community development

- Requirement to work with the existing VCFS organisations that directly support carers (for example Action for Carers) to create clarity on this cohort and their needs. This cohort is often difficult to identify and therefore to support, and therefore using local knowledge will be integral.
- Promotion of community level engagement to co-develop initiatives locally based on this knowledge, for example with local community navigators.

Clear governance

- Clarity on how the target outcomes and metrics for measurement will be reported and monitored for this population cohort, including accountability and decision-making responsibility.
- There is no one clear organisation accountable for the outcomes of this cohort, and therefore clear multi-organisational accountability and governance must be developed and communicated (e.g. Surrey Young Carers Strategy Group and Young Carers forum which oversees the implementation of the joint multi-agency Surrey young carers strategy).

Estates

- Public sector estates strategy that encourages community based, multi-service provision in welcoming environments, to promote access, use and self management of needs.
- This strategy can utilise existing estates to co-locate provision or information for carers alongside those services they most often require (e.g. mental health support, community based activities to reduce social isolation).

Workforce and culture

- Workforce development to train all staff to better identify and understand carers and be able to signpost effectively to meet the needs for this cohort.

Programme management

- Define and embed a system-wide programme and project management capability to manage multi-agency projects for carers, possibility building specifically on the existing capability within the VCFS.
- It is likely carers may be an aspect of wider reaching multi-agency projects, and therefore utilise programme management to identify the interdependencies proactively and effectively.

Digital and technology

- Development of a system network, enabled digitally, to support clearer signposting for carers and access to useful information. This can include the use of existing digital platforms which exist across Surrey which are to be joined up between system partners and iterated on a local level.

Intelligence

- Working with the VCFS to better understand the data and analytics captured for this population cohort. This will allow for greater clarity of the existing outcomes and needs of this cohort (e.g. support for implementing housing initiatives to contribute to better outcomes for young adult carers).
- This includes the identification of additional metrics to better understand and predict outcomes for carers (e.g. Carers alert thermometer for young carers aged 11-18, Zarit Carer Burden Scale)

Devolution / alignment of incentives

- Additional benefits of devolution to be explored.

Population group four – *those who require support to live with illness, live independently, or to die well*

Definition:

Those people living with illness, including long term conditions, those with multiple conditions, people who require support to live independently, and people who require support to die well. Our focus is to promote self-management wherever possible, greater independence and use of community assets and resources.

The difference we're aiming to make:

				10 Year Target Outcomes Impact
Outcomes	**Metrics for Measurement**	**Current Performance**	**Target Performance**	**Financial Impact**
People live in appropriate housing with easy access to the services they need	Excess winter death index	12.4	8.7	To be added when the finance / activity modelling has been completed
	Rates of supported working age adults whose accommodation status is severely unsatisfactory	15%	14%	
People live independently at home for as long as possible	Rates of older people still at home 91 days after discharge from hospital	69.9%	91.2%	
	Emergency admissions rates of those with dementia per 100,000 population	3,272	2,496	
People in Surrey die well	Rates of deaths in usual place of residence in those aged 65+	49.4%	55.2%	

Outcome metrics 'No-one in Surrey feels isolated' has not been modelled due to the availability of data.

Those who require support to live with illness, live independently, or to die well - examples of supporting initiatives

1a. 'Virtual Hospital'

- An initiative to support people to stay out of hospital and reduce their lengths of stay through **enabling patients to receive consultant-led medical care in their homes.**
- This would be as an **alternative to waiting in a hospital bed in advance of a next procedure**, and with the goal of improving the wellbeing of patients by allowing them to be able to recover in their home.
- Where this has been implemented elsewhere 87% of appropriately referred patients were able to stay at home, **saving over 220 bed days**.
- There is the opportunity to extend this initiative further to involve more system partners, for example **community based programmes to promote health and independence following medical treatment** enabled by joining up of information between organisations.

1b. Enhanced health in care homes - medication management

- Supporting care homes to have an **effective 'care home medicines policy'** which aims to avoid unnecessary arm, reduce medication errors, and optimise the choice and use of medicines with care home residents.
- This would be a joint initiative between health and care to improve medicines management leading to better health and wellbeing for residents.

2. Improving the mental health and wellbeing of people living with long term conditions

- Innovative forms of liaison psychiatry have demonstrated that **providing better support for co-morbid mental health needs can reduce physical health care costs in acute hospitals.**
- This initiative would therefore drive **collaborative care arrangements between primary care and mental health specialists** to improve outcomes with no or limited additional net costs.
- CCGs would prioritise **integrating mental and physical health care** more closely as a key part of the strategy to improve quality and productivity of health care.
- An example of this could include the inclusion of a psychological component in a breathlessness clinic for COPD in an acute provider.

3. Multi-generational Care Homes and 'Rent a Granny' Schemes

- Initiatives that focus on integrating the ageing population into their community, providing opportunities for fulfillment and thinking differently about what living with LTCs and dying well means are able to be implemented across Surrey **at a local level**.
- 'Rent a Granny' as an example, already active in parts of Surrey, focuses on identifying members of the ageing population and families in the community who would **mutually benefit from social interaction.**

Sources: https://www.kingsfund.org.uk/blog/2018/10/better-value-and-better-nights-sleep, https://www.thetelegraphandargus.co.uk/news/15317496.virtual-elderly-care-ward-wins-national-award/, https://www.kingsfund.org.uk/sites/default/files/2017-11/Alison_and_Maj.pdf, https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640714/Commissioning_effective_mental_health_prevention_report.pdf

Overall potential impact on priority areas and cohorts

Target Cohorts	Priority Areas: Healthy Lifestyles	Emotional Wellbeing	Fulfil Potential
General Population			
Deprived			
People with SEND and LD			
Young and Adults Carers			
Living with illness & ill health	High	High	Medium

Potential Finance and Activity Impact of initiatives*

Virtual hospital & meds management	Collaborative mental health
£	£
X	X

* To be added when the finance / activity modelling has been completed.

Those who require support to live with illness, live independently, or to die well - building capabilities

In order to implement initiatives successfully, we will need to engage with all the necessary partners from health, social care and beyond, and put in place the right governance and infrastructure. For those who require support to live with illness, live independently, or to die well we will build the following types of capabilities:

Community development

- Community engagement strategy that focuses on building communities and identifying local assets to support those with ill health and those who require support to live independently.
- Identification of existing community assets to engage further with people and communities to understand their needs and gaps in initiatives.

Clear governance

- Clarity on how the target outcomes and metrics for measurement will be reported and monitored for this population cohort, including accountability and decision-making responsibility.
- Further clarity developed on which system partners are responsible for what aspect of this population cohorts needs.

Estates

- Public sector estates strategy that encourages community based, multi-service provision in welcoming environments, to promote access. This will include co-location of services accessed by this cohort of the population to reduce unnecessary travel and to promote access and self-management of needs where appropriate.

Workforce and culture

- Development of workforce 'passport' to allow those who work with this population cohort to move between organisations to share knowledge, experience and practice.
- Workforce development to create clarity across all system partners of how best to support this population of the cohort in the long term.

Programme management

- Define and embed a system-wide programme and project management capability to manage multi-agency projects individuals living with illness, including VCFS, health, care and wider partners. This provides an opportunity to understand where there may be duplication in the system as well as existing gaps.
- The same can be done for those who require support to live independently though this will require stronger link in to local communities.

Digital and technology

- Development of system-wide place strategy for utilising digital and technology in the provision of care for this population cohort.
- Development of system network, enabled digitally, to support clearer signposting to organisations that can provide for locally based community provision of support.

Intelligence

- Working with the VCFS to better understand the data and analytics captured for this population cohort. This will allow for greater clarity of the existing outcomes and needs of this cohort.
- Develop system interoperability to share information on this population cohort between organisations to provide more targeted support.

Devolution / alignment of incentives

- Ability to pool budgets and subsequently jointly fund initiatives and services for those requiring support to live independently.

Population group five – *the deprived or vulnerable population*

Definition:

Those people living in deprivation, or those who are vulnerable across Surrey. This includes children in care and care leavers. The aim is to focus on those where indicators suggest they may have been left behind in the past and improve their health outcomes.

The difference we're aiming to make:

Outcomes	Metrics for Measurement	Current Performance	Target Performance	10 Year Target Outcomes Impact: Financial Impact
Children and Young People who are deprived or vulnerable succeed academically	*School readiness at reception for children who receive free school meals*	31.0%	39.2%	To be added when the finance / activity modelling has been completed
	GCSEs achieved (5A-C) for children with free school meal status*	40.0%	42.5%	
	GCSEs achieved (5A-C) for children in care*	17.2%	23.9%	
People in deprived areas feel fulfilled in their employment	*NEET rate*	4.3%	3.3%	
	Unemployment rate	2.4%	1.8%	
People in deprived areas have a healthy weight and are active	Obesity rates	25.4%	22.0%	
Substance abuse in deprived areas is low	Excessive alcohol consumption rates	19.0%	18.0%	
	Smoking rates	26.0%	11.0%	
People live in adequate housing with access to services	Overcrowded housing	3.4%	2.1%	

Outcome metrics 'People with depression and anxiety are supported', 'No-one in Surrey feels isolated' and homelessness rates have not been modelled due to the availability of data.

The deprived or vulnerable population - examples of supporting initiatives

1. Targeted support for the vulnerable or deprived children and young people in Surrey

- The joint-establishment of 'link workers' to be based in local schools, nurseries and children's centres to **identify the children and young people who would benefit from a range of new opportunities in school, provided by community partners.**
- Partners are those local VCFS who provide a wide range of services (e.g. drug and alcohol abuse, sexual health and financial literacy) but can also include community based health and care providers.
- Where implemented elsewhere the following benefits were experienced;
  - **80% of children improved attainment, wellbeing and / or attendance in school after one year of establishment**; and
  - 85% engaged with the support to a high level.
- A link worker would be able to understand at a much more granular level **the root causes behind existing poor outcomes for children in Surrey living in deprivation or who are vulnerable,** and therefore be proactive in coordinating the necessary support to tackle the need.
- There is also the opportunity to consider how the **entire family of those children and young people** living in deprivation or who are vulnerable becomes part of the conversation, for example a link worker signposting to the effective services.

2a. Health and Housing MoU

- The establishment of a **strategic alliance between health and housing providers and commissioners** to collectively improve health outcomes which are a result of poor housing conditions.
- Through the acknowledgment of the profound impact housing has on health outcomes, a place-based approach can be developed between health and housing beginning with a clear MoU **aligning leadership across health and housing towards common goals** of improving the health and outcomes of the population living in deprivation.

2b. Housing First rollout across Surrey

- Implementation of a model of housing for the homeless whereby people are **provided with permanent housing and support to stay in this housing for a longer period of time**, reducing the need and cost of supported housing.
- The desired impact is **increasing the stability of housing for homeless people** resulting in improved health and wellbeing outcomes. Increasing stability is enabled by the targeted support from system-wide partners (e.g health support including mental health support, social care support, employment support etc.) which is coordinated by core owners of the programme.

Sources: http://westlondonzone.org/what-we-do/, http://westlondonzone.org/wp-content/uploads/2016/10/Executive-Summary-of-WLZ-Implementation-Study-1.pdf, file:///C:/Users/942858/Downloads/Nottinghamshire%20MoU.pdf, file:///C:/Users/942858/Downloads/Nottingham%20homes%20MoU.pdf, https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/housing-models-and-access/housing-first-feasibility-study-for-liverpool-city-region-2017/

Overall potential impact on priority areas and cohorts

Target Cohorts	Priority Areas: Healthy Lifestyles	Emotional Wellbeing	Fulfill Potential
General Population			
Deprived	Medium	High	High
People with SEND and LD			
Young and Adults Carers			
Living with illness & ill health			

*Potential Finance and Activity Impact of initiatives**

'Link Workers'	Housing First
£	£
X	X

* To be added when the finance / activity modelling has been completed.

The deprived or vulnerable population - building capabilities

In order to implement initiatives successfully, we will need to engage with all the necessary partners from health, social care and beyond, and put in place the right governance and infrastructure. For this group, the deprived or vulnerable population, we will build the following types of capabilities:

Community development

- Strong community development and support in those areas with higher deprived or vulnerable populations.
- Clearer understanding of networks and assets available to support this population cohort, and co-development of initiatives with those networks.

Programme management

- Embedded programme and project management support capable of managing cross-agency projects across the system for this cohort.
- Portfolio management evaluation of existing initiatives from across the system to understand areas of duplication and opportunities to scale up initiatives across a wider geography.

Clear governance

- Clarity on how the target outcomes and metrics for measurement will be reported and monitored for this population cohort, including accountability and decision-making responsibility.
- Further clarity developed on which system partners are responsible for what aspect of this population cohorts needs.

Digital and technology

- System interoperability which supports data sharing to better understand the breadth of needs of this cohort.
- Easy to access digital channels that make finding and accessing support simple and inviting.

Estates

- Affordable housing strategy that redirects public sector estates resources to appropriate housing for this cohort.
- Public sector estates strategy that encourages community based, multi-service provision in welcoming environments, to promote access.

Intelligence

- Strong data sharing between organisations and sectors to support a strong single view of individuals/families.
- Intelligent analytics to support accurate targeting of individuals and families who have higher risk factors.

Workforce and culture

- Multi-agency case lead agreement that allows the appropriate agency to take the lead role or make required decision.
- Workforce develop to train all staff to recognise signs of vulnerability and feel confident in an appropriate response.

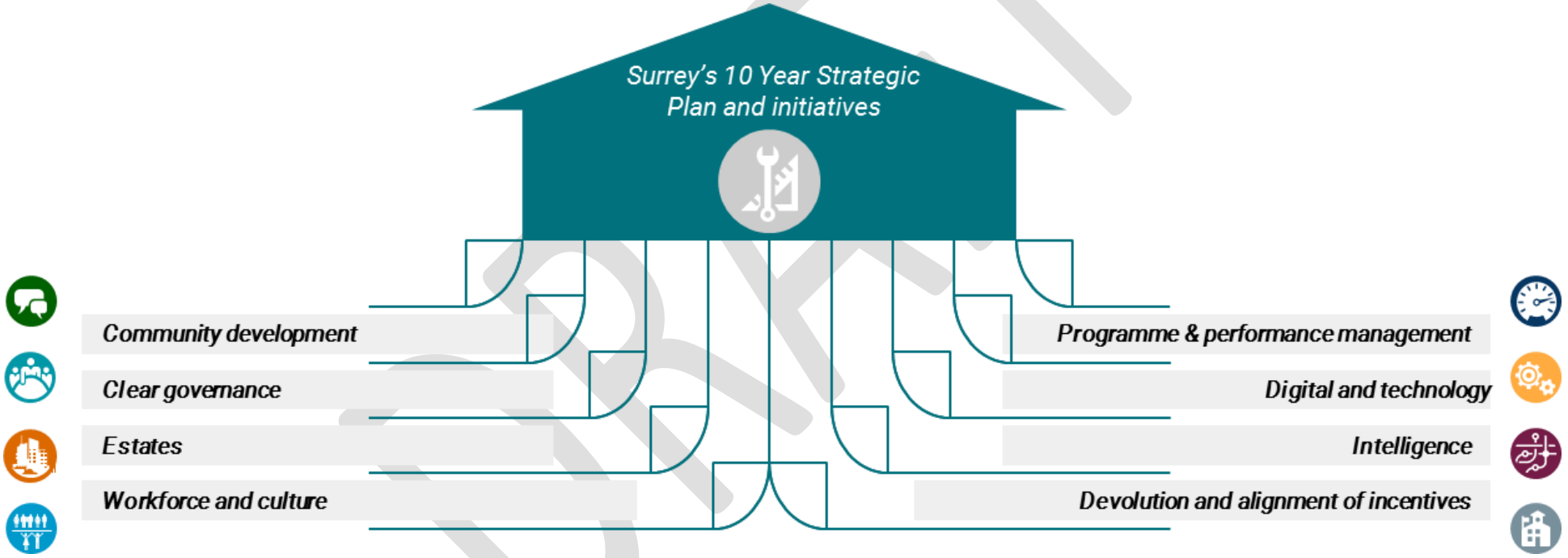
Devolution / alignment of incentives

- Ability to pool budgets and subsequently jointly fund initiatives and services for those with vulnerabilities or living in deprivation.

SYSTEM CAPABILITIES

Our target outcomes over the next 10 years give us a clear vision of what we want to achieve for our citizens and organisations in Surrey. It's also clear we need to work together in a different way and develop new capabilities if we are to meet these targets. Breaking down the barriers that might be preventing collaboration across the different parts of the Surrey system will be critical for success, and to driving real system change.

In addition to the specific capabilities we've highlight for each of the groups above, the diagram below describes the system-wide capabilities we are committed to developing and embedding. We recognise this will include some challenging decisions which must be taken by the partnership, through open and honest conversation, to allow the best outcomes to be achieved.



As we engaged partners to develop this plan, we identified a number of barriers that need to be addressed but also the desire to focus on building the necessary capabilities, particularly in digital and workforce to overcome these. That feedback has informed a number of areas that we will take forward. The next section of this strategy summarises these, with further detail included in Appendix Seven.

Community development

The co-development of communities is integral to delivering a 10 year plan across Surrey. We are committed to building clear channels for engaging local communities and residents and to support community development. Citizens require communication channels that are easy to access and use, with clear and consistent messages from Surrey partners. This needs to be a two-way dialogue between partners and citizens, but also within and between partners. This will support system decisions which are relevant and responsive to the needs of the population.

Areas of focus:

We will work to establish two-way feedback mechanisms between our organisations and local people, but also within organisations so information is more clearly communicated and responded to. This includes joining up existing community development and engagement activities (for example the existing work on Stronger Communities) to create a more consistent approach and decrease duplication.

Clear governance

We are putting in place decision-making that is simple, collaborative and clear, whilst being representative of all partners in Surrey. A refined governance process will hold the leadership across Surrey to account for delivering this plan and its outcomes. It will also replace current multiple and often overlapping meetings with a single decision-making forum. Challenges and priorities will be discussed and viewed holistically. Partners will be clear on the approval route for multi-partner decisions, with joint leadership for the strategic plan.

Areas of focus:

Aligning the focus and decision-making across the Surrey-wide system, which will include giving back time to senior leaders who attend multiple partnership meetings with duplicated remit and authority. This will include a detailed mapping of existing decision-making responsibilities to redefine a clearer and streamlined model, with clear accountabilities and terms of reference. This should be linked to the system architecture and assurance work currently ongoing within the Surrey Heartlands Integrated Care System. Ultimately the Health & Wellbeing Board will be responsible for the delivery of this 10 year plan, and therefore this framework will need to link to the membership and responsibilities of this board. It will also need to remain conscious of the various levels of governance that sit below the Health & Wellbeing Board, such as local Health and Wellbeing Boards across the Districts and Boroughs.

Estates

We will establish one consistent estates and assets approach across Surrey which focuses on:

- using a one-Surrey estates ethos to consolidate collective estates across the patch;
- multi-use, accessible, community based estates for operational uses; and
- delivering sustainable housing, supported accommodation and income-driving solutions across the county.

All partners are signed-up to a unified approach, and the appropriate decision-making powers are given to the relevant group charged with driving this through for Surrey.

Areas of focus:

Bringing together all the estates and assets transformation work currently ongoing across Surrey beneath one system-wide umbrella; Surrey County Council has already begun to combine their estates workstream with Surrey Heartlands' Estates programme. An exercise to map all estates across all partners in Surrey will be needed to understand the baseline position - Surrey County Council has already started some of this work with the Districts and Boroughs. This programme of work can then drive co-development of a single Estates and Assets Strategy for Surrey with all partners. Critically, this work will need to involve all key decision-makers (e.g. NHS Property Services at a national level; Districts and Boroughs etc).

Workforce and culture

Surrey requires a modern and radical workforce approach that will create and develop a future workforce equipped to manage the demands of the future. It will also need to work collaboratively to deliver the priorities set out in this plan. This requires a strong approach across all partners that develops the right culture, values, behaviours, skills, training, and leadership. Other areas such as adequate housing and transport for local workers also needs to be considered.

Areas of focus:

To move towards a joined up and multi-skilled 'Surrey workforce' for the public sector which is able to work collaboratively regardless of the specific employer. This could be enabled by joining up the existing workforce, and/or creating a 'workforce passport' which allows employees to share knowledge and experiences across the system. A Surrey public sector skills academy could help develop and deliver training, building consistent values, behaviours and culture across all employees and promote cross-disciplinary learning. Any approach should be co-developed with all partners to form a Surrey workforce strategy and approach.

Programme and performance management

We are establishing a programme management capability which can manage multi-partner programmes and delivery effectively across Surrey, including effective navigation of existing system work (across the STPs/ ICSs, ICPs, Surrey County Council transformation programme etc.) Ability to monitor performance of delivery of the 10 year plan: tracking metrics, monitoring delivery from individual partners, convening partners when required to focus on underperforming areas. Ability to coordinate resources across Surrey programmes, recognise and manage interdependencies, and support interactions with other regional systems as required.

Areas of focus:

Establish a partnership programme management office (PMO) with the clear remit and responsibilities for delivery of the 10 year plan. This could be hosted by any of the existing PMOs across Surrey, or we could consider consolidating the multiple PMOs into fewer/one office to manage all programmes. This would have clear accountabilities to the decision-making group for the 10 year plan; including regular progress reports, escalation of risks and barriers for resolution etc. All partners would be aware of the office and actively feed-in progress, risks and opportunities. The use of a technology platform to enable collaboration should also be considered so project documents could be consolidated - this is particularly important given that the programme will be multi-agency.

Digital and technology

We will prioritise the work to ensure our information systems work together within and across organisational boundaries, for more efficient transfer of knowledge and information sharing; greater collaboration; and better visibility and transparency over performance data. There must be a baseline level of digital and technological maturity across the partnership - setting the foundations for further development of technology opportunities e.g. technology that allows for better and faster engagement with citizens, technology for collaboration between partners. The baseline requirement needs to be defined and established, with investment made in areas with significant gaps. A strong digital and technology approach is also key to supporting how we deliver intelligence (data and analytics) across the county.

Areas of focus:

Mapping the current digital maturity across all Surrey partners to identify gaps or barriers to in how our information systems work together (system interoperability), building on work being done by Surrey Heartlands. Understand the specific areas that need investment or a change in digital tools being used. Creating a clear and level baseline of digital maturity would be enabled by understanding those gaps, but also understanding what the long-term goal or digital ambition of the Surrey-wide system is for working with its population to improve outcomes.

Intelligence

We will build data sharing and intelligent analytics which underpin effective decision-making and provide clarity on how the system is performing. This should embed the practice of data sharing across all partners, who understand the benefit and need for effective sharing and maintaining quality information and data. It also includes an intelligence and predictive analytics capability that understands risk factors and can identify potentially high-risk individuals and groups who should be targeted for prevention. Lastly, it would also easily track the metrics required to monitor progress against outcomes in the 10 year plan.

Areas of focus:

Work has already been done to start building an analytics infrastructure across the Surrey Heartlands system that provides data-driven insights - the Surrey Office of Data Analytics (SODA). This is a virtual way of working to promote use and value of data currently held across different parts of the system. SODA will also provide a resource that can make use of new shared data infrastructure when it becomes available. This initiative, if expanded to include all Surrey partners, would effectively support the delivery of the 10 year plan, although the entire system needs to use the capability to maintain its relevance and **maximise impact.**

Devolution and alignment of incentives

Devolution allows freedoms and flexibilities so the Surrey system can align incentives across partners and eliminate financial and performance barriers to collaboration. More innovative payment mechanisms are needed to align partners' incentives to invest in prevention, influencing/signposting, and early support; and to enable partners to make operational decisions which prioritise citizen outcomes. Devolution provides an opportunity to seek the relevant powers and freedoms to do this, although devolution only covers part of the Surrey geography and partners.

Areas of focus:

Establishing a commercial model which links payments to achievement of target outcomes, including a risk and gain share which incentivises organisations to focus on prevention for the long-term benefit of Surrey and its population. Pooled budgets, as an example of a risk-sharing arrangement, would allow for the breakdown of barriers between organisations and a mechanism through which to jointly hold partners to account for collective delivery against outcomes.

In addition, the Devolution deal for Surrey Heartlands affords the region some power to negotiate additional freedoms or requests from central government that could benefit the whole of Surrey. A clear review and assessment of what may be required and potentially requested would need to be completed and agreed by Surrey's senior leadership before entering into negotiations with government. This may include requests for freedoms or deviations from the national policy in areas such as payment by results (PbR) etc.

FURTHER INFORMATION

[LIST APPENDICES AND GIVE CONTACT DETAILS]

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Introduction

The people and organisations in the health and care system will play a vital role in the delivery of the 2030 community vision for Surrey. Recognising this, partners initiated the development of a new **10 year Joint Health and Wellbeing Strategy** (JHWS) for Surrey.

The JHWS is the product of **unprecedented collaboration** between the NHS, Surrey County Council, district and borough councils and our wider partners, including the voluntary and community sector and the police.

The strategy focusses on the importance of **prevention** and **addressing root causes of poor health and wellbeing** – including things like poor housing and the environment – and not simply on treating the symptoms. It is intentionally ambitious.

We want the people of Surrey to **live longer, healthier lives**. We believe that people should be supported to look after themselves and those they care for, and have access to services when they need them. And we want to deliver better health and wellbeing outcomes within our budget.

The strategy focuses on a single set of agreed priorities for the county, in particular where we can **effect change as a partnership**. It is not meant to include everything, and therefore doesn't cover sector specific, organisational or local plans although these will all need to be aligned to this overarching work.

Context and case for change

Public services in Surrey and across the country are under growing pressure, with continued funding constraints, rising expectations and increasing demand. Surrey's population is older than the national average and this is expected to increase. By 2030 over 22% of Surrey's residents will be aged 65 and over, and more than 30% are already living with a long term condition. Although on the whole Surrey is widely perceived as a 'healthy and wealthy' county, it is not without its share of challenges. For example, it is estimated that 10,600 5 to 15 year-olds in Surrey have a mental health disorder. Similarly, there is considerable variation in deprivation, with over 23,000 children in Surrey living in poverty, which is linked to poor health and wellbeing outcomes for them and their parents.

Health and wellbeing is at the heart of a prosperous society. The evidence is clear; shifting towards a place based approach to deliver key priorities will result in a more effective and efficient service.

We have used the life phases of Start Well, Live Well, and Age Well as a framework for understanding the current health and wellbeing of our population. The Surrey Joint Strategic Needs Assessment has provided a comprehensive source of information to inform our priorities.

Alongside the data we have about people's health and wellbeing, citizen engagement has and will continue to form a vital role in the design and delivery of the JHWS. The three phases to this are: 1. using the feedback we have to inform our priorities; 2. publishing our draft Strategy to test those priorities and make sure we're on the right track; and 3. working with residents to co-design and co-produce the solutions we need to achieve the outcomes described in the JHWS.

Priorities for surrey

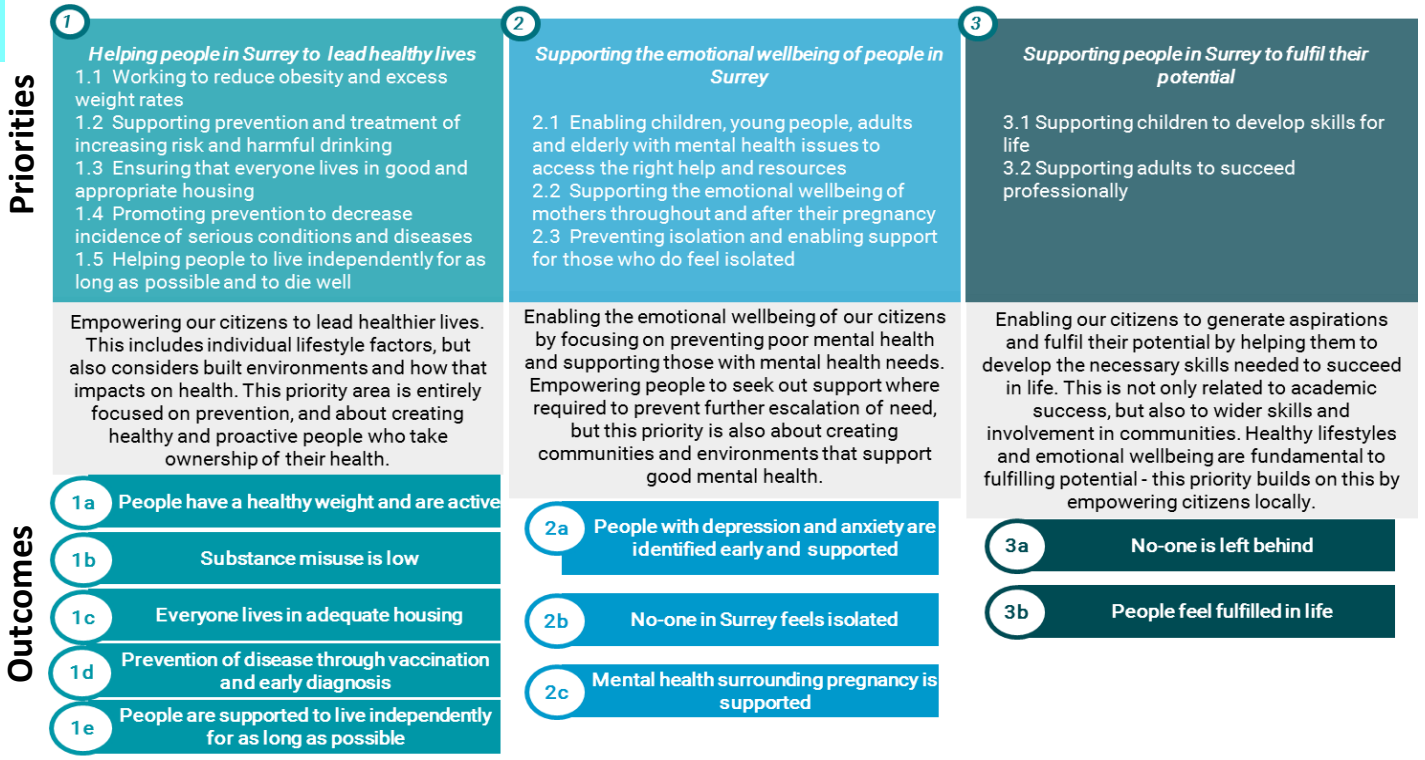
The Strategy describes the evidence based approach we have taken so that we focus on Surrey's greatest challenges and, where appropriate, target the groups of the population that need additional help to achieve their target outcomes.

Surrey will focus on three interconnected priorities:

- **Leading healthy lives;**
- **Having good emotional wellbeing;** and
- **Fulfilling potential**.

Described overleaf these areas in more detail.

Priority areas and population groups



To avoid any groups of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within some specific groups of people which are often overlooked or most at risk. Those population groups are:

- The **general population**
- **Children with special education needs and disabilities (SEND)** and **adults with learning disabilities and / or autism**
- **Young** and **adult carers**
- **People who need support to live with illness, live independently, or to die well**
- **Deprived or vulnerable people**

These priorities and target groups have been identified based on extensive data and benchmarking analysis as well as stakeholder engagement across the county. They focus on prevention in its earliest form, and on providing the right 'place' for the population to thrive and reach their full potential. For each of the population groups our Strategy describes: the difference we're trying to make through some key measures of success (this includes 10 year outcome targets and the financial and activity impact); example initiatives or programmes we have identified; and how we will need to work together differently as partners to achieve our ambitions ('building capabilities').

System capabilities

Our target outcomes over the next 10 years give us a clear vision of what we want to achieve for our citizens and organisations in Surrey. Breaking down the barriers that might be preventing collaboration across the different parts of the Surrey system will be critical for success, and to driving real system change. In addition to the specific capabilities we've highlight for each of the population groups, the eight system-wide capabilities we are committed to developing and embedding are:

- Community development
- Clear governance
- Estates
- Workforce and culture
- Programme management
- Digital and technology
- Intelligence
- Devolution / alignment of incentives

To find out more: You can find a copy of (and comment on) the draft Surrey Joint Health Wellbeing Strategy at https://www.surreysays.co.uk/ .

Health and Wellbeing Board
7 March 2019

A thriving community of children and young people in Surrey

A strategy for their emotional wellbeing and mental health

Purpose of the report: Policy Development and Review

To approve and endorse: A thriving community of children and young people in Surrey. A strategy for their emotional wellbeing and mental health 2019 – 2022

Introduction to strategy

1. This strategy seeks to shape an integrated offer of early help, early intervention and transformation, shaped by children, young people, their families and carers. We have built on the ambitions set out in the Government's green paper on children's mental health, joining up support between health and education, providing earlier support in or near schools and colleges and a greater focus on improving access to NHS services for those who need specialist support. This jointly developed Emotional Wellbeing and Mental Health Strategy will inform a redesign of the whole system, focussed on outcomes and the lived experience of children, young people and their families. This ambition is reflected in the Local Transformation Plan designed and delivered by our partners in the CCGs.

2. In early 2018, we heard and listened to feedback from children and young people, their families and carers, their friends and from professionals working alongside children and young people. It pointed to significant gaps in the support available and services provided for children and young people. Feedback highlighted long waits and delays, a lack of clarity of referral routes and pathways, a lack of appropriate support for those with complex and enduring needs, a perceived lack of listening and professional respect, inequality of access for those who are more vulnerable or from disadvantaged groups and poorly managed transition to adult services.

3. We also know that emotional wellbeing and mental health needs for children and young people are growing and it is an increasing priority for young people (see Annexe one). Through this strategy, the Council and CCGs collectively takes responsibility for these challenges, accepting the need for immediate and longer-

term action and commits to driving through positive transformation that is necessary to do better for children and young people in Surrey.

4. We engaged with children and young people, their families, teachers, GPs, social workers and other care professionals to hear about what was most important to them. This enables us to focus on five key principles that will help develop a new culture, and the design and delivery of support and services:

    a. Early intervention and community support
    b. Collaborative working
    c. Creating a navigable system
    d. Communication with children, young people and parents
    e. Environmental design.

Expected Outcomes

5. Our ambitions are to:
    a. Develop a new culture around children and young people's emotional wellbeing and mental health that promotes resilience, whilst ensuring access to specialist services when needed
    b. Develop how we support children and young people with their emotional wellbeing and mental health
    c. Develop appropriate emotional wellbeing and mental health services for children and young people

6. Our vision is to:
    a. Develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life.

7. The model we have chosen to drive our strategy forward is the THRIVE model. This model is being promoted by national organisations such as NHS Clinical Commissioners and implemented by some schools and Children's Centres in Surrey with success. (See Annexe one for model explanation). Our ambition is also to build a culture of emotional wellbeing through pre-natal care into young adulthood as well as supporting parents and carers.
    a. The key features of the model are:
        i. It outlines groups of children and young people and the sort of support they may need, drawing a clear distinction between support and treatment (services)
        ii. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children and families are active decision makers in the process of choosing the right interventions
        iii. It has been successfully used in other parts of England to shape a positive culture and support and services for children and young people's emotional wellbeing and mental health
        iv. Its structure is closely aligned with what we are trying to achieve in Surrey.

8. A fundamental element of our re-design is to use our collective estate to ensure children and young people can easily access care, support and services when and where they need it, support services being provided in local settings that are familiar, support partnership working across different individuals, teams and organisations and to support the use of enabling technology.

9. We spoke to children and young people to enable us to set out our key priorities in a mental health charter and we have a series of iterative measures for tracking our success placed against these (see section 3.4 of the Strategy).

Anticipated Challenges

10. Managing the increased demand and more complex presentations to our CAMHs services presents growing challenges to our service providers. The transformation of the existing service model will seek to address these challenges by placing greater emphasis on earlier intervention, 'no wrong door' and a clearer pathway to support.

11. Surrey County Council is facing a forecasted reduction in funding this sets a challenging landscape ahead, however with the service re-design, we are laying the groundwork to address this challenge.

12. The proposed model sets out large scale transformation of multiple existing services and change on this scale is expected to be challenging. The Board is requested to enable and facilitate the systemic change that is required across the system to enable full scale transformation of our services.

Conclusions:

13. In summary the new strategy seeks to set a new direction of travel for Children and Young People's Emotional Wellbeing and Mental Health services. One that firmly places children and young people at the heart of service delivery. It seeks to identify the transformation that is required to bring the whole service model in to line with current national guidance and local identified need. It is ambitious in its objectives and requires the support and guidance from all internal and external partners to fulfil them.

Recommendations:

14. We are seeking endorsement and sign off for: A thriving community of children and young people in Surrey**.** A strategy for their emotional wellbeing and mental health**.** 2019 – 2022

15. We request the opportunity to present the new model for service delivery detailing the future vision for Children and Young Peoples Emotional Wellbeing and Mental Health Services at a future Health and Wellbeing Board meeting.
16. A request to the Board to take a role as systems leaders to ensure join up across the system and facilitate partnership working for all priority partners.

17. A request to the Board to take a prominent role in promoting the joint strategy and supporting partner agencies to do the same.

Next steps:

18. Continue to listen to and work with children, young people, their families and carers and partners to transform our emotional wellbeing and mental health system in Surrey.

Report contact: Flora Wilkie, Senior Commissioning Manager, Children, Families, Learning and Communities Directorate.

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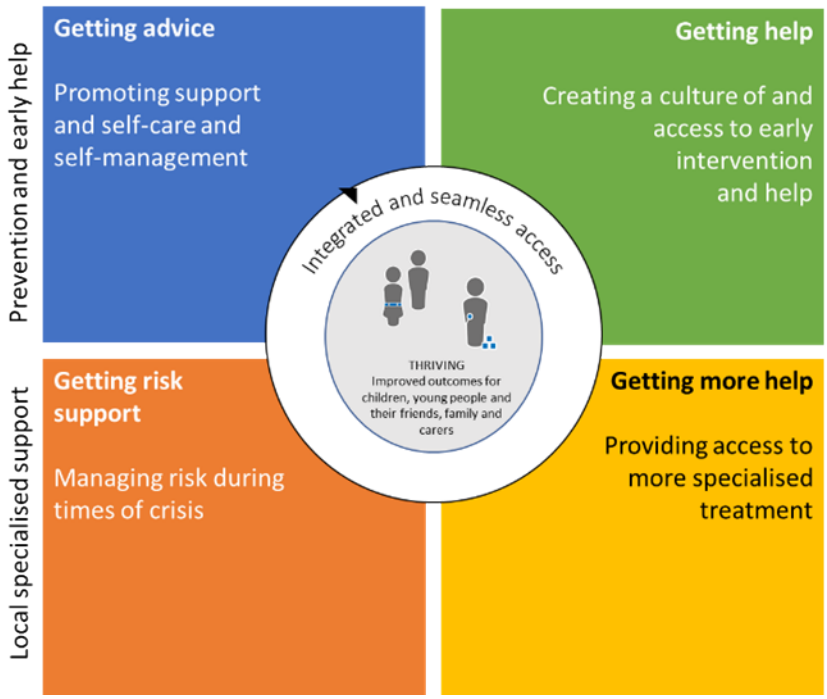
Sources/background papers: Final version of: A thriving community of children and young people in Surrey. A strategy for their emotional wellbeing and mental health. 2019 – 2022

Annexe one:

The THRIVE model



A thriving community of children and young people in Surrey

A strategy for their emotional wellbeing and mental health

2019 – 2022

version 8.5, February 2019


Tall Tilly
Imagine you're a Knight!
Head, Shoulders, Knees and Toes...
Pig in Love
Vivian French
and Tim Archbold
Hansel and Grettel
NHS
Public Health England
Protecting your child against flu
Information for parents
NHS
SURREY
Emotional Wellbeing and Mental Health Services for Children and Young People in Surrey:
Designing the Right Care Together
Are you a child or young person?
Are you a parent or carer of a child or young person who has experience of emotional or mental health problems?
Do you work with children and young people?
Join us in designing the right emotional wellbeing and mental health services for children and young people across Surrey.
How could we do things differently?
What does good care mean and feel like?
How can this type of care support the needs of children and young people?
Come to one of the workshops taking place across Surrey during January 2019 (schedule overleaf). Find one near you and register via:

Contents

Building on our strengths and addressing our challenges to help more young people like Freya

Whenever I tell my story it generally starts with 'I was always an anxious child'. For as long as I can remember I've gone through periods of having panic attacks and everyone just treated them as part of my personality and said it would settle down after a while, which it did until I turned sixteen. I began having multiple panic attacks a day, and even though I somehow always managed to make it into school, all I could focus on was the absolute terror.

Around this time, my mood was getting lower and lower and I began hurting myself as a way to cope. I was always very secretive about it, as I was about most things regarding my mental health, and this continued for another few months.

I decided to try going to the GP as I knew I couldn't keep going on the way I was. I was with the GP for three minutes, during which time she referred me to a website which, in her own words 'probably isn't very good'. It wasn't a great start to my recovery journey, and it took a good few months after that for me to even attempt to open-up again.

By this point I was struggling with anxiety, OCD, depression and an eating disorder. OCD tendencies I'd had for all my life were getting worse and much more frequent.

Eventually, I managed to speak to one of my teachers at school who was incredible and so understanding. She shared with me some of her own experiences and with her support, I met a mental health outreach nurse who I worked with for about a month. She referred me into the main body of CAMHS where I was put on the waiting list. After eight months, with some support provided along the way, I was allocated a psychologist who worked with me for a year, and quite literally saved my life.

She was the first person I felt able to open-up to about my eating disorder, and I was able to tell her about plans I had made to take my life. I not only managed to sit my A levels but passed them with good enough grades to get into my first choice University. After taking a gap year, I can happily say that I love being at University. I have been transferred to services there, and I know that even though I've come very far, I do still have a fair way to go, but overall, I'm so different to the girl I was four years ago.

I'm so grateful to everyone who's played a part in my journey, and I am genuinely looking forward to seeing what the future holds. I've got some amazing friends and have managed to get onto the highest-level competitive cheerleading team, and I'm looking forward to a life that is no longer dominated by mental illness.

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What my experiences have taught me about providing emotional wellbeing and mental health support to children and young people:

- having workers who can show empathy to children and young people and let them know that they aren't alone, that people do care, and that there is hope, is so important
- that services need to recognise that a one size fits all approach won't work, and instead a personalised, adapted approach will be so much more effective and helpful – care should be adaptable, flexible and person centred
- having a say in my care was very important to me – making care plans and safety plans is definitely a good idea
- earlier interventions and preventative care should be prioritised over curative care

1. A call to action

Working together as a system, Surrey County Council, the Surrey Clinical Commissioning Groups (CCGs), schools, voluntary sector organisations and community groups are committed to supporting children and young people to have the best start in life at home, in school, with friends and in their community. A fundamental element of having this best start is their emotional wellbeing and mental health. In the words of children and young people:

'I want to feel loved by friends, family and adults in my life'

'I want to have hope that my life can get better'

'I want to have fun'

'I want someone to help me change difficult things in my life'

'I want to have coping strategies for when I am feeling anxious'

In the recently developed Children & Young People's Emotional Wellbeing & Mental Health Charter, set out below, children and young people have described what they want.

Children & Young People's Charter

- I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health
- I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently
- I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive
- I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same
- I need support as soon as I start to feel like I'm struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me
- I only want to tell my story to the people looking after me once
- I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community
- I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood I will not lose my support
- I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health

We have recently completed a series of engagement events where children and young people and their families, teachers, GPs, social workers and care professionals came together with wider stakeholders to tell us more about what is important to them. Five themes emerged from these workshops – with the Charter, these will underpin our plans. In developing this strategy, we as Surrey County Council and the Surrey CCGs build on the ambitions we describe in Surrey 2030 Plan, set out our partnership and our ambitions to shape a different culture, support and services for children and young people in Surrey. This is a whole system response to a whole system challenge – not just a commissioning strategy for SCC and the CCGs.

We will be integrating care and ensuring that emotional wellbeing and mental health are prioritised equally to the physical health needs of children and young people.

1.1. Our pledge

To the children and young people of Surrey, to the parents, carers and friends in Surrey, to our community and to the committed teachers, social care professionals, health professionals and army of volunteers… we have listened to your feedback and we will focus on:

- Early intervention and community support
- Collaborative working
- Creating a navigable system
- Communication with children, young people and parents
- Environmental design

Finally, this strategy is not the last word on this topic, but rather the start of a conversation – a document that sets out a new direction of travel and something we can build on and evolve as we learn more and co-design the future together.

Mr Tim Oliver, Co-Chair
Cabinet Member for People, Surrey County Council

Dr Elango Vijaykumar, Co-Chair
Clinical Chair, NHS East Surrey Clinical Commissioning Group

2. Background and context

In 2018 Surrey County Council and the Surrey CCGs recognised that children and young people were not getting the emotional wellbeing and mental health support they need to make the best start in life and fulfil their potential.

In this section of the Strategy we outline the:

- background within which we have written this strategy
- national picture
- local picture
- our local partnership
- our transformation programme
- the scope of the Strategy

2.1. Background

In early 2018, we heard and listened to feedback from children and young people, their families and carers, their friends and from professionals working alongside children and young people. It pointed to significant gaps in the support available and services provided for children and young people. Feedback highlighted long waits and delays, a lack of clarity of referral routes and pathways, a lack of appropriate support for those with complex and enduring needs, a perceived lack of listening and professional respect, inequality of access for those who are more vulnerable or from disadvantaged groups and poorly managed transition to adult services.

Since then, we have reflected deeply on this feedback, and what it means for our future approach to the emotional wellbeing and mental health of children and young people in Surrey.

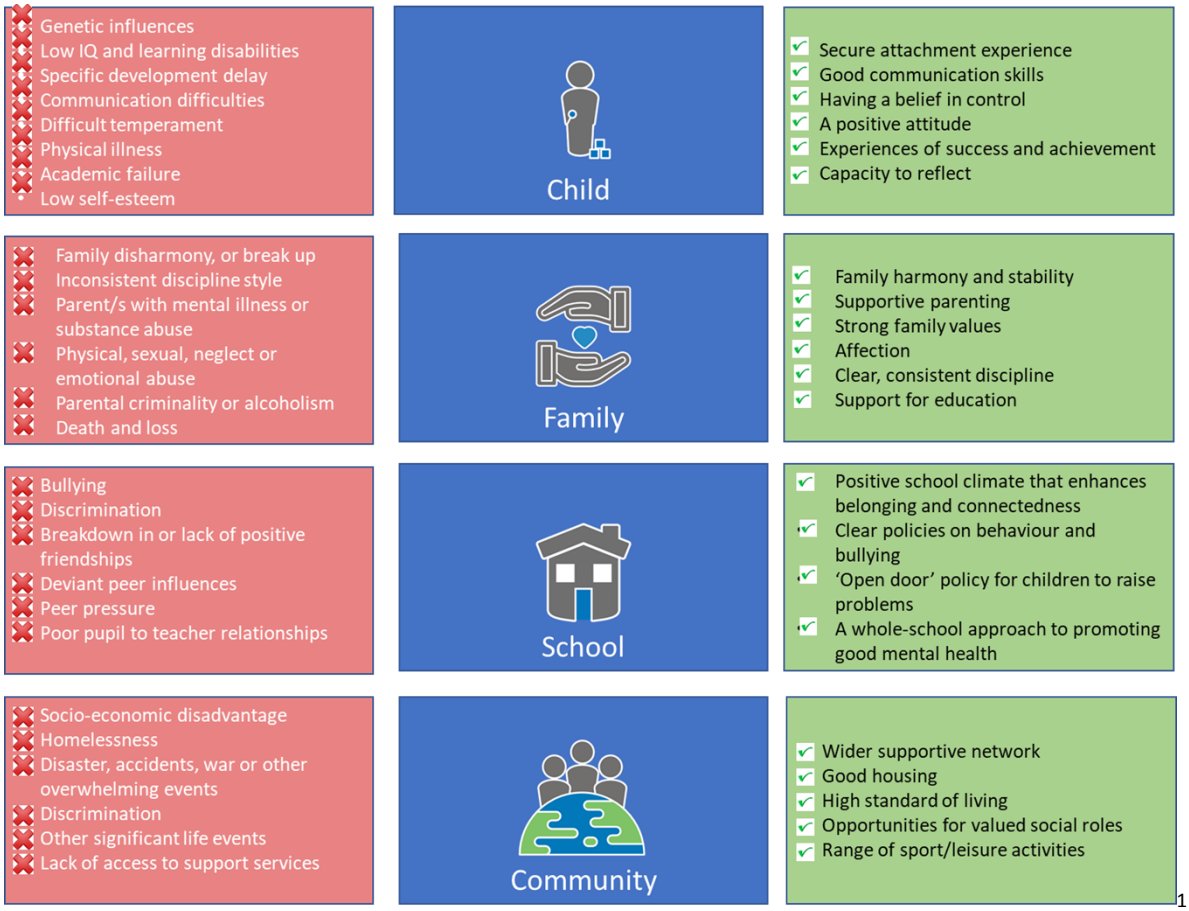
In this document we collectively take responsibility for these challenges, accept that both immediate and longer-term action is required and commit to driving through the positive transformation that is necessary to do better for children and young people in Surrey.

It is important to note that there are services that received very positive feedback and we will retain and build on these strengths in the future.

2.2. The national picture

Mental ill-health can affect us all – directly, in our families and communities, or as friends, colleagues or employers. It is impacted by many things – trauma and difficult life experiences, stigma and marginalisation, problems with relationships, unhealthy lifestyles, bereavement, employment, social media, housing and the environment. A person can develop poor mental health at any stage of their life; however key factors can increase the likelihood of this happening. Figure 1 highlights key risk factors that can impact both positively and negatively on a child and young person's resilience and emotional wellbeing.

Figure 1 – Risk and Protective Factors for Children and Young People's Mental Health



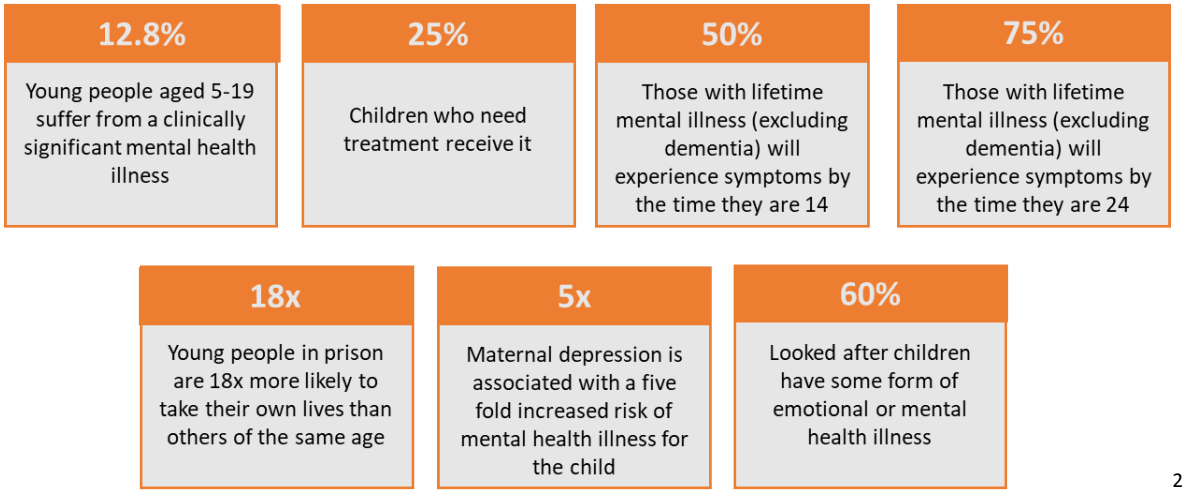
[1]

[1] Source: The Mental Health of Children and Young People in England, Public Health England (2016)

2.2.1. What the national statistics say

The national data points to increasing demands for emotional wellbeing and mental health support for children and young people.

Figure 2 – National statistics



[2]

2.2.2. National strategy

In response to the national data and population needs, policy makers have prioritised mental health and have published a number of documents within which they set the agenda of emotional wellbeing and mental health support for children and young people. These include:

- NHS 10 Year Long-Term Plan and funding settlement
- Future in Mind
- Mental Health Forward View
- Transformation Children and Young People Mental Health: Green Paper
- CQC national review of Children and Adolescent Mental Health services (CAMHS)

[2] NHS Clinical Commissioners, Defragmenting CAMHS – commissioning the children and young people's mental health system

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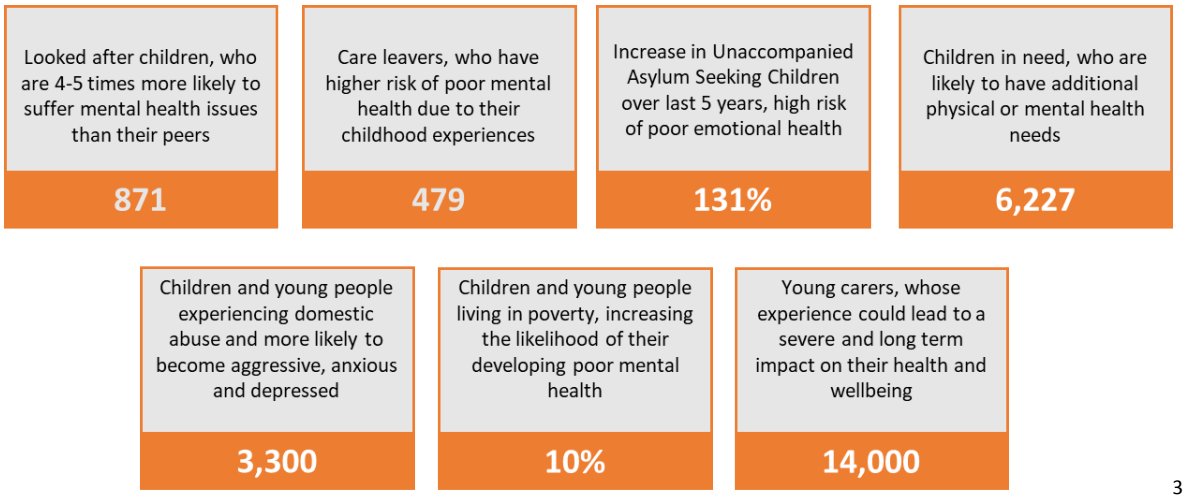
2.3. The local picture

Children and young people in Surrey face the same challenges as children around England. We know about their specific needs and have developed strategies with those in mind.

2.3.1. What the local statistics say

Using local data, we know that there are 287,600 children and young people aged 0-19 living in Surrey and it is expected that there will be a 14% increase in children aged between 10-14 years between now and 2022.

Figure 3 – local statistics



[3]

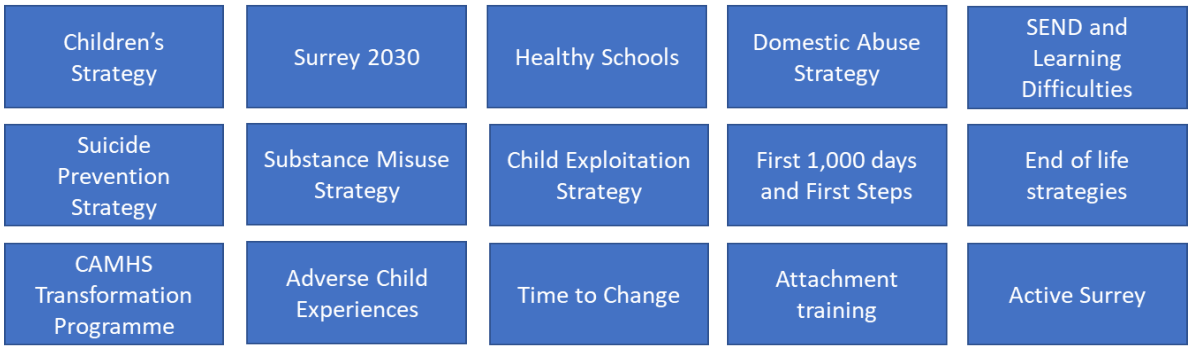
With a projected growth in the population of Surrey's children and young people and a greater awareness of the need for good emotional wellbeing and mental health, it is anticipated that there will be an increase in demand for emotional wellbeing support and services across 2019-2022.

[3] Joint Emotional Wellbeing & Mental Health Needs Assessment for Children and Young People in Surrey (2017), Surrey County Council

2.3.2. Local strategy

There are several local strategies and initiatives to which we have aligned this strategy, particularly the wider and developing Children's Strategy for Surrey. The long-list of strategies we have built on include:

Figure 4 – local strategies and programmes



2.3.3. What does this mean for children and young people and care professionals in Surrey?

These statistics are brought to life when listening to children, young people, families and carers, teachers and schools, GPs, social care, the voluntary sector and wider care professionals across Surrey. They talk of children, young people and families in crisis, the pressures of social media and educational demands, drugs and alcohol and the shortages of resources across the whole system. They speak of children and young children struggling to cope with their everyday lives, but also of those where acute needs demand timely, responsive and integrated specialist support. They particularly highlight the need for preventative interventions and early help to build the resilience of families and empower and equip children and young people to manage their own emotional wellbeing and mental health, alongside the need for reliable and coherent acute and risk support and services.

2.4. Our local partnership

In response to the statistics set out above, and the feedback we have received from children, young people, parents and carers and care professionals in Surrey, Surrey County Council and Surrey CCGs have formed a partnership with local organisations and groups to drive through transformation of emotional wellbeing and mental health for children and young people. Figure 5 outlines this partnership.

Figure 5 – Our partners across Surrey

2.5. Our transformation programme

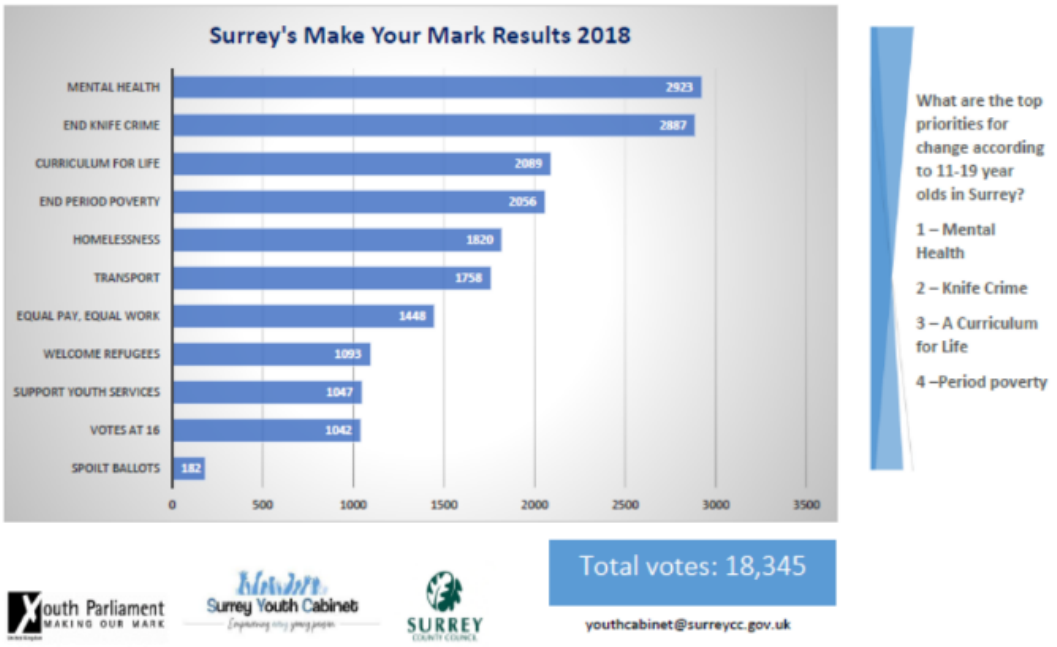
The partnership outlined above, and driven by Surrey County Council and Surrey CCGs, has launched an extensive programme of work to design and deliver a coordinated whole system transformation programme. Figure 6 below highlights the key phases of that journey.

Figure 6 – Our transformation programme

2.6. Phase 1: Listening and learning

During Phase 1 we:

- worked with children and young people, their families and carers to develop the Charter (see page 7) which outlines what local children and young people have said they want to see from us
- listened to the feedback from Youth Cabinet who asked young people to vote on the key issues that they think will help to improve their lives. In Surrey, mental health was voted as the top priority for change by the young people that voted



- engaged schools to understand their lived experience of the needs of children and young people and of working with the current children and adolescent mental health services
- worked with the provider of children and adolescent mental health services in Surrey to tackle access to services and improve communication and processes between schools and GPs – access to services remains challenging
- commissioned an independent review of the service to establish the reasons behind the challenges being faced and identify where and how the service needs to be improved
- focused on improving our services through the Surrey Children & Adolescent Mental Health Service Transformation Plan[4] which is updated annually and seeks to implement projects that will make a real difference to the lives of children, young people their families and carers experiencing mental health issues
- launched a pilot to trial the development of locality teams to build our expertise and learning about how we can work together to meet the needs of children and young people
- carried out a series of workshops with a range of key stakeholders, including children, young people, parents, carers and people who work with children and young people – the themes from these workshops underpin this strategy

This document sets out ambitions to co-design and deliver a new model with the people of Surrey in Phases 2, 3 and 4 of the Transformation Programme.

[4] Surrey Child and Mental Health Whole System Transformation Plan (October 2018), Surrey County Council: https://www.surreyi.gov.uk/dataset/camhs-transformation-plan-refresh

2.7. The scope of our strategy

2.7.1. Local services in scope

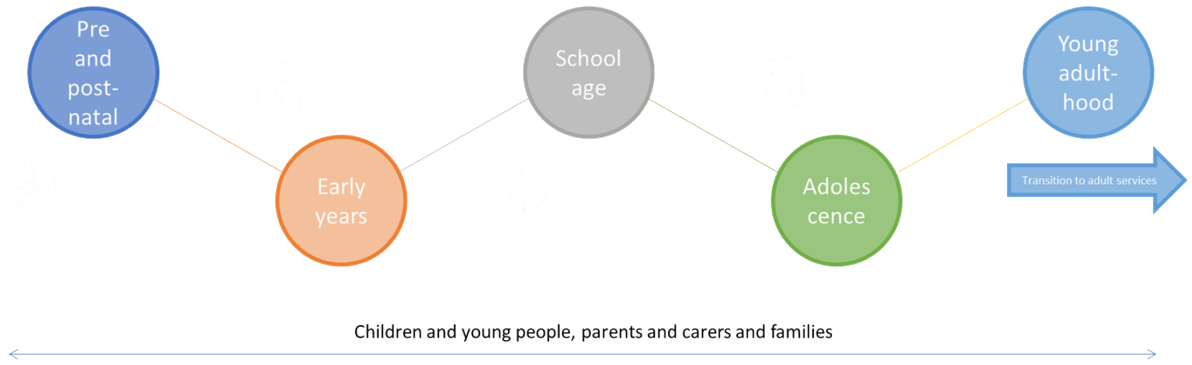
The services in scope of the Strategy are those from our partnership organisations and groups – including CAMHS practitioners, schools, social care, general practice and wider healthcare, the police, teams such as health visitors and family support workers, voluntary sector groups, hospices and those that represent children and young people and their families. We will build on these foundations and the strengths of our community; their deep expertise and experience will be critical to the successful delivery of our ambitions.

2.7.2. A life course approach

We will take a life course approach when designing support and services for children and young people. In the diagram below, we set the scope of this strategy and our ambition to build a culture of emotional wellbeing through pre-natal care into young adulthood. It will support all children, including those who are vulnerable, those in care and care leavers. Young people are not automatically ready to access adult services at 18 so our ambition will be to support them through transition up to the age of 25.

The Strategy is also focused on supporting parents and carers. If parents aren't thriving, their children will not thrive. As set out above, this strategy builds upon our 'First 1,000 Days' approach and seeks to support families with attachment and help parents to be confident and independent.

Figure 7 – A life course approach



3. The future of emotional wellbeing and mental health for children and young people in Surrey

In this section of the Strategy we set out our ambition for the emotional wellbeing and mental health of children and young people in Surrey.

> "The crisis that we have with children and young people's mental health is not going to be solved in consulting rooms and clinical settings across our county.
>
> "It will be solved in communities – in schools, in families, in friendship groups, in youth clubs, in charities. It will be solved by changes in attitudes, in cultures, in beliefs and behaviours – not just in the young people themselves, but in their parents, their teachers, their friends and their medical staff. It will be solved by young people having access to and making use of healthy coping strategies – exercise, peer support, long-term bond with a trusted adult, mindfulness – and avoiding unhealthy coping strategies – substance abuse, violence, abusive relationships, poor eating habits.
>
> "We – local authorities, health services, parents, police, schools, charities – must truly work in partnership with young people to understand their lives and address the underlying causes together."
>
> Voluntary Sector partner

Our ambitions are to:

- Develop a new **culture** around children and young people's emotional wellbeing and mental health that promotes resilience, whilst ensuring access to specialist services when needed.
- Develop how we **support** children and young people with their emotional wellbeing and mental health.
- Develop appropriate emotional wellbeing and mental health **services** for children and young people.

3.1. Vision

In Surrey we have a vision:

"To develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life"

3.2. The principles underpinning our strategy

In response to the national and local challenges, the Children and Young People's Charter and the feedback from recent engagement events, we have developed a series of guiding principles for this strategy – they will nurture a new culture and the design and delivery of support and services.

Figure 8 – Our principles

Early intervention and community support	Collaborative working	Creating a navigable system	Communication with children, young people and parents	Environmental design
"It is so much better to build a fence at the top of a cliff than run an ambulance [service] at the bottom."	*"You do not pass the baton until there is someone to take it."*	*'Toolkits and tips for children and young people to take away'*	*'Networks enable [my] voice to be heard in the services that [I] access which is empowering'*	*'Welcoming, friendly environment and does not feel like a clinical setting'*
We will focus on prevention and early action to promote resilience among children, young people their families and carers, whilst ensuring access to appropriate specialist care if needed and during times of crisis We will empower children and young people to be the custodians of their own emotional wellbeing and mental health We will focus on supporting children to support themselves	We will collaborate, integrate and be accountable – we will break down organisational and professional boundaries We will listen to and respect one another We will provide continuity of care and make space for professionals to come together We will support children and young people into adulthood, transitioning smoothly into adult services	Information for everyone will be simple to access, navigate and signpost We will provide evidence-based information that inspires confidence We will provide tools for self-care and resilience, as well as recovery We will build a system that is effective, systematic and makes the best use of resource	We will achieve better outcomes and learn by listening to and treating children and young people as individuals, putting them at the heart the service We will work with the whole family to support a community of confident, resilient and independent parents and siblings – we will set out what they can expect from us We will support parents, siblings, carers and friends to look after their own emotional well-being and mental health	We will provide support and services as locally and flexibly, minimising travel as much as possible We will make environments where care is provided child and young person friendly We will build on community strengths and assets

3.3. Choosing the right model for Surrey – The THRIVE framework

There are many models upon which we could base our strategy. Long-term, quantifiable evidence is limited in this area – with NHS England currently carrying out a national review to fill the vacuum of evidence available.

Having considered the models that are available, the evidence about where they have been used successfully and the needs of our community, we propose to base our strategy on the THRIVE framework. It balances the needs to provide good quality early intervention and resilience-building to tackle issues early, with the need for some children to access more specialist or medicalised care. We have also noted that the THRIVE framework is being promoted by national organisations like NHS Clinical Commissioners and implemented by some schools and Children's Centres in Surrey with success.

The THRIVE framework was developed by the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre, in consultation with children, families and service providers (see here for more information http://www.implementingthrive.org/). The key features of the model are:

- It outlines groups of children and young people and the sort of support they may need, drawing a clear distinction between support and treatment (services).
- It focuses on a wish to build on individual and community strengths wherever possible and to ensure children and families are active decision makers in the process of choosing the right interventions.
- It has been successfully used in other parts of England to shape a positive culture and support and services for children and young people's emotional wellbeing and mental health.
- Its structure is closely aligned with what we are trying to achieve in Surrey.

Figure 9 below outlines how we will apply THRIVE segments to meet the needs of our children and young people and the table thereafter sets out what it might mean in Surrey.

Figure 9 – The THRIVE Framework in Surrey

Each element of the THRIVE framework is described in more detail in the following tables 1 to 4.

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Table 1 – The THRIVE Framework in Surrey: Getting advice

Prevention and early help		
THRIVE segment **Getting advice – promote support and self-care and self-management**		
Who	**What**	**Examples**
Some children and young people seek advice when adjusting to life circumstances with mild or temporary difficulties. These children are choosing to manage their own health and/or are on the road to recovery. Families, carers and care professionals seek advice on behalf of children and young people.	Depending on the age of the child or young person, this will mean providing access to early intervention and prevention through schools, colleges and children's centres, health visitors, school nurses, GPs, helplines and websites for support. We will provide early support to referrers in schools and general practice.	• Providing easy access to children, young people and their families to advice, including to hard to reach groups. • Listening events to understand underlying pressures driving low emotional wellbeing. • Developing and disseminating clear and easy navigable public health messages for children, young people and their families regarding emotional wellbeing and mental health (e.g. on the use of social media). • Building system-wide leadership across Surrey to ensure 'getting advice' is embedded across our County and integrated into local services and processes through community networks • Ensuring that domestic abuse awareness training is linked to this strategy. • Providing a rolling programme of core training on emotional wellbeing and mental health of children and young people that reflects age and need (e.g. self-help mental health days for children and young people in schools, attachment, bereavement, drug awareness programmes, resilient families, foster carers). • Working with schools to ensure they get early help. • Developing a 'no wrong front door' approach that signposts and navigates easy access to information, support and services – for example a single point of access. • Looking forward, the options to develop local hubs in/around primary care, by providing some training and resource in/to primary e.g. through links into the Primary Care Networks, developing GPs with a special interest in ADHD, linked to the specialist team.

Table 2 – The THRIVE Framework in Surrey: Getting help

Prevention and early help		
THRIVE segment **Getting help – creating a culture of and access to early intervention and help**		
Who	**What**	**Examples**
Children and young people sometimes need help to meet challenges which would benefit from focused evidence-based treatments. These would have clear aims and criteria for assessing whether these needs have been met.	Support and services to children and young people will be provided through community counselling, hospices and bereavement services, counselling and mentoring in schools, education psychologists, education support centres, targeted youth support teams, family support and support to referrers.	• Ensuring there is a clear route to 'getting help' for children, young people, their families and referrers. • Providing outcome-based care. • Providing a wide variety of limited, goal focussed, evidence based 'talking therapies' for a range of needs (typically mild to moderate in nature) in a range of community based, school and health locations, and via remote access (e.g. Improving Access to Psychological Therapies for children and young people). • Access to on-line information, advice and counselling. • Ensuring vulnerable groups are represented at the levels expected for the local population. • Developing a core phase-specific offer to schools including a named mental health link person. • Access to telephone advice for referrers. • Providing supervision across the system to support wider practitioners.

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Table 3 – The THRIVE Framework in Surrey: Getting more help

Local specialised support		
THRIVE segment **Getting more help – providing access to more specialised treatment**		
Who	**What**	**Examples**
Some children and young people have mental health conditions (e.g. psychosis, eating disorders). These children may require extensive and short and/or long-term from care professionals.	Support and services will be provided to children and young people including multi-disciplinary working in a community setting to meet more severe, complex and enduring mental health needs. This includes eating disorder services.	• Making support simple and easy to navigate and focused on outcomes. • Ensure there is a clear route to 'getting more help' that is integrated with the other groupings, focusing on robust pathways that enable a flexible response to need. • Providing goal focussed evidence-based treatment for a range of more complex or severe presenting needs in a range of community based, school and health locations, and via remote access e.g. skype/online. This will include systemic interventions and pharmacological interventions, multi-agency care planning and management of risk, including intensive home-based treatment when required. • Locality teams working in the local community, to include educational psychology/CAMHS, social care and health multi-agency expertise). • Embedding IAPT principles within the pathway with a focus on developing a culture of service user engagement and participation, consistent and embedded use of routine and goal-based outcome measures and the use of evidence-based interventions. • Aligning with crisis pathways where a young person who is already 'getting more help' requires a response due to crisis. This should, wherever possible, be provided by the staff currently working with them and in line with national access and waiting time standards.

Table 4 – The THRIVE Framework in Surrey: Getting risk support

Local specialised support		
THRIVE segment **Getting risk support – managing risk during times of crisis**		
Who	**What**	**Examples**
Some children and young people find themselves unable to benefit from evidence-based treatments but remain a significant risk or concern and can be supported by a multi-agency team. These children and young people can go into crisis but are not able at the time to make use of the help offered or the help offered has not made a difference. These may be children and young people with emerging personality disorders, on-going issues that have not yet responded to treatments or those that fail to attend appointments.	Support and services included here will include specialised crisis support and day and inpatient units, where children and young people with more severe mental health problems can be assessed and treated. It will also include crisis support services, linked to national services that support children and young people during times of crisis	• Developing robust integrated pathways across multiple agencies and that they that are embedded within the early help, safeguarding and social care frameworks, and include close working with education. • Ensuring that vulnerable children and young people, those in care and care leavers have access to timely support and can influence the care they receive through joint care planning. • Providing specialised risk support close to the child or young person's home and where they can build local and personal support networks. • Exploring co-location of staff to facilitate joint working and robust shared processes. • Agreeing clear criteria for when a young person would benefit from 'risk support'. • Providing consultation and indirect support to children's services to enable informed decisions about the most appropriate THRIVE grouping for a young person. • Endeavouring to work across partners to provide a 'team around the professional' approach that supports partners to support the young person/family and enables shared management of risk. • Working with colleagues across early help, education, social care and health to identify with young people and their family who is best placed to be the young person's key person. • Working with partners to develop a joint approach to young person and family centred care planning. This should include care planning with the young person/family to identify how best to keep themselves safe and what to do in a crisis.

3.4. How do we know we're having an impact?

Our key focus is to improve the lives of children and young people in Surrey by supporting them to achieve the best possible outcomes for their emotional wellbeing and mental health. To this end, we will continually monitor and evaluate the outcomes being set and achieved by children and young people and the performance of the support and services we provide - adjusting when necessary to ensure we do achieve these outcomes. Below we set out the elements of the Charter as outcomes and illustrate how we might measure our collective success.

Table 5 – Demonstrating and measuring outcomes

Principle	Measurable
I need support as soon as I start to feel like I'm struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me	• Do partners in the whole system feel equipped to support prevention and early action? • What early help information, support and services are we providing? • How many contacts seeking support are repeats? • Are presentations for specialist care reducing?
I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently	• Do children and young people report a reduction in stigma? • Do children and young people report increase access to support with more community services that 'normalise' access? • Do families report that they feel supported?
I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive	• Are children and young people reporting a feeling of ownership of their own emotional wellbeing and mental health? • Are children and young people reporting that they are involved in their own care planning? • Are children and young people reporting that they feel support is designed around their needs?
I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same	• What information is available to children, young people, their families and partners? • Is this information available face-to-face, as well as on websites and on paper? • How often and where is that information accessed? • Are children and young people, families and carers and referrers providing positive feedback on the information available?

Principle	Measurable
I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health	• Are children and young people reporting improved outcomes? • How many children and young people have a crisis care plan in place? • What are the range of services available to children and young people with different needs and different ages?
I only want to tell my story to the people looking after me once	• Are children and young people reporting a more seamless experience? • Are there reduced handovers between care professionals, organisations and teams? • Does the care pathway allow time for the clinician to review and familiarise with patient care records and plans?
I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community	• Access (different service user groups, timeliness, times and location) • Are support and services provided across the county and using community assets? • Are service users reporting ease of access to services?
I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood, I will not lose my support	• Are children, young people and their families reporting a positive experience of transition to adult services? • Are pathways aligned with clear transition plans from 18-25 and into adult services?
I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health	• Is service user experience of staff, support and services positive?

Practical measures for monitoring our performance against these outcomes will be reviewed routinely with our stakeholders.

4. How we will work differently to deliver the Strategy

To successfully put this strategy into action we need to act and to work differently. We will create a culture and environment where we will take collective responsibility for thinking creatively about how we use our resources to provide better outcomes for children and young people.

- **We will build on community assets** – schools, healthcare providers, the voluntary sector and existing community projects are the best mechanism to deliver a new approach. They have the reach and are looking for support. We want to ensure that young people experiencing problems are nurtured when they need it, in the places that they hang out – schools, youth organisations, at home – by people they can have long-term trusting relationships with – friends, other young people experiencing similar problems, home school link workers, youth workers, teachers, parents, etc. We want to help front-line practitioners in schools and the voluntary sector to have the time, confidence and capabilities to do this. Many schools and voluntary sector organisations have expressed a desire to work with their peers to develop new ideas, to ask questions, to share best practice, to learn from failures. We will support schools and voluntary organisations to do this.
- **We will share our knowledge, expertise and experience to lead the system through its transformation** – there must be strong leadership across all the partner organisations and teams. As individuals and as leaders we must fully acknowledge the importance of good emotional wellbeing and mental health for children and young people and their parents and carers, get behind this strategy and organise ourselves around it. We must share our collective expertise, knowledge and experience to ensure its successful delivery.
- **We will commit our resources to facilitating support and services that are efficient and provide value for money** – financial resources are not limitless and as a system, we already invest more in emotional wellbeing and mental health services and support for young people than the national average. In the future we will combine our resources effectively to deliver a real transformation in the emotional wellbeing and mental health of our children and young people.
- **We will develop a skilled, stable and flexible workforce** – we know that national and local care systems are challenged by a lack of skills and that services are running with persistent vacancies in key positions. We will work together to build a workforce that:
  - is skilled and competent and can provide thoughtful support and services to children, young people and their families and carers
  - values prevention, early intervention and specialist services
  - will work in partnership with different professional groups and organisations

  - is flexible and adaptive and accessible to children, young people and their families and carers
  - is diverse and effectively supported and has access to education and support when they need it, so they can best support children, young people and their families and carers
- **We will make representative and responsive decisions and will systematically involve and communicate with all our stakeholders** – genuine and ongoing engagement with our community will mean that we consistently understand what is going on in the lives of children and young people and how best we can meet their needs effectively. We will foster involvement and open communication across a range of channels including our governance structures, social media, workshops and events to embed codesign in transformation and day-to-day decisions on support and services.
- We will use our collective estate to enable children and young people to access services close to home and in settings that are familiar – we will use our estate to ensure children and young people can easily access care, support and services when and where they need it, support services being provided in local settings, support partnership working across different individuals, teams and organisations and to support the use of enabling technology.
- **We will develop our digital infrastructure** – we will continue to invest in our digital infrastructure to utilise the latest technologies so that children and young people can access support and services in ways that suit them best; to integrate services; to communicate better with parents and carers as well as children and young people. We will also use technology to support timely access to evidence and information to establish whether we are meeting the outcomes we are aiming for.
- **We will develop structures and contracts that enable the delivery of this strategy, rather than hinder it** – ultimately, we will build in simplicity – and not complexity – for all our stakeholders and make our environment as easy to navigate as possible. We will adopt a clearly structured and coherent commissioning approach that:
  - is aligned to our wider strategies to integrate planning and services
  - is aligned to the national direction of travel
  - will deliver value and support an outcome-based approach
  - delivers innovative contracting and organisational forms to better integrate services
  - will embed a robust monitoring and evaluation framework that supports continual improvement

5. How can you get involved?

We are committed to this strategy being part of a wider conversation with the community of Surrey on this important topic. We want people to open-up and to share, we want to encourage engagement and to co-design the future with you.

- We will keep listening to you
- We will involve you by embedding co-design in our transformation programme and service design
- We will continue to work with the CYA network as an active and engaged partner and representative of children, young people and their families
- We will keep our website up-to-date on progress and practical information about how to get involved
- We will continue to work collaboratively
- We will dedicate resource to engaging with you and involving you
- We will build on existing networks and create new ones for you to get involved
- We will build long-term relationships with children and young people, their families, voluntary sector, schools and community groups
- We will actively seek to stay up-to-date on the underlying pressures driving emotional wellbeing in Surrey


MADEMOISELLE
LYPSYL
Kleenex

6. Glossary

- **Emotional wellbeing:** Emotional health is an important part of overall health. People who are emotionally healthy are in control of their thoughts, feelings, and behaviours. They can cope with life's challenges
- **Mental health:** A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community[5]
- **CAMHS:** Children and adolescent mental health service

[5] World Health Organisation (2007)

Prepared by

Surrey County Council
NHS East Surrey Clinical Commissioning Group
NHS Guildford and Waverley Clinical Commissioning Group
NHS North East Hampshire and Farnham Clinical Commissioning Group
NHS North West Surrey Clinical Commissioning Group
NHS Surrey Downs Clinical Commissioning Group
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Health and Wellbeing Board
7 March 2019

Surrey Suicide Prevention Strategy

Purpose of the report: Policy Development and Review

To ask board members to formally review and approve the Surrey Suicide Prevention Strategy.

Introduction to strategy

Reasons why the strategy has been developed

In 2017, the House of Commons Select Committee asked all Local Authorities to scrutinise local plans to reduce suicide. The Adults and Health Select Committee – Suicide Prevention Plan Nov 2017 was presented at the meeting of the Surrey Adults and Health Select Committee in November 2017, providing assurance of quality for the then multi-agency Surrey Suicide Prevention Plan 2014 -17, which was about to come to an end.

One of the next steps agreed at this Committee was for Surrey County Council Public Health and Surrey and Borders Partnership NHS Foundation Trust (SABP) to lead the development of an all age Suicide Prevention Strategy for Surrey. Development of, consultation on and amendment of the draft strategy took place in 2018 and the strategy period is for 2019-22.

This will dovetail with the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

There is also increasing national momentum around suicide prevention: in October 2018 the first Minister for Suicide Prevention was appointed; then, in January 2019, the first Cross-Government Suicide Prevention Workplan was published. One of the key actions of the workplan is ensuring the effectiveness of every local authority's suicide prevention plan. The workplan states: "The Minister for Suicide Prevention will be working in collaboration with national partners and the local government sector to support areas to implement and embed their suicide prevention plans within their communities."

Key Data

Around 13 people complete suicide every day in England (Department of Health, 2017). Suicide is the leading cause of death for men under 50 and for young people (Department of Health, 2017). Each suicide has far reaching consequences, affecting a number of people directly and many others indirectly - with those affected often impacted economically, psychologically and spiritually (HM Govt, 2012). Family, friends and carers of those who die by suicide have a 1 in 10 risk of making a suicide attempt after experiencing loss. Thus suicides lead to the worsening and perpetuating cycle of inequalities (Mersey Care NHS Foundation Trust, 2016).

In Surrey there are on average there are 92 deaths by suicide each year, with 6 of these among the under 25s. This equates to on average 8 people a month or 2% of all deaths among people under the age of 75 in Surrey.

Suicide rates are calculated as a three-year average. The suicide rates across England, Surrey and neighbouring Local Authorities has fluctuated over the last 10 years. In England there was a gradual increase in suicide rates during the financial crisis which began in 2007. This can be seen more dramatically in Local Authority areas in the South East where the rate in Surrey increased from 7.5 in 2006-08 and reached 9.9 per 100,000 in 2009-11.

Latest figures from Public Health England and the Office for National Statistics show that in 2015-17 the Surrey suicide rate is 8.0 per 100,000 of the population, which is lower than both the rates for England (9.6 per 100,000 of the population) and the South East region (9.4 per 100,000 of the population) (Public Health England, 2019).

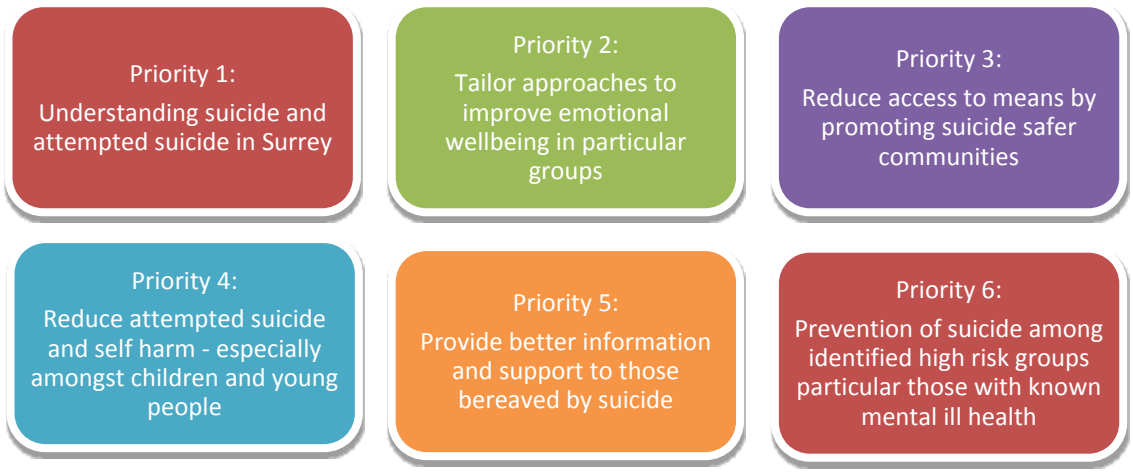
How the strategy relates to the Health and Wellbeing Strategy

The Suicide Prevention Strategy relates to the promoting emotional health & mental wellbeing priority of the Surrey Health & Wellbeing Strategy 2018 and is one of the ways that progress will be measured: “We will get this right so that …there is a reduction in the suicide death rate.”

Expected Outcomes

The Suicide Prevention Strategy encompasses six priority areas which are aligned to the National Suicide Prevention Strategy (see Figure 1 below): For each priority area, there are outcome based actions for the multi-agency Suicide Prevention Partnership and a series of recommendations for partner organisations. These are summarised on page 34-40 of the strategy.

Figure 1: Priority Areas of the Suicide Prevention Strategy



Public Health will lead on the implementation of Priorities 1, 2, 3 and 5 and Surrey and Borders Partnership NHS Foundation Trust will lead on Priority 6. The lead organisation for priority 4 is yet to be agreed, and in so doing we will link and dovetail with the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

Anticipated Challenges

1. There are limited financial resources to support suicide prevention - especially if Surrey does not receive wave two of national suicide prevention funding. To help address this challenge, delivery of this strategy will rely on all partners contributing staff capacity to develop and deliver actions plans. Having the Health and Wellbeing Board hold partners to account for this will help to address this challenge. Also local authorities in the region who were successful in receiving wave one national funding, have offered to share resources (e.g. Kent offered their campaign materials for Surrey to use for free).

2. Collection and sharing of intelligence on suicide and attempted suicide is challenging due to:

    a. Coordinating and resourcing the sharing of existing intelligence on attempted and completed suicides (e.g. among coroner, emergency services and hospitals). Engaging and gaining commitment from key partners in the intelligence subgroup, and the Health and Wellbeing Board committing partners to delivery of the strategy, will help address this challenge.
    b. The small number of suicide cases in Surrey, which makes it difficult to measure the impact of the strategy's actions on reducing suicides locally. To help address

this, the intelligence subgroup will explore metrics that can be used as indicators of the strategy's impact.

3. Finding the resources to develop an intelligence gathering system for unexpected deaths and suicides, to enable the Suicide Prevention Partnership to respond to and learn from emerging themes. This could be done for example using the Never Event Framework. This may be more of a challenge if the funding bid to the Integrated Care System and Sustainability and Transformation Partnerships, is not successful. Engaging and gaining commitment from key partners in the Intelligence subgroup, and the Health and Wellbeing Board committing partners to delivery of the suicide prevention strategy, will help address this challenge.

Conclusions:

1. There is no single risk factor for suicide – it is often the end point of a complex history of risk factors and distressing events. Therefore, the prevention of suicide does not sit with any single organisation. Rather, healthcare services, local government, public health bodies, criminal justice system, third sector organisations and communities in which individuals reside, **all** have a role to play in the prevention of suicide (HM Govt, 2012).

2. With a multi-agency partnership approach and senior leadership across all organisations at the Suicide Prevention Partnership, there are significant opportunities to implement the strategy and reduce suicides in Surrey.

3. In addition, all three of our Sustainability and Transformation Partnerships/Integrated Care Systems have Mental Health Workstreams and have completed, or are implementing their Delivery Plans to achieve the NHS Five Year Forward View for Mental Health ambitions – which include reducing suicide nationally by 10% by 2020.

4. Key challenges for the strategy include: limited resources for suicide prevention work; challenges around collection and sharing of intelligence on suicide and attempted suicide; and finding the resources to develop an intelligence gathering system, which enables the Suicide Prevention Partnership to respond to and learn from emerging themes from unexpected deaths and suicides. Steps being taken to address these challenges are outlined in the section above.

Recommendations:

For the Health and Wellbeing Board:

a) To approve the Suicide Prevention Strategy for Surrey.
b) Commit partners to joint delivery of the Suicide Prevention strategy.
c) To provide strategic oversight of the implementation of the strategy, holding partner organisations to account for their contribution to the delivery of the actions and recommendations contained within.

Next steps:

- The new 2019-2022 Suicide Prevention Strategy will be published after it has been signed off by the Health and Wellbeing Board.
- The new Surrey Suicide Prevention Strategy Partnership will oversee development and implementation of the strategy. It will have its first meeting early March and meet three times in 2019 (subsequently twice a year 2020-2022).
- The Suicide Prevention Partnership will develop and oversee with partners a delivery work plan for each priority area. This will be agreed within the first six months of the strategy.
- The working groups that will feed into the Suicide Prevention Partnership will be established: High Risk (groups and locations); Data and Intelligence; and Postvention.
- Public Health are having discussions with local STPs/ICSs around funding to deliver the suicide prevention strategy and await the outcome of the Sussex and East Surrey Sustainability and Transformation Partnerships and Surrey Heartlands Integrated Care System bids for the second round of national Suicide Prevention funding.
- Public Health will develop a dashboard/mechanism to support reporting on progress of strategy implementation.

Report contact:

Ruth Hutchinson – Deputy Director of Public Health

Contact details: Ruth.hutchinson@surreycc.gov.uk

Sources/background papers:

Suicide Prevention Strategy for England 2012 and progress reports: First annual report on the cross-government outcomes strategy to save lives 2014. Second annual report 2015, Third progress report 2017, Fourth progress report 2019

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Five Year Forward View for Mental Health 2017

Cross-Government Suicide Prevention Workplan 2019

Appointment of Suicide Prevention Minister 2018

Surrey Health & Wellbeing Strategy 2018 (reduction in the suicide death rate - Promoting Emotional Health & Mental Wellbeing priority)

Statutory functions of Director of Public Health to improve health and Local Authorities' remit to address many of the risk factors for suicide.

December minutes of Health & Well Being Board (the strategy went to) https://members.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=5980&Ver=4

Surrey Suicide Prevention

Strategy 2019-2021

Surrey
Suicide
Prevention
Partnership

9

Forward

Around 13 people die by suicide every day in England (Department of Health, 2017). In Surrey there are on average 92 deaths by suicide each year. When someone dies by suicide, the effect on their family, friends and community is devastating. If we want to improve the life chances of future and current generations, we need to address this tragic reality and do more to prevent suicides.

The suicide rate for Surrey is lower than England and the South East region. Since 2008 real progress has been made in Surrey to reduce the suicide rate. But there is no room for complacency. There are new challenges that need to be addressed including the rising rates of self-harm in children and young people, the influence of social media on mental health and wellbeing, and economic changes.

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Therefore commitment across statutory services, voluntary sector, academic institutions and schools, businesses, industry, journalists and other media is vital. Most importantly this commitment must involve communities and individuals whose lives have been affected by the suicide of a family member, friend, neighbour or colleague.

In developing this multi-agency suicide prevention strategy for Surrey, we have built on the successes of the earlier suicide prevention plan 2014-7. This strategy draws on local and national intelligence and evidence. The strategy is organised under six key priorities that reflect the national Suicide Prevention Strategy (2012). There are actions for each of the priorities to be delivered by the Surrey Suicide Prevention Partnership and Surrey and Borders Partnership Trust (as the lead provider for secondary mental health services). It includes recommendations for key partner organisations in the wider health and care and voluntary sector system, recognising their important role in the delivery of the strategy.

‘Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives (Department of Health, 2017)’ acknowledges that suicide is preventable. The subsequent appointment of a Suicide Prevention Minister in October 2018 by the Prime Minister, and the publishing of the first Cross-Government Suicide Prevention Workplan in January 2019 (Department of Health and Social Care , 2019) demonstrates there is a greater national momentum to support our work on a local level in Surrey to help prevent the tragedy of suicide taking peoples’ lives.

We would like to thank everyone involved in the development of this strategy for their continued support to implement its actions and recommendations, which is central to our efforts to prevent suicides in Surrey. We include a special thanks to everyone who participated in the consultation on this strategy. We have listened and included your feedback in the final strategy.

Encouragingly, the latest suicide figures for 2015-17 show that there has been a small decrease in the suicide rate in England and for Surrey. It is crucial that we build on this momentum and work together to continue to reduce the suicide rate in Surrey.

INSERT SIGNATURE(S)

Helen Atkinson
Director Public Health

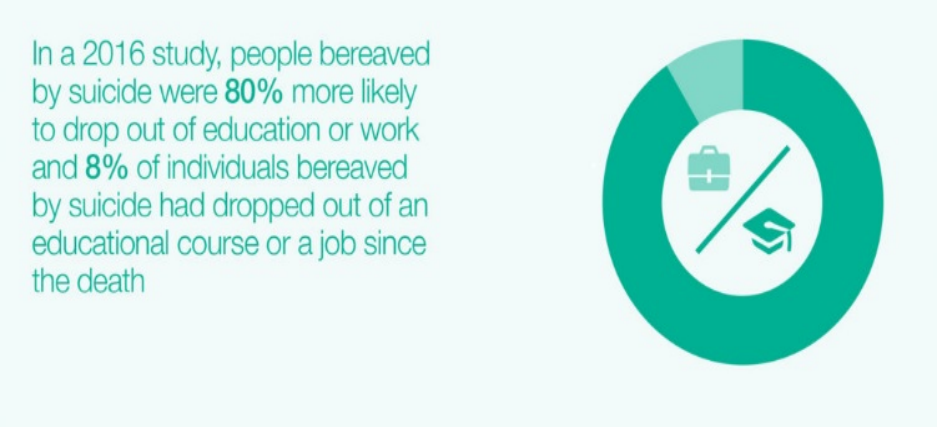
Sinead Mooney
Cabinet Member for Adults

Table of Contents

1. Introduction

Around 13 people complete suicide every day in England (Department of Health, 2017), with each and every suicide sending shockwaves through families and communities. Suicide is the leading cause of death for men under 50 and for young people (Department of Health, 2017). Each suicide has far reaching consequences, affecting a number of people directly and many others indirectly, with those affected often impacted economically, psychologically and spiritually (HM Govt, 2012).

Family, friends and carers of those who die by suicide have a 1 in 10 risk of making a suicide attempt after experiencing loss. Thus, suicides lead to the worsening and perpetuating cycle of inequalities (Mersey Care NHS Foundation Trust, 2016).



It is estimated that nationally, around one third of those who die by suicide in England have been in contact with mental health services in the 12 months leading up to their death, a further third have seen their GP but are not receiving specialist mental health support (Department of Health, 2017).

Self-harm (including attempted suicide) is the single biggest indicator of suicide risk and approximately 50 per cent of people who have died by suicide have a history of self-harm (Department of Health, 2017).

Suicide is often the end point of a complex history of risk factors and distressing events. The prevention of suicide has to address this complexity. As there is no single risk factor for suicide, the prevention of suicide does not sit with any single organisation. Rather, healthcare services, local government, public health bodies, third sector organisations and the communities in which individuals reside **all** have a role to play in the prevention of suicide (HM Govt, 2012). In many cases, suicide is an avoidable death, preventable by identification of risk, public health interventions and high quality evidence-based care. A robust suicide prevention approach needs to take place at individual and population levels and so needs the input of front line services, commissioners and policy makers.

Therefore the Surrey Suicide Prevention Partnership is a multi-agency collaboration between health, local government, people with lived experience and the voluntary sector. This strategy sets out our approach to reducing suicide in Surrey, based on national and local intelligence/evidence. It also reflects the national suicide prevention strategy ambition and key action areas.

The national suicide prevention strategy for England sets out key areas of evidence-based action for local areas (HM Govt, 2012). Through the NHS Five Year Forward View for Mental Health, the Government renewed their commitment to **reducing suicide nationally by 10% by 2020** (NHS England, 2017). In January 2018 the Secretary of State announced a zero suicide ambition for mental health inpatients. In January 2019, the first Cross-Government Suicide Prevention Workplan (HM Government, 2019) was published with a focus on social media, self-harm and how technology such as predictive analytics can identify those most at risk.

2. A Strategy for Suicide Prevention in Surrey

A reduction in the death rate from suicide is a priority of Surrey's Joint Health and Wellbeing Strategy, signalling the commitment of partners across the NHS and Local Government to work together to save lives lost to suicide, through both whole population and targeted actions. This strategy will harness that commitment to achieve the following aim:

> **To reduce suicide by 10% by 2021 through the coordinated actions of our respective organisations**.

This strategy will sit alongside the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

Our ethos in Surrey is that every single suicide is a tragedy and is one too many. Our ultimate aspiration is, therefore, to eliminate suicide. We recognise the complexity of the factors that lead to someone taking their own life and although we may not be able to prevent every suicide, we will make zero suicides in Surrey our ambition. We believe this will facilitate a transformation of attitudes toward suicide locally, making it clear that suicide is not inevitable and that our organisations are jointly committed to the prevention of suicide locally.

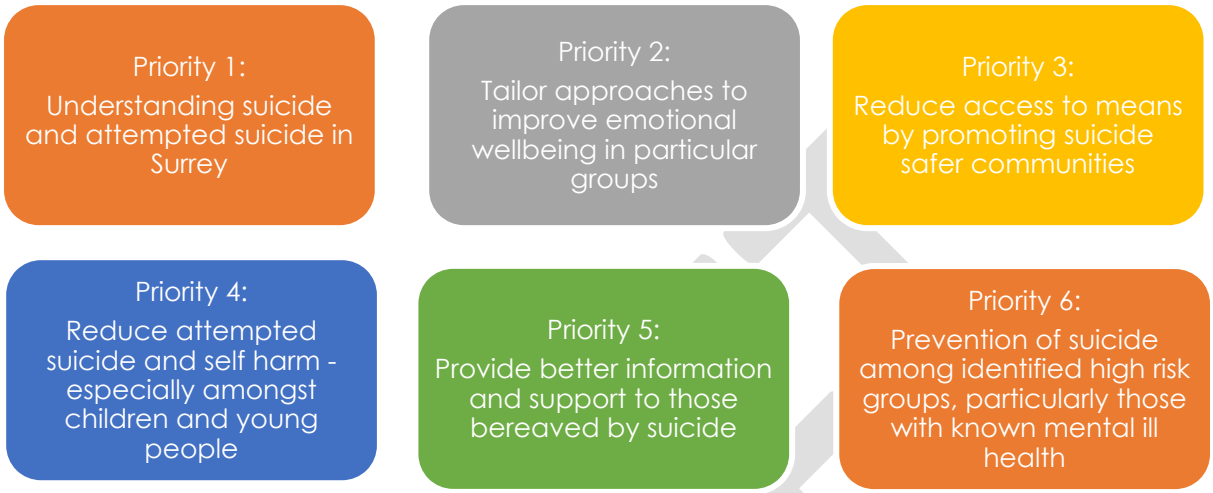
The protective factors for suicide are complex and broad and therefore achieving the ambition for a reduction in suicide requires action across a number of fronts as shown by Figure 1.

Figure 1: A comprehensive approach to Suicide Prevention in Surrey

Action across the Wider Determinants of Health	• Connectedness • Economic support • Meaningful employment	• Adequate housing • School readiness
Universal Mental Health and Wellbeing approaches	• Building Resilience • Anti-Stigma campaigns	• Access to wellbeing self-help resources • Mental Health awareness
Health Services (Primary Care, ICPs, Public Health Commissioned services)	• Identification and signposting	• Substance Misuse Treatment • Primary and secondary support and pathways
Surrey Suicide Prevention Strategy Actions	• Understanding suicide and attempted suicide in Surrey • Reduce access to means • Tailor approaches to improve emotional wellbeing in particular groups	• Prevention of suicide among identified high risk groups • Reduce attempted suicide amongst children and young people • Provide better information and support to those bereaved by suicide
Mental Health Service Strategy	Effective acute and community Mental Health care and treatment	Mental Health Crisis - Safe Havens

This strategy draws on local and national intelligence and evidence and is organised under six key priorities, reflecting the national strategy (see figure 2). For each of the priorities we have set out actions for delivery by Surrey Suicide Prevention Partnership and Surrey and Borders Partnership NHS Foundation Trust Forum (see section 7). The strategy also makes recommendations for the wider health and care system and their important role in the delivery of this strategy.

Figure 2: Priorities of the Surrey Suicide Prevention Strategy



3. Suicide in Surrey

On average there are 92 deaths by suicide in Surrey each year, with six of these among the under 25s. This equates to eight people a month or 2% of all deaths among people under the age of 75 in Surrey. The suicide rate is calculated as a three-year average. In Surrey, the most up to date suicide figures available from Public Health England and Office on national Statistics are for 2015-17.

In Surrey, three suicide audits of Coroners notes were conducted between 2006-2013.

Interpreting differing numbers of suicides between localities in Surrey is more difficult due to the smaller numbers of incidents. Therefore comparison is more reliable through the use of suicide rates. At the time of writing the draft strategy, suicide rates for all CCGs were only available for period 2013- 2015, during which North West Surrey CCG had the highest rate of suicides (see Table 1). Since then 2015-2017 data has been published which shows that North East Hampshire and Farnham, then Surrey Downs CCGs had the highest rate.

Table 1: Suicide by CCG within a three-year period

CCG	Suicide rate (per 100,00) 2013 - 2015	Number of suicides 2013- 2015	Suicide rate (per 100,00) 2015-2017	Number of suicides 2015-2017
North West Surrey	11.1	100	7.4	68
Surrey Heath	9.9	25	8.9	23
East Surrey	8.5	41	8.3	40
North East Hampshire and Farnham	8.3	46	9.0	
Surrey Downs	8.2	63	8.6	64
Guildford and Waverley	7.6	42	7.9	43

(Source: Public Health England Fingertips Cited 2019)

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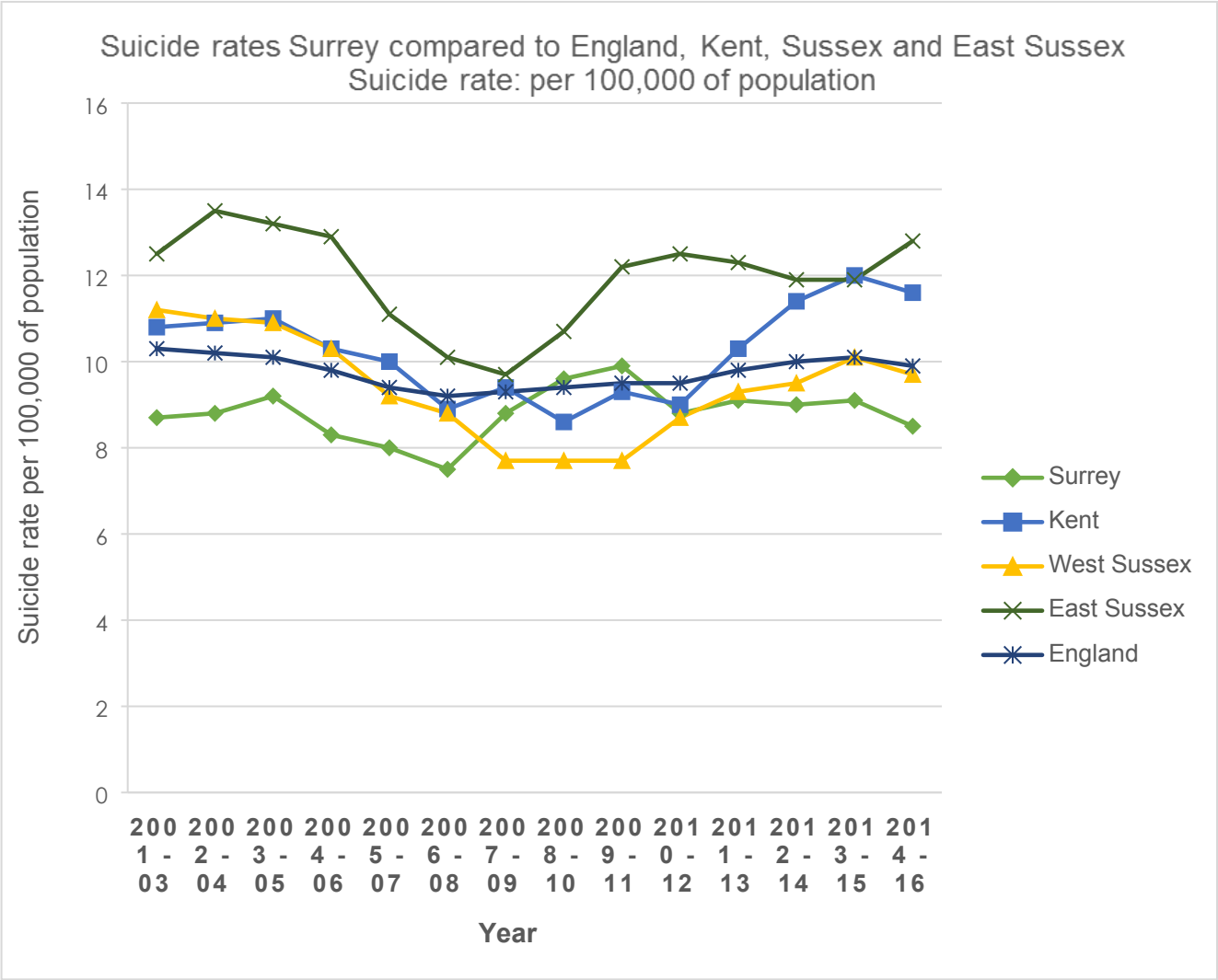
Figure 3: Suicide rates by Local Authority in Kent, Surrey and Sussex 2001-2016

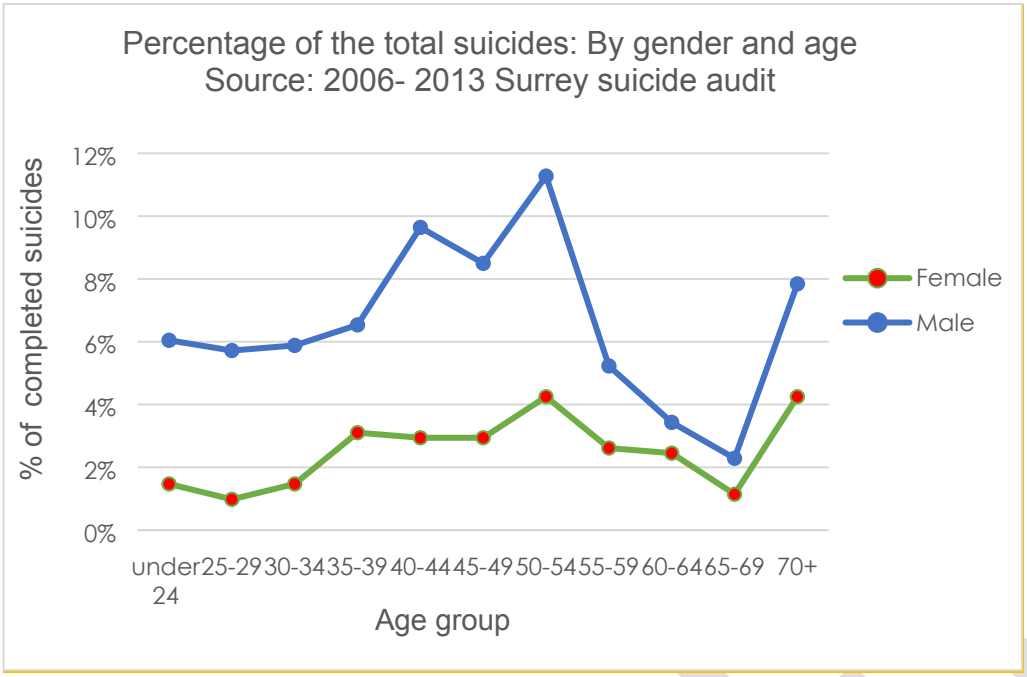


Source: Public Health England Fingertips

The suicide rates across England, Surrey and neighbouring Local Authorities has fluctuated over the last 10 years. In England there was a gradual increase in suicide rates during the financial crisis which began in 2007. This pattern can be seen more dramatically in Local Authority areas in the South East where the rate in Surrey increased from 7.5 in 2006-08 and reached 9.9 per 100,000 in 2009-11.

Latest figures show that in 2015-17 the Surrey suicide rate is 8.0 per 100,000 of the population, which is lower than both the rates for England (9.6 per 100,000 of the population) and the South East region (9.4 per 100,000 of the population) (Public Health England, 2019).

Figure 4: Suicide in Surrey by gender and age



Source: 2006- 2013 Surrey suicide audit

4. Surrey's high risk groups

Those who are the most vulnerable in our society are disproportionately at risk of suicide. Local and national intelligence has identified the following high risk groups and risk factors for suicide.

Men - particularly middle-aged men

Suicide remains the biggest killer in men under 50, they are three times more likely to die by suicide then women (Department of Health, 2017). Surrey's 2006-2013 suicide audits showed that 73% of those who completed suicide were male.

In Surrey of these male suicides the highest percentage was in middle-aged men.

- 6% were aged 18-34
- 12% were aged 25-34
- 17% were aged 35-44
- 19% were aged 45-54
- 8% were aged 55-64 (see figure 4).

It is recognised that for men, a significant barrier to talking about mental health problems is the stigma they feel about seeking help.

Older Adults

Surrey's 2006-2013 suicide audits showed a spike in suicides in older males and females aged 69+. Key factors for this included isolation, poor health and recent loss of a spouse.

Black Minority Ethnic Groups (BME)

In Surrey the number of suicide from Black Minority Ethnic groups is low. A number of factors for this include less suicide verdicts due to stigma and poor recording of ethnicity. People from BME groups are less likely to access support and treatment for mental ill health.

Surrey is less diverse than England as a whole with 83.5% of the population reporting their ethnic group as White British compared with 79.8% in England. More people in Surrey (6.9%) were recorded in other white ethnic groups (Irish, "Gypsy or Irish Traveler" and "Other White), than in England (5.7%) with fewer (9.6% compared with 14.6%) in all other ethnic groups. (Surrey County Council, 2018). The next largest ethnic group is Surrey was "Indian" (1.8% of the population) followed by Pakistani (1.0%). Only 0.2% of the Surrey population ticked the new Census box for Gypsy or Irish Traveler, however it is widely believed that the Gypsy, Roma and Traveler community is under reported in the Census.

Differences in ethnicity across local authorities and clinical commissioning groups:

- Woking is the most diverse local authority in Surrey with 16.4% of its population from non-white ethnic groups. Waverley is the least diverse with 90.6% White British.
- Elmbridge has the highest proportion (10.4%) in all other white groups ("Irish", "Gypsy or Irish Traveler" and "Other White") with Tandridge the lowest (4.6%)
- Spelthorne has the highest proportion of Indian ethnic group (4.2%) and Woking has the highest proportion of Pakistani ethnic group (5.7%).
- North West Surrey is the most diverse clinical commissioning group (CCG) with 12.5% of its population from non-white ethnic groups. Guildford & Waverley is the least diverse with 85.9% of its population White British.

Gypsy, Roma and Traveller Community

A national report by the Traveller and Roma Centre identified that traveller men have a 6.6 times higher suicide risk compared to settled men. The uptake of support services in the Traveller community is low despite the reported high rates of mental health problems (PAVEE Point, Traveller and Roma Centre, 2013). Some of the key factors for this are stigma of mental health in the traveller community, reluctance to discuss mental health and a mistrust of services.

People in the care of mental health services

Nationally around a third of those who die by suicide have been under the care of specialist mental health services within a year of their death. Surrey follows these trends – data from suicide audits show that 29% of cases were known to a secondary mental health service at some point in their life. In addition the Surrey suicide audits highlight that: 50% of cases had some form of mental illness mentioned in their notes (i.e. as a clinical diagnosis or as mentioned in their G.P notes); about a third (33%) had a clinical mental health diagnosis; nearly half (46%) suffered with depressive illness; and about one fifth (21%) had anxiety disorders.

A study by the University of Nottingham found that rates of attempted suicide or self-harm were highest in the first 28 days after starting a course of antidepressants (Coupland, 2015).

People in contact with the criminal justice system

Those who have been or who are involved with the criminal justice system commonly face multiple disadvantage including but not limited to: social exclusion, substance misuse, homelessness and mental and physical health problems.

Nationally there has been a sharp increase in deaths by suicide following police custody (Home Office, 2017), however this is not reported locally in Surrey.

Prisoners are at greater risk of poor mental health, self-harm and suicide. A report by the Ministry of Justice highlighted that the self-harm rate in prisons increased by 73% between 2012 and 2017 (MOJ, 2018).

An international study (Seena Fazel, 2017) reviewed suicide rates in prisons across 24 countries. The report calculated that the annual suicide rate for people in prison (sentenced and remand) in England and Wales is 83 per 100,000 of population. This is significantly higher than the general suicide rates in England and Wales.

In September 2018 there were 2,600 people in prisons across Surrey (Surreyi, 2018). Based on the prison suicide rate in the above report; each year there could be two suicides in prisons across Surrey.

Specific occupational groups

National data shows that specific occupations and those who are unemployed are at increased risk of suicide and self-harm (Dr Carlos Nordt, 2015). At risk occupations include doctors, nurses, veterinary workers, farmers and agricultural workers, low skilled occupations, low skilled male labourers and males working in skilled trades (ONS, 2017). This is usually correlated to increased access to means. However there are large national variations with these figures.

Blue light services

Surrey hosts large NHS employers including three Acute Hospitals (employing doctors and nurses) and other ‘blue light’ services including the Surrey Police, Surrey Fire and Rescue and South East Coast Ambulance service (SECAmb).

In 2016 Mind, a mental health awareness charity, carried out a survey to identify the mental health needs of staff and volunteers in police, fire, ambulance and search and rescue services. The survey found that blue light workers may be disproportionately at risk of suicide due to the nature of their jobs. Key findings from the survey include:

- One in four blue light workers had contemplated suicide due to stress and poor mental health.
- 92% of blue light workers had experienced stress, low mood and poor mental health at some point while working for the emergency services.

(MIND, 2016)

Farmers and agricultural workers

There is no data or information on the prevalence of mental health or suicide amongst farmers and agricultural workers in Surrey. However, the Farming Community highlights that nationally high levels of stress and depression exist in this group. (FCN, n.d.). A key reason for this is isolation due to long working hours and work related stress and pressures.

National data shows that suicide rates in farmers are among the highest in any occupational group and the risk of suicide is also higher amongst those working in specific agricultural roles

such as harvesting crops and rearing animals (ONS, 2017). This is also usually correlated to increased access to means.

Manual workers

The Office of National Statistics collects and reports suicide data by occupation. Data for 2011-2015 showed that:

- Males working in the lowest-skilled occupations have a 44% higher risk of suicide than the male national average.
- The risk of suicide among low-skilled male laborers, particularly those working in construction roles, was three times higher than the male national average.
- For males working in skilled trades, the highest risk was among building finishing trades – particularly plasterers and painters and decorators – who had more than double the risk of suicide than the male national average.

(ONS, 2017)

Serving armed forces

Data from the Ministry of Defence shows that since 1990, the UK regular armed forces have seen a decline in suicide rates and that the suicide rate amongst this group is significantly lower than the general population (MOD, 2018). However, in the strategy consultation professionals working with armed forces in Surrey report high levels of poor mental health and unrecognised mental health issues. Key factors for this include stigma, lack of awareness of mental health and a reluctance to talk about mental health.

Veterans

Nationally there is no actual data on the suicide rates amongst veterans. However, from the strategy consultation, health and social care professionals in Surrey reported high rates of post-traumatic stress, alcohol misuse, homelessness and poor mental health amongst Veterans.

Carers

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes: adults looking after other adults, parent carers looking after disabled children, and young carers under 18 years of age looking after siblings, parents or other relatives. Based on the 2011 Census and population projections we can estimate that in 2016 there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population (Surrey).

Carers have an increased risk of suicide that is almost twice the national average (ONS, 2017).

Through the strategy consultation process it was identified that carers for people with mental health needs should be equipped with the knowledge, information and support to enable them to care for a person who has experienced suicidal thoughts, or has previously attempted suicide. Carers felt that it was important to ensure that there was consent to share information and that they were involved in care plans and informed of any concerns and changes.

Lesbian, Gay and Bisexual and Questioning (LGBTQ)

An evidence review of mental health amongst people who identify as Lesbian, Gay and Bisexual (LGB), identified that LGB youth in the UK experience high rates of poor mental health with one in two reporting self-harming at some point in their life and 44% reporting having thought about suicide (PHE, 2015).

The fear of rejection from family, peers and society among young people who identify as trans, at a time of their developing sense of self (sometimes in an emotionally unsupportive environment), can create a sense of "otherness". This can leave trans young people particularly vulnerable to depression and suicidal thoughts (Royal College of Nursing and PHE, 2015) One study in the UK found that 34.4% of trans adults had attempted suicide at least once and almost 14% of trans adults had attempted suicide more than twice (Whittle, 2007). This higher risk of suicide is related to experiences of discrimination, including stigma, transphobia and bullying.

The 2011 Census did not collect information on sexual orientation so there is little reliable data on the number of people in these groups in Surrey. The UK Government estimates that 6% of the population are lesbian, gay or bisexual. Applying this to mid-2015 population estimates for Surrey means that there may be 56,500 people aged 16+ and around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual.

The Integrated Household Survey (ONS, 2014) found lower percentages in response to a question on self-perceived sexual identity of adults in the UK, with: 1.1% of the population nationally reporting as gay or lesbian (1.5% of men and 0.7% of women), 0.5% reporting as bisexual (0.3% of men and 0.7% of women) and 0.3% reporting an "other" option. However, 5.3% of the sample refused to answer the question or answered "don't know" or no response was received.

Data from the Census shows 0.7% of Surrey residents aged 16+ living in a same sex couple (in a registered civil partnership or cohabiting) compared with 0.9% nationally.

At present, there is no official estimate of the trans population. A Home Office funded study (Gender Identity Research and Education 2018, n.d.) estimated the number of trans people in the UK to be between 300,000-500,000 – where trans was defined as "a large reservoir of transgender people who experience some degree of gender variance". Applying this estimate to the Surrey population would lead to an estimate of at least 7,000 trans people in Surrey. Source Surrey-i (Surrey County Council, 2018).

Those misusing drugs and alcohol

The last Surrey suicide audit (2012-13) showed that 32.6% of those who die by suicide had a history of alcohol misuse and 21% had a history of substance misuse.

However, only 5% were known to the substance misuse treatment services available in Surrey.

'Preventing Suicide in England HM Government 2017' identifies drug and/or alcohol use as major risk factors for both suicide and self-harm, and co-morbid mental health and substance misuse problems are prevalent. 80% of those in treatment for alcohol use conditions and

nearly 70% of people in drug treatment are thought to have co-existing mental health problems.

There is considerable concern about the rising rates of drug related deaths, in which suicide features considerably – 28 per cent of women's deaths and 11 per cent of men's deaths registered in 2014.

People with a history of self-harm

Self-harm, (with or without suicidal intent) is the biggest predictor of suicide. National figures report that 50% of those who have died by suicide have a history of self-harm. However the latest Adult Psychiatric Morbidity Survey for the UK (Sally McManus, 2014) shows that only about 28% of men and 43% of women surveyed received medical or psychiatric treatment after self-harming (Department of Health, 2017).

The last 2012-2013 Surrey suicide audit reported that 25% of cases had a history of self-harm mentioned in their notes.

Children and Young people, specifically those with adverse childhood experiences and those experiencing self-harm

1% of suicides in Surrey are among those who are under 25. Suicide in children and young people has a significant emotional and mental impact on other young people, families and the local community.

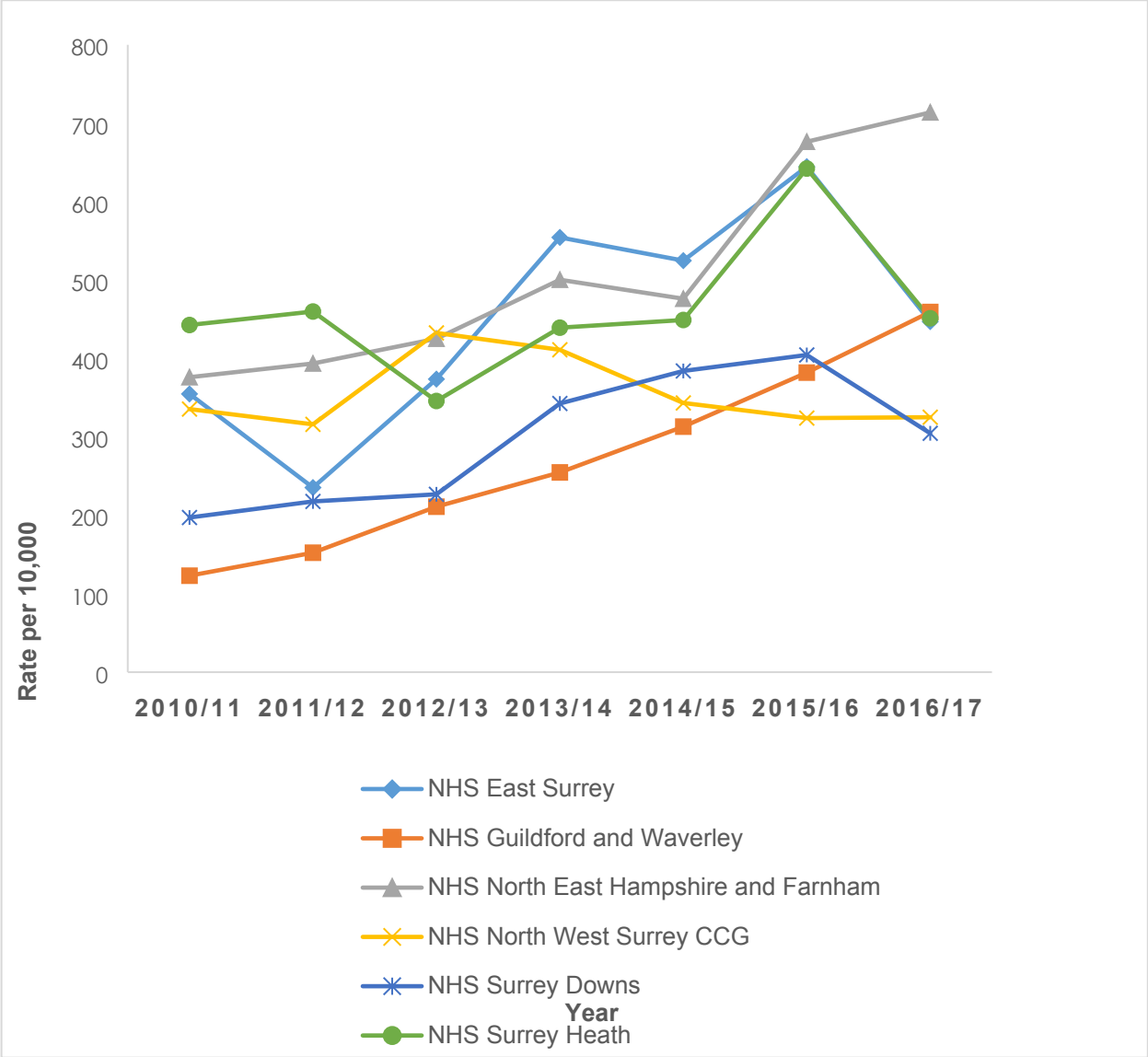
A report by Young Minds highlights that 1 in 3 adult mental health conditions is related to adverse childhood experiences (Young Minds, 2016). These experiences include neglect, abuse, poverty, parental alcohol or substance misuse, parental poor physical or mental health, and parental suicide. Adverse childhood experiences increase the risk of suicide (Devaney, Northern Ireland).

In Surrey, whilst we have access to data on self-harm resulting in a hospital attendance, not every incident of self-harm will require hospital treatment.

The rates of hospital admissions for self-harm per 10,000 population of 10-24 year olds in Surrey has increased over the last seven years. Data for 2015-16 showed that Surrey had a rate of 448.1 of the directly standardised rate per 100,000; compared to the national rate of 430.5 (but lower than the S.E. England rate of 469.4). (Surrey County Council, n.d.).

Most recent 2016-2017 data shows North East Hants and Farnham CCG has the highest rate of hospital admissions per 10,000 population as a result of self-harm (see Figure 5). The rate for North East Hants and Farnham is significantly worse and for Guildford and Waverley CCG is worse than their benchmark comparator areas in the sub region of South East England (PHE Fingertips, 2018). However the 2016/17 data showed a reduction in the rate for East Surrey, Surrey Heath and North West Surrey CCGs – see Figure 5 (PHE Fingertips, 2018).

Figure 5: Hospital admissions as a result of self-harm in 10-24 year olds 2010-2017 by CCG



Source: (PHE Fingertips, 2018)

Many children and young people who self-harm feel guilty and afraid. There is often a fear of being labelled as attention seeking. The stigma around self-harm stops young people accessing support (Mental Health Foundation, 2012).

Those with long term conditions

The last Surrey 2012-2013 suicide audit report showed that 25.5% of cases cited a general health related problem. This is nearly double the number within the previous 2009-2011 audit (12.4%). In addition 19.9% reported a chronic health condition. In an ageing population, more people are likely to experience poorer health.

Poor physical health, long term conditions and disability are risk factors for poor mental health. Having a long-term physical conditions such as diabetes, arthritis or asthma, increases the risk of depression and anxiety (PHE, 2018).

Those diagnosed with general or chronic health conditions are typically in contact with a number of health and social care services.

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People bereaved by suicide

The emotional, mental and social impact of suicide is difficult to measure. However suicide causes a ripple effect in families and communities and the impact of suicide lasts for many years (Public Health England, 2016).

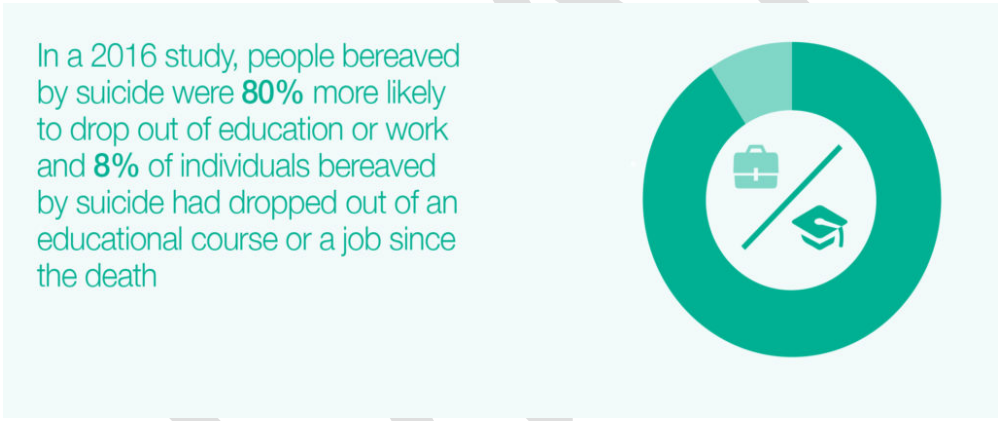
Each suicide is estimated to affect between six and 10 individuals. In Surrey on average 92 people a year die by suicide. Based on this data, on average:

- Each year between 552 and 920 people are directly affected by suicide bereavement.
- Each month between 46 and 77 people are directly affected by suicide bereavement.

A national cross-sectional study by the Psychiatry Division of University College, London found that adults bereaved by suicide, had a higher probability of attempting suicide than those bereaved by sudden natural causes (Pitman etal, 2016).

Additionally those who have been bereaved by suicide are most likely to experience:

- Poor mental health and social functioning.
- Financial difficulty.
- Loss of job.
- Loss of social networks.
- Breakdowns in family relationships.
- For those who had a caring role, a loss of caring responsibilities.



(National suicide prevention alliance, 2018)

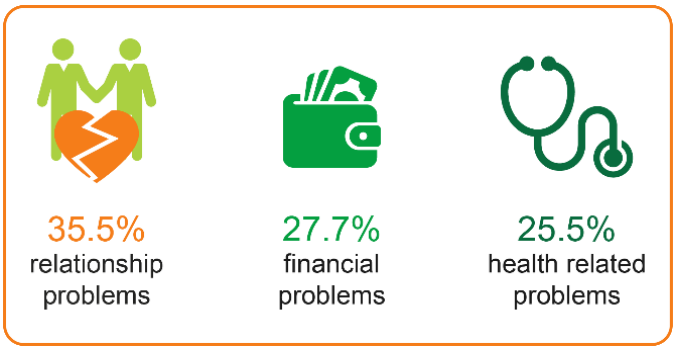
Other contributory factors

An underlying factor which will further place individuals at risk is inequalities. The report ‘Dying from Inequality’ identified the following factors in relation to inequalities (Samaritans, 2017):

- Areas of higher socioeconomic deprivation tend to have higher rates of suicide.
- The greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour.
- Increases in suicide rates are linked to economic recessions.
- Men are more vulnerable to the adverse effects of economic recession, including suicide risk, than women.
- People who are unemployed are two to three times more likely to die by suicide than those in employment.
- The least skilled occupations (e.g. construction workers) have higher rates of suicide.
- A low level of educational attainment and no home ownership increase an individual’s risk of suicide.

Other contributory factors identified by the Surrey 2012- 2013 suicide audit include:

- Relationship problems.
- Financial problems.
- Health related problems.
- Poor sleep.
- Work-related stress.
- Increasing alcohol misuse with the year before death.



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5. Progress to date:

Prior to this strategy, there was the Surrey Suicide Prevention group (established in 2008). It produced the Surrey wide Suicide Prevention Plan 2014-17 based on evidence-based practice and local and national intelligence to identify priority areas for joint action. The case studies below highlight some of the successes delivered via this Suicide Prevention Plan 2014-17.

Case study 1: Working together to tackle high risk locations

A multi-agency group was established in 2017 in response to a number of suicides at Woking railway station/line, resulting in Woking being subject to the national rail escalation process. Members included: Woking Borough Council, British Transport Police, Surrey and Borders Partnership NHS Foundation Trust, Samaritans, NW Surrey Clinical Commissioning Group, Safe Haven and Community Connections. Some of the key actions included: community suicide prevention training, setting up a mental health champion scheme, improving awareness of local services and identifying ways to communicate information about individuals who maybe distressed.

Case study 2: Signposting

A directory of emergency contacts of local and national support services has been developed to signpost people to appropriate support. This is available on the Healthy Surrey website and has been widely distributed.

Case study 3 Safe Havens Adult

Safe Havens have been developed across Surrey and are delivered in partnership. They aim to provide accessible alternative care and support pathways for people in mental health crisis and their carers that focus on preventing crises before they happen. The development of Safe Havens is overseen by the Mental Health Crisis Care Concordat Delivery Group.

Case study 4: Those at risk who may present at A&E

There are a number of initiatives currently being embedded in collaboration with Surrey and Borders Partnership NHS Foundation Trust (SABP) including 'core 24'. Core 24 is a model of psychiatric liaison service. Surrey received some funding from NHS England to expand the provision of psychiatric liaison mental health services and provide specialist, compassionate assessment, detection and treatment of mental ill health in general acute hospitals. This is overseen by the Mental Health Crisis Care Concordat Delivery Group.

Case study 5: Training

The Surrey Suicide Prevention Group identified high risk groups and delivered targeted training to agencies working with these groups: GPs, Citizens Advice Bureau and Job Centres.

SABP also developed suicide prevention training for carers of people with mental health needs and professionals working in crisis care teams.

Between April 2015 and 31 March 2017, approximately 250 people from health, social care and third sector settings attended suicide prevention training.

Case study 6: Community Connections

Surrey Community Connections are universal access services that support people with mental health needs to stay well in their communities. They are an integral part of the pathway for people who experience mental health problems (and the frequent social isolation), often bridging the gap between primary mental health care and secondary mental health care.

The services promote independence and work in a person-centred way to enable people to achieve their desired outcomes. They also contribute to avoidance and management of crisis and a reduction in dependence on statutory services. There are three lead providers for different areas of Surrey (the Mary Frances Trust, the Welcome Project and Richmond Fellowship). They provide a range of one-to-one and group based mental health/wellbeing support and activities. Examples of some of the specific suicide prevention work done by Community Connections providers are listed below.

Richmond Fellowship
Richmond Fellowship provides a range of supported housing, community based and employment services for people with mental health problems across Surrey.

The Mary Frances Trust.
Examples of services and work delivered in Suicide Prevention include men's groups, Epsom Safe Haven, groups and courses.

The Mary Frances Trust run numerous courses, some of which are aimed at tackling issues which may lead to suicidal ideation. Examples include: Building Emotional Resilience, Stress Management, Self Confidence, Mood and Food.

The Welcome Project
If a referral has been identified as a suicide risk the person is contacted as soon as possible and offered an appointment. They are given advice and guidance to where they can go if they are feeling suicidal. Alerts on the database are implemented so workers can identify individuals at risk.

Case study 7: Citizen Advice Bureau (CAB)

CAB provide advice support and advocacy.

CAB has reported that the number of people presenting with suicidal ideations has increased over the last five years.

Some CAB staff and volunteers are trained in suicide prevention.

Case study 8: Diocese of Guildford

Mental health and suicide prevention has been embedded into the work of the Diocese of Guildford.

They offer information, resources and training sessions through the year covering subjects such as: suicide, self-harm, domestic abuse, drug abuse and addiction, health issues, mental health and eating disorders.

The Diocese of Guildford produce details of local food banks and other services to support people in a crisis.

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6. Delivering the priorities

Whilst there has been significant positive steps forward to reduce suicides in Surrey, there are some areas of best practice that have been challenging to implement. It has also been recognised that a single suicide prevention plan cannot capture the breadth of good work happening across Surrey to reduce suicide risk and harm. In some cases this can lead to areas of duplication or a lack of shared understanding and awareness.

This strategy aims to improve the coordination of our collective actions to maximise the opportunities to reduce suicide in Surrey. This section will, therefore, outline the current gaps where we can collectively make a difference in Surrey. For each priority we set out the actions that the Suicide Prevention Partnership will deliver and make recommendations for how our wider partner organisations can contribute to reducing suicide in Surrey.

PRIORITY ONE: Understanding suicide and attempted suicide in Surrey.

Action 1.1: In order to deliver the actions below we will develop an information sharing protocol.

Action 1.2: We will develop proactive intelligence systems, such as a real-time suicide surveillance database.

Action 1.3: We will collate intelligence to develop an annual suicide report to enable us to understand the success of our strategy on reducing suicide locally.

Action 1.4: We will work together to better understand the risks and issues in the system, through the development of a system-wide suicide risk log to capture concerns that may contribute to suicide risk locally.

Action 1.5: We will ensure there is a process to share learning. We will work in partnership to develop a group to learn from suicides. This group will be responsible for reviewing deaths by suicide and suicide related significant events including: Prevention of future Deaths Notifications (PFDs) that the Coroner has issued, identifying and monitoring sudden unexpected deaths-suspected suicide, and Sudden Unexpected Incidents reports (SUIs) from Primary Care providers.

Action 1.6: Ensure that learning is implemented for example through the Never Event Framework (NHS, n.d.)**.**

Collecting and analysing local intelligence on the number of suicides, the context in which they occur, the groups most at risk and how the picture is changing over time, is critical for effective suicide prevention work. Data and intelligence informs the development of the suicide prevention strategy, provides an evidence base for action and provides the means to monitor and review progress. Effective use of intelligence allows us to ensure that we are effectively using the resources available to meet local needs.

Previously suicide audits have been the primary intelligence source to fulfil this function, however, these come with risks and limitations due to: potentially small numbers of cases, the time lapse between the suicide and the coroner verdict, and the fact they are resource intensive. These issues mean it is impossible to respond quickly to any local trends.

Surrey is seeking to move to real-time suicide surveillance. A key action from this strategy is therefore to agree an information sharing protocol which enables services to identify near misses and provide rapid support interventions where death has occurred and the coroner suspects suicide.

There are two potential models of delivery of real-time suicide surveillance – via police who are first responders, or coroners. Locally this will be determined by reviewing other areas that have successfully implemented real time data monitoring across a two-tier authority. In addition lessons can also be learnt via the pre-existing Surrey Multi-Agency Safeguarding Hub – drawing on the protocols and processes already embedded across the MASH partners, whilst exploring the expansion to identify triggers and protocols for suicide prevention.

Some suicide prevention partnerships in the country input into a shared risk log of emerging intelligence or risks in the system that may impact on suicide locally. This is used to set clear actions on how the risk can be mitigated and to highlight risks to appropriate local bodies.

This intelligence, alongside national data, can be collated annually to provide a more detailed understanding of the impact of our strategy locally.

In Surrey, there is a process to review suicides amongst people accessing secondary mental health care and adult substance misuse treatment services. However there is no process to learn from suicides amongst people accessing Primary Care or those unknown to services. A clear partnership process is needed to learn from all suicides. Any learning should be shared and implemented.

Recommendation 1.1: The Surrey Coroner to work with Public Health to develop a system to proactively assess suspected suicide cases and promptly report learning to the Surrey Suicide Prevention Partnership to inform local action.

Recommendation 1.2: Network Rail and British Transport Police to continue to share real-time intelligence on network incidents with the Public Health Team lead.

Recommendation 1.3: Surrey Police and the Office of the Police and Crime Commissioner to support the Surrey Suicide Prevention Partnership to establish a real-time intelligence database.

Recommendation 1.4: Mental Health Providers and Primary Care to contribute to the annual suicide report by collating and sharing learning from completed and attempted suicides of people in their care.

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PRIORITY TWO: Tailor approaches to improve emotional wellbeing in particular groups.

Action 2.1: We will coordinate the publicising of national and Surrey initiatives which target support messages to particular groups.

Action 2.2: We will work with the Time to Change Surrey and national Time to Change campaigns to reduce stigma around mental ill health, including particular target groups.

Action 2.3: We will adapt the Wheel of Wellbeing approach to also promote the emotional wellbeing of young people.

Action 2.4: We will support Surrey's Workplace Wellbeing Steering group to ensure evidence based mental health interventions are incorporated into their approach to working with employers.

Action 2.5: We will ensure that carers for people with people mental health needs are enabled with the knowledge, information and support to enable them to care for a person who has experienced suicidal thoughts, or has previously attempted suicide.

There are a number of programmes and initiatives nationally and locally that target particular populations to improve their mental wellbeing, these include:

- Men's Sheds Association (Mens Sheds Association, n.d.) and the several 'Men in Sheds' schemes running in Surrey, create the space for men to socialise and learn new skills
- The joint campaign between the Campaign Against Living Miserably (CALM) and Lynx, which raises awareness of mental wellbeing and male suicide (Calm Zone, n.d.).
- The national and Surrey Time to Change programmes that aim to reduce the stigma faced by people with mental ill health. Both programmes also target specific groups.
- The Wheel of Wellbeing (WoW), which is an evidence based set of six actions that people can take on an everyday basis that have been shown to improve mood, reduce the risk of depression, strengthen relationships, keep people healthy and add up to seven years to our lives. Surrey County Council has ran two campaigns on the WoW over the last two years which have been popular with local residents.
- Targeted Adolescent Mental Health Service (TAMHS) and Healthy Schools run a number of initiatives and programmes across Surrey to promote Emotional Health and Wellbeing among young people (Healthy Surrey, 2018).
- Other targeted work in Surrey is delivered through Public Health, Community Connections services, the voluntary sector, mental health services and other frontline services that work with vulnerable people.

There remain a number of gaps in targeted provision of emotional wellbeing initiatives to all groups that are at increased risk of mental ill health. A more coordinated approach to ensure all high risk groups are targeted and our collective resources are used to best effect is warranted to maximise the impact of these programmes.

Recommendation 2.1: Integrated Care Systems to ensure emotional wellbeing support is available to those recently diagnosed with Long Term Conditions as part of their care planning. And that the workforce are skilled in recognising and responding to mental health issues (such as depression and anxiety that often result from/accompany Long Term Conditions).

Recommendation 2.2: Schools to be supported and encouraged to have whole school emotional health and wellbeing plans for all pupils, and also include targeted programmes for those children and young people most at risk of mental ill health.

Recommendation 2.3: Surrey University to have a local suicide prevention plan. This should include promoting emotional wellbeing, access to support services and welfare support. The plan to also include signposting to bereavement support.

Recommendation 2.4: Surrey's Workplace Wellbeing Group to include interventions to promote emotional wellbeing and mental health within their framework to encourage and support business to improve the wellbeing of their staff. In addition, tailored support to high risk occupation groups should be part of this response.

Recommendation 2.5: Blue Light emergency services and NHS Trusts to raise awareness of mental health and wellbeing. Recognising the high risk occupations they employ, to also put in place preventative measures and to support staff who may be experiencing mental health issues to get work, stay in work and return to work.

Recommendation 2.6: All older adult services to improve the emotional and mental wellbeing of people accessing their services, and ensure that all staff are trained in basic suicide awareness.

PRIORITY THREE: Reduce access to means by promoting suicide safer communities.

Action 3.1: We will continue to monitor and respond to new and emerging methods of suicide.

Action 3.2: We will continue to monitor and respond to emerging high risk locations by working with our partners to lead the Suicide Safer Communities approach.

Action 3.3: We will continue to use the Samaritans media reporting guidelines to monitor local media and respond to any concerns.

The National Strategy Third Progress Report (Department of Health, 2017) highlights that in order to reduce access to means of suicide we should:

- Identify high risk locations.
- Put safeguards in place to prevent suicides.
- Be aware of emerging suicide methods.
- Work with local media around sensible reporting of suicide.

In Surrey, intelligence is shared between partners on the locations of suspected suicide to allow partners to respond. However, there is no uniformly agreed protocol by which to do this. Priority one seeks to address this.

In Surrey, we have a number of high risk rail locations identified by the Network Rail, Southern Railways and British Transport Police. We therefore have a strong partnership approach to working with these organisations. The previous Surrey Suicide Prevention Group has also worked closely with local authorities to put in place safeguards to prevent suicides in high risk locations (e.g. high buildings).

The Suicide Safer Communities Designation/Approach was developed by Living Works and launched in 2015 (Living Works, 2015). This approach identified 10 pillars of action to prevent suicide. Surrey has adopted aspects of this approach to guide concerted multi-agency action on suicide in high risk locations in Woking and Ashford. This has included:

- Training and awareness for the local community.
- Community mental health champions trained as gatekeepers.
- Reducing stigma around mental health and suicide.
- Promoting local services.

Recommendation 3.1: Surrey Coroner, Surrey Police, Public Health, Primary Care and Mental Health services to alert the Suicide Prevention Partnership of the location and means of suspected suicides, to enable a partnership response to reducing risks.

Recommendation 3.2: Boroughs and Districts to work with the Surrey Suicide Prevention Partnership to include suicide impact assessment in planning, to reduce access to means such as high risk locations, highways and buildings.

PRIORITY FOUR: Reduce attempted suicide and self-harm especially amongst children and young people – including those who have experienced adverse events.

Action 4.1: We will gain a better understanding of self-harm in Surrey by analysing local and national intelligence.

Action 4.2: We will raise awareness and understanding of self-harm in young people's settings through Time to Change Surrey and Healthy Schools programmes.

Self-harm is the single biggest predictor of suicide risk. The Government's Third Progress Report on Preventing Suicide in England (Department of Health, 2017), recognises the need to expand the scope of the National Strategy to include Self Harm in its own right. This follows rising concerns amongst professionals who work with children and young people and increasing hospital attendances for self-harm by females who are under 17.

A report by Young Minds highlights that 1 in 3 adult mental health conditions is related to adverse childhood experiences (Young Minds, 2016). These experiences include neglect, abuse, poverty, parental alcohol or substance misuse, parental poor physical or mental health and parental suicide. Adverse childhood experiences increase the risk of suicide (Devaney, Northern Ireland). It is therefore important that professionals/staff supporting children and young people that may have experienced adverse events, are trained to recognise and respond to signs of self-harm, poor mental health and suicidal ideation. It is also important for staff to deliver proactive work around parenting, education and awareness and support for families.

Many children and young people who self-harm feel guilty and afraid – there is often a fear of being labelled as attention seeking. The stigma around self-harm stops young people accessing support (Mental Health Foundation, 2012). It is important to embed awareness and understanding of self-harm in young people's settings and in training for staff who work with them.

NICE guidance on Self Harm (NICE, 2013) provides a series of quality standards for the provision of longer-term support for children and young people (aged 8 to 18) and adults (aged 18 and over) who self-harm. It calls for rapid access to assessment and treatment.

However, mental health training is patchy for those working in family support and youth service roles. Furthermore, in Surrey, whilst we have access to data on self-harm resulting in a hospital attendance, not every incident of self-harm will require hospital treatment. As a result we do not have an accurate understanding of self-harm within Surrey. There is therefore, more we can do locally to prevent and respond to suicide and self-harm among young people.

Recommendation 4.1: NHS Trusts to audit current practice against the NICE guidelines on self-harm and ensure adherence. **Specifically to**:

- Ensure that people who present to Emergency Departments following self-harm receive a psychosocial assessment and appropriate care.
- Raise awareness among staff of the complex issues contributing to self-harm.
- Understand the role of safeguarding.

Recommendation 4.2: Children's services to ensure a strategic response to building resilience and mitigating the impact of social media on young people's emotional wellbeing.

9 **Recommendation 4.3:** Children's services to ensure children who are looked after and those who have had adverse childhood experiences receive the support/treatment they need.

PRIORITY FIVE: Provide better information and support to those bereaved by suicide.

Action 5.1: We will work with partners across the South East to advocate for improved access to postvention support, including working with the voluntary sector to expand postvention support.

"The term postvention describes activities developed by, with or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation." (NSPA, 2017).

Increasing the number of postvention services is a key aspiration of the National Suicide Strategy, highlighting significant unmet need nationally. Postvention services can work to reduce the health inequalities that friends, families, colleagues and partners experience (Public Health England, 2016).

Postvention support in Surrey has been developed and provided by the voluntary sector:

Lucy Rayner Foundation
A local charity, the Lucy Rayner Foundation set up the 'Surrey Suicide Bereavement Service' in 2018. This service offers one-to-one support to people bereaved by suicide. The support includes listening, advocacy, signposting and access counselling.

CRUSE
The national charity CRUSE offers a bereavement Care Free-phone National Helpline. This is staffed by trained bereavement volunteers, who offer emotional support to anyone affected by bereavement. Locally in Surrey CRUSE also offer bereavement counselling.

Survivors of Bereaved by Suicide (SOBS)
SOBS offer two support groups in Surrey (Guildford and Sutton) that meet once each month. The groups are led by a volunteers, most of whom have been bereaved by suicide. These groups provide an opportunity to listen, to share, to ask questions and to connect with others.

The Compassionate Friends
The Compassionate Friends is a national charity for people bereaved by the death of a child of any age. They support people through a telephone helpline, online support and local support groups.

"The first two weeks are critical to have someone there for you. Luckily for us we had a wonderful couple who invited us to their home and my husband and I just sat in shock whilst they talked words of understanding, they had lost their daughter a year before. They listened to us whilst we poured our heart out, cried in despair at the unfairness of life. They served us coffee and cakes, then we spoke some more. This was what helped us."
Jenny Rayner talking about informal support received from social network

Developing postvention support

In Surrey, focus groups and conversations carried out by the Public Health Team, Citizen Advice Bureau, Lucy Rayner Foundation and SOBS identified that there is a demand for a practical* support service to provide postvention support promptly to people bereaved by suicide. *(practical meaning more than just written information). The current level of provision, whilst hugely valued, is deemed as insufficient to meet the size of the local demand. Postvention provision for Surrey should include:

- Emotional support.
- Social and welfare advice and advocacy.
- Signposting to other services.
- Support to access long term emotional support.

Funding postvention

Suicide bereavement services in Surrey are not funded by Surrey health and social care commissioners. The above charities fundraise and apply for ad hoc grants to deliver these services. Therefore they are vulnerable if they fail to fundraise the cost to deliver the service. To maintain and further develop postvention support it is important that there is sustainable funding allocated to postvention.

Recommendation 5.1: Surrey Coroner and Surrey Police to provide families bereaved by suicide with the Help is at Hand booklet (NSPA and PHE, 2015) and information on local services.

Recommendation 5.2: Integrated Care Systems to consider funding postvention services in Surrey.

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PRIORITY SIX: Prevention of suicide among identified high risk groups, particularly those with mental ill health.

Action 6.1: We will establish an annual coordinated training plan for mental health awareness and suicide prevention targeted to high risk groups.

Action 6.2: We will promote the bitesize e-learning on suicide prevention in communities with the highest suicide rates, to empower people to notice and respond to signs that someone may be at risk.

Reducing the risk of suicide in key high risk groups is a key action identified in the national Suicide Prevention Strategy (2012) and third progress report (Department of Health, 2017).

People known to mental health services

Nationally, there is a drive to aim for zero suicides among those in the care of mental health settings. Surrey and Borders Partnership NHS Foundation Trust are responding to this through the development of a strategic approach for their organisation comprising five strands:

- Prevention of suicide among high risk groups.
- Reducing access to means.
- Better support for those bereaved by suicide.
- Training and education.
- Effective use of data and intelligence.

People with co-occurring mental health and substance misuse needs

It is very common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions), at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment.

Death by suicide is also common in this group, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems. Other evidence tells us that people with co-occurring conditions have a heightened risk of other health problems and early death. We also know that in spite of the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support – people with co-occurring conditions are often excluded from services (Public Health England, 2017).

It is important that we use our collective influence and resources to ensure timely and effective responses for people with co-occurring mental health and substance misuse needs, in order to: improve access, reduce harm, improve health, enhance recovery, and to prevent exclusion.

Building skills and capacity of staff

Essential to reducing the risk of suicide among high risk groups is identifying the skills and capacity needs of local workforces that have contact with high risk groups. Then to develop innovative training and education solutions to meet those needs. This is a specific recommendation in the NHS Five Year Forward View for Mental Health (NHS England, 2017) and Public Health England's public mental health leadership and workforce development framework (PHE, 2015).

Health Education England published suicide prevention competency frameworks (Health Education England, 2018). The frameworks describe the activities that need to be brought together, to support people who self-harm and/or are suicidal, and identify key populations:

1. Working with children and young people.
2. Working with adults and older people.
3. Working with the public.
4. Service users and carers.

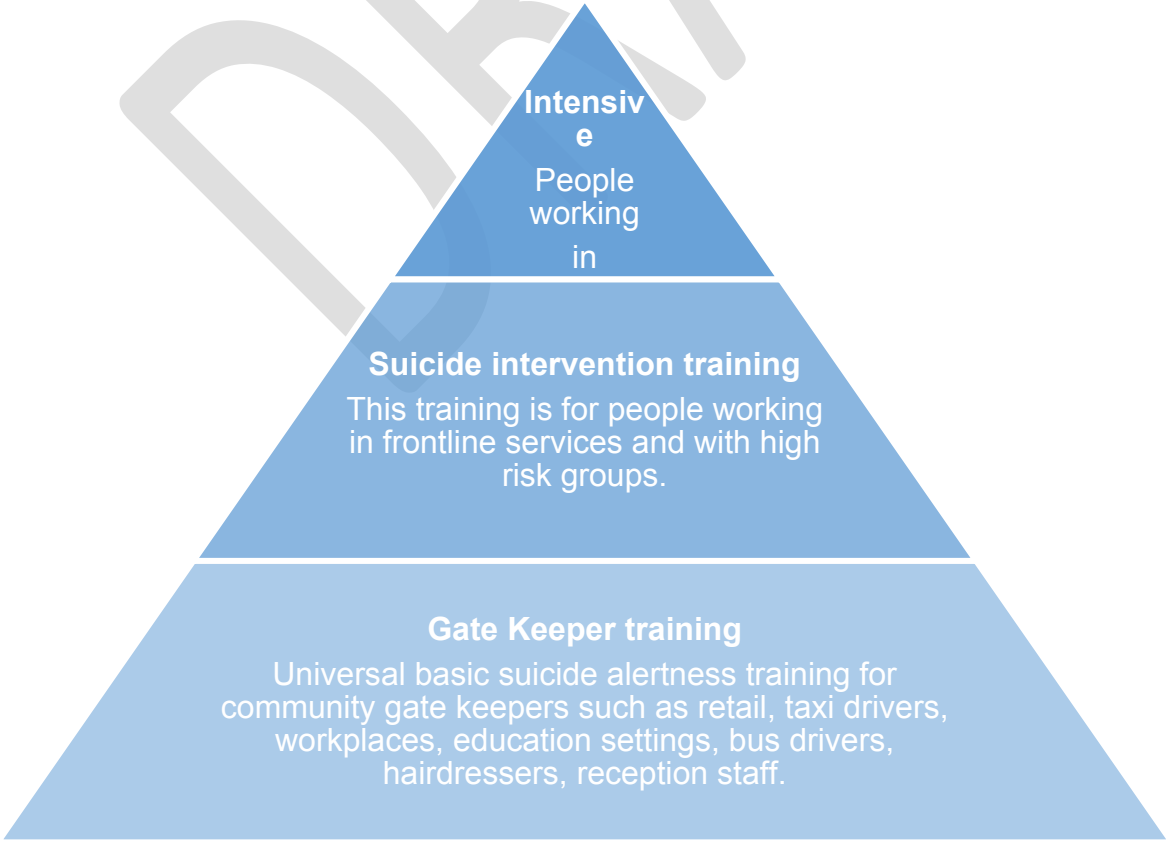
Key activities in the framework include:

- Developing training curricula for practitioners from a range of clinical and professional backgrounds.
- Evaluating existing training.
- Evaluating practice in existing services.
- Reflecting on and supervising individual professional practice.
- Identifying good practice and helping those receiving support to understand what they can expect from their care.

In Surrey we have a long established history of providing suicide prevention training in Surrey. However the level of training varies and this is not jointly commissioned in order to ensure a robust approach that: meets local needs, targets all high risk groups identified in section 4 and makes effective use of limited resources.

In Surrey suicide prevention training is commissioned and delivered using three approaches (see Figure 6). This model is based on national guidance from Public Health England and Health Education England (PHE and HEE, 2016).

Figure 6: Suicide Prevention Training Approaches in Surrey



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Recommendation 6.1: Surrey and Borders NHS Partnership Foundation Trust follows the Secretary of State's 2018 zero suicide ambition for mental health inpatients (NHS England, 2017).

Recommendation 6.2: HMP Prisons, Probation Service and Surrey Police to ensure staff are competent in identifying and responding to suicide risk.

Recommendation 6.3: Substance Misuse Services and commissioners to ensure staff are trained to assess suicide risk and that there are clear pathways into Mental Health support and assessment.

Recommendation 6.4: Mental health support services and commissioners to ensure staff are trained to assess substance misuse needs and make referrals to substance misuse services.

Recommendation 6.5: There is continued investment in safe havens and crisis support in high risk areas. Commissioners and providers must ensure that these services are promoted in the local community as part of suicide prevention awareness.

Recommendation 6.6: CCGs to recommend/encourage staff working in Primary Care to be trained to recognise and respond to suicidal risk, thoughts and behaviours in line with the Health Education England self-harm and suicide prevention frameworks (Health Education England, 2018).

Recommendation 6.7: CCGs, Primary Care and secondary mental health services to have a clear communicated care pathway to ensure the transfer of care between primary care and secondary mental health care services and vice versa, as set out in the Five Year Forward View for Mental Health (NHS England, 2017).

7. How we will work together to achieve this?

A successful multi-agency partnership is integral to suicide prevention and this includes partners in both statutory and voluntary organisations. Figure 7 below from the National Suicide Prevention Alliance shows the partners needed to deliver effective suicide prevention. Therefore we will contact and request representatives from these partners to attend the new Suicide Prevention Partnership.

Figure 7: Partners needed to deliver effective suicide prevention

Source: National Suicide Prevention Alliance

Multi-Agency partnerships can enable: improved integration of health and social care support, the pooling of resources, sharing of information, and implementation of a population health management approach to suicide prevention. This allows for responsive, community-wide strategies that are not restricted by service boundaries.

We have a long history of working closely with our partners including statutory and voluntary mental health providers; health, social care and local government. This strategy aims to build

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on the good practice and work of the previous Suicide Prevention Group, to co-ordinate multi-agency working to deliver evidence based suicide prevention interventions.

This strategy will support the emerging Integrated Care System's* commitment to reducing suicide as part of the Mental Health Five Year Forward View. *(responsible for health and care services in Surrey).

This strategy will also support and dovetail with the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

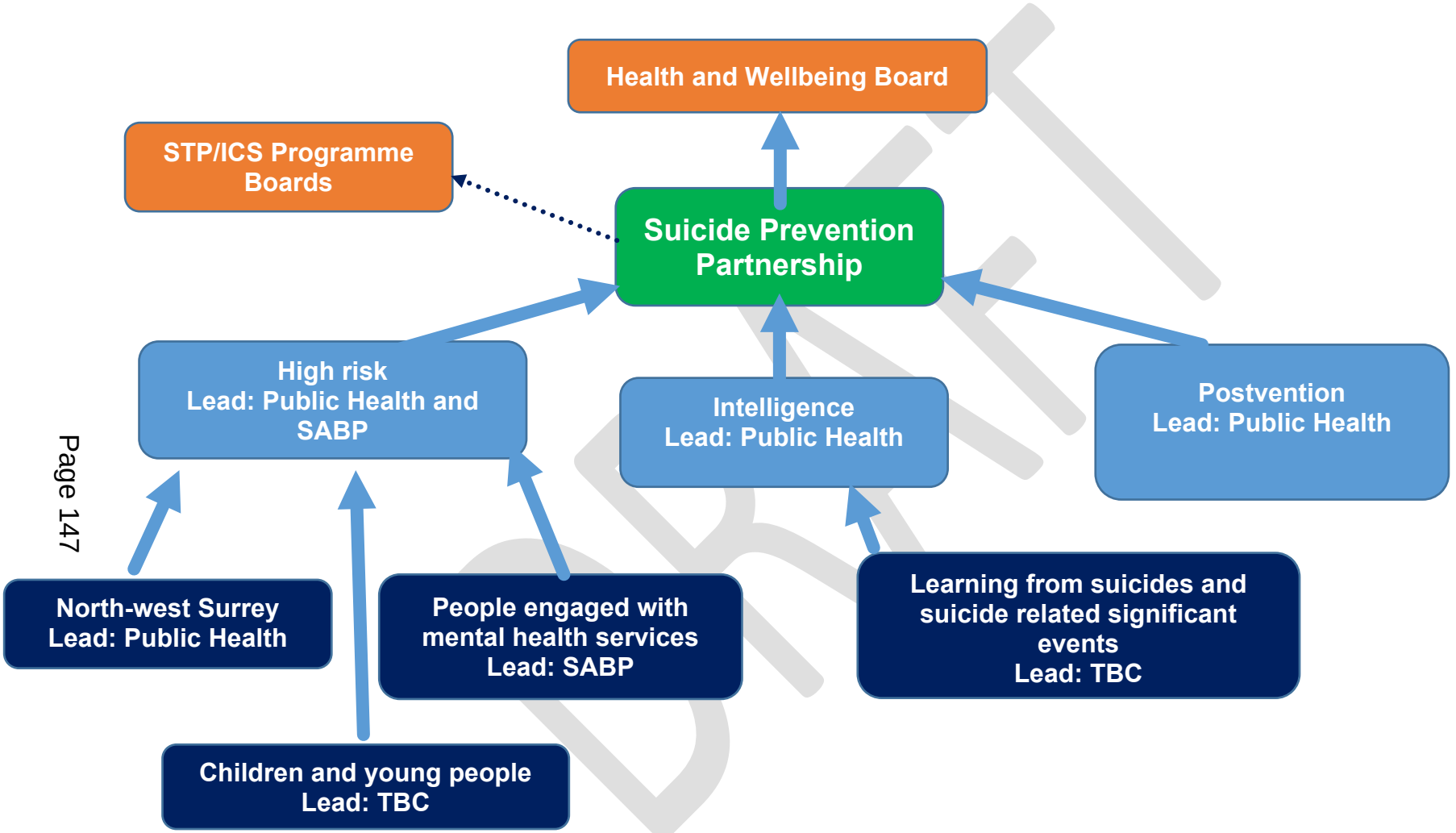
Governance

The actions within this Suicide Prevention Strategy will be delivered by Surrey's Suicide Prevention Partnership (see Figure 7 for the partners needed). This Partnership will be set up within three months of the strategy being signed off. This group will report to the Health and Wellbeing Board. See Figure 8 below.

The Suicide Prevention Partnership will develop and oversee with partners a delivery work plan for each priority area and seek support from the Health and Wellbeing Board to hold partners to account for delivery. This will be agreed within the first six months of the strategy.

There are a number of inter-dependencies with other partnership groups and/or organisations. Members of the Suicide Prevention Partnership are to actively champion suicide prevention in other partnership groups.

Figure 8: Proposed governance structure



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Annex 1 – Summary of Actions

PRIORITY ONE: Understanding suicide and attempted suicide in Surrey

Action 1.1: In order to deliver the actions below we will develop an information sharing protocol.

Action 1.2: We will develop proactive intelligence systems such as a real-time suicide surveillance database.

Action 1.3: We will collate intelligence to develop an annual suicide report to enable us to understand the success of our strategy on reducing suicide locally.

Action 1.4: We will work together to better understand the risks and issues in the system, through the development of a system-wide suicide risk log to capture concerns that may contribute to suicide risk locally.

Action 1.5: We will ensure there is a process to share learning. We will work in partnership to develop a group to learn from suicides. This group will be responsible for reviewing deaths by suicide and suicide related significant events including: Prevention of future Deaths Notifications (PFDs) that the Coroner has issued, identifying and monitor sudden unexpected deaths – suspected suicide, and Sudden Unexpected Incidents reports (SUIs) from Primary Care providers.

Action 1.6: Ensure that that learning is implemented for example through the Never Ever Event Framework (NHS, n.d.).

PRIORITY TWO: Tailor approaches to improve emotional wellbeing in particular groups

Action 2.1: We will coordinate the publicising of national and Surrey initiatives which target support messages to particular groups.

Action 2.2: We will work with the Time to Change Surrey and national Time to Change campaigns to reduce stigma around mental ill health, including particular target groups.

Action 2.3: We will adapt the Wheel of Wellbeing approach to promote the emotional wellbeing of young people.

Action 2.4: We will support Surrey's Workplace Wellbeing Steering group to ensure evidence based mental health interventions are incorporated into their approach to working with employers.

Action 2.5: We will ensure that carers for people for people mental health needs are enabled with the knowledge, information and support to enable them to care for a person who has experienced suicidal thoughts, or has previously attempted suicide.

PRIORITY THREE: Reduce access to means by promoting suicide safer communities

Action 3.1: We will continue to monitor and respond to new and emerging methods of suicide.

Action 3.2: We will continue to monitor and respond to emerging high risk locations by working with our partners to lead the suicide safer communities approach.

Action 3.3: We will continue to use the Samaritans media reporting guidelines to monitor local media and respond to any concerns.

PRIORITY FOUR: Reduce attempted suicide and self-harm especially amongst children and young people - including those who have experienced adverse events.

Action 4.1: We will gain a better understanding of self-harm in Surrey by analysing local and national intelligence.

Action 4.2: We will raise awareness and understanding of self-harm in young people's settings through Time to Change Surrey and Healthy Schools programmes**.**

PRIORITY FIVE: Provide better information and support to those bereaved by suicide

Action 5.1: We will work with partners across the South East to advocate for improved access to postvention support, including working with the voluntary sector to expand postvention support**.**

PRIORITY SIX: Prevention of suicide among identified high risk groups particular those with mental ill health

Action 6.1: We will establish an annual coordinated training plan for mental health awareness and suicide prevention targeted to high risk groups.

Action 6.2: We will promote the bitesize e-learning on suicide prevention in communities with the highest suicide rates, to empower people to notice and respond to signs that someone may be at risk.

9 Summary of Recommendations

Lead Organisations	Recommendation	Signed off by (Person or Board)
NHS Trusts	**1.4**: Mental Health Providers and Primary Care to contribute to the annual suicide report by collating and sharing learning from completed and attempted suicides of people in their care. **2.5**: Blue Light emergency services and NHS Trusts to raise awareness of mental health and wellbeing, and recognising the high risk occupations they employ, to put in place preventative measures and to support staff who may be experiencing mental health issues –to get work, stay in work and return to work. **4.1**: NHS Trusts to audit current practice against the NICE guidelines on self-harm and ensure adherence specifically: - Ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment and appropriate care. - Raise awareness among staff of the complex issues contributing to self-harm. - Understand the role of safeguarding.	
Mental Health services	**1.4**: Mental Health Providers and Primary Care to contribute to the annual suicide report by collating and sharing learning from completed and attempted suicides of people in their care. **3.1**: Surrey Coroner, Surrey Police, Public Health England, CCGs and Mental Health services to alert the Suicide Prevention group of the location and means of suspected suicides, to enable a partnership response to reducing risks. **6.1:** Surrey and Borders NHS Partnership Foundation Trust follows the Secretary of State's 2018 zero suicide ambition for mental health inpatients (NHS England, 2017). **6.5:** There is continued investment in safe havens and crisis support in high risk areas. Commissioners and providers must ensure that these services are promoted in the local community as part of suicide prevention awareness.	

	6.7: CCGs and secondary mental health services to have a clear communicated care pathway to ensure the transfer of care between primary care and secondary mental health care services, and vice versa, as set out in the Five Year Forward View for Mental Health (NHS England, 2017).	
Primary Care, CCGs and Integrated Care Systems (ICSs)	**1.4**: Mental Health Providers and Primary Care to contribute to the annual suicide report by collating and sharing learning from completed and attempted suicides of people in their care. **2.1:** ICSs to ensure emotional wellbeing support is available to those recently diagnosed with Long Term Conditions as part of their care planning. And that the workforce are skilled in recognising and responding to mental ill health (that often results from/accompanies Long Term Conditions). **3.1:** Surrey Coroner, Surrey Police, Public Health England, CCGs and Mental Health services to alert the Suicide Prevention group of the location and means of suspected suicides, to enable a partnership response to reducing risks. **5.2**: Integrated Care Systems to consider funding postvention services in Surrey. **6.5:** There is continued investment in safe havens and crisis support in high risk areas. Commissioners and providers must ensure that these services are promoted in the local community as part of suicide prevention awareness. **6.6:** CCGs to recommend/encourage staff working in Primary Care to be trained to recognise and respond to suicidal risk, thoughts and behaviours in line with the Health Education England self-harm and suicide prevention frameworks (Health Education England, 2018). **6.7:** CCGs, Primary Care and secondary mental health services to have a clear communicated care pathway to ensure the transfer of care between primary care and secondary mental health care services and vice versa, as set out in the Five Year Forward View for Mental Health (NHS England, 2017).	

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Commissioners	**6.3:** Substance Misuse Services and commissioners to ensure staff are trained to assess suicide risk and that there are clear pathways into Mental Health support and assessment. **6.4:** Mental health support services and commissioners to ensure staff are trained to assess substance misuse needs and make referrals to substance misuse services. **6.5:** There is continued investment in safe havens and crisis support in high risk areas. Commissioners and providers must ensure that these services are promoted in the local community as part of suicide prevention awareness.	
District and Boroughs and Surrey County Council	**2.4**: Surrey's Workplace Wellbeing Group to include Interventions to promote emotional wellbeing and mental health within their framework to encourage and support business to improve the wellbeing of their staff. In addition, tailored support to high risk occupation groups should be part of this response. **3.2**: Boroughs and Districts to work with the Surrey Suicide Prevention Partnership to include suicide impact assessment in planning to reduce access to means such as high risk locations, highways and buildings.	
Prisons and Probations	**6.2:** HMP Prisons, Probation Service and Surrey Police to ensure staff are competent in identifying and responding to suicide risk.	
Coroner	**1.1:** For the Coroner to work with Public Health to develop a system to proactively assess suspected suicide cases and promptly report learning to the Surrey Suicide Prevention Partnership to inform local action. **3.1**: Surrey Coroner, Surrey Police, Public Health England, CCGs and Mental Health services to alert the Suicide Prevention group of the location and means of suspected suicides, to enable a partnership response to reducing risks. **5.1:** Surrey Coroner and Surrey Police to provide families bereaved by suicide with the Help is at Hand booklet (NSPA and PHE, 2015) and information on local services.	

Network Rail and British Transport Police	**1.2**: For Network Rail and British Transport Police to continue to share real-time intelligence on network incidents with the Public Health Team lead.	
Surrey Police	**1.3**: For Surrey Police and the Office of the Police and Crime Commissioner to support the Surrey Suicide Prevention Partnership to establish a real-time intelligence database **3.1:** Surrey Coroner, Surrey Police, Public Health England, CCGs and Mental Health services to alert the Suicide Prevention group of the location and means of suspected suicides, to enable a partnership response to reducing risks. **5.1:** Surrey Coroner and Surrey Police to provide families bereaved by suicide with the Help is at Hand booklet (NSPA and PHE, 2015) and information on local services. **6.2:** HMP Prisons, Probation Service and Surrey Police to ensure staff are competent in identifying and responding to suicide risk.	
Substance Misuse Services	**6.3:** Substance Misuse Services and commissioners to ensure staff are trained to assess suicide risk and that there are clear pathways into Mental Health support and assessment. **6.4:.**Providers and commissioners must ensure that Safe Havens are promoted in the local community as part of suicide prevention awareness.	
Children's Services	**4.2**: Children's services to ensure a strategic response to building resilience and mitigating the impact of social media on young people's emotional wellbeing. **4.3**: Children's services to ensure children who are looked after and those who have had adverse childhood experiences, receive the support/treatment they need.	
Schools/Colleges/ Universities	**2.2**: Schools should be supported and encouraged to have whole school emotional health and wellbeing plans that also include targeted programmes for those children and young people most at risk of mental ill health.	

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	2.3: Surrey University to have a local suicide prevention plan. This should include promoting emotional wellbeing, access to support services and welfare support. The plan should also include signposting to bereavement support.	
Older Adult Services	**2.6**: All older adult services to improve the emotional and mental wellbeing of people accessing their services; and ensure that all staff are trained in basic suicide awareness.	

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Health and Wellbeing Board
7 March 2019

Pharmaceutical Needs Assessment: Supplementary Statement and Update

Purpose of the report: Policy Development and Review

The Surrey Health and Wellbeing Board (HWB) is responsible for delivering a Pharmaceutical Needs Assessment (PNA) every three years. The PNA was last published in 2018, but the PNA Steering Group reviews annually to ensure no substantive changes are required. The attached report provides a supplementary statement to the 2018 PNA which the PNA Steering Group recommends the Board approves.

Background

1. Health and Wellbeing Boards were given responsibility from 2013 for delivering a Pharmaceutical Needs Assessment (PNA) for their area. The PNA determines the local need for pharmaceutical services. The PNA is used principally to inform decisions on whether to allow new pharmaceutical services in a given area (a process called market entry) based on that need. NHS England is responsible for those commissioning decisions. The Surrey PNA, which uses CCG geographies, can also be used to support the work of local clinical commissioning groups around primary care, management of long term conditions and urgent and emergency care.
2. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing and updating PNAs. HWBs are required to publish a revised assessment within 3 years of publication of their first assessment. In Surrey, the first PNA was published in March 2018, so the revised PNA must be published by April 2021.
3. Pending the publication of a revised PNA, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA where those changes are relevant to the granting of applications and the HWB is satisfied that making a revised statement would be a disproportionate response to those changes. The supplementary statement becomes part of the PNA.

4. The Surrey HWB delegated responsibility for delivering the Surrey Pharmaceutical Needs Assessment (PNA) to the PNA Steering Group, now chaired by Dr Julie George, Public Health Consultant. Membership of the PNA Steering Group includes representation from Surrey County Council (Public Health and Research & Intelligence), the Local Pharmaceutical Committee, the Local Medical Committee, Medicines Management from the Clinical Commissioning Groups, NHS England and Healthwatch.

5. The PNA Steering Group meets as required to review changes to pharmaceutical provision or when developing a full scale revision, so no meetings were held between April 2018 and the meeting on 7th January 2019.

PNA Supplementary Statement

6. The PNA Steering Group met on 7th January 2019 to review changes to pharmaceutical provision since the publication of the Surrey PNA 2018 and determine whether there were sufficient changes in provision of pharmaceutical services to require a full scale revision to the PNA.

7. The Steering Group found that the changes to demographic need and pharmaceutical provision were minimal and therefore a supplementary statement detailing the changes, rather than a revision, was sufficient.

8. The attached PNA Supplementary Statement details the changes to pharmacy provision as well as the other information considered.

Recommendations:

The HWB are asked to approve the PNA supplementary statement.

Next steps:

The PNA will again be reviewed in January 2020 to determine if a full revision is required or whether a supplementary statement is sufficient. Planning for the 2021 PNA will begin at that point.

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Sources/background papers:
Surrey Pharmaceutical Needs Assessment 2018
Pharmaceutical Needs Assessments: Information Pack for local authority Health and Wellbeing Boards
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Surrey Pharmaceutical Needs Assessment: Supplementary Statement – February 2019

SURREY

PHARMACEUTICAL NEEDS ASSESSMENT

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SUPPLEMENTARY STATEMENT 17/01/2019

This supplementary statement:

- Has been prepared by the Public Health team at Surrey County Council, in collaboration with the Pharmaceutical Needs Assessment (PNA) Steering Group on behalf of the Surrey Health and Wellbeing Board;
- Is issued in accordance with Part 2; (6) 3 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[1];
- Provides updates to the PNA[2] published in March 2018;
- Provides Information which supersedes some of the original PNA information, so should be read in conjunction with the original PNA; and
- Relates to changes in population and pharmacy provision between the end of data collection for the 2018 PNA, that is May 2017 to December 2018.

[1] http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made
[2] Surrey Pharmaceutical Needs Assessment 2018

The Surrey Pharmaceutical Needs Assessment 2018[2] (PNA) identified no additional needs for the provision of necessary, essential or advanced pharmaceutical services. This supplementary statement serves as an update on current service provision and review of findings of the 2018 PNA. A full PNA revision will be published prior to the 1st April 2021, as required by the regulations.

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Population

Current housing constrained population projections[3] do not identify major changes to demography or infrastructure that might impact on pharmaceutical service need as set out in the current PNA[2] and which would be relevant to the granting of control of entry applications. We also considered the impact of large housing developments. In particular, Guildford and Waverley Borough Councils have a number of significant housing developments planned, which on completion will provide 5,600 and 2,600 units respectively. (See Appendix A for more detail.) However, none of these developments have sufficient units built to date to indicate a need for a new community pharmacy.

Service Provision

The changes which have taken place with regard to service provision since the end of data collection for the 2018 PNA, May 2017 to end December 2018 are detailed in the tables below. The changes are also shown on a map in Appendix B.

Changes to Contracts – October 2017 – December 2018

Type of Change	Description of Change
New Pharmacy Contracts	Three new contracts
Pharmacy Closures	Two pharmacy closures
Merger	One Merger

New Contracts

Name	Contract Type	Date of start of contract	Location	Core Opening Hours	Opening Hours (including Supplementary Hours)
Brockwood Pharmacy	40 Hour	04/09/2017	North Holmwood Surgery Brentsbrook Close Dorking Surrey RH5 4HY	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:00-18:30 Thu: 08:00-16:30 Fri: 08:00-18:30 Sat: 09:00-13:00	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:00-18:30 Thu: 08:00-17:00 Fri: 08:00-18:30 Sat: 09:00-13:00
FastHeal Pharmacy	Distance Selling Pharmacy	06/11/2018	138a Walton Road Woking, Surrey GU21 5DU	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: 09:00-13:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: 09:00-13:00
White Pharmacy	Distance Selling Pharmacy	22/05/2017	7 Riverside Park, Industrial Estate, Dogflud Way Farnham Surrey GU9 7UG	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00

[3] Surrey Housing constrained population projections

Source: NHS England

Mergers

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Name	Contract Type	Date of Closure	Location	Core Opening Hours	Opening Hours (including Supplementary Hours)
Day Lewis Pharmacy	40 Hour		27a Bletchingly Road Merstham Surrey RH1 3HU	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: 09:00-13:00	Mon: 09:00-13:00; 14:00-18:30 Tue: 09:00-13:00; 14:00-18:30 Wed: 09:00-13:00; 14:00-18:30 Thu: 09:00-13:00; 14:00-18:30 Fri: 09:00-13:00; 14:00-18:30 Sat: 09:00-13:00
Day Lewis Pharmacy	40 Hour	31/10/2018	55 Nutfield Road, Merstham, Surrey RH1 3ER	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-18:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00

Source: NHS England

Pharmacy Closures

Name	Contract Type	Date of start of contract	Date of Closure	Location	Core Opening Hours	Opening Hours (including Supplementary Hours)
Express Dispense Ltd	Distance selling pharmacy		30/09/2018	Unit 4, Business Park, Albert Drive Woking, Surrey	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00
Day Lewis Pharmacy	40 Hour		31/10/2018	55 Nutfield Road, Merstham, Surrey RH1 3ER	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-18:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00

Source: NHS England

The following pharmacies have relocated to adjacent postcodes and therefore remain accessible to the local population.

Name	Contract Type	Location	Previous Location	Opening Hours (including Supplementary Hours)
Boots the Chemist	40 hour	Sunbury Cross Centre Staines Road West, Sunbury, Surrey TW16 7AZ	21 Staines Road West, Sunbury, Surrey TW16 7AB	Mon: 08:00-20:00 Tue: 08:00-20:00 Wed: 08:00-20:00 Thu: 08:00-20:00 Fri: 08:00-20:00 Sat: 08:00-20:00 Sun: 10:00-16:00
Boots the Chemist	40 hour	Unit 24-26 Bandstand Mall Woking Surrey GU21 6GB	1-9 Commercial Way, GU21 1YA	Mon: 08:00-20:00 Tue: 08:00-20:00 Wed: 08:00-20:00 Thu: 08:00-20:00 Fri: 08:00-20:00 Sat: 08:00-20:00 Sun: 11:00-17:00
Claygate Pharmacy	40 hour	35 The Parade, Claygate, Surrey, KT10 0PD	25-27 The Parade, Claygate, Surrey, KT10 0PD	Mon: 09:00-13:00; 14:15-18:15 Tue: 09:00-13:00; 14:15-18:15 Wed: 09:00-13:00; 14:15-18:15 Thu: 09:00-13:00; 14:15-18:15 Fri: 09:00-13:00; 14:15-18:15
Courts Pharmacy	40 hour	10 High Street, West Molesey, Surrey, KT8 2NA	500 Walton Road, West Molesey, Surrey KT8 2QF	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00
Horton Pharmacy	40 hour	Horton Retail Park Pelman Way, Epsom, Surrey KT19 8HJ	Unit 7, Chantilly Way, Epsom, Surrey KT19 8SP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00
Lloyds Pharmacy	40 hour	Portacabin in car park, 22 Church Street, Weybridge, Surrey, KT13 8DW	22 Church Street, Weybridge, Surrey, KT13 8DW	Mon: 08:30-12:00; 15:30-19:00 Tue: 08:30-12:00; 15:30-19:00 Wed: 08:30-12:00; 15:30-19:00 Thu: 08:30-12:00; 15:30-19:00 Fri: 08:30-12:00; 15:30-19:00 Sat: 09:00-13:00

Source: NHS England

Pharmacy opening hours

Pharmacies can apply to NHS England to make changes to their core opening hours, or to notify them of changes to additional supplementary opening hours, throughout the year. Since the publication of the PNA in March 2018 there have been no changes to core opening hours but there have been a number of changes to individual pharmacy opening times (n=51). Pharmacies are required to keep their entries up to date on the www.NHS.uk website. Details of individual pharmacy opening times that may have changed can be found on the website.

10 **Dispensing general practices and changes to controlled areas**

Chiddingfold Surgery fire - The premises of one of the local dispensing general practices, Chiddingfold Surgery building, was destroyed by a fire on 7.1.2019. The surgery and the dispensary had to close and has temporarily relocated to the Milford Hospital. The PNA Steering Group agreed that they should review whether this event has an impact on access to pharmacy services. The Steering Group noted that there is a community pharmacy in Chiddingfold geographically close to the original surgery premises; the practice will continue to dispense prescriptions to patients from their new temporary premises; and the time-limited nature of the relocation of the practice (estimated timescale of 1 year is subject to building regulations). The Steering Group concluded that these factors taken together indicate there is no new need for pharmaceutical services in this area.

Changes to Tongham controlled area - An area is classified as “controlled” if it is rural in character, at least 1.6km from a community pharmacy, has limited local services, limited local population and appreciable distances between settlements/housing. A controlled area means that dispensing practices are able to prescribe and dispense medicines where a community pharmacy is not commercially viable. New housing developments and population increases have had a slight impact on the rurality “controlled” area in Tongham. NHS England have determined that part of the area is no longer “controlled”. Determinations on controlled areas are considered every 5 year period, unless there are substantial changes in the area since the question was last determined. See Appendix D for a map showing the changes to the controlled area.

Conclusion:

There have been no additional need for pharmacy provision created by the variation in pharmaceutical provision or changes in population since the publication of the Surrey Pharmaceutical Needs Assessment 2018.

Appendix A - Housing Developments

Guildford

Guildford borough Council have confirm they intend to build 2,000 homes in Ash and Tongham. 200 have been completed with 1,800 to be delivered by 2034.

Other developments include:-
Blackwell Farm 1,800 dwellings to be delivered over period 2022/23 through to 2036
Gosden Farm 1,800 dwellings to be delivered over period 2022/23 through to 2035
Wisley Airfield (new settlement) 2,000 dwellings to be delivered over period 2022/23 through to 2034

Runnymede

Runnymede Borough Council are proposing a new settlement of 1,718 dwellings at Longcross, Chertsey, to be delivered over period 2017 through to 2030

Waverley

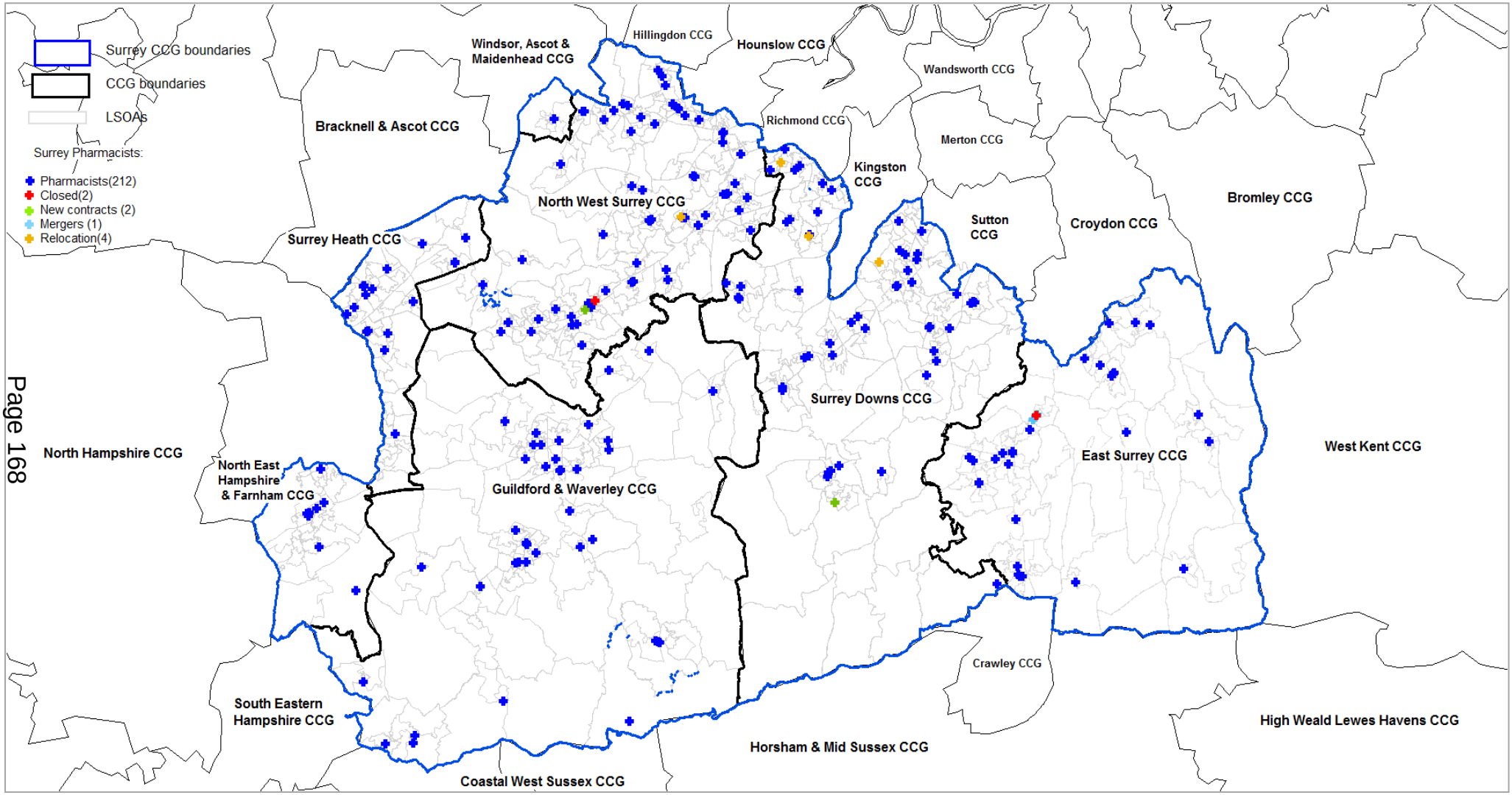
Waverley Borough Council plan to provide 2,600 dwellings at Dunsfold Aerodrome, - developments will be built over three phases:-

Phase 1 2017-2022, 273 units
Phase 2 2022-2027 1,285 units
Phase 3 2027-2032 1,042 units

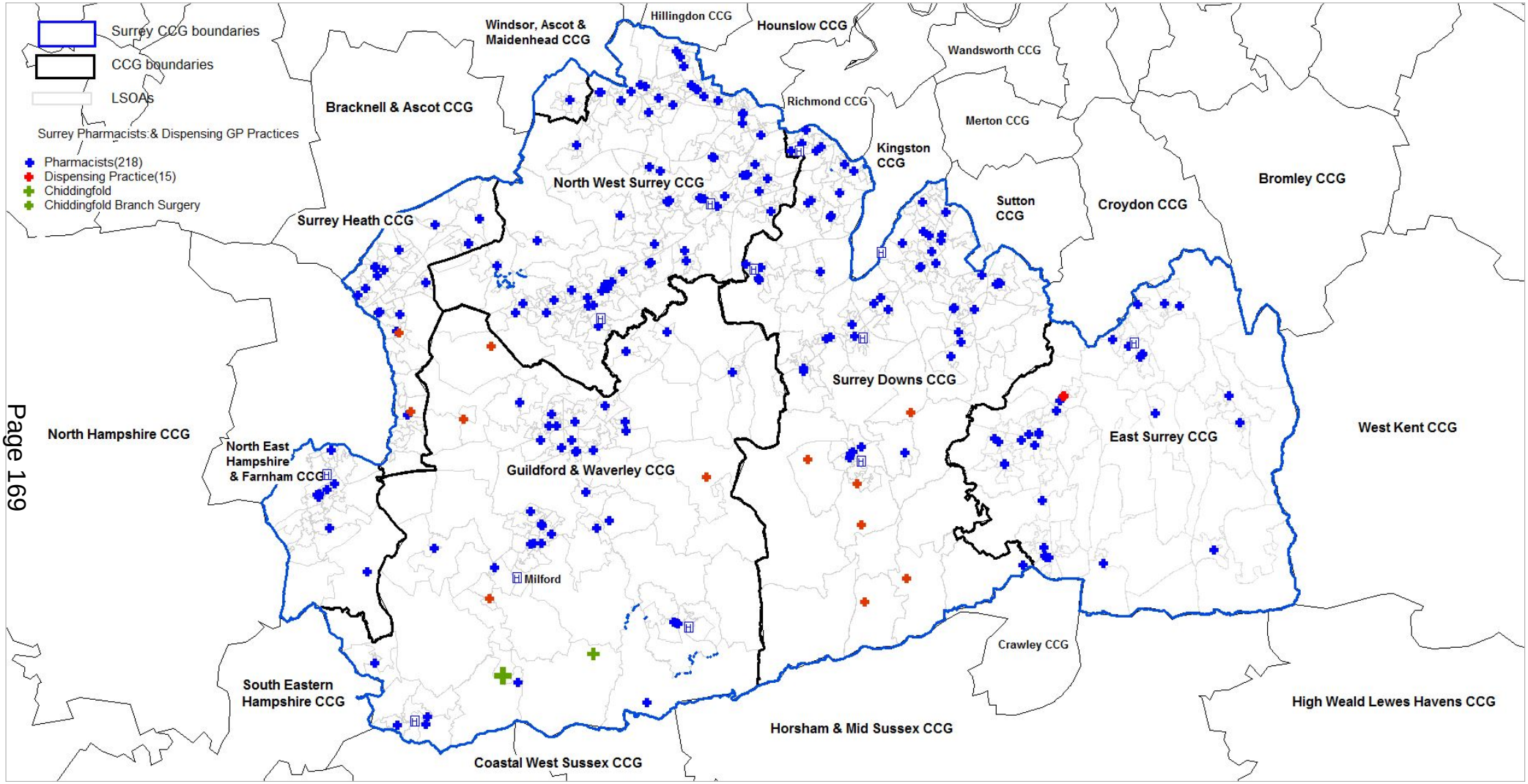
CCGs	Local Authority	Location	Period	Annual additional dwellings	Total additional dwellings
Guildford &Waverley	Guildford	Ash and Tongham	2019-2034	200	1,800
Guildford &Waverley	Guildford	Blackwell	2022-2036		1,800
Guildford &Waverley	Guildford	Gosden	2022-2036		1,800
Guildford &Waverley	Guildford	Wisley	2020-2034		2,000
Guildford &Waverley	Waverley	Dunsfold	2017-2032		2,600
North West Surrey	Runnymede	Longcross	2017-2030		1,782

Source: Guildford & Runnymede Borough Councils

Appendix B -Community Pharmacy changes since the 2018 PNA

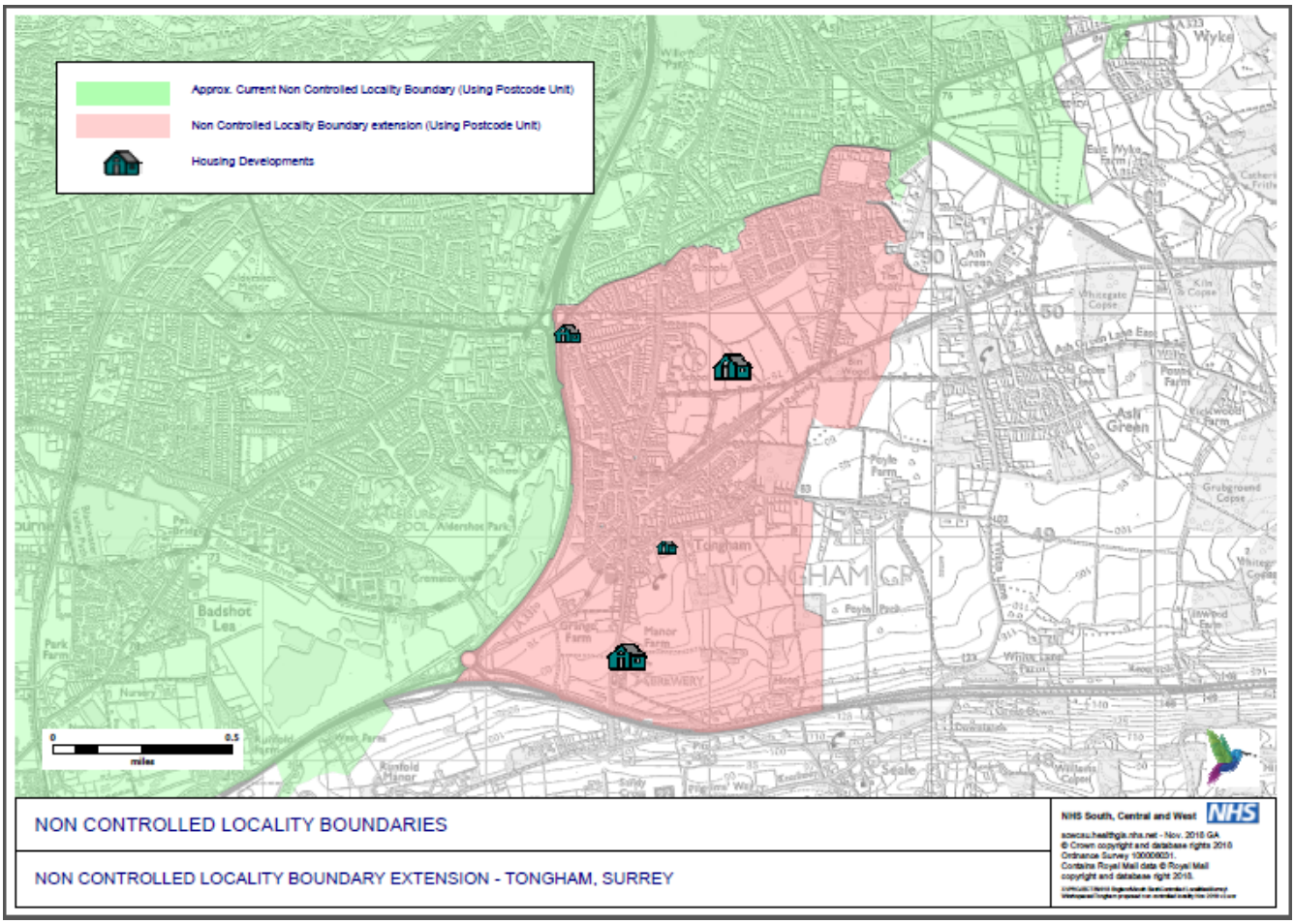


Appendix C – Map showing location of Chiddingfold Surgery



Appendix D - Change in Controlled area in Tongham, Guildford

10 The map below shows the non-controlled area in Green and the extended non controlled area in Pink.



Source: NHS England, 2019