

Notice of Meeting

Health and Wellbeing Board

**Date & time**

Thursday, 3 December
2020
at 2.00 pm

Place

REMOTE meeting

Contact

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Please note that due to the COVID-19 situation this meeting will take place remotely.

Please be aware that a link to view a live recording of the meeting for members of the public will be available on the Health and Wellbeing Board page on the Surrey County Council website. This page can be accessed by following the link below:

<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CId=328&Year=0>

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Board Members

Dr Andy Brooks

Clinical Chief Officer, Surrey Heath and East Berkshire
Clinical Commissioning Groups

Dr Charlotte Canniff (Deputy
Chairman)

Clinical Chair, Surrey Heartlands Clinical
Commissioning Group

Vacant

Executive Director for Children, Families and Learning,
Surrey County Council

Jason Gaskell

CEO, Surrey Community Action

Dr Russell Hills

Clinical Chair, Surrey Downs Clinical Commissioning
Group

David Munro

Surrey Police and Crime Commissioner

Mr Tim Oliver (Chairman)

Leader of Surrey County Council

Kate Scribbins

Chief Executive, Healthwatch Surrey

Michael Wilson CBE

Crawley, East Surrey and Horsham (CRESH) ICP and
Acute Hospitals/Acute Trust Providers

Simon White

Executive Director of Adult Social Care, Surrey County
Council

Ruth Hutchinson

Director of Public Health, Surrey County Council

Dr Claire Fuller

Senior Responsible Officer, Surrey Heartlands ICS

Fiona Edwards

Chief Executive, Surrey and Borders Partnership

Joanna Killian

Chief Executive, Surrey County Council

Rachel Hargreaves (interim)

Executive Dean of the Faculty of Health and Medical
Sciences, University of Surrey

Mrs Sinead Mooney

Cabinet Member for Adults and Health, Surrey County
Council

Mrs Mary Lewis	Cabinet Member for Children, Young People and Families, Surrey County Council
Vicky Stobbart	Integrated Care Partnership Director and Director of Clinical Integration, Guildford and Waverley ICP
Rob Moran	Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)
Rod Brown	Head of Housing and Community, Epsom and Ewell Borough Council (Priority 1 Sponsor)
Borough Councillor Joss Bigmore	Leader of Guildford Borough Council
Robin Brennan	National Probation Service, South East and Eastern Division, Assistant Director and Head of Public Protection
Carl Hall	Community Rehabilitation Company, Kent, Surrey & Sussex, Assistant Chief Officer
Gavin Stephens	Chief Constable of Surrey Police
Ms Denise Turner-Stewart	Cabinet Member for Communities, Surrey County Council
Steve Flanagan	Representative, North West Surrey Integrated Care Partnership and Community Provider voice
Professor Helen Rostill	Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor)
Siobhan Kennedy	Housing Advice Manager, Guildford Borough Council (Associate Member)

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 PREVIOUS MEETING: 10 SEPTEMBER 2020

(Pages 1
- 22)

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 Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*27 November 2020*).

b Public Questions

The deadline for public questions is seven days before the meeting (*26 November 2020*).

c Petitions

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

5 UPDATE ON COMMUNITY IMPACT ASSESSMENT, LOCAL RECOVERY INDEX AND SOCIAL PROGRESS INDEX

(Pages
23 - 78)

The report provides an update on the Covid-19 Community Impact Assessment (CIA) which explores how communities across Surrey have been affected by Covid-19. The report also provides an update on the Local Recovery Index (LRI, formerly known as the Recovery Progress

Index) which is a surveillance tool for monitoring the impact of, and how well Surrey is recovering from, the effects of the Covid-19 pandemic and subsequent lockdown. It is a specific product of the CIA and looks at a range of indicators across four themes: Economy, Health, Society, and Transport and Travel, and forms a subset of the Social Progress Index (SPI). The SPI directly measures societal progress in the areas of Basic Human Needs, Foundations of Wellbeing, and Opportunity at county, borough and district, and ward levels.

6 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT

(Pages
79 - 110)

The Health and Wellbeing (HWB) Strategy is a critical element of delivering Surrey's overall 2030 Vision. The report describes the status of projects in the Health and Wellbeing Strategy against previously agreed milestones as of October 2020, providing an overview across all the priorities, highlighting progress being made whilst also continuing to recognise where there is a continued and ongoing impact resulting from the COVID-19 pandemic. A brief update on the overall health and wellbeing metrics is provided. Also provided is the outline of the adoption of longer-term oversight of relevant work identified within the Voluntary, Community and Faith Sector (VCFS) strand of the Recovery Coordinating Group.

7 SURREY 2030 ECONOMIC STRATEGY STATEMENT AND ONE SURREY GROWTH BOARD UPDATE

(Pages
111 -
126)

This paper forms a summary update of the work on the 2030 Economic Strategy Statement and the One Surrey Growth Board and sets out alignment with the Board's objectives and specifically Priority 3 of the Health and Wellbeing Strategy: supporting people in Surrey to fulfil their potential by 'enabling citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life'. Together these pieces of work will directly support SCC's Strategic Priority to 'Grow a sustainable economy so everyone can benefit' whilst also supporting the Priority of 'Tackling Health Inequality'.

8 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/2020

(Pages
127 -
160)

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency Board with responsibilities set out in the Care Act 2014. The Board is chaired by an Independent Chair, Simon Turpitt. There is a statutory duty for the Safeguarding Adult's Board to publish an Annual Report and disseminate to various parties, of which the Health and Wellbeing Board is one.

9 COVID-19 RECOVERY PLANNING - SURREY HEARTLANDS

(Pages
161 -
168)

The Health and Wellbeing Board is to receive a verbal update on COVID-19 recovery planning in relation to Surrey Heartlands Health and Care Partnership's Recovery Strategy, supplementing the attached slides.

10 BUILDING YOUR FUTURE HOSPITALS (BYFH) PROGRAMME

The Health and Wellbeing Board is to receive a verbal update on the 'Building Your Future Hospitals' (BYFH) programme led by Epsom and St Helier University Hospitals NHS Trust and is the next phase of the NHS Improving Healthcare Together 2020-2030 (IHT) programme following the approval of the Decision-Making Business Case by the IHT Committees in Common on 3 July 2020.

11 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD - UPDATE

(Pages
169 -
174)

The report and verbal update provides a quarterly update on the Surrey Local Outbreak Engagement Board, a formal sub-committee of the Surrey Health and Wellbeing Board. The LOEB is a member-led Board created in response to the COVID-19 pandemic, which leads the engagement with local communities and is the public face of the local response in the event of an outbreak.

12 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 4 March 2021.

Joanna Killian
Chief Executive
Surrey County Council

Published: Wednesday, 25 November 2020

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, giving at least 7 days notice. Questions should be within the committee's terms of reference and 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).
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.

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 2.00 pm on 10 September 2020 via Microsoft Teams.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 3 December 2020.

Elected Members:

(Present = *)

- * Siobhan Kennedy
- * Dr Andy Brooks
- * Dr Charlotte Canniff (Deputy Chairman)
- * Steve Flanagan
- * Jason Gaskell
Dr Russell Hills
- * David Munro
- * Mr Tim Oliver (Chairman)
- * Kate Scribbins
- * Simon White
- * Ruth Hutchinson
- * Dr Claire Fuller
- * Fiona Edwards
Joanna Killian
Helen Griffiths
Sue Littlemore
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- * Giles Mahoney
Rob Moran
- * Rod Brown
Borough Councillor Caroline Reeves
Borough Councillor John Ward
Frances Rutter
Carl Hall
Robin Brennan
Gavin Stephens
- * Ms Denise Turner-Stewart
- * Vicky Stobbart
- * Michael Wilson CBE

Substitute Members:

Borough Councillor Julia McShane - Lead Councillor for Community, Guildford Borough Council
Carwyn Hughes - Detective Chief Superintendent, Surrey Police

In attendance

Miss Alison Griffiths - Deputy Cabinet Member – Place (SCC)
Dr Bill Chapman - Vice-Chairman of the Adults and Health Select Committee (SCC)
Hayley Connor - Director – Commissioning (SCC)

21/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Rob Moran, Joanna Killian, Gavin Stephens - Carwyn Hughes substituted, Cllr Caroline Reeves - Cllr Julia McShane substituted, and Frances Rutter.

22/20 MINUTES OF PREVIOUS MEETING: 4 JUNE 2020 [Item 2]

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

23/20 DECLARATIONS OF INTERESTS [Item 3]

There were none.

24/20 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

There were none.

b PUBLIC QUESTIONS [Item 4b]

One question had been received from a member of the public. The response was circulated to Board Members and can be found attached to these minutes as Annex A.

No supplementary question was asked.

c PETITIONS [Item 4c]

There were none.

25/20 SURREY HEALTH AND WELLBEING BOARD MEMBERSHIP REVIEW [Item 5]**Witnesses:**

Victoria Berry - Policy and Programme Manager – Health and Social Care Integration (H&SCI) (SCC)

Key points raised in the discussion:

1. The Chairman noted that initial proposals for a membership review were presented to the Board in June. It had been eighteen months since the Board was last reconstituted, so it was an opportune time to revisit the Board's membership as presented in the proposed membership changes.
2. The Chairman highlighted that:
 - New members had been invited to this meeting to observe and for approval: Vicky Stobart to represent Guildford & Waverley ICP and Michael Wilson CBE to represent Crawley, East Surrey and Horsham (CRESH) ICP and Acute Hospitals/Acute Trust Providers.
 - Officers were working with the Chairman of the Surrey Leaders Group to identify a new District & Borough Leader Representative.

- Rachael Wardell had been appointed as the new Executive Director for Children, Families and Lifelong Learning and would be joining Surrey County Council in December.
 - Matthew Tait had left his role as Joint Accountable Officer at Surrey Heartlands CCG and Dr Claire Fuller had taken over as interim Accountable Officer as well as continuing as Senior Responsible Officer.
 - The main membership changes were that some Board members had stepped down including the Priority Two Sponsor in which Dr Helen Rostill had expressed her interest and was proposed by a member, one moved to the One Surrey Growth Board and another to become an Associate Member invited to attend as determined by the agenda.
3. A Board member queried her proposed change to an Associate Member on behalf of the Chief Housing Officers, noting that it was important to ensure that housing would continue to be represented as many items considered by the Board directly or indirectly related to it and asked on what basis she would be invited to attend going forward. In response, the Chairman explained that agendas would be shared with the Associate Member and officers would then discuss to agree on attendance.
 4. A Board member asked for clarity on the column titled 'representing' - within the table titled 'Proposed named representation assuming changes' - as in his case membership on the Board was based on his wider role representing the Voluntary, Community and Faith Sector (VCFS) and not solely that listed organisation for him. In response, the Chairman noted that officers would re-look at the terminology used in the table for all Board members.
 5. A Board member queried the positions for both the Community Rehabilitation Company (CRC) and for the National Probation Service, as the CRC was due to be subsumed into the National Probation Service (NPS) in April 2021 and whether the CRC role would become an additional NPS post. In response, the Policy and Programme Manager (H&SCI) noted that the membership review sub-group were aware of that change and would keep the matter under review.
 6. The Policy and Programme Manager (H&SCI) thanked Board members for completing the recent Health and Wellbeing Board Members Survey in July and August; noting that it was an opportunity for Board members to share their thoughts as to how things had progressed over the last 12-18 months since the Strategy was published in April 2019. She noted that:
 - One third of the Board completed the survey and of those, all agreed or strongly agreed that the priorities of the Health and Wellbeing strategies were reflected within the work of Board member's own organisations.
 - All respondents were supportive of adopting a virtual format in the longer term, adopted as a result of Covid-19 - legislation permitting.
 - Half of the respondents were undecided on the role of the 'champion' adopted last May, and whether all Board members should act as 'champions' for all target population groups - rather than having named individuals. In response, the Chairman noted that the three Priority Sponsors had mixed views on that as individual champions provided momentum to focus areas but

- those roles involved greater commitment; the role of champion would be reviewed and the Board updated in due course.
- Board members were also asked about how engaged they felt with the Health and Wellbeing Strategy and in the 'overall' category they felt that they were extremely engaged. Engagement levels were also broken down into the three priorities, target population groups and system capabilities with a range between extremely to slightly engaged; highlighting areas for greater engagement.
 - The key strengths identified were that there was a clear understanding of the wider determinants of health, a shared vision and priorities with clear strategic oversight, a strong partnership focus, a collective enthusiasm for change, and a commitment to tackling health inequalities.
 - Some areas of change were addressed as part of the membership review such as ensuring effective membership, Board members also noted that it would be beneficial to have more time for discussion on each agenda item as well as clearer executive summaries and recommendations, greater engagement and ownership of the Strategy with local implementation, a focus on the priorities and pace of delivery as well as more of an understanding the Strategy's delivery at Place level.
7. The Chairman concluded that it was important to continually review the effectiveness of the Board in order to maintain the crossover between the health system and local government - shared through the 10 year Health and Wellbeing Strategy - periodic surveys and regular feedback was vital.

RESOLVED:

The Health and Wellbeing Board:

1. Agreed the proposed representation and approved the changes to membership.
2. Discussed and agreed a new sponsor for priority 2 (see item 8's resolved recommendation).
3. As a result of the merger of the Community Safety Board with the Health and Wellbeing Board, agreed the arrangement of an informal session for HWB members in the Autumn to better understand the local community safety agenda. This will be used to inform an updated HWB members briefing pack for all existing and new members as vacancies occur.

Actions/further information to be provided:

1. Officers will re-look at the terminology used in the column titled 'representing', as some members had a wider role on the Board rather than solely representing one organisation.
2. The Board will be kept updated on future changes to community safety membership as a result of the Community Rehabilitation Company (CRC) being subsumed into the National Probation Service in April 2021.
3. The role of the champion and whether target population groups should be represented by individuals or the Board as a collective, will be reviewed with an update provided to the Board in due course.

4. In order to gauge the effectiveness of the Board and its membership, periodic surveys will be useful to gather Board member feedback.

26/20 SURREY COVID-19 COMMUNITY IMPACT ASSESSMENT [Item 6]

Siobhan Kennedy dropped out of the call at 2.52pm then re-joined at 2.58pm

Witnesses:

Dr Naheed Rana - Consultant - Intelligence and Insights (Public Health SCC)
 Rachel Abbey - Advanced Public Health Information Analyst (SCC)
 Ruth Hutchinson - Director of Public Health (SCC)
 Satyam Bhagwanani - Head of Analytics and Insight (SCC)

Key points raised in the discussion:

1. The Chairman noted that the Community impact Assessment (CIA) explored the impacts of Covid-19 on communities in Surrey and looked at social deprivation and health inequalities in different locations, communities and ethnic groups across Surrey, highlighting areas of need.
2. The Consultant - Intelligence and Insights introduced the report, noting that provisional findings were reported to the Board as the data was still being synthesised - the Board would continue to be updated with further findings.
3. She highlighted that the CIA was a result of the Board's agreement in June to deliver a population health and intelligence response to understand the impact of Covid-19 on Surrey residents, supporting recovery.
4. She noted that the (CIA) explored health, social and economic impacts of Covid-19 across Surrey and highlighted groups disproportionately affected helping partners to act preventatively by providing targeted support to communities to mitigate future impacts.
5. It was hoped that the CIA would develop into the Joint Strategic Needs Assessment (JSNA) and would inform the Health and Wellbeing Strategy.
6. She explained that the CIA was made of five intelligence products: geographical impact assessment, Recovery Progress Index (RPI), temperature check survey, community rapid needs assessments and place based ethnographic research.
7. She outlined that the Rapid Needs Assessments was a tool used by agencies in emergency situations to obtain a snapshot as to where resources were most required geographically as well as to marginalised and vulnerable communities. Ten groups were chosen for the RNA based on the risk of mortality such as those with chronic conditions, those in residential care and individuals from a Black, Asian and Minority Ethnic (BAME) group. Those groups had an eight, four or two-fold higher risk of mortality respectively than average. The vulnerability to socioeconomic impacts was the other criterion for selecting groups and cross-cutting themes emerged across other groups.
8. The Advanced Public Health Information Analyst summarised that a mixed method analysis was used for the CIA including stakeholder interviews, prevalence mapping, quantitative and qualitative analysis. Criteria for interview participants were that key informants must be

working closely with vulnerable residents and those residents in Surrey must have been able to provide consent.

9. The initial findings were that:
 - BAME - the Advanced Public Health Information Analyst explained that data blind spots were encountered for the group as ethnicity was not recorded on death certificates and there was no updated information since the 2011 census. The group reported confusion around the messages as they were often not translated into different languages and there was more chance of household transmission due to the higher prevalence of inter-generational households.
 - Residential care - Personal Protective Equipment (PPE) and testing were the strongest infection control strategies and PPE added large costs to care homes that had not been accounted for and the elderly found digital forms of communication challenging.
 - Domestic abuse - the Consultant - Intelligence and Insights reported that lockdown had exacerbated pre-existing abuse with the closure of schools further exposing children, and the financial control of victims was exacerbated. Remote training of support staff was important to handle situations sensitively and there were opportunities to develop silent and digital forms of reporting.
 - Mental health - key issues were social isolation and the loss of coping mechanisms which were particularly problematic for those with dementia, access to services and care for patients, carers and front line staff and the long-term impact of job losses.
 - Crosscutting themes - communication, exclusion, isolation, stigma and rigidity of regulations.
 - Unexpected findings - positive findings included a wider uptake through use of online outreach tools, improved collaboration and greater attention to health inequalities. Negative findings included the prevalence of outdated views such as the stigma of mental health and chronic conditions and the stereotyping of how vulnerable people should behave as well as the complexity of overlapping vulnerabilities combining homelessness or domestic abuse with substance misuse and mental health.
10. The Consultant - Intelligence and Insights noted that the CIA products were on track for publication on 23 October on Surrey-I, there was a communications engagement strategy in place with easy read versions; and the interim findings would be communicated to stakeholders and the CIA would inform decisions on future service delivery and resource allocation.
11. A Board member highlighted that students was another group for consideration, there were two large university campuses in Surrey and residents were worried with the large influx during the pandemic. In response, the Consultant - Intelligence and Insights noted that oversight of that group was included in daily surveillance and communication. The Director of Public Health added that the team was working hard over the summer with universities on the matter who had put precautionary measures in place and with Guildford Borough Council on the night-time economy. Daily data was cut down by age groups and although nationally there was a rise in cases in young people, it was too early to know the impacts from term starting.
12. A Board member noted the extra refuge and queried if there was any analysis on how many women's refuges were needed. In response, the

Consultant - Intelligence and Insights reassured members that initially during lockdown it had not been appropriate to engage with survivors, however the lead author was working on the next phase to talk to victims of domestic abuse. In addition, the Director – Commissioning responded that the new refuge had the capacity to take additional families. Refuge providers, local commissioners and colleagues from community domestic violence services met through the executive group and operational groups to discuss domestic abuse - the Board to be kept updated.

13. A Board member queried whether rough sleepers were going back to the streets despite hotels and shelters providing accommodation. In response the Consultant - Intelligence and Insights noted that homelessness was being reviewed daily by Health Protection and would be followed up through the RNA findings. Another Board member responded that as a result of the Government's 'everyone in' directive over 90% of rough sleepers had moved into settled accommodation or had shelter. She noted that since lockdown was lifted there were some rough sleepers in Guildford and Surrey Heath, but they were not the same cohort that were being supported pre-Covid.
14. A Board member commented that compliance with the lockdown restrictions was generally good in the Gypsy, Roma and Traveller (GRT) community but that did not apply to unauthorised encampments. In response, the Consultant - Intelligence and Insights noted that a communities strategy group had been established to build on the work of the RNA. The Director of Public Health added that the team was working closely with the GRT community to ensure messages were culturally competent.
15. A Board member queried whether armed forces serving personnel, veterans and their families had been engaged with. The Consultant - Intelligence and Insights responded that colleagues and partners were engaging with a wide range of communities including the armed forces - particularly concerning mental health, and insights continued to be amassed with crosscutting themes emerging.
16. A Board member queried that aside from informing strategies in the long-term, whether there were immediate actions resulting from or was a timeframe for follow-up with the ten groups included in the RNA. She queried if the lead authors could choose a couple of actions that would make a big difference in the short- term and how the Board would keep track of progress and actions as they got dispersed into strategies. The Consultant - Intelligence and Insights responded that in conjunction with the Head of Analytics and Insight, she had been liaising with the lead authors on the actions arising and next steps.
17. Regarding the RPI, a Board member suggested that citizen voice was needed and perhaps relating to the society aspect of the index. The temperature check was useful, but she queried whether something could be done on a rolling basis to ensure there was citizen reported feedback in the RPI. She also suggested that it might be beneficial to include screening into the RPI to see how people were re-engaging with health services. In response, the Head of Analytics and Insight commented that there would be an update on the RPI later in item 8 and would look at bringing different indicators into it, thanking the Board member for her suggestions.
18. In response to a Board member's query on the level of involvement with children and young people in the mental health piece of work, the Consultant - Intelligence and Insights commented that there were

tactical insights and actions had gone to the relevant forums with the lead author linking in there.

RESOLVED:

The Health and Wellbeing Board:

1. Acknowledged the issues highlighted in the Community Impact Assessment (CIA) and asks lead officers to incorporate them into the Health and Wellbeing Strategy.
2. Supported the use of the CIA findings to refine the target populations in the Health and Wellbeing Strategy and instigate actions within the delivery plans to tackle the impact of COVID-19 on at risk and vulnerable communities.
3. Provided individual and collective leadership to ensure CIA findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.
4. Supported the proposal for the CIA steering group to become the Joint Strategic Needs Assessment steering group when the CIA is complete.

Actions/further information to be provided:

1. Concerning domestic abuse, the Board will be kept updated on refuge provision.
2. Officers will liaise with the report authors in order to keep the Board informed of the immediate actions and their dispersal into various strategies concerning the ten groups included in the RNA.
3. Officers to consider the inclusion of citizen voice on a rolling basis and how people re-engaged with the health services possibly through screening.

27/20 SURREY SAFEGUARDING CHILDREN PARTNERSHIP: THEMATIC REVIEWS OF ADOLESCENT SUICIDE AND SERIOUS CASES [Item 7]

Witnesses:

Simon Hart - Independent Chair of the Surrey Safeguarding Children Partnership (SSCP)

Amanda Boodhoo - Surrey Wide CCG Associate Director Safeguarding / Designated Nurse Safeguarding Children

Mrs Mary Lewis - Cabinet Member for Children, Young People and Families (SCC)

Key points raised in the discussion:

1. The Independent Chair of the Surrey Safeguarding Children Partnership (SSCP) introduced the report, noting that thirteen case reviews were concluding concurrently and that SSCP had also taken the opportunity to consider twelve cases where young people in Surrey had taken their own lives. The SSCP saw it as a unique opportunity to review the substantial amount of information and to ensure the strongest possible partnership response to the findings.
2. He noted that whilst usually abuse and neglect would be a trigger for a case review it was often not the characteristic for suicide.

- Nevertheless, SSCP considered it important to look at all the circumstances in which a young person may die to ensure a comprehensive review as presented through the two thematic reviews.
3. The Surrey Wide CCG Associate Director for Safeguarding summarised the key headlines, noting that she had the privileged position of chairing the case review group. It was an invaluable opportunity to gather data pertinent to the deaths of young people in Surrey which benefited from family engagement.
 - Thematic Review - Deaths of Children and Young People through probable suicide 2014-2020: the key findings from the twelve deaths of children were presented to the Board.
 - Significant figures included 45% of children that were open to CAMHS (Child and Adolescent Mental Health Service) and only 50% of those children were known to social care, which meant that those other children were accessing wider universal services.
 - Key themes from the review included the 'impact of Adverse Childhood Experiences' (ACE) which was high in Surrey in which 83% experienced four or more ACEs. Another theme was the 'Autistic Spectrum Disorder' in which 58% of children in the review were categorised under.
 - One interesting finding that had not been flagged up by national data was the theme of 'Medication' or the number of children that had a change in medication, one third had a change or increase four weeks prior to their death.
 - Other themes were: 'Gender', 'Substance misuse – drug and alcohol', 'Management of self-harm', 'Schools and further education colleges' - although a number of children were in school some found it difficult to access the lessons - 'Multi-disciplinary working within healthcare' and 'Social care'.
 - Thematic Review - Serious Case Reviews (SCRs) 2016-2020 – Briefing Paper: there were thirteen Surrey Serious Case Reviews, Partnership Reviews and Rapid Reviews. The main finding was that were three key learning domains: the experience of the child, parental issues and practice issues.
 - Serious Case Reviews would be commissioned when a child who was known to the services in the county died or was seriously harmed.
 4. The Cabinet Member for Children, Young People and Families commented that the depth of the analysis of the two thematic reviews was important. She emphasised that all of the affected children were living, growing up and learning in Surrey at the time of their death and in accordance with the legislation - Section 17 of the Children Act 1989 - safeguarding was the collective responsibility of all in the county.
 5. She challenged Board Members on what could be and could have been done differently to make adolescent suicides less likely to occur; adding that it was World Suicide Prevention Day. Prevention and early intervention were key such as minimising the feeling of loneliness, isolation and hopelessness of young people. She asked the Board to reflect on how to ensure depth and consistency in Surrey's responses to those affected children and to bolster the strength of partnership delivery.
 6. The Independent Chair (SSCP) was concerned with the recurring findings in the case reviews nationally, regionally and locally; as well

as new risks to safeguarding faced by children such as social media and the internet. Out of the twenty-five cases across the two thematic reviews there were common messages which provided a transformative opportunity to reflect on what could be done differently to strengthen the outcomes for children, to better support their families and front-line practitioners.

7. A Board Member thanked the SSCP for their work and highlighted that she sat on the Suicide Prevention Board, noting that Surrey had recently secured three mental health support teams from NHS England further strengthening early intervention and highlighted the Samaritans' 'Step by Step' service which provided practical support to assist schools to repair and recover from a suicide attempt. The Suicide Prevention Board was also in discussions around suicide and young carers and as the carers champion she was looking to create a bespoke package for that cohort; the Board was also taking a deep dive into autism.
8. A Board Member expressed gratitude to the SSCP for the comprehensive piece of work amalgamating the key themes. Evidence nationally showed that young people faced challenges to emotional and mental health exacerbated by Covid-19. All had a duty to think about the context and pressures in which young people were exposed to. As a result of the thematic reviews, the Surrey and Borders Partnership - NHS Foundation Trust (SABP) were looking at their own practices and how to better understand the impact of emotional distress, severe mental illness and neurological development disorders as a reaction to early childhood trauma.
9. She noted that the work led by the late Dave Hill CBE in the last few years as the Executive Director for Children, Lifelong Learning and Culture towards a greater collective focus on early intervention was crucial and how the preventative measures could be accelerated. In response, the Independent Chair (SSCP), noted that a common understanding across agencies in relation to suicide was vital.
10. Although there was national research into self-harm and social media, the Board Member was worried that there was still no answer and traction on social media locally. In response, the Independent Chair (SSCP) noted that in discussions with police colleagues they were being advised that there were clusters of young people sharing similar thoughts and experiences on social media. Understanding that network of peers in relation to suicide, self-harm or abuse provided a learning-opportunity to understand the drivers which lead to some young people taking their own lives and what influences others to make different decisions.
11. The Board Member asked whether suicide prevention training was mandatory in all statutory organisations. In response, the Independent Chair (SSCP) endorsed the comment on training but emphasised the importance of ensuring that partners spend time with front line practitioners to be assured that the training has had an impact and that positive changes in practice could be identified. Training should not be seen as a short-term measure.
12. A Board Member commented that he did not get the impression from the reports that the management and supervision of key workers who were the first points of contacts for those attempting suicide, was as stringent and proactive as it could have been in many cases. In response, the Independent Chair (SSCP) agreed that when things went wrong, management and supervision were common

characteristics in those case reviews, emphasising the need to more consistently support front line practitioners in difficult situations.

13. The Board Member noted that the reports showed a reactive mode in which action was taken after a young person self-harmed or attempted suicide or their families raised the alarm. Funding should be used proactively to identify those children at greater risk, although that was challenging.
14. The Board member stressed that Surrey Police took suicide seriously, noting that there was a suicide prevention officer in post and that often the police were the first responders who witness traumatic incidents. That initiative on the part of Surrey Police was acknowledged by the Independent Chair (SSCP) as a very positive and helpful step forward.
15. A Board Member highlighted that more work was needed in acute hospitals in terms of training for suicide prevention. He queried whether there was a piece of work looking at the wider system to ensure a collective response at an earlier stage and how different agencies worked together with children in hospitals when they were recovering from an attempted suicide or an acute illness.
16. The Chairman noted that it was a complex area in which all had a collective responsibility to address, the Board would reflect on how to ensure consistent responses across agencies and he invited representatives from the SSCP back at a future meeting.

RESOLVED:

The Health and Wellbeing Board:

1. Reflected and commented on the findings from the Thematic reports on Adolescent Suicide (Deaths of Children and Young People through probable suicide 2014-2020) and Serious Cases (Serious Case Reviews (SCRs) 2016-2020 – Briefing Paper).
2. Committed to working with the SSCP to ensure a robust multi-agency response to findings.
3. Ensured that commissioning arrangements for future service provision take full account of the findings.
4. Supported the SSCP in reviewing practice development through training and multi-agency audits over the next 24 months.

Actions/further information to be provided:

1. The Board would reflect on how to ensure consistent responses across agencies.
2. Representatives from the Surrey Safeguarding Children Partnership (SSCP) are to be invited back at a future meeting in approximately six-month's time.
3. The additional points raised by Board Members in the Microsoft Teams chat will be captured and provided to the Board and officers.

28/20 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 8]

Witnesses:

Rod Brown - Head of Communities and Housing, Epsom and Ewell District Council (Priority One Sponsor)

Giles Mahoney - Director of Integrated Care Partnerships, Guildford and Waverley CCG (Priority Two Sponsor)

David Munro - Surrey Police and Crime Commissioner (on behalf of the Priority Three Sponsor Rob Moran)

Satyam Bhagwanani - Head of Analytics and Insight (SCC)

Key points raised in the discussion:

1. The Priority One Sponsor noted that whilst Covid-19 impacted on the priority's progress, momentum had been regained and in certain instances such as domestic abuse and housing, that impact had accelerated during Covid-19. On occasion there were ownership issues in some focus areas but those were being addressed in conjunction with the Prevention Board.
2. The Priority Two Sponsor thanked the Chairman and Board members, noting that he had enjoyed his time on the Board and would continue to keep a close eye on the recovery work and NHS Covid-19 Phase 3 whilst at Surrey Heartlands and Guildford and Waverley ICP. He added that Dr Helen Rostill would be well placed to take over as Priority Two Sponsor. In response, the Chairman thanked Giles on behalf of the Board for his huge contribution on the Board and as Priority Sponsor.
3. On behalf of the Priority Three Sponsor, the Surrey Police and Crime Commissioner explained that as a result of the Board's merger with the Community Safety Board in March 2020, work was underway to integrate the Community Safety Agreement with the Health and Wellbeing Strategy through a new third focus area. A task and finish group had been set up to oversee that work and was chaired by the Community Safety Policy and Commissioning Lead (OPCC).
4. Concerning Priority Three, the Head of Analytics and Insight provided an update on the Social Progress Index (SPI) and the Recovery Progress Index (RPI). He informed the Board that:
 - A workshop on the SPI was run pre-Covid-19 with partners across Surrey and the result was the identification of three-hundred indicators. Those indicators were cross referenced with various strategies including the Health and Wellbeing Strategy and those partners were invited back to refine the indicators which later formed the SPI.
 - Due to Covid-19 work had been paused but had picked up over the past few months including work on the RPI which was a surveillance tool for monitoring how well Surrey was recovering from the pandemic and it formed part of the Community Impact Assessment (CIA).
 - The RPI was a focused subset of the SPI and measured the broad impact of Covid-19 in Surrey through five dimensions: economy, health, place, society and infrastructure. There would be a rank and score for each dimension as well as a combined overall rank and score for each of the eleven district and boroughs in Surrey for the RPI and further down to ward level for the SPI. The RPI was updated quarterly and the high-level results were presented in the CIA item.
 - A Covid RPI dashboard was being produced holding all the data via Tableau, allowing comparison between areas.
5. The Chairman queried whether Board members could access the dashboard via Tableau and in response the Head of Analytics and

Insight commented that a licence was needed to be a Tableau reader which could be explored. Another option was to make static copies available to Board members, although the Vice-Chairman noted that as being less helpful.

6. The Head of Analytics and Insight stressed that the challenge around the RPI was ensuring the same data for each of the eleven districts and boroughs, which he would be discussing with the Surrey Chief Executives Group.

RESOLVED:

The Health and Wellbeing Board:

1. Approved the continued programmes of work within each of the Priority focus areas and that they be reviewed by the priority boards / coordinating groups to incorporate as necessary the outcomes of the Rapid Needs Assessments.
2. Discussed and agreed a new sponsor for priority 2 - Dr Helen Rostill, Director of Innovation & Development, Surrey and Borders Partnership – NHS Foundation Trust (SABP).
3. Agreed to a refresh of the published Health & Wellbeing Board (HWB) strategy to reflect the merger with the Community Safety Board within the strategy. This will include the addition of a third focus area under Priority Three to imbed community safety and meet the expectations as set out in the merger paper from March 2020.
4. Agreed that the HWB adopt the longer term oversight of relevant work identified within the current 'Place' - appendix 2, 'Economy and Retail' - appendix 4 in the supplementary agenda and 'Health and Social Care' - attached to the minutes as Annex B (appendix 5) and future RCG papers detailing the handover of those workstreams and ask the Prevention and Wider Determinants Board, and the Employment and Skills Board respectively to review and if necessary amend the existing priority one to three implementation plans.

Actions/further information to be provided:

1. An update on the new third focus area concerning community safety within Priority Three, including the workstream leads and governance structures will be brought back to Board in due course.
2. The Head of Analytics and Insight will explore Board members' access to the Covid RPI dashboard via Tableau.

29/20

HEALTH AND WELLBEING COMMUNICATIONS PRIORITIES [Item 9]

Witnesses:

Andrea Newman - Director of Communications and Engagement (SCC)
Giselle Rothwell - Associate Director of Communications and Engagement, Surrey Heartlands CCG

Key points raised in the discussion:

1. The Director of Communications and Engagement introduced the report and noted that the Health and Wellbeing Board

Communications Group had for the last six months been co-chaired with the Associate Director of Communications and Engagement, Surrey Heartlands CCG. She added that some of the work had been initiated before Covid-19 and so had been re-visited with a Covid-19 focus.

2. She highlighted that the Health and Wellbeing Board Communications Plan contained three broad areas. Firstly, 'Transforming Health and Social Care for residents; secondly, 'Addressing the consequences and 'hidden harms' of Covid-19'; and thirdly, 'Promoting testing, self-care and acting early to protect your health'.
3. She explained that the Group had been predominantly tactical in its approach focusing on winter and summer orientated communications campaigns, so both co-chairs set about lifting the Group to a more strategic level by coordinating work into the Surrey Local Resilience Forum's Strategic Coordinating Group (SCG) and the Multi-Agency Information Group (MIG), as well as aligning the Plan with Surrey's Local Outbreak Control Plan.
4. She emphasised that work was aligned with NHS and Department of Health and Social Care advice and locally the three workstreams had been assigned a communications workstream lead with tactical communications groups that sat below, a winter flu sub-group had been established and there was a communications planning grid put in place - reassuring Board members of the work were being undertaken in the next six to nine months.
5. Regarding the second communications priority area of 'hidden harms' she noted that suicide prevention, and mental health and wellbeing were broadly captured in the Plan but the clear emphasis on young people as discussed in Board member feedback on the items concerning the Surrey Safeguarding Children Partnership's thematic reviews and the CIA was useful and she would look to link in the Plan with those areas.
6. The Associate Director of Communications and Engagement commented that it was important to work in partnership harnessing colleagues across communications, and health and social care to drive forward the work collectively.
7. The Chairman praised the work on communications, noting that it felt more cohesive across the Surrey system.

RESOLVED:

The Health and Wellbeing Board supported the proposed communications plan and would endorse the approach within their respective organisations.

Actions/further information to be provided:

The Director of Communications and Engagement would look to integrate the feedback from Board members in relation to the items on the Surrey Safeguarding Children Partnership thematic reviews and the Community Impact Assessment on the emphasis on young people in relation to suicide prevention and mental health and wellbeing into the Communications Plan to develop the second priority area of 'hidden harms'.

30/20 SURREY LOCAL OUTBREAK ENGAGEMENT BOARD [Item 10]**Witnesses:**

Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Public Health highlighted the rapidly changing climate in relation to Covid-19, noting the Prime Minister of the United Kingdom's announcement last night on the 'rule of six'. Surrey's Local Outbreak Control Plan was a dynamic document updated at least every two weeks via the Council's website.
2. She commented that the public Local Outbreak Engagement Board and officers' Health Protection Operational Group (HPOG) continued to review the escalation framework in line with Surrey's Local Outbreak Control Plan (LOCP) and the NHS Test and Trace Communications Plan for Surrey, looking at who would be communicated with and when in response to positive cases reaching a certain level.
3. She highlighted the Surrey COVID-19 weekly intelligence summary which was updated every Monday and provided various website links to the granular data available in the public domain.
4. The Chairman reinforced the simple messages of hand washing, wearing face coverings and social distancing, adding that although Surrey was just below the national average on the number of cases - apart from a few districts and boroughs - it was important not to be complacent.

RESOLVED:

The Board noted the Terms of Reference for the Surrey Local Outbreak Engagement Board.

Actions/further information to be provided:

None.

31/20 COVID-19 RECOVERY PLANNING - SURREY HEARTLANDS [Item 11]**Witnesses:**

Steve Flanagan - Representative, North West Surrey Integrated Care Partnership and Community Provider voice

Key points raised in the discussion:

1. The representative of North West Surrey ICP and Community Provider voice provided a verbal update:
 - Regarding restoration, he took interest in a previous Board member's comment on the importance of citizen voice regarding the Community Impact Assessment.
 - Acute services and colleagues in Accident & Emergency were seeing almost winter levels of patients and primary care colleagues were also busy as the general public were access health services again.

- There was a challenge in standing up services again particularly in diagnostics and endoscopy, with further support potentially from the private sectors on those areas.
 - Regarding recovery, since his last update to the Board in June the eight workstreams were fully resourced and running with non-executive director support. Different areas were moving at different paces with updates provided to the Recovery Board, which recently approved the workstream on care home activity to be stood down as it was moving towards business as usual.
2. There were challenges to the development of some workstreams due to resources being focused in areas outlined in the move to Phase 3 of NHS response to Covid-19 since August towards restoration and recovery.
 3. The Chairman invited Board members to the first meeting of the Surrey Heartlands Health and Care Partnership System Board on 21 October at 9am.

RESOLVED:

The Board noted the verbal update.

Actions/further information to be provided:

None.

32/20 DATE OF THE NEXT MEETING [Item 12]

The next meeting of the Health and Wellbeing Board will be on 3 December 2020.

Meeting ended at: 4.07 pm

Chairman

HEALTH AND WELLBEING BOARD – 10 SEPTEMBER 2020

PROCEDURAL MATTERS – QUESTIONS AND RESPONSES

1. Question submitted by Nicky Brownjohn

Relating to Priority One of the HWB Strategy

The HWB Strategy states: “A whole system approach to physical activity including improving green spaces, transport initiatives and healthy planning Promotion of healthy, inclusive and safe places through planning and transport policies”.

Statement

I live in Earlswood and I am trying to become more active as I am obese. I see lots about the opportunities for social prescribing etc. but these usually relate to gyms or classes. I love walking and want to be able to do more locally. This requires the area to be safe for me to walk and for good facilities to be accessible, at points, such as toilets.

In Earlswood, there is a private road but with a public right of way which the main pedestrian access point from Earlswood and Redhill to reach East Surrey Hospital. It is also part of the route 21 cycleway. It should, therefore, be a significant part of the Health and Wellbeing Strategy to encourage people like me to walk or cycle. However, Reigate and Banstead Council have for many years approved planning applications which have led to an increase in the vehicle use. This makes the path dangerous as when vehicles pass each other they mount the path. This is particularly a problem with buses. However, the council approved an expansion of the YMCA sports centre, whereby users drive. This makes it dangerous for those of us trying to increase our activity by more natural and environmental means. During lockdown the road and pathway were used constantly by walkers, joggers and cyclists. This really demonstrated what a naturally healthy route it was.

Question 1A

How is the Board working to ensure that these poor planning decisions are stopped? As the actions of both Reigate and Banstead Borough Council and Surrey County Council, who approved the travel plan for additional cars, are barriers to increasing the activity of the population.

The A23 divides Earlswood Common. The Common is a fabulous area for adults and children to be active, from walking to games. However, there is no crossing on the A23 to enable people to access this area safely. There is only a footpath on one side of the road and so this restricts how people can cross. During lockdown I was able to cross the A23 easily due to the reduction in vehicles. I used this way for my exercise several days a week. However, now vehicles numbers have again increased, I find it difficult to cross. Today it took me several minutes and, if I had children with me it would have taken longer, and I felt most unsafe. There needs to be a crossing which would open up the opportunities for pedestrians and cyclists to access the Common but also provide a connection between Reigate, Earlswood and East Surrey Hospital.

Question 1B

How is the Board influencing the cycle and pedestrian plan for Surrey?

Response 1A

Thank you very much for your question.

The Health and Wellbeing Board encourages all public, private and third sector partners to work collaboratively with residents to improve health outcomes and deliver our ten-year strategy. The Board has by way of one example supported the development of a Planning and Health Forum to improve collaborative working across planning and health departments and maximise opportunities for health to influence Local Plans

Various changes in behaviour (both positive and negative) that were observed and recorded during the lock- down period are currently being reviewed by partners to establish where work needs to be adapted to address negative outcomes and further support positive changes

Obesity and physical activity remain a key focus for the Health and Wellbeing Strategy. Partners are working on a whole systems approach to obesity which will include working with transport and planning departments to support improvements in the environment to help to people to be healthy. The objective is to deliver sustainable systemic change to ensure that those living and working in Surrey are provided with the right environment and the best opportunities to achieve and maintain a healthy weight.

Surrey County Council is consulted by each of the County's twelve (12) local planning authorities on planning applications that could have an impact on highway and transport issues. Consultations are on highway safety, capacity and wider transport policy matters and are made directly to the County's Transport Development Planning teams. This team makes recommendations if these issues are affected and need mitigation or protection, or if there are opportunities to promote sustainable travel within the development proposals.

Actual planning decisions are taken by the relevant District/Borough Planning Committees, or in the case of Minerals and Waste and the County's own development matters, by the County's own Planning Committee. These may or may not take on board Transport Development Planning's recommendations.

Travel Plans often accompany larger applications, and comments are made on these where they can assist in delivering more sustainable and or safer travel associated with the development. In the case of private roads, comments are generally kept to the impact that any potential increased vehicular activity or travel demand could have on the adopted road system, or on other transport networks.

Any concerns over a specific location/section of route, can be raised via our highway "report it" portal, which can be found at the following link:

<https://www.surreycc.gov.uk/do-it-online/report-it-online>

A request for requesting crossings to be considered can be found at the following link:

<https://www.surreycc.gov.uk/roads-and-transport/roadworks-and-maintenance/request-highway-improvement>

Response 1B

The Health and Wellbeing Strategy recognises that walking and cycling are highly sustainable ways to travel. Whilst there is potential for more trips to be walked or cycled in Surrey, this ambition must be accompanied by investment in the right places to make

travelling on foot or by bike practical and desirable from journey start to journey finish, where it is not already.

Surrey County Council is working in partnership with its eleven (11) Districts & Boroughs to develop Local Cycle and Walking Infrastructure Plans (LCWIPs).

LCWIPs are part of a new national approach to improving trips by bike and on foot, linked to the Department for Transport's (DfT) Cycling and Walking Investment Strategy. The process to develop an LCWIP provides a best practice evidence-led method for local authorities to plan both walking and cycling infrastructure. The infrastructure plans enable a long-term approach to developing local cycling and walking networks, ideally over a 10-year period.

Further detailed information and guidance on the LCWIP process can be found on the DfT website using the link here: <https://www.gov.uk/government/publications/local-cycling-and-walking-infrastructure-plans-technical-guidance-and-tools>

The intention is to develop LCWIPs across Surrey, which in turn will support existing local cycling plans. This work is subject to funding and will be rolled out in phases. Reigate and Banstead has been identified as a priority for developing an area wide LCWIP, to include route connections for town centres and other strategic sites within the Borough. Further information when available will be published on the Surrey County Council and Reigate and Banstead Borough Council websites.

The goals of LCWIPs are to provide a network plan for walking and cycling which identifies preferred routes and core zones for further development, together with a prioritised programme of targeted infrastructure improvements for future investment.

By taking a strategic approach to improving conditions for cycling and walking, LCWIPs will assist to identify cycling and walking infrastructure improvements for future investment in the short, medium and long term, and ensure that in accordance with the Health and Wellbeing Strategy consideration is given to cycling and walking within both local planning and transport policies and strategies.

The LCWIP is expected to build on the recently delivered cycle and walk improvements provided through the Greater Redhill Sustainable Transport Package (STP). *This scheme included delivery of the new off-road shared cycle/pedestrian route along the A23 between the junction with Three Arch Road and Cross Oak Lane to the south.*

As well as being sustainable, walking and cycling are also 'active' ways to travel that encourage everyday physical exercise and support mental wellbeing.

Development and delivery of the LCWIPs across the county will help Surrey deliver on its Health and Wellbeing Strategy, by helping people to live healthy lives through regular exercise, supporting mental health and emotional wellbeing by helping people better connect with each other and the place they live, and supporting people in Surrey to fulfil their potential by making it affordable and safe for everyone to access local jobs, shops and services.

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Surrey Recovery Coordinating Group (RCG) – Covid-19

‘Transitioning from Recovery’: ‘Health and Social Care’

Background

Following the declaration of a major incident by the Local Resilience Forum to manage the response to Covid-19 in Surrey, the multi-agency Recovery Coordinating Group (RCG) was established to plan for and coordinate recovery from the pandemic at a county wide level. The RCG developed a Recovery Strategy with the aim ‘To restore the humanitarian, economic, environmental and infrastructure well-being, conditions and resilience of Surrey’, with the objectives to:

- Restore essential services that have been disrupted as a result of the Covid-19 pandemic and associated response measures (e.g. lockdown and social distancing)
- Ensure the effective transition to a ‘steady state’, with clear responsibilities identified for the continuation of services
- Capture lessons learned and refer on to the relevant body/authority.

A number of sub-groups under the themes of humanitarian, economic, environmental and infrastructure were established, and associated action plans developed and implemented.

Introduction

In line with the objectives of the Recovery Strategy, the action plans developed by the sub-groups identified short term ‘restart and restore’ actions across public, private and third sector organisations, as well as medium and longer term actions to support the Surrey community on its journey to recovery from the pandemic.

The RCG met weekly from April 2020 to August 2020 to oversee the ‘restart and restore’ actions, as well as looking at where actions could sit in the longer term. This document sets out some of the new practices developed during the pandemic and the medium and longer term actions that have been identified to support the recovery of Surrey. The responsibility for these actions will transition to existing agencies and partnerships to take forward as part of their business as usual activity, within their existing financial framework and governance arrangements. As well as identifying delivery partners for the actions, the document also identifies an overseeing body/strategic link, who will be asked to take on a governance role to ensure the proposed actions are fully considered and implemented and communicated as appropriate.

Going forward the RCG will move to a monitoring role, liaising with the delivery and oversight bodies accountable for delivery of the actions, whilst monitoring the Recovery Progress Index and the strategic risk register to ensure that Surrey continues to recover positively from the pandemic.

Health and Social Care

There is significant learning from across the crisis response and various new practices have been developed or had roll out significantly accelerated. A core part of the recovery approach within Health and Social Care is capturing and maximising the value from these. Examples include:

- Discharge of medically fit patients into non-hospital settings
- Increase in multi-disciplinary approach
- Increase in digital-first approach to patient/citizen contact

- Increase in digital-first approach between services/staff
- Deeper partnership working
- More agile decision-making
- 'Drive through' approach to service provision
- Increased scope and improved quality of demand and capacity modelling

Health and Social Care has a comprehensive governance structure in place through the Surrey Heartlands Integrated Care System (ICS) and the Frimley Health and Care ICS. The pandemic has necessitated a fast move to recovery – as such, the majority of health and social care actions identified to date have been actioned and are being monitored through existing governance structures. These include actions in the following areas:

- Restoration of health services and associated communications
- Addressing the increase in mental health referrals in both adults and children
- Supporting care homes
- Close working with Adult Social Care around hospital discharge, vulnerable people, Personal Protective Equipment (PPE) etc
- Increased partnership working
- Modelling data to support effective decision making

The key longer-term partnership actions identified by the RCG are set out below. Financial implications of these actions will be included in the Financial Strategies of relevant organisations. Appropriate comms support around the actions can be provided via the Multi-agency Information Group (MIG).

Issue/Action	Delivery partners	Overseeing Body / Strategic Link
Community response to crisis leading to a change in the 'social contract' between citizens/patients and service providers. Discussions and dialogue with citizens about self-care and healthy lifestyles	Integrated Care System (ICS) x2, District and Borough Councils ('D&Bs') and voluntary sector	Prevention & Wider Determinants Board - Health and Wellbeing Board: Health and Wellbeing Strategy (HWBS) Priority 1 – Focus Area (FA) – 5 - Prevention
Building more integrated service models between health and social care. Partnership approaches to maximise gains of discharge from secondary care.	ICS x2	Prevention & Wider Determinants Board - Health and Wellbeing Board: HWBS Priority 1 –FA 7 – Living Independently / Better Care Fund
With the impact of the crisis on people's mental health being significant, we have developed new ways for people to access support and services and will sustain these working in partnership.	ICS x2	Health and Wellbeing Board Priority 2

Health and Wellbeing Board Paper

1. Reference information

Paper tracking information	
Title:	Update on Community Impact Assessment, Local Recovery Index and Social Progress Index
Related Health and Wellbeing Priority:	Supporting COVID-19 response and recovery, Priority Three of the Health and Wellbeing Strategy
Authors:	Rich Carpenter, Data Scientist, Insights, Analytics and Intelligence (SCC) Satyam Bhagwanani, Head of Analytics and Insight (SCC) Dr Naheed Rana, Consultant in Public Health (SCC)
Sponsor:	Rob Moran, Chief Executive, Elmbridge Borough Council
Paper date:	3 December 2020
Related papers	N/A

2. Executive summary

The Covid-19 Community Impact Assessment (CIA) explores how communities across Surrey have been affected by Covid-19, what support communities need as the pandemic continues, and communities' priorities for recovery. Thousands of residents, people working in frontline services and partners have taken part. The research has brought us closer to residents at this crucial time and provides a strong understanding of local communities' priorities.

Early findings have already been incorporated into parts of the council's strategic, financial and service planning, and now the research has concluded this should extend further across all areas of the council's work. This work is also informing healthcare partners and guiding their strategic prioritisation and service planning. The council will work with a range of partners who also have a role to play in responding to the research, as well as communities themselves, providing support and empowering them to tackle local issues where they can.

The full set of products, including a public facing 'story' version of the report, the 10 Rapid Needs Assessments of vulnerable groups, place profiles, geographical analysis, cross-cutting thematic analysis and our Local Recovery Index are published and can all be found on Surrey-I:

<https://www.surreyi.gov.uk/covid-impacts/>

The Local Recovery Index (LRI, formerly known as the Recovery Progress Index) is a surveillance tool for monitoring the impact of, and how well Surrey is recovering from, the effects of the Covid-19 pandemic and subsequent lockdown. It is a specific product of the CIA and looks at a range of indicators across four themes: Economy, Health, Society, and Transport and Travel, and forms a subset of the Social Progress Index (SPI).

The findings of the LRI show that Covid-19 has had a disproportionate impact on communities within Surrey; some areas have been more severely impacted in some domains than others, particularly on the Health domain. The gap between the best and worst performing areas is 20 points; all boroughs and districts are currently rated amber for overall recovery scores based on their positions relative to selected best- and worst-case scenarios.

The SPI directly measures societal progress in the areas of Basic Human Needs, Foundations of Wellbeing, and Opportunity at county, borough and district, and ward levels. The SPI will be a fact-based resource for identifying and generating important insights, which will form the basis for dialogue and help inform policy decision-making, guide investments, identify priorities and challenges, and to build networks and alliances. Ultimately, the index will help to define and establish a common understanding of social progress based on the lived experience of residents.

The Board are asked to consider how the findings of the CIA and LRI can be incorporated into the Health and Wellbeing Strategy and used to inform decisions around future service delivery and resource allocation.

3. Recommendations

It is recommended that the Board:

1. Consider how the findings from the Covid-19 Community Impact Assessment can best be incorporated into the council's strategic, financial and service planning and delivery.
2. Acknowledges the issues highlighted in the LRI and asks lead officers to incorporate them into the Health and Wellbeing Boards planning and response to Covid-19.
3. Supports the use of the LRI findings to refine the target communities and themes in the Health and Wellbeing Strategy and instigate actions within the delivery plans to tackle the impact of Covid-19 on at risk and vulnerable communities.
4. Provides individual and collective leadership to ensure LRI findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.
5. Acknowledges the proposals for the SPI and provides individual and collective leadership to ensure the SPI benefits from board members unique oversight and expertise to help us tailor the SPI framework for Surrey.
6. Highlight areas or issues of interest and for future focus in terms of further research and analysis.

4. Reason for Recommendations

The LRI is a tool that measures how communities across Surrey have been affected by Covid-19, the process of recovery to a pre-pandemic 'normal', and what support these communities might need in order to recover completely and those where it is struggling. The LRI is intended to help guide borough-level strategic decision making and identifying policy and investment priorities. The results are relevant to all priorities in the Health and Wellbeing Strategy.

The Board is asked to consider these findings and reflect on whether the Health and Wellbeing priorities and target population groups need refining in the current context.

The LRI does not replace the SPI. It is more focussed version that relates solely to Covid-19 impact and recovery. The LRI will be updated as recovery continues and more data becomes available, but the SPI will eventually supersede the LRI. The SPI has a broader purpose of reflecting Surrey's social development goals, and the progress made in these areas, rather than returning to an arbitrary status quo.

Alongside other intelligence products in the Community Impact Assessment (CIA), the LRI, and subsequently the SPI, will enable the board and its members to target resources and support towards those communities where there has been the greatest impact, and which are most susceptible to falling behind.

Thousands of community members and people working in frontline services have taken part in the CIA through interviews, focus groups and surveys, and the findings are rooted in what they have told us. Further incorporating the CIA findings into the council's strategic and operational planning is an opportunity to embed community voices in our work, support affected communities, build community resilience as the pandemic continues. This will allow the board to more effectively support communities during recovery and help tackle health inequalities in Surrey.

5. Detail

Community Impact Assessment

Background

The CIA is a suite of intelligence products that explore the health, social and economic impacts of Covid-19 on communities across Surrey, communities' priorities for recovery, and what support communities need as the pandemic looks set to continue.

The primary aims of the CIA are:

- To enable partners to provide targeted support to communities impacted by Covid-19
- To enable partners to act preventatively to mitigate future impacts
- To better understand the experiences of our residents to create resident led recommendations for improvements

The CIA has been developed using a range of qualitative and quantitative research methods, designed to ensure that we have a comprehensive understanding of impact, and to capture the views and experiences of a wide range of residents. Thousands of residents, people working in frontline services and partners have taken part in the research starting in May of this year and concluding in October 2020.

The project involved conducting a survey of over 2,000 households in Surrey to provide a broad understanding of residents' experiences across a wide range of

topics, oversampling on known low response groups to ensure robustness. Existing data sets on health, social and economic risks and outcomes were also analysed and mapped to understand the prevalence of certain vulnerabilities, and to identify local impacts.

In parallel, needs assessments were undertaken to understand the impact of Covid-19 on communities. A mixed method approach was utilised which involved conducting detailed interviews with residents who have been disproportionately affected by Covid-19; including those living in areas that have seen significant social and economic impacts, and people belonging to groups with pre-existing vulnerabilities or who have a high risk of mortality from the virus. To ensure robustness, data was gathered through interviews with community members and people working in local services. The qualitative findings were incorporated with quantitative data. These assessments provided insights into communities' experiences and recommendations for strategy and action.

The products that make up the CIA are:

- Geographical Impact Assessment - Presents analysis of the impact of Covid-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to identify which places in Surrey have been most affected by the pandemic and how.
- Temperature Check Survey - Survey of over 2,000 households from across Surrey to understand their experiences of the pandemic and lockdown.
- Place Based Ethnography - Detailed research to understand the financial, emotional and community impacts of Covid-19 on individuals living in communities that have been most impacted.
- Rapid Needs Assessments - 10 in-depth assessments of how vulnerable communities have been affected during Covid-19 and these communities' needs and priorities
- Local Recovery Index - The LRI is a surveillance tool for monitoring how well Surrey is recovering from the pandemic. It looks at a range of indicators across three themes; Economy, Health and Society.

The work has been guided by a Steering Group made up of representatives from county and borough councils, health partners, the police, the voluntary, community and faith sector (VCFS) and the general public. Organisations represented on the Steering Group include Surrey County Council, Surrey Heartlands CCG, Frimley ICS, North West Surrey ICP, Surrey Downs ICP, Surrey and Borders Partnership, Healthwatch, Surrey Community Action, Surrey Coalition of Disabled People, Spelthorne Borough Council, Reigate and Banstead District Council and Surrey Police.

The full findings and more information on the research methodology of the CIA have been published on Surrey-I and available at the following link:

<https://www.surreyi.gov.uk/covid-impacts/>

Key Findings

A summary of key findings is in Annex 1. The research shows that Covid-19 has had a disproportionate impact on certain groups within Surrey, including people from Black, Asian and minority ethnic (BAME) backgrounds, people experiencing domestic abuse, people with mental health conditions and those in residential care. Specific places within Surrey also appear to have been impacted more than others, including areas in Spelthorne, Reigate and Banstead, Mole Valley and Waverley.

Various cross-cutting themes and impacts have emerged from the research. These include:

- **Mental health** – there have been significant emotional and mental health impacts felt by residents. Many residents have felt isolated and lonely, and others have suffered emotionally due to a deterioration in their personal financial situation. The mental health impacts have been felt most by younger people aged 16-34, vulnerable residents and those living in low income households. 52% of those aged 16-25 say they felt lonelier due to lockdown, and 46% of those from low income households felt the same.
- **Vulnerable groups** – groups with pre-existing vulnerabilities have been disproportionately impacted, including those with pre-existing mental health conditions, residents living in residential care homes, people experiencing domestic abuse and people from BAME communities. Common themes included feelings of isolation, exclusion, stigma and confusion around information, guidelines and accessing services. For example, in our temperature check survey 48% of BAME respondents were unaware of food banks compared to 19% of respondents overall.
- **Finance** – many households have felt a high financial and economic strain with over a third of households reporting a negative impact on their finances. The number of people claiming out of work benefits has increased nearly three-fold since the start of lockdown. There are also widespread concerns about the local economy and the demise of high streets.
- **Neighbourliness** – in urban and suburban areas there has been a greater feeling of neighbourliness and helping out between local people, with hyper-local networks forming, and a greater sense of community being developed. This was particularly reflected in the response from vulnerable communities.
- **Information and guidance** – many groups have found information and guidance (e.g. from government) about lockdown and the pandemic confusing. There is mistrust amongst many residents towards official communications and messaging. Vulnerable groups felt effective engagement and culturally appropriate communication was needed.
- **Services** – there have been many positive messages about local services and use and access during the pandemic. This includes health services such as telephone GP appointments, services for vulnerable people such as food and medication delivery, and the role of the voluntary, community and faith sector. For example, over 90% of those who needed help getting food and medicine received support, showing that these services for vulnerable people were effective. However, for some vulnerable people, e.g. Gypsy, Roma and

Traveller communities, access to some services was challenging although overcome by support from outreach teams.

As part of our ethnographic research we spent time with over twenty residents to deeply understand their experience of the pandemic and how it had affected them emotionally, financially and in terms of their community feeling. Using this research, we have developed resident profiles which are a rich source of insight that bring to life the experience of residents during this time. A sample of these can be found in Annex 1.

Local Recovery Index

Background

The LRI is a tool we have developed to measure the broad impact that Covid-19 has had on communities in Surrey, and how our communities are returning to normal following the period of lockdown during the first wave of the pandemic. It measures and tracks recovery over time across a comprehensive range of indicators covering Economy, Health, Society and Transport and Travel. The LRI is a subset of the SPI, which is being developed in parallel to support Priority 3 of the Health and Wellbeing Strategy.

The index was borne out of the work of the Tactical Intelligence and Analytics Cell following the initial response to Covid-19 and the need for the Recovery Coordination Group to have a simple way of viewing how communities are returning to normal after the March-May lockdown and the first wave of the pandemic.

For the purpose of the LRI, recovery is defined as a return to the status quo rather than envisaging a new normal. This is for practical reasons of having an existing baseline to compare against rather than trying to set new targets for indicators and answering the question of when recovery has been reached under a new normal. In summary, recovery is viewed as a state where our communities feel confident and safe to resume normal day-to-day activities.

Method

The LRI is built using the methodology developed for the SPI and produces an overall recovery score for each borough and district, plus scores and ranks at the dimension and indicator level. This allows a quick comparison of broad recovery across the whole county but also to focus on specific areas in more detail and identify the geographic and thematic areas where Surrey is recovering well and those where it is struggling.

The indicators are first standardised because they are measured in different units, then Principle Component Analysis is used to calculate a weighted score and rank. The scores are transformed to a 0-100 scale to make them easy to interpret and compare, where a score of 0 is given to the worst-case scenario and a score of 100 is given to the best-case scenario. A higher score is better, and ranks are ordered from first to worst / a rank of 1 is better. For example, Elmbridge has a score of 67.9 out of 100, and is ranked first, for take up of the furlough scheme because it is performing the best, relative to the other boroughs and districts, on this indicator.

The calculated index is presented in the form of a Tableau dashboard with scorecards for both the county and borough and district level data. The county scorecard presents the indicator values (such as the actual percentage of eligible employments furloughed) rather than a score because we have not created a ranked index at this level. A RAG rating has been applied to the scores in the borough and district view to provide a visual indication of relative recovery: a low-score of 0-33 is red, a mid-score of 34-66 is amber, and a high-score of 67+ is green.

The index for Q1 has been [published on Tableau Public](#) with a near complete set of indicators. Currently we have data for all planned indicators at the Surrey level, though we are still missing two or three data points in the Health dimension at the borough and district level. Specifically, we would like to include indicators on the impact of Covid-19 on mental health presentations and health screening / checks and planned appointments but have been unable to access borough level data for these indicators.

Data is collected at both the county and borough and district level on a quarterly basis and used to refresh the LRI. This give us an indication of the pattern of recovery across Surrey and an indication of the key areas of focus in each place. In Q2 an indication of the change over time has been included by means of Progress over time is based in the overall index score between Q1 and Q2. A decrease or zero change is treated as deterioration, an improved score by less than one point reflects stagnation, an improved score by between one and four points is considered steady improvement whilst an improved score by more than four points is seen as significant improvement.

Initial findings

The table below presents a summary of the scores and ranks from Q1. At the time of writing this paper, data for Q2 is being collated and an updated index is due to be published at the end of November.

	Dimension Scores			Dimension Rank			Overall Index	
	Economy	Society	Health	Economy	Society	Health	Score	Rank
Elmbridge	62.2	59.5	53.3	3	3	2	58.3	1
Guildford	48.8	67.4	57.5	9	2	1	57.4	2
Woking	55.6	53.1	48.8	7	6	4	52.4	3
Waverley	60.0	71.8	31.9	4	1	8	51.6	4
Tandridge	62.4	49.2	37.9	2	7	7	48.8	5
Mole Valley	59.2	56.5	29.9	5	4	9	46.4	6
Runnymede	45.5	40.6	46.1	10	9	5	44.0	7
Epsom and Ewell	63.1	32.3	41.7	1	11	6	44.0	8
Spelthorne	40.1	40.4	50.2	11	10	3	43.3	9
Surrey Heath	53.2	55.0	24.5	8	5	10	41.5	10
Reigate and Banstead	58.1	42.1	23.2	6	8	11	38.4	11

- Overall Elmbridge currently ranks highest for relative recovery because it has consistently good scores across all three dimensions, being in the top three for all Dimensions. In comparison, Reigate and Banstead ranks 11th because of a very low score in the Health domain, where it is ranked 11th, along with a moderately low score in the Society dimension.
- Four boroughs and districts are rated as red in the Health dimension because of relatively high rates of lab-confirmed cases of Covid-19 and Covid-19 deaths per capita. It should be noted that these results are in the context of low testing capacity in Q1 and are not reliable.
- Over a quarter of employments eligible for furlough took up the Coronavirus Job Retention Scheme in June in Surrey. The proportion of people taking up the scheme ranges from 32% in Spelthorne to 27% in Elmbridge, Epsom and Ewell, Guildford, and Reigate and Banstead. In the South East, there were 1.216 million employments furloughed, the highest region outside of London, which had 1.291 million employments furloughed.
- The rate of people claiming Universal Credit and Job Seekers Allowance increased dramatically as a result of Covid-19. The claimant count for the period April to June 2020 increased by 277.8% in Surrey compared to the same period in 2019. All of Surrey's borough and districts recorded higher increases than the South East (170.4%) and national (120.9%) increases. Surrey Heath recorded the largest increase (343.7%) while Tandridge has seen the lowest (235.1%)
- During the pandemic transport usage has fallen but traffic levels were beginning to rise again at the end of Q1. Car usage fell dramatically, with drop in average traffic flow in April to just 29% of the previous month's figure. The traffic flow had recovered to 66% of pre-pandemic levels by June. The number of bus services in operation dropped by 37% during April and May, and passenger numbers fell to 11% compared to the same period last year.

It is important to note that there is variation in scores and ranking between the dimensions, and, in general, areas may rank well in one or two dimensions and low in others.

Social Progress Index

Where the LRI focuses on a return to pre-pandemic levels for its indicators, the SPI defines progress as the capacity of a society to meet the basic human needs of its citizens, establish the building blocks that allow citizens and communities to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential.

Substantive work on the SPI was paused during the first wave of Covid-19 because of prioritising resources on responding to the pandemic in identifying and supporting vulnerable residents and developing the tools and products in the Community Impact Assessment. Despite this, an ongoing dialogue was maintained with the Social Progress Imperative to develop the concept of the SPI in Surrey and learn and troubleshoot the methodology so that we would be in a position to complete the SPI as soon as we returned to business as usual work.

We have continued to explore data on the long list of indicators which were identified by partners in the SPI consultation event in February. The suitability of the indicators in the long list has been evaluated based on availability, granularity, and frequency of reporting of data, and matching against existing strategies and priorities to come up with a short-list of potential indicators for a first draft of the SPI. It has not been possible to consult widely on these indicators in the way that we had planned because of Covid-19 but we intend to build a beta version of the index using these indicators, which can be revised and updated at a later date based on initial feedback and then on a more formal consultation process with partners as to how they reflect the concept of social progress in Surrey.

We now have data at ward level for almost 70% of the indicators in the short-list and are working towards calculating a beta version of the index using publicly available data and data held by Surrey County Council at the start of December.

6. Challenges

Work to develop the LRI has been completed and the framework is in place ready for future updates. The maintenance of the LRI does depend, however, on the continued availability of data and there is a small risk that this will change if data collection is paused or changed by the source.

Delivery to deadline of the SPI depends on the Surrey County Council teams involved in the work continuing to have capacity. If Surrey experiences a significant second Covid-19 outbreak, the outbreak response will be the top priority which may result in the delivery of the SPI being delayed.

A key challenge to publishing a meaningful ward-level SPI in Surrey will be the availability of locally held datasets. To complete the index and provide a comprehensive view of what is important to residents, we will need support from all boroughs and districts to provide locally held data. Unfortunately, but necessarily, the response to Covid-19 diverted resources from business-as-usual activities and prevented us from exploring what data is held at the local level. We have resumed working with Elmbridge to pilot access to borough data but need agreement from all areas to prioritise data collection for all boroughs and districts for the index to be fully implemented.

It will also be vital that the insight generated by the SPI informs meaningful change to strategy and service delivery. The first step to this is the commitment above to identifying and collecting data on indicators that represent our shared expectations and goals and reflect the most pressing social issues in Surrey. This will help build a collaborative tool that helps partners better understand and prioritise the needs of residents, guide local decision making and identify policy solutions.

There is a risk that stakeholders and communities will have expectations raised by the SPI that cannot be met due to resource constraints or other factors. Expectations will need to be managed throughout when communicating the with stakeholders and will continue to be managed through communicating the findings, recommendations and next steps in an appropriate and realistic way.

7. Timescale and delivery plan

The Q1 scorecard of the LRI has been published at the time of writing; the Q2 scorecard of the LRI is in development and will be published at the start of December. Following this we will be on a timetable of rolling updates with the Q3 scorecard due at the beginning of February. These will be published on Surrey-I as soon as they are available.

The beta version of the SPI will be ready for testing before the end of December.

8. How is this being communicated?

The CIA has been published on Surrey-I in the first week of November, and a summary report has been produced to bring together the findings and recommendations across all the products. This is being followed by a communications campaign to disseminate to internal stakeholders, external partners and the general public. Various mediums are being used to ensure appropriateness of messaging for each audience. We will also be working with various teams and partners over the coming months to ensure that the findings and recommendations of the work lead to action on the ground.

It is expected that CIA will form the basis for the Joint Strategic Needs Assessment (JSNA), and a paper will be prepared in the next few months to take to the Health and Wellbeing Board outlining a proposal for how the JSNA will be completed.

Interim findings on the SPI will be communicated to stakeholders where appropriate with the aim of communicating early messages in a timely way, testing messages with stakeholders and receiving feedback to help develop the final products. We will also work with Surrey County Council Communication and Engagement Team to develop a communications strategy for the official launch of the SPI.

The final index will be shared with all individuals and organisations that took part in developing the product.

9. Next steps

The themes in the CIA emphasise priority objectives for focus to deliver on our long-term aims:

- Growing a sustainable economy so everyone can benefit - support people and businesses across Surrey to grow during the economic recovery and re-prioritise infrastructure plans to adapt to the changing needs and demands of residents at a time of financial challenges.
- Tackling health inequality - drive work across the system to reduce widening health inequalities, increasing our focus on addressing mental health and

accelerating health and social care integration to reduce demand on services while improving health outcomes for residents.

- Enabling a greener future - build on behaviour changes and lessons learnt during lockdown to further progress work to tackle environmental challenges, improve air quality and focus on green energy to make sure we achieve our 2030 net zero target.
- Empowering communities - reinvigorate our relationship with residents, empowering communities to tackle local issues and support one another, while making it easier for everyone to play an active role in the decisions that will shape Surrey's future.

Overall, the research identifies a risk that inequality between communities is likely to increase as a result of Covid-19 and its likely long-term impacts. This is reflected in the refreshed Organisation Strategy, which reaffirms our commitment to 'no one left behind' as our single guiding principle. We have also identified data as a key enabler within the refreshed strategy to support us in our ambitions and the CIA demonstrates the importance of taking an insight-driven approach to strategic and operational planning and delivery to affect positive outcomes for residents.

The findings of the CIA will enable partners to target resources and support towards those communities where there has been the greatest impact, and which are most susceptible to falling behind. Over 200 stakeholders from different partners have been involved and consulted in developing the CIA to date, and we have been disseminating early findings at various partnership forums ahead of the official publication of the CIA in November. The findings will allow partners to more effectively support communities during recovery and help tackle inequalities in Surrey.

The next steps for the LRI and SPI are:

- Finalise Q2 of the LRI and produce a timetable of rolling quarterly updates – ongoing
- Finalise the list of publicly available and Surrey County Council indicators for the SPI – ongoing
- Work with boroughs and districts to coordinate identification and collection of locally held indicators for the SPI – ongoing
- Work with Elmbridge Borough Council to develop a ward-level pilot for the SPI – ongoing
- Work with Surrey County Council communications team to develop a communications strategy for official launch of the SPI – timescale to be updated
- Publish methodology reports of each product and an overarching summary on Surrey-I (public domain) – timescale to be updated

List of Annexes:

Annex 1 - Surrey Covid-19 Community Impact Assessment – summary of key findings

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Surrey Covid-19 Community Impact Assessment

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Health and Wellbeing Board
December 2020



SURREY
COUNTY COUNCIL

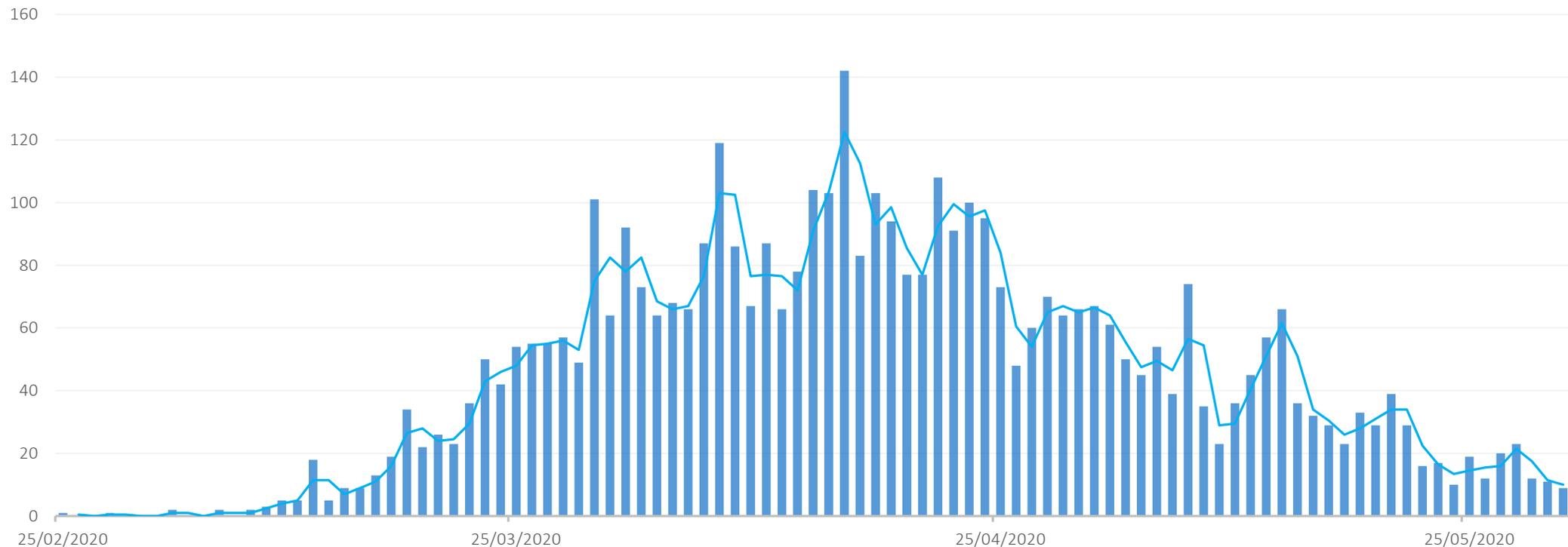
Part 1 – Lockdown

In March 2020 cases of Covid-19 started to rise in Surrey and government announced a national lockdown

Cases in Surrey started to rise from the beginning of March 2020. On 19 March, furlough began and on 23 March the Government announced a national lockdown.

Cases peaked in Surrey between April and May and started to fall towards the end of May.

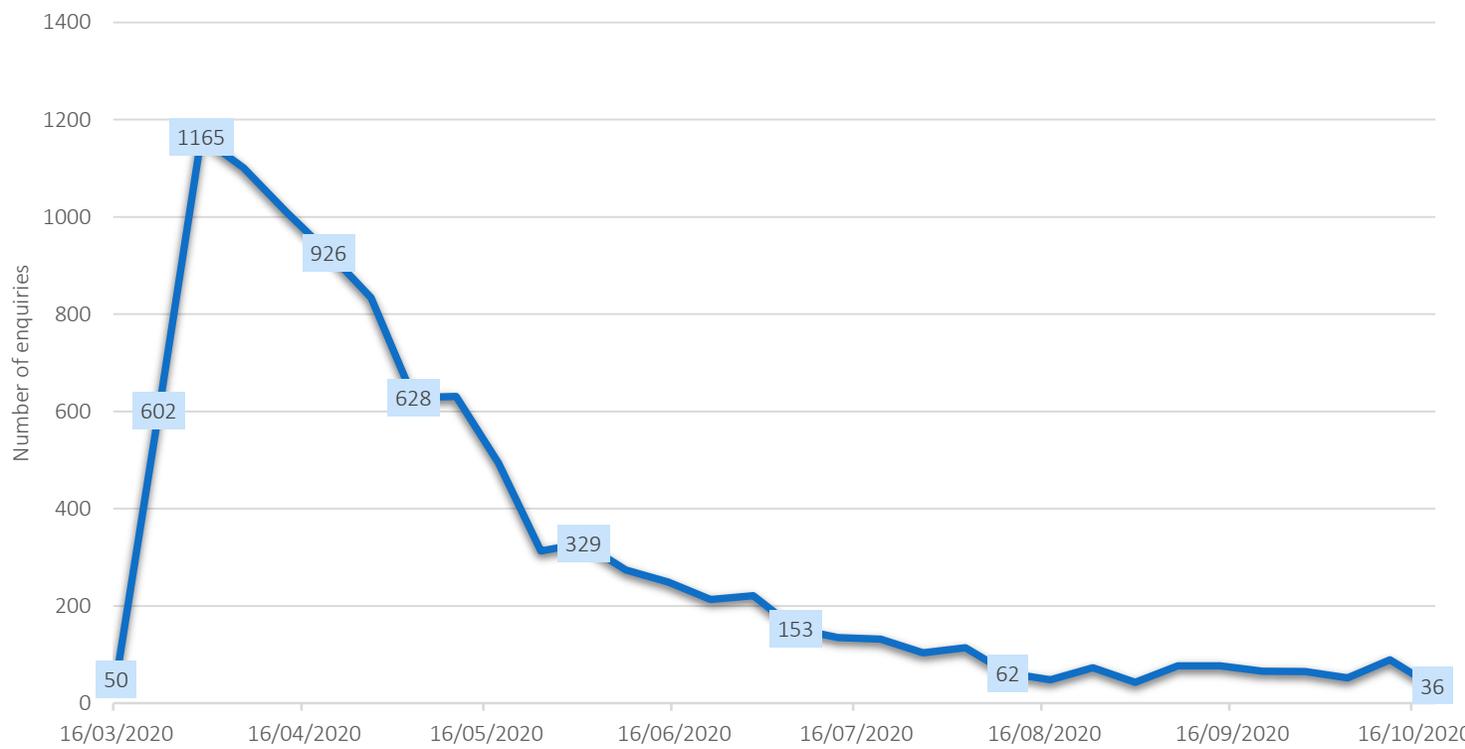
Number of new Covid-19 cases in Surrey



There was a greater need for support from vulnerable people

"Thank god for technology really, had I not had that technology, I think it would be a very sad place to be" - a shielding resident

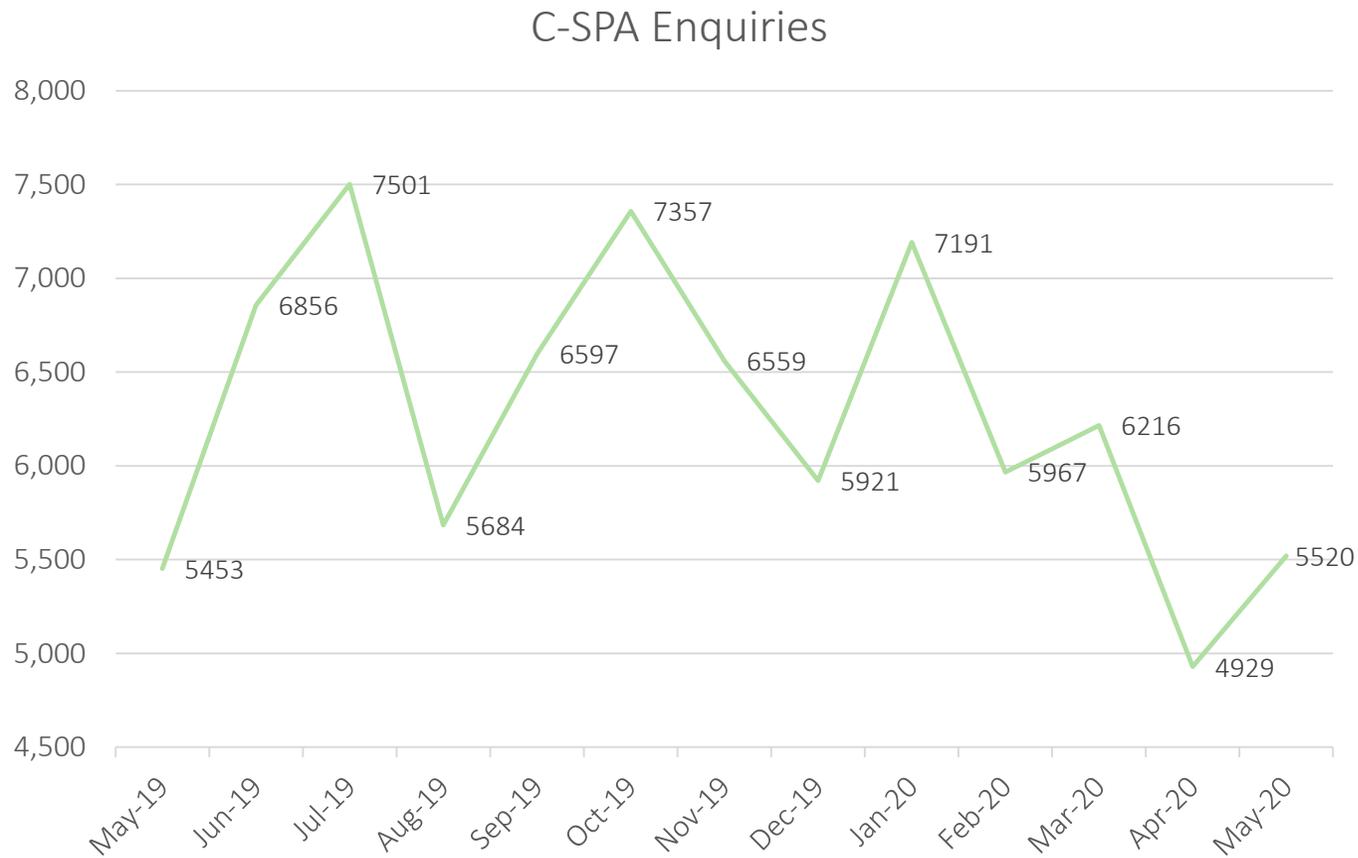
Community Helpline Enquiries



The council set up a Community Helpline to support residents during the pandemic.

There was high demand on the helpline during March and April, demonstrating the increased need for support from vulnerable residents.

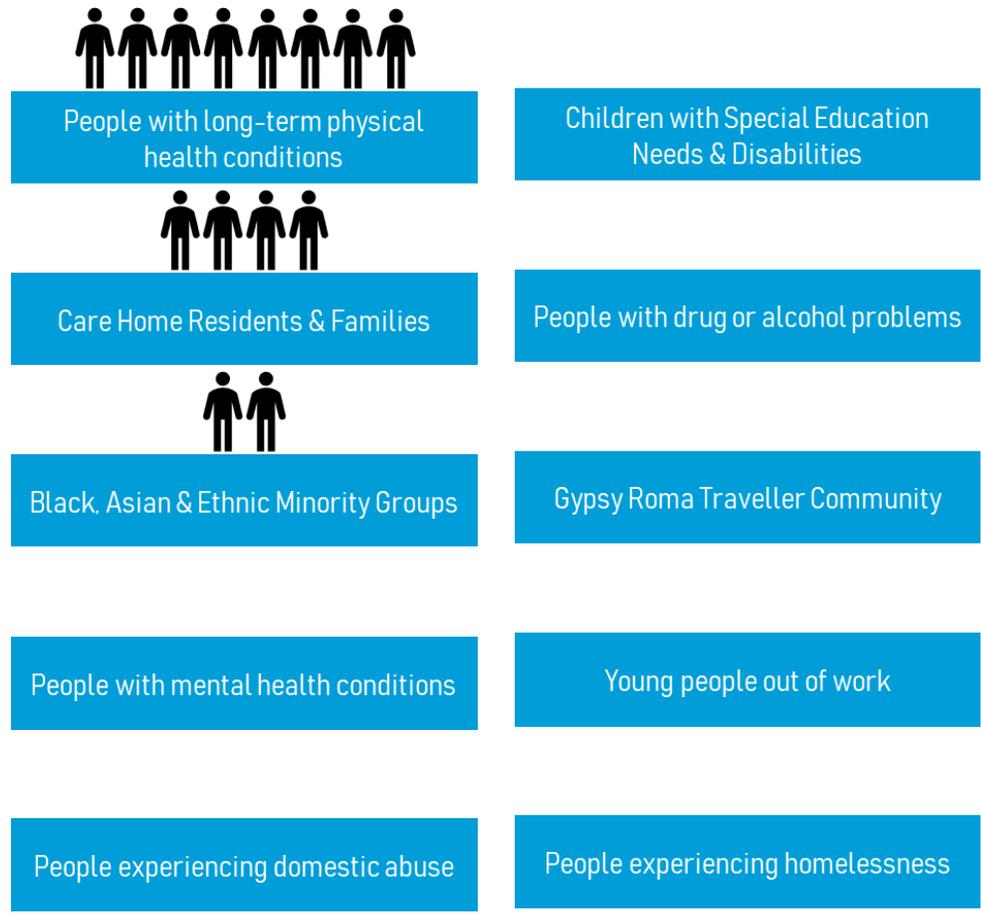
But there was also a decrease in demand on some services



Some services saw fewer enquiries during the lockdown period.

For example the number of enquiries into the Children's Single Point of Contact fell to less than 5,000 in April 2020.

This highlighted a risk of 'hidden harm' in our communities



It is likely that the pandemic has had a disproportionately negative impact on certain groups of residents.

We identified 10 vulnerable groups with pre-existing vulnerabilities or a greater risk of mortality from Covid-19.

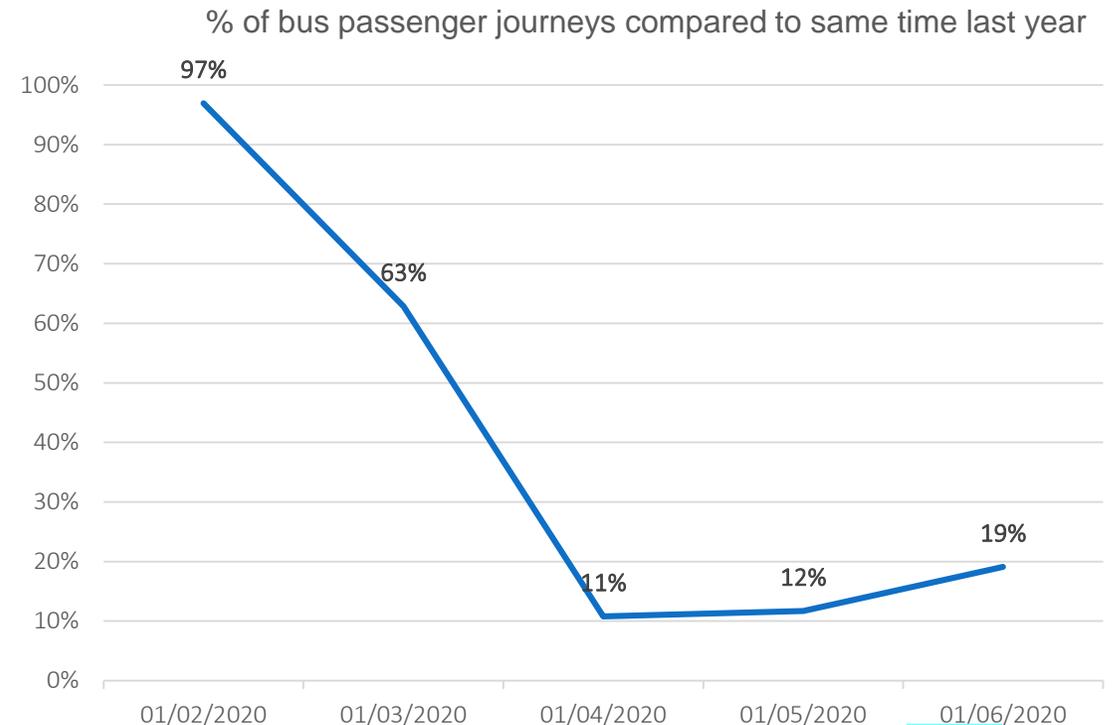
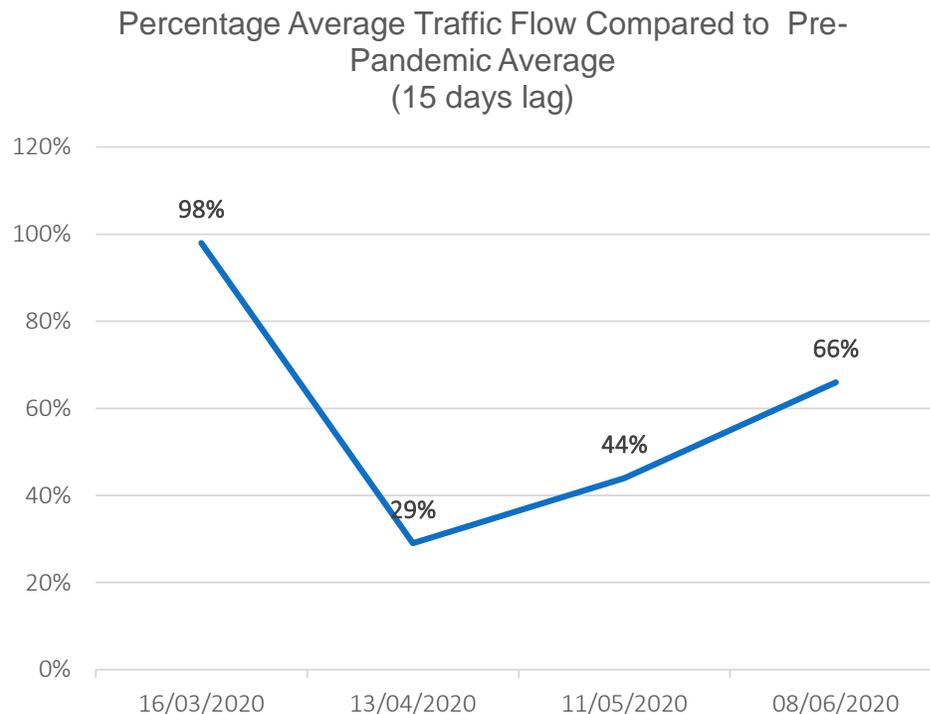
As part of our Community Impact Assessment, we have carried out a series of 'Rapid Needs Assessments' to understand the impact the pandemic has had on each of these groups.

The icons represent the increased mortality risk of each group. For example people with long term health conditions have an 8 times higher risk of dying from Covid-19 that those without long term health conditions.

Lockdown led to a decrease in mobility and economic activity

"It was like a ghost town. Literally like a ghost town" - Woman from Waverley

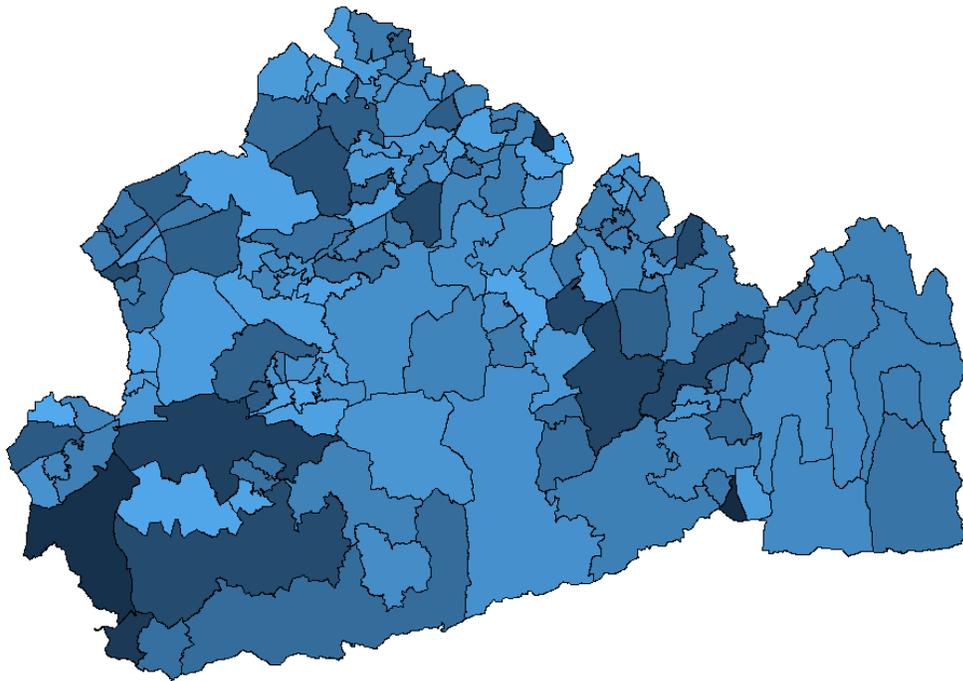
As a result of lockdown, travel across the county reduced. At its lowest, traffic flow was less than 30% of its pre-pandemic average while the number of bus passenger journeys fell as low as 11% of the number from the same time last year. The reduced levels of mobility are likely to have negatively impacted the local economy.



Part 2 – The Impact

The health impacts have been felt the most in areas with higher numbers of over 80s and care homes

Map of Surrey showing the distribution of the Health Impact Score across MSOAs (a darker shade of blue indicates a higher score, meaning the area is more impacted)



We mapped the health impacts of Covid-19 by combining data on Covid cases, deaths and care home outbreaks.

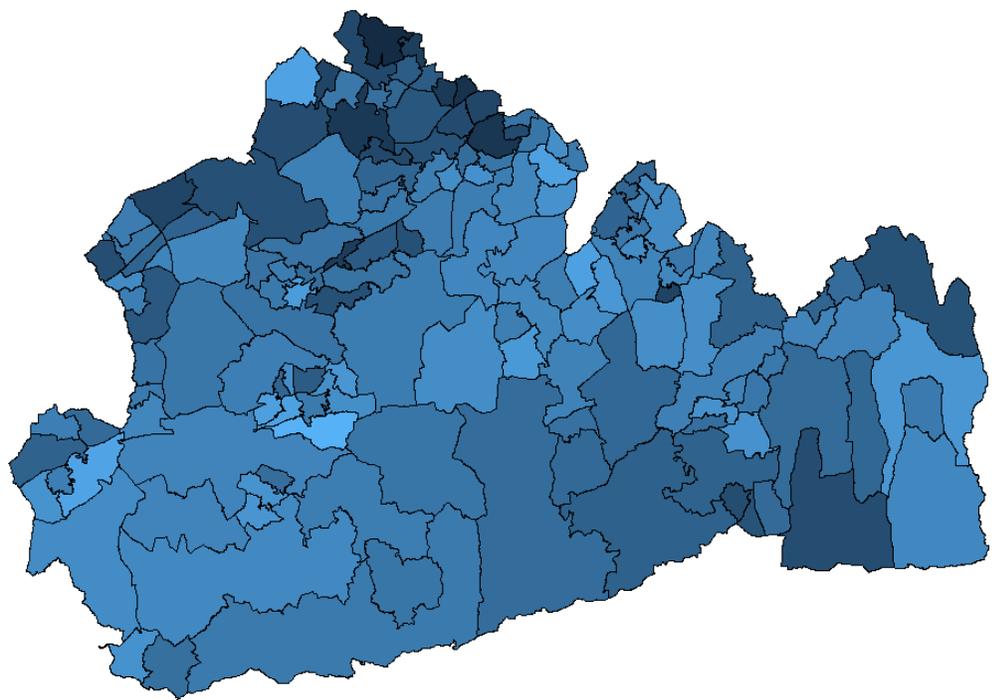
The top 5 most impacted areas in the health dimension were:

- Banstead (Reigate & Banstead)
- Horley Central (Reigate & Banstead)
- Leatherhead South & Ashted South (Mole Valley)
- Haslemere West (Waverley)
- Hindhead, Beacon Hill & Frensham (Waverley)

The economic impacts have been felt the most in areas with a higher reliance on certain industries such as aviation

"I fear the end is not near when it comes to this...especially in the airline industry" - Customer service manager at Heathrow Airport

Map of Surrey showing the distribution of the Economic Impact Score across MSOAs (a darker shade of blue indicates a higher score, meaning the area is more impacted)



We mapped the economic impacts of Covid-19 by combining data on estimated workers furloughed and increases in the claimant count.

The top 5 most impacted areas in the economic dimension were:

- Walton North & Molesey Heath (Elmbridge)
- Stanwell North & Stanwell Moor (Spelthorne)
- Bagshot (Surrey Heath)
- Warlingham East & Tatsfield (Tandridge)
- Tattenham South (Reigate & Banstead)

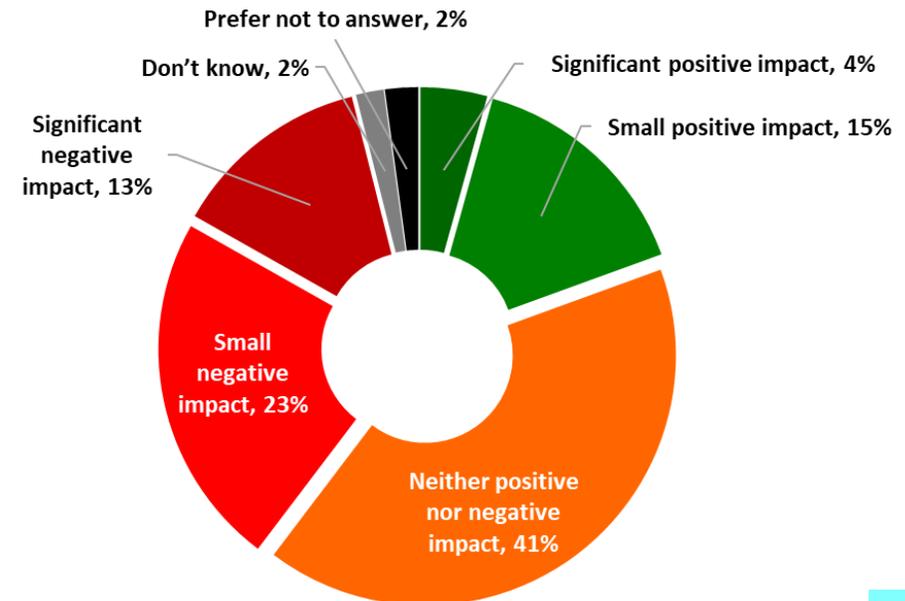
Residents who aren't used to needing support started to struggle

The number of people claiming Universal Credit or Job Seeker's Allowance increased by over 300% in some areas of Surrey. Through our temperature check survey and ethnographic research we learnt that many residents were seeking financial support for the first time due to Covid-19.

% change in Claimant Count June 2019 to June 2020 (a darker shade of blue indicates a higher % increase in claimant count)



What impact has the coronavirus crisis had on the income of your household, if any?

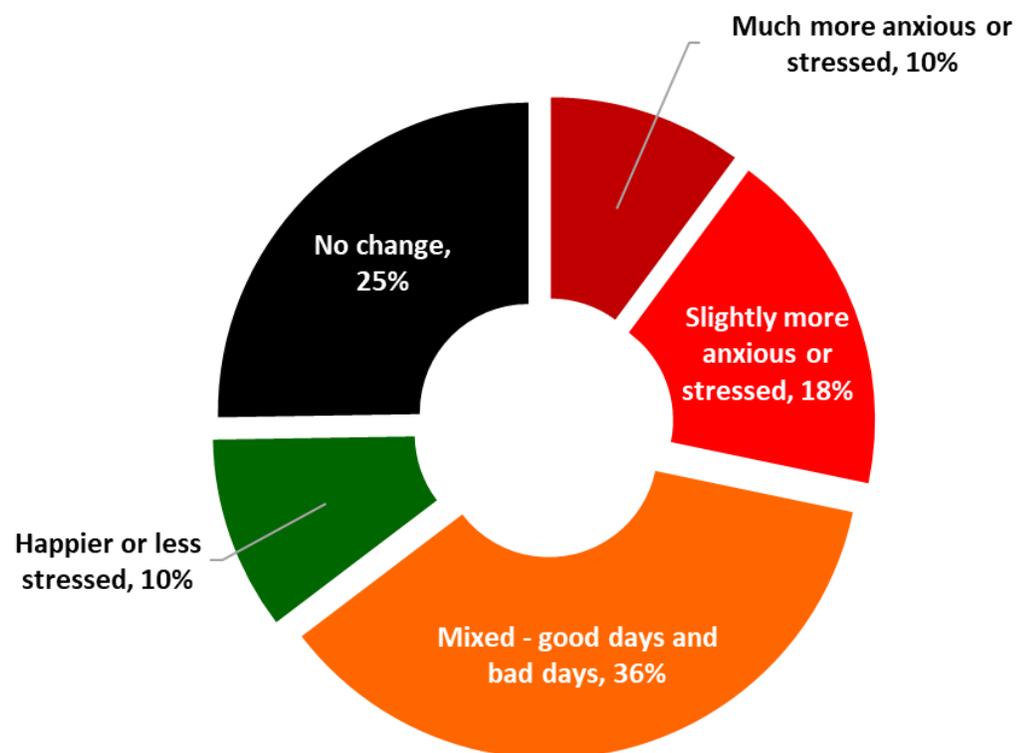


Lockdown has impacted many residents' mental health

"I found Covid-19 really stressful, I broke down in front of my Mum and said I don't want to live anymore" -

Woman from Spelthorne

How do you feel the lockdown has affected your mental wellbeing?



Our research has shown that impacts on people's mental health have been very significant, with 75% of residents telling us that lockdown has affected their mental wellbeing in some way.

Loneliness was a common impact, particularly amongst those aged 16-34 and those with low household incomes of less than £25k.

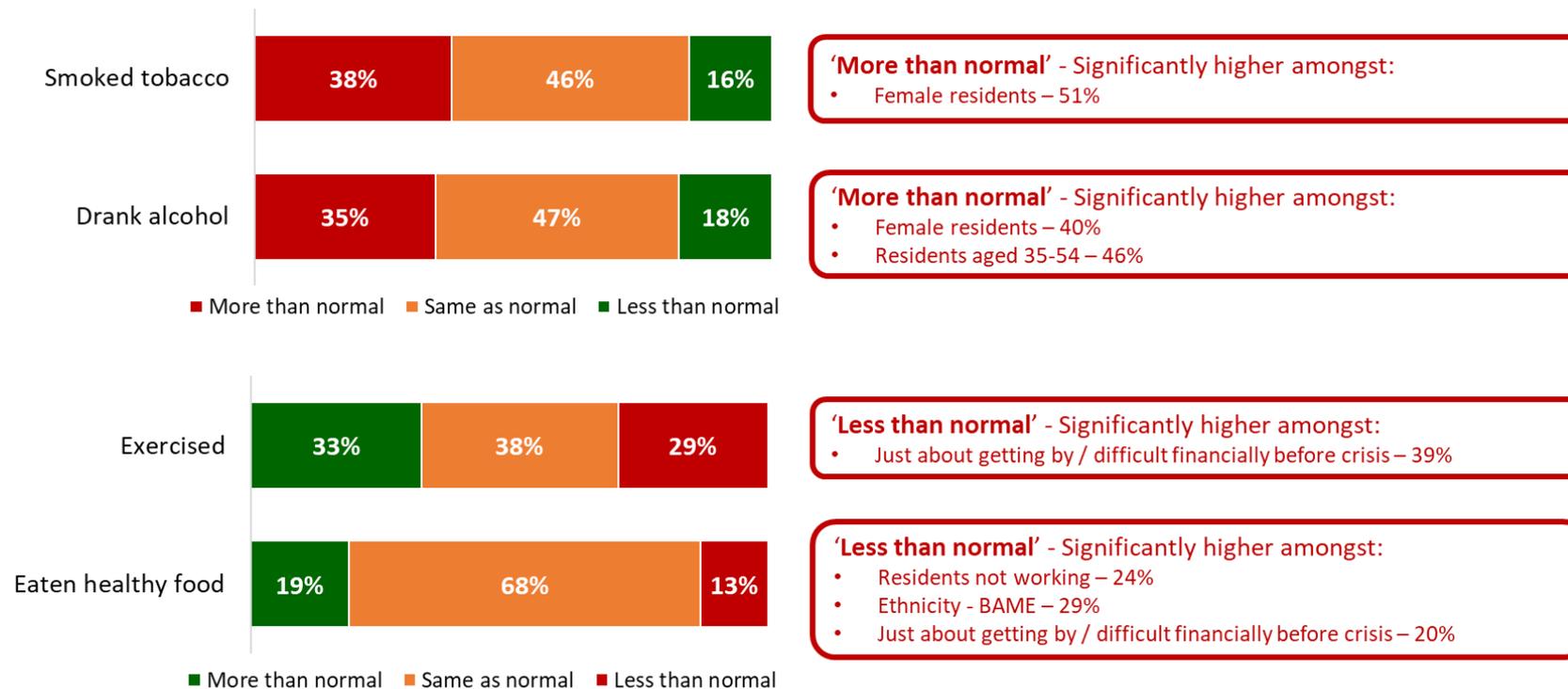
52% of those aged 16-25 say they felt more lonely due to lockdown, and 46% of those from low income households felt the same.

More people are participating in unhealthy behaviours

"I cope with the stress by eating, smoking and drinking really" - Man from Spelthorne

There has been an increase in unhealthy behaviours such as smoking and drinking since the start of lockdown. 38% of residents say they have smoked more than usual and 35% say they have drunk more than usual.

Since the start of lockdown, have you..? Excluding 'Not applicable'



People from BAME communities have struggled to access support

"It was lockdown mixed with Black Lives Matter that made me realise that I don't fit in here" – Woman from Ashted

Key findings from speaking to people from BAME communities were:

- Increased experience of racism and discrimination
- Lack of clear communication of guidelines
- Confusion about accessing care and support
- Lack of access to financial support. Job security at risk if absences
- Practicing effective social distancing a challenge, families live in overcrowded housing and/or multigenerational households.
- Need for a closer partnership working to build trust with BAME communities.
- Fund and develop culturally appropriate communication materials through trusted channels
- Improving access to testing and PPE to protect the frontline workers



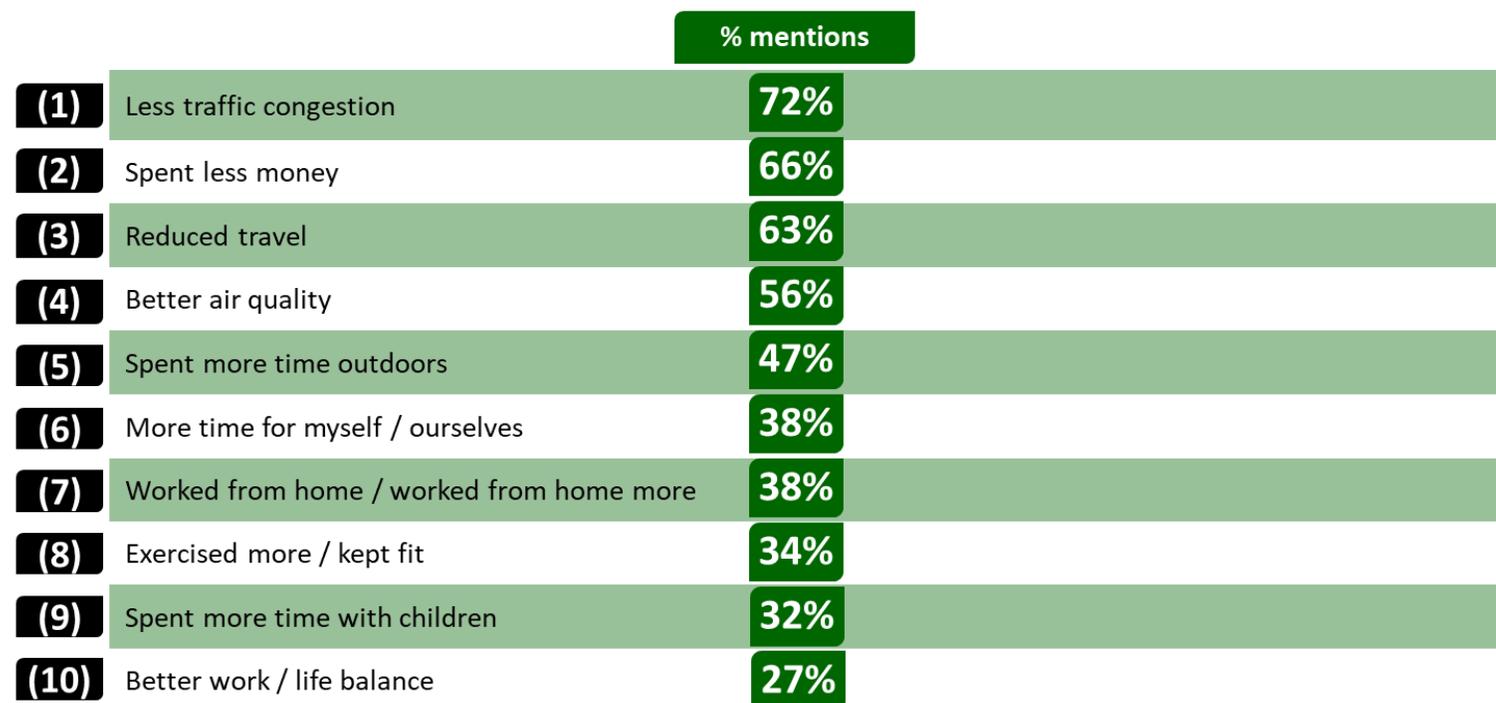
But there have also been some positive impacts from the pandemic

“The wildlife came alive when Gatwick closed” - Woman from Horley

There have also been some positive changes as a result of Covid-19. An increase in time spent outdoors and reductions in travel and air pollution are examples of this, which support our Greener Futures priorities. This provides an opportunity to encourage residents to maintain these behaviours and sustain the positive changes.

Partnerships have strengthened between service providers, community and voluntary care sectors; transcending perceived and/or existing barriers.

What positive changes, if any, have come out of the current situation during lockdown for you and your family?



Part 3 – A Partnership Response

Partners across Surrey quickly responded

SURREY'S RESPONSE

In Surrey, the Local Resilience Forum has been responsible for coordinating the response to COVID-19 and the national lockdown. This is jointly led by Surrey County Council, Surrey Police and Surrey Fire & Rescue

Service, and involves many partners across the county.

We have been working together, with a common purpose – to protect our health services and save lives. **We have:**



Handled over **10,000** calls into the Surrey community helpline

Made direct contact with **39,793** vulnerable and shielding residents, including over **30,000** calls and over **5,000** welfare visits



Opened a new community hospital in just **35 days**



Had around **250,000** views of Surrey County Council's Coronavirus web pages



Worked with **276** Voluntary, Community and Faith based groups across Surrey

Delivered **1,830** food boxes



Sourced, sorted and delivered over **7 million** items of PPE to the front line



Helped coordinate over **10,000** registered volunteers delivering support in the community



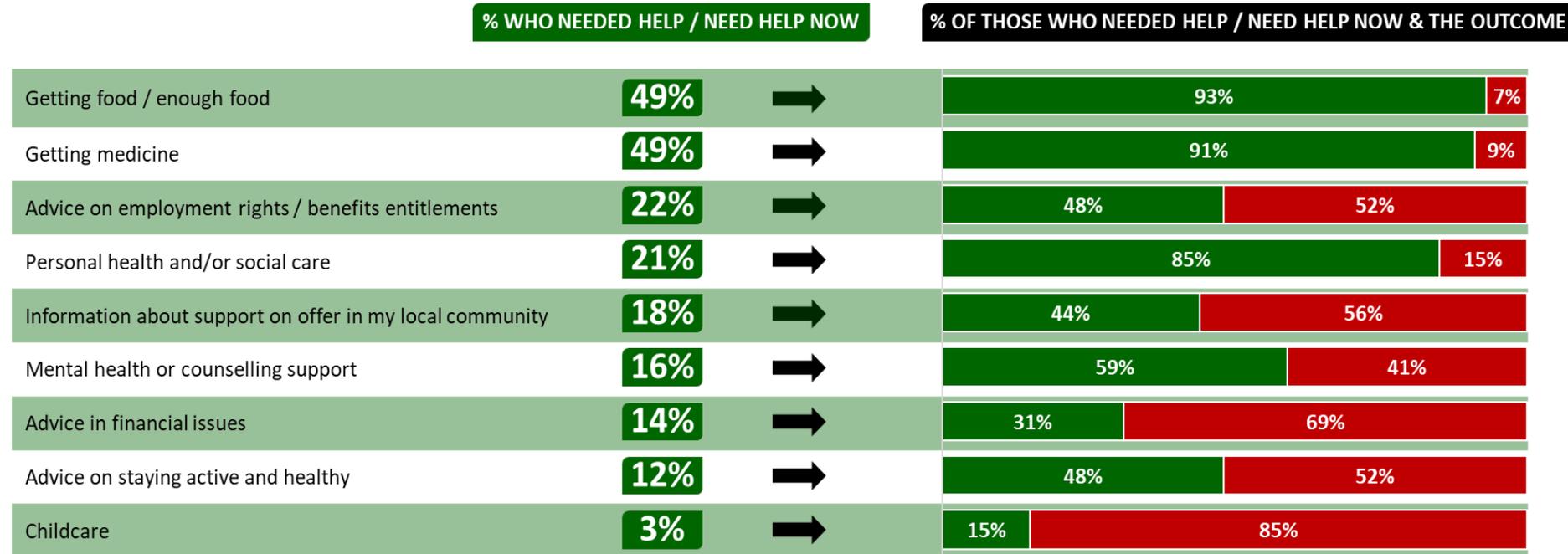
Established **3** temporary mortuary sites to ease pressure on hospitals

The majority of vulnerable people received the support they needed

Over 90% of those who needed help getting food and medicine received support, showing that these services for vulnerable people were effective.

Quick adaptation to virtual working for a number of services, including outreach to support homeless and those experiencing domestic abuse

As a result of the coronavirus crisis, what level of support, if any have you needed for each of the following? (Excluding Not Applicable)



■ Received / receiving it ■ Did not receive it / am not receiving it

Base: all answering (circa 486)

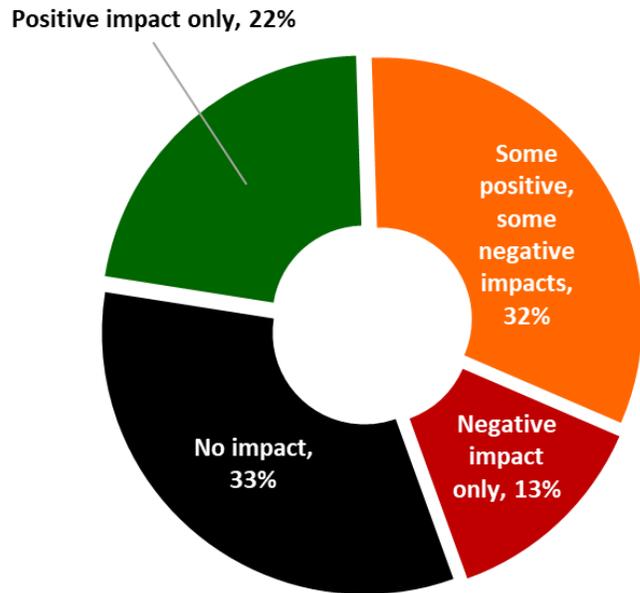
And there has been a greater sense of community and 'neighbourliness'

"It was our son's birthday on VE day. All the neighbours came round with cards for him. It was special, probably his best birthday ever" - Woman from Spelthorne

Many residents felt a heightened sense of neighbourliness in their areas. 54% reported a positive impact of some sort on their connection to the local community, and 55% helped out their neighbours during the pandemic. This greater sense of community cohesion can be built on through our Empowering Communities programme and Local Community Networks.

The 'everyone in' initiative resulted in unprecedented levels of engagement and stability for clients experiencing homelessness.

How has the coronavirus crisis impacted your household in terms of your connection to your local community?
Excluding 'Not applicable'



Have you experienced any of the following local community / neighbourhood activities during the coronavirus crisis?



But some groups have felt excluded or stigmatised

Through our Rapid Needs Assessments we have identified several themes showing how vulnerable groups have been impacted by the pandemic. These highlight the risk of increased marginalisation and exclusion of vulnerable groups.

Information - The language of information and guidelines has been confusing for some groups and caused an increased sense of mistrust towards government and mainstream media.

Exclusion - Many of the groups we have spoken to have felt excluded, from services (Gypsy, Roma and Traveler communities), access to transport (shielded individuals), digitally and in terms of language (BAME, Residential care).

Isolation - Lockdown has left many individuals feeling isolated and cut off from friends, family and their local community. This includes domestic abuse survivors, dementia patients, individuals in residential care, individuals shielding and newly unemployed people.

Stigma - There is greater stigma felt by some groups, for example around perceptions of mental health and stereotype of vulnerability. We have heard concerns around stigma from shielded individuals, people in residential homes and people from BAME communities.

Rigidity of Regulations - The regulations that have been imposed have often caused unintended harm, for example decline of dementia patients, decline of mental health, decline of chronic conditions, impact on individuals with SEND and people using lockdown as a tool for domestic abuse.

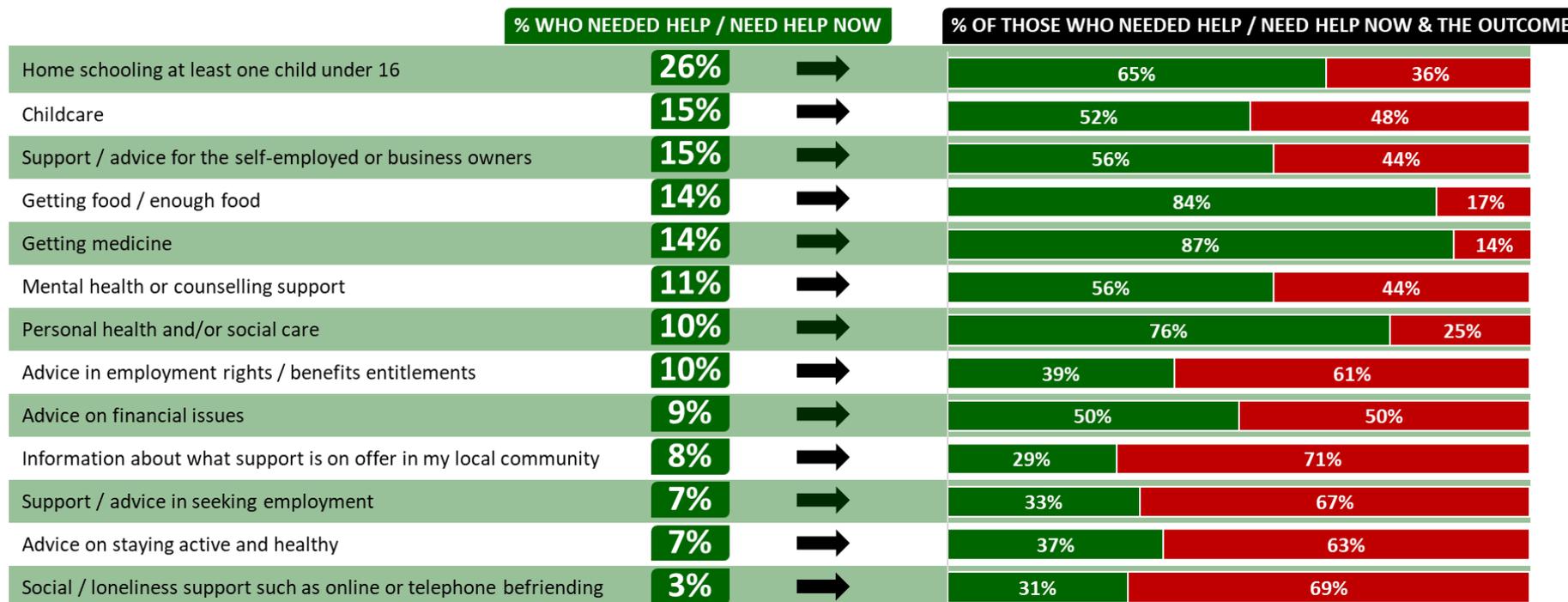
There are gaps in service provision for some types of need

"I just want my knee surgery to be sorted out so I can get on with day-to-day life" - Woman from Frensham, Waverley

Services with a greater demand tend to have been more accessible, but services with a lower demand have been harder to access, for example employment and befriending services.

Shielded individuals and their carers felt there was a lack of contact from Adult Social Care and other support services.

As a result of the coronavirus crisis, what level of support, if any have you needed for each of the following? (Excluding Not Applicable)



■ Received / receiving it ■ Did not receive it / am not receiving it

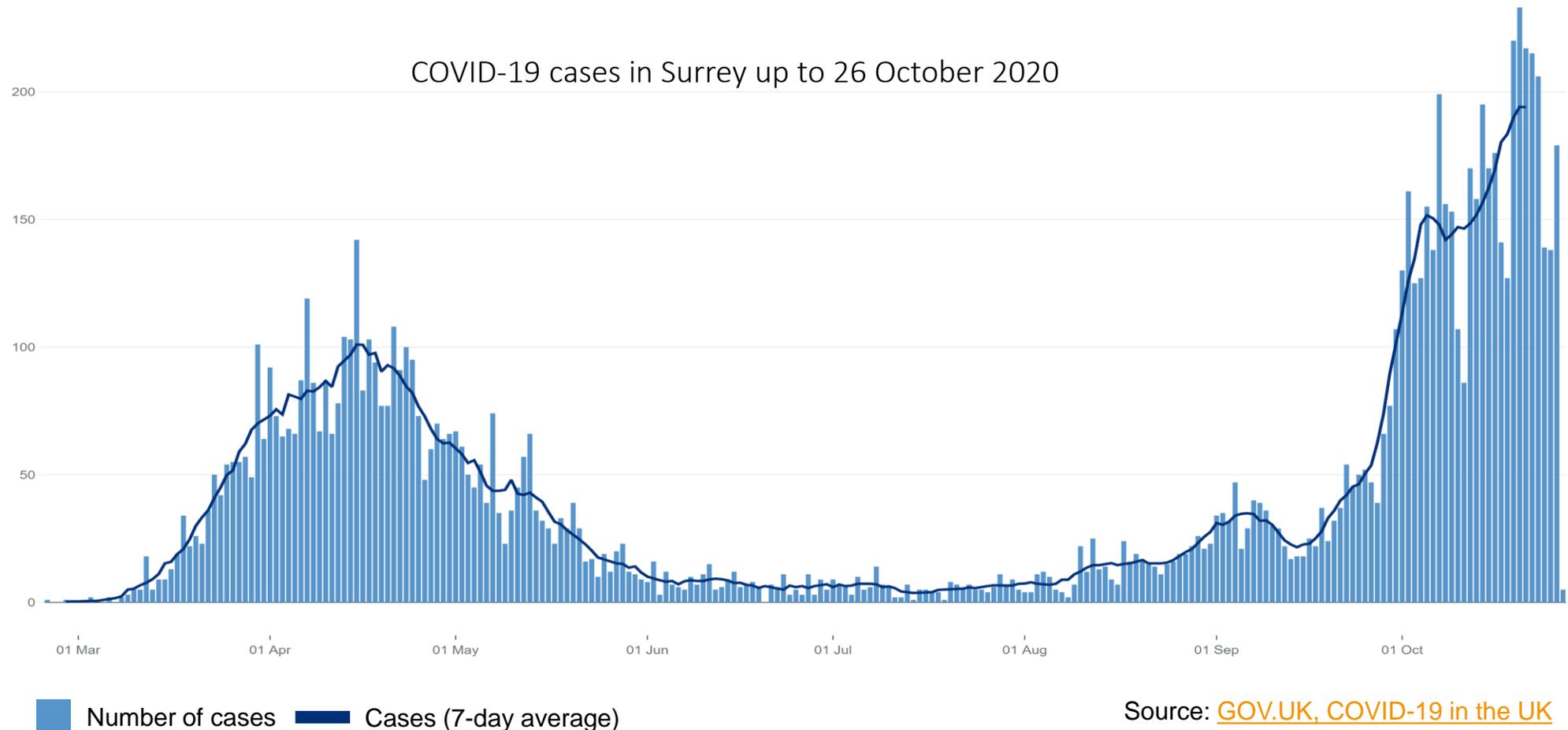
And residents have found information around guidelines and rules confusing

- Only four in ten residents believed they had received the right amount of information and guidance from government with just over a third believing they had received too little.
- Our ethnographic research revealed that although residents were aware of grants available for businesses from district and borough councils, many were uncertain of how to obtain this sort of financial support or lacked awareness as to what they may be eligible for.
- Confusion around accessing support was likely exacerbated by the fact that many people suddenly required support services which they had never needed before.
- Our Rapid Needs Assessments were powerful in conveying that vulnerable communities were impacted by not understanding guidance and/or being able to access support (financial and social).

Part 4 – The Second Wave

Cases have started to rise again

The number of Covid-19 cases began to rise again in Surrey in September, taking the total to 10,550 cases since the start of the pandemic. As we enter the second wave we will use the findings from the Community Impact Assessment to inform our response.



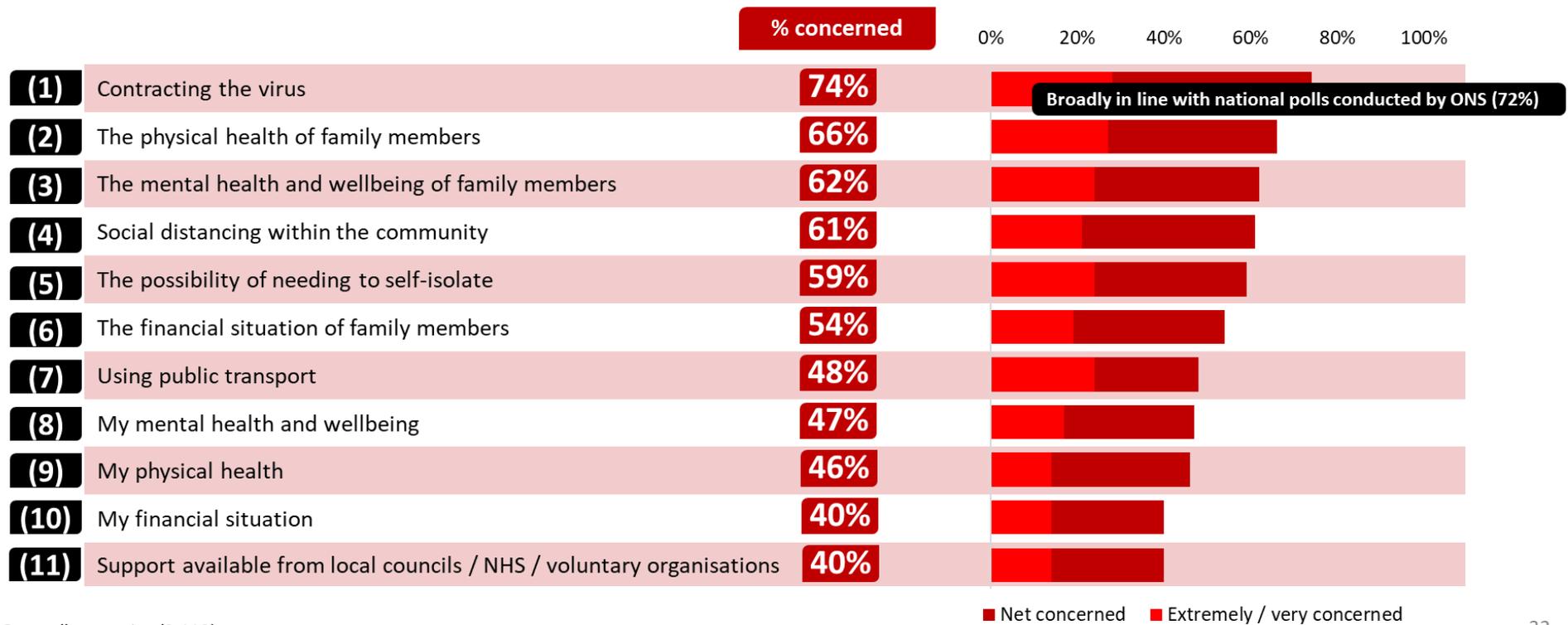
Source: [GOV.UK, COVID-19 in the UK](https://www.gov.uk/covid-19)

Many residents still have concerns for themselves, family and friends

Many residents are concerned about the future, in particular the physical and mental health of themselves and family members. Many are also concerned about their financial situation and the finances of loved ones.

Communities that have been disproportionately impacted by Covid-19 are concerned about the long term impact on their health and well being.

To what extent are you concerned about any of the following over the next six months?



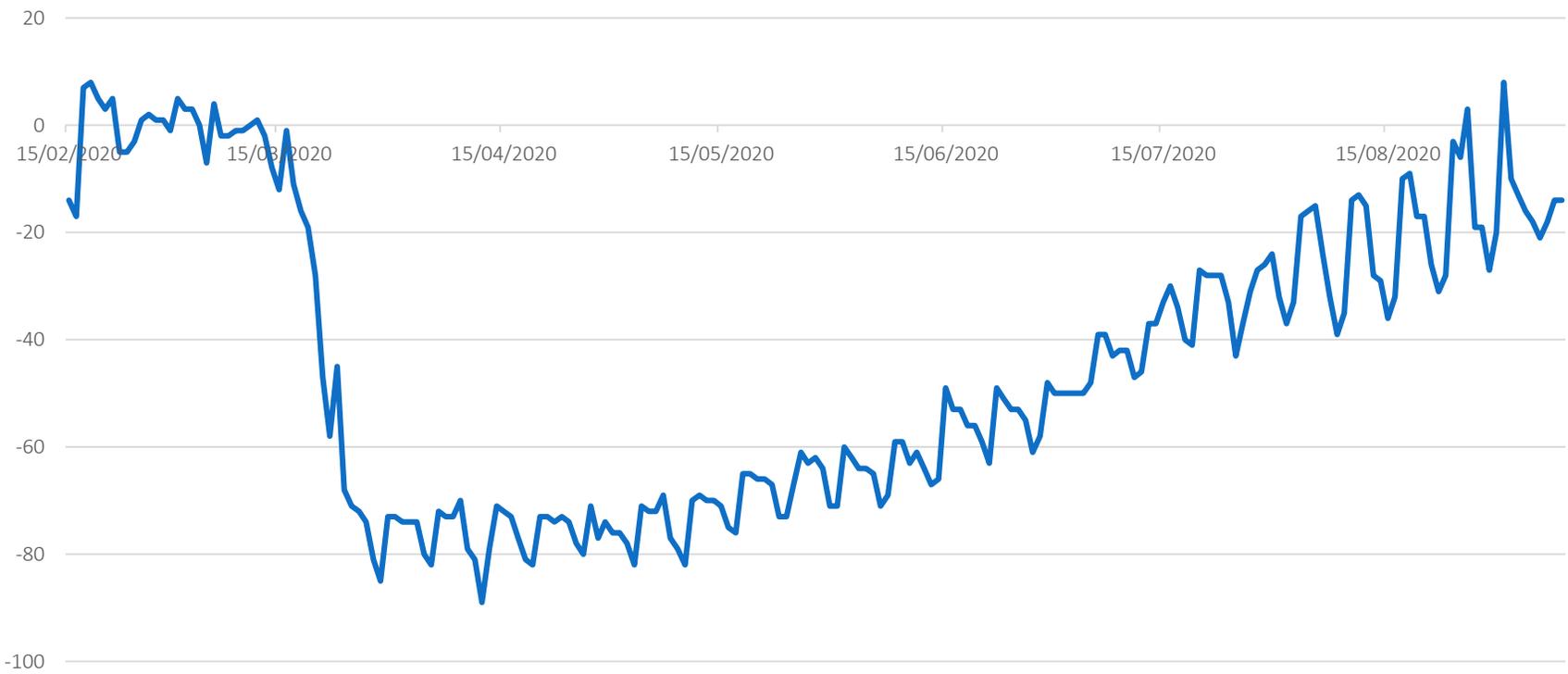
Base: all answering (2,118)

Part 5 – Looking to the Future

Local recovery efforts have started to show results

As lockdown eased, many residents started to return to their daily lives. For example mobility trends around retail and recreation activities have nearly returned to pre-pandemic levels.

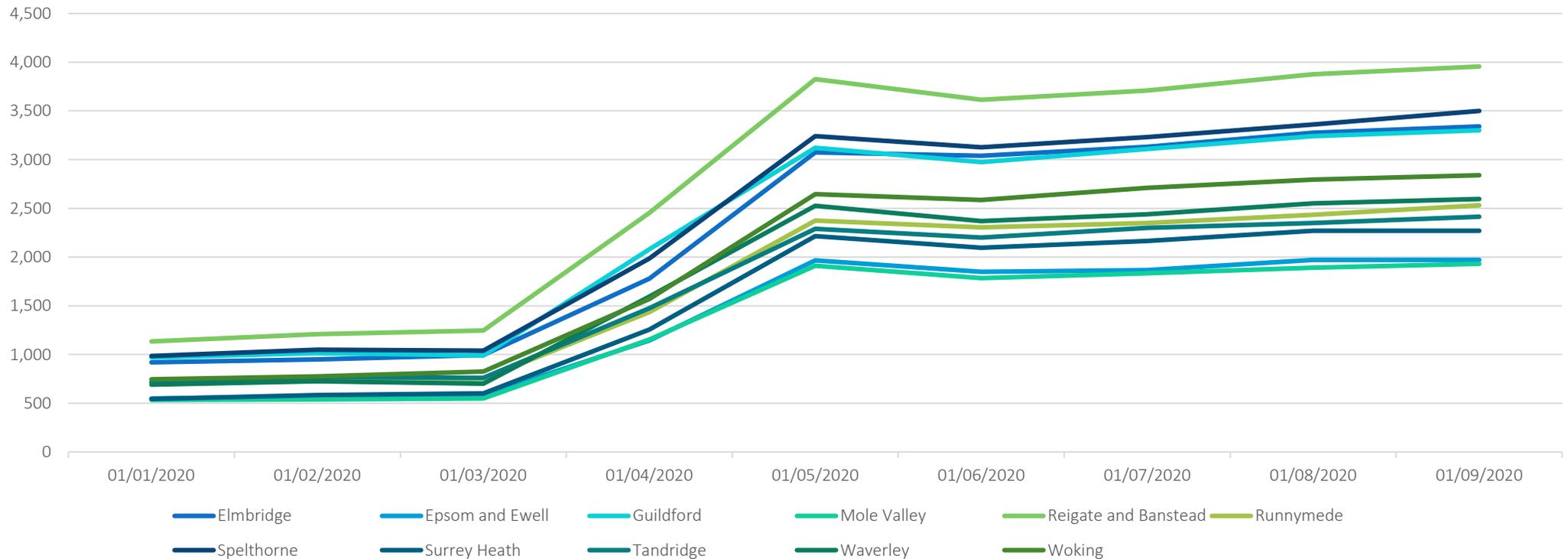
Mobility Trends in Surrey (Retail and Recreation)



But recovery is uneven across the county

The economic and financial impact on households has been uneven. For example, Reigate & Banstead, Spelthorne and Guildford have seen sharper increases in claimant count figures, and numbers continue to rise.

Claimant Count Figures by District and Borough

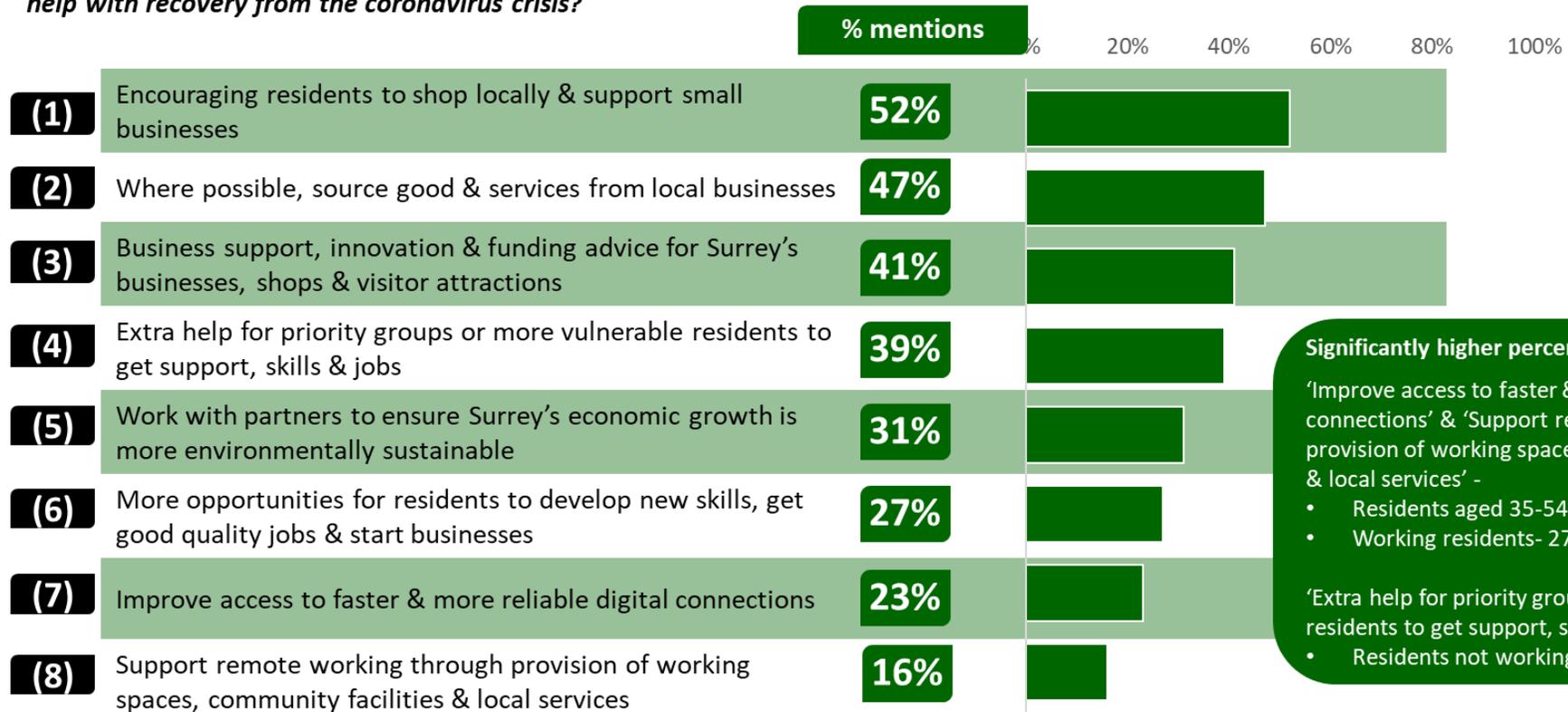


Residents have told us to focus on supporting local businesses...

“There are certain shops that are starting to close down. We’ve lost the shoe shop and the card shop” - Man from Spelthorne

Over half of residents believe the County Council and Surrey Heartlands should focus on supporting local businesses over the coming year.

What should Surrey County Council and Surrey Heartlands Health and Care Partnership’s priorities focus on over the coming year to help with recovery from the coronavirus crisis?



Significantly higher percentages:

‘Improve access to faster & more reliable digital connections’ & ‘Support remote working through provision of working spaces, community facilities & local services’ -

- Residents aged 35-54 – 27% / 21%
- Working residents- 27% / 20%

‘Extra help for priority groups or more vulnerable residents to get support, skills & jobs’ -

- Residents not working- 52%

...And our most vulnerable people

" We need to ensure that the foundations that have been laid remain and that they are not taken away. We need to ensure we have the financial stability to continue to support clients" - Outreach for homeless clients

Embed local models that enable flexible nuanced care for vulnerable people

Timely access to services and support , incl. networks and food charities

Facilitate wider service profile uptake through use of online outreach tools

Anti-discrimination and cultural awareness

Clear advice and support for financial, physical and mental health.

Implement safeguarding and corporate parenting responsibilities.

Further joined up, co-ordinated and sustainable support for the local agencies and organisations working with vulnerable communities

Reducing Health Inequalities

Effective, adapted, culturally appropriate and communication and engagement

Digital Inclusion

Appendix 1 – Background to Our Community Impact Assessment

What is the CIA?

Product	Description
 Geographical impact assessment	Presents analysis of the impact of Covid-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to identify which places in Surrey have been most affected by the pandemic and how.
 Local recovery index	The LRI is a surveillance tool for monitoring how well Surrey is recovering from the pandemic . It looks at a range of indicators across three themes; Economy, Health and Society.
 Temperature check survey	Survey of over 2,000 households from across Surrey to understand their experiences of the pandemic and lockdown.
 Community rapid needs assessments	10 in-depth assessments of how vulnerable communities have been affected during Covid-19 and these communities' needs and priorities.
 Place based ethnographic research	Detailed research to understand the financial, emotional and community impacts of Covid-19 on individuals living in communities that have been most impacted .

Where to find more information

The Community Impact Assessment will be published as part of our wider 'Evidence Base' about Surrey, our people and place.

The plan is to publish the data on Surrey-I, with a link through from the Surrey County Council website.

Surrey-I 'Covid-19 Impacts' Landing Page

The Community Impact Assessment (CIA) explores **health, social and economic impacts** of COVID-19 among communities across Surrey, **communities' priorities** for recovery, and **what support these communities might need** if there is another outbreak.

It aims to:

- Enable the council's partners to provide targeted support to communities impacted by COVID-19; and
- Enable the council and partners to act preventatively to mitigate future impacts.

The results can be split into 2 main areas:

- [People](#)
- [Places](#)

Product	Description
Geographical impact assessment	Presents analysis of the impact of COVID-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to identify which places in Surrey have been most affected by the pandemic and how.
Recovery progress index	The RPI is a surveillance tool for monitoring how well Surrey is recovering from the pandemic . It looks at a range of indicators across five themes: Economy, Place,

Appendix 2 - Sample of Resident Profiles

Ashtead

Jodie

Background

"It's a bit stuck-up here"

(we have replaced all residents' names)

About



- Lives with her 8 and 10 year old daughters
- Her mother and siblings live nearby
- Her partner lives in the US
- Has a background in fashion design and recently been devoting more time to art and design (will be exhibiting via V&A in Dundee)

Place



- The area is expensive, and she feels "it's a bit stuck-up here"
- She lives close to Ashtead Nature Reserve and goes on regular bike rides around nearby church and graveyard
- Ashtead feels safe and has good schools
- Feels the local population is overwhelmingly older and white. Being mixed race "you feel like you stand out"

Work



- Up until lockdown, she had been working as a TA at a local school
- She was initially put-on furlough, but was then made redundant
- She is currently out of work and feels lost: "what do I do with myself?"
- Starting to apply for new roles and finding it difficult to find term-time jobs so she can care for her daughters

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Community



- Doesn't take part in community groups, but friendly with neighbors
- Active on local social media groups—whatsapp and facebook, but complains "here is the worst, just constant moaning"
- Received help from local churches St. Giles and St. Georges during lockdown. They got in touch with her via her girls' school and delivered food parcels with activity sheets for the children too.
- She has received help with her housing, when a woman from the council came to give advice. But she feels in general with the council "you have to go to them to get information"

Jodie

Covid-19 Impact + Recovery

(we have replaced all residents' names)

"You don't know what you're going to be living on"

Physical



- Has suffered from migraines in the past, but these have eased in the last 6 months
- Has enjoyed regular bike rides and walks with her daughters
- Has found it hard being confined to the house. Worried about doing exercises for fear of disturbing downstairs neighbours: "you don't want to be in all day"

Emotional



- Covid-19 has affected her mood. She's thankful for video calls keeping her in contact with friends, family and her partner who lives in the US
- At the beginning of lockdown she felt herself "going into a real depression, but after about two weeks I started to feel, no it's fine"
- Focus on her children has
- Social confidence has suffered

Economic



- Lack of economic stability is stressful
- Furlough scheme did help but now she's out of work, she wants to know "when things are going to be stable again"
- With easing of lockdown and return to school, she has become aware of increased spending, paying for children's clubs and treats at the local café: "these things do add up every day"

Recovery



- Most of the local shops stayed open through lockdown, but she is concerned that economic impact will mean "they're going to end up closing"
- Is confused by media coverage and mixed messaging from the government: "they're scaremongering"
- BLM movement over the summer has made her increasingly aware of the lack diversity in the area, and hopes that this might change
- Lockdown has given her the opportunity to devote herself to her art and design work
- Using this time to reassess what she's like to do next: "using it to my advantage to just chill and relax"

Guildford

Joel
Background

(we have replaced all residents' names)

"Will be years to make up the losses."

About



- Married 18 months, strong relationship
- Owns property and is renovating it to sell
- First Baby due in November
- Hobbies are countryside pursuits eg shooting and he volunteers on 2 country estates
- He has 2 dogs

Place



- He has lived in Shalford 5 years, loves it there and thinks it is friendly
- He has lots of friends in Village and knows all his neighbours
- Socialises with others who attend shoots
- Hates the traffic - too busy
- Some Crime - had van stolen and tools stolen
- Wary of Traveller site in village

Work



- Owns and runs own small construction company which he has had for 12 years
- Company director - paid low salary and dividends
- Has 4 sub- contactors
- Used Accountant to check if he qualified for help - but he didn't

Community



- No personal knowledge of schemes or grants from council - only knows Planning Officer
- Would have liked council to suspend Council Tax, write to them 1-1
- Attended local VE party in Village and he uses local pub regularly
- He is friends with local business owners eg Cafe and Estate Agents, local shop and he helped Local shop and Cafe prepare for lockdown by installing screens for them early on

Joel

Covid-19 Impact + Recovery

(we have replaced all residents' names)

"The construction industry got no support"

Physical



- Drinks more now
- Did long walks with dogs
- Kept physically active working on own house
- Non-smoker

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Emotional



- Hard not to be involved in Pregnancy e.g. no ante natal classes or hospital visits for him
- Tried to be rational about Covid-19 but is worried about financial impact for his business
- Missed the social side of village
- Feels let down by Government and System because he got nothing and could see others getting money

Economic



- All work stopped immediately. He can't work from home so he went from £6-£4k/month to zero
- Claimed Universal Credit
- Used personal savings and had to sell some things
- Took personal loans as he didn't qualify for Government schemes
- His wife paid for food

Recovery



- Nice to have baby to look forward to
- Mother in law terminally ill - been hard for wife and he's supporting her through this
- Work is picking up again now. He's planning to change some business practices eg.. invoice tighter and at shorter intervals
- They will finish renovating house then sell and move
- Will take them years to pay off debts both personal and business related

Sheerwater, Woking

Aubrey
Background

(we have replaced all residents' names)

"We've always said, we're all doing this together"

About



- 28 yrs old, lives with husband and 2 children aged 9 and 6.
- She has no family in the area, but her husband's family are local and are very supportive (emotionally and financially)
- She is a keen reader and a budding author of fantasy romance novels

Place



- Moved to 2-bed council house 2015
- She thinks that Sheerwater is "not the kind of place you can let your kid play on the street" due to the amount of construction/demolition
- She is determined to move to a different area such as Goldsworth Park
- Doesn't take children to local playground due to anti-social behavior there

Work



- Works as retail assistant in Superdry
- On a zero-hour contract but usually works 20-30hrs a week around children's school
- Husband works casually as a labourer/ machine operator for an agency (earns £80-100 p/day)
- She earns £600-800 p/m. In good month she and husband bring in £1200 p/m (rent £400 p/m)

Community



- Doesn't engage with the local community, didn't hear of any community-help schemes in the area during Covid-19
- Her social ties are through online reading groups: " I say I don't have any friends, but I have a big book community kind of thing"
- Schools children outside of Sheerwater in Goldsworth Park and they take multiple (up to 8) buses a day getting to and from

"Prior to lockdown I never would have thought to write a book...I would never have had that time"

Physical



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- During lockdown she would do Joe Wickes workouts with the children in the mornings
- Took children out regularly for walks along the canal and their favourite park by Walton Rd
- Struggled to keep kids off devices and games

Emotional



- Family have bonded during lockdown through movie nights, days in pyjamas, making TikToks
- She missed her "me-time" of walk along canal from school to work
- Writing a reprieve "that was my little Covid-19 escape"

Economic



- She was furloughed in March and returned in June. Her husband had no agency work March-September
- Applied for universal credit during lockdown, but payments are very unpredictable
- Receive extra help from husband's family-children get pocket money from grandparents, family are included in grandparents' weekly shops
- Very strict food budget-£2.50 a meal. Always get reduced items/ only buy meat joints as a treat. Harder during panic buying period

Recovery



- Lockdown gave family time to reassess career paths and objectives
- She is taking her writing seriously (she writes 7hrs a day 7pm-2am), and wants to work towards making this her career, but will continue working part-time until this is financially viable
- Son is receiving private tutoring (has a part scholarship so pay £60 rather than £130 a month), which has given him support he needed especially through lockdown
- Ambitious for children, sees potential in son's talent for gaming to go into coding or software

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Health and Wellbeing Board Paper

1. Reference information

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report
Author:	Phillip Austen-Reed, Principal Lead – Health and Wellbeing (SCC)
Priority Sponsor(s):	<ul style="list-style-type: none"> • Rod Brown, Head of Communities and Housing, Epsom and Ewell Borough Council (Priority 1 Sponsor) • Professor Helen Rostill, Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor) • Rob Moran, Chief Executive, Elmbridge Borough Council (Priority 3 Sponsor)
Paper date:	3 December 2020
Related papers	<ul style="list-style-type: none"> • Appendix 1: HWBS Priorities Milestones Status (as at October 2020) • Appendix 2: Health and Wellbeing Strategy Metrics Data Update: December 2020 • Appendix 3: RCG VCFS Stream Areas to Transition to HWB

6

2. Executive summary

The Health and Wellbeing (HWB) Strategy is a critical element of delivering Surrey’s overall 2030 Vision. We know that this Vision continues to be the right destination with our overarching commitment to ensure no one is left behind being more important now than ever as is the need to ensure our current strategies and plans will continue to address this more effectively. Through the work of the Local Resilience Forum, partners across Surrey have undertaken a Community Impact Assessment which has created a robust evidence base on the impact of Covid-19, what residents see as the challenges and opportunities, and how our shared priorities can align with this.

From this evidence base, four areas have emerged that, through a shared focus, will help us to meet the more immediate challenges we are now facing whilst also ensuring we take advantage of the opportunities that have emerged through the response to Covid-19. These can be summarised in relation to the HWB Strategy as:

- Tackling health inequality
- Enabling a greener future
- Empowering communities
- Growing a sustainable economy so everyone can benefit

Within this context, this paper includes an overview of the local shared projects supporting delivery of the Health and Wellbeing Strategy against previously agreed milestones as of October 2020 (detail within Appendix 1).

A brief update on the overall health and wellbeing metrics is provided, with the latest available data and directions of travel provided in Appendix 2. These will be reviewed in more detail over the next quarter for discussion at the March HWB to ensure they continue to be the most relevant set of outcome measures for reviewing the strategy priorities.

In response to the feedback received from board members in the summer, a short summary is provided to outline the current position of system capabilities and those which are within the board forward plan for 2021. Starting with “communities” in March, these will be coming for review, discussion and input.

3. Recommendations

It is recommended that the Board:

1. Note the positive impact a sustainable economy, enabling a greener future and empowering communities to support each other, can have on reducing inequality and endorse a focus on these through the work of the Health and Wellbeing Board.
2. Consider and approve the Community Safety Agreement focus areas as described under Priority 3.
3. Note the shared progress described across the three strategy priorities in adapting and responding to the impacts of the pandemic.
4. Note the adoption of longer-term oversight of relevant work identified within the VCFS strand of the Recovery Coordinating Group (Appendix 3) which should inform relevant work and the system capability discussion at the March Board.

4. Strategy delivery and Implementation plans

Shared projects continue to adapt what is being delivered to address the changing needs of the population given the impact of the pandemic. These will develop further based on the outcomes of the rapid needs assessments that were published in November and the wider Community Impact Assessment work which will be formally considered by the boards and coordinating groups for each of the priorities. In doing this consideration will be given to four areas that have emerged from this developing evidence base that, through a shared focus, will help us meet the more immediate challenges we are now facing. This will be done whilst also ensuring we take advantage of the opportunities that have emerged through the response to Covid. These can be summarised as:

Tackling health inequality

An integral key principle across the strategy in ensuring “no-one is left behind” and is already evident in the work that has escalated over 2020 in, for example, domestic abuse and homelessness. All the priority boards will be considering how [the Rapid Needs Assessments](#) and wider [Community Impact Assessment](#) need to inform the ongoing future development of work across all three priorities.

Enabling a greener future

Many partnership programmes within priority one aim to have both environmental and health outcomes and could be enhanced through the behaviour change that has been observed during the impact of the pandemic.

Empowering communities

With the merger of the Health and Wellbeing and Community Safety Boards the development of the Community Safety Agreement will be a big enabler and the

importance of empowering communities and is also recognised as a key system capability underpinning the entirety of the strategy.

Growing a sustainable economy so everyone can benefit

With the establishment of the One Surrey Growth Board, the approach that is developing identifies the importance of targeted support for more vulnerable persons in relation to employment and so will be particularly important in supporting outcomes that are vital to enable the wider health outcomes.

Appendix 1 identifies the current status of projects against key milestones as of October 2020 based on the assessment of the relevant lead officers. These have been reviewed following the impact of the pandemic and an increasing number are now identifying as being “on track”. Many of those that continue to be significantly impacted however involve leads who remain integral to the continued pandemic response.

Priority 1: Helping People to live healthy lives

Numerous previous pathway blockages into and through services continue to open up and within some projects the flow of information and assistance between the third sector, commissioned providers and statutory and internal partners has been fast-tracked.

Closer links with digital health and other transformation projects and closer working with Districts and Boroughs have reaped benefits for residents, particularly with regards to support for the homeless population.

The Prevention and Wider Determinants of Health (PWDH) Board reviewed and endorsed project milestone variations in Focus Areas one (1) and five (5). This exercise also highlighted the interconnectivity with other priority areas. Proposed amendments for other focus areas will be considered at the next and subsequent meetings as part of the forward plan for the PWDH Board.

More work continues to be needed to understand the most relevant indicators that should be used for some of the thirty-five (35) projects contained within Priority one.

Focus Area 1: Working to reduce obesity and excess weight rates and physical inactivity

- Jenn Smith (SCC Public Health) and Lawrie Baker (Active Surrey) co-drafted and co-presented in depth reports and presentations on Projects 1 and 2 to the PWDH Board in October 2020:
 - Project 1: Developing a Whole Systems Approach to physical activity including improving green spaces, transport initiatives, and healthy planning and;
 - Project 2: Implementing a Surrey obesity approach to encourage healthy weight.
- A joint Obesity and physical activity summit was held on 12th November and key themes and actions are being collated.

Focus Area 2: Supporting prevention and treatment of substance use, including alcohol

- The development of the Drug & Alcohol Strategy for Surrey (2020-2025) has been paused during the pandemic however the projects relating to support prevention and early identification of drugs and alcohol and the effective treatment and recovery of alcohol dependency including the review of the current provision are on schedule.
- The majority of the tasks within the targeted approach to priority groups to stop smoking are on track. Links are needed to the Workforce System Capability and Social Values workstreams to encourage smoke free sites and ensure staff are supported to quit smoking have been delayed.
- The re-establishment of the Tobacco control and Alcohol Alliance is proceeding. A refresh of the Tobacco Control Strategy is ongoing with a launch scheduled in April 2021.
- To ensure priority groups are accessing “stop smoking support”, close monitoring of providers is on track. Service gaps and issues affecting access to services are being addressed. The stop smoking service is connecting to the Workplace Wellbeing Programme.

Focus Area 3: Ensuring that everyone lives in good and appropriate housing

- Despite an active recruitment campaign a lead for the work on Prevention of Fuel Poverty is still needed. Whilst officers continue to approach possible leads, members of the HWBB are requested to consider any suitable persons across their organisations.
- The Prevention of Homelessness and Rough Sleeping Multiagency Group (MAG) continues to develop and assist front-line agencies in Districts and Boroughs with the creation of Standard Operating Procedures including access to a crisis line for mental health emergencies, alcohol and substance dependency support and scenario planning as part of the Local Outbreak Plan.
- Due to a shortage of emergency accommodation across SCC for this population in the case of second wave, temporary land and self-contained modular living-cabins are being secured in two areas of Surrey with wrap around care and support. SCC Public Health team, Reigate and Banstead BC, and Elmbridge BC are sharing or proposing to share sites for night shelters and social isolation cabins for vulnerable homeless people. Guildford BC has also expressed an interest to share a site.
- The Covid-19 pandemic emphasised the need for flexible and accessible mental health and substance dependent outreach services to be made available urgently to people being housed by the Districts and Boroughs in the current and future emergency, temporary and move on accommodation.
- A pilot non-clinical outreach service which will “Bridge the Gap” during winter 20 /21 to provide additional support to the most vulnerable service users with multiple disadvantages and ease their access into longer term care pathways is beginning.
- The commissioning process for Extra Care Housing is on target. Cabinet approval is scheduled to be sought in Autumn 2020.

Focus Area 4: Preventing domestic abuse (DA) and supporting and empowering survivors

- In response to Covid 19 particular projects within this Focus Area have been accelerated and / or modified. Additional emergency housing and support was urgently secured for people requiring refuge accommodation. Solid multiagency partnerships have been developed.

- A full update of the Prevention of Domestic Abuse and Supporting and Empowering survivors is scheduled for presentation and discussion at the PWDH Board on 19 January 2021 and will further inform the March highlight report.

Focus Area 5: Promoting prevention to decrease incidence of serious conditions and diseases

- The PWDH Board endorsed and agreed to engage in the promotion of a Surrey Wide CVD Prevention Plan.
- An evidence-based review to explore barriers/attitudes to cervical screening has been completed. The design of a local survey to test national evidence and explore barriers/attitudes with residents is being developed.
- A Surrey Heartlands Screening and Early Diagnosis Group was established from July 2020 to develop an action plan for Surrey Heartlands.
- Diabetes Manager reported and presented an update on reviewing and updating the Diabetes Pathways, establishing a Surrey-wide diabetes testing programme, and the promotion of the availability of Diabetes Champions within the voluntary community sector and the importance of education for people with diabetes and at risk of developing Type 2 diabetes.

Focus Area 6: Improving environmental factors that impact people's health and wellbeing

- Guidance to support health and local planning in Surrey has been published.
- A Planning and Health Forum to improve collaborative working across planning and health departments and maximise opportunities for health to influence Local Plans has been established.
- The Preliminary Environment Information Report (PEIR) and draft response for the statutory airport expansion consultation at Heathrow is completed.
- Work with Heathrow Strategic Planning Group (HSPG) to determine mitigation and develop a joint position and the Development Consent Order (DCO) submission are paused.
- Gatwick has paused the Development Consent Order process to expand until January 2021.
- The project with partners to develop a Surrey Greener Future Strategy is completed.
- Surrey's Greener Future Design Challenge was successfully delivered. This challenge generated and enabled 10 ideas from groups of local people in response to the climate emergency. The Project Team supported the 10 groups of residents behind the ideas and are intending to undertake a 6-month evaluation to understand the impact of the ideas.
- The partnership with the University of Surrey to take forward initial work to baseline carbon emissions across the whole of Surrey, including specific work to benchmark Surrey CC's emissions from own estate and operations is completed.
- The research of the relevant strategies of SCC and partner organisations to determine whether the commitments to achieve a carbon neutral future by 2050 and make recommendations about additional commitments that might be needed is completed.
- Joint working with Surrey Environment Partnership authorities on a strategy / action plan to reach a common sustainability aim is completed.
- The delivery of the Drive SMART Road strategy 2019 -2021 was delayed. School interventions were cancelled, and engineering schemes were paused. Overall, during the pandemic, the number of casualties has reduced due to less traffic. Speeding however increased on some roads following the first wave of the pandemic.
- The drafting of a sustainable school transport strategy is completed however its implementation is at risk. Identification of schemes that address known weaknesses

or omissions in current walking, cycling and public transport infrastructure are completed and included in the in 'Transport Futures' long-listing exercise.

- The project team is working towards being ready for funding bids for prioritised major schemes that encompasses walking, cycling and passenger transport measures when opportunities arise.
- Surrey's electrical vehicle charging policy is proceeding. The Surrey Greener Future Strategy is on target to deliver Strategic Priority 2: All council-owned vehicles, including SCC-owned bus fleet, to be zero carbon by 2030 or sooner and Strategic Priority 3: use its influence across its supply chain through procurement practices to drive significant carbon emission reductions in the operations of our staff, suppliers and partners.
- Whilst the support to the Districts and Boroughs to embed sustainability is in progress, additional work is required to meet agreed deadlines. Work is happening to support all NHS organisations across Surrey to have a Sustainable Development Management Plan.
- Seasonal health information and advice to relevant organisations and partners is being provided to support effective action to protect the health of the local population, including messaging through the Healthy Surrey website. Work is being undertaken within communities to plan and prepare for extreme weather conditions.

Focus Area 7: Living Independently

- The four carers projects are generally on track. A full update of the BAME carers and system-wide Workforce Carers was presented to the PWDH Board in July 2020 with a progress report in October 2020. The Carers Strategy was launched for consultation on 19 October 2020 and the specification for the new Carers Service is scheduled to be launched in early 2021.
- The commissioning of the Technology Enabled Care offer and the At Scale / At Place programme has been delayed due to Covid-19. Revised timelines are being considered for these projects and for the Better Care Fund evaluation scheme.
- Throughout the pandemic the reablement service focussed on maintaining critical care within the community to prevent hospital admission and support hospital discharge. A refreshed reablement framework is being accelerated to recover time lost during the pandemic. Projects and Milestones are scheduled to be refreshed within Q3.
- The Palliative and End of Life Care Strategy will be presented to System Board in December 2020 and come to the Health and Wellbeing Board in March 2021. Resources and training packages are being developed with the Carers Services for carers on end-of-life care.

Priority 2: Supporting people's emotional wellbeing and mental health

Focus Area 1: Access the right help and resources

The mental health system is beginning to see and feel increased pressure due to greater complexity and acuity in presentations. There have been more presentations of serious mental illness and admissions into acute psychiatric beds; significant increases in use of emergency powers under the Mental Health Act leading to more detentions; increasing numbers of people with autism presenting to inpatient services; more evidence of alcohol related presentations; an increase in safeguarding referrals due to domestic abuse; pressures on the voluntary sector provision and higher rate of mental health welfare support calls; higher presentation rates in Primary Care; and higher rates of anxiety, self-harm and suicidal ideation reported amongst people aged over 65 years.

Despite this, there is a huge range of excellent partnership work (including health, Local Authorities, VCFS sector, private sector organisations, and wider partners) as the system has pulled together to deliver positive outcomes for people in Surrey:

- Surrey Mental Health Summit arranged to facilitate a joint understanding across Surrey of the current situation of the mental health of residents, the experiences of users and challenges facing services; and to build consensus around and, set in motion, activity that will rapidly improve mental health services, user experiences and outcomes.
- Surrey Adults and Health Select Committee Mental Health Task Group recently published their report which set out to map the individual and carer's journey through adult mental health services in Surrey. System-wide responses to the recommendation have been sent on behalf of Surrey Heartlands ICS and Frimley ICS and meetings are being scheduled with the Task Group members and Priority 2 programme team, including Sponsor, to discuss which recommendation will be delivered through the Priority 2 implementation plans.
- GPIMHS mobilised to time and target with the service fully operational in 11 PCNs by October 2020. Since January 2020, the GPIMHS programme has actively recruited 38 new posts to ensure all participating PCNs have a full team available. The teams have supported almost 3000 patients during this service implementation phase. All resources are working remotely. Development of an enhanced pathway for people with Personality Disorder (PD) traits is underway with 10 out of 21 new roles recruited to. Development of the 18 to 25 Young Adults' pathway is also underway. Anecdotal reports from GPs indicate that more people are presenting to them with mental health needs since the first lockdown eased, so having integrated mental health support is essential.
- Evidence indicates that health and care workers, particularly those in frontline roles, are at greater risk of experiencing adverse mental health outcomes as a result of Covid-19. Nearly a third of people infected by the pandemic are health and social care workers so risk of infection is a cause of significant stress and anxiety. Workforce wellbeing resources have been developed and collated on the Healthy Surrey Website. Workforce support offer available in most Surrey health and care organisations. Proposals and business cases for wellbeing roles are currently in the process of being signed off. IAPT and secondary care fast track workforce psychological support programme available. Care Home workforce support offer developed and delivered. Risk assessments completed across all organisations with a bespoke approach for vulnerable groups. Stocktake of workforce support offer submitted to NHSE. South East Workforce Resilience Hub proposal submitted to NHS England, and allocation awarded, with focus on supporting psychological stress.
- Based on previous research, it is expected that at least 20% of people treated for Covid-19 in critical care settings will experience significant symptoms of PTSD during the first 12 months post discharge. Pre-existing anxiety or depression are major risk factors for PTSD following any episode of intensive care. System working group are mapping rehabilitation pathways for people who have experienced Covid-19. Current emotional/psychological support for people post Covid-19 mapped and gaps identified. This will feed into a system-wide business case. Initial discussions taking place about training partners in approaches such as trauma informed care. IAPT Bereavement support offer in place and resources available on the Healthy Surrey Website for those who may have lost loved ones due to the pandemic.
- Wave 4 suicide prevention funding is being made available in Surrey to be spent on prevention, response and transformation, with a focus on enhancing the current approach to supporting people bereaved by suicide, support to those self-harming, and training.
- Local data shows that more people are entering the mental health crisis pathway with depression and suicidal thoughts than pre-Covid, including those not known to

services before and people who have had a long period of symptom stability. Real-time Surrey Police surveillance data is now accessible to Public Health. Full programme of suicide prevention training in place. Review planned of the Surrey Suicide Prevention Policy through the lens of Covid-19 and learning from research.

- The first cohort of five people in the system are to be trained up as Mental Health First Aid trainers by the end of December 2020. Second cohort of six to be trained by May 2021. A working group is being established to oversee MH First Aid training as a system and developing a trainer network and buddying system.
- Surrey Mental Health summit arranged to facilitate a joint understanding across Surrey of the current situation of the mental health of residents, the experiences of users and challenges facing services; and to build consensus around and, set in motion, activity that will rapidly improve mental health services, user experiences and outcomes.

Focus Area 2: Emotional wellbeing of mothers and families throughout and after their pregnancy maternity

- Reviewing feedback from First 1000 Days strategy engagement to ensure strategy accurately reflects the needs of Surrey families. Mental health is identified as a key outcome.
- Mental health has been identified as a priority for one of the five workstreams. Programme team working with the Programme Board to refine workstreams and begin programme/project planning.
- Funding has been extended so Home-Start can continue to provide the virtual post-natal peer support programme which is continuing to support parents with their mental health during the pandemic.
- Maternity Mental Health Service expression of interest approved by NHSE/I. The service will be piloted in two areas in Surrey and will support women during pregnancy who experience trauma, loss or tokophobia.
- GRT Starting Well Fund application submitted to Department of Health and Social Care Health and Wellbeing Fund. Bid focuses on First 1000 Days and GRT across Surrey and Sussex with perinatal mental health being identified as priority outcome. Scope is a health champions qualification/network and postnatal peer support scheme. Feedback on application due December 2020.

Focus Area 3: Preventing isolation and enabling support for those who do feel isolated

Emotional wellbeing in the general population saw the largest decline in April 2020, with some evidence of recovery since lockdown eased but not to pre-pandemic levels. Some people's mental health has been disproportionately affected by the direct and indirect impact of Covid-19. For example, people with pre-existing mental health conditions, disabilities (including learning disabilities and Autism), people who are isolated, and those already exposed to socioeconomic hardship and health inequalities. By proactively outreaching to at risk and vulnerable groups we aim to intervene early to prevent people escalating in crisis and needing higher intensity services.

- Green social prescribing expression of interest submitted to the Department for Environment, Food and Rural Affairs to scale up existing local projects in Surrey including community gardens, community sheds, walking for health and animal therapies. Out of the 55 Expressions of Interest from across England, Surrey is one of the 15 invited to submit a Full Application by 27 November.
- Tech to Community Connect pilot extended to full contract in East Surrey and proposed to be rolled out wider across Surrey. The Tech to Community Connect project was co-designed through the VCFS sector in response to rising levels of loneliness in the community. Tech to Community Connect was launched in East

Surrey in March 2020, just before the country went into a national 'lockdown' to manage the spread of Covid-19. Impact measures have been done with all participants using the tool designed by the University of Surrey. The University are producing the impact report for us which is due in November 2020. The project has four workstreams: The provision of technology equipment, a training and support package, virtual social programme, and inclusive volunteering opportunities.

- Scoping key touchpoints to provide emotional wellbeing and mental health prevention messaging (e.g. Surrey Fire and Rescue, SECAMB, District & Borough Councils, Foodbanks, Supermarkets).
- Providing 'Making Every Contact Count' training for volunteers.
- Care homes support offer is available, including workforce support and direct work with residents.
- Welfare calls in place from the Voluntary Sector to connect with isolated and at-risk people with mental health needs.
- Surrey Virtual Wellbeing Hub is providing a gateway to Voluntary Sector support including virtual coffee morning, groups and 1:1 sessions. Emotional wellbeing advice and support collated and available via the Healthy Surrey Website.
- Working group in place for those who are unemployed or at risk of losing their jobs due to the pandemic. This includes Citizen's Advice Bureau, Job Centres, Community Connections and SABP. Meetings scheduled with the Department for Work and Pensions to look at opportunities to support the long-term unemployed and the emotional impact on those being assessed on fitness to work.
- Proving mental health support to inform the development of the 'Bridge the Gap' Pilot for people who are homeless. High Impact Drinkers pilot also in place.
- Technology Integrated Health Management (TIHM) Monitoring Service established and in place, with over 400 users receiving monitoring and support. It is available for those who have been diagnosed with dementia or mild cognitive impairment, and people aged 65 and over who have a diagnosis of depression and/or anxiety.

Priority 3: Supporting people to fulfil their potential

Focus Area 1: Supporting Adults to succeed professionally and/or through volunteering

Strategic skills and inclusion framework - a standalone piece of work which will support strategic oversight of what is a very complex and high-profile agenda. It is intended to be something that Surrey partners can use, both within and out-with the role of the One Surrey Growth Board. This framework is being developed to provide a focus and strategic overview with the aim of securing maximum benefit:

- These outcomes are focused across two main strategies:
 - *Priority 3 within the Surrey Health and Wellbeing Strategy, focuses on enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life;*
 - *Surrey's Economic Strategy focuses on the importance of skills to deliver economic growth and facilitate socio-economic inclusion.*

Whilst these form the main strategic context, there are other cross-cutting interests including adult learning, education, NEET, adult social care, children leaving care, SEND, workforce planning and general drivers of inclusion.

More information will be provided through the item on the Surrey 2030 Economic Strategy Statement and One Surrey Growth Board update.

Focus Area 2: Supporting children to develop skills for life

This is overseen by the Women and Children's Transformation and Assurance Board which have provided the following highlights in their quarterly report.

First 1000 days:

- Finalising remaining plans for strategy engagement with families and professionals, including additional focus groups for BAME and single parent families
- Defining programme workstreams and establishing sub-group structure/steering groups to support development and delivery of these workstreams
- First Health Inequalities workstream steering group meeting completed – agreed next steps including populating a continuum for universal and targeted services to map what's working well, areas for improvement and opportunities for further engagement
- Funding opportunity via Starting Well VCSE Health and Wellbeing Fund. Scoping bid with GRT team and Friends and Families of Travellers – focus on health champions and peer support across Surrey and Sussex

Focus next month:

- First Programme Board (previously steering group) – agreeing ToR, workstreams
- Complete all field research for strategy engagement and complete engagement findings report. Begin adapting strategy based on feedback to be finalised and launched in November
- First steering group for each workstream – begin defining objectives, outcomes and deliverables for workstreams
- Continue scoping GRT Starting Well Bid – deadline was 31 October
- New SCC Graduate Trainee joining programme – will support design and delivery of workstreams

Focus Area 3: supporting communities to be safe and feel safe

The Task and Finish Group has been developing a new Community Safety Agreement which will reflect themes that encapsulate a range of different crimes and harms that all partners can contribute to, but also allow local tailoring to the specific problems in an area of the county. It will also focus on the causes of crime/criminality so the programmes of work will not only deal with today's problems, but stop the problems of the future, addressing the wider determinants that cause crime and anti-social behaviour.

The MoRiLe (Management of Risk in Law Enforcement) framework has been used to support prioritisation, providing a consistent approach to identifying tactical and strategic priorities across different agencies. The framework was sent to 45 recipients across the community safety partnerships who were asked to assess the physical, psychological, environmental, financial and community impact against 26 themes/crime types. These scores were then combined to provide an overall Total Harm Score to enable the crime/ASB in Surrey to be ranked. The results from the MoRiLe Framework will also be cross referenced against other data sources such as the Neighbourhood survey to ensure the Agreement captures public perception also. The Community Safety Agreement that will be shared prior to the March board meeting will be developed to show how working together through the Health and Wellbeing Board and with other strategic partnerships will protect our most vulnerable and keep our communities safe from harm.

5. System Capabilities

The following provides a brief summary of the current status of the system capabilities included within the strategy along with proposed timeline for their inclusion as specific items in the forward plan to allow further discussion by the board.

System Capability	Status	Inclusion on Forward Plan
Communities	The importance of this system capability has been further emphasised by the pandemic. Actions stepped up as part of recovery planning have been passed to Health and wellbeing board for oversight. Building on this SCC are coordinating the development of an enhanced partnership approach to engagement with communities	Enhanced partnership approach to engage and empower communities to be discussed March 2021
Intelligence	HWB strategy metrics were developed in 2019 and published on Surrey-I. Further work progressed on Social Progress Index and Recovery progress index to enable more local metrics. Alignment of these will be taken forward in 2021	Metrics and dashboard to be reviewed and updated March 2021
Digital & Technology	Evident within Heartlands transformation programme	Local Digital & Technology approach to be shared June 2021
Estates	Evident within Heartlands transformation programme	Local Estates approach to be shared June 2021
Programme management	Programme oversight and coordination provided from public health team to enable regularly quarterly reports being produced	Not scheduled
Workforce & Culture	Further work needed to explore local partnership approach	For consideration
Devolution & Incentives	Developing in line with national developments and opportunities	For consideration
Governance	Sponsors and governance boards / groups established for P1,2 and 3	Not scheduled

6. Strategy Outcome Metrics

Reduced local capacity due to intelligence resources being required to provide regular pandemic related data has meant that it has not been possible to fully review these and update the online dashboard in 2020 however Appendix 2 provides the latest data along with how this compares with the previous year's data. A further review of this will be completed in 2021 as soon as capacity allows and consider the ongoing relevance of metrics, how current the available data is and how frequently they are updated.

7. Key risks, issues and opportunities

- Some SRO roles continue to be vacant within priority one however following discussion at the prevention and wider determinants board individuals are being approached to fill these last remaining vacant roles.

8. Next steps

- Recommendations of mental health task group and outputs of the recent mental health summit to be incorporated within priority two plans where appropriate.
- Production of Community Safety Agreement that is aligned to Priority Three and will come to the March 2021 Board meeting.
- An informal induction session for all board members is planned for February 2020 to particularly support understanding of Community Safety following the merge of the boards in 2020.
- All priority boards to consider impacts identified in community impact assessment particularly in relation to health inequalities, environment and community.
- The Palliative and End of Life Care Strategy to be reviewed at March 2021 Board meeting.

Appendix 1:

HWBS Priorities milestones status – as at October 2020

Priority 1: Helping people to live healthy lives

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Focus Areas, Projects, Milestones and RAG Rating

Focus Area 1: Working to reduce obesity, excess weight rates, and physical inactivity.

	Project	Milestone	RAG RATING Q1 2020	RAG RATING Q2 2020
1	Develop a Whole Systems Approach to physical activity including improving green spaces, transport initiatives, and healthy planning	<ol style="list-style-type: none"> 1. Secure strategic leadership support for a whole systems approach to physical activity. 2. Develop the Surrey Physical Activity Strategy 2020-29. 3. Support all NHS organisations, local authorities and schools (via completion of the Healthy Schools Evaluation Tool) to have a physical activity development plan (PDAP) - approved by their Board, Cabinet or Governing Body - as part of the Workplace Wellbeing Framework. 4. Implement the whole system approach (across the life course) through the Surrey Physical Activity Strategy 2020-29. 		On track
2	Project 2 Implementing a Surrey obesity approach to encourage healthy weight	<ol style="list-style-type: none"> 1. Set up a Surrey obesity approach 2. Building the Surrey obesity picture 3. Develop the Surrey draft obesity approach 4. Implementation 5. Evaluate, reflect and extend the obesity approach 6. Develop Surrey into a Healthy Food environment through a targeted approach 7. Implement Eat Out Eat Well in early years settings 8. Tackling maternal obesity 9. Working with partners to tackle childhood obesity 10. Implementation of the family healthy weight service 		On track
3	Project 3: Develop a Health Behaviour Framework	<ol style="list-style-type: none"> 1. Scope the content and engagement for behaviour change framework 2. Develop an aligned behavioural insights capability 3. Develop a strategic commissioning framework across all healthy behaviour services to link across the life course. 		Paused until 2021
Programme Manager's Draft Overall Focus Area Rating				Completion delays possible

Focus Area 2: Supporting prevention and treatment of substance use, including alcohol

No	Project	Milestone	RAG RATING Q1 2020	RAG RATING Q2 2020
1	Support prevention and reduce substance use, including alcohol use and alcohol-related harm	<ol style="list-style-type: none"> 1. Develop five-year Drug & Alcohol Strategy for Surrey (2020-2025) 2. Support prevention and early identification of drugs and alcohol 3. Support effective treatment and recovery for those with drug and alcohol dependency 4. Develop safer, stronger communities 		Completion delays possible
2	Implement targeted approaches for priority groups to stop smoking	<ol style="list-style-type: none"> 1. Re-establish the Tobacco control and Alcohol Alliance 2. Surrey Tobacco Control Strategy Refresh 3. Ensuring priority groups are accessing stop smoking support 4. Developing a consistent response from the wider system 5. Develop a Surrey workforce smoke-free offer 6. Review and Development of next plan 		On track
Programme Manager's Draft Overall Focus Area Rating				Completion delays possible

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Focus Area 3: Ensuring that everyone lives in good and appropriate housing

	Project	Milestone	RAG RATING Q1 2020	RAG RATING Q2 2020
1	Tackling fuel poverty in Surrey	<ol style="list-style-type: none"> 1. Engaging communities 2. Partnership Governance 3. Develop data and understand existing impact 4. Develop and agree activity 5. Winter deaths review 		Risk to project delivery
2	Reducing Rough Sleeping (Proposed new title – Prevention of Rough Sleeping and Homelessness)	New Milestones (Appendix 1)		On- track
3.	Supporting people with severe and multiple disadvantage (Surrey Adults Matter)	<ol style="list-style-type: none"> 1. Data Sharing 2. Stakeholder Engagement 3. Induction 4. Referral Routes 5. Cohort Identification 6. Evaluation 7. Scope and set up Peer Network 8. Peer Mentor delivery 9. Peer Mentor training 		Completion delays possible
4	Supporting people who hoard in Surrey	<ol style="list-style-type: none"> 1. Partnership Governance 2. Produce a multi-agency hoarding protocol for Surrey 3. Develop data and understand existing impact 4. Develop and agree activity 		Risk to project delivery
5	Specialist housing	<ol style="list-style-type: none"> 1. Developing Extra Care Housing 2. Developing Independent Living 		On target
Programme Manager's draft Overall Focus Area Rating				Completion delays possible

Focus Area 4: Preventing domestic abuse (DA) and supporting and empowering survivors

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	Project (Original)	Milestone	RAG RATING Q1 2020 Original Projects	RAG RATING Q2 2020
1	Getting Started	1. Partnership endorsement, workstream leads agreed and Governance established	Yellow	Refer to Appendix 1 Original Projects and Milestones reviewed and refreshed
2	Health Interventions	1. Prototype 1 (Health Interventions) Implementation & Evaluation	Yellow	
3	Young Offenders and Domestic Abuse	1. Prototype 2 (Young Offenders & Domestic Abuse) Implementation & Evaluation	Red	
4	Perpetrator Programmes	1. Prototype 3 (Perpetrator Programmes) Implementation & Evaluation	Red	
5	Early Intervention	1. Prototype 4 (Early Intervention) Implementation & Evaluation	Green	
6	Coercive Control	1. Prototype 5 (Coercive Control) Implementation & Evaluation	Grey	
7	Recovery & Coping	1. Prototype 6 (Recovery & Coping) Implementation & Evaluation	Yellow	
8	Family Safeguarding Model	1. Prototype 7 (Family Safeguarding Model) Implementation & Evaluation	Yellow	
9	Current DA Services	1. Shared understanding of current DA specialist services (including commissioned services) and recommendations to the partnership to build on existing good practice	Green	
10	Whole System	1. Prototype 8 Implementation & Evaluation	Green	
11	Final Service Model Re-design	1. Procurement of new DA Service	Grey	
Programme Manager's draft Overall Focus Area Rating			Yellow	On target against Refreshed Projects and Milestones

Focus Area 5: Promoting prevention to decrease incidence of serious conditions and diseases

	Project	Milestone	RAG RATING Q1 2020	RAG RATING Q2 2020
1	Establish a Surrey-wide CVD and Diabetes screening and testing programme	<ol style="list-style-type: none"> 1. Identify High Priority Populations and Locations for Screening 2. Review access to screening programmes 3. Improve uptake of health checks in high priority groups 4. Review Quality Assurance Processes for Screening 5. Review Evaluation 		Completion delays possible
2	Improve the diabetes pathways across identification, prevention, treatment and management	<ol style="list-style-type: none"> 1. Review and Update Diabetes Pathways 2. Establish a Surrey-wide diabetes testing programme 3. Develop the Diabetes UK (DUK) Champions Programme to target key communities 		Completion delays possible
3	Agree a Surrey-wide CVD prevention approach	<ol style="list-style-type: none"> 1. Align Surrey CVD Programme with NHS Long Term Plan 2. Embed Lifestyle services across the system to prevent CVD 3. Optimise CVD Medication for CVD patients 		Completion delays possible
4	Promote bowel and cervical screening as a preventative health measure rather than purely for those at high risk	<ol style="list-style-type: none"> 1. Understand the challenges to uptake and develop a surrey-wide response 		On-track
1	Targeted engagement with key geographies and groups to improve understanding and uptake of childhood immunisations	<ol style="list-style-type: none"> 1. Scoping Coverage of immunisations and opportunities to address gaps 		On- track
Programme Manager's Draft Overall Focus Area Rating				Completion delays possible

Focus Area 6: Improving environmental factors that impact people's health and wellbeing

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	Project	Milestone	Rag Rating Q1	RAG Rating Q2
1	To promote healthy, inclusive and safe places through planning policies/decisions	1. Develop guidance to support health and local planning in Surrey 2. Establish a Planning and Health Forum to improve collaborative working across planning and health and maximise opportunities for health to influence Local Plans and draw on available funds, such as the Community Infrastructure Levy 3. Embed Health Impact Assessment approach 4. Engage in the Development Consent Order process for airport expansion application at Heathrow 5. Engage in the Development Consent Order process for the airport expansion application at Gatwick		Completion delays possible
2	To promote healthy, inclusive and safe places through transport/highways policy, projects and operations	1. Implement actions within Surrey Transport Plan that contribute to improved health and wellbeing		On-track
3	2. People who live and work in Surrey have an increased awareness of the health impact of poor air quality and take action to improve air quality	1. Deliver Schools Air Quality Programme (runs until July 2019) and Eco Schools 2. Surrey wide communications campaign to raise awareness of the importance of good air quality		On-track
4	People who live and work in Surrey have an increased awareness and take actions to support environmental sustainability	1. Surrey's Greener Future Design Challenge/Call for Evidence 2. Implement the Surrey Single Use Plastics Strategy 3. Surrey wide communications campaign to raise awareness of the importance of environmental sustainability 4. Promotion of passenger transport services, including park & ride		On-track
5	Public Sector across Surrey embed environmental sustainability within their organisations	1. Support local authorities across Surrey to embed sustainability 2. Support all NHS organisations across Surrey to have a Sustainable Development Management Plan approved by their Board		On-track
6	Reduce death and injury on Surrey roads	1. Deliver the Drive SMART Road Safety Strategy 2019-2021		On-track
7	Increase active travel across Surrey	1. Provide cycle training, pedestrian training and promotion of active travel to schools 2. Improving quality of walking, cycling, public transport and EV infrastructure in Surrey		On-track
8	Connect people with the natural environment	1. Promote health benefits of Surrey's countryside and green space, building on Explore Surrey 2. Make rights of way more useful/suited for everyday journeys to work and school and encourage contact with the natural environment through the Rights of Way Improvement Plan (Countryside Access Team, SCC)		
9	Local residents and strategic partners understand the importance of seasonal health and wellbeing and undertake interventions to reduce the impact of hot/cold weather on health	1. Provide information and advice regarding seasonal health and wellbeing		On-track
Programme Manager's Draft Overall Focus Area Rating				On-track

Focus Area 7: Living Independently

	Project	Milestones	Rag Rating Q1	Rag Rating Q2
1	Supporting Carers	<ol style="list-style-type: none"> 1. Scoping and Mapping 2. Supporting Carers in the Workplace 3. Developing Carer – Supportive Communities 4. Carers through Surrey provides 5. Developing an offer to young carers 		On-track
2	Aligning the better Care Fund to the health and wellbeing Strategy	<ol style="list-style-type: none"> 1. Better Care Fund Implementation 2. Future planning 		Risk to project delivery
3	Developing a Reablement Framework for Surrey and Integrating Intermediate Care	<ol style="list-style-type: none"> 1. Governance 2. Developing a Reablement Framework 3. Framework 4. Developing a Surrey Integrated intermediate care service 		On-track
4	Improving End of Life Care in Surrey	<ol style="list-style-type: none"> 1. Scoping and Mapping 2. Partnership Governance 3. Communications and Engagement 4. Out of Hours Crisis response 5. Developing Workforce 6. Develop and Agree activity 7. End of Life Training for all Carers 		Completion delays possible
5	Housing Adaptations	<ol style="list-style-type: none"> 1. Scoping and Mapping 2. Improving Hospital Discharge 3. Clarifying the Financial and legal position 		Risk to project delivery
Programme Manager's Draft Overall Focus Area Rating				Completion delays possible

Priority 2: Supporting the mental health and emotional wellbeing of people in Surrey

Focus Areas, Projects, Milestones and RAG Rating

6

Focus Area 1:

Enabling children, young people, adults and elderly with mental health issues to access the right help and resources

No	Project	RAG RATING Q2 2020
1	Children's Emotional Wellbeing and Mental Health Transformation	On track
2	Implementation of Mental Health in Schools	On track
3	Wraparound Specialist Children Support Offer	Completion delays possible
4	Map and develop preventative mental health support access for Older People	Completion delays possible
5	Scale up anti-stigma work, including rollout of the Time to Change training programme	On track
6	Using technology to support physical and mental health	On track
7	Partnership physical and mental health links	Completion delays possible
8	Physical Health Check reporting for people with Severe Mental Issues	On track
9	Co-Produce Plan to Retarget interventions to those with LD/Autism and Carers	Completion delays possible
10	Supporting wellbeing at work through the development of a Wellbeing Charter for businesses	On track
11	Develop new integrated Crisis models of care to support people at risk of admission to secondary mental health services	On track
12	Community Models of Care Transformation	On track
13	Mapping of Dementia services and develop partnership responses to system opportunities, to support people and carers to live independently for as long as possible	Completion delays possible
14	Mental Health support for those within, or at risk of entering, criminal justice system	Risk to project delivery
15	Strategic commissioning approach to supported living for people with a mental health problem	On track
16-27	Suicide prevention projects	On track
Programme Manager's Draft Overall Focus Area Rating		Completion delays possible

**Focus Area 2:
Supporting the emotional wellbeing of mothers and families
throughout and after pregnancy**

No	Project	RAG RATING Q2 2020
1	Develop offer around the emotional wellbeing of mothers through First 1000 Days planning lens	On track
2	Develop a pregnancy Healthy Behaviours Framework	On track
3	Further development of wraparound care and support through Perinatal services	On track
4	Support the new, targeted provision delivered through Family Centres (such as the universal Family Centre offer in development in East Surrey)	Completion delays possible
5	Development of family support tools/apps	On track
Programme Manager's Draft Overall Focus Area Rating		On track

**Focus Area 3:
Preventing isolation and enabling support for those who do feel
isolated**

No	Project	RAG RATING Q2 2020
1	Community transport offer developed to support social connections	Completion delays possible
2	Develop youth social isolation approach, including bullying prevention and social media offer, with schools	Completion delays possible
3	Support for Surrey Dementia Action Alliance in establishing Dementia Friendly communities, as already seen in Oxted, Woking, and Hindhead	Completion delays possible
4	Establish business links to prevent isolation (such as Walking Friends) and unlock the potential of underutilised community space	Completion delays possible
5	Bereavement support and information offer developed	On track
6	Volunteering, apprenticeships and supported employment opportunities for those at risk of mental ill health and social isolation	Risk to project delivery
7	Engagement to develop more community resources to support those at risk of mental ill health and social isolation	Risk to project delivery
Programme Manager's Draft Overall Focus Area Rating		Completion delays possible

Priority 3: Supporting people to fulfil their potential

6

Focus Areas, Projects, Milestones and RAG Rating

**Focus Area 1:
Supporting Adults to succeed professionally and/or through
volunteering**

No	Project	Milestone	RAG RATING Q1 2020	RAG RATING Q2 2020
1	Health and Economic interaction- <i>employment, skills and inclusion</i>	To be determined		
2	Social Progress Index	<ol style="list-style-type: none"> 1. Stakeholder engagement event and online consultation 2. Draft list of indicators 3. Refine indicators and cross reference against strategic priorities 4. Final list of indicators 5. Training sessions with Social Progress Imperative for analysts 6. Convert code in Stata to Python and R versions 7. Demo of RPI with HWBB 8. Build beta version of SPI (moved this down) 9. Demo with key partners 10. Officially launch 		

**Focus Area 2:
Supporting children to develop skills for life**

Programme oversight managed by the Women and Children’s Transformation & Assurance Board. Key highlights are included in the main paper.

**Focus Area 3:
Supporting communities to be safe and feel safe**

Milestones and programmes of work will be developed and reported at the March 2021 Health and Wellbeing Board alongside the Community Safety Agreement.

Appendix 2: Health and Wellbeing Strategy Metrics Data Update: December 2020

The following provides a basic update for each of the Health and wellbeing strategy metrics currently [published on Surrey](#).

Reduced capacity due to intelligence resources being required to provide pandemic related data has meant that it has not been possible to fully review these and update the online dashboard however the following provides the latest available data along with how this compares with the previous year's data. Many of these are drawn from the latest available data on the published public health outcomes framework which in some areas is waiting for overdue published updates. A full review of these is planned for 2021 which will incorporate consideration of the currency and frequency at which the data is published.

Overarching Metric

Life expectancy at birth over the most recent rolling three year periods for both [male](#) and [female](#) continues to show a gradual upward trend which matches the national increase also observed.

As at 2019: Life Expectancy at Birth (2016 - 2018)

Area Name	Male	Female
England	79.63	83.21
South East region	80.65	84.11
Surrey	81.77	85.09
Elmbridge	82.35	85.57
Epsom & Ewell	82.38	86.10
Guildford	81.97	85.26
Mole Valley	81.95	86.26
Reigate and Banstead	81.04	84.51
Runnymede	80.59	84.32
Spelthorne	81.24	84.17
Surrey Heath	82.31	84.67
Tandridge	81.42	85.02
Waverley	82.16	85.72
Woking	81.93	84.29

As at 2020: Life Expectancy at Birth (2017 - 2019)

Area Name	Male	Female
England	79.76	83.37
South East region	80.79	84.27
Surrey	82.14	85.33
Elmbridge	82.9	85.65
Epsom & Ewell	82.52	86.88
Guildford	82.49	85.66
Mole Valley	82.76	86.44
Reigate and Banstead	81.35	84.58
Runnymede	81.02	84.65
Spelthorne	80.94	84.15
Surrey Heath	82.33	85.23
Tandridge	81.64	85.13
Waverley	82.57	85.63
Woking	82.68	84.86

As at 2019: Healthy Life Expectancy (2015 - 2017)

Area Name	Male	Female
England	63.38	63.77
South East region	66.05	66.16
Surrey	68.29	68.69

As at 2019: Healthy Life Expectancy (2016 - 2018)

Area Name	Male	Female
England	63.36	63.88
South East region	65.64	66.87
Surrey	68.61	71.23

Priority One – Helping People in Surrey to lead healthy lives

Indicator: Adults with LD in settled accommodation

In 2018/19, the percentage of adults with learning disabilities in settled accommodation in Surrey was 59.31%. This is significantly lower than the value for England (77.34%) and the South East region (70.73%). This is a decrease from 2017/18, which was 66.28%.

Indicator: Adults with mental ill health in appropriate accommodation

In 2018/19, the percentage of adults with mental ill health in appropriate accommodation in Surrey was 58%. This is similar to the value for England (58%) and the South East region (56%). This is a decrease from 2017/18, which was 71%.

Indicator: Number of rough sleepers

In 2019, the number of rough sleepers in Surrey was 81. This is an increase from 2018, which was 69 in Surrey. (In 2019, the number of rough sleepers in England was 4266 and the number in the South East region was 900).

Indicator: Excess winter deaths index

In August 2017 – July 2018, the Excess winter deaths index in Surrey was 29.06%. This is similar to the value for England (58%) and the South East region (56%). This is an increase from August 2016 – July 2017, which was 21.26%.

Indicator: Effectiveness of reablement services

In 2018/19, the Effectiveness of reablement services in Surrey was 78.9%. This is an increase from 2017/18, which was 75.1%.

Indicator: % of deaths in usual place of residence

In 2017, the percentage of deaths in usual place of residence in Surrey was 48.79%. This is significantly lower than the value for England (46.58%) and the South East region (47.79%). This is an increase from 2016, which was 48.02%.

Indicator: Unplanned hospitalisations

In 2018/19, the rate of unplanned hospitalisations in Surrey was 643.6 per 100,000. This is significantly lower than the value for England (849.5 per 100,000). This is an increase from 2017/18, which was 615.6 per 100,000.

Indicator: Obesity-related hospital admissions

In 2018/19, the rate of obesity-related hospital admissions in Surrey was 25 per 100,000. This is higher than the value for England (20.4 per 100,000) and the South East region (21 per 100,000).

Indicator: Y6 pupils at a healthy weight

In 2018/19, the proportion of Year 6 pupils at a healthy weight in Surrey was 72.83%. This is significantly higher than the value for England (64.32%) and the South East region (68.3%). This is an increase from 2017/18, which was 71.99% in Surrey.

Indicator: % physically inactive adults

In 2018/19, the percentage of physically inactive adults in Surrey was 16.94%. This is significantly lower than the value for England (21.39%) and the South East region (18.75%). This is an increase from 2017/18, which was 16.23%.

Indicator: Alcohol-related hospital admissions for U18s

In 2016/17-18/19, the rate for alcohol-related hospital admissions for under 18s in Surrey was 31.35 per 100,000. This is similar to the value for England (31.55 per 100,000) and the South East region (31.7 per 100,000). This is a decrease from 2015/16-17/18, which was 32.73 per 100,000.

Indicator: Smoking rates in adults working in routine and manual jobs

In 2019, the smoking rates in adults working in routine and manual jobs in Surrey was 24.41%. This is similar to the value for England (23.16%) and the South East region (23.73%). This is an increase from 2018, which was 21.51%.

Indicator: % children aged 5 with 2 doses of MMR

In 2018/19, the percentage of children aged 5 with 2 doses of MMR in Surrey was 78.95%. This is significantly lower than the value for England (86.43%) and the South East region (87.4%). This is a decrease from 2017/18, which was 81.71%.

Indicator: Measles incidence rate

In 2018, the measles incidence rate in Surrey was 3.46 per 100,000. This is significantly higher than the value for England (1.74 per 100,000) and the South East region (1.98 per 100,000). This is an increase from 2017, which was 1.60 per 100,000.

Indicator: % patients with diagnosed hypertension

In 2018/19, the percentage of patients with diagnosed hypertension in Surrey was 13.15%. This is significantly lower than the value for England (13.96%) and the South East region (13.92%). This is an increase from 2017/18, which was 13.12%.

Indicator: Diabetes diagnosis rate

In 2018, the diabetes diagnosis rate in Surrey was 70.17%. This is significantly lower than the value for England (77.95%) and the South East region (75.18%). This is an increase from 2017, which was 69.36%.

Indicator: Bowel cancer screening coverage

In 2019, the bowel cancer screening coverage in Surrey was 61.24%. This is similar higher than the value for England (60.09%) and similar to the value for the South East region (61.78%). This is an increase from 2018, which was 60.2%.

Indicator: Cervical screening coverage

In 2019, the cervical cancer screening coverage in Surrey was 71.10% for 25-49 year olds and 75.65% for 50-64 year olds. For 25-49 year olds, the value is significantly higher than the value for England (69.79%) and significantly lower than the value for the South East region (71.42%). For 50-64 year olds, the value is significantly lower than the value for England (76.22%) and the South East region (76.38%). This is an increase from 2018, which is 70.29% for 25-49 year olds and 75.39% for 50-64 year olds.

Indicator: Active travel – walking

In 2017/18, the percentage of people walking at least 3 days a week in Surrey was 22.94%. This is similar to the values for England (23.11%) and the South East region (22.83%). This is an increase from 2016/17, which was 22.20%.

Indicator: Active travel – cycling

In 2017/18, the percentage of people cycling at least 3 days a week in Surrey was 3%. This is similar to the values for England (3.21%) and the South East region (3.58%). This is a decrease from 2016/17, which was 3.23%.

Indicator: Use of outdoor space for exercise/health

(Update required) In March 2015 – February 2016, the utilisation of outdoor space for exercise/health in Surrey was 20.46%. This is similar to the values for England (17.91%) and the South East region (18.23%). This is a decrease from March 2014 – February 2015, which was 24.93%.

Indicator: Dementia diagnosis rate

In 2020, the dementia diagnosis rate in Surrey was 65.6%. This is similar to the value for England (67.4%) and the South East region (64.5%). This is a decrease from 2019, which was 66.1%.

Indicator: Emergency admissions for dementia

In 2018/19, emergency admissions for dementia in Surrey was 3167.62 per 100,000. This is significantly lower than the value for England (3479.76 per 100,000) and significantly higher than the value for the South East region (2924.95 per 100,000). This is a decrease from 2017/18, which was 3255.91 per 100,000

Indicator: Adults with LD in paid employment

In 2018/19, the proportion of adults with a learning disability in paid employment in Surrey was 8.33%. This is significantly higher than the value for England (5.92%) and the South East region (6.38%). This is a decrease from 2017/18, which was 9%.

Priority Two – Supporting the mental health and emotional wellbeing of people in Surrey

Indicator: Self-reported high anxiety

In 2018/19, the percentage of people with a self-reported high anxiety score in Surrey was 19.54%. This is similar to the value for England (19.72%) and the South East region (19.73%). This is a decrease from 2017/18, which was 20.11%.

Indicator: Access to IAPT services

In 2018/19, the percentage of those estimated to have anxiety or depression who are entering IAPT services was 16.53%. This is significantly lower than the value for England (17.84%). This is an increase from 2017/18, which is 14.85%.

Indicator: 12 month Health Visitor reviews

In 2018/19, the percentage of children receiving their 12 month Health Visitor review in Surrey was 42.98%. This is significantly lower than the value for England (82.33%) and the South East region (79.64%). This is a decrease from 2017/18, which was 68.77%.

Priority Three – Supporting people in Surrey to fulfil their potential

Indicator: % FSM children achieving good level of development

In 2018/19, the percentage of free school meal children achieving good level of development in Surrey was 52.47%. This is significantly lower than the value for England (56.53%) and the South East region (55.45%). This is a decrease from 2017/18, which was 53.53%.

Indicator: % FSM children achieving 5A*-C GCSEs

In 2014/15, the percentage of free school meal children achieving 5A*-C GCSEs in Surrey was 31.44%. This is similar to the value for England (33.3%) and the South East region (29.21%). This is an increase from 2013/14, which was 30.97%.

Indicator: Participation rate (education, training)

In 2020, the proportion of 16-17 year olds recorded in education or training is 93%. This is similar to the value for England (93%) and the South East region (91%). This is an increase from 2019, which was 92.89%.

Appendix 3: Proposed areas to transition from RCG VCFS stream to Health and Wellbeing Board

Surrey Recovery Coordinating Group (RCG) – Covid-19

‘Transitioning from Recovery’: ‘Voluntary, Community and Faith’

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Background

Following the declaration of a major incident by the Local Resilience Forum to manage the response to Covid-19 in Surrey, the multi-agency Recovery Coordinating Group (RCG) was established to plan for and coordinate recovery from the pandemic at a county wide level. The RCG developed a Recovery Strategy with the aim ‘To restore the humanitarian, economic, environmental and infrastructure well-being, conditions and resilience of Surrey’, with the objectives to:

- Restore essential services that have been disrupted as a result of the Covid-19 pandemic and associated response measures (e.g. lockdown and social distancing)
- Ensure the effective transition to a ‘steady state’, with clear responsibilities identified for the continuation of services
- Capture lessons learned and refer on to the relevant body/authority.

A number of sub-groups under the themes of humanitarian, economic, environmental and infrastructure were established, and associated action plans developed and implemented.

Introduction

In line with the objectives of the Recovery Strategy, the action plans developed by the sub-groups identified short term ‘restart and restore’ actions across public, private and third sector organisations, as well as medium and longer term actions to support the Surrey community on its journey to recovery from the pandemic.

The RCG met weekly from April 2020 to August 2020 to oversee the ‘restart and restore’ actions, as well as looking at where actions could sit in the longer term. This document sets out some of the new practices developed during the pandemic and the medium and longer term actions that have been identified to support the recovery of Surrey. The responsibility for these actions will transition to existing agencies and partnerships to take forward as part of their business as usual activity, within their existing financial framework and governance arrangements. As well as identifying delivery partners for the actions, the document also identifies an overseeing body/strategic link, who will be asked to take on a governance role to ensure the proposed actions are fully considered and implemented and communicated as appropriate.

Going forward the RCG has moved to a monitoring role, liaising with the delivery and oversight bodies accountable for delivery of the actions, whilst monitoring the Recovery Progress Index and the strategic risk register to ensure that Surrey continues to recover positively from the pandemic.

Community, Voluntary and Faith

To ensure that the Voluntary, Community and Faith Sector (VCFS) of Surrey can be resilient in the face of a crisis, remains central to the recovery of the communities of Surrey, and maintains its place alongside the private and public sector partners as a driver of re-visioning for the future.

Some of the new practices/opportunities considered in recovery include:

- Reducing the reliance on face to face support through repurposing of organisations and development of new services, including increased telephone support, virtual meetings, online delivery, increased use of social media and rapid partnership working
- Guidance for new groups to help them set up and operate effectively
- Harnessing the increased community spirit and large numbers of new mutual aid/local support groups established
- Wide recognition of the crucial role local CVSs play
- New services offered to the community (eg foodbanks, telephone befriending) and vulnerable people being proactively offered support.

Specific actions identified by the RCG for consideration for the medium/longer term are set out below. Financial implications of these actions will be included in the Financial Strategies of relevant organisations. Appropriate comms support around the actions can be provided via the MIG.

Delivery partners key:

CSVA	Central Surrey Voluntary Action
CVSs	Centres for Voluntary Services
D&Bs	Districts and Boroughs
EM3	Enterprise M3 Local Enterprise Partnership
GMTs	Grant Making Trusts
HWB	Health and Wellbeing Board
ICON	Infrastructure Chief Officers Network
ICPs	Integrated Care Partnerships
ICSs	Integrated Care Systems
SCA	Surrey Community Action
SCC	Surrey County Council
SFL	Surrey Faith Links
SMEF	Surrey Minority Ethnic Forum
SYF	Surrey Youth Focus
VCFS	Voluntary Community and Faith Sector

Issue/Action	Delivery partners	Overseeing Body / Strategic link
Minimising and reversing VCFS capacity decrease		
Support roll out of SCC Social Impact Marketplace as a way of bringing cash and in-kind contributions into the VCFS	SCA, CVSSs, SCC, EM3	SCC
Encourage objective assessment on ongoing viability of VCFS organisations - including alternative provision, replacement costs, matched funding etc	SCA, CVSSs	SCA
Encourage new ways of giving to VCFS organisations, proportionate to need and risk, recognising that good organisations may not have capacity to develop good bids etc. Carry out due diligence on the VCFS organisations, then rely on them to deliver with the right level of monitoring and evaluation.	SCA, SCC, D&Bs, Commissioners, GMTs, National VCFS bodies	SCA
New ways of working		
Map current and emergent pathways for individuals across sectors (statutory bodies, health, VCFS, community) to ensure seamless progression and minimise gaps.	SCC, D&Bs, ICSs, ICPs, VCFS	Surrey Heartlands ICS
New groups and capacity		
Signpost individuals to existing organisations, in recognition that there may already be high quality organisations delivering services and the importance of avoiding unnecessary duplication.	SCA, CVS	ICON
Volunteers and volunteering		
Work to retain new volunteers who may not have been called upon for Covid-19 work, but who may be willing to offer long term support around other projects and issues	CSVA, CVSSs, Volunteer Centres, D&Bs	CSVA
Develop systems to allow volunteers to pass between organisations based on interest, skills and need.	SCA, CVSSs, Surrey Heartlands ICS	Surrey Heartlands ICS
Communities		
Link to Surrey Faith Links to ensure needs of faith groups are known and addressed. Currently quite self-sustained but may need future support.	SCC, D&Bs, faith settings	SFL
Use results of CIAs to engage with communities according to their needs and wishes, co-designing action plans for each community based on a needs and strengths assessment	SCC, D&Bs, SCA, SYF	(Not previously included) - Health and Wellbeing Board: HWBS "Intelligence" system capability"
Offer support to community leaders seeking to support their communities post-Covid-19, ensuring they are given a true picture of the roles, expectations and liabilities.	SCC, D&Bs, SCA, CVSSs	(Not previously included) - Health and Wellbeing Board: HWBS "Community" system capability"
Strategic involvement		
Share examples of the benefits VCFS involvement in strategic groups can bring and continue to lobby for appropriate VCFS involvement across statutory partners in Surrey, where such representation does not exist.	SCA, CVSSs, SYF	SCA, SYF

Issue/Action	Delivery partners	Overseeing Body / Strategic link
Support Surrey Charities Chief Executives Group, CVSs and other Infrastructure organisations to ensure the voice of the sector remains up to date and relevant	SCC, D&Bs, Health, Commissioners, GMTs	(Not previously included) - Health and Wellbeing Board: HWBS "Community" system capability"
Specific projects – BAME		
Work with Mental Health service providers to ensure that services meet the needs of people, conversely work with BAME communities to raise awareness on mental wellbeing in the context of Covid-19	SMEF, SFL	P2 Coordinating group - Health and Wellbeing Board: HWBS Priority 2 – FA 1 – Accessing the right help
Work with Head Teachers, SMEF Members/ parents to raise awareness on the educational challenges that BAME children may suffer	SMEF, SFL, SYF	(Not previously included) P2 Coordinating group - Health and Wellbeing Board: HWBS Priority 2 – FA 1 – Accessing the right help
Assess Hate Crime data then work with BAME communities and Surrey Police to raise awareness on reporting	Surrey Police, SMEF	(Not previously included) P3 Coordinating group - Health and Wellbeing Board: HWBS Priority 3 – (community safety)
Embed the voice of BAME in recovery - SMEF to be involved in the Recovery process, engaging BAME communities throughout	SMEF	SCC

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Health and Wellbeing Board Paper

1. Reference information

Paper tracking information	
Title:	Surrey 2030 Economic Strategy Statement and One Surrey Growth Board Update
Related Health and Wellbeing Priority:	Relates to all HWB outcomes – specifically to Priority Three
Author:	Dawn Redpath, Director for Economy and Growth (SCC)
Sponsor:	Mr Tim Oliver - HWB Chairman and Leader of Surrey County Council (SCC)
Paper date:	3 December 2020
Related papers	<ul style="list-style-type: none"> - Surrey Place Ambition (July 2019) - ARUP Baseline Research (March 2020) - ARUP COVID-19 Economic Impact Assessment (June 2020) - ARUP Infrastructure Plan (June 2020) - University of Surrey Cluster Research (Nov 2020)

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2. Executive summary

Towards the end of 2019, Surrey’s position as an economic leader within the South East and wider UK was beginning to show signs of relative decline with its GVA growth rate being slower than overall UK and England growth in the period since 2014. The impacts of the COVID pandemic on both the economy and lives of Surrey residents and businesses have further exacerbated this situation and with EU exit on the horizon, Surrey’s economic situation is far from certain.

Surrey County Council (SCC) has responded directly to this situation, engaging Lord Philip Hammond to Chair the Surrey Future Economic Commission late in 2019, leading on the development of a 2030 Economic Strategy Statement and setting up the One Surrey Growth Board. Together these pieces of work will directly support SCC’s Strategic Priority to ‘Grow a sustainable economy so everyone can benefit’ whilst also supporting the Priority of ‘Tackling Health Inequality’.

This paper forms a summary update of that work and sets out alignment with the Board’s objectives and specifically Priority 3 of the HWB Strategy: supporting people in Surrey to fulfil their potential by ‘enabling citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life’.

3. Recommendations

That the Health and Wellbeing Board note the progress being made in supporting a more sustainable and inclusive whole-Surrey economy focusing on the links that good quality employment can have on health and wellbeing outcomes as well as the direct relationship between the economic strategy work and HWB Priority 3.

4. Reason for Recommendations

To update the Board on work being undertaken to support Surrey's economy, growth and inclusion which, in turn, supports the HWB Strategy.

5. Detail

This report updates the Board on three main areas of development:

- i. Findings from the Surrey Future Economic Commission and associated research by the University of Surrey and ARUP;
- ii. Surrey 2030 Economic Strategy Statement as a response to the findings and associated research;
- iii. The One Surrey Growth Board as the mechanism for development and delivery through a Growth Proposition.

i. Surrey Future Economy Commission

Key findings were presented to the One Surrey Growth Board by Lord Hammond at meeting held on 1 October 2020. The recommendations focused on the following areas:

- Despite recent relative decline, Surrey had key strengths which it should build from in areas of comparative advantage in industries related to its strong business base in the **knowledge economy** particularly in relation to the healthcare economy;
- That Surrey's growth would be constrained by the imbalance in its demography, especially in relation to retention of our **young people**;
- Need to address key **structural issues** related to housing affordability, transport and digital infrastructure and the impacts of the pandemic on the aviation sector;
- That action should be taken on a whole Surrey basis to promote **Surrey as the powerhouse of the wider UK economy** at a geospatial, thematic or structural level.

ii. Surrey 2030 Economic Strategy Statement

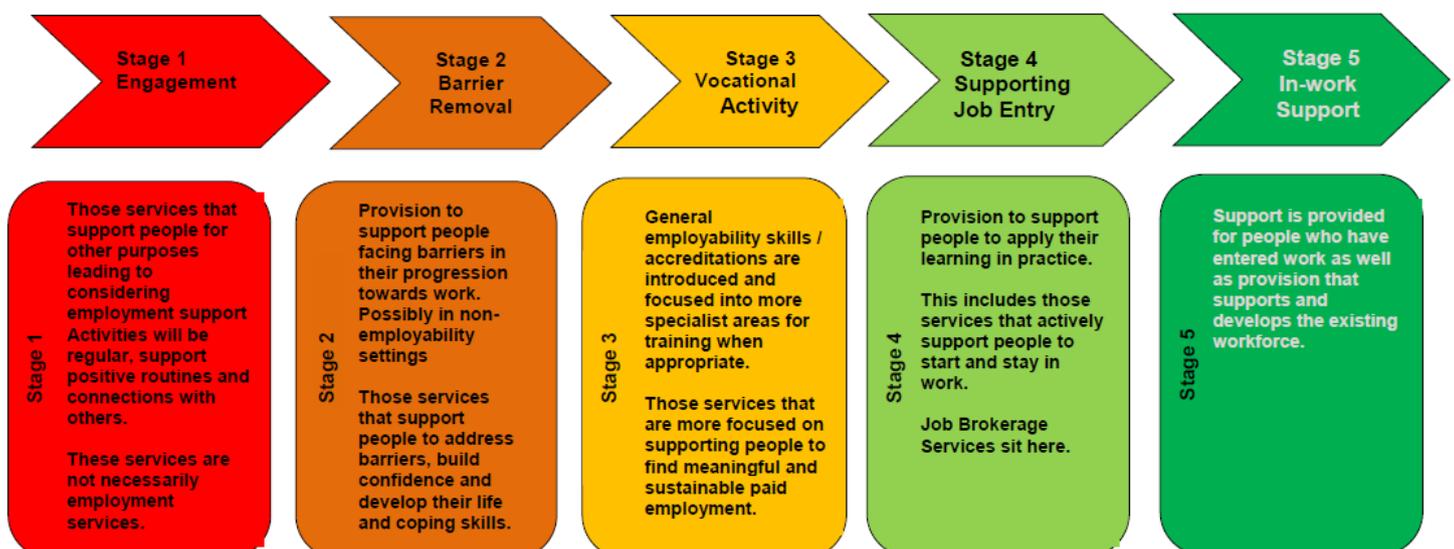
The Strategy Statement builds from the research and recommendations of the Surrey Future Economy Commission including additional reports and information such as Surrey's emerging Digital Infrastructure Strategy and

Skills and Inclusion Framework. The Strategy Statement will form the underpinning focus for the economic element of the One Surrey Plan for Growth. Key elements include:

- Surrey’s leading position as an **innovative and productive economy** with nationally significant innovation assets underpinned by excellent connectivity and workforce skills which present substantial strengths on which we can build;
- **Growing the leading edge:** Our economy will need to demonstrate resilience and adaptability in the exploitation of new technologies’;
- **A whole-place approach to quality places** from our outstanding natural environment to the unique assets within our towns and villages we want to support economic place enhancement developing thriving hyper-local connected centres;
- **Improving connectivity for the next generation:** relating to both transport and digital and supporting wider sustainability and inclusion objectives;
- **Maximising opportunities** through a diverse economic system & housing supply and inclusive skills focused interventions with a dedicated approach to skills and inclusion coming forward separately aligned to and directly supporting Priority 3 of HWB Strategy;
- **Green economy:** supporting the ambitions of Surrey’s Greener Future and capitalising on the opportunities presented through our approach to innovation and our economic clusters.

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This Strategy will be underpinned by the development of Surrey’s Skills and Inclusion Framework, supported by the Employment and Skills Board. The Framework is set within a ‘demand-led’ approach which has set out three target areas for intervention: **inclusion, high-volume need and high-level skills**. The Framework also introduces the Five Stage Skills System as a model for understanding Surrey’s provision. The Five-Stage pipeline approach is set out below and stakeholders are currently being consulted on its use in the Surrey context.



Project examples:

Inclusion: *Those furthest away from the labour market who have potential but lack work opportunity as well as those from diverse backgrounds.*

SCC believes it can play a key role in developing interventions for Surrey residents excluded from the labour market. Examples of target groups who are hoped to be targeted through this strand are: our young people leaving care, young people with an EHCP, those transitioning to adult social care and people with a mild mental health condition and learning difficulties. Providing work experience opportunities, traineeships and targeted employability support, we will be able to support people from Stage 1 of their journey through to Stage 5.

The Employment and Skills Board is also developing the Hidden Talent programme in support of the above, asking employers to develop local solutions to help Surrey employers engage with people who can make a valuable contribution to their business but face barriers to employment.

High volume support: *High numbers of residents unemployed due to the pandemic, particularly young people but also adult re-trainers with low level skills / qualifications.*

This grouping of people will be able to take up many of the government support programme opportunities available through the 2020 Plan for Jobs, for example Kickstart (for 16 – 24 year olds on Universal Credit, it pays wages for 6 months at 100% NMW – 25+ hours a week). The need for intervention here is to firstly make sure that Surrey gets maximum benefit through to residents but also to consider what happens at transitional points into and out of the programmes. The Surrey Employment and Skills Board has established a sub-group to look at this issue, raising awareness among employers, identifying gaps and lobbying for additional support and business-friendly interventions.

Kickstart is being delivered through Chambers of Commerce, Surrey Chamber has done very well so far and secured over 200 placements. In addition to this SCC is looking to offer 30 placements itself for Surrey residents, if health colleagues would also like to get involved then please contact dawn.redpath@surreycc.gov.uk .

High level skills

Through the Employment and Skills Board, McLaren has identified issues relating to losing talent through restructuring and are keen to develop local solutions to sharing the skilled talent we have within Surrey. They also have a keen interest in the use of the apprenticeship levy and are taking a key role in supporting an advocacy position on the changes employers need to take place to make use of the levy more meaningful.

SCC already have a Graduate Management Trainee programme in place and are looking at other ways of making the most of our position as a key employer in the area.

iii. One Surrey Growth Board

The One Surrey Growth Board was set up in summer 2020 with the objective of acting as the voice for the whole Surrey economy and place. It provides a single Surrey perspective across the range of interests which underpin growth and includes representation from key stakeholders, including business.

The main aim of the Growth Board is to respond to key economic challenges and opportunities that Surrey has. It brings together public and private stakeholders and provides leadership and streamlined governance across Surrey. The Growth Board will ensure alignment of spatial, economic and infrastructure plans for Surrey in order to safeguard and maintain Surrey’s quality of life and a growing sustainable and inclusive economy.

The Growth Board is also responsible for developing a Surrey-wide Plan for Growth which will be used to underpin our vision for long term growth funding including a potential Growth Deal with Government, the key elements of this proposition are set out below. The work of the Growth Board provides the ‘Place’ context for Surrey alongside the ‘People’ focused HWB Strategy, specifically Priority 3 of the HWB Strategy ‘Enabling citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life’.

The key elements of the emerging Growth Plan are set out below. Not only will a sustainable economy support people to secure quality employment, linked directly to better household income and therefore better health and wellbeing outcomes but the ambitions of the Plan also relate to healthy, green infrastructure within place planning and the importance of a skills system that can support all Surrey residents to fulfil their full potential.

-  Surrey as economic leader with resilience and potential to recover quickly;
-  Local leadership of cross-county transport infrastructure at scale needed to release housing development (accelerated and affordable)
-  Potential to release growth through investment in digital infrastructure;
-  SCC capital investment programme, credible delivery vehicles & wider public sector levers;
-  Need to include green infrastructure within place-planning;
-  Local jobs for local people through targeted skills interventions linked to high value economy & aviation impacts
-  Hyper-local, 20-minute towns and targeted community networks
-  Opportunity to be underpinned by new Surrey brand narrative

6. Timescale and delivery plan

Consultation on the 2030 Strategy Statement is underway and the Health and Wellbeing Board will receive the Statement directly for comment; the Statement will continue to develop into a targeted programme of work throughout 2021 and the Board is invited to be fully engaged in that process, particularly the work to deliver activity within the Skills and Inclusion Framework.

The One Surrey Growth Board will receive the draft Growth Plan at its next meeting on 17 December 2020, the proposition for engaging with Government will be developed early in 2021.

7. How is this being communicated?

ICS Lead, Dr Claire Fuller represents health and wellbeing interests on the board and Mr Tim Oliver is the Chairman of both the Health and Wellbeing Board and the One Surrey Growth Board. Updates on both the 2030 Strategy and the work on the Skills and Inclusion Framework will be brought back to the Board and progress on the Growth Proposition will also be given.

8. Next steps

- The Health and Wellbeing Board to receive regular updates on progress.

List of Annexes:

Annex 1 - Economic Strategy and One Surrey Growth Board - update to the Health and Wellbeing Board

ECONOMIC STRATEGY AND ONE SURREY GROWTH
BOARD

UPDATE TO THE HEALTH AND WELLBEING BOARD -
DECEMBER 2020

SURREY COUNTY COUNCIL: STRATEGIC PRIORITIES

Growing a sustainable economy so everyone can benefit

Support people and businesses across Surrey to grow during the economic recovery and re-prioritise infrastructure plans to adapt to the changing needs and demands of residents at a time of financial challenges.

Empowering communities

Reinvigorate our relationship with residents, empowering communities to tackle local issues and support one another, while making it easier for everyone to play an active role in the decisions that will shape Surrey's future.

Enabling a greener future

Build on behaviour changes and lessons learnt during lockdown to further progress work to tackle environmental challenges, improve air quality and focus on green energy to make sure we achieve our 2030 net zero target.

Tackling health inequality

Drive work across the system to reduce widening health inequalities, increasing our focus on addressing mental health and accelerating health and social care integration to reduce demand on services while improving health outcomes for residents.

HEALTH AND ECONOMY

EVIDENCED LINKS BETWEEN HEALTH OUTCOMES, WELLBEING AND 'GOOD WORK'

- Economy linked to wider determinants of health
- Higher levels of income and meaningful employment directly linked to better health and wellbeing outcomes
- Areas of deprivation = poorer health = higher economic inactivity & unemployment
- Economic responses focused on quality of employment opportunity, skills and inclusion
- Responses can be place-based or thematic

SO HWB STRATEGY LINKED TO SUSTAINABLE ECONOMIC GROWTH

Place and People aligned

- SCC Org. Strategy Priorities: 'Grow a sustainable economy so everyone can benefit' whilst also supporting the Priority to 'Tackle Health Inequality'.
- Also indirectly, a stronger, sustainable economy will allow residents to make better, healthy choices;
- HWB Strategy aim 'Enabling citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life'.

SURREY FUTURE ECONOMY COMMISSION

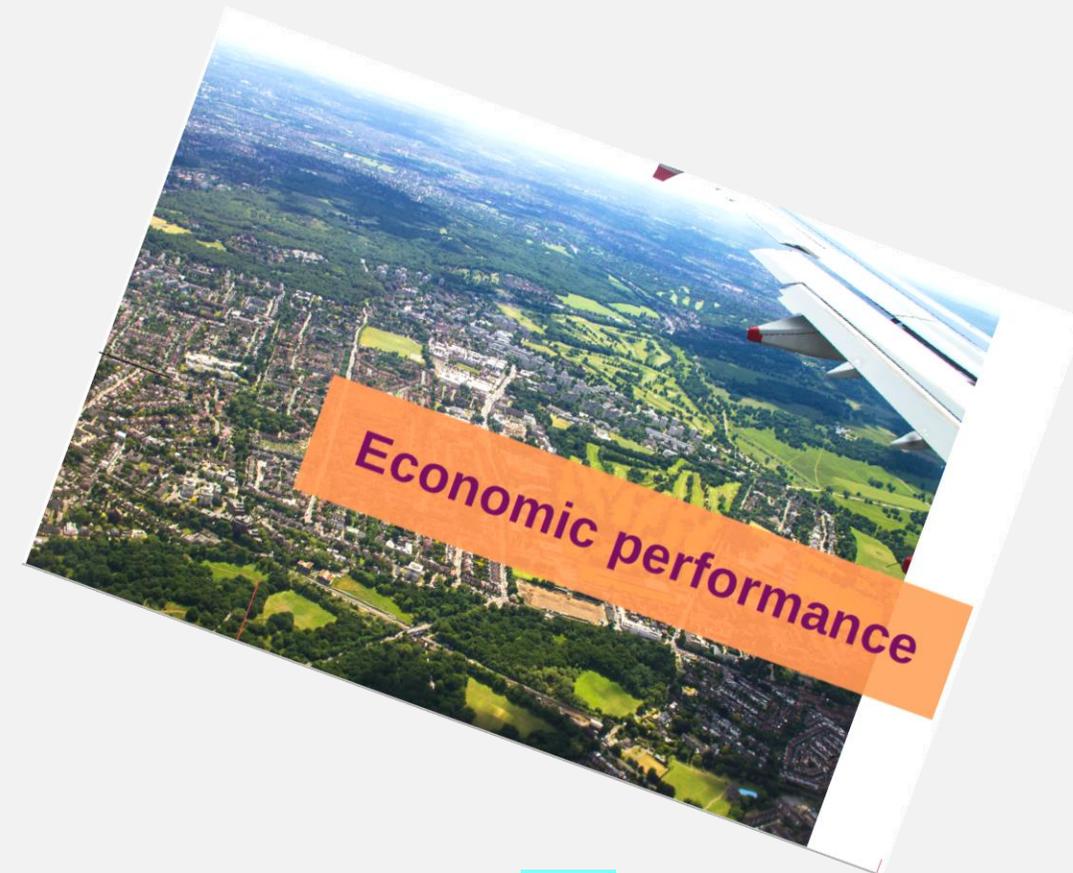
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- Chaired by Lord Philip Hammond (also member of Growth Board)
- Commissioned research from ARUP and University of Surrey;
- Key focus on Surrey's comparative economic advantage;
- Findings state need to:
 - Focus on our strengths in the knowledge economy
 - Find ways to retain our young people
 - Address key structural issues related to housing affordability, transport / digital infrastructure & aviation impacts
 - Take action on a whole-Surrey basis to promote Surrey as the powerhouse of the wider UK economy

SURREY 2030 ECONOMIC STRATEGY STATEMENT

- Brings all research together, underpinned by Commission findings;
- Five key areas of focus:
 - 1) **Growing the leading edge**
 - 2) **A whole-Surrey approach to quality places**
 - 3) **Improving connectivity for the next generation**
 - 4) **Green economic ambitions**
 - 5) **Maximising opportunities – *creating a diverse economic system and housing supply. Interventions to create a skills system that supports inclusion (aligned to and in direct support of P.3 of HWB Strategy)***



MAXIMISING OPPORTUNITY: SKILLS AND INCLUSION FRAMEWORK - LINKED TO HWB P.3

- 1. Inclusion:** those furthest away from the labour market who have potential but lack work opportunity & equality and diversity activity
- 2. High volume:** 16-24 yrs at risk of dropping out of education and/or employment and stagnating in low skilled jobs and high volume adult re-skill needs
- 3. High skills:** Highly skilled adults facing unemployment as a result of post-Covid economy; high level jobs of the future to meet skills gaps e.g. underemployed graduates & Maclaren talent

MAXIMISING OPPORTUNITY: SKILLS AND INCLUSION FRAMEWORK LINKED TO P.3



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Stage 1

Those services that support people for other purposes leading to considering employment support Activities will be regular, support positive routines and connections with others.

These services are not necessarily employment services.

Stage 2

Provision to support people facing barriers in their progression towards work. Possibly in non-employability settings

Those services that support people to address barriers, build confidence and develop their life and coping skills.

Stage 3

General employability skills / accreditations are introduced and focused into more specialist areas for training when appropriate.

Those services that are more focused on supporting people to find meaningful and sustainable paid employment.

Stage 4

Provision to support people to apply their learning in practice.

This includes those services that actively support people to start and stay in work.

Job Brokerage Services sit here.

Stage 5

Support is provided for people who have entered work as well as provision that supports and develops the existing workforce.

ONE SURREY GROWTH BOARD

- Bringing together all place-related activity into 'One Surrey' leadership;
- Coordinate related strategies into a 'Plan for Growth' - a coherent, evidence based whole-place plan designed to underpin a Growth Deal proposition to Government;
- Enable integration and alignment between Economy, Place and People, Health, Wellbeing & Community Safety Board, Surrey Future & Employment & Skills Board
- Coordination and alignment secured through Cllr Tim Oliver as Chair of both & Dr. Claire Fuller as representative on Growth Board

One Surrey Growth Board

Health
and
Wellbeing
Board

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Surrey
Employment
& Skills
Board

Surrey
Economic
Commission

Surrey
Future &
Place
Ambition

SURREY PLAN FOR GROWTH: KEY COMPONENTS



Surrey as economic leader with resilience and potential to recover quickly;



Local leadership of cross-county transport infrastructure at scale needed to release housing development (accelerated and affordable)



Potential to release growth through investment in digital infrastructure;



SCC capital investment programme, credible delivery vehicles & wider public sector levers;



Need to include green infrastructure within place-planning;



Local jobs for local people through targeted skills interventions linked to high value economy & aviation impacts



Hyper-local, 20-minute towns and targeted community networks



Opportunity to be underpinned by new Surrey brand narrative

NEXT STEPS

- 2030 Strategy Statement and One Surrey Plan for Growth in development;
- Stakeholder engagement beginning now;
- Surrey Skills and Inclusion Framework being consulted on, HWB members invited to get involved;
- One Surrey Growth Board meeting 17 December;
- Growth Deal proposition engagement with Government early 2021;
- Return with updates to future HWB meetings.

Health and Wellbeing Board Paper

1. Reference information

Paper tracking information	
Title:	Surrey Safeguarding Adults Board Annual Report 2019/2020
Related Health and Wellbeing Priority:	Priority 1 – Helping people in Surrey to lead healthy lives Priority 2 – Supporting the mental health and emotional wellbeing of people in Surrey
Author:	Sarah McDermott, Safeguarding Adults Board Manager (SCC)
Sponsor:	Mrs Sinead Mooney, Cabinet Member for Adults and Health (SCC)
Paper date:	3 December 2020
Related papers	Annex 1: Surrey Safeguarding Adults Board Annual Report 2019/2020

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2. Executive summary

The Surrey Safeguarding Adults Board (SSAB) is a statutory multi-agency Board with responsibilities set out in the Care Act 2014. The Board is chaired by an Independent Chair, Simon Turpitt. There is a statutory duty for the Safeguarding Adult's Board to publish an Annual Report and disseminate to various parties, of which the Health and Wellbeing Board is one.

3. Recommendations

That the Health and Wellbeing Board considers and notes the Surrey Safeguarding Adults Annual Report for 2019/2020.

Consider the Safeguarding Adults Annual Report in relation to the Health and Wellbeing Board strategic priorities.

4. Reason for Recommendations

This recommendation demonstrates that the Safeguarding Adults Board is fulfilling its statutory requirement under the Care Act 2014 to present to the Health and Wellbeing Board.

It supports the Safeguarding Adults Board to be transparent by presenting the performance of the Board and its strategic plan.

Ensures that the Health and Wellbeing Board is aware of the work of the Safeguarding Adults Board and the interface with the Health and Wellbeing Board strategic priorities.

5. Detail

Surrey has had a Safeguarding Adults Board (SAB) in place for over a decade. The Board has been statutory since the implementation of the Care Act in April 2015. The primary duty of the SAB is to ensure that the main statutory agencies work together to improve practice which protects and promotes the safety of adults at risk of abuse and neglect in Surrey.

It is a statutory requirement under the Care Act 2014 for the Annual Report to be sent to the Chief Executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable, Healthwatch, and the Chair of the Health and Wellbeing Board.

The Board would like to Health and Wellbeing Board members, to have a good understanding of the range of abuse and neglect issues that can affect adults with care and support needs and of the importance of balancing safeguarding with empowerment, as required by the Care Act (Section 14.193 of the statutory guidance) and how this links with the Health and Wellbeing Board priorities. It is anticipated the Annual Report will increase that understanding.

Care Act 2014

The Care Act states each local authority must establish a Safeguarding Adults Board for its area. The objective of a SAB is to help and protect adults with care and support needs in its area from abuse and neglect. The way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does. A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

Section 42(1) of the Care Act describes the adults that must be protected by safeguarding as:

- an adult in the Local Authority area (whether or not ordinarily resident there)
- who has needs for care and support (whether or not the authority is meeting any of those needs) and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

6. Challenges

No challenges are identified.

7. Timescale and delivery plan

The Safeguarding Adults Annual Report covers the 2019/2020 year.

8. How is this being communicated?

The Annual Report is a description of the Boards activities undertaken during the 2019/2020 year. As a multi-agency report all members of the Board were consulted on the contents and invited to contribute. The Annual Report was presented to Cabinet in October 2020.

9. Next steps

- The Boards Annual report will be;
 - Published on the Surrey Safeguarding Adults Board Website
 - Circulated in the Surrey Safeguarding Adults Board Newsletter
 - Distributed to
 - Chief Executive of the Council
 - Board Members for them to cascade within their own agencies
 - The Police and Crime Commissioner
 - The Chief Constable
 - Healthwatch Surrey

List of Annexes:

Annex 1 - Surrey Safeguarding Adults Board Annual Report 2019/2020

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Surrey Safeguarding Adults Board



Annual Report 2019-20

Message from the Chair



This year has been dominated in the final months by Covid 19 and its impact on all of us. In Surrey all agencies responded quickly and positively in very difficult times and helped us keep Safeguarding Adults at the front of all agendas.

In the year we saw a continual increase in Safeguarding Enquiries which is positive as it shows better awareness and stronger reporting systems and data that can drive effective initiatives.

The response and quality of enquiries and section 42 reports has improved however there is still some way to go. The Board is seeing positive trends in data that gives us assurance that we are measuring the right things and focusses on getting it right first time but that this is still a journey of improvement.

Our cooperation with the Children's Partnership has continued to develop and our cooperation on areas of joint initiatives should improve assurance for families and adults with care and support needs.

We are seeing a continual rise in referrals for Domestic Abuse and are making sure that those affected receive the right help and support at the earliest opportunity.

We have continued improving our ways of sharing learning across Surrey with more effective and regular briefing documents especially for National Safeguarding Adult Reviews.

The Healthwatch report on user experience of Safeguarding process has become a learning document and drove new actions to our plans with initiatives around keeping families better informed.

Message from the Chair

There were Safeguarding Adults Reviews (SARs) started in the year, but they did not reach conclusion by the end of this report.

We reorganised our senior subcommittee of the Board, it is becoming the Adult Safeguarding Executive with senior leaders from Adult Social Care, Health, Police, District and Boroughs and the PCC's office and reporting directly to the Board. This has proved invaluable in the COVID times making sure that Safeguarding was kept in strong focus during⁸ challenging times, allowing us to respond to those adults with care and support needs quickly.

We anticipate as lock down ends, we will see a rise in activity due to more face to face meetings happening.

It is clear during times of crisis, like the COVID situation, that people with care and support needs who are in more vulnerable situations, do not get overlooked and become more vulnerable. As a Board we need to make sure that adequate resources are focussed on ensuring this does not happen.

Simon Turpitt
Independent Chair
Surrey Safeguarding Adults Board

Our Story

Safeguarding Adults Boards (SABs) were established under The Care Act 2014



The Objective of the SAB is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does.

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The three core duties on SABs are to:

1. Publish a Strategic Plan
2. Publish an annual report
3. Undertake Safeguarding Adult Reviews



An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective

Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs



Broaden engagement with the voluntary sector to help get the right messages to the right people

Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice



Our Story



Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.

Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Be transparent – the SAB leads a learning culture where best practice is identified this will be shared and recommended, where concerns are identified these will be communicated appropriately

Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.



Partnership



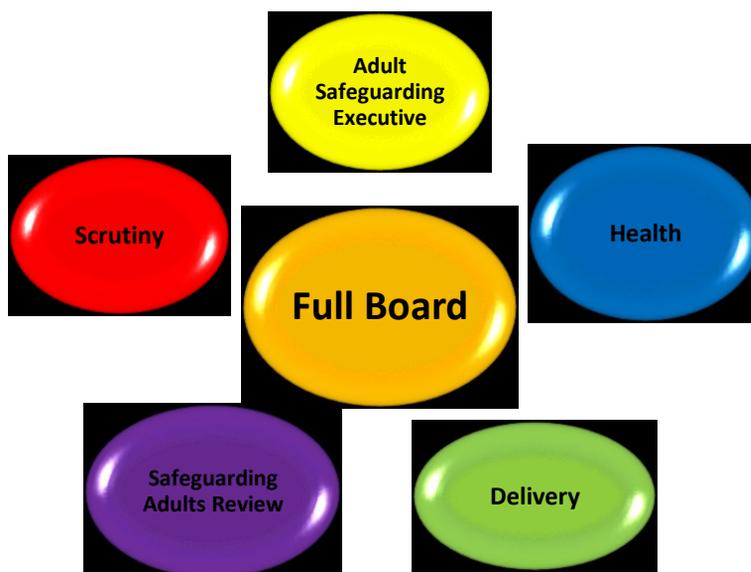
The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from each member agency.

The Board is facilitated by an independent Chair and supported by a small team.

The partnership is made up of:



How the Board works



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Full Board

- The Surrey SAB meet four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives and voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding work.
- Provides direction to all subgroups.

Adult Safeguarding Executive (previously Business Management Group) January 2020

- Meet four times a year, made up of key partners
- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

Safeguarding Adults Review Group

- Considers cases for a Safeguarding Adults Review
- Manages the reviews once they are commissioned
- Leads on sharing the lessons from reviews

Health Group

- Defines the strategic direction for planning and delivery of health services to adults at risk.
- to provide a forum for discussion of key issues for Surrey health services

Delivery Group

- Oversees the safeguarding training of the Board
- Requests and receives QA data from agencies (sends to Scrutiny group)
- Oversees the multi-agency policy and procedures

Scrutiny Group

- Scrutinises the Quality Assurance data from partners Identifies areas of best practice and/or concern
- Raises questions on data received before being submitted back to the delivery group

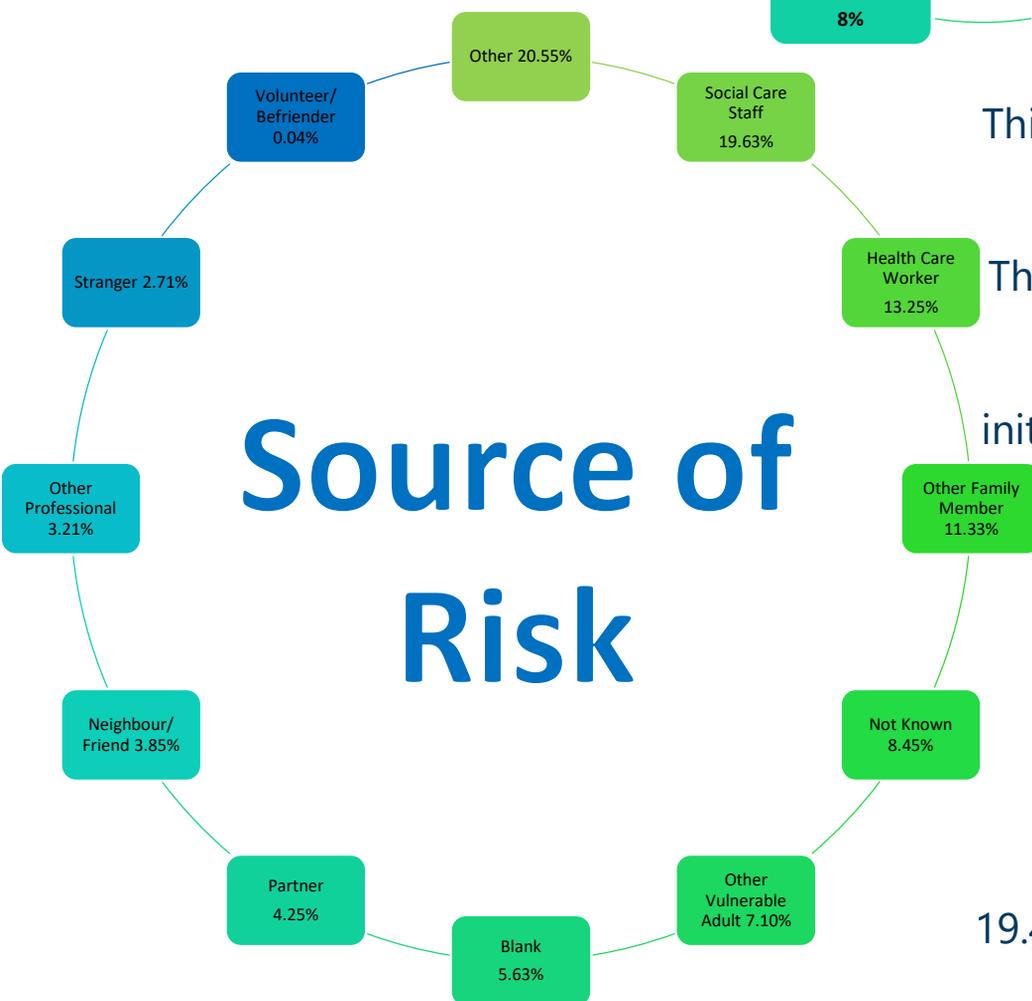
Adults in Surrey

This shows the primary support need for adults for whom the safeguarding concern relates to. The majority of adults who are the subject of a safeguarding concern have a need for physical support.



This shows the analysis of where the risk originates. This data is taken from the safeguarding concern when it is initially reported to the MASH.

Source of Risk



36.09% of risk is from people in a position of trust (healthcare workers, social care staff and other professionals).

19.43% is from a family member, partner or neighbour a decrease from 23.9% last year.

Safeguarding Training

Since 2018, the Surrey Safeguarding Adults Board has worked with partners to finalise the Contributing to a S42 enquiry 1-day course, and also to develop a 2-day train the trainer course.

The first train the trainer course took place in January 2020, from here two multi-agency trainers would facilitate future Contributing to a s42 Enquiry courses on behalf of the SAB. It was estimated that the additional commitment from partners would be approximately once a year. Due to the onset of COVID-19 the first contributing to a s42 enquiry course (1-day) was cancelled in March.

In 2019 the SAB implemented the Adult Safeguarding Essentials across its District and Borough Councils and Action for Carers. Following successful feedback this was embedded into the SAB training programme and rolled out across the wider Surrey Adults audience.

Courses are bookable via the SSAB website. Additional courses will follow.



Other work in 2019-20

Priority: Prevent Abuse and Neglect



During 2019 the SAB continued to raise awareness of by providing multi- agency training including the Essentials Course

8



Surrey Skills Academy also offered training accessible to care providers and 84 people attended the equivalent of the SABs Essentials course.



Training was provided on Hate Crime during Safeguarding Awareness week and this was well attended.



During July 2019 a campaign ran on buses in Surrey to encourage members of the public to visit the Surrey SAB website.



The SAB promoted all relevant leaflets and guides on the SAB website and utilised it's Twitter account to highlight relevant issues.



For National Safeguarding week 2019 the SAB linked up with Borough and District council, Community providers and health colleagues provided printed versions of the leaflets A&E departments and health centres.



The quarterly newsletter continued to be the widely distributed in the county.

Other work in 2019-20

Priority: Improve the management and response to safeguarding concerns and enquiries:



The SAB, with the help of partner agencies brought together train the trainer sessions (2 day course) and also a one day course: Contributing to a S42 Enquiry⁸. This will better help those agencies who have been asked to contribute to the local authorities S42 enquiry report.



There were 6 people across various agencies trained in the Train the Trainer training. This will provide for different agencies to train not only train their own staff but also provide multi-agency training for the Board.



The SAB and CCG presented at a Care Home forum to discuss the reporting of a Safeguarding Concern



Healthwatch Surrey were commissioned to undertake a project looking at peoples experience of Safeguarding Adults in Surrey. Details of the project can be seen further in this report.

Other work in 2019-20

Priority: Learn lessons and shape future practice



The SAB focus on learning from SARs, both national SARs and those that occur closer to Surrey, by holding a workshop at each of the SAB board meetings. The SAB members consider 5 questions with a 15 minute feedback session. This provides agencies with an opportunity to consider what learning can be taken back to their own agency as well as any actions.



A workshop was established to discuss a SAR with relevance to Surrey. An action plan was developed and will be taken forward in 2020/21.



The SAB continued to add relevant documents to the Learning Library that is accessible on the SAB website.

Safeguarding Adults Reviews (SARs)

The Safeguarding Adults Review (SAR) subgroup received eight SAR notifications.

Of the eight referrals received:

8

-  Three have progressed to a full SAR or a joint DHR/SAR.
-  Two did not meet the SAR criteria and closed.
-  Three sent in error to the SAB and should have been sent as a Safeguarding concern to the LA from care providers.
-  One submitted before LA quality assurance complete.

The group continues to oversee one Safeguarding Adult Review and one NHSE review from 2018/19.

The referrals sent in error highlighted the need to strengthen the SAR referral form and the purpose of the SAR procedure.

A thematic Safeguarding Serious Incident review was completed and six month review completed.

Healthwatch Surrey Report

Healthwatch Surrey was commissioned to undertake a project looking at peoples experience of Safeguarding in Surrey.

A summary of the findings are below

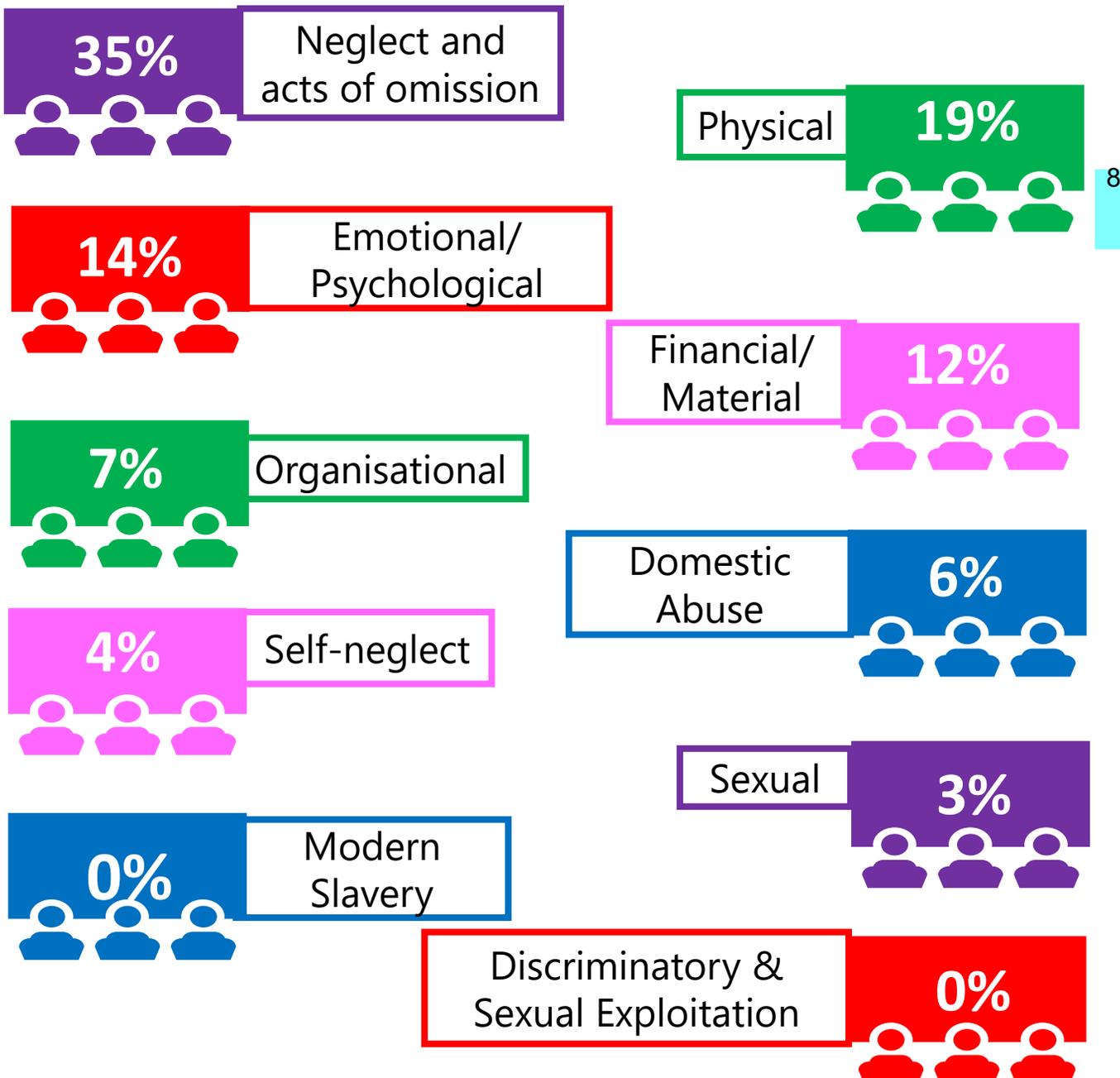
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Low engagement	Low understanding	Involvement	What success looks like
<p>Low engagement with Safeguarding means people don't report safeguarding concerns</p>	<p>People have no understanding of Safeguarding enquiries: they don't know what to expect, and can't judge whether to engage or not</p>	<p>People differ in how much involvement they want in their enquiry</p>	<p>Revealing the truth, acknowledgement of responsibility and making a difference are the people-centred outcomes</p>
<p>Continue to raise awareness and relevance, targeting NOK of those most at risk</p>	<p>Provide written information at the start of an enquiry with safeguarding's objectives, method, and contact information</p>	<p>Gauge desired level of involvement early on and respect this throughout the enquiry</p>	<p>Use these metrics (in everyday language) to assess the value of enquiries to people</p>

The SAB will be developing an action plan based on these finding to be taken forward in 2020/21. The full report is available on the SAB website. [Healthwatch Surrey - Experience of Safeguarding in Surrey report](#)

What Abuse is happening?

This information comes from safeguarding enquiries and the types of abuse, neglect & self-neglect identified by the referrer and Surrey county council adult social care



The numbers will add up to more than 100% as each case can have multiple forms of abuse present.

What the data says about our response to abuse

- Adult Social Care

1,196,236

Estimated population of Surrey *

8 The number of safeguarding concerns raised, an increase of 51% on the previous year.

10,458

72%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014

The number of Safeguarding enquiries completed under S42 Care Act 2014, an increase of 3,377.

5,490

35%

The percentage of safeguarding concerns received with the most common reason was due to neglect or acts of omission.

The percentage where the risk remained after the safeguarding enquiry work.

4%

67%

The percentage where the risk to the adult was reduced following completion of the safeguarding enquiry work.

The percentage where the risk was removed following completion of the safeguarding enquiry work.

19%

86%

The percentage where individuals or their representative were asked about their outcomes

The percentage where the individual or their representative said outcomes were fully met

96%

15

What the data says about our response to abuse - Surrey Police

1,198

The number of Adult Abuse (AA) incidents recorded. A decrease of 766 recorded incidents in the previous year. This is potentially due to the training that was provided to Surrey Police to Care Act definition of adult at risk.

The percentage Adult Abuse equates to, of the total crimes recorded in Surrey

0.4%

384

The number of Adult Abuse flags for Psychological/ Emotional abuse.

The number of Adult Abuse flags for Physical abuse (50.8%)

339

305

The number of Adult Abuse flags for Financial abuse.

The number of Adult Abuse flags for Sexual abuse.

116

151

The number of Adult Abuse flags Neglect.

The number of Adult Abuse flags Discriminatory abuse.

21

11

The number of Adult Abuse flags for Institutional abuse.

Female Victims of reported Adult Abuse.

62.3%

27.2%

The percentage of cases recorded for those over 75 years of age. A significant increase from 11% last year.

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Agency Updates

All agencies on the SAB were asked to input to this report and the following were received:

Buckinghamshire and Surrey Trading Standards:



1,568 scam victim interventions



£143,292 estimated future savings from scam interventions



59,889 nuisance calls blocked



11,447 scam calls blocked



11,801 Friends Against Scams trained and registered



94 Scam Champions trained and registered



£143,292 estimated future savings from scam interventions



80 Scam Marshalls Trained



Surrey Fire and Rescue Service have been accredited as a Friends Against Scams Organisation



The Chair of Surrey Local Resilience Forum and Head of Surrey Community & Protection Group has become a SCAMBassador.

Agency Updates

South East Coast Ambulance (SECamb) joint with Adult Social Care (ASC)



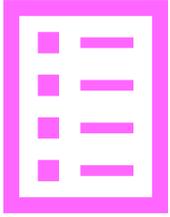
Since August 2019 Surrey Adult Social Care (ASC) and South East Coast Ambulance (SECamb) have been working together on improving the way referrals are sent to ASC. This began as Surrey ASC made a challenge to SECamb as the numbers of safeguarding referrals SECamb were reporting did not match the number ASC were receiving. It was agreed that SECamb would begin to further investigate why this could be taking place and it was established this was due to the way that SECamb were processing referrals.

Key staff within the agencies met to discuss what could SECamb do to support Surrey ASC in their work. It was agreed that SECamb work with lots of local authorities all with their own policies and procedures and therefore it would need to be a simple process.



The process started with SECamb looking at the Surrey thresholds and deciding on some quick wins. These quick wins were decided on SECamb aligning their drop box options within their referral system Datix with the Surrey safeguarding thresholds. This would then enable the SECamb coordinators to select a level based on the information listed in the referral when sending the referral onto the MASH.

Agency Updates



8

SECamb began labelling referrals with levels of need that are matched to the Surrey level of need document. This ensures when they reach Surrey ASC they are triaged effectively. Prioritising patients with true safeguarding needs and ensuring they are receiving timely support from the Multi Agency Safeguarding Hub (MASH) workers with the aim of improving patient safety by ensuring that these patients are triaged in accordance with need not in the order that they arrive into the inbox.

This work has been ongoing since September 2019 and it has positive wins for both teams. The coordinators within SECamb have had no issues with adding levels to referrals, it adds minimal time to the referral process. ASC have had no issues with the level SECamb have put on the referrals.



Since the pilot began in September 2019 SECamb have sent in 702 total referrals



The positives for this project are that it is Care Act compliant which has meant no changes for SECamb front line staff on submitting referrals, but it is ensuring we get this Surrey residents who have been in contact with the Ambulance Service are receiving timely care through their journey.

Agency Updates

Surrey Wide Clinical Commissioning Group Safeguarding Team - GP training and engagement



The Surrey Wide CCG Safeguarding team have developed 6 webinars providing the same update content and hours as the previous full-day events.

These are supported and funded by the GP tutors. Topics with an adult safeguarding focus include DA, Modern day slavery & MCA/DoLS, update safeguarding in care homes, general and Covid-19 specific "Hot Topics.

Webinars include Q+A interactive session and are recorded for access after the live event.

Care/ Nursing Homes

Have built up good communication via monthly meetings with safeguarding leads from Surrey County Council, locality teams - Transition team Central Learning Disability & Autism Team.



Work has been undertaken to map care homes that have not reported safeguarding concerns in the past in order to provide targeted support if required.

Are part of the care home forums for Surrey heartlands – East and Guildford and Waverley also Frimley and North Hants.

Are part of the Joint bi weekly CQC and Local Authority updates.

Are members of the registered managers meeting chaired by Skills for care.

Are a member of the Learning Disability Homes Forum – Task and Finish Group.

Multi-agency working with CQC, Local Authority and Quality Assurance managers to triangulate information has been established. Information is captured and recorded on a data collection system to identify trends and themes, this is then fed back into the SSAB Adult Health Sub Group, SSAB delivery group, The Care Home Forums and Primary Care training.

Agency Updates



Domestic Abuse

Engagement in DA executive and Health Interventions meeting

IDVA project plan- for an IDVA to be in all acute A&E settings, starting with ASP and RSHT.

For IRIS to be implemented Surrey wide following IDVA project.

DA multi agency training- Has been updated and is now a two day course. Day 2 will be facilitated by ESDAs and will be specific to DASH and MARAC.

Domestic Abuse workforce policy published on the Surrey Heartlands CCG website

8



Royal Surrey County Hospital Foundation Trust (RSFT)

Trust wide launch of new Safeguarding Adults referral forms and paper free safeguarding processes across the acute and community

Developed new MCA Assessment of Capacity and Best Interests Assessment proforma's.

Facilitated a full day RSFT Safeguarding Conference with external guests and hosted a full day Mental Health Conference with partners.

Developed a robust new Safeguarding Adults reporting mechanism including newer types of abuse to allow the Trust to accurately identify trends and themes allowing for early escalation of concerns about specific areas or providers.

Updated the Trust Safeguarding, Domestic Abuse and Prevent Policies as well as showcasing the RSFT Dysphagia Policy as best practice on the SSAB Website

Worked as part of the task and finish group representing the acute hospitals to develop the Missing from Care Memorandum of Understanding with Surrey Police and Surrey and Borders Partnership NHS Foundation Trust.

Agency Updates



Ashford and St Peter's Hospital NHS Foundation Trust

An acknowledgement from the SSAB that the high number of s42 referrals being seen within the Trust, which could be identified in a negative way, was due to good awareness of the requirements under the Care Act and reflected excellent partnership arrangements between the named nurse for adults and the hospital based adult social care team.

Multi-agency and multi-disciplinary audits taking place across both child and adult safeguarding teams adding value to findings and ensuring that responsibilities for safeguarding are acknowledged and understood by departments outside of the team.

Surrey Care Association

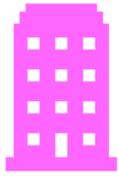
The Registered Managers Forum held saw of 30 managers attend. A CQC Inspection manager opened the session and invited questions from the audience.

The Spring Conference had speakers in relation to Learning from S42 enquires and Serious Case Reviews as well as the proposed Liberty of Protection Safeguards. It was an opportunity for networking and hearing about new developments.

The Domiciliary Care Sector Business meeting looked at updates in regards to safeguarding.



Agency Updates



Surrey County Council – Adults Social Care

In 2019/20, Surrey County Council Adult Social Care have supported the work of the Surrey Safeguarding Adults Board in a number of areas:

We have worked with our colleagues in Surrey Police and the South East Coast Ambulance Service so that they are working to a Levels of Need framework. This helps them to ensure referrals of adult safeguarding concerns go to our Multi-Agency Safeguarding Hub (MASH) and other issues go to our Contact Centre. This has allowed our MASH to improve its work in responding to adult safeguarding concerns.

We have reviewed our practice to ensure we are making decisions about when an adult safeguarding concern should lead to an adult safeguarding enquiry, to make sure it is in line with new guidance on this from the Local Government Association and the Association of Directors of Adult Services.

We revised the training for our staff on adult safeguarding and brought delivery of that training in-house. The new training is designed to deliver the Surrey Safeguarding Adults Enquiry Method set out in the Board's 2018 revision to its policy and procedures, and to implement the learning from Safeguarding Adults Reviews in Surrey and elsewhere.

Improved our arrangements for auditing our adult safeguarding work, so we can make sure it is meeting our quality expectations and we can spot any gaps and act on them.

We reshaped our services working with people who have care and support needs because of mental health needs or a learning disability. One of the aims of this is to improve the adult safeguarding work we do with those people.

We worked with Healthwatch Surrey and the Safeguarding Adults Board to support the research into people's experiences of our adult safeguarding work

Agency Updates



District and Borough Councils

During 2019/20 Districts and Boroughs have continued to work together to improve knowledge and practice in relation to Adult Safeguarding. The District and Boroughs Safeguarding Leads group have engaged with the Adults Safeguarding Board to improve the Quality Assurance information provided to the Board and improve internal processes for recording and reporting on Safeguarding enquiries and actions.

The Leads meeting has helped to bring synergy to the work across District and Boroughs in relation to Children's and Adult safeguarding practice. All Districts and Boroughs participated in Adult Safeguarding week and promoted good practice on their websites and via social media.

During 2019/20 across Surrey the District and Boroughs provided Essential Adult Safeguarding training to key members of staff across departments to ensure up to date knowledge and learning.

Pooled Budget

The Surrey SAB was adequately funded by partner agencies during 2019/2020. Financial contributions totalled £288,555. Contributions of funds from partners to ensure that the SAB can continue to operate, shows a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board. In addition to contributing financially, SAB partners contributed 'in kind' providing staff time, venues and trainers as did other agencies on the SAB.

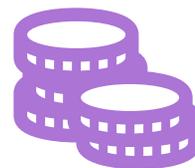


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Breakdown of partners contributions.

Partner Agency	Amount 19/20	% split
Surrey County Council	£117,450.00	40.70%
Clinical Commissioning Groups	£117,450.00	40.70%
Surrey Police	£29,000.00	10.05%
NHS Trusts	£13,050.00	4.52%
District & Borough Councils	£11,605.00	4.02%
TOTAL	£288,555.00	100%

The income from training during 2019/20 was £950.



During 2019/20 the Surrey Safeguarding Adults Board spent £170,012. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews.

Pooled Budget

The funds in the pooled partnership budget were not spent (£119,493) have been carried forward to the next year and agencies that contribute to the budget will therefore be paying a proportionately smaller amount in 2020/21.



Journey for 2020-21

The priorities identified in the three-year strategic plan (2019-22) for the Surrey SAB are to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

As detailed above, over the last year the Surrey SAB has made significant progress in establishing a sound platform from which a number of programmes of work can now take place to meet the Board's priorities going forward.



To prevent Abuse and Neglect

- Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs
- Broaden engagement with the voluntary sector to help get the right messages to the right people
- Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice.
- Drive a refresher initiative on the practical use of Mental Capacity Act with a view to stronger assurance around use of the act.



To improve the management and response to safeguarding concerns and enquiries

- Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.
- Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.
- Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.

Acknowledgements

Surrey Safeguarding Adults Board wish to thank the Oxfordshire Safeguarding Adults Board for providing a template for the report format.

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Restoration and Recovery: Health and Wellbeing Board update

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Steve Flanagan, CEO CSH and Chair of ICS Recovery Board

Item 9

The September update to the HWB Board set out the scope and governance of the Surrey Heartlands ICS Recovery Programme.

This update focuses on:

- An overview of our response to the NHS 'Phase 3 letter'
- Updates from two workstreams which have significant overlap with the Health and Wellbeing Strategy:
 - Emotional Wellbeing – led by Fiona Edwards and Helen Rostill (also HWB strategy sponsor for Emotional wellbeing)
 - Equalities and Health Inequalities (formally known as 'Hidden Harm') – led by Ruth Hutchinson and Trudy Mills
- Learning from our Recovery work so far

Surrey Heartlands received strong Regional feedback on our 'Phase 3' plans

- Our Phase 3 plans, in line with national guidelines, set out how we will deliver care in several key areas:
 - Planned care, including Diagnostics and Cancer
 - Unplanned care
 - Mental health, Learning disabilities and Autism
 - Workforce
- Our plans also went beyond national requirements to address priorities such as Primary care, Health inequalities and the Care sector which are key for our citizens and patients.
- Quality of care is embedded throughout our plans, for example:
 - Clinical prioritisation, e.g. of long waiters
 - Addressing health inequalities and access issues
 - Public engagement and communication strategies
 - 'No one left behind'
- Further detail on our Phase 3 response can be provided to HWB Board members on request.

We are delivering on our Phase 3 plans, but there are significant challenges

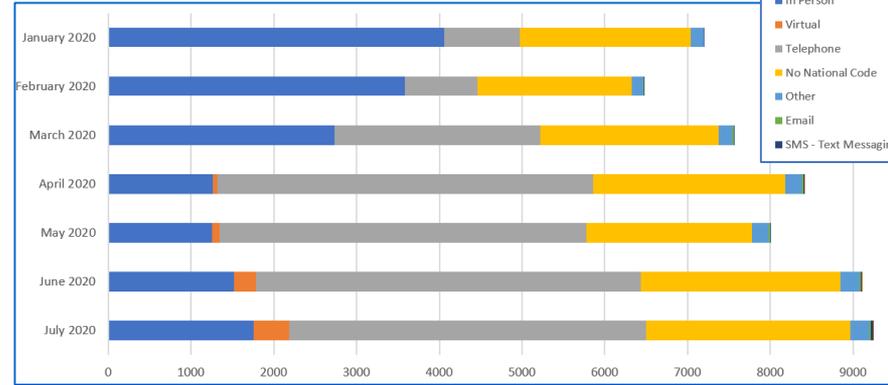
- We have planned on the basis of 'best possible' efforts, i.e. doing all we can do.
- Increased COVID cases and winter pressures present a significant risk, for example increased COVID admissions put pressure on our ability to delivery other services. At the time of writing, declaration of a 'Level 4' incident is expected imminently.
- Our aim is to continue to provide services throughout the winter. Local and national communications aim to reinforce the message that patients should continue to access the services they need.
- A key focus is restoring and maintaining elective services and bringing down the backlog created by the first lockdown.
- Patients who have been waiting for a long time have all been contacted to discuss their treatment.
- We are largely on track with our plans and are close to delivering pre-COVID levels of activity. Key current challenges are outpatients appointments and non-face to face follow ups. 104day cancer waits have been too high but are coming down.
- Utilisation of the Independent Sector is high in order to continue to deliver elective se



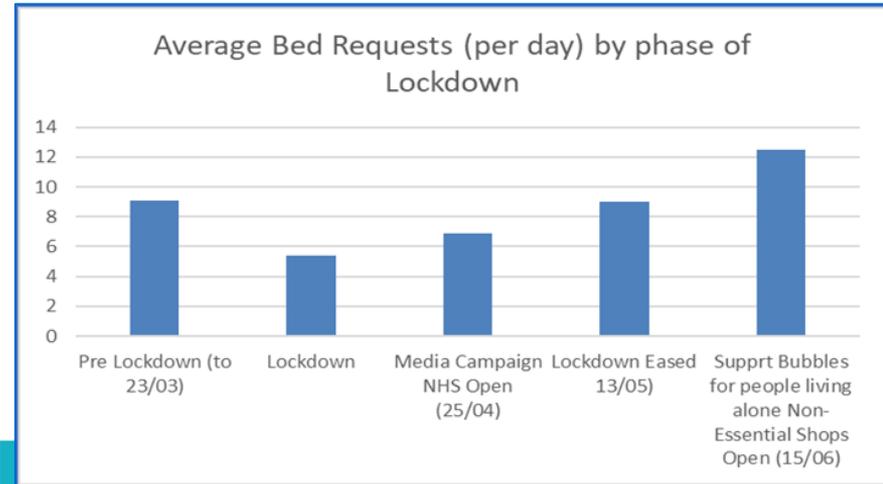
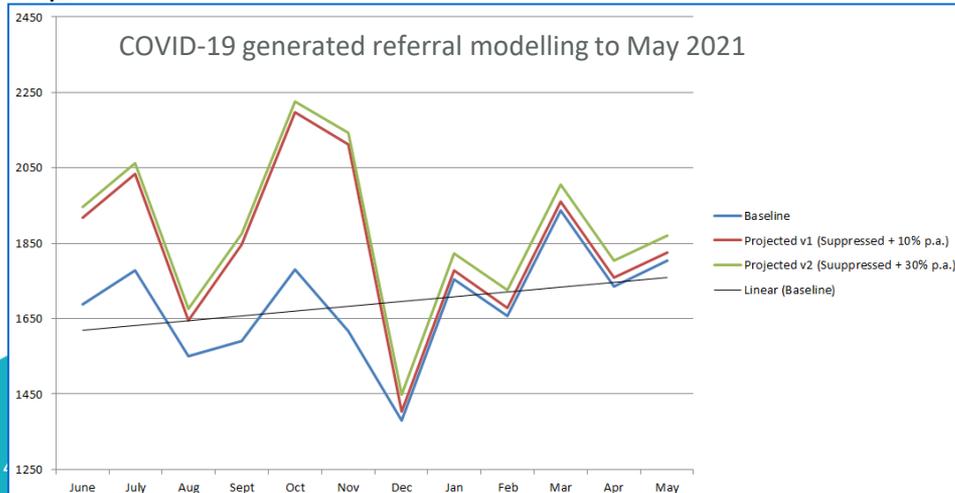
We are now seeing the beginnings of surge for mental health

- By September, activity had reached pre-Covid levels, with a higher degree of acuity. We are seeing increases in:
 - Patients presenting in crisis who are not previously known to services & greater use of Mental Health Act Emergency Powers
 - Patients with autism presenting in inpatient services
 - Welfare calls and more safeguarding referrals due to domestic abuse
- Exacerbating health inequalities due to factors including the move to digital and lack of access to physical health checks
- Modelling suggests up to 30% pa increase in referrals – concentrated Sep-Nov (see below) – which would further inflate case load
- Modelling is supported increasing crisis activity (top right) and bed requests (bottom right) seen in recent months.

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28% increase in Adult CMHRS contacts Jan-July 2020

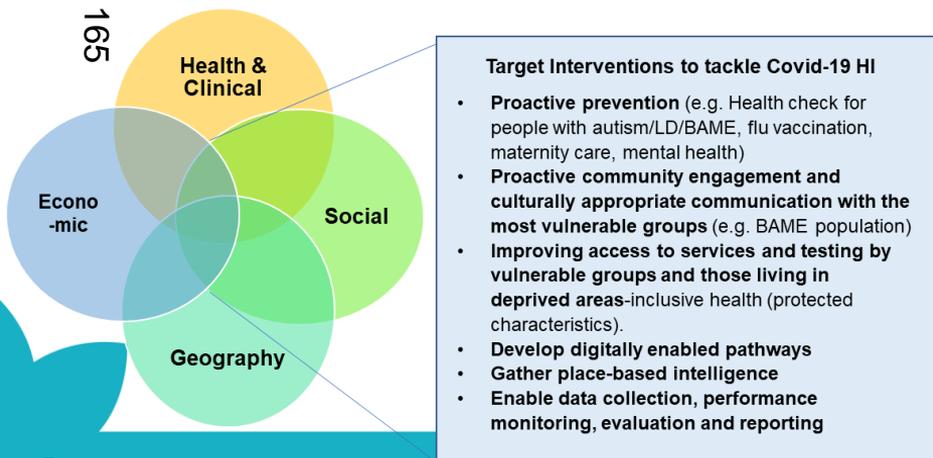


The EHI workstream co-ordinates related work across Surrey Heartlands

- This workstream is still developing but is key to delivering on the wider aspects of our Recovery. It's objectives are to:
 - Gather the appropriate intelligence to identify groups at risk in a fast-evolving landscape
 - Mobilise resources to address gaps identified by the intelligence
 - Embed the response into business as usual across the system by identifying cross cutting targets with a robust evaluation and monitoring process to track progress.
- The EHI group brings together a number of important constituents elements which form the basis of effective place based working between the NHS, Local Authority and the Community sector. It aims to align the system vision and achieve measurable population level change to tackle health inequalities as a result of Covid – 19 between and within local geographies through a life course approach.
- EHI workstream is working closely with other areas the HWB Board will be familiar with, such as the Community Impact Assessment

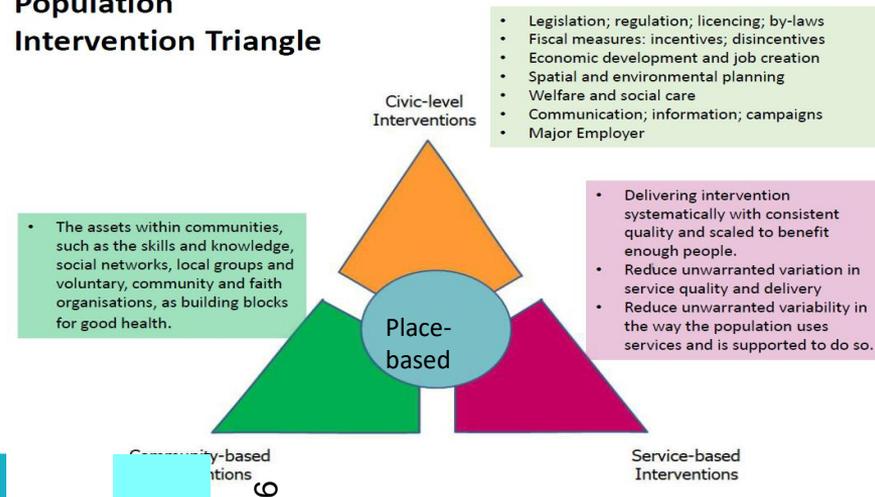
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Scope



Approach

Population Intervention Triangle



Restoration has moved on

- Original task was to identify which critical services needed to be stood up and to switch them back on
- Focus has now shifted to Phase 3 – delivering those services in the best way we can over the next 6 months

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Accountability and ownership

- System opportunities can lack resource/ownership/clarity of decision-making
- Clarifying which opportunities are owned at which level (ICS/ICP/org) is slow
- Opportunities which require system coordination but maintain on organisational ownership are easier
- National/regional requirements can muddy existing accountabilities, e.g. planned care in ICPs

Key similarities and differences between Recovery priorities affect how we deliver them

- Good progress where challenges have been urgent, shared problems
- Some workstreams leverage existing BAU structures, others are starting from scratch
- Messy governance and/or lack of alignment of statutory powers can be a blocker
- Scale and nature of work varies by workstream
- Access to resource is a challenge

Challenges are not uniform across Recovery...

- Clarity of scope
- Alignment with statutory powers
- Urgent challenges generate the will to fix them
- Identifying and keeping resource has been a challenge in some areas

Not all areas of Recovery felt the same permission to act

- Scope definition
- Pre-COVID buy-in, or lack of, in the system
- Involvement of the CEO group

... Nor are the opportunities

- Financial opportunities focused in Develop and Transform
- System opportunities require system working and that is still slow and hard
- Less urgent opportunities don't generate the will to fix them

Reflecting on our Statement of Ambition (see appendix): “meeting citizen and patient need” has been easier to progress than “resetting to a new service model” or “achieving financial sustainability” which will be needed to deliver in a sustainable way

Appendix: Statement of Ambition and Recovery Priorities

Our Statement of ambition provides the overall framing of all our Recovery work.

In such a broad programme, the Statement of ambition maintains focus on the 'main effort' and acknowledges upfront the need for difficult decisions.

Other aspects of our overall approach, from design principles to programme architecture, also flow in part from the agreed ambition.



2. Recovery Priorities

	Meeting citizen and patient need			Addressing new priorities		Reset to a new service model	
	Restoration	Interdependence of health and care	Surge plans (C19 and other)	Hidden harm	Emotional wellbeing (staff and citizen)	Develop (build from)	Transform (re-visit/age)
What will we do?*	<ul style="list-style-type: none"> Identify and stand up critical services Quantify diagnostics and elective backlog Propose ICS-wide approach for key common challenges 	<ul style="list-style-type: none"> Enhanced home care framework Home first D3A model, Medically fit for discharge Care home bed capacity New model for working with patients DGH and care homes 	<ul style="list-style-type: none"> Maintain infrastructure for future C19 surges, with new model learning from 1st peak Planning for non-C19 peaks: urgent care, LTCs, mental health, etc. Identify at risk services and plan for mitigation Longer term approach to testing and PPE 	<ul style="list-style-type: none"> Identify groups at risk from 'hidden' harm or deterioration Develop and deploy service offer Resume/step up prevention and screening 	<ul style="list-style-type: none"> Identify support needs for staff arising from pandemic Post C19 support for staff and communities 	<ul style="list-style-type: none"> Capture, catalogue and evaluate learning and innovations made Develop, standardise and embed Rapid re-validation and accelerate existing, value add plans 	<ul style="list-style-type: none"> Capture and validate citizen and workforce behavioural and expectation shifts Accelerate design and delivery priority programmes against clear benefit criteria Deliver across strategy and release funding
How will we measure success?*	<ul style="list-style-type: none"> Minimised morbidity and mortality from non-C19 cases Enabler, not a barrier, to new ways of working 	<ul style="list-style-type: none"> Improved outcomes and experience for those in care settings Better use of our collective resources 	<ul style="list-style-type: none"> Resilience to deal with C19 and non-C19 demand Minimised morbidity and mortality 	<ul style="list-style-type: none"> Citizens at risk are identified and supported 	<ul style="list-style-type: none"> Staff and citizens are able to recover from the pandemic and lockdown 	<ul style="list-style-type: none"> Innovations are retained and generalised Models of care which deliver better outcomes and citizen experience, sustainably 	<ul style="list-style-type: none"> Services and support re/assigned system-wide in response to citizen experience, need and workforce ambition Models of care which deliver better outcomes and citizen experience, sustainably

ICS development & architecture - System first, Role of ICS, ICPs and PCNs

Social contract with communities - Staff and citizen behaviour change, Comms

Digital

*Objectives and success measures are indicative and for development
 †Transformational objectives mapped into recovery priorities. Generate transformational funds, System first behaviour, Stop, Do it once well, New care models, High cost/poor outcomes, Digital

Statement of ambition

Recovery from the COVID-19 pandemic will mean delivering our recovery priorities at the same time as addressing pre-existing requirements on quality of care, operational performance and finance. In some cases there will be a tension between these priorities, e.g. balancing the release of capacity for routine elective care with retaining resilience for future waves of C19.

It is also clear that attempting to return to a pre-COVID 'normal' will fail, the pre-existing challenge in many areas has been multiplied by the effects of the pandemic. A new service model is required to succeed.

Our main effort is to:

- Meet the citizen and patient need caused by the pandemic, including the harm and safety challenges

Which we will achieve by:

- Resetting to a new service model; and
- Achieving financial sustainability

To recover successfully we must take difficult decisions in the interests of our citizens, patients and staff, using our collective resources to improve the outcomes of the population we serve.

We expect this to result in difficult decisions and trade-offs. Programmes, ways of working or other activities which do not contribute to the main effort may stop.

Our recovery must be a system recovery and more than just the sum of organisational recoveries.

Our Recovery priorities describe the areas we will focus our resources on, what we will do and how we know we have been successful. They are also the organising basis for our Recovery infrastructure, e.g. workstreams and leadership.

In early March, ICS leaders agreed 7 transformational objectives for Surrey Heartlands. Although our circumstances have changed since then, these objectives remain critical to delivery and have been mapped onto our Recovery priorities.

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Health and Wellbeing Board Paper

1. Reference information

Paper tracking information	
Title:	Surrey Local Outbreak Engagement Board - Update
Related Health and Wellbeing Priority:	N/A LOEB – sub-committee of the Health and Wellbeing Board
Author:	Amelia Christopher, Committee Manager (SCC)
Sponsor:	Mrs Sinead Mooney, Cabinet Member for Adults and Health - LOEB Chairman (SCC) Ruth Hutchinson, Director of Public Health (SCC)
Paper date:	3 December 2020
Related papers	N/A

2. Executive summary

The report provides a quarterly update on the Surrey Local Outbreak Engagement Board.

The NHS Test and Trace Service, launched on 28 May 2020, is designed to control the rate of reproduction of Covid-19 by reducing the spread of the infection. This is a national programme, but each Upper Tier local authority are expected to develop a Local Outbreak Control plan by 30 June 2020. Local Outbreak Control Plans are designed to clarify how local government works with the national Test and Trace service, so that the whole local system works to contain the virus.

As part of their local arrangements councils are expected to have a member-led, typically by the Leader of the authority, COVID-19 Local Outbreak Engagement Board. These arrangements are expected to provide political oversight of local delivery of the Test and Trace Service, will lead the engagement with local communities and be the public face of the local response in the event of an outbreak.

The Surrey Local Outbreak Engagement Board (LOEB) was formally constituted by County Council on 7 July 2020 as a formal sub-committee of the Surrey Health and Wellbeing Board. The newly formed Surrey COVID-19 Health Protection Operational Group (HPOG) is responsible for the operational development and delivery of the Local Outbreak Control Plan and will report to the Local Outbreak Engagement Board.

3. Recommendations

The Board is asked to note the update on the Surrey Local Outbreak Engagement Board for this quarter in which the Board met on **16 July 2020** and **25 September 2020**.

4. Reason for Recommendations

The Health and Wellbeing Board has oversight over the Local Outbreak Engagement Board as it was formally constituted as a sub-committee by County Council which approved the terms of reference on 7 July 2020.

The agendas, minutes and meeting information can be found by accessing the following link:

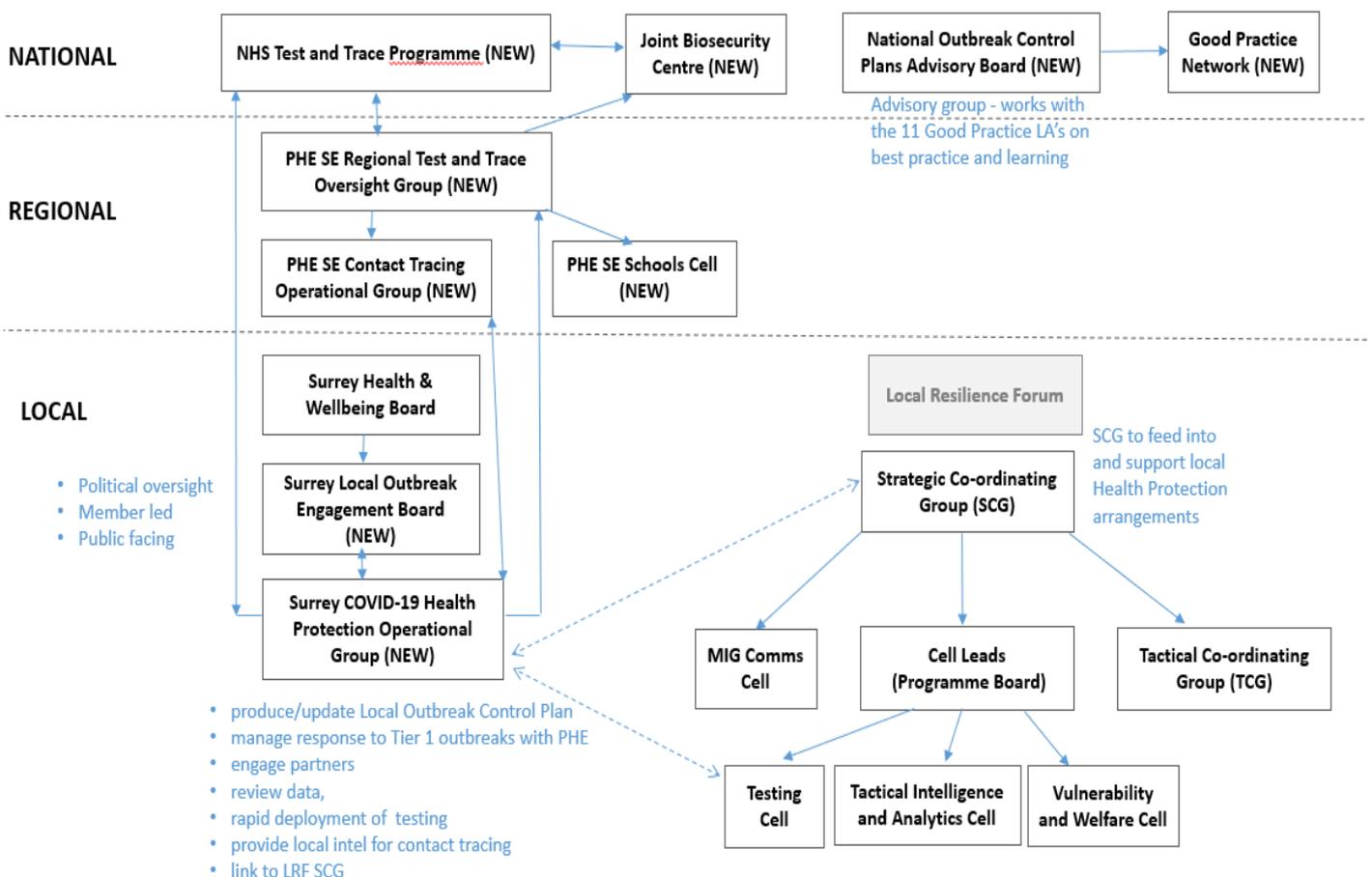
<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CId=820&Year=0>

5. Detail

Governance Overview

The Governance Overview below shows how the Health and Wellbeing Board; and Surrey Local Outbreak Engagement Board sits within the national, regional and local levels.

COVID-19 Test and Trace – Governance Overview



In line with section 3 of the Surrey Local Outbreak Board's Terms of Reference, please see the LOEB's Role and Responsibilities below:

- Sign-off of the general direction of travel for Surrey's COVID-19 Local Outbreak Control Plan and ongoing development of the plan;
- Senior level oversight of outbreak responses in Surrey, outlined in Surrey's COVID-19 Local Outbreak Control Plan and implemented primarily via the local COVID-19 Health Protection Operational Group (HPOG);
- Oversight of resource allocation relating to the delivery of Test and Trace in Surrey;
- Direction and leadership for community engagement for outbreak response;
- Approving the public-facing communications for outbreak response; and
- Approving recommendations from the Surrey COVID-19 Health Protection Operational Group.

11

A summary of LOEB regular agenda items is presented below:

i. National Update

As one of eleven Beacon Councils promoting best practice and good governance, the LOEB receives a national update from the Leader of the Council (SCC) who sits on the National Outbreak Control Plans Advisory Board (NOCPAB) and the Chief Executive of Surrey County Council who sits on the Good Practice Network (GPN).

Updates are provided on areas such as data sharing, learning processes, changes to local powers to enable localised lockdowns and actions put in place in relation to localised outbreaks.

ii. COVID-19 Surveillance Update

A key element of successful outbreak management is access to timely and accurate intelligence to inform health protection action. The LOEB receives a regular update on intelligence as Section 8 (Data Integration) of the Surrey Local Outbreak Control Plan describes existing intelligence resources and plans to develop further resources to support other elements of the Plan.

The Public Health Intelligence & Insight team has already achieved the following:

- Established a regular dataflow from Public Health England (PHE), governed by a signed data-sharing agreement;
- Developed Beta test and trace dashboards for the outbreak control team to review and trained staff on their use;

- Set up systems and processes for the daily review of surveillance so that the outbreak control team can take health protection action when the surveillance and other sources of intelligence indicates this is needed.

From 29 October 2020, the COVID-19 Intelligence Summary has been published twice a week, every Thursday and Monday. It provides the numbers of COVID-19 cases in Surrey broken down by borough and district as well as a comparison with national cases and information on the R number (the average number of infections (secondary) produced by a single infected person).

The latest Bi-weekly coronavirus summary for Surrey can be found using the link below:

<https://www.surreycc.gov.uk/people-and-community/emergency-planning-and-community-safety/coronavirus/alert-levels-and-local-outbreak-plan/figures-and-statistics>

There are no set numbers of cases that define an area as being at a particular level of concern.

To give advice to key partners, two main areas need to be considered beyond simple numbers:

1. Whether cases are linked to each other. Cases in a small area who have contracted COVID-19 from different sources requires a different response to cases in the same area who have contracted the virus from the same setting. There are strict definitions about what is an 'outbreak'. Local authorities work closely with Public Health England to establish if cases are linked or separate.
2. Whether the case numbers are significantly and consistently greater than expected. This involves interpretation of a daily 'exceedance report' from Public Health England, which takes into account the size of local populations, recent trends, the level of statistical confidence in fluctuations in case numbers, and the situation outside Surrey.

Surrey's Local Outbreak Control Plan has more information about the measures in place to identify and contain COVID-19 outbreaks and protect the public's health; the Plan is regularly reviewed and updated.

iii. COVID-19 Local Outbreak Control Plan Update

Surrey's Local Outbreak Control (LOC) Plan was published on 30 June 2020. The full LOC Plan and Summary Plan are available to view on the council website:

<https://www.surreycc.gov.uk/people-and-community/emergency-planning-and-communitysafety/coronavirus/coronavirus-testing>

This is an iterative document which will be updated to reflect ongoing changes:

- To national guidance, learning from outbreaks and incidents in Surrey or other areas
- To operational processes for supporting specific settings during outbreaks

As part of this, the LOEB also receives an update on the legal context in relation to the current legislation available in terms of a localised lockdown, the Health Protection (Coronavirus, Restrictions) (Leicester) Regulations 2020 which came into effect on 4 July 2020; created as an urgent order under the Public Health (Control of Disease) Act 1984.

iv. Local Outbreak Control Communications Plan Update

An NHS Test and Trace Communications Plan for Surrey has been produced to support the Local Outbreak Control Plan from the 1 July as well as the Messaging Grid.

The Plan and Messaging Grid are contained within item 7 Local Outbreak Control Communication Plan Update included in the agenda of the Surrey Local Outbreak Engagement Board that met on 16 July 2020 and can be accessed using the following link:

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=820&MId=7727&Ver=4>

The primary objective of the plan is to communicate Test and Trace advice and guidance to maximise awareness and compliance and so help contain and reduce the spread of COVID-19.

The communications plan will explain how we will:

- Amplify the national Test & Trace campaign through local channels with tailored messages for key audiences
- Provide a clear understanding of Local Outbreak Plans among key stakeholders
- Establish a rapid response process in the event of Local Outbreaks

It encompasses both online and digital tactics as well as how traditional methods will be used to ensure the widest reach across Surrey.

6. Next steps

The Board will continue to receive a regular update on the Surrey Local Outbreak Engagement Board including its key agenda items.

The next meeting of the Surrey Local Outbreak Engagement Board will take place on 18 February 2021 and is scheduled to meet every other month in public.

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