

Notice of Meeting

Health and Wellbeing Board



Date and Time

Thursday, 14
December 2023
2.00 pm

Place


Surrey County
Council, Council
Chamber,
Woodhatch Place, 11
Cockshot Hill,
Reigate, Surrey, RH2
8EF

Contact

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Board Members

Bernie Muir (Chair)	Member for Epsom West, Surrey County Council
Dr Charlotte Canniff (Vice-Chair)	Joint Chief Medical Officer, Surrey Heartlands Integrated Care System
Karen Brimacombe	Chief Executive, Mole Valley District Council (Surrey Chief Executives' Group) (Priority 1 Sponsor)
Professor Helen Rostill / Kate Barker and Liz Williams	Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS / Joint Strategic Commissioning Conveners, Surrey County Council and Surrey Heartlands (Priority 2 Co-Sponsors)
Mari Roberts-Wood	Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
Fiona Edwards	Chief Executive of the Frimley Integrated Care System
Jason Gaskell / Sue Murphy and <i>Vacancy</i>	CEO, Surrey Community Action / Chief Executive Officer, Catalyst / Vacancy (VCSE Alliance Co-Representatives)
Dr Russell Hills	Executive Clinical Director, Surrey Downs Health and Care Partnership
Kate Scribbins	Chief Executive, Healthwatch Surrey
Ruth Hutchinson	Director of Public Health, Surrey County Council
Helen Coombes	Executive Director for Adults, Health and Wellbeing, Surrey County Council
Rachael Wardell	Executive Director for Children, Families and Lifelong Learning
Karen McDowell	Acting Chief Executive Officer, Surrey Heartlands Integrated Care System
Graham Wareham	Chief Executive, Surrey and Borders Partnership
Joanna Killian	Chief Executive, Surrey County Council

Mark Nuti	Cabinet Member for Health and Wellbeing, Public Health, Surrey County Council
Sinead Mooney	Cabinet Member for Adult Social Care, Surrey County Council
Clare Curran	Cabinet Member for Children and Families, Lifelong Learning, Surrey County Council
Jason Halliwell	Head of Probation Delivery Unit for Surrey at The Probation Service
Carl Hall	Deputy Director of Community Development, Interventions Alliance
Tim De Meyer	Chief Constable of Surrey Police
Kevin Deanus	Cabinet Member for Fire and Rescue, and Resilience, Surrey County Council
Borough Councillor Ann-Marie Barker	Leader of Woking Borough Council (Surrey Leaders' Group Representative)
Steve Flanagan	North West Surrey Alliance and Community Provider voice
Jo Cogswell	Place Based Leader, Guildford and Waverley Health and Care Alliance
Dr Pramit Patel	East Surrey Place Representative and ICS Primary Care Clinical Leader, Surrey Heartlands ICS
Lisa Townsend	Police and Crime Commissioner for Surrey
Professor Monique Raats	Co-Director, Institute for Sustainability; Professor; Director of the Food, Consumer Behaviour and Health Research Centre, University of Surrey
<i>To be confirmed</i>	Carers System Representative
Siobhan Kennedy	Homelessness, Advice & Allocations Lead, Guildford Borough Council (Associate Member)

If you would like a copy of this agenda or the attached papers in another format, e.g. large print or braille, or another language, please email Amelia Christopher on amelia.christopher@surreycc.gov.uk.

This meeting will be held in public at the venue mentioned above and may be webcast live. Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area or attending online, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If webcast, a recording will be available on the Council's website post-meeting. The live webcast and recording can be accessed via the Council's website:

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AGENDA

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 20 SEPTEMBER 2023

(Pages
1 - 16)

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 (*8 December 2023*).

b PUBLIC QUESTIONS

The deadline for public questions is seven days before the meeting (*7 December 2023*).

c PETITIONS

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

5 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT INCLUDING THE BOARD'S UPDATED TERMS OF REFERENCE (Pages 17 - 62)

This paper presents a final draft Terms of Reference for the HWB Board and outlines minor changes to the Key Neighbourhoods.

This paper also provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) as of 20 November 2023.

6 SERIOUS VIOLENCE DUTY UPDATE (Pages 63 - 76)

This report provides the Health and Wellbeing Board with an update on Surrey's delivery against the Serious Violence Duty.

7 HOUSING: AN OVERVIEW OF A HOUSING HOMES AND ACCOMMODATION STRATEGY FOR SURREY AND THE HOUSING JSNA CHAPTER (Pages 77 - 154)

This report summarises the work completed on both these reports which are the housing homes and accommodation strategy and housing JSNA chapter and makes a case for the recommendations outlined in both.

8 INTEGRATED CARE SYSTEMS (ICS) UPDATE (Pages 155 - 162)

The Board is asked to note the update provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards against the Health and Wellbeing Strategy.

9 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 20 March 2024.

**Joanna Killian
Chief Executive**

Published: Wednesday, 6 December 2023

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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QUESTIONS AND PETITIONS

Cabinet and most committees will consider questions by elected Surrey County Council Members and questions and petitions from members of the public who are electors in the Surrey County Council area.

Please note the following regarding questions from the public:

1. Members of the public can submit one written question to a meeting by the deadline stated in the agenda. Questions should relate to general policy and not to detail. Questions are asked and answered in public and 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 an 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 Cabinet 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 Cabinet 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 20 September 2023 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

The start of the meeting was delayed to 2.04 pm due to protestors outside.

These minutes are subject to confirmation by the Committee at its next meeting.

Board Members:

(Present = *)

(Remote Attendance = r)

- * Bernie Muir (Chair)
- * Dr Charlotte Canniff (Vice-Chair)
Karen Brimacombe
- r Professor Helen Rostill (Co-Sponsor)
Liz Williams (Co-Sponsor)
- * Kate Barker (Co-Sponsor)
- * Mari Roberts-Wood
Fiona Edwards
Jason Gaskell (Co-Representative)
Rosemarie Pardington (Co-Representative)
- r Sue Murphy (Co-Representative)
- * Dr Russell Hills
- * Kate Scribbins
- * Ruth Hutchinson
- r Balwinder Kaur
Rachael Wardell
Karen McDowell
- r Graham Wareham
Joanna Killian
- * Mark Nuti
Sinead Mooney
- * Denise Turner-Stewart
Jason Halliwell
Carl Hall
Tim De Meyer
- * Borough Councillor Ann-Marie Barker
- * Steve Flanagan
Jo Cogswell
Dr Pramit Patel
Lisa Townsend
- * Professor Monique Raats
Siobhan Kennedy (Associate Member)

Substitute Members:

- * Becky Whale - Chief Executive, Citizens Advice Runnymede and Spelthorne
- * Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB
- * Gemma Morris - Detective Chief Superintendent – Head of Public Protection, Surrey Police
- * Michael Coughlin - Executive Director – Partnerships, Prosperity and Growth, SCC
- r Tracey Kadir - Director of Public Protection, Interventions Alliance
- r Lisa Herrington - Head of Policy and Commissioning, Office of the Police and Crime Commissioner for Surrey (OPCC)

The Chair:

- Welcomed Karen McDowell - Acting Chief Executive Officer, Surrey Heartlands ICS; thanked outgoing Board member Professor Claire Fuller for her contributions.
- Welcomed Balwinder Kaur - Interim Deputy Executive Director - Director of Adult Social Services, Surrey County Council (SCC); thanked outgoing Board member Liz Bruce for her contributions.
- Thanked Rachel Crossley for her support provided to the Board and for her work as Joint Executive Director - Public Service Reform, SCC; she would be leaving SCC in October.

24/23 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Jason Gaskell - Becky Whale substituted, Fiona Edwards - Tracey Faraday-Drake substituted, Tim De Meyer - Gemma Morris substituted, Joanna Killian - Michael Coughlin substituted, Carl Hall - Tracey Kadir substituted (remote), Lisa Townsend - Lisa Herrington substituted (remote), Karen Brimacombe, Rachael Wardell, Karen McDowell, Dr Pramit Patel, Jo Cogswell, Liz Williams, Rosemarie Pardington, Siobhan Kennedy, Sinead Mooney, Balwinder Kaur (remote), Graham Wareham (remote), Professor Helen Rostill (remote), Sue Murphy (remote).

25/23 MINUTES OF PREVIOUS MEETING: 21 JUNE 2023 [Item 2]

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

26/23 DECLARATIONS OF INTEREST [Item 3]

There were none.

27/23 QUESTIONS AND PETITIONS [Item 4]

a Members' Questions

None received.

b Public Questions

None received.

c Petitions

There were none.

28/23 HEALTH AND WELLBEING STRATEGY HIGHLIGHT REPORT [Item 5]

Witnesses:

Poppy Middlemiss - Public Health Speciality Registrar, SCC

Kate Barker - Joint Strategic Commissioning Convener, SCC and Surrey Heartlands ICS (Priority 2 Co-Sponsor)

Jane Hunt - Mental Health Investment Fund Manager, SCC

Mari Roberts-Wood - Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)

Dan Shurlock - Customer and Communities Strategic Lead, SCC

Key points raised in the discussion:

1. The Chair noted that there were several initiatives which had been piloted, she asked the Board to familiarise itself with those and the evaluation their impact. For example, the Green Health and Wellbeing programme cost £225 per person compared to the average of £493 for Improving Access to Psychological Therapies and had a higher level of success for the targeted cohort. The Chair noted that when discussing initiatives to be funded for example by the Better Care Fund there needed to be a real understanding about initiatives' impact.

Becky Whale joined the meeting at 2.09 pm.

Priority 1

2. The Public Health Speciality Registrar (SCC) outlined the spotlight item: 'A Smokefree Surrey' noting that:
 - The Surrey Tobacco Control Strategy was refreshed based on more recent data and changes in national and local policy and emerging themes such as vaping; it had been widely consulted on with partners since January.
 - An action plan had been developed to deliver the four priorities, to be delivered by the Surrey Tobacco and Alcohol Control Alliance.
 - The Strategy's launch would coincide with the national campaign 'Stoptober'.
 - The recent 2022 prevalence of smoking data showed that Surrey increased to 11.9% compared to 7.8% in 2021; this increase was being looked at with the Office for Health Improvement and Disparities (OHID) to check the data's reliability.
3. A Board member noted that smoking prevalence is higher in routine and manual workers, those with a long-term mental health condition, and those that used drug and alcohol services. To meet the ambition of 'no one left behind', smoking remained a focus, via the four priorities of the Strategy and action plan, she thanked all the partners that contributed to the Strategy.
4. The Chair referred to the communications, resourcing and financing behind the Strategy asking whether those were sufficient to reach the target audience of smokers. The Public Health Speciality Registrar (SCC) noted that whilst the Strategy was high-level, the detail was included in the action plan, for example the recommissioning the local stop smoking service will ensure it reaches the target audiences.
5. The Vice-Chair was interested in the increase of smokers in 2022 as that was a significant jump for Surrey and was similar to the UK prevalence; she asked whether smoking included vaping. The Public Health Speciality Registrar (SCC) noted that the Strategy did not include vaping. She noted that the variables could have been wrong, it might be an artificial increase due to OHID's change in methodology during the Covid-19 pandemic, it was an estimate and had a wide confidence interval; that was being investigated further.

Tracey Faraday-Drake joined the meeting at 2.17 pm.

6. The Chair asked how that 2022 figure compared to the pre-pandemic figure and whether the increase was due to more mental health problems post Covid-19. A Board member highlighted that between 7.8% and 11.9% of Surrey's population were smokers, that the data needed to be investigated to identify who was smoking, how they could be supported to quit and to prevent people from starting smoking. The Strategy's ambition was to reduce that figure to 5% by 2026.

7. A Board member welcomed the involvement of the Trading Standards Service in the Strategy and hoped that resource could be levered as it was intelligence based when responding to issues that required enforcement for example. She noted that the proliferation of vape shops across Surrey showed the huge uptake and consumption which would probably manifest itself in respiratory diseases and conditions; extracting that data would be vital to see the impact on communities as vaping was not harmless. The Chair welcomed more granular details on the work.
8. The Vice-Chair reflected on the apparent increase in smoking in Surrey, noting that there was nicotine in vapes which was addictive and wondered how many people including children start on a vape and then move on to smoking.
9. A Board member sought assurance that there was an element of co-design, incorporating lived experience particularly in the communities targeted in the production of any communications materials to ensure that they would be effective with those groups, understanding their behaviours and challenges faced. She noted the in-depth work by Surrey Combatting Drugs Partnership around a communications campaign. The Public Health Speciality Registrar (SCC) noted the close working with partners on communications in the Surrey Tobacco and Alcohol Control Alliance; she would raise that point at the Alliance's meeting.

Priority 2

Borough Councillor Ann-Marie Barker joined the meeting at 2.21 pm.

10. The Priority 2 Co-Sponsor noted the recent busy summer and acknowledged the continued engagement and commitment of the Voluntary, Community & Social Enterprise sector to co-designing the review of the Mental Health: Prevention, Oversight & Delivery Board's (MHPODB) purpose and ToR - there would be a co-design workshop on 5 October. She welcomed the involvement of the Vice-Chair and the new adult mental health convener - interim until March.
11. The Mental Health Investment Fund Manager (SCC) outlined the spotlight item: Mental Health Investment Fund (MHIF) – Successful Round 1 Projects noting that:
 - Round one took place in December 2022, the award process was done through the Mental Health Advisory Panel. Of the 55 bids submitted, 9 were awarded funding which totalled £530,000. The schemes were one to two years in length and covered a broad age range and geographical location.
 - A sub-group of the MHPODB had been set up to oversee the delivery of those schemes against the outcomes.
 - Round two awards were imminent, the evaluation process had taken place and the report contained information around other MHIF allocations made.
12. The Chair referred to the table detailing the allocations agreed by CiC, she asked whether any of those allocations were for statutory services. The MHIF Manager (SCC) explained that the MHIF funding and allocations agreed by CiC were for non-statutory services. Allocation had been given by CiC to integrated commissioning to close the gap identified in round one of MHIF funding to support existing contracts in place with commissioners. The Chair noted concern regarding the additional allocations as £4.3 million had been divested. The MHIF Manager (SCC) explained that different processes had different rules for example: £2 million had been allocated to integrated commissioners as noted above, £1 million was match funding allocated to the Community Foundation for Surrey. The Chair requested the granular spend on those schemes and how the additional allocations by CiC had an impact against the MHIF's original aims.

Priority 3

13. The P3 Sponsor noted the establishment of a Surrey Youth Commission on Policing and Crime partly sponsored by the OPCC in conjunction with Leaders Unlocked. The Youth Commission conducted peer research looking at: cybercrime, substance misuse, relations with police, mental health, and Violence Against Women and Girls (VAWG). The findings showed the high volume of VAWG reported, many respondents felt reluctant to report instances of VAWG due to fear of not being taken seriously or being blamed. Going forward the findings would be used to focus on a preventative approach through education.
14. The Customer and Communities Strategic Lead (SCC) outlined the spotlight item: Empowered and Thriving Communities HWB Strategy Outcome and System Capability – Local Area Co-ordinators (LACs) update noting that:
- The LACs were community-based roles, multidisciplinary workers which operated at a local level around 5,000 - 10,000 population area maximum. Their task was to work with anyone to support them with anything, there was no criteria or eligibility as those roles were intended to be accessible locally.
 - The LACs provided a £4 return on £1 invested.
 - Following Board endorsement, the recruitment of the LACs had been progressed by Surrey County Council in partnership with district and borough council colleagues and NHS partners with joint funding.
 - There were five LACs currently. Its benefits were the amount of time spent with individuals, individuals feeling empowered and therefore enabled to support others in the community and the roles complemented other community-based roles. He noted the joint work by an individual with the LAC in Hurst Green to develop their own peer support group.
 - Due to the positive impacts, the LACs were being extended to further locations in the year with community involvement in the recruitment.
 - A formal evaluation would be reported to the Board early next year.
 - It was vital to further promote the role of the LACs in communities and to connect with other professionals such as Bridge the Gap outreach workers.
15. The Chair welcomed that offer to visit the LACs. She asked how long the LACs were being funded for and requested the evaluation criteria. The Customer and Communities Strategic Lead (SCC) noted that the project had been running for a year, the funding arrangement was for the rest of this and the next financial year.
16. A Board member noted that he had met the Sheerwater and Maybury LAC when they first started, she was enthusiastic and approachable. It was a simple idea yet the role was invaluable. It was positive to see someone who was integrated into a community and it was important for Members to have that intelligence to better understand their communities. He hoped that the project could be expanded across Surrey because every area needed one. The Chair noted that they were particularly relevant in areas with a low number of active community groups.
17. A Board member noted the testimonies not just from the LACs, but from the people they were supporting and asked where the next locations were. The ambition was to have a LAC in every Key Neighbourhood and to have confidence around that match funding from partners coming forward to roll LACs out at pace. The Customer and Communities Strategic Lead (SCC) noted the upcoming locations of the LACs: Goldsworth Park, Stanwell, Upper Hale, Bellfields and Slyfield. Regarding the next locations the Board's priority list of Key Neighbourhoods was a focus looking at existing community-based infrastructure, dispersal across Surrey and parity across the NHS place alliance areas.
18. A Board member was struck by the case study of Hurst Green where the community itself had come together to create that network. Central to the work was health inequality, focusing the resources on the Key Neighbourhoods which lacked resources and agency. The localised approach builds community capacity needed to address the inequalities experienced, moving beyond a time-based project into a

- sustained project changing the nature of the community itself. The work was vital but would take time to build those skilful local relationships, it also takes the wider community which included Board members to make it work.
19. A Board member noted that it was exciting and timely coinciding with the move from the discovery phase to inform the future transformation of children and families health and care. Thinking about where money in the system was being committed to reduce recommissioning and use the insights from communities to act earlier, using local experts and building trust with Surrey's commissioners.
 20. A Board member noted that there were many parts of the system, particularly the voluntary sector involved in signposting guidance and navigation. She sought to explore how to ensure that all those parts of the system were sufficiently coordinated to identify themes and feed those through into interventions, harnessing different avenues effectively to improve access points. She noted that the Healthwatch Surrey helpdesk was seeing increased levels of frustration from individuals having explored many different avenues; other voluntary sector colleagues were seeing an increased level of need. She noted the need for a shared effort maybe through an information and signposting forum to ensure that people are not signposted to organisations that do not have the capacity to support them; so that the work across the system could be maximised.
 21. A Board member commended the work undertaken. He noted that the Sheerwater and Maybury LAC was integrated into North West Surrey (ICS Place) Alliance, he welcomed having LACs across Surrey praising that interaction and partnership working.
 22. The Customer and Communities Strategic Lead (SCC) welcomed the comments, noting the need to keep building on the project and investing in the LACs. He acknowledged the need to work on people's mutual understanding of who was available, the different roles and what they could offer, avoiding lots of signposting and no support. The insights work started within Surrey County Council needed to be done across the partnership around localities to understand the total insights, combining data sets with local intelligence to act differently together.
 23. The Chair reflected on the 'Opportunities/Challenges' section of the Highlight Report cover paper, noting that there seemed to be a challenge around the Joint Strategic Needs Assessment (JSNA), Health and Well-being Strategy Index, and Mental Health Improvement Plan was the difficulty in obtaining data from some organisations. Data and digital was one of the key solutions within the Integrated Care Systems (ICSs) moving forward and was vital concerning the Board's focus on prevention and early intervention. Obtaining data had been a problem at the Adults and Health Select Committee particularly around mental health. She sought the Board's support in ensuring that each organisation supplies the necessary data. Regarding Priority 1 and 2, there were initiatives where grants were obtained and work was done and evidence of effectiveness exists but there were continuing issues with trying to get commitment for sustained funding. For example, the Green Social Prescribing pilot (Annex 2) had been successful and funding was being sought; she urged Board members to review that. She urged Board members to take part in the Better Care Fund workshop in October, as there were projects that, if funded, would save a lot of time, effort, resources and produce better outcomes.

RESOLVED:

1. Noted progress against the delivery of the Strategy in the Highlight Report.
2. Would use the Highlight Reports to increase awareness through their organisations of delivery of the strategy.
3. Continued to use the HWB Strategy engagement slide deck to ensure awareness of the strategies, ambition and priorities that relate to reducing health inequalities.

4. Supported the sharing of data and development of the JSNA chapters highlighted over the next quarter.
5. Supported engagement with Green Health and Wellbeing lead officers to explore possibilities for pooled funding for the longer term co-ordination of the programme plan (following further details provided on effectiveness following discussion at June HWB).

Actions/further information to be provided:

1. The Public Health Speciality Registrar (SCC) will provide the Chair with more granular details around the work underway concerning the Surrey Tobacco Control Strategy.
2. The Public Health Speciality Registrar (SCC) will raise the Board member's (Kate Scribbins) comment around ensuring co-design and lived experience in the production of any communications materials, at the Surrey Tobacco and Alcohol Control Alliance's meeting.
3. The MHIF Manager (SCC) will provide the Chair with the granular spend on those schemes and how the additional allocations by CiC had an impact against the MHIF's original aims.
4. The Customer and Communities Strategic Lead (SCC) will provide the Chair with the LAC evaluation criteria; and will report back the findings of the formal evaluation on the LACs early next year.

29/23 FINDINGS OF THE HWB MEMBERS SURVEY AND A REVIEW OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE [Item 6]

Witnesses:

Olusegun Awolaran - Policy and Programme Manager (P3) - Health and Wellbeing, SCC

Key points raised in the discussion:

1. The Chair noted that it was disappointing that only eleven of the thirty-two Board members responded to the HWB Members Survey, however she had spoken to a few others who did not respond and it appeared that the eleven responses reflected the consensus. The Board's Terms of Reference (ToR) had been updated, based partly on the feedback provided, she welcomed further feedback.
2. The Policy and Programme Manager (P3) – Health and Wellbeing (SCC) noted that:
 - The HWB Members Survey asked Board members about their views about the Board's activities and progression of the Health and Wellbeing Strategy.
 - Positives: respondents were well-engaged with the clear vision and mission of the Board, with prevention at its core; and they recognised the work that had been done to track progress.
 - Opportunities: for more work to be done to integrate priorities and outcomes in each of the Board members' organisations; and the need to move investment upstream into prevention.
 - The Board's ToR was refreshed to align with changes in the Board's membership and purpose, the refresh of the Health and Wellbeing Strategy and the formation of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) under the Health and Care Act 2022. Board member feedback included: more time for discussion and to focus on items about reducing health inequalities, to continue to support a focus on progress being made alongside issues and challenges through the lens of Priority Populations including Key Neighbourhoods, and to utilise informal engagement.

3. A Board member referred to Section 3.3.8 of the ToR 'ensure a focus on prevention and the movement of funding upstream in the system to facilitate this'. She noted that the Board already had a focus on prevention, she asked for a measure to be added to that to strengthen and quantify it, 'significant increase' in the focus on prevention for example, as the Board was not elevating its prevention work as much as it should be. The Chair agreed, noting that proactivity was needed emphasising the action to be taken by the Board; she would review that.
4. The Chair noted that an aim was to use the channels the Board had more for example through the informal sub-committees and possible working groups to undertake deep dives looking at granular information. She noted that whilst discussions may be happening elsewhere, the Board brought together many organisations in one place to have a collective discussion; some smaller players on the Board did not always feel that the Board was discussing things that impacted on them. She stressed the need for all Board members to have an equal voice in discussions and to feel as though they could contribute and raise issues, with support provided by other Board members to use their connections and power to have joined-up discussions to resolve issues. She would follow that up.
5. A Board member noted that from her practical experience in the public protection domain and as a representative on safeguarding, reducing reoffending and VAWG boards, the landscape had changed in terms of those areas since the Board's merger with the Community Safety Board. The Community Safety Assembly did offer a significant opportunity. However, she felt that community safety elements did not get sufficient airtime on the Board due to the heavy health focus. Appendix A in the ToR - Annex 2a (Community Safety Agreement) - was out of date, she noted that there needed to be a strengthening of the accountability and line of sight and consolidation of governance; for there to be a review of the mechanisms to rebalance community safety and prevention elements. The Chair noted that she was in the process of setting up a meeting with the chairs of the new borough and district council Crime and Disorder Committees, the Police and Crime Commissioner for Surrey and Surrey Police representatives to look at community safety. She noted the need to make time on agendas to discuss community safety items.
6. The Chair asked the Board's permission to add a new member to the Board, the Chairman of the Surrey Carers Partnership Board to ensure that their voice would be heard and specific issues discussed; Board members approved that addition.
7. A Board member noted that there were several committees and boards such as the CiC which worked alongside or complemented the Board, she noted that it would be useful to have a map of the governance arrangements so all were clear about the Board's role regarding decision-making and influence. She noted that the line of sight or golden thread between the Board and Surrey's communities did not come through in the updated ToR; Board members represented their communities, not just their organisations. The culture and spirit of contributing and working together to encourage those contributions from all Board members was missing from the ToR. The Chair wanted to have closer relationships with various bodies ensuring that they had a say in decision-making; she would look at articulating that further in the ToR.
8. The Vice-Chair supported the request to map the governance system. She noted the work locally at place-level and the need to ensure that the Board has sight of that work and is connected; for example the local health and wellbeing board chairs sit at each place and might be an interesting addition to the Board's membership. She noted that she was awaiting feedback from the ICS Chief Finance Officer so at present could not approve the updated ToR.
9. A Board member noted that last week the Civic University Agreement between the University of Surrey and Surrey County Council was signed. There had been a workshop discussing the collaboration underway where it was flagged that the breadth of work with partners across the county needed more structure so that the

University's contribution could be maximised. The Executive Director – Partnerships, Prosperity and Growth (SCC) would follow that up.

10. A Board member noted that the Board had committed to the 'Principles for Working with Communities' or 'Four Cs' and that should be a golden thread running through all it does. She noted that it was easy to tick those off on the Board's reports under 'Reference Information', however there was never any narrative or evidence to provide assurance that the Four Cs had been delivered. That needed to be strengthened alongside the insight from the JSNA, showing the connections with communities in the Board's reports as well as reflecting on those at Board meetings. The Chair agreed noting that she had been discussing how the Board's reports could focus the narrative on its wider priorities.
11. A Board member noted Board members' professional objective in their organisations regarding their relationship with or responsibility for one of the Four Cs. Several Board members referenced local or community schemes that they visited, organisations permitted at least one volunteer day a year and she questioned whether there should be a commitment to that in the ToR. The Chair would take that point away.
12. A Board member noted that Surrey had a diverse population and issues varied across the county. Whilst there was Board member representation of the borough and district councils with one Leader and Chief Executive, he wondered whether that should be expanded to community development officers within each borough and district or a geographic range to ensure their voice is heard as they did not feel connected to the Board yet were impacted by the Board's work. The Chair would follow that up, noting for example that there could be a revolving community development representative to attend Board meetings depending on the agenda items.

RESOLVED:

1. Reflected on the findings of the survey and considered that they were a true reflection of the current position of the Board in terms of progress and opportunities to develop.
2. Supported the proposed changes to Board meetings and activities.
3. Considered the changes to the Terms of Reference in relation to the Board's purpose, roles, responsibilities and focus; Board member feedback would be reviewed and approval of the updated ToR sought at December's Board.

Actions/further information to be provided:

1. The Chair will review Board members' comments on the ToR around:
 - Section 3.3.8 of the ToR around a measure to be added to that to strengthen and quantify it, 'significant increase' in the focus on prevention.
 - Feedback from smaller players on the Board who did not always feel that the Board was discussing things that impacted on them.
 - community safety elements not getting sufficient airtime on the Board due to the heavy health focus; and the need for a strengthening of the accountability and line of sight and consolidation of governance; for there to be a review of the mechanisms to rebalance community safety and prevention elements.
 - Having a map of the governance arrangements.
 - Further articulating the line of sight or golden thread between the Board and Surrey's communities, the culture and spirit of contributing and working together to encourage those contributions from all Board members, and her comment around having closer relationships with various bodies.
 - The Board having sight of the local work at place-level, for example adding the health and wellbeing board chairs at each place to the membership.

- Including narrative and evidence in the Reference Information section of cover reports, 'Principles for Working with Communities' or 'Four Cs', providing assurance that the Four Cs had been delivered, and reflecting on those at Board meetings; and using the insight from the JSNA.
 - A commitment to be included around Board member's using their one (at least) volunteer day a year.
 - Expanding the borough and district councils' representation to include community officers within each borough and district or a geographic range.
2. The Committee Manager (SCC) will ensure that the Board's ToR is updated to include the new member: the Chairman of the Surrey Carers Partnership Board.
 3. The Executive Director – Partnerships, Prosperity and Growth (SCC) will follow up the Board member's (Monique Raats) comment around the breadth of work with partners across the county needed more structure so that the University's contribution could be maximised.

30/23 HEALTH AND WELL-BEING STRATEGY INDEX [Item 7]

Witnesses:

Ruth Hutchinson - Director of Public Health, SCC

Uma Datta - Assistant Director, Data and Insights, Public Service Reform, SCC

Richard Carpenter - Senior Analyst, Data and Insights, Public Service Reform, SCC

Key points raised in the discussion:

1. The Chair noted that the Priority Two architecture was there, but partners needed to supply the information so it could be populated.
2. The Director of Public Health (SCC) noted that the Health and Well-being Strategy Index aimed to enable an understanding of the long-term collective progress against the Strategy's mission about reducing health inequalities through the three Priorities. Each Priority had agreed outcomes and the Index being publicly available ensured transparency to residents in whether the outcomes were reached; pulling out the data for the Priority Populations was a challenge. The Index was high-level, it focused on the long-term impact indicators therefore it did not contain the short/medium term indicators of the forty-one programmes against the three Priorities; progress on programmes was included in the Highlight Reports.
3. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that since the prototype was presented to the Board in March, the Index had developed and had been further populated. The Index was currently a view of the indicators across the priorities for which there was robust data available. The Index was live and could be viewed at two levels of geography currently.
4. The Senior Analyst, Data and Insights, Public Service Reform (SCC) provided a demonstration of the Index noting that:
 - It would be published on Surrey-i, the Index opened onto a welcome page which outlined its purpose. The two levels of geography currently were District - demonstrated in March - and now Ward, each with their own tab. They were working on the Primary Care Network geographies and other health-based geographies to be online by the beginning of October.
 - Accessing the District tab provided a scorecard for the eleven boroughs and districts in Surrey via the map. The scorecard provided the overall performance and ranking one to eleven, the performance of the three Priorities, the outcomes under the Priorities and the indicators within the outcomes. Zero was the worst score and one hundred the best score - from red to green via quintiles. The titles of the outcomes had been shortened due

to the limited space; to be updated. Hovering over the coloured circles provide more detail on each indicator such as historical data/trends.

- Accessing the Ward tab provided a scorecard for the 187 wards via the map or drop-down menu. There were fewer indicators at Ward level currently as much of the data was not yet added ; that was a work in progress and support was needed in terms of adding more to the Index. The ranking was from one to 187. For example, Court ward (Epsom and Ewell) did well on Priority One, outcome two and a few of the outcomes under Priority Three.
 - The Priority Populations tab included four indicators that has not yet been accessed to include in the Index at lower-level geography. Historical data was included comparing the Surrey Value with the Comparison Value; two of those were compared against the England figure and two against the South East figure. It would be updated to include definitions.
 - The Overarching Indicators tab included life expectancy and healthy life expectancy at birth, and the inequality data for both. For 2021, the life expectancy for females was 84.6 years compared to 81.3 years for males and there was less inequality between females living in deprived and less deprived areas compared to males. The data for the inequality in healthy life expectancy was similar for males and females; to be updated with the new census data.
5. The Chair asked whether there was a tutorial on the Index available on the Surrey County Council website. The Senior Analyst, Data and Insights, Public Service Reform (SCC) noted that he had recorded a video demonstrating the Index and would share that with the Committee Manager (SCC) to circulate to the Board, alongside annotated screenshots to help navigate around the Index.
 6. The Chair asked how the Surrey Data Strategy and the Index were aligned. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that regarding Surrey County Council's Data Strategy, a key workstream was insight development and the Index was included in the development of the tools and intelligence to provide that insight to inform decisions.
 7. The Chair noted the request of Board members to provide feedback on how their organisations might find value in or use the Index and asked whether the Board members' organisations were aware of what information was needed from them and whether something could be circulated. The Assistant Director, Data and Insights, Public Service Reform (SCC) noted that she would circulate to Board members what information was needed.
 8. The Vice-Chair thanked officers for their work on the Index; it would be a powerful tool to see the impact of what was being delivered across the system. As the new Executive Director - Adult Mental Health, NHS Surrey Heartlands, she would like to meet with officers to discuss Priority Two perhaps with the conveners and the chair of the MHPODB to understand and unblock data blocks. She asked whether the item presenters could attend the Surrey Heartlands ICB to provide the presentation on the Index. The Assistant Director, Data and Insights, Public Service Reform (SCC) welcomed that offer to speak to the ICB and would liaise with her. The Senior Analyst, Data and Insights, Public Service Reform (SCC) added that the Index would be updated annually, the power of it would be to see change and areas, indicators or outcomes where it was improving or getting worse; to unpick the inequalities down to lower-level geography.
 9. The Chair highlighted that because of the recent electoral reviews, the new wards had not yet been included in the Index; to be updated in due course.

RESOLVED:

1. Reviewed the Index and provided feedback.

2. Would promote awareness of the Index within their organisations to enable its continuous development using partners' expertise/data.
3. Would promote awareness of the Index within their organisations and externally to enable a common understanding and assessment of progress against the HWB Strategy.

Actions/further information to be provided:

1. The Senior Analyst, Data and Insights, Public Service Reform (SCC) will share the recorded video demonstrating the Index with the Committee Manager (SCC) to circulate to the Board, alongside annotated screenshots to help navigate around the Index.
2. The Assistant Director, Data and Insights, Public Service Reform (SCC) will circulate to Board members what information was needed regarding the request of Board members to provide feedback on how their organisations might find value in or use the Index.
3. The Vice-Chair as the new Executive Director - Adult Mental Health, NHS Surrey Heartlands will meet with officers to discuss Priority Two perhaps with the conveners and the chair of the MHPODB to understand data blocks.
4. The Assistant Director, Data and Insights, Public Service Reform (SCC) will liaise with the Vice-Chair around attending the Surrey Heartlands ICB to provide the presentation on the Index.

31/23 OUR SURREY STORY - A COUNTY WIDE BRAND [Item 8]

Witnesses:

David Stedman - Senior Brand and Marketing Manager, Our Surrey Story, SCC
 Michael Coughlin - Executive Director – Partnerships, Prosperity and Growth, SCC

Key points raised in the discussion:

1. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that Our Surrey Story (OSS) was a brand for the county with the broad aim of promoting a positive image of Surrey to benefit its economy, environment, community and health and wellbeing goals. The OSS Board had its first meeting last week; he sought the Board's input as to how it could add value to those goals.
2. The Chair asked what the original aim was when the OSS Board was set up, and who officers would be reaching out to as partners and how would they get that engagement. It was unclear what the objectives were, who would benefit from the brand other than Surrey and how the Board's involvement would further the cause of OSS. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that the direction was not yet set so the exact target audience was undefined. Potentially the focus could be on increasing the desirability of Surrey as a place for investment/relocation of businesses related to life sciences, and/or could focus on natural spaces and the positive contribution to physical and mental health. The broad audience was the residents, businesses and organisations of Surrey.
3. As a supplementary question the Chair asked whether the brand should also seek to attract audiences outside of Surrey. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that Surrey was behind other areas that had their own place brands which focused on the economy and/or culture and/or civic pride. He sought guidance from different sectors within Surrey about what they would identify as their priorities in terms of how a Surrey-wide brand could add value to their work.
4. As a supplementary question the Chair asked what the method was of attaining that information from the Board, for example would there be a questionnaire. The Senior

- Brand and Marketing Manager, Our Surrey Story (SCC) was reluctant to have something as formalistic. The Chair requested a methodology and a timeline for the Board to engage with the process.
5. The Executive Director – Partnerships, Prosperity and Growth (SCC) explained that OSS emerged from a discussion with Surrey’s businesses questioning what Surrey meant to people inside and outside Surrey. From research undertaken a few years ago, unlike other counties people did not conjure up a specific image of Surrey or if they did it was ‘gin and Jaguars’ or a wealthy and older population. Part of the OSS work built upon that research work with stakeholders who largely aligned on three things that more accurately described the county: Surrey was energetic and vibrant in terms of innovation and leading thinking, it had an amazing natural landscape which enabled a good quality of life, and it was well-connected internationally, with Parliament, London, and Gatwick and Heathrow Airports. The ask was how could Board members and the organisations within their communities contribute to that positive image or Surrey brand, for example through the Ambassador programme. There was a booklet and a website for people to engage with.
 6. A Board member noted that the OSS website was useful to see who the OSS Board members were to engage with. She highlighted Brighton and Hove’s strong branding and that Surrey had many straplines it could use. The Executive Director – Partnerships, Prosperity and Growth (SCC) noted that whilst people could have their own version of what should be promoted within Surrey, it would be essential to have a common language and set of graphics to create a powerful singular identity.
 7. The Chair asked whether ambassadors had been targeted. The Executive Director – Partnerships, Prosperity and Growth (SCC) confirmed that they had been and they were open to more people becoming ambassadors.
 8. A Board member noted that the University of Surrey had been rebranding, it also had the issue of Surrey as a place attached to its name; it needed to echo the OSS. The OSS had a wellbeing strand encompassing wellbeing for all, place and the environment; she reflected on how the Board could lead in showing what that could look like. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) highlighted that the University of Surrey’s Director of Communications was an OSS Board member.
 9. The Chair asked what was on the OSS Board’s agenda going forward so she could understand the pathway and timeline. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) noted that there were no specific timelines yet, the OSS Board’s first meeting was last week. He sought a general steer on the top health and wellbeing priorities across Surrey that the brand could elevate.
 10. A Board member noted that the value of the brand was to show that Surrey was its own unique place separate to London, that would only be achieved if people had pride in their community. The OSS would give people back that pride in where they live, promoting what Surrey has to offer; which would benefit people's health and wellbeing in their communities through a greater awareness of their surroundings and rebuilding local connections. He commended the work underway which followed many years of discussion, he noted that Surrey should be proud of the Oak leaf and champion it in all its work.
 11. A Board member reflected on Surrey celebrating its differences and culture, and linking to the Council's ‘no one left behind’ ambition; the Board needed to think about how it could use the brand to benefit all residents, particularly the Priority Populations. The Chair would think about how best to leverage Board members, liaising with the Senior Brand and Marketing Manager, Our Surrey Story (SCC) to write to all Board members.

RESOLVED:

1. Familiarised itself with the aims and potential of Our Surrey Story as a county-wide brand to help achieve health and wellbeing objectives and considered which of these the brand could most usefully contribute to, and/or where there are gaps that Our Surrey Story could fill.
2. Would propose how best it could involve health and wellbeing representatives across the county in the planned Ambassador programme.
3. Would suggest up to two potential Health and Wellbeing Board members (or members' representatives) for the Our Surrey Story Board to ensure health and wellbeing issues are appropriately represented (ideally with different experiences and perspectives).

Actions/further information to be provided:

1. The Senior Brand and Marketing Manager, Our Surrey Story (SCC) will provide a methodology and a timeline for the Board to engage with the process to provide the information requested about how it could use the brand to benefit all residents, particularly the Priority Populations.
2. The Chair will think about how best to leverage Board members, liaising with the Senior Brand and Marketing Manager, Our Surrey Story (SCC) to write to all Board members.

32/23 INTEGRATED CARE SYSTEMS (ICS) UPDATE [Item 9]

Witnesses:

Dr Charlotte Canniff - HWB Vice-Chair and Joint Chief Medical Officer, Surrey Heartlands ICS

Tracey Faraday-Drake - Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath, NHS Frimley ICB

Key points raised in the discussion:

1. The Vice-Chair provided an apology noting that the written report at December's Board would fulfil the reports request to align with the update to the Health and Wellbeing Strategy. She provided a verbal update on Surrey Heartlands ICS, its integration work was driven at local place level - the ICB had monthly place deep dives - and at the ICS system level working on larger priorities. Focus areas were: Financial efficiency requirements as demand was outstripping resources especially in mental health, current industrial action which impacted on recovery and waiting times, driving recovery in access especially for integrated urgent care, mental health and primary care, and winter planning. The ICS's strategic priorities: Prevention, Integrated Care and Enablers via the Joint Forward Plan build directly on the Health and Wellbeing Strategy priorities:
 - Priority 1 - she and the Director of Public Health (SCC) attended the Delivery Oversight Group, where they provided an update on the ICS prevention strategy and aligning the governance and finance.
 - Priority 2 - there had been a change in executive leadership, the renewed focus was on operational provision and delivery. There had been a review of business-as-usual work and a new transformative programme called the Mind and Body programme focused on crisis interface, linking to the 'Right Care, Right Person' approach.
 - Priority 3 - ICB deep dives into its places around the priority populations including the Key Neighbourhoods.

2. The Chair noted a past agreed recommendation at the Adults and Health Select Committee regarding the patient journey and that a representative sample needed to be taken to understand how waiting lists were affecting people in terms of their mental and physical health outcomes; delays were exacerbated due to Covid-19 and industrial action. She requested that the data be provided. The Vice-Chair would liaise with the Committee Manager (SCC) to find out the recommendation's responsible owner and what the results were.
3. A Board member noted that an update on 'Waiting Well' had previously been provided to the Board by Healthwatch Surrey, she noted patients' disinclination to make a fuss despite deteriorating health and being unsure what to do. She noted that Healthwatch Surrey would be interested in undertaking a joint piece of work about whether patients were being sufficiently well informed through their journey.
4. A Board member noted that from a Surrey Heartlands ICS perspective they were reassured when the National Elective Care Recovery team raised the profile of health inequalities in elective care, for example a four year old had been on the waiting list for more than half their life. Each ICS had a Children and Young People's Elective Recovery programme, peer ICB approaches in South East England were being used to understand where the widest health inequalities were. In Surrey it was: children with disabilities, the dental pathway and Ear, Nose and Throat; reviewed by the Equalities and Health Inequalities Board.
5. A Board member noted that it was helpful to have that steer from NHS England, Frimley ICS would have a deep dive at its Children's Board in October regarding children's elective waits. She noted urgent and emergency care and waiting times was an item at the next Adults and Health Select Committee. The Chair noted the need to track back to the start of a patient's journey as often they had multiple appointments cancelled and their waiting time increased, that was damaging to their health; healthcare professionals should know their patient's history.
6. The Director for Children and Young People and All Age Learning Disabilities and Autism / Place Convenor for Surrey Heath (NHS Frimley ICB) noted that Frimley ICS would align its written report at December's Board to the Health and Wellbeing Strategy. She provided a verbal update on Frimley ICS noting that it was taking on the regional delegated commissioning responsibility, that would provide it with an additional insight into dentistry which was a challenge for its communities, as well as optometry and community pharmacy. The next ICB was taking place in Surrey Heath focusing on the place's context, its neighbourhoods, links with partnerships across the system and showcasing the community development work.

RESOLVED:

1. Noted the update provided on the recent activity within the Surrey Heartlands and Frimley Integrated Care Systems (ICS) regarding the Integrated Care Partnerships and Integrated Care Boards; and report authors would ensure that the written reports going forward align to the Health and Wellbeing Strategy.

Actions/further information to be provided:

1. The Vice-Chair will liaise with the Committee Manager (SCC) to find out the recommendation's responsible owner and what the results were: concerning an agreed recommendation at the Adults and Health Select Committee on the patient journey and a representative sample to be taken to see the impact of waiting lists.

33/23 DATE OF THE NEXT MEETING [Item 10]

The date of the next public meeting was noted as 14 December 2023 (Thursday).

Meeting ended at: 4.18 pm

Chair

Health and Wellbeing Board (HWB) Paper

1. Reference Information

5

Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report Including the Board's Updated Terms of Reference
HWBS Priority populations:	All
Priority - 1, 2 and/or 3:	All
Outcomes/System Capabilities:	All
Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	Helen Johnson, Senior Policy and Programme Manager, Health and Well-being Team, Public Health, SCC helen.johnson1@surreycc.gov.uk
Board Sponsor(s):	<ul style="list-style-type: none"> • Karen Brimacombe, Chief Executive, Mole Valley District Council (Priority 1 Sponsor) • Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS; Kate Barker and Liz Williams SCC/Surrey Heartlands Joint Conveners (Priority 2 Sponsors) • Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)
HWB meeting date:	14 December 2023
Related HWB papers:	N/A
Annexes/Appendices:	<p>Appendix 1 - Mental Health: Prevention Board 2024 workplan</p> <p>Annex 1a - Final draft updated HWB Terms of Reference (Track changes)</p> <p>Annex 1b - Final draft updated HWB Terms of Reference (Clean version)</p> <p>Annex 2 - Highlight Report including JSNA, Healthwatch Insights, Health in All Policies and Communications update</p>

2. Executive summary

This paper presents a final draft Terms of Reference for the HWB Board and outlines minor changes to the Key Neighbourhoods.

This paper also provides an overview of the progress of local shared projects and communications activity supporting delivery of the Health and Wellbeing Strategy (HWB Strategy) as of 20 November 2023. The Highlight Report provides an overview of activity against Health and Wellbeing Strategy's Summary Implementation Plan projects and programmes, describes what has been achieved against the priorities/outcomes, how collaborative working has aided this progress and identifies new data and insights that have been released in the previous quarter.

It also has a section on communication activity associated with the HWB Strategy's Priority Populations and priorities/outcomes, the latest Healthwatch Insights, the progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) and on the implementation of the Health in All Policies (HiAP) implementation plan.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Approve the finalised draft Terms of Reference.
2. Note minor revision to 4 Key Neighbourhoods due to boundary changes.
3. Use the [Highlight Reports](#) and [Engagement Slides](#) to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
4. Note the opportunities/challenges including:
 - the incorporation of Primary Care Network level data for indicators in [HWB Strategy Index](#)
 - change in sponsor for the work exploring a Whole System Approach to Poverty

4. Detail

Terms of Reference

A final draft of the HWB Terms of Reference has been circulated to Board members in advance of this meeting and the Board is now asked to approve this. The revisions, where appropriate, incorporate feedback received at the September meeting (**green bold/underlined**), and incorporates minor governance changes such as restating requirements for a quorum [or quoracy] (**blue bold/underlined**).

Changes to Key Neighbourhoods

Acknowledging that there are pockets of deprivation countywide, 21 'Key Neighbourhoods' were defined in the Health and Wellbeing Strategy refresh in 2022,

to ensure that priority is given to people living in geographic areas which experience the poorest health outcomes. The Key Neighbourhoods were selected by identifying the electoral wards which encompass the 21 most deprived Lower Super Output Areas (LSOAs) in Surrey (as measured by the Index of Multiple Deprivation (IMD) 2019, which has not been updated since; a refresh is scheduled for 2025).

In 2023, a number of changes were made to LSOAs and electoral wards; some were merged, some were split apart, some had the boundaries changed and some had their names changed. As a result of these changes, three of the 21 most deprived LSOAs now sit in different electoral wards. This means a change to names of the three of the Key Neighbourhoods. The changes are summarised below.

The implications of these changes are unlikely to be significant as the communities involved in the work in these Key Neighbourhoods are not defined or constrained by the geographical boundaries surrounding them. Therefore, regardless of any changes to the borders of their named Key Neighbourhood, the community led approach taken by organisations will ensure delivery continues as planned.

Change 1: LSOA Woking 004F is now held within LSOA Woking 005G.

Both Woking 004F and Woking 004G remain within Canalside electoral ward.

Change 2: Key Neighbourhood Stoke is renamed to Bellfields and Slyfield.

The ward and Key Neighbourhood Stoke has changed its name to Bellfields and Slyfield. There was no change to its boundaries.

Change 3: Key Neighbourhood Farnham Upper Hale changes to Farnham Heath End

The LSOA Waverley 002E was originally held within the ward Farnham Upper Hale. A restructure to the wards in this area has meant this ward no longer exists. The LSOA now sits within the ward Farnham Heath End which consequently becomes the new Key Neighbourhood.



Change 4: Key Neighbourhood Holmwoods changes to Dorking South

The LSOA Mole Valley 011D was originally held within the ward Holmwoods. A restructure to the wards in this area has meant this ward no longer exists. The LSOA now sits within the ward Dorking South which consequently becomes the Key Neighbourhood.



These changes are now live in the HWB Strategy on Healthy Surrey here: [Surrey Health and Well-being Strategy - update 2022 | Healthy Surrey](#)

Highlight Report - In the Spotlight:

Priority 1

This quarter's spotlight is on Surrey [Changing Futures](#) programme, funded until March 2025; however given the potential benefits to partners, local means of sustaining this is being sought past this date. Discussions are on-going with chairpersons of local joint commissioning groups, workshop with all BCF Joint Commissioning leads, Surrey Heartlands Health Inequalities Fund, A&E Consultants Group, Acute Hospital Board OPCC and Surrey and Borders Partnership (NHS Mental Health) Foundation Trust to support continuing this intervention.

A JSNA chapter for multiple disadvantage is in development and it will provide a system wide structure for the development of a local strategy on multiple disadvantage central to the Changing Futures approach.

Priority 2

The [Children and Young People's Emotional Wellbeing and Mental Health strategy](#) has now been published on Surrey-i in pdf and accessible formats.

The strategy brings together partners from across Surrey including health, education, social care, the third sector and Mindworks Surrey, to assess our strengths and what we need to improve the support to children and young people's emotional wellbeing and mental health. The strategy sets out 6 key themes that were co-developed and produced as a result of the 'Defining the Future' workshop that brought partners together last December.

This Strategy will serve as both the NHS England's Local Transformation Plan and the Joint Strategic Needs Assessment (JSNA) for children and young people's mental health in Surrey. The Children and Young People's Emotional Wellbeing, Mental Health and Suicide Prevention Partnership will have oversight of an action plan that supports the six key themes and the work that is done to support children and young people's mental health in Surrey.

Priority 3

This quarter's spotlight relates to the current activities of the multiagency No One Left Behind (NOLB) Skills and Employment Network that has been taking several strides in the bid to support people who are furthest from employment to get into employment, through a number of interventions.

- A training programme for referrers to raise awareness of employment as a determinant of health and wellbeing.

- A Surrey pilot of the Naturally Talented Me (NTM) programme, a talents-based recruitment platform. Over 140 residents with additional needs have completed profiles on the NTM platform.
- Training for VCSE organisations in Surrey to upskill their staff in delivering employment support.

5. Opportunities/Challenges

Opportunities

The further development of the HWB Strategy Index

A number of new indicators are now included in the Index such as the percentage of children with two doses of the Mumps, Measles, Rubella (MMR) vaccine. Primary Care Network level data has been added and Key Neighbourhoods are now identified as such at ward level. **Members should note that web link to the Index has changed;** it can now be found at [Health & Wellbeing Index | Tableau Public](#).

National Institute for Health and Care Research funding bid

Surrey has been given funding to undertake additional developmental work to enable it to achieve 'Health Determinants Research Collaboration' status by 1 January 2025. The implementation of this programme will be enabled through the existing Surrey Wider Determinants of Health Research Collaboration which will evolve to form the Surrey HDRC Oversight Group.

Priority 1

With the majority of Changing Futures/Bridging the Gap clients being on probation or using substances, there is an opportunity for this effective programme to reach out to services benefitting from its impact to further explore innovative shared funding opportunities.

Priority 2

A meeting is being set up in early January for SCC and Surrey Heartlands to discuss the future funding of the Green Health and Well-being programme.

The Mental Health: Prevention Board (simplified from MH Prevention and oversight delivery board) has agreed its workplan for the coming year. This is drawn from long-listed proposed actions in the draft work plan taken to Health & Wellbeing and Mental Health System Delivery Boards in the summer. It focuses on 6 priority actions that the board can take or enable through its member organisations, and drive tangible progress against its four long term work areas. Each action includes a vision of "what would good look like" in a year's time to help describe the difference the board is looking to enable over the coming year. See Work Plan attached as appendix to cover paper.

Priority 3

The Poverty Commission released an Interim Report on 'A new Framework for Tackling Poverty in the UK' in September, with a Final Report due in January 2024 (see Highlight Report, Priority 3 – Data, Insights and Challenges section). In order to take advantage of national momentum, the Surrey approach has now been delayed until the publication of this report, which will hopefully include more progress on new metrics for poverty nationally too.

Challenges

The further development of the HWB Strategy Index

There are a number of gaps in indicators within the HWB Strategy Index, particularly for Priority Two; however the Mental Health: Prevention Board will be supporting the SCC Data and Insight Team to identify and add additional indicators as part of their work plan.

Priority 1

The Changing Futures programme will end in its current form from March 2025 if further funding is not secured. A number of options (as outlined in spotlight item) are actively being pursued to secure sustainability for the programme.

Priority 2

The Green Health and Well-being programme will begin a wind-down of activities from the end of December 2023 if further funding is not secured. To date, funding bids to the Surrey Mental Health Investment Fund (MHIF), SCC Adult Social Care Tech Fund, the National Lottery and the Community Knowledge Fund have been unsuccessful.

Several projects led by community organisations relating to suicide prevention may be impacted by changes in funding processes relating to the national suicide prevention strategy. This change affects the flow of resource to community-based organisations in Surrey and will likely reduce the overall amount being received and used to deliver. These include suicide response and prevention activity, including the Mentell men's mental health programme, Men's Barber Talk, mental health first aid and suicide prevention training. This challenge has been included within Surrey County Council and Surrey Heartlands risk registers and is also in the process of going to Surrey Heartlands Commissioning and Contracts Committee meaning it is being highlighted for awareness only at this point.

Priority 3

There was a delay to the development of the Whole System Approach to Poverty as a new sponsor was sought. Ruth Hutchinson, Director of Public Health, has now taken over this role from Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council.

6. What communications and engagement has happened/needs to happen?

All Board members are requested to share the Highlight Reports widely within their respective organisations and utilise the (updated) HWB Strategy engagement slides as appropriate.

7. Next steps

The most recent [Highlight Report](#) is available at this web link on the Healthy Surrey web page 24 hours after the Board meeting.

The HWB Strategy engagement slides are available on the SCC Community Engagement SharePoint site [here](#).

Appendix 1 - Mental Health: Prevention Board (MHPB): Work Plan 2024

ACTIONS	WORK AREA(S)	WHAT SHOULD BE DIFFERENT IN 1 YEAR'S TIME
<p>1. Ensure all HWB Strategy Priority 2 (P2) programmes continue to build in a strong understanding of Surrey's priority populations and key neighbourhoods in delivering the four outcomes. <i>(This builds on baseline of the refreshed list of P2 programmes in the Strategy published in summer 2023).</i></p>	<p>Work areas 1, 2 and 3</p>	<ul style="list-style-type: none"> Evidence of focused support to improve outcomes across P2 programmes, especially for these targeted groups. Better alignment across all HWBS priorities, to build the whole system picture of/ better meet the population needs. Supported the Surrey System to move forward on the most important priorities for prevention and early intervention in mental health.
<p>2. Mental Health Investment Fund (MHIF) Oversight Sub-Group will provide quality assurance, guidance and challenge in support of MHIF project team's operational management of funded schemes.</p>	<p>Work areas 2 and 3</p>	<ul style="list-style-type: none"> Supported MHIF project team to ensure effective delivery of the programme, system communications, appropriate use of funds and sustainability planning.
<p>3. Understand, and work within, how the Surrey system organises at county-wide, Place, town and neighbourhood levels – and focus on making strong connections with Place.</p>	<p>Work areas 2 and 4</p>	<ul style="list-style-type: none"> All relevant strategies and equivalent around mental health prevention and promoting well-being were influenced and/or endorsed by board scrutiny. Helped with successful prototype of Place-based work on prevention interventions, including its endorsement to HWB/ MHSC for a wider roll out based on this learning and with engaged Place partners across the system.
<p>4. Provide direct oversight of, steering or broad support to Joint Strategic Needs Assessment (JSNA) chapter development, as relevant to Priority 2.</p>	<p>Work areas 1, 2 and 4</p>	<ul style="list-style-type: none"> Ensure the effective coverage of preventative mental health in the Surrey JSNA of the current and future health and social care needs of the population.
<p>5. Identify gaps in services or under-supported needs, through working with communities, in order to improve targeted mental health prevention and early intervention.</p>	<p>Work area 2</p>	<ul style="list-style-type: none"> Better understanding of the resources within the priority populations, to help us coordinate and focus the board's efforts on achieving the P2 outcomes. Embedded ethos and ways of working through evidenced community and neighbourhood input into delivery of the Work Plan and enhanced VCSE membership on the Board.
<p>6. Oversight of Strategy Index Working Group, led by SCC Analytics & Insights, to understand gaps and improve metrics and the evidence base for P2 (and Priorities 1 & 3) appropriate for inclusion in the Strategy Index.</p>	<p>Work areas 1, 2 and 3</p>	<ul style="list-style-type: none"> Reduce the current deficit in the number of HWB Strategy Index indicators for P2. Development of better metrics for P2 that can demonstrate impact of programmes/ meeting of population needs, in reducing health inequalities. Understanding of the gaps from data insights that supported the evidence-based case for resources directed to the areas of most need.

Context:

- This Board’s work prioritisation drew from the outputs of an October’s business planning workshop with Board members and invited officers, and built on the long-listed proposed actions in an earlier Work Plan version brought to Health & Wellbeing Board (HWB) and Mental Health System Committee (MHSC) in summer 2023. The Board has also refreshed its Terms of Reference and improved subject matter expertise of its membership.
- The Work Plan is situated in the aims of the Board, drawn from its logic model workshop with Unity Insights in January 2023 – namely to support partnership work across the Surrey system to achieve:
 - *Short term impacts:* Support across all life stages; improved carer support, including for unpaid carers and families.
 - *Medium term impacts:* Improved environments and communities; prevention of isolation.
 - *Long term impacts:* Improved healthcare; stigma reduction; improved integration of mental health concerns within wider system.
- The Plan sets out six actions for 2024 in relation to making tangible progress against its four longer term work areas which will support the four Health & Wellbeing Strategy (HWBS) Priority 2 (P2) outcomes from a population needs perspective.

Priority Two: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being			
Outcome 1: Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources.	Outcome 2: The emotional well-being of parents and caregivers, babies and children is supported	Outcome 3: Isolation is prevented and those that feel isolated are supported	Outcome 4: Environments and communities in which people live, work and learn build good mental health
Work area 1: Steer and oversee the HWB Strategy Implementation Plans for Priority Two (P2).	Work area 2: Identify gaps in provision or under-developed support for Surrey residents as priorities for investment.	Work area 3: Develop improved and shared approaches to measuring, monitoring and reporting impact of P2 programmes.	Work area 4: Collate, assess, share and draw on new regional, national or international research and report findings.

- A vision of “what would good look like” in a year’s time accompanies each action, seeking what’s possible within the Board’s role and capacity, and any constraints or risk factors (such as governance changes in the Surrey mental health and wider systems and service implications from national funding decisions). The board will remain sighted on these developments and flex where needed through this Work Plan.

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Surrey Health and Wellbeing Board

Draft Terms of Reference

Amended September 2020 Version: December 2023

1. Context

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

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

1.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) (“the 1972 Act”) in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:

a)

1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Currently there are two informal sub-committees (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board;

The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPODB covers Priority 2 of the HWB Strategy;

The Delivery Boards:

- 1) Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan (link), and have adopted HWB Strategy’s Principles for Working with Communities);
- 2) Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board;
- 3) Review the HWB Strategy’s Highlight Reports;
- 4) Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;
- 5) Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;

b)

1.3.2 A sub-committee of the Board can arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority.

e)

1.3.3 All Members of the Board have voting rights unless the local authority directs otherwise.

2. Purpose

2.1 The purpose of the Surrey Health and Wellbeing Board is to ~~improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well. ensure effective delivery against the Surrey Health and Well-being Strategy (HWB Strategy) to reduce health inequalities, so no-one is left behind.~~

2.4 2.2The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to ~~reduce health inequalities for the HWB Strategy's Priority Populations including those in the Key Neighbourhoods and~~ improve ~~health outcomes,~~ community safety ~~and(i.e.,~~ to deliver the priorities set out in the ~~Health and Wellbeing~~HWB Strategy and the ~~Community Safety Agreement~~Community Safety Agreement (Appendix A-);

2.3 ~~The Board will also promote adherence to the HWB Strategy's Principles for Working with Communities, in order to support subsidiarity and for decisions to be made at a local level, so communities are leading the way;~~

2.4 ~~The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix B);~~

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey; ~~including working with~~ **Integrated Care Partnerships and Boards** (ICPs and ICBs) ~~to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;~~

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

3.1.3 ~~Has a statutory function to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs~~

in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);

3.1.33.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the ICSs' Integrated Care Strategies and the NHS Mandate.

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

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

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

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

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

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

3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (~~CCS~~ CSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all ~~of~~ their duties-;

3.2.7 Be involved in the review of Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;

3.2.8 Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include **in the Plan**;

3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;

~~3.2.10 Review the joint capital resource funds of ICBs and their partner NHS trusts and NHS foundation trusts to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.~~

ICBs (and their partner NHS trusts and NHS foundation trusts) must share their joint capital resource use plan (including any revisions) with the Health and Wellbeing Board to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

3.3 Health and Wellbeing Board business will focus on:

~~3.3.1 Overseeing delivery of the **priorities and workstreams associated with implementation plans that sit under** the **health and wellbeing strategy, HWB Strategy** (not performance management of individual organisations);~~

3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;

~~3.3.23.3~~ Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the **Joint Health and Wellbeing HWB** Strategy;

~~3.3.33.4~~ Working with and alongside other partnerships, individual organisations or bodies to align work programmes and **inform**/ensure the most effective use of **local** time and ~~collective~~ resources;

~~3.3.43.5~~ Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g. ~~u~~ Surrey Better Care Fund Plan); ~~and~~

3.3.6 Discussing and highlighting key strategic issues in relation to ~~the existing~~ health **inequalities** and ~~wellbeing of the population, interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle)~~, only focusing on single organisational issues where they have a significant impact on the ~~population~~ **HWB Strategy Priority Populations**;

3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;

3.3.8 Ensuring a **significant increase in the** focus on prevention and in the movement of funding upstream in the system to facilitate this;

3.3.9 Using/upholding its statutory functions to improve and protect health;

~~3.3.53.3.10~~ Exerting influence regionally and nationally on issues that impact on the health of Surrey our residents;

3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.

4. Principles

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

4.1.1 Prioritise resources and make decisions on prevention in the best interests of the ~~Surrey population~~Surrey's Priority Populations, based upon evidence, ~~and~~ data; and agreed targets.

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

4.1.3 Work in an open, ~~and~~ transparent and inclusive way, ensuring all members are able to participate fully and that there are no surprises for other partners – 'nothing about me without me';

4.1.4 Use consensus as the primary driver for decision making;

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

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

~~4.1.64.1.7~~ Regularly disseminate the HWB Strategy, the Board's relevant formal Board papers and the quarterly Highlight reports within Board members' own organisations and networks;

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

4.1.8 ~~Champion the Health and Well-Being Strategy's Principles for Working with Communities across the system and Surrey services in order to focus commitment of the Board to Surrey's residents/communities, and to strengthen the system's Empowered and Thriving Communities system capability.~~

~~4.1.8~~

4.1.9 Ensure community insights are sought and presented to the Board to inform discussion, strategic direction and decision-making.

5. Chair

5.1 The Leader of the County Council or their appointee will be the ~~chair~~Chair of the Health and Wellbeing Board.

5.2 A ~~deputy Vice~~-chair will be nominated from one of the ~~NHS~~ organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed ~~annually~~ as part of the Annual review of the Terms of Reference.

6. Membership

6.1 The Board membership will be as follows:

- ~~The Leader of Surrey County Council~~ or their appointee (Chair)
- ~~Joint Chief Medical Officer, Surrey Heartlands Integrated Care System (Vice-Chair)~~
- ~~Cabinet Member for Adults and Health and Wellbeing, Public Health, Surrey County Council~~
- Cabinet Member for Adult Social Care, Surrey County Council
- ~~Cabinet Member for Children, Young People and Families, Lifelong Learning, Surrey County Council~~
- ~~Deputy Leader and Cabinet Member for Communities and Community Safety, Surrey County Council (CSB)~~
- ~~Chief Executive of Surrey County Council~~
- ~~Director for Adult Social Care~~ Executive Director for Adults, Health and Wellbeing, Surrey County Council -TBC
- ~~Executive Director for Children's Services~~ Children, Families and Lifelong Learning, Surrey County Council
- ~~Director for~~ of Public Health, Surrey County Council
- ~~Representative of Healthwatch Surrey~~

- ~~Leads of each constituent~~ constituted Integrated Care Systems (ICS) / Sustainability (Frimley Health and Transformation Partnerships (STP).

- ~~Representatives of each of the six integrated health and care partnerships across Care/Surrey (defined by CCG geography). At least one of these representatives should be a CCG representative to meet the statutory CCG representation membership requirement.~~ Heartlands)
- ~~Surrey Place based representatives from Surrey Heartlands 4 Places*~~
- ~~Police & Crime Commissioner for Surrey~~
- ~~Representatives of the District/Borough Councils (1 x Council Leader and 1 x Chief Executive Officer)~~
- ~~Representative of further education~~ +/ universities
- ~~Representative of mental health~~ +/ wellbeing service providers

- ~~Representative of the Voluntary, Community and Faith Sector~~

- ~~Representative~~ *HWBS Priority 1 Sponsor
- *HWBS Priority 2 Co-Sponsors

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

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

- *HWBS Priority 3 Sponsor
- Co-Representatives of the VCSE Alliance x 3
- *Chair of the Prevention and Wider Determinants of Health Delivery Board
- *Chair of the Mental Health: Prevention Oversight and Delivery Board
- Representative of Surrey Police (CSB)
- Representative from the National Probation Service (CSB)
- Representative from ~~Community Rehabilitation Company~~Interventions Alliance (CSB)
- Representative of Fire and Safety: Cabinet Member for Fire and Rescue, and Resilience Community Safety, Surrey County Council (CSB)
- Carers System Representative
- Associate Member - District and Borough Housing Representative (non-voting)

6.2 Those members listed above ~~denoted~~ in ~~italics~~**bold** are statutory members of the Health and Wellbeing Board and members listed with an asterisk have dual roles;

6.26.3 ~~The Statutory Members~~four members listed with (CSB) are statutory members following the merger of the Board with the Community Safety Board in 2020;

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

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

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

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

7. Quorum

7.1 For all formal meetings, ~~there should at least be representation from all statutory members or their nominated deputy.~~ the quorum will be one quarter of the total number of voting members of the Board. A quorum may not be fewer than three voting Members.

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

7.27.3 Where there are co-representatives/co-sponsors, only one per shared role is required for quorum.

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

7.3

8. Decision-making

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

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

9. Board Support

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

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

10. Meeting Frequency

~~10.4~~ 10.1 The Board will meet quarterly in public ~~following an agreed calendar of meetings-(formal meeting) and at least quarterly in private (informal meeting).~~ The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will usually be held at Surrey County Council's headquarters, Woodhatch Place, Reigate, or other venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

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

Appendix A: Surrey Community Safety Agreement 2017 (currently being refreshed) 2021-2025

Website: Community Safety Agreement 2021 to 2025 | Healthy Surrey

1. Introduction

Crime and anti-social behaviour can have a significant impact on the health and wellbeing of everyone who lives or works in or is visitor to Surrey. Community safety is an area of work concerned with protecting people, individually and collectively, and their quality of life, from hazards or threats that result from the criminal or anti-social behaviour of others.

The Surrey Community Safety Board (CSB) was established to provide strategic leadership to tackle crime and disorder across the county. The partner organisations that come together to make up the board share a collective aim to make the residents of Surrey feel safer and improve their quality of life; the boards priorities reflect this and focus on areas where we can / need to work better together to the benefit of all residents.

I am clear that the improvements we want to see can only be achieved by a coordinated effort and commitment on behalf of all CSB organisations and our wider partners. This is why, on behalf of the board, I am pleased to offer my support and commitment to this strategic plan.

David Munro
Police and Crime Commissioner for Surrey

2. Purpose

The CSB's purpose is to provide strategic leadership on crime and disorder issues that affect the whole the county.

The CSB will achieve this through:

Effective / Strong Leadership: The board leads partners in improving the safety of Surrey residents

Integration: The board encourages community safety organisations to work together and produce joined-up, co-ordinated services

Understanding Need: The board identifies the needs of Surrey's residents; this information informs our responses

The senior political and executive officer membership of the board work collectively to apply consistent solutions to shared problems; it is acknowledged there will be some local variation in delivery, but the oversight and accountability of issues is strategic.

The CSB's rationale is decision making. There will be an ongoing flow of information items and sharing of best practice, but the focus of meetings is on the delivery of action plans, and where the board can challenge and look in detail at the progress which has been made against priorities. At each meeting, a topic from the list of priority areas will be selected for an in-depth report back.

Each priority is underpinned by a management board (see the governance diagram below), responsible for setting strategies and action plans, and supported by a delivery group, responsible for coordinating and leading on activity.

The CSB works closely with other partnership boards (see governance diagram) on overlapping agendas, such as safeguarding, to ensure coherent roles and responsibilities for these issues.

3. Priorities

For 2017, the CSB has adopted a 'two-tier' approach to strategic priorities, dividing issues between those which require coordinated action and those where the board will maintain a watching brief.

The first tier (priorities for action) includes issues where the board needs to initiate or closely oversee partnership activity, where the issue is emerging or has a particularly high impact, or where there are significant decisions to be made about the direction of travel. In these cases, the board will expect to receive regular updates for discussion and decision and focus on one issue in detail at each meeting to check progress and identify blockages.

This tier includes high harm crimes as an umbrella term for low volume, high impact issues.

The second tier (areas of oversight) includes issues where the board is confident the strategic direction has been set and delivery is being successfully managed by a sub-group. In these cases, the board will expect to receive regular updates for information only and may occasionally receive a report for discussion when a decision needs to be made.

Priorities for action:

Domestic abuse

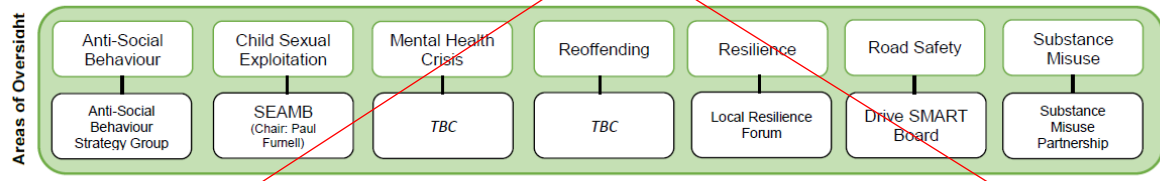
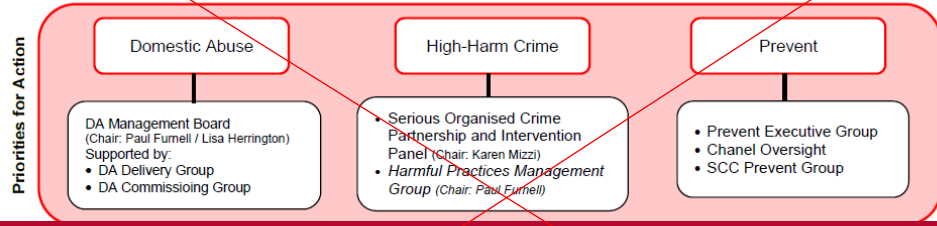
'High harm' crime (child sexual exploitation, serious organised crime, modern slavery, human trafficking)

Prevent

Areas of oversight:

Anti-social behaviour, mental health crisis, reoffending, resilience, road safety, substance misuse

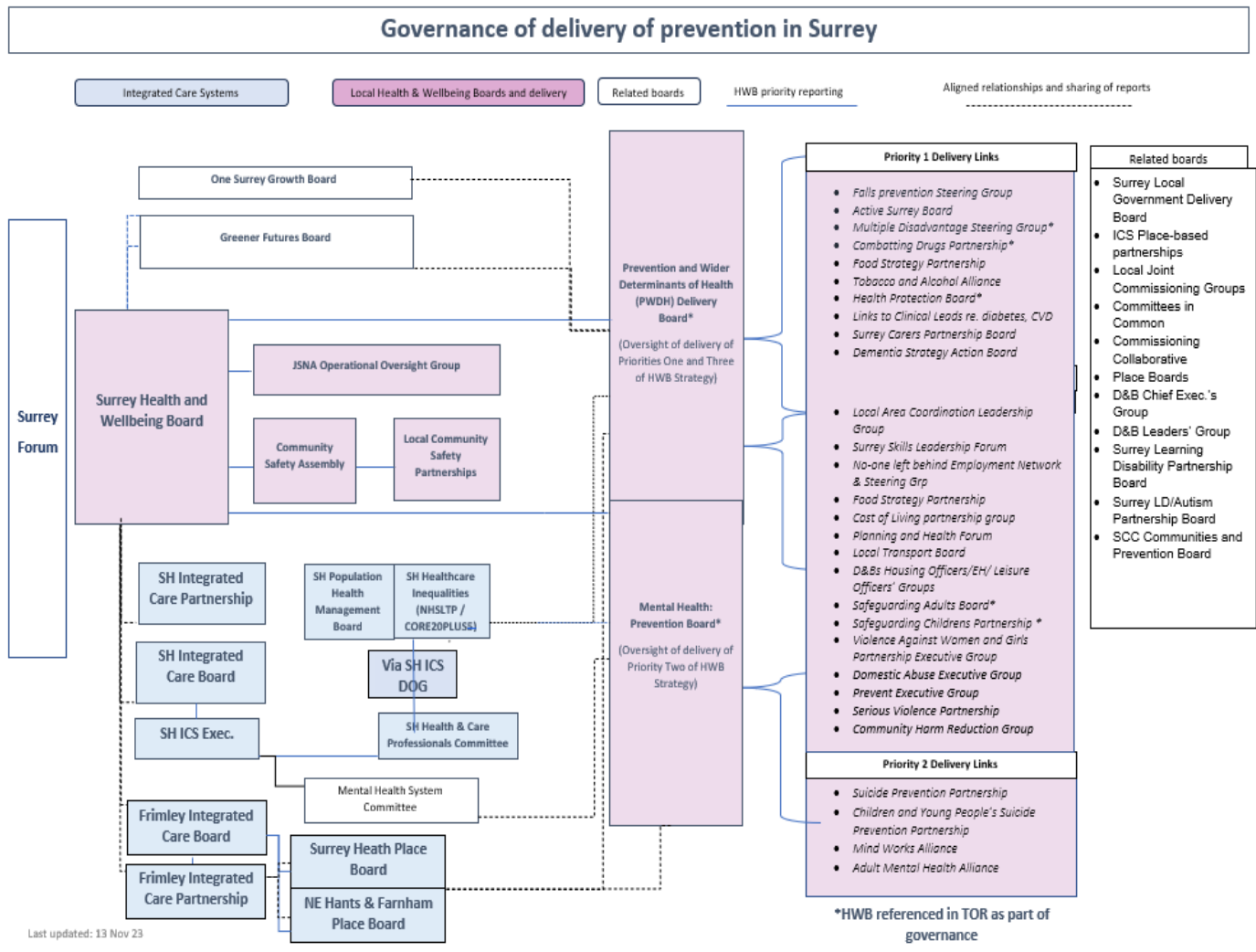
Community Safety Board - Governance



Appendix B

Surrey's Prevention Governance

5



Surrey Health and Wellbeing Board

Draft Terms of Reference

Version: December 2023

5

1. Context

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

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

1.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:

1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Currently there are two informal sub-committees (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board;

The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPODB covers Priority 2 of the HWB Strategy;

The Delivery Boards:

- 1) Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan ([link](#)), and have adopted HWB Strategy's Principles for Working with Communities);
- 2) Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board;
- 3) Review the HWB Strategy's [Highlight Reports](#);
- 4) Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;
- 5) Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;

1.3.2 A sub-committee of the Board can arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority.

1.3.3 All Members of the Board have voting rights unless the local authority directs otherwise.

2. Purpose

- 2.1 The purpose of the Surrey Health and Wellbeing Board is to ensure effective delivery against the [Surrey Health and Well-being Strategy](#) (HWB Strategy) to reduce health inequalities, so no-one is left behind.
- 2.2 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to reduce health inequalities for the HWB Strategy's Priority Populations including those in the Key Neighbourhoods and improve community safety (i.e., to deliver the priorities set out in the HWB Strategy and the [Community Safety Agreement](#) (Appendix A);
- 2.3 The Board will also promote adherence to the HWB Strategy's Principles for Working with Communities, in order to support subsidiarity and for decisions to be made at a local level, so communities are leading the way;
- 2.4 The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix B);

3. Role and Responsibilities

3.1 The Health and Wellbeing Board:

- 3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey; including working with Integrated Care Partnerships and Boards (ICPs and ICBs) to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;
- 3.1.2 Oversees delivery of the priorities set out in the Joint Local HWB Strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the Joint Local HWB Strategy;
- 3.1.3 Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);
- 3.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and

wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the NHS Mandate.

- 3.2 The Health and Wellbeing Board has the following additional statutory functions:
- 3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services and ensure these align with the HWB Strategy;
 - 3.2.2 To work with local organisations and partnerships to ensure alignment of the Joint Local HWB Strategy and the JSNA with other locally developed plans or reports. For example, through receiving and providing comments on the ICBs Annual Reports and the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership Annual Reports;
 - 3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
 - 3.2.4 A power to encourage close working between commissioners of health-related services and the board itself;
 - 3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment;
 - 3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all their duties;
 - 3.2.7 Be involved in the review of Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;
 - 3.2.8 Be consulted on ICSs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include in the Plan;
 - 3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;
 - 3.2.10 ICBs (and their partner NHS trusts and NHS foundation trusts) must share their joint capital resource use plan (including any revisions) with the Health and Wellbeing Board to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

3.3 Health and Wellbeing Board business will focus on:

- 3.3.1 Overseeing delivery of the implementation plans that sit under the HWB Strategy (not performance management of individual organisations);
- 3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;
- 3.3.3 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the HWB Strategy;
- 3.3.4 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and inform/ensure the most effective use of local time and resources;
- 3.3.5 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g., Surrey Better Care Fund Plan);
- 3.3.6 Discussing and highlighting key strategic issues in relation to existing health inequalities and interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle), only focusing on single organisational issues where they have a significant impact on the HWB Strategy Priority Populations;
- 3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;
- 3.3.8 Ensuring a significant increase in the focus on prevention and in the movement of funding upstream in the system to facilitate this;
- 3.3.9 Using/upholding its statutory functions to improve and protect health;
- 3.3.10 Exerting influence regionally and nationally on issues that impact on the health of our residents;
- 3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.

4. Principles

- 4.1 The following principles describe how Board members will work together. Board members will:
 - 4.1.1 Prioritise resources and make decisions on prevention in the best interests of the Surrey's Priority Populations, based upon evidence, data and agreed targets.
 - 4.1.2 Embrace the opportunity for the collective leadership of place-based working, recognising and balancing the needs and opportunities presented by Surrey's geography;

- 4.1.3 Work in an open, transparent and inclusive way, ensuring all members are able to participate fully and that there are no surprises for other partners – ‘nothing about me without me’;
- 4.1.4 Use consensus as the primary driver for decision making;
- 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
- 4.1.6 Seek to align local and system level success wherever possible;
- 4.1.7 Regularly disseminate the HWB Strategy, the Board’s relevant formal Board papers and the quarterly Highlight reports within Board members’ own organisations and networks;
- 4.1.8 Champion the Health and Well-Being Strategy’s Principles for Working with Communities across the system and Surrey services in order to focus commitment of the Board to Surrey’s residents/communities, and to strengthen the system’s Empowered and Thriving Communities system capability.
- 4.1.9 Ensure community insights are sought and presented to the Board to inform discussion, strategic direction and decision-making.

5. Chair

- 5.1 The Leader of the County Council or their appointee will be the Chair of the Health and Wellbeing Board.
- 5.2 A Vice-chair will be nominated from one of the organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed as part of the Annual review of the Terms of Reference.

6. Membership

- 6.1 The Board membership will be as follows:

- **The Leader of Surrey County Council or their appointee (Chair)**
- Joint Chief Medical Officer, Surrey Heartlands Integrated Care System (Vice-Chair)
- Cabinet Member for Health and Wellbeing, Public Health, Surrey County Council
- Cabinet Member for Adult Social Care, Surrey County Council
- Cabinet Member for Children and Families, Lifelong Learning, Surrey County Council
- Chief Executive of Surrey County Council
- **Executive Director for Adults, Health and Wellbeing, Surrey County Council**
- **Executive Director for Children, Families and Lifelong Learning, Surrey County Council**
- **Director of Public Health, Surrey County Council**
- **Representative of Healthwatch Surrey**
- **Leads of each constituted Integrated Care Systems (ICS) (Frimley Health and Care/Surrey Heartlands)**
- Place based representatives from Surrey Heartlands 4 Places*
- Police and Crime Commissioner for Surrey
- Representatives of the District/Borough Councils (1 x Council Leader and 1 x *Chief Executive Officer)
- Representative of further education/universities

- Representative of mental health/wellbeing service providers
- *HWBS Priority 1 Sponsor
- *HWBS Priority 2 Co-Sponsors
- *HWBS Priority 3 Sponsor
- Co-Representatives of the VCSE Alliance x 3
- *Chair of the Prevention and Wider Determinants of Health Delivery Board
- *Chair of the Mental Health: Prevention Oversight and Delivery Board
- **Representative of Surrey Police (CSB)**
- **Representative from the National Probation Service (CSB)**
- **Representative from Interventions Alliance (CSB)**
- **Representative of Fire and Safety: Cabinet Member for Fire and Rescue, and Resilience, Surrey County Council (CSB)**
- Carers System Representative
- Associate Member - District and Borough Housing Representative (non-voting)

6.2 Those members listed above in bold are statutory members of the Health and Wellbeing Board and members listed with an asterisk have dual roles;

6.3 The four members listed with (CSB) are statutory members following the merger of the Board with the Community Safety Board in 2020;

6.4 Board members are able to nominate a substitute (as agreed by the Chair) who can attend and vote in their absence but must have delegated authority to make decisions;

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

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

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

7. Quorum

7.1 For all formal meetings, the quorum will be one quarter of the total number of voting members of the Board. A quorum may not be fewer than three voting Members.

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

7.3 Where there are co-representatives/co-sponsors, only one per shared role is required for quorum.

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

8. Decision-making

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

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

9. Board Support

9.1 The Surrey County Council Health and Well-Being Team are responsible for the Board's forward plan, developing the agenda and support for Board members to fulfil their role.

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

10. Meeting Frequency

10.1 The Board will meet quarterly in public (formal meeting) and at least quarterly in private (informal meeting). The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will usually be held at Surrey County Council's headquarters, Woodhatch Place, Reigate, or other venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

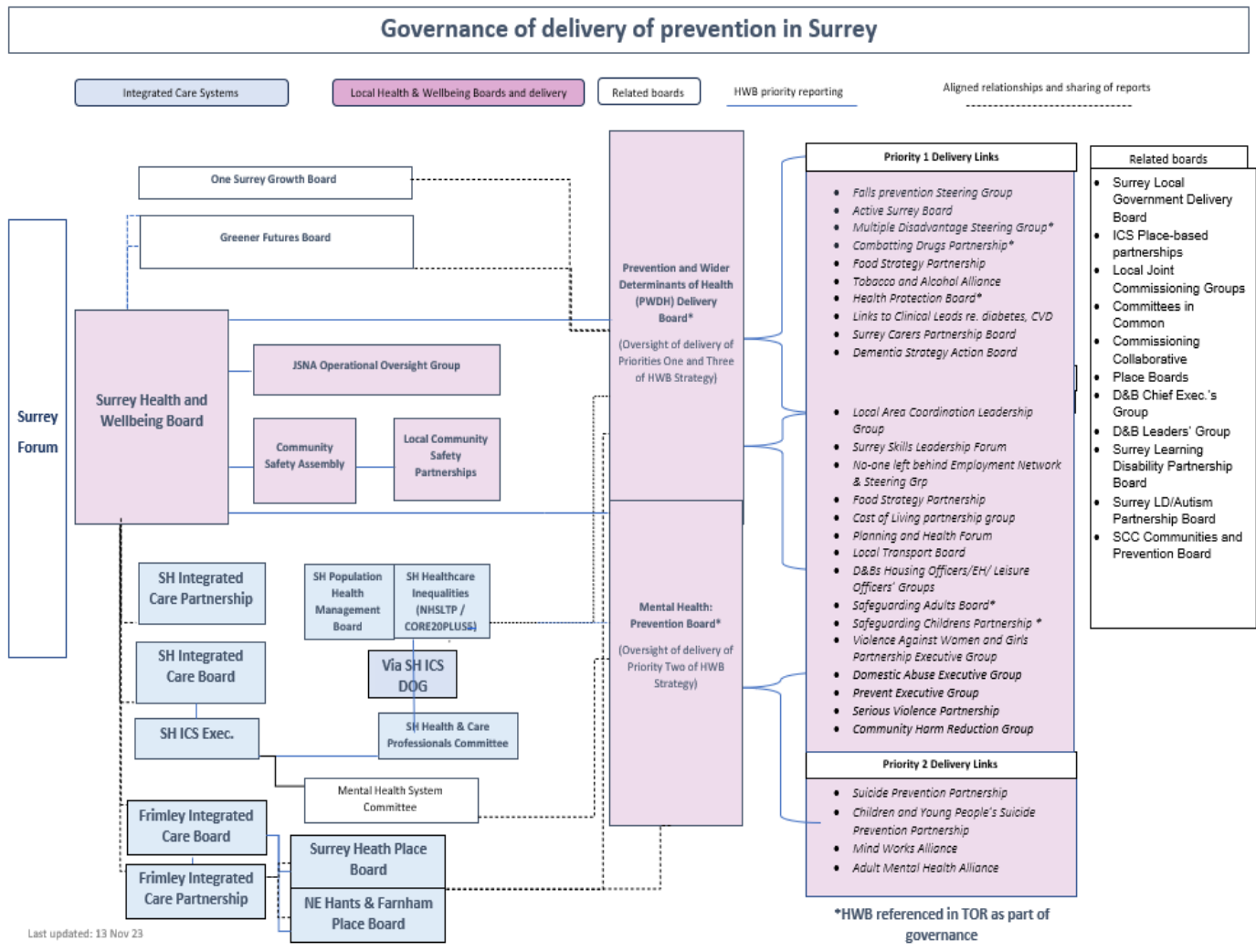
11.1 These Terms of Reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members bi-annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed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

Appendix A: Surrey Community Safety Agreement 2021-2025

Website: [Community Safety Agreement 2021 to 2025 | Healthy Surrey](#)

Appendix B

Surrey's Prevention Governance



Last updated: 13 Nov 23

*HWB referenced in TOR as part of governance

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Priority 1 - Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being



<p>IMPACT: Improved physical health through the prevention of physical ill-health & promotion of physical well-being</p>	<p>WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?</p>	<p>HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?</p>	<p>DATA, INSIGHTS AND CHALLENGES: Evaluation of NHS Health Checks</p>
<div data-bbox="56 311 168 399" data-label="Image"> </div> <p>OUTCOMES: By 2030 the following outcomes will be met for the Priority Populations:</p> <ul style="list-style-type: none"> • People have a healthy weight and are active • Substance misuse is low (drugs/alcohol & smoking) • The needs of those experiencing multiple disadvantages are met • Serious conditions and diseases are prevented <p>People are supported to live well independently for as long as possible</p> <p>WHO IS LEADING THIS? Priority sponsor: Karen Brimacombe. Chief Executive, Mole Valley District Council</p> <p>Programme Manager: Jason Ralphs, Policy and Programme Manager, Surrey County Council</p> <p>For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p>The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</p> <p>In light of the Community Vision and the vital role, communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey's priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority 1 currently focuses on enabling residents to lead physically healthier lives. This priority area is focused on prevention, removing barriers and supporting people to become proactive in improving their physical health. Priority 1 programmes include those which focus on:</p> <ul style="list-style-type: none"> • Working to reduce obesity, excess weight rates and low levels of physical inactivity • Supporting prevention and treatment of substance misuse, including alcohol, and smoking cessation. • Ensuring that the needs of those experiencing multiple disadvantages are met. • Promoting prevention to decrease incidence of serious conditions/diseases • Living independently and dying well 	<ul style="list-style-type: none"> - A Looked After Children whole system approach to healthy weight workshop took place in November with stakeholders' engagement to develop a causal map to inform the action plan for 2024. - A 12-month Enhanced Reablement Worker pilot has been approved to take place in Surrey Heath in partnership with Frimley ICB and Health Care Resourcing Group Ltd. Staff will be trained and clinical oversight to reduce duplication of visits, - Active Surrey continues to work with libraries to develop community health and wellbeing hubs. This work has included loaning activity monitors, installing innovative projectors which enable movement and programming activities such as healthy walks and Pilates. A new bike loan service from 2 libraries is due to launch in early 2024, an opportunity for riders to gain a greater understanding of safe routes and guided rides. - The social prescribing team are exploring opportunities to work with families on the CAMHS waiting list in North-East Hants & Farnham (Frimley ICS) and people in probation who are likely to experience health inequalities. - Work has begun focused on psychological support for patients with long term conditions (LTCs) programme. Colleagues from Mental Health services, including clinical psychology have been involved to understand the existing offer and identify potential gaps, and opportunities to improve the psychological support for people living with LTCs. 	<p>The Public Health Team recently completed an evaluation of the NHS Health Check Programme. The latest figures from 2022/23 Q3 show that more than twice as many enhanced checks were performed compared to standard NHS Health Check Programme. An NHS Health Check is classed as enhanced if delivered to one of the priority population groups outlined in the specification. Outcome data for NHS health checks performed within Surrey Heartlands ICS, available for Q3 2022/23 provide a 'snapshot' in time:</p> <p>Of the 2822 people who had a health check in 22/23 Q3:</p> <ul style="list-style-type: none"> - 301 (10.7%) were identified as current smokers, 26 of these were referred for support with smoking cessation. - 505 (17.9%) people were found to have an elevated blood pressure. - 701 (24.8%) were found to have a BMI of ≥ 30 (obese) and of these 92 (3.3%) were found to be morbidly obese. 115 people were referred to weight management support and 21 were referred onwards for support around increasing physical activity. - 526 (18.6%) people had a cardio-vascular risk (Q Risk) core between 10-20% and 148 (5.2%) had a Q Risk greater than 20%. - 230 (8.2%) people had an HbA1C reading suggestive of 'pre-diabetes' and 37 (1.3%) received a result consistent with having type 2 diabetes. 46 people were referred to the National Diabetes Prevention Programme (NDPP). <p>To strengthen the evaluation, outcome data continues to be collected to build evidence as data from one quarter is insufficient to make firm conclusions. If possible, it would be beneficial if the outcome data received could be attributed as originating from a standard or enhanced health check and data also needs to be collected from Surrey practices in the Frimley Integrated Care System.</p>

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WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 1 OUTCOMES?

IN THE SPOTLIGHT: CHANGING FUTURES SUSTAINABILITY - NEXT STEPS

People have healthy weight and are active

- The school's team of Active Surrey continue to deliver School Games to reach young people who will benefit most from the opportunity to be active. The team delivered Build You Strong, in partnership with the charity Sport in Mind, a carousel of sport and mindfulness activities for secondary pupils prone to anxiety.
- The Eat Well Start Well Team have been working with a caterer that supplies 20 sites in Surrey to get a fast-track assessment and subsequent accreditation to the scheme. Similar discussions are also being held with another provide in Surrey and work is being undertaken to attract more early years settings by explaining the potential opportunities to attract new business.
- We celebrated breastfeeding awareness week in September and are now promoting the [National Infant Feeding Survey](#) which hasn't been completed since 2010.

Substance misuse is low

- The Combatting Drugs Partnership held an event at the University of Surrey and the event marked one year since the launch of the partnership and was attended by about 130 people, including partners from Surrey Heartlands and Frimley ICBs, Surrey Police, Office of the Police and Crime Commissioner, the Department for Work and Pensions, prisons, probation, treatment providers, Adult Social Care, housing and people with lived experience.
- The updated [Surrey Tobacco Control Strategy](#) was launched in October to coincide with the Stoptober campaign.
- Following the 'Stopping the Start' announcement, which proposes new legislation to increase the age of sale to make it an offence for anyone born after January 2009 to be sold tobacco products, an online consultation was held for the public to make inputs that could potentially inform future legislation.

The needs of those with Multiple Disadvantage are met (see right)

Serious conditions and diseases are prevented

- Surrey Minority Ethnic Forum arranged a Diabetes community information session aimed primarily at South Asian women, including a talk about cardiovascular disease, diabetes, and health advice.
- Funding has been secured for a vaccine bus project, focused on reducing inequalities by improving uptake of childhood immunisations in lower uptake populations and locations.
- Macmillan researcher is to be recruited by Surrey County Council by the end of 2023 to undertake an evidence review to explore barriers/attitudes to cancer screening, design a local survey and focus group work to test national evidence and explore barriers/attitudes with local residents and use the evidence from review and survey/focus group work to inform local initiatives to increase uptake of cancer screening an early diagnosis.
- Two research streams have been developed by Surrey County Council and Surrey Heartlands a) focusing on learning disability (LD) and cervical screening and b) HPV vaccine uptake for those with LD.
- Annual flu and COVID vaccine for unpaid carers campaign was launched, by Surrey County Council and Surrey Heartlands, with further promotion scheduled throughout the flu season.

People are supported to live independently for as long as possible

- The new reablement referral criteria for non-specialists have been approved by SCC with the aim of reducing the number of inappropriate referrals and readdress the balance between hospital & community support. A communication plan to support the launch and inform stakeholders has also been developed.
- A total of 25 social prescribing link workers have been grouped into three action learning sets, which have been facilitated by SCC's Communities and Prevention Officers, enabling more participants to benefit from this development opportunity. Two new sets have been created which include a mix of social prescribers, health and wellbeing coaches and care coordinators.
- Two innovation funds have been launched by the Surrey Joint Carers Team to improve the health and wellbeing of unpaid carers caring for someone with dementia, and/or autistic people and to a fund to improve the emotional wellbeing and mental health of young carers.



Since 2020 SCC Public Health have worked with a range of partners to develop additional targeted support for persons experiencing multiple disadvantage using local public health and additional national [Changing Futures](#) grant investment. This has enabled stronger multi-agency working and targeted trauma informed outreach through VCSE partners. Opportunities now exist through the Changing Futures programme for system wide partners to achieve significant cost avoidance/ return on investment that will benefit various parts of our system. For example:

52% of Surrey's Changing Futures beneficiaries are on probation. Local and national evaluation to date demonstrates that the trauma informed intensive outreach support reduces reoffending - protecting the public and future victims and supporting beneficiaries into more positive life choices.


85% of the Changing Futures' Bridge the Gap programme beneficiaries use substances. Further collaborative working and exploration of how the programme can support pre-treatment provision would be valuable.

Currently our local approach is funded through till March 2025 however given the potential benefits to partners, local means of sustaining this is being sought. Discussions are on-going with chairpersons of local joint commissioning groups, workshop with all BCF Joint Commissioning leads, discussion on ICS Health Inequalities allocation, A&E Consultants Group, Acute Hospital Board OPCC and Surrey and Borders Partnership (NHS Mental Health) Foundation Trust to support this intervention.

A JSNA chapter for multiple disadvantage is in development and it will provide a system wide structure for the development of a local strategy on multiple disadvantage. This will for the first time describe the range and scale of the issues in Surrey in relation to multiple disadvantage and will act to enhance strategic planning to co-create an optimum multiple disadvantage provision within Surrey.

For more information on the development of the JSNA chapter or to support the sustainability of our work on Multiple Disadvantage please contact collette.levangilroy@surreycc.gov.uk

Priority 2 - Supporting people's mental health by preventing mental ill health and promoting emotional well-being

IMPACT: Improved mental health through the prevention of mental ill-health & promotion of emotional WB	WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?	HOW HAS HWBB COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?	DATA, INSIGHTS AND CHALLENGES: 'Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities' national report
 <p>OUTCOMES: By 2030 the following outcomes will be met for the Priority Populations:</p> <ul style="list-style-type: none"> Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources The emotional well-being of parents and caregivers, babies and children are supported Isolation is prevented and those that feel isolated are supported Environments and communities in which people live, work and learn build good mental health <p>WHO IS LEADING THIS?</p> <p>Priority sponsors: Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS Kate Barker - Joint Strategic Commissioning Convener: Children and all age Mental Health Liz Williams - Joint Strategic Commissioning Convener: Learning Disability and Autism and all age Mental Health</p> <p>Programme Manager: Jason Lever, Policy and Programme Manager, Surrey County Council</p> <p>For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p>The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: <i>By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</i></p> <p>In light of the Community Vision and the vital role, communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey's priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support. It also outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p>Priority Two of the Health and Wellbeing Strategy focuses on enabling our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.</p> <p>Priority Two aims to impact in the following ways:</p> <ul style="list-style-type: none"> Ensuring the right early help and resources are available to support mental health across life stages Support during pregnancy and for young families Recognising and addressing the impact of isolation Building good mental health in the range of spaces and places including schools/workplaces. 	<p>Mental Health: Prevention Board (MHPB) completed its work prioritisation, following its October business planning workshop. This included simplifying its name. The Board's Work Plan draws from the long-listed proposed actions in the draft work plan taken to Health & Wellbeing and Mental Health System Delivery Boards in the summer. The focus is on 6 priority actions that the board can take or enable through its member organisations, and drive tangible progress against its four long term work areas. Each action includes a vision of "what would good look like" in a year's time. See Work Plan attached as appendix to cover paper.</p> <p>Surrey All Age Mental Health Investment Fund (MHIF) has awarded funding to another 13 projects providing innovative, community-focused provision to support the prevention of mental ill health and improvement of emotional well-being across the county. The MHIF is aligned to meeting the outcomes of Priority 2 of the Health and Wellbeing Strategy. All bids were assessed over summer 2023 by a panel which represents the Surrey Heartlands Integrated Care Board SCC, the Voluntary, Community and Social Enterprise, Place and Integrated Commissioning Representatives. There were 64 bids submitted to Round 2 of which 13 were successfully awarded total funding of approximately £3.6m. Outcome letters were sent to applicants on 5th October. All unsuccessful applicants were provided detailed feedback in their letters which has been received positively. The successful bids cover a broad age range and are spread across the 11 districts and boroughs of Surrey. Multiple of the successful schemes are providing support to parents and families which was a noted gap from Round 1. Following contract signature, full details of the successful providers and projects will be published.</p>	<p>Gypsy, Roma, and Traveller (GRT) communities face some of the starkest inequalities in access to healthcare in England and experience dire mental health outcomes. They are one of Surrey's HWBS priority populations. There is scope for P1/P2/P3 programmes to make more accessible/ target their support more effectively on GRT communities. NHS Race & Health Observatory's report - 'Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities: Identifying Best Practice' (September 2023) – provides a comprehensive review that captures first hand insight and highlights good practice examples from 6 effective services across England.</p> <p>Key findings included:</p> <ul style="list-style-type: none"> Intergenerational trauma was very evident throughout the research and trauma-informed approaches were seen as essential. 'Drop-in' services which were studied as part of this project were highly valued by community members, helpful in enabling staff to steer community members toward more specialised mental health provision. 'Well Woman' groups, with local health specialists, were a very healthy way of discussing community problems, including mental health. Waiting lists and digital forms of access do not fit with the needs of many Gypsy, Roma, and Traveller communities. <p>The report recommendations included:</p> <ul style="list-style-type: none"> All Integrated Care Systems should ensure that local mental health and suicide prevention policies take specific account of the needs of Gypsy, Roma, and Traveller communities. All of the 'Best Practice' sites in this research report modelled effective co-production, which should become the norm. The NHS should prioritise investment in training members of Gypsy, Roma, and Traveller communities in mental health first aid so that they can act as mental health champions. Adult literacy and vocational training courses should be recognised as legitimate forms of mental health promotion.

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 2 OUTCOMES?

Adults, children, young people at risk of/ with depression, anxiety/ other mental health issues access the right early help/ resources

- There has been priority work to review, align and update the Surrey Suicide Prevention Strategy with the recommendations/ actions in the new national strategy launched by the Government in September. This includes refreshing suicide prevention communications in line with it.
- Over 300 bereaved people in 2023 have accessed [CRUSE support](#) under their Surrey County Council contract, with a 60% increase in service users in NW Surrey.
- A pilot has been run to design an effective online website form for online safety and social media use. Learning from this will now inform the roll out across Surrey.
- The Suicide Prevention toolkit for schools has been completed and a demo video is in design, for promotion to schools this academic year.
- [End Stigma Toolkit](#) is now published, with lived experience case studies of stigma experienced in the family, the workplace and the GP surgery.
- A whole population level sleep campaign led by PH team launched on 27 October for adults (following work for a similar campaign for children). A sleep survey for all Surrey-wide residents ran in November, to establish baseline data on sleep quality.
- Workplan for Long-Term Conditions was agreed by Serious Mental Illness Health Inequalities Board with 6 workstreams, SROs identified and working groups met.

The emotional well-being of parents and caregivers, babies and children are supported (see 'In the Spotlight')

Service mapping event held for new project to address repeat removals of babies due to a safeguarding risk. Services have been split into intervention and prevention work, and gaps identified in areas such as housing/ homelessness.

Isolation is prevented and those that feel isolated are supported

- Green Health Provision is being mapped at ICS Place level by SCC's Communities & Prevention team as a first step in Place based green health collaboratives.
- Several services in public estate expressed interest in partnerships to develop green space for health (Hope Guildford, West CAMHS, Libraries), working with the Green Health & Well-being Programme. A Behavioural Insights Researcher and Development Worker was recruited. Evaluation process for *How are you?* will follow Healthy Schools model, developed in partnership with Workforce Collaborative; and an online audit is being developed/ tested for the accreditation process.
- Wheel of Wellbeing workshops are in the diary across 4 Districts and Boroughs, targeting HWB Strategy Key Neighbourhoods and community organisations at highest suicide risk as part of building community capacity for emotional health and wellbeing programme.
- Two drop-ins at libraries in Stanwell and Guildford took place with support of Gamcare/ Gamblers Anonymous, as part of the gambling related harm campaign.

Environments/ communities in which people live /work/ learn build good mental health

- Mental Health Training is fully booked for the remainder of 2023, with 62% of people booked on having frontline roles across Surrey. Public Health team is now working with colleagues to roll out the training to Warm Welcome centre volunteers, then social prescribers, in East Surrey.
- Action plan now being developed for roll out of delivery of Workforce Wellbeing (*How are you?*) Programme. A Behavioural Insights Researcher and Development Worker was recruited. Evaluation process for *How are you?* will follow Healthy Schools model, developed in partnership with Workforce Collaborative; and an online audit is being developed/ tested for the accreditation process.
- Wheel of Wellbeing workshops are in the diary across 4 Districts and Boroughs, targeting HWB Strategy Key Neighbourhoods and community organisations at highest suicide risk as part of building community capacity for emotional health and wellbeing programme.
- Two drop-ins at libraries in Stanwell and Guildford took place with support of Gamcare/ Gamblers Anonymous, as part of the gambling related harm campaign.



IN THE SPOTLIGHT: Children and Young People's Emotional Wellbeing and Mental Health Strategy

The Children and Young People's Emotional Wellbeing and Mental Health strategy has now been published on Surrey-I in pdf and accessible formats.

The [Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027](#) is underpinned by engagement from children, young people, their families, and the professionals who support them.

The strategy brings together partners from across Surrey including health, education, social care, the third sector and Mindworks Surrey, to assess our strengths and what we need to improve the support to children and young people's emotional wellbeing and mental health. The strategy sets out 6 key themes that were co-developed and produced as a result of the 'Defining the Future' workshop that brought partners together last December, as follows:

- Self-Help: Children, young people and families will have accessible support and information to understand and take care of their own physical health, emotional wellbeing and mental health throughout their life course.
- Accessible Signposting: Children, young people and families will be signposted to information, advice, guidance and services more effectively in their area because our partners are better connected and have strong relationships and knowledge of what is available
- Timeliness of Support: Children, young people and their families will have their needs met in a timely way.
- Online Safety and Social Media Use: Children, young people and families will be supported to keep themselves and others safe online.
- Parent and Carer Support: Parents and carers will feel more confident to access emotional wellbeing and mental health support in order to enable them to look after themselves and their children.
- Supporting the Workforce: Staff working with children, young people and their families will feel well-equipped, supported and confident to support with emotional wellbeing and mental health concerns.

A task and finish group has been set up with professionals to establish a universal wellbeing plan for all children and young people (CYP) in Surrey, and resources to support schools to implement this. The [Consulting Youth Advisors](#) group will be participating in this plan design.

On improving signposting to information, advice, guidance and services. mapping is being done to understand the wider Emotional Wellbeing & Mental Health strategy offer available to CYP. and their families.

This strategy will serve as both the NHS England's Local Transformation Plan and the Joint Strategic Needs Assessment (JSNA) for children and young people's mental health in Surrey.

The Children and Young People's Emotional Wellbeing, Mental Health Suicide Prevention Partnership will have oversight of an action plan that supports the six key themes and the work that is done to support children and young people's mental health in Surrey. For more information, contact Georgia.Skupinski@surreycc.gov.uk

Priority 3 - Supporting people to reach their potential by addressing the wider determinants of health

IMPACT SUMMARY People reach their potential	WHAT WILL BE DIFFERENT FOR PEOPLE IN SURREY?	HOW HAS COLLABORATIVE WORKING BETWEEN HWB BOARD ORGANISATIONS ADDED VALUE?	DATA, INSIGHTS AND CHALLENGES: A NEW FRAMEWORK FOR TACKLING POVERTY – THE POVERTY STRATEGY COMMISSION
<div data-bbox="91 312 215 408" data-label="Image"> </div> <p data-bbox="237 312 568 432">OUTCOMES: By 2030, the following outcomes will be met for the Priority Populations:</p> <ul data-bbox="136 464 568 887" style="list-style-type: none"> • People’s basic needs are met (food security, poverty, housing strategy etc) • Children, young people and adults are empowered in their communities • People access training and employment opportunities within a sustainable economy • People are safe and feel safe (community safety incl. domestic abuse; safeguarding) • The benefits of healthy environments for people are valued and maximised (incl. through transport /land use planning) <p data-bbox="91 730 129 863" style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 53</p> <p data-bbox="85 914 383 938">WHO IS LEADING THIS?</p> <p data-bbox="85 946 537 1031">Priority sponsor: Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council</p> <p data-bbox="85 1062 568 1382">Programme Manager: Olusegun Awolaran, Policy and Programme Manager, Surrey County Council For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk</p>	<p data-bbox="600 284 1048 491">The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.</p> <p data-bbox="600 520 1048 882">In light of the Community Vision and the vital role communities and staff/organisations in the health and care system play in its delivery, the Strategy sets out Surrey’s priorities for improving health and wellbeing across the priority populations for the next 10 years. It identifies specific groups of people who experience poorer health outcomes and who may therefore need more support and outlines how we need to collaborate so we can drive these improvements, with communities leading the way.</p> <p data-bbox="600 914 1048 1078">Priority 3 of the Health and Wellbeing Strategy focuses on enabling our citizens to lead healthier lives. This priority area is focused on primary prevention and addressing the wider determinants of health.</p> <p data-bbox="600 1110 1048 1489">Priority 3 cuts across five outcomes and action focuses around:</p> <ul data-bbox="611 1169 1048 1489" style="list-style-type: none"> • Ensuring that everybody has enough income to live on and lives in good and appropriate housing • Building social capital in communities • Improving access to training and jobs • Preventing crime and supporting the victims of crime including domestic abuse -supporting and empowering survivors • Improving environmental factors that have an impact on people’s health and well-being. 	<p data-bbox="1079 284 1590 1520">- The Wider Determinants of Health Research Collaboration is a multi-agency collaborative group set up with members across council directors working on the wider determinants of health, University of Surrey, Reigate and Banstead BC, Surrey Heartlands Research and Innovation Lead and VCSF organisations. As part of major NIHR investment in local government, SCC is one of the 17 local authorities in the UK that won the NIHR Health Determinants Research Collaboration (NIHR HDRC) funding. HDRCs are centred around local residents who will influence policymaking by setting research priorities which are impactful in reducing health inequalities. The grant will enable evidence to be compiled for what works, for who and when to improve and protect the health of the population. Ten HDRCs based in local authorities across the UK will commence formally on 1 January 2025. Six further teams (including Surrey) will be given funding to undertake additional developmental work to enable HDRC status by 1 January 2025. The implementation of this collaborative programme will be enabled through the existing Wider Determinants of Health (WDH) Research Collaboration which evolve to form the Surrey HDRC Oversight Group. For more information see: NIHR invests a further £55m to tackle health inequalities through local government research NIHR</p> <p data-bbox="1079 1074 1590 1520">- ‘Environment, Faith and Belonging Among Muslims in North Surrey’ peer research project, funded by UKRI and the Young Foundation has ended. The project worked with the ‘Ecowarrior’ Muslim women’s and girls’ groups to support them to become trained peer researchers with experience of co-designing research questions, understanding research ethics and conducting audio-recorded peer interviews. Application for phase 2 funding to scale up peer research was not successful. The grants panel felt that the project proposal was strong, however, they thought local authorities should be supporting the co-production of community knowledge. The pilot shows the importance of co-creating research to support the HWBS Empowered & Thriving Communities system capability.</p>	<p data-bbox="1612 284 2195 579">The negative impacts of poverty on individuals, families and communities are clear; poverty is linked to poor health, worse outcomes for children, strained mental health and family relationships and, ultimately, shorter lives. Even prior to the pandemic, 13.9m UK residents were judged to be in poverty, while more than three in ten of them were in deep poverty. Many of these residents are disabled themselves, or living with someone who was disabled, other are families where all adults worked full time.</p> <p data-bbox="1612 600 2195 807">The pandemic only served to emphasise the negative impacts of poverty. It has become clear that, while the health, economic and social impacts of the pandemic have been felt right across the UK, those impacted most have been those who were already struggling. The subsequent cost of living crisis has further impacted on the same people and families.</p> <p data-bbox="1612 831 2195 975">The Poverty Strategy Commission, chaired by Baroness Philippa Stroud, noted that to be successful in making a meaningful contribution to tackling UK poverty, the following key themes should be considered:</p> <ol data-bbox="1612 999 2195 1249" style="list-style-type: none"> 1. UK poverty has been stubbornly high and requires action from all actors. 2. Where there has been progress, it has started to be undone. 3. The depth of poverty experienced has worsened and families in poverty experience significant resilience gaps 4. It is not enough to just look at incomes. 5. Our societal approach is not working for many. <p data-bbox="1612 1302 2195 1565">The question is ‘what will move the dial’ in addressing poverty? The Interim Report recommends improving access to employment and skills; increasing earnings for those in work, changes to the benefits system and improving benefit uptake; reducing housing cost, childcare costs and the extra cost of disability. A Final Report is due in January 2024. From the interim report of the Poverty Strategy Commission - September 2023.</p>

WHAT HAS BEEN ACHIEVED THIS QUARTER UNDER REFRESHED PRIORITY 3 OUTCOMES?

People's basic needs are met

-A task and finish group with multiple stakeholders including food banks, and other community food providers has been set-up to support the drafting of the food insecurity aspect of the new Surrey Food Strategy to be launched in January 2024. Three workshops were held to review the vision in the Strategy. The group has also identified a set of priorities in relation to addressing food insecurity and an action plan for implementation. These will be published with the Food Strategy in January 2024. For more information contact SarafrazShekary.Negin@surreycc.gov.uk

- SCC launched the Warm Welcome initiative on November 1st, 2023. This will run through winter. Currently 76 venues have been confirmed, which are a mixture of community venues and SCC libraries. These venues will offer a warm space to Surrey residents as well as Energy Advice Sessions (provided by Surrey Community Action), Citizen's Advice drop-in sessions as well as group activities. There will also be distribution of winter essential items at these venues. Warm Welcome venues have been chosen based on analysis of key neighbourhoods, high footfall reported in 23/23 pilot, and census data to ensure we are being as effective as possible. For more information contact warmwelcome@surreycc.gov.uk

Children, Young People and adults are empowered in their community

- The [ARC](#) funded Young People's Mental Health Peer Research Project has appointed a programme manager and has kicked off. With a multiagency steering group to include young people, the project will run for 12 months with neurodiverse young people, young carers and other young people who may be interested as advisers. Those who participate will report to the HWB Board, amongst others, with their recommendations for service change.

Access to training and employment

- Following our success in securing £1.8m of funding for Skills Bootcamps for 2023/24 (working alongside Hampshire County Council), SCC has now submitted a solo bid for £2.3m to deliver Bootcamps in 2024/25. If successful, this bid will enable hundreds of residents to access Level 3-5 training in the digital, cyber, gaming, green construction, retrofit and health and social care sectors. For those currently unemployed there is a guaranteed job interview at the end of the training course.

People are safe and feel safe

- SCC has launched an [Anti Victim Blaming Guidance](#), as part of our commitment to challenge and change victim blaming. Victim blaming is commonplace across agencies and has been recognised as a key barrier for victims and survivors to seek help, whilst also keeping perpetrators invisible, causing secondary victimisation from service provision. This guidance has been informed and created in partnership with practitioners and Surrey Survivor Steering Group, to shift the focus of blame, fault, and accountability, solely onto the perpetrators. For more information contact communitysafety@surreycc.gov.uk

-The perpetrator housing project 'Hope for Change' is now live and accepting referrals, with the main referral routes being Multi-Agency Risk Assessment Conference (MARAC) and Multi Agency Tasking and Coordination (MATAC). Other referrals are being considered on a case-by-case basis. For more information on this project and the below, contact communitysafety@surreycc.gov.uk

-A Surrey Domestic Abuse immigration project which has been accepted through the Safe Accommodation grants process is currently being mobilised and will go live remains imminent.

The benefits of healthy environments for people are valued and maximised

- Rethink Waste is being delivered by Surrey Environment Partnership (SEP), a collaboration between SCC and Greenredeem. Rethink Waste is a free scheme available to anyone living in Surrey, it offers a range of rewards for reducing waste. Residents are encouraged to sign up online and access a personalised dashboard that could be used to access relevant activities and resources and monitor the user's progress. By taking part and engaging with content users receive points, which can be used to enter competitions for exciting prizes like iPads and TVs, make donations to charities or local community groups, or support local schools. For more information contact emily.fifield@surreycc.gov.uk



IN THE SPOTLIGHT: No-one Left Behind Employment and Skills Network - update

Surrey County Council and partners have, through the No One Left Behind (NOLB) Skills and Employment Network, been taking several strides in the bid to support people who are farthest from employment to get into employment, through a number of interventions.

One is by commissioning a referral-based training programme to raise awareness of employment as a determinant of health and wellbeing. Engagement with referrers is currently underway to scope what training and the delivery methods would be most effective. This training aims to increase awareness of the wider health benefits of employment and encourage referrals.

Secondly, the NOLB Skills and Employment Network has piloted a Naturally Talented Me (NTM) programme, which is a talent-based recruitment platform to profile those looking for work in Surrey and provide a repository for employers to find candidates. Through this programme, over 140 residents with additional needs have completed profiles on the NTM platform. Going forward the Network will focus on matching these individuals with employers and encouraging employers to use the platform for recruitment.

Thirdly, the NOLB Skills and Employment Network is offering training to VCSE organisations in Surrey to upskill their staff in delivering employment support. This will target organisations supporting populations experiencing health inequalities and ensure that quality assured employment support is accessible to these residents.

Mace Group have been appointed as the facilities management provider and SCC are developing a social value-funded plan to deliver an access to work scheme. This was drafted November 2023 and will be implemented over the next 5 years.

SCC is, through the Individual Placement and Support in Primary Care (IPSPC) programme, supporting job ready residents with job searches and applications. A competitive grant award has been released in November 2023, with the evaluation and award in January 2024.

For more information contact: rebecca.brooker@surreycc.gov.uk



Chapters published in last Quarter: 1

	Chapters published
Priority 1	<p>Children and young people’s emotional wellbeing and mental health</p> <p>We have now published our strategy on children and young people’s emotional wellbeing and mental health. This strategy will also serve as the Joint Strategic Needs Assessment (JSNA) chapter for children and young people’s mental health and is underpinned by engagement from children, young people, their families, and the professionals who support them. It brings together partners from across Surrey including health, education, social care, the third sector and Mindworks Surrey to assess current strengths and what needs to be improved to support children and young people’s emotional wellbeing and mental health with an action plan that details how this will be addressed over the next five years.</p>

Planned JSNA chapters to be published by March 2024/ development started

	Chapters to be published
Priority 1 Page 55	<p>Substance use – Publication of full chapter scheduled for later in 2023. Visualisations of data surrounding substance use of adults and young people in Surrey were updated and published in June 2023.</p> <p>Multiple disadvantage (including those experiencing a combination of homelessness, domestic abuse, contact with the criminal justice system, with drug/alcohol and/or mental health issues) - Development started. The scope of the chapter has been extended and this will now be a multi-phase chapter. Phase 1 will focus on adults experiencing multiple disadvantage – this will be published in late 2023/ early 2024. Phase 2 will focus on children and young people and families experiencing multiple disadvantage and the transition between children and adults. This chapter is being coproduced with Experts by Experience.</p>
Priority 2	<p>Loneliness and social isolation – Development planned to start later in 2023.</p>
Priority 3	<p>Economy – Development started, the chapter is now being drafted.</p> <p>Housing and related support – Development started, the chapter is now being drafted.</p> <p>Community Safety – Development to start Autumn/Winter 2023</p> <p>Air quality – Development to start in early 2024/25</p>
Priority Populations	<p>See Multiple Disadvantage above</p>
Other	<p>Armed Forces and Military Veterans – Development planned to start in early 2024/25 following publication of relevant census data.</p>

NOTE: Latest Census 2021 analysis can be found [here](#) on [Surrey-i](#)

Healthwatch Insights – HWB Strategy Priority Populations

Carers: Luminus CIC holds the Giving Carers a Voice contract. During Quarter 2 we held many engagement events where we spoke to 279 carers and hidden carers, to hear their experiences, and to signpost to relevant services where needed/appropriate.



We are continuing to speak to carers who do not realise that they are carers, for example, one person told us: ‘ I’m his mum, so does that count? I’m not being paid to do this... If you hadn’t been here, I don’t know how long it would have been before the penny dropped [that I’m a carer]...’. Carers tell us that they feel invisible, one person told us: “No one there [at the GP practice] has ever asked me how I am as his carer. They always ask how he is but never me. They never ask how I’m coping.”

In line with Healthwatch Surrey’s report from 2021, [How people find advice and support to live well in the early years after dementia diagnosis - Healthwatch Surrey](#), we have continued to hear how alone people can feel when they or a family member is diagnosed with dementia. We have heard about the positive impact of dementia navigators; it is yet to be determined what the potential impact of the recent service changes will be.

People have told us about some of the challenges they experience with respite care, booking far in advance can be problematic; also some care homes have changed their provision and no longer offer a respite service. Carers tell us how vital it is to have a break from their caring responsibilities, and what a difference it has made to their own wellbeing if they are able to have someone sit with the person they care for while they have time for themselves.

We continue to hear feedback about the continence service – this has been an ongoing situation; our colleagues at Healthwatch Surrey have been hearing about issues since 2017. Some people have told us that they are only being offered incontinence pads rather than being offered the choice of pull up pads. We have escalated the issues regarding respite care beds in care homes and continence service to commissioners.

Older people 80+ and those in care homes: In September, Healthwatch Surrey published our report: [Enter and View Programme – effectiveness of feedback mechanisms in care homes - Summer 2023 - Healthwatch Surrey](#) Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch Surrey to meet people within health and care settings and allows us to identify what is working well with services and where they could be improved. Through a combined method of face-to-face Enter and View visits, paper questionnaires and an online survey, we received 135 pieces of feedback about care homes in Surrey, from residents, families and staff between May 2022 and June 2023. Our main focus was to find out about feedback mechanisms, as it’s vital that care home residents and their families feel able to speak out and have their voices heard.

On the whole, we found that a range of feedback mechanisms existed, and residents and their families were satisfied with how to feed back to staff at the home. Many of the residents who we spoke to told us that they would be happy to raise a concern with staff members, some would speak to the manager straight away, others would speak to their main carer or, in one particular home, the activities coordinator was often used to relay concerns. Two thirds of our family and friends survey respondents told us that, if they weren’t happy with their family member’s care, they were very confident in what to do and who to raise it with.

However, it is worth noting that half of our respondents had previously raised a concern. Of those who hadn’t previously raised a concern, around one in ten did not feel at all confident in what to do. Previous Healthwatch Surrey work shows that sometimes service users and their families are reluctant to complain due to fear of repercussions: [Healthwatch Surrey Adult Social Care insight December 2020](#) This corresponds to Healthwatch England’s findings. Healthwatch England research showed that fewer than half of those who experience poor care report it: [Healthwatch England Suffering in silence complaints summary](#). One of our respondents told us, when asked about raising concerns: “I did just that, often in several care homes over 10 years. Also advised CQC! Suffered as result and caused breakdown in relationship with management. Seriously chastised for contacting CQC, and for doing as CQC requested, “check with other relatives, to ask them to report their problems if they had any”. They did. Moved to another placement.”

In our survey, we also asked about satisfaction with their family member’s care at day, night and the weekends, well as awareness of personalised care plans. In the light of Covid -19 restrictions, we also asked about visiting arrangements; more detail on these questions is available on request.

For latest Healthwatch Insights Bulletin click [here](#)

Health in All Policies (HiAP): Progress as of November 2023 – Civic/System level activity only



What has been achieved this quarter in the HiAP programme:

Theme	Progress
Healthy Built Environments are Planned	<ul style="list-style-type: none"> - Health Impact Assessment Guidance Statement has now been published following its approval by the Prevention and Wider Determinant of Health Delivery Board in July. This guidance statement outlines Surrey County Council (SCC) Public Health Team's stance on Health Impact Assessment (HIA) in planning. It has been produced by the SCC Public Health Team and Spatial Planning Team. - Surrey County Council in partnership with Office for Health Improvement and Disparities, Districts and Borough in Surrey and other partners had the Health and Planning Development Day in November. The event was to inform the how SCC Public Health engage with Districts and Borough to further embed health into planning.
Healthy Transport Options are Available and Utilised	<ul style="list-style-type: none"> - SCC are developing Local Cycling and Walking Improvement Plans (LCWIP) across Surrey setting out a network of walking, cycling and wheeling routes. 6 Borough LCWIPs have been completed, in addition to 2 town centric LCWIPs. 3 further Borough plans are in progress, with the remaining 2 Boroughs due to commence shortly. All LCWIP plans will be completed by the end of 2024/25.
Healthy Streets Programme is Implemented	<ul style="list-style-type: none"> - Healthy Streets Design Guide is being used to design new schemes i.e. Local Cycling and Walking Improvement Plans, Local Street Improvement programme, public realm and Place Making schemes that form part of the Local Transport Plan 4
Air Quality is Improved	<ul style="list-style-type: none"> - Surrey Air Alliance has joined the Global Action Plan project together with other Local Authorities, as a founder member, to deliver a 'Clean Air Night' campaign to raise awareness on the impact of domestic burning on air quality. Funding has been provided by SCC Public Health. - Delivery of the Surrey Air Alliance Electric Vehicle taxi project (a successful Department for Environment, Food & Rural Affairs grant bid) to support change to electric taxi vehicles, is progressing slowly with advice being sought from procurement and legal. Delivery of this project is anticipated during 2024 and 2025.
Healthy Workplaces	<ul style="list-style-type: none"> - The pre-pilot of the Workforce Wellbeing Standards was completed in SCC Public Health Team and the findings shared with Public Health team. A working group has been set up to create an action plan.
Making Every Contact Count (MECC) Training and Development is Rolled out	<ul style="list-style-type: none"> - Overall MECC Train the Trainer (TtT) sign up - 53 course bookings to date. MECC TtT cohorts 1-3 delivered. Ongoing comms to promote programme / increase uptake. - Grant agreement extension for MECC Trainer post based in Surrey Community Action (SCA) agreed until 30 Sep 2024. - H&W Champions were also given the opportunity to complete Mental Health First Aid training and a One You Surrey stop smoking Advisor led a session in November.

Health and Wellbeing Board Communications Update

Communications delivering outcomes for Priority Populations – People with long term conditions, disabilities and sensory impairments/ Adults with learning disabilities and/or autism / Carers / Older People

Supporting people to live their best lives: A new campaign is getting underway aimed at encouraging people to “start a conversation that matters” and plan earlier for their future or help their loved ones to plan. The initiative, which the county council is running in partnership with Age UK Surrey, aims to encourage residents to have early discussions about their future care and support preferences and to plan ahead, including considering financial planning, to help prevent decisions having to be made at times of crisis which aren't then right for them or their families. Residents will be helped to understand the different options available, how to connect to support locally to stay independent and how to access information at the right time and place to make informed decisions. Overall, the campaign aims to improve residents' confidence to navigate the local health and social care environment. A new [Planning for your Future checklist](#) has been developed to help people understand the key things they need to consider when planning for a time when they are not as able or as well as they are now. As part of the initiative, Age UK Surrey is hosting a series of outreach events around the county. Further details of the events programme can be found on the [Age UK Surrey website](#), with more dates due to be added. Updates and findings on this campaign will be provided as it progresses.

National Braille Week: In September and for National Braille Week (9th – 15th October) the Surrey Coalition of Disabled People shared a [blog](#) about Coalition Board Member, Jane and her journey to creating her braille business. It was a very popular post on all social media channels and fantastic to share Jane's journey on setting up her braille business.

Communications delivering outcomes for Priority Populations – People with serious mental illness

World Mental Health Day: For World Mental Health Day the Surrey Coalition of Disabled People focus was to reflect on research projects their Mental Health Team have worked on recently, which focus on making a difference to the future of mental health services and improving care. This included sharing a [blog](#) about three of our recent research projects: Compassion In Crisis, In and Out and Pathways To Change.

Communications delivering outcomes for Priority Populations – people with drug/alcohol problems

Alcohol Awareness Week: Provided an opportunity to emphasise the importance of responsible drinking and encouraged individuals to make informed choices. Raising public awareness about the financial costs associated with alcohol misuse is a crucial step in this process. Engaging in open discussions, providing accurate information, and promoting sensible drinking habits, helping individuals make healthier choices and minimise the economic impact on their lives. We ran a digital media campaign linking people to the [drink coach quiz](#) on Healthy Surrey. During Alcohol Awareness Week, Drink Coach reported an over 600% increase in engagement compared to the previous week. A total of 91 completed the quiz, (31%) were identified as potential dependency. Further support was offered as a result of completing the quiz.



Launch of the Surrey Tobacco Control Strategy: As Government announced the proposal to change laws relating to smoking and creating a smoke-free generation, Surrey launched its [Tobacco Control Strategy](#), which was highlighted through social media and a media release generating local media coverage. The Govt consultation on the proposal to change smoking laws is now open. Please take a look and help support this opportunity to make a significant impact on the long term health of our residents [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](#). We highlighted stop smoking support through a Stoptober partnership campaign with our service provider One Your Surrey.



Communications delivering outcomes under Priority 1: Supporting people to lead healthy lives by preventing physical ill health

Childhood Vaccinations: Following a rise in measles cases, we used a multi-channel communications approach to raise awareness of vaccinations. We worked in partnership with NHS providers who delivered pop-up vaccination information events and additional vaccination sessions. We ran a digital marketing campaign targeting 19-25 year-olds with lower uptake through uncertainty created by 'Wakefield' MMR/Autism information.



Winter Health and Wellbeing Support: A partnership campaign that spans the Winter and provides health and wellbeing support to residents has been launched. The campaign will support residents by raising awareness of vaccinations, using the right service (NHS 111, Pharmacies), treating common winter illnesses mental wellbeing. In addition we will highlight wider cost of living support such as warm welcomes and accessing fuel payments. A 'Directory of Support' leaflet will be delivered to every household in Surrey from 6th November. The leaflet includes health and wellbeing information and a section with information for each of the 11 Districts and Boroughs. Further information for residents is available here [Health and welfare support - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk/health-and-welfare-support)



Get More Active Get Together Events: In September Surrey Coalition of Disabled People shared photos from our Get More Active Get Together Tree Canopy Experience at the Surrey Hills AONB Wood Fair through their [blog](https://www.surreycoalition.org.uk) and social media. The tree canopy experience social media posts were very popular and the TikTok video of the event did very well receiving 854 views.

Communications delivering outcomes under Priority 2: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being

Sleep Campaign: Poor sleep quality can have a serious impact on mental health. We have launched a campaign, promoting tips to improve sleep, and highlights the Silvercloud CBT Therapy available for those suffering longer term insomnia. Our campaign targets specific populations such as shift workers and those with long term health conditions who are more likely to be affected by poor sleep. [Sleep | Healthy Surrey](#). We have also launched a survey to understand the sleep habits of Surrey residents [Sleep Survey - Surrey County Council - Citizen Space \(surreysays.co.uk\)](#)

Healthy Surrey website: Key Statistics Quarter 3 ([Healthy Surrey](#))

Visits: 21,434; 1,171 up on Last Quarter

Page views: 41,930; 2,825 up on Last Quarter

The top 4 pages visited are linked to the Talking Therapies page, followed by the home page, local mental wellbeing services, mental well-being and sexual health information and services pages. Note: SCC promotes mental health and sexual health support and through a range of marketing activities, including digital advertising, social media, and editorial coverage.

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Most popular pages

help Export

Title	URL	Page views % of total	Visits % of total
Talking Therapies Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing/local-services/talking-therapies	5,027 12.0%	3,755 17.5%
Healthy Surrey	https://www.healthysurrey.org.uk	2,504 6.0%	2,061 9.6%
Local Services Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing/local-services	1,880 4.5%	1,531 7.1%
Mental wellbeing Healthy Surrey	https://www.healthysurrey.org.uk/mental-wellbeing	1,724 4.1%	1,271 5.9%
Sexual health information and services Healthy Surrey	https://www.healthysurrey.org.uk/sexual-health	1,405 3.4%	1,176 5.5%

[More details](#)

Communications delivering outcomes under Priority 3: Supporting people to reach their potential by addressing the wider determinants of health



Get Online Week: The Surrey Coalition of Disabled People Tech Angels' project was the focus for Get Online Week this year. They posted a social media post with a powerful comment from a Tech Member: "It has already changed my life because I have been able to do things I couldn't do before". The social media post focused on how having access to the internet and technology can make such a difference to people's day to day living. They also used this opportunity to recruit for Tech Angel volunteers and shared our Tech Angels poster.

Back to Number 10! In early September, the Surrey Coalition of Disabled People shared a [blog](#) and social media post about their visit to number 10 Downing Street to campaign against the proposed changes to train travel. They had previously been to Number 10 Downing Street in February this year to hand in a petition to the Prime Minister against the proposed changes to train travel. It caught the attention of the media and they were interviewed by BBC Surrey, National BBC TV and Age News.



Accessible Information Standard: Following on from Healthwatch Surrey's last report regarding the work relating to the Accessible Information Standard and meeting with Surrey Heartlands directors who have responsibility for communication, engagement and patient participation, they and two other organisations (Surrey Coalition of Disabled People and Sight for Surrey) have been invited to attend an 'Implementing Accessible Information Standard across Surrey Heartlands Working Group'. This is with Surrey Heartlands Patient Experience and Partnerships Associate Director and representatives from Hospital Trusts, NHS Community Services and medical practices. These organisations have been asked to start the meeting each with a presentation detailing the experience of someone impacted by the standard not being adhered to, ensuring the patient voice is a key part of this meeting.



Chief Medical Officer visits Surrey: Surrey County Council Public Health team welcomed the Chief Medical Officer for England, Professor Sir Chris Whitty, to share with him some of the key health challenges for our most vulnerable residents; people experiencing multiple disadvantage and [migrants](#). The afternoon was hosted by Guildford Action who are one of 11 Voluntary, Community and Social Enterprise organisations that provide the [Changing Futures: Bridge the Gap](#) specialist trauma informed outreach service.

Professor Sir Chris Whitty said, "Surrey faces some complex public health challenges, and it was useful to discuss these with the local public health team and see the excellent work they are doing. It was great to visit Guildford Action, meet such committed and knowledgeable staff and learn about the important work they do for people experiencing multiple disadvantage."

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Serious Violence Duty Update
HWBS Priority populations:	Serious Violence impacts on all Priority Populations including Key Neighbourhoods
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	Priority 3 Supporting people to reach their potential by addressing the wider determinants of health
HWBS Outcome:	Outcome: People are safe and feel safe
HWBS System Capability:	Empowered and Thriving Communities
HWBS Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	Sarah Haywood, Serious Violence Programme Lead, OPCC; sarah.haywood@surrey.police.uk
Board Sponsor(s):	<p>Lisa Townsend - Police and Crime Commissioner for Surrey</p> <p>Tim De Meyer - Chief Constable of Surrey Police</p> <p>Mari Roberts-Wood - Managing Director, Reigate and Banstead Borough Council (Priority 3 Sponsor)</p>
HWB meeting date:	14 December 2023
Related HWB papers:	Health and Wellbeing Strategy Summary Implementation Plan - June 2023
Annexes/Appendices:	N/A

2. Executive summary

This report provides the Health and Wellbeing Board with an update on Surrey's delivery against the Serious Violence Duty.

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3. Recommendations

The Health and Wellbeing Board is asked to:

1. Consider the progress made against the Serious Violence Duty.
2. Endorse the establishment of a Surrey Serious Violence Reduction Partnership.
3. Support the proposed Serious Violence Reduction narrative and priority areas that will be at the core of the Surrey Serious Violence Reduction Strategy.

4. Reason for Recommendations

This is an opportunity for Board members to have an overview of the serious violence work and to consider the future priorities for the Surrey Serious Violence Reduction Strategy.

5. Detail

The Home Office brought forward at the end of 2022 new legislation to tackle serious violence. The Serious Violence Duty (SVD) was ratified and came into force on 31 January 2023 across the England and Wales.

The SVD purpose is to ensure that relevant services work together to share data, intelligence and knowledge to understand and address the root causes of serious violence. It also allows the specified authorities to develop and target their interventions to prevent and stop violence altogether.

The SVD aims to ensure that agencies focus their activity on reducing serious violence whilst also providing sufficient flexibility so that the relevant organisations will engage and work together in the most effective local partnership for any given area. However, it is strongly encouraged that local areas adopt a public health approach to reducing violence.

The full Serious Violence Duty guidance can be found [here](#).

Specified authorities with a statutory responsibility to comply to the Duty:

The Duty requires the following specified authorities within a local government area to collaborate and plan to prevent and reduce serious violence:

- Police
- Probation Services or Youth Offending Teams
- Fire and Rescue
- Integrated Care Boards
- District and Borough Councils
- County Councils
- Schools and the Education Authority must collaborate
- Prison Services must collaborate as requested

Community Safety Partnerships are also subject to the Duty and the Government have amended the Crime and Disorder Act 1998 ensure that Community Safety Partnerships have an explicit role in evidence based strategic action on serious violence. As CSPs are subject to both the new Crime and Disorder Act requirements and the Duty, this will enable them to escalate local serious violence issues to a higher strategic level where necessary.

In recognition of the vital role schools and colleges play in safeguarding children and young people, educational authorities including; local authority maintained schools, academies, independent schools, free schools; including primary schools, alternative provision education and further education providers, must be consulted by the specified authorities in the preparation of the strategy.

Prisons and the Children and Young People Secure Estate play an integral role in protecting the public, both in the rehabilitation of those people in prisons and young children who have committed violent offences and are in custody, and people on probation or children supervised by Youth Offending Teams in the community. As with educational authorities, prison and youth custody authorities are required to be consulted by the specified authorities in the preparation of the strategy.

The Offices of the Police and Crime Commissioner for the areas are not a specified authority, but local policing bodies will be responsible for allocating grant funding for authorities under the Duty and are encouraged to have a convening role.

Defining Serious Violence

Each area should determine what amounts to and is defined as Serious Violence in their local area. The guidance makes clear that violence is not limited to physical violence against the person. It provides that, for the purposes of the Duty, violence includes;

- domestic abuse,
- sexual offences,
- violence against property
- threats of violence but does not include terrorism.

This does not mean that specified authorities will be compelled to take action on these crime types specifically linked to the Duty alone, but instead that they should consider whether violence of these kinds amounts to serious violence in their area, in accordance with the factors set out above.

Specified authorities should also include a focus on public space youth violence including; homicide, violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing.

In determining what amounts to serious violence in their local area, the specified authorities must take into account the following factors;

- a) the maximum penalty which could be imposed for any offence involved in the violence;
- b) the impact of the violence on any victim;
- c) the prevalence of the violence in the area, and
- d) the impact of the violence on the community in the area.

What are specified authorities expected to do?

Strategic needs assessment - In order to identify the kinds of serious violence that occur in their areas, and so far as it is possible to do so, the causes of that serious violence, the partnership should work together to establish the local 'strategic needs assessment' – identifying the drivers of serious violence acting in the local area and the cohorts of people most affected or at risk. This will require the sharing of relevant data and useful information held by the individual organisations subject to the Duty.

Preparation, publication and implementation of a strategy: The local partnership must collectively develop a strategy which should outline the multi-agency response that the partnership will take to address the drivers identified in the strategic needs assessment and work to prevent and reduce serious violence in the specified local area. The strategy should set out how the proposed actions will enhance and complement existing local arrangements responding to serious violence. Part of this work may include consideration of joint funding or investment to support local early interventions and responses.

The Need Assessment and Strategy must be published as soon as possible when finalised, with the first strategy due by the 31st of January 2024. These documents must be kept under review on at least an annual basis.

Crest Advisory

The Home Office commissioned Crest Advisory to work with local areas to assess their readiness to deliver the Duty and provide tailored support. After thorough consultation, Surrey have been assessed as 'preparing'. Partners are motivated and engaged and needs assessments, strategies and community engagement in related areas provide a strong basis to meet Duty requirements.

Funding

To support the local partnership in meeting the requirements of the Duty and to develop interventions the Home Office have allocated each local policing area funding. More information as to how Surrey are utilising this funding can be found in section 5 below.

The funding is split between labour and non-labour costs.

Labour costs broadly include the costs associated with preparing and developing the SNAs and local strategies for the local government area or areas (which coincide with or falls within your police area), including familiarisation costs, training, meeting costs, analysis, and strategy development.

Non-labour costs include the costs associated with implementing the specified authorities' local strategy to reduce serious violence (e.g., interventions). This can include the salary costs for delivering these interventions. Funding is not for capital expenditure except where it can be legitimately used to strengthen the response to Serious Violence i.e. CCTV

Local policing bodies (PCC) are the grant holders for Serious Violence Duty funding. Reason being they occupy unique positions due to their responsibility for the totality of policing in their area, services for victims of crime, and shared objectives on prevention and reduction of serious violence.

Together, the specified authorities should be jointly accountable for delivering the key milestones of this grant, following allocation of funding by the local policing body. Joint decision making needs to be at the center of all Duty-related activity. It is for this reason that a requirement of funding is for each area to produce or repurpose a partnership agreement by the end of the 22/23 financial year to demonstrate how they intend to strengthen their local multi-agency structures.

Delivering the Serious Violence Duty in Surrey

Delivery against the duty in Surrey has been split into four key areas. These are reflected the implementation plans presented to the Board in June 2023. Below are the milestones;

Milestone 1: Development of a Surrey Serious Violence Duty strategic needs assessment working under the governance of Surrey Office for Data Analytics (SODA).

Milestone 2: Development of a Serious Violence Reduction Duty Strategy for Surrey

Milestone 3: Implementation of the delivery plan, ensuring prevention activity is commissioned in line with the needs assessment and Serious Violence Reduction Duty Strategy for Surrey

Milestone 4: Annual review of the Serious Violence Duty strategic needs assessment and Strategy completed.

Governance

The Serious Violence Duty legislation and guidance does not give us a proposed governance structure and allows for local flexibility. Violence is a wide-reaching term and is not limited to physical violence against the person. Because of this there are several mature workstreams and partnerships in Surrey that fit under the umbrella of

the Duty, namely the Domestic Abuse Partnership, the VAWG Partnership and the Adolescent Safeguarding Partnership.

We are pleased to have commitment from across the specified authorities to establish and Surrey Serious Violence Reduction Partnership (SSVRP). The SSVRP will provide a forum for dynamic leadership that coordinates a collaborative approach and fosters greater consistency across the work programmes that make up serious violence. This approach will assist all relevant Executives and Boards in understanding the driving factors of violence and their role in preventing violence from escalating.

Members of the SSVRP will -

- Agree and oversee the Serious Violence Reduction Strategy and delivery plans for Surrey.
- Provide strategic support and updates from their respective areas of expertise.
- Provide leadership and remove strategic challenges and barriers.
- Work as a partnership and make joint decisions to deliver the Serious Violence Duty.
- Support OPCC in meeting the requirement of the Serious Violence Home Office grant and oversee the funding allocation for Surrey.

The establishment of the SSVRP does not take away the ownership of the respective workstreams but provides the opportunity to work across the strands, sharing and linking into their respective networks and resources. The SSVRP will report into the Health and Wellbeing Board and support the priority 3 and that People are safe and feel safe. The SSVRP will also report into the Community safety Partnerships, recognising their role in supporting the delivery of the Surrey Serious Violence Reduction Strategy.

To support the SSVRP a Serious Violence Operational Group has been established, with representatives from each specified authority, focusing on the following aims:

- Oversee the successful adoption of the Serious Violence Duty for the Health and Wellbeing Board, in line with the Home Office's milestones,
- Support the wider partnership in its awareness and understanding of the Serious Violence Duty,
- Define serious violence,
- Coordinate the sharing of relevant data, insights, and information to inform the problem profile/strategic needs assessment for the area,
- Support the development and implementation of a strategy to identify and mitigate the risks identified and agree an approach to preventing serious violence (by January 2024),
- Review the strategy and delivery plan annually to ensure it remains current and is reducing violence across Surrey.

Our approach

In Surrey we will follow a public health approach and the recommendations from the 2019 a cross government publication - 'A whole systems multi agency approach to serious violence prevention'. This approach considers that serious violence is not inevitable and is preventable but cannot be tackled in isolation. It must be addressed through prevention strategies that consider the multiple risk factors that cause and perpetuate violence such as deprivation, early life trauma and emotional and physical health, and promote the protective factors that mitigate against the growth and victimisation of violence.

This approach means violence reduction interventions are not constrained by our organisational or professional boundaries and remain focused on generating long term reductions as well as short term solutions. At the core of the approach, data and intelligence is used to identify the burden on the population, including any inequalities, meaning actions responding to the problem are rooted in evidence of effectiveness.

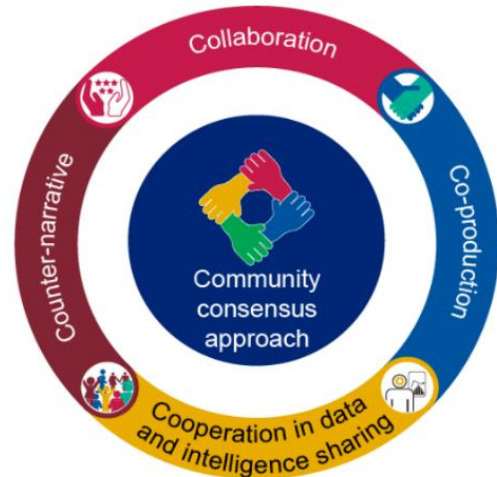
In understanding the causes and contributing factors of violence, we can deliver across four different levels of prevention aimed at addressing the risk factors, reducing prevalence and threat of violence:

- Contextual prevention, meaning we support the creation of the conditions that prevent violence. These include economic growth, social-cultural change, environmental and legislative change.
- Primary prevention, meaning preventing violence before it happens by understanding the root causes and working to strengthen the protective factors at the earliest stage.
- Secondary prevention, being an immediate response to early instances of violence and ensuring the provision of timely, tailored and effective interventions.
- Tertiary prevention, focusing on those engaged in violence by providing effective support to work towards rehabilitation.

We will adopt the five key principles of the public health approach.

- Collaboration – we will engage with a diverse range of partners to successfully work together towards the shared goal of tackling and preventing violence.

- Co-production – we will work towards a partnership that listens and reflects all local partners perspectives and importantly meaningfully involves the community in solutions.
- Cooperation in data and intelligence sharing – we will establish a data sharing process that enables an evidence-based response to tackle serious violence.
- Counter-narrative development – we will work to develop a delivery plan that creates credible and trusted alternatives for all and celebrates the strength of our communities.
- Community consensus – lies at the heart of place based public health approach and we will work with communities and groups most at risk to empower them to become involved in developing solutions.



Needs Assessment

The first requirement of the duty is the completion of a Serious Violence Needs Assessment. To support this work, the legislation included specific provisions to support partners to share information, intelligence and knowledge to prevent and reduce serious violence (see sections 16 and 17 of Chapter 1 of Part 2 of the PCSC Act). These provisions create information sharing gateways allowing disclosure to a specified authority of information held by specified authorities. These new information sharing gateways are intended to enable the sharing of relevant data where existing powers alone would not be sufficient.

In Surrey to utilise the new gateways and recognise the public health approach, the Needs Assessment was developed with the Surrey Office of Data Analytics and the partnership are on its way to completing its first comprehensive strategic needs assessment into serious violence. This will provide the partnership with some clear headline information on the levels of violence, our offender and victim profiles and looked at some of the factors that might allow violence to increase. The needs assessment and a subsequent workshop also identified what partners already consider we are doing well to reduce violence and what are our limitations.

As discussed, the legislation did not define serious violence for the purposes of the Duty but in line with the World Health Organisation's and the Government's Serious Violence Strategy in 2018, the Surrey Serious Violence Reduction Operational Group with SODA agreed the Surrey definition would be;

'Serious violence' includes specific crime types where there is the use of force or power, threatened or actual, against another person, or against a group or community with a focus on place.

The geographical focus will mirror the area covered by the Surrey Health and Wellbeing Board, including the 12 local authority areas of Surrey, Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley and Woking.

When considering the definition and the scope of the needs assessment the Operational Group considered Surrey Police's data and requested details on the following 8 crime areas and those crimes flagged DA as the Assessments anchor data.

- Violence with injury
- Violence without injury
- Domestic abuse inc CCB flag
- Homicide
- Stalking and harassment
- Possession of weapon offences
- Robbery
- Sexual offences including rape
- Public order offences

Headline data tells us that overall serious violence, nationally and in Surrey, is rising. However, Surrey remains a safe space with it remaining the third safest force area in the country when it comes to offences involving a knife or sharp instrument with a rate of 41 offences per 100,000 head of population during 2022/23 and the safest force area for homicide rates with 3.1 homicides per 100,000 head of population during 2022/23.

The full needs assessment remains official-sensitive, and should the Board members require more details we can prepare a private briefing. Work continues with SODA to do more detailed work on identified cohorts, places and themes presented in the needs assessment.

Surrey Serious Violence Reduction Strategy

In response to the needs assessment and in development with the specified authorities and wider partnership, the Surrey Serious Violence Reduction Strategy is in development. The Strategy is proposing the following narrative and the four inter-related strategic priorities for reducing serious violence in Surrey.

Overarching Serious Violence Reduction Narrative

Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. The Surrey Serious Violence Reduction Strategy provides an opportunity to work together to prevent harm, reduce the occurrence of violence, develop a counter-narrative around violence and increase confidence in neighbourhoods. With insight and data, we can co-design interventions and support which will not only reduce the violence but work to prevent the causal factors that allow violence to grow.

Overarching priorities:

- Leadership
- Evidence Based Response
- Community Connections
- Focused Prevention

It is recognised we are not as mature in this delivery as some other areas, particularly those that have received funding to establish Violence Reduction Units and therefore by working across these priorities we are developing the foundations of a whole system, place based approach to serious violence. These priorities also allow us to give immediate attention to addressing the issues of violence in Surrey but also working on the long-term change required to secure lasting impact.

Priority one – Leadership

Overarching Aim – to create system change through investing in a dynamic governance structure that enables the cultural change necessary to bring about long-term reduction of the drivers of violence.

- Recognise the contextual factors that allow violence to grow and impact of serious violence on communities.
- Ensuring meaningful wide engagement in the partnerships to support the local response to violence reduction.
- Develop an awareness raising programme that recognises the benefits of a whole system, place based approach to serious violence.
- Ensure we have the skills to respond to serious violence by supporting training, including specialist training.
- Establish a confident governance structure to foster a collaborative and consistent approach to violence reduction.
- Support the continued development of this Serious Violence Reduction Strategy by creating a dynamic delivery plan that works alongside our mature partnership groups.
- Develop a robust theory of change and evaluation framework to ensure the effectiveness of our response.

Priority two – Evidence Based Response

Overarching Aim – to maximise our impact with smarter use of data and intelligence to create targeted solutions.

- Support the partnership by improving data sharing to create a wider understanding of the drivers of violence.
- Create the opportunity to gather community voices to support our understanding of the impact of violence.
- Work on a hot spot approach to target interventions within our communities.
- Develop a deep understanding using data, intelligence, and voices to map the connections between the wider determinants and violence.

- Focus on a problem-solving approach to understand the connections between victim, offender, place and time to build a rounded picture of serious violence in Surrey.
- Work with criminal justice partners to understand the complex needs of perpetrators and look at national responses for best practices.

Priority three – Community Connections

Overarching Aim – to develop a placed based, community led response to serious violence.

- Create an awareness programme and a culture of serious violence reduction being everyone's business.
- Work alongside partners to take advantage of their community assets.
- Advocate for a counter-narrative approach that provides an alternative to violence within communities.
- Create a process that breaks down barriers and allows for the co-production of local interventions.
- Build relationships with schools, youth services and community groups supporting young people to create safe and supportive environments.
- Work with the criminal justice community to support the reduction of repeat offending and create the conditions for them to own their recovery.

Priority four – Focused Prevention

Overarching Aim – to prevent serious violence by developing responses that address the causes, reducing the risk factors and increasing the protective factors.

- Dedicate resources to mapping what we have in Surrey to support victims and to deter offenders, identify gaps in provision.
- Develop a response to hot spot areas of violence particularly town centres, considering the link with the night-time economy.
- Support the interventions aimed at preventing young people from being more at risk of becoming a victim or perpetrator of serious violence.
- Recognise the already mature partnership response to some areas of serious violence and support the further development of preventative projects.
- With more understanding of our offenders and victims look at where early intervention will be affective.

Delivery Plans

As part of the Serious Violence Duty Surrey was given an allocation for funding for the project. This allocation is as follows. N.B the 24/25 allocation is dependent on Home Office confirmation.

- 22/23 - Labour Costs: £47,417.32, non-labour costs: £0
- 23/24 - Labour costs: £222,555.91, non-labour costs: £119,212.44
- 24/25 - Labour costs: £211,864.69, non-labour costs: £334,965.78

This funding has been carefully allocated to ensure we deliver the aspirations of the Duty. We have committed funding for this financial year to the employment of the Programme Lead and to aid the development of the needs assessment, the partnership has supported the necessary analytical resources.

With regards interventions, in-line with what we know about violence in Surrey, we have supported the Engage project which is where youth workers work with young people who enter custody. Op Shield which is a targeted night time economy partnership project to identify and reduce VAWG related crimes and a knife intervention project.

The delivery plans for the forth coming year will be developed by the SSVRP and Operational Group ready for delivery by April 2024.

6. Opportunities/Challenges

The success of the Serious Violence project are dependent on a number of interdependencies and close working relationships across the partnership. Violence cannot be tackled by focusing in on one offence or not considering the driving factors that allow violence to grow. This risk is mitigated by developing a SSVRP and a strong governance structure around the Duty.

Analytical support for the project is a challenge. Work is in train to commit dedicated resource to the project using the Home Office funding.

7. Timescale and delivery plan

Milestones for delivery

From 2023 to 2025 the Specified Authorities and the Office of the Police and Crime Commissioner for Surrey will work to meet the milestones as set out in the Serious Violence funding agreement.

These milestones are -

March 2023: specified authorities will need to identify an existing partnership or establish a new partnership to deliver the Duty by March 2025.

April 2023: the Local Policing Body is required to submit a draft delivery plan

September 2023: the Local Policing Body is required to submit their delivery plan

January 2024: development a local Strategic Needs Assessment (SNA) which should inform the development of a local strategy, by January 2024.

January 2024: specified authorities will need to have prepared their local strategy, which should contain activity to prevent and reduce serious violence based on the needs of their area, by 31 January 2024.

January 2025: the SNA and local strategy will be reviewed by the specified authorities, at a minimum, on an annual basis and updated where necessary. Updates of the mandatory products will need to be sent to the Home Office as evidence of completion.

8. What communications and engagement has happened/needs to happen?

Communication has taken place with all the names authorities required to work together to meet the Serious Violence Duty. As part of the needs assessment, where available community and victims' feedback was gathered.

As part of the delivery of the Duty the SSVRP will work alongside communities to codesign interventions.

9. Next steps

- The statutory requirements are we complete a needs assessment and strategy before the end of January 2024.
- Next steps are the establish the SSVRP and delivery plans for 2024/25.
- We will return in six months with a progress report for the Health and Wellbeing Board.

Questions to guide Board discussion:

- Do you understand your role in delivering the Serious Violence Duty, if not what can the team do to support you and your organisation?
- Are you happy with the serious violence reduction narrative and priorities as developed by the Serious Violence Operational Group?
- Data and insights is key to the success of this project, how can your organisation support the future development of violence reduction in Surrey?

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Health and Wellbeing Board (HWB) Paper

1. Reference Information

Title:	Housing: An overview of A Housing Homes and Accommodation Strategy for Surrey and The Housing JSNA chapter
HWBS Priority populations:	<ul style="list-style-type: none"> • All • OR specifically mentioned in Housing JSNA chapter: <ul style="list-style-type: none"> • People experiencing domestic abuse • People with physical disabilities • People experiencing multiple disadvantage • People with learning disabilities and/or autism • Refugees and asylum seekers • Gypsy, Roma, Traveller communities • Children in care and care leavers • The Armed Forces community • People with mental health needs • Homeless people and rough sleepers • All Key Neighbourhoods.
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> • All
HWBS Outcome:	<ul style="list-style-type: none"> • People’s basic needs are met (food security, poverty, housing strategy etc) • The benefits of healthy environments for people are valued and maximised (inc. through transport/land use planning) • The needs of those experiencing multiple disadvantage are met • People are supported to live well independently for as long as possible
HWBS System Capability:	Empowering and Thriving Communities Estate Management Equality, Diversity and Inclusion including digital
HWBS Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together'

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	<ul style="list-style-type: none"> Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Service Based interventions Community Led interventions
Author(s):	<p>Michael Coughlin, Executive Director, Prosperity, Partnership and Growth; michael.coughlin@surreycc.gov.uk Poppy Middlemiss, Public Health Registrar, poppy.middlemiss@surreycc.gov.uk</p>
Board Sponsor(s):	Sinead Mooney - Cabinet Member for Adult Social Care
HWB meeting date:	14 December 2023
Related HWB papers:	Item 8 - A County-wide Strategy for Housing Accommodation and Homes Baseline Assessment.pdf (surreycc.gov.uk)
Annexes/Appendices:	<p>Appendix 1 - The Housing, Homes and Accommodation Strategy</p> <p>Appendix 2 - Housing JSNA draft recommendations</p>

2. Executive summary

Housing is a wider determinant of health and as such having a stable and secure home is one of the foundations of a good life.

As such two reports have recently been developed to look at the housing situation in Surrey, how this relates to health and what Surrey Council and the wider system partners can do to improve the current situation.

This report summarises the work completed on both these reports which are the housing homes and accommodation strategy and housing JSNA chapter and makes a case for the recommendations outlined in both.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse and support the Call to Action laid out in the Surrey Strategy for Housing, Accommodation and Homes and the Call to Government for policy changes, resources, and powers to enable partners in Surrey to tackle the housing crisis.

2. Support the recommendations of the new Surrey Housing JSNA Chapter in order to reduce inequality driven by housing needs.
3. Ensure a continued focus on the housing situation, its implications for health and the actions needed to address it amongst all partners in Surrey including ensuring key Health and Wellbeing Board and related strategies should include measures to reduce homelessness and improve housing and social care related health outcomes.

4. Reason for Recommendations

Housing is a wider determinant of health and as such having a stable and secure home is one of the foundations of a good life. The condition and nature of homes, including factors such as stability, space, tenure and cost, can have a big impact on people's lives, influencing their wellbeing and health.

The Housing, Accommodation and Home Strategy makes clear the challenges in Surrey, with advisors describing the situation as a crisis. While recognising the sovereign responsibilities and service responsibilities for Housing and Planning of other organisations, the strategy sets out a 'Call to Government' and a 'Call to Action' to which everyone involved in housing and wider system partners in Surrey is encouraged to contribute which will in turn improve the health of those in Surrey.

The Housing JSNA lays out the detail and nature of this relationship between housing and health and the specific situation in Surrey and makes recommendations to improve that situation.

5. Detail

1. The link between housing and health is well evidenced. In general, the evidence on the relationship between housing and physical aspects of health (such as the link between damp homes and respiratory conditions) is more well-established than the evidence on mental wellbeing impacts. There is growing evidence of the effects of poor housing conditions on increasing stress and feelings of disempowerment and loss of control, all of which have clear links with mental health outcomes.
2. Surrey County Council have recently produced two documents providing an assessment of housing situation in Surrey and making recommendations for action. These are the Surrey Housing Homes and Accommodation Strategy (the Strategy) and the Housing Joint Strategic Needs Assessment chapter (the Housing JSNA). The Strategy was commissioned by the County Council and engaged a wide range of partners having an interest in housing, accommodation and homes. The Housing JSNA is a part of a statutory wider system document.
3. The Strategic Housing Function is carried out in Surrey by the 11 District and Borough councils who work in partnership with a range of statutory and voluntary organisations and residents to deliver the wide range of functions

that sit within this role such as assessing and planning for the current and future housing needs of the local population across all tenures.

The Strategy

4. Surrey County Council commissioned Inner Circle Consulting to develop the Strategy. This involved a baseline assessment exercise which found that Surrey is facing a complex and challenging housing crisis, affecting the lives of local residents, local businesses and local public services and entrenching the hardships that Surrey's most vulnerable residents face. This arises from the extremely high land values across a large geography, the very low rates of housing affordability, the very high proportion of Green Belt designations and other protected land types, an ageing population with reducing proportions of younger professionals; and the close proximity to London and Heathrow and Gatwick Airports yet failing to sustain its positive economic status compared to neighbouring regions.
5. The strategy sets out two broad areas of recommendations, drawn from the analysis of the baseline assessment – these are grouped as a 'Call to Government' and a 'Call to Action'. The full strategy can be found in Appendix 1.
6. The Call to Government recognises the need for more powers for Local Government to tackle the housing crisis through reform in the structure and longevity of government funding focused on planning for the longer-term to meet local strategic need. Surrey needs more grant funding for Social Rent, and grant funding rules should be changed to require an uplift in floorspace, rather than new units, or to provide funding for replacement homes. Finally given the relationship between mobility, transport and sustainable housing, proportionate funding is required for good quality local bus services, the retrofit of housing and/or the funding of replacement homes within regeneration schemes.
7. The Call to Action sets out a number of proposals for how partners across the County can lead and drive improvements such as sharing best practice and starting to coordinate and align interventions and resources and look to future initiatives such as pooling budgets between services and authorities, especially where support is provided to vulnerable residents and teams through county, Districts & Boroughs, housing associations and voluntary sector organisations.
8. The Strategy was adopted by Cabinet at its meeting in March 2023. Since then, County Council Lead Cabinet Member for Housing has submitted the 'Call to Government' to the Housing Minister, and Shadow Ministers.

The Housing JSNA

9. The Housing JSNA creates a picture of the housing situation in Surrey and how that is affecting people's health to inform commissioners and stakeholders. It lays out the current provision of services and highlight gaps in that service provision in order to identify the housing needs of all those living in Surrey.
10. The Housing JSNA lays out Key Facts of Housing (in the categories of tenure, condition, affordability and availability and homelessness) and how this related to health in Surrey including:
 - People in Surrey are more likely to own their own homes (72%) compared to England as a whole (66%). Owning your own home is generally associated with better self-reported health. However, a significant proportion are in the Private Rented Sector (16%) and Social Rented Sector (11%) which typically report less good health. Additionally a large number of these homes are owned with a mortgage or loan. It should be noted the 2023 cost-of-living crisis has seen mortgage interest rates rise leading to mortgage costs increasing significantly.
 - Overall, in 2021 Surrey has smaller proportions of households in fuel poverty (7.3%) than the English average (13.1%), this figure varies throughout the County for example Waverley has 8.3% homes in fuel poverty and Surrey Heath just 5.9%. Fuel poverty in Surrey is increasing and it is likely fuel poverty will continue to worsen as figures are updated due to the cost-of-living crisis and increases in energy price across the country. One of the causes of excess winter deaths is fuel poverty and this has been shown to be as important a driver of health for young people as it is for frail elderly people. Improving the condition of homes could help to solve some of this problem.
 - Affordability and availability of housing stock was consistently raised by everyone who was consulted with during the development of the chapter as the biggest housing related issues on health in Surrey. House prices and rental prices are particularly high in Surrey and there is a lack of homes that are truly affordable. Lack of affordability and availability of housing related to people's ability to afford and access housing that suits their needs and circumstances. Difficulty paying the rent or mortgage can cause stress, affecting our mental health, while spending a high proportion of our income on housing leaves less for other essentials that influence health, such as food and social participation. This will continue to pose significant local challenges for the foreseeable future and is significantly affected by regional, national, and international influences beyond local control.
 - Both statutory homelessness and rough-sleeping are growing problems nationally and across Surrey. Surrey has a lower rate of households assessed as homeless (2.71 per 1,000) compared to England (6.06 per 1,000) and the Southeast (4.68 per 1,000). The rate of households assessed as homeless in Surrey Districts and Boroughs varies but is generally lower than England and

the Southeast with the exception of Epsom and Ewell (4.8 per 1000). Homeless. The health of people experiencing homelessness is significantly worse than that of the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable.

- Some people are more at risk of housing issues and homelessness than others and these are outlined in the Needs of Specific Groups Section. Areas to highlight are a lack of Extra Care housing to support older people and a lack of housing options for those with substance misuse issues.
11. The housing JSNA makes recommendations for actions for immediate and long-term response including: (a more comprehensive list can be found in appendix 2 – note these are currently in draft)
- All those involved in or having an interest in housing in Surrey should work to influence the Government for policy changes, resources, and powers to enable partners in Surrey to tackle the housing crisis.
 - Ensure a continued focus on the housing situation, its implications for health and the actions needed to address it amongst all partners in Surrey,
 - The wider workforce in Surrey including those who work in Housing and those working for housing associations should be trained to be able to identify and support the health and wellbeing of their clients through signposting and/or brief advice (for example Making Every Contact Count). This may include awareness training in relation to particular conditions such as autism which will enable those professionals to interact with people more effectively.
 - Key Health and Wellbeing Board and related strategies should include measures to reduce homelessness and improve housing and social care related health outcomes. biggest issue posed to people's health related to housing.

6. Opportunities/Challenges

There are multiple sovereign agencies involved in this multi-faceted and complex area of work, as well as various (and sometimes conflicting) agendas, accountabilities and priorities. Convening partners and building a common understanding of the issues, barriers and opportunities will be key to securing delivery-oriented action.

7. Timescale and delivery plan

A review process for the Strategy has been agreed and key metrics of progress and outcomes will be evaluated in March 2025. There is no defined timescale for delivery due to its nature as a system-wide, complex, partnership strategy over which no one organisation has responsibility or accountability for its delivery. It will be delivered by a wide range of activities by a large number of partners over whom we SCC have

little or no control, just influence. It is for each and every contributor to judge their timeframes and deadlines.

The Housing JSNA chapter is in the final stages of being signed off and is due to be published in January 2024.

8. What communications and engagement has happened/needs to happen?

Extensive engagement with partners has been undertaken to date for both projects. Further engagement is required to bring the importance of topic and the work being undertaken to wider system partners in Surrey.

During the development of the Strategy meetings were held with 31 stakeholders from across the county including with housing officers in the districts and boroughs, with council Chief Executives, with Housing Associations, the NHS, Homes England, universities, private developers and business representatives. Following this, four thematic workshops were held, with a broad cross-section of partners brought together, in-person, to discuss and debate both the evidence and potential ways of addressing identified problems. Additionally In December 2022, a Surrey Housing Summit was held bringing together over 100 Councillors, officers and external partners,

The Local Insights section of the Housing JSNA was developed to add meaning to the findings outlined in the chapter by reflecting on conversations, consultations and stories from the local community who live in Surrey, those who work in housing in Surrey and others with a vested interest. This is partly done through case studies from priority populations and summarising conversations and consultations done in the process of developing the chapter and also from existing pieces of work.

9. Next steps

- The strategy is being used to guide a number of internal workstreams within the County Council (e.g., ASC and Children's accommodation, Halsey Garton Residential, etc.) Progress on its delivery will be periodically reported to the One Surrey Growth Board, Surrey Leaders and Health and Well-being Board.
- The Housing JSNA and associated data dashboard is due to be published in January 2024 and will be shared widely to be used by commissioners for service planning and as a point of reference for the housing situation in Surrey.
- Consideration is being given to establishing a multi-agency Surrey Housing Forum to ensure oversight of the strategy and the housing JSNA to support delivery. A report is due to go to Cabinet regarding this in early 2024 and membership may be sought from the Health and Wellbeing Board Membership.

Questions to guide Board discussion:

- How can the Health and Wellbeing Board support the Call to Action laid out in the Surrey Strategy for Housing, Accommodation and Homes and the Call to Government for policy changes, resources, and powers to enable partners in Surrey to tackle the housing crisis?
- How can the Health and Wellbeing Board and Board members ensure a continued focus on the housing situation, its implications for health and the actions needed to address it amongst all partners in Surrey?



A HOUSING, HOMES & ACCOMMODATION STRATEGY FOR SURREY

27-02-2023

Commissioned by Surrey County Council & Surrey Delivery Board

Produced by Inner Circle Consulting

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Introduction

... Purpose of this work

Housing plays a fundamental part in people's wellbeing, their employment, health and relationships. Housing conditions, accessibility and mix are key determinants of a thriving and sustainable workforce and economy. Housing also links strongly to poverty, including fuel poverty, the cost of living as well as climate change and net zero ambitions. There are strong economic, health and community drivers for seeking to improve housing, accommodation and homes in Surrey.

The purpose of this work has been to provide, for the first time, an overview for all interested parties of the current state of housing, accommodation and homes in Surrey in a broad and contextual way across the county as a whole, supplementing the detailed work each district and borough does at a local level.

The first phase of work, in summer 2022, produced a baseline assessment of the current situation. This allowed for:

- i) Drawing attention to the scale and seriousness of the housing crisis in Surrey;
- ii) The identification of a set of priority issues that are deserving of more co-ordinated action;
- iii) The identification of shared barriers and issues that partners can present to the Government as needing change in national policies, structures, processes and decisions;
- iv) Shared learning across the county, using this work as a catalyst for encouraging wider discussion, bringing key partners together around common issues of concern and act as a driver for greater collaboration; and
- v) Having identified those issues that Government needs to address, also identifying how willing partners in Surrey could practically and pragmatically collaborate on tackling these shared issues in the housing crisis, which is presented as a Call to Action.

This work was commissioned by Surrey County Council, with a scope agreed by the Surrey Delivery Board (comprising District and Borough Leaders and Chief Executives) and has been delivered by Inner Circle Consulting through wider engagement with key stakeholders.

Executive Summary

....Introduction

7 It is clear that there is a considerable amount of activity to encourage more housing, of all types, in Surrey, led by the district and borough councils; and examples of good partnership working to address specific need and opportunity. There are a number of barriers preventing successful delivery of the number and tenure of homes required to address need, however, and a recognition that more could be done, through partnership.

This strategy identifies opportunities for more partnership working and consolidates a joint call to the Government and a joint call to action to accelerate the solutions to the housing crisis Surrey now finds itself in.

The strategy does not, and should not, duplicate the very good work of the local authorities in their planning and housing functions.

... Headlines from the data

Surrey is in the grip of a serious housing crisis. While this is very different from the scale and severity of the housing crises that might be seen in large cities, it is a crisis nonetheless and action is required to tackle it.

This housing crisis manifests most critically in the supply of homes that are truly affordable for local people, at all tenures and most income groups. This shortage of housing affects the lives of many local residents. It also deters or prevents people moving to, or staying in, Surrey. Critically, local businesses, the NHS and other public services are struggling to recruit and retain the staff needed to maintain good quality public services and a thriving local economy.

The high-quality way of life that Surrey is known for, and that residents rightly celebrate and wish to protect, is at risk from the shortage, quality and unaffordability of homes.

The housing crisis is not a single event. There are multiple strands, and action to tackle the housing crisis in Surrey requires simultaneous interventions on multiple fronts: there is no silver bullet solution – and the reality is that in improving one aspect of housing, there are potential negative knock-on consequences elsewhere.

... Recommendations for action

Partners across Surrey need to work collaboratively to tackle the housing crisis. It is absolutely not an admission of individual shortcoming to recognise that more can be achieved together than alone. In almost every aspect of work, more joint working and

collaboration stands to yield better results for local people. Partners also have a golden opportunity, through joint work on public sector land, to take a stronger hand in the delivery of housing in the county, and so more proactively determine the quantity, tenure and quality of homes.

... A Call to Government

Local Government in Surrey needs more power and more funding to tackle the housing crisis. To justify this, Surrey also needs to correct the record with popular perception. The conventional wisdom from those outside the county is that there can't be any problems in Surrey because of its historical reputation as a prosperous and successful part of the country. Making a case to Central Government or other funding bodies means telling a balanced and accurate story about the state of Surrey.

Local Government in Surrey would benefit from **greater powers to accelerate development from private developers** and a stronger hand in **land assembly and compulsory purchase powers to bring forward suitable land for housing and infrastructure**.

There is a need for **reform in the structure and longevity of government funding**, which often forces partners to dedicate resource to bid writing for small short-term pots of funding instead of planning long-term to meet local strategic need.

Where funding is available, it falls short of the amount needed to **fund Social Rent instead of 'so-called' Affordable Rent homes, the retrofit of housing or the funding of replacement homes within regeneration schemes**.

... A Call to Action

Faced with other crises, partners in Surrey have worked quickly, effectively, and collaboratively; bringing ingenuity and creativity to solve problems on behalf of Surrey residents. That approach needs to be brought now to the Housing Crisis in Surrey.

This starts with **sharing best practice** between partners in the county so the same good idea doesn't have to be invented 11 times and could go much further by starting to coordinate and aligning interventions and resources and look to future initiatives such as **pooling budgets between services and authorities**. This is particularly true where support is provided to vulnerable residents and teams through county, D&Bs, housing associations and voluntary sector organisations. This approach should also see the **expansion of existing joint-working between neighbouring D&Bs to create larger, more strategic housing teams across Surrey. Local Government that can make best use of scale to drive better outcomes for residents**.

In meeting local housing need, **expanding Homeshare schemes** amongst anchor institutions and key employers could unlock significant numbers of rooms in underoccupied

homes for key workers. Meanwhile, **a greater range of older people's housing needs to be built** to meet the wider range of preferences and lifestyles of a diverse ageing population already residing in Surrey. This is closely tied to the need for **more step-down housing as an interim step between hospital and home care.**

7 Within the affordable housing sector, it's clear that, while "Affordable Rent" offers a more affordable home for some residents, it remains inaccessible to higher-need families who are unable to afford that level of rent. This leads to some high-need families remaining in Temporary Accommodation, which is insecure for residents and expensive for Local Authorities. Partners should try to increase the proportion of **Social Rent housing, especially family-sized homes, recognising that Affordable Rent homes are increasingly out of reach for families in the greatest need. Partners should explore ways to subsidise turning Affordable Rent units into Social Rent homes over time to respond to this affordability challenge.**

The greatest potential for Surrey Local Government, housing associations and other public bodies, such as the health sector and the Ministry of Defence in taking a stronger hand in the scale, size and affordability of new homes across the county is to make use of their existing land reserves. There is no consolidated map or register of publicly-owned land and no strategic approach across these key landowners to how that land could best be put to use, or who could deliver homes that are needed. **Mapping public sector land, establishing an effective and dynamic One Public Estate partnership and working together to create common principles for land disposal and development** would streamline and accelerate housing delivery without being so dependent on speculative external applications through the planning process. This approach requires public sector land owners to accept the fundamental principle that disposal of land cannot only be seen through a lens of maximising commercial return, but on achievement of wider objectives and community value such as facilitating the supply of new homes for social rent.

There are several good examples of high density, mid-rise developments in the County which exemplify the 20-Minute Neighbourhood principle and allows for greater independent living and more economically vibrant town centres. A lot of development, however, remains low-density, land-intensive and car-dependent. To protect green space and encourage more sustainable living in the face of the climate crisis, partners should look to **incorporate 20-minute neighbourhood principles into local policies and masterplans for new sites and look to support more active transport infrastructure across Surrey to make it easier to walk and cycle from residential, community, leisure and commercial areas.**

To accelerate the delivery of higher density (as opposed to high rise) flatted development in town centres, to support local economic vitality and vibrancy, **councils should explore supporting more Build-to-Rent (BTR) housing in town centres** to create a new housing offer away from the dominance of demand for market sale houses.

Retrofit and improvement of existing homes, whether in private, council or housing association ownership will be of growing importance in coming years. Higher energy prices

have changed the financial calculus for better-off families about whether to invest in insulation and heat pumps. Within the social sector there is a growing debate on how to fund retrofit, but a strong commitment that when funding becomes available it should be pursued. This represents not only a potential significant benefit for Surrey residents, but also a potential boost to the local economy and also contributes to net zero with a reduction in the use of embedded carbon in demolition and rebuilding. **Partners should collaborate on mapping the training, up-skilling and supply chain support needed to foster a local retrofit industry, so that when this market takes off, local residents benefit from jobs as well as better homes.**

In the face of much lower domestic migration statistics than comparator counties in the South-East, it is important to recognise that Surrey is competing against a wide choice of locations across the South-East, and the rest of the country; it is not simply a case of 'build it and they will come'. **Updating and telling a Surrey Story for the twenty-first century** is a key part of understanding what will attract new economically-active residents into Surrey – so that the good quality of life in Surrey is preserved for future generations.

This strategy presents the evidence and, after considerable and extensive engagement with key partners, proposes ways that these issues can be addressed by willing partners. It is for the wider partnership in Surrey, between councils, housing associations, other public sector land-owners, service providers and the private sector to work together to meet these objectives.

Methodology

Inner Circle Consulting was commissioned to prepare this work in the summer of 2022 with a scope agreed by the Surrey Delivery Board. The work was overseen by a steering group comprising representatives from District & Borough Chief Executives, Housing Officers, Raven Housing Trust & Surrey County Council.

7

This work has been prepared by following the existing evidence. Districts and Boroughs in Surrey have a detailed understanding of local need and demand. Through the preparation of local plans, of local housing strategies and their work day-to-day, they know their immediate area in far more granular detail than this work attempts to cover.

... Gathering the Baseline Assessment

Instead, this work provides, for the first time, a broad contextual analysis of the commonalities across the county, of the shared challenges and opportunities that confront decision-makers and service providers right across Surrey. The evidence is rooted in publicly available gold standard sources. During summer 2022, data was gathered from the Office for National Statistics (ONS), from the Department of Levelling Up, Housing & Communities, and from statistical returns prepared by the districts & boroughs in Surrey.

This data presents a snapshot of the situation. To interpret it and to understand the nuance behind the numbers, meetings were held with 31 stakeholders from across the county to hear first-hand their experience and view of housing in Surrey. Meetings were held with housing officers in the districts and boroughs, with council Chief Executives, with Housing Associations, the NHS, Homes England, universities, private developers and business representatives.

While perspectives varied, the unifying message from these meetings is that Surrey is in the grip of a serious and multifaceted housing crisis.

Having analysed the data, with the support of detailed local knowledge through stakeholder interviews, eight priority areas were identified for further interrogation. This Baseline Assessment was presented to the Surrey Delivery Board and to Surrey County Council elected members. Individual meetings were also offered to the leaders of the eleven districts and boroughs. A summary of the Baseline Assessment is available at www.surreyi.gov.uk.

... Testing through workshops

In the autumn of 2022, four thematic workshops were held, with a broad cross-section of partners brought together, in-person, to discuss and debate both the evidence and potential ways of addressing identified problems. In many cases it was the first time participants had met in person, or the first time they'd sat down together since before the COVID pandemic

started. The four workshops focused on: supporting vulnerable residents & housing affordability; an ageing population & under occupation of housing; public sector land & delivery capacity; and the climate crisis and the twenty-minute neighbourhood concept.

... Surrey Housing Summit

In December 2022, a Surrey Housing Summit was held at Surrey County Council's Woodhatch offices, bringing together over 100 Councillors, officers and external partners. Work to date was presented alongside two expert panels offering local testimony to the scale of the crisis and potential opportunities to tackle it. Questions and comments were collated from the audience through a mobile application, Slido, so that as many participants as possible were able to interact throughout the day.

... Next Steps

This document presents the Baseline Assessment and the feedback gathered throughout extensive stakeholder engagement and presents back: a **Call to Government**: with what has been heard collectively from partners about what needs to change in national policy to address the Surrey housing crisis; and a **Call to Action**: outlining how partners in Surrey could work more effectively, collaboratively and with greater impact locally to meet local demand and need.

Understanding the Surrey Housing Crisis

Demand & Need

7

Whether relatively wealthy or deprived, homeowner, home renter or homeless; the demand for housing is far outstripping the supply of housing, irrespective of various sizes, typologies, and tenures of housing. This is having far reaching social and economic impacts, placing strain on core local public service delivery and undermining key health outcomes for local residents. If left unaddressed, these interdependent challenges will continue to compound and push higher proportions of the local population into poverty and disadvantage while at the same time negatively impacting the quality of life of all residents.

To understand the breadth of demand for housing throughout Surrey, this strategy was developed on a Baseline Assessment that assessed housing need for the following groups and typologies:

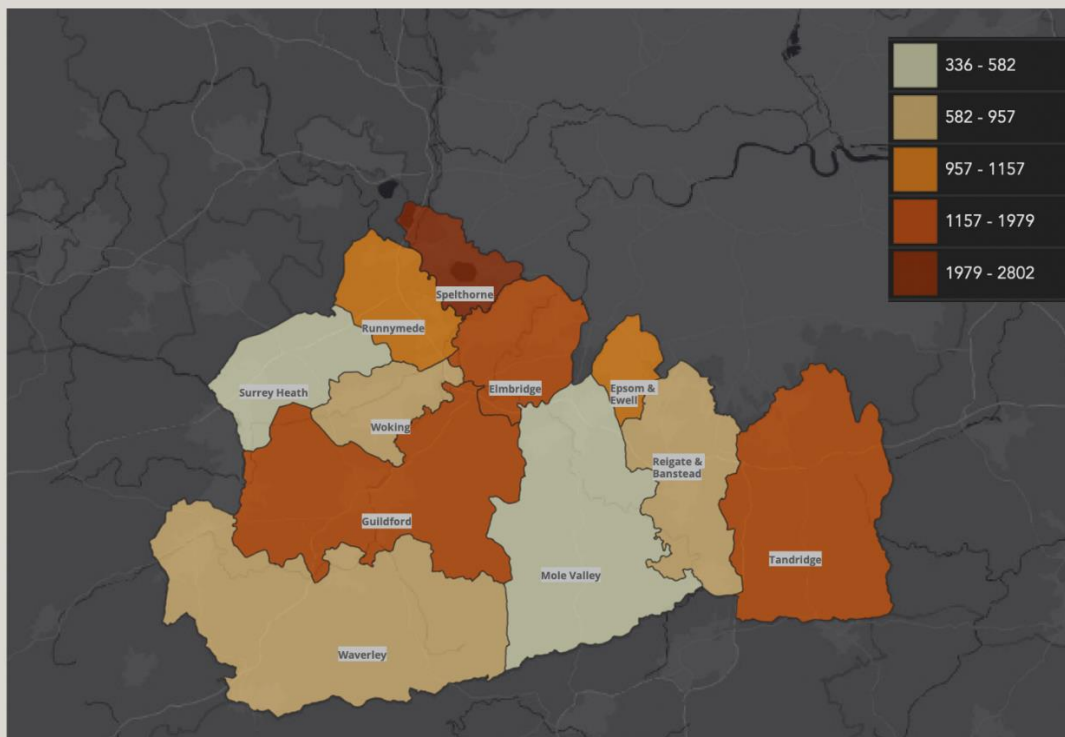
- Refugees and asylum seekers
- Homelessness and those seeking Temporary Accommodation
- Social and affordable housing
- Supported Independent Living
- Student Housing
- Private Rented
- Private Ownership
- Extra Care Housing
- Residential & Nursing Care Homes
- Children in care

Through analysis of this data, it is abundantly clear that, like much of England, Surrey is facing a housing crisis, affecting the lives of local residents, local businesses and local public services and entrenching the hardships that Surrey's most vulnerable residents face. However the nature of the crisis across Surrey is different, more complex and more challenging than in some other areas. This arises from the extremely high land values across a large geography, the very low rates of housing affordability, the very high proportion of Green Belt designations and other protected land types, an ageing population with reducing proportions of younger professionals; and the close proximity to London and Heathrow and Gatwick Airports yet failing to sustain its positive economic status compared to neighbouring regions.

As a result, homelessness is on the rise, demand outstrips supply for affordable homes, assisted living for older residents, placements for children, student housing and market private rental and the pipeline of further development fails to meet the gap by several orders of magnitude.

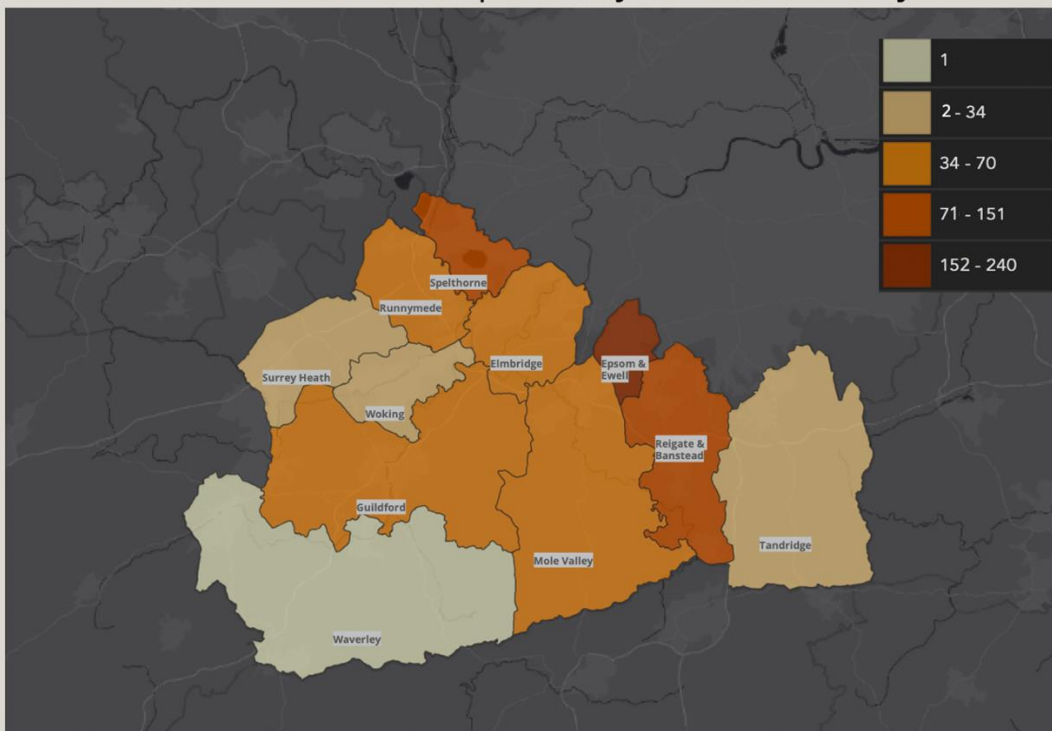
Surrey's housing crisis is particular to Surrey. It is not as severe as exists in London or other large cities, but it is a crisis, which is affecting local public services, the local economy and preventing local residents from leading good lives in a place that is renowned for quality of life.

Numbers on housing registers across Surrey

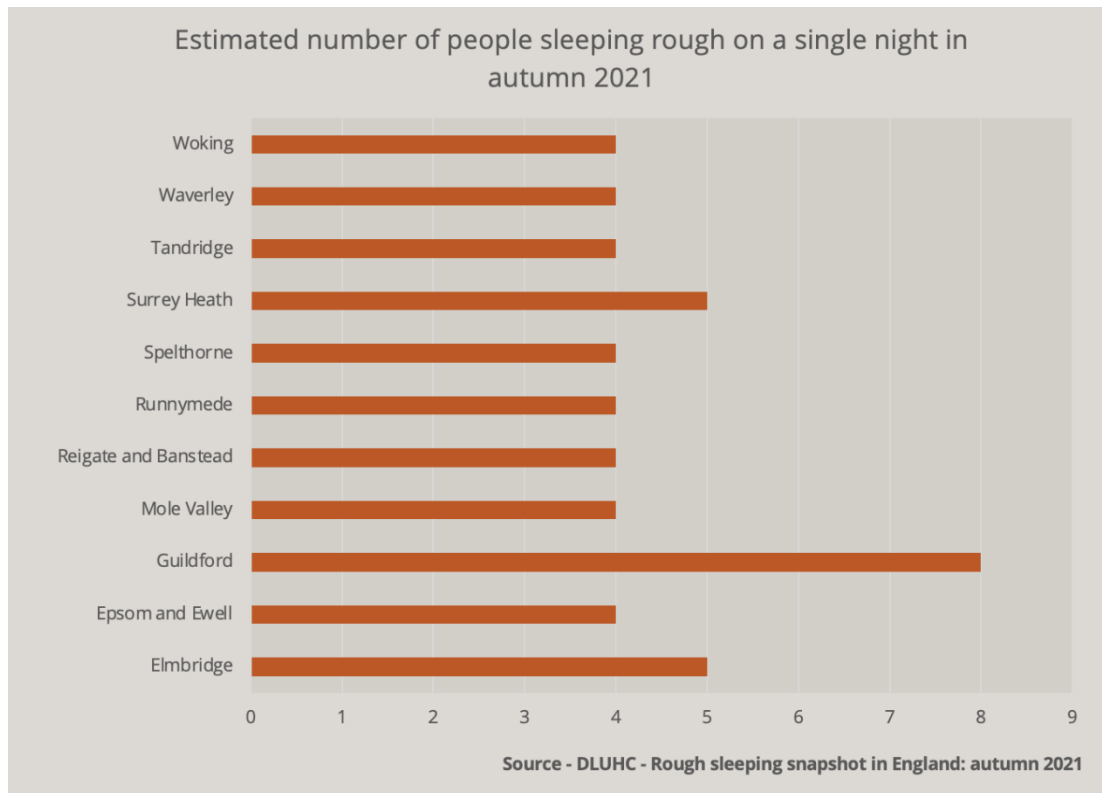


Source - Gov.UK, Local Authority Housing Statistics data returns, England 2020-21

Number of statutorily homeless households placed in temporary accommodation, most recent quarter, by the local authority



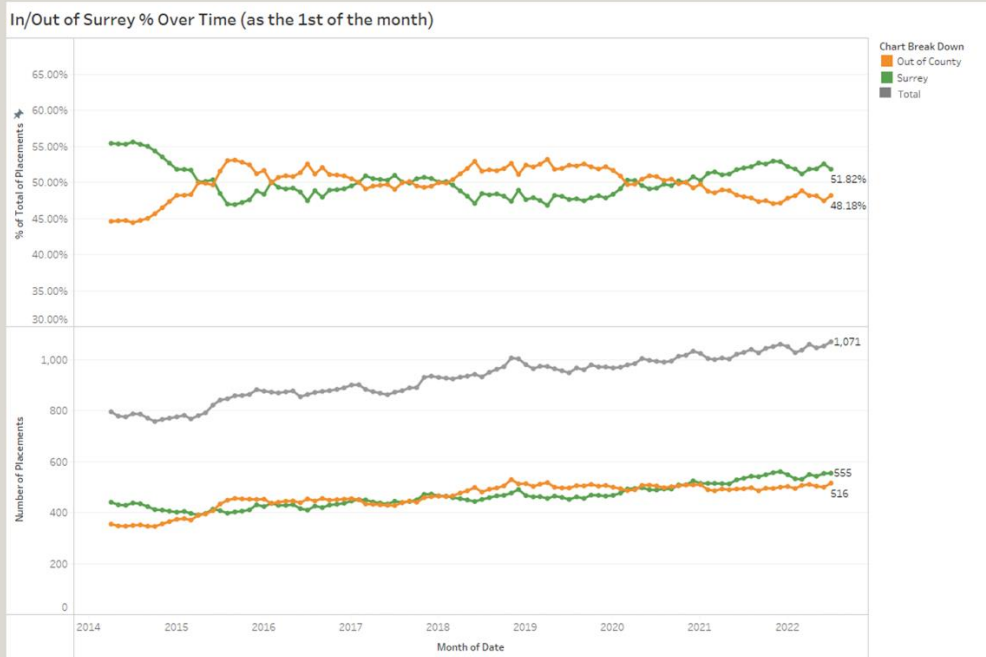
Source - DLUHC, Detailed local authority-level tables, January to March 2022



While numbers varied across districts & boroughs (D&Bs), there are several thousand individuals and families waiting on housing registers across Surrey, while only a few hundred are being housed in temporary accommodation (TA). A shortage of suitable housing means that in some cases families from Surrey who become homeless are not able to remain in their local area and are placed in other Temporary Accommodation elsewhere in Surrey or out of the county, away from existing schools, work and social networks.

The above graph indicates that no more than an estimated 10 individuals are sleeping rough in any of Surrey's D&Bs on a given evening, and while street homelessness is a serious issue for those individuals affected, and more visible to other residents than homelessness in Temporary Accommodation, it is not a primary feature of the housing crisis in Surrey.

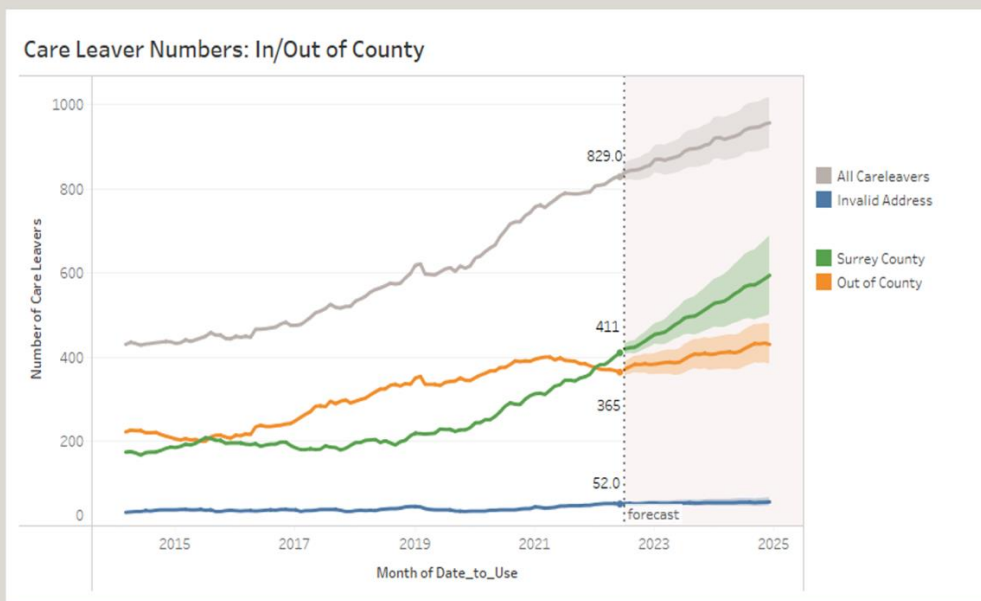
Looked After Children Placements In/Out of County: All Placements



Source: SCC

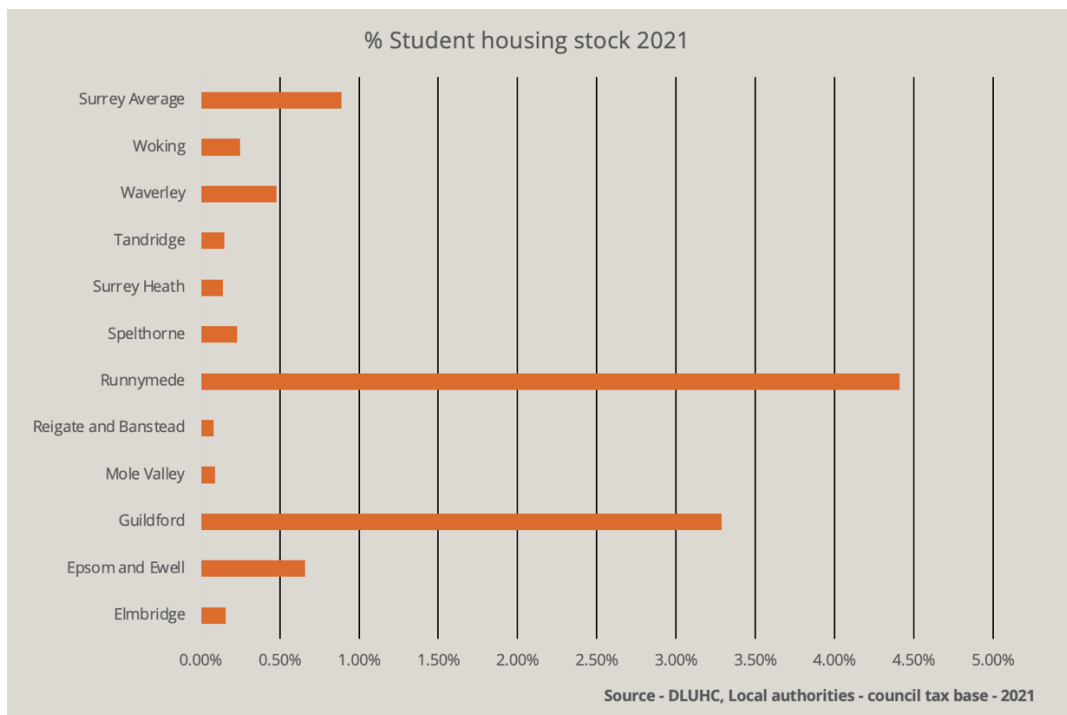
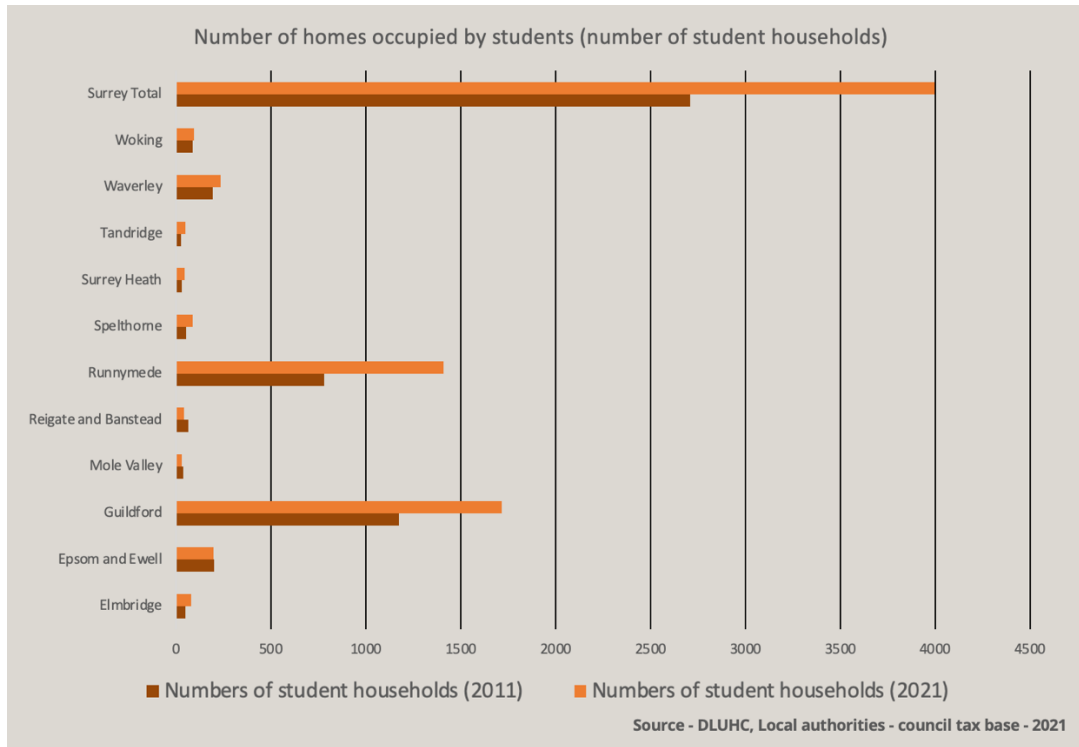
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Care Leaver: Demand over time



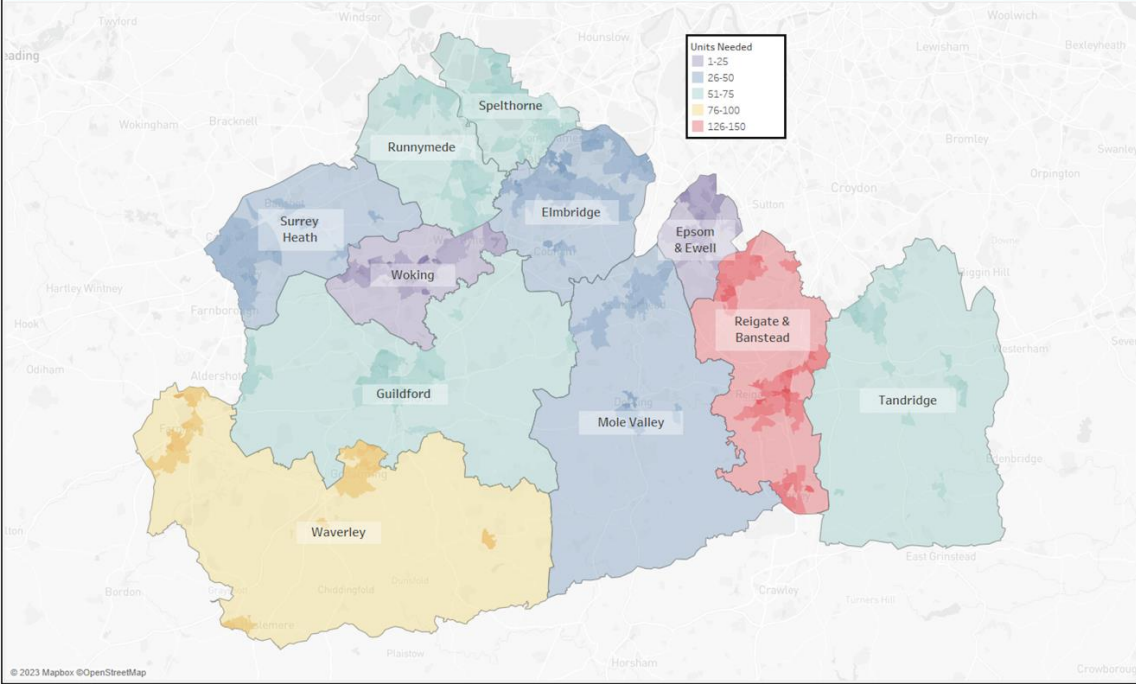
Source: SCC

Figures provided by the County Council show that housing placements for children have steadily been rising in the last few years, and nearly half of those placements are being made out of the county due to the lack of available accommodation locally. While some of these children may be moving out of their locality to be re-homed with family elsewhere in the county – and for care leavers it could represent moving away to study or work - it nonetheless paints a picture of local housing systems under intense strain and results in having to move children out of the communities they know and have a strong connection with, simply due to a lack of suitable homes locally.



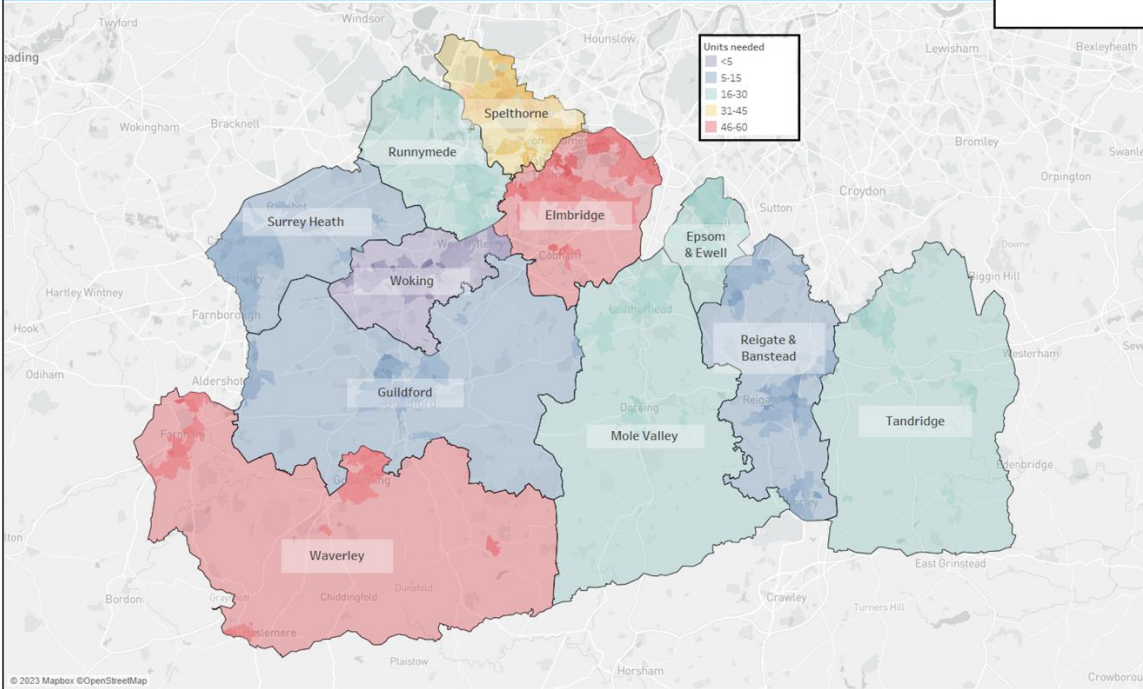
Numbers of student households have increased by an average of over 60% in 10 years, with particular concentrations in Runnymede and Guildford where this constitutes 3.5 – 4.5% of overall housing stock. As has been the case in similar circumstances elsewhere, this demand is likely to contribute to further pressure on private rental sector provision and housing of multiple occupation, particularly in town centres with access to universities and/or colleges and a higher concentration of night-time economy offerings. In addition, as students are exempt from paying council tax, this rapidly changing demographic places further strains on council services.

Supported Independent Living Learning Disabilities and Autism Estimated Projected Demand - 2030



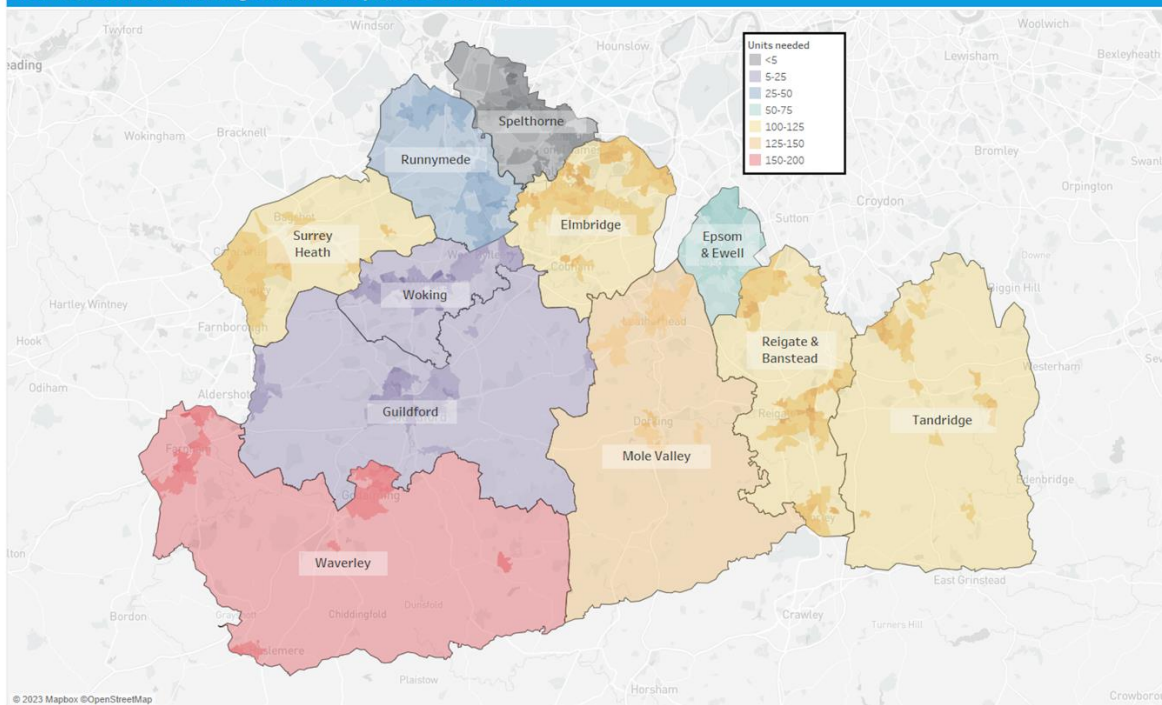
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Supported Independent Living Mental Health Estimated Projected Demand - 2030



Model (Year of Plateau)
2024

Affordable Extra Care Housing Estimated Projected Demand - 2030

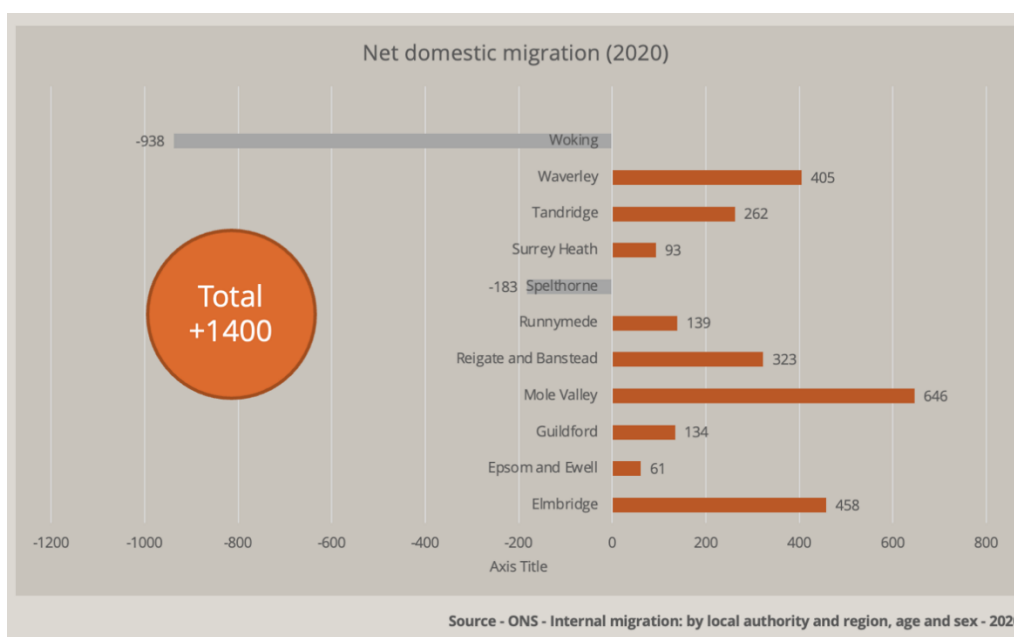


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The demand models above provide conservative estimates of predicted demand to 2030. They highlight a county-wide deficit in provision in both Supported Independent Living and Affordable Extra Care Housing.

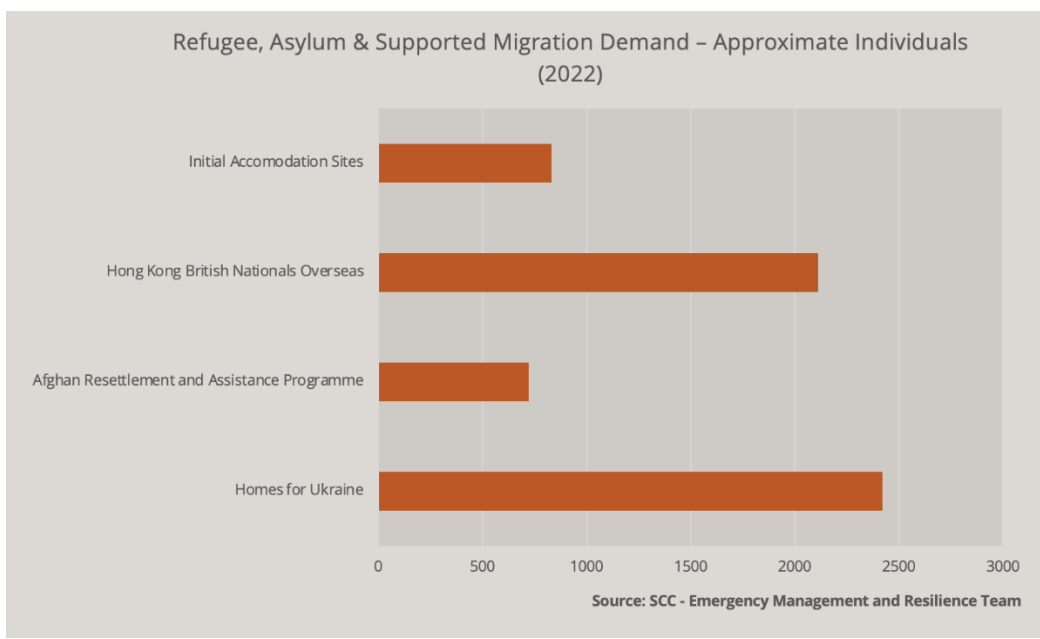
There are different pressures on the system for each of the provision types. Investing in these types of provision will ensure residents are able to stay close to their communities, maintain support networks, and mix independence.

All maps show the estimated deficit in need to 2030 on a district/ borough level based on current supply. Darker areas indicate higher levels of population density, and allude to potential favourable locations for future development.



In terms of net internal migration, Surrey has experienced significantly less than comparator counties: increasing by 1,400 residents in 2020 while in the same year Kent and Hampshire both gained over 6,000 net new residents, East and West Sussex, combined, gained 8,000 additional residents. These figures exclude unitary urban areas, and paint a stark picture about Surrey falling behind neighbouring counties in the south-east of England.

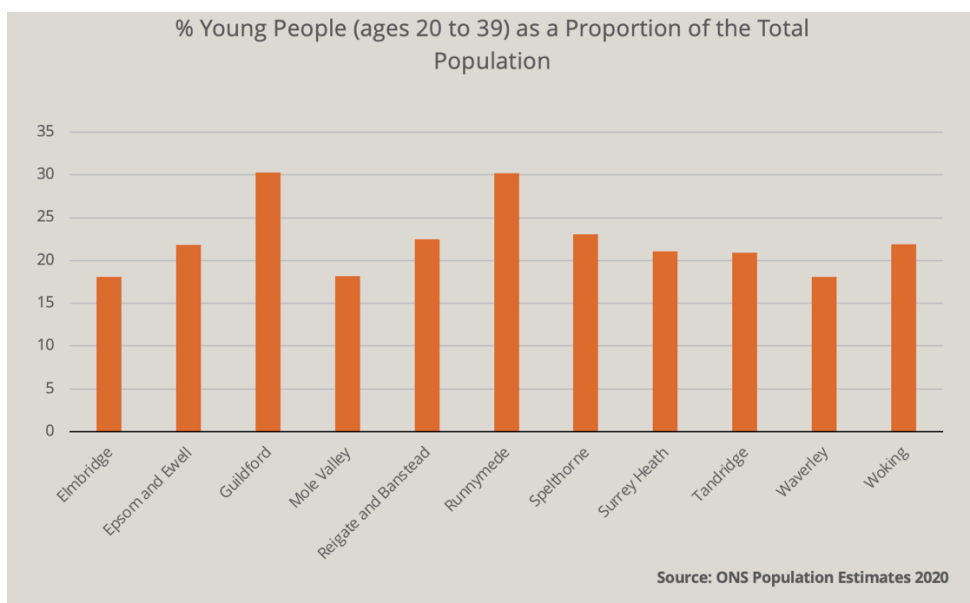
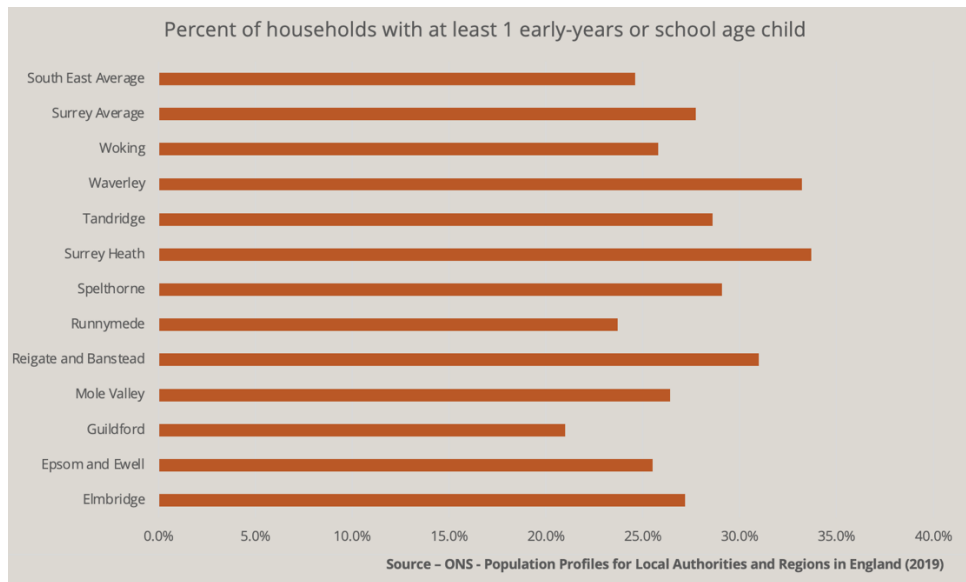
This illustrates, alongside other related measures, that not only is Surrey's growth stagnant, but it is progressively falling behind comparators which are more successful at attracting the business owners and young professionals that contribute to economic growth and prosperity. This also reflects feedback from the NHS, Police and wider public services struggling to recruit and retain key staff.



Data provided by the County's Emergency Management and Resilience Team shows that many Surrey families have taken in Ukrainian refugees, with approximately 2,500 individuals in placements across the county. Homes for Ukraine uses spare rooms of voluntary residents rather than taking up other stock - connecting to the high levels of under occupation that we see in the county. There is a risk of this presenting a longer-term issue on local housing demand if placements come to a natural end or break down prematurely, and as Ukrainian guests establish roots and gain employment .

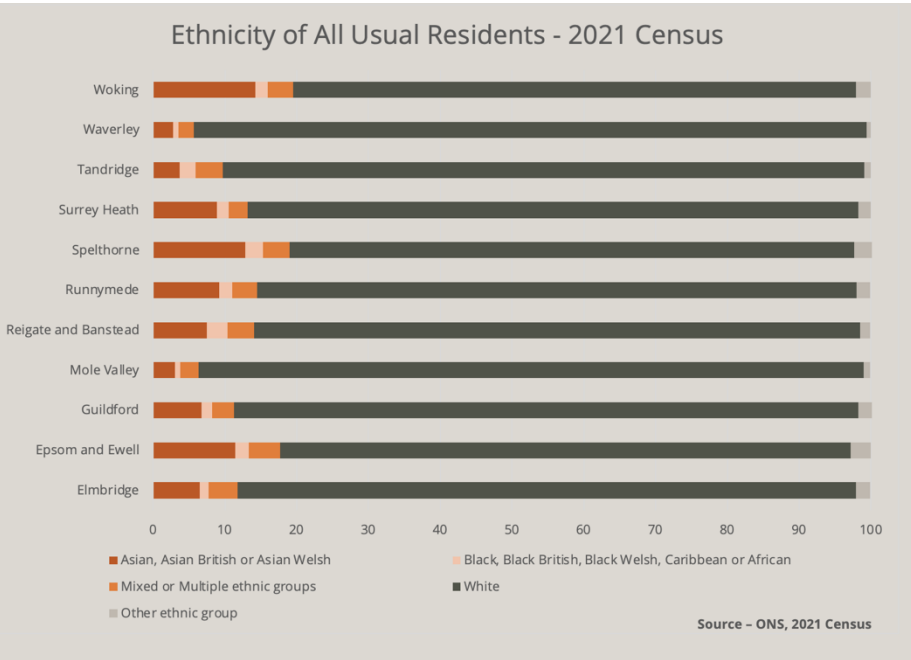
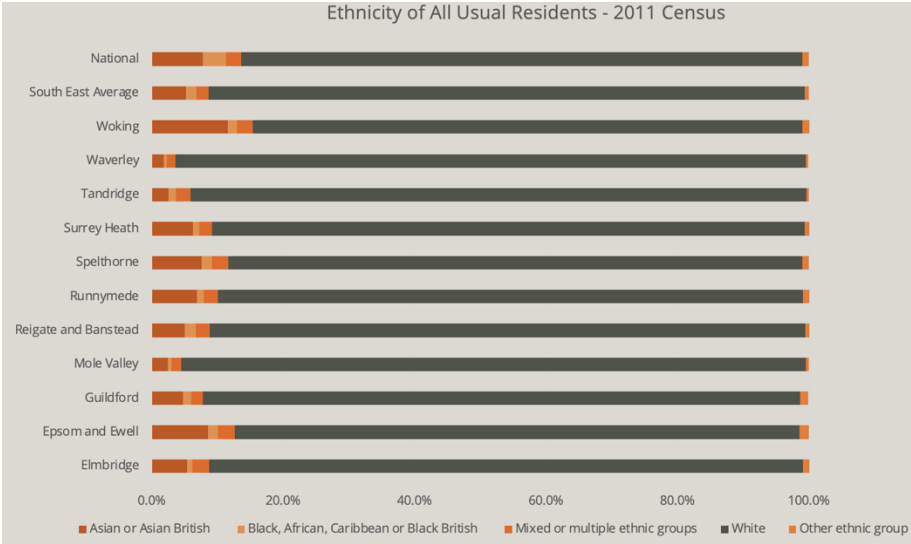
Private rent or home ownership will likely be out of reach of many refugee families if placements break down as the war continues and Ukrainians are unable to return home. In the absence of direct financial support from government this has the potential to place a significant further burden on the workloads of D&Bs to find alternative rehousing as families put down roots and form local connections.

Surrey has attracted significant numbers of migrants from Hong Kong; however, this population is largely financially self-sufficient and therefore reliant on private sector housing availability.



As a proxy for indicating the proportion of young families living in the county, the percentage of households with at least one early-years or school age child was extracted from the ONS. This indicates around a quarter of households in the county fitting in to this category. The percentage of young people (ages 20 to 39 years) as a proportion of the total population was used as a proxy for indicating the number of young professionals living in the county and shows 18 – 30% of district and borough populations falling within this category.

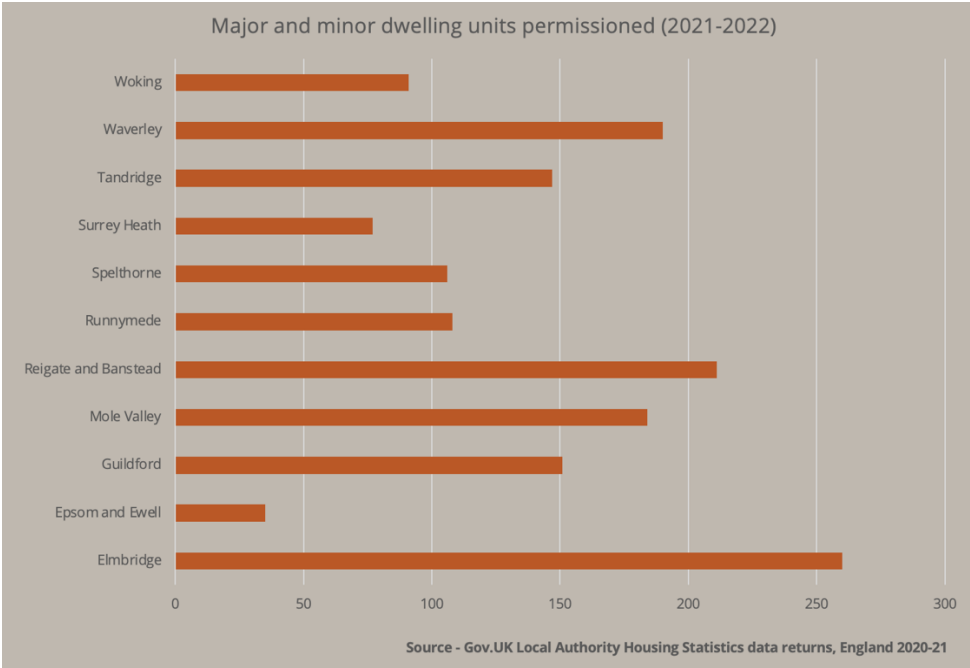
With relatively small numbers of young families and professionals, combined with minimal growth, there is a strong indication that they are being priced out of the county. Without housing for these groups in particular, there lies an existential threat to the Surrey way of life with an increasingly older population not matched by the proportion of younger residents to contribute to the economy, support growth and deliver essential services.



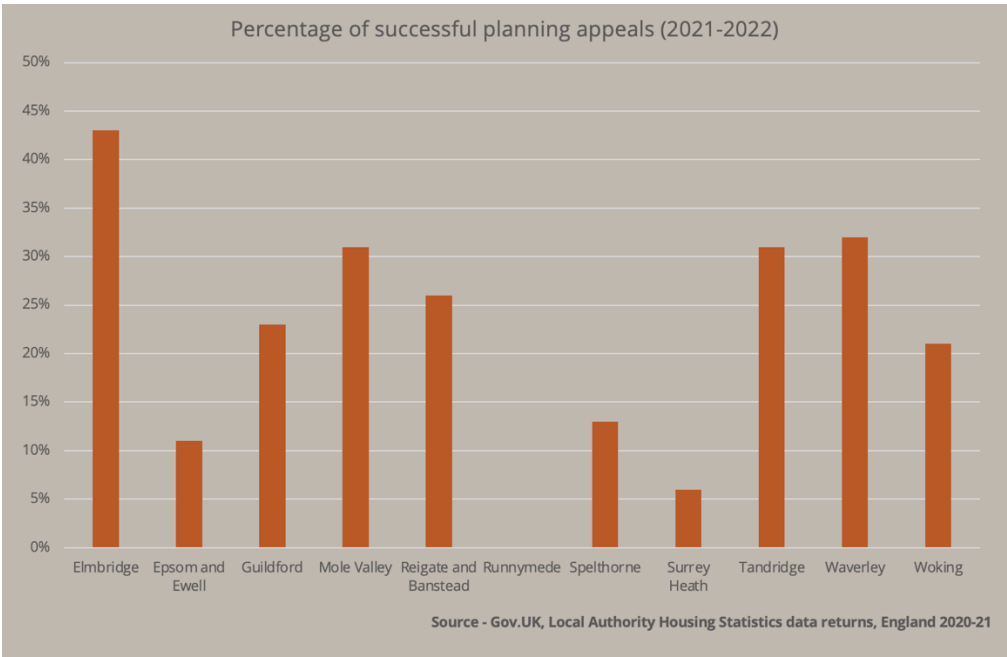
The demographic composition of Surrey is largely consistent with the wider South-East region. From 2011-2021 data, the ethnicity of Surrey has been predominantly White British, averaging around 80-90% across districts and boroughs, with minor increases largely among Asian or Asian British residents.

Supply

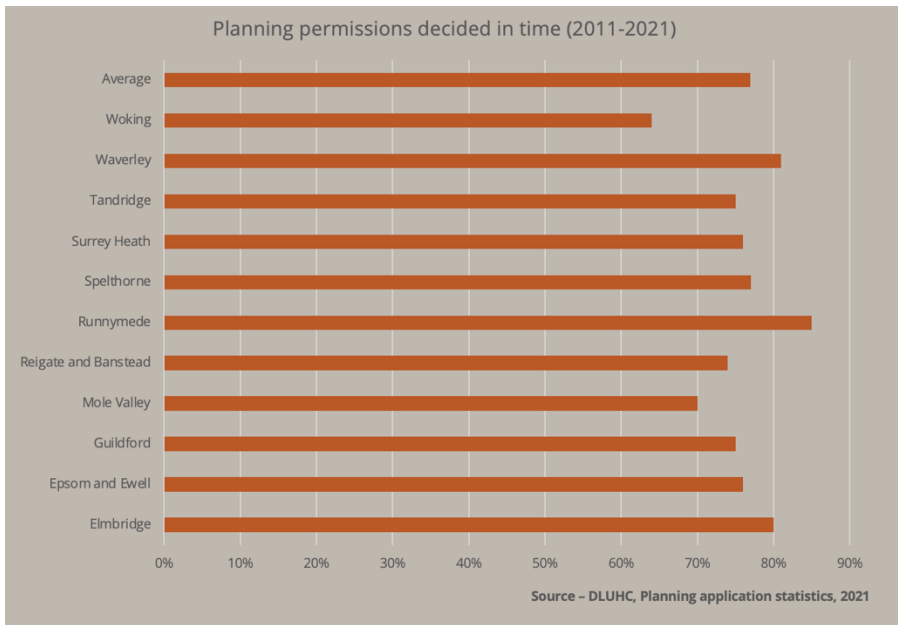
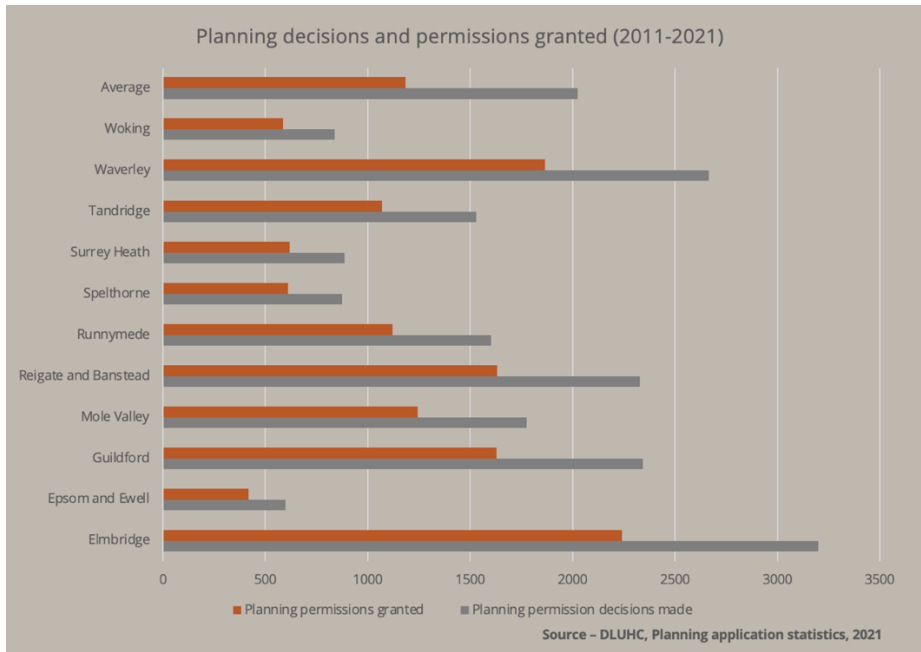
Key to meeting demand and tackling unaffordability is the provision of new housing to meet unmet and rising demand.



From 2021-2022, just over one thousand new dwelling units received planning permission across the county, with some boroughs and districts delivering a much greater share of this.

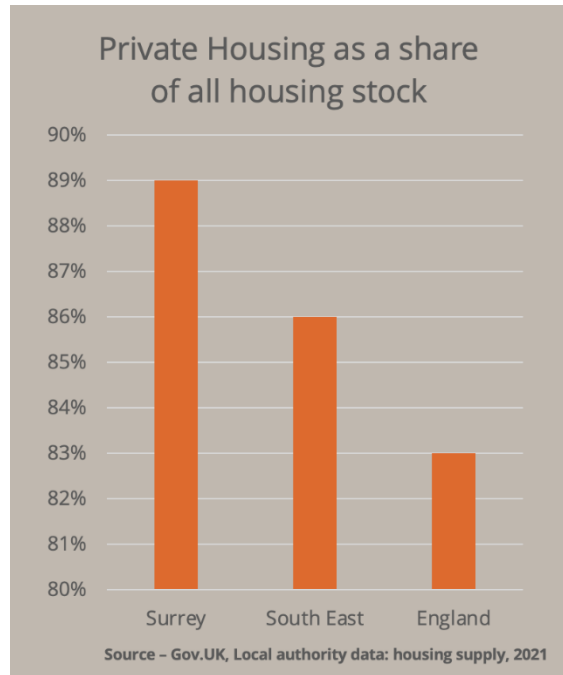


Successful planning appeals across the same period, were also measured and the data reflects that there were a number of policy-compliant development applications coming forward..

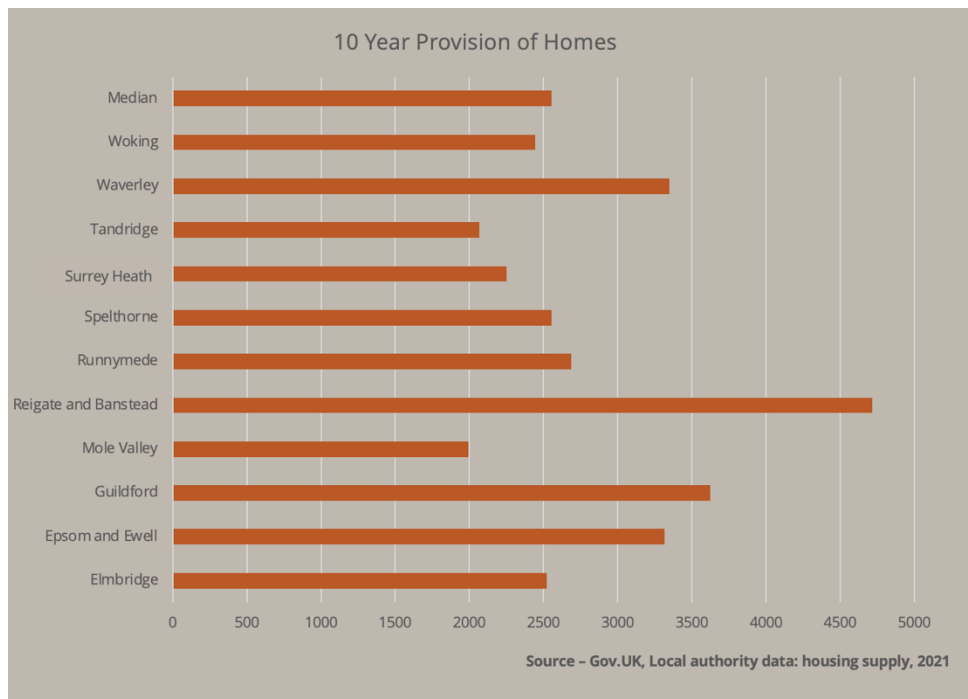


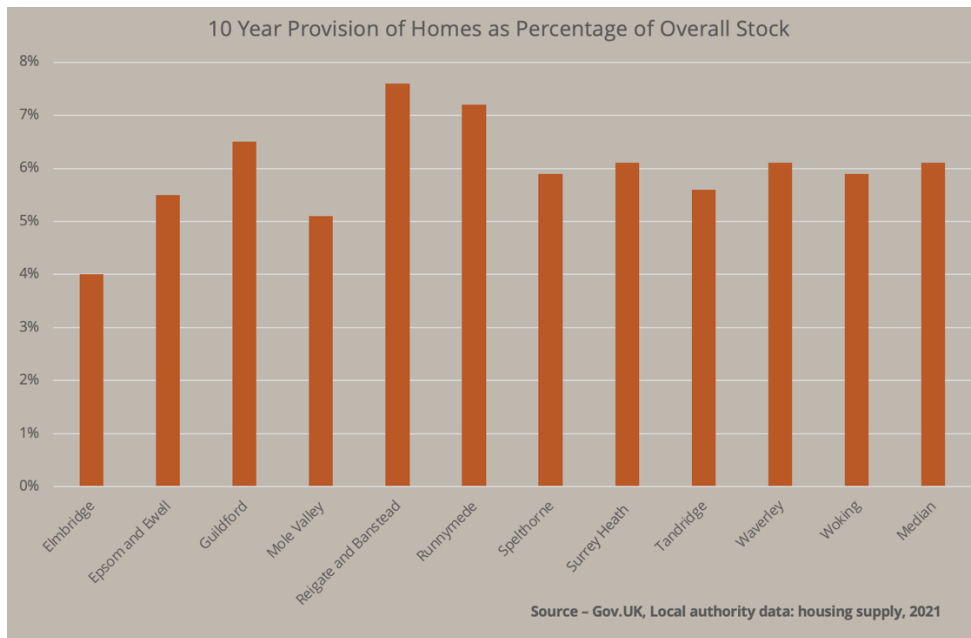
Across districts and boroughs, most planning applications were granted (either on application or following appeal) reflecting a need to attract more applications overall to meet demand. Capacity of local planning authorities is reflected well over the period of 2011-2021, despite a national and regional shortage of local government planning professionals, in that the vast majority of decisions were made and managed within the statutory timeframe. However, the limited supply of planning professionals will continue to be a challenge for all planning functions going forward.

As of 2021, 14,135 households across the county were registered as requiring support with housing, whilst, during the same decade, only 2,923 affordable rent homes and 1,788 social rent homes were built, representing approximately 6% of Surrey’s overall housing stock.

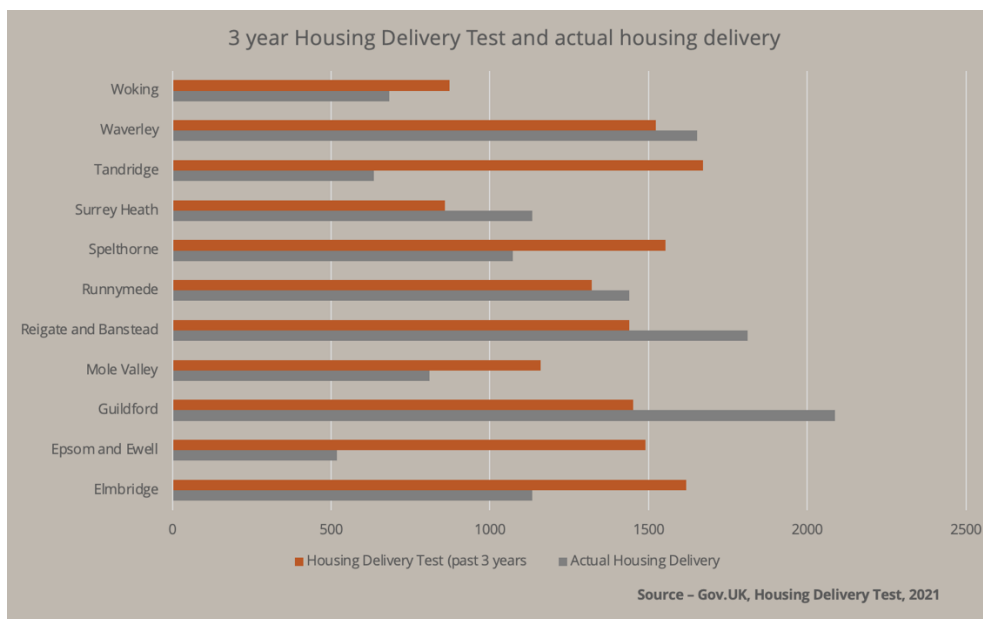


If Surrey's housing market had the **same proportions of affordable housing as the wider South-East there would be an additional 10,170 affordable homes** in the county. If it had the same proportion as **the English average, which includes London and other main cities, there would be 25,424 more affordable homes.**





From 2011–2021, each district and borough provided an average of approximately 2,500 new homes, which represents around 6% of each of their overall housing stocks.



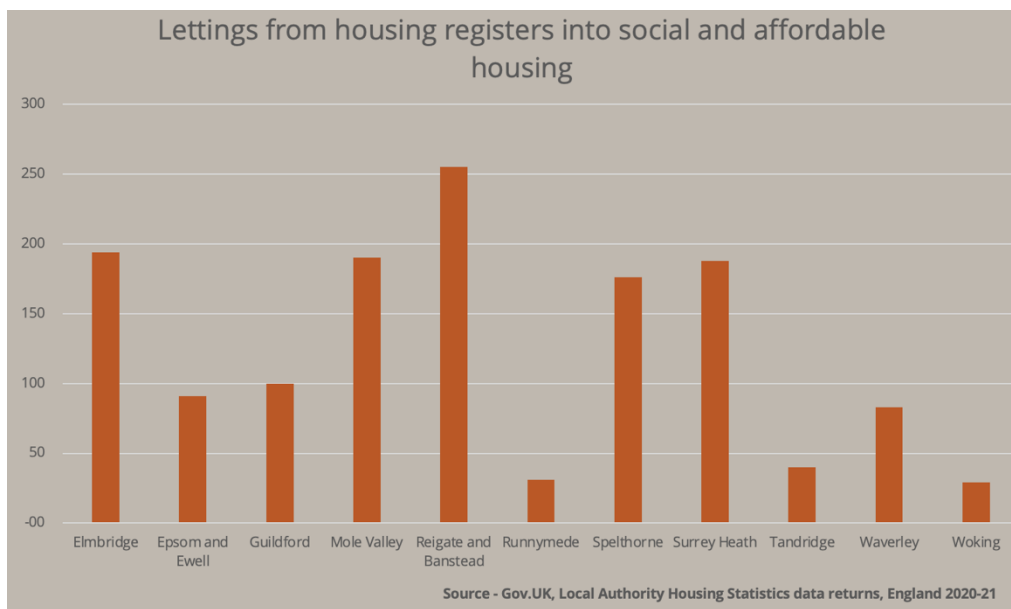
Set by central government, the Housing Delivery Test compares the targets set for delivery of new homes with actual housing numbers delivered and is a helpful way for understanding the ability of local authorities to meet local housing needs.

As of 2021, several of Surrey’s districts and boroughs are far exceeding their test in the three-year period, while others are not reaching the halfway mark. Across the county, the overall delivery rate against the government’s target reached 87%. This level of performance within a planning authority requires the preparation of an action plan setting out how that authority would respond to the shortfall and increase the rate of house building within its area.

D&Bs	Major PRP (>30%)	Major PRP Name	Proportion of overall local PRP stock owned	Proportion of PRP's portfolio in district
Epsom & Ewell	Yes	Rosebery Housing Association Limited	65%	90%
Reigate & Banstead	Yes	Raven Housing Trust Limited	64%	83%
Spelthorne	Yes	A2Dominion South Limited	86%	42%
Elmbridge	Yes	Paragon Asra Housing Limited	75%	23%
Surrey Heath	Yes	Accent Housing Limited	74%	16%
Mole Valley	Yes	Clarion Housing Association Limited	77%	3%
Guildford	No	N/A	N/A	N/A
Runnymede	No	N/A	N/A	N/A
Tandridge	No	N/A	N/A	N/A
Waverley	No	N/A	N/A	N/A
Woking	No	N/A	N/A	N/A

Source - Regulator for Social Housing, Geographic look-up tool (SDR data), 2021

In around half of Surrey's districts and boroughs, there is a single Registered Provider of social housing that owns a majority of the local stock; however, they have a varying proportion of their overall portfolio in the locality. This table sets out the relative relationships that local authorities and housing associations have across Surrey – where there is a clear potential for partnership, where the relationship is unbalanced and the local authorities without an obvious key partner for whom direct delivery or ad hoc partnerships may form the basis for stronger local housing growth.



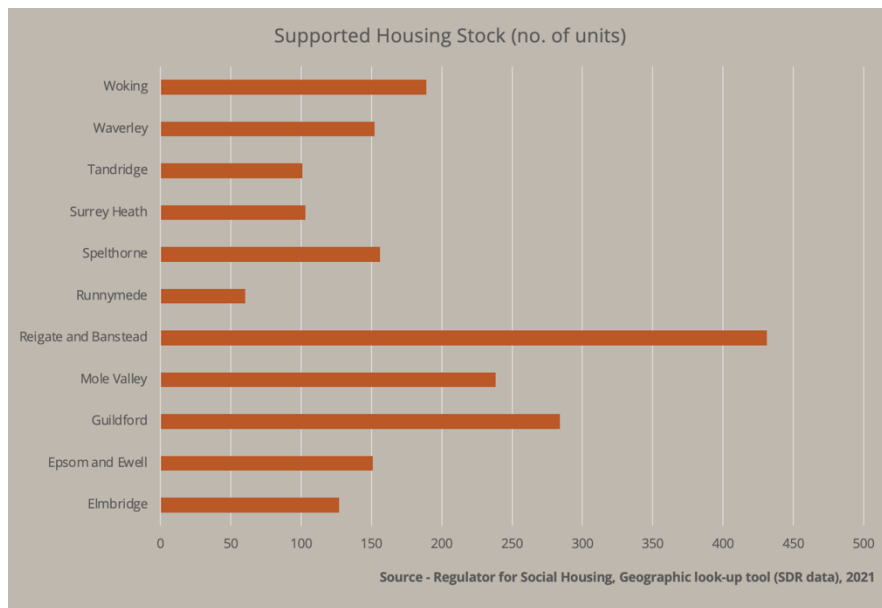
Lettings from housing registers into social and affordable housing vary widely between districts and boroughs which is largely contingent upon what stock is available in those areas.

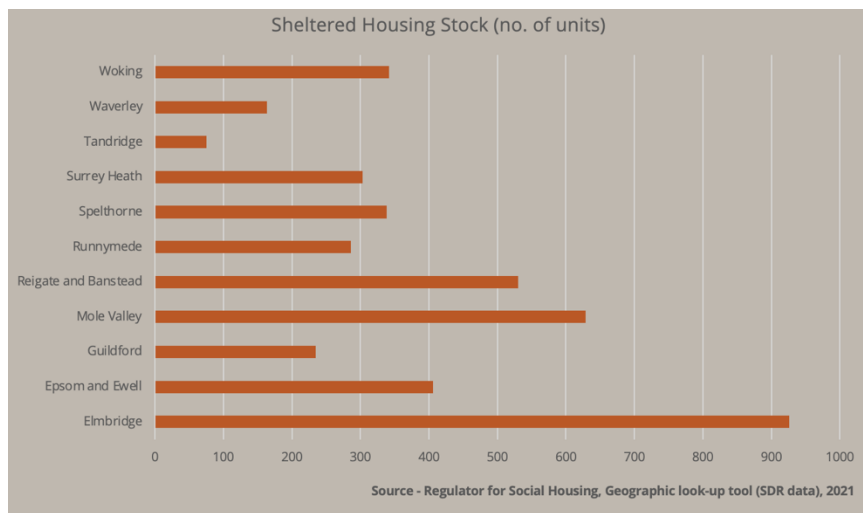
Districts & Boroughs	Extra Care Homes	Supported Independent Living – Learning Disabilities & Mental Health	Supported Independent Living – Learning Disabilities	TOTALS
Elmbridge	-	-	12	12
Epsom and Ewell	93	-	-	93
Guildford	59	-	-	59
Reigate and Banstead	53	-	16	69
Runnymede	51	-	-	51
Spelthorne	-	12	-	12
Surrey Heath	109	-	-	109
Woking	-	-	16	16
TOTALS	365	12	44	421

Additionally there are two units planned for Care Leavers:
 Dorking Care Leavers – 4 beds
 Epsom Car Leavers – 4 beds

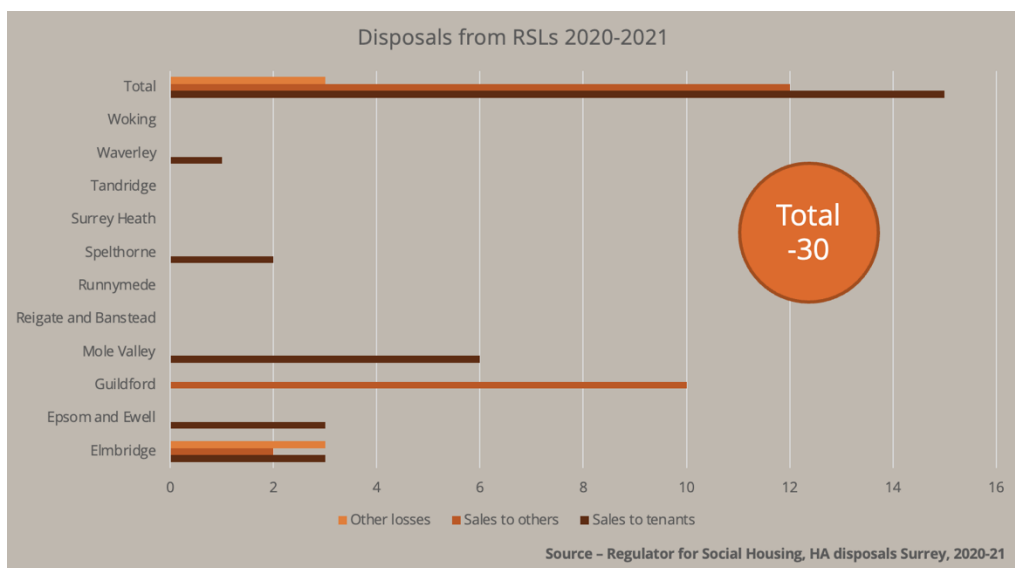
Source: Surrey County Council

The above table shows pipeline sites for Affordable Extra Care Housing (ECH) and Supported Independent Living (SIL) as part of SCC’s Accomodation with Care and Support Programme. These are subject to planning permission approval.

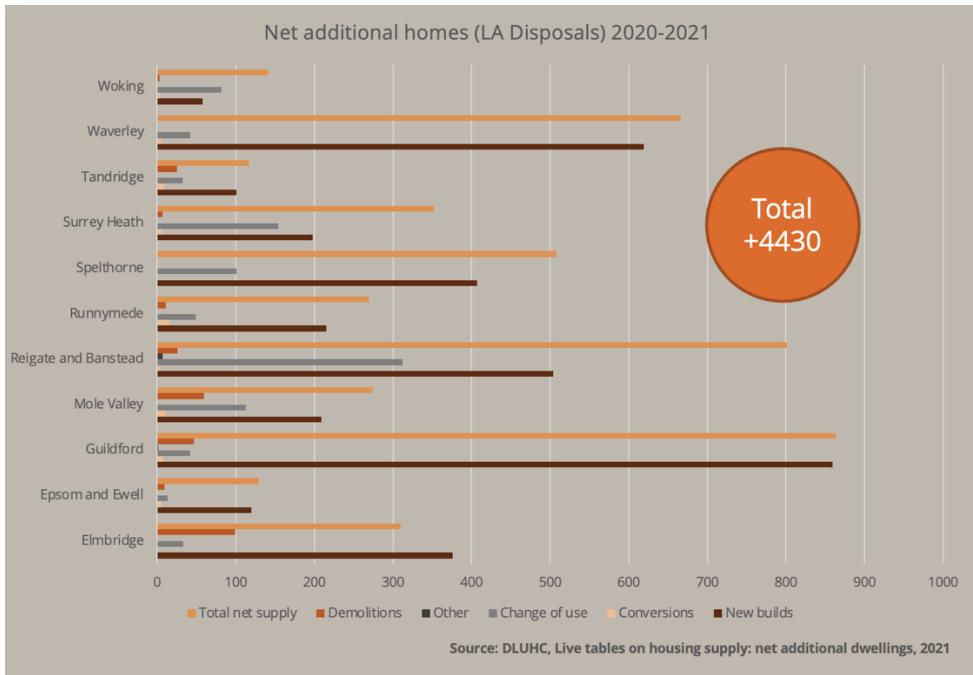




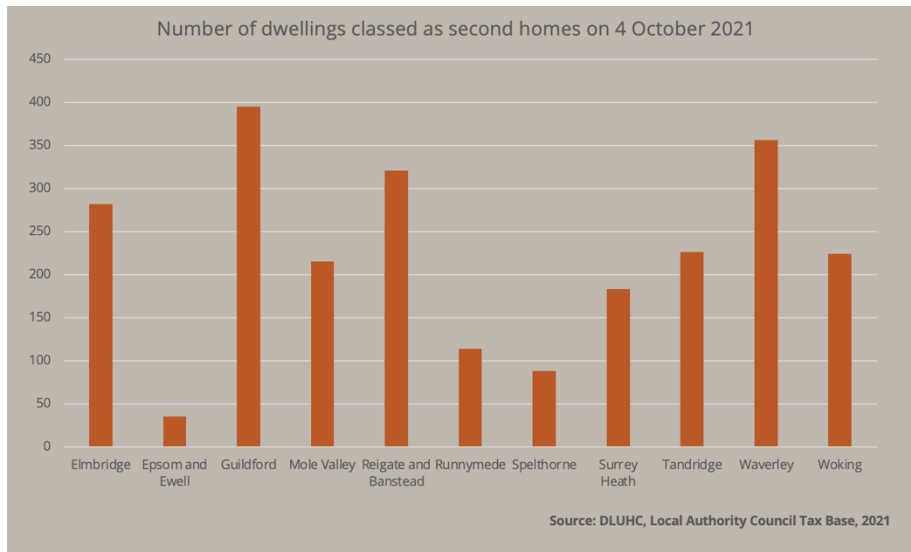
Surrey's stock of Supported and Sheltered housing is spread unevenly across the county, meaning older residents and those requiring assistance in their accommodation may need to travel to other districts and boroughs to find vacancies, as indicated previously by the gaps in demand. To note, Supported Housing is distinct from Supported Independent Living which Adult Social Care commissions.

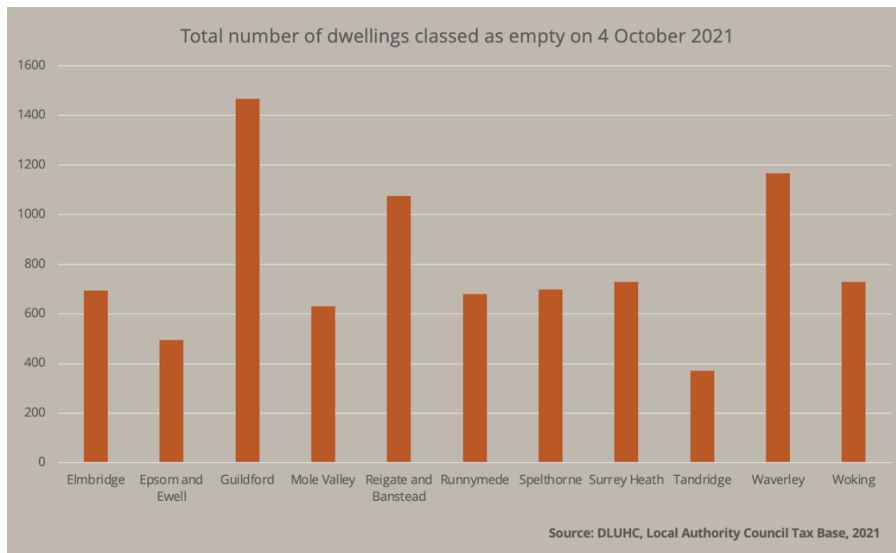


In speaking with stakeholders, there was significant concern expressed that RSLs were having to consider disposals of stock based on the cost of retrofit to new standards. On investigation, this isn't yet borne out by the data. However, it is clearly a conversation that is being had within the social housing sector, and there is an opportunity to think about how to address this issue before it becomes a serious problem.



Accounting for changes of use, conversion, demolitions and other disposals by local authorities, there was still a net 4,430 additional homes provided in Surrey between 2020-2021.





Tax base data shows that there are around 2,500 second homes in Surrey, and significantly larger numbers of entirely empty homes across the county. However, these figures are dwarfed by the overall shortfall. While there is mileage in looking at empty or second homes, it is a very limited mileage.

Policy Context

National Housing Policy is in a state of constant change. Government support for house building targets, for local intervention or support is currently subject to ongoing debate, and discussion. The coming years will see a General Election and there is a chance of further change to housing or planning policy in the run up to and after that election. Local authorities across Surrey need to be prepared for the ground to shift under their feet, and have the opportunity to work collectively, to develop a strong common cause enabling them to collectively advocate for greater power and funding from the Government over the next few years.

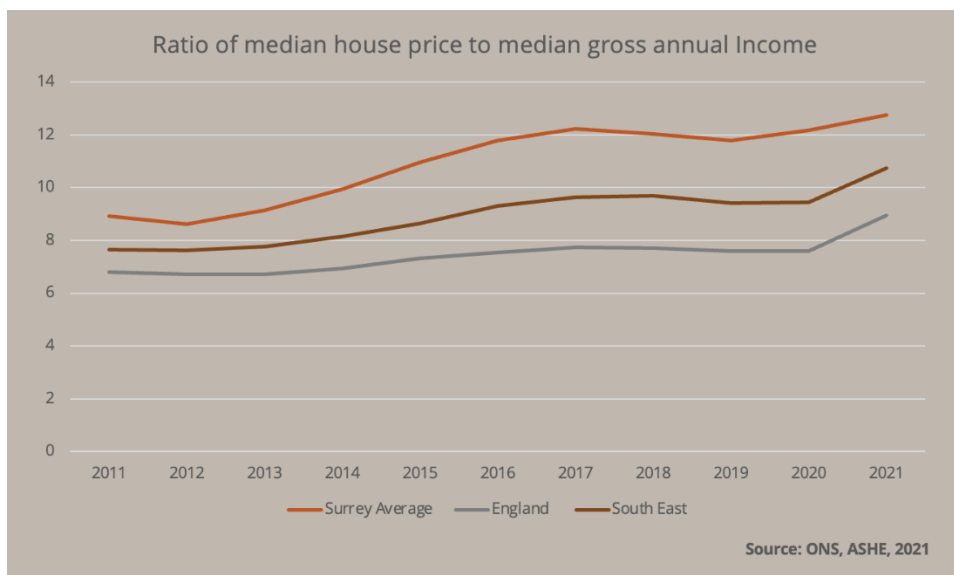
Recent policy documents from across the districts and boroughs of Surrey expressed shared issues surrounding housing supply, including:

- Identified challenge in determining site locations; a need for more density overall; a focus on town centre growth (development in existing urban areas); and a need to improve accessibility/transport linkages/connections to employment areas.
- A focus on bringing forward new homes of a size & tenure to match demand reflected in housing waiting lists; specific distributions per/locality; and regional strategies shared between D&B's.
- Confirmation of overwhelming need for more affordable housing as identified in past/other policy documents and needs assessments and varied confidence in capacity to achieve housing targets. Local policies identify target figures below the latest Housing Delivery Test targets set by central government.

- The significant scale of Green Belt and conservation area/AONB and similar constraints is compounding the availability of land for development. Local policies and designations, already varied between D&Bs, are now under further review following recent indications from central government of additional Green Belt restrictions. In current policy documents, some land with former uses (i.e., MoD) has been identified for development and some councils are looking toward larger rural sites and/or small sites.
- Promotion of development on existing/council-owned sites/already built-up areas; use of Development Planning Documents to support development of the right type and in the right location; opportunities for mixed-uses, conversion and redevelopment; and wide support for changes in use classes,
- Policy documentation identified the significance of recruiting and retaining essential workers/keyworkers (acknowledging that the definition of this is not concrete); and some housing sites have been identified with a large proportion of affordable units earmarked for keyworkers proximate to hospitals (i.e., Ashford Hospital), largely facilitated through RSLs.

Affordability

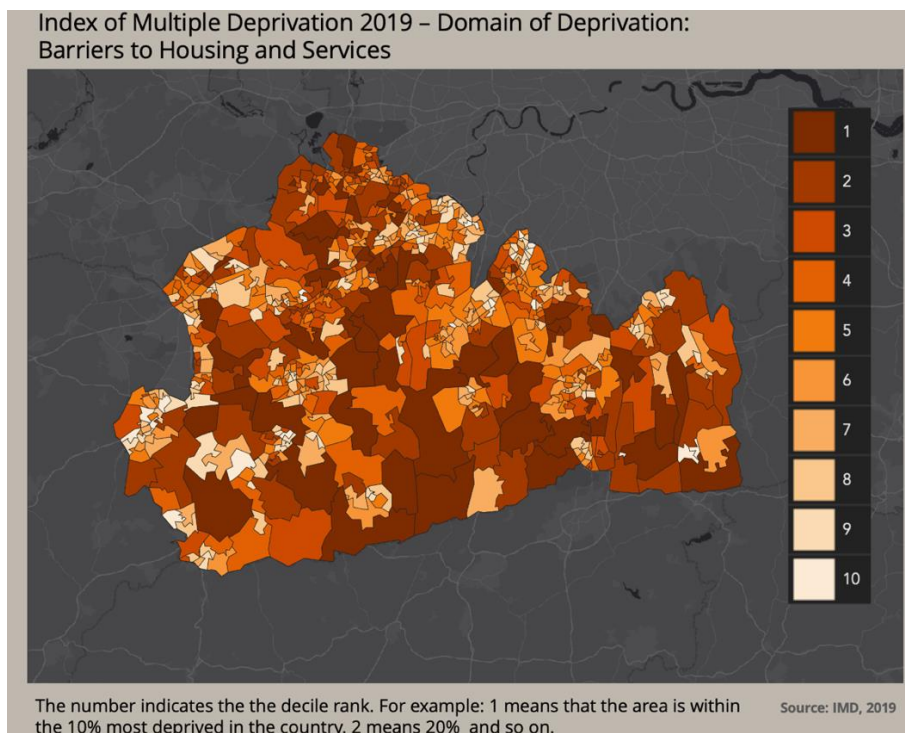
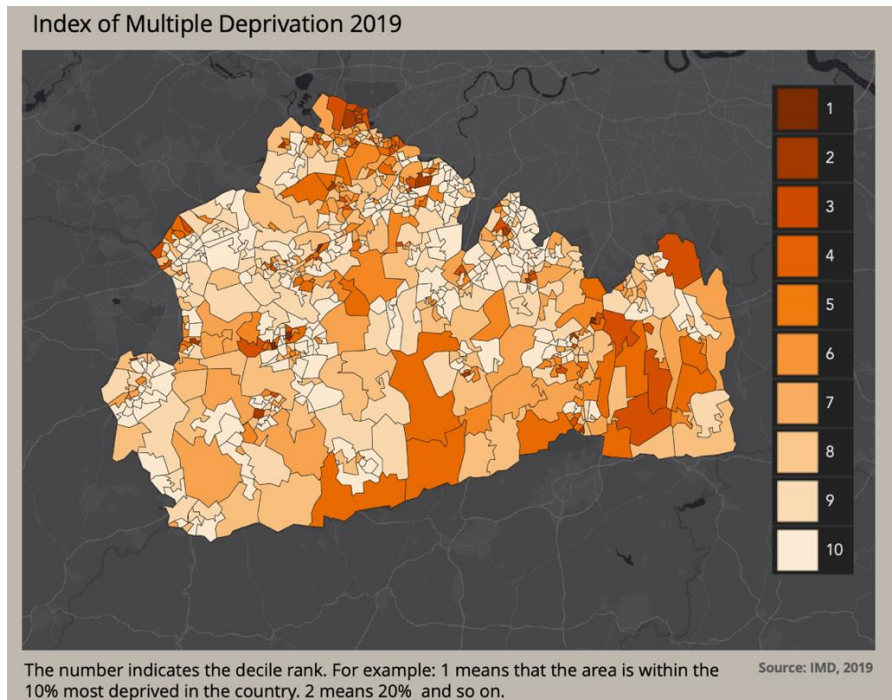
The affordability of housing has become an increasingly significant issue across England over the last decade, however, data suggests that the problem has become particularly pertinent in Surrey with affordability figures worse than those found at a national-level and across the South-East.



The trend of Surrey’s median house prices being higher than both the national and South-East averages persist, and also in being proportionally higher than median incomes. **Surrey is not only more unaffordable for private ownership than England or the wider South-East, it has also become more unaffordable more quickly, with the ratio rising 50%**

since 2011, compared to 40% across the wider South-East. The ratio of median earnings to median house prices (i.e. average earners buying average houses) is now almost 13, placing home ownership out of reach for most people. This is an average across the whole of Surrey, which itself contains multiple housing markets – and in some wards and locations in Surrey the ratio between median earnings and median house prices will be even greater.

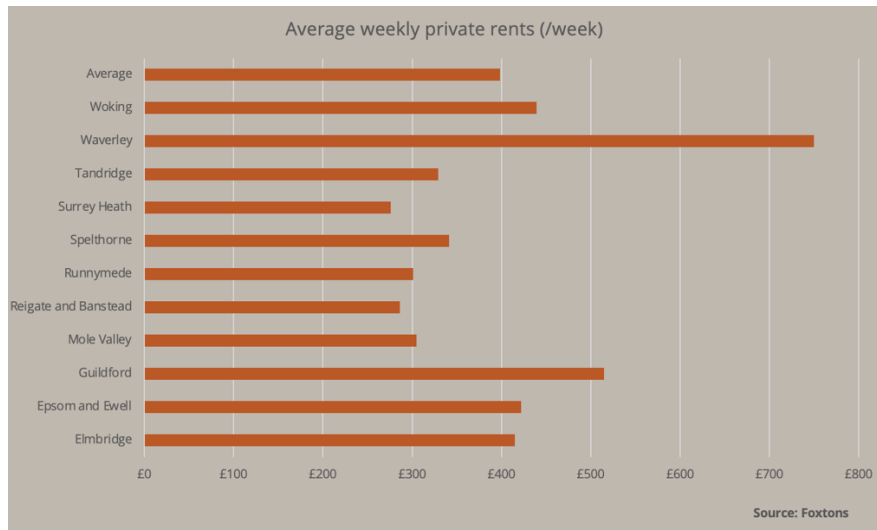
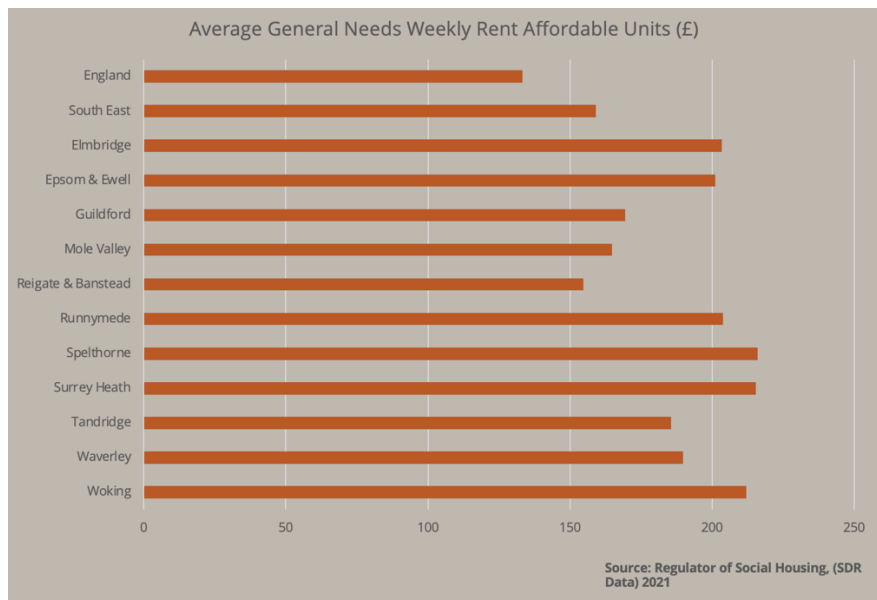
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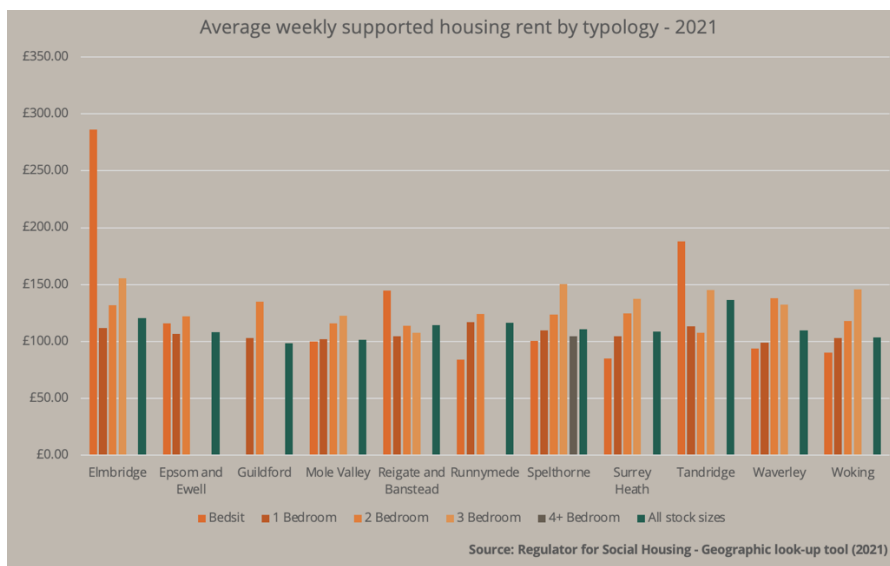
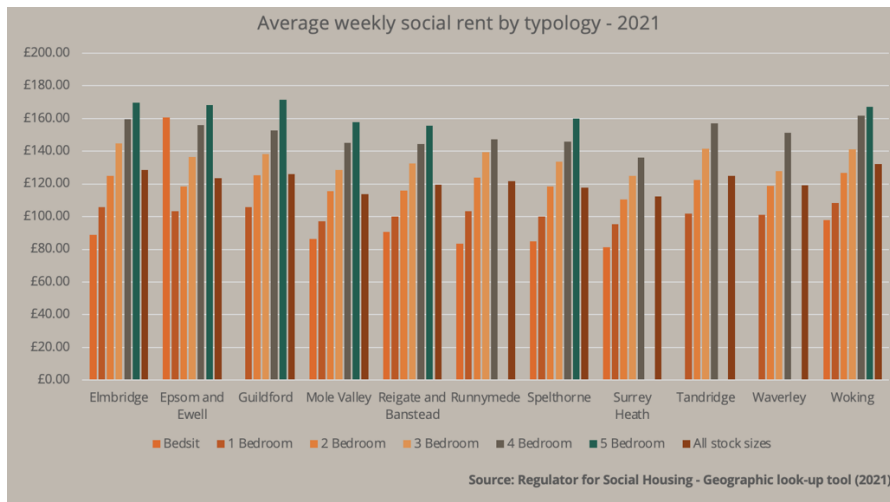


As an overview of where residents face barriers to being able to afford housing or otherwise, the 2019 Indices of Multiple Deprivation show several pockets of extreme poverty, in the top 10% most deprived areas in the county. However, the overall picture remains fairly

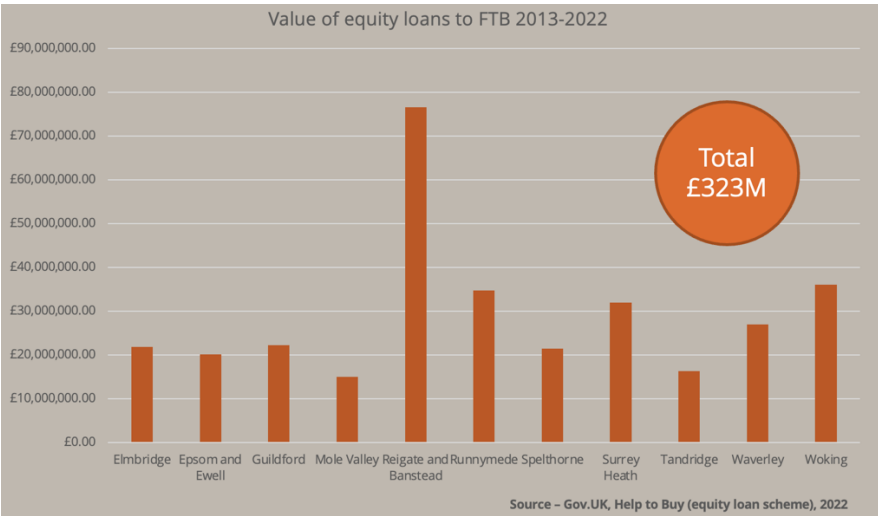
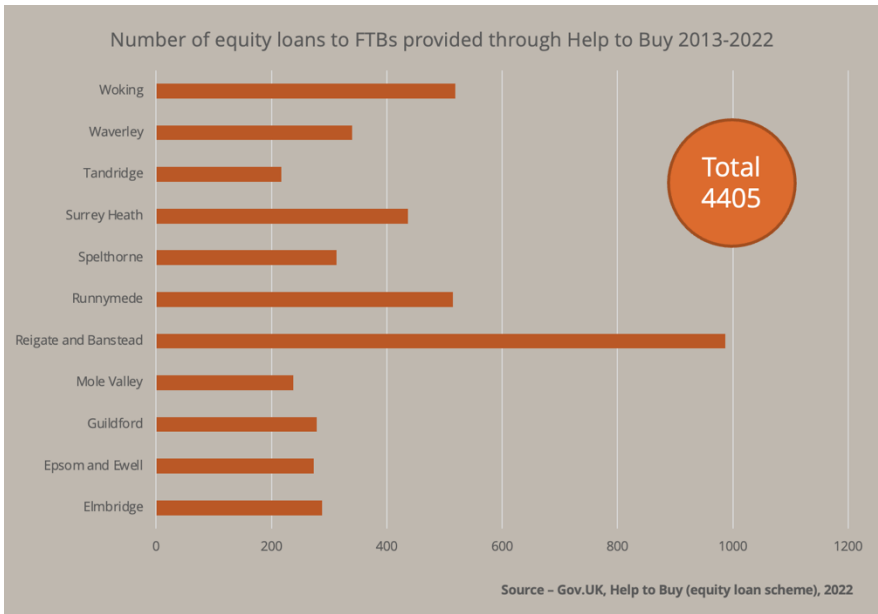
prosperous with some of the 10% least deprived areas found in the more rural parts of the county.

There is, indeed, a mix across Surrey, however the distinctions illustrated on the first map above express very different experiences of deprivation, and, consequently, access to affordable housing between neighbours. As the second map shows, barriers to housing and services are a particularly constraining feature of deprivation across the county, especially away from town centres in lower density areas of the county.

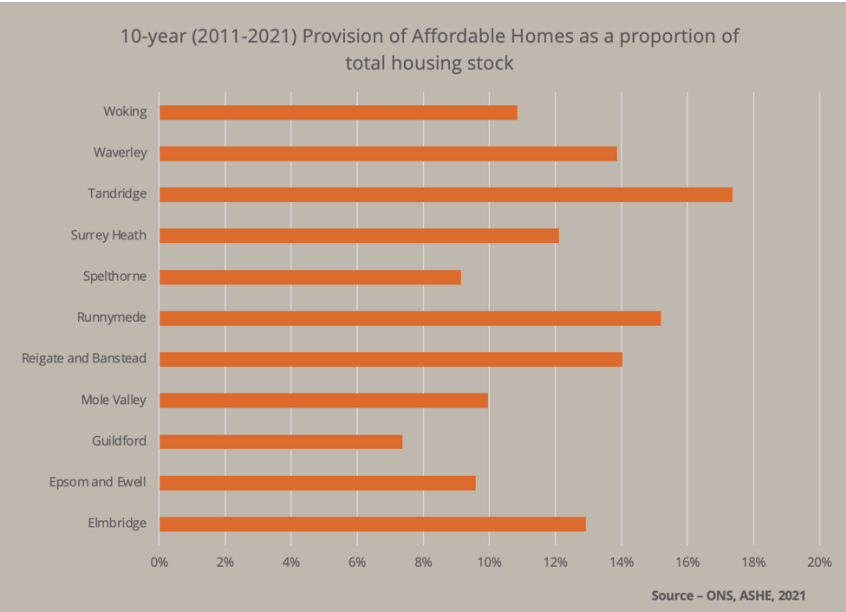
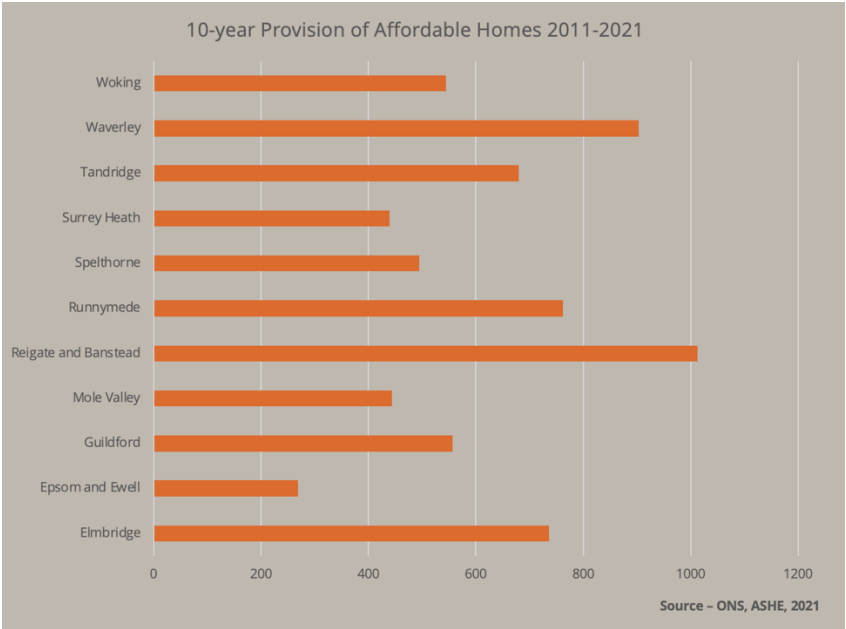




Average general needs weekly social and affordable rents across Surrey largely sit above national and south-east averages, while private rents vary more widely across the districts and boroughs. Rents by bedroom size are relatively consistent across the county, while there are several outliers by average weekly supported housing rent by bedroom size.



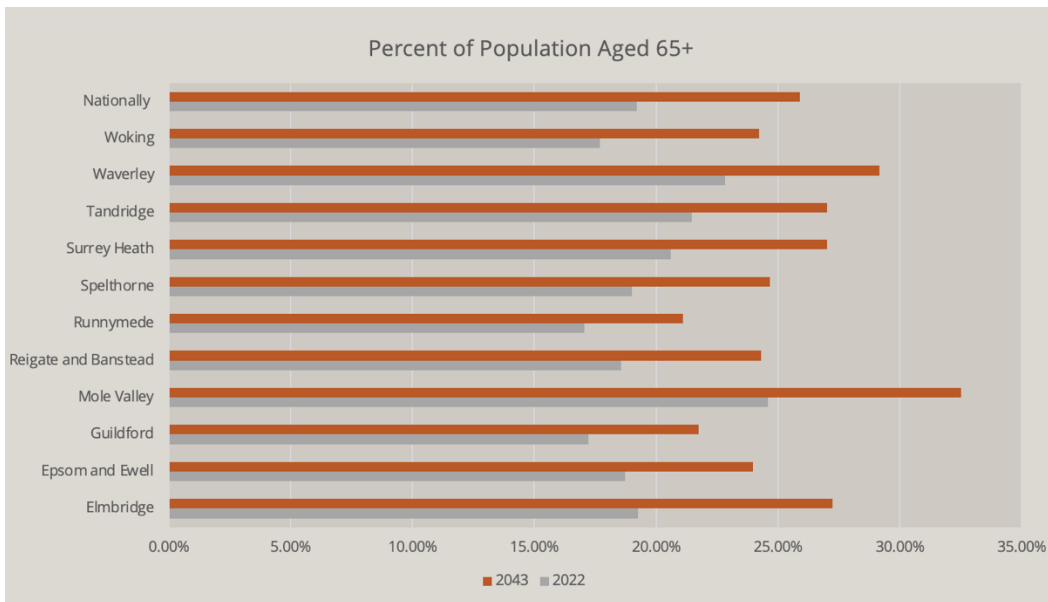
The number of equity loans to first time buyers provided through the Help to Buy scheme was used to measure the level and scale of support for them in the county. The data indicated that there were 4,405 loans issued from 2013 to 2022, and the value of those loans totalled £323M. Significant Government funding went into supporting the first-time buyer market in Surrey during this period.



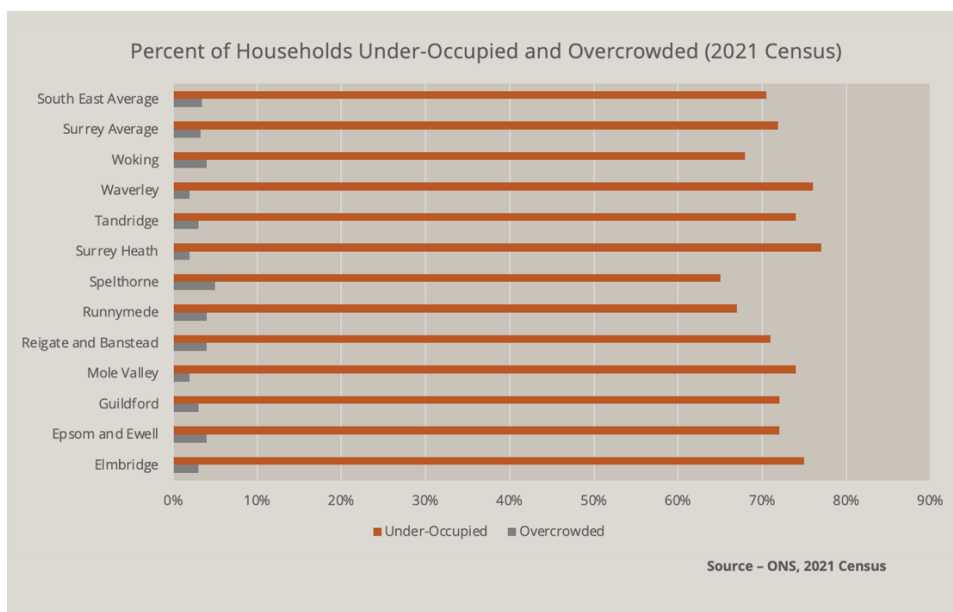
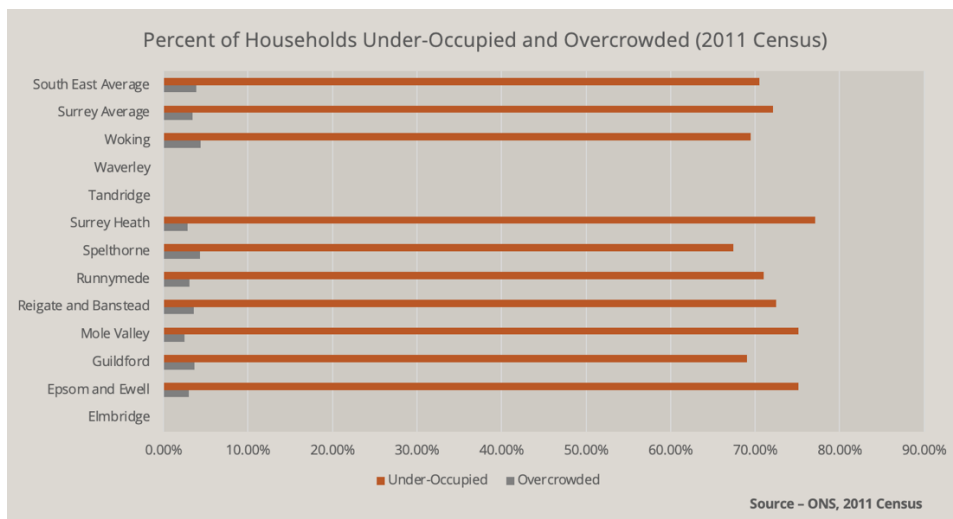
The provision of affordable homes from 2011 to 2021 represents approximately 12% of the overall proportion of housing stock in the county during that time, with the remaining 88% of homes built in the past decade in the county being private homes for ownership.

Health & Inequality

For the purposes of this strategy, it was crucial that the circumstances that can further compound the barriers to accessing affordable housing be assessed to understand the range of issues that can deepen negative impacts on the health and inequality experienced by residents.



Like the rest of England, Surrey’s residents aged 65 and above is growing. Those 65+ currently comprise around 20% of the population, and that is set to increase to between 25-30% by 2043. With a further ageing population, there comes heightened demand on Specialist and Extra Care Housing. The current average rent of those kinds of housing provided by Registered Social Landlords and Registered Providers in Surrey is classified as affordable by the Regulator for Social Housing at approximately £110/week.



Many older residents are living in the homes they have lived in for most of their lives, with more bedrooms than they require, contributing to under-occupation rates of above 70% in some parts of the county. As the tables above show, there have been some reductions in under-occupation rates between the 2011 and 2021 censuses – but in all parts of the county rates remain over 60%.

Legislation is shifting such that private rental properties will also be subject to the Decent Homes Standard, but at the time of developing this strategy, only the data on homes owned by Local Authorities Surrey Heath was available; it showing inconsistent levels of homes not meeting the standard. Note also that data was unavailable for some districts and boroughs.

In recent months the problem of damp and mould in all housing tenures has become a more prominent issue. The impact of fuel poverty, poorly insulated homes and historic disrepair in some homes has brought a much sharper focus on how many lower-income and vulnerable residents are living in unhealthy homes.

Nationally there is a shortage of trained, skilled repairs workers who are needed to maintain, repair and refurbish affordable homes in the housing sector. This is compounded by high rates of inflation in costs and labour while rents, which provide the funding for services, have been capped, frozen or cut in recent years, reducing the income and available budget for work.

A Sustainable Economy and Inward Investment

"It gives a lot of stress to people, you see it on them, the lack of housing, the lack of a decent place, where they want to be... it means they're less productive and it's worse for business in that respect too."

7

The relatively low level of house building in Surrey means that fewer jobs are being created in construction or within the local supply chain to support construction and maintenance of homes. With significant national funding from Homes England available for the delivery of housing, the county is missing out on investment.

Surrey has a prosperous and successful economy. This success requires an ongoing supply of skilled, educated labour to work in established industries and to create new companies and opportunities for the future.

The very low levels of inward migration, with four times as many residents moving to comparator counties like Kent or Hampshire than to Surrey, means that the county is missing out on the economic benefit these residents could provide.

Business representatives reported that recruitment in town centres and high streets was extremely difficult, with residents unable to afford to live near to jobs or, increasingly, unable to afford the commute to work. This is putting at risk the quality and range of shops and services in Surrey's town centres.

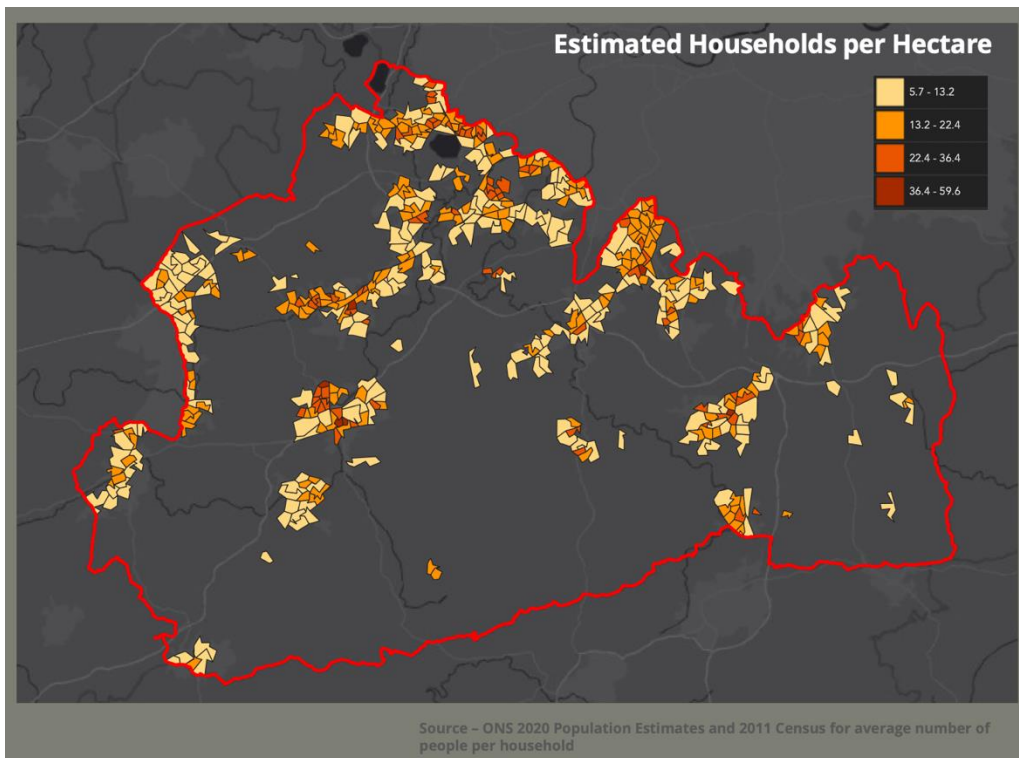
There is also difficulty in retaining keyworkers across the public sector. Within the NHS, Surrey Heartlands Health and Care Partnership conducted a survey which found that the single biggest stated reason for resignation amongst nurses was relocation elsewhere and that affordable housing was the largest factor in choosing where to work. Surrey Heartlands saw 196 nurses who had been recruited from overseas leaving over a 12 month period. At an investment of £22,000 to recruit each nurse, this cost the local NHS £4.3 million in just one year.

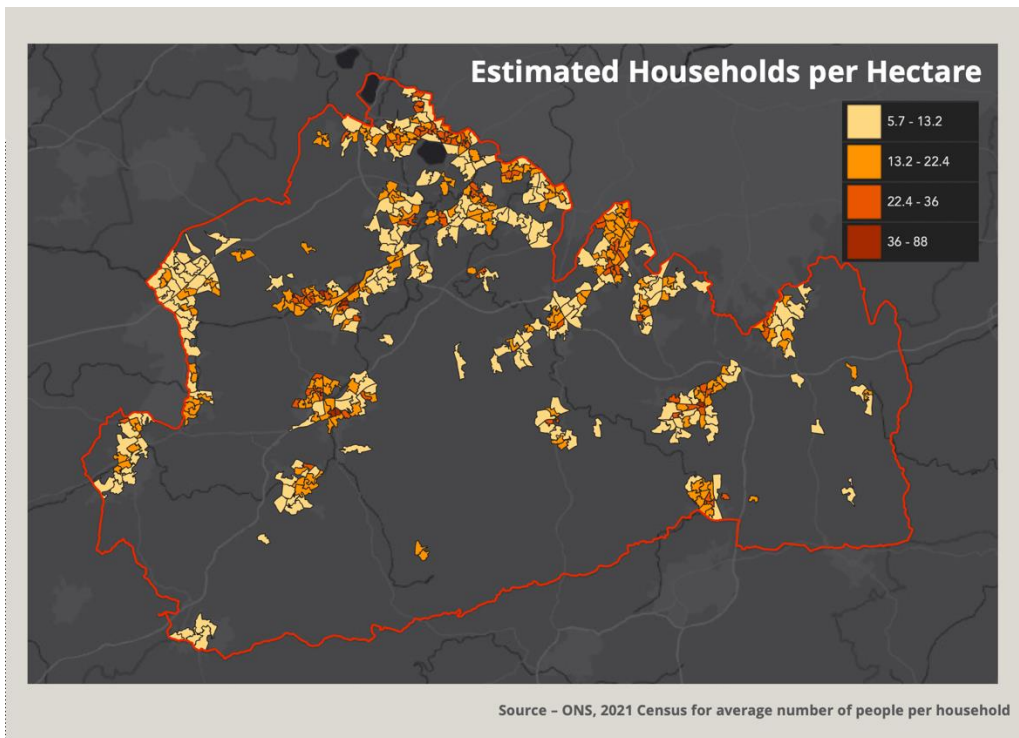
The unaffordability and shortage of housing, and the suburban profile of much of the county is also acting as a deterrent to international workers and graduates, who are economically productive and highly mobile.

"We made a very senior job offer recently, and on a good salary, and [they] had a look round here and decided it wasn't worth moving."

Climate Crisis & 20-Minute Neighbourhoods

7 The emissions from Housing are a major contributor to climate change but is not yet seeing the scale of transformation that is already starting to occur in transport-related emissions through the introduction of improved engine designs and new hybrid and fully electric vehicles. The local authorities in Surrey have declared climate emergencies and have committed to reaching net zero in the coming decades, albeit to different timescales. Each district and borough has its own climate action plan or carbon-reduction policies contained within other planning documents. To understand the county's preparedness to reach these ambitions, a consideration of the density of housing in the county, the energy efficiency of buildings, the potential of retrofit, and the number of households experiencing fuel poverty is necessary.

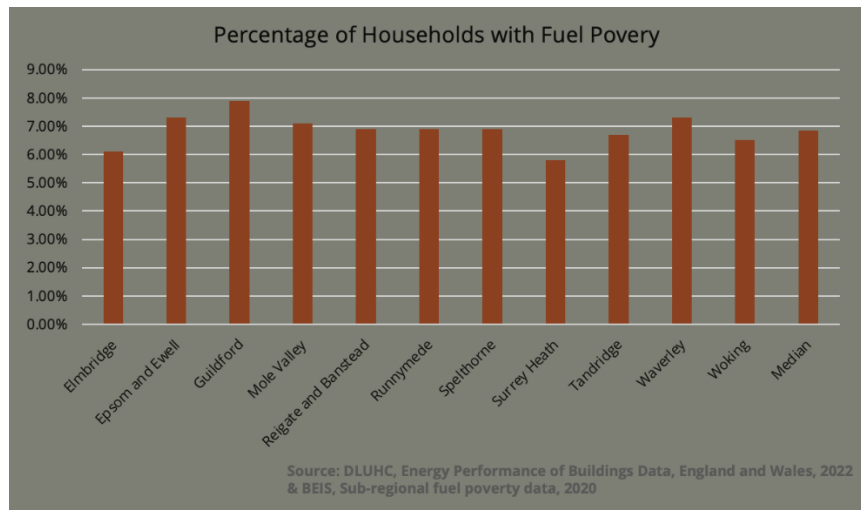




In the case of the former, aside from a few pockets of concentrated households near town centres, there is little density across the county to contribute to an ambition of 20-minute-neighbourhoods and their associated benefits. Research by the Town and Country Planning Association has pointed to densities of 70 dwellings per hectare (dpa) as being needed to deliver the sort of density required for a 20-minute neighbourhood. Data from across Surrey shows that nowhere in the county meets this threshold, with the highest density Lower Super Output Area, in central Woking, reaching 59.6 households per hectare.

This means that not only are residents faced with longer journeys to access services, shops and employment opportunities, but that they are also having to spend a larger share of their income on car journeys or having to rely on public transport, which can be expensive and unreliable.

The energy performance of buildings as assessed by the Department of Business, Energy and Industrial Strategy mirrors the national average with an average EPC rating, for homes that have been assessed, of D. This indicates the potential scale of work to be completed to improve and retrofit homes in Surrey to meet higher standards of insulation and efficiency.



Those experiencing fuel poverty comprise nearly 7% of households in Surrey, however this data was captured before recent energy price increases and is therefore the rate is expected to be higher than this shows. Some estimates are now suggesting that if these price increases are sustained, it will put almost half of households in fuel poverty in 2023. Surrey County Council has prepared an action plan to support residents through this winter with Warm Hubs and other interventions.

Priority Strategic County-Wide Themes

The data is very clear that there is a serious housing crisis in Surrey, and that it affects all tenures and all levels of income (even where this may be less obvious to some residents). Conversations with over 30 stakeholders, together with the data, pointed to the following as priority themes and issues for action:

The Importance of Partnership Working

... Shared solutions to shared problems

Partners across the county have been clear about their desire for greater partnership working in Surrey, and frustration at the unrealised potential in the face of high demand and need. There was evidence of some good work already undertaken by the Districts and Boroughs in collaborating with partners and encouragement of step-down options, but the overwhelming response was that more could be done.

This was brought home strongly with the praise for the effective partnership between district and borough councils and Surrey County Council Public Health, during the pandemic and in the provision of emergency accommodation for very vulnerable adults between 2020 and 2022. There was also a lot of positivity around work between local authorities on refugee and asylum provision and the partnership approach to working with highly vulnerable families being delivered through the family support teams.

However, many participants pointed to the need for stronger partnership working between key players across the county, in relation to the provision of housing and accommodation, which was less than the sum of its parts. Despite multiple forums for discussion, the scale of opportunity for partnership working was not yet being realised.

A question we heard asked in different ways by a wide range of participants was “How is the case for investment in housing in Surrey being made? And by whom?”

There are multiple and, sometimes, competing agendas and priorities around housing and accommodation in Surrey and there is a clear opportunity for a more joined up and strategic approach to attracting further investment in all types.

In this research we have seen significant amounts of common ground in policy aspiration and in the challenges faced. Partners are facing similar, if not the identical, issues with the same funding constraints and the same pressures. With widespread alignment on policy responses, there is a strong foundation for a partnership approach across Surrey that would be more than the sum of its parts.

Understanding Public Opinion

7 The conventional wisdom that was heard repeatedly in this study is that there is not support from within Surrey for more housing. Whilst everyone recognised the need for more homes and expressed a desire for that need to be met, we heard that the case for more homes wasn't being made for fear of falling on the (perceived) wrong side of public opinion. Given this, it is important for partners to work together on the development of a shared narrative about how the right additional housing in the right places can protect and enhance the quality of life that local residents prize so strongly and enable their children and grandchildren, as they grow up, to have the opportunity to also make the local area their home.

While housing is a key issue in local elections, residents are also voting on a wider range of local and national issues. Anxiety about public opinion regarding growth and development can be a barrier to partners confidently committing to long-term joint working on housing growth. There is no clear evidence at the current time, however, about the level of understanding or the state of local opinion in Surrey about the scale of the housing crisis or the desire to act to resolve it. This is something public sector partners have a responsibility in addressing, ensuring that local people understand the wider detrimental consequences of a no-growth strategy, and the significant benefits that can be secured through appropriate levels of housing growth in the right places.

An Ageing Population & Under Occupation

... Building for a resilient population

The data clearly indicates an issue of under-occupation in Surrey which is exacerbating the housing supply problems and reducing the stock available to house families; again reflective of the regional picture for the South-East.

Through the consultation undertaken, this is felt to be attributable, at least in part, to the gap in provision of appropriate specialist/extra care/supported housing units that would enable older residents to move into more suitable accommodation for their long-term needs.

This anecdotal evidence is supported by the data on ageing population for Surrey which indicates considerable growth. This is not unique to Surrey (and reflects the national picture) but clearly demonstrates pockets of particular growth in older residents within the county and a rate of growth exceeding the national picture in some areas. For example, ONS estimates indicate that a third of Mole Valley's population will be over 65 by 2043. An older population will be more dependent on health care and social care services, requiring a larger working-age population to be able to live in Surrey and deliver these essential services. Further, the suburban form of much of Surrey, coupled with under-provision of public transport connections, places additional financial burden on those care workers who are required to travel between clients living in their own homes.

It is recognised, however, that this issue is not just one about having the right housing stock but also the right practical support, advice and incentives in place to encourage a move out of the family home and into sustainable, suitable accommodation.

Housing [Un]affordability

Despite the median income levels for the county being higher than the national or regional levels, the house price affordability ratio across the county is also higher than comparator areas and has accelerated by more than the wider south-east, suggesting an issue across the board but a particular concern for those earning under the median wage.

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Consultation responses suggest this is impacting on filling job roles across a range of sectors, from essential workers to senior level managerial roles. This is supported by the data suggesting the lowest level of in-migration to the county across all its comparator areas (and net population loss in some parts).

Whilst efforts to deliver affordable housing across the county are demonstrable and ongoing; the percentage of the overall stock of the county remains low and far below the supply required to meet demand. The majority of affordable rented housing over the past decade has been at Affordable Rent rather than Social Rent, placing this tenure out of reach of many families subject to benefit caps. Private home ownership is particularly high in the county, a historic feature of Surrey but one that is now contributing the lack of supply of affordable housing.

Affordability is, without doubt, a growing national issue but the data and consultation suggests that the situation is particularly pronounced in Surrey, making it a less feasible option for growing families, young graduates or young professionals to continue to afford to live within the county, or for workers with the skills and qualifications the economy needs, or for households to move to the county and/or businesses to locate here.

Supporting Vulnerable Residents

While there was considerable praise for the effective 'partnership in a crisis' approach taken by councils during COVID, there was a wider feeling that a system under considerable strain is often marked by fragmentation, with individual services understandably retreating back to a focus on their core statutory responsibilities, anxious about protecting limited budgetary resource and therefore pushed into working in a siloed way.

... Responding to new burdens

This was brought into sharp focus by the number of additional burdens that Districts and Boroughs are taking on in response to a large number of Refugees and Asylum Seekers. A large number of Surrey residents have opened their homes to Ukrainian refugees, with communities across the county going out of their way to welcome refugees. As the war enters its second year many Ukrainian families are confronting the possibility that they may not be able to return home for years, if at all. These families are putting down roots, making friends, settling into school, work and community life – but still mostly dependent on spare rooms.

As placements break down or come to an end, it's the responsibility of local Districts & Boroughs to find alternative accommodation in a housing market that is already expensive and unable to meet extant need. In some cases, Surrey's D&Bs find themselves in competition when it comes to securing Private Rented Accommodation with organisations working on behalf of the Home Office to find homes for Asylum Seekers, who will then hold a local connection to the area if their claim for Asylum is approved by the Home Office.

... Overstretched and fragmented systems

There was particular frustration expressed that "housing is picking up the slack" from a lack of funding or provision for high-needs families or individuals and that problems were being passed around, rather than being resolved in partnership.

This was the one area where it felt that a shared sense of purpose or common endeavour would bring potential partners together out of their siloes. The fraught and pressured environment, that many of the professionals we spoke to operate in, means that there's limited space or time to address these questions with a strategic long-term view: "Every day is crisis management now".

... People-centred services

Given the rate of housebuilding, the cost-of-living crisis and the extant levels of need, there is an important question about how multiple agencies and organisations, all acting within constrained budgets and resource, can work better together to maximise what they have for the benefit of residents who need that support, and whether current structures are an insurmountable barrier to progress.

Public Sector Land

From across the county, we heard the same response about land. First, that most councils who are seeking to develop don't have much, if any. Second, that there was a feeling that the County Council didn't have a process for working with Districts and Boroughs on identifying land within their boundaries that could be developable in the medium and longer term beyond the Call for Sites in the Local Plan process.

7 From within SCC, we heard that the process for identifying land as obsolete was best described as 'iterative', with service areas effectively able to put a hold on land that 'might be needed' in the future. When land was identified as suitable for disposal the County's policy, after 12 years of austerity, has been to seek the best return on the land for the public finances. Going forward all partners need to consider how they can factor in public value rather than just short-term commercial financial return, into decisions about how surplus sites are disposed of. Taking such an approach will probably still deliver positive commercial outcomes for the public purse (for example temporary accommodation costs), but over a longer period,

... Collective action

There is serious appetite from local authorities and RSLs to bring forward land in the public interest, but they are not able to compete with the open market on price.

Stakeholders who work within Surrey and elsewhere across the country described the situation in Surrey as 'unusual' in not having a well-developed partnership around public land held by all local authorities and public sector partners.

We see significant alignment in policy aspirations and strategic ambition around housing from all partners in Surrey, and the potential for a collaborative approach to assets to deliver this agenda.

... Taking greater control over quality, quantity & price of homes

A genuine partnership approach to public sector land would look at demand and need on a wider basis, taking into account delivery capacity, scale and a range of sites. Partners would need to be prepared to pool resource for shared benefits, recognising that greater scale will attract resource into the county with the potential for partners to collectively exert greater proactive control over the type, scale, size and affordability of housing being delivered in their local area.

More Councils, Building More

From all sectors in Surrey there are outstanding examples of work being undertaken to deliver more homes, of all tenures, meeting a wide range of need and demand in the county. Several councils have more than exceeded the tests set by the Government and were praised by external organisations for having “grasped the nettle” on town centre regeneration and brownfield land.

... Not being developer-dependent

Spelthorne Council has set up Knowle Green Estates, a wholly owned council delivery company, which has already delivered a range of affordable homes in Spelthorne.

Elsewhere, effective partnerships are being put in place between RSLs and Housing Associations, as with Raven and Reigate & Banstead Council, with a real focus on delivering more genuinely affordable homes.

However, there is also significant risk to capacity across the county.

First, changes in housing associations over recent years have seen many local HAs absorbed into larger national organisations, who some participants felt weren't sufficiently focused on Surrey. Indeed, given the very high land values in Surrey, in the absence of strong partnerships helping to bring forward new developments, housing associations will simply face the choice of making their investment funds go further by building in neighbouring regions instead.

Second, many participants felt that councils who no longer held stock were concerned about “the sheer administrative burden for a relatively small organisation of getting back into housing: the time, the money, the resource” which could lead to ‘delivery deserts’ if a siloed approach is pursued.

Third, we heard again and again about the challenges of estate regeneration, particularly for older people's bedsits from the 1960s and 1970s, given the rules that Homes England operates within to not fund replacement units.

The Climate Crisis

The response to the climate crisis in this study fell into one of two related areas:

- 1) Changing investment priorities away from new housing development and into retrofit and refurbishment of existing homes.
- 2) Anxiety over climate-based resistance to new homes and new housing.

7 Priorities for stock-holding bodies, whether councils or housing associations have changed. There is significantly more focus on improving existing stock where possible, and a growing conversation about consolidating stock where that isn't financially possible, with some planning to dispose of existing social and affordable homes where it isn't economical for them, within existing budgets and grant regimes, to bring them to the required environmental standard.

Rising fuel costs and fuel poverty means that retrofit has an important role to play in improving the quality of homes in the county. Work is already being carried out at a county level to promote and fund retrofit, and there is potential for greater co-ordination and shared learning between partners.

There was concern that the Climate Crisis would become a focal point for opposition to new homes, without a compelling case from the outset about the long-term social, economic and climate benefits that additional housing will bring to Surrey and its existing population.

20-Minute Neighbourhoods

Several participants pointed to densification in central Woking as a '5-minute neighbourhood' in the making, but questioned what this would mean elsewhere in existing low-density suburbs across much of the county, and whether there was a plan for testing and delivering the concept in practice.

Surrey's Adult Social Care services have identified the real opportunity provided through the 20-minute neighbourhood concept of being able to provide older, vulnerable and disabled residents with access to services within close proximity of their homes and potentially providing a more attractive downsizing option for those currently living in large family homes some distance from shops, transport and services.

... Low density, highly connected

Others pointed to a lack of appetite for density in a county where the prevailing form of development is detached or semi-detached housing on the edge of existing settlements. In these cases, the risk emerges of traffic-dependent development. Examples from elsewhere where 20-minute principles have been retrofitted into existing low-density towns or villages have focused on transport connections, particularly for cycling and walking, to make it easier to connect people to shops and services without relying on parking provision.

A Call to Government

... Correcting the record: what Surrey needs from the Government

Surrey's reputation and brand is as a place of prosperity. The Sunday Times recently published an article referring to Elmbridge as "the leisure and pleasure borough". One participant in the study said that Surrey marketed itself as "a sort of south-east Shangri-La". The received wisdom is that Surrey is prosperous, healthy and successful – and this is true for a significant portion of the local population.

Yet that good quality of life, which has attracted people to Surrey for generations, is under threat. As the Baseline Assessment shows, there is a lack of suitable, affordable housing, combined with hundreds of homeless Surrey families in Temporary Accommodation, thousands of Surrey residents on housing waiting lists, and many thousands of potential Surrey families who have moved and settled elsewhere in the south-east of England because Surrey no longer offers the quality of life they to which they aspire.

Responding to this challenge rests first and foremost in the hands of Surrey's decision makers in the Town Halls and Civic Centres across the county. There are, however, structural issues that make those decisions more difficult, placing barriers in the way of local councils being able to act in the best interests of their communities. Part of this work has been to bring partners together to discuss what needs to change in national policy to help address the housing crisis in Surrey.

... Greater power to speed up development

A great deal of frustration was expressed at the slow pace at which planning permissions are 'built out' by developers. The slow pace of development, particularly across larger lower-density sites where homes are completed and sold-off, was cited as driving scepticism among residents about the need for further planning permissions when others remained incomplete. There are many reasons why sites with planning permission may be built out slowly which are beyond the control of developers: supply of labour or materials, or economic conditions, for example. The lack of means for councils to compel developers to build homes or to be able to use the track record of developers in building out previous planning permissions as a material consideration in planning applications (to help distinguish between those applicants seeking to establish land value and those seeking to build homes)

...More certainty and consistency in the planning system

Regular reviews of the planning system by the Government has led to Local Plans being withdrawn or paused, including several within the County, leading to the delay in the delivery of potentially thousands of much needed new homes. More certainty and consistency in the

planning system is will enable councils to move forward with confidence in developing and delivering their plans.

... Funding for social rent

7 It was widely acknowledged that there is insufficient funding for affordable housing in Surrey. Most of the funding for affordable housing over the past decade has gone on investing in Help to Buy or in Affordable Rent, and while this has helped a significant number of local residents to secure a home, it has failed to address the housing needs of local families who need a Socially Rented home. The average rent for an Affordable Rent home in parts of Surrey is now more than the average weekly earnings for a woman working part-time in the County of £222.

To meet local need, Surrey needs more grant funding for Social Rent, at scale, and at a level that makes it viable as part of all types of residential development in the County,

... Funding for regeneration

"Our sheltered housing isn't desirable, but we can't afford to redevelop so we've expanded the age range... but now it's multigenerational... 55-year-olds and 105-year-olds.... it wasn't designed for that."

Government rules mean that grant funding from Homes England is restricted to funding net additional homes. This means that replacement of small bedsits with family-sized homes doesn't attract grant funding, and the rebuilding of poor-quality housing estates to deliver better quality homes for existing tenants, as well as an uplift of housing on existing housing land, is more difficult. As a result, Greenfield development is often more financially viable, despite being less supported by many communities.

The Government must change grant funding rules to, in the first instance, require an uplift in floorspace, rather than units, or to provide funding for replacement homes, where this leads to the provision of better-quality and lower carbon-emitting homes. This would help unlock brownfield and town centre sites where landowners, including councils, cannot make the finances work to rebuild or redevelop land to provide much needed housing. This would not require an increase in available funding, just in the rules about which homes are eligible for funding.

... Greater Power over Land Assembly

Local councils know their local areas well and have strong regeneration ambitions. These are sometimes frustrated by a lack of power over land assembly and a slow and expensive compulsory purchase system. Where councils have ambitions to build more genuinely affordable housing, or homes for First Time Buyers, they may be blocked by existing landowners who want to sell to the highest bidder (who may then deliver fewer affordable homes or dedicated homes for First Time Buyers).

... Structure of Government funding

Again and again, service providers stressed their frustration with the structure of government funding. Small pots of money, available over short periods of time, each provided in a way designed to elicit results that could be announced as a success. This creates a focus on short term planning, rather than looking to invest in long-term approaches, which would create better outcomes and better value for the public.

... Funding for bus travel

Surrey is a low-density county. With the cost of fuel, private car ownership is increasingly out of reach of lower income families. Bus travel is the only viable way to link homes on the edges of communities to local services or employment. In some cases, partners reported reluctance for some clients to accept homes in more rural settings because of the isolation, even if they were affordable.

... Funding for Retrofit

"You can't spend the same pound twice, if we spend it on retrofit then we can't spend it on a new home"

The cost of bringing homes up to environmentally sound standards is significant. For Housing Associations and stock-owning local authorities this represents a serious challenge to budgets and means less money will be spent on building new homes for local families as budgets are squeezed. The need to meet higher EPC standards also means that some councils and RPs with available funding are choosing not to buy more homes to meet local need, because the cost is prohibitive at a time when they are already committing to investment in their existing stock.

Furthermore, and more concerningly, some Housing Associations are actively planning to dispose of existing social rent homes on the private market, because the cost of retrofit is too high. This is not yet showing up in the data from the Regulator of Social Housing, but it is a significant issue which is looming on the horizon for Surrey, which already has fewer Social and Affordable homes than comparator areas. Identifying this issue before it becomes a serious problem, with a chance to prevent it, is a golden opportunity.

The government must provide additional funding for retrofit and refurbishment of existing social homes, or to bring newly acquired homes up to standard. In the absence of additional funding, and in the ongoing absence of regeneration funding to replace poor-quality homes, exemptions or extensions to meeting stricter EPC standards should be provided for newly acquired stock or for existing social housing where the cost to retrofit or refurbish is not viable under current grant schemes. In the short-to-medium term this would provide stock-holding authorities with the certainty that they were not acquiring significant liabilities in pursuit of meeting their social aims and values.

"We will keep investing in new supply, but money is being pulled into existing stock, into retrofit, and having to cover the cost of replacement... so there'll be fewer affordable homes built as a percentage of new supply."

A Call to Action

... Partnership: treat a crisis like a crisis.

“We can’t just carry on as we have been and doing it all ourselves”

Surrey has a housing crisis but this isn’t universally recognised. At the sharp end of the spectrum the crisis has been so long-running that it has become Business as Usual. The effect of the Housing Crisis in Surrey is now much broader, affecting a wide range of public services and the private sector economy, even when not recognised as such.

When faced with other crises, especially during the COVID pandemic, partners have pulled together with a sense of common purpose and determination. This approach needs to be taken with housing, recognising it for the crisis it is and applying the same pace and determination as in COVID.

“We all worked so well together in COVID, we’re good in a crisis, and this is a crisis”

... Sharing best practice

Across the County there are numerous examples of best practice, whether on building new homes, working in partnership with housing associations, investing in retrofit of homes, there is good work being done. This work is being shared by exception, with participants in workshops often not aware of what else was happening across the county. Existing partnerships were often based on individuals knowing each other – but despite numerous forums for partnership, there wasn’t an approach to sharing and celebrating success and innovation.

The workshops that were held as part of this strategy brought people together, in some cases for the first time, sparking conversations about joint work, sharing ideas and building a community of practice. Space should be given to continue the opportunities for partners from a broad cross section to come together to discuss and address common issues on a more regular basis.

... What do older people really want: multigenerational, housing typology, access to services

While there is a shortage of all kinds of housing in Surrey there is a very visible failure to provide for older people. This is seen in the very high levels of under occupation. Whatever is being built for older people in Surrey isn’t of the type, scale or location to attract older people, living in Surrey, to downsize and move in.

A wider range of housing that would be more attractive to older people, including co-housing and multigenerational developments should be brought forward, particularly in town centres where older people would have walkable access to shops and services. Older people are more likely than the wider population to use in-person shops and services, rather than using

online services (a fact that will likely change over time) and so proximity to town centres will help both with reducing isolation and provide support for local high streets.

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CASE STUDY - Multigenerational Development, Nursing Home and Student Accommodation - Netherlands

To increase community connection between older and younger groups, a Dutch programme provides free rent to university students in exchange for 30 hours a month of their time engaging with the residents of a neighbouring nursing home. In this programme, students teach the older residents new skills such as using email, social media and art lessons, as well as reading literature and poetry which has been shown to make those with dementia more comfortable. The research behind this shows that it reduces loneliness and social isolation while improving wellbeing and extending the life expectancy of the older people participating.

... Support for downsizing

Surrey has very high levels of under occupation: couples or single adults living alone in large family-sized housing. In many cases this is a home that these people have lived in for a very long time and downsizing to a smaller home, that better meets their needs, is not a simple or easy decision. This is made more difficult with a lack of information about housing options and support with moving.

Raven Housing Trust built a dedicated scheme for downsizers based on the Housing our Ageing Population Panel for Innovation (HAPPI) report from 2009, which has reported success in supporting older residents to move to homes that better meet their needs. Models such as these should be rolled out, or shared, across the county to provide a single front door for older people looking for advice and support on housing options.

CASE STUDY - ExtraCare Charitable Trust Scheme - Stoke Gifford, Bristol

Research shows that not only does the under occupation of larger homes restrict private and social housing supply for households who could use extra bedrooms, but older people staying in unsuitable accommodation can contribute to poor mental and physical wellbeing. That said, the barriers for older residents moving include the costs of relocation, a shortage of properties meeting needs, and the stress of uprooting from familiar settings. To address these challenges, ExtraCare Charitable Trust is developing a 261-home village that links housing, health and social care, and includes leasehold sale, affordable rent and share ownership units. The facilities are designed with community in mind, and include assistive technologies to help assess when health and social needs change the services required for residents.

... Homeshare schemes for key partners, a co-ordinated approach.

High levels of under-occupation also offer the opportunity for a greater use of spare rooms. This is particularly true during the current cost of living crisis when homeowners may be in need of additional incomes, and private renters' budgets are harder stretched than they have been before. The NHS in Surrey is already piloting home sharing to find spare rooms for essential worker staff. Private companies already offer services to check and screen renters to be paired with older people with a spare room who don't yet need live-in care but whose families would appreciate an extra pair of eyes on their loved ones.

Given the scale of under-occupation and the shortage of housing for young professionals in public service and for graduates in the private sector, there is ample scope for a Surrey approach from key partners, which pilots a larger home-sharing scheme. While this would not address statutory demand for housing services in the county, it would help address demand for more affordable private rented options, reduce under occupation and so make better use of Surrey's existing housing stock, as well as more intangible benefits that come from reducing social isolation amongst older residents. While no one would pretend that young professionals wouldn't prefer a home of their own, this should still be considered as part of the local housing puzzle.

... Investing in more step-down housing

Hospitals across the country are struggling to find suitable step-down housing options for older people who are medically fit to be discharged from hospital but unable to safely return home. While full-time residential care may be inappropriate, and in short supply, for these people, step-down housing would relieve pressure on hospitals in the county. It would also enable older people, who may be sceptical about moving into bespoke older people's housing, to move with confidence – knowing that this housing is only a temporary step. A pilot with Spelthorne BC, in north-west Surrey, has demonstrated demand for this kind of temporary housing.

... A focus on social rent

"We all had concerns about Affordable Rent when it was introduced, but now we see homes going to low priority families because high need families just can't afford them, so they stay in TA"

The majority of affordable rented housing built in Surrey in the past decade has been at Affordable Rent levels, i.e., at up to 80% of the market rate (compared with Social Rent which is typically just 50% of market rents). While all this housing is occupied, and the families and individuals who live there benefit from below market rents, so-called Affordable Rent is still priced out of the reach of many households including those in professional roles and working in essential services. Affordable rent is also having a distorting impact on the housing market.

First, within the affordable rented sector, housing associations report being unable to let new older people's housing to existing tenants because it would require them moving from their Social Rent homes into smaller, more expensive Affordable Rent homes. This is exacerbating under-occupation and means that family-sized affordable homes are not being made available for families. It also puts pressure on other services, including Adult Social Care, where adaptations are needed to existing homes to enable older people to continue living there as they cannot afford to move into newer, more suitable accommodation.

Secondly, Affordable Rent homes are simply not affordable to many of the people and families in high need on housing waiting lists across Surrey. The average rent in parts of

Surrey for an Affordable Rent home is higher than the average weekly earnings of a woman in Surrey who works part-time. Districts and Boroughs reported that Affordable Rent homes often went to families in low need with higher incomes. Consequently, councils are having to provide expensive, insecure, temporary accommodation to some of these families who are unable to afford private rents or secure a socially rented home due to short supply.

7 While Affordable Rent homes clearly address demand within Surrey, they come at the cost of exacerbating other problems. Partners should focus, wherever possible, on building Social Rented homes, and should explore options to change the rent level of existing Affordable Rent homes to Social Rent through grant, reserves or looking to subsidise rent levels to bridge the affordability gap.

It should be recognised that such a shift may lead to fewer overall affordable homes being delivered, without an increase in grant funding, as Affordable Rent fits housing viability models better for providers (it generates more income than social rent). However, it would mean that genuinely affordable homes are provided for those families in greatest housing need in Surrey.

... Joining up the dots on potential savings to the public purse

"We aren't doing preventative work anymore; it's just mopping up the consequences of market failure"

In all local government structures, there is inevitable fragmentation between different directorates and teams within and between councils. In two-tier areas like Surrey, that fragmentation is more pronounced, with housing separated from children's services, public health, adult social care and domestic abuse services – despite often serving the same residents.

Similarly, whilst there should be a clear business case for further significant investment in social rented and other forms of more affordable housing, this case can often be difficult to make when those organisations responsible for the investment (e.g. housing associations and stock-holding district and borough councils) are not necessarily the organisations that will benefit directly (e.g. acute hospital services, Health and Adult and Children's Social Care, Domestic Abuse Services and sectors struggling to recruit essential workers).

"Everyone's budgets are stretched, everyone is over capacity but sometimes it feels like we're protecting resource instead of working in partnership for the people of Surrey"

Financial constraints have meant that teams in all local authorities are acutely aware of delivering best value for money for residents and ensuring that budget is appropriately allocated and spent. There is the potential, however, to pilot pooling of budgets either across boundaries or in joint teams between different public sector organisations in the same geography where services are being provided to the same residents, whether through housing or a form of support within the care system. This joint approach has the potential to

reduce waste, improve efficiency and deliver better outcomes for residents all while fostering a stronger partnership between and within these organisations.

This approach was exemplified during the COVID pandemic when some of the most vulnerable local residents, including those facing multiple disadvantage (substance misuse, mental health, engagement with the criminal justice system, domestic abuse) alongside homelessness. This approach brought together health, social care, housing and public health around a problem that needed solving. This can be built on and expanded for other issues across the county.

New approaches may learn from those existing in the county linking housing and accommodation with those with complex needs. [The Public Health Changing Futures Programme](#) funded to £2.8M by DLUHC National Lottery ("Tackling Multiple Disadvantage in Surrey") has thirteen Lived Experience Experts with multiple disadvantage/complex needs engaged in co designing projects. Twelve additional Lived Experience Experts with multiple disadvantage/ complex needs are being engaged over the next few weeks. We have recently appointed a Project Manager to co-ordinate community engagement requests. Healthwatch has been engaged in the development of the group.

[The Changing Futures Programme](#) now has eighteen Trauma Informed Specialists (commissioned via local Surrey VCSE organisations) offering up to eight hours of Trauma Informed Care and Support to people with multiple disadvantage / complex needs in communities. The programme is currently funded to support 60 people in Surrey's communities and links them to all local community assets, including housing.

CASE STUDY – Better futures for vulnerable people – Somerset Strategic Housing Group

Vulnerable groups in Somerset were struggling to have complex needs met while navigating health and care services and also facing a housing supply shortage. At that time, partners were not working closely together enough and services were not joined up to help these residents access housing and receive the support that they needed.

The Somerset Strategic Housing Group learnt from the new ways of working that they piloted while providing emergency accommodation during COVID-19. They developed a new leadership and governance structure to manage the delivery of a shared vision and joint ownership-commissioning. This resulted in impacts on individuals and communities while adding service savings to reinvest in more preventative methods.

... Working together across boundaries to avoid duplication

"Post COVID it's just a tsunami of health issues... more homelessness... more complex needs, mental health problems.... housing is just picking up the slack"

Similarly, housing teams are hard pressed across the 11 districts and boroughs to deliver a wide range of services to an ever-expanding population of need. There is already joint working between some districts and boroughs and housing officers expressed support for these arrangements. There is significant policy alignment across many of the districts and

boroughs in Surrey on housing policy, all districts and boroughs are facing many of the same issues and all have the same statutory responsibilities.

There is clear capacity for more shared working and pooling of resources. Housing teams across the county are doing similar jobs eleven times. This makes it harder for teams to foster specialisms. It also means that when one district or borough launches a new initiative that others see as best practice it then has to be replicated, from scratch, 10 times. It also means that external partners, including housing associations and service providers need to maintain eleven separate relationships.

7

Joint working and a greater pooling of resources wouldn't require any district or borough to relinquish any decision-making power over any aspect of their housing service but would give them access to teams that would be large enough to dedicate resource to specific challenges and allow officers working within those teams the ability to specialise and develop their careers. This is not about reducing headcount but increasing capacity through joint working.

Districts and boroughs should look to pool as many housing functions as possible, for example, in county wide or in sub-regional clusters.

...OPE partnership – building on trust

"We'd love to build.... but where? We have no land"

There is no consolidated map or database of publicly owned land and property in Surrey. There is serious potential to unlock public sector sites to give local government and partners across Surrey greater control and power over how and when the development of housing comes forward. There are potential funding sources to support this work and provide appropriate partnership governance around the identification of sites that could be suitable for housing, or housing-related infrastructure. As the land is in public ownership it would be for the relevant public authority, whether a local council, NHS institution, Central Government, or education to decide what to do with the land – but the first step is working together to identify what is available.

Public sector partners across Surrey should partner to work with One Public Estate to identify land in their ownership across the county, so that suitable sites for housing can be identified and partners can jointly agree an approach to realising the greatest social benefit from that land.

... Strategic support from Homes England

There is significant funding available from Homes England to boost the supply of housing in Surrey, particularly more affordable housing. To bring this funding to Surrey there would need to be a programme of sufficient scale and quantum to identify Surrey as a strategic partner for Homes England. This would require public sector landowners to come together to identify suitable sites and agree a strategic approach to land (see below) in order to be able

to demonstrate both an adequate pipeline of development and a willingness to work together in a joint endeavour to tackle the housing crisis in Surrey.

CASE STUDY – Homes England Strategic Partnership – ASELA

The Association of South Essex Local Authorities has entered a partnership with the government's housing and regeneration agency (Homes England) to receive support for their proposals for housing growth as a part of the region's broader social, environmental and economic vision. The partnership is centred around a shared business plan that sets out special and thematic priorities for delivering a strong pipeline of potential opportunities in the area.

... A strategic approach to land

Different public sector landowners have different policies regarding the disposal of public sector land. This has bred distrust between some organisations where best price has been used as the driving policy in land disposal, rather than social value.

Rather than asking any one organisation to change their policy on their own it would be better if all public sector landowners agreed a common set of principles on the disposal of any public sector land, or a common approach with common principles on procuring development partners for public sector land.

This should include: exploring the opportunity to offer other partners within the public sector or affordable housing sector first refusal on any land being disposed; minimum thresholds for affordable housing should be agreed, including exploring granting outline planning permission on public land prior to disposal to avoid land auctions driving the price of the land up to a point where the delivery of affordable housing is not considered viable by the private sector; public sector land owners should also consider setting requirements on appropriate density for town centre sites and environmental standards so that developments on public sector land, irrespective of who builds them, set the standard for new housing in Surrey.

Encouraging a more open and constructive pre-application discussion between public sector landowners and the local planning teams may be productive in maximising the potential of sites in public ownership for housing, rather than schemes only being presented once uses and broad development principles have already been established.

CASE STUDY – Electronic Property Information Mapping Service (e-PIMS)

The Government Property Unit has produced a map for up-to-date information on the land of:

- government departments
- non-ministerial departments and their executive agencies
- arms length bodies
- non-departmental public bodies
- special health authorities

The map can be used to identify and map developable public sector land that may then be eligible for a One Public Estate partnership. The GPU also provides training on how to use this tool effectively.

... A joint approach to Greenbelt

Greenbelt has always been a defining part of the attractive character of Surrey, so any previous release of Greenbelt for specific identified needs has been met with some debate and/or opposition. Whilst there remains pressure from some quarters to identify and release other suitable low-quality Greenbelt to meet very specific need for infrastructure or specialist housing, planning policies across the county unanimously work to protect the Greenbelt from further development. Further, recent measures announced by central government suggest further protection to the Greenbelt.

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A common response to this emerging policy in order to establish a common set of principles, agreed across Surrey local would give residents more confidence and offer reassurance that there is a careful, strategic approach to an issue that will always attract serious scrutiny and that local government, as a matter of course, will resist ad hoc release of Greenbelt land.

CASE STUDY – ‘Exceptional’ Circumstances to Release Greenbelt Land – Planning Resource

Planning Resource has highlighted the most common exceptional circumstances that have been used to make the case to release greenbelt land to meet specific needs, rather than just general private development. These are:

- Unmet need for local development
- Release is most sustainable option (i.e., proximate access to services and transportation)
- Lack of contribution to greenbelt purposes
- Creation of defensible boundaries
- Limited visual impact
- Provision of infrastructure
- Reuse of brownfield land

... *Capacity to deliver*

"We can't wait for the market.... you could be waiting 1,000 years for a home"

There is a mixture of capacity and appetite across the public sector in Surrey to build housing across the public sector in Surrey. Several authorities are stock holding and are building homes, others have set up a council-owned house building company, others work in partnership with local housing associations. Some have expressed reservation about the management and administration, technical capacity, regulation and financial risk associated with directly delivering housing. A partnership approach would help accelerate housing delivery within the public sector, particularly on public sector land.

In some parts of the County there are housing associations closely aligned with districts and boroughs and in these places a preferred partner approach to delivery makes a great deal of sense. Across the rest of the county, particularly if a co-ordinated approach to public sector land is taken forward, identifying districts or boroughs with house building capacity and experience, or a developing housing association, to lead housing delivery would give partners the ability to plan long-term, commit appropriate resource, and have greater oversight and control of housing delivery in the county.

"You need density to make this real or it's just 20 minutes in a traffic jam...."

This strategy did not interrogate planning policy or cut across the local plan process. However, an area of focus in the scope agreed by the Surrey Delivery Board was on 20-minute neighbourhoods as a way of embedding sustainability in development and promoting independent living for all residents. Surrey is a low-density county. Even at its most dense, in Woking, density levels fall short of what would normally be expected for a 20-minute neighbourhood. This means that many residents are car dependent and live at a distance from shops and services.

While the existing built environment is not going to be comprehensively redesigned there is potential with new settlements, urban extensions, or regeneration areas to embed the principles of 20-minute neighbourhoods: designing for gentle density that ensures shops and services are a short walk, cycle or wheel away from home, and ensuring that active transport measures are designed in as a first principle. Local plans should look to incorporate these principles into site allocations for larger developments or should consider Development Plan Documents to embed these principles into newly identified sites.

CASE STUDY - Hailsham, 10 Minute Town

Hailsham is a small town of 20,000 people in East Sussex. The Town Council adopted a neighbourhood plan, following a referendum in 2021 which puts 20-minute neighbourhood principles into practice within the town.

The proposals do not envisage a radical shift in density or scale of development, but does look to improve active transport links throughout the town to make it easier for residents to walk and cycle around the town.

"It's just impossible for first time buyers in Surrey, there might be pockets.... but now you have to factor in travel time and fuel costs... I just don't know"

Build-to-Rent housing (BTR) has emerged in the UK over the past decade but is very common in the United States and Europe. Developments of flats are built by a single owner who then acts as the landlord, providing housing management and longer-term tenancies within the private rented sector. These developments are usually built more quickly and completed sooner than comparable schemes with homes for sale. This is because the market can absorb these homes more quickly as there is less of a financial hurdle (no large deposit or mortgage required) for occupants.

BTR housing doesn't tend to yield traditional social rent housing (although some local authorities have acted to secure this) and the affordable offer tends to be a form of Discounted Market Rent (DMR) which may be similar in cost to some Affordable Rent products in Surrey.

Looking to secure BTR development close to transport hubs and major employment centres could accelerate housing delivery in Surrey and provide a better housing offer for young professionals, graduates and key public service workers.

CASE STUDY – Newbury Build-to-Rent

Build to Rent developer Grainger is completing 232 homes in the centre of Newbury. The scheme will complete in phases over just 12 months. Once completed the homes will then be managed by Grainger.

All the homes are for rent on a 'Stay As Long As You Want' tenancy model with an initial tenancy of up to three years. Residents are able to bring pets with them, the homes have fibre broadband, a co-working space, a bookable meeting room. Renters will also have an onsite Resident Service Team to respond to any issues with their homes.

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... Active Transport

Low density across Surrey means that many residents are car dependent. A lack of funding for comprehensive local bus services means that without a car many residents are isolated from shops, jobs and services. Where 20-minute neighbourhoods have been introduced as policy elsewhere, they have focused on retrofitting active transport measures with support for segregated cycle lanes to make journeys more viable and attractive and safe for new or anxious cyclists. As a sustainable and low cost means of transport, better walking and cycling options should be actively explored to link all town centres with suburbs.

CASE STUDY – Better Points

As investment in active transportation infrastructure can be prohibitive for encouraging more sustainable and healthy forms of travel, the app-based programme Better Points seeks to reward individuals for choosing to use public transportation and walking or cycling to incentivise behaviour instead. This programme provides users with vouchers for town centre businesses to draw residents into active travel while simultaneously contributing to the local economy.

... Building a strong circular economy through Retrofit

Whether at a small scale today, or in a much larger scale in the years to come, Retrofit is a growing part of the housing ecosystem, brought further into focus through the recent fuel price increases reducing the ability of low income households to heat their homes. Almost all councils in Surrey have declared a climate emergency and have set targets for reaching net zero carbon. Without retrofit of housing (or replacement of that housing with new, zero carbon housing) those targets will be impossible to meet.

Surrey County Council is already working to provide grants and support for retrofit. All stock holders are exploring routes to retrofit and investigating the condition of their stock. First there is potential for joint-working on stock investigation and on pooling buying power, through partnership, to get a better deal for the public sector in Surrey.

More proactively, this is a huge opportunity for Surrey. This will be a growing sector of the economy, with wider benefits for industries within the supply chain. This could be an economic cost to Surrey, or an opportunity to develop a strong local retrofit economy. This

needs to be a holistic approach, starting with schools and colleges, reskilling for trained adults whose skillset can be adapted to new technology, space and support for industry to develop and grow locally, and co-ordination between partners with budgets to make sure the spend goes not just on projects in Surrey, but generates community wealth within Surrey.

CASE STUDY – Skills Strategy and Action Plan, Programme Co-Production – Hampshire County Council

Despite an increase in funding for careers and skills in recent years, initiatives and funding lacked local alignment. The County wanted to ensure that work was not replicated across Districts and Boroughs while also increasing capacity and resilience through a shared programme. Led by council's economic development services and a joint skills management board, Hampshire capitalised on strong partnerships with providers, employers and skills programme networks to build closer relationships with and amongst the Districts and Boroughs, meeting regularly to ensure they were coordinating on the best ways to reach the objectives of their shared strategy together.

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CASE STUDY – Green New Deal – Camden Council

Camden commissioned an integrated plan to bring together employment, skills and local economic benefit into the design of the housing retrofit programme from the outset. Beyond traditional procurement, this approach will ensure that community engagement, as well as additional employment, and updating the skills of new and existing workers, are designed in to the project and reflect the demands of the growing market for 'green construction'.

... *Surrey's Brand*

"Historically Surrey has marketed itself as the detached-house-with-space-for-two-cars sort of place"

Surrey is a diverse and prosperous county. For the most part people lead good, healthy lives and have chosen to live in Surrey because of the excellent quality of life offered to them. Participants in this study spoke about the historic way it was seen as 'England's California' and the phrase 'Shangri-La' was mentioned more than once. The flip side is that others talked about the county being seen by outsiders as a firmly suburban place, which may lead some potential residents to discount the county without proper consideration as a place to settle or raise a family. It also means that Surrey is discounted for much-needed government funding, including Levelling Up as it is thought of as a place with no issues that need resolving. Correcting the record and presenting an updated Surrey Story is an important part of attracting investment and support from the Government and attracting more residents.

The domestic migration figures paint a stark picture of people moving elsewhere in the South-East, and leaving Surrey in significant numbers. While some of this is a direct consequence of the unaffordability of housing compared to other areas, thought should also be given to how Surrey can better market itself to potential residents, businesses, and investors so that the housing market can attract and cater to a wider range of residents.

Taking This Forward

This strategy presents the evidence of the Surrey Housing Crisis. Its existence is undeniable, and the pernicious scale of that crisis is a real threat to the vitality, prosperity, and security of all parts of the county in the coming decades. It identifies an agenda for lobbying central government as well as practical actions that local government and partners can take locally to address that crisis.

However, there's no power to compel action. The decision on whether to act rests with local councils, housing associations, and other partners. The challenge was put repeatedly from stakeholders in the summer: 'Who is making the case for housing in Surrey?' and there is an undeniable risk that without a driving force behind this work, it risks being placed on the figurative dusty shelf.

There are several existing partnership forums: the One Surrey Growth Board, the Surrey Forum, the Surrey Delivery Board, the Surrey Planning Officers Association and the Surrey Chief Housing Officers Association. All of these have a role to play in discussing, advocating and driving the change needed.

Some of the recommendations in this strategy can be taken forward by individual partners or clusters of partners subject to their appetite for change. Decisions on approaches to planning sit firmly within the remit of the individual Districts and Boroughs; approaches to pooling housing team responsibilities is a conversation to be had between Districts and Boroughs.

However, in others there will be a requirement for strong programme management and formal governance: establishing a partnership that can drive a skills, employment and economic growth agenda focused on the opportunity that retrofit offers; or in establishing a Surrey Land Partnership, which could access significant funding and provide far greater control for local government in the county to drive the delivery of affordable housing and infrastructure that their communities need. These will require dedicated additional resource and programme management and a shared partnership approach to governance that builds trust and confidence between equal partners.

If partners were to take forward the proposal for a strategic partnership on public sector land then an indicative approach would require dedicated resource to work with members of that partnership to deliver the following at pace:

- a) Establish and agree appropriate governance for the partnership;
- b) Map all publicly-owned land;
- c) Categorise all publicly-owned land according to current use and planning status;
- d) Work with partners to establish i) need and ii) aspiration for land use;
- e) Agree a priority list of sites;
- f) Agree procurement of a development partner, creation of a joint venture, use of direct delivery or disposal routes, including disposal with planning permission for land;

- g) Manage sites through those processes;
- h) agree clienting arrangements for land where a development partner or joint venture is procured.

It may be that this approach could move even more quickly if piloted with one district or borough in the first instance, but the real benefit would come from an ambitious approach that brought all public sector landowners to the table to work on a common endeavour on behalf of the people of Surrey.

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An ambition should be set among all willing partners to identify a land assembly opportunity in every District and Borough in Surrey in the twelve months from the adoption of this strategy. This would demonstrate commitment to working together, to bringing forward public land in the interest of the people of Surrey and create momentum for more joint working with common purpose.

In the interests of maintaining a partnership approach to the delivery of this strategy one of the existing boards, whether OSGB, SDB or the Surrey Forum should be agreed as the cheerleader for advancing the strategy, beating the drum for action on the housing crisis, and having the appropriate convening power to bring partners together to agitate for greater collective action and, jointly, partners could agree to take adapt this strategy into a formal delivery plan with agreed actions and a timetable to ensure clarity, certainty and to help better deliver meaningful change on this most important of issues.

Recommendations

Housing affordability and availability (supply) of housing is considered to be the biggest factor that could have an impact on those health issues related to housing by Surrey residents, staff who work in housing, staff who work in the health sector, businesses, public service providers and others in Surrey with an interest in housing. This will continue to pose significant local challenges for the foreseeable future and is significantly affected by regional, national, and international influences beyond local control.

There are opportunities for health, social care, land agents, developers, Local Authorities, housebuilders and housing professionals to work closer together to improve outcomes for local residents. Those working across the housing and planning professions are key players in protecting and improving the health of Surrey residents.

The recommendations below recognise opportunities which have been identified during the development of this chapter to address Surrey residents' health and wellbeing needs through housing.

Affordability and Availability

1. All those involved in or having an interest in housing in Surrey should work to influence the Government for policy changes, resources, and powers to enable partners in Surrey to tackle the housing crisis.
2. All available opportunities to increase affordable housing supply suitable for the needs of the community should be identified with a focus on increasing social rented supply e.g. by using public land and assets to provide new schemes.

Homelessness

3. Build on work in the Districts and Boroughs Homelessness and Rough Sleeping Strategies by sharing best practice between teams regularly aiming to reduce homelessness and the use of emergency and temporary accommodation, including for immigrants, refugees and asylum seekers.
4. Offer residents greater security in their accommodation, such as offering them assured shorthold tenancies where appropriate.
5. Ensure a continued focus on the housing situation, its implications for health and the actions needed to address it amongst all partners in Surrey.

Condition

6. Ensure a continued focus on improving housing standards in Surrey including energy efficiency to reduce levels of fuel poverty.

Meeting the needs of residents

7. Key Health and Wellbeing Board and related strategies should include measures to reduce homelessness and improve housing and social care related health outcomes. biggest issue posed to people's health related to housing.

8. Seek opportunities to promote/ better advertise and develop schemes already in place in Districts and Boroughs which reduce underoccupancy and empty homes in Surrey. This could include delivery of specialist housing schemes for older people including new extra-care schemes in order to have options to motivate those who may be willing to downsize and community led housing
9. Tenancy support officers and housing management should be trained to deliver a trauma-informed approach to residents to be able to better support resident groups such as those who've experienced multiple disadvantage, domestic abuse and the associated trauma
10. People who misused substances or require support with mental health issues should have access to housing which accepts them while they are in treatment and have a period of stabilisation before permanent support
11. Increase 'Housing First' units where housing is available for homeless people who have significant substance misuse and/or mental health issues, to give them an opportunity to seek treatment.
12. In collaboration with probation increase suitable accommodation for Prison Leavers, in particular women.
13. Review and develop pathway plans for different client groups (including those experiencing multiple disadvantages, prison leavers, care leavers, those who have experienced domestic abuse, those with physical disabilities, learning disabilities and mental health needs, those with substance misuse issues and the armed forces community) to help prevent homelessness, meet housing need and to identify and address potential 'barriers and constraints within the system including at hospital discharge.
14. Increase the availability and accessibility of new and appropriate specialist housing options for disabled people, people with learning disabilities and/or autism, people with mental health needs, people with drug and alcohol dependencies and older people with care and support needs across Surrey. This includes the provision of 'wet housing' accommodation options.
15. With regards to the Gypsy Roma Traveller community a common aligned approach between all public partners needs to be agreed if a sustainable improvement is to be made to efficiencies and outcomes across the residential sites.
16. Providing residents with specialist needs accessible housing information, advice, and guidance to support them to access appropriate housing and maintain their tenancies. This should include easy read tenancies that are easily accessible.
17. Ensure involvement from appropriately qualified specialists e.g. Occupational Therapists in the initial development and design of accommodation for people with disabilities, people with learning disabilities and/or autism, people with mental health needs, and older people with care and support
18. The wider workforce in Surrey including those who work in Housing and those working for housing associations should be trained to be able to identify and support the health and wellbeing of their clients through signposting and/or brief advice (for example Making Every Contact Count). This may include awareness training in relation to particular conditions such as autism and drug and alcohol dependences which will enable those professionals to interact with people more effectively.

19. Public Health and Adult and Children's Social Care should work more closely with housing teams and with housing associations, including those in districts and boroughs to identify opportunities to achieve joint goals in improving residents' health and wellbeing.

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Surrey Heartlands Integrated Care System Report to Surrey Health and Wellbeing Board, December 2023

This combined report highlights key updates from the Integrated Care Partnership and summarises recent activities of the Integrated Care Board (ICB), highlighting those which support the achievement of the Surrey Health and Wellbeing Strategy's outcomes for the Priority Populations and Key Neighbourhoods.

1. Reducing health inequalities

System/civic-level interventions

On 19th February the ICS will be holding a **system facing Symposium** which is being sponsored by Mark Nuti and Karen McDowell. The Symposium will be an opportunity to connect partners from across the system with representatives of the Integrated Care Partners, Integrated Care Board and Health and Wellbeing board, Boroughs and Districts, Frimley ICS, and Volunteer and Charity sectors. We hope this will lead to a better understanding of how the system works and the roles and differentiations between the boards. Particularly, in terms of providing a forum for partners and stakeholders to learn about the Integrated Care landscape and their role/potential role within it.

The Symposium will give us an opportunity to discuss the challenges and opportunities of working together across the system with the hope that a better understanding will lead to better collaboration and communication and result in better outcomes for residents. By identifying the different roles, the ICS hopes to get an understanding of possible duplication across boards, and where there may be gaps in the system. This could help with steering focus and resources.

The Integrated Care Board's (ICB's) **Deep Dive** focus in November was on **East Surrey Place**. The vision for Prevention and Communities in East Surrey is to improve outcomes through early intervention as well as targeted population health management. The aim is to bring activities of individual partners into a shared joint effort across organisational boundaries, in line with Fuller Stocktake recommendations. The neighbourhood model helps create consistency in approach





whilst responding flexibly to local needs. There are six transformation programmes at neighbourhood level, to ensure the citizen's voice was considered and enable the upstreaming of prevention, as well as service provision through financial resources and workforce development.

There will be increased citizen engagement through the Neighbourhood Health and Wellbeing Networks to respond to community identified health needs. The report noted strong links between [Growing Health Together](#) and the environmental sector.

Service based interventions

There are plans in place for a **Community Diagnostics Centre** at Caterham Dene to allow for greater access to patients needing scans outside an acute hospital setting.

The **Primary Care Recovery Plan** includes examples of local collaboration successfully overcoming organisational boundaries, to find practical solutions to reduce unnecessary workload in clinical settings.

Primary care teams are working on an approach to improve prevention of deteriorating physical health. The approach would be based on a peer review process supported by increasing the number of GPs participating in providing quality audit checks.

Delivery plans set out ambitions for improvements related to the delegation from NHS England to the ICB of **commissioning responsibilities for Pharmacy, Optometry and Dentistry**. There has been co-design with practices at ICS Place for [Core 20 PLUS 5](#), with examples of oral health support, aiming for a seamless journey to offer care within flexible commissioning, so it is truly integrated across primary care. Collaboration with local dental networks aims ensure more equitable dental services access and better links to community care pathways, such as Enhanced Health Care in Care Homes and working with community dentists to address health inequalities.

Annual health checks for those with learning disabilities are being delivered, with strong performance against requirements.





System Development Funding is being used to support prevention of mental health admissions, with other initiatives assisting those with Learning Disabilities

Community-led interventions and engagement

The ICB Board heard about the **Surrey VCSE Alliance's** involvement in work on the neighbourhood and towns development supporting infrastructure, attending various workshops related to the ICS Estates Strategy and exploring where space could be offered to the VCSE.

The first **Pharmacy and Dental engagement event** was being held on 21 November 2023, with 20 practices signed up. Healthwatch Surrey were involved in the co-design through workshops with practices in primary care.

One of the Healthwatch Surrey priorities this year is helping people use the **NHS App**, particularly those in the community less likely to be online or aware of it.

The ICP is committed to supporting community-led interventions to reduce health inequalities. The Deep Dive Town visits focus on a specific town and enables us to see and understand how strategy ambitions are being practically delivered across different communities. **The Guildford and Waverley Deep Dive** presentation in July highlighted the work that has been advanced specifically within Guildford, including:

- Community prevention and engagement within the local community
- The focused approach within the local neighbourhoods and working within the lower super output areas.
- Alignment of the work with both the Integrated Care Strategy and the deliverables for both Councils and the NHS with particular reference to the local 23/24 Delivery Plan and empowering local communities to improve outcomes.
- Key lessons learnt included collaboration, an asset-based approach and partnership approaches to working.

An action was taken to develop a "**Library of Experiences**" outlining the work done with communities in Guildford. **Three products** have been developed as part of this work related to taking a local and inclusive approach to community engagement in Central & North Guildford Primary Care Network. These completed products outline the challenges faced, community engagement strategies, and overall approaches.





These 'Library of Experiences' products will be shared with other towns as a toolkit for Community Engagement, and a template for future case studies. These products have been included as an appendix.

The Integrated Care Partnership on 26th October focused on **Walton town**. An overview was given of how the ICS's North West Surrey Alliance is working in Walton, summarising key achievements such as launching the first Neighbourhood team, a strategic board across Elmbridge with a focus on Mental Health and developing a new partnership approach to infrastructure. An update was given on the development of the Walton Borough Hub, a new facility that will bring together borough council services, neighbourhood health services, public health, and home care support.

2. Enablers

Equality, Diversity and Inclusion

As part of the ICS Strategy, the Learning Disabilities team are ensuring a strong focus on Equality, Diversity and Inclusion, in line with the JSNA chapter's recommendations.

Leadership and development

Recent discussions and actions at the ICP have focused on the sharing of learning and insight across places. It has been identified that the ICP has important role to play in the effective sharing of insights across different places and how that learning can contribute to early development of initiatives in each place. The Integrated Care Partnership will establish a group to further develop how the ICS share learning around our work with communities. The Integrated Care Partnership will also link into the system wide working group that has started to identify how the ICS embed the nuanced skills and approaches to working effectively with communities more firmly into our leadership and workforce development and induction programmes.

3. Other updates

The **Chief Executive Officer's Report** to the ICB included updates on:

- **Delivering the ICB's statutory responsibilities**





- Winter preparedness
- Responding to industrial action
- ICB running costs and operating model
- **Continuing to deliver our IC Strategy**
 - Development of our Trust Provider Collaborative
 - Public consultation on location of specialist children's cancer services
 - New provider for non-emergency patient transport
 - Professor Sir Chris Whitty visit to Surrey to hear about innovative work to tackle health inequalities
 - Development of a research engagement network
 - Best use of digital technology award
- **Looking after our people**
 - Championing equality & diversity
 - Launch of NHS staff survey
 - Carer confident level 2 status

The People Committee Chair's Report noted the impact of service pressures on our workforce and the requirements of the NHS Long Term Workforce Plan.

Recruitment and retention and specific skills shortages remain an issue for all organisations. The report also noted the jobs fair being held at Sandown Park next month, with Further Education colleges present.

For CEO's report and ICB papers: [NHS Surrey Heartlands Integrated Care Board Meetings - ICS](#)



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Update to Surrey Health and Wellbeing Board from Frimley Integrated Care System - 14 December 2023

Frimley Integrated Care Partnership (ICP) and Frimley Integrated Care Board (ICB)

ICS Strategy Refresh & Integrated Care Partnership

Working continues in preparation for the next meeting of the Integrated Care Partnership in December 2023. Since the last meeting of the Health and Wellbeing Board, the ICB has met with partners from Local Authorities, including the DPH of Surrey County Council, to commence work on the design of “ICP 2.0” which will build on the learning accrued since the launch of the ICP just over twelve months ago. We believe there is significant opportunity to evolve the ICP construct further in a way which enables us to meet the three states ambitions of the forum:

- (1) To provide oversight and approval of the ICS Strategy creation process and the impact of its delivery
- (2) To provide a formal environment for the consideration of the wider determinants of our residents health outcomes
- (3) To help nurture and evolve our shared vision and values as partner organisations and local leaders

We are committed to working with the Health and Wellbeing Boards to ensure that there is a stronger connection between the ICP and the Health and Wellbeing Boards, as well as the Joint Strategic Needs Assessments which are led by the Public Health teams.

Joint Forward Plan

We have now commenced the process of refreshing our Joint Forward Plan for the period of 2024 – 2029, for which we are required by legislation to publish by 31 March 2024. The NHS organisations in Frimley which oversee the production of this document will work with partners from across health and social care to ensure that the refresh truly reflects our shared level of ambition.

The Frimley Integrated Care System published its first Joint Forward Plan on 30 June 2023. This plan, which covers the period 2023 – 2028, is the first document which brings together the totality of the NHS transformation focus for the forthcoming five year period. The plan is a new statutory requirement of the Health and Care Act (2022) which came into lawful effect on 1 July 2022.

This Joint Forward Plan is fully aligned with the ICS Strategy and it outlines how the local NHS will contribute to achieving our shared goals and priorities. In particular, the Joint Forward Plan describes how the NHS will work in partnership together to meet our headline strategic objectives of reducing health inequalities and increasing healthy life expectancy.

The Frimley ICS 2023/24 Operational Plan sets out the detailed plans for how the partnership will achieve its priorities in the first year of implementation. It includes specific actions, targets and milestones for each of the priority areas identified in the Planning Guidance released in December 2022. It represents many of the year one actions of the Joint Forward Plan, although it should be noted that the latter is more ambitious and expansive than the national minimum planning requirements for the year ahead. The Joint Forward Plan also provides a longer-term perspective on how the NHS will evolve its services and workforce over the next five years, to support the achievement of the ICS priorities in the longer term.



Public Health Interface

We are testing a new collaborative model between the three Directors of Public Health in the Frimley System and the ICB CTO, CNO and CMO. This new way of working between the three DsPH in the Frimley System and the Executive Officers of the ICB will ensure that we have a sufficiently robust way of raising and considering issues which require a joint approach to progressing, as well as providing additional strengthening of delivery for the Living Well strategic ambition.

ICB Operating Model and Partner Engagement Process

In November 2023, the Frimley ICB published a set of proposals for a new ICB Operating Model and supporting staffing structure. We would like to hear from partners on how these proposals could be improved prior to final design and implementation which is expected from April 2024.