

Combined meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership (ICP) - Formal (public)

1. Reference Information

Paper tracking information	
Title:	HWB Strategy (HWBS) Highlight Report including HWBS Index Update
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	All HWBS
HWBS or IC Strategy Outcome(s):	All HWBS outcomes
HWBS system capabilities/IC Strategy Ambition 3 enablers:	All HWBS system capabilities
HWBS/IC Strategy 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
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Sponsor/Champion:	Ruth Hutchinson, Director of Public Health, SCC
HWB/ICP meeting date:	11 December 2024
Related HWB/ICP papers:	Highlight reports Healthy Surrey
Annexes/Appendices:	Appendix 1 - Highlight Report Appendix 2 - MHPB Work Plan Review Summary

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2. Executive summary

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 18 November 2024. The Highlight Report is available in an accessible, web friendly format, and provides:

- An overview of activity against HWB Strategy's [Summary Implementation Plan projects and programmes](#), describing what has been achieved with the Priority Populations and against the Priorities/Outcomes and some system capabilities.
- Outlined examples of collaboration by partners.
- Identifies examples of new data/insights and opportunities/challenges that have arisen, including via the HWBS Index.
- The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters.
- Communication activity associated with the HWB Strategy.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

1. Use the [Highlight Reports](#) to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Note the increased functionality of the [HWB Strategy Index](#).
3. Respond to the significant challenges which include the following:
 - The unmet needs highlighted in the HWB Strategy Index Scorecard results for Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North Key Neighbourhood.
 - Critical funding issue for Surrey prevention programmes that have been evaluated locally as effective in addressing need and reducing demand but are not resourced beyond March 2025 including Changing Futures' Bridge the Gap service.
 - Uncertain funding for several centrally funded physical activity programmes for children. Active Surrey is waiting for confirmation from central government.
 - Uncertainty about the level of Household Support Fund for Surrey in 2025/26.

4. Reason for Recommendations

Some individuals and communities experience poorer health outcomes. The focus of the Health and Well-being Strategy and Integrated Care Strategy is to reduce health inequalities so no-one is left behind.

5. Detail

In the Spotlight

Priority 1

In the spotlight – Multiple Disadvantage

A JSNA chapter on [Multiple Disadvantage](#) has been published. The chapter was co-produced with Surrey's Changing Futures Lived Experience Recovery Organisation (LERO). It is estimated that approximately 336,000 adults in England are experiencing multiple disadvantage. At least 3,000 of these individuals live in Surrey. For many their circumstances are shaped by long-term experiences of poverty, trauma, abuse, and neglect.

Findings are based on extensive stakeholder consultation, research, data analysis and collaborative engagement across sectors. 156 participants took part in either in-depth interviews or in-person surveys and focus group discussions. 100 responses to an online survey were received. Research participants included service providers, frontline staff, outreach staff, practitioners, health and care partners, system leaders, service users with living experience of multiple disadvantage and members of the LERO.

The chapter's key findings include:

- Some statutory services are geared up to 'assess' and 'treat' an individual's assumed primary need and do not always recognise the multifaceted nature of multiple disadvantage and its roots in trauma. Individuals are misdiagnosed or receive inadequate or no treatment.
- Many people facing multiple disadvantage will have experienced early life trauma and adverse childhood experiences; as such, early intervention and prevention are vital long-term solutions to responding to trauma and identifying risk and support earlier.
- There are gaps in the availability of effective and suitable support services for people facing multiple disadvantage in Surrey, which contributes to the persistence of health disparities and cycles of poverty and inequality.
- People with lived and living experience of multiple disadvantage are vital to decision-making processes and their involvement is pivotal in the design, delivery, co-production, and evaluation of services through genuine co-production.
- Effective intervention requires a partnership approach. The complexity of multiple disadvantage means that no single organisation can address multiple disadvantage in isolation. A 'whole system approach' is essential to improve outcomes for this population.

This JSNA chapter makes 11 recommendations for change that should inform Surrey's strategic planning, decision-making and resource allocation to support this underserved and vulnerable population. Please contact jsnafeedback@surreycc.gov.uk with any comments, queries, or feedback.

Priority 2

In the spotlight – Severe Mental Illness Audit and Modelling

A 'Severe mental illness (SMI) audit and modelling' report was completed in September by SCC and Surrey Heartlands Health & Care Partnership. This aimed to understand what we know about the SMI population and the interventions that are needed in Surrey. It will be taken forward under the governance of a SMI Health Inequalities Board to be established.

Surrey has a higher proportion of the population who are white compared to the rest of the country, and a lower prevalence of people on the SMI register, meaning that the assessed need and therefore allocated funding is low.

In contrast to the lower-than-average assessment of need, Surrey measures higher-than-average in excess mortality for people with severe mental illness. For each of the measured indicators of excess mortality for people with SMI, Surrey is currently performing in the poorest half of the 145 Counties & Unitary Authorities.

People aged 20-29 are the largest group in the SMI cohort, with the highest prevalence rate, and key neighbourhoods have a higher proportion of people known to mental health services and in the SMI cohorts.

The modelling shows that reducing the acute physical health demands of the SMI cohort to that of the non-SMI cohort would save £448.5m over five years. Report recommendations, drawn from a national review and local data and insights, are:

- Understanding variance in need of people on SMI registers – in-depth data analysis including qualitative interviews.
- Ensure continuity of care.
- Focus on 'wellbeing' more holistically, as opposed to just treating or managing the SMI (including NHS Talking Therapies or self-guided resources).
- Improve access to prevention services (e.g. oral health, sexual health).
- Improve capability, opportunity and motivation to self-manage, with a particular focus on multimorbidity.
- Improved trauma-informed case provision and long-term condition healthcare, e.g. training for secondary care health care professionals.

Priority 3

In the spotlight – Inclusive Employment (Workwise & WorkWell)

Employment has a positive impact on physical health and mental wellbeing, particularly for disabled people and people with long-term conditions. The Communities and Prevention team are leading a transformation of the health and work sector in Surrey. The work is informed by ethnographic research and

stakeholder engagement and supported by a single point of access for referrals into all SCC funded employment support.

[Work Wise](#) is a free employment service for anyone with a mental or physical health condition, disability, or neurodivergence, who wants to work. Work Wise supports people to find, maintain and sustain meaningful, long-term paid employment or to support people already in-work to continue their employment. 650 Surrey residents are already being supported and there were over 1,000 unique visitors to the Work Wise webpage in August alone. The programme is funded by DWP as part of the IPSPC national vanguard.

‘WorkWell’ aims to support residents absent from work under a fit note to improve their health and wellbeing, successfully return to work and maintain their health and wellbeing in the longer term. The service is delivered by coaches embedded in primary care and key community locations. The coaches provide time unlimited support, alongside a multi-disciplinary team of advisors in mental health, physical activity and skills and employment. The programme launched in October 2024 and is funded by DWP until March 2026. Frimley ICB is also in receipt of DWP funding to run a WorkWell programme.

The DWP requires ICBs with funding to deliver WorkWell programmes to also develop integrated health and work strategies. SCC is leading on Surrey’s Work and Health Strategy, which will support a whole system approach and be informed by the work and health needs of priority populations. Surrey Heartlands and Frimley will look to align their strategies where appropriate.

‘More and Different’ is a national initiative to enable anchor employers to recruit and retain a workforce from local communities. Research has identified two priority cohorts in Surrey: those aged over 50 and people experiencing in-work poverty. The programme was launched in November and eight anchor institutions have committed to take part, including SCC, Surrey Heartlands ICB and Frimley ICB.

6. Opportunities/Challenges

Opportunities

Health and Wellbeing Strategy Index

There has been increased accessibility/ functionality and further lower-level geography data added to the Index to explore: [Health and Wellbeing Strategy Index | Surrey-i \(surreyi.gov.uk\)](#).

Priority Populations

After consultation with appropriate stakeholders, the Priority Population of identity in the HWB Strategy ‘Black and Ethnic Minority Groups’ will be changed to ‘People who are racially minoritised’. ‘Gypsy Roma Traveller Groups’ will also be changed to ‘Gypsy, Roma and Traveller people’. It is proposed that the HWB Strategy notes that these populations will also include those who identify as being from a diverse

background that includes one of these populations. The system will still need to look at delivery of more specific outcomes for people from different and diverse ethnic backgrounds within these broad groups as these groups are not homogenous and nor are their needs. All projects and programme should identify which groups specifically they are working with and name them (e.g. Southeast Asian); this will be monitored.

The aim of these changes is to attempt to be more nuanced in our understanding of discrimination and more culturally sensitive around ethnicity; we will continue to consult to ensure these changes remain acceptable as policy and practice evolve and inform delivery of outcomes for these Priority Populations.

Priority 1

Active Surrey have launched a Place Partnership focussed on increasing activity levels in one of Spelthorne's key neighbourhoods, Stanwell. The Partnership, including Sport England, Active Surrey, health, county, borough and the VCSE, will take a systemic place-based approach and explore how to create the conditions for residents to be more active by drawing on system and community capacity. A request for Development Award funding has been submitted to Sport England and once approved work will start in earnest in January 2025.

Surrey's Oral Health Improvement Strategy is an all-age strategy which includes a focus on addressing health inequalities through targeted interventions for residents who have the poorest oral health outcomes. For example, children living in Surrey's more deprived areas, such as HWB Strategy Key Neighbourhoods, and care home residents. Consideration will be given to the actions from the Oral Health Improvement Strategy being included within HWB Strategy programmes.

Reablement already supports approximately 3,500 people every year to live more independently with 83% of people either maintaining or increasing their independence and reducing their need for care and support by an average of 4.3 hours a week. By undertaking several transformation activities in response to Newton Europe's diagnostic of Adults Wellbeing and Health Partnerships (AWHP), as well as measures to improve the referral process and increase the system wide, shared understanding of the Reablement approach, Reablement aims to support an additional 1,500 residents within existing resources.

Priority 2

The Mental Health: Prevention Board (MHPB) has reviewed its Work Plan for the calendar year 2024. This was to assess its delivery of the six, high-level actions it set itself, after sharing its draft plan with the HWB Board in December 2023. The MHPB oversees Priority 2 of the HWB Strategy through 4 outcomes, 13 reporting programmes and 19 indicators in the Strategy Index. A two-page summary of the Work Plan Review, measuring against the 'what should be different in one year's time?' success measure, is attached as Appendix 2. This includes outlining deliverables of 16 new Priority 2 Strategy Index indicators; steering the design of, and giving oversight to, delivery of Mental Health Investment Fund rounds 1 and 2,

and remaining funds allocation; and overseeing production of the first JSNA chapter focused on 'Loneliness and Social Isolation'.

The MHPD is now working on a new Work Plan for 2025. This will be aligned with, and taking forward the prevention work in, the Surrey One System Mental Health Plan. It will also draw on and reflect the Mental Health Foundation's ['Planning for Prevention'](#) guidance, SCC's Core Planning Assumptions, Surrey Heartlands Clinical Strategy (2024-27), key recommendations of JSNA chapters on 'Emotional and Mental Well Being in Surrey Adults' and all-age 'Loneliness and Social Isolation' and the Children and Young People's Emotional Wellbeing and Mental Health Strategy.

Priority 3

Surrey Education Partnership's Lifetime of Learning Strategy, which will embrace the opportunities for a 'lifetime of learning' and 'education equity' for all so that no learner is left behind, was agreed at November's Cabinet. Surrey's educational outcomes are above the national average. However, the achievement gap between children from disadvantaged backgrounds and children who are not from disadvantaged backgrounds is wider for Surrey than the national average. [The Surrey Education Partnership](#), supported by the Schools Alliance for Excellence (SAfE), provides the partnership governance for the Strategy and will support the development of a Strategy Action Plan, which is expected by spring 2025.

The Employability and Skills Programme Board (ESPB) has been established to support SCC to improve internal alignment of employability and skills resource and activity in Surrey. There are multiple funding streams which present significant opportunity to the county, and internal oversight and streamlining of activity will deliver better outcomes for residents and business. This Board will ensure cross-directorate engagement and approach to implement long-term sustainable differences to the employment outcomes of the most disadvantaged groups in Surrey, in line with the Council's strategic ambition of No One Left Behind. The ESPB will report directly to SCC Corporate Leadership Team, via the Chair, and, considering the strong economic, business and health drivers for employability and skills, will utilise connections with the HWB/ICP, ICB and the One Surrey Growth Board.

SCC has been awarded 5 years of funding by the National Institute for Health and Care Research (NIHR) to create a Health Determinants Research Collaboration (HDRC). The £5m funding will help the local authority to build capacity to do research on prevention and create a culture of using evidence in making decisions. Surrey HDRC's vision is to improve the health of our residents and reduce health inequalities which are driven by the social determinants of health. To achieve this, the [HDRC Surrey](#) will use the funding to enhance local research capacity, drive research on prevention and public health where evidence isn't yet available. It will also embed a culture of evidence-informed decision-making which is based on local knowledge underpinned by community involvement and issues that matter most to

our residents. Surrey HDRC is a partnership between SCC, the University of Surrey, districts and boroughs and VCSE partners.

Challenges

Health and Wellbeing Strategy Index Scorecard

The following table is a deeper dive into challenges previously identified in Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North – a HWB Strategy Key Neighbourhood. Out of 61 outcomes indicators currently included in the annual Scorecard, these geographic areas are identified in 23 of its outcome indicators as having the highest need.

Surrey HWB Strategy Index Outcome indicators	Surrey HWB Strategy Index Scorecard result plus where Spelthorne/SASSE 3 PCN/ Stanwell North has highest need in county
<i>Recent decline against outcomes across Surrey</i>	
Diabetes prevalence	Increased from 5.8% to 6.02% (good to be low) AND 8.83% in Stanwell North, 7.50% in SASSE 3 PCN, 7.52% in Spelthorne
Hospital admissions for alcohol contributable harm (Standardised Emergency Admission Rate per 100,000)	Increased from 1,260 to 1,511 (good to be low) AND 1,880 in Spelthorne
Under 75s colorectal cancer mortality (per 100,000 population) / New colorectal cancer cases, Standardised Registration Ratio (difference from expected, where expected is represented by '100')*	Fallen from 10.5 to 10.4 / SASSE 3 PCN - 122.9 (compared to South Tandridge PCN - 82.1)
Anxiety	Increased from 2.94 (score out of 10) to 3.36 (good to be low) AND 5.16 in Spelthorne
Feeling worthwhile	Fallen from 7.85 (score out of 10) to 7.75 (good to be high) AND 6.61 in Spelthorne
Households owed a homelessness duty (per 1,000 households)	Increased from 6.8 to 7 (good to be low) AND 9.8 in Spelthorne
Proportion of people who agree that there are places to meet up and socialise in their local area	Fallen from 77.7% to 76.7% (good to be high) AND 64.5% in Spelthorne

Proportion of residents who agree 'I feel like I belong to my local area'	Fallen from 84.3% to 81.1% (<i>good to be high</i>) AND 72.2% in Spelthorne
<i>Recent improvements against outcomes across Surrey</i>	
Proportion of residents who report doing any unpaid work to help their community or the people who live in it in the last 12 months	Increased from 34.1% to 37.8% (<i>good to be high</i>) BUT 33% in Spelthorne
Adults who are physically active (doing at least 150 minutes of moderate intensity activity in the past week)	Increased from 66.8% to 69.9% (<i>good to be high</i>) BUT 55.2% in Stanwell North, 61.8% in SASSE 3 PCN
Adults who are physically inactive (doing less than 150 minutes of moderate intensity physical activity in the past week)	Decreased from 22.1% to 19.5% (<i>good to be low</i>) BUT 25.5% in SASSE 3 PCN
Proportion of residents who reported eating 5 or more fruit/vegetables every day	Increased from 37.2% to 39.5% (<i>good to be high</i>) BUT 26.8% in Spelthorne
Life satisfaction	Increased from 7.58 (score out of 10) to 7.62 (<i>good to be high</i>) BUT 7.20 in Spelthorne
Patients who felt the healthcare professional recognised or understood any mental health care needs during their last general practice appointment	Increased from 81.9% to 84.7% (<i>good to be high</i>) BUT 75.6% in SASSE 3 PCN
Proportion of children (aged 0-19) in relative low-income families	Fallen from 9.5% to 8.5% (<i>good to be low</i>) BUT 11.3% in Spelthorne
Unemployment benefit claimants (Job Seekers allowance / Universal Credit)	Fallen from 2.8% to 2% (<i>good to be low</i>) BUT 4.9% in Stanwell North
Youth unemployment claimants (those aged 18-24 on Job Seekers allowance / Universal Credit)	Fallen from 2.87% to 1.81% (<i>good to be low</i>) BUT 4.1% in Spelthorne

Rates of anti-social behaviour incidents (per 1,000)	Fallen by 3.1 from 16.2 incidents to 13.1 incidents (<i>good to be low</i>) BUT 18.6 in Spelthorne and 32.7 in SASSE 3 PCN
Rates of violent and sexual offences (per 1,000)	Fallen from 24.3 to 23.6 (<i>good to be low</i>) BUT 27.9 in Spelthorne / 23.4 in SASSE PCN
<i>No trend data available</i>	
Proportion of young people (aged 16-18) participating in training, education or employment	97.6% (<i>good to be high</i>) BUT 90.7% in Spelthorne
Proportion of residents who have reported minimising throwing away food in last 6 months**	91.8% (<i>good to be high</i>) BUT 90.1% in Spelthorne
Proportion of residents who have had to access food banks or other community food provision in last 6 months**	14.4% (<i>good to be low</i>) BUT 23.8% in Spelthorne
Proportion of residents who have had to access additional borrowing (loans or credit cards in last 6 months**	30.4% (<i>good to be low</i>) BUT 38.1% in Spelthorne

*Two separate indicators combined in Scorecard

** New SCC/Police Joint Neighbourhood Survey question

Following a presentation on significant, identified needs in the HWB Strategy Index Scorecard for Spelthorne, SASSE 3 PCN and Stanwell North at the Spelthorne Healthy Communities Partnership (SHCP), and the subsequent sharing of a full profile for Spelthorne with SHCP members, a small working group led by Spelthorne Borough Council is meeting to plan a local partnership response to the challenges.

Insights from Luminus

Insights from Healthwatch Surrey, Giving Carers a Voice and Combating Drugs Partnership Public Involvement highlight the lived experiences of priority populations and their challenges with accessing information, services and support. Often this information and support is key to preventing people from requiring more serious interventions later.

Priority 1

Central government funding for Active Surrey's children's physical activity programmes is uncertain. Programmes at risk include the Holiday Activity and Food programme, Opening School Facility Funding, PE Premium to schools, and the School Games Organiser network. Though eight of 24 Friday Night Projects (FNPs) across the county have received top up funding from the Office of the Police and Crime Commissioner to September 2025 and a proportion have become self-sustaining, the future delivery of FNPs is uncertain. FNPs are a core element of Surrey's open access youth groups offer and their loss creates a potential gap in crime diversion and the provision of positive activity outside of school.

Changing Future's Bridge the Gap prevention service will be de-commissioned from 12 local VCSE community providers leaving 22 specialist practitioners at risk of redundancy, all clients at risk of escalating need, loss of the return on investment (Return on Investment is 1:4) and service/reputational pressures felt across all Surrey system partners if a funding decision in principle is not made by December 2024.

Priority 3

SCC is undertaking a review of options regarding roles working in communities. This includes Local Area Co-ordinator roles.

In October, central government extended the **Household Support Fund** nationally at current levels until March 2025. Subsequently it was extended to March 2026, but it is unclear at this point if this will be at current levels in Surrey.

7. Timescale and delivery plan

The inclusion of more detailed Surrey Heartlands' prevention projects/programmes and system enablers to address health inequalities in the Highlight Report should be considered going forward in order that it further captures delivery against the Integrated Care Strategy as well as the HWB Strategy.

8. What communications and engagement have happened/need to happen?

All members are asked to share the Highlight Report and the Challenges identified in this paper in their organisations to consider their responses

9. Legal Implications – Monitoring Officer:

There are no legal implications arising from this report.

10. Next steps

Consideration of drawing more key Surrey Heartlands and Frimley Health and Care project/programmes in under the auspices of the combined meeting of the HWB/ICP will begin after this meeting in order that the March 2025 Highlight Report includes more detail on prevention and on reducing health inequalities through ICS strategies.

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Questions to guide discussion:

- Does the partnership board have any questions about items presented in the Highlight Report?
- As a system, how should we respond to the Challenges presented in this Highlight Report?