

## Combined Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership Meeting Paper – Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>HWB Strategy (HWBS) Highlight Report including HWBS Index Scorecard Update</b>
<b>HWB/IC Strategy priority populations:</b>	All
<b>Assessed need; link to HWB Strategy Priority - 1, 2 and/or 3/ IC Strategy Ambition 1 and/or 2:</b>	All HWBS
<b>HWB/IC Strategy Outcome: People’s basic needs are met</b>	See all programmes/projects addressing food insecurity, poverty, housing strategy etc
<b>Other HWB/IC Strategy Outcome(s):</b>	All HWBS
<b>HWB/IC Strategy Principles for Working with Communities</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'</li> <li>• Co-designing: 'Deciding together'</li> <li>• Co-producing: 'Delivering together'</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities</b>	<ul style="list-style-type: none"> <li>• Civic/System Level interventions</li> <li>• Service-based interventions</li> <li>• Community Led interventions</li> </ul>
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<b>HWB/ICP meeting date:</b>	19 <sup>th</sup> March 2025
<b>Related HWB/ICP papers:</b>	<a href="#">Highlight reports   Healthy Surrey</a>
<b>Annexes/Appendices:</b>	Annex 1 – March Highlight Report Annex 2 – March 25 HWB Index Scorecard for Surrey

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## 2. Executive summary

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This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 24<sup>th</sup> February 2025. 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.
- Outlines examples of collaboration by partners.
- Identifies examples of new data/insights and opportunities/challenges that have arisen, including via the HWB Strategy Index Scorecard.
  - The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters.
- Communication activity associated with the HWB Strategy.

## 3. Recommendations

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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 updated [HWB Strategy Index Scorecard](#).
3. Respond to the significant challenges which include the following:
  - The continued unmet needs highlighted in the HWB Strategy Index Scorecard regarding inequalities experienced by communities of geography (particularly Spelthorne, SASSE 3 PCN area and wards around Stanwell North) and communities of identity.
  - Funding beyond the end of March 2025 for the continuation of the free and anonymous mental health phoneline, email and SMS [First Steps](#) service.
  - Funding uncertainty for the Household Support Fund beyond March 2026.

## 4. Reason for Recommendations

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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

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### In the Spotlight

#### Priority 1

#### In the Spotlight – MECC Strategy 2024-2029

The [Making Every Contact Count \(MECC\) Surrey Strategy 2024 to 2029](#) has been published on Health Surrey. [Making Every Contact Count \(MECC\)](#) is an evidence-based approach to behaviour change that leverages services' everyday interactions to support individuals in making positive changes to their physical and mental health and wellbeing. This strategy sets out the vision, guiding principles and key priorities for MECC in Surrey over the next five years.

MECC supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations:

- For organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach.
- For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.
- For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

In addition to the continued roll out of MECC Level 1 training to 300 staff by March '25, bespoke MECC training packages are being delivered to staff across the Surrey system in:

- Alcohol
- Smoking
- Mental wellbeing
- Fuel Poverty
- Food & wellbeing for carers of people with learning disabilities and/or autism

A post-training support package is in development to embed the MECC approach. The MECC strategy underscores Surrey's commitment to embedding prevention and health improvement at the heart of the ICS by creating a culture where every interaction, regardless of setting, is an opportunity to positively influence health and wellbeing.

#### Priority 2

#### In the Spotlight – Mentell Surrey

In England, the male suicide rate remains 3 times higher than the female rate, with Surrey data showing that 28% deaths are female and 72% are male. The most common age group was 45–59-year-old men. It is also recognised that men are less likely to access to help and support.

Public Health commissioned Mentell, a VCSE based in Stockport, to provide a men's mental health awareness campaign and online peer support circles to men living and working in Surrey. The focus is to reduce male suicides and offer safe and confidential spaces for men (18+) to talk, free from advice and judgement.

Mentell Surrey runs weekly peer to peer support groups. 171 men signed up as members in Surrey to access support from Mentell, of whom 47% are 40-59-year-old men. 215 partner organisations, including GPs, clinics, dentists and hairdressers, also signed up to receive information.

Mentell offers several awareness campaigns to reach the men local to Surrey, one being Turn Your Bar Blue, through which 125 bar and pub venues have signed up as willing to display Mentell marketing materials for the first week of each month. Men in the local community are six times more likely to attend Mentell in areas where this is an active presence, and this is the route for almost half of men finding Mentell Surrey.

Evaluation of the impact on men who regularly attend a Mentell circle is that this will statistically improve their sense of wellbeing on average by 45%. Their average SWEMWBS score (a short version of the [Warwick–Edinburgh Mental Wellbeing Scale](#)) before they attend a Mentell circle was 19.8 (out of a possible 35 points), placing their wellbeing in the bottom 15% of the UK population. That same group of men jumped past the top 75% of UK population norms after attending 10 Mentell circles registering an average SWEMWBS score of 28.5.

The full impact report can be read at: [Mentell Surrey report](#).

### Priority 3

#### In the Spotlight – East Surrey Poverty Truth Commission

The [Good Company's](#) Poverty Truth Commission (PTC) Celebration Event at the end of November was well-attended by approximately 120 residents and representatives from local organisations. Feedback from attendees was very positive. 12 of the organisations who attended expressed an interest in signing the End Poverty Pledge. 10 said they would be interested in running a Poverty Awareness Training Workshop. Those who attended the event also made specific pledges, in response to listening to the Poverty Truth Commissioners.

The Good Company will continue to work with the Poverty Truth Commissioners to implement and embed the key recommendations from the PTC, which include:

- Developing a healthy relationships education resource for schools and youth projects.
- Establishing a coordinated system for making online referrals.

- Promoting our poverty awareness training workshop to local agencies.
- Encouraging more community hubs and other safe spaces.
- Planning and running an awareness campaign to highlight local mental health care support.

There have been 18 signatories to the [Good Company's End Poverty Pledge](#) since the Health and Well-being Board signed in July 2024. There is a [resources page](#) on the Good Company website to help organisations enact their pledge commitments around Culture, Leadership and Accountability. Organisations that have taken the End Poverty Pledge can sign up to be sent a link to the [Poverty awareness training video](#) and an online self-assessment form.

## 6. Opportunities/Challenges

**Health and Wellbeing Strategy Index Scorecard update (since September 2024; will be delivered quarterly from March 2025).**

### Opportunities

Runnymede and Woking results against some outcome indicators are no longer worst in the county.

There has been a **slight improvement in life expectancy in Surrey** in the latest data (2021-2023) in line with the South East (however with a **10-year gap in life expectancy** for males between wards across Surrey and a **12-year gap** for females based on most recent data).

Smoking status for women at the time of birth (good to be low): **Surrey result has improved from 5.7% to 4.6%.**

Proportion of people with learning disabilities (aged 14+) having complete range of physical health checks in the 12 last months (good to be high): **Surrey result has improved from 73.9% to 80.2%.**

Suicide rate (standardised rate per 100,000 persons aged 10+) (good to be low): **Surrey result has improved from 9.5 to 8.8 out of 100,000 in the population.** (Best: Tandridge, 6.7; worst: Mole Valley, 9.8 (but reduced from 13.7)).

Patients who felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (good to be high): **Surrey result has improved by from 81.9% to 84.7%** (best: Waverley, 89.3%; worst: Surrey Heath, 81.0%).

Proportion of children receiving 2-and-a-half-year check with their Health Visitor (good to be high): **Surrey result has improved from 72.5% to 84.1%.**

Proportion of children (aged 0-19) in relative low-income families (good to be low): No significant change at Surrey level but **worst PCN (Woking Wise 2) has improved from 14.47% to 12.64%.** The worst ward was Canalside at 24.4% but is now Bellfields & Slyfield at 21.47%.

Rates of households owed a homelessness duty (per 1,000 households) (good to be low): **Surrey result has improved from 7.0 to 3.2** (best D&B: Surrey Heath, 1.3; worst D&B: Reigate & Banstead, 3.9).

Rate of anti-social behaviour incidents (per 1,000 population) (good to be low): **Surrey result has improved from 13.1 to 11.7**. Best district & borough: Waverley, 8.0; best ward: Farnham Bourne, 1.8; best PCN: East Elmbridge, 7.0. Worst district & borough: Epsom & Ewell, 16.7; worst ward: Staines, 40.7; worst PCN: SASSE 3, 19.4.

Walking at least once per month for travel (good to be high): **Surrey result has improved from 44.2% to 48.8%** (best: Epsom & Ewell, 56.9%; worst: Surrey Heath, 39.7%).

### Challenges

**Spelthorne** still has the highest number of outcome indicators where results are poorest (18).

**SASSE 3 PCN** has the highest number of outcome indicators where its results are poorest (8).

Despite a slight increase in life expectancy in Surrey, **there has been a significant decline in healthy life expectancy of 2.1 years for males, from 67.8 to 65.7 years) and 3.2 years for females 69.7 to 66.5 years)**. This is in line with decreases in the South East.

There has been **a decrease in the percentage of adults with a learning disability who are in stable and appropriate accommodation from 77.4% to 75.2%**. Surrey is now 3.5% below the percentage in South East.

Adults who are physically active (doing at least 150 minutes of moderate intensity activity in the past week) (good to be high): **Surrey result has worsened from 69.9% to 69.2%**. Highest and lowest district & borough remain the same. Best: Elmbridge, 75.3%; worst: Epsom and Ewell, 74.5% (an increase from 62.3%). The worst PCN is SASSE 3 at 61.8%.

Adults who are physically inactive (doing less than 30 minutes of moderate intensity activity in the past week) (good to be low): **Surrey result has worsened from 19.5% to 20.2%**. Highest and lowest results district & borough remain the same (best: Tandridge best, Epsom and Ewell worst).

Proportion of young people aged under 18 supported through NHS-funded mental health with at least one contact (good to be high): **Surrey result has worsened from 5.5% to 5.0%**.

Proportion of people with severe mental illness having complete range of physical health checks in the 12 last months (good to be high): **Surrey result has worsened from 63.4% to 61.3%**. The best PCN was Cobham and Oxshott, 75.0%; worst was Integrated Care Partnership PCN, 36.4%.

Unemployment benefit (Jobseekers Allowance and out of work Universal Credit claimants as proportion of the resident population aged 16+) (good to be low): **Surrey result has worsened from 2.0% to 2.35%**. Best district & borough: Waverley, 1.95%; worst district & borough: Spelthorne, 3.43%. Best ward: Chaldon, 0.48%; worst ward: Ashford Town, 4.72%. Best PCN: Woking WISE 1, 1.60%; worst PCN: SASSE 3, 4.09%.

Youth unemployment (young people aged 18-24 receiving Jobseekers Allowance or Universal Credit – proportion of the resident population aged 18-24) (good to be low): **Surrey result has worsened from 1.81% to 2.93%**. Best district & borough: Guildford, 1.66%; worst district & borough: Spelthorne, 5.04%. 15 wards at 0.0%; worst ward: Old Dean, 8.21%.

Cycling at least once per month for travel (good to be high): **Surrey result has worsened from 8.1% to 6.9%**. Best: Elmbridge, 13.0%; worst five district & boroughs (an increase from four) report 0% (Reigate & Banstead, Runnymede, Surrey Heath, Mole Valley and Tandridge).

Proportion of residents accessing additional borrowing (good to be low): **Surrey result has worsened from 30.4% to 34.3%**. Best: Waverley, 20.5%; worst: Spelthorne, 38.1%.

Proportion of Residents willing to work with others to improve their local area: **Surrey result has worsened from 79.5% to 76.7%**. Best: Guildford, 83.3%; worst: Epsom and Ewell 72.8%.

**(NB: Not all indicators have new data for last 2 quarters since September 2024 Scorecard was presented. There are significant time lags on some data).**

A collaborative group from SCC Public Health, Spelthorne Borough Council, North West Surrey ICS Place, Surrey Heartlands ICS and Active Surrey are meeting to address the needs identified in the HWB Strategy Index Scorecard for Spelthorne. An action plan is being developed by partners and support for its implementation by the HWB Board / ICP will be sought going forward.

## **Other opportunities**

### **Priority Populations**

The SCC-funded Energy Support Officer at the Surrey Coalition of Disabled People has been working with the United Hearts Project to support families with disabled parents or children to access fuel vouchers:

*“Our families have been grateful of the support through the Surrey Coalition of Disabled People and have commented that the vouchers have allowed them to clear some energy bills to allow them to get essentials. Lots of our families are often shy and embarrassed in requesting support but because we work closely with them, we know most of their situations*

*and we have been able to approach the most vulnerable ones directly to support them with this one-off voucher.”*

### Priority 1

The Changing Futures Programme to improve outcomes for people experiencing multiple disadvantage has secured funding from the Ministry of Housing, Communities and Local Government (MHCLG) and the [National Lottery Community Fund \(NLCF\)](#) and Household Support Fund (HSF6) for 2025/2026.

The Accelerating Reform Fund (ARF)-funded pilot specialist social prescribing service to support people on probation by connecting them to their communities and addressing health inequalities is operational and has been accepting referrals since January. Social prescribing link workers are employed by the VCSE and co-located within the Probation Service. This pilot is a nationally unique partnership between SCC, the Guildford Probation Service, and the KSS Health and Justice Partnership. An early case study shows a Person on Probation (POP) has been successfully supported by a specialist link worker to access talking therapy and develop a learning plan with Surrey Lifelong Learning to gain new skills and widen their employment opportunities.

### Priority 2

A celebration event was held on 15 January 2025 in Woodhatch offices on the delivery of the Surrey Mental Health Investment Fund (MHIF). The event was hosted by Councillor Mark Nuti, Cabinet Member for Health, Wellbeing, and Public Health at Surrey County Council, and Sue Murphy, CEO of Catalyst and representing the VCSE Alliance. The event not only showcased the projects funded by MHIF and the difference they are making to the lives of Surrey residents but also provided a unique marketplace opportunity to connect colleagues from the VCSE sector and inspire future collaborations. In addition, Unity Insights, the organisation commissioned to evaluate the MHIF project, also presented their findings and shared plans to provide training to help projects generate and utilise their own insights. This initiative ensures that funded projects continue to demonstrate their impact, strengthening the case for future investment.

[Apeer](#) shared powerful stories of connecting autistic girls and young women and explained the importance of creating spaces where they can "just" be themselves. [Children's Holiday Inclusive Play Scheme \(CHIPS\)](#) showcased the transformative impact of Easter and summer respite provisions, described by parents as "a lifeline". Citizen's Advice Bureau (CAB) Elmbridge described how they have embedded support in Fort House General Practice.

A total of £1.7m of remaining MHIF funds from Surrey County Council and NHS Surrey Heartlands are being matched by the Community Foundation for Surrey and to be awarded through the [Mental Health Scale-Up Fund](#). The [first project to be approved and announced](#) under this Scale Up Fund is to the Surrey Domestic Abuse Partnership (SDAP), to support their Suicide Prevention Services for young people



up to age 30. At over £0.3m, spread over the next five years, the grant will provide essential financial backing to SDAP, enabling them to sustainably scale-up existing suicide prevention services across Surrey.

### Priority 3

In addition to funding Bridge the Gap to sustain its advice services over the winter period funding from the 2024/25 Household Support Fund (HSF6) has been allocated to the provision of additional support for the Fuel Poverty programme, support for families involved in SCC's early help interventions, and to the provision of rough sleeper essentials – amongst other activities. Planning is now underway to consider how to allocate HSF7, which is expected to run April 25 – March 26.

A demonstration of the Low-Income Family Tracker (LIFT) was presented to the Prevention and Wider Determinants of Health Delivery Board in February. LIFT combines district and borough local authority data with modelling from [Policy in Practice](#) to provide insights that help target support and monitor the impact of interventions over time. There is an estimated £458m in unclaimed benefits in Surrey. The procurement of the LIFT dashboard, which was enabled by the Household Support Fund (HSF6), allows districts and boroughs to share data and identify vulnerable households, and reach out to them with communications and support, helping them maximise their income over time. The dashboard will provide place-level, aggregated insight that Surrey has not previously been able to view at a county level. Initial SCC campaigns will be on Pension Credit and Free School Meals take-up.

A [new report on the experiences of Surrey residents working on low incomes](#) has been published by Revealing Reality, which details the interconnected impacts of low incomes, high living costs, low skills, and unexpected financial and family pressures. The findings suggest that Surrey County Council could play a role in addressing in-work poverty by focussing on both immediate needs and long-term stability. By adopting a multi-faceted approach that tackles both the immediate challenges and the underlying causes of in-work poverty, SCC can empower individuals to achieve a brighter and more self-sufficient future.

[Your Fund Surrey](#) has awarded more than £1.1m to the Stanwell Events Acorn Project. The funding will be used to extend an existing community building in one of Surrey's key neighbourhoods to create an open-plan space for local organisations (the food bank, Citizens Advice, Surrey Police and the housing association) who support vulnerable residents.

### Other Challenges

#### Priority Populations

Luminus reports that some priority populations (refugees and asylum seekers and adults with learning disabilities and/or autism, for example) do not understand the role of GP practices within the NHS.

Healthwatch Surrey have also produced [a video that highlights the importance of the Accessible Information Standard](#) and the impact on priority populations when this is not adhered to.

A [report on the experiences of unpaid carers who have relatives and friends living in residential and nursing care homes](#), including dementia specialist care facilities, suggests there is still some way to go to ensure that the invaluable support that unpaid carers can offer is fully utilised and supported by the Surrey health and care system.

### **Priority 1**

The illicit vape and tobacco market is large and growing. There is concern over the capacity of the Trading Standards team to deal with the issue given the forthcoming ban on disposable vapes in June 25. Additional Public Health funding for the underage sales officer ends March 25.

### **Priority 2**

There are some challenges reported by several programme managers on which to cite the Board, alongside positive updates on delivery in these areas set out in the 'outcomes' section of the annex. There is no confirmed funding beyond end of March 2025 for the continuation of the free and anonymous phonenumber, email and SMS [First Steps](#) service; information has been shared with the Place leads to consider future funding. A chatbot is being explored as an interim arrangement.

There remains no confirmed funding for continuation of the real time surveillance of suicide. Within the Green Health and Wellbeing Programme, there are some delays in the commissioning of VCSE organisations to deliver Green Social Prescribing projects.

In the Community Mental Health Transformation Programme, there are various project risks and issues, with appropriate mitigation, on aspects of the implementation of the place-based integrated needs-led adult community mental health offer. These have been taken to its Strategic Steering Group which exercises main governance.

### **Priority 3**

SCC is anticipating receipt of the Household Support Fund (HSF) 7 (April 25 to March 26). However, no confirmation has yet been received from central government of the amount or grant conditions. The funding situation is less clear from April 2026, and HSF may cease at this point. Work is underway to consider an exit strategy. However, due to the nature of this funding there may be an unavoidable cliff edge in support available.

## **7. Timescale and delivery plan**

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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 has happened/needs to happen?**

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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:**

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There are no legal implications arising from this report.

## **10. Next steps**

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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 June 2025 Highlight Report includes more detail on prevention and on reducing health inequalities through ICS strategies.

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