

Draft Surrey Health and Wellbeing Strategy

Feedback from the Engagement Period

Introduction

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

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

In light of the new community vision, and the vital role people and organisations in the health and care system have to play in its delivery, partners initiated the development of a new and fully aligned Joint Health and Wellbeing Strategy (the 'Strategy') for Surrey.

Partners followed a rigorous and in depth process to fully understand the challenges the system is facing, the experience and outcomes currently secured for Surrey's residents, and identified those priority areas that will have the biggest impact on the health and wellbeing of the population. This work has included:

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

As part of a three phased approach to citizen engagement, the Strategy was published (on the Surrey Says online portal) as a draft on 27th February to enable residents and stakeholders to review the draft Strategy and specifically asked for feedback on the extent to which respondents agree with the overarching priorities and priority population cohorts within the Strategy. This engagement period – phase two of the citizen engagement - closed on 27th March.

An Easy Read summary of the overall aims of the strategy and an Easy Read explanation of pages 16-18 of the strategy which relates to Children with Special Educational Needs and Disabilities (SEND) or adults with a learning disability and/or autism were published as part of the Strategy documentation. Additionally, two Easy Read survey formats: an interactive edition of the survey and a printable PDF were available.

All data in this summary report is directly reported from the user and is presented to the Health and Wellbeing Board to enable it to agree any changes to the Strategy before it is finalised and published.

This feedback report is divided into 3 sections:

- Section 1: The quantitative analysis of the closed questions from Surrey Says
- Section 2: The qualitative analysis of the free text questions from Surrey Says
- Section 3: Analysis of the email responses and letters to the consultation

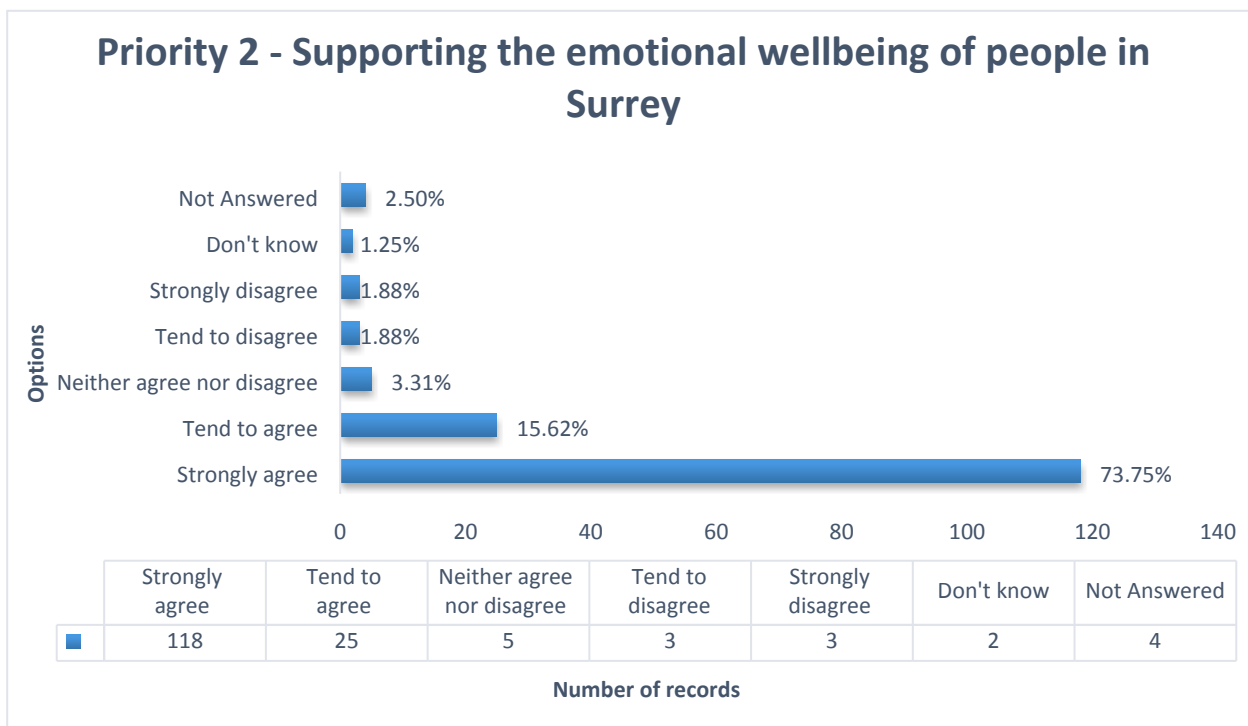
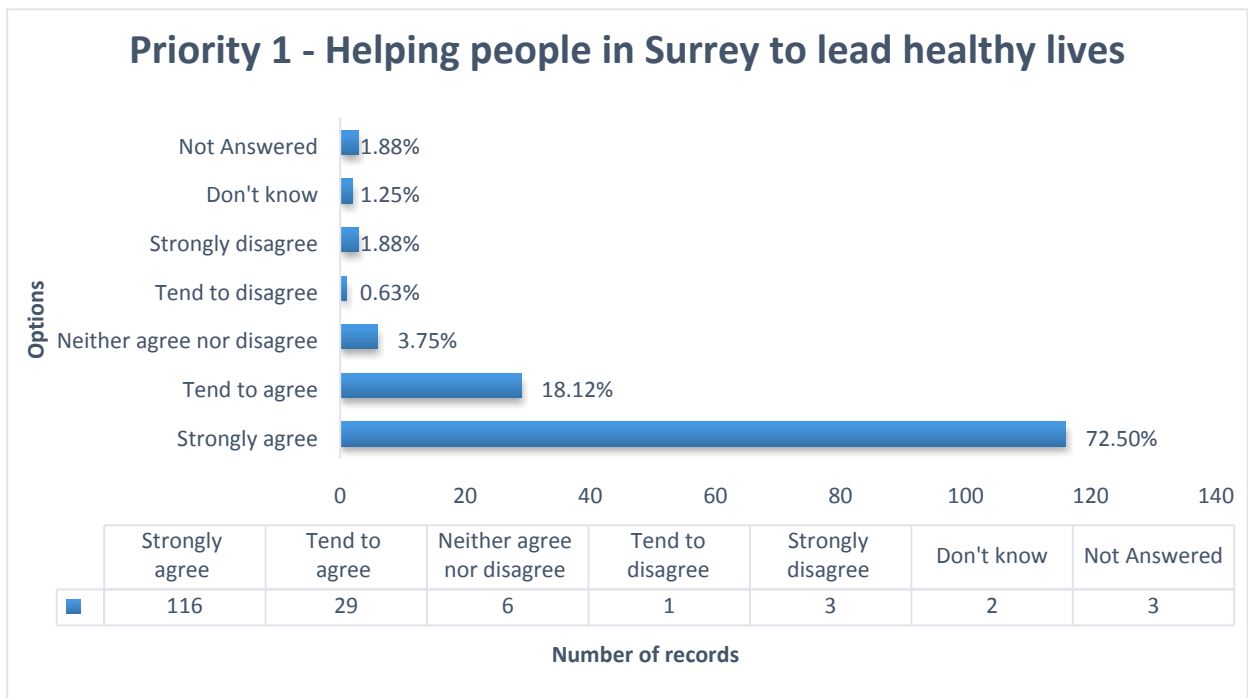
Section 1: The quantitative analysis of the closed questions from Surrey Says

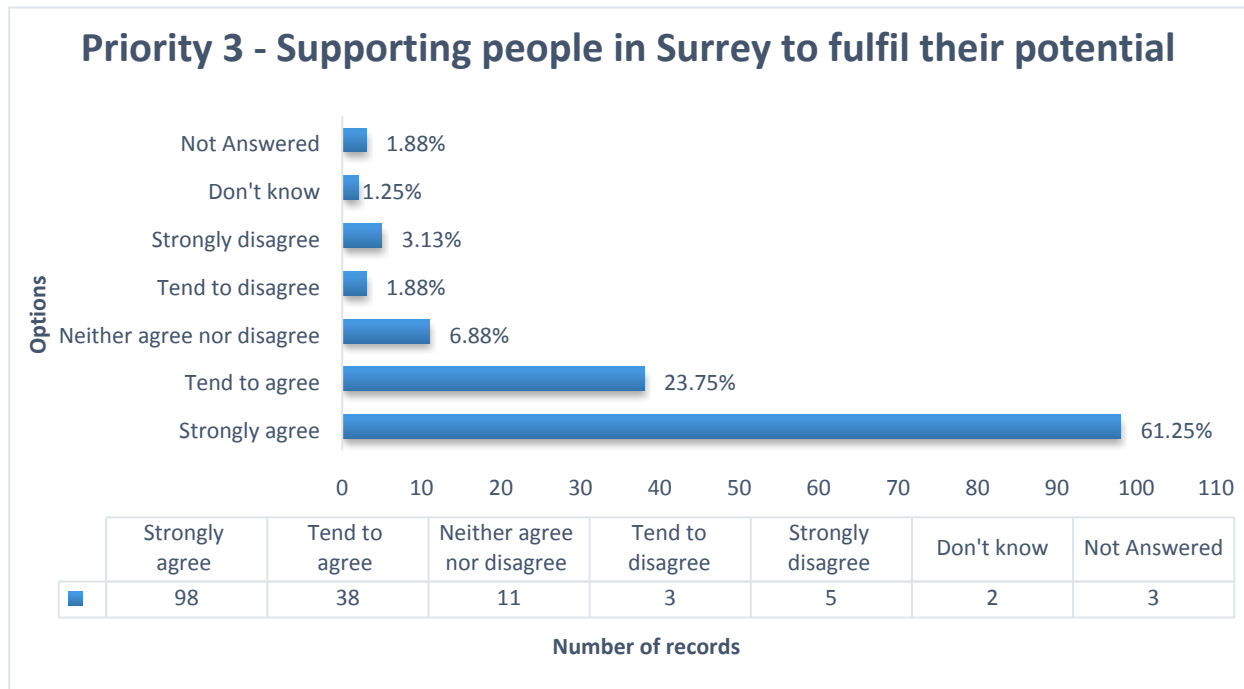
Final Count

Source	Number
Surrey Says	Total responses: Surrey Says = 160

Question 2 - Overarching priorities within the strategy

Respondents were asked: “Thinking first about the three overarching priorities described in the strategy, to what extent do you agree with each one?”

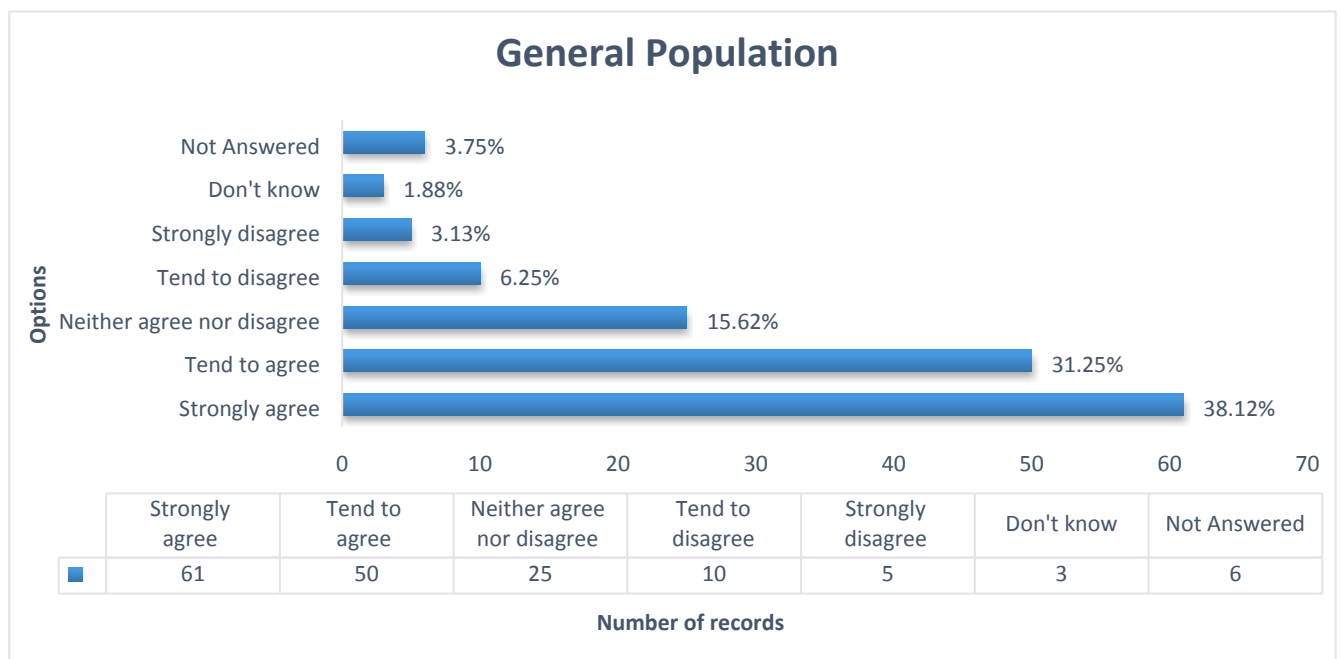




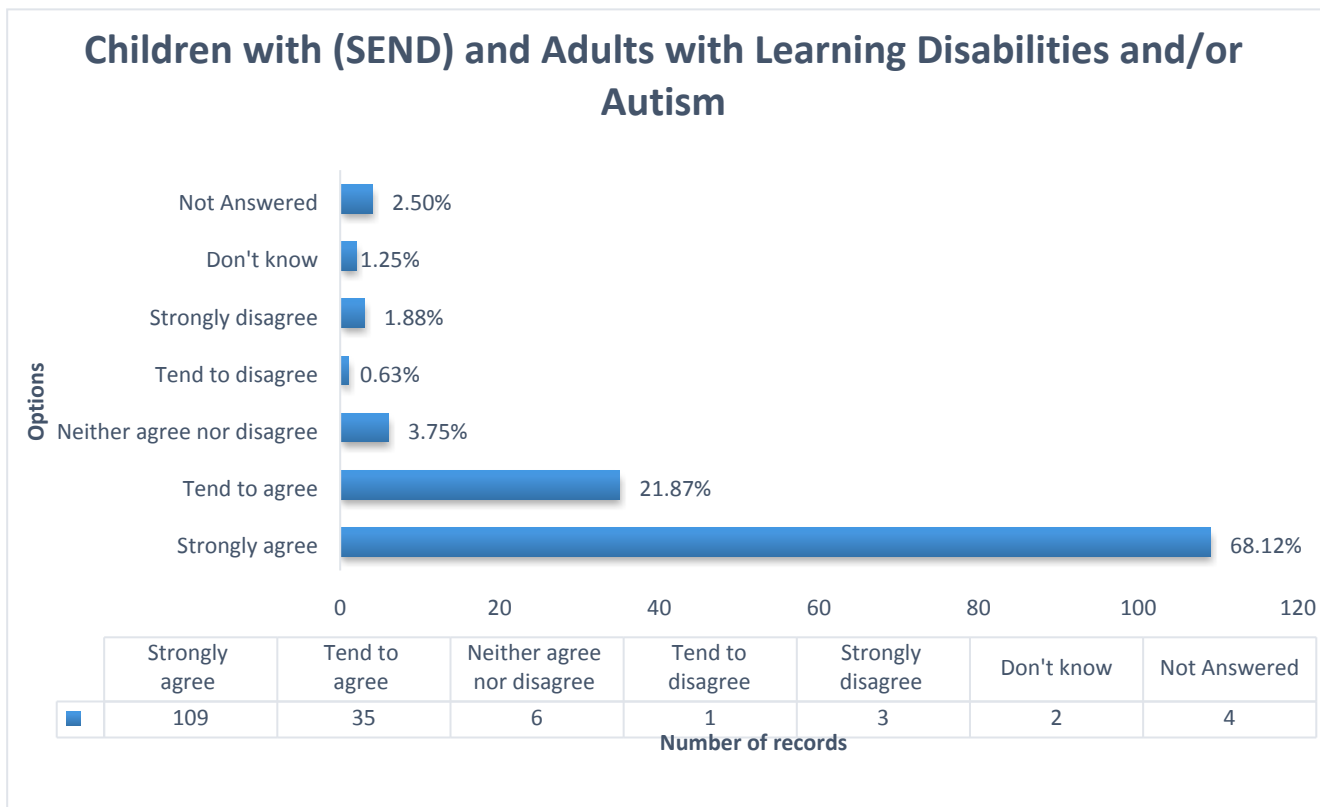
Question 3 - Priority population cohorts

Respondents were asked: “Five priority groups of people are identified by the strategy document who may require specific and targeted support/resource to bring their outcomes up to par with the wider population. To what extent do you agree or disagree with each group identified?”

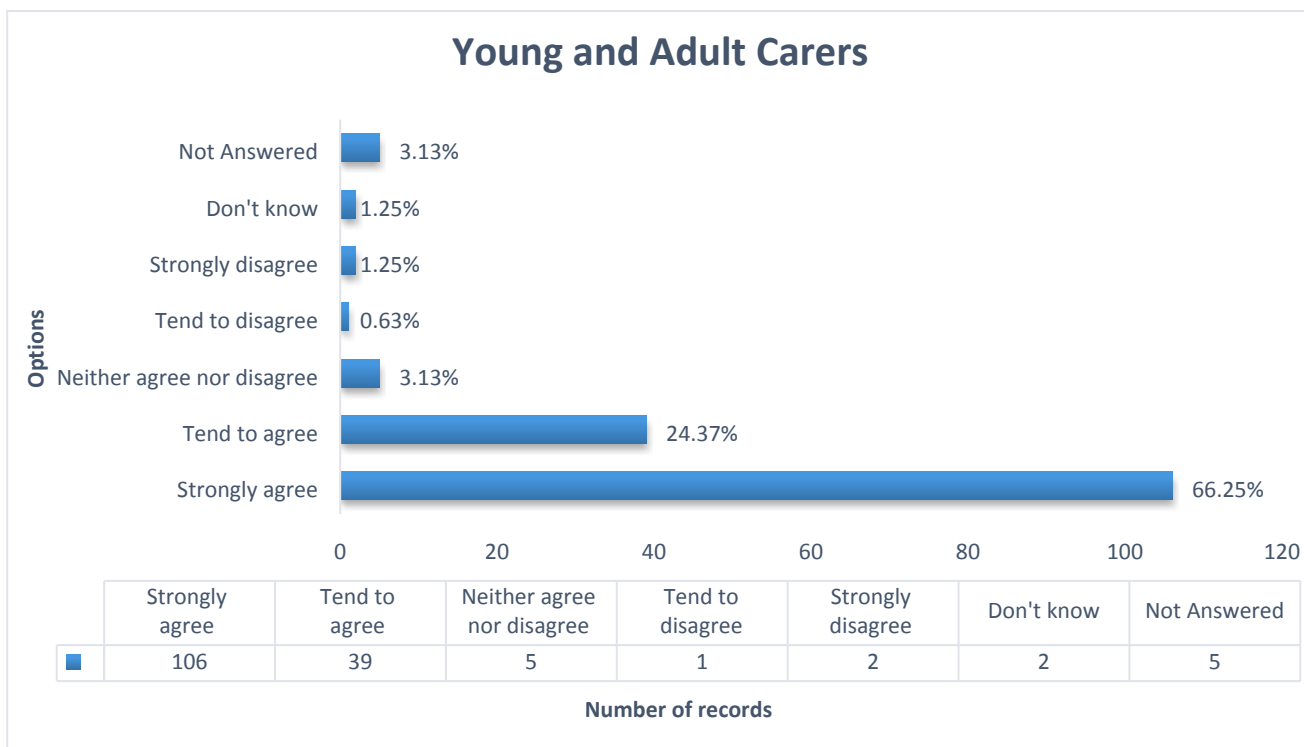
General Population:



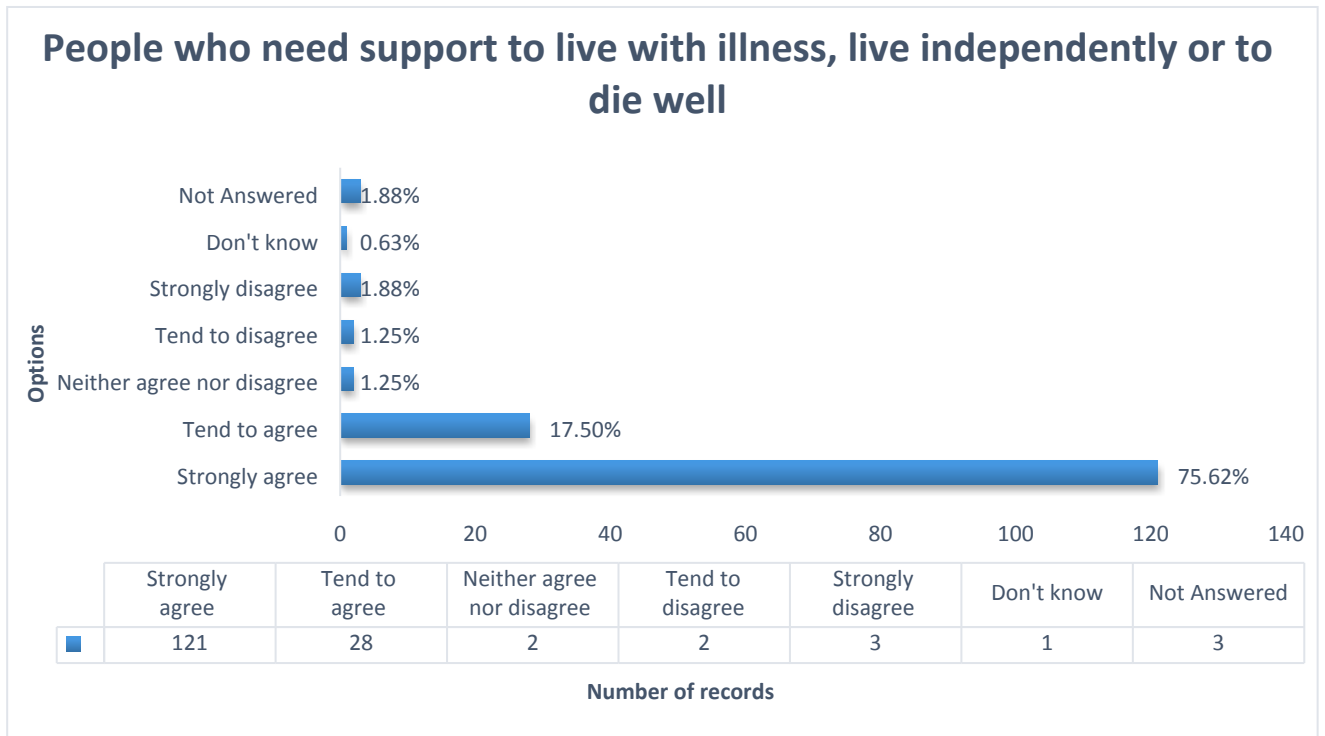
Children with Special Educational Needs and Disabilities (SEND) and Adults with Learning Disabilities and/or Autism:



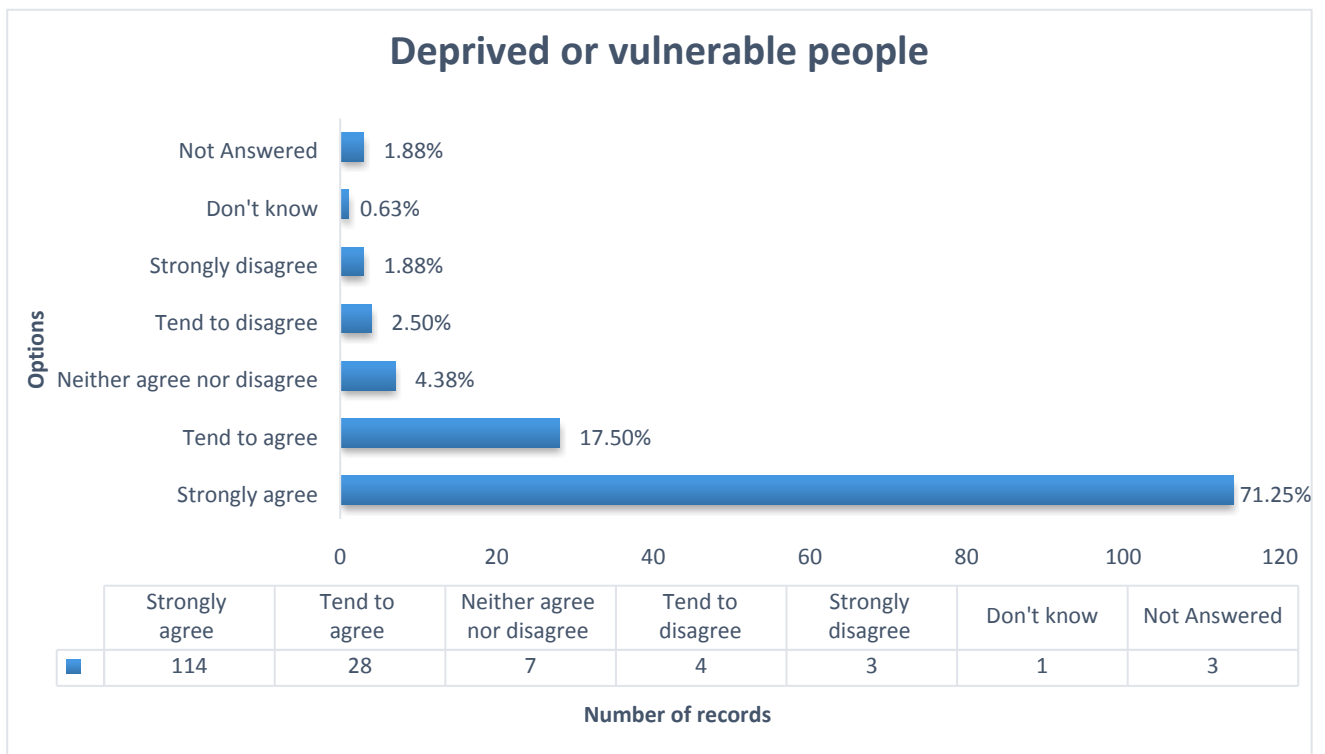
Young and Adult Carers:



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



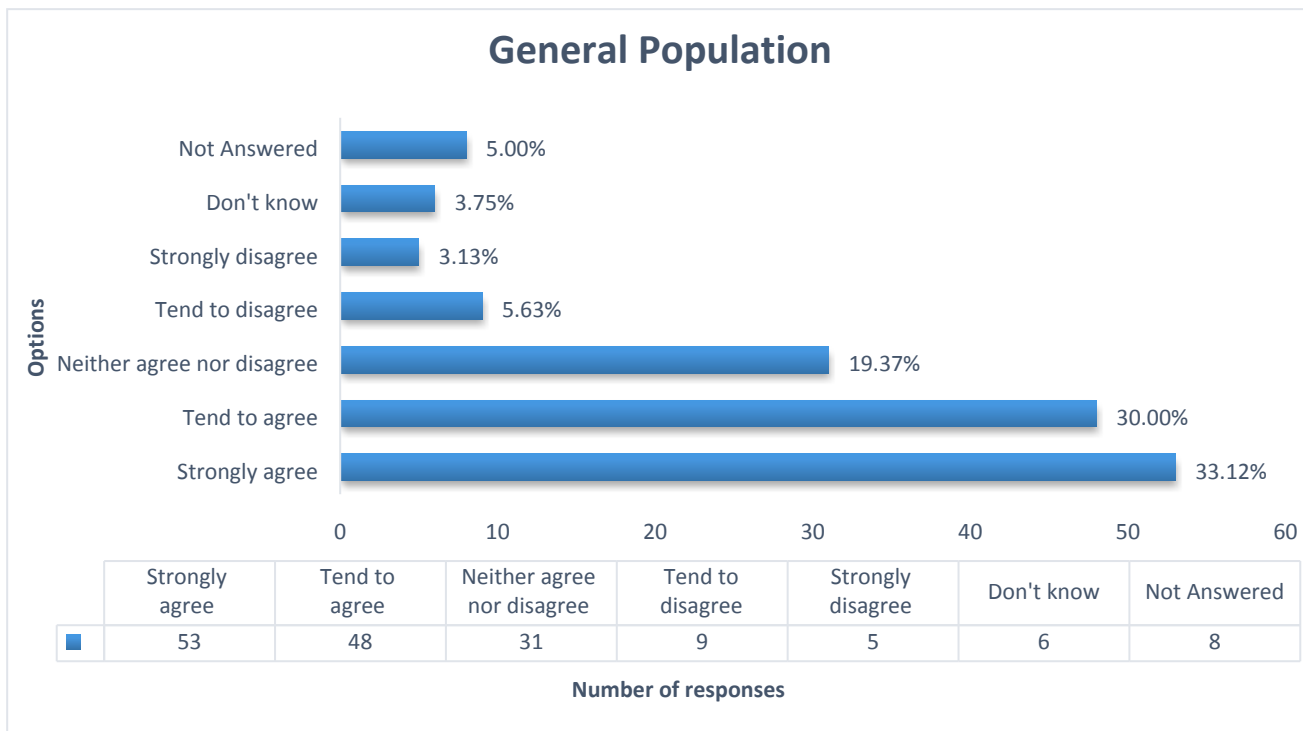
Deprived or vulnerable people:



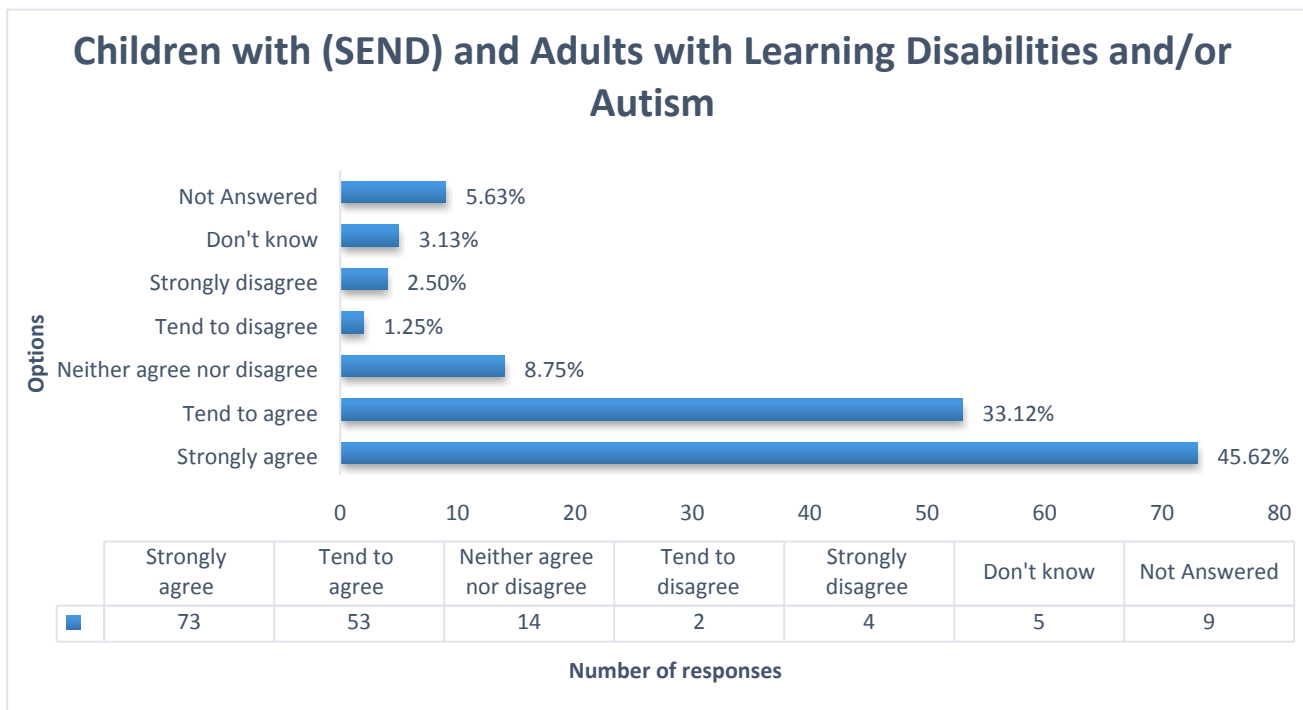
Question 4 – Priority Population Cohorts

Respondents were asked: “And for each of these population groups, to what extent do you agree or disagree with the level of ambition we have set?”

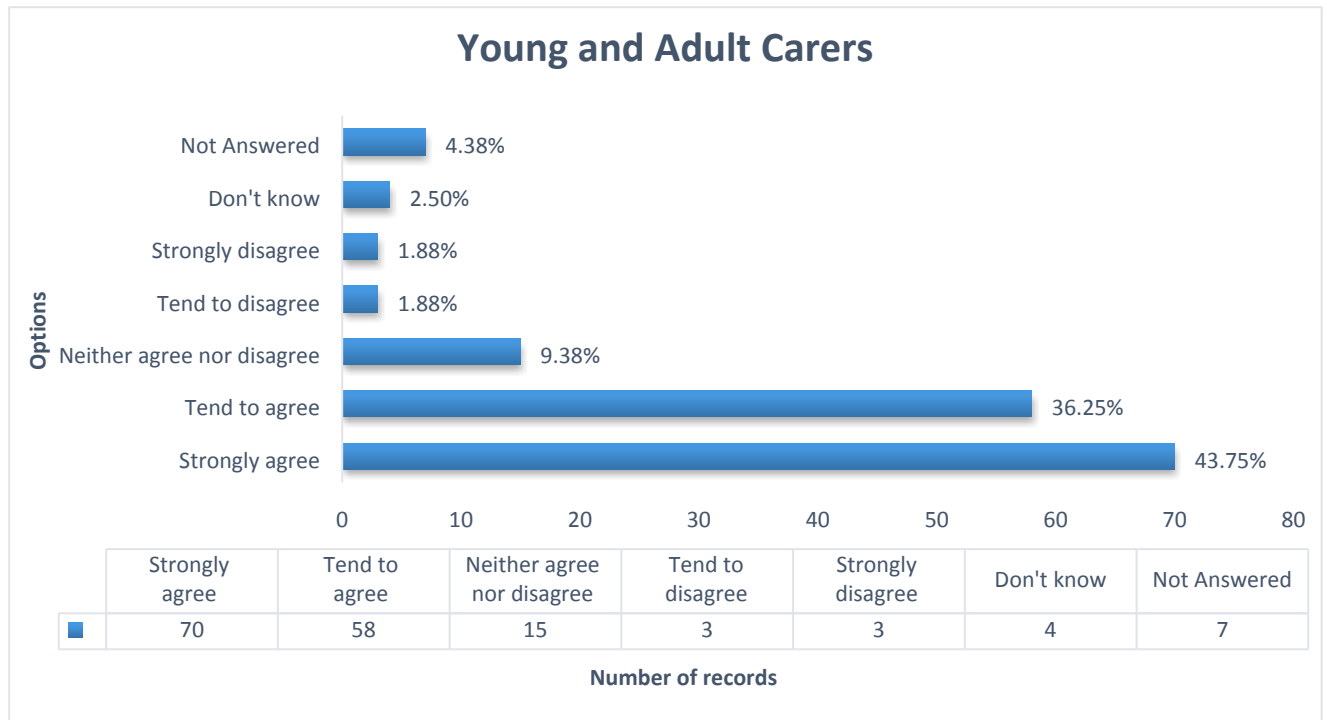
General population:



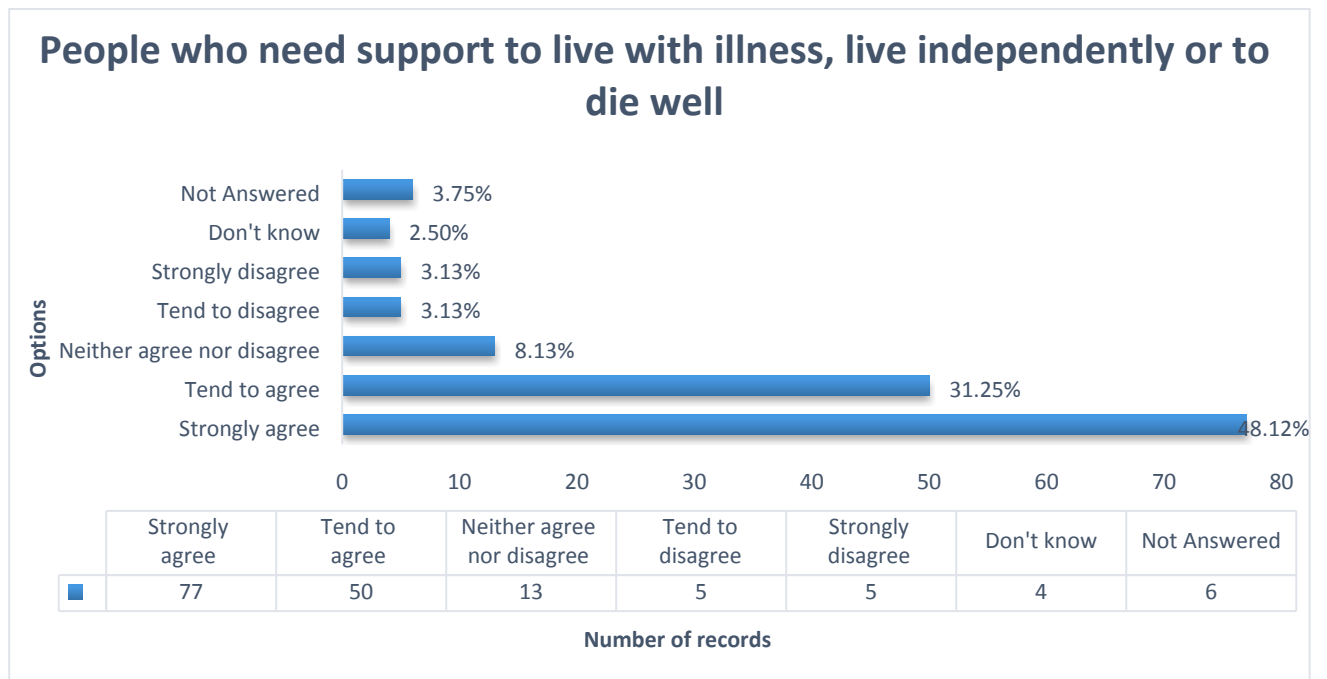
Children with Special Educational Needs and Disabilities (SEND) and Adults with Learning Disabilities and/or Autism:



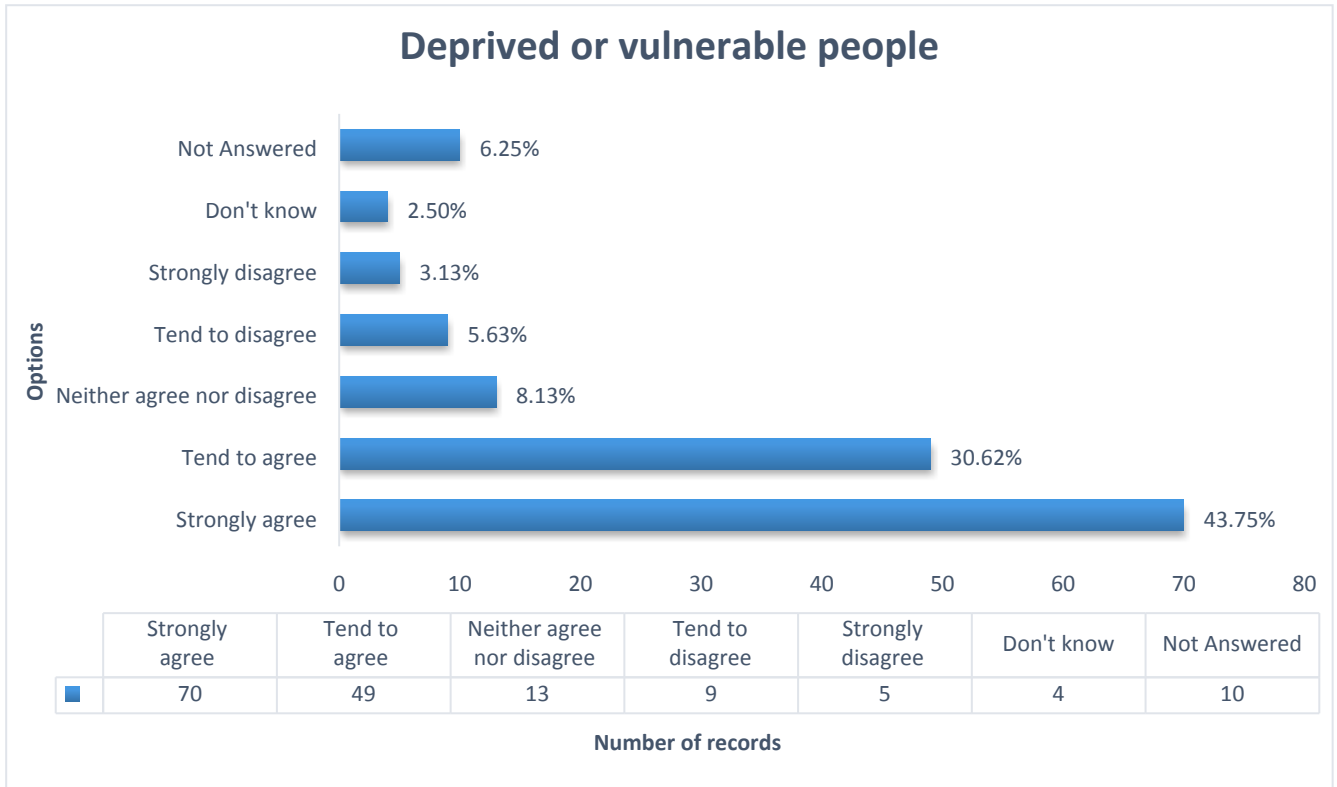
Young and Adult Carers:



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



Deprived or vulnerable people:



Section 2: The qualitative analysis of the free text questions from Surrey Says

Within the draft Health and Wellbeing Strategy survey, respondents could answer one free text question in the general questionnaire to provide any comments on the draft strategy.

Each of these responses were 'tagged' drawing on 34 possible tags (a tag being a theme captured in the feedback). 77 people out of 160 responded to the free text questions.

The free text question in the survey was:

"Please provide any additional comments you may wish to make, for example if you think there are any important gaps in the strategy please let us know what they are and why."

The overall frequencies of each of the tags provided an indicator of residents' main concerns with the proposals. Further analysis has been provided where two or more comments were made against a tag (or where it was necessary to explain the tag used).

The response themes were split into four categories:

1. Gaps: There were areas that respondents felt should be included in the strategy
2. Suggestions: These were ideas that respondents had to improve outcomes
3. Improvement: These were issues which related to the way the strategy was presented and outcomes measured
4. Target groups: These were priority groups respondents felt should be included in the strategy

Tag descriptions for the open ended free text questions:	% of the total sample	Approximate number of residents
Gap: Access to dental care	0.6%	1
Gap: Access to green space, built environment and air pollution	8.1%	13
Gap: Access to health services	1.2%	2
Gap: Mental Health	6.2%	10
Gap: Affordable housing	2.5%	4
Gap: Children Safety	0.6%	1
Gap: CVD, Hypertension and AF	2.5%	4
Gap: Cybercrime	0.6%	1
Gap: Domestic Abuse	2.5%	4
Gap: Drugs and alcohol	0.6%	1
Gap: Employability and education	4.3%	7
Gap: Hate Crime	0.6%	1
Gap: HIV/Aids	0.6%	1
Gap: Low income/poverty	1.8%	3
Gap: Loneliness	1.8%	3
Gap: Physical activity	2.5%	4
Gap: Stroke	1.2%	2
Gap: Breastfeeding	0.6%	1
Suggestion: Support for carers	2.5%	4
Suggestion: Decisions already taken not aligned to the strategy	3.7%	6
Suggestion: Engage GPs in the strategy	1.2%	2
Suggestion: Improve NHS waiting times	0.6%	1
Suggestion: Don't fund the NHS using local authority funding	0.6%	1
Improvement: Accessibility	9.3%	15
Improvement: Improve outcome measures	3.7%	6

Improvement: Poor engagement on the draft strategy	1.8%	3
Target group: BAME	0.6%	1
Target group: Young carers	1.2%	2
Target group: Only focus on general population	0.6%	1
Target group: General population should not be a priority group	2.5%	4
Target group: People not engaged in services	0.6%	1
Target group: Older people	1.2%	2
Target group: Disabled people	0.6%	1
Target group: Gypsies and travelers	0.6%	1

The comments following the table of responses provide further detail where the tag heading may be ambiguous.

The Findings

1. Strategy gaps

Tags included under this heading	% of the total sample	Approximate number of residents
Gap: Access to dental care	0.6%	1
Gap: Access to green space, built environment and air pollution	8.1%	13
Gap: Access to health services	1.2%	2
Gap: Mental Health	6.2%	10
Gap: Affordable housing	2.5%	4
Gap: Children Safety	0.6%	1
Gap: CVD, Hypertension and AF	2.5%	4
Gap: Cybercrime	0.6%	1
Gap: Domestic Abuse	2.5%	4
Gap: Drugs and alcohol	0.6%	1
Gap: Employability	4.3%	7
Gap: Hate Crime	0.6%	1
Gap: HIV/Aids	0.6%	1
Gap: Low income/poverty	1.8%	3
Gap: Loneliness	1.8%	3
Gap: Physical activity	2.5%	4
Gap: Stroke	1.2%	2

Access to green space, the built environment and air pollution

Respondents to the survey felt that the strategy should include environmental factors such as access to green space. There were concerns that building to high density on open spaces, the corresponding increase in car journeys and poor public transport/cycling infrastructure in Surrey prevents healthy lifestyles and contributes to poor health, in addition to suggestions need for free parking for those accessing countryside areas and open spaces.

“Current policy of building to high density on all open spaces and corresponding increase in car journeys threatens health.”

“If you want to target obesity and acknowledge the fact that people are living in crowded areas - then why are you not only charging for car parking on Surrey common land but charging such high prices.”

"In terms of improving general population wellbeing, the strategy document is very light on healthy lifestyles. You have the opportunity, at comparatively low cost with high return to promote healthy walking and cycling within the county by addressing infrastructure needs."

"Wellbeing for the general population should include environmental factors such as access to green space and reduction of air pollution in towns and along traffic routes. I could not see a mention of these in the strategy."

Employability and education

Respondents felt that the issue of employability was lacking in the strategy and that there needed to be a clearer link to tackling worklessness. Appropriate and adequate education and awareness raising were the main points people raised .

"Concentrate on (adult) education and let them work out how to put that to best use rather than being prescriptive."

"Appropriate and adequate education and awareness raising will impact the level of engagement. Will this be included in the strategy?"

"Children not accessing education."

"Education in early years/school should be highlighted."

"Employability focus is lacking."

"Although the strategy starts out pledging a focus on the root causes of health inequalities, there isn't a direct link through to the priorities identified. Indeed if so, there would be a clearer link to tackling worklessness."

"Feel that people should be helped to help themselves, far too many people live and depend on benefits."

Mental health:

Respondents to the survey felt the strategy didn't go far enough to address issues on mental health, in particular young people with mental health needs, the state of CAMHS in Surrey, early identification of mental health problems and family therapy.

One person felt the cuts to Youth Services meant that access to counselling for young people in schools/college/at home must be a key priority in the strategy and others cited the need to see more joined-up thinking in terms of a seamless transition between children's and adult's mental health and wellbeing.

"I think there also needs to be more joined up thinking in terms of children's mental health and wellbeing and that of "adults" as there needs to be a seamless transition in terms of services for vulnerable people where there is currently a massive void."

"Early identification of mental health problems in children and young people. If you don't get this right there is every chance that mental health problems will continue and intensify in adulthood."

"Mental Health is an important part of everyday lives and this needs to be looked into in more depth. Both children and adults are affected on a daly basis by these conditions and more needs to be done for now and in the future."

"There is no specific mention of young people with MH difficulties and the deplorable state of CAMHS in Surrey."

CVD, Hypertension and AF

Respondents felt the strategy should make more direct links to major diseases effecting people in Surrey such as the prevention of cardiovascular disease (CVD) with specific outcomes relating to reduction of premature deaths due to CVD or detection of pre conditions such as Hypertension.

“Cardiovascular disease is the single biggest area where the NHS can save lives over the next 10 years.”

“There are set outcomes around diabetes. But CVD is the biggest killer in Surrey and there are no specific outcomes of reduction of premature deaths due to CVD or detection of pre conditions such as Hypertension and AF. These are also more prevalent in areas of need.”

Affordable Housing:

Responses were concerned the strategy did not go far enough in tackling issues relating to housing. Respondents recognised housing as a wider determinant of health and felt that more emphasis could be place on the need for more affordable housing, with an emphasis on the development of key worker housing in particular.

There was also concern that the strategy did not tackle housing for people who are disabled and/or older, with limited focus on the need for “reasonably priced care facilities for older people forced to sell their homes.” There were two comments about the need for a more intergenerational emphasis in the strategy, with ideas put forward including older people living alone making use of a registered lodging scheme where support workers exchange support for subsidised lodging. One felt that the Shared Lives model worked for some, but there needs to be choice, particularly where people may wish to have a non-family model, *their own home or be with people they choose to live with.*

“You haven’t covered housing for the disabled or vulnerable or providing supporting staff at sensible cost for these people.”

“Not enough reasonably priced care facilities for older people forced to sell their homes.”

“You have no real plans for providing better housing for low income families.”

“Much more emphasis on affordable housing. Maybe give preference to hospital and social services staff, cleaners, porters, cooks, nurses, support workers in general. You will need these people to deliver this strategy.”

Physical Activity

Respondents highlighted the importance of including physical activity more explicitly in the strategy and not only in relation to obesity.

“I feel strongly that the role of physical activity should be more explicit in this document. It has such a proven impact on the wider health and wellbeing agenda and if championed, holistically, through such an important strategy, it could have a wide ranging impact on the county as a whole.”

“Physical inactivity is a major cause of ill health.”

Loneliness:

Respondents felt that the strategy focused well on isolation, but doesn’t give enough focus to loneliness of people of working ages, particularly single working-age adults living alone and working-age adults who are unable to work for medical reasons. There was also a need to respond to acute loneliness and isolation among older people where they have no relatives or friends and struggle to connect to any local network. Several respondents mentioned the

importance of day centers for those with dementia and community activities to help combat loneliness and support carers.

“As a 70 year old female pensioners having returned to Britain with no relative nex of kin, or any old friends still alive, and although receiving benefits, have very little available capital, I find it difficult to join the local community, having little in common with the average persons of my age groups.”

Low income and poverty

Respondents highlighted poor income as key factor in the wider determinants of health and felt the strategy should do more to address this:

“Financial support is vital - many older people can claim benefits such as attendance allowance, blue badges and forms of council tax relief but if they are housebound very little funded support is offered.”

“Support for those living in poverty.”

Domestic abuse:

Respondents raised concerns about domestic abuse and its co-relation with mental health and substance misuse, which requires a system response. They questioned the figures in the report, stating that 1 in 5 people don't report DA (1 in 6 older people). If this logic was applied to the very conservative numbers used by PWC, it significantly raises the scale of risk and priority ranking of DA as a core, root cause issue for focus. One person was keen to see more focus on domestic abuse from the perspective of the wider determinants of health and the stakeholders involved such as the police.

Other respondents raised concerns about the inter-relation of parental separation and domestic abuse that causes emotional stress to children, causing long term mental health issues. The figures used by PWC do not include the extent of harm for children and or young people growing up in households affected by DA and the impact of adverse childhood experiences.

“There needs to be more focus on tackling domestic abuse and a recognition of DA as a priority of focus when addressing emotional health and wellbeing and substance misuse (adults and children).”

“Hidden problem of issues between separated parents (including when DA present) that causes emotional stress to children, causing long term mental health issues.”

2. Suggestions for solutions

Tags included under this heading	% of the total sample	Approximate number of residents
Suggestion: Support for carers	2.5%	4
Suggestion: Decisions already taken not aligned to the strategy	3.7%	6
Suggestion: Engage GPs in the strategy	1.2%	2
Suggestion: Improve NHS waiting times	0.6%	1
Suggestion: Don't fund the NHS using local authority funding	0.6%	1

Support for carers

Four responses made suggestions for supporting carers through additional day centres, discounts and community activities.

“Community activities for the differing groups to help promote their wellness and to also help those that are carers.”

“Local leisure centres, clubs etc should be encouraged to offer discounted/free lessons/access to young carers.”

“Need more day centres for those with dementia or Alzheimers - not only for a change of scene/break for them, but also - very importantly - for their carers.”

Decisions already taken not aligned to the strategy

Six responses raised concerns that decisions that had been taken (to close children’s centres and change concessionary travel rules for people with disabilities) were not aligned to the intentions behind the strategy.

“Supporting children and young people does not mean closing children’s centres - I accept you want to consolidate but if people can’t access them then the point has been missed.”

“You are closing children’s centres which provide necessary support to the local communities and you have no real plans for providing better housing for low income families or better life chances for the children from these families.”

“The impact on the ‘Emotional Wellbeing’ of Disabled People in Surrey who, from the 1st of April, will be further isolated and disadvantaged by the removal of the concessionary use of disabled bus passes (no travel before 9.30am).”

3. Strategy Improvements

Tags included under this heading	% of the total sample	Approximate number of residents
Improvement: Accessibility	9.3%	15
Improvement: Improve outcome measures	3.7%	6
Improvement: Poor engagement on the draft strategy	1.8%	3

Accessibility:

There was lots of feedback regarding how inaccessible the strategy. These comments partly focused on the need for accessible formats, large print versions or a word document which could have the font increased. Other comments on the strategy centered on the need for clearer and more direct language and plain English, as parts of the strategy was vaguely worded. People felt the graphs were hard to read and that there was a need for more detail about options and solutions to meet the challenges set out in the strategy. People also wanted a clearer executive summary and better links made to other, more detailed strategies such as the Surrey Learning Disability and Autism Strategy.

“Overall the strategy isn’t very accessible, i.e. it is not in plain English and not always easy to understand, for example the graphs on p. 12 and 13 are not clear.”

"It is not a people friendly document - it is quite inaccessible to read and I work in the NHS!"

"A full range of accessible documents were not available until late into this - already tight - period."

"I am not sure about using the wording 'deprived population' - it is as if we are doing 'to them' rather than in partnership with those communities, that still have assets."

"One of the targets is to 'succeed professionally', I think this needs to include voluntary work as this may be a success for someone who is not currently active in their community."

"It may be worth mentioning how this strategy will link to other existing strategies."

"'Vulnerable people' is a very vague descriptor and a bit of a catch-all."

"I would rephrase on p.6 'only' 10% of children live in poverty - that is still a shocking statistic."

"It may be useful to say how the targets have been arrived at, some seem ambitious."

Improve outcome measures

There were a lot of specific concerns relating to the outcome measures, which were too prescriptive and not preventative. *"In considering the outcomes framework for each of the priorities as mapped against the targeted cohorts, our view is that some may appear too prescriptive, and not necessarily a measure of their intended purpose i.e. people with 'Learning Difficulties in Employment' as an outcome for feeling fulfilled and/or not getting left behind."*

People felt there was a danger of basing evaluation on easily measurable outcomes rather than on appropriate ones:

"This is especially apparent in terms of deprived and vulnerable children and families where the only suggested measures of "success" appear to be in terms of children's academic achievement."

"The metric for "healthy weight and active" is obesity levels in all cases - this is not a good way to measure activity as many of those who would benefit from increased activity are not obese."

Others commented that the measures in place are the same measures that have always been monitored by NHS England and PHE, and areas of focus tend to be very closely aligned to those areas as opposed to areas like how we focus on tackling adverse childhood experiences (ACE) recognising that children and young people who experience ACE are 15x more likely to have poorer health and wellbeing outcomes.

People felt there were too many 'late' measures, not capturing measures earlier/upstream:

"As a specific example, the measures around drinking alcohol and for 'Emotional Wellbeing' – measuring access to IAPT services rather than measuring results from a Quality of Life Survey which specifically asks about Mental Health and Wellbeing."

The Quality of Life Index was mentioned as a possible measure to include. There was also a comment on how measurements are going to be collected from the VCSF sector. Some people felt that it was difficult to gauge how ambitious the strategy is in the absence of any information about the financial and resource costs associated with their achievement.

"The measures in place are the same measures that have always been used. We are supposed to be looking at new ways of working this needs to include new ways of measuring success."

4. Target group

Tags included under this heading	% of the total sample	Approximate number of residents
Target group: BAME	0.6%	1
Target group: Young carers	1.2%	2
Target group: Only focus on general population	0.6%	1
Target group: General population should not be a priority group	2.5%	4
Target group: People not engaged in services	0.6%	1
Target group: Older people	1.2%	2
Target group: Disabled people	0.6%	1
Target group: Gypsies and travelers	0.6%	1

Target groups

There were mixed views over why the general population was included as a priority group. Some respondents didn't think any resource should be targeted at the general population; one felt that all resource should be targeted at the general population because *"lots of money is spent on a few people who do little to help themselves"*.

"If we include the general population as a priority group then we're not going to address the real priority groups. The general population is generally doing well. We have a limited joint budget and it should be targeted at those most in need/falling behind."

It was felt that the strategy did not put enough emphasis on young carers: don't lump them in with adult carers as their needs are very different." "Young carers and young adult carers are a particular vulnerable group."

Some respondents raised issues relating to specific wording in the strategy relating to the target groups. One person felt uncomfortable about using the wording "deprived population" stating *"it is as if we are doing 'to them' rather working in partnership with those communities"* and the assets available to them. One respondent didn't feel comfortable about the fact that the living with illness target group is in the same category as dying well. Similarly people felt that disabled people should not be in this category *"as many disabled people are not 'ill' – or, include Disabled People in another category."*

Section 3: Analysis of the email responses and letters to the consultation

Email responses were received from district councils, councillors, local groups, a town forum, parish councils, local petitions, charities, and residents. We had 10 responses in total. The email responses followed a similar pattern to the responses to the online Surrey Says consultation questionnaire with most of the main issues and concerns reiterated.

Tag descriptions for the emails letters:	% of the total sample	Approximate number of residents
Gap: Mental Health	1.8%	3
Gap: Affordable housing	1.2%	2
Gap: Children SEND/autism	0.6%	1
Gap: CVD, Hypertension and AF	0.6%	1
Gap: Domestic Abuse	0.6%	1
Gap: Employability	0.6%	1
Gap: Physical activity	0.6%	1
Gap: Community support for people with dementia	0.6%	1
Gap: Homeless health	0.6%	1
Improvement: Accessibility	3.1%	5
Improvement: Improve outcome measures	3.1%	5
Improvement: Governance	0.6%	1
Improvement: Poor engagement on the draft strategy	1.8%	3
Improvement: Building capabilities	0.6%	1
Improvement: Decisions already taken not aligned to the strategy	0.6%	1
Target group: Veterans	0.6%	1

The comments following the table of responses provide further detail where the tag heading may be ambiguous. The response themes were split into three categories:

1. Gaps: There were areas that respondents felt should be included in the strategy
2. Improvement: These were issues which related to the way the strategy was presented and outcomes measured
3. Target groups: These were priority groups respondents felt should be included in the strategy

The Findings

1. Strategy Gaps

Tag descriptions for the emails letters:	% of the total sample	Approximate number of residents
Gap: Mental Health	1.8%	3
Gap: Affordable housing	1.2%	2
Gap: Children SEND/autism	0.6%	1
Gap: CVD, Hypertension and AF	0.6%	1
Gap: Domestic Abuse	0.6%	1
Gap: Employability	0.6%	1
Gap: Physical activity	0.6%	1
Gap: Community support for people with dementia	0.6%	1

Mental Health

Health, Integration and Commissioning Select Committee (HICSC) members felt the strategy lacked reference and emphasis on mental health, even though "Supporting the emotional

wellbeing of people in Surrey” is one of its three Priorities. HICSC is of the view that the Strategy should incorporate more explicit references to mental health. For example, in relation to each of Surrey’s priority population groups, associated outcomes and metrics for measurement.

One response flagged concerns that the strategy did not cover the “impact of technology on health and mental health – for example the impact of social media and gaming ‘addiction’ on younger people”. One district council disagreed with the priority - Supporting adults to succeed professionally, which they felt should focus on “supporting families as a whole with help on parenting children with special needs, teenagers and young people with mental health needs”.

Employability

They also felt that the target to ‘succeed professionally’ wasn’t clear as it could refer to paid or unpaid employment. Some felt it ignored voluntary work as this may be a success for someone who is not currently active in their community. One person was concerned the strategy ignore those who were not capable of working.

“Stop pretending all people are capable of working – how many can’t work?”

“Job/employment/work same word but can have a different meaning. Clarity around what this means – paid employment, voluntary employment. It should be rewarding for the person and also consider options of moving on/progression.”

Another response stated “Why in the third priority do we have Supporting adults to succeed *professionally*? Feeling that this was the wrong word. Someone mentioned could be successful and in a bad place mentally.”

Affordable housing

Responses focused on the lack of choice and poor response to people’s housing needs: “someone with autism may need extra space”. One response flagged the need to “encourage supported living with resources to support the people but there needs to be more”.

2. Strategy Improvements

Tag descriptions for the emails letters:	% of the total sample	Approximate number of residents
Improvement: Accessibility	3.1%	5
Improvement: Improve outcome measures	3.1%	5
Improvement: Governance	0.6%	1
Improvement: Poor engagement on the draft strategy	1.8%	3
Improvement: Building capabilities	0.6%	1
Improvement: Decisions already taken not aligned to the strategy	0.6%	1

Improve outcome measures

The Surrey Carers Team stated they did not use the quality of life scale for carers in Surrey, opting instead for a standard carer metric. They are about to launch a pilot to test the utility of the Zarit Carer Burden Scale to help measure the impact of their carers services. This will initially be piloted in the carer breaks service and if the evaluation evidences the efficacy of this metric, they will roll out 2020/21.

One response was concerned about “too many ‘late’ measures, not capturing measures earlier/upstream.” One response queried the use of the on excess winter death rates as too late to act as an effective measure and put forward accessibility of adaptations as a better live

indicator of performance. Another response suggested that Quality of life index could be a measure. One response was concerned that the strategy did not “adequately reflect children and young people in the measures”.

Governance

Concerns were raised by the Health, Integration and Commissioning Select Committee about the governance arrangements that will support the delivery of the strategy in relation to its three Priorities and the absence of a clear line of accountability for the Outcomes identified within each Priority. The Committee were of the view that “a single organisation should be held accountable for each of the Priorities and associated Outcomes”.

Poor engagement

Several responses were concerned about the engagement period paying “lip service only” with a need for ongoing engagement and “live documents”. One response felt the draft strategy had been developed “from the top down rather than by starting by listening to people”. Responses felt there was a need to better evidence engagement with particular groups such as “children and young people, autistic adults and children, families and communities”.

Building Capabilities

Health, Integration and Commissioning Select Committee (HICSC) members agreed that the descriptions of the partnership infrastructure that will enable delivery for each of Surrey’s priority population groups, lack in detail and seem generic for the most part. The Committee is of the view these should be refined and developed further before the Health and Wellbeing Strategy is formally adopted, in order to facilitate monitoring of delivery and ensure a successful implementation.

Accessibility

The Surrey Disability Network was extremely unhappy that there was no accessible version of the draft strategy, and no large print version. Members said “this was not good enough as the council had committed to accessible engagement and consultation”.

One strategy flagged the need to “dovetail to other national and local strategies around learning disability and autism in children’s and adults”. The strategy should be clearer on mapping what strategies are there and linking this strategy to them.

3. Target groups

Tag descriptions for the emails letters:	% of the total sample	Approximate number of residents
Target group: Veterans	0.6%	1