

## Health and Wellbeing Board Paper

### 1. Reference information

Paper tracking information	
<b>Title:</b>	A renewed vision for data: driving insight-led decision making, demand management and performance to improve outcomes, including: <ul style="list-style-type: none"> <li>refreshing the Joint Strategic Needs Assessment</li> <li>the Surrey Index – Alpha Version</li> </ul>
<b>Related Health and Wellbeing Priority:</b>	System capability – Intelligence (with the Surrey Index also contributing to Priority 3: supporting people in Surrey to fulfil their potential)
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<b>Sponsors:</b>	<ul style="list-style-type: none"> <li>Gavin Stephens, Chief Constable of Surrey Police (system capability sponsor)</li> <li>Ruth Hutchinson, Director of Public Health (SCC) (Joint Strategic Needs Assessment Sponsor)</li> <li>Rob Moran, Chief Executive, Elmbridge Borough Council (Priority 3 sponsor)</li> </ul>
<b>Paper date:</b>	2 June 2021
<b>Related papers:</b>	<ul style="list-style-type: none"> <li>Health and Wellbeing Strategy Metrics Update and Proposed Review 2021 (4 March 2021)</li> <li>Refreshing the Joint Strategic Needs Assessment: proposals (4 March 2021).</li> <li>Surrey Covid-19 Community Impact Assessment (10 September 2020)</li> <li>Update on Community Impact Assessment, Local Recovery Index and Social Progress Index (3 December 2020)</li> </ul>

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### 2. Executive summary

In developing the Surrey Health and Wellbeing Strategy in 2019 we identified an integral role for intelligence in supporting and enabling the delivery of our goals to improve health and wellbeing. We need intelligent analytics to underpin effective decision-making, reporting mechanisms to assure system performance and measure the impact we are having, underpinned by good quality, accessible data and a workforce with a wealth of data skills to draw on. Collaboration around data, analytics and intelligence presents a unique opportunity to harness the breadth and

depth of data which each organisation holds to ensure that the work we do both individually and collaboratively is the best it can be for our residents, patients and communities and reduces health inequalities so no one is left behind.

Across Surrey we already have many examples of high-quality collaborative work, ranging from activities led through the Surrey Office of Data Analytics (SODA), to the Population Health Management (PHM) programme, to the work that has been run through the Tactical Information and Analytics and Vaccination Cells of the Local Resilience Forum during the Covid-19 response. This work has helped to focus activity, particularly around support for people who face inequalities or are vulnerable, as well as creating a wider picture of the impact of Covid-19 on communities to inform current and future plans and services.

The pandemic has brought a greater focus on the role that data and intelligence can play in driving insight-led decision making, demand management and performance to improve outcomes, adding energy to our shared ambitions, and a number of key opportunities have been identified to build on progress to date. This includes the activities identified in the main body of this report, and in two appendices:

- **Appendix 1: Refreshing the Joint Strategic Needs Assessment**

It is essential to refresh the JSNA following the impacts of Covid-19 and to inform the revision of the Health and Wellbeing Strategy (HWS). The JSNA is a core part of the intelligence system capability and the aim is for the JSNA refresh to be a continuous process of assessment and planning that will inform the local system.

In the short to medium-term, a refresh will build upon the work of the Covid-19 Community Impact Assessment (CIA) conducted in 2020. The refresh will also ensure the JSNA supports HWS implementation by identifying the right priorities for action plans.

In the longer-term, the refreshed approach will continue to support the HWS evolve to meet emerging needs of the population while still addressing the overarching priorities.

Refreshing the JSNA also provides the opportunity to build on learning and insights of those things that have worked well, including harnessing of quantitative and qualitative data, combined with the voices of our residents and patients to inform local decision making.

- **Appendix 2: Surrey Index – Alpha Version**

The Alpha Version of the Surrey Index has been developed in partnership with many organisations working in the county and will be an important insight tool for partners working at a local level. It is [available on Surrey-I](#). The index serves as a tool to understand the level of health, social, environmental, and economic wellbeing, and progress in Surrey at a granular level, which in turn allows for local level comparisons and decision making. The tool can be used in conjunction with other insight products such as the CIA and JSNA to give partners and residents a rich understanding of their local areas. The index represents a step forward in terms of our ambitions to provide richer and more joined up insights across partners in Surrey.

### 3. Recommendations

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That the relevant Proper Officer(s) in consultation with the Chairman:

In relation to the system capability:

1. Endorses the need to renew the ambition around data and intelligence, recognising that we need to jointly design the data infrastructure and analytics capability to inform and monitor the ambitions of the refreshed Health and Wellbeing Strategy.
2. Confirms support for the areas for collaboration and next steps (see sections 5, 7 and 9) and suggest any additional areas
3. Agrees that Chief Constable Gavin Stephens (Surrey Police), leads on behalf of the wider system, the development of a longer-term vision and roadmap to progress our shared intelligence ambitions and outcomes, and works with the Chair of the Surrey Office of Data Analytics (Michael Coughlin, Surrey County Council) and relevant data and intelligence leads in partner organisations, to deliver it.

In relation to the JSNA:

4. Agrees the renewed governance for the JSNA through an operational oversight group with representatives from the CIA Steering Group, to include Surrey County Council public health, adult and children's services, the Insight & Analytics team, the CCGs, Community Teams, Healthwatch and Districts & Boroughs. Others may be co-opted as appropriate.
5. Agrees that the new operational oversight group will oversee delivery of the JSNA.

In relation to the Alpha Version of the Surrey Index:

6. Supports the use of the Surrey Index to guide local level decision making and targeted interventions in local areas.
7. Provides individual and collective leadership to ensure the Surrey Index is used to inform partnership and organisational strategies and decisions around future service delivery and resource allocation.
8. Champions the Surrey Index in their respective organisations, other partnership forums, and with local communities and residents.
9. Builds buy-in from partners, including District and Borough councils, so that more local level up to date data can be included in future iterations.

The remainder of this report focuses on the recommendations for the system capability. For further detail on the JSNA see **Appendix 1** and **Appendix 2** for detail on the Surrey Index.

### 4. Reason for Recommendations

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The Health and Wellbeing Strategy includes a commitment to develop and embed system capability around intelligence to drive and guide decisions and activity to achieve greater efficiency and effectiveness. In the past year the Board has seen how important intelligence has been to support the county's response and emerging recovery to the Covid-19 pandemic. We now have an opportunity to build on this and

accelerate our ambitions - developing a common vision and joint ambition for data, insight and intelligence - alongside the refresh of our Health and Wellbeing Strategy.

Reasons for the recommendations relating to the JSNA and Surrey Index are included in the appendices.

## 5. Detail

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Over the past year Health and Wellbeing Board discussions have highlighted the importance of having good intelligence to inform decisions about services and support for residents, communities and businesses, and to monitor our collective impact. This has included the Covid-19 CIA, the Local Recovery Index, the Surrey Index, the Health and Wellbeing Strategy metrics and the JSNA and the Health Inequalities workstream and dashboard.

There are lessons we can learn from our partnership data analytics work during the pandemic, and opportunities to harness as we move our ambitions forward.

### Lessons Learned from Covid-19

Partners' response to the Covid-19 pandemic through the Surrey Local Resilience Forum has created an environment for effective collaborative data analytics, delivered through the Tactical Information and Analytics Cell (TIAC) during the first wave of the virus and more recently through the Surrey Office of Data Analytics (SODA).

The TIAC was comprised of members from Surrey Police, Surrey Heartlands and Surrey County Council, with links into Districts and Boroughs and other local services. Clear direction in terms of priorities and problems, and close collaboration between partners, enabled the TIAC to solve issues and questions efficiently and effectively. This shared focus and close partnership working also meant that information governance became less of an obstacle.

Examples of work that was managed or overseen by the TIAC includes:

- bed capacity modelling
- Covid-19 R number modelling
- joint surveillance reporting from across the system on testing, cases and deaths
- the management of data for the Welfare Cell to support Clinically Extremely Vulnerable people
- predicted impacts of Covid-19
- the Testing Cell for test and trace activities.

The TIAC also provided a mechanism to link up wider analytical work and share data, for example for the Covid-19 CIA.

In 2020 SODA was refreshed and a new SODA Operational Group has been created. The Operational Group has now taken up the role of the TIAC, and specifically for the Covid-19 Mass Vaccination programme where a Data and Modelling Vaccination Cell (DMVC) has been established.

The experience during Covid-19 represents some good examples of how collaborative data analytics can be carried out, with some areas for improvement also identified:

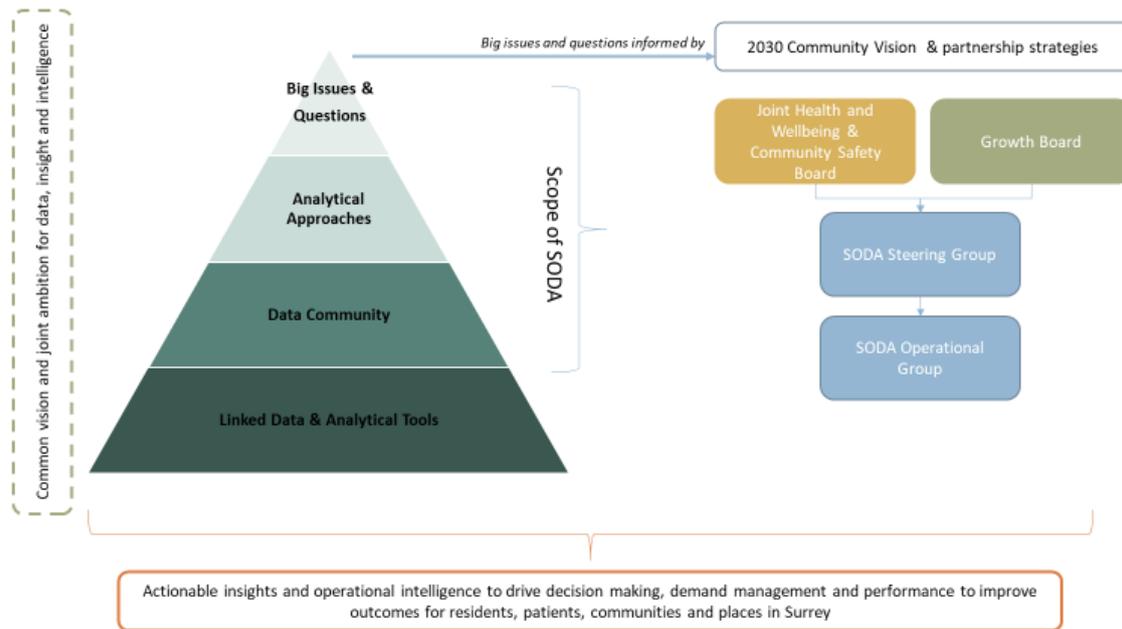
- Collaboration across partners has happened primarily at a management and strategic level and there is a need to break down siloes that still exist at analyst level to share analytical approaches and learning
- Due to the rapid need to turn around the work, as well as the capacity of analysts, some of the most challenging and complex work was undertaken by consultants which limits the potential for learning and capability building
- TIAC and SODA experienced challenges in obtaining reliable, consistent and timely information on unfamiliar datasets which are not normally shared. A more collaborative approach to data management and storage is required.

Recognising some of these challenges, a review of data arrangements in the LRF was recently carried out. The review identified several data initiatives going on across LRF partners and noted a lack of alignment or joined up vision. The review recommended that senior representatives from across partners develop a wider vision and scope for data and insight, including a vision for how data can be made more accessible and visible across partners, to enable more cross-cutting analytics and insight and better operational intelligence. Chief Constable Gavin Stephens, joint Chair of the LRF and a member of the Health and Wellbeing Board will lead on behalf of the wider system, the development of a longer-term roadmap to progress our intelligence ambitions and outcomes, working with the Chair of the Surrey Office of Data Analytics (Michael Coughlin, Surrey County Council) and relevant data and intelligence leads in partner organisations.

The work outlined in this paper presents the first steps towards a renewed shared vision for data, and a roadmap that will help set out how we can collectively overcome these challenges.

## **Areas of collaboration**

Doing data analytics effectively in partnership requires collaboration across a range of domains, from defining business problems, to designing a shared data architecture and building formal and informal networks and communities. Partners in Surrey need to collaborate across four areas:



The ‘big issues and questions’ are the shared Surrey wide challenges that by their nature cross organisational boundaries, they are the reason that we do collaborative data analytics. These are problems that can only be tackled by sharing data, working together and developing joint solutions. Examples include frailty, mental health, domestic violence, youth crime and gangs, homelessness, substance misuse, loneliness and many more.

These problems impact residents, patients and communities in complex and multidimensional ways and are recognised by a range of public bodies, voluntary sector organisations and businesses across Surrey through the Health and Wellbeing Strategy or other partnership strategies. Within each organisation we have our own ways of framing and understanding these problems. Part of the value of the big issues and questions is to develop a joint articulation of these problems, and of the benefits of joint solutions to tackling them.

One of the reasons the Covid-19 data work has been successful is due to the joint focus around a specific problem. Therefore, a key objective for collaborative data analytics should be to agree a shared set of big issues and questions that we wish to investigate and analyse jointly, using all our available data. SODA is championing this approach (see **Appendix 3**), with the identification of four initial focus areas that partners have agreed to collaborate around. A further enabler was the way information governance (IG) was used to allow partners to see a similar level of patient/resident data which benefitted joint working.

Linked data and analytical tools are the foundational components that enable analysts to create useful and insightful outputs – the quality of the insight that SODA and other partners can produce relies upon linked data, tools and a skills data community. It includes the technology that is used to manage and analyse the data, and the data itself. However it is just as important to recognise that IG, information sharing, data quality, definitions (e.g. of vulnerability) and unique identifiers to match

information can be significant barriers to this work and will take some effort and focus to work through.

Linked data provides unparalleled insights that cannot be gained by looking at data within service or organisational silos. By bringing data together we can get a much richer understanding of our residents and service users, which means that we can design interventions that much better meet their needs. There are several initiatives underway in Surrey to create linked datasets. Many of these are designed from the perspective of better operational service delivery and data sharing, though they also potentially hold value for analytics. Projects underway include the Surrey Health and Care Record and PHM which use health and social care data to better inform partnership working at all levels. New opportunities to better link data include reimagining how we support vulnerable people in an emergency and widening the partnership scope of PHM as per the PHM strategy.

Further consideration needs to be given to how data from more partners can be included within shared datasets, including data from District & Borough councils, Surrey Police and others. Other areas are already doing this, for example through their shared care records, and we can learn from this and other best practice. An ICS data strategy is being developed, and partner organisations will also have or be developing their own data strategies to develop linked data and analytical tools. A partnership event to develop a shared vision around this, scope a programme of joined-up work, and consider joint resourcing (deployed collectively across the partnership landscape) will take place over the summer.

Further detail on the JSNA and Surrey Index are included in the appendices.

## 6. Challenges

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In addition to the challenges outlined in the report, a key challenge will be ensuring we join up our efforts to progress our approach to data and intelligence.

Organisations will want, or need, to simultaneously pursue their own ambitions for the use of data and intelligence, but we need to take every opportunity to coordinate across partners to fully harness the potential of our data, such as through ensuring that our approach to linking data can be effective for helping us protect vulnerable residents, take a preventative approach and predict where our services will be most needed. A challenge to this includes the footprint(s) organisations work across; with organisations not necessarily sharing the same patients/residents the extent of meaningful analytics will potentially be limited.

As we develop a renewed shared vision for data and further explore the potential for linked data across the county we will likely encounter challenges relating to the interoperability of the technology and systems that are used across partners to manage and analyse data (many of which will be legacy systems). As such there are interdependencies with this work and other programmes across the system, most notably the system capability work around digital, and we will need to continually check our alignment to maximise our collective impact and reduce inefficiencies.

Specific challenges relating to the JSNA and Surrey Index are in the appendices.

## 7. Timescale and delivery plan

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There are a number of activities already underway that are running to a variety of timescales including:

- The JSNA refresh – see **Appendix 1** for more detail.
- The Surrey Index – see **Appendix 2** for more detail.
- PHM platform with risk stratification and other dashboards, fed with linked data, to be live in June. Second tranche of PCNs / ICPs June to December. Third tranche in January 2022.
- SODA – over the summer the 4 focus areas will move from discovery into delivery, with data products expected to be delivered late summer/early autumn with an evaluation of the approach taken and impact of each project
- Surrey Care Record - all Surrey Heartlands providers to be live, viewing and contributing data by first half of 2021 with a plan to add End of Life Care Plans, pharmacies, maternity and continue enriching the data (including SEND) throughout second half of the year and into 2022.
- ICS data strategy currently being scoped with the aim of a first draft by end of June.

Key milestones linked to the work to renew our vision, which will draw on and connect the above, will include:

- A partnership event to develop a renewed shared vision for data (anticipated: July)
- Scoping a programme of work and considering resourcing (anticipated: July – September)
- Phase 1 delivery (September onwards) and scoping/planning for subsequent delivery phases.

## 8. How is this being communicated?

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The challenges, ambitions and opportunities set out have been developed through a range of partnership conversations, including with:

- The LRF
- TIAC and other LRF cells
- SODA Operational Group and Steering Group
- Population Health Management Steering Group
- ICS Data Strategy Working Group
- SCC Data Strategy Working Group
- Additional communications activity relating to the JSNA and Surrey Index can be found in the appendices

Further discussions will take place with other key partners and stakeholders as part of developing the vision and roadmap.

## 9. Next steps

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- Continue to progress the opportunities to develop data and intelligence capability across the system (e.g. the Surrey Index, JSNA, SODA – see also some specific next steps in the appendices).

- Complete further engagement with partners to develop a renewed shared vision and roadmap for intelligence and present this to the Health and Wellbeing Board before the end of the year.
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## APPENDX 1 - Refreshing the Joint Strategic Needs Assessment

*Recommendations relating to the refresh of the JSNA are in the main body of the report.*

### Reason for Recommendations (JSNA)

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We have undertaken discussion with a number of teams across the health and care system to develop the initial JSNA refresh proposal, considering our current strengths and opportunities to improve the process and presentation of the JSNA. Furthermore, we have agreement to build upon the successful work of the multi-faceted CIA which paved the way for powerful understanding of the impact that Covid-19 has had on health, social and economic elements of Surrey's communities, and particularly the needs and priorities of communities for recovery. The insights derived from the CIA and Surrey Index combined will contribute to the JSNA.

We have reviewed JSNAs from other areas, drawing on best-in-class exemplars for how best to develop and present the JSNA. This learning, combined with our in-house talent allows for the dynamic development of a JSNA that is current, relevant and partner-driven to drive improvements in outcomes.

The next steps in the JSNA refresh will also bring together an approach that aligns with the priorities and collaborative efforts underway across the wider system.

### Detail

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#### Policy Background

The then Department of Health published statutory guidance on JSNAs in 2013<sup>1</sup>. The guidance emphasised that JSNAs were a continuous process of strategic assessment and planning – not a static product. Their purpose is to inform Health and Wellbeing Boards' priorities and they are a joint responsibility of both Local Authorities and the local NHS. They should focus on needs that can be addressed by these partners, including considering wider determinants and assets. They need to involve others including boroughs/districts, Healthwatch and the local community.

#### Background to Surrey's current JSNA

The JSNA is hosted on surrey-i ([www.surreyi.gov.uk](http://www.surreyi.gov.uk)), the Surrey data hub. A deep-dive review of Surrey's JSNA was undertaken in 2014 and a task and finish group, including members from across the system, oversaw required changes during 2015-17. These included focusing on a lifecourse approach with some cross-cutting chapters, using partnership boards to govern individual chapters and displaying data dynamically at the lowest geographic level available.

The revamped JSNA was launched in January 2016, although individual chapters have been produced since then. After the launch, the JSNA strategic task and finish

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<sup>1</sup> Department of Health (2013). Statutory guidance on joint strategic needs assessments and health and wellbeing strategies. Available here: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

group was wound up. A JSNA Operational Group continued to meet for some time after then but is currently in abeyance.

The current JSNA comprises 31 sections, spread across the lifecourse, and presented as HTML webpages with Tableau Dashboards or embedded data and graphs. Each chapter follows a standard format with some variation where required. A full list of current chapters is included at Annex A.

In March 2020, the Health and Wellbeing Board in Surrey approved a new approach to the JSNA, but in April 2020, in light of the Covid-19 pandemic and given that policy support to the HWB strategy was also paused in agreement with the HWB Board chair, it was agreed that the JSNA refresh would be paused.

In March 2020 the Health and Wellbeing Board in Surrey approved a new approach to the JSNA; to work according to 5 principles. These principles are still considered relevant:

- (1) Current – we will develop and update the JSNA throughout the year according to an agreed workplan
- (2) Embedded – wherever possible the JSNA will support Council and NHS organisational processes to spend money, prioritise resources and respond to need
- (3) Relevant – the JSNA will be targeted at our professional audience and will focus on supporting delivery of the HWS, including identifying new issues that may need to be addressed
- (4) Partner-driven – a range of partners will work together on the JSNA, informed by Surrey's residents, to develop the evidence base needed to improve health and wellbeing
- (5) Transparent – both in how and when we develop chapters, by involving residents, patients and partners, and in publications, which will be available online

In June 2020 the board approved the CIA to provide the JSNA for the following six months. Going forward, the CIA steering group is well placed to become the JSNA steering group to continue to steer the ongoing JSNA process to inform and support health and wellbeing priorities.

The CIA is made up of several intelligence products that focus on different communities or different types of impact from COVID-19. The Rapid Needs Assessment (RNA) component of the CIA applied the framework of target population groups when considering differential impacts of the pandemic on groups in the population. Following the CIA, further population groups and priorities have emerged for consideration in the JSNA.

## **The impact of COVID-19**

In line with both the Surrey 2030 Vision and the NHS Long Term Plan, the HWS has a renewed focus on addressing health inequalities and following the CIA, there an emphasis on making inequalities a key focus throughout the JSNA.

The CIA explores how communities across Surrey have been affected by Covid-19, communities' priorities for recovery, and what support these communities might need. The findings of the research show that Covid-19 has had a disproportionate impact on some communities within Surrey and identifies a risk that inequality between communities is likely to increase.

Hundreds of community members and people working in frontline services have taken part in the CIA through interviews, focus groups and surveys, and the findings are rooted in what they have told us. Incorporating the CIA findings into the Health and Wellbeing Strategy, and other organisational strategies and operations, is an opportunity for the board and its members to embed community development in their work, which is a key commitment in the Health and Wellbeing Strategy.

Population-group focused summaries provide an opportunity to understand and engage with residents more effectively and a place based approach can help target services and needs. The JSNA refresh aims to build on the CIA with a focus on people and place.

In addition to the JSNA, there are parallel workstreams drawing on intelligence by priority theme (SODA workstreams) and at place (Surrey Heartlands CCGs and Surrey County Council Public Health and the Analytics & Insight teams); these include a focus on health inequalities and through targeted, in-depth reviews of particular themes and localities ('priority places'). The JSNA will align to these workstreams and provide support through the provision of Surrey-wide information and insight for each focus area.

## Proposals for change

To inform our JSNA refresh, we reviewed our current practice, identifying strengths and opportunities to improve, considered a range of other approaches undertaken by other local authorities, and engaged with partners across the system to seek comment and feedback. Based on this work, we believe the JSNA refresh should be informed by the following key points:

- a. Guiding principles will help to articulate and frame the JSNA
- b. Users need to govern, lead and own the JSNA process
- c. Follow up and evaluation (focussed on those whose work should be informed by the findings of the JSNA) are essential to ensure JSNA is useful and used
- d. JSNA will always be a matrix of intelligence about population groups, place and topic – identifying which focus will make the assessment most useful should inform the approach taken
- e. The JSNA has an emphasis on identifying, exploring and informing action on health inequalities as the golden thread

## Challenges

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The JSNA requires resource from teams across the Integrated Care System and engagement from a range of partners. Both the production and use of the JSNA needs to be seen as a priority among all partners within the Health and Wellbeing Board to achieve the maximum impact possible. Analytic and subject matter

expertise is required to produce the JSNA chapters as well as input from citizens or patients.

## **Timescale and delivery plan**

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Subject to Health and Wellbeing Board approval of our approach, our immediate next steps are to:

- Convene the JSNA operational oversight group with representatives from Surrey County Council public health, adult and children's social care, the analytics and insight team, the CCGs, Community Teams, Healthwatch and Districts and Boroughs. Representation from other organisations may be co-opted as required.
- Agree a workplan for 2021/22 and beyond, with the proposed number of chapters providing the initial basis for the plan.

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## **How is this being communicated?**

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Prior to the Health and Wellbeing Board meeting in March 2020, we engaged with representatives from the following teams and committees to inform the thinking around the JSNA refresh:

- SCC Public health
- SCC Adult Social Care
- SCC Commissioning team from Children, Families, Learning, & Culture
- SCC Strategic Commissioning Team
- SCC Analytics and Insight Team
- Surrey Heartlands CCGs Analytic Team
- Surrey Commissioning Collaborative
- Priority area board and coordinating group chairs
- Healthwatch

In the latter half of 2020, this engagement was further enhanced with the formation of a multi-agency steering group as part of the CIA and going forward in 2021, we will continue to engage with these and other interested groups, to communicate the proposed changes and seek views about which are the first priority areas to produce new chapters on. We will continue to work through existing governance groups and mechanisms. We will align JSNA engagement with the broader HWS engagement, ensuring all groups with an interest are able to inform and support the JSNA refresh.

## **Next steps**

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Subject to the Health and Wellbeing Board's agreement, we aim to:

- Continue to engage around the proposal for changes to the JSNA and priority areas for intelligence
- Convene the JSNA operational oversight group (OOG) by May/June 2021
- Agree the 2021/22 workplan following the first meeting of the JSNA OOG in May/June 2021
- Asks the relevant teams to develop/refresh:
  - New chapters underpinning each of the 12 focus areas of the HWS

- Target population group summaries identifying key health inequalities and impact of COVID-19
- The new operational oversight group to oversee delivery of the JSNA.
  - An action plan for refreshing the entire JSNA
  - Revised chapters with a focus on “people and place”, building on the target population group summaries from the CIA and existing JSNA chapters
  - Aligning priorities with the work of other relevant groups, e.g. SODA
  - New chapters for key topics identified as gaps following the CIA and requiring in-depth analysis
  - Refreshed chapters for key topics requiring minor updates (from both the CIA and current JSNA).
- Complete 2-3 in-depth JSNA chapters and 3 revised JSNA/ RNA population group chapters during 2021/22

### **Annexes:**

- Annex A: current JSNA chapters
  - Annex B: RNAs
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## Annex A: existing JSNA chapters available on Surrey

No.	Title	Update / Publication Date
1	Surrey context	February 2019
2	Maternity and infant feeding	April 2018
3	Long term conditions	April 2018
4	Multiple morbidities and frailty	June 2017
5	End of life	June 2017
6	Developing healthy lifestyles	August 2017
7	Improving health behaviours	April 2018
8	Screening and immunisations	April 2018
9	CYP with SEND	February 2017
10	People with LD/Autism [tableau only]	August 2018
11	Substance misuse	April 2018
12	Sexual and reproductive health	February 2016
13	Unintentional injuries across the lifecourse	April 2017
14	Perinatal mental health	April 2018
15	Emotional wellbeing and mental health	April 2018
16	Wellbeing and adult mental health	April 2018
17	Dementia [tableau only]	April 2017
18	Early years and school readiness	April 2018
19	Education and skills	August 2018
20	Further education and training	July 2018
21	Adult learning	April 2017
22	Young carers and young adult carers	March 2017
23	Adult carers	March 2017
24	Safeguarding children	August 2017
25	Safeguarding adults [tableau only]	April 2017
26	Air quality	October 2017
27	Physical activity, leisure and open spaces	Early 2020
28	Economy, employment and deprivation	January 2018
29	Planning, housing and housing-related support [NB: focused on housing – new chapter on planning due to be published Dec/Jan]	March 2017
30	Arts and culture	December 2016
31	Community safety	May 2017

## **Annex B: Summary of the Rapid Needs Assessments, based on paper to HWBB September 2021, available on Surrey**

### Aims

To understand in detail how 10 vulnerable communities have been affected by COVID-19, the services and assets that have supported communities during the pandemic and communities' needs and priorities for recovery and future outbreaks.

### Methods

The Public Health team lead 10 rapid needs assessments (RNAs), each focussing on a community at risk of being disproportionately affected by the pandemic in Surrey (from the infection itself and/or through indirect health, social or economic harms). These communities are:

- Minority Ethnicity communities
- Care home residents and their families
- People with mental health problems
- People with long-term physical health conditions and disabilities
- Children and adults with special educational needs and disabilities
- People with drug or alcohol problems
- People experiencing homelessness
- The Gypsy Roma Traveller community
- People experiencing domestic abuse
- Young people out of work

Each RNA involved interviewing community members and stakeholders across the system, including service commissioners, managers and frontline workers, to explore communities' experiences during COVID-19 and priorities for the future. Where possible, assessments also used data to quantify the health outcomes communities experienced during COVID-19 compared to previous years.

### Initial findings

Community members and stakeholders gave very positive feedback about the opportunity to engage with the Council and feeling listened to. This suggests the project has strengthened connections with communities, partners and stakeholders. The key themes and priorities emerging from the RNAs are shown in Annex B. The RNAs are maturing, and initial findings show that COVID-19 has had a disproportionate impact on certain groups within Surrey, including people from ethnic minority backgrounds, people experiencing domestic abuse, people with mental health conditions and those in residential care.

### Ethnic minority communities

Amongst the key finding, community members from ethnic minority backgrounds felt that there was a lack of clear communication of guidelines at the beginning of the lockdown, which led to confusion about accessing care and support. This was made worse as the lockdown disrupted some of the community networks which were key in

further supporting certain vulnerable groups. Some ethnic groups, particularly Chinese families, were subjected to hate crime and racism as a result of the pandemic. Some also experienced lack of access to financial support as they did not meet the eligibility criteria set by the government. Community members often found practicing effective social distancing a challenge, as many families live in overcrowded housing. The pandemic highlighted the lack of visibility and meaningful engagement with ethnic minority community groups/ representative organisations in Surrey and the need for a closer partnership working to build trust with these communities.

### People experiencing domestic abuse

Fifteen stakeholders and professionals were interviewed to gain understanding of the issues experienced relating to Domestic Abuse (DA) throughout the pandemic. Lockdown has exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household, which has increased the duties of victims and decreased opportunities to obtain support. Financial stresses may impact on the family also exacerbating any pre-existing control of the victim's finances. There is a deep concern about the long-term physical and mental impact of lockdown for victims of DA and their dependents. The mental health of children returning to school is a priority with the possibility of a "wave" of disclosures in the school environment upon reopening. There will be an impact on resources available to cope with any further increase in demand for services. It is important to consider that the voice of victims and survivors has not been included in the current report, as it was deemed unsafe for Surrey County Council to engage with them given their very recent traumatic experience. Perspective of victims and survivor will be incorporated in Autumn 2020.

### People experiencing mental health problems

The Mental Health of people was impacted in different ways during lockdown. However, the key drivers for worsening mental health were social isolation (due to lockdown), particularly on working-age adults living alone and those in poor health, loss of coping mechanisms such as ability to connect with friends and family and taking daily outdoor exercise, fear of becoming infected, conflicting information, lack of knowledge about how and when to seek help, access to care (patients as well as carers) and working in frontline jobs. The latter was associated with both fear of infection and PPE access. Given the socioeconomic gradient in loss of income and jobs, the mental health burden and the long-term health impacts of job losses will also be unequally distributed across the community. The impact of lockdown has also widened some of the mental health inequalities in relation to accessing services. This is particularly the case for the individuals who do not have access to digital equipment (e.g. older adults), are unable to receive support remotely or simply do not meet the threshold criteria for treatment. Across the spectrum of the RNAs, there were cross-cutting themes emerging, further emphasising support and resource needed for mental health, carers and vulnerable groups.

## APPENDIX 2 — Surrey Index Alpha Version

*Recommendations relating to the Surrey Index are in the main body of the report.*

### Reason for Recommendations

Through the 2030 Community Vision for Surrey, partners have committed for the county 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. Our ambition is to reduce inequality and ensure that no one is left behind.

Priority 3 of the Surrey Health and Wellbeing Strategy is about enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This not only relates to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamentally to fulfilling potential - this priority builds on this by empowering citizens locally.

Currently there is no single way to measure population outcomes on aspects of social and environmental progress in Surrey at a local level, to understand which areas in Surrey are being left behind. As a county balancing an increasing demand for services and increasing financial pressure, we rightly focus on issues of the most pressing need and immediate priority, and do not always have in view how we are meeting the wider needs of residents, to establish the building blocks that allow individuals and communities to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential.

Over the last 18 months, we have been working to build the Surrey Index - a framework which measures the social, environmental, and economic wellbeing of communities in Surrey and allows for comparison across different local areas. The recommendations will help to establish the Surrey Index as a tool used by all partners to make local decisions and help to ensure that we are meeting the commitments that all partners have made.

### Detail

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Over the past year Health and Wellbeing Board discussions have highlighted the importance of having good intelligence to inform decisions about services and support for residents, communities and businesses, and to monitor our collective impact. This has included the Covid-19 CIA, the Local Recovery Index, the Health and Wellbeing Strategy metrics, the JSNA, and the Health Inequalities workstream and dashboard.

The Surrey Index is the latest tool that has been developed and can be used alongside other research and insights tools to create a richer picture of the county and the inequalities between places, at a more local and granular level.

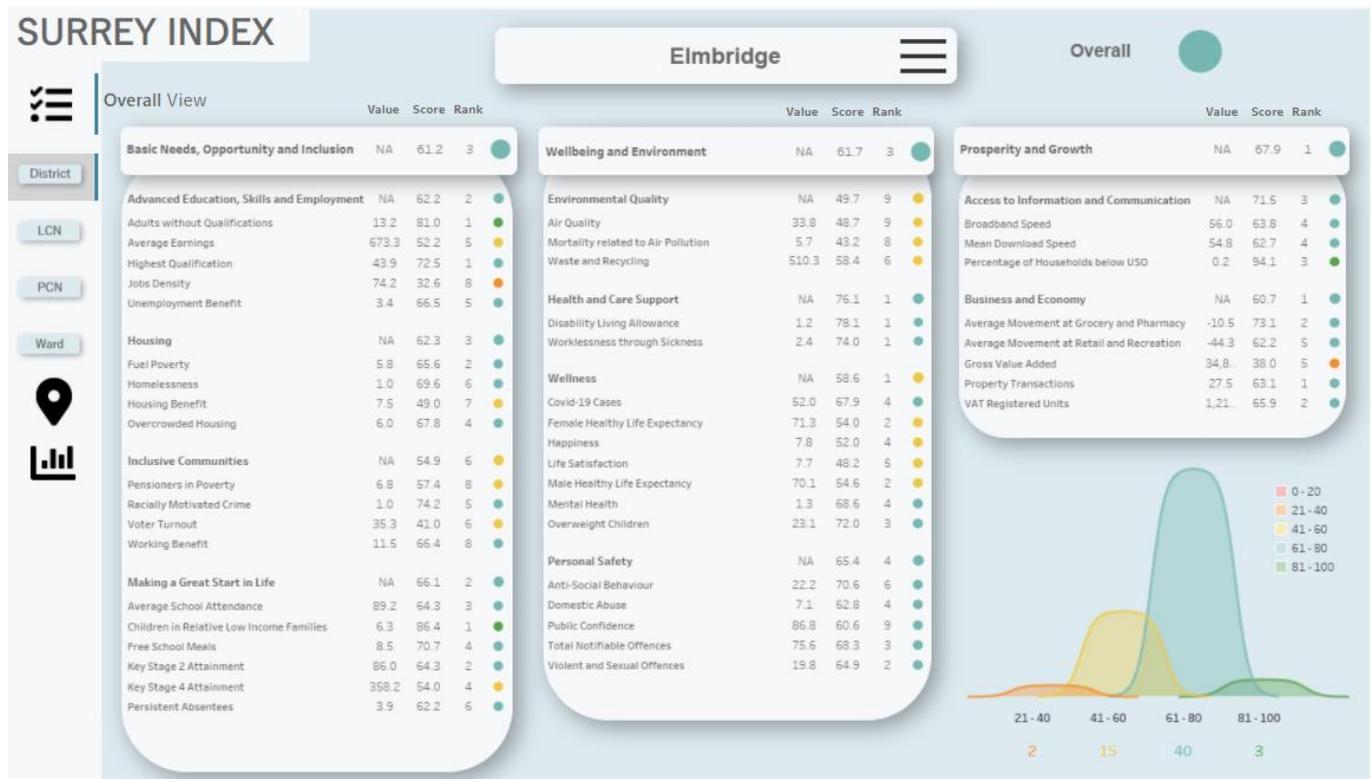
## Using the Surrey Index in practice

The alpha version of the Surrey Index is published on Surrey-I (<https://www.surreyi.gov.uk/surrey-index/>) with an accompanying video and narrative explaining what it is and how it can be used.

The Surrey Index provides information on all 11 boroughs and districts in Surrey, 187 wards, 26 Primary Care Networks, and includes the most recent data available. We capture data on 46 indicators relating to foundations of wellbeing, basic needs, opportunity and inclusion, and prosperity and growth. The indicators have been aggregated into an index, providing a score between 0 and 100 for each area, and a rank showing how the area compares to others. These scores and ranks are presented in an interactive dashboard.

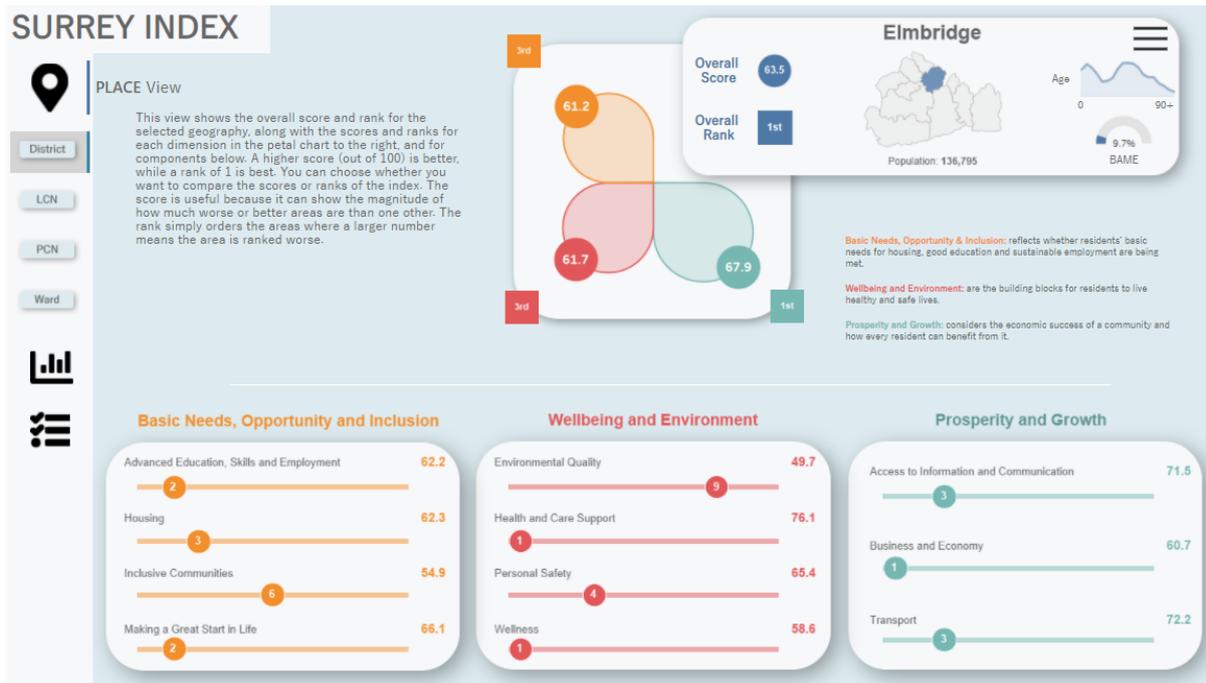
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## Screenshot of the 'Overall View' of the dashboard



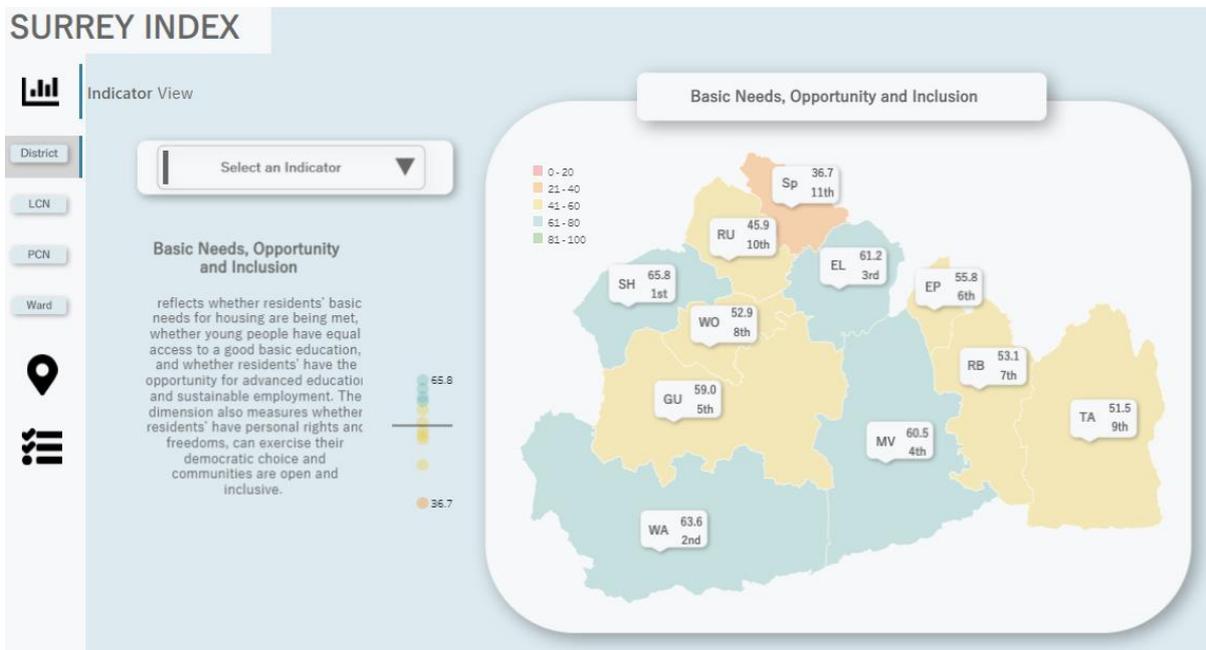
The 'Overall View' provides the user with a full listing of all the indicators for a particular place, at either district / borough, local community network, primary care network or ward level. The screenshot above shows an example for Elmbridge. Each indicator is given a score of between 0 and 100 (where 0 is worst) and a rank in terms of where it places within Surrey. These indicators are then built up into aggregated components and dimensions, which also have a score and rank. This allows the user to not only see how well a place is doing in one area, but also how it is doing in an overall sense, for example where a place ranks overall for 'Basic Needs, Opportunity and Inclusion'.

## Screenshot of the 'Place View' of the dashboard



The 'Place View' is like the 'Overall View' in that it provides a view of a particular place. The difference is that it focusses on just the higher-level dimensions and components and does not go into detail on all the indicators.

## Screenshot of the 'Indicator View' of the dashboard



The indicator view provides a map of Surrey at any of the four geographical levels that are available and allows the user to compare different indicators. The user can select their geography and indicator / component / dimension of choice and see how the scores vary across Surrey.

## Example Insights

The examples of the neighbouring boroughs of Spelthorne and Elmbridge can be used to demonstrate the beneficial insight from the Surrey Index. These areas share a boundary of approximately 5 miles along the River Thames in the north west of the county, but Spelthorne ranks 11th with an overall index score of 39.9 while Elmbridge is ranked first with a score of 63.5. Stanwell North ward in Spelthorne is ranked 187th on health and wellness, scoring 32.1, while Hinchley Wood and Weston Green in Elmbridge is ranked 1st, scoring more than twice at 66.8. Men and women living in Hinchley Wood and Weston have a healthy life expectancy around 13 years longer than those living in Stanwell North. Nearly 40% of children in Year 6 in Stanwell North are overweight compared to 18% in Hinchley Wood and Weston.

We see a similar pattern with another Elmbridge ward, Oxshot and Stoke D'Abernon, and its direct neighbour, Leatherhead North, in Mole Valley. The difference in healthy life expectancy between these two wards is nearly 10 years. Again, nearly 40% of children in Year 6 in Leatherhead North are overweight compared to 18% in Oxshot and Stoke D'Abernon.

Oxshot and Stoke D'Abernon and Leatherhead North also vary significantly on inclusive communities, where they rank 1st and 165th respectively, with scores of 90.5 and 39.4. Looking at this component in more detail we see that in Oxshot and Stoke D'Abernon only 4% of the population are supported by working age DWP benefits<sup>2</sup> compared to 20% in Leatherhead North; likewise, 3% of older residents in Oxshot and Stoke D'Abernon claim pension credit compared to 13% in Leatherhead North. Oxshot and Stoke D'Abernon is ranked last in the county for housing affordability.

A final example of the utility of the Index is in Waverley with the neighbouring wards of Godalming Central and Ockford and Godalming Holloway, which rank 187th and 7th on the health and care support component. Here we can see that 6.5% of the residents in Godalming Central and Ockford claim worklessness through sickness benefits compared to 1% in Godalming Holloway.

Thanks to the Index, we can see these disparate outcomes reflected in other indicators on the dashboard too; there are substantial variations in everything from education, skills and employment, to download speeds, to green spaces. The Index allows us to probe these differences further and understand the relationship between these social indicators and the unequal health outcomes we find in urban areas.

For all these examples we need to look in more detail to find the possible causes and potential solutions for the disparity, but the Surrey Index gives us a starting place to start asking important questions and think about the correlations these have with other outcomes, and to look for other patterns of relationship.

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<sup>2</sup> Working age DWP Benefits are benefits payable to all people of working age (16-64) who need additional financial support due to low income, worklessness, poor health, caring responsibilities, bereavement or disability. The following benefits are included: Universal Credit, Bereavement Benefit, Carers Allowance, Incapacity Benefit/Severe Disablement Allowance, Income Support, Jobseekers Allowance, Pension Credit and Widows Benefit.

## Decision making informed by data

From the index, we can see where some of the worst outcomes occur and understand the characteristics of these areas. By guiding us to where need is greatest, this can help us target our resources more effectively. This is especially important given the huge range of outcomes in a county as broad and varied as Surrey, where pockets of deprivation can sometime go unnoticed.

We can combine the insights from the Surrey Index with in-depth research into different population groups, carried out through other insight tools such as the Covid-19 CIA and JSNA. This combination of granular quantitative data, and qualitative and experiential data gathered from speaking with residents and patients is a powerful combination of insight that can be used to inform local decision making.

## Challenges

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The primary challenge in building the index has been data collection from partners, and in particular District and Borough councils. This is because we need to collect the same data from all eleven councils, which requires a significant commitment from all parties and capacity to do this. Given the challenges around Covid-19, this has not been possible across the board and understandably not a priority for all partners. This are also challenges relating to consistency as the index requires all District and Borough councils to capture and measure data in the same way, which is not always the case. For this reason, the data collected is primarily from publicly available sources and in some cases the data is a few years old which is not ideal.

This is the Alpha version of the index, so we will continue to iterate it by collecting more data. For the index to truly meet its potential we need buy-in from all partners to share up to date aggregated data to include in the tool. This will provide high quality comparable data at a low level of geography, which will be invaluable for decision making.

## Timescale and delivery plan

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We aim to have built the final product by the autumn. They key milestones are:

- Demos and presentations for wider stakeholder groups, including residents and District and Borough councils to take place in June
- Further data collection and updated index calculations to take place during the summer
- Creation of a 'trend view' to show how the progress of our places has changed over time at all levels of geography, using historical data
- Changes to the dashboard and re-publication of the index to take place by the autumn
- Updating the dashboard with data from the 2021 Census when available to show the latest picture and change over time

## How is this being communicated?

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The tool is published on Surrey-I (<https://www.surreyi.gov.uk/surrey-index/>) with an accompanying video and narrative explaining what it is and how it can be used.

We are setting up demos with various stakeholders to present the tool and explain how to use it. This will occur in a variety of forums and will include a wide range of partners and residents.

We are also working with Communications teams from across partners to develop internal and external communications plans to advertise the tool.

## **Next steps**

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As described in the timescale and delivery plan.

## APPENDIX 3 – Surrey Office of Data Analytics (SODA)

SODA is a coalition of agencies across Surrey aimed at testing and establishing stronger collaboration through data analytics to deliver insights that inform and improve strategic and tactical decision making for the benefit of Surrey residents.

The SODA Steering Group, chaired by Michael Coughlin (Surrey County Council) is overseen by the Joint Health and Wellbeing Community Safety Board and the One Surrey Growth Board. The Operational Group is chaired by Claire Gunney from Surrey Police.

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Organisations actively involved:

- Surrey County Council
- Surrey Police
- Surrey's District and Borough Councils
- Healthcare partners (including Surrey Heartlands)
- Royal Holloway (University of London)
- University of Surrey
- Members from voluntary and community organisations, such as Catalyst Support and the Surrey Minority Ethnic Forum

SODA is supported by analysts from participating organisations within the partnership.

### SODA's vision

*SODA's vision is to use data analytics to create actionable insights to support the design and delivery of better services for people and places in Surrey.*

### How will SODA achieve its vision?

- Supporting the delivery of data projects, working with partners to identify common issues, focusing particularly on challenges that by their nature cross organisational boundaries and can only be tackled together
- Adopting an outcomes-based approach, assisting partners throughout the delivery of data projects, from design to evaluation. SODA will use agile methods and its aim is to work quickly, trial and improve ideas fast, and deliver results.
- All projects will be co-designed with partners and will enter a pipeline of potential pilots. The delivery prioritisation will be determined by evaluation criteria set by SODA steering group.
- Creating resources, including frameworks, workshops and guides to make information easier to find and digest, and support partners to implement or act upon the resources we produce
- Convening networks, by hosting events to increase peer support and knowledge sharing within Surrey's data community

- Championing the approach, by speaking and lobbying on behalf of partners to develop an effective approach to get actionable insight from data that can be replicated across the system and partners in Surrey

## SODA's areas of focus for 2021



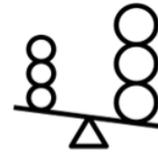
DOMESTIC  
ABUSE



CHILDHOOD SETTINGS  
AND OUTCOMES



HEALTH  
INEQUALITIES



POVERTY AND  
INEQUALITY

## What does each partner of SODA agree to do?

- Recognise that while data tools and approaches are a useful tool to innovate, they are rarely the whole solution. We're therefore committed to working with colleagues and partners to understand the real nature of the challenges to be addressed with data analytics and how they can be solved.
- Strike the right balance between strategy and practical delivery by applying a healthy dose of pragmatism to get things done and focusing on small realisable gains in agreed areas of opportunity.
- Commit the right level of resources (including people, process, data etc.) to each project we agree to embark on together.
- Recognise that this is a collaborative effort, and we must work together on it. Some things we will have to concede for the benefit of the group.
- Work quickly where possible, failing fast and celebrating successes and learnings in the open.
- Maintain a positive attitude, encouraging each other to be ambitious, to innovate and experiment and being willing to challenge each other, having lively, open and honest debates.
- Champion SODA and help it succeed, campaigning for the best use of technology and data for the benefit of residents.

## What doesn't SODA do?

- We won't try to 'boil the ocean', selecting research projects that will take too much effort or time from delivery partners.
- We won't replicate projects already happening elsewhere in the system
- We won't just focus on our pet projects at the expense of the success of our collective endeavour.

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