

Health and Wellbeing Board

1. Reference information

Paper tracking information	
Title:	Health and Well-being Strategy Review and Refresh - Stage 4 (Metrics, Implementation and Governance) including update on Key Localities Proposition and whole system approach to Health in All Policies (HiAP)
Related Health and Wellbeing Priority:	All (Priorities 1-3)
Author:	Phillip Austen-Reed, Principal Lead – Health and Wellbeing (SCC); phillip.austen-Reed@surreycc.gov.uk
Sponsor:	Ruth Hutchinson, Director of Public Health (SCC)
Paper date:	2 December 2021
Related papers:	<ul style="list-style-type: none"> • Health and wellbeing strategy dashboard Surrey Index • Appendices 1-3 (below)

6

2. Executive summary

The Health and Well Being Strategy priorities and related outcomes were endorsed in September; this report provides an update on the refresh of the implementation plans and on the metrics that show progress against the three priorities. The plans provide a summary of programmes supporting delivery of the strategy. Together these inform what is included in the regular [highlight reports](#) that are provided each quarter to the Board.

The developing revised set of metrics will build on those [originally published for the Strategy](#) and aim to represent the greater focus on reducing health inequalities, the wider determinants of health and the new Health and Well-being Strategy priority groups. The final metrics will draw together local data sets within a designated space on the Surrey Index (replacing the existing Health and Well Being dashboard) and will ensure alignment with the Surrey Heartlands ICS health inequalities dashboard and other publicly available health inequalities indicators used by partner organisations across the system.

Once finalised the metrics will draw on the national health inequalities dashboard that is soon to be published and align with the health inequality indicators in scope within local organisational strategies, the relevant elements of population health management work locally and the Surrey-wide data strategy.

In addition, further to the agreement at the November informal Board meeting, this report provides confirmation of the endorsed Key Localities for Working with Communities and HiAP (Health in All Policies) propositions that will be adopted to support the greater focus on reducing health inequalities.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Agree “difference (inequality) in Life expectancy across Surrey” as a common overall long term impact indicator to reflect the strategic focus on reducing health inequality.
2. Note the developing set of metrics as a reflection of the greater focus on reducing health inequalities and wider determinants of health.
3. Agree to locating the HWB Strategy metrics and dashboard as part of the Surrey Index as part of ongoing work to better align related dashboards.
4. Note the range of current and developing programmes currently within the updated draft HWBS implementation plans which support the strategy priorities and outcomes.
5. Formally agree the next steps outlined in the November informal meeting with regards to taking forward the Health in All Policies (HiAP) and the Key Localities proposition.

4. Reason for Recommendations

Following the production of the initial set of HWBS metrics in 2019, significant new workstreams have moved forward locally which is improving our understanding of the outcomes required to reduce health inequalities. This includes the development of the Surrey Index, progress of the Surrey Heartlands Health Inequalities workstream dashboard and the wider data ecosystem under development as part of the Surrey-wide data strategy.

To be effective and ensure a common understanding across partners, it is beneficial to align these areas of work with the revised set of HWBS metrics and implementation plans to ensure we can have a common long-term view of the progress being made with regards to assessing health and well-being and reducing health inequalities in Surrey.

Two key developments to move forward in terms of the Board’s acceptance of the population intervention triangle as a useful model to guide its work are the propositions that identify Key Localities in which to work with communities and the HiAP approach.

5. Review and update of HWBS metrics

As part of the refresh of the Health and Wellbeing Strategy this year, [the current Strategy metrics](#) are being reviewed to ensure they more fully reflect the refreshed focus on health inequalities and the wider determinants of health. To provide a clear indicator to assess progress against our over-arching ambition of ‘reducing health inequalities so no-one is left behind’ it is proposed to include a new indicator that shows the gap in life expectancy for males and females between the highest and lowest Local Super Output Areas (LSOAs) in Surrey (Appendix 1).

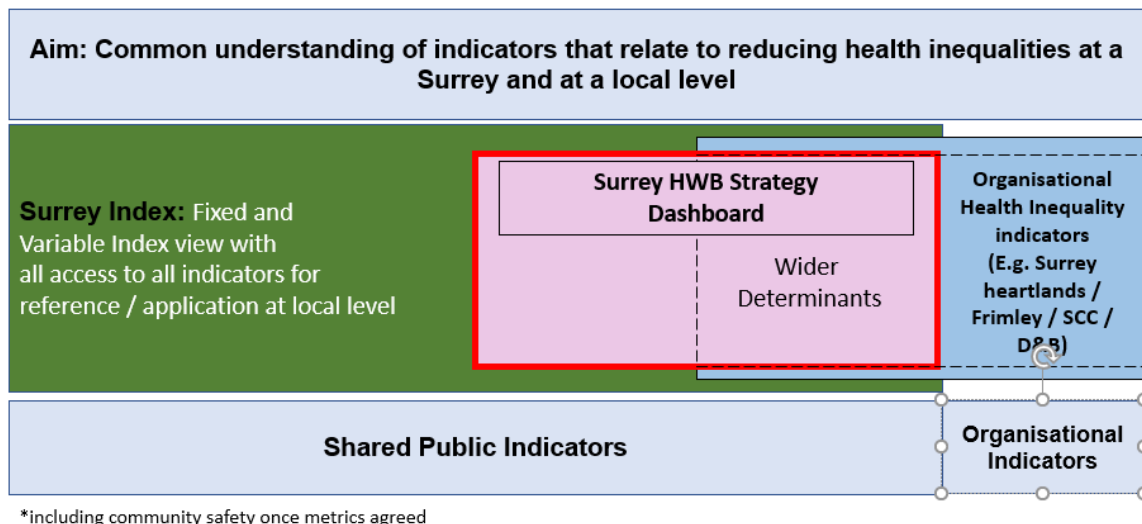
To further ensure a focus on reducing health inequalities and the wider determinants it is proposed that we align the [current published Strategy dashboard](#) with the wealth of wider data that now sits within the [Surrey Index](#), which include components such as business, economy and transport.

Adopting this approach will introduce additional indicators to the HWBS metrics that are already included within the Surrey Index, many of which relate to the Strategy’s priority populations of identity, whilst also enabling interrogation of the data at a more local, geographic level. This is helpful in being able to assess progress with priority populations of geography. Appendix 2 provides an overview of the current set of indicators along with examples of the additional potential indicators that are present within the Surrey Index as well as those that are drawn from the Surrey Heartlands Health Inequalities Dashboard.

Placing the Health and Wellbeing Strategy dashboard within the Surrey Index would also have the benefit of promoting it as the common reference point for health inequality indicators that relate to the wider determinants of health. These are often included and referenced in individual organisational strategies, however with no single organisation being

able to significantly impact individually, this will ensure a common system wide view of these indicators which supports the ambition of the developing Surrey-wide data strategy. The proposed alignment of these various elements is represented below in figure 1.

Figure 1: shows how the Health and Wellbeing Strategy dashboard will sit within the Surrey Index and link with other sets of organisational indicators where they relate to the wider determinants of health.



6

Organisational Health Inequality related indicators including Surrey Heartlands Health Inequalities workstream

With the greater system wide focus on reducing health inequalities, individual partner organisations are progressing work to enable a better understanding of their progress against indicators that contribute to reducing health inequalities.

One example of this is as part of the Equality and Health Inequalities (EHI) Board within Surrey Heartlands where a set of process and outcome indicators has been identified that are most relevant to the ICS. These indicators are regularly reviewed by the EHI Board and include internal process indicators along with some Surrey-wide (intermediate to long-term) outcome indicators that are also within the current HWB Strategy metrics.

Further to the above it is recognised that the Surrey-wide data strategy will provide a collective approach and data ecosystem across the wider system to capture and align processes and dashboards.

6 Updating programme / project implementation plans

Implementation plans were previously shared with the Health and Well-being Board in [December 2019](#). These provide a summary of the programmes in Surrey that contribute to the delivery of the Health and Wellbeing Strategy. They also provide the basis for the regular [HWB Highlight Reports](#) that are used to both report on progress and more importantly, through programme engagement with senior responsible officers, raise key challenges that need collaborative action at a community, service and system level.

The programmes included within these implementation plans are regularly reviewed with the named senior responsible officers via the relevant sub-boards and the priority sponsors to ensure they remain relevant. For priority one this is via the prevention and wider determinants board with priority three being included within the boards scope from the new

year. For priority two this is being developed and reviewed via the mental health delivery board.

Given their ongoing regular review, Appendix 3 shares a current update to the implementation plans which are a broad snapshot of programmes either included or which are in scope for inclusion following the refresh of the strategy and other related developing workstreams,

For priority one (Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being), outcomes and programmes around housing, domestic abuse and environmental factors have now moved into the priority three implementation plan, as per the refreshed strategy.

For priority two (Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being), it is important to particularly note that additional work is in progress to ensure full alignment with the mental health improvement plan regarding prevention and early intervention.

For priority three (Supporting people to reach their potential by addressing the wider determinants of health), there has been a significant expansion of outcomes to enable greater clarity of focus on the wider determinants of health. This has meant the need to consider a significantly wider range of existing and new programmes which have the potential to be included within its implementation plan.

Ensuring ongoing alignment with related workstreams and strengthening these implementation plans to reflect the refreshed strategy will involve the Health and Wellbeing Team continuing work with nominated/new leads in 2022/23 to develop a clear understanding of how programmes meet the new HWBS Programme Management Guidance, including how they:

- aim to reduce health inequality
- focus on priority populations
- require collaborative support of HWB partners and
- demonstrate milestones and short/medium term indicators to contribute to relevant outcomes within the Strategy.

This approach will support the HWB strategy and the business of the HWB Board in becoming more focused on activity that explicitly reduces health inequalities.

7. Key Localities Proposition

As well as the specific programmes that are incorporated within the implementation plans, a key feature of the refreshed approach within the Health and Wellbeing Strategy is to align with the empowered and thriving communities approach. This has been recognised as crucial in ensuring that work moves forward within the “community led interventions” element of the population intervention triangle.

Following the significant engagement from board members at the informal November HWB meeting, a focused approach to key localities based on the Index of Multiple Deprivation (IMD) has been proposed. This highlighted the 18 lower super output areas that are within deciles two and three of the IMD. Partners agreed the following five areas will be the priority focus of multiagency resources and efforts to work creatively alongside communities in a way that builds trust, understanding, and helps stimulate community led action alongside the work of agencies:

- Hooley, Merstham & Netherne
- Canalside
- Westborough
- Stoke
- Stanwell North

The principles for working with communities agreed as part of the refreshed HWB Strategy will guide this work and it will build on what is strong in these communities. The specific approaches in each area will be developed over the coming months through local partnership engagement.

8. Health in All Policies proposition

Following the informal Health and Wellbeing Board discussion in November all partners agreed to engage with the Local Government Association’s associate, Steve Bedser, to move this work forward. Through a series of scoping calls with representatives of member organisations, the associate will enable a greater understanding of what changes in approach that can be adopted across partners to fully embrace the Health in All Policies approach and enable understanding of what can be progressed as part of the “civic level interventions” element of the population intervention triangle.

9. Challenges and opportunities

- Some indicators relevant to assessing progress of the Strategy’s priorities continue to only be available at a higher Surrey footprint which limits the benefit of use at a local system level.
- The new approach to align with the Surrey Index does mean however that where more local data is available this will be more obviously accessible which supports the Surrey-wide data strategy and work to align dashboards and processes within the health inequalities landscape.
- A recent local National Institute for Health Research submission has the potential to provide five years of funding. The aim of this initiative will be to develop a sustainable research and governance infrastructure in SCC to build knowledge about local health determinants which can be translated into evidence based and impactful policies to improve health outcomes and reduce health inequalities. If successful, this will also

strengthen and support our understanding about the effectiveness and impact of programmes on the delivery of Health and Wellbeing strategy outcomes.

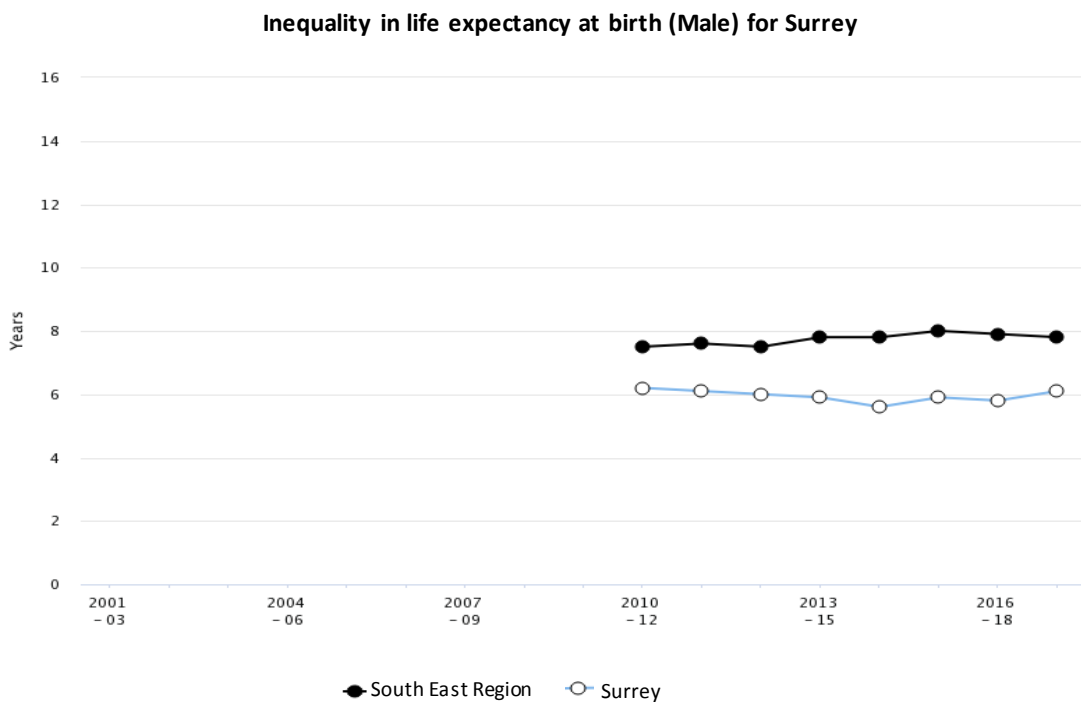
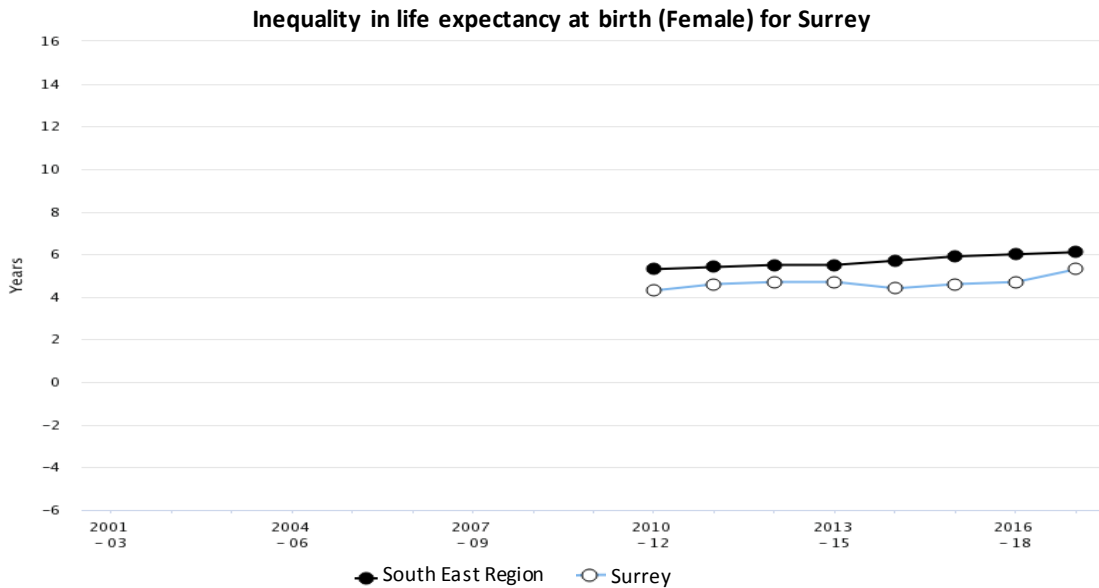
10. Next steps

- Publish an updated Surrey Health and Wellbeing Strategy in January 2022 incorporating the refreshed outcomes on Healthy Surrey alongside the [regular quarterly highlight reports](#)
 - Progress logic model planning with SROs to identify short to medium term indicators as part of the implementation plans for outcomes.
 - Using a finalised set of agreed metrics, colleagues leading the Surrey Index will produce a Health and Wellbeing Strategy 'view' for use and reference by all partners. This will be available from April 2022.
 - Progress the key localities proposition through discussion with health place-based partnerships and Surrey chief executives.
 - Progress HWB Board member organisation engagement in HiAP (Health in All Policies) through scoping conversations with the LGA Associate, to inform a workshop as part the next informal HWB Board meeting in the new year.
-

Appendix 1: Proposed new overarching indicator for inclusion in HWB strategy dashboard to reflect focus on reducing health inequalities (female / male)

This indicator shows the difference and inequality in life expectancy at birth between the highest and lowest LSOA in Surrey. Whilst for both female and male the Surrey figure (blue) is below the Southeast region average (black) it is either increasing (female) or static (male). Due to the significant lag on this data being reported, it takes a significant time to see the impact of any actions taken however it is useful as a long-term indicator of progress against reducing this high-level geographical indicator as the determining factors for life expectancy are many and varied.

6



Appendix 2: Current and potential additional longer term outcome Indicators

Whilst not exhaustive, the following states the current strategy metrics alongside potential additional indicators that could be introduced to the Joint Health and Wellbeing Strategy dashboard following alignment with the Surrey Index and other publicly available indicators currently being referenced by local partner organisations. Whilst many directly link to the strategy priority populations, work is ongoing to understand how those currently available as general indicators can be broken down by priority populations.

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

Indicator	Status
Children aged 5 with 2 doses of MMR %	Existing
Deaths in usual place of residence %	Existing
Patients with diagnosed hypertension %	Existing
Physically inactive adults %	Existing
Active travel - cycling	Existing
Active travel - walking	Existing
Adults with LD in paid employment	Existing
Adults with LD in settled accommodation	Existing
Alcohol-related hospital admissions for U18s	Existing
Bowel cancer screening coverage	Existing
Cervical screening coverage	Existing
Diabetes diagnosis rate	Existing
Effectiveness of reablement services	Existing
Excess winter deaths index	Existing
Measles incidence rate	Existing
Number of rough sleepers	Existing
Obesity-related hospital admissions	Existing
PLACEHOLDER: domestic abuse	Existing
Smoking rates in adults working in routine and manual jobs	Existing
Unplanned hospitalisations	Existing
Y6 pupils at a healthy weight	Existing
CHD prevalence	Potential
Diabetes prevalence	Potential
Rate of overweight and obesity	Potential
Prevalence of colorectal cancer	Potential
Prevalence of breast cancer	Potential
Cancer prevalence	Potential

Priority Two: Supporting people’s mental health and emotional well-being by preventing mental ill health and promoting emotional well-being

Indicator	Status
12-month Health Visitor reviews	Existing
Access to IAPT services	Existing
Adults with mental ill health in appropriate accommodation	Existing
Dementia diagnosis rate	Existing
Emergency admissions for dementia	Existing
Employment of people with mental illness	Existing
Self-reported high anxiety	Existing
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability (Persons, 16-64 years)	Potential
percentage of adult carers who have as much social contact as they would like (18+ years)	Potential
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Potential
People reporting low life satisfaction	Potential
Percentage of people expected to have dementia locally who have a diagnosis of dementia	Potential

Priority Three: Supporting people to reach their potential by addressing the wider determinants of health

6

Indicator	Status
% Children in care achieving 5A*-C GCSEs	Existing
% FSM children achieving 5A*-C GCSEs	Existing
% FSM children achieving good level of development	Existing
Participation rate (education, training)	Existing
Unemployment rate	Existing
Use of outdoor space for exercise/health	Existing
Food vulnerability Index Score	Potential
Financial Vulnerability Index Score	Potential
Current average energy efficiency of domestic buildings	Potential
FSM recipients/educational attainment – key stages	Potential
Children 0-15/0-19 in absolute/relative poverty	Potential
Households in Fuel Poverty	Potential
Community Needs Index Score – active/engaged community	Potential
Violent crime, DA and sexual offences rates	Potential
Carer's income support	Potential
Carer's allowance	Potential
Households on Universal Credit	Potential
Housing benefit	Potential
Accessibility of fast-food outlets	Potential
Hospital admissions for violent crime	Potential
Individuals/households not meeting min income standard	Potential
Long term claimants of job seekers allowance	Potential

*Additional mental health related indicators will be available for inclusion following alignment with of the mental health improvement plan

Appendix 3: HWB strategy Summary Implementation Plans (Draft as at December 2021)

This page is intentionally left blank