Health and Wellbeing Strategy: Priority 1 - Supporting People Live Healthy Lives

Appendix 3 Healthy Surrey
DELIVERING THE COMMUNITY VISION FOR SURREY

Improved physical health and wellbeing

OUTCOMES
By 2030:

- People have a healthy weight and are active
- Substance misuse (drugs/ alcohol/ smoking) is low
- The needs of those experiencing multiple disadvantage are met
- Serious diseases are prevented through vaccination and early diagnosis
- People with a disability or lifelong limiting illness are supported to live independently for as long as possible

WHO IS LEADING THIS?

Priority sponsor: (interim sponsor) Ruth Hutchinson, Director of Public health

Programme Manager:
Helen Tindall, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

Last updated: December 2021

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *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 community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. It also outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 1 currently focuses on enabling and empowering residents to lead physically healthier lives. This priority area is entirely focused on prevention, removing barriers and supporting people to become proactive in improving their physical health.

How are we measuring our progress:

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

System Capabilities in Focus

The following system capabilities will be important in the successful delivery of this priority

- **Empowered and Thriving Communities**
- **Clear Governance**
- **Estate management**
- **Workforce recovery & development**
- **Programme management**
- **Equality, Diversity & Inclusion incl. digital**
- **Data insights & evidence**
- **Integrated Care**

DRAFT IMPLEMENTATION PLAN

Outcome 1: People have a healthy weight and are active - Working to reduce obesity, excess weight rates and physical inactivity

- Implementation of Surrey's Physical Activity Strategy, Movement for Change
- Implementation of a whole systems approach to healthy weight, including targeted intervention programmes for obesity – deprivation/residential care/ carers
- Development of consistent approaches to healthy behaviour promotion for Surrey to enable the right messages to reach our residents
- Social prescribing service in Surrey that connects residents to help and support within local communities
- Surrey Healthy Schools Programme implementation, for example the implementation of the BE Your Best service

Outcome 2: Substance misuse (drugs/ alcohol/ smoking) is low - Supporting prevention and treatment of substance misuse, including alcohol

- Development and implementation of Drug and Alcohol Strategy, early identification of problematic alcohol consumption using the MECC approach and effective treatment for drug and alcohol dependency
- Smoking cessation services in Surrey, focusing on targeted approaches for priority populations and addressing geographical priority areas

Outcome 3: The needs of those experiencing multiple disadvantage are met

- Effective mapping of homelessness and implementation of the Housing First model and 'Homeless Friendly Surrey'
- Changing Futures programme implementation to change systems and services and Surrey Adults Matter service implementation
- Development of specialist housing solutions for those experiencing multiple disadvantage, including emergency accommodation sites
- Implementation of the Surrey Carers' and Young Carer's Strategies

Outcome 4: Serious diseases are prevented through vaccination and early diagnosis - Promoting prevention to decrease incidence of serious conditions and diseases

- Improvements in the diabetes pathway across identification, prevention, treatment and management
- Implementation of a Surrey-wide CVD prevention screening programme, including by delivering health checks to priority groups
- Dementia prevention activities by risk factors across organisations, services and communities as part of the Dementia Strategy implementation
- Targeted bowel and cervical cancer screening programme uptake activities for those at high risk

Outcome 5: People with a disability or lifelong limiting illness are supported to live independently for as long as possible

- Alignment of the Better Care Fund to the Health and Wellbeing Strategy to ensure the fund supports Surrey's health and wellbeing priorities
- Implementation of an integrated reablement service that maximises the independence of Surrey residents, including by strengthening collaborative reablement and the use of technology-enabled care and by employing a strengths-based approach
- Implementation of the End of Life strategy, including bereavement support and information for friends and family
- Delivery of specialist housing and housing adaptations to enable Surrey residents to stay independent for longer
- Delivery of a falls prevention service that maximises independence
- Implement a hoarding protocol and establish a panel to enable multi-agency discussion and solutions

Priority Populations in Focus

- **People across Surrey who experience the poorest health outcomes**

- Carers and young carers
- Children in care and care leavers
- Children with Special Educational Needs and disabilities
- Adults with learning disabilities and/or autism
- People with long term health conditions, disabilities or sensory impairment
- Older people 80+ & those in care homes
- Black and Minority Ethnic groups
- Gypsy Roma Traveller community
- Young people out of work
- People experiencing domestic abuse
- People with serious mental illness
- People with drug and alcohol problems
- People experiencing homelessness

- **People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

Highlighted - priority populations referenced left TBC

Health and Wellbeing Strategy: Priority 2 - Supporting mental health and emotional well-being

Improved mental health and wellbeing

OUTCOMES

By 2030:

- People with depression, anxiety and mental health issues have access the right early help and resources
- The emotional wellbeing of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported

WHO IS LEADING THIS?

Priority Sponsor:
Professor Helen Rostill, Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership

Programme Manager:
Kirsty Slack, Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

Last updated:
December 2021

What will be different for people in Surrey?

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: *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 community vision and the vital role, communities and staff/ organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who experience greater inequalities in health and who may therefore need more help and outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority two of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead emotionally healthier lives. This priority area is focused on prevention, removing barriers, and supporting people to become proactive in improving their emotional health and wellbeing.

How are we measuring our progress?

Additional indicators are being considered to better align with the prevention and early intervention elements of the Mental Health Improvement Plan. This will be added following further review and input from the MHD Board.

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

DELIVERING THE COMMUNITY VISION FOR SURREY

System Capabilities in Focus

The following system capabilities will be important in the successful delivery of this priority

- **Empowered and Thriving Communities**
- **Clear Governance**
- **Estate management**
- **Workforce recovery & development**
- **Programme management**
- **Equality, Diversity & Inclusion incl. digital**
- **Data insights & evidence**
- **Integrated Care**

Outcome 1: People with depression, anxiety and mental health issues have access the right early help and resources

- Children's Emotional Wellbeing and Mental Health Transformation - Alliance in place/ implementation of THRIVE Framework
- Ongoing development and implementation of Mental Health support in schools – including referral pathways to services
- Public Health Mental Health Development programme to reach out and engage with communities at increased risk of poor mental health
- Mapping and development preventative mental health support access for Older People
- Promotion of IAPT access for Older People, putting social prescribing into acute mental health pathways
- Time to Change Surrey – delivery of a campaign and programmes to raise awareness and reduce stigma around mental health.
- Use of technology to support physical and mental health – wg TIHMS, virtual consultations
- Partnership working on physical and mental health links - Physical Health Check reporting for people with SMI,LD, Autism and Carers / MECC training , IAPT support for LTCs, eating disorders
- Surrey Wellbeing Workplace Collaborative activities
- Development of a new integrated Crisis models of care to support people at risk of admission to secondary mental health services
- Community Models of Care Transformation implementation – GPIMHs, 18-25, peer support workers
- Dementia Strategy implementation
- Mental Health support for those within, or at risk of entering, criminal justice system
- Implementation of Strategic commissioning for supported living for people with a mental health problem
- Suicide Prevention Strategy implementation - delivered through Surrey Suicide Prevention Partnership
- Surrey-wide communications campaign to build awareness of self care and support available/drive an increase in support seeking
- System wide review of first point of access for Mental Health Support and Services
- Surrey Mental Wellbeing Training Collaborative - Mental Health First Aid (MHFA), Suicide Awareness and Trauma Informed Care training.
- Green Social Prescribing implementation - Test and Learn site will focus on targeted groups. BAME/LD/Dementia/ MH diagnosis and fours geographic areas of multiple deprivation

Outcome 2: The emotional wellbeing of parents and caregivers, babies and children is supported

- First 1000 Programme development and delivery - projects include:
- Peer support programme
- Psychotherapy support for families with babies in neonatal units
- Improved understanding of inequalities to transform services
- Support to ensure the needs of families experiencing the poorest the outcomes are met
- Pregnancy Healthy Behaviours Framework development and implementation
- On going delivery of Emotional Wellbeing and Mental Health Strategy for CYP
- Delivery of Continuity of maternity care for women from ethnic minority backgrounds

Outcome 3: Isolation is prevented and those that feel isolated are supported

- Community transport -delivery
- Support for youth social isolation, including bullying prevention with schools and young people in not in education/training/employment
- Surrey Dementia Action Alliance – establishment of Dementia Friendly communities across Surrey , (as per Oxted, Woking, Hindhead)
- Meaningful work and volunteering opportunities for those at risk of mental ill health and social isolation eg Careers for carers
- Engagement to develop more community resources to support those at risk of mental ill health and social isolation - Includes Tech to Community Connect project led by Surrey Coalition of Disabled People.

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- People with drug and alcohol problems
- People experiencing homelessness

- **People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

Highlighted - priority populations referenced left TBC

Health and Wellbeing Strategy: Priority 3 - Supporting people to reach their potential

Healthy Surrey
DELIVERING THE COMMUNITY VISION FOR SURREY

Children, young people and adults reach their potential

OUTCOMES

By 2030:

- People's basic needs are met (food security, poverty, housing strategy etc)
- Children, young people and adults are empowered in their communities
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe (community safety incl domestic abuse; safeguarding)
- The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)

WHO IS LEADING THIS?

Priority sponsor:
TBC

Programme Manager:
Helen Johnson, Senior Policy and Programme Manager, Surrey County Council

For more information on the performance of individual programmes and projects within this priority such as progress against key milestones please contact the relevant programme manager via healthandwellbeing@surreycc.gov.uk

Last updated: December 2021

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Priority 3 of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to improve their sense of autonomy, resilience - building social capital in the process. This priority area is focused on addressing the wider determinants of health.

How are we measuring our progress?

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

Related System Capabilities

The following system capabilities will be important in the successful delivery of this priority

- **Empowered and Thriving Communities**
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- **Data insights & evidence**
- **Integrated Care**

DRAFT IMPLEMENTATION PLAN

Outcome 1: People's basic needs are met (food security, poverty, housing strategy etc)

- Poverty mitigation activities eg Crisis Fund and Food Bank support
- Household Support Fund activities
- Surrey Housing Strategy Development
- Poverty prevention activities eg Benefit maximisation advice

Outcome 2: Children, young people and adults are empowered in their communities

- Surrey Healthy Schools Programme Implementation – D of E award schemes, pastoral and careers guidance, PSHE curriculum delivery developments, GRT programmes
- Local Area Co-ordination / Community Development / Engagement activities
- Place-based regeneration

Outcome 3: People access training and employment opportunities within a sustainable economy

- Skills Leadership Forum activities
- Delivery of Surrey Skills and Inclusion Framework - Engagement; Barrier removal ; Vocational Activity; Supporting job entry; In work support .
- Careers for Carers programme delivery
- Hidden Talent programme delivery for people with learning difficulties
- Employment & Skills No One Left Behind Network –improved navigation of employment support, particularly for vulnerable cohorts
- Apprenticeship Levy maximisation
- Anchor institutions development
- Social Value Act activities

Outcome 4: People are safe and feel safe (community safety incl domestic abuse; safeguarding)

- Community Safety Agreement Implementation Plan TBC incl. Domestic Abuse Strategy Implementation eg

-System Implementation of the requirements of the Domestic Abuse bill
-Service procurement of new DA service, establishing governance/ information sharing etc.
-DA Perpetrator Intervention service in C-SPA
-Ongoing Implementation of IDVA's in Surrey's A&E Settings
-Establishment of Identification and Referral to Improve Safety Training (IRIS) across Surrey- Identifying funding envelope and then phased roll out
-Coercive Control- training for frontline professionals to identify and respond appropriately to coercive control
-Safe Accommodation service – review into its sustainability.

- Drive Smart programme implementation
- Children and Adults' Safeguarding annual plan implementation
- Surrey Healthy Schools Programme – pastoral support and referral to services

Outcome 5: The benefits of healthy environments for people are valued and maximised (incl. through transport/land use planning)

- Surrey Healthy Schools Programme implementation - Eco-schools programme implementation
- Air Quality Alliance activities focused on high risk groups/areas
- Planning and Health Forum activities incl development of strategic guidance documents
- Engagement in Development Consent Order for Heathrow and Gatwick
- Health Impact Assessment system implementation
- Greener Futures Climate Change Delivery Plan implementation including themes – Greener Futures Communities; Build Back Greener; Grow Back Greener; One Net Zero Public Estate strategy implementation
- Local Transport Plan delivery and Local Cycling and Walking Infrastructure Plans implementation at place

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