

Health and Wellbeing Board (HWB) Paper

1. Reference Information

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Paper tracking information	
Title:	Health and Wellbeing Strategy Highlight Report including: Confirming the priority populations of geography ('key neighbourhoods')
HWBS Priority - 1, 2 and/or 3:	1, 2 & 3
Outcome(s)/System Capability:	<ul style="list-style-type: none"> P3 Outcome: Children, Young People and Adults are empowered in their communities System Capability: Empowered & Thriving Communities
Priority populations:	All / with a focus on people living in geographic areas with the poorest health outcomes in Surrey
Civic level, service based and/or community led interventions:	The Highlight Report aims to cover all spheres. Confirming the key neighbourhoods will help to inform and target work in the civic, service and community led spheres, with a particular emphasis on the later.
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Board Sponsor(s):	<ul style="list-style-type: none"> Karen Brimacombe - Chief Executive, Mole Valley District Council (Priority 1 and 3 Sponsor) Professor Helen Rostill - Deputy Chief Executive and Director of Therapies, Surrey and Borders Partnership/Director for Mental Health, Surrey Heartlands ICS and SRO for Mental Health, Frimley ICS (Priority 2 Sponsor) Ruth Hutchinson - Director of Public Health, Surrey County Council Marie Snelling - Executive Director Customer & Communities, Surrey County Council and HWB System Capability Lead for Empowered & Thriving Communities (non-Board member)
HWB meeting date:	16 March 2022
Related HWB papers:	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), 2 December 2021
Annexes/Appendices:	<ul style="list-style-type: none"> Annex 1 - Highlight Report Annex 2 - Key Neighbourhoods Methodology

2. Executive summary

This paper provides an overview of the progress of local shared projects and communications activity supporting delivery of the three Health and Wellbeing Strategy priorities as of 22 February 2022 with the priority population groups. This is via the latest **Highlight Report** which in addition to informing the Board is intended for wider use and sharing with partners and the public to increase awareness of progress being made. The Highlight Report provides an overview of each Priority, describes what has been achieved in the previous period and how collaborative working has aided this progress. It also has a section on key items ('In the Spotlight').

As part of the Health and Wellbeing Strategy Review and Refresh the Board agreed on 2 December 2021 to introduce an additional priority group of "people living in geographic areas with the poorest health outcomes in Surrey". It was agreed these areas would be determined by a methodology using the Index of Multiple Deprivation (IMD).

Following a further review requested by the HWB Board and a subsequent small addition to the methodology, a final list of 22 small geographic areas, encompassed by 21 wards ("**key neighbourhoods**") is proposed, maintaining the previously agreed initial primary focus on the five wards with the very highest levels of deprivation.

Once agreed, this list of key neighbourhoods will be included in the HWB Strategy as the definition for the above stated priority group. This will provide a guide for additional efforts and investments that support community action alongside supportive civic and service level interventions to reduce health inequalities so that no-one is left behind.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress against the three priorities of the Strategy in the Highlight Report.
2. Share the Highlight Report across their networks (direct links to quarterly Highlight Reports available at www.healthysurrey.org.uk/about), including a Communications Update.
3. Agree the use of a methodology based on the Index of Multiple Deprivation (see Annex 2, figure 1) to determine the priority populations of geography ('key neighbourhoods') in the Health and Wellbeing Strategy.
4. Confirm the final list of 21 wards (key neighbourhoods) encompassing the 22 small geographic areas which result from the application of this methodology (see Annex 2, figure 2).
5. Agree that within this list there will be an initial primary focus on five wards (key neighbourhoods) encompassing the small geographic areas with the very highest levels of deprivation in the county – noting this aligns with the new NHS England definitions and guidance for priority action on health inequalities (see Annex 2, section 3).

4. Reason for Recommendations

Recommendations 1, 2

The Highlight Reports are now utilising the refreshed Strategy and dissemination across the System will familiarise people with and reinforce the new direction.

Recommendations 3, 4, 5

National and local evidence confirms that to achieve lasting change in communities and reduce health inequalities it is essential the community themselves participate and lead, working alongside agencies who are open to new types of collaboration¹.

Identifying and agreeing a set of key neighbourhoods in the Health and Wellbeing Strategy provides a clear strategic basis for targeted additional efforts and investments that can support community action to reduce health inequalities, alongside supportive civic and service interventions. This will require more collaborative and creative work alongside communities in the identified key neighbourhoods, with the whole system and individual agencies being responsive to the community identified needs and community led activities that emerge through this work.

5. Detail

- **See Highlight Report at Annex 1 (attached)**
- **See Key Neighbourhoods Methodology at Annex 2**

6. Challenges

- Detailed implementation plans with risk ratings (currently subject to review and refresh) continue to sit behind the Highlight Report P1 and P2, with risks escalated to the Board as necessary.
- A new comprehensive implementation plan for the significantly revised Priority 3 is in development (including community safety) but required capacity within the HWB team to provide effective oversight. This extra resourcing is being actively pursued in Public Health.
- There continues to be a need to refresh Priority 2 of the Strategy to understand this in relation to the findings from the Mental Health Partnership Board review and longer term outcomes this is seeking to achieve.
- SCC has agreed a framework and approach for a strategic response to poverty, initially focused on mitigating and preventing child poverty in the county and an internal working group met in January to assess the coverage of council support

¹ See for example evidence within (i) [Turnaround](#) (2021) by the Onward think tank which reviewed 60 years of regeneration policies and practices in the UK and abroad and concluded that empowerment of communities is essential to successful and lasting outcomes (ii) [A guide to community centred approaches to health and wellbeing](#), Public Health England (2015) (iii) [Trusting the People](#), New Social Covenant & New Local (2021)

for families in financial distress, with the aim of proposing new initiatives and collaborations (on an ongoing basis) within the system.

- It is proposed that with extra capacity in the HWB team around Priority 3, SCC will begin to progress the coordination of an initial whole system approach to poverty
- With the key neighbourhoods work there is a risk that solutions are determined without the involvement and participation of the communities in these areas. Similarly, there is a risk that existing strengths and talents in the community are overlooked. To avoid this, the Principles for Working with Communities must be applied, and this will be explored further as part of the item at the next meeting.

7. What communications and engagement happened/needs to happen?

The key neighbourhood's proposal has been previously discussed at the HWBB as part of the Strategy refresh – and there have been subsequent conversations through the health and care place partnerships and Surrey Chief Executives (local government). Further engagement will be discussed at the fuller item on this topic at the HWBB on 20 April 2022.

8. Next steps

- The Highlight Report is still being reoriented to reflect the programmes and projects that will form part of the refreshed Implementation plans.
 - Members are asked to please circulate the Highlight Report to their networks once published on this page: [Highlight reports - Healthy Surrey](#)
 - On the identified key neighbourhoods there will be a fuller item on the delivery approach and next steps for working more closely alongside communities in these key neighbourhoods at the next informal HWB meeting.
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Annex 2 - Key Neighbourhoods Methodology

1. Recap

In refreshing the Health and Wellbeing Strategy the Board committed to start more collaborative and creative work with those communities in the geographic areas of deprivation with the poorest health outcomes, in order to:

- Increase trust and develop stronger relationships between agencies and community
- Increase collaboration and community action
- Reduce reliance on crises interventions
- Reduce health inequalities and improve well-being

This commitment was based on the strong evidence that to achieve lasting change in communities and reduce health inequalities it is essential that communities themselves participate and lead, working alongside agencies who are open to new types of collaboration.

2. Methodology for identifying the geographic areas

Following advice from the Surrey County Council Public Health team and the national evidence base, the Index of Multiple Deprivation (IMD) was selected as the best currently available composite measure for identifying localities where health outcomes are likely to remain poorest². Specifically

- Using the smallest scale of the IMD, what is called the Lower Super Output Area (LSOA) which tends to be populations of 1,000-3,000
- Selecting the wards (populations of approx. 5,000-10,000) encompassing the LSOAs in deciles 1-3 of the IMD - noting that the slightly wider ward geography recognises how communities draw on assets and service provision in their vicinity

This approach was endorsed at the Health and Wellbeing Board informal workshop in November 2021 and the system capability lead (Marie Snelling, Executive Director Customer and Communities, Surrey County Council) was asked to validate the list of proposed key neighbourhoods through further partnership conversations in order to come to a definitive conclusion. The Board also asked that the areas identified be cross checked to add any areas *not already included* where there are higher levels of children living in households in poverty, and / or where education, training, and skills are falling behind. As a result of this further review the slightly adjusted methodology set out (figure 1 below) is proposed for determining a final list of key neighbourhoods. Note there are no LSOAs in decile 1 of IMD (highest 10%) in Surrey.

² There are more details on the IMD methodology here [IMD 2019 - What it is and what it tells us about Surrey.pdf \(surreycc.local\)](#). Also note that the IMD will be overlaid with other key health inequalities indicators and target populations to inform further detailed planning and development of local actions. Also note that the list of key neighbourhoods will be reviewed annually in light of new data insights, including the next release of the IMD (expected in 2023) and any other relevant new measurement systems that are developed nationally and locally (such as those set out in the recent Levelling Up White Paper)

Figure 1: Methodology for identifying key neighbourhoods

- Those wards that encompass the Lower Super Output Areas (LSOAs) that are in deciles 2-3 of the IMD (2019) in Surrey AND
- Any additional wards that encompass LSOAs that are in decile 4 of the IMD (2019) AND in decile 1 for the IMD supplementary index of *Income Deprivation Affecting Children* (IDACI)³ or the IMD domain of *Education, Skills and Training Deprivation*⁴ in Surrey

This method results in a list of 21 wards (key neighbourhoods) encompassing 22 LSOAs (figure 2 below).

Figure 2: The wards (key neighbourhoods)

	Lower Super Output Area (ranked on IMD score)	IMD Decile (lower is more deprived)	Ward	District / Borough	Health area
Primary focus	1	2	Hooley, Merstham & Netherne	RBBC	East Surrey (SH)
	2	2	Canalside	Woking	NW Surrey (SH)
	3	2	Westborough	Guildford	Guildford & Waverley (SH)
	4	2	Stoke	Guildford	Guildford & Waverley (SH)
	5	3	Stanwell North	Spelthorne	NW Surrey (SH)
	6	3	Holmwoods	Mole Valley	Surrey Downs (SH)
	7	3	Tattenham Corner & Preston	RBBC	Surrey Downs (SH)
	8	3	Court	Epsom & Ewell	Surrey Downs (SH)
	9	3	Ashford North and Stanwell South	Spelthorne	NW Surrey (SH)
	10	3	Goldsworth Park	Woking	NW Surrey (SH)
	11	3	Englefield Green West	Runnymede	Windsor and Maidenhead (Frimley)
	12	3	Walton South	Elmbridge	NW Surrey (SH)
	13	3	Horley Central & South	RBBC	East Surrey (SH)
	14	3	Farnham Upper Hale	Waverley	North East Hampshire and Farnham (Frimley)
	-	3	Stanwell North (already included above)	Spelthorne	NW Surrey (SH)
	15	3	Godalming Central and Ockford	Waverley	Guildford & Waverley (SH)
	16	3	Chertsey St. Ann's	Runnymede	NW Surrey (SH)
	17	3	Redhill West & Wray Common	RBBC	East Surrey (SH)
	18	3	Ash Wharf	Guildford	Surrey Heath (Frimley)
	19	4*	Walton North	Elmbridge	NW Surrey (SH)
	20	4**	Cobham and Downside	Elmbridge	Surrey Downs (SH)
21	4**	Old Dean	Surrey Health	Surrey Heath (Frimley)	

*Overall IMD decile 4 and in decile 1 (lowest 10% nationally) for the IMD supplementary index on Income Deprivation Affecting Children

** Overall IMD decile 4 and in decile 1 (lowest 10% nationally) for the IMD domain on Education, Skills, and Training deprivation

³ Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

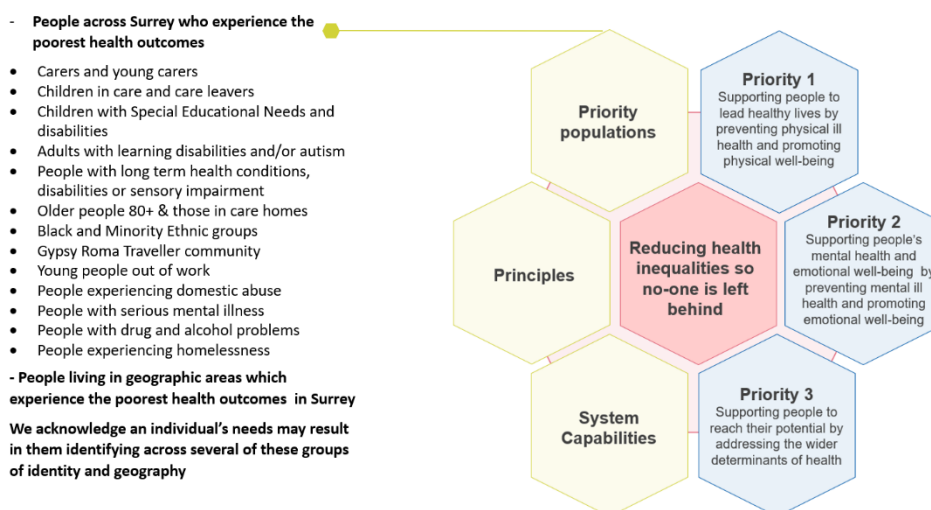
⁴ The Education, Skills and Training Deprivation Domain measures the level attainment and skills in the local population therefore highlighting those of all ages who have the fewest opportunities in education, training, and employment

3. Focus

The HWB Board previously approved the initial, primary (but not entirely exclusive) focus on the wards (key neighbourhoods) encompassing the five LSOAs with the very highest levels of deprivation in the county⁵.

Note this set of five LSOAs/wards (key neighbourhoods) aligns with the new NHS England national definition of the most deprived areas for priority action on health inequalities, as outlined in [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#).⁶ The first four LSOAs/wards (key neighbourhoods) align to the 0-20% most deprived nationally are referred to in the guidance as “Core20”. The fifth LSOA/ward (key neighbourhood), the remaining 16 on the list **and** the priority populations of identity (figure 3 below) will now represent the “PLUS” in Surrey.

Figure 3: HWB Strategy priority populations



It's important to stress that in parallel with phased work in the key neighbourhoods identified in this report there will of course continue to be joint work and programmes of activity across all parts of the county to address the health inequalities that exist in all geographic areas, working specifically with HWBB priority populations of identity wherever they live. In all this work the Principles for Working with Communities (figure 4 below) will be applied.

⁵ These five most deprived places in the county include four wards that encompass areas in decile 2 of the IMD (within the 10-20% most deprived small areas nationally) plus one ward (Stanwell North) which encompasses two small areas in decile 3 of the IMD (within the 20-30% most deprived small areas nationally)

⁶ Note also that the other wards in our “key neighbourhoods” set which encompass the small areas in decile 3 (the 20-30% most deprived small areas nationally) align with the “PLUS” elements of the NHS Core20Plus5 criteria for Surrey - which will also include the priority populations of identity (see Appendix 1).

Figure 4: HWB Strategy Principles for Working with Communities

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