Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Strategy Summary Implementation Plan June 2023
HWBS Priority Populations:	All
HWBS Priority - 1, 2 and/or 3:	All
HWBS Outcomes/System Capabilities:	• All Outcomes • Programme Management system capability
HWBS Principles for Working with Communities:	• Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	• Civic / System Level interventions • Service Based interventions • Community Led interventions
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Board Sponsor(s):	Ruth Hutchinson, Director of Public Health, Surrey County Council
HWB meeting date:	21 June 2023
Related HWB papers:	Health and Wellbeing Index development March 23 Health and Well-being Strategy Indicators: Review and Refresh (September 22)
Annexes/Appendices:	**Appendix 1:** Surrey Health and Wellbeing Strategy – Summary Implementation Plan **Appendix 2:** Health and Well-Being Strategy Priority Populations, Priorities, Outcomes and Impact Indicators **Appendix 3:** Health in All Policies Progress update **Appendix 4:** Key Proposed Actions from the MHPODB Work Plan Progress Report (Priority 2)

2. Executive summary

This report provides the latest summary of the programmes engaged in implementing the Surrey Health and Wellbeing strategy. The summary, in Appendix 1, outlines which programmes are engaged in the strategy's aim of reducing health inequalities through a focus on Priority Populations and Key Neighbourhoods, as aligned with the three strategy priorities, and the 14 respective Outcomes.

Alongside delivery, these programmes are engaged in understanding their impact on the outcomes and impact indicators being developed for the strategy (see related papers). They are used to inform the Highlight Reports that outline delivery each quarter alongside informing future items on the forward plan for the board and related sub-boards in relation to challenges and issues arising in relation to delivery.
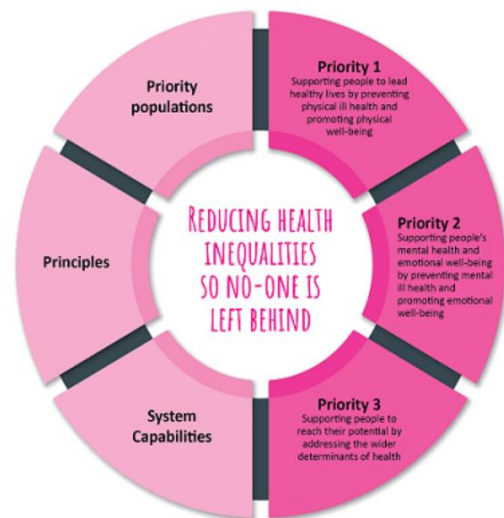
3. Recommendations

The Health and Wellbeing Board is asked to:

1. Recognise the range of current and developing programmes currently within scope of the implementation of the Health and Wellbeing Strategy priorities and outcomes. These programmes are also related to the impact indicators previously shared with the board (see related Health and Wellbeing Board papers above).
2. Recognise the progress made in highlighting the range of programmes that focus resource on Priority Populations including the Key Neighbourhoods.
3. Support the continued collaborative oversight of programmes alongside action to address barriers and challenges within the three priorities through:
   i. the Prevention and Wider Determinants Board (Priority One and Priority Three) and
   ii. the Mental Health: Prevention and Oversight Delivery Board (MHPODB) (Priority Two) (See Appendix 4 for actions in its first year's progress report).
4. Raise any obvious or significant omissions with the Health and Wellbeing Programme team via publichealth@surreycc.gov.uk and the relevant senior lead for follow up.

4. Reason for Recommendations

This is an opportunity for Board members to have an overview of the programmes of delivery that are currently actively engaged in relation to implementation of our Health and Wellbeing Strategy Priorities and Outcomes. These programmes not only

inform what is highlighted as being delivered each quarter but more importantly provide a channel for challenges and issues to inform the forward plan of the Board and its two sub-boards.

5. Detail

The updated Health and Wellbeing Strategy summary implementation plan (Appendix 1) provides an outline of the programmes in Surrey that contribute to the delivery of the Health and Wellbeing Strategy which was last provided in December 2021. In this latest snapshot, following the update to the strategy in 2022, Senior Responsible Officers (SRO) for each programme have been engaged to understand how programmes address key elements related to the delivery of the strategy:

- Focusing on reducing health inequality within the Priority Population(s) including the Key Neighbourhood(s)

- Addressing a significant need that can only be met through Board members' partnership working

- Prioritising community-led approaches, alongside civic /system level and service-based interventions

- Working to understand and measure inputs, outputs, outcomes, impact in a way that is working towards being more meaningful to communities

- Having deadlines for completion, key milestones and an SRO

- Being evidence-based

- Being appropriately resourced or be looking for commitment to appropriate resourcing

The programmes included are regularly reviewed by the Prevention and Wider Determinants of Health Board (Priority One and Three) and Mental health: Prevention Oversight and Delivery Board (Priority Two) through engagement with the SROs. This is to ensure they remain relevant to the overarching ambition of our Health and Wellbeing Strategy, communicate progress, and identify key challenges that need collaborative action at a community, service and system level. This is done through inclusion in the Health and Wellbeing Strategy highlight reports and through input into HWB forward plan items.

The latest iteration of plans has also utilised logic model (see Figure 1) workshops in some programme areas as good practice in understanding the connection between the programme, indicators and the outcome / impact against it is seeking to have within the HWBS priorities. This approach will continue to be used with additional programmes when they are going through relevant times of review (such as updating to a strategy or implementation plan).
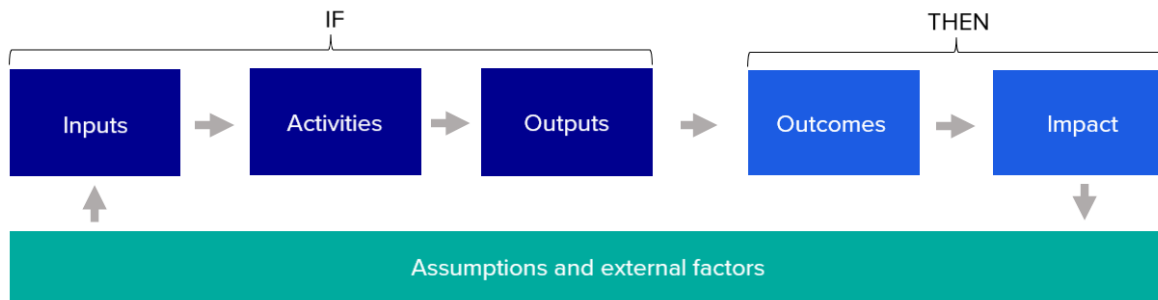
Figure 1. Summary of factors considered in development a programme logic model

5.1 Priority Populations

In line with the 2022 update of the Health and Wellbeing Strategy and the focus on reducing health inequalities, the summary in Appendix 1 shows the number of programmes within each priority that focus on each of the Priority Populations including the Key Neighbourhoods.

Encouragingly this shows that all Priority Populations and Key Neighbourhoods have some level of focus within the programmes currently provided in the snapshot. If members would like to understand more detail on this information please contact the Health and Wellbeing Programme team via publichealth@surreycc.gov.uk. This information will further drive engagement across partners where we are seeing lower number of programmes focusing on particularly Priority Populations. For example, Looked After Children and Adults with Care Experience in relation to Priority Three only currently has one linked programme in scope. If there are obvious programmes that are omitted that Board members feel would meet the elements related to delivery of the strategy, please contact the Health and Wellbeing Programme team on publichealth@surreycc.gov.uk so that we can bring these into scope and consider how the Board can support.

5.2 Priority One (Supporting people to lead healthy lives)

For Priority One, there are 17 programmes engaged in contributing towards the five outcomes and aligned with the strategy's focus on reducing health inequalities. They are varying in stages of development and delivery from the early engagement on the Food Strategy that was recently shared with the Board to the established Movement for Change strategy that is well into implementation.

Following the initial phase of engagement with SROs to update this summary, logic model guided workshops are continuing to be used by programmes such as within the integrated reablement service and delivery of the End of Life Strategy to understand what broader system partners may be able to offer and how Board partners may be able to contribute.

5.3 Priority Two (Supporting people's mental health and emotional well-being)

For Priority Two, there are 13 programmes demonstrating how they contribute towards delivery of the four Priority Two outcomes, with evidence of measuring their outcomes and impact based on a logic models or similar approaches. Two programmes that are still being explored further includes Mindworks provision for children and young people alongside new pilot projects within the Community Mental Health Transformation

Programme (where these have a connection to prevention). It is evident that there is a gap in programmes relating to outcome three that focuses on preventing isolation. This need has also been highlighted in the recommendations of the recently updated Adults Emotional Health and Wellbeing Joint Strategic Needs Assessment chapter and the separate chapter that is planned for 2023 on loneliness and isolation. This is not to suggest there is not a significant amount of work happening on this, particularly led by VCSE partners, however it highlights the need to understand further which programmes can be better supported through collaborative working and ensuring this is focused on health inequalities as per the focus of the Board and Health and Wellbeing Strategy. Importantly it is expected that the introduction of the Mental Health Investment Fund which is now in its second round will support this outcome particularly given the strong alignment that has been made between that Fund and the Priority Two outcomes, Priority Populations and Principles for Working with Communities.

5.4 Priority Three (Supporting people to reach their potential by addressing the wider determinants of health)

For Priority Three, there are 11 programmes included and whilst this is a lower number than under the other two priorities, they have a greater strategic focus given this is particularly where the wider determinants of health are included. This is also where we see significant links with the work of our local Growth Board and Greener Futures Board. Whilst a full understanding of the opportunities within some of these areas are still being explored it is clear there are exciting further opportunities to consider how a focused approach linked to health inequalities can be used within delivery planning for example within the Community Safety Agreement and the implementation of Environment, Transport and Infrastructure programmes. Reference is also made here to the development of the Lifetime of Learning Strategy 2030 which whilst at its very early stages does already recognise the link to reducing health inequalities as it develops.

5.5 Health in All Policies (HiAP)

Following engagement of the Health and Wellbeing Board over the past 12-18 months the HiAP plan is now incorporated in this summary of strategy implementation for the first time. This includes programmes that cut across health determinants and the three priorities of the Health and Wellbeing Strategy to impact on health inequalities.

The plan was informed by a workshop held with HWB members and subsequent consultation with the HWB and wider partners. It delivers system and civic level interventions by:

- Identifying and responding to issues that are cross-cutting with health and addressed by multiple key players: for example: planning, workplaces, transport, air quality.

- Simultaneously and positively impacting on other important priorities, such as those of the Greener Futures Board.

- Fostering approaches for how resources can be shared, and duplication reduced, retaining a focus on joint outcomes to improve health and wellbeing.

- Promoting health, equity, sustainability and inter-sectoral collaboration for improving population health and wellbeing.

- Making sure interventions make a real difference for those groups within the population who need more support so no-one is left behind.

The plan is focussed predominantly at the civic and system level and overlaying themes span the three priorities of the Health and Wellbeing Strategy to create the best conditions for improving physical and mental health, population well-being, and tackling wider determinants of health. Civic/system level interventions and approaches primarily look to achieve impact at a whole population level.

There have been challenges in the past 12 months with progressing some aspects of air quality work particularly including that the SCC bid (with five other Local Authorities) for a DEFRA air quality grant on 'Clean Air Night' to raise awareness of domestic wood burning was unsuccessful (February 2023); and whilst public health capacity has been an issue previously to progress engagement with relevant partners, as the various health protection issues now begin to settle, we anticipate there will be sufficient capacity back in place for taking forward air quality interventions with partners through 2023-24.

Current progress on delivery on this plan is included within Appendix 3 and will be updated quarterly going forwards through our regular Highlight Reports. The next steps for this HiAP Plan however include:

Healthy Built Environment

- Deliver a workshop for Planners and other stakeholders by Summer 2023 to explore next steps for embedding Health Impact Assessments in development proposals.

Healthy Transport and Streets:

- See Health and Wellbeing Strategy Highlight Report update.

Healthy Workplaces

- Ensure 'Reducing Stigma' programme measures are embedded into Workplace Wellbeing Standards to inform the scaling up of this approach.
- Deliver the 'How are you Surrey?' standards pilot of our approach for large business with the Adult Social Care and Public Health workforce in Summer / Autumn 2023, with the wider approach for a pilot at place in Surrey to follow in 2023.

Making Every Contact Count

- Train 120 - 150 staff in Train the Trainer courses during 2023-2024. (Making Every Contact Count)
- Evaluate Healthy Conversations pilots.

Air Quality

- Continue to work through the Surrey Air Alliance, including with the provision of professional Public Health advice and input on indoor and outdoor air quality.

5.6 Outcomes and Impact Indicators

The impact indicators that have previously been shared with the Board are aligned with the priorities and outcomes of the strategy within the Summary Implementation Plan however this also indicates where there is a link between indicators and particular Priority Populations. This is either through a direct link such as health checks for Adults with Learning Disabilities and/or Autism or through a subset of the data such as prioritisation of smoking cessation for particular Priority Populations. These indicators are therefore being developed as part of the Health and Wellbeing Index discussed at our March meeting at a local and Key Neighbourhood level and will be used going forward alongside local insight to indicate how we are progressing in our ambition to reduce health inequalities experienced by these populations. This will be important in understanding where we may need to have a particular focus and the intent is to highlight progress based on these indicators and additional insight more explicitly through the quarterly Highlight Reports from September 2023.

5.7 Oversight of delivery

For Priority One, and Three, regular oversight and engagement between these programmes is enabled via the established Prevention and Wider Determinants of Health Delivery Board. This provides an opportunity for ensuring delivery via cross cutting work and sharing alongside enabling a focus on our Priority Populations including the Key Neighbourhoods and how they are being supported in practice.

For Priority Two, this is via the Mental Health: Prevention Oversight and Delivery Board (MHPODB) established in September 2022, which has a smaller membership reflecting its close working relationship with the Co-production and Insights Group under mental health system governance that has many VCSE and wider stakeholders. Membership is now however developing in line with its work programme and purpose of taking oversight and driving prevention and early intervention work in relation to mental health. Given its introduction over the past 10 months additional detail on planned actions for 2023/24 are available in Appendix 4. In addition to providing oversight to the programmes delivering against this priority, the actions of the delivery Board are further developing local evidence base of need; public mental health evidence of effective preventative interventions; application of place based mental health approaches and strategies; and supporting delivery of the Mental Health Investment Fund.

In addition to the work done through MHPODB on the implementation plan refresh of projects for Priority Two, the report sets out further planned actions for this Delivery Board, the MHPODB and wider Surrey system that will drive the Delivery Board's forward plan. These are based on local partner priorities for mental health prevention and the insights and analysis resulting from its work to date.

6. Challenges

- Ensuring the Health and Wellbeing Strategy's Principles of Working with Communities are fully embraced as part of our ambition towards increased community led programmes and use of resources.

- Identifying the appropriate forums for consideration of sustainable funding for short to medium term programmes that are more innovative and demonstrating successful outcomes against the Strategy's priorities and outcomes.

7. Timescale and delivery plan

Whilst programmes are at a range of stages in terms of delivery, all are known to be progressing and have some level of resource to progress. The focus of current and future Highlight Reports will be on these listed programmes, and how key milestones are being met, outcomes achieved and any key risks or challenges to delivery included in our forward plan.

8. What communications and engagement has happened/needs to happen?

The Summary Implementation Plan has is the result of wide engagement with programme SROs and also with partners through the Prevention and Wider Determinants of Health Board and Mental Health: Prevention Oversight and Delivery Board.

9. Next steps

- Maximise delivery of programmes through the collaboration of all partners engaged in Board and its related sub-boards.
- Continue to progress logic model planning with SROs when appropriate within programme planning cycles.
- Further enhance the quality and meaningfulness of medium / long term impact indicators as part of assessing progress against the Health and Wellbeing Strategy's outcomes.

Appendix 1: Surrey Health & Well-being Strategy Implementation (see slide deck Appendix 1)

Appendix 2 - Health and Well-Being Strategy Priority populations, Priorities, Outcomes and Impact Indicators

Priority Populations

People across Surrey who experience the poorest health outcomes:

- Carers and young carers
- Looked after children and adults with care experience
- Children with additional needs and disabilities
- Adults with learning disabilities and/or autism
- People with long term health conditions, disabilities or sensory impairment
- Older people 80+ and 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

Please note: the top 5 are the initial priority areas

Lower Super Output Area (ranked on IMD score)	IMD Decile (lower is more deprived)	Electoral Ward/Key Neighbourhoods	District / Borough	Primary Care Network	Health Areas Surrey Heartlands/ (SH) Frimley
1. Reigate / Banstead 008A	2	Hooley, Merstham and Netherne	Reigate and Banstead	Horley	East Surrey (SH)
2. Woking 004F	2	Canalside	Woking	WISE 3	NW Surrey (SH)
3. Guildford 012D	2	Westborough	Guildford	GRIPC	Guildford and Waverley (SH)
4. Guildford 007C	2	Stoke	Guildford	GRIPC	Guildford and Waverley (SH)
5. Spelthorne 001B	3	Stanwell North	Spelthorne	SASSE Network 3	NW Surrey (SH)
6. Mole Valley 011D	3	Holmwoods	Mole Valley	Dorking	Surrey Downs (SH)
7. Reigate / Banstead 005A	3	Tattenham Corner & Preston	Reigate & Banstead	Banstead Healthcare	Surrey Downs (SH)
8. Epsom and Ewell 007A	3	Court	Epsom & Ewell	Epsom	Surrey Downs (SH)
9. Spelthorne 002C	3	Ashford North and Stanwell South	Spelthorne	SASSE Network 3	NW Surrey (SH)

Lower Super Output Area (ranked on IMD score)	IMD Decile (lower is more deprived)	Electoral Ward/Key Neighbourhoods	District / Borough	Primary Care Network	Health Areas Surrey Heartlands/ (SH) Frimley
10. Woking 005B	3	Goldsworth Park	Woking	WISE 3	NW Surrey (SH)
11. Runnymede 002F	3	Englefield Green West	Runnymede	Windsor	Windsor and Maidenhead (Frimley)
12. Elmbridge 004B	3	Walton South	Elmbridge	Walton	NW Surrey (SH)
13. Reigate and Banstead 018D	3	Horley Central & South	Reigate and Banstead	Care Collaborative	East Surrey (SH)
14. Waverley 002E	3	Farnham Upper Hale	Waverley	Farnham	North East Hampshire and Farnham (Frimley)
- Spelthorne 001C	3	Stanwell North (already included above)	Spelthorne	SASSE Network 3	NW Surrey (SH)
15. Waverley 010A	3	Godalming Central and Ockford	Waverley	East Waverley	Guildford & Waverley (SH)
16. Runnymede 006D	3	Chertsey St. Ann's	Runnymede	COCO	NW Surrey (SH)
17. Reigate and Banstead 010E	3	Redhill West & Wray Common	Reigate and Banstead	Care Collaborative	East Surrey (SH)
18. Guildford 010C	3	Ash Wharf	Guildford	Surrey Heath	Surrey Heath (Frimley)
19. Elmbridge 008A	4*	Walton North	Elmbridge	Walton	NW Surrey (SH)
20. Elmbridge 017D	4**	Cobham and Downside	Elmbridge	Leatherhead	Surrey Downs (SH)
21. Surrey Heath 004C	4**	Old Dean	Surrey Heath	Surrey Heath	Surrey Heath (Frimley)

* Overall IMD decile 4 and in decile 1 (highest 10% nationally) for IMD supplementary index on Income Deprivation Affecting Children
** Overall IMD decile 4 and in decile 1 (highest 10% nationally) for IMD domain Education, Skills and Training.

Outcomes

Priority 1 Outcomes

- People have a healthy weight and are active
- Substance misuse is low (drugs/alcohol/smoking)
- The needs of those experiencing multiple disadvantage are met

- Serious conditions and diseases are prevented
- People are supported to live well independently for as long as possible

Priority 2 Outcomes

- Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources
- The emotional well-being of parents and caregivers, babies and children is supported
- Isolation is prevented and those that feel isolated are supported
- Environments and communities in which people live, work and learn build good mental health

Priority 3 Outcomes

- 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 (including through transport/land use planning

System Capabilities

- Empowered and Thriving Communities
- Clear Governance
- Estate Management
- Workforce Recovery and Development
- Programme Management
- Equality, Diversity and Inclusion incl. digital
- Data, Insights and Evidence
- Integrated Care

Impact Indicators: Being incorporated into new Health and Wellbeing Index

Indicator	Priority	Outcomes
Inequality in Life expectancy (Male)	Overarching	NA
Inequality in Life expectancy (Female)	Overarching	NA

Inequality in Healthy Life expectancy (Male)	Overarching	NA
Inequality in Healthy Life expectancy (Female)	Overarching	NA
% of inactive adults	1	P1/O1
% active adults	1	P1/O1
% active Children	1	P1/O1
% children aged 5 with 2 doses of MMR	1	P1/O4
GP QOF hypertension % Prevalence	1	P1/O4
	1	P1/O4
GP QOF Diabetes % Prevalence		
under 75 mortality from colorectal cancer	1	P1/O4
under 75 mortality from breast cancer	1	P1/O4

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incidence of homelessness - households owed a duty under the Homelessness Reduction Act	1,3	P1/02 and P3/O1
Rate of Domestic Abuse Incidents	3	P3/O4
Deaths from drug misuse	1	P1/O2
Alcohol related hospital admissions	1	P1/O2
Reduction in smoking in Priority Populations (COPD, Pregnancy, Routine & Manual workers), SMI, BAME	1	P1/O2
emergency admission rates of people with dementia	1	P1/O1
% of deaths in usual place of residence	1	P1/O5
Rate of physical health checks for those with MH issue	1	P1/O4
Adults with MH in appropriate accomodation	2,3	P1/02
Self reported - anxiety	2	P2/O1
Access to IAPT services	2	P2/O1
Proportion of children receiving a 12-month review with their Health Visitor	2	P2/O2
percentage of adult carers who have as much social contact as they would like (18+ yrs)	2	P2/O3
Children 0-15 or 19 in absolute /relative low-income/ couple/lone families (8) Annual	3	P3/O1

Households in Fuel Poverty	3	P3/O1
% Children FSM achieving 5 A* - C GCSE	3	P3/O2
Children FSM achieving good level of development at KS 2 /4	3	P3/O2
Unemployment rate	3	P3/O3
Participation rate training/education 16-18	3	P3/O3
Employment and Support Allowance claimants aged 16-24	3	P3/O3
Job seekers over 12 months	3	P3/O3
Community safety (feeling safe in community)	3	P3/04
Violent crime	3	P3/O4
Active Travel Walking	3	P3/O5
Active Travel Cycling	3	P3/O5
The number of appropriate and detailed referrals due to better identification of neglect and its impact on families.	3	P3/O4
Adults with LD in settled accomodation	3	P3/O1
Effectiveness of reablement services	1	P1/O5

Use of outdoor space for exercise	1	P1/O1
Gap in the employment rate between those with a learning disability and the overall employment rate	3	P3/O3
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2, 3	P3/O3
Healthy life expectancy	Overarch	NA

Appendix 3 – HiAP Progress update

The Plan is focussed predominantly at the civic and system level and overlaying themes span the three priorities of the HWB Strategy to create the best conditions for improving physical and mental health, population well-being, and tackling wider determinants of health. System level interventions and approaches primarily look to achieve impact at the level of population health**.**

Updates under the five themes are provided below:

Theme	Overview	Progress
Healthy Built Environment	Healthier built environments promote and improve health and wellbeing & The benefit of healthy built environments are realised and maximised.	The Health and Planning Forum has further embedded health and wellbeing into planning policies and decisions. 'Creating healthier environments strategic guidance' has been revised to support this work. Guest presenters at the Forum have included the national Planning and Health lead from the Office of Health Improvement and Disparities (OHID). OHID agreed in May 2023 to support Surrey to deliver a Health Impact Assessment (HIA) workshop for stakeholders including planners. The aim of this workshop is to support HIAs to be more systematically considered as part of the planning policy and development management process. We have been consulted recently on a HIA model that will be delivered as a part of the proposed redevelopment of the Science Capabilities for Animal Health (SCAH) site at Weybridge. It is intended that learning from this HIA which will be delivered in the next quarter will also inform the development of a Surrey HIA model.
Healthy Transport and Streets	System planning for improving the uptake of health promoting modes, improvement of physical activity, and the delivery of healthy streets.	Health input has informed the Healthy Streets for Surrey Principles & the Design Guide (affecting new streets and the retrofitting of existing streets), with the aim of improving local environments by providing more space for walking and cycling, and better public spaces where people can interact more. This aspect has evolved and been incorporated into a wider approach for how the HWB works with the SCC Environment, Transport, and Infrastructure (ETI) Team. ETI have embedded healthy transport and streets in their wider implementation business plan, which was reviewed by the ETI senior leadership team on 10th May at an Away

		Day event at the Eco Park – this includes healthy streets and other interventions which cut across the three HWB strategy priorities.
Healthy Workplaces	Enabling workplaces and workforces to be healthier, supportive, inclusive, and happier leading to better mental health and wellbeing.	Our programme is focused on achieving a system-level approach to create the right conditions for mental wellbeing at work.

Workplace Wellbeing Standards for Large Business are finalised. These presented for final sign off at the Health and Wellbeing Board in May, and a toolkit is being developed.

We are embarking on the 'How are you Surrey?' standards pilot of our approach for large business with the Adult Social Care and Public Health workforce which will begin in Summer / Autumn 2023, with the wider approach for a pilot in a priority neighbourhood at Place in Surrey to follow in 2023.

The men's health engagement lead is currently engaging small business to develop standards.

A robust healthy workplace accreditation system informed by our Charter and learning from the pilots will be in development from Q4 of 2023. |
| Making Every Contact Count (and Healthy Conversations) | Maximising opportunities in routine and everyday interactions in council, health and partner services to empower individuals and communities to make positive changes to their health and wellbeing / growing our Health | Making Every Contact Count (MECC) enables health and care and other officers to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing.

To broaden our reach of MECC, the Public Health Team has commissioned a Train the Trainer (TtT) programme for staff based within key stakeholder organisation including NHS primary and secondary care, boroughs and districts, and voluntary sector organisations.

The TtT programme will upskill a range of staff across the civic system to be competent and confident to deliver MECC Level 1 Training, enabling those trained to cascade the MECC training approach further throughout their respective organisations. This aims to |

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	Inequalities capabilities when targeted.	train between 120 and 150 staff over a 12-month from 2023-2024. The TtT training has launched across the system for partners and stakeholders to access. https://www.healthysurrey.org.uk/professionals/making-every-contact-count/training Adult Social Care have drawn on and expanded the MECC approach that primarily targets professional stakeholders to deliver innovative pilots for supportive Healthy Conversations with cohorts of residents. This includes trialling the enhancing of healthy conversation skills with learning disability cohorts and in a priority neighbourhood (Merstham). Evaluation of these and other pilots with targeted cohorts will inform our evolving and developing approach.
Air Quality	Reducing the impact of poor air quality	Poor air quality can cause and worsen health effects in all individuals, and particularly in the most vulnerable populations. Work includes reducing the impact of poor air quality by working with the Surrey Air Alliance: Joint Global Action Plan. Gatwick Expansion Proposals: We continue to input into the consultation for the Gatwick expansion proposals. The Health and Major Accidents and Disasters Topic Working Group (TWG) have reviewed the scope/structure and ways of working for preparation of first draft of a Statement of Common Ground, including quantitative analysis of air quality effects, use of WHO guideline and UK statutory air quality thresholds, and technical methods for Equality Impact Assessment (EIA) Air Quality assessments to be agreed through the Air Quality TWG.

Appendix 4 - Key Proposed Actions from the MHPODB Work Plan Progress Report (Priority 2)

The full MHPODB Work Plan Progress Report, which also contains insights and analysis reflecting the work undertaken in its first ten months, is available from the Programme Manager, Jason.Lever@surreycc.gov.uk.

Work area 1: Steer and oversee the HWB Strategy Implementation Plans for Priority Two projects and programmes, in alignment with the MHIP's early intervention and prevention deliverables.

Ensuring clarity for the core list project and programmes (Priority 2) in scope
Production of a refreshed list of projects and programmes for Priority 2 by the PMO with lead officers and SROs (during January – May 2023), including new reporting milestones to the HWB Board against the four outcomes. *(Action lead: Health and Wellbeing Programme team Surrey system)*

Correlate the newly collated data from these projects and programmes within Priority 2 and across all three Priorities on the Priority Populations and Key Neighbourhoods being served, and the high-level / long-term indicators in the new Strategy Index, to yield new insights, identify gaps and ensure a common long-term view across the system of the progress being made towards supporting them. *(Action lead: HWBS team/ MHPODB)*

The MHPODB will continue to promote a more preventative and early help approach across
Surrey's emotional wellbeing and mental health system and work towards a shared, co-
produced vision for emotional wellbeing and mental health, as recommended in the 2021
review and reflected in the MHIP. *(Action lead: MHPODB/ MHSDB)*

The list of projects and programmes going to the HWB represent a live snapshot at summer 2023 and will continue to be reviewed and updated over the year to follow, to reflect any new projects or programmes in development meeting the refresh criteria coming on stream, and including those which receive MHIF funding. *(Action lead: HWBS team/ MHPODB)*

Cross-check the list of programmes and projects with other related delivery areas (including through the MHIP and HWB Strategy Priorities One and Three) on an on-going basis, and especially to ensure that emotional wellbeing and mental health provision addresses specific needs and demands coming from the impact of pandemic and current cost of living pressures. *(Action lead: HWBS team/ MHPODB)*

Provide oversight and scrutiny for the Suicide Prevention Partnership, including Suicide Prevention Strategy, Protocol and supporting delivery Plans, and other strategies and new programme outlines requiring input and/ or approval. *(Action lead: MHPODB)*

Work area 2: Identify gaps in provision or under-developed support for Surrey residents as priorities for investment, including through working with communities on an enhanced understanding of Place, HWB Strategy Priority Populations and Key Neighbourhoods.

Steer and support the Mental Health Investment Fund (MHIF)
The successful Mental Health Investment Fund (MHIF) bids will have a contract set up and an agreed process of reporting on outcomes and delivery (likely to be quarterly) and - as agreed at the December 2022 HWB Board - the MHPODB (or a sub-committee of members) will:

- receive performance reports from the successful organisations and provide guidance and challenge for the MHIF team to ensure effective delivery of the programme and appropriate use of funds; and
- provide insight and guidance around interlinking the JSNA and MH Improvement Plan with the MHIF to ensure it is being used to prioritise the most urgent areas of need.

(Action lead: MHPODB/ MHIF team)

Place based mental health approaches and strategies]
The infrastructure for engagement, capacity building and co-production of prevention interventions for priority neighbourhoods has been established in several areas. Plans are in place by the Mental Health team (in PH), with the learning from prototype work, to scale up in other priority areas in 2023/24. *(Action lead: PH team/ Places/ Boroughs/ Districts)*

HWB Board members to acknowledge the value of evidenced, Place-based work on prevention interventions, and endorse further roll out based on learning from the prototype. *(**Action lead: HWB Board***)*

Work area 3: Continue to develop improved and shared approaches to measuring, monitoring and reporting impact of projects and programmes, within and across the HWBS and MHIP.

Maintain and develop the HWB Strategy implementation plan refresh for Priority 2
Exercise oversight over, and support to, lead officers and SROs of the June 2023 list of projects and programmes with their on-going measurement of outcomes and identifying where there is the greatest impact contributing to the 4 outcome areas of Priority 2. *(Action lead: MHPODB)*

Following the higher-level Priority 2 indicators currently being integrated into the Strategy Index and published alongside Surrey-I, promote their usage at Place-based and lower geographical levels where they can inform service development and delivery. *(**Action lead: HWB Board/ MHPODB***)*

Identify any gaps in relation to meeting the Priority 2 outcomes (for example, in outcome 3 around isolation), including whether there are further indicators that would be appropriate for inclusion in the Strategy Index. *(Action lead: MHPODB)*

MHPODB will support the Prevention Spend Mapping initiative to build the whole system picture, in relation to developing spending insights that will inform prevention priorities and planning in the mental health area. *(Action lead: SCC Insights/ MHPODB)*

Work area 4: Collate, assess, share and draw on new regional, national or international research and report findings as appropriate, within the Surrey Data Strategy approach.

Joint Strategic Needs Assessment (JSNA): Emotional and Mental Wellbeing Adults
Tailor, develop and promote Place-based population wellbeing approaches including the determinants of wellbeing. *(Action lead: Surrey system)*

Utilise research and co-production of wellbeing and mental health services with people with lived experience, residents (via community development) and VCSE sector provision. *(Action lead: Surrey system)*

Address current and predicted unmet need with further equality impact assessments in key areas. *(Action lead: Surrey system)*

Engagement of HWB Board Members on their role in supporting delivery of Priority 2 of the HWB Strategy, including communication with Central Government. ***(Action lead: HWB Board)***

Public mental health evidence of effective preventative interventions
Continue to present the case at Surrey boards and other forums on adopting key principles of effective preventative interventions that are evidenced, including at scale. *(Action lead: PH MH team/ MHPODB)*

Continue widely to apply the Population Intervention Triangle and its focus on reducing health inequalities and the role of the wider determinants of health, in driving the prevention of mental ill health within delivery of the HWB Strategy. ***(Action lead: HWB Board/ MHPODB/ Surrey system)***

Ensure that MHPODB work planning, and wider system capabilities, provide the local infrastructure to embed new NHSE guidance on delivering the 'key NHS Long Term Plan ambitions and transforming the NHS' (in particular, '2A. Mental health' and '2C. Embedding measures to improve health and reduce inequalities') *(Action lead: MHPODB/ Surrey system)*

Working with communities to identify gaps in or under-developed support needs
Develop more effective mechanisms with CPIG members and through Empowering and
Thriving Communities (ETC) workstreams to implement the 'the four Cs' principles (see
Integrated Care Strategy) – including taking pro-active, co-production opportunities with
residents having lived mental health experience and consulting with communities. *(Action lead: MHPODB/ CPIG/ ETC partners/ PH MH Team)*

Seek to enable the emotional well-being of, and prevent poor mental health, of Surrey

citizens within planned (ETC) work *(Action lead: MHPODB/ ETC partners/ PH MH Team)*

MHPODB to adopt at least one culture priority to be incorporated into its prevention work

plan, as drawn from the high level findings of the Surrey Mental Health Partnership Cultural

Review. *(Action lead: MHPODB)*

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