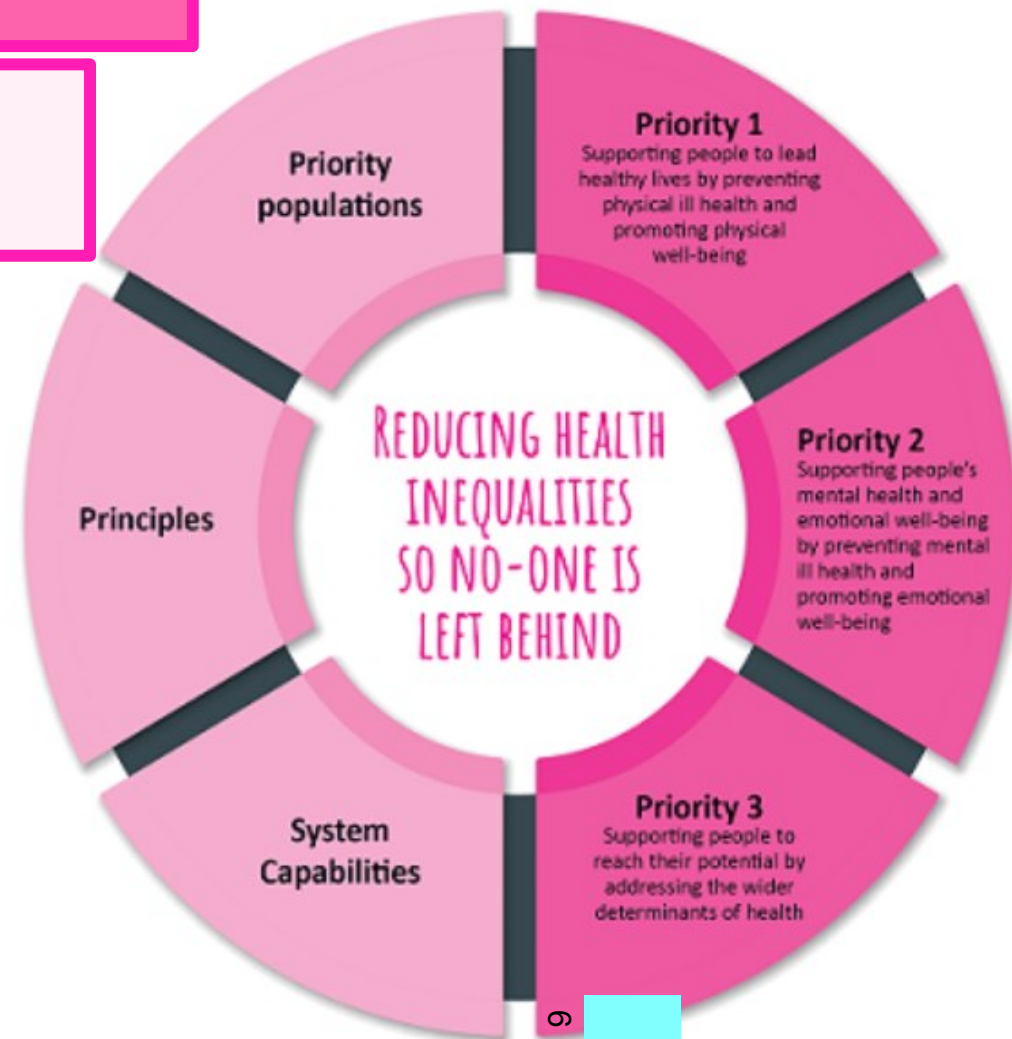


Surrey Health & Well-being Strategy Implementation

Local programmes delivering our focus on the Priority Populations, Priorities & Outcomes

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SUMMARY: JUNE 2023



Context

The overarching ambition of the Health and Well-being Strategy is to reduce Health Inequalities through a focus on prevention with the Priority Populations including the Key Neighbourhoods.

Many programmes and projects are happening across Surrey to deliver outcomes for our Priority Populations. Rather than being a complete picture of all that contributes to this across Surrey, the following summary is intended to be a snapshot of programmes delivering for them against Priority One, Two and Three of the Strategy. These are drawn from a summary understanding of implementation resulting from liaison with programme SROs.

Importantly they are programmes* that are contributing to our Health and Well-being Strategy outcomes and meeting / working towards the following key elements, agreed by the Board:

- Focusing on reducing a health inequality within (a) Priority Population(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 measure inputs, outputs, outcomes, impact in a way that is meaningful to communities
 - Being evidence-based
 - Having deadlines for completion, key milestones and an SRO
 - Being appropriately resourced or be looking for commitment to appropriate resourcing

*programmes are at a range of stages from early strategic development / exploration to wide ranging delivery, however milestones are available across the programmes to understand how each is progressing whilst being at different stages and how they are being focused on reducing health inequalities

Overview of Priority One, Priority Two and Priority Three



41 programmes are currently in scope of this Summary Implementation Plan across the 3 Priorities and 14 Priority Populations



Priority One: Supporting People Live Healthy Lives

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

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WHO IS LEADING THIS?

Priority Sponsor:

Karen Brimacombe, Chief Executive, Mole Valley District Council

Programme Manager:

Jason Ralphs, Surrey County Council



Priority Two: Supporting People's Mental Health and emotional well-being

OUTCOMES BY 2030:

- Adults, children and young people at risk of and 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
- Environments and communities in which people live, work and learn build good mental health

WHO IS LEADING THIS?

Priority Sponsors:

Professor Helen Rostill, Deputy CEO Surrey and Borders NHS FT and SRO Mental Health, Frimley ICS
Kate Barker, System Convenor for Surrey County Council and Surrey Heartlands
Liz Williams, System Convenor for Surrey County Council and Surrey Heartlands

Programme Manager:

Jason Lever, Surrey County Council



Priority Three: Supporting People to reach their potential

OUTCOMES BY 2030:

- People's basic needs are met
- 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
- The benefits of healthy environments for people are valued and maximised

WHO IS LEADING THIS?

Priority Sponsor:

Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council

Programme Manager:

Olusegun Awolaran, Surrey County Council



PRIORITY POPULATIONS AND RELATED IMPACT INDICATORS ACROSS ALL PRIORITIES



Subset of HWBS impact indicators with link to the Priority Populations

Priority Population	Related Impact Indicators
Carers and young carers	<ul style="list-style-type: none"> Percentage of adult carers who have as much social contact as they would like (18+ yrs)
Looked after Children and Adults with Care experience	<ul style="list-style-type: none"> Reviewing and awaiting outcome of children's national social care framework and dashboard as part of understanding relevant indicators*
Children with additional needs and disabilities	<ul style="list-style-type: none"> Reviewing and awaiting outcome of children's national social care framework and dashboard as part of understanding relevant indicators**
Adults with LD and/or autism	<ul style="list-style-type: none"> Rate of LD Health Checks
People with long-term health conditions, disabilities or sensory impairment	<ul style="list-style-type: none"> under 75 mortality from colorectal cancer under 75 mortality from breast cancer GP QOF hypertension % Prevalence GP QOF Diabetes % Prevalence
Older people 80+ and those in care homes	<ul style="list-style-type: none"> Dementia diagnoses rate % of deaths in usual place of residence Effectiveness of short-term reablement services leading to nil or lower level ongoing support (%)
Black and Minority Ethnic groups	<ul style="list-style-type: none"> Reduction in smoking in Priority Populations BAME and people with serious mental illness (plus those with COPD, in pregnancy, routine & manual workers) Completing rate of weight management programme
Gypsy Roma Traveller Community	<ul style="list-style-type: none"> Reduction in smoking in Priority Populations BAME and people with serious mental illness (plus those with COPD, in pregnancy, routine & manual workers)

Priority Population	Related Impact Indicators
Young people out of work	<ul style="list-style-type: none"> Participation rate training/education/ employment 16-18
People experiencing domestic abuse	<ul style="list-style-type: none"> Rate of Domestic Abuse Incidents
People with serious mental illness	<ul style="list-style-type: none"> SMI health check Reduction in smoking in priority populations BAME and people with serious mental illness (plus those with COPD, in pregnancy, routine & manual workers)
People with drug and alcohol problems	<ul style="list-style-type: none"> Deaths from drug misuse Alcohol related hospital admissions Reduction in smoking in priority populations BAME and people with serious mental illness (plus those with COPD, in pregnancy, routine & manual workers)
People experiencing homelessness	<ul style="list-style-type: none"> Homelessness - households owed a duty under the Homelessness Reduction Act
Key neighbourhoods	<ul style="list-style-type: none"> Inequality in prevalence of obesity Reduction in smoking in Priority Populations BAME and people with serious mental illness (plus those with COPD, on pregnancy, routine & manual workers) Completing rate of weight management programme

*possible relevant indicators include progress and attainment in Key Stage results of children in care, % of care leavers in education, employment or training, % of care leavers in higher education, % of care leavers in apprenticeships, % of care leavers in unsuitable accommodation

**possible relevant indicators include % of referrals which are repeat referrals

Programmes and Priority Populations



Liaison with programmes has highlighted that many programmes, particularly those operating across Surrey have indicated relevance to a significant proportion of the Priority Populations. The following however summarises where specific resource and action has been highlighted to enable effective access and / or engagement by (a) Priority Population(s)

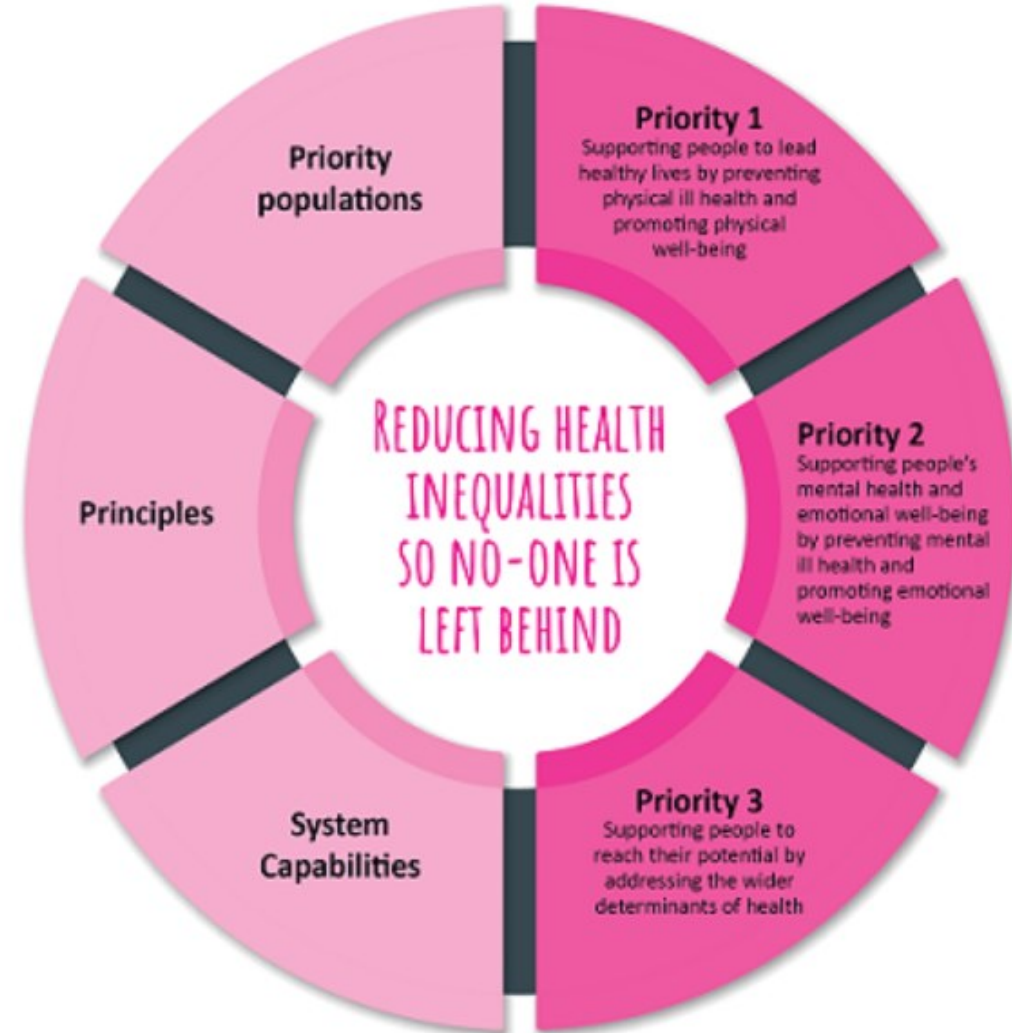
Priority Population	Total	No. of programmes with a focus on each Priority Population		
		P1	P2	P3
Carers and young carers	21	6	13	2
Looked after children /Adults with care experience	12	3	8	1
Children with additional needs and disabilities	12	2	9	1
Adults with LD and/or autism	23	10	10	3
People with long-term health conditions, disabilities or sensory impairment	27	10	14	3
Older people 80+ and those in care homes	15	5	8	2
Black and Minority Ethnic groups	22	7	12	3
Gypsy Roma Traveller Community	18	4	12	2
Young people out of work	15	2	11	2
People experiencing domestic abuse	13	2	8	3
People with serious mental illness	21	8	12	1
People with drug and alcohol problems	17	5	10	2
People experiencing homelessness	12	5	6	1
Key neighbourhood(s)	28	12	11	5

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PRIORITY ONE

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Supporting People to Live Physically Healthy Lives



PRIORITY ONE: OUTCOMES, IMPACT INDICATORS AND RELATED PROGRAMMES

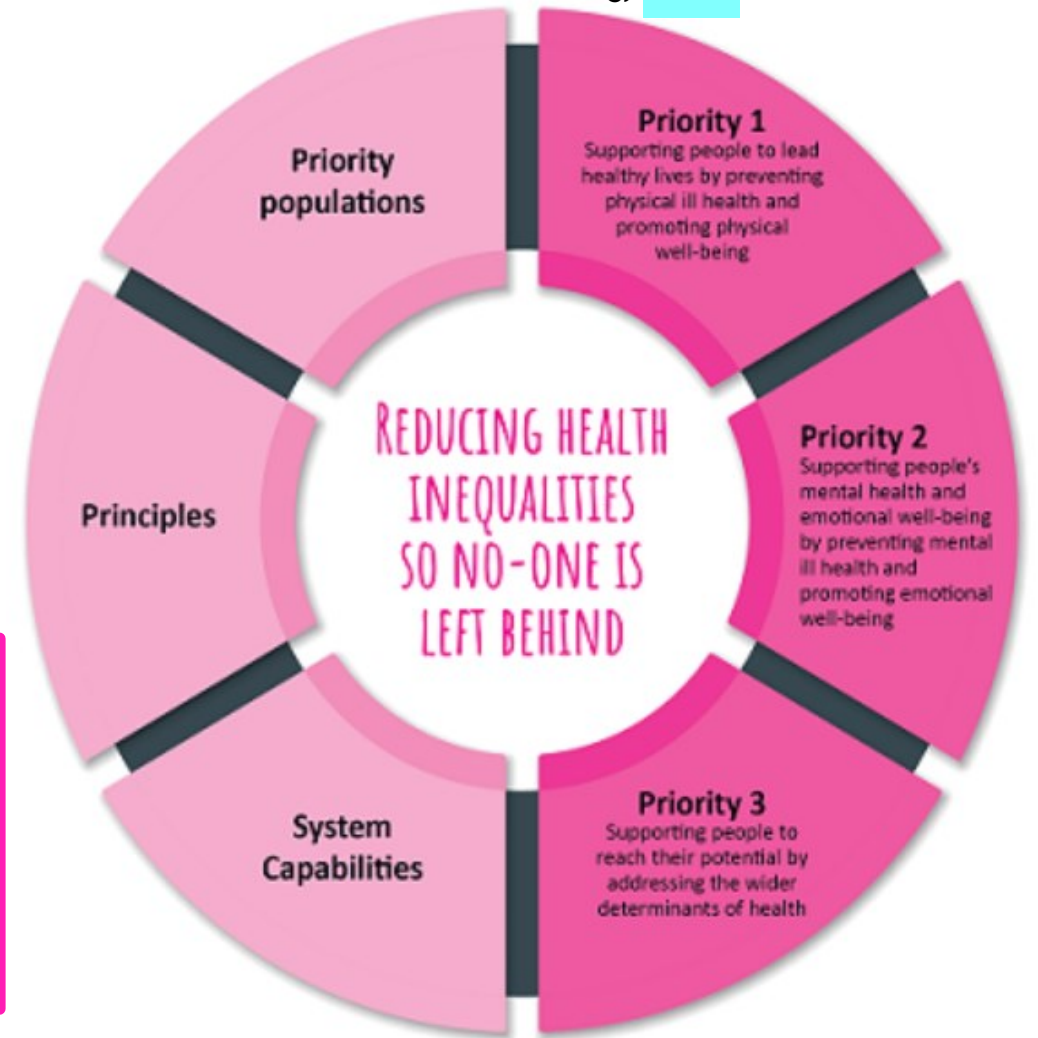
Outcome	Impact Indicators	Related Programmes
1. People have a healthy weight and are active	<ul style="list-style-type: none"> • <i>Use of outdoor space for exercise</i> • <i>Inequality in prevalence of obesity</i> • <i>% of inactive adults</i> • <i>% active adults</i> • <i>% active children</i> • <i>Completion rate: weight management programme</i> 	<ol style="list-style-type: none"> 1. Implementation of the Movement for Change physical activity strategy 2. Implementation of a whole systems approach to healthy weight, including targeted intervention programmes for obesity 3. Development and Implementation of the Surrey Food Strategy
2. Substance misuse is low (drugs/alcohol/smoking)	<ul style="list-style-type: none"> • <i>Deaths from drug misuse</i> • <i>Alcohol related hospital admissions</i> • <i>Reduction in smoking in priority populations (COPD, Pregnancy, Routine & Manual workers), SMI, BAME</i> 	<ol style="list-style-type: none"> 4. Development and implementation of the Combatting Drugs Partnership to reduce substance use 5. Development of the SmokeFree Strategy and delivery of effective and targeted smoking cessation services
3. The needs of those experiencing multiple disadvantage are met	<ul style="list-style-type: none"> • <i>Homelessness - households owed a duty under the Homelessness Reduction Act</i> 	<ol style="list-style-type: none"> 6. Implementation of the SAMs and Changing Futures programmes (<i>linkages to P2 and P3</i>)
4. Serious conditions and diseases are prevented	<ul style="list-style-type: none"> • <i>GP QOF hypertension % Prevalence</i> • <i>GP QOF Diabetes % Prevalence</i> • <i>% children aged 5 with 2 doses of MMR</i> • <i>under 75 mortality from colorectal cancer</i> • <i>under 75 mortality from breast cancer</i> • <i>Rate of LD Health Check</i> • <i>Rate of physical health checks for those with MH condition</i> • <i>Dementia diagnosis rate</i> 	<ol style="list-style-type: none"> 7. Delivery of the diabetes prevention programme 8. Implementation of CVD prevention programme and delivery of targeted health checks 9. Delivering the joint health and social care Dementia Strategy for Surrey – focusing on public health information and communications (links to P2) 10. Development and Implementation of a cancer screening programme to reduce cancer related inequalities 11. <i>Delivery of Immunisations programme*</i>
5. People are supported to live well independently for as long as possible	<ul style="list-style-type: none"> • <i>% of deaths in usual place of residence</i> • <i>Effectiveness of short-term reablement services leading to nil or lower level ongoing support (%)</i> • <i>% of adult carers who have as much social contact as they would like (18+ yrs)</i> 	<ol style="list-style-type: none"> 12. Implementation of an integrated reablement service that maximises the independence of Surrey residents 13. <i>Implementation of the End of Life Strategy, including bereavement support*</i> 14. Implementation of Live Longer Better to support the prevention of falls 15. <i>Implement hoarding protocol and development of a panel to enable multi-agency discussion and solutions*</i> 16. Delivery of the social prescribing service 17. Implementation of the Surrey Carers' and Young Carer's Strategies

*programme alignment with HWBS still being explored to understand cross opportunities

PRIORITY TWO

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Supporting People's Mental Health and Emotional Well-Being



PRIORITY TWO: OUTCOMES, IMPACT INDICATORS AND RELATED PROGRAMMES



Outcome	Impact Indicators	Programmes
1. Adults, children and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources	<ul style="list-style-type: none"> • Self-reported wellbeing - people with a low worthwhile score • Self-reported wellbeing - people with a low satisfaction score • Self-reported wellbeing - people with a high anxiety score • Self-reported wellbeing - people with a low happiness score • Access to IAPT services: people entering IAPT as % of those estimated to have anxiety/depression (in a financial year) (%) 	<ol style="list-style-type: none"> 1. Improved Access to Preventative Emotional and Mental Wellbeing Support (Wellbeing Front Door Service Phonenumber) 2. Development and delivery of Suicide Prevention Strategy and Protocol 3. Development of understanding to address Gambling related harms in Surrey 4. Development of population level communications campaign for primary and secondary prevention, including sleep hygiene 5. Embedding of Prevention and Early Help for mental health in in Long Term Conditions and SMI 6. Development of Mental and Emotional Wellbeing Training through Collaborative for Surrey 7. <i>Delivery of prevention related aspects of Community Mental Health Transformation Programme, focusing on new/ pilot projects (Primary Care Citizens Advice Mental Health Caseworker Service, Primary Care Enablement Pilot Service & Lived Experience Practitioners Service)*</i>
2. The emotional well-being of parents and caregivers, babies and children is supported	<ul style="list-style-type: none"> • Proportion of children receiving a 12-month review with their Health Visitor 	<ol style="list-style-type: none"> 8. Development of practice to address repeat removals of babies due to safeguarding (Pause project) within delivery of Best Start Strategy 9. Delivery of the Children and Young People's Emotional Wellbeing & Mental Health (EWMH) strategy, 2022-27, with key partners 10. Delivery of <i>Mindworks (Surrey's Children and Young People's Emotional Wellbeing and Mental Health Service)*</i>
3. Isolation is prevented and those that feel isolated are supported	<ul style="list-style-type: none"> • % of adult carers who have as much social contact as they would like (18+ yrs) 	<ol style="list-style-type: none"> 11. Delivery of Green health & wellbeing programme (formerly green social prescribing) <p style="text-align: center;">P3 programmes significantly contributing</p>
4. Environments and communities in which people live, work and learn build good mental health	<ul style="list-style-type: none"> • Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate • Adults with MH in appropriate accommodation 	<ol style="list-style-type: none"> 12. Development of community capacity building for emotional and mental wellbeing (addressing wider determinants of health) in Key Neighbourhoods 13. Delivery of Workplace Wellbeing Programme in large (including Health, Social Care and Education) and small businesses in Key Neighbourhoods <p style="text-align: center;">P3 programmes significantly contributing</p>

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*programme alignment with HWBS still being explored to understand/ financial pressures cutting opportunities

PRIORITY THREE

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Supporting People to Reach Their Potential



PRIORITY THREE: OUTCOMES, IMPACT INDICATORS AND RELATED PROGRAMMES



Outcome	Impact Indicators	Programmes
1. People’s basic needs are met (food security, poverty, housing strategy etc)	<ul style="list-style-type: none"> • % Children aged 0- 19 in relative low-income families • Households in Fuel Poverty • Adults with LD in settled accommodation • Adults with MH in appropriate accommodation 	<ol style="list-style-type: none"> 1. <i>Exploration of Whole system approach to poverty**</i> <ul style="list-style-type: none"> - Implementation of the Fuel poverty and Achieving Energy Efficiency Action Plan - Development and Implementation of the Food Security element of Food Strategy (see P1) 2. Implementation of programmes to support vulnerable residents as outlined in the Housing Strategy in relation to Multiple Disadvantage
2. Children, young people and adults are empowered in their communities	<ul style="list-style-type: none"> • % Children FSM achieving 5 A* - C GCSE • Children FSM achieving good level of development at KS 2 /4 	<ol style="list-style-type: none"> 3. Implementation of programmes to enable Empowered and Thriving Communities System Capability 4. <i>Development of Lifetime of Learning Strategy 2030*</i>
3. People access training and employment opportunities within a sustainable economy	<ul style="list-style-type: none"> • Unemployment rate • Gap in the employment rate between those with a learning disability and the overall employment rate • Participation rate education, training and employment – 16-18yrs • Employment and Support Allowance claimants aged 16-24 • Job seekers over 12 months • Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	<ol style="list-style-type: none"> 5. Implementation of the Surrey Skills Plan around support for inclusive access to improved careers education, information and guidance 6. Implementation of Programmes via the No-One Left Behind Skills and Employment Network
4. People are safe and feel safe	<ul style="list-style-type: none"> • Community safety (feeling safe in community) - from Residents Survey • The percentage of enquiries where the individual or individual's representative were asked what their desired outcomes were • The percentage of enquiries where individuals or individual's representatives were partially or fully met • Domestic abuse-related incidents and crimes • Violent crime - violence offences per 1,000 population 	<ol style="list-style-type: none"> Implementation of the Community Safety Agreement (including) <ol style="list-style-type: none"> 7. Serious Violence Duty 8. Community Harm Reduction (ASB) Strategy 9. Violence against Women and Girls Strategy 10. Implementation of programmes to address Domestic Abuse
5. The benefits of healthy environments for people are valued and maximised	<ul style="list-style-type: none"> • Proportion of adults who cycle for travel purposes 	<ol style="list-style-type: none"> 11. <i>Implementation of the aligned SCC Environment, Transport & Infrastructure delivery*, including: STP Delivery Plan (Active Travel schemes inc. schools, Highways Safety, Low Traffic Neighbourhoods) , Climate Change Delivery Plan (Community volunteering, decarbonisation, green skills, eco schools), Improved access to countryside , Nature Recovery Strategy, Healthy Streets Implementation, Climate Change Adaptation Plan</i>

*programme alignment with HWBS still being explored to underpin cross cutting opportunities

HEALTH IN ALL POLICIES (HIAP)



Summary of Civic / System Level Interventions cutting across the HWB Strategy Priorities that have developed as part of our local HiAP plan.

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Related Programmes	Impact Indicators	Outcome
1. Healthy Built Environments are planned	<ul style="list-style-type: none"> Use of outdoor space for exercise Proportion of adults who cycle for travel purposes 	<ul style="list-style-type: none"> The benefits of healthy environments for people are valued and maximised (P3) People have a healthy weight and are active (P1) Serious conditions and diseases are prevented (P1) Environments and communities in which people live, work and learn build good mental health (P2)
2. Healthy Transport options are available and utilised	<ul style="list-style-type: none"> Use of outdoor space for exercise Proportion of adults who cycle for travel purposes 	<ul style="list-style-type: none"> The benefits of healthy environments for people are valued and maximised (P3) People have a healthy weight and are active (P1) Serious conditions and diseases are prevented (P1) Environments and communities in which people live, work and learn build good mental health (P2)
3. Healthy Streets programme is implemented	<ul style="list-style-type: none"> Use of outdoor space for exercise Proportion of adults who cycle for travel purposes 	<ul style="list-style-type: none"> The benefits of healthy environments for people are valued and maximised (P3) People have a healthy weight and are active (P1) Serious conditions and diseases are prevented (P1)
4. Air Quality is Improved	<ul style="list-style-type: none"> In development 	<ul style="list-style-type: none"> Serious conditions and diseases are prevented (P1)
5. Healthy Workplaces Programme is implemented	<ul style="list-style-type: none"> Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	<ul style="list-style-type: none"> Environments and communities in which people live, work and learn build good mental health (P2)
6. Making Every Contact Count (MECC) training and development is rolled out	<ul style="list-style-type: none"> Inequality in prevalence of obesity Reduction in smoking in Priority Populations BAME and those with serious mental illness (plus those with COPD, in pregnancy, routine & manual workers) 	<ul style="list-style-type: none"> People have a healthy weight and are active (P1) Substance misuse is low (drugs/alcohol/smoking) (P1) Serious conditions and diseases are prevented (P1)