

Health and Wellbeing Board (HWB) Paper – Formal (public)

1. Reference Information

Paper tracking information	
Title:	Joint Strategic Needs Assessment (JSNA): Multiple Disadvantage
HWBS Priority populations:	<p>State priority population/s inc. key neighbourhood/s:</p> <ul style="list-style-type: none"> • Looked after children and adults with care experience • Adults with learning disabilities and/or autism • People experiencing domestic abuse • People with serious mental illness • People with drug and alcohol problems • People experiencing homelessness • Those in key neighbourhoods
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	Supporting people experiencing multiple disadvantage – where people face overlapping issues such as mental health needs, substance use, homelessness, domestic abuse, and contact with the criminal justice system.
HWBS Outcome:	<p>Links to Priority 1 outcomes:</p> <ul style="list-style-type: none"> • The needs of those experiencing multiple disadvantage are met • Substance misuse is low (drugs/alcohol/smoking) • People are supported to live well independently for as long as possible <p>Links to Priority 2 outcomes:</p> <ul style="list-style-type: none"> • Adults, children, and young people at risk of and with depression, anxiety and other mental health issues access the right early help and resources <p>Links to Priority 3 outcomes:</p> <ul style="list-style-type: none"> • People's basic needs are met (food security, poverty, housing strategy etc) • People are safe and feel safe (community safety incl. domestic abuse; safeguarding) • The benefits of healthy environments for people are valued and maximised (inc. through transport/land use planning)
HWBS System Capability:	<ul style="list-style-type: none"> • Empowered and Thriving Communities • Equality, Diversity and Inclusion • Data, Insights and Evidence • Integrated Care
HWBS Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together'

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	<ul style="list-style-type: none"> Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Service Based interventions Community Led interventions
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Board Sponsor(s):	<ul style="list-style-type: none"> Vicky Stobbart, Director of Long Term Planning Delivery, Surrey Heartlands ICS: Chapter sponsor Ruth Hutchinson, Director of Public Health, Surrey County Council: Board sponsor
HWB meeting date:	19 June 2024
Related HWB papers:	N/A
Annexes/Appendices:	Appendix 1 - Multiple Disadvantage JSNA chapter primary research participants

2. Executive summary

This paper outlines the draft recommendations of the developing multiple disadvantage JSNA chapter in recognition of the impact that the experience of multiple disadvantage has on some of the most vulnerable persons in our county. The production of this JSNA chapter has been led by our local lived experience group.

Multiple disadvantage is used to describe persons experience of overlapping issues such as mental health needs, substance use, homelessness, domestic abuse, and contact with the criminal justice system and therefore requires a progressive and integrated system response.

The chapter represents a comprehensive effort to understand the breadth and depth of the challenges faced by those affected by multiple disadvantage in Surrey. It is the result of extensive stakeholder engagement, data analysis, and collaboration across sectors. By bringing together insights from health, social care, housing, criminal justice, and the voluntary and community sector, we aim to provide a detailed picture of the needs and gaps in service provision for this vulnerable population.

As a result of large-scale system engagement, this JSNA chapter presents eleven recommendations that are both cross cutting, long term in nature, and have relevance across the partners represented on the Health and Well-Being Board. The intention is that by providing early insight into the draft recommendations board members will be able to disseminate and support actions within their own organisations and wider partners once it is published in full in summer 2024.

3. Recommendations

The Board is asked to:

1. Consider how the headline draft recommendations are relevant to their own organisations and what actions can be taken to support progress to be made.
2. Once the final chapter is published support dissemination of the chapter's findings and recommendations within their own organisations and networks.

4. Reason for Recommendations

The experience of multiple disadvantage is a reality for far too many. It is estimated that approximately 336,000 adults in England are experiencing multiple disadvantage, with at least 3,000 of these individuals living in Surrey ([Lankelly Chase, 2015](#)). For many, their current circumstances are shaped by long-term experiences of poverty, trauma, abuse, and neglect. Multiple disadvantage also puts them at an increased risk of chronic and premature mortality and morbidity, resulting in poorer physical and mental health, higher social care needs, and a poorer life expectancy.

The recommendations set out in this JSNA chapter will not be an endpoint but a beginning, and a call to action for all of partners in Surrey. An underlying theme is that the change that we have started to see in Surrey needs to be amplified and accelerated at individual, service, and system levels to ensure people experiencing multiple disadvantage feel safer and healthier as this will be important in achieving our ambition of reducing health inequalities so that 'no one is left behind'.

5. Detail

The engagement that has been carried out in the development of this JSNA chapter identifies that in addition to the exciting and innovative developments that we have seen in Surrey over recent years, there are clear opportunities for Surrey to improve both the type of support available, and the way support is delivered, to residents experiencing multiple disadvantage.

The findings suggest an urgent need for coordinated and sustained action that builds on the range of work from partners to date to better support those experiencing multiple disadvantage. The complexity of multiple disadvantage means that no single organisation can address these issues in isolation and the need to work effectively as a 'whole system' to enable better outcomes for persons in this situation is highlighted in the chapter. The findings identify the opportunity to improve joint working, break down siloed working, and meet the needs of those experiencing multiple disadvantage with dignity, respect, and comprehensive support.

Whilst this shift in culture and approach is happening, systems transformation takes time to achieve and requires collaboration and partnership working across the 'whole system'. This is the first time in Surrey that a JSNA chapter focusing on multiple disadvantage has been produced, and this is one of the few multiple disadvantage JSNA chapters in the country.

This JSNA chapter will be published in two phases and this paper covers the first phase:

- Phase 1: Adults experiencing multiple disadvantage
- Phase 2: Children, Young People, and Families experiencing multiple disadvantage

Multiple disadvantage has clear links to Surrey's whole system [Health and Wellbeing Strategy \(HWBS\)](#) and applies across its priority populations, strategic priorities, and system capabilities. Elements of multiple disadvantage are identified under the HWBS narrative outcomes and specifically the outcome: 'The needs of those experiencing multiple disadvantage are met'.

This chapter has been co-produced with a group of experts by experience that are part of Surrey's Changing Futures Lived Experience Recovery Organisation (LERO). The LERO was set up in early 2023, with the group meeting with the JSNA Chapter Delivery Group an average of 2-3 times per month through a combination of online and in-person meetings. The JSNA Chapter's governance process also includes a Multiple Disadvantage Multi-Agency Group and the JSNA Oversight Group.

The current **headline draft recommendations** that have been informed from the primary research findings are:

1. Strengthen governance structures by establishing a Multiple Disadvantage Partnership Board.
2. Develop a 5-year strategy for multiple disadvantage.
3. Improve system-wide data collection and sharing protocols.
4. Ensure people experiencing multiple disadvantage are placed at the centre of strategic decision-making processes and involved in the design, commissioning, co-production, and evaluation of services.
5. Invest in early intervention and prevention solutions to reduce the prevalence, duration, and impact of multiple disadvantage.
6. Prioritise embedding a cross-cutting Trauma Informed Approach at individual, service, and system levels.
7. Ensure that key health and care services are commissioned in a way that promotes partnership and integration through the adoption of commissioning best practices for people experiencing multiple disadvantage.
8. Redistribute existing funding to provide a range of integrated, accessible, relational, and person-centred services for people facing multiple disadvantage.
9. Ensure that people experiencing multiple disadvantage are offered a diverse range of mental health services with improved ease of access, flexibility and better outcomes.
10. Conduct a comprehensive review of commissioned substance use services in Surrey to ensure people affected by multiple disadvantage have access to high quality, effective, person-centred alcohol, drug and recovery services.
11. Improve ease of access to housing and accommodation support and ensure sufficient housing options for people experiencing multiple disadvantage.

6. Opportunities/Challenges

Opportunities:

- Ownership and co-production of the JSNA chapter by the Lived Experience Recovery Organisation.
- Extensive levels of engagement and networking through primary research with stakeholders across the system.
- Further building stronger cross-sector partnerships at a strategic and operational level.
- Ability to embed innovative best practice into local commissioning processes.

Challenges:

- Current external challenges impacting on system and services ability to change in line with national direction on work relating to multiple disadvantage and health inclusion.
- Adapting and responding to the level of wider change occurring in the system.

7. Timescale and delivery plan

Following a period of further final engagement, the final chapter including findings and more detailed recommendations will be published in the summer. A range of engagement events is planned to support partners engagement in delivery against the recommendations.

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

A range of stakeholders across Surrey took part in the primary research, including representatives from Surrey County Council, local District and Borough Councils, System leaders, County Councillors, Health and Care Partners (Frimley and Surrey Heartlands ICSs), Voluntary and Community organisations, prison and probation services, Surrey Police, Surrey Fire and Rescue, community pharmacies, and the Office for Health Improvement and Disparities. For a full summary of participants, please see Appendix 1.

The Chapter has been co-produced with people with lived experience of multiple disadvantage through the Lived Experience Recovery Organisation (LERO). The LERO have been involved throughout each stage of this JSNA chapter writing process, from setting out the scope and contents, to designing interview guides and surveys, to receiving training as peer researchers, supporting with stakeholder engagement, identifying key themes, and conducting coding analysis ('co-designing' and 'co-producing').

At the start of the chapter delivery process, a research skills training session was delivered to experts by experience. This session covered the purpose of research, different methods for conducting research (e.g., qualitative, and quantitative), interview types and techniques, how to prepare for an interview and interview role play. Experts by experience were then supported to lead in-depth just under 30 interviews with stakeholders working in services or roles of particular interest to them.

The LERO are also taking part in presentation skills training to empower them to support dissemination of the chapter with stakeholders once published.

Once the JSNA chapter is published, a communications plan will be used to ensure the chapter is shared with all participants that took part in the chapter research, in addition to relevant stakeholders including Surrey residents, Surrey County Council, Surrey Health and Care Partners, relevant local providers, Health and Well-Being Strategy Governance Structures, Voluntary and Community sector and District and Boroughs.

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9. Legal Implications – Monitoring Officer:

The Chair will inform the Board of any legal implications verbally at the meeting.

10. Next steps

Following a further period of further final engagement with partners on the final findings and draft recommendations a series of Multiple Disadvantage JSNA chapter dissemination and discussion events will be held with key stakeholders, providers, and partners across Surrey.

Questions to guide Board discussion:

- What collaborative actions can we take across the system to carry forward the draft recommendations that are currently being developed through this JSNA chapter and provide comprehensive support for those facing multiple disadvantage?
- In what ways can we involve individuals with lived experience of multiple disadvantage in the planning and implementation of our strategies and decision-making to ensure their voices are heard and their needs are met?

Appendix 1: Multiple Disadvantage JSNA chapter primary research participants

- **Surrey County Council (SCC):** including roles relating to the changing futures programme, Bridge the Gap alliance, and Surrey Adults Matter services. Other roles across SCC included: system convenors, programme managers, coroner, assistant directors, heads of department, and those working to support equality, diversity and inclusion, adult social care, care leavers, needle and syringe provision, GRT communities, and rough sleepers. This also includes community link officers and local area coordinators.
- **Surrey and Borders Partnership (SABP) and Surrey Heartlands:** including roles relating to neurodiversity, substance use (i-access), adult mental health, clinical psychologists, medical officers, service managers, therapies, service liaison and diversion, GPIMHS, clinical leads and long-term planning.
- **Voluntary, Community and Faith sector (VCFS):** In total, 22 stakeholders from voluntary and community organisations across Surrey took part in an in-depth interview. VCFS stakeholders had varying remits to support people experiencing multiple disadvantage. Some VCFS organisations focused on supporting specific cohorts e.g., children and young people, others focused on supporting one specific challenge e.g., domestic abuse, housing and supported accommodation, night shelters, food banks. Through the interviews the team spoke to people in a range of roles from CEOs to Service Managers, to a faith leader, community leads and frontline staff).
- **Outreach providers** (both statutory and non-statutory)
- **Local district and borough councils:** including commissioners and directors
- **County Councillors and Local Authority Leads**
- **Surrey Heartlands Integrated Care System (ICS):** health and care providers including primary care such as GPs, consultants, pharmacists, practitioners, and secondary care such as hospitals.
- **Prison and Probation Services:** including Probation Officers and Domestic Abuse Officers
- **Office for Police and Crime Commissioning (OPCC)**
- **Surrey Police:** including County Lines, policies and commissioning, mental health and suicide prevention
- **Surrey Fire and Rescue Service (SFRS)**
- **Community Pharmacies**
- **Office for Health Improvement and Disparities (OHID)**
- **National Health Service England (NHSE)**
- **Children, young people, and families support providers:** including professionals supporting Early Help, Family Centres, PSHE, Wellbeing, Healthy Schools, Team around the School, Targeted Youth Support, commissioning for adolescence and youth offending, youth homelessness, Children, Family and Lifelong Learning (CFLL), Early Years, SEND, education and the virtual school. Primary research relating to children, young and families will be analysed and presented in the Multiple Disadvantage JSNA Chapter: Phase 2. Phase 2 will focus of children, young and families experiencing multiple disadvantage in Surrey.

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