

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Strategy Index and Scorecard
HWBS priority populations:	People with a serious mental illness Adults with learning disabilities and/or autism Children with additional needs and disabilities Adult Carers People with long-term conditions, disabilities or sensory impairments People with drug and/or alcohol problems Young people out of work People experiencing domestic abuse People experiencing homelessness Key Neighbourhoods
Assessed Need including link to HWBS priority - 1, 2 and/or 3:	Measuring Surrey's progress against the HWB Strategy
HWBS outcomes:	All outcomes (except 'The needs of those with Multiple Disadvantage are met')
HWBS system capability:	Data, Insights and Evidence
HWBS principles for working with communities:	<ul style="list-style-type: none"> Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> Civic / System Level interventions Service Based interventions
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Board Sponsor(s):	Ruth Hutchinson, Director of Public Health, SCC
HWB meeting date:	19 June 2024
Related HWB papers:	Item 5 - Highlight Report - cover report.pdf (surreycc.gov.uk) – December 2023 – Further development of HWBS Index Item 7 - Health and Well-being Strategy Index.pdf (surreycc.gov.uk) - September 2023
Annexes/Appendices:	Appendix 1 - Scorecard Pack (in PowerPoint) Appendix 2 - Indicator list

2. Executive summary

When the Surrey Health and Wellbeing (HWB) Strategy Index was shared with the Board in 2023 it was recognised that further development was needed both in terms of indicators and the geographic levels at which the data is presented. The last iteration had the addition of Primary Care Network (PCN) level data. This latest significant update includes over 20 new indicators (61 in total), aligned to HWB Strategy's priority populations and to the priorities/outcomes to offer a more comprehensive picture. The only outcome still without indicators relates to meeting the needs of those experiencing Multiple Disadvantage and the reason is related to the way that it covers a range of intersecting issues and therefore data. This gap, however, emphasises the prioritisation of the Joint Strategic Needs Assessment (JSNA) chapter being developed on Multiple Disadvantage after which it is hoped more specific indicators can be introduced in future iterations of the Index.

At the same time as this significant update, an annual summary (Scorecard) of progress to help gauge system-wide success (or otherwise) is also being presented to the Board, to help inform understanding and influence action across the HWB Strategy and identify where momentum needs to be maintained, where need persists and improvement may be required. In this paper, we summarise the additional indicators introduced (see appendix 2) and share the first iteration of the Scorecard that draws attention to areas where progress or need is particularly noteworthy. This uses published data available as of March 2024 however every effort has been made to include indicator data that has been published following this¹.

The Scorecard now provided includes actual values for the overarching Life Expectancy, Healthy Life Expectancy and Inequality in Life Expectancy indicators and HWB Strategy priority populations at county level, and the outcome indicators at each geographic level where it is available. It will be possible to show the change in these scores and ranks over time with each annual refresh of the HWBS Index from 2025. The Scorecard will be presented to the Board annually, with any significant in-year updates included in the Highlight Report. The online Index will be updated after this meeting at the end of June and will be available at this link [Health and Wellbeing Strategy Index | Surrey-i \(surreyi.gov.uk\)](https://surreyi.gov.uk/Health-and-Wellbeing-Strategy-Index).

3. Recommendations

The Board is asked to:

1. Review and provide feedback to healthandwellbeing@surreycc.gov.uk on the annual HWBS Index and Scorecard and the progress/needs it highlights.
2. Promote the HWB Strategy Index and Scorecard to inform organisational and partnership plans where relevant.
3. Raise awareness of the HWB Strategy Index and Scorecard at related boards and networks.

¹ Some data published in since March may not have been included in the static scorecard but will be updated in the online strategy Index

4. Reason for Recommendations

The HWB Strategy Index and Scorecard are intended to demonstrate progress on the delivery of the Strategy and suggest areas of further action through certain key indicators where data is available.

The aim is to enable a common view on a cross section of publicly available indicators that relate to the HWB Strategy's priority populations, priorities and outcomes. It assists with highlighting populations of identity and geography where residents experience poorer outcomes, to prompt more detailed exploration about what action might be needed to address this. It is for this reason that Board members are asked to note the progress highlighted in the Scorecard and share this and the Index within their organisations, relevant boards and networks.

5. Detail

a. Overarching Indicators

The first section of the Scorecard shows the progress on the Strategy's overarching indicators of life expectancy and healthy life expectancy at birth, and inequality in life expectancy at birth, across the county.

There is some fluctuation across these measures over the periods highlighted, notably for healthy life expectancy at birth, but Surrey performs better than the regional average for both life expectancy and healthy life expectancy at birth. **It is notable that the recent trend for life expectancy at birth in Surrey is downwards, with a reduction of 0.62 years life expectancy for females and 0.82 years for males.** This is a reversal of the longer-term upward trend but mirrors the regional picture.

Inequality in life expectancy is lower in Surrey for males (6.2 years) and females (5.2 years) than for the region. **The longer-term trend however is an increase in inequality for females in Surrey with no change for males.** We know there are also significantly greater inequalities in life expectancy within borough/districts and wards in Surrey, between the most and least deprived areas, that are not reported here at this overarching level. See [The Surrey Context: People and Place | Surrey-i \(surreyi.gov.uk\)](#) for more information. The [Health Foundation](#), based on available Office for National Statistics data, has stated that nationally 'inequalities in life expectancy remain wide and have been entrenched and exacerbated by the pandemic'.

b. Priority populations

The second section of the Scorecard shows the indicators for the HWB Strategy's priority populations and are currently only largely available at county level due to the

geographical level at which the data is available or published. As with the overarching indicators, there is some fluctuation across these measures over the periods highlighted.

Surrey is performing better than the regional and national average on the employment gap for adults with a learning disability registered with adult social care and is in line with the regional and national average on adult carers with enough social contact, which reverses a recent downward trend for the latter measure.

Surrey is performing significantly worse than the national average on adults with a learning disability registered with adult social care who are in stable and appropriate accommodation, but the percentage is increasing and the gap with the national and regional average is getting smaller.

Surrey is also performing significantly worse for adults in contact with secondary mental health services in terms of the employment gap between them and the general population *and* in terms of the numbers in stable and appropriate accommodation.

c. Priorities and outcomes

The third section of the Scorecard details the progress across the indicators included for each outcome within the three HWB Strategy's priorities where indicators are available at a county level and/or the lower geographic areas in the Index.

Of the 61 indicators currently indexed in this section, there has been improvement at a county level in 24 of the indicators and a decline in 17. There was no change in one of the indicators, one indicator is neutral and there is currently no trend data for the remaining indicators.

It should be noted that changes look small for most indicators that reference percentage changes, whether increases or decreases, but these shifts are meaningful in numeric terms. For example, youth unemployment fell across Surrey from 2.87% to 1.81% (good to be low); this represents a drop of nearly a third in the number of young people claiming unemployment benefit (from 3,414 in 2021-22 to 2,157 in 2022-23).

6. Opportunities/Challenges against the outcomes

Opportunities

This Scorecard provides the opportunity for us to have a shared understanding of how we are progressing in the longer term for life expectancy / healthy life expectancy and inequalities in life expectancy (in 5a, 5b above) and in the shorter term for our priority populations and against our HWB Strategy's priorities and outcomes.

Positive progress is being seen within some of the indicators for the priority populations (in 5b above) and for the following outcome indicators and these offer the opportunity to further build upon the positive work in these areas:

- Adults who are physically active (doing at least 150 minutes of moderate intensity activity in the past week) has improved in the county from 66.8% to 69.9% in 12 months (good to be high).
- Chlamydia detection rates in females 16-24 years have risen by 420 cases, from 933 to 1,361 to 1,781 (good to be high).
- The proportion of people with serious mental illness having had a complete range of physical health checks has improved by 11.9% from 51.5% to 63.4% (good to be high).
- The number of unemployment benefit claimants has fallen by 0.8% from 2.8% to 2% (good to be low).
- Rates of anti-social behaviour incidents per 1,000 of the population have fallen by 3.1 from 16.2 incidents to 13.1 incidents (good to be low).
- Rates of domestic abuse have also fallen by 1.5 from 9.8 incidents per 1,000 of the population to 8.3 (good to be low).

Challenges

As well as the poor progress for overarching indicators (in 5a above) and against the priority populations indicators (in 5b above), poor progress against the below outcome indicators in the Index is also noteworthy; these results identify need and present challenges to examine what we are doing and improve:

- **Children who are physically active (60+ minutes of moderate physical activity per day) has fallen by 2.8% from 48.9% to 46.1% (good to be high).**
- **Diabetes prevalence in Surrey increased from 5.8% to 6.02% (good to be low)**
- **Smoking prevalence in adults with routine and manual occupations has risen by 10.4% from 19.6% to 30% (good to be low)**
- **Averages of anxiety scores have increased in Surrey from 2.94 (out of 10) to 3.36 (good to be low)**
- **The proportion of households in fuel poverty has risen by from 7% to 8%; this equates to a rise in 12 months of 4,983 households to a total of 40,987 households.**
- **Levels of travel to work by active transport (walking and riding a bicycle) and public transport (rail and bus) have fallen by 3.4% and 11.2% respectively (good to be high) since the 2011 Census.**

Additionally, Spelthorne is consistently identified through the outcome indicators as having higher levels of need across all priorities. SASSE Network 3 area, operating in Spelthorne, also clearly has higher levels of need.

However, the indicators available continue to be limited by the data that is collected, with some indicators relevant to assessing progress only being available at a higher Surrey footprint which limits the full benefit of use at a more local level. A number of indicators have been, or will be, identified (for example, through new or revised JSNA chapters) and this will enable improvements to the Index over the next 12 months.

Ward level data shows considerable variation across all the indicators where this level of data is available, demonstrating the importance of local place-based review of the Index to understand needs and trends in particular geographic areas.

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7. Timescale and delivery plan

The Scorecard will continue to be updated with additional indicators / levels of geography as the Index develops and will be maintained as an annual product (available each June).

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

The HWB Strategy Index has had input and prior circulation with the Prevention and Wider Determinants of Health Board (PWDHDB) and Mental Health: Prevention Board (MH: PB) members. Opportunities to engage communities with this Scorecard will be explored to seek their input and leadership in developing appropriate interventions to meet identified needs once the Scorecard is online.

9. Legal Implications

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

10. Next steps

Having engaged with partner organisations to incorporate what is believed to be all currently available publicly published indicators, the Sub Boards (PWDHB and MH: PB) will work with local data related workstreams to develop additional indicators and lower levels of geography and insight where gaps remain for introduction into the Index. Indicators currently in scope for this work are included in Appendix 2.

Questions to guide Board discussion

- Do the Board members feel the HWB Strategy Index and Scorecard provides a useful overview of progress against the priority populations, priorities and outcomes of the HWB Strategy?
- Are there any additional workstreams that the sub boards need to be linked into to continue to develop a fuller picture of progress for 2025?
- What should we be doing as a system to address the challenges, where need is identified and progress is poor?