

Combined Meeting of the Health and Wellbeing Board, and Surrey Heartlands Integrated Care Partnership (ICP) - Formal (public)

1. Reference Information

Paper tracking information	
Title:	HWB Strategy (HWBS) Highlight Report including HWBS Index Update
HWBS/Surrey Heartlands IC Strategy priority populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:	All HWBS
HWBS or IC Strategy Outcome(s):	All HWBS outcomes
HWBS system capabilities/IC Strategy Ambition 3 enablers:	All HWBS system capabilities
HWBS/IC Strategy 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' • 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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Sponsor/Champion:	Ruth Hutchinson, Director of Public Health, SCC
HWB/ICP meeting date:	18 September 2024
Related HWB/ICP papers:	Highlight reports Healthy Surrey
Annexes/Appendices:	Appendix 1 - Highlight Report

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2. Executive summary

This paper provides an overview of the progress in the delivery of the [Health and Wellbeing Strategy](#) (HWB Strategy) as of 27 August 2024. The Highlight Report is available in an accessible, web friendly format, and provides:

- An overview of activity against HWB Strategy's [Summary Implementation Plan projects and programmes](#), describing what has been achieved with the Priority Populations and against the Priorities/Outcomes and some system capabilities;
- Outlined examples of collaboration by partners;
- Identifies examples of new data/insights and opportunities/challenges that have arisen, including via the HWBS Index;
- The progress of the review of the [Joint Strategic Needs Assessment](#) (JSNA) chapters;
- Communication activity associated with the HWB Strategy.

3. Recommendations

The HWB and Surrey Heartlands ICP are asked to:

1. Use the [Highlight Reports](#) to increase awareness of delivery against the HWB Strategy and recently published / upcoming JSNA chapters through their organisations.
2. Respond to the significant challenges which include the following:
 - The unmet needs highlighted in the HWB Strategy Index Scorecard, particularly regarding inequalities between communities of geography and identity.
 - Critical funding issue for Surrey prevention programmes that have been evaluated locally as extremely effective in addressing need and reducing demand but are not resourced beyond March 25 – eg some Local Area Co-ordinator roles and Changing Futures' Bridge the Gap service.
 - Funding continuation uncertainties for other Surrey programmes that are Government funded – Household Support Fund (extension only to April 2025), Serious Violence Duty programme (end December 2024), Active Surrey programmes (various, end December 2024), Suicide Prevention Adviser in Surrey Police (end July 2025).

4. Reason for Recommendations

Some individuals and communities experience poorer health outcomes. The focus of the Health and Well-being Strategy and Integrated Care Strategy is to reduce health inequalities so no-one is left behind.

5. Detail

In the Spotlight

Priority 1

Creating positive experiences of being active for children and young people

[Active Surrey](#) is committed to reducing levels of inactivity in the county and leveraging physical activity to help tackle inequalities. Drawing in investment and support from Sport England, Active Surrey in collaboration with local partners, has commenced work on a new Place Partnership in the HWB Strategy Key Neighbourhoods of Stanwell (north and south, in the borough of Spelthorne) which is in the top 10% nationally for its inactivity levels. This long-term partnership aims to break down the barriers locally which hold inactivity in place.

Active Surrey has conducted extensive data analysis, local mapping and community engagement in Stanwell. The emerging Place Partnership focus is the role of physical activity in mental health and anti social behaviour and increasing uptake of cycling and walking.

More than 50% of children and young people across Surrey are not meeting [Chief Medical Officer guidelines for physical activity](#). Active Surrey has led a number of impactful programmes recently, aimed at creating positive experiences of being active for less active young people. These have included the Specsavers Surrey Youth Games, wellbeing and movement school-based delivery and Club4, the Holiday Activity and Food programme for Surrey.

This summer, over 39,000 places were available in the Holiday Activity and Food programme, offering free holiday provision including a meal and physical activity for children on free school meals. This year the programme has had a specific focus on:

- Increasing opportunity for young people with additional needs and disabilities including family stay and play sessions, an additional support fund and camp deliverer training (Learning Beyond the Label.)
- Increasing connectivity with skills agenda for our secondary aged young people (linked to NCS and qualifications)
- Building advocacy and awareness of impact of Club4

The last confirmed funding for the Holiday Activity and Food programme is Christmas 2024. Active Surrey is awaiting confirmation from Government if this scheme (and several other centrally funded physical activity programmes for children) will continue in the new year.

Priority 2

For the first time the Joint Strategic Needs Assessment (JSNA) has a chapter dedicated to 'Loneliness & Social Isolation'. It outlines what is known about loneliness and social isolation in Surrey. It recognises that both can be experienced by anyone at any time across the life course.

This chapter raises the profile of social connection as a key indicator of health and wellbeing for individuals and for communities and outlines the key structural enablers of social connection. This includes Surrey's support services for vulnerable groups and the essential contribution of VSCE organisations to creating and maintaining connected and thriving communities. However, it also shines a spotlight on populations who are marginalised and excluded from the social, cultural, and economic life of our communities.

The chapter's key findings can be summarised as:

- Loneliness and social isolation arise from social, economic, and structural inequalities that put some individuals at higher risk than others.
- The poor health and wellbeing outcomes associated with few social connections and poor-quality personal relationships disproportionately affects people who already experience disadvantage.
- The intersectionality of loneliness and social isolation with other wider determinants of health and wellbeing calls for a whole systems approach to tackling its causes and consequences.
- Within this whole systems approach, social connection should be a cross-cutting theme – akin to equalities, diversity, and inclusion – that informs strategies, policymaking, and commissioning across integrated care systems.

Based on these and further findings that can be read in the 'What is this telling us?' section, this chapter makes 10 key recommendations. The chapter will be published in September [here](#) alongside the suite of other JSNA chapters.

Please contact jnfeedback@surreycc.gov.uk with any comments, queries, or feedback.

Priority 3

SCC was successful in its Southern Gas Network's (SGN) funding bid to allow for the expansion of projects this year. The £920,000 external funding to the **Fuel Poverty** programme will provide an opportunity for interventions to be delivered to vulnerable residents in general and targeted interventions to residents in the HWB Strategy Key Neighbourhoods, who have been victims of domestic abuse, disabled people and carers.

This funding will allow SCC to partner with many organisations to deliver support this winter, including:

- Citizen’s Advice to provide training for frontline volunteers to triage and refer residents for further support, including the administration of a single referral point.
- Surrey Coalition of Disabled People, through the in-home energy advice and grant application support, to visit disabled residents and distribute energy efficient appliances, fuel vouchers and winter warm packs.
- Surrey Fire and Rescue to provide fuel poverty training for Safe and Well Visit Officers, along with fuel vouchers, winter essentials and heaters to distribute directly during visits.
- [I Choose Freedom](#) to provide winter essentials to victims of domestic abuse living in refuge, as well as energy advice sessions.

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6. Opportunities/Challenges

Opportunities

Health and Wellbeing Strategy Index

Initial analysis of the [HWBS Index and Scorecard](#) provides us with a number of opportunities to ensure the system maintains good progress against the recently enhanced set of indicators. However, while progress appears good on a Surrey-wide level, significant need is still identified at lower levels of geography where data is available:

HWBS Index Scorecard
Overarching Indicator: Healthy Life Expectancy
 0.6 year increase for males (2.3 above regional average) and 0.3 year increase for females (3.8 years above regional average) **between 2017-19 and 2018-20 (latest data)**

Whilst results look good on a county wide basis for some outcome indicators, there is **significant variation** when compared to borough/district, primary care network and ward level data (and not just in the **Key Neighbourhoods**)

Priority populations: examples	Data
Adults with a Learning Disability living in stable and appropriate accommodation	Increased from 75.2% to 77.4% (.9% worse than Southeast) <i>(good to be high)</i>
Adult social care users with as much social contact as they would like	Increased from 40.8% to 46.2% (post COVID) – 1% better than Southeast <i>(good to be high)</i>
Outcome indicators: examples	Data
Adults who are physically active (doing at least 150 minutes of moderate intensity activity in the past week)	Increased from 66.8% to 69.9% <i>(good to be high)</i> BUT 55.2% in Stanwell North
Proportion of people with serious mental illness having complete range of physical health checks	Increased by 11.9%, from 51.5% to 63.4% <i>(good to be high)</i>
Chlamydia detection rates in females 16-24 years	Increased by 420 cases, from 933 to 1,361 to 1,781 <i>(good to be high)</i> BUT 745 in Mole Valley
The number of unemployment benefit claimants has fallen by 0.8% from 2.8% to 2% <i>(good to be low)</i> .	Fallen by 0.8% from 2.8% to 2% <i>(good to be low)</i> BUT 4.9% in Stanwell North
Rates of anti-social behaviour incidents per 1,000 of the population	Fallen by 3.1 from 16.2 incidents to 13.1 incidents <i>(good to be low)</i> BUT 32.7 in SASSE 3 PCN
Rates of domestic abuse per 1,000 of the population	Fallen by 1.5 from 9.8 incidents to 8.3 <i>(good to be low)</i> BUT 9.1 in Runnymede

Priority Populations

Consideration is being given to changing the HWB Strategy Priority Population 'Black and Ethnic Minority Groups' to two proposed distinct populations – 'Black, Black British, Caribbean and African people' and 'Asian and British Asian people'. 'Gypsy Roma Traveller Groups' may also be changed to 'Gypsy, Roma and Traveller people'. It is proposed that the HWB Strategy will note that these three populations will also include those who identify as being from a diverse background that includes one of these populations. The aim of these changes is to attempt to be more nuanced in our understanding and more culturally sensitive around ethnicity. The system will still need to look at more specific outcomes for people from different and diverse ethnic backgrounds within these broad groups but this is a start and recognises the key point that as the priority populations are currently articulated, these four groups are assumed to be homogenous when they are not. These proposed changes will be explored with those with lived experience to gain their insights; they are currently based on Census 2021 categories, HM Government/SCC Equality, Diversity and Inclusion team advice and [advice from the Centre for Mental Health](#).

Priority 1

The Surrey **Cancer Inequalities Programme** is a 2-year MacMillan-funded programme to identify and address cancer inequalities across Surrey. It will be informed by robust data, literature reviews and stakeholder engagement exercises, and it will align to national frameworks (Core20Plus5 and Office for Health Improvement and Disparities inclusion groups) and Surrey's health and wellbeing priorities (including key neighbourhoods and priority populations).

The programme will incorporate two over-arching behavioural science informed work packages. 'Act Now' will work in partnership to co-design, implement and evaluate interventions to act on inequalities we know exist. 'Explore, Understand and Co-Create' will work with stakeholders and communities to identify inequalities and inform priorities for action.

By working in partnership with stakeholders and communities, the Surrey Cancer Inequalities programme will address knowledge gaps around prevention, screening, early diagnosis, access to treatment and engagement, and patient experience. The programme will shine a spotlight on invisible inequalities and intersectional factors that are experienced by priority groups but not recorded in routinely collected data.

Two groups will be established to facilitate collaborative working between Surrey Heartlands ICS, Frimley ICS, Surrey County Council, Surrey and Sussex Cancer Alliance, VCSE, and patients and the public. These will be the Surrey Cancer Inequalities Steering Group and the Surrey Cancer Inequalities Patient and Public Involvement Group.

Priority 2

The remaining funds in the **Mental Health Investment Fund (MHIF)** will be allocated in collaboration with the Community Foundation for Surrey (CFS) which will match the £1.7 million of the MHIF. This was a collaborative effort between Surrey County Council and Surrey Heartlands ICP. CFS, which operates with donor support, is responsible for the creation of a grant programme based on three priorities identified during June roundtable discussions with stakeholders including the VCSE sector. The focus will be on supporting people experiencing multiple disadvantage, a whole family approach to anxiety in young people and in a first phase, [suicide prevention for young people](#) which is now open for applications **until 16 October**.

The Surrey **Suicide Prevention Strategy** is dependent on a multi-agency partnership approach, which is essential to meeting the ultimate aim to reduce the suicide rate over the next 5 years – with initial reductions in half this time – as set out in the Suicide Prevention Strategy for England: 2023 to 2028. The Surrey strategy has been developed using local data and intelligence alongside the key priorities and recommendations from this national strategy. Extensive engagement was run by Public Health team from 8 July to 13 September, which will be followed by further opportunities for collaboration focusing on implementation ahead of the revised Strategy being published in October 2024. The governance of the strategy will be overseen by the Suicide Prevention Partnership Board, which includes people with lived experience, the voluntary sector, community organisations, health, and local government.

Priority 3

The previous **Domestic Abuse Strategy 2018-2023** sought to break the silence about domestic abuse and remove barriers to reach support; empower specialist expert support to work with survivors, children and perpetrators; maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators. The new Surrey Against Domestic Abuse Strategy 2024-2029, published in collaboration with the Domestic Abuse Surrey Expert by Experience Network, provide an opportunity for strong local leadership to transform the way domestic abuse has been tackled so far. The new strategy will continue to provide support and services to victims and survivors of domestic abuse, reduce harm from perpetrators and focus on prevention.

Challenges

Health and Wellbeing Strategy Index

The [HWB Strategy Index and Scorecard](#) has also provided us with key challenges to address as a system (below). Further challenges may be identified as new analysis

/indicators are developed to fill gaps in the Index. These challenges will be reported quarterly in the Highlight Report.

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HWBS Index Scorecard

Overarching Indicator: Inequality in Life Expectancy

1-year increase in inequality for females and 0.8-year increase for males in Surrey.

Overarching Indicator: Life Expectancy

At ward level, there is a 10-year difference in for males and 12-year difference for females between the highest and lowest.

Spelthorne is identified through the outcome indicators as having higher levels of need, alongside **SASSE 3 PCN** area and **Stanwell North**. **Woking** has the worst cancer outcomes; **Walton North** ward has worst colorectal cancer outcomes. More analysis required.

Priority populations: examples	Data
People in contact with secondary MH services: Employment gap	Increased by 6.9% to 78.2% - 8% worse than Southeast (new definition) (good to be low)
Stable and appropriate accommodation	Fallen by 7% to 48% - 13% worse than Southeast (good to be high)
Outcome indicators: examples	Data
Proportion of children in the county receiving 2-and-a-half-year check with their Health Visitor	Fallen by 6.3% in three-month period from 70.5% to 64.2 (good to be high)
Children who are physically active with 60+ minutes of moderate physical activity/day	Fallen by 2.8% from 48.9% to 46.1% (good to be high) AND 36% in Surrey Heath
Diabetes prevalence	Increased from 5.8% to 6.02% (good to be low) AND 8.83% in Stanwell North
Smoking prevalence in adults with routine and manual occupations	Increased from 10.4% from 19.6% to 30% (good to be low)
Admissions to hospital for alcohol-related conditions	Increased from 1,260 to 1,511 (good to be low) AND 1,880 in Spelthorne
Anxiety	Increased score from 2.94 (out of 10) to 3.36 (good to be low) AND 5.16 in Spelthorne
Proportion of children (aged 0-19) in relative low-income families	8.5% AND 24.4% in Canalside (good to be low)
Households in fuel poverty	Increased from 7.3% to 8.3% (good to be low) AND 15% in Westborough
Travel to work by active transport (walking and riding a bicycle) and public transport (rail and bus)	Fallen by 3.4% and 11.2% respectively (good to be high) (during COVID)

Access to information and services

The difficulties people have in finding information, or in understanding the information, have been highlighted this month. Often this information is key to providing the support that can prevent people requiring further or more serious interventions at a later time. The experiences show the value of listening to people to ensure an understanding of how key information needs to be communicated.

Priority 1

The JSNA chapter on multiple disadvantage identifies a conservative 3000+ adults experiencing multiple disadvantage in Surrey. The chapter highlighted the need to improve both the type of support and the way the support is delivered to this population taking learning from initiatives like **Surrey’s Changing Future’s Bridge the Gap prevention service**. Without a funding decision in principal by early autumn 2024, the Bridge the Gap prevention service will be de-commissioned from 12 local VCSE community providers leaving 22 specialist practitioners at risk of redundancy, all clients at risk of escalating need, loss of the return on investment (Return on Investment is 1:4) and service/reputational pressures felt across all Surrey system partners ([Evaluation of the Changing Futures programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/evaluations/evaluation-of-the-changing-futures-programme)).

Active Surrey is awaiting confirmation from Government as to whether funding for several centrally funded physical activity programmes for children will continue in the new year.

Priority 2

Following June's update on **Suicide Bereavement Service** funding, Surrey Police have confirmed their continuing strategic support to the Surrey's Suicide Prevention Partnership. The continued leadership on the suicide prevention agenda by Surrey Police is appreciated by the partnership. However, Surrey Police noted that as NHSE funding has come to an end (which has enabled a Suicide Prevention Advisor post within Surrey Police for the past 3 years and allowed them to deliver a 'gold standard' service across the partnership) and if no other monies are sourced across the partnership, it would have to scale back its activity and provide the minimum expectations outlined by the National Police Chiefs Council.

Priority 3

Funding for some **Local Area Co-ordinator roles** in HWB Strategy Key Neighbourhoods is due to finish at end of March 2025. It has been [independently evaluated](#) confirming positive impact for individuals and communities, and with a system wide investment to [cost avoidance](#) ratio of at least 1:3 (nationally 1:4). There is a risk therefore that this effective 1 to1 relational support in key neighbourhoods is lost, with escalating needs and corresponding increased service pressures.

The imminent ending of some interventions funded by the central government also poses some challenges to Surrey's bid to reducing inequalities and ensuring no-one is left behind. The **Household Support Fund** scheme now has extended funding until April 2025 but after that there will once again be a gap in support to vulnerable resident which it may be difficult for the local government to fill. Another challenge is the **Serious Violence Duty** funding which is due to come to an end in March 2025, with no clarity as to future funding.

7. Timescale and delivery plan

The inclusion of more detailed Surrey Heartlands' prevention projects/programmes and system capability development to address health inequalities in this should be considered going forward in order that it further captures delivery against the Integrated Care Strategy as well as the Health and Well-Being Strategy.

8. What communications and engagement have happened/need to happen?

All members are asked to share the Highlight Report and the Challenges identified in this paper in their organisations to consider their responses. A Communications and Engagement Strategy to respond to these Challenges has been drafted.

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9. Legal Implications – Monitoring Officer:

There are no legal implications arising from this report.

10. Next steps

Consideration of drawing more key Surrey Heartlands and Frimley Health and Care project/programmes in under the auspices of the combined meeting of the HWB/ICP will begin after this meeting in order that December's Highlight Report includes more detail on prevention and on reducing health inequalities through the IC Strategies.

Questions to guide discussion:

- *Does the partnership board have any questions about items presented in the Highlight Report?*
- *As a system, how should we respond to the Challenges presented in this Highlight Report?*