Highlight Report: December 2024

These Highlight Reports are published on the Healthy Surrey website after being reported to and discussed at the quarterly, public combined Surrey Health and Well-Being Board/Surrey Heartlands Integrated Care Partnership meetings.

They provide an overview of a selection of projects and programmes which directly support the delivery of the Surrey Health and Well-being Strategy with the priority populations. The reports also include the latest relevant data and insights, along with examples of collaboration to support communities experiencing the poorest health outcomes. They highlight the most recent opportunities for and challenges to the Surrey system. Lastly, they include an update on the progress of the Joint Strategic Needs Assessment and prevention communications.

Please circulate more widely in your own organisation and/ or include in your own e-bulletins or newsletters as appropriate.

If there are projects or programmes you would like to connect with, please use the contact details if they are provided in the report or email: healthandwellbeing@surreycc.gov.uk.

Community Vision for Surrey:

The Community Vision for Surrey describes what residents and partners think Surrey should look like by 2030: “By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind”.

In light of the Community Vision and the vital role communities and staff / organisations in the Surrey system play in its delivery, the Health and Well-Being Strategy and Surrey Heartlands Integrated Care Strategy set out Surrey’s priorities for reducing health inequalities across the priority populations for the next 10 years. They identify communities that experience poorer health outcomes and who need more support. They also outline our collaboration to drive these improvements, with communities leading the way.

Collaborative working

The following are examples of the work happening between HWB board organisations which are adding value and contributing to the achievement of the Strategy Priorities and Outcomes:

- Following summer work led by Surrey & Borders Partnership to reset the Community Mental Health Transformation (CMHT) Programme with partners across Surrey, the next phase of the CMHT programme will establish a ‘One Team’ of integrated adult community mental health services. The ‘One Team’

will sit around the towns and villages where people live and work. This will look at delivering an integrated model of primary and community mental health care for all adults and embed earlier intervention and a prevention approach that focusses on the whole-person and addresses wider social determinants of health.

- Under a whole system approach to Surrey's Food Strategy, Public Health have developed a food and wellbeing toolkit for Looked After Children Services, which takes a trauma-informed approach to food and wellbeing.
- Surrey Heartlands was successful in securing funding for the next wave of the Core20PLUS5 Connector Programme which funds ICS and place-based initiatives to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities in their area. The Core20PLUS5 Connector Programme in Surrey will be delivered by Surrey Minority Ethnic Forum (SMEF), focusing particularly on maternity and type 2 diabetes in children and young people (CYP), taking a whole family approach. The first Community Connector event was held in November at the Shah Jahan Mosque in Woking.
- Surrey's Southern Gas Network Launch event in October was a strategic gathering of key partner organisations to discuss the challenges residents will face this winter and to share what services they provide. The focus was on fostering partnerships and exploring innovative solutions to achieve the best outcomes for all residents. Taking place a few days ahead of our Warm Welcome Scheme officially opening, it served as an opportunity to meet colleagues and external organisations, to network, and to ensure we work together collaboratively during the year ahead.
- In November Citizens Advice's Advice First Aid project launched. This brings together multiple organisations and allows them to refer residents through a single referral point, simplifying the route to support and allowing organisations to work seamlessly together.
- FitKits, launched on October 7th at Guildford Library, is a collaborative project with Active Surrey, this library and Zero Carbon Guildford to add Fit Kits to the existing Library of Things. A selection of exercise, sport and movement equipment can be loaned for free by Zero Carbon members.
- Following a six-month social research training program supported by the Department of Sociology professionals at the University of Surrey, 11 experts by experience youth researchers have completed their research projects. 'In Our Own Words' explores mental health experiences among neurodivergent young people, including school support, waiting times, impacts of diagnosis, effects of mental health-related absences from school and work, and the availability of resources for LGBTQ+ youth. To hear the findings, recommendations for services and support from the youth researchers, contact lucy.pearson@surreycc.gov.uk or visit the website.

Priority 1 Highlights

Chair – Prevention and Wider Determinants of Health Delivery Board:
Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council
Programme Manager: Jane Soothill, Policy and Programme Manager, SCC

In the spotlight – Multiple Disadvantage

A JSNA chapter on Multiple Disadvantage has been published. The chapter was co-produced with Surrey's Changing Futures Lived Experience Recovery Organisation (LERO).

It is estimated that approximately 336,000 adults in England are experiencing multiple disadvantage. At least 3,000 of these individuals live in Surrey. For many their circumstances are shaped by long-term experiences of poverty, trauma, abuse, and neglect.

Findings are based on extensive stakeholder consultation, research, data analysis and collaborative engagement across sectors. 156 participants took part in either in-depth interviews or in-person surveys and focus group discussions. 100 responses to an online survey were received. Research participants included service providers, frontline staff, outreach staff, practitioners, health and care partners, system leaders, service users with living experience of multiple disadvantage and members of the LERO.

The chapter's key findings include:

- Some statutory services are geared up to 'assess' and 'treat' an individual's assumed primary need and do not always recognise the multifaceted nature of multiple disadvantage and its roots in trauma. Individuals are misdiagnosed or receive inadequate or no treatment.
- Many people facing multiple disadvantage will have experienced early life trauma and adverse childhood experiences; as such, early intervention and prevention are vital long-term solutions to responding to trauma and identifying risk and support earlier.
- There are gaps in the availability of effective and suitable support services for people facing multiple disadvantage in Surrey, which contributes to the persistence of health disparities and cycles of poverty and inequality.
- People with lived and living experience of multiple disadvantage are vital to decision-making processes and their involvement is pivotal in the design, delivery, co-production, and evaluation of services through genuine co-production.
- Effective intervention requires a partnership approach. The complexity of multiple disadvantage means that no single organisation can address multiple disadvantage in isolation. A 'whole system approach' is essential to improve outcomes for this population.

This JSNA chapter makes 11 recommendations for change that should inform Surrey's strategic planning, decision-making and resource allocation to support this underserved and vulnerable population.

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

Outcomes

1 People have a healthy weight and are active

- Active Surrey is working in a place-based and insight-driven way to support communities to upskill and deliver physical activity through local and relatable role models at an affordable price. Priority groups are ethnically diverse females in Woking, Surrey Heath, Mole Valley and Spelthorne.
- 1 in 4 children in Year 6 in Surrey are clinically obese. Active Surrey has been recommissioned to run Surrey's Tier 2 weight management contract for children and teenagers (5-17 years). Be Your Best Surrey offers bespoke healthy lifestyle support, online peer-to-peer group sessions, and access to free community offers from cooking sessions to leisure classes.
- Public Health have worked with ICS colleagues in the Best Start programme to include cultural considerations and appropriate language when discussing infant feeding support. Geographic gaps in infant feeding support have been identified across the county. Increased peer support groups that supplement the current community offer will address these gaps.

2 Substance misuse is low (drugs/alcohol & smoking)

- In October, the Public Health team launched the It's Well Worth It smoking cessation campaign. The It's Well Worth It campaign will cover out of home media and digital media with an uplift in HWB Strategy Key Neighbourhoods. It is focused on reducing the number of smokers amongst routine manual workers by redirecting them to free support services at One You Surrey.
- To increase the number of face-to-face smoking cessation clinics in areas of highest smoking prevalence or within GP practices with high numbers of patients registered as smokers, five new clinic locations have opened since July 2024 bringing the total to 12 face-to-face stop smoking clinics.

3 The needs of those experiencing multiple disadvantages are met

- Surrey Changing Futures/Bridge the Gap Programme is being considered nationally for extended funding whilst internal longer-term funding decisions are being concluded. It currently has no sustained funding identified.
- Circa 100 clients are currently open to Surrey Adults Matter (SAM). Recent data shows positive outcomes for 70 clients.
- All trustees and CEOs of the 11 Bridge the Gap Alliance delivery partners signed a Memorandum of Understanding to enter into a formal Consortium agreement through which they can collectively bid for funding.
- On November 5th Changing Futures System Mapping Workshops were held.

4 Serious conditions and diseases are prevented

- Referral numbers to the NHS Type 2 Path to Remission Programme continue to improve. Demographic data is developing - initial insights show lower take-up from men relative to eligible population; higher than expected take-up

amongst people from ethnic minorities relative to eligible population; and lower representation of people from Index of Multiple Deprivation quintiles 1-3.

- GP practices are being encouraged to utilise a proactive register management (PARM) tool to reduce inequality of care by identifying patients at highest risk of developing diabetes and groups that traditionally get left behind.
- The Ardens Data Management System has been procured to support the delivery of Surrey's Cardiovascular Disease (CVD) prevention plan. The cloud-based data analytics and population health tool is being piloted with six to ten GP practices. A county-wide roll out will follow.
- Findings from the Surrey Cancer Inequalities Survey will be used to develop a resource hub to support cross-system knowledge exchange and collaboration. Stakeholder consultation is being undertaken to inform the development of research protocols to (a) co-develop solutions to improving cancer screening uptake for people with severe mental illness and (b) conduct patient journey mapping to identify and address cross-pathway cancer inequalities for people experiencing deprivation and multiple disadvantage.
- A new dementia prevention page has been published on Healthy Surrey, which links people to key Surrey services like health checks, weight management, smoking cessation and alcohol services, and to Connect to Support Surrey for social connection.
- The Dementia Information Project is supporting people and their carers to live well with dementia. The project is enhancing dementia care through strategic initiatives such as the Dementia Information Champions Network and accessible training for unpaid carers. A map of dementia support groups will be maintained. Information Champions will be recruited from these community groups and supported by them.
- Work is ongoing across the system to increase the uptake of childhood and adult immunisations through the NHSE-led Improving Immunisations Uptake (IIU) Group. The work to embed immunisations into the Surrey Healthy Schools approach is complete. There are further plans to work directly with schools with low immunisations uptake.
- Funding has been secured for a dedicated Pre-Exposure Prophylaxis (PrEP) champion role with the Sexual Health Service Outreach team. The new role will lead on increasing PrEP uptake in underserved groups (women, sex workers, and ethnic minority groups).

5 People are supported to live well independently for as long as possible

- Reablement supports people at home to become more independent and prevents or delays the need for long-term care. The service supports approximately 3,500 people every year. Benchmarking indicates that 83% of people either maintain or increase their independence with the need for care and support reduced by an average of 4.3 hours per week.
- In Northwest Surrey work is underway to increase the use of ReSPECT forms – a summary of personalised recommendations for a person's clinical care in a future emergency, including end of life – by all partners so more residents

can record palliative and end of life preferences. Support for care homes has been identified as a priority. A new Northwest Surrey Palliative and End of Life Care (PEoLC) delivery board for all partners will agree and implement a system-level PEoLC service model.

- Training for multi-agency staff on supporting people with hoarding behaviours has been running in Surrey for 3 years. 147 members of staff have completed 'Hoarding and Self-Neglect: Law and Good Practice' on Olive.
- The Accelerating Reform Fund (ARF) is creating provision for a pilot specialist social prescribing service to support people on probation by connecting them to their communities and addressing health inequalities. The new service is being co-designed by people with lived experience, Surrey County Council, the Health & Justice Partnership, the Probation Service and the VCSE. Social prescribing link workers, employed by the VCSE, will be co-located within Guildford's Probation Service.
- The first stage of a new Social Prescribing framework for East Surrey residents is complete. A new social prescribing digital platform was launched in October to provide hyper local health and wellbeing information for health professionals and residents. The platform provides direct activity notification to EMIS and System One via in system push back and supports self-referral and capacity monitoring.
- Two Carers GP Support Officers have been recruited to support Primary Care Networks, encourage Carers Champions within GP practices, and improve the links between social prescribers and carer support services. The Carers Dashboard was presented to the Carers Partnership Group in September. Feedback from the group will inform the continuing development of the dashboard.
- The Southeast region Carers and Hospital Discharge Toolkit is being piloted in East Surrey and Royal Surrey hospitals to improve the hospital discharge experience for unpaid carers.
- The first young carers training workshop, which was co-designed by young carers, was delivered to professionals in October. Workshops will run monthly for the next 12 months.
- The Making Every Contact Count (MECC) Surrey Strategy 2024 to 2029 has been published on Health Surrey. Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that leverages services' everyday interactions to support individuals in making positive changes to their physical and mental health and wellbeing. This strategy sets out the vision, guiding principles and key priorities for MECC in Surrey over the next five years.

Priority 2

Co-chairs of Mental Health: Prevention Board (MHPB):
Professor Helen Rostill, Deputy Chief Executive Officer, Surrey and Borders NHS Foundation Trust and SRO Mental Health, Frimley ICS
Lucy Gate, Principal, Public Health and Communities, SCC.

Programme Manager: Jason Lever, Policy and Programme Manager, SCC

In the spotlight – Severe Mental Illness Audit and Modelling

A 'Severe mental illness (SMI) audit and modelling' report was completed in September by the County Council and Surrey Heartlands Health & Care Partnership, under the governance of the SMI Health Inequalities Board. This aimed to understand what we know about the SMI population and the interventions that are needed in Surrey.

Surrey has a higher proportion of the population who are white compared to the rest of the country, and a lower prevalence of people on the SMI register, meaning that the assessed need and therefore allocated funding is low.

In contrast to the lower-than-average assessment of need, Surrey measures higher-than-average in excess mortality for people with severe mental illness. For each of the measured indicators of excess mortality for people with SMI, Surrey is currently performing in the poorest half of the 145 Counties & Unitary Authorities.

People aged 20-29 are the largest group in the SMI cohort, with the highest prevalence rate, and HWB Strategy Key Neighbourhoods have a higher proportion of people known to mental health services and in the SMI cohorts.

The modelling shows that reducing the acute physical health demands of the SMI cohort to that of the non-SMI cohort would save £448.5m over five years. Report recommendations, drawn from a national review and local data and insights, are:

- Understanding variance in need of people on SMI registers – in-depth data analysis including qualitative interviews.
- Ensure continuity of care.
- Focus on 'wellbeing' more holistically, as opposed to just treating or managing the SMI (including NHS Talking Therapies or self-guided resources).
- Improve access to prevention services (e.g. oral health, sexual health).
- Improve capability, opportunity and motivation to self-manage, with a particular focus on multimorbidity.
- Improved trauma-informed case provision and long-term condition healthcare, e.g. training for secondary care health care professionals.

Outcomes

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

- Engagement on the Suicide Prevention Strategy over summer produced over 200 comments, with 60% of this feedback coming from people with lived experience. The revised Strategy is due to be published in December here.

- Surrey's Mentell service's 18-month impact report on supporting men's mental health highlights that over 170 men are accessing Mentell; 185 venues, including bars and barbers, are engaged in its campaigns and 215 voluntary and statutory organisations are signed up as 'care partners'.
- Five work packages in the All-Adult Community Mental Health Transformation Programme have been established to implement a new Place-based 'One Team' model of care. Intended benefits realisation are local residents getting access to support by the most suitable person, service or organisation more quickly.
- The Public Health programme to understand and address mental health stigma with targeted interventions included End Stigma Surrey co-hosting an Epsom & Ewell Borough Council Suicide Prevention Day event in September attended by 100 people. They were also prominent at Surrey University's freshers' week.
- Following presentation of the End Stigma Survey Report findings to SCC's Employee Experience Team, it was agreed to implement some workplace related recommendations, including seeking addition of a question on stigma to the staff survey and commissioning of a system that staff can report stigma, poor practice or other concerns.
- A new toolkit for improving sleep has been published, including sections on prescribing and over the counter and natural remedies. Children and young people's sleep resources are available on Children and Family Health Surrey.

2. The emotional well-being of parents and caregivers, babies and children are supported

- The working group for the Best Start project to reduce repeat removals of babies due to safeguarding is working up an options paper, linking with the All Age Autism Strategy team to bring in this perspective as well as communities of practice in other local authorities who have similar service models.
- Public Health Intelligence Team has started mapping Surrey Healthy Schools to better understand, and improve, engagement with education settings, especially those in HWB Strategy Key Neighbourhoods.
- A task and finish group has been established to audit the use of My Safety Plan, which helps children and young people 'struggling or feeling distressed' with their 'thoughts and feelings'.
- Children and Young People's Emotional Wellbeing and Mental Health Service held a focus meeting on online safety and social media use, at which the South-East Cyber Crime Unit presented to establish connections with SCC and its schools.
- Bite size sessions for education professionals on self-harm were delivered in October by Education Safeguarding to over 53 education delegates.
- The Child Death Review team delivered initial online training on 'professional curiosity in suicide prevention' in September, with roundtable events to follow.

3. Isolation is prevented and those that feel isolated are supported

- Following the success of Men's Pitstops (peer support groups) in Merstham, Stanwell, Woking, Farnham and Tattenham Corner – two further groups have

been launched in Leatherhead and Elmbridge. These groups provide a safe confidential space for men to share and support one another.

- The Green Health & Well Being (GHWB) programme is working to embed nature into a high-profile, DWP-funded employment programme, with a view to evidencing the value of nature in employment support and workplace wellbeing.
- Horsell Common Community Green Space project is involving community, environment and VCSE professionals to offer cross-sector benefits of health, environment, employment, and community. It has identified HWB Strategy Key Neighbourhoods in Woking as target cohorts.

4. Environments and communities in which people live, work and learn build good mental health

- A recruitment plan is being developed to increase uptake of the 'How are You Surrey' workforce wellbeing standards and self-assessment framework with medium and large organisations. The programme for small businesses has now launched with tailored information and materials.
- Four Mental Health First Aid training courses are fully booked up to December 2024, and bespoke mental health training sessions are planned for Primary Care Networks, VCSE children's sector and others.
- The Five Ways to Wellbeing Toolkit aims to develop community resilience with priority populations, and help residents, staff, volunteers, teams, or organisations promote wellbeing through small actions to feel well. It includes five principles: Connect, Be Active, Take Notice, Keep Learning, and Give.
- The free and anonymous phoneline, email and SMS First Steps service has been newly promoted to Surrey residents.

Priority 3

Chair – Prevention and Wider Determinants of Health Delivery Board:
Mari Roberts-Wood, Managing Director, Reigate and Banstead Borough Council
Programme Manager: Jane Soothill, Policy and Programme Manager, SCC

In the spotlight – Inclusive Employment (Workwise & WorkWell)

Employment has a positive impact on physical health and mental wellbeing, particularly for disabled people and people with long-term conditions. The Communities and Prevention team are leading a transformation of the health and work sector in Surrey. The work is informed by ethnographic research and stakeholder engagement and supported by a single point of access for referrals into all SCC funded employment support.

Work Wise is a free employment service for anyone with a mental or physical health condition, disability, or neurodivergence, who wants to work. Work Wise supports people to find, maintain and sustain meaningful, long-term paid employment or to support people already in-work to continue their employment. 650 Surrey residents

are already being supported and there were over 1,000 unique visitors to the Work Wise webpage in August alone. The programme is funded by Department of Work and Pensions (DWP) as part of the Individualised Personal Support in Primary Care vanguard.

'WorkWell' aims to support residents absent from work under a fit note to improve their health and wellbeing, successfully return to work and maintain their health and wellbeing in the longer term. The service is delivered by coaches embedded in primary care and key community locations. The coaches provide time unlimited support, alongside a multi-disciplinary team of advisors in mental health, physical activity and skills and employment. The programme launched in October 2024 and is funded by DWP until March 2026. Frimley ICB is also in receipt of DWP funding to run a WorkWell programme.

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The DWP requires ICBs with funding to deliver WorkWell programmes to also develop integrated health and work strategies. SCC is leading on Surrey's Work and Health Strategy, which will support a whole system approach and be informed by the work and health needs of priority populations. Surrey Heartlands and Frimley will look to align their strategies where appropriate.

'More and Different' is a national initiative to enable anchor employers to recruit and retain a workforce from local communities. Research has identified two priority cohorts in Surrey: those aged over 50 and people experiencing in-work poverty. The programme was launched in November and eight anchor institutions have committed to take part, including SCC, Surrey Heartlands ICB and Frimley ICB.

Outcomes

People's basic needs are met (food security, poverty, housing strategy)

- Surrey's Warm Welcome venues scheme launched on November 1st. There are 80 venues across the county, including libraries, which have been selected based on areas of need and fuel poverty data.
- Public Health MECC training on Fuel Poverty and Carbon Monoxide Safety is being delivered to frontline staff, including Hospital Social Care/Reablement teams involved in hospital discharge.

Children, young people and adults are empowered in their communities

- SCC is undertaking a review of options regarding roles working in communities. This includes Local Area Co-ordinator roles.
- Weave Associates have been commissioned to lead a mapping exercise across Surrey to measure interest in setting up micro enterprises at place. Micro providers are very small, community-based care and support services. Micro providers work in Northwest Surrey continues to develop with four micro provider profiles now live on the Tribe platform.
- 150 VCSE organisations have signed up to SCC's Asset Networks through their local CVS. A communications strategy is planned over the next few months to target smaller VCSE organisations.

- The Surrey Education Partnership Board is developing an action plan (expected Spring 2025) to support delivery of the 'No Learner Left Behind' vision outlined in Surrey's Education and Lifetime of Learning Strategy.
- Delivering on the Teenage Pregnancy Prevention Action Plan, the Sexual Health Outreach team have delivered sexual health and healthy relationship training to social workers, foster carers and residential staff, and a training session for school governors on the importance of relationships and sex education.
- The first Surrey Heartlands Women's Health Network was held in November.

People access training and employment opportunities within a sustainable economy

- In its first academic year of delivery (ending August 2024), the Surrey Careers Hub has delivered a 2-10% increase in performance by schools and colleges across all Gatsby benchmarks (the indicators of quality careers provision). The Hub also achieved the target of 90% of schools achieving at least 3 Gatsby benchmarks and now has 95% of Surrey schools and colleges signed up to be part of the Hub.
- Over 2000 students and 80 businesses and training providers are signed up to be part of the second annual Surrey Festival of Skills, inspiring 14–18-year-olds to consider their best next step into the world of work.
- Since the launch of Skills Bootcamps, free, flexible courses of up to 16 weeks for adult residents to gain new skills and fast-track their future, 126 starts have taken place across the nine courses. This is supporting those aged 19 year plus to move into new work or to develop skills to progress in their existing work. 540 starts are expected to be delivered by March 2025.

People are safe and feel safe (community safety including domestic abuse and safeguarding)

- Following agreement of the Surrey Health and Wellbeing Board (HWB)/Surrey Heartlands ICP combined meeting in September a range of partners are currently being engaged on how to best establish clearer community safety leadership and governance that going forwards will sit alongside rather than within the HWB/ICP. Conclusions on this will come back to the December HWB/ICP meeting for final agreement and this will outline how to maintain appropriate connections going forwards.

The benefits of healthy environments for people are valued and maximised (including through transport and land use planning)

- A conference by the Green Health & Well-Being (GHWB) programme team, with support from Atkins Realis, will create collaboration opportunities between private business and the VCSE sector to understand the benefits of green health for workplace wellbeing.
- The evaluation of the GHWB programme is to become part of a wider evaluation of SCC Communities & Prevention programmes during the autumn, which will be led by an academic partner.
- Public Health, SCC has supported the development of Town & Country Planning Association (TCPA) guidance on Planning for healthy places – a

practical guide for helping local authorities embed health in local plans. Public Health collaboration with the River Thames Scheme continues through the Health Working Group, and relationships with district & boroughs and NHS Estates are being strengthened through the work of the Health and Planning Forum.

- A new community green space is being co-designed and developed on Horsell Common as part of Surrey's GHWB programme. The project will deliver skills to local young people not in education, employment or training (NEET) and demonstrate the value of community green spaces for delivering on Surrey's health & wellbeing, economy & growth, and nature recovery ambitions.
- Surrey continues to develop a county-wide programme of Local Cycling and Walking Infrastructure Plans as part of its ambitions to increase active travel. Nine road safety schemes outside schools were delivered over the summer, and SCC Cabinet approved a policy update to 20 mph speed limits as part of a Vision Zero Road Safety Strategy. Ongoing public engagement is informing the development of nine Local Street Improvement Zones to encourage active travel.

Data and insights:

The HWB Strategy Index now has improved functionality for exploring levels of geography by outcome indicator and evaluating rankings.

A deep-dive into the results from the HWB Strategy Index Scorecard for Spelthorne, SASSE 3 Primary Care Network (PCN) and Stanwell North (Key Neighbourhood) has been completed. The table below is a full account of the outcome indicators in the Scorecard where results are the worst in the county for these three geographical data areas:

Surrey HWB Strategy Index Outcome indicators	Surrey HWB Strategy Index Scorecard result plus where Spelthorne/SASSE 3 PCN/ Stanwell North has highest need in county
Recent decline against outcomes across Surrey	
Diabetes prevalence	Increased from 5.8% to 6.02% *(good to be low)* AND **8.83% in Stanwell North, 7.50% in SASSE 3 PCN, 7.52% in Spelthorne**
Hospital admissions for alcohol contributable harm (Standardised Emergency Admission Rate per 100,000)	Increased from 1,260 to 1,511 *(good to be low)* AND **1,880 in Spelthorne**

Under 75s colorectal cancer mortality (per 100,000 population) / New colorectal cancer cases, Standardised Registration Ratio (difference from expected, where expected is represented by '100')*	Fallen from 10.5 to 10.4 / **SASSE 3 PCN - 122.9 (compared to South Tandridge PCN - 82.1)**
Anxiety	Increased from 2.94 (score out of 10) to 3.36 *(good to be low)* AND **5.16 in Spelthorne**
Feeling worthwhile	Fallen from 7.85 (score out of 10) to 7.75 *(good to be high)* AND **6.61 in Spelthorne**
Households owed a homelessness duty (per 1,000 households)	Increased from 6.8 to 7 *(good to be low)* **AND 9.8 in Spelthorne**
Proportion of people who agree that there are places to meet up and socialise in their local area	Fallen from 77.7% to 76.7% *(good to be high)* AND **64.5% in Spelthorne**
Proportion of residents who agree 'I feel like I belong to my local area'	Fallen from 84.3% to 81.1% *(good to be high)* AND **72.2% in Spelthorne**
Recent improvements against outcomes across Surrey	
Proportion of residents who report doing any unpaid work to help their community or the people who live in it in the last 12 months	Increased from 34.1% to 37.8% *(good to be high)* BUT **33% in Spelthorne**
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% *(good to be high)* BUT **55.2% in Stanwell North, 61.8% in SASSE 3 PCN**
Adults who are physically inactive (doing less than 150 minutes of moderate intensity physical activity in the past week	Decreased from 22.1% to 19.5% *(good to be low)* **BUT 25.5% in SASSE 3 PCN**
Proportion of residents who reported eating 5 or more fruit/vegetables every day	Increased from 37.2% to 39.5% *(good to be high)* BUT **26.8% in Spelthorne**
Life satisfaction	Increased from 7.58 (score out of 10) to 7.62 *(good to be high)* BUT **7.20 in Spelthorne**

Patients who felt the healthcare professional recognised or understood any mental health care needs during their last general practice appointment	Increased from 81.9% to 84.7% *(good to be high)* BUT **75.6% in SASSE 3 PCN**
Proportion of children (aged 0-19) in relative low-income families	Fallen from 9.5% to 8.5% *(good to be low)* BUT **11.3% in Spelthorne**
Unemployment benefit claimants (Job Seekers allowance / Universal Credit)	Fallen from 2.8% to 2% *(good to be low)* BUT **4.9% in Stanwell North**
Youth unemployment claimants (those aged 18-24 on Job Seekers allowance / Universal Credit)	Fallen from 2.87% to 1.81% *(good to be low)* BUT **4.1% in Spelthorne**
Rates of anti-social behaviour incidents (per 1,000)	Fallen by 3.1 from 16.2 incidents to 13.1 incidents *(good to be low)* BUT **18.6 in Spelthorne and 32.7 in SASSE 3 PCN**
Rates of violent and sexual offences (per 1,000)	Fallen from 24.3 to 23.6 (good to be low) BUT **27.9 in Spelthorne / 23.4 in SASSE PCN**
No trend data available	
Proportion of young people (aged 16-18) participating in training, education or employment	97.6% *(good to be high)* BUT **90.7% in Spelthorne**
Proportion of residents who have reported minimising throwing away food in last 6 months**	91.8% *(good to be high)* BUT **90.1% in Spelthorne**
Proportion of residents who have had to access food banks or other community food provision in last 6 months**	14.4% (*good to be low*) BUT **23.8% in Spelthorne**
Proportion of residents who have had to access additional borrowing (loans or credit cards in last 6 months**	30.4% *(good to be low)* 3 BUT **38.1% in Spelthorne**

*Two separate indicators combined in Scorecard

** New SCC/Police Joint Neighbourhood Survey question

Public Health and Surrey Heartlands representatives attended the Spelthorne Healthy Communities Partnership Board on October 8th to discuss these findings and offer support. A follow up meeting with Spelthorne Borough Council has taken place and a plan of targeted action will be implemented in the New Year.

The following insights relate to recommendations from the recently published JSNA chapter – Multiple Disadvantage

The JSNA Multiple Disadvantage highlights eleven recommendations for action to improve outcomes for people experiencing multiple disadvantage, which are relevant to all parts of the system. These include: developing a Multiple Disadvantage Partnership Board, developing a 5-year strategy for addressing multiple disadvantage, improving system wide data collection, involving people with lived experience of multiple disadvantage with the co-design of services, investing in early intervention and prevention interventions, embedding a Trauma Informed Approach at all levels of the system, adopting commissioning best practices for people facing multiple disadvantage, reviewing commissioned substance use services in Surrey, improving access to and outcomes of mental health services for people facing multiple disadvantage, and improving access to housing and accommodation support. These calls to action will be reviewed regularly so we can track progress, within the governance of the Health and Wellbeing Strategy and through the combined Health and Wellbeing Board and Surrey Heartlands ICP.

The following insights are from Healthwatch Surrey, Giving Carers a Voice and Combating Drugs Partnership Public Involvement, and delivered by Luminus, shining a light on what matters to people:

Priority Populations

Carers and young carers

The physical, emotional and psychological demands of caring can be stressful and are often referred to by researchers collectively as 'the burden of care'. The British Medical Association (BMA) recognises that caring can have a negative impact on mental, physical health and emotional wellbeing.

Giving Carers a Voice continues to hear how caring responsibilities leads to social isolation which negatively affects a carer's health and wellbeing:

"Being a carer is so lonely. I've lost friends due to a lack of understanding."

"No one chooses to be a carer. It's something you fall into and just accept. I do cry a lot. It helps."

Giving Young Carers a Voice recently took part in a 'Unheard Voices' project with Surrey Youth Focus along with a local author, Rab Ferguson, author of The Late

Crew. This is a book about young carers who are always late for school due to their caring responsibilities and encounter aliens along the way; symbolising how different young carers sometimes feel from their peers. At the workshop for young carers, the children were encouraged to share their own experiences of being a young carer by drawing what their aliens would represent. One young carer drew an alien with three heads; one for the ears to really listen and hear what they said, one for eyes to look after their wellbeing, and one for a mouth symbolising their voice to speak up for them when they felt they couldn't speak up for themselves. The children's experiences will be written into a story that will be shared to highlight the voice and experiences of young carers.

For more experiences of carers and young carers please read these Giving Carers a Voice reports:
Giving-Carers-a-Voice-Q1-Insight-Report-July-2024.pdf (luminus-cic.uk)
Giving-Young-Carers-a-Voice-Insight-Report-July-2024.pdf (luminus-cic.uk)

Adults/children & young people with learning disabilities and/or autism

Healthwatch Surrey's recent report Neurodivergent people's experiences of outpatients in Surrey hospitals - September 2024 highlights the experiences of both adults and young people before, during and after outpatient appointments, and makes recommendations about how their experiences could be improved.

Neurodivergent people are known to have poorer health outcomes than neurotypical people and have been found to be more at risk of early mortality overall.

70 people (those with or waiting for a diagnosis and parent/carers of people with or waiting for a diagnosis) shared their experiences with us. Findings covered 7 key themes, which form the basis for the report's recommendations. These recommendations have been shared with Surrey's five hospital trusts.

1. Environment

> *"My triggers tend to be sensory based; I struggle a lot with loud noises and crowds and can struggle with lights".*

2. Information

> *"It told me a place to go, when I got there, I was told I was in the wrong place and many people get confused. I was then given instructions to another place. Got completely lost and had to make a new appointment. For the next appointment, the lady on the phone gave me a step-by-step guide and that was very helpful."*

3. Communication

> *"I did not attend an appointment as I did not understand the letter, I have a degree and work full time. The letter was unclear of what to do/where to go and it had too much information that was non-specific."*

4. Waiting

> *"Even something as simple as allowing him to wait in the café/ reception would be preferable and then calling us from there would then result in better results as he would be more compliant."*

5. Length of appointment

> *"Having slightly longer appointments, or the option to contact the clinician I spoke to after my appointment, would allow me to fully process what has been said and ask any questions I need to."*

6. Clinical

> *"I need to have things explained to me clearly before any action is taken."*

7. Training and awareness of neurodiversity

> *"Some clinicians have not seemed to believe me when I say I am autistic because I come across well-spoken and put together, but this leads to them not accommodating my needs."*

Older people 80+ and those in care homes

Healthwatch Surrey's recent report Who can help me plan for my future as an older person? highlights their findings regarding the information people might require when considering self-funding future care. Speaking to future self-funders in community settings and using an online questionnaire, Healthwatch Surrey heard the experiences of 97 people.

They made recommendations based on what people told them to improve future communications:

- Future care planning is a subject that many people don't want to talk about at all, they are happy to 'leave it to their children'.
- Many people have very limited knowledge of the basics - we heard many times that some people don't know that they might have to pay for social care- 'why isn't it like the NHS?'.
- When people do then have to arrange social care, it is often in a crisis.

> *"I feel somewhat confident about making decisions about my future care in a care home. Completing this survey makes me realise I don't know enough about the available alternatives."*

People with drug and alcohol problems

The Combating Drugs Partnership focus for this quarter is to achieve a shift in the demand for recreational drugs and alcohol. The Combating Drugs Partnership Public Involvement team have been visiting colleges, LGBT+ youth groups, The Meeting Room and meeting with young carers. They have also been working with Catch22 to connect with young people in treatment to better understand people's experiences

and attitudes to alcohol and drugs and therefore better understand how change might be realised.

Priority 1

People are frustrated and anxious about extended wait times to see a primary care clinician face to face, despite the availability of same day remote appointments. Digital exclusion continues to be a challenge for some patients with insufficient support from services to adapt to change.

"This is about my mother in-law aged 89yrs. She is very together and for her age is brilliant with apps, emails etc. However, our local surgery seems to have tightened their belts with regards to access due to using the NHS App more. They seem to be aware that there are issues, but they told my mother in-law that they had sent her an email regarding deleting & re-installing the app and doing all sorts of "things". She never received the email. the receptionist printed it off and gave it to her and left an 89yr old to sort it out herself."

People have also expressed confusion about the options available to them for weight loss support, or dissatisfaction with what they have been able to access.

"I was referred for NHS weight management from my endocrine consultant via a GP referral. It was a complete waste of time… I got offered Slimming World (already doing that!) or an online service. I opted for that, then had conflicting phone calls about being eligible as my BMI wasn't high enough, then told off for not registering online…. All I wanted to do was to speak to a dietician for advice."

People are concerned about extended waiting times and the impact it has on their daily life and clinical prognosis. There is a feeling that extended waiting times have a disproportionate impact on people on lower incomes who are unable to access private care or services.

"I've been waiting 18 months to get a hearing aid. I went to hospital for my initial appointment a year and a half ago. I have been to Specsavers and they said that it would cost at least £400 and I just don't have that kind of money."

Priority 2

Parents are struggling to access mental health support and autism/ADHD assessments for their children. They are frustrated by wait times, lack of continuity, and transition to adult services.

"My 17-year-old son is constantly having a mental health crisis. I am on probation and really stressed with life. He is about to move under Adult Mental Health, it feels like no one will help. I can't cope with

him. I am struggling. I wanted to go into a refuge, but they wouldn't take me and my son, just me. He is slitting his wrists. We were in Accident and Emergency this weekend."

"Both my children [14] have ASD/ADHD. It's taken my daughter from the age of 8 to now [she's now 13] to get the ASD and ADHD diagnosis. She was referred to Mindworks after her paediatrician flagged her. She had had a cognitive assessment and was diagnosed with ASD, but the ADHD diagnosis was needed. We thought that we were on a waiting list and were waiting to hear what was happening, but no one had contacted us. Then at 13 she was again referred by a paediatrician to CAMHS for an ADHD diagnosis. We had to fill out more forms and then we waited for nearly a year to be told whether we would be placed on the waiting list. This is now nearly 3 years later. We have now gone privately to get the ADHD diagnosis. We are also paying privately for medication for my daughter. If we are referred back to Mindworks for this, there will be another long wait and my daughter can't wait. It's been 3 years since we were referred for a social care assessment, even though we have an Educational Health and Care Plan."

JSNA update

Chapters published: two chapters have been published in the last quarter.

Priority 1:

A new JSNA chapter on Multiple Disadvantage has been published. (See Priority 1 – In the Spotlight.)

Priority 2

A new JSNA chapter on Loneliness and Social Isolation in Surrey has recently been published, which covers the whole life course, recognising that children and older adults (and everyone in between) can be affected by loneliness. With the Mental Health: Prevention Board (MHPB) acting as the governing body for its production, the chapter highlights the link between isolation and poor health outcomes, and the inequalities which are often driven by economic factors and the structure of society. It outlines the intersectionality of loneliness and social isolation with other wider determinants of health and wellbeing. The chapter calls for a whole systems approach to tackling its causes and consequences.

10 recommendations have been developed to progress this work to improve outcomes for individuals, families and communities. These look at the behavioural, psychological and physiological impacts of loneliness and social isolation on health and wellbeing. The chapter was developed with the support of a range of local stakeholders, frontline health, wellbeing and community workers, Surrey residents, and people with lived experience. It is envisaged that MHPB will have an important

role in ongoing governance under the Health & Well-being Board, helping to shape an action plan across the system and to ensure the recommendations have appropriate board, group or organisational owners.

Chapters in progress:

Five JSNA chapters are currently in progress. There are plans to begin the development of five further chapters before the end of this calendar year, with a further two planned to start in early 2025:

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Priority 1:

Food and Health – the chapter has been drafted and is with the JSNA Oversight Group for final sign-off. Publication is expected by the end of 2024.

Tuberculosis – this Surrey Heartlands needs assessment is being developed into a Surrey-wide JSNA chapter and is currently being written.

Sexual Health – this will be developed as two separate JSNA chapters focusing on Contraception and STIs respectively. Work on these chapters started in Autumn 2024.

Priority 2:

Emotional and Mental Wellbeing in Surrey Adults – updates have been made to the Adult Social Care data tables to reflect the more recent data available.

Priority 3:

Economy – this chapter has now been drafted and is currently going through final sign-off processes. It is expected to be published alongside a Tableau dashboard in January 2025.

Community Safety – this chapter is being written and the first draft has been completed. It is anticipated that this will be published in early 2025.

Air quality – development of this chapter started in October 2024.

Transport – development work on this chapter commenced in Autumn 2024.

Priority Populations:

People with Physical Disabilities and Sensory Impairments – development of this chapter is expected to start in 2025.

Unpaid carers – development of this chapter started in Autumn 2024.

Gypsy, Roma, Travellers – development of this chapter is expected to start in early 2025.

Other JSNA chapters:

Armed Forces and Military Veterans – the chapter has been sent to the Oversight Group for final sign-off and publication is expected by the end of 2024.

The Surrey Context: People and Place – this chapter is currently undergoing a refresh to reflect updated census data.

HWB Board Communications Group update

Priority Populations

Carers and young carers

Giving Carers a Voice launched a project to understand how unpaid carers contribute to better outcomes for the people they support and how care homes can work better with unpaid carers. Over 40 unpaid carers have completed a survey and 5 carers have provided in depth case studies of their experience of being the unpaid carer for someone who now lives in a care home. Their experiences will inform recommendations being made about future service development.

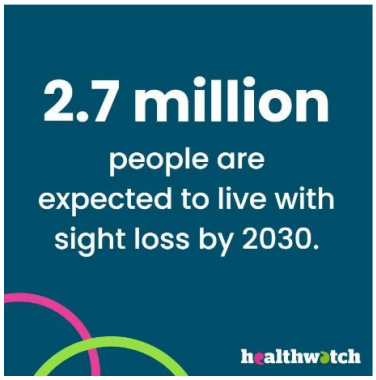
A campaign to reach unpaid carers for whom we held email addresses completed in the period under review. The initiative was designed to raise awareness of the Surrey Carers Card, which enables them to flag their status and more importantly have a way of passing on details of people who can step in if they can't offer care for whatever reason

Between two thirds and three quarters of emails were opened each month, with an average of just under 200 new cards issued over the months for which figures have been collated.

Adults with learning disabilities and/or autism

An event was held in Horley in July to mark early onsite progress in the building of new Supported Independent Living accommodation for adults with LD & A needs. Homes for 16 residents are being constructed on the edge of the town centre through six self-contained one-bedroom flats and two shared townhouses. A similar development will commence shortly in Byfleet.

People with long term health conditions, disabilities or sensory impairments



From July through to September, Healthwatch Surrey supported the promotion of Healthwatch England's eye health campaign, including a national survey asking if people are getting the eye care they need. This culminated in #EyehealthWeek 23 – 29 September. Nationally, the survey has had over 2000 responses.

Older people, who are more likely to have or develop long term conditions, are among the targets for our long-running 'Planning for your Future' campaign, run in

conjunction with Age UK Surrey. The aim is to encourage people to plan early for the care and support needs of themselves or a loved one. Information is primarily shared through a programme of in-person and online presentations across the county.

During Q2, over 100 members of the public attended live events, with a further 73 viewing the presentation through monthly webinars.

SCC's Giving the gift of independence campaign suggests gift ideas to help residents stay independent has been launched on social media highlighting the Home Equipment Finder resource at www.surreycc.gov.uk/homeequipmentfinder.

People with drug and alcohol problems

The Combating Drugs Partnership Public Involvement's area of focus for July to September was focused on sub-group 3: generational shift in demand. They engaged with young carers, students, LGBTQI+ communities, and families who had had lived or living experience with treatment and support.

They spoke to 203 people about the service and 70 individuals shared in-depth experiences with them. Throughout the quarter, they engaged with people at Twister LGBTQI+ youth groups, Angelic Network Muslim group, The Meeting Room in Leatherhead, Woking young carers and with students at colleges and universities.

Priority 1

An ongoing social media campaign aims to provide early information to residents on the most common enquiries that are handled by the ASC Information and Advice Service (social care helpline for residents). These 'Top 10' posts cover a range of topics from where to get wheelchairs and walking aids to accessing mental health support and help for carers.

Run in a repeating cycle over 2-3 months, social media posts continue to see good engagement. For Q2, the most popular post related to the help available before or after hospital treatment, which saw 665 clicks for further information.

During ‘Know Your Numbers’ week we encouraged residents and staff to learn about the importance of knowing their blood pressure, with tips on how to improve heart health. We promoted staff health checks with 28 colleagues taking up the offer.

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We continue to raise awareness of the national COVID and Flu programmes, and the offer of a free flu vaccination for staff. We encourage people to reduce their risk of serious illness and in turn reduce pressures on the NHS. During September we saw a 50% increase in the number of people visiting the Healthy Surrey immunisation page.

Priority 2

During September, Healthwatch Surrey spoke to 670 students at freshers’ fairs across the county. We asked students to vote on what was important to them about health and social care. From the 523 votes we received, 41% of students said mental health was the most important, and 25% said hospital waiting lists.

SCC continues to highlight the work supported by the Mental Health Investment Fund (MHIF) through press releases and social media. A new MHIF webpage has been developed on Healthy Surrey, which will include media coverage of projects and also provides a list of all round 1 and round 2 funded projects.

A press release highlighted the support given to children in Stoke, Ash and Westborough who have been taking part in Olympic-themed activities as part of a scheme awarded over £120,000 from the Mental Health Investment Fund. The Children’s Holiday Inclusive Play Scheme (CHIPS) had a fun-filled summer thanks to

generous support from the fund, which supports people in improving their emotional health and wellbeing.

In another release, SCC demonstrated how £49,999 of support given to Appeer CIC is helping to address the social isolation experienced by girls with Autism.

Priority 3

Warm Hub are being publicized

A motion went to SCC (full council) meeting on 8th October proposing that SCC sign the Good Company's End Poverty Pledge. A media release was produced and SCC and Good Company have been meeting with representatives from member organisations of the HWB/ICP to support them to sign up with resources and advice; the aim of this programme is to establish a whole system approach to poverty in Surrey.

Healthwatch

Between July and September, 128 people contacted Healthwatch Surrey's Helpdesk asking for information and advice about health and social care or sharing their experience of services. Healthwatch Surrey staff engaged with 814 people across Surrey at various events and engagements.

Health and Wellbeing Board Communications Group Forward Plan

- **Stop Smoking**
- **5 Ways to Wellbeing (mental health campaign)**
- **Men's Mental Health**
- **Domestic Abuse**
- **Poverty**
- **Winter Health**

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