

Appendix 2:

Proposed Approach: REVIEW and REFRESH OF THE HEALTH AND WELLBEING (HWB) STRATEGY

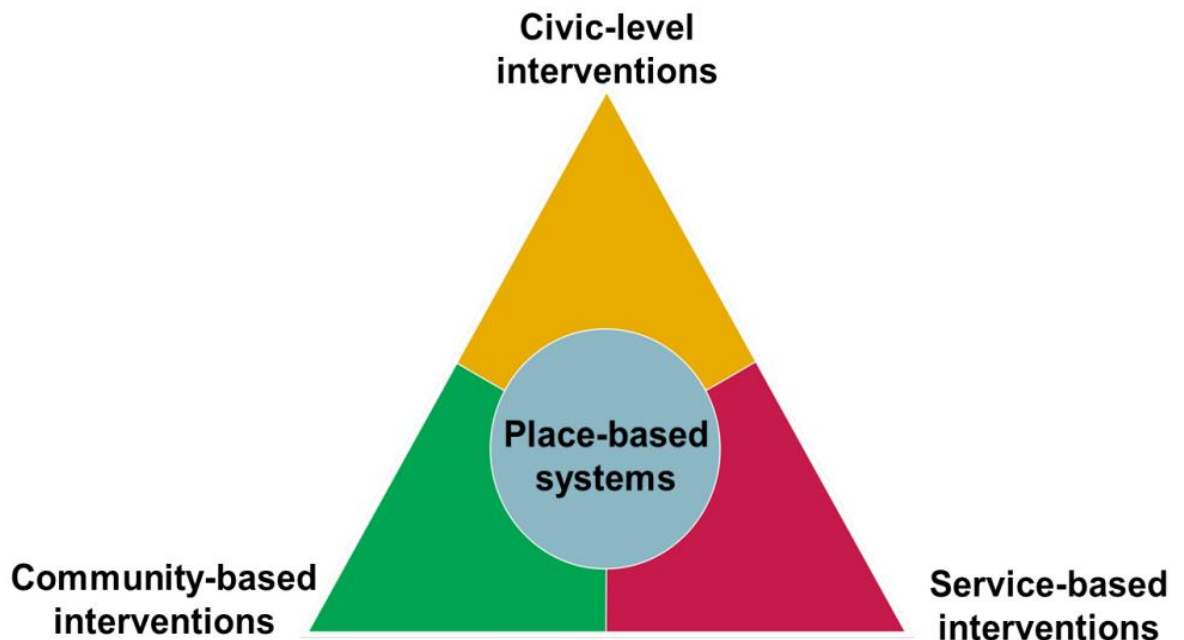
1. Background

1.1 Rationale

A review and refresh of the HWB Strategy offers the chance to align it more closely with current national and local imperatives, directives and transformation opportunities. The rationale for reviewing the current HWB Strategy includes:

- The Health and Well-Being (HWB) Strategy was first published two years ago in May 2019 and is aligned to the Community Vision for Surrey. It was based on a range of externally facilitated, partnership engagement opportunities and the local Joint Strategic Needs Assessment. Whilst there has been much development within the programmes being delivered within the Strategy, the Priorities, Outcomes, Programmes and related implementation plans have not been formally reviewed since this time.
- The agenda of the Community Safety Board has been integrated into HWB Board as of March 2020 and a draft Community Safety Agreement (CSA) is currently being consulted upon. CSA themes and actions will need to be reflected in the HWB Strategy Priorities and Outcomes following their approval by the HWB Board.
- Life expectancy from birth has broadly plateaued between 2010 and 2017 in Surrey compared to previous decades, with inequality in life expectancy increasing in two Districts & Boroughs for men and six Districts & Boroughs for women ([Life expectancy – Surrey-i](#)).
- COVID-19 has exacerbated existing health inequalities and led to the need for the Community Impact Assessment and Rapid Needs Assessments. As has been evident in the Highlight Reports to the HWB Board, these have shaped recent delivery against the current Priorities and Outcomes in the Strategy. A co-ordinated review would be beneficial to ensure the needs of those population groups most affected by COVID-19 are being fully addressed in the longer term. (LGA Health and Wellbeing Boards reset tool).
- Transformation has progressed and evolved significantly since 2019 and will be integral to COVID Recovery. There will need to be a strong focus on health inequalities (as per the ICS's response to the NHS phase 3 letter and the SCC Organisational Strategy), with Outcomes aligned to health inequalities within the Strategy.
- Transformation includes the Equality, Diversity and Inclusion agenda, which is being driven forward in both SCC and the ICSs, to ensure commissioning decisions do not adversely affect those with protected characteristics under the Equality Act 2012 and other vulnerable groups eg carers, asylum seekers, those experiencing socioeconomic disadvantage and exacerbate health inequalities; a review of range the Equality Impact Assessment frameworks currently utilised in across the system may be needed in Surrey to ensure alignment.
- An enhanced articulation of the Strategy's existing overarching ambition that 'No-one is left behind' has intrinsic links with its Community Development

system capability. This is important in achieving the correct balance of interventions in achieving this ambition, with civic-level interventions (such as Health in all Policies) and service-level interventions (such as Social Prescribing) needing to sit alongside community-based interventions in place-based systems to reduce health inequalities ([Reducing health inequalities: system, scale and sustainability \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)).



Credit: PHE Public Health Data Science based on the original concept created by Chris Bentley.

- The Empowering Communities roadmap for Surrey is under development and will draw heavily on evidence-based principles and models of the community-led and place-based social capital building that is essential to reducing health inequalities. The roadmap will build from this, alongside examples of a health-creating communities approach already underway in Surrey (e.g. Growing Health Together in East Surrey). By definition these community-led approaches must develop 'bottom up' and reflect the distinctness of local places, communities and their concerns – 'one size' does not fit all; but there are common conditions that can be grown by the System in Surrey to support community-led action.
- Organisations and service providers need to listen to and understand what's already strong in a person and in communities (a strengths-based /asset-based approach), collaborate participatively (nothing about us without us) and then, most crucially, prioritise support for community-led action. There is compelling evidence that creating the conditions for people to build confidence, develop meaningful relationships and be autonomous at an individual and community level are key protective factors in psychosocial health and improve health and wellbeing outcomes. [Manifesto for a healthy and health-creating society - The Lancet](#)
- The HWB Strategy has existing ambitions to ensure that the population of Surrey 'Starts Well, Lives Well, Ages Well', to focus on prevention, and to support healthy communities. This aligns it with Marmot's six policy areas (below) for addressing health inequalities which have worsened since 2010

and people in more deprived areas spend more of their shorter lives in ill-health than those in less deprived areas.

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill-health prevention

(Ref. M Marmot. Fair society, healthy lives: The Marmot Review: strategic review of health inequalities in England post-2010. Institute of Health Equity; 2010.)

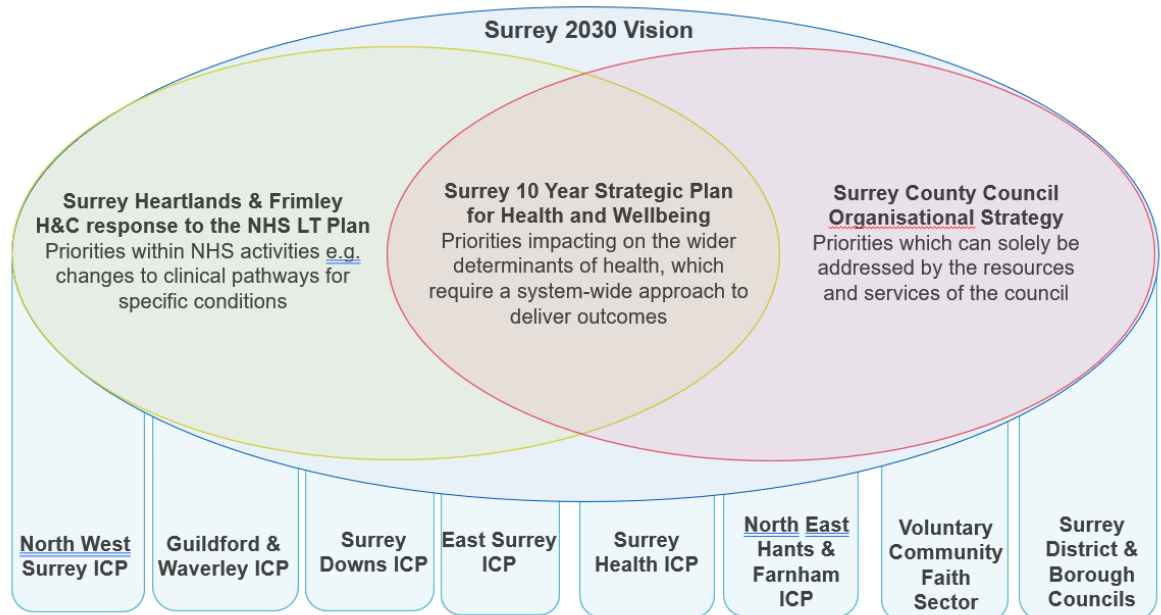
- The above supports the need for a greater focus on reducing health inequalities in the Strategy, alongside creating clear links between our ambitions, inputs, activities, outputs and outcomes (logic models) to ensure impact.

1.2 The aims of reframing the priorities and outcomes are:

1. To ensure the Strategy's Priorities, Outcomes and Programmes are current and evidence-based, with clear links to the findings of the CIA/RNAs and the Joint Strategic Needs Assessment.
2. To embed Community Safety in the HWB Strategy Priorities, Outcomes and Programmes.
3. To strengthen our evidence base and ensure evidence in the Joint Strategic Needs Assessment is used to reliably inform partners' own and joint local commissioning plans and pooled budgets, leading to improved oversight, as per the statutory guidance.
4. To support the coordination of an effective response to tackling health inequalities in Surrey (aligned to the government's Public Health Outcomes Framework for 2019-2022) including those exacerbated by COVID-19 and to embed within the Strategy the refocused work in SCC and ICSs on health inequalities.
5. To increase awareness and ensure delivery reflects evidence-based practice in tackling health inequalities including the vital role of community participation and community-led action in health and wellbeing creation and the need to grow this in the local places and neighbourhoods that people identify with.
6. To improve the articulation, communication and understanding of the HWB Strategy to enhance the engagement of all stakeholders.

1.3 Key considerations

- The scope of this proposed approach is cognisant of the need to consider but does not make reference to the current development activities of the Mental Health Partnership Board, the review of HWB Strategy Metrics and the JSNA, and the development of the Surrey Index. These developments and reviews will feed into the HWB Strategy review as they progress.
- Links (as outlined below) between the HWB Board, the ICS System Board and ICS bodies proposed by the Health and Social Care white paper 2021 will need to be considered as further Government guidance is issued



- The proposed changes to the Strategy will have the potential to further inform the purpose of the HWB Board going forward, to narrow its focus and ensure a targeted approach.

2. Reframing priorities and emphasizing health inequalities

Currently there is very little specific reference to addressing health inequalities in the Strategy. Given the significant momentum that has built in this area over the past year, it is proposed that the existing overarching ambition that ‘No-one is left behind’ is more obviously emphasised and linked specifically to a reduction in health inequalities. Furthermore, it is proposed that the Strategy’s Outcomes more clearly align with the existing overarching life expectancy and healthy life expectancy indicators. It is proposed that the following is explicitly stated:

‘Reducing health inequalities so no-one is left behind’

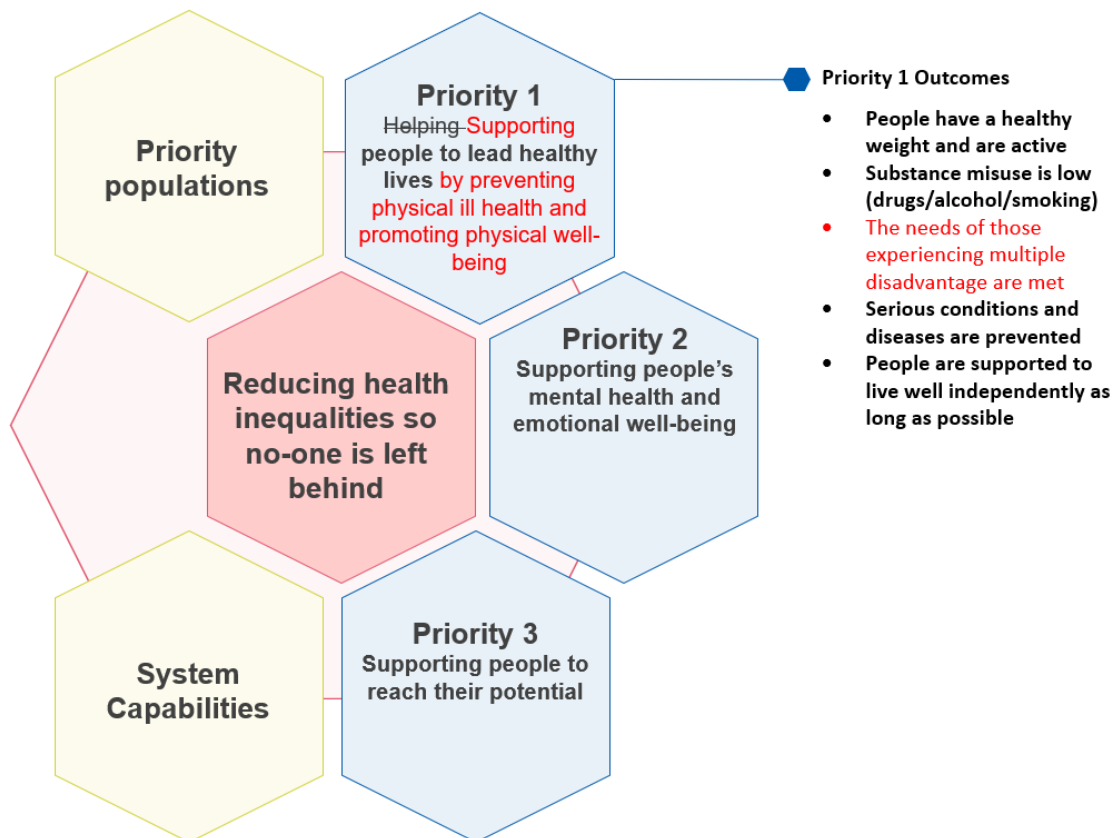
A further indicator of inequality in life expectancy (already utilised nationally) could be added as a measure of the local gradient that exists in life expectancy, i.e. how much life expectancy varies geographically with deprivation.

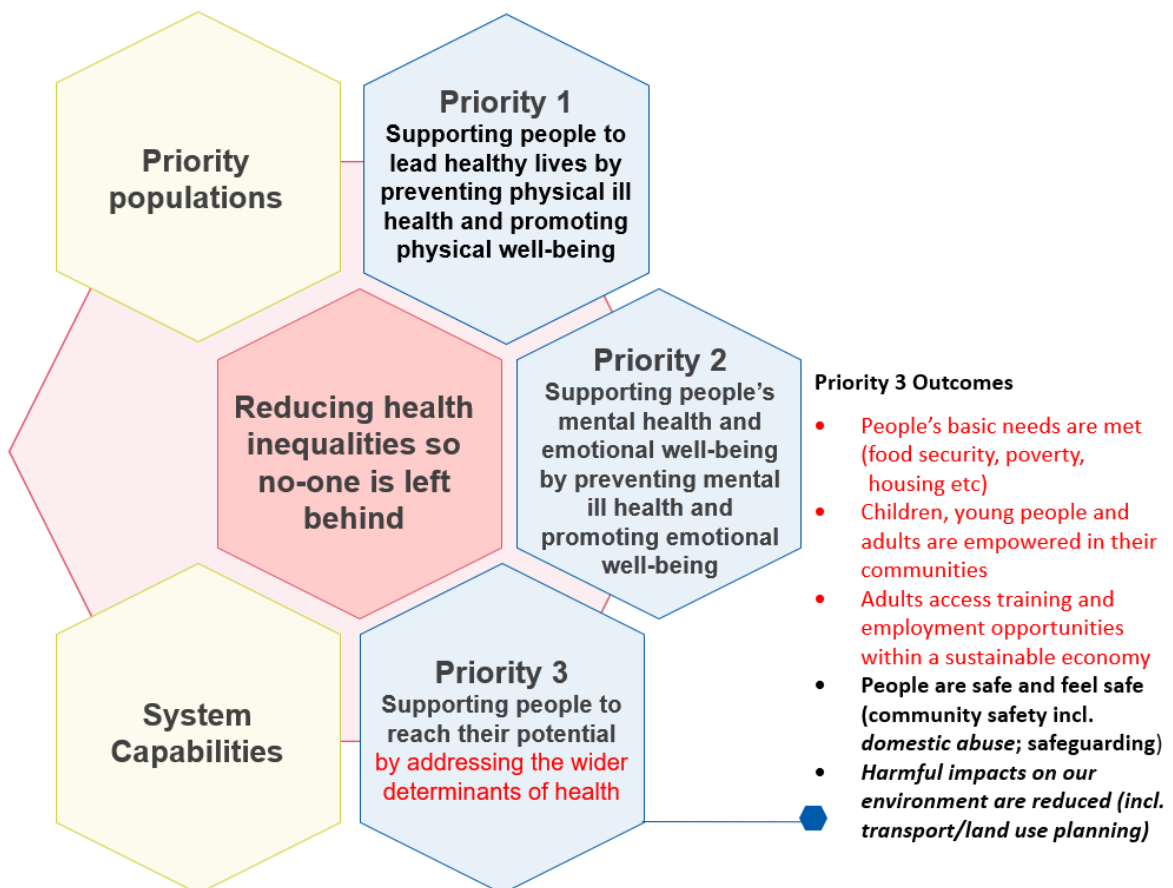
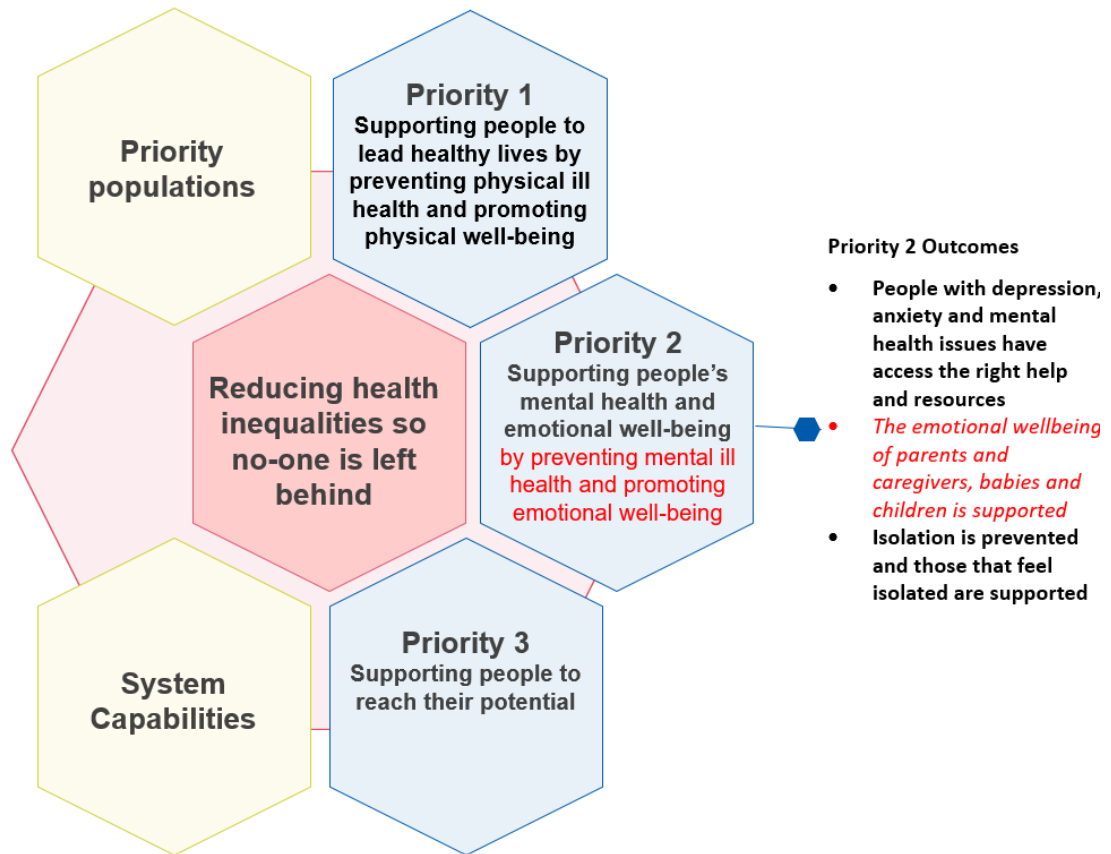
2.1 Reframing the Priorities and Outcomes

It is further proposed that the existing, still relevant Priorities are reframed and the Outcomes revised to promote a shared understanding of them and their interdependencies. This will clarify the scope for new areas of activity - ‘Programmes’ - to be incorporated e.g. anti-poverty activities.

The proposed, expanded articulations of the existing Priorities and related outcomes are summarised below: (additions in red)

- **Priority 1 - Helping ~~Supporting~~ people in Surrey to lead healthy lives by preventing physical ill health/promoting physical well-being** i.e. primary/secondary/tertiary prevention & health promotion
- **Priority 2 - Supporting ~~people's~~ the mental health and emotional well-being of people in Surrey by preventing mental ill health/promoting emotional well-being** i.e. primary/secondary/ tertiary prevention & health promotion
- **Priority 3 – Supporting people in Surrey to fulfil their potential by addressing the wider determinants of health** i.e. primary prevention & health promotion focused on basic needs and improving living/working, socioeconomic, cultural and environmental conditions.





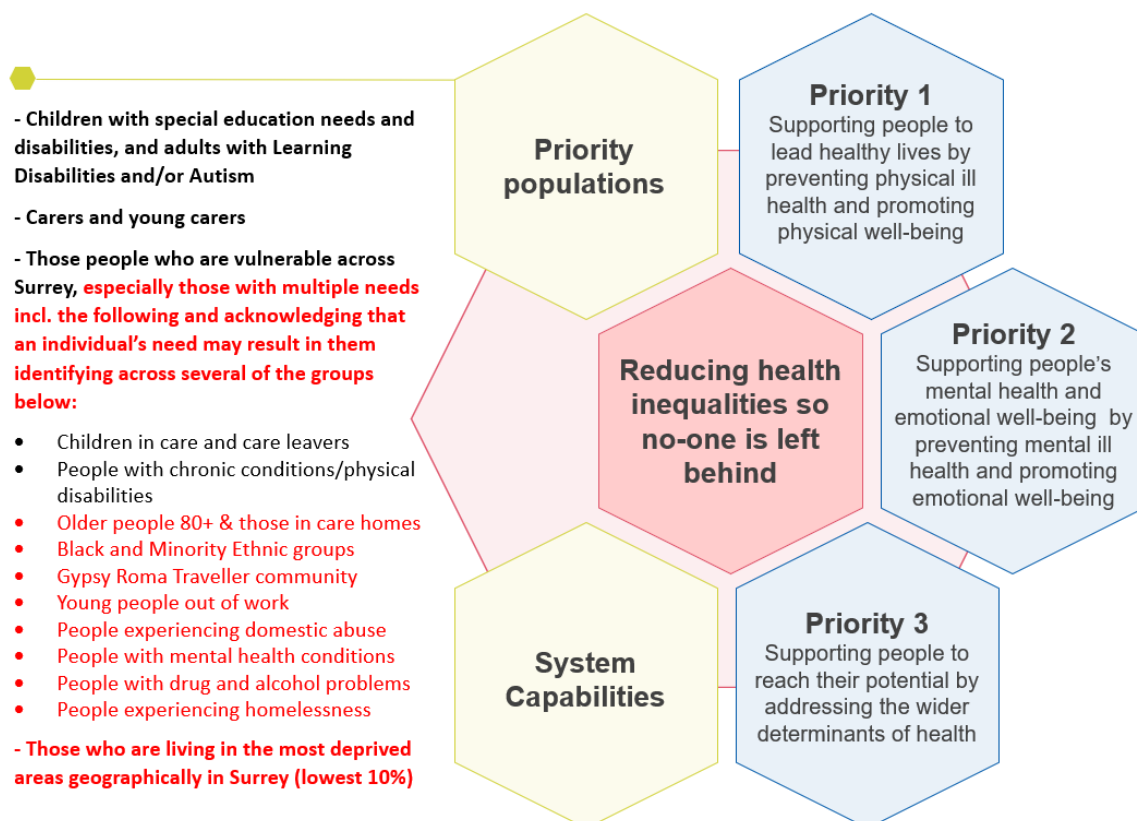
2.2 Reframing the Priority Populations Groups

The existing Strategy has 5 existing target population groups:

- 1) Children with special education needs and disabilities, and adults with Learning Disabilities and/or Autism
- 2) Those people living in deprivation, or those who are vulnerable across Surrey. This includes children in care and care leavers
- 3) Those people living with illness and/or disability
- 4) All young and adult carers
- 5) The general population

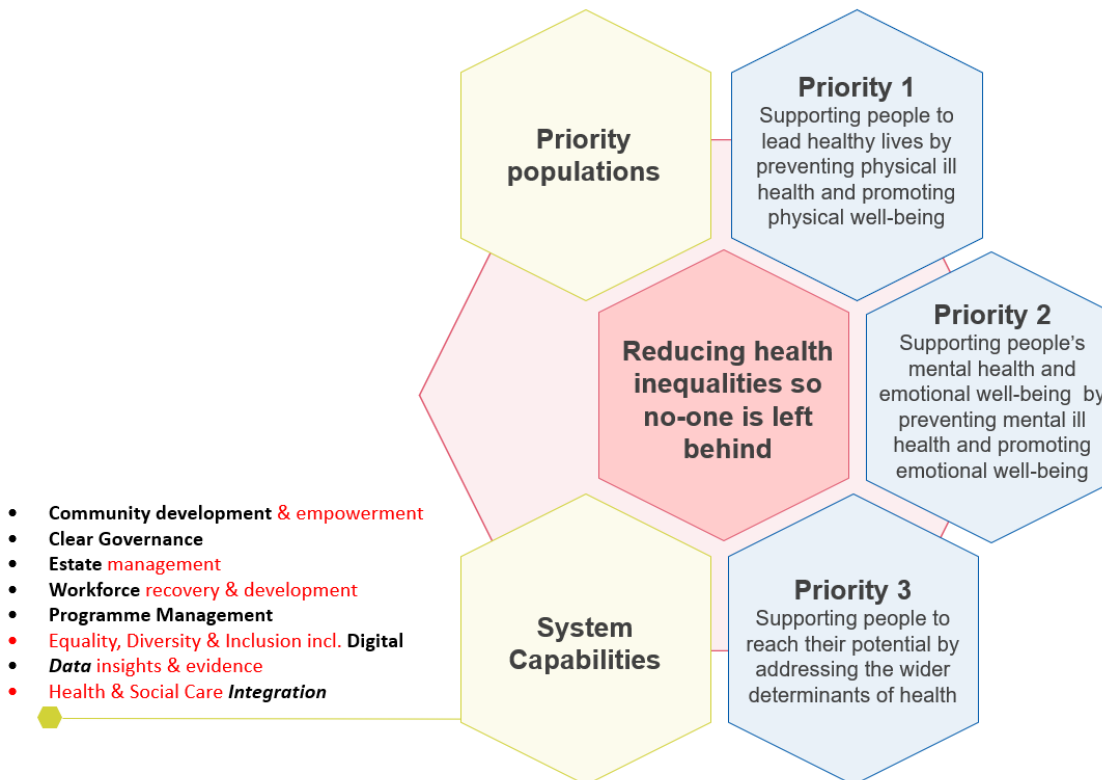
Whilst these have had some benefit in focusing partners on common target population groups, some continue to be quite broad in what they cover and the work done over the last year shows there is a need to respond to target population groups identified in the Community Impact Assessment (CIA)/Rapid Needs Assessments (RNAs).

When the original groups are considered alongside the groups that were identified in the RNA process and merged, this provides the potential to provide a more clearly defined set of target population groups to support a greater partner-wide focus on health inequalities as part of the strategy. An addition is also proposed to the priority population groups so they include those living geographically in areas of deprivation and that the priority populations in the Strategy become the following, noting the need to reflect the JSNA on an ongoing basis as it is refreshed (estimated by December 2021):



2.3 System Capabilities

It is proposed that the Strategy's current system capabilities remain relevant with some slight reframing needed (in red below), and that these system capabilities continue to receive attention by the Board to ensure work is progressing on each. Each capability will have a clear lead in the system locally:



2.4 Reframing the existing Principles and Programmes

Since the launch of the Strategy, the Board have been provided with regular Highlight Reports to outline the wide range of collaborative programmes that we are working on across the system to enable progress against the Priorities and Outcomes. The range of programmes supporting the Strategy has encouragingly expanded over time. Adopting the reframed Priorities and Outcomes above will help to ensure the Programmes being delivered against the Strategy are more clearly aligned to it, as will agreed Principles for the Strategy and criteria for inclusion. This will be explored at the proposed Informal Board meeting in July.

2.5 Governance

Priority 1 and 2 have existing delivery boards which feed directly into the HWB Board. Priority 3 has had no such delivery board and oversight has relied on linking into other related networks and boards. Given the proposed reframing of the priorities there would be scope to review the existing Priority 1 (Prevention and Wider Determinants) Delivery board to include oversight of Priority 3. This would avoid the creation of a new board for Priority 3 which has not had a formal board since its introduction.

Given the opportunity to emphasise the focus on health inequalities, there may then be scope for the ICS Recovery Board Health Inequalities workstream to utilize the new Priority 1 and 3 (Prevention and Wider Determinants) Delivery Board in the longer term to deliver the ICS's Health Inequalities workstream agenda around the wider determinants of health, as many of the pertinent partners are already engaged on it. In this way, the ICS Recovery Board will have support for Health Inequalities workstream's wider determinants agenda in the short term and the agenda will sustain momentum in the longer term, given the presumed limited life span of the ICS Recovery Board.

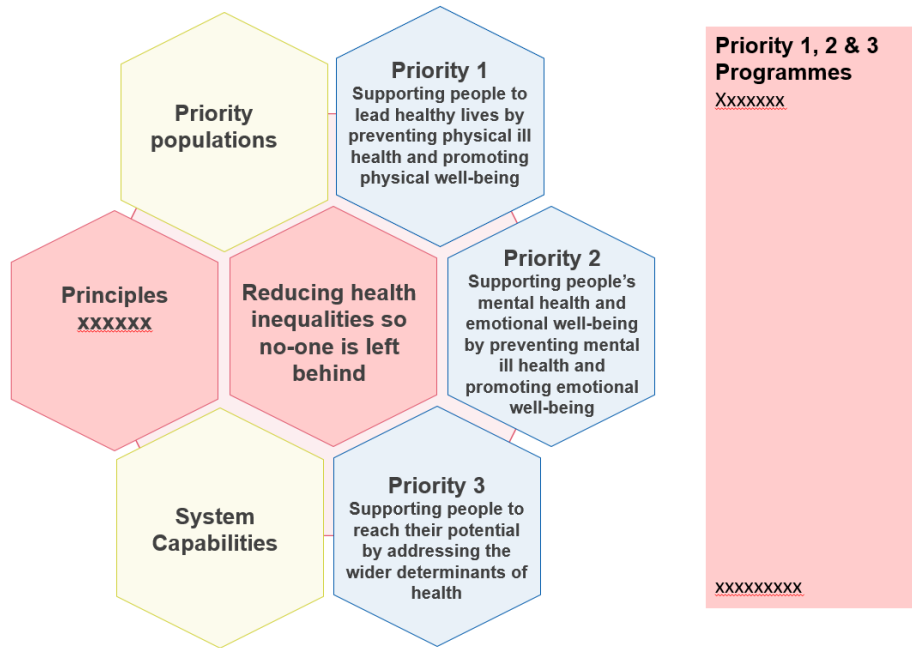
Following the recent review, the oversight and governance of Priority 2 is through the recently introduced Mental Health Delivery Board.

3. HWB Board Engagement

3.1 Next Steps

As it is proposed that the shape of the Strategy remains relevant, a large scale partnership engagement process is not suggested as this was done within the development of the ten year strategy with significant additional resources.

1. Subject to the board approving the reframing of the strategy as described above further engagement is planned at the next stage
2. This will be through an informal meeting of the Board in July (with additional input from SH Health and Care Partnership Health Inequalities Workstream, the Empowering Communities Transformation and Public Health teams) to consider:
 - Removing programmes that: have been completed, now constitute Business as Usual or are no longer deemed priorities.
 - Retaining programmes that are still in development and are still a priority.
 - Adding programmes that have been recently identified as needs-based from recent data analytics and insights.
 - Developing a set of Principles to guide the inclusion/exclusion of Programmes in the Strategy to drive the logic model approach and ensure Programmes are fit for purpose in achieving the Strategy's Outcomes.



3. Following this discussion, approval for the Principles (including criteria for programmes' inclusion in the Strategy) and revised Programmes (and any necessary adjustment of Outcomes) will be sought at the September Board meeting prior to the updating of the published strategy. This should also see the beginning of alignment with any governance changes / plans from Health and Social Care White Paper and the emerging Empowering Communities Roadmap.
4. Further work will be undertaken after the informal Board meeting in July and the September Board meeting to consolidate revisions and map the groups that have a relationship with the HWB Board (their purposes, functions and how interaction with the Board can be maximised). The Board can then be presented with the updated implementation plans and new HWB Strategy Metrics, informed by the refreshed JSNA, at the final stage of the engagement at the December Board meeting.

Summary	Stage 1	Stage 2	Stage 3	Stage 4
When	2 June 2021	July 2021 (tbc)	9 September 2021	2 December 2021
Who	HWB Board	HWB Board and other limited stakeholders	HWB Board	HWB Board
Where	HWB Board public meeting	Informal, private Board meeting	HWB Board public meeting	HWB Board public meeting
What	Approval of reframed Priorities, Outcomes, Priority Populations and System Capabilities	Facilitated informal meeting on Principles and removing/retaining/adding new Programmes	Further discussion/ Approval of the revised/new Principles and Programmes (reflect on Outcomes)	Further discussion/ Approval of Governance arrangements implementation plans and new HWBS Metrics

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