

## Health and Wellbeing Board Paper

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	Health and Wellbeing Strategy Review and Refresh
<b>Related Health and Wellbeing Priority:</b>	All (Priorities 1-3)
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<b>Sponsor(s):</b>	<ul style="list-style-type: none"> <li>• Tim Oliver, Chairman of the Health and Wellbeing Board / Leader of Surrey County Council</li> <li>• Ruth Hutchinson, Director of Public Health, Surrey County Council</li> </ul>
<b>Paper date:</b>	9 September 2021
<b>Related papers</b>	HWB Strategy Highlight Report (Item 5)

### 2. Executive summary

This report consolidates feedback on the review and refresh the Surrey Health and Wellbeing Strategy completed through June (stage 1) and July (stage 2, an informal private Board meeting 8 July 2021). The result is a revised set of Priorities, Outcomes, Priority Populations, System Capabilities and new, internal Programme Management guidance.

Discussions at the 8 July 2021 informal Board meeting also underlined the vital role of community-led interventions in addressing health inequalities, alongside effective civic and service interventions such as policy development. Board Members agreed the need for a set of principles focused on working with communities and key actions that can supplement and consolidate activities and programmes already underway.

This report sets out these principles and two key commitments to action:

- An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes.
- The system wide adoption of a Health in All Policies approach.

### 3. Recommendations

It is recommended that the Health and Wellbeing Board:

1. Endorses (informally) the Strategy's revised Priorities, Outcomes, Priority Populations, System Capabilities and new, internal Programme Management guidance (see Appendix 1).
2. Endorses (informally) a set of core Principles for Working with Communities for incorporation into the Surrey Health & Wellbeing Strategy.
3. Endorses (informally) enhanced collaborative effort to work creatively with those communities in geographic areas of deprivation with the poorest health outcomes – with the Executive Director Customer & Communities (Surrey County Council) asked, on behalf of the system, to coordinate with colleagues and produce a fuller proposition for the next Board meeting.
4. Supports the exploration of the adoption of a Health in all Policies approach across the Surrey system, with a report on its potential roll-out across the Surrey system to be brought to the next Board meeting.

### 4. Reason for Recommendations

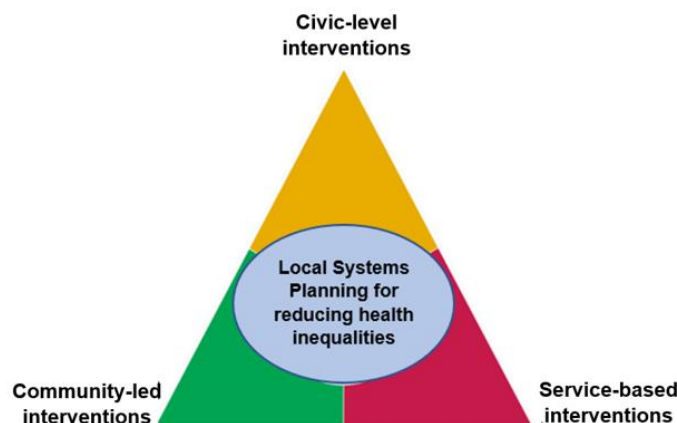
These recommendations are designed to ensure the timely implementation of the refreshed Health and Wellbeing Strategy, with governance arrangements and metrics to be finalised in December 2021.

### 5. Detail

#### HWB Strategy refresh

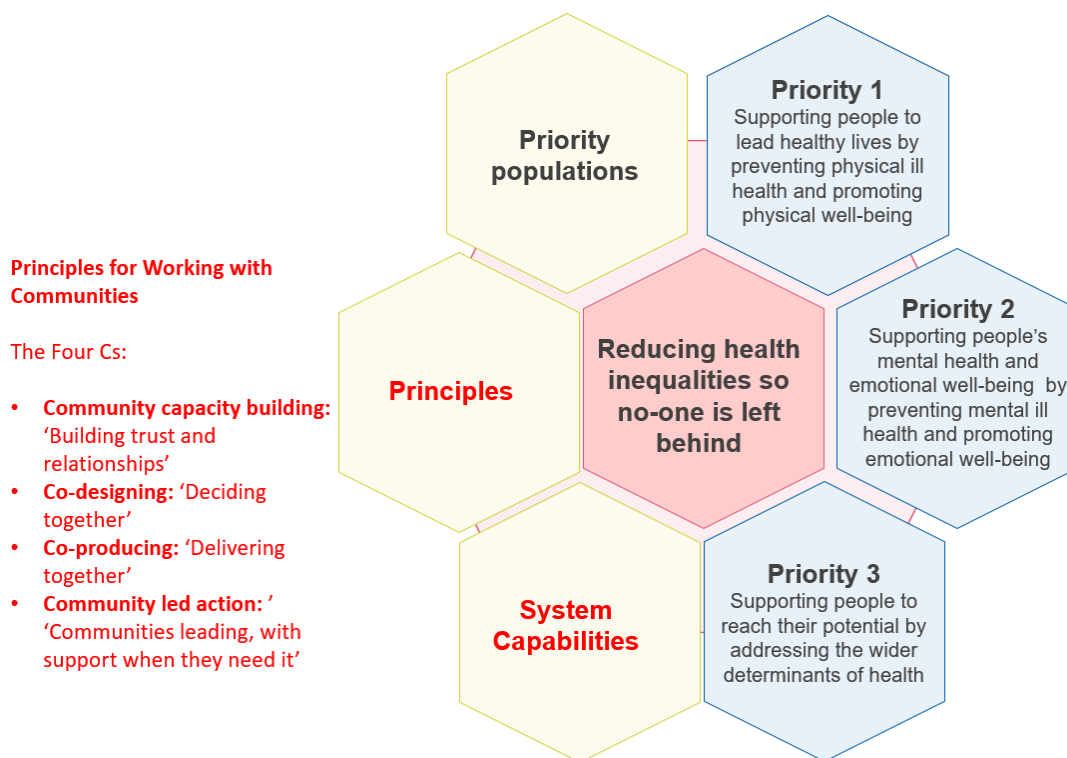
Since the HWB Board - Informal meeting on 2 June 2021, feedback has been received on the proposed Strategy Priorities, Outcomes, Priority Populations and System Capabilities, leading to minor adjustments to language (See Appendix 1).

At the June meeting, the Population Intervention Triangle (PHE, 2017) was adopted to guide strategy implementation, and this has subsequently been adapted to reflect Surrey's aspirations for community-led interventions that can reduce health inequalities:



## Principles for working with communities

At the informal private Board meeting on 8 July 2021 the Board discussed how to best enable such community-led action. Based on feedback at the session (see Appendix 2 for summary), the following core Principles for Working with Communities across the system are now proposed:



(Building on this feedback from the session and leading practice, see a summary in Appendix 3 of what applying these principles could look like in practice across the Surrey system).

## Key commitments to action

At the informal Board meeting on 8 July, Board members also agreed the need to move from rhetoric to applied action. In light of this, two key commitments to action are proposed to members of the Board and hence the organisations they represent:

- An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes
- The system wide adoption of a Health in All Policies approach.

## **An enhanced collaborative effort to work creatively with those communities in the geographic areas of deprivation with the poorest health outcomes**

The agreement to an additional priority population group in the HWB Strategy of *“People living in geographic areas which experience the poorest health outcomes in Surrey”* creates an opportunity to apply the Principles for Working with Communities in specific key localities. This will help ensure collective efforts, skills and resources from across the Surrey system are used to best effect as part of a community-led approach to reducing health inequalities.

There is of course a significant amount of work already underway by organisations, partnerships and communities themselves in localities to address health needs and the wider determinants of health. Any enhanced partnership efforts must build on these, working creatively with communities and reflecting the unique context of each locality. There is also scope to develop a stronger evidence-base of what works in which communities and why, using this to inspire further action.

To move this forward, it is proposed the Board asks Marie Snelling (Executive Director for Customers & Communities, Surrey County Council and the refreshed HWB Strategy’s Empowered and Thriving Communities system capability lead) to coordinate with colleagues and produce a fuller proposition to be brought back to the next HWB Board. At a minimum, this will cover:

- Identification of the particular localities of focus - drawing on core data sets and local insights and collectively reviewing what this means in terms of proposed action (see Appendix 3 the Surrey map of Index of Multiple Deprivation)
- Understanding, at high level, what is underway and working, so any additional effort builds on this and continues to grow the strengths of local communities
- Identifying key actions that can further enhance our work with communities, particularly by enabling more community led interventions
- Ensuring the Principles for Working with Communities, if approved by the Board at this meeting, are put into practice
- Describing the key roles and governance in place to enable positive progress in each locality (including alignment to the developing Integrated Care System and place arrangements)
- Understanding the resources required to make tangible progress, including the additional support and investment required

Note this work will bring a clear focus to the range of actions that can support our Empowered and Thriving Communities ambition (as set out in the Empowering Communities report to the HWB Board in March 2021 ([Item 9 - Empowering Communities.pdf \(surreycc.gov.uk\)](#)).

## The system wide adoption of a Health in All Policies approach

It is proposed a Health in all Policies (HiAP) approach is adopted across the system, as a way to augment and stretch existing civic and service-based actions to reduce health inequalities. The World Health Organisation (WHO) (2013) states that HiAP is:

“An approach to public policy across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity”.

It is built on the idea that all parties benefit from the partnership and that collaboration drives the achievement of each parties’ own goals. Experience and evidence from around the world prove this approach can reduce health inequalities. ([HiAP-Global-Status-Report-final](#))

The HiAP approach:

- Is built on engagement of key-players and stakeholders.
- Simultaneously and positively impacts on other important priorities, such as promoting the creation of good-quality jobs, local economic stability, educational attainment, and many others.
- Provides an opportunity to identify issues which are addressed by multiple key players, including poverty, sustainability, climate change mitigation.
- Fosters conversations about how resources can be shared – and duplication reduced - whilst retaining a focus on outcomes.

Examples of practical, system-wide actions that can be taken in Surrey using a HiAP approach are:

- Requiring suppliers to offer fair work and pay conditions to their employees
- Changing procurement policies and utilising the Social Value Act
- Co-commissioning healthy eating catering services
- Ensuring evidence-based employment and management practices support mental health
- Embedding best practice in community-led approaches and Equality, Diversity and Inclusion strategies, policies and procedures including a system-wide approach to Equality Impact Assessment
- Working with partners to ensure understanding of required housing stock (eg on workforces) and sustainable housing strategy
- Committing to following national planning guidance to exploit existing and create new green spaces
- Sharing plans for integrated working e.g. to support children with complex needs at transition points

There are numerous existing guidance and implementation documents for adopting a HiAP approach (e.g. ([Health in all policies: a manual for local government | Local Government Association](#))). The HWB Board can play a critical role in this approach and in disseminating these tools. Approval is sought to explore adoption of the approach across the system at the next Board meeting.

## 6. Challenges

The future implications of the review of Mental Health and progress of the Health and Social Care bill remain a 'watching brief' for the refresh of the HWB Strategy as we await further reports from the Mental Health Partnership Board on the former, and further guidance from HM Government on the latter.

HWB Strategy programmes/project implementation plans that contribute to the new refreshed Health and Well-being Strategy, adhere to the new programme management guidance and apply the Principles for Working with Communities will need to be developed and presented to future HWB Board meetings.

## 7. Timescale/delivery plan for engagement on Strategy Review and Refresh

The timetable for the refresh of the HWB Strategy is as follows:

	Stage 1	Stage 2	Stage 3	Stage 4
<b>When</b>	June 2021	8 July 2021	September 2021	October - December 2021
<b>Who</b>	HWB Board and Surrey Heartlands System Board	HWB Board and other limited stakeholders including Surrey Heartlands System Board representation	HWB Board and relevant Surrey Heartlands Boards	HWB Board and relevant Surrey Heartlands Boards
<b>Where</b>	HWB Board public meeting/ SH System Board private meeting	Informal, private HWB Board meeting	HWB Board public meeting/ relevant Surrey Heartlands Board meetings including SH Equalities and Health Inequalities Board	HWB Board/ relevant Surrey Heartlands Board meetings
<b>What</b>	Approval of (HWBB)/ Support for (SHSB) reframed Priorities, Outcomes, Priority Populations and System Capabilities	Facilitated informal meeting on evidence base, Principles and removing/ retaining/adding new Programmes	Further discussion and approval of (HWBB)/ Support for (SH boards including SH Equalities and Health Inequalities Board) the Principles and Programmes	Further discussion and approval of governance arrangements, implementation plans and new HWBS metrics (HWB Board and relevant Surrey Heartlands Boards)

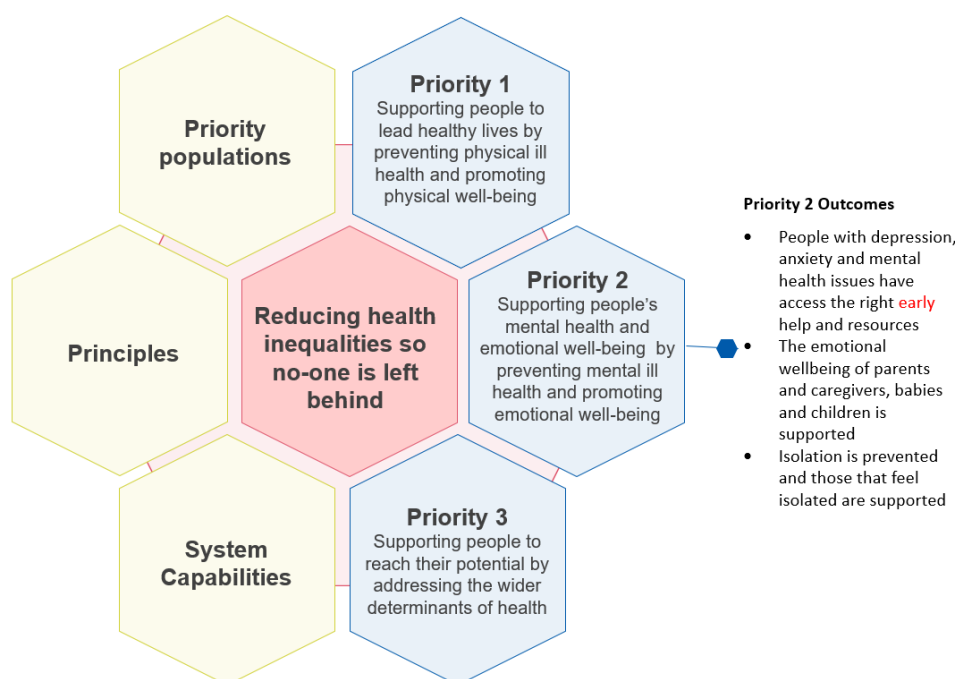
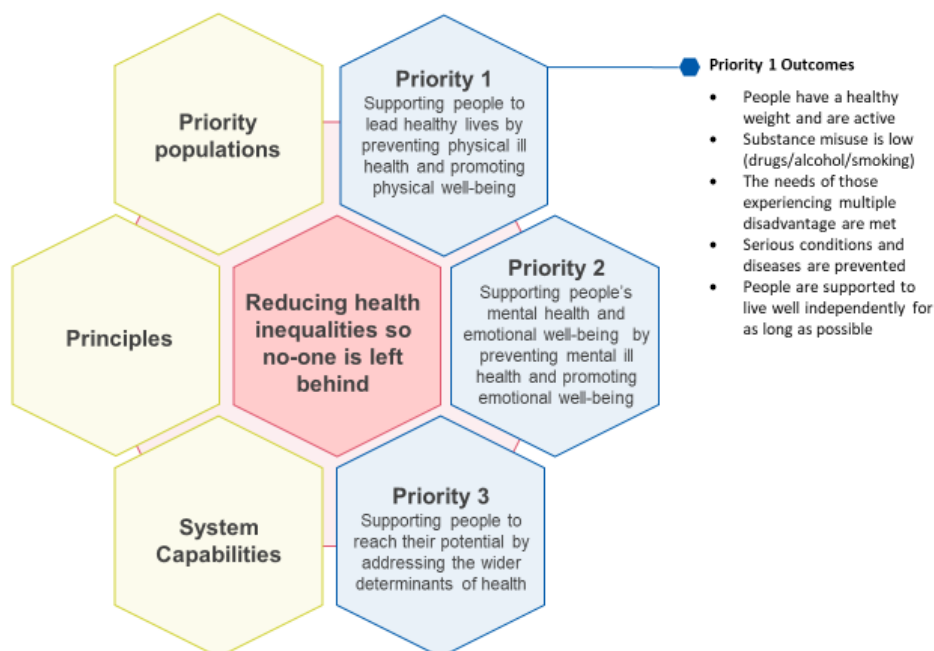
## 8. How is this being communicated?

The HWB Strategy Communications Group are working on a plan for dissemination the refreshed HWB Strategy, including the Community Safety Agreement.

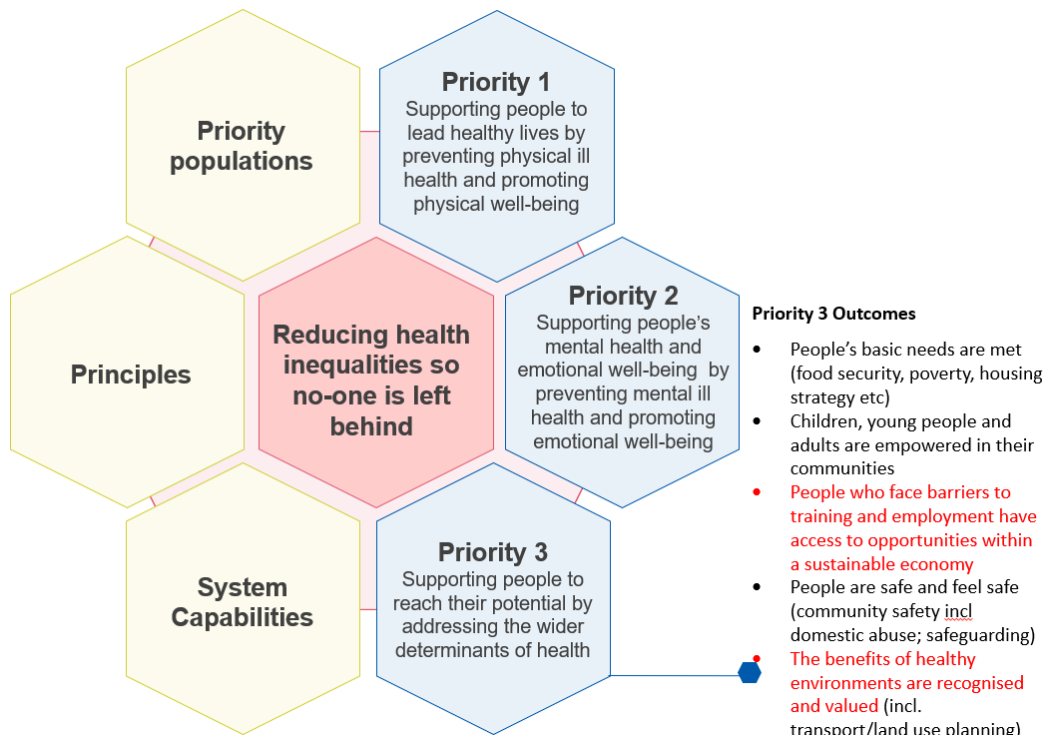
## Appendix 1

### Health and Wellbeing Strategy Priorities, Outcomes, Priority Populations, System Capabilities, Programme Management principles – revised after 6 June/8 July HWB Board meetings (revisions in red)

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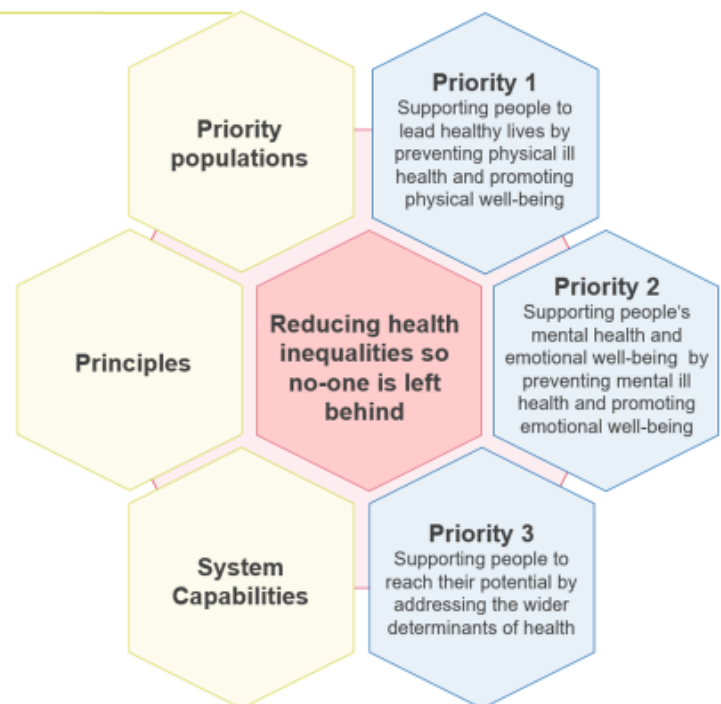


**- People across Surrey who experience the poorest health outcomes**

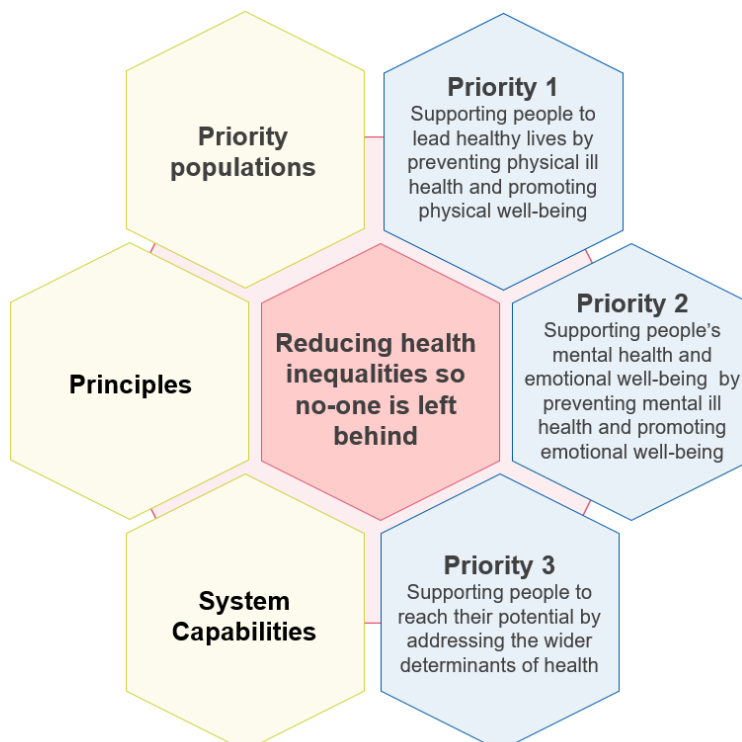
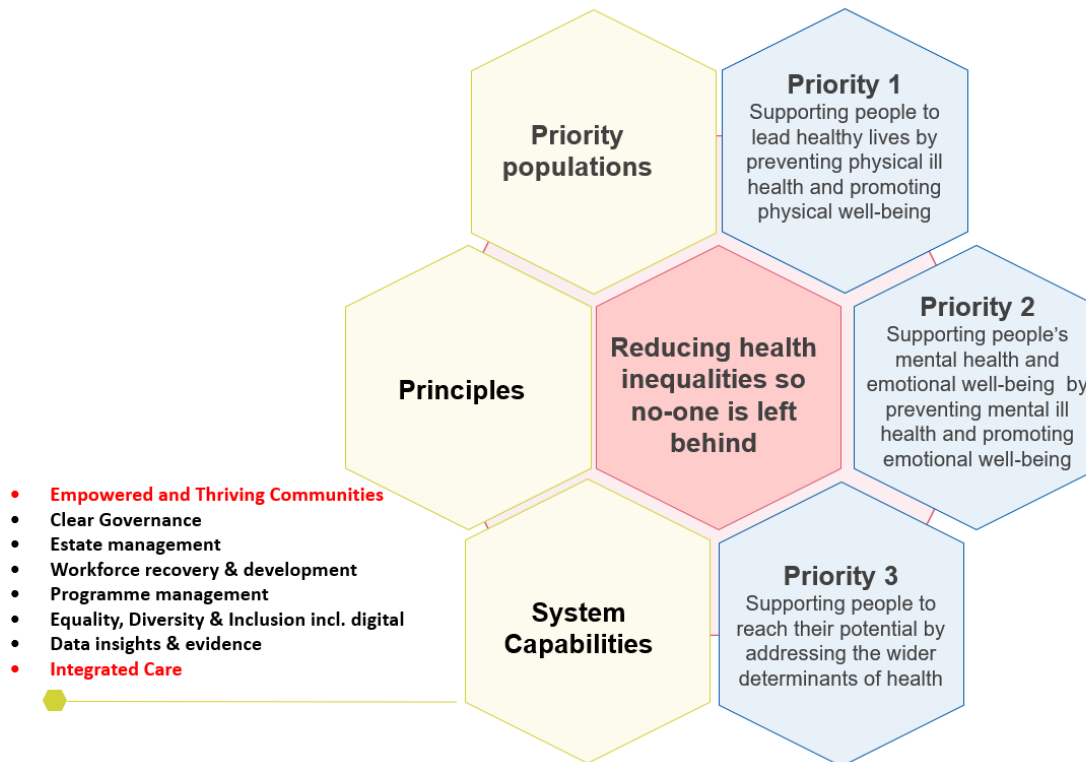
- Carers and young carers
- Children in care and care leavers
- Children with Special Educational Needs and disabilities
- Adults with learning disabilities and/or autism
- People with long term **health** conditions, disabilities **or sensory impairment**
- Older people 80+ & those in care homes
- Black and Minority Ethnic groups
- Gypsy Roma Traveller community
- Young people out of work
- People experiencing domestic abuse
- People with **serious mental illness**
- People with drug and alcohol problems
- People experiencing homelessness

**- People living in geographic areas which experience the poorest health outcomes in Surrey (lowest 10%)**

**We acknowledge an individual's needs may result in them identifying across several of these groups of identity and geography**







## Programme Management guidance

To sit under the auspices of the HWB Board/Strategy, a programme/ project must

- Reduce a health inequality within a priority population group
- Address an agreed, significant need that can only be met through Board members partnership working
- Prioritise a community led approaches, alongside civic and service level action
- Measure inputs, outputs, outcomes, impact in a way that is meaningful to communities
- Be evidence-based and/or add to the evidence base
- Have deadlines for completion, key milestones and an SRO
- Be appropriately resourced or be looking for commitment to appropriate resourcing

## Appendix 2

### Summary notes from the informal HWB Board meeting 8 July 2021

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**Key Q1 – What changes to the way we work together must be prioritized to make a tangible impact on reducing health inequalities?**

**Key Q2 – How can we better enable the kind of community-led action that makes a tangible impact on reducing health inequalities?**

**Feedback – As a Board, we need to:**

- Build on existing strengths
- Convert ambition into practice
- Consider different levels of enablement
- Understand one size does not fit all
- Be consistent with approach and language
- Identify trusted individuals in communities
- Assess depth of understanding of communities improve
- Recognize the cultural shift required
- Look at memberships of our boards
- Train our workforce in line with this shift

**Key Q3 – What are the implications of these implementation principles for the inclusion/exclusion of existing and new programmes in the refreshed HWB Strategy?**

**Key Q4 – What changes are needed to these implementation principles to enable your approval?**

**Ten Draft Strategy Implementation Principles**

- 1) Tackles a health inequality within a priority population group
- 2) Addresses an agreed, significant need that can only be filled by partnership working across range of stakeholders represented on HWB Board
- 3) Are a civic-level, service-based or community-led intervention as per Population Intervention Triangle (PIT) model
- 4) Are able to describe how they will engage/empower communities
- 5) Considers the optimised inclusion of those with protected characteristics (as per Equality, Diversity and Inclusion legislation and policies)
- 6) Supports COVID Recovery and Transformation
- 7) Are able to measure inputs, outputs, outcomes, impact / have a logic model
- 8) Is evidence-based
- 9) Has deadlines for completion, key milestones and an SRO
- 10) Is appropriately resourced or looking for commitment to appropriate resourcing

**Feedback on Principles**

- Put into plain language to share with residents
- Need to be vision led, not plan or strategy led
- Need to be more flexible
- Risk of excluding small projects
- 'Leaps of faith' without measurements of success
- Need to add sustainability and create the conditions for health
- Not top down but inside (communities) out
- Need to enable community assets to thrive
- Local, fresh data to enable prioritization
- Stretch targets to make changes in short and longer term
- Recognition of diversity as a strength

(Principles on left now converted into internal 'Programme Management Guidance' – See Appendix 2)

## Appendix 3

### Putting the Principles for Working with Communities into action – what does good look like?

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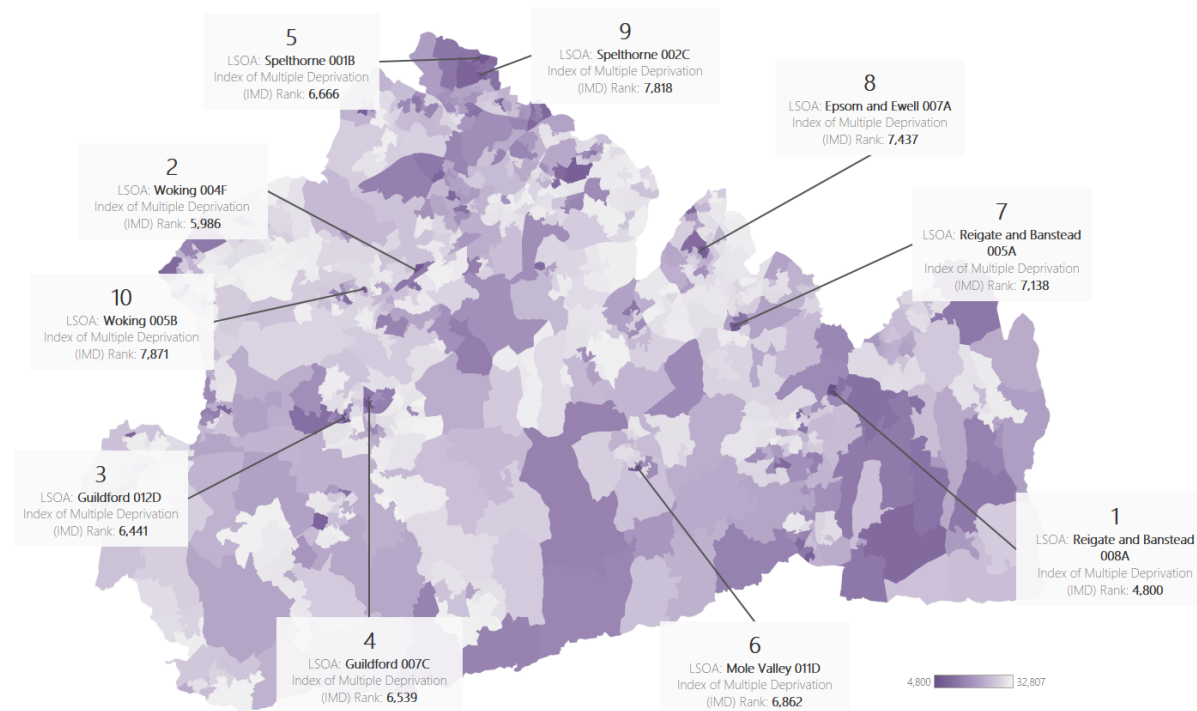
- **Our communities identify their own priorities and lead on local solutions so they are empowered and thriving**
- Our **people who use services** participate fully in the design and commissioning of those services so that they meet their needs.
- Our **voluntary/community/faith sector** are influential locally and across the system.
- Our **frontline staff** are equipped with skills in asset based, community development approaches that build trust and relationships.
- Our **public service leaders** work directly with community leaders so that the right conditions are created in localities for our communities to be well and reach their potential.
- Our **senior public service leaders** understand and reflect feedback from our communities and check back in with them when taking decisions at a system and local level.
- Our **commissioners** draw on the deep insights of our communities and decisions are heavily influenced by them.
- Our **elected members** understand our communities' strengths and support participative democracy.
- **Our success is measured on outcomes that are meaningful to local people.**

(Adapted from New NHS Alliance, Greater Manchester document [Shifting-Power-Narrative final web.pdf \(thehealthcreationalliance.org\)](https://www.thehealthcreationalliance.org/shifting-power-narrative-final-web.pdf))

## Appendix 4

### Index of Multiple Deprivation for Surrey (map highlighting the ten lower super output areas with the most deprivation, with the sub-domain scores in the chart below)

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#### Notes:

- The Indices of Deprivation (IMD) are an official government measure of relative deprivation at a small local area level (Lower-layer Super Output Areas) across England and have been produced in similar way since 2000. The Indices of Deprivation 2019 (IoD2019) is the most recent release. The Indices provide a set of relative measures of deprivation for small areas across England, based on seven different domains, or facets, of deprivation.
- IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area) – a lower score therefore reflects greater deprivation.
- These maps and charts are included here as a reminder of the pattern of deprivation across Surrey – further work will be completed to review what this means in terms of proposed action. Note also that the lower super output areas will also be translated from their technical names into the wards / towns / place names that are meaningful.