

Health and Wellbeing Board (HWB) Paper

1. Reference information

Paper tracking information	
Title:	Health and Well-being Strategy Index
HWBS Priority Populations:	All Priority Populations
Priority - 1, 2 and/or 3:	<ul style="list-style-type: none"> Priority 1 - Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being Priority 2 - Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being Priority 3 - Supporting people to reach their potential by addressing the wider determinants of health
Principles for Working with Communities:	Community capacity building: 'Building trust and relationships'
Interventions for reducing health inequalities:	Civic / System Level interventions
Outcome(s)/System Capability:	Data, Insights and Evidence
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Board Sponsor(s):	Ruth Hutchinson, Director of Public Health (SCC)
HWB meeting date:	15 March 2023
Related HWB papers:	September HWBS Metrics paper
Annexes/Appendices:	N/A

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2. Executive summary

At the September Board we discussed an approach to the development of metrics that would enable an understanding of how effectively we are delivering the Health and Well-Being (HWB) Strategy. In this update, we discuss how we have taken this approach forward and developed a visual means for Board members, partners and Surrey residents to view how the metrics are contributing to the key priorities.

We have used the previously identified relevant metrics/measures and mapped them to each to one of the three Priorities. As previously highlighted these also cover as many of the Priority Populations as currently possible. The combination of the metrics (with relevant weighting) then produces a Priority sub-index. The three Priorities are then combined to provide a Health and Well-Being Strategy Index.

The HWB Strategy Index is constructed using a methodology similar to the Surrey Index and will be presented as an interactive dashboard at the March Board meeting. It will then be available publicly via Surrey-i.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Review, provide feedback and promote awareness of the metrics within their organisation to enable a common understanding and assessment of progress.

4. Reason for Recommendations

The new Health and Well Being Strategy Index is the first of its kind that's been developed for Surrey and for the HWB Strategy. It is intended to allow us to view the progress of the Strategy through certain key indicators where data is available and which enable an understanding of the effectiveness of the Strategy and its delivery.

It needs to address the requirements of all local partners as far as possible as well as providing a clear understanding to our residents of how we are delivering the Strategy. In building this, we have used certain assumptions but it is intended to be iterated and improved over time as more information and data becomes available. It is for this reason that regular feedback from all partners will be particularly beneficial, and hence we are recommending spreading awareness of the Index to encourage feedback.

5. Detail: The Health and Wellbeing Strategy Index

As previously mentioned, through placing the HWB Strategy Index within the Surrey Index, the intention is that it can be used as the common reference point for shared health inequality related indicators for all partners. These are often included and referenced in individual organisational strategies, however with no single organisation being able to significantly impact individually, this will ensure a common system wide focus on these indicators. The proposed alignment of these various elements is represented below in figure 1.

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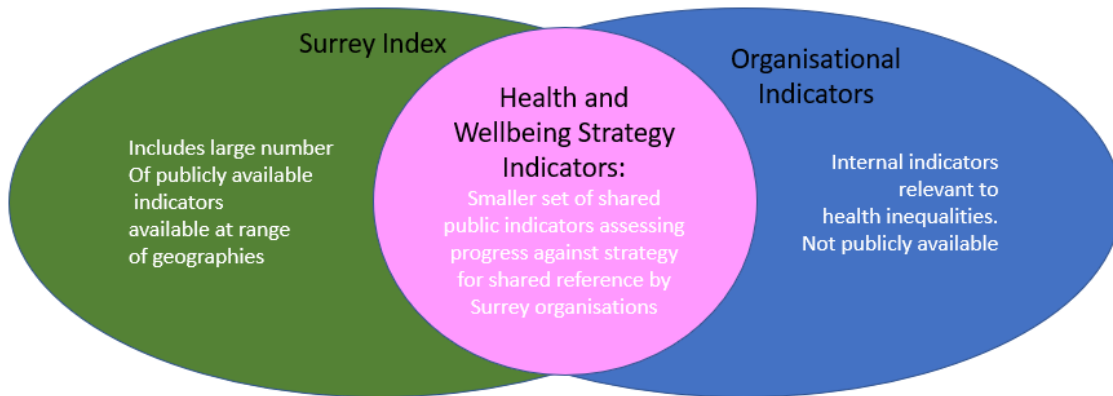
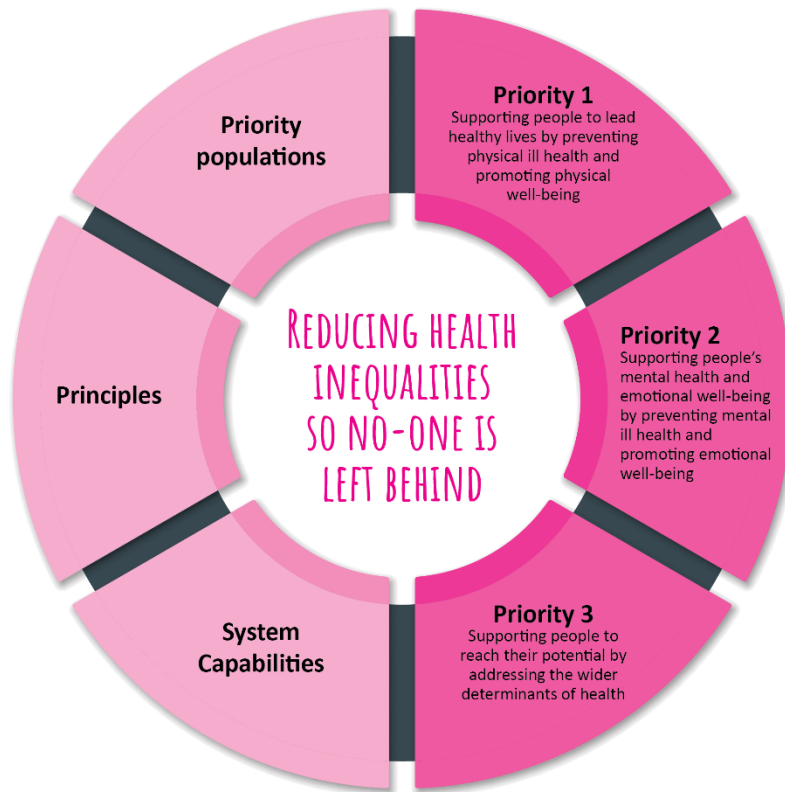


Figure 1: Health and Wellbeing Strategy Index is located within the Surrey Index using public indicators that can be referenced by partners alongside internal organisational indicators to understand progress being made against the strategy priorities and reducing health inequalities.

It is intended that this will aid the movement towards a greater system wide understanding of reducing health inequalities that will complement the work of partner organisations and how they are collectively contributing to reducing health inequalities.

The new Index utilising the Surrey Index format has been constructed with the various metrics to assess the impact and efficacy of the refreshed HWB Strategy. This is presented in a dashboard format which replicates that used in the Surrey Index (available at: <https://www.surreyi.gov.uk/surrey-index/>).

The measures have been allocated to one of the three HWB Strategy's Priorities outlined in the following diagram, and to one of the identified [outcomes under those priorities](#).



There are varying numbers of metrics identified under each Priority and under each Outcome, and so we will combine all contributing metrics (where there is reliable data) to form an 'overall' Priority score, and an 'overall' Outcome score, using methodologies applied to same effect in the Surrey Index. If there is no reliable data on some metrics, the overall score can only be measured by what's available. It should also be noted that the indicator referenced under one priority or outcome may also contribute to others and to single or multiple priority populations, so weightings will need to be applied.

Initially, individual metrics are likely to be attributed equal weights when combining, although as the Index develops it will be adjusted to take account of clear and obvious differences in range and reach of each metric. For example, a whole population count will eventually be accorded greater statistical weight than a survey-derived metric value.

There will therefore be a single **“Result”** score for each of the three priorities, and each of the 14 outcomes, as well as for each metric individually.

5.1 Approach and methodology:

- The measures selected encompass a range of data collections, some of which are open source and publicly available.
- Reporting periods, frequency of refresh, data collection methodology, system coverage, and lowest level of geographical reporting vary widely.
- To date we have focussed on defining specific measurable indicators that best match the HWB Strategy, identifying accurate and reliable data sources, and accessing and securing time-series data values.
- Wherever possible, we intend to disaggregate a Surrey-wide value into lower geographies (districts and boroughs, wards, LSOAs) so that local, area-specific inequalities in outcomes can be clearly investigated and identified, to enable further targeted interventions. This is not possible for every metric however, due to the geographic level at which they are collected and released (see 5.4 below for more details).

5.2 Change over time

We will be using the Index to monitor changes over time and the direction of changes.

The baselines established before the HWB Strategy came into being will set the initial starting context.

The refreshed values relating to performance during the lifetime of the HWB Strategy will serve to quantify our effectiveness at maintaining or improving on those baselines.

For each metric, a “direction of travel” will clearly show whether we are improving or not against the last assessment, as well as whether we are improving or not against improvements seen elsewhere. Direction of travel will therefore have both an **absolute** and a **relative** improvement component.

5.3 What “Good” looks like

In order to understand how we are progressing with the HWB Strategy it is important that we develop an indication of what good looks like and this will need to reflect the over arching ambition of reducing health inequalities. No target values have been set for the metrics thus far however and so we will be determining “what good looks like” going forwards against two initial comparator positions:

- (a) the England average, and
- (b) the current ‘best’ result available for a county area level.

Surrey values that are ‘better’ than the England average position to a significant degree will be deemed “Green”; those that do not differ significantly from the England average position will be deemed “Amber”; and those deemed to be

significantly worse than the England average position will be deemed “Red”. In this way we will derive a traffic light status for the last known Surrey position for each measure. Where the data permits a comparison between the different geographic parts of Surrey, the same methodology will be used to measure inequality between the different parts.

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5.4 Frequency of reporting

For metrics that are refreshed more frequently than once a year, we will initially only report to the Board an annualised average position, or opt for one data point as a reflective coordinate for the year in question if data is an accumulated count annually. For example, we could choose to report the position as at the end of March (for a year on year comparison) even if monthly refreshes could mean we can report for other months. As the Index develops, we hope to make automated updates as and when data values change, such that the latest established position is always reflected as such; this ambition will however take time to embed.

If there is any significant change for the worse in a particular indicator within the year, this will be highlighted against the relevant priority through the quarterly HWB Board Highlight Report.

For metrics that are refreshed *less* frequently than once a year, we may find that the initial baseline only is available, and no refreshed data points coinciding with the activity of the HWB Strategy will be possible until such time as fresh data is released.

5.5 Different geographic levels

Where it is feasible to establish lower-geography positions, these will then be rated on the basis of their contribution to (and deviation from) the Surrey-wide value – i.e. to highlight areas of under- and over-performance compared to Surrey as a whole and support alignment with the HWB Strategy’s mission – to reduce health inequalities – in a broadly affluent county with hidden pockets of deprivation

As with the Surrey Index, we intend to make map views available at all levels of geography that data variables can be disaggregated to:

Typically, these will include:

- Smaller geographies including middle layer super output areas (‘MSOAs’), lower layer super output areas (‘LSOAs’), and output areas (‘OAs’)
- Primary Care Networks
- Electoral divisions and electoral wards
- District and borough councils
- County

This functionality will enable area-specific health outcomes and variations within these to be readily identified and acted upon by the relevant authorities and their partners.

5.6 Overall view of how well we're doing on achieving the HWB Strategy ambition

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In addition to metrics contributing to the individual priorities, four measures have been chosen as indicators of the overall success of the HWB Strategy to reduce health inequalities:

- Gap in life expectancy and healthy life expectancy for females between the parts of Surrey experiencing the longest and shortest average life expectancies (to reduce)
- Gap in life expectancy and healthy life expectancy for males between the parts of Surrey experiencing the longest and shortest average life expectancies (to reduce)

Since life expectancy statistics are both slow to change, and infrequently aggregated, these are unlikely to be observed to improve within a short time period. Therefore, we intend to create simple to read summaries of 'overall' improvement based on the more regularly reported metrics of the set, to help gauge system-wide success (or otherwise) and help direct appropriate support to interventions related to the outcomes, priorities and priority populations in the HWB Strategy where improvement is required.

The Index will be **published on the Surrey-i** public information site, available for reference to all members of the HWB partnership and to our residents too.

6. Challenges and opportunities

- Some indicators relevant to assessing progress of the Strategy's priorities continue to only be available at a higher Surrey footprint which limits the benefit of use at a local system level.
- The new approach to align with the Surrey Index does mean that where more local data is available this will be more obviously accessible which supports the Surrey Data Strategy and work to align dashboards and processes within the health inequalities landscape.

7. Next steps

- As the Surrey Data Strategy gathers further momentum these indicators will continue to be reviewed and developed to ensure we are utilising the most appropriate indicators to monitor our progress against our overall ambition, priorities, outcomes and the needs of our priority populations.

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