

SURREY COUNTY COUNCIL**CABINET****DATE: 28 MARCH 2023**

REPORT OF CABINET MEMBER: DENISE TURNER-STEWART, DEPUTY LEADER AND CABINET MEMBER FOR COMMUNITIES AND COMMUNITY SAFETY

LEAD OFFICERS: MICHAEL COUGHLIN, EXECUTIVE DIRECTOR FOR PARTNERSHIPS, PROSPERITY AND GROWTH

SUBJECT: DELIVERING IN PARTNERSHIP: TOWNS - THE NEXT PHASE

ORGANISATION STRATEGY PRIORITY AREA: REDUCING HEALTH INEQUALITIES, A GREENER FUTURE, THRIVING COMMUNITIES, GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT AND NO-ONE LEFT BEHIND

Purpose of the Report:

To:

- i) set out the background to and rationale for using a towns footprint as the optimum approach to addressing priorities in individual localities, including reducing health inequalities, improving equality of opportunity and access to services, the difference in life expectancy, and effective community engagement and empowerment, all of which are known key issues and require a multi-agency, system approach,
- ii) seek Cabinet support and endorsement for the proposed extension of the programme of delivering in partnership in towns, including the proposed priority towns for the next phase of the work.

Recommendations:

It is recommended that Cabinet:

1. Support and endorse the strategic approach of delivering in partnership in towns, to address key priorities for residents, communities, partners, and the County Council,
2. Approve the prioritised towns, identified through assessment against key socio-economic and health criteria, as set out at paragraph 20.

Reason for Recommendations:

As set out in the report, a number of communities and places in Surrey experience significant challenges with e.g. health inequalities, worklessness, skills, aging populations, child poverty, homelessness and housing, despite the general perception of the county as comfortable and prosperous. Partners across the county have set out high ambitions, supported by strategic plans, to address these. Experience has shown that the complex nature of many of the 'wicked issues' requires a multi-agency, highly collaborative approach. The approach being recommended, which reflects the learning from work to date, will drive

practical delivery, beyond strategic intent, through convening, galvanising and empowering partners to work together to deliver, at an optimum spatial level (e.g. towns), supported, guided and overseen by elected representatives.

INTRODUCTION

Surrey's context

1. Surrey has a range of unique features, strengths and qualities as well as serious challenges which can be masked by the comparative attractiveness, and prosperity of the county. Some of these challenges include:
 - **Demography** – Surrey has a growing and aging population - 1.19 million residents is expected to grow to 1.21 million by 2030. By 2030 the proportion of working age residents (16-64) and of younger people is expected to decrease with a 29% increase the number of over 85 year olds, meaning more people living with ill health and conditions such as dementia, social isolation, and loneliness, as well as impacting the local labour market.
 - **Health and wellbeing** - Life expectancy varies considerably across the county. Between wards there is a 10-year gap in life expectancy for males (76-86), and a 14-year gap for females (80-94). Average ratings of well-being have deteriorated across all indicators in the year ending March 2021, most profoundly observed with mental health. Ethnic minority groups and LGBTQIA+ people typically have poorer health outcomes and experiences of healthcare.
 - **Economy** – Surrey's strong economy has more recently grown at a slower rate than other parts of the country. While attractive to business, the rate of business births and growth are falling in comparison to regional and national levels. The 'middle workforce' (aged 25-44), a key driver of economic growth, is expected to decline by 8% by 2030.
 - **Cost of living** – While there are generally low levels of deprivation in Surrey, in some areas over 20% of children are impacted by poverty. Of the 4,197 clients seen by Surrey Citizens Advice between April – September 2022, 1,184 were new to their services. Support was given on approximately 7,000 issues, in particular around benefits, debt, housing and foodbanks. Some foodbanks across Surrey stating they have seen a 300% increase of demand on their services between 2020 and 2022.
 - **Environment** – Surrey's road network carries double the national average traffic flow (4th highest in the country) and is the slowest county to drive around. While CO2 emissions have fallen (by 22% from 2016 to 2020), they need to fall by 46% against 2019 levels by 2025 to be meet targets. Surrey has the 4th highest level of transport-related emissions of all counties in England in 2020.
 - **Communities** – While one of the safest places in England and Wales, (6th lowest recorded crime rate of the 43 police forces), reported knife crime among young people has increased in the previous two years by 50%. Domestic violence has increased by 16.7% between May 2020 and May 2019.
 - **Housing** - In 2021 there were 14,134 households on the Surrey Housing Register. Surrey is second only to Greater London for house prices and has become more unaffordable more quickly, with the ratio of earnings to house prices rising by 50% since 2011. Homelessness and under-occupation are worsening.

- **Education and Skills** – Surrey has generally high-performing schools and training providers. However, feedback from businesses is that the skills system is not flexible enough to respond to their needs and that businesses face significant recruitment challenges. The higher concentration of high-skilled occupations exacerbates the skills gaps for intermediate and lower-skilled occupations, particularly in terms of personal care, nursing, restaurant operations and warehousing.

(A fuller description of Surrey's context is set out at Appendix A, including a link to the Joint Strategic Needs Assessment)

Background and Vision

2. Following engagement with a wide range of residents, businesses, universities, and organisations from the public, voluntary, community and faith sectors across the county, the Community Vision for Surrey set out that by 2030:

“Surrey would 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. The county's economy would be strong, vibrant and successful and Surrey would be a great place to live, work and learn - a place that capitalises on its location and natural assets, and where communities feel supported and people are able to support each other”.

3. The ambitions for people are:
 - Children and young people are safe and feel safe and confident
 - Everyone benefits from education, skills and employment opportunities that help them succeed in life
 - Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing
 - Everyone gets the health and social care support and information they need at the right time and place
 - Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.
4. The ambitions for place are:
 - Residents live in clean, safe and green communities, where people and organisations embrace their environmental responsibilities
 - Journeys across the county are easier, more predictable, and safer
 - Everyone has a place they can call home, with appropriate housing for all
 - Businesses in Surrey thrive
 - Well connected communities, with effective infrastructure, that grow sustainably

STRATEGIC INTENT

5. In the context of the Vision 2030, partners across the county have established priorities and developed strategies and programmes of work and services that contribute to these ambitions (See Appendix B for links to a number of strategies), including:
 - The Surrey Health and Wellbeing Board's focus on three interconnected priorities, drawn from an analysis of the Joint Strategic Needs Assessment:

Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being - ensuring people are eating healthily and are active, addressing individual lifestyle factors including addiction, ensuring access to diagnostics and immunisations to prevent disease and support is available to live well independently for as long as possible.

Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being -preventing poor mental health and supporting those with mental health needs so people have access to early, appropriate support to prevent further escalation of need, and creating communities and social environments that tackle isolation and build good mental health.

Supporting people to reach their potential by addressing the wider determinants of health - helping residents develop the skills needed to succeed in life and flourish in a safe community, including participation in their own communities and the impact of the built/natural environment on health.

- The Frimley Health and Care system and Surrey Heartlands Health and Care Partnership (formally known as an 'Integrated Care Systems' - or ICS for short) of organisations, including the NHS, local government, social care providers, hospices, social enterprise partners, Healthwatch Surrey and the wider voluntary, community, faith sector and charities, focus on the wider determinants of poor health – e.g. pollution, poverty, poor housing, and lack of access to education. The four overarching aims of bringing partners together in this way are to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience, and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development)

The Surrey Heartlands ICS strategy sets out three ambitions in pursuit of the above:

Prevention – drawing on the Health and Wellbeing Strategy three priorities focused on supporting people to lead physically healthy lives, have good mental health and emotional wellbeing, and creating the context in which those individuals and communities can reach their potential

Delivering care differently – creating a model of care which is responsive to residents' needs and puts them at the centre of decision, with two main aims for the transformation of how we deliver care: i) Making it easier for people to access the care that they need when they need it; ii) Creating the space and time for our workforce to provide the continuity of care that is so important to our populations. The implementation of the Fuller Stocktake report (See Appendix B for a link to "Next steps for integrating primary care") and the subsequent development of place and Neighbourhood teams will drive how care is delivered across Surrey Heartlands.

The functions needed to support delivery of the ambitions - this includes new ways of working with, and empowering communities, new approaches to workforce development and employment practices, improved use of data to drive decisions and service provision, new approaches to assets and estates, with multi-purpose, community-oriented facilities.

The County Council, in addressing the Community Vision 2030 has set out a guiding mission ('no one left behind') and four key areas of focus:

- **Growing a sustainable economy so everyone can benefit** - creating the conditions for sustainable economic growth within Surrey, to maintain the county's position as the strongest economy outside of London and ensure all residents can benefit as a result, while tackling economic inequality across the county to make sure economic growth is inclusive.
- **Tackling health inequality** - helping residents to stay healthy and well is key to improving residents' quality of life and tackling inequality of life expectancy.
- **Enabling a greener future** - ensuring that Surrey remains an attractive place full of opportunities, offering clean, safe and green communities, tackling the causes of climate change and accelerate reductions in carbon emissions.
- **Empowered & thriving communities** - characterised by more people participating, engaging and having a role and say in how things are done on matters that impact them and where they live.

6. An analysis of Surrey's 11 District and Borough Councils' strategic plans shows a high degree of commonality and alignment with the above priorities. In addition, District and Borough Councils make significant contributions to the quality of life and health and well-being of Surrey residents through statutory functions such as Planning, Housing and Environmental Services, as well as Leisure, Open Spaces and countryside management.
7. Many other organisations, bodies and agencies play key roles in the achievement of the Community Vision 2030 – e.g. Surrey Police, both strategically and at a local level through Borough Commanders; businesses, independently and in associations, guilds, chambers and forums; and local communities themselves formalised in residents' associations or more loosely coming together in the interests of their people and places.

PRACTICAL DELIVERY

8. As partners have worked on the practical delivery of the 2030 Vision and strategic priorities, a particular focus has been given to prevention and early intervention and working more locally together, and with communities. New health policies, structures, and ways of working are being implemented that have a stronger relationship with partners at a local level, with a high priority being afforded to the wider determinants of health, the services and resources that impact them, and the role of Local Government.
9. During the Covid-19 pandemic, and since then, the critical role played by Charitable, Voluntary and Faith organisations was apparent in contributing to the health and quality of life of Surrey residents. There is an opportunity to build on this, which will be more readily facilitated by working in localities with a high degree of connectivity with local communities, better enabling many of the 6,000 plus charitable bodies and faith groups across the county to engage in supporting shared priority ambitions.
10. The work of the Council's Community Link Officers (CLOs) who are engaging, working alongside and supporting local communities, has clear links with any work being done across towns. Whilst each CLO is attached to a District and Borough area, they are actively focused in key smaller spatial areas to enable meaningful engagement and local activity, working closely with County Council Members and District and Borough Ward Councillors. The work of the CLOs and wider asset-based community

development approach of the Communities team with partners, contributes to and can draw from (and will not be subsumed by) the partnership delivery activity, structures and member engagement associated with towns-based work.

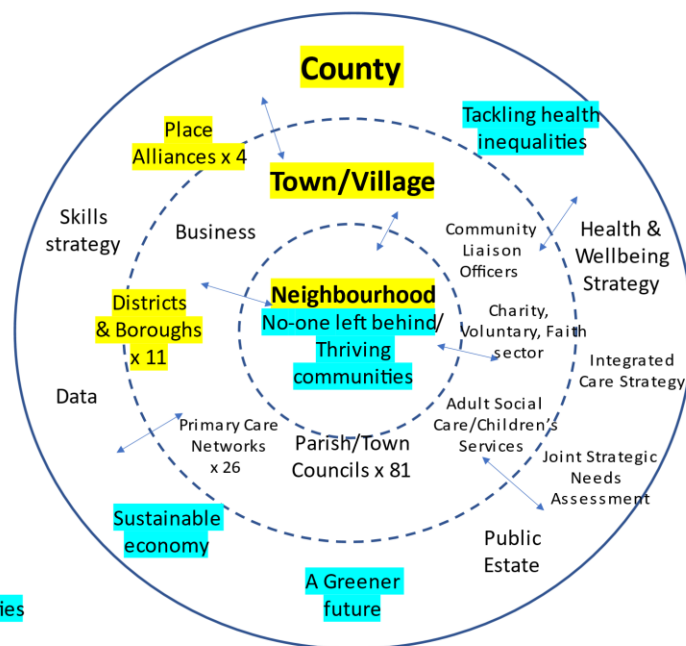
11. Alongside this, an improved local partnership approach to asset rationalisation and optimisation, e.g. co-location, development, that draws interested parties together to better co-ordinate and align their ambitions and plans for their assets, is emerging.
12. There is an opportunity to improve the local co-ordination and delivery of public realm/'place-making' enhancements and the regeneration of the built and natural environments and communities within the County Council and between partners, including enhancing partnership work around stimulating local economic activity, especially in High Streets/Town Centres.
13. Through experience, engagement and analysis, towns have been identified as the optimum spatial level at which to do this. By working more effectively together in defined localities, health, councils, police, community, voluntary and charitable and business partners can work with residents to identify what matters to them in their local area and work to deliver on it, e.g. reducing health inequalities, protecting the environment, growing the economy, and supporting the local community.

TOWNS – THE NEXT PHASE

14. The diagram below sets out a model of defined spatial areas and some of the activity that occurs within them, that are increasingly being used and referred to as the building blocks for partnership work and delivery:
 - County-wide (x 1)
 - Health 'Place Alliances' (x 4)
 - District and Borough Councils (x11)
 - Towns/Primary Care Networks (x 26-29) – not coterminous, though broadly similar in size
 - Local Super Output Areas (x 709), 21 of which have been identified by the Health and Wellbeing Board, through an analysis of the Indices of Multiple Deprivation, as being most disadvantaged for targeted action.

A model for integrated partnership working and delivery

Spatial levels
SCC strategic priorities



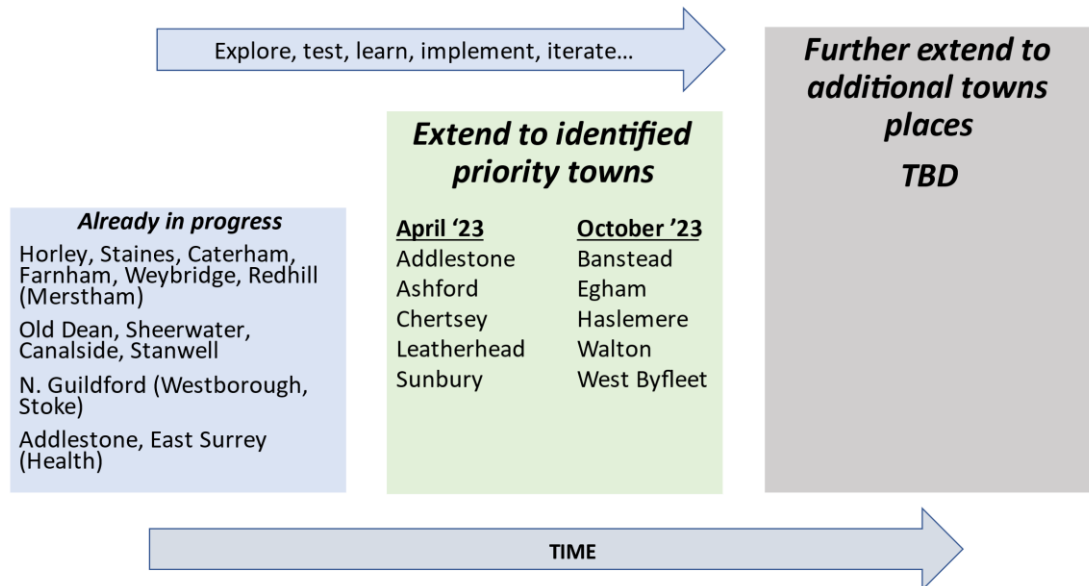
(It is important to note that below the county level, the spatial areas are different ways of subdividing the county and not distinct and separate from each other).

15. Good local working relationships and partnership work has already been developed and is underway in a number of towns (See Appendix C for a summary of current activities, projects and outcomes in Caterham, Farnham, Weybridge, Staines and Horley).
16. This work and the programmes, developments and projects arising from it, are founded on the following key characteristics and benefits:
 - Improved sharing of data, evidence and perspectives
 - Ensuring partner engagement with local people, in places they recognise and associate with, is happening, co-ordinated and used to drive delivery
 - Convening, co-ordinating and aligning people, finance and assets
 - Co-designing and implementing new multi-agency service models
 - Shared oversight and assurance of delivery and remedial action
 - Delivering identified partnership projects.
17. All of which is aimed at securing more effective and efficient delivery and better outcomes for Surrey residents and businesses. Some of these outcomes and the measures used to assess them might include:
 - Improved overall life expectancy and reductions in differentials
 - Levels of employment and ability of employers to recruit
 - Qualitative happiness scores
 - Reductions in smoking/alcohol/drug usage and dependency
 - Improved quality of public realm
 - Positive impacts on climate change and CO2 emissions reduction
 - Community activity, social capital and civic engagement

The next phase of the towns programme

18. In order to extend the approach being taken using towns as the key building blocks and spatial level at which practical delivery in partnership with others can best be secured, an independent socio-economic analysis of our 27 strategic towns and 2 village areas, was commissioned. Appendix D shows the towns and the relationships each has with District or Borough Councils, key neighbourhoods, Primary Care Networks and Place Alliances.
19. A set of multi-dimensional, socio-economic and health criteria and data, along with local intelligence, have been used to identify the towns to be prioritised for 2023/24. This has included an assessment of the co-ordinated partnership activity already in place in localities (e.g. Cranleigh, Camberley).
20. A wide range of County Council services as well as health partners, through the Surrey Heartlands Neighbourhood Board, have been engaged with and consulted and have provided helpful feedback.

Towns- a phased approach



21. The intention, subject to the consultation responses and further engagement, is to phase the roll out of 5 towns every six months, over the coming two years, based on updated assessments of socio-economic and health factors. As a result, all towns will in due course be included, albeit that they may come forward later in the programme.

Practical experience of delivering as part of a towns approach

22. As different towns have different histories, locations, communities, assets, issues and priorities, the following is a generalised picture, drawn from real-world examples, of how work in a 'town' can typically develop:
 - A lead individual or individuals identifies and convenes partners, including health agencies, Members/Councillors and public representatives, to review and discuss the current situation 'on-the ground': e.g. key stakeholders, local issues, partnership activity, historic and existing community consultation, engagement and

development, state of assets/public realm, etc. to identify priorities, ideal outcomes and performance measures.

- This is captured in a shared narrative and statement of the community's aims and ambitions for the town (possibly a 'Vision') and the agreed approach to be taken to working in partnership.
- A group (or 'crew') comprising representatives from local agencies, organisations, bodies and communities is formed, who lead and guide the co-ordination and practical delivery of work, including aligning existing funding, business case development, identifying funding sources and as necessary, funding applications
- District or Borough Ward Members, County Council Divisional Members (and where applicable Town or Parish Councillors) play a critically important role. (For instance, in Tandridge, District Council Ward Councillors and County Council Divisional Members have met periodically, under the chairmanship of the Leader of Tandridge District Council, with the local MP and District and County Council officers (the 'crew') to provide local knowledge, a deeper understanding of the local community, it's people, assets, history and local priorities, to steer the progress of the work and monitor progress and any necessary remedial action, holding the crew and other partners to account for delivery).
- The above work is carried out alongside public engagement and community development activity and has regard to other service developments, programmes, projects and 'business as usual' in the area
- Light-touch oversight and the sharing of experiences and lessons learnt are undertaken through partner agencies' own arrangements.

23. Experience to date of working in the above way, albeit not without its challenges, when committed to by partners, has demonstrated how centring activity, resource and partners around a defined town makes the delivery of the vision more effective, more manageable and more tailored to the actual (as distinct from perceived or assumed) issues and needs of that community and locality. It enables a deeper and shared understanding of those communities and finding a way of cutting through established organisational structures and relationships that can sometimes operate in 'silos', by bringing people together to create a local eco system that really delivers.

Implementation

24. In order to ensure the optimum arrangements and effectiveness of the approach and practical work, a light-touch oversight function will be established to support connectivity, communication, learning and reporting between and from the towns to ensure effective links into other, county-wide partnership work/bodies.
25. A commission for tightly defined expert external support to help the development of an effective, empowering, co-ordinated, multi-disciplinary delivery approach in each of the prioritised towns, is being developed, which will include engagement with and support for the lead agencies, services, and individuals in each town.
26. The critical role played by the relevant County Council Divisional Members and District and Borough Councillors in each priority town will continue to be reflected in local arrangements for engagement, consultation and guidance (see Appendix E showing SCC Divisional Members, with a provisional 'allocation' to individual towns).

Conclusions

27. Given Surrey's largely dispersed and discrete settlements ('polycentricity'), towns offer an optimum spatial level at which to galvanise partners and communities to work together to bring about improvements, change and empowerment.
28. A measured approach to the expansion of the current work and relationships will allow exploration, testing, learning and a more dynamic implementation over time.
29. Critical to the success of the programme, the work in individual towns and delivery of outcomes, will be the engagement, contribution and commitment of local elected representatives.

Consultation:

30. The approach set out in this report has been presented to the Surrey Heartlands Neighbourhood Board, the Integrated Care System Executive Board, the Integrated Care Partnership Board, the Communities, Environment and Highways Select Committee and an all-Member development session.

Risk Management and Implications:

31. The risks associated with this strategic approach lie in the longer-term programmes and projects, mainly in terms of the outcomes sought not being delivered. There is an attendant risk that partners' time, effort and resources committed to the work do not secure value for money. The careful design of the approach and work in individual towns, and collaborative, iterative and flexible nature of the programme, along with identified key measures of success for each town and proportionate monitoring and oversight of the work are intended to minimise the implications and impacts of any such risks.
32. Work in the five pilot towns to date has identified a number of practical risks associated with the implementation of the work, as follows:
 - Insufficient wider support amongst partners for engagement and local activity
 - Constrained resources amongst partners leading to slower or non-delivery of aspirational elements of some programmes
 - Differences of perspectives, approaches and assessment of priorities
33. The careful development of a 'crew' approach and time spent building understanding around a thorough research/evidence base, upon which positive relationships can be built at a local level and sustained through sound governance, while not negating completely the above risks, has proved to be helpful in mitigating them.

Financial and Value for Money Implications:

34. Much of the cost associated with the proposed roll-out of the Towns approach will be met from existing budgets and/or by re-directing resources and staff. Further work is being undertaken on the extent of any additional costs, which it is intended will be shared between partners in each identified town and where appropriate and necessary, drawn from budgets established to drive transformational change. Such an approach would typically be supported by the preparation of a business case(s) reviewed and as appropriate approved by budget holder(s) within the relevant

organisation. In the event that additional costs cannot be met from existing or transformation budgets, usual budget planning processes would be followed.

Section 151 Officer Commentary:

35. Although significant progress has been made to improve the council's financial position, the financial environment remains challenging. The UK is experiencing the highest levels of inflation for decades, putting significant pressure on the cost of delivering our services. Coupled with continued increasing demand and fixed Government funding this requires an increased focus on financial management to ensure we can continue to deliver services within available funding. In addition to these immediate challenges, the medium term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
36. There are no direct financial impacts in agreeing the recommendation. There will need to be further work to establish the financial implications as a result of implementing plans to achieve the programme and these will need to be factored into the Medium-Term Financial Strategy as part of future budget planning processes. As such, the Section 151 Officer supports the recommendations.

Legal Implications – Monitoring Officer:

37. There are no direct legal implications in agreeing the strategic approach set out in the report. Any actions by the Council further to the towns next phase will be supported through the usual decision making and support process.

Equalities and Diversity:

38. The implications and impact on residents and staff with different protected characteristics are likely to vary on a town-by-town basis. Equality Impact Assessments (EIA) or equivalents will form part of the foundational work of each 'crew' in each town.

What Happens Next:

39. Lead agencies and individuals will be engaged with and supported in convening partners in each of the priority towns, to begin to put in place the activities set out at paragraph 22 above, while reflecting local communities', circumstances, conditions, and priorities.

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Appendices:

- Appendix A: Summary Surrey Context
- Appendix B: Key strategies (links and/or embedded)

- Appendix C: Five pilot towns' activities and outcomes
- Appendix D: Surrey's 27 towns and 2 village catchments
- Appendix E: SCC Divisions by town

Sources/background papers:

- Community Vision for Surrey 2030
- Joint Strategic Needs Assessment
- Surrey Health and Wellbeing Strategy
- Surrey Heartlands ICS Strategy
- Surrey Economic strategy statement
- Surrey Skills Plan
- Surrey County Council Organisation Strategy 2023-2028
- Metro-Dynamics report on Surrey Towns

OUR COUNTY - STRATEGIC CONTEXT

As a place, Surrey has a range of unique features and qualities that can create different challenges and opportunities. The statistics and observable trends below set the strategic context that the council must navigate.

<p>Population</p> <p>Surrey has a population of 1.2 million residents, made up of approximately 481,800 households. This is expected to grow to 1.21 million by 2030</p> <p>Surrey is more urban than England as a whole but some areas of the county have large numbers of residents living rurally</p> <p>Ageing population - by 2030 the proportion of working age residents (16-64) and of younger people is expected to decrease while there are expected to be more residents aged over 65, and a 29% increase the number of over 85s</p>	<p>Economy</p> <p>Surrey has a strong economy worth £43.5 billion with a high (and increasing) proportion of large business, contrary to a national decline.</p> <p>A low unemployment rate averaging about 2.1% in 2022, compared to 2.9% in the South East, and 3.6% nationally.</p> <p>Residents in Surrey have average [full-time] earnings of £38,418pa (£42,770 for men and £34,066 for women), over £7,000 above national average of £31,383pa (£33,770 for men and £28,996 for women).</p> <p>Surrey has a high proportion of 'micro-businesses' at around 91.4%, compared to the national average of 89.5%.</p> <p>Surrey is attractive to business with a 25% higher business density than the national average, but the rate of business births and growth in active businesses are falling in comparison to regional and national levels.</p> <p>The middle workforce (aged 25-44), who make up a large proportion of the skilled workforce and are a key driver of economic growth is expected to "decline by 8% by 2030", with signs of this decline already starting to show an impact.</p> <p>Despite this, Surrey still seeing a much higher rate of its residents employed as managers, directors, senior officials or professional occupations (63.8% compared to 51.4% nationally).</p>
<p>Health and wellbeing</p> <p>Surrey residents have longer life expectancies than people across most of England (approximately 2 years higher than the national average).</p> <p>Life expectancy varies considerably across the county. Between wards there is a 10-year gap in life expectancy for males (76-86), and a 14-year gap for females (80-94). Health and Wellbeing Board Dashboard Tableau Public.</p> <p>Nationally, and in Surrey, average ratings of well-being have deteriorated across all indicators in the year ending March 2021, continuing a trend that was seen across most indicators in the previous period, but even more sharply and which notably takes place during the COVID-19 pandemic. This is most profoundly observed with mental health across the population.</p> <p>Across Surrey in 2019, 5.36% of all-cause mortality was attributable to particulate air pollution. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality.</p>	<p>Cost-of-Living</p> <p>As cost of living began to rise, a survey conducted in the summer of 2022 found that around 66% of residents already reduced their energy usage to reduce cost and 63% of respondents said that the additional cost of fuel had negatively impacted their household finances.</p> <p>Of the 4,197 clients seen by Surrey Citizens Advice between April – September 2022, 1,184 were new to their services. Support was given on approximately 7,000 issues, in particular around benefits, debt, housing and foodbanks.</p> <p>This increased demand appears to be coming from particular groups within the county, with 66% of benefits claimants supported by Citizens Advice identifying as having a disability or long-term health condition, and two-thirds of clients identifying as female.</p> <p>Demand for food support is also increasing, with some foodbanks across Surrey stating they have seen a 300% increase of demand on their services between 2020 and 2022.</p>

<p>Ethnic minority groups typically have poorer health outcomes. GRT communities have the poorest health outcomes of any ethnic groups, not only in the UK but internationally.</p> <p>Evidence also suggests that LGBTQIA+ people have disproportionately worse health outcomes and experiences of healthcare.</p>	
<p>Education and skills</p> <p>According to the 2021 Census, nearly 286,000 children and young people live in Surrey. More than half of pupils achieve a strong pass (9-5) grade in English and Maths, compared to 43.4% nationally and 46.5% in the South East</p> <p>The county has a highly qualified workforce with over 50% of the working age population holding a degree-level qualification, with over 22% of residents employed in professional, technical and scientific businesses.</p> <p>There is a growing demand for services for children and young people with special educational needs and disabilities</p> <p>There are generally low levels of deprivation in Surrey, but in some areas over 20% of children are impacted by poverty. Pupils experiencing deprivation and those with additional needs are far less likely to do as well at school as their peers</p>	<p>Communities</p> <p>About 70% of residents believe there is a strong sense of community in their local area. This is reflected in the county's vibrant voluntary, community and faith sector, with approximately 6,000 organisations and thousands of residents volunteering each year</p> <p>Over 93.5% of people in Surrey recorded that they were satisfied with their neighbourhood as a place to live</p> <p>Surrey is one of the safest places in England and Wales, with the 6th lowest recorded crime rate of the 43 police forces, and lower than average rates of victim based crime</p> <p>Reported knife crime among young people has increased in the previous two years by 50%</p> <p>Domestic violence has increased during the Covid-19 pandemic with incidents being 16.7% higher in May 2020 than the same period the previous year</p>
<p>Housing</p> <p>There is very strong demand for all types of housing, homes and accommodation in Surrey however the strongest demand is for affordable and social housing. In 2021 there were 14,134 households on the Surrey Housing Register, but only 4,711 social or affordable rent homes were built between 2011 and 2021.</p> <p>Average house prices in Surrey were £639,000 in 2022, placing it second only to Greater London for house prices.</p> <p>Surrey is not only more unaffordable for private ownership than England or the wider South East, it's also become more unaffordable more quickly, with the ratio rising 50% since 2011, compared to 40% across the wider South East.</p> <p>There is also a rising problem with homelessness, which local authorities have been facing for some time. Across Surrey, in 2021/2022, 1,912 households were owed a prevention duty (assessed as threatened with homelessness), and 1,366 households were owed a relief duty (assessed as homeless).</p>	<p>Environment and Infrastructure</p> <p>Surrey has one of the busiest road networks in the country, which carry double the national average traffic flow (4th highest in the country) and make it the slowest county to drive around.</p> <p>More than 40% of residents work outside the county with nearly a quarter working in London. Prior to the COVID-19 pandemic additional capacity was needed on the train network to address overcrowding on commuter services</p> <p>Recycling rates in Surrey are better than the national average with 54.15% of household waste in Surrey being recycled, reused or composted in 2021 to 2022.</p> <p>CO2 emissions have fallen 22% from 2016 to 2020, and whilst the rate of this drop has been increasing year-on-year, there are concerns we still won't meet the council's zero emissions target by 2050 for the county and need to fall by 46% against 2019 levels by 2025 to be on track for the target</p> <p>Road transport is the main cause of air pollution in Surrey, and transport emissions remain high with Surrey having the 4th highest level of transport-related emissions of all counties in England in 2020.</p> <p>Residents have good access to woodland spaces with an estimated 24% woodland cover.</p>

Extract from Surrey Heartlands Integrated Care Strategy

Surrey is already one of the healthiest places to live in England. Our services also perform well with most health and care providers rated good or outstanding. Yet there are big

differences between what most of us experience and what some of us can expect, for example, with a 12-year gap in female life expectancy from birth depending on where you live. Because most people in Surrey are living longer, that means more people living with ill health and conditions such as dementia, social isolation, and loneliness. Although Surrey has good outcomes generally, there were existing health inequalities that were exacerbated due to COVID-19.

We know that clinical care alone only makes about 20% contribution to health and wellbeing, with a 30% contribution from individual health behaviours; the rest (the wider determinants of health, excluding genetic and hereditary factors) is influenced by factors such as education, housing, employment, the environment. Recognising the interdependencies between the wider determinants of health, and the biochemical, psychological and social aspects of a person is fundamental to enabling people to remain healthy and well and how we – as a system – should engage with them.

As a partnership, we want to create a health and care system that builds on the amazing community spirit we've witnessed during the pandemic. One that builds trust and relationships with communities, and supports people to take more control in their lives and in their communities, with easy access to high-quality care when it's needed.

With a focus on prevention and support that is targeted where it's most needed, we will reduce the unfairness some people experience in accessing care, so nobody is left behind. We will work as a system to harness innovation within business, ensuring that residents can access locally produced support, health and care which is joined up and digitally advanced. We are focussed on improving outcomes for the people of Surrey, reducing health inequalities, and providing the best care at the right time to enable people to live healthy and fulfilling lives.

Population Insights

We have used a number of methods to ensure the views of the population of Surrey are embedded throughout this document. The Joint Strategic Needs Assessment forms the bedrock of these insights as it provides an in-depth assessment of the current and future needs of our local communities. This, in turn, informs the Health and Wellbeing Strategy which has identified the priority populations and set the priorities and outcomes for people in Surrey.

We have backed up the insights obtained from these documents by engaging with Healthwatch, our local providers and other Voluntary Sector organisations to understand what our populations are telling them directly. Alongside these conversations, we have engaged with our populations directly through "on the street" engagement events and Place-specific engagement activities during the development of their local delivery plans. The voice of our population has been clear and strong; and this document reflects this.

Our population

The JSNA is an assessment of the current and future health and social care needs of the local community that may be met by the local authorities, district and borough councils or NHS.

As far as age-make-up is concerned, the largest five-year cohorts in Surrey are those between 45 and 49, and those between 50 and 54. The population of Surrey is roughly similar to England's, with a slightly higher proportion of 5 to 19-year-olds and a much smaller proportion of 20 to 34-year-olds. As a result, Surrey's working-age population is getting older, which affects both the workforce and the health care needs of the population.

Life expectancy and healthy life expectancy are useful indicators of population health and health inequalities. Surrey residents have longer life expectancies than people in the South East as a whole and this is longer than the life expectancies of people across most of England. However inequalities in life expectancy exist between the most and least deprived areas in Surrey. Spelthorne has the lowest life expectancy (80.7 years) for males, while Elmbridge has the highest (82.5 years). Life expectancy for women is also lowest in Spelthorne (84.2 years), it is highest in both Epsom & Ewell, and in Mole Valley. (85.8 years). In Surrey, circulatory diseases, cancer, and COVID-19 account for the largest gap in life expectancy between the most and least deprived quintiles.

There are also inequalities in how long a resident in Surrey can expect to spend their life in good general health. Healthy life expectancy in Surrey was 67.8 years and 69.7 years for males and females respectively. This is higher than both the South East and England. However, the inequality in healthy life expectancy varies with deprivation by 8.3 years in males and 8.4 years for females (OHID public health profiles).

Physical environment and socio-economic factors also have a significant impact on health and wellbeing and therefore are important to consider when assessing the health needs of our population. A natural environment can positively affect mental health, physical fitness, cognitive ability, and immune function, as well as lower mortality rates. The majority (90%) of private addresses in Surrey have private outdoor space, which is similar to the national average. In terms of public space, the average distance to the nearest park, public garden or playing field in Surrey is 370m, slightly below the national average of 379m. This is a positive opportunity for Surrey, and we should consider how we can leverage this access to green space to maximise the positive impact it has on residents' health.

There is clear evidence that good work improves health and wellbeing across people's lives. In Surrey 73.6% of the population are economically active (people aged 16 and over who are either in employment or unemployed) and 2.8% of those who are economically active are unemployed. Just over a quarter (26.4%) of the population are economically inactive (people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks), of which 2% are long term sick or disabled and 12.9% are retired.

Link to Joint Strategic Needs Assessment

[Joint Strategic Needs Assessment | Surrey-i \(surreyi.gov.uk\)](https://surreyi.gov.uk/joint-strategic-needs-assessment)

LINKS TO KEY STRATEGIES

- Surrey Health and WellBeing Strategy
[Surrey Health and Well-being Strategy - update 2022 - Healthy Surrey](#)

- Surrey Heartlands ICS Strategy



Integrated Care
Strategy FINAL v3.docx

- Frimley Health and Care Strategy
[Designing our Planning Approach for 2019-20 \(frimleyhealthandcare.org.uk\)](#)
- Fuller Stocktake report
[next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf](#)
- Surrey County Council Organisation Strategy 2023-2028
[Refreshed Organisation Strategy - DRAFT v3 for Cabinet.docx \(sharepoint.com\)](#)
- Surrey's Economic Future: Economic Strategy statement
[Surrey Economic Strategy Statement \(surreycc.gov.uk\)](#)
- Surrey Climate Change (Greener Future) strategy
[Surrey's Climate Change Strategy 2020 - Surrey County Council \(surreycc.gov.uk\)](#)
- Surrey Skills Plan
[Surrey-Skills-Plan.pdf \(investinsurrey.co.uk\)](#)
- Surrey Housing, Accommodation and Homes Baseline Assessment



220914 Surrey
Housing, Homes & Ac

- Metro-Dynamics: Analysis of 27 Surrey Towns



Surrey - Towns
analysis - FINAL (2).pc

Towns: Key activities and outcomes

In Farnham - Delivered an A road de-classification and HGV Ban, with town centre way-finding and town centre and surrounding roads 20 MPH limit, in progress. Consultation exercise on town centre traffic management changes, improvements to public realm and associated traffic calming now complete. Review of consultation feedback now underway before commencing next phase of the project. In Development: 2 Active travel schemes (Borelli's Walk and Scholars Greenway), LCWIP programme, A31 Corridor MRN scheme, Water Lane Roundabout improvements.

In Horley – an extensive, multi-partner co-ordinated local engagement programme on the future of the town centre (a multi-agency stall in Christmas market, face-to-face public workshops with residents, online surveys, printed surveys, face-to-face conversations with key stakeholders – retailers, local associations, largest employers, cultural institutions – face-to-face assemblies with 1200 secondary school students, open workshops with YMCA focus groups for young people and with autism groups through County Care), leading to publication of the community-led strategic vision for the town, and a list of priority projects identified by local residents and stakeholders. Since the publication of the collective vision, work continues to progress through a multi-partner local leadership group, some of the highlights so far include:

- The Horley Town Centre public realm works are now moving into detailed design stage prior to delivery on the ground next financial year.
- Progress on design of subway refurbishment subway drainage works
- Property ownership audit of town centre units to help enable local stakeholders' initiatives in vacant units
- Ongoing collaboration with Oakwood school to secure young people involvement in the regeneration of the town centre
- Progress on wellbeing initiatives led locally by health partners, establishing community garden and social prescribing
- Development of designs for further enhancements to green spaces and local parks
- Ongoing exploratory conversations for future skills provision
- Discussions with Network Rail have been ongoing, and agreement is being reached to ensure the flooding issues in the subway are addressed. A further phase of work to enhance the perceived safety and environment of the subway is being developed.

This activity, and other support for community led projects and engagement, is being supported by the Community Link Officer for the area working alongside all partners, including through the Growing Health Together initiative with health. One of an initial set of four Local Area Coordinator roles is also established in Horley, providing additional one-to-one support for residents who are struggling.

In Caterham – TDC, SCC Members and officers have come together to agree interventions and investment in identified projects/work packages based on priorities set by local residents. TDC bid to the government's Levelling Up fund, supported by SCC, focused on town centre improvements to Caterham Valley and Caterham on the Hill, including public realm improvements, integrated flood alleviation measures including signage and wayfinding to cultural and amenity spaces and a shop front grant scheme. (The bid was unsuccessful, and work is now underway to consider alternative funding and/or modifications). Improvements to Croydon Road public realm. Agreement across SCC and TDC to review assets in Caterham on the Hill and modernise community infrastructure to meet the needs of the local area. SCC in partnerships with TDC and the BID are working to deliver public realm improvements on Croydon Road which incorporates further flood reduction measures including rain gardens, EV charging, cycle parking, tree planting and seating. The scheme is due to commence summer 2023 and should be completed next financial year.

In Staines – A town partnership with local stakeholders is evolving, with an asset-based multi-disciplinary focus on cultural provision, infrastructure, and wider determinants of health.

Work is progressing with partners to consider the future location of Staines Library, aiming to deliver a modern and flexible space and multiuse building that aligns with the Library and Cultural Service transformation programme and the cabinet paper and associated funding approved in November 2021

to deliver modernisation of the library estate. Future developments on this element of the Staines partnership will be brought to cabinet at a later date. On the health agenda, partnership work is progressing through the Spelthorne Healthy Communities Partnership Board. This multi-partner group meets quarterly to continue with collaborative working on tackling both health inequalities and the wider determinants of health. Several projects are under consideration to improve infrastructure in the town centre. Community engagement took place in Autumn 22 on the Iron Bridge Improvement Project, to seek input to developing artwork designs (depicting local history and community assets) for spaces underneath the bridge and to widen the footway under the bridge to improve pedestrian safety and create a more pleasant environment encouraging more active travel. The works have now started on site and will be completed by the end of March 2023, creating an attractive gateway into Staines town centre.

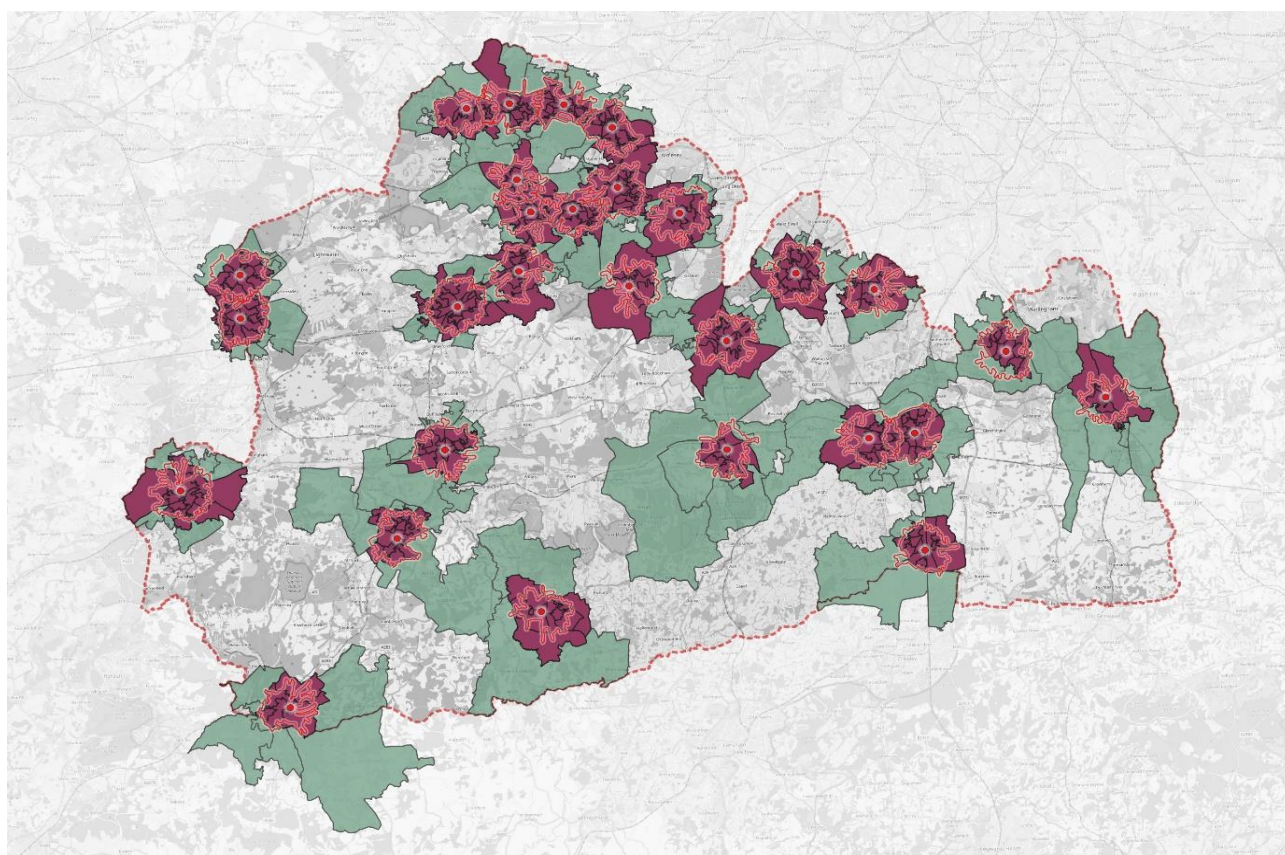
In Weybridge - CIL Funding Application successful and secured and detailed design now progressing for a variety of highways, junctions and public realm improvements, including decluttering, active travel, speed reduction, improved crossing, new bus shelter, footway widening and improved crossings. Public and partner engagement is continuing to explore opportunities to deliver a package of localised interventions at the earliest opportunity in advance of the main works commencing next financial year. Joint vision, ambitions and plans developed with local residents and partners for the re-provision of the health centre, refurbishment of the library plus public realm improvements. All projects progressing to be delivered over the next couple of years. Health centre and library to work together as part of a 'campus' approach. This will bring together a range of health and wider community services to the town as well as creating community spaces for local residents and groups to access and utilise. Further public engagement event to be delivered late January 2023.

SURREY'S TOWNS

D&B	Town	Pop'n	HWB Areas of IMD		Place Alliance	Surrey Heartlands PCN
1 GBC	Guildford	81,100	Westborough	Stoke	Guildford & Waverley	GRIPC/ East Guildford
2 WBC	Woking	75,200	Canalside	Goldsworth Park	North West	WISE1/2/3
3 E&EBC	Epsom	35,500	Court	Tattenham Corner	Surrey Downs	Epsom/ ICP
4 SHBC	Camberley/Frimley	25,050	Old Dean		Surrey Health*	
5 RBBC	Redhill	33,125	Merstham, Hooley	Redhill West	East Surrey	Redhill Phoenix/Care Collaborative
6 SBC	Sunbury-on-Thames	30,375			North West	SASSE1
7 EBC	Walton-on-Thames	25,850	Walton South		North West	WPC/WHAM
8 SBC	Ashford	24,800	Ashford North		North West	SASSE2/3
9 RBC	Egham	24,250	Englefield Gr*		North West	SASSE2
10 RBBC	Horley	23,375	Horley Central		East Surrey	Healthy Horley
11 RBBC	Reigate	22,575			East Surrey	Redhill Phoenix/Care Collaborative
12 TDC	Caterham	21,775			East Surrey	North Tandridge
13 WaBC	Farnham	20,500	Upper Hale		NE Hants/Farnham*	
14 WaBC	Godalming	20,225	Godalming Central		Guildford & Waverley	East Waverley/ West of Waverley
15 SBC	West Byfleet	19,325			North West	WBC
16 RBC	Addlestone	18,675			North West	Coco
17 EBC	Weybridge	17,500			North West	WHAM
18 SBC	Staines	16,125	Stanwell N	St'well N 001B St'well N 001C	North West	SASSE2/3
19 RBBC	Banstead	15,200			Surrey Downs	Banstead
20 RBC	Chertsey	14,975	Chertsey St Anne's		North West	Coco
21 MVDC	Leatherhead	13,975			Surrey Downs	Leatherhead
22 MVDC	Dorking	13,425	Holmwoods		Surrey Downs	Dorking
23 WaBC	Cranleigh & villages	11,675			Guildford & Waverley	East Waverley
24 EBC	Esher	11,525			Surrey Downs	East Elmbridge
25 EBC	Cobham	10,625			Surrey Downs	Leatherhead
26 WaBC	Haslemere	10,025			Guildford & Waverley	South Tandridge
27 TDC	Oxted	9,600			East Surrey	South Tandridge
28 TDC	Lingfield & villages	??			East Surrey	West Waverley
29 MVDC	Newdigate & villages	??			Surrey Downs	Dorking

* = Frimley ICS

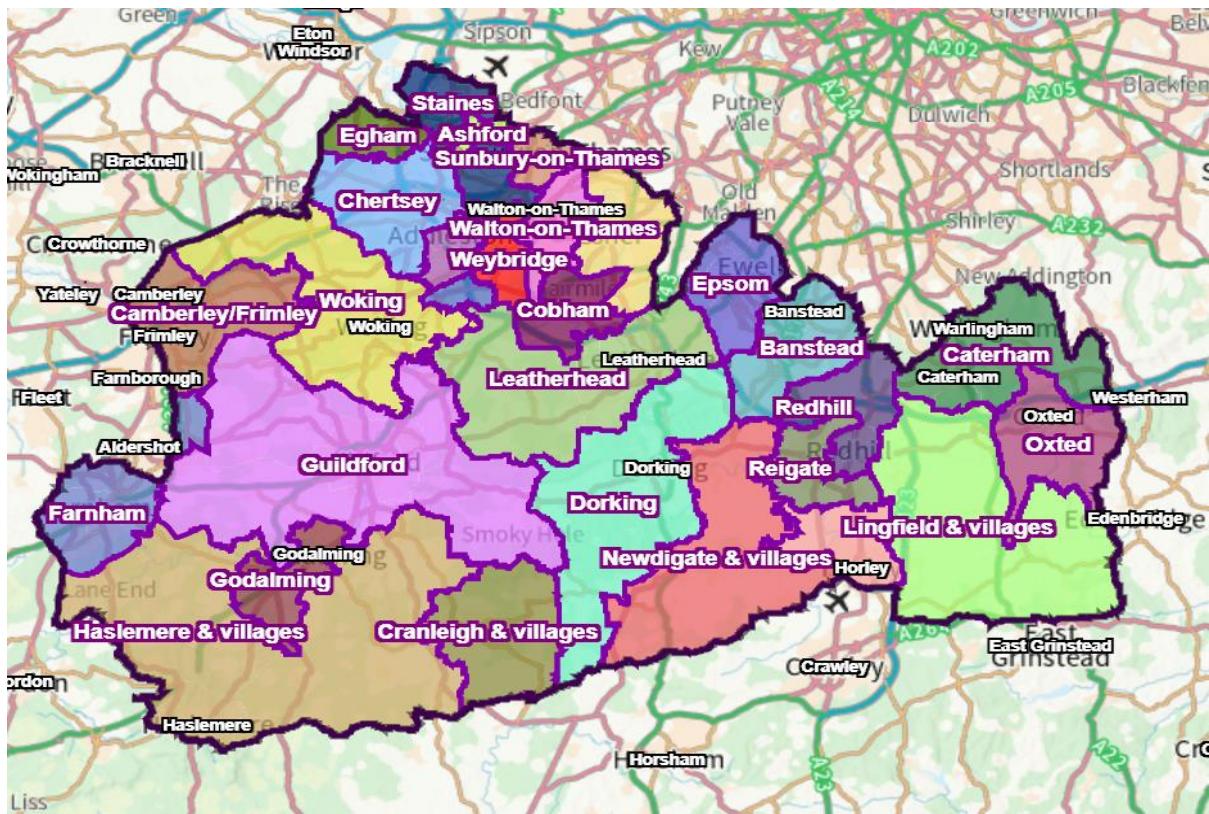
(Town populations above are calculated based on the number of residents living within a 25-minute walking distance from a central point in the town's retail centre)



Town central points, 25-minute walking distances and associated Local Super Output Areas

Appendix E

D&B	Town	Divisional Members					
1 GBC	Guildford	North: Julia McShane	East: George Potter	South East: Fiona Davidson	South West: Angela Goodwin	West: Fiona White	Worplesdon: Keith Witham
2 WBC	Woking	North: Riasat Khan	South East: Liz Bowes	South: Will Forster	South West: Ayesha Azad	Knaphill & Goldworth West: Saj Hussain	Shere: Robert Hughes Sharford: Matt Furniss
3 E&EBC	Epsom	West: Bernie Muir	Town & Downs: Steven McCormick	Ewell: John Beckett	Ewell Court, etc.: Eber Kingston	Goldsworth E & Horsell: Lance Spencer	Bagshot, etc.: Richard Tear
4 SHBC	Camberley/Frimley	Camberley East: Trevor Hogg	Camberley West: David Lewis	Heathside & Parkside: Edward Hawkins	Frimley Green & Mytchett: Paul Deach	West Ewell: Jan Mason	
5 RBBC	Redhill	East: Jonathan Essex	West & Meadvale: Natalie Bramhall			Lightwater, etc: Rebecca Jennings-Evans	
6 SBC	Sunbury-on-Thames	Sunbury Common & Ashford Common	Lower Sunbury & Halliford: Buddhi Weerasinghee				
7 EBC	Walton-on-Thames	Walton: Rachael L. Lake	Walton South & Oatlands: Tony Samuels	Herfham: John O'Reilly			
8 SBC	Ashford	Ashford: Joanne Sexton	Staines S. & Ashford W.: Denise Turner Stewart				
9 RBC	Egham	Egham: Robert King	Englefield Green: Marisa Heath				
10 RBBC	Horley	East: Jordan Beech	Horley West, Salfords & Sidlow: Andy Lynch				
11 RBBC	Reigate	Reigate: Viktor Lewanski	Earlswood & Reigate South: Catherine Baart				
12 TDC	Caterham	Caterham Valley: Jeffrey Gray	Caterham Hill: Jeremy Webster	Warlingham: Becky Rush			
13 W&BC	Farnham	North: Catherine Powell	Central: Andy McCloud	Ash: Carla Marson			
14 W&BC	Godalming	North: Penny Rivers	Godalming South, Milford & Witley: Paul Follows				
15 SBC	West Byfleet	The Byfleet: Amanda Boote					
16 RBC	Addlestone	Addlestone: John Furey	Woodham & New Haw: Scott Lewis				
17 EBC	Weybridge	Weybridge: Tim Oliver					
18 SBC	Staines	Staines: Sinead Mooney	Stanwell & Stanwell Moor: Robert Evans	Laleham & Shepperton: Maureen Attewell			
19 RBBC	Banstead	Banstead, etc: Luke Bennett	Tadworth, Walton & Kingswood: Rebecca Paul	Nork & Tattenhams: Nick Harrison			
20 RBC	Chertsey	Chertsey: Mark Nutt	Foxhills, Thorpe & Virginia Water: Jonathan Hulley				
21 MVDC	Leatherhead	Leatherhead & Fetcham East: Tim Hall	Bookham & Fetcham West: Clare Curran	Ashhead: Chris Townsend	Horleys: Colin Cross		
22 MVDC	Dorking	Dorking S. & Holmswoods: Stephen Cooksey	Dorking Hills: Hazel Watson				
23 W&BC	Cranleigh & villages	Cranleigh & Ewhurst: Liz Townsend					
24 EBC	Esher	East Molesey & Esher: Steve Bax	West Molesey: Ernest Mallett	The Dittons: Nick Darby	Hinchley Wood, etc: Mark Sugden		
25 EBC	Cobham	Cobham: David Lewis					
26 TDC	Oxted	Oxted: Cameron McIntosh					
27 TDC	Lingfield & villages	Lingfield: Lesley Steeds	Godstone: Chris Farr				
28 W&BC	Haslemere & villages	Haslemere: John Robini	Waverley Eastern villages: Kevin Dearn	Waverley Western villages: David Harmer			
29 MVDC	Newdigate & villages	Dorking Rural: Helyn Clack					



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