WAVERLEY BOROUGH COUNCIL

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE - COMMUNITY WELLBEING - 26 JUNE 2018

(To be read in conjunction with the Agenda for the Meeting)

Present

Cllr Andy MacLeod (Chairman)
Cllr Liz Wheatley (Vice Chairman)
Cllr Val Henry
Cllr Mike Hodge
Cllr Anna James
Cllr Denis Leigh
Cllr Sam Pritchard
Cllr Ross Welland

Apologies
Cllr David Else

Also Present
Councillor David Beaman and Councillor Jenny Else

1. APPOINTMENT OF CHAIRMAN (Agenda item 1.)

   Councillor Andy Macleod was appointed Chairman of the Community Wellbeing Overview and Scrutiny Committee for the 2018/19 Council Year.

2. APPOINTMENT OF VICE CHAIRMAN (Agenda item 2.)

   Councillor Liz Wheatley was appointed as Vice Chairman of the Community Wellbeing Overview and Scrutiny Committee for the 2018/19 Council Year.

3. MINUTES (Agenda item 3.)

   The Minutes of the Meeting held on 13 March 2018 were confirmed as a correct record and signed.

4. APOLOGIES FOR ABSENCE AND SUBSTITUTES (Agenda item 4.)

   Apologies for absence were received from Councillor David Else.

5. DECLARATIONS OF INTERESTS (Agenda item 5.)

   There were no declarations of interests in connection with items on the agenda.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC (Agenda item 6.)

   None.

7. QUESTIONS FROM MEMBERS (Agenda item 7.)

   None.

8. LONELINESS PRESENTATION (Agenda item 8.)

The Committee received a presentation from Natalie Gordon, the Communities and Prevention Officer for Adult Social Care at Surrey County Council on loneliness and social isolation.

Members were advised that there was a difference between Loneliness and isolation People could be isolated (alone) yet not feel lonely. People could be surrounded by other people, yet still feel lonely. The distinction between these two concepts was ften overlooked by policy makers and researchers, which made it difficult to understand what could help people reduce their feeling of loneliness.

Loneliness was a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It referred to the perceived quality of the person's relationships. Loneliness was never desired and lessening these feelings could take a long time. Social isolation was an objective measure of the number of contacts that people have. It was about the quantity and not quality of relationships. People may choose to have a small number of contacts. When they felt socially isolated, this could be overcome relatively quickly by increasing the number of people they are in contact with.

The Committee was informed that loneliness and social isolation were different but related concepts. Social isolation could lead to loneliness and loneliness could lead to social isolation. Both may also occur at the same time. People could experience different levels of social isolation and loneliness over their lifetime, moving in and out of these states as their personal circumstances change. Loneliness and social isolation also shared many factors that were associated with increasing the likelihood of people experiencing each, such as deteriorating health, and sensory and mobility impairments.

Loneliness was an emerging social issue for many years, with organisations including Age UK and the Campaign to End Loneliness raising its profile. Most recently, the Jo Cox Commission started a national conversation on loneliness and successfully encouraged the Government to accept many of its recommendations with the appointment of a Minister for Loneliness to take forward the work. With this new impetus, it was important for policy makers, practitioners and researchers to understand the distinction between loneliness and social isolation in order to ensure that solutions were not focussed simply on increasing opportunities for people to meet or speak, but on helping build, maintain and re-establish meaningful relationships. That was, bringing people together to increase the number of social contacts was not an end in itself – to combat loneliness, the quality of relationships needed to be addressed.

Loneliness and isolation, or social isolation, were often discussed together and even used interchangeably. While they were related, they were distinct concepts. Loneliness could be understood as an individual's personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Although loneliness had a social aspect, it was also defined by an individual's subjective emotional state. Loneliness was more dependent on the quality than the number of relationships.

It is possible to be lonely but not to be socially isolated - research shows that older people in large households and care homes are more likely to report loneliness. It is also quite possible to be socially isolated but not lonely. Some people who live on their own or in remote places may not feel or report loneliness.

Loneliness was a key issue across the life course – it affects us all at some point in our lives. It affected a large number of older people: Thirty-six per cent of people aged 65 and over in the UK felt out of touch with the pace of modern life and nine per cent say they felt cut off from society. Half of all older people (about five million) considered the television as their main form of company. Young people were also affected – 43% of 17-25 years olds feeling lonely even though most of that number will be in education or employment and seeing people every day.

There have been several studies that have identified a range of factors associated with being lonely in older age. These factors included: social networks (living alone, being widowed, divorced or otherwise outside of marital or civil union, contacts with friends and family, social participation); health (unmet social care needs, poor health, mobility limitations, cognitive and sensory impairment), individual characteristics (age, ethnicity, sexual orientation, low income, retirement) and neighbourhood characteristics (structures of buildings and streets, provision of local amenities, territorial boundaries, area reputation, neighbourliness, material deprivation of area of residence).

When viewing the relative risk of loneliness in Waverley, there were 16 neighbourhoods that had a very high risk of loneliness. The Communities and Prevention team were working on a range of projects to try and turn the tide on loneliness and isolation in Surrey. Not all these projects were about older people, but they generated capacity to support older people, or provide preventative interventions so the next generation of older people were less lonely and isolated.

The Committee thanked Natalie for the extremely informative presentation which had a good linkage with the work that had been carried out with the Health inequalities review.

9. OVERVIEW & SCRUTINY REVIEW ON THE FACTORS AFFECTING HEALTH INEQUALITIES IN WAVERLEY (Agenda item 9.) (Pages 9 - 26)

The Committee received the final report of the Health Inequalities Working Group which had been set up in September 2017 to investigate the reasons why there were very significant disparities in life expectancy across the Borough. The objectives were to establish as far as possible the reasons for those disparities, to raise the awareness of those reasons and to make recommendations to the Executive and the Council on the actions that could be taken to improve the situation.

The Working Group met on several occasions and heard information from a number of different groups and organisations. This resulted in a large number of recommendations being put forward, both to the Council's own Executive, Surrey County Council, Guildford and Waverley and North East Hampshire and Farnham Clinical Commissioning Groups. The report is attached to these minutes as it outlines all these recommendations put forward and the Action Plan proposed.

The Committee thanked the officers involved in the writing of the report for the detailed summary of their discussions. All Members had found the review very informative and much welcomed the findings. They felt that it was important that the action plan was carefully monitored to ensure progress with their recommendations. Furthermore, that they continued the good working relationships with Surrey County Council in moving actions forward.

10. STROKE SERVICE RELOCATION (Agenda item 10.)

Yasmine Makin, the Policy Officer, advised the Committee that the Portfolio Holder, Cllr Else had been heavily involved at the public consultation stage with the stroke service relocation and sent her apologies for not being able to attend to speak with Members.

The Committee was advised that this item was designed to introduce the topic to Members who were not aware of the recent changes to the location of stroke services and to provide background on the reasons, changes made and implications.

The Committee was advised that the Hyper Acute Stroke Unit (HASU) provided expert specialist clinical assessment, rapid imaging and the ability to deliver intravenous clot busting drugs 24/7, up to 72 hours after admission. Acute Stroke Unit immediately follows the hyper-acute phase, usually after the first 72 hours following admission and up to 10 day following a stroke. Acute service provide continuing specialist day and night care.

The West Surrey stroke services were subject to review as part of the wider Surrey stroke review process initiated in 2014. The review that was undertaken by a national panel of experts and clinicians found that 3 hospital sites in Surrey offering a HASU would allow volumes of patients needed to keep skills up to date. This model was the co-located model, with 3 co-located HASUs and ASUs. It was decided that the locations of these hospitals would be Frimley Park Hospital, East Surrey Hospital and Ashford St Peters Hospital. There was a report form Committees in Common in September 2017 which outlined what this would mean for different area of Surrey.

For Farnham there was no change to location of the hospital or follow on care.
For the rest of Waverley the people who usually go to the Royal Surrey will now go to Frimley Park Hospital for HASU and ASU. This would clearly result to a change in ambulance times.

In terms of the follow on care for the rest of Waverley, early supported discharge would now be linked to Frimley rather than via the adult community services with hospital rehabilitation at Farnham, Ashford, Woking or Milford hospital. Since then Frimley Health and Royal Surrey had submitted a case for a networked HASU and ASU with the ASU and RSCH (this meant FPH and RSCH will work closely together to provide the acute stroke care) this proposal had been subject to NHS England assurance process with consent to proceed to committees in common for CCG's decision.

Guildford and Waverley CCG considered that bedded specialist rehabilitation in RSCH linked with provision of the ASU with access to non specialist rehabilitation

within the community was the best fit for the local population. The result was that the Guildford and Waverley population will be served by co-located HASU ASU at Ashford St Peter's and a HASU at Frimley with a networked ASU at RSCH.

To ensure that these pathways were delivered as modelled the CCGs had established a surrey wide stroke oversight group including commissioners and providers across Surrey. The change in service became operational in April 2018. The ambulance response times continued to be monitored by SEACamb.

The Committee raised concern about the changes and the affect these would have on the more rural communities in the Borough. It was agreed that I the committee monitored the ambulance response times and minutes of the Surrey-wide Stroke Oversight Group Meeting to stay updated with the impact of these changes and agreed that it was something that could come back to the committee in the future.

11. PERFORMANCE MANAGEMENT REPORT QUARTER 4, 2017/18 (JANUARY - MARCH 2018) (Agenda item 11.)

The Committee received the performance management report for . The report provided an analysis on the Council's performance in the third quarter of 2017/18 in the service area of Community Services. Members noted that as agreed, they only received a report on an exception basis so focused on performance indicators which were 5% above or below their targets.

The Committee was advised that all 6 performance indicators performed on target showing a great improvement over the preceding quarter. Members noted that The number of visits to the Farnham Leisure Centre (FLC) had picked up in Q4 and returned to green after 3 quarters of underperformance caused by the tougher market conditions, due to an increase in local competition. The number of visits for all leisure centres exceeded the target by 11.65%, with an overall number of 2,000,719 visits in 2017/18 compared with the joint target of 1,792,000.

The Committee noted that The museums performed well in 2017/18 compared to the preceding year, with higher numbers overall for visits and learning activities. The new Careline indicators introduced last quarter performed well, with a steady number of clients throughout 2017/18. The collection of the data for the additional indicator monitoring the number of "critical faults dealt with within 48 hours" started in April and the performance figures will be presented to the committee from September 2018/9. To boost the residents' awareness about Careline, marketing brochures advertising the
service were sent in April with the council tax bill around the borough.

The Committee noted that In order to allow a more meaningful analysis of leisure performance, the officers had conducted the review of the current indicator set. It had been noted that up to this point the committee only received the data on the number of visits to the leisure centres, which although easy to measure did not present a full picture about the health and
wellbeing of our residents or participation at our leisure events. Therefore it was recommended to make the following changes:

Number of Access to Leisure cards issued - Discontinue
Total number of visits to Waverley Leisure Centres - New
Number of visits to Farnham Leisure Centre - Discontinue

Number of visits to Cranleigh Leisure Centre - Discontinue
Number of visits to Haslemere Leisure Centre -Discontinue
Number of visits to The Edge Leisure Centre - Discontinue
Number of visits to Godalming Leisure Centre - Discontinue
Total number of attendees of the health and wellbeing activities - New
Total number of participants to Waverley leisure events - New

It was also proposed to discontinue the current museum indicator set as of Q1 2018/19. In 2017 Waverley completed the transfer of ownership of Godalming Museum's daily operations to Godalming Town Council and the Farnham Museum was already managed by Farnham Maltings. In light of these changes, the performance monitoring through the current indicator set was no longer required and the officers suggest a discontinuation of these two KPIs:

- Total number of visits to and use of museums (Farnham & Godalming);
- Total users of learning activities (number of attendees to on-site and off-site learning activities (Farnham & Godalming);

The officers would continue to monitor the performance through the Service Level Agreements in place. The Committee noted that new indicators for the Waverley Training Services was being finalised and the date would be brought to the next Committee.

The Committee thanked officers for the report and endorsed the proposed changes to the Executive.

12. SERVICE PLANS ANNUAL OUTTURN REPORT FOR 2017/18 (Agenda item 12.)

The Committee received the service plan annual outturn report which detailed progress against the objectives set for Community Services over 2017/18. Members were advised that the annual analysis of the services objectives showed an overall 75% completion rate. It was not higher mainly due to the delay in the Memorial Hall project which now had a completion date of around summer 2018.

The Committee noted that out of 24 service plan objectives, 6 were not able to be fully achieved at this stage. However, a notable success and the culmination of a number of years work, was the start of the major Brightwells regeneration scheme. In addition, the new Business and Marketing plans had been agreed for Waverley Training Services and Careline and these were now in the implementation phase.

The Committee thanked officers for the report and had no observations to pass forward to the Executive.

13. COMMUNITY WELLBEING WORK PROGRAMME AND EXECUTIVE FORWARD PROGRAMME (Agenda item 13.)

The Committee received the work programme outlining the items to be received at future meetings. Members noted that Waverley Training Services and the Memorial Hall would come to the next meeting.

The meeting commenced at 7.00 pm and concluded at 9.10 pm

Chairman

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Waverley Borough Council

Scrutiny Review

Factors Affecting Health Inequalities in Waverley

A Review Report of the Community Wellbeing Overview & Scrutiny Committee

June 2018

Contents

Task Group Members:

Councillor Andy Macleod (Chair)
Councillor Liz Wheatley
Councillor Patricia Ellis
Councillor Nabeel Nasir
Councillor Nick Williams

CHAIR'S FOREWORD

The Community Wellbeing Overview and Scrutiny Committee decided in September 2017 to set up a Task and Finish Group to investigate the reasons why there are very significant disparities in life expectancy across the Borough. The objectives were to establish as far as possible the reasons for these disparities, to raise the awareness of these reasons to both councillors and council officers and to make recommendations to the Executive and the Council on the actions that can be taken to improve the situation.

The Task Group members were six councillors drawn from the Community Wellbeing O&S Committee and met five times to hear evidence from a wide range of health professionals and Waverley Officers. The meetings were organised by Democratic Services Officers led by the Scrutiny Policy Officer.

The Task group members learned a great deal from the evidence gathering meetings and the various reports that they were pointed to. Many of the reasons for health inequalities are not surprising being such factors as poor lifestyles, poor living conditions and income deprivation in the more deprived areas of the Borough. What was surprising was to learn that clinical care from the NHS only accounts for 20% of the factors which determine public health whereas the responsibilities of borough and Borough councils influence up to 70% of these factors. This puts a great deal of responsibility on councils such as Waverley to take the public health outcomes into account in all of their policies and decisions even though they have no statutory responsibility for public health.

Waverley does already regard the wellbeing of its residents as a strategic priority and for this reason runs and supports a number of services outside of its statutory responsibilities such as sports centres, senior living homes, meals on wheels and day centres run by charities and their volunteers. However the findings and conclusions of this report point the way towards how we as a Council can introduce a specific focus on public health and in particular health inequalities into our policy making and decision taking. It is for this reason that the Community Wellbeing Overview and Scrutiny Committee commend this report to the Executive and to Full Council.

We must finally thank the Task Group members for their commitment to this exercise, the Democratic Services Officers and in particular the Scrutiny

Policy Officer for all of the dedicated work that they have put into the task and the report and the many public health professionals and Waverley Officers who gave evidence at our Task Group meetings.

Councillor Andy Macleod,

Chair of the Health Inequalities Task Group

1. EXECUTIVE SUMMARY

Background

1.1 There is growing evidence that the wider determinants of health have an increasing impact on the health and mental health of individuals. Borough Councils have the responsibility for services which contribute up to 70% of the factors that determine our overall health, but they are not currently formally part of the funding stream for public health funding.

1.2 The impetus for this review was data from the Public Health Profile for Waverley 2016 that reported the disparity in life expectancy between the least and most deprived areas within Waverley was 9.5 years for women and 5.7 years for men. The Scrutiny review focused on the services the Council delivers that have the greatest impact on the physical and mental health of residents.

1.3 This review takes into account a selection of determinants, from the Local Economy and the Environment and Lifestyle Behaviours to Access to Primary Care. The review received evidence from a wide range of witnesses including Public Health, the Third Sector and Health Professionals about how each of these areas affect health and wellbeing, and how the Borough Council can make policy across a range of wider determinants to improve health and wellbeing.

1.4 The evidence pointed to no one particular reason for the disparity in life expectancy, but showed that the clustering of poorer socio-economic conditions, engagement in high risk lifestyle behaviours and variation in accessing GP services may contribute to the inequalities in mental and physical health within the Borough. There is no simple answer to addressing the health inequalities presented in this report, but there is great value in putting health and mental wellbeing at the forefront of all Council projects and policies to avoid unnecessary and preventable disparity in health outcomes. The conclusions and recommendations expand more on the findings of this review.

2. CONCLUSIONS AND KEY FINDINGS

General

2.1 There is growing evidence that the wider determinants of health have an increasing impact on the health and mental health of individuals. It was clear from the evidence the task group received that mental health is an issue for the health and wellbeing of Waverley residents and poses a major concern. Borough Councils have the responsibility for services which contribute up to 70% of the factors that determine our overall health,[1] but they are not currently formally part of the funding stream for public health funding.

2.2 The evidence pointed to no one particular reason for the disparity in life expectancy, but there are a number of factors which may be contributing.

[1] Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

2.3 Overall Waverley is a healthy Borough. However, relative to Surrey as a whole, some areas in the Borough do face relatively high levels of deprivation. It is well known that health inequalities are unequally distributed among local populations and that there is a social gradient between deprivation and life expectancy. This is due to the clustering of high risk-taking behaviours, such as smoking, alcohol consumption, poor diet and low levels of physical activity, and that these risk taking behaviours are differentially associated with income, educational attainment, and social class. Underlying social, economic and environmental factors can affect a person's health and mental wellbeing, such as employment, education, housing, community and neighbourhood characteristics and access to health care services. In addition poor mental health contributes to and is a consequence of wider health inequalities and is also associated with increased health-risk behaviours.

2.4 Proportionally Waverley has one of the highest and fastest growing populations of over 65s and 85s in Surrey and there are increased numbers of residents with and at risk from neurological conditions such as stroke and dementia. Waverley is the highest Surrey District in terms of those aged 65+ predicted to have depression and fourth highest in terms of those aged 18-64 years who are predicted to have a common mental health issue. An ageing population also means that social isolation and the risk of dementia will continue to be a growing concern for the Council and partners. For this reason further work on creating 'dementia friendly towns' is recommended.

2.5 Key health priority issues for the borough are older people's health and well being and mental wellbeing and alcohol misuse. In addition it is recommended that further work is carried out on topics such as loneliness, economic wellbeing/financial inclusion, clustering of unhealthy behaviours that lead to health inequalities (smoking, diet, physical activity and alcohol consumption) and the provision of mental health services in the Borough.

Local Economy and Environment

2.6 Planning Policy has a significant influence over the built and natural environment, e.g. in neighbourhood design, housing, healthier food access, the natural and sustainable environment and transport infrastructure. Planning Policy can improve healthy life expectancy of the local population by focusing on three strategic areas:

- Improve Air Quality
- Promoting Healthy Weight
- Improving Older People's Health

2.7 Planning policy and the place-shaping agenda can improve older people's health and wellbeing by supporting towns and communities to be dementia friendly.

2.8 There has not been sufficient input into Planning Policy Documents from Clinical Commissioning Groups nor Public Health and there is value in Planning Policy being monitored against the Public Health Outcomes Framework to help inform health related policies in future planning documents.

2.9 Income deprivation is consistently and systematically linked with life expectancy and healthy life expectancy. Children growing up in income deprived households experience a wide range of health-damaging impacts, negative educational outcomes and adverse long-term social and psychological outcomes. The poor health associated with child poverty limits children's potential and development, leading to poor health and life chances in adulthood.

2.10 A mix between social and private developer housing is beneficial to reduce clusters of deprivation in Lower Super Output Areas. In addition the housing number requirements per annum as set out in the Local Plan Part 1 should be balanced by securing future employment sites in the Borough to provide a place of local employment.

2.11 Barriers such as stigma around mental health, poor transport infrastructure and social isolation may be contributing factors for a higher prevalence of mental health problems in the Borough.[2] Data from the JSNA (2014 data) reports that in Waverley for people aged 65 and over there is a higher prevalence of the population predicted to have depression than other Surrey Boroughs, which may suggest these barriers are more prevalent in this age range.[3]

2.12 In regard to Housing, there have been a growing number of complaints regarding housing standards in the past 5 years. In terms of mental health, poor housing not only exacerbates existing mental health issues, but also significantly contributes to new mental health issues.[4]

2.13 Fuel poverty is a growing issue in the borough, possibly due to the cost of living and rural character of the borough, and this may increase the risk of respiratory illnesses. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. Studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to cold housing.[5]

2.14 Evidence from officers from the Tenancy and Estates Team showed how they were working with some of the most vulnerable residents in the borough. Partnership working between the Council and other agencies were sometimes disconnected and the thresholds for assistance for other agencies had changed leading to the Council having to fill these gaps in service provision.

Lifestyle Behaviours

[2] See 4.136 of this report under 'Access to Primary Care'.
[3] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38
[4] https://england.shelter.org.uk/__data/assets/pdf_file/0005/1364063/Housing_and_mental_health_-_detailed_report.pdf
[5] Local action on health inequalities: Fuel poverty and cold home-related health problems, Public Health England, UCL Institute of Health Equity, p. 5.

2.15 Unhealthy lifestyle behaviours, e.g. excessive consumption of alcohol, poor diet, smoking and low levels of physical activity, are responsible for up to half of the burden of poor health.[6] Each of these lifestyle risk factors is unequally distributed in the local population. More disadvantaged groups are also more likely to have a cluster of unhealthy behaviours.[7]

2.16 Unskilled manual backgrounds, including people with few or no qualifications, are more than five times as likely to engage with all four risk behaviours (smoking, excessive consumption of alcohol, poor diet, and low levels of physical activity) than professionals.[8] People with no qualifications were more than five times as likely as those with higher education to engage in all four poor risk taking behaviours in 2008 compared with only three times as likely in 2003.[9]

2.17 There is a pronounced social gradient between poor lifestyle behaviours and life expectancy due to disabilities and risk of premature death.

2.18 The prevalence of circulatory disease in women may be a significant factor in the life expectancy gap (9.5 years) between women living in the least and most deprived areas in the Borough.[10] In addition the Potential Years of Life Lost (PYLL) due to cancer may also be a significant factor driving this statistic.[11]

2.19 Obesity and the perception of healthy weight have changed among the population as a whole, which has meant more people are becoming unknowingly overweight. Nationally 9 in 10 women and 8 in 10 men described an overweight child as being the right weight.[12] Consistent levels of childhood obesity in recent years has normalised an unhealthy weight.[13] In Waverley 6.7% of 4-5 year olds are obese whereas the proportion of 10-11 year olds who are obese is 11.6%. In Waverley, Godalming and Binscombe ward has the highest proportion of children that are obese (17.7%).[14]

2.20 Many people with mental health conditions are not treated as well for physical conditions brought about by risk taking behaviour, e.g. alcohol consumption, smoking and drugs. High-risk taking behaviours are common in psychiatric patients, especially drug and alcohol misuse and they are more likely to die prematurely, reducing life expectancy.[15]

Access to Primary Care

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[6] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf, p. 2
[7] Ibid.
[8] Professional in this instance is defined as a profession which requires special training or qualifications.
[9] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf
[10] Data from Guildford and Waverley Clinical Commissioning Group (GWCCG) Health Profile 2015, p. 107.
[11] Ibid., p. 6.
[12] https://www.theguardian.com/society/2016/dec/14/parents-children-overweight-survey-obesity
[13] https://www.sciencedaily.com/releases/2014/11/141111133602.htm
[14] See appendix N of this report.
[15] http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking

2.21 Social isolation in the Borough may be driving poorer mental health but there remains a stigma attached to asking for help. Loneliness and social isolation are complex conditions which have remained relatively under-researched until recently. Where research has been conducted, it has almost exclusively focused on the prevalence of the conditions on older demographics, and has largely ignored the development of the conditions amongst younger people. Evidence suggests that social isolation and loneliness exists in the Borough, exacerbated by the rural character of the area. Challenges exist in terms of identifying residents and the stigma around people asking for support.

2.22 GPs have a critical role in addressing health inequalities in reducing them, but barriers to accessing the service for people with disabilities, including hearing impairment, aphasia and dementia were preventing this.

2.23 Evidence suggests that the demand to GPs has been fairly stable over the past five years locally, but there is considerable variation in the type of access to GP appointments online between local GP surgeries.

2.24 The group heard anecdotal feedback from both the Guildford and Waverley Clinical Commissioning Group (GWCCG) and the North East Hampshire and Farnham Clinical Commissioning Group that there has been a rise in the number of patients visiting their GP about poor mental wellbeing, but the reason for this remains vague. One possible explanation may be more people are now seeing their GP about their mental health.

2.25 There is also anecdotal evidence that suggests patients are seeing their doctor regarding social issues to do with the wider determinants of health e.g housing advice and debt advice.

2.26 Suicide rates (2014-2016) in Waverley are similar to Surrey (8.4 compared to 8.5), but across the County there has been a peak in suicides in middle-aged men.[16] Men who were identified as the key “at risk” were middle-aged men that are self-employed, unemployed and / or experiencing some significant life event or transition e.g. relationship breakdown, job loss and loss of parent. However, it should be noted that suicide is massively under recorded.

2.27 The rate of Emergency Hospital Admissions for Intentional Self-Harm across Waverley’s Neighbourhood Group is of concern: Waverley has a directly standardised rate of 198.3 per 100,000, which corresponds to a high neighbourhood rank.[17] For comparison, the England directly standardised rate for Emergency Hospital Admissions for Intentional Self Harm is 185.3 per 100,000.[18] This figure is higher among women than men, yet self-harm is largely unreported as many people will not seek help or support.

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[16] Suicide rates, Public Health England fingertips, March 2018, https://fingertips.phe.org.uk/search/suicide#page/7/gid/1/pat/6/par/E12000008/ati/101/are/E07000216/iid/41001/age/285/sex/1

[17] A neighbourhood group is a grouping of areas that are similar in population and demographics. For data on Emergency Hospital Admissions for Intentional Self Harm please see: https://fingertips.phe.org.uk/search/suicide#page/7/gid/1/pat/6/par/E12000008/ati/101/are/E07000216/iid/21001/age/1/sex/4

[18] Ibid.

2.28 Ambulance service provision remains a challenge in the County, but particularly in Waverley due to the rural character of the borough. This may inadvertently reduce life expectancy rates due to the ambulance response time.

2.29 There is also a challenge to domiciliary care provision due to a shortage of social / key workers unable to afford to live and reside in the Borough.

RECOMMENDATIONS FROM THE HEALTH INEQUALITIES TASK GROUP

It is recommended that the Executive:

1. Endorse the findings of this report and submit this scrutiny review to the Surrey Health & Wellbeing Board 'Health Leads' Group.
2. Recognise the broad and significant role the Borough Council has in improving the health and wellbeing of residents and local population through the wider determinants of health.
3. Adopt a 'health in all policies' (HiAP) approach and advocate this approach to all place-based partners.
4. Agree that both an Equality Impact Assessment (EqIA) and Health Impact Assessment (HIA) are carried out on all major decisions with the inclusion of a policy statement which takes into account the potential health inequalities on residents and service users before decisions are made.
5. Consider the benefit of reconvening the Waverley Health and Wellbeing Board with a renewed focus on tackling health inequalities in the Borough
6. Agree the action plan set out at table 1 on page 14
7. Agree to refer recommendations 8–25 listed below to our partner organisations (approach to be discussed at Executive Briefing)

Recommendations for Surrey County Council:

8. The County Planning – Health Group to write guidance on ways of considering health challenges in Strategic and Environmental Assessments (SEA) for plans and Environmental Impact Assessments (EIAs) for projects.
9. Public Health to work with Waverley Planning Policy Officers / the Officer responsible for CIL to create a health needs evidence base of the Borough to identify locations where future allocations of CIL monies for health infrastructure would be beneficial.
10. Surrey County Council to work with Waverley Planning Policy Officers to provide guidance on key worker directives in particular reference to the shortage of Domiciliary Care and Social Care workers who are unable to afford to live in Waverley; and to work with both the Guildford and Waverley

Clinical Commissioning Group and the North East Hampshire and Farnham Clinical Commissioning Group to explore schemes of providing accommodation for key workers who work in Domiciliary care in Waverley.

11. Surrey County Council Adult Social Care Team and local mental health providers to recognise the important work the Waverley Borough Council Tenancy and Estates Team do with respect of clients with multiple health needs;

12. The relevant teams in Surrey County Council, the local CCGs and Waverley Borough Council to look at ways of working to ensure that information is shared responsibly to provide support for vulnerable Waverley residents; and for this information to be shared with the Community Safety Team at WBC.

13. Surrey County Council Adult Social Care and relevant teams to take note that there is a need

    - for health care professionals to identify and refer individuals who have intertwined social problems in relation to poor wellbeing, substance misuse and / or excessive consumption of alcohol to the appropriate organisation. It is recommended that there should be better integration between mental health services and alcohol and substance misuse services, e.g. by creating joint care plans, or by positioning mental health workers within drug and alcohol teams
    - to Work with Public Health to consider ways of reducing the prevalence of high risk taking behaviours that lead to circulatory disease and cancer, particularly in women in the most deprived areas of the Borough, such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption
    - to monitor and provide robust information to the Waverley Borough Council Community Safety Team on the number of known cases of suicide in the Borough, and to pass on any information about the number of reported cases of Domestic Abuse to the Community Safety Team.

14. Public Health to
    - Work with the Waverley Borough Council Community Safety Team to stage a public health intervention aimed to reduce smoking prevalence in the wards identified in table 2 of the Health Inequalities report.
    - Work the Northeast Hampshire and Farnham CCG, the Guildford and Waverley CCG and Borough Councils to identify opportunities to promote healthier lifestyles for patients referred to primary care services, dieticians, Tier 2 weight loss services and exercise classes for obesity.

Recommendations for Guildford and Waverley and North East Hampshire and Farnham Clinical Commissioning Groups:

15. Review why awareness of NHS 111 is low; engage with patients and carers to initiate new plans to promote the full range of services it offers including access to out-of-hours GP appointments.
16. Review their primary care strategy to ensure GPs are encouraged to promote online booking.
17. Conduct further research into why people who already manage their time online do not know about or use online GP booking in order to promote online access to GP services and reduce variation among patient access.
18. Explore and appraise the use of SMS messaging as a method for registered patients to book GP appointments.
19. Make registration to the online system at GPs easier and to try to understand barriers to patient use, by referring to Healthwatch Surrey's report 'GP Online', which provides an evidence base to address and further explore barriers to access.
20. Reduce barriers to GP access by encouraging GP surgeries to take-up the Accessible and Information Standards to reduce the physical barriers for impaired persons and those suffering with aphasia.
21. Encourage GP's to carry out annual health checks for people with learning disabilities to mitigate deterioration in poor physical and mental health.
22. Make information about healthy food choices and dietary information available locally in all GP practices.
23. Work with GP surgeries to make their information more accessible for those who have hearing impairments and aphasia by exploring alternative routes to GP surgery access other than telephone methods of communication.
24. Consider the value in providing additional training for GP receptionists in signposting patients for specialist care to medical staff within the surgery who have a greater knowledge on the specific topic area.
25. Educate and train GP surgeries on the benefits of the social prescribing model of care and to encourage GP surgeries to use this model of referral by providing a list of accredited social prescribing organisations; in addition to share this accredited list with Waverley Borough Council for the purpose of signposting customers who may benefit from this type of model of care.

DRAFT ACTION PLAN

Ref	Action	Lead Officer	When
i	Review the health priorities for the Borough identified by the Public Health Profile for Waverley 2017, the Guildford and Waverley Clinical Commissioning Group Health profile 2015, and the North East Hampshire and Farnham JSNA 2013. http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf	Corporate Policy Manager	December 2018
ii	Officers to proactively engage with external health partners by participating in meaningful meetings hosted by bodies such as the Clinical Commissioning Groups and Sustainability and Transformation Partnerships, including participating in the Surrey Health and Wellbeing Board 'Health Leads' Group; and to report back and fully brief the Portfolio Holder for Health, Wellbeing and Culture.	Head of Communities and Major Projects	On-going
iii	Ensure that all data that reflects the health and wellbeing of Waverley residents is routinely reported to the appropriate Officers and Members.	Corporate Policy Manager	On-going
iv	Ensure officers and Members are informed about the National and Local Health Arrangements and the on-going organisational change of the NHS; and understand what the implications are for Waverley residents.	Corporate Policy Manager	On-going
v	Monitor and scrutinise the new shadow working arrangements that will be put in place later this year following the Surrey Health Devolution deal for integrating health and social care due in April 2018, with particular attention to the impacts to health services used by residents within Waverley.	Head of Communities and Major Projects	April – December 2018
vi	Ensure all new frontline staff and voluntary and community groups who receive funding from the Council, and Leisure Centre reception staff are aware of mental health first aid training and 'making every contact count' (MECC) in order to signpost customers who show signs of deteriorating health.	HR Manager Learning and Development Officer	Include in each Induction session
vii	Review whether creating capacity within the workforce to support the delivery of broader health and wellbeing issues identified in this report should be made a priority.	Chief Executive	October 2018
viii	To present an annual synopsis (based on the local profiles developed for the Clinical Commissioning Group's and Sustainability and Transformation Partnerships by Surrey	Policy Scrutiny Officer for	Annually

	County Council Public Health) on the health of the Borough to both the Community Wellbeing Overview and Scrutiny Committee and to the Executive.	Community Wellbeing	
ix	Reflect on the findings of the scrutiny review and amend the Health and Wellbeing action plan as appropriate.	Head of Communities and Major Projects	September 2018
x	Work with Public Health to create specific actions in the Health and Wellbeing Strategy to address the health inequalities documented in the health inequalities scrutiny review report.	Head of Communities and Major Projects	October 2018
xi	Review the 2018/2019 Community Wellbeing O&S work programme to include key health priority issues for the borough including: - older people's health and wellbeing (hip fractures and excess winter deaths) - mental wellbeing and alcohol misuse and to explore the following topics such as: loneliness, economic wellbeing / financial inclusion, clustering of unhealthy behaviours that lead to health inequalities (smoking, diet, physical activity and alcohol consumption) and the provision of CAMHS in the Borough.	Policy Scrutiny Officer for Community Wellbeing	September 2018
xii	Develop Supplementary Planning Guidance which would address strategic priorities for health by working with Public Health to collect an evidence base;	Planning Policy Manager	March 2019
xiii	To include the recommended statements set out in section 4 of the Health Inequalities report either in policy wording or in the supporting text in the Development Management policies within Local Plan Part 2.	Planning Policy Manager	March 2019
xiv	Planning Policy Officers to be aware of the Public Health's Outcomes Framework (PHOF) and to assess the impact of planning policy on Health and Wellbeing outcomes with the assistance from Public Health Officers at Surrey County Council. To take into consideration the examples set out in table 1 and 2 of the Health Inequalities report.	Planning Policy Manager	March 2019
xv	Collect evidence on wider public health matters in time for the review of the Local Plan in 5 years time and monitor the indicators set out in Table 2 in the Health Inequalities report to gather data to inform the revision of the Local Plan.	Planning Policy Manager	Annually
xvi	To seek advice from the Surrey County Council Planning – Health Group on the prospect of working with Surrey County	Planning Policy Manager	December 2018

	Highway and Transport Officers and Town and Parish Councils to make existing towns 'dementia friendly'.		
xvii	Work with Surrey County Council Highway and Transport Officers on the placement of street signs in the ambition for Waverley's urban settlements to become Dementia Friendly; including street signage to sellers of fresh fruit and vegetables.	Planning Policy Manager	March 2019
xviii	Work to ensure partners have an understanding of the physical, sensory and neurological challenges experienced by people with dementia and take consideration for public spaces to be easily accessible and approachable; and easily navigable. E.g. public places and spaces should have: - Wide enough pathways and even surfaces - Outside furniture and seating between locations - Appropriate signage, including colour coding for familiarity. - Available and accessible public toilets.	Planning Policy Manager	On-going
xix	Include reference to all users in the policy, including the elderly, with reference in the supporting text to dementia friendly towns e.g. by ensuring that entrances are clear and accessible for older people and cross-reference to policy	Planning Policy Manager	March 2019
xx	Include clearly signposted street networks with destinations within x-x metres (5-10 minutes walk).	Planning Policy Manager	March 2019
xxi	For a cross reference to be added into the supporting text of the Local Plan Part 1 for new and improved footpaths.	Planning Policy Manager	August 2018
xxii	Work with the Benefits Team and Citizens Advice Waverley to promote the availability of budgetary advice with households at risk of cyclical homelessness.	Housing Needs Manager	November 2018
xxiii	Review the safeguarding pathways for referring vulnerable residents identified within the Borough by the WBC Housing teams, and others.	Head of Strategic Housing & Delivery	December 2018
xxiv	Appraise the value in setting Standards for Private Sector rented housing that go beyond the minimum legal standards for health and safety, gas, fire and electrical safety, to take into account housing conditions.	Private Sector Housing Manager	December 2018
xxv	Raise awareness of the Environmental Health guidance on Private Sector Housing Standards.	Private Sector Housing Manager	March 2019
xxvi	Explore the possibility of introducing a	Private Sector	March 2019

	mandatory registration / licensing of private landlords.	Housing Manager	
xxvii	Provide active signposting to landlords and tenants regarding rights and responsibilities.	Private Sector Housing Manager	March 2019
xxviii	Provide an analysis of the type of HMOs in the Borough in light of the changes to HMO classifications from Government.	Private Sector Housing Manager	October 2019
xxix	Continue to promote the Better Care Fund and advice from Action Surrey to help residents with their energy and fuel costs.	Private Sector Housing Manager	On-going
xxx	Work with Public Health to target a series of health interventions in geographical locations where there is an evidenced uptake in risk taking behaviours, such as smoking, drug, and alcohol.	Strategic Director	March 2019
xxxi	Issue a statement on the Council website regarding the Modern Slavery Act 2015 that requires commercial organisations supplying goods or services with a turnover of, or above £36 million, to prepare and publish an annual 'Slavery and Human Trafficking Statement'.	Procurement Officer	September 2018
xxxii	Ensure social value is given consideration for all relevant procurements, whether goods, services or works.	Head of Finance	March 2019
xxxiii	Review whether the Council adopt a social value charter in the future (when appropriate), to guarantee the social value in the procurement of all goods and services.	Procurement Officer	March 2019
xxxiv	Review the provision of healthy food choices in the workplace, e.g. the vending machines and catering facilities.	Head of Customer & Corporate Services	September 2018
xxxv	Continue to work with the Northeast Hampshire and Farnham CCG and Waverley and Guildford CCG to promote the physical and mental health benefits of referral to Waverley's Leisure Centres.	Leisure Services Manager	On-going
xxxvi	Work with Public Health to plan a range of targeted health interventions that have a universal underpinning for the specific localities identified in table 1 under section 4 of the Health Inequalities report. Interventions should focus on preventable measures to reduce high risk taking behaviour that is susceptible to cancer and circulatory disease, particularly in women.	Strategic Director	March 2019
xxxvii	As part of the Health and Wellbeing Strategy put an emphasis on encouraging healthy lifestyles alongside promoting access to Leisure Centres.	Head of Communities and Major Projects	March 2019
xxxviii	Liaise with Places for People (PfP) to assess the benefit of exploring opportunities for community outreach work to encourage	Head of Communities and Major	December 2018

	active lifestyles in areas of social deprivation.	Projects	
xxxix	Improve children's healthy weight by working with the Public Health Lead at Surrey County Council with responsibility for Children's Health to promote the Alive 'N' Kicking Child Weight Management Programme funded by Surrey County Council, and the exercise referral scheme to Leisure Centres in the Borough.	Head of Communities and Major Projects	March 2019
xxxx	To review evidence to identify if and why domestic abuse is high in the Borough; and dependent on the findings, work in partnership with Public Health and other relevant local organisations to campaign to raise awareness of reporting domestic abuse.	Community Safety Officer	December 2018
xxxxi	To work with Public Health to promote a community wide campaign to promote smokefree organisations by supporting Smokefree Alliances' campaign to go 'smokefree';	Environmental Health Manager L&D Officer	March 2019
xxxxii	A representative of Waverley Borough Council to join and attend the Smokefree Alliance.	Environmental Health Manager	September 2018
xxxxiii	To review the policy of smoking within x-x distance of the Council premises and to test the viability of Waverley Borough Council going smokefree within x-x distance of Council Offices by working with Environmental Health Enforcement; and as part of this initiative to offer support to staff who want to give up tobacco while at work.	HR Manager	December 2018
xxxxiv	Provide training for Housing Officers and Benefit Support Staff on signposting both Council tenants and customers, who are known to smoke, to local stop smoking support organisations, e.g. Quit 51, an organisation, commissioned by Surrey County Council public health, that helps people quit smoking.	Environmental Health Manager	December 2018
xxxxv	Work with Guildford and Waverley Clinical Commissioning Group (CCG) and North East Hampshire and Farnham CCG to establish a list of accredited services ranging from the NHS, Surrey County Council services, the Voluntary and Community Sector and the private sector for effective signposting on issues that result in health inequalities.	Head of Communities and Major Projects	December 2018