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To: All Members and Substitute Members of the Overview & Scrutiny Committee - Community Wellbeing
(Other Members for Information)

When calling please ask for:
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Date: 15 June 2018

Membership of the Overview & Scrutiny Committee - Community Wellbeing

Cllr David Else
Cllr Val Henry
Cllr Mike Hodge
Cllr Anna James
Cllr Denis Leigh
Cllr Andy MacLeod
Cllr Sam Pritchard
Cllr Ross Welland
Cllr Liz Wheatley

Substitutes

Cllr Patricia Ellis
Cllr Liz Townsend
Cllr Jerry Hyman

Members who are unable to attend this meeting must submit apologies by the end of Tuesday, 19 June 2018 to enable a substitute to be arranged.

Dear Councillor

A meeting of the OVERVIEW & SCRUTINY COMMITTEE - COMMUNITY WELLBEING will be held as follows:

DATE: TUESDAY, 26 JUNE 2018

TIME: 7.00 PM

PLACE: COMMITTEE ROOM 1, COUNCIL OFFICES, THE BURYS, GODALMING

The Agenda for the Meeting is set out below.

Yours sincerely

ROBIN TAYLOR
Head of Policy and Governance

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Waverley Corporate Plan 2016-2019

Priority 1: Customer Service
We will strive to deliver excellent, accessible services which meet the needs of our residents.

Priority 2: Community Wellbeing
We will support the wellbeing and vitality of our communities.

Priority 3: Environment
We will strive to protect and enhance the environment of Waverley.

Priority 4: Value for Money
We will continue to provide excellent value for money that reflects the needs of our residents.

Good scrutiny:

- is an independent, Member-led function working towards the delivery of the Council's priorities and plays an integral part in shaping and improving the delivery of services in the Borough;
- provides a critical friend challenge to the Executive to help support, prompt reflection and influence how public services are delivered;
- is led by 'independent minded governors' who take ownership of the scrutiny process; and,
- amplifies the voices and concerns of the public and acts as a key mechanism connecting the public to the democratic process.

NOTES FOR MEMBERS

Members are reminded that contact officers are shown at the end of each report and members are welcome to raise questions etc in advance of the meeting with the appropriate officer.

AGENDA

1. APPOINTMENT OF CHAIRMAN

   To confirm the appointment of Cllr Andy MacLeod as the Chairman of the Committee for the 2018/19 Council Year.

2. APPOINTMENT OF VICE CHAIRMAN

   To confirm the appointment of Cllr Liz Wheatley and Vice Chairman of the Committee for the 2018/19 Council Year.

3. MINUTES (Pages 7 - 10)

   To confirm the Minutes of the Meeting held on 13 March 2018 (to be laid on the table 30 minutes before the meeting).

4. APOLOGIES FOR ABSENCE AND SUBSTITUTES

   To receive apologies for absence and note any substitutions.

   Members who are unable to attend this meeting must submit apologies by the end of Tuesday 19 June to enable a substitute to be arranged, if applicable.

5. DECLARATIONS OF INTERESTS

   To receive Members' declarations of interests in relation to any items included on the agenda for this meeting, in accordance with Waverley's Code of Local Government Conduct.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

   The Chairman to respond to any written questions received from members of the public in accordance with Procedure Rule 10.

7. QUESTIONS FROM MEMBERS

   The Chairman to respond to any written questions received from Members in accordance with Procedure Rule 11.

8. LONELINESS PRESENTATION

   To receive a presentation from Rebecca Brooker, Communities and Prevention Lead for Surrey County Council.

9. OVERVIEW & SCRUTINY REVIEW ON THE FACTORS AFFECTING HEALTH INEQUALITIES IN WAVERLEY (Pages 11 - 198)

To receive the final report of the Working Group on the Factors Affecting Health Inequalities in Waverley.

Recommendation

That the report be endorsed by the Committee and forwarded to the Executive for consideration.

10. STROKE SERVICE RELOCATION

To receive an update on the relocation of Stroke Services within Surrey.

11. PERFORMANCE MANAGEMENT REPORT QUARTER 4, 2017/18 (JANUARY - MARCH 2018) (Pages 199 - 210)

The report provides an analysis of the Council's performance in the fourth quarter of 2017/18 in the service area of Community Services. Annexe 1 to the report details performance against key indicators.

Recommendation

It is recommended that the Community Wellbeing Overview & Scrutiny Committee:

1. **Considers the performance figures for Quarter 4 and the 2017/18 outturn and agrees any observations or recommendations about the performance and progress towards target it wishes to make to the Executive; and**

2. **Endorses the proposed changes to the current indicator set under the remit of this committee.**

12. SERVICE PLANS ANNUAL OUTTURN REPORT FOR 2017/18 (Pages 211 - 216)

Service Plans are devised each year in order to deliver the Council's corporate priorities.

This report gives the Committee the opportunity to scrutinise the annual objectives outturn of the Communities Service Plan for 2017/18 and make observations and comments to the Executive.

Recommendation

It is recommended that the Community Wellbeing Overview & Scrutiny Committee considers the progress against actions contained within the Service Plans set out in Annexe 1 to this report and agrees any observations or comments it wishes to make to the Executive.

13. COMMUNITY WELLBEING WORK PROGRAMME AND EXECUTIVE FORWARD PROGRAMME (Pages 217 - 234)

The Community and Wellbeing Overview and Scrutiny Committee, is responsible for managing its work programme.

The work programme (attached) includes items discussed at the O&S Co-ordinating Board and takes account of items identified on the latest Executive Forward Programme (Annexe 2) as due to come forward for decision.

A Scrutiny Tracker has been produced to assist the Committee in monitoring the recommendations that have been agreed at its meetings. The Tracker details the latest position on the implementation of these recommendations and is attached as Part C of the work programme.

Recommendation

Members are invited to consider their work programme and make any comments and/or amendments they consider necessary, including suggestions for any additional topics that the Committee may wish to add to its work programme.

14. EXCLUSION OF PRESS AND PUBLIC

To consider the following recommendation of the motion of the Chairman:

Recommendation

That pursuant to Procedure Rule 20 and in accordance with Section 100A(4) of the Local government Act 1972, the press and public be excluded from the meeting during consideration of the following items on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during the items, there would be disclosure to them of exempt information (as defined by Section 100I of the Act) of the description specified in the appropriate paragraph(s) of the revised Part 1 of Schedule 12A to the Act (to be specified at the meeting).

Officer contacts:
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WAVERLEY BOROUGH COUNCIL

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE - COMMUNITY WELLBEING - 13 MARCH 2018

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

Present

Cllr Andy MacLeod (Chairman)
Cllr Liz Wheatley (Vice Chairman)
Cllr Denis Leigh

Cllr Patricia Ellis (Substitute)

Apologies

Cllr David Else, Cllr Val Henry, Cllr Mike Hodge, Cllr Sam Pritchard, Cllr Bob Upton and Cllr Ross Welland

40. MINUTES (Agenda item 1.)

The Minutes of the Meeting held on 23 January 2018 were confirmed as a correct record and signed.

41. APOLOGIES FOR ABSENCE AND SUBSTITUTES (Agenda item 2.)

Apologies for absence were received from Councillors Val Henry, David Else, Mike Hodge, Sam Pritchard, Bob Upton and Ross Welland.

42. DECLARATIONS OF INTERESTS (Agenda item 3.)

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

43. LEISURE CENTRE CONTRACT MANAGEMENT REVIEW - UPDATE (Agenda item 5.)

The Committee was advised that the previous Committee in 2016/17 had established a Leisure Centre Contract Management Review Sub-Committee in November 2016 to review the management of the Waverley Leisure Centre contracts with Places for People. The review focused on exploring the effectiveness of the contract and was to identify opportunities for improvement including potential cost savings and lessons which could be applied to other major Council projects. The review set out to establish how effectively the Council's priorities of Community Wellbeing, Customer Services and Value for Money were being delivered through the management of the contract for this discretionary service. Cllrs Wyatt Ramsdale and Richard Seaborne who were on the Sub-Committee attended this meeting in order to hear the status of the actions.

Tamsin Macleod, the Leisure Contracts Manager, presented the recommendations to the Committee and highlighted progress with some of the actions. Comments on the recommendations are noted below:

- Develop a clear policy setting out the Council's priorities for leisure centres in Waverley

Kelvin Mills, the Head of Community Services outlined that there were a number of policies adopted by the Council which addressed leisure. These consisted of the Corporate Plan, Service Plans, Health and Wellbeing Strategy and the Indoor Leisure Facilities Strategy. He asked Members whether this was enough was anything being missed. **It was an Executive function to set policy decisions on health and wellbeing priorities for Leisure Centres and Cllr Jenny Else, who was at the meeting would take this away and look into it.**

The Committee asked how well GPs in the Borough were doing at referring patients to a leisure centre for specific classes as this was something that had come up recently with the Health Inequalities Working Group. Members were advised that there was a Health and Wellbeing Manager who was working hard to contact GPs and had written to all of them promoting the leisure centres rather than taking medicine to resolve a problem. Some GPs were better than others, Farnham in particular, was exceeding the others. It was a challenge though to get into GPs to spread the message and were always looking for different avenues. It was noted that there was a particularly good Patient Participation Forum in Cranleigh which reached out to a number of people. Cllr Patricia Ellis would forward the details onto the Team. It was noted that the Royal Surrey was good at referring people to leisure centres. **It was noted that a number of people in the Borough would go to St Georges Hospital and they should approach them to use this scheme.**

- Profit share should be set against costs incurred by the Council running the contract, together with asset depreciation and life cycle costs

The Committee was advised that financial data against depreciation and lifecycle cost could be presented to the Committee annually if they would like to receive it. Members felt that although this would be useful, they felt it was more important that the officers were aware of these on a regular basis which they didn't necessarily need. A question was asked about the alignment negotiations which were going well but they could not go into the detail in a public forum.

- Steps should be taken to ensure that opportunities are being investigated and taken to reduce the Council's internal operating costs for managing the leisure centres including further options for energy efficiencies.

The Committee was advised that the operating costs of the leisure centres lied with PfP. The only operating costs that lied with Waverley were the staffing costs of the Leisure Team, whom closely managed and monitored the contract to ensure value for money and some of the contractual lifecycle costs. These costs were reviewed annually during the budget setting period. Energy efficiencies were continually identified and implemented where appropriate by Waverley and PfP. Members felt that it was important that officers reviewed operating costs in more detail to enable them to identify costs and where profit could be gained. Furthermore, they felt that they should receive them more regularly than annually.

- Review the performance indicators currently in use – Performance sharing network with other Local Authorities; Measureable targets to be set in accordance with an overall policy

The Committee was advised that there was no statutory national performance indicators for the leisure industry. The ones they had set were currently being reviewed and a proposal for a new set of more relevant and useful targets would be shared with Members in due course. Councillors spoke about what "good" actually looked like as they didn't know what others were doing to make good or better and although Quest said that we were doing well, how could this be measured.

- To encourage partnership working with the clinical commissioning groups to explore opportunities to work alongside healthcare professionals to break down barriers to physical activity and tackle health inequalities; including investigating how occupational therapy could be introduced for the purpose of leisure rehabilitation.

It was agreed that this should be amber and not green until the recommendations were received from the Health Inequalities Working Group.

- To investigate and implement the use of Quest, or equivalent industry leading management tools, across third party contracts as this had proven a very successful tool for monitoring performance.

The Committee was advised that Quest was specific for the Leisure Industry and it wouldn't be possible for it to be used by other industries. Kelvin Mills would be speaking with Heads of Services soon about how they could bench mark their services with the right tools to do it.

The Committee thanked officers for the update and it would come back to a future meeting to look again at progress.

44. PERFORMANCE MANAGEMENT REPORT QUARTER 3, 2017/18 (OCTOBER - DECEMBER 2017) (Agenda item 6.)

The Committee received the performance management report for October to December 2017. 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 were reminded that at a previous meeting it was agreed that performance indicators would be reported on an exception basis only. Consequently, the report would only focus on those PIs where performance was above or below target by more than 5 % or where those PIs without a target were notable. There would be a new careline indicator hoping to get more detail on the types of call per emergency.

The Committee noted that there were two underperforming performance indicators; CS1 – Number of Access to Leisure Cards issues and CS2 – Number of visits to Farnham Leisure Centres. Members noted that the number of access cards issued had dropped significantly by 157 and at its lowest level since Quarter 3 in 2013/14. The Council though had little influence over the performance of this indicator and it was proposed to include this indicator in the review of them. Members agreed that this performance indicator provided little information to the Council and what might be a better indicator would be the monitor how many with the card actually used it and visited the centre. **Members asked if there was a way of working with the Benefits Service to be more proactive in promoting the cards and Kelvin Mills agreed that he would go back to the Benefits Service and see what could be done.**

In relation to Farnham Leisure Centre, there had been a small improvement in attendance, and the performance was now 6.42% below the target. The proposed changes of the target would be included in the indicator review. Members noted that Farnham had 17 competitors in the near vicinity which probably was the main factor for its numbers being low. It was still a very good centre though offering a good service to the community. It was further noted that a report was shortly going through the Executive about investment in the Boroughs Leisure Centre and it was proposed to offer further services to Farnham Leisure Centre which had the potential to increase its numbers.

The Committee noted that at the end of the year, they would review all indicators and assess what indicators would be going forward.

45. HEALTH INEQUALITIES REVIEW (Agenda item 7.)

The Committee was advised that with the amount of work involved, it was not possible for the report to be brought to that meeting for consideration. The Working Group had met 5 times and received evidence from a number of external representatives. The draft report needed to be considered by everyone who had contributed to the report to ensure its accurateness and then the final report would come before the Committee at its next meeting to consider.

46. COMMUNITY WELLBEING WORK PROGRAMME AND EXECUTIVE FORWARD PROGRAMME (Agenda item 8.)

The Committee noted the work programme and forward plan. Members were advised that the Value for Money O&S Committee had agreed to establish a Budget Strategy Working Group consisting of Members across each of the four O&S Committees. The Group would meet a number of times over the next 2years to consider several work streams. Councillor Denis Leigh agreed to be a Member of the Group and the scope would be circulated following the meeting to see if any of the Members that could not attend the meeting wanted to be part of it.

The Community Wellbeing work programme would include findings of health inequalities report and include health priorities for Waverley.

Chairman

Waverley Borough Council

Scrutiny Review

Factors Affecting Health Inequalities in Waverley

A Review Report of the Community Wellbeing Overview & Scrutiny Committee

June 2018

Contents

Health Inequalities Scrutiny Review

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.

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

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.

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.

[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.

Lifestyle Behaviours

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

[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.

patients, especially drug and alcohol misuse and they are more likely to die prematurely, reducing life expectancy.[15]

Access to Primary Care

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

[15] http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking

[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:

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.

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

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.

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 County Council Public Health) on the health	Policy Scrutiny Officer for Community	Annually

	of the Borough to both the Community Wellbeing Overview and Scrutiny Committee and to the Executive.	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 mandatory registration / licensing of private	Private Sector Housing	March 2019

	landlords.	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

3. REPORT

Conduct of the Review

3.1 The Community Wellbeing Overview and Scrutiny Committee set up a task and finish group to review some health inequalities present within Waverley. Members received a presentation outlining the Council's responsibilities to improve health and wellbeing outcomes across a range of service area and received the scoping report which sets out the terms of reference for the task and finish group (Appendix B).

3.2 The task group met 6 times and heard information and evidence from a number of internal Officers and external partners, including Public Health Colleagues, the NHS, and Voluntary and Community Sector groups (Acknowledgements can be found in chapter 7). The notes from the meetings can be found in Appendix C.

BACKGROUND

Introduction

3.3 A starting point for this review was the information from the Waverley Health Profile 2016, which reported life expectancy as being 11.8 years lower for women and 7.9 years lower for men in the most deprived areas compared to the least deprived. This data is of concern as Waverley is ranked the 323rd least deprived Local Authority according to the Indices of Multiple Deprivation (IMD) 2015.[19] In July 2017 an updated new Local Health profile for Waverley from Public Health England was released. This new profile reduced the disparity in life expectancy in women and men from the most to the least deprived areas to 9.5 years and 5.7 years respectively. While the gap in life expectancy has reduced for both genders from the 2016 data, there is still nearly a 10 year gap for women. Life expectancy is a measure of how healthy a population is and differences in life expectancy can show the extent of health inequalities between the population. This should not be confused with healthy life expectancy (HLE). Healthy life expectancy is an estimate of the number of years an individual can expect to live in good or very good health.

3.4 Data from the Waverley Public Health Profile 2017 show that life expectancy for men is 81.8 years and 84.8 years for women.[20] However men can expect to live 70.6 years in good health and women can expect to live 71.3 years. This equates to 11.2 years and 13.5 years of poor health for men and women respectively.

[19] https://mycouncil.surreycc.gov.uk/documents/s34285/Annex%203%20Waverley%20Health%20Profile%202016.pdf
[20] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38

3.5 In addition to the evidence heard during the Members task group sessions, the review drew on statistical data from a range of sources, including: data from Surreyi, including the Surrey Joint Strategic Needs Assessment 2015 and Placed-based Health and Care profiles 2017, which are based on CCG boundaries; Waverley Public Health Profiles 2016 and 2017; Guildford and Waverley Clinical Commissioning Group (CCG) 2015 (figures quoted are circa 2010-2013); and North East Hampshire and Farnham CCG Joint Strategic Needs Assessment 2013.

3.6 Please note that it was not possible to isolate data explicitly for Waverley from the datasets used from the two CCGs areas unless explicitly mentioned. Nonetheless data used from the CCGs should still be treated as a good proxy indicator of the health of the Borough, albeit on the assumption that there will be slight variation in the figures presented.

3.7 The review focused on the wider determinants of health (often interchanged with the term 'social determinants' in literature), a term popularised by the Marmot Review Report in 2010, which described a broad range of individual, social and environmental factors which influence our health and well-being.[21] This term explains that our health is determined by a complex interaction between individual characteristics such as age, sex, genetics; lifestyle behaviours and the local economy and environment – illustrated in figure 1 below. The task group sought to review a handful of these factors in order to demonstrate the impact that our social and economic environment has on our health and mental health.

3.8 Dahlgren and Whitehead's 1992 representation of the wider determinants of health illustrates the factors that affect a person's health and wellbeing:

Figure 1: Model to show the wider determinants of health & wellbeing[22]

[21] For the full report see 'Fair Society, Healthy Lives'
[22] http://www.esrc.ac.uk/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/

3.9 Our health is primarily determined by factors beyond just healthcare.[23] Research shows that Clinical care only made a 20% overall contribution to health and wellbeing outcomes, compared to the contribution of socioeconomic factors (40%) and lifestyle behaviours (30%). Therefore Local Authorities, including the Borough Council, has influence over 70% of the factors that determine our overall health. Despite this, there is a much greater emphasis from Central Government on investment in the NHS, rather than helping Local Authorities prevent people from entering primary care. To influence the wider determinants of health requires a preventative approach to policy interventions focused on the root causes of ill-health; which go well beyond the influence of the NHS.[24]

RECOMMENDATION: 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.

3.10 A wider aim of this task group was to demonstrate the wide remit Overview and Scrutiny has in reviewing topics that are not directly delivered by the Council, but can be supported though partnership working and influencing by using the powers of the Council in its role as a Community Leader.

3.11 This report aims to provide an understanding of the state of Waverley's Health and wellbeing by reviewing the complex interactions between our environment, lifestyle and health and wellbeing. From the task group's understanding this will be the first time that this type of information will be brought into the spotlight of Scrutiny within this Council. It should be mentioned however that the current Health and Wellbeing Strategy at the time of writing goes some way to documenting the Health Profile of Waverley, albeit the data and some of the delivery mechanisms are slightly out of date.

3.12 This report should also be read as an attempt to highlight the importance of the Council to go beyond the statutory responsibility for the Health and Wellbeing of the local population. Encouragingly the Health and Wellbeing Strategy recognises the report from the Kings Fund on the role of the Borough Council on Health and Wellbeing. Naturally, there will be a series of recommendations to encourage the Council to put Health and Wellbeing at the forefront of its service delivery across a range of frontline services. However it is important to recognise the work the Council already does in terms of Health and Wellbeing and this is expanded upon later in this report.

3.13 Borough Councils have the potential to make a positive contribution to resident's health outcomes by intervening in the following policy areas**:**

- They have a direct role in house building, homelessness prevention, housing adaptation and enforcement powers to improve the conditions of private rented housing.
- They provide leisure services and access to high-quality green spaces.

[23] The Kings Fund: District Councils' Network, District council's contribution to public health.
[24] Addressing the wider determinants of health – Health and Sustainable Planning Toolkit, Kent County Council, 2014.

- They provide a wide range of environmental health services including tackling air pollution, food safety inspections, pest control and emergency planning.
- Licensing and planning can be used in connection to promote healthy communities by developing an evidence based protocol for dealing with any future planning application that may significantly impact the health and wellbeing of the local population.
- Economic development, housing and other activities require active planning to maximise the health impacts. Planners are key players in encouraging active communities, adequate design and provision of green spaces, affordable housing and equitable economic development for employment sites. A strong local economy is associated with a range of physical and mental health outcomes. Unemployment can double the risk of premature death and one in seven men develop clinical depression within 6 months of losing their job.[25]
- Well-connected communities are good for health. Those with strong social relationships have a 50% higher survival rate than those with poor social relationship.

3.14 Borough Councils also can use their power to influence other bodies such as County Councils, the local NHS, and health and wellbeing boards. There are also further opportunities for Borough Councils to take a more pro-active role in addressing health and well-being inequalities, through the devolution of health and social-care budgets, and the development of Sustainability and Transformation Partnerships. Please note that Waverley falls in between two Clinical Commissioning Group boundaries, Guildford and Waverley (excluding Farnham), and North East Hampshire and Farnham, which also covers western Frensham, Dockenfield and Tilford.

RECOMMENDATION: Learn 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.

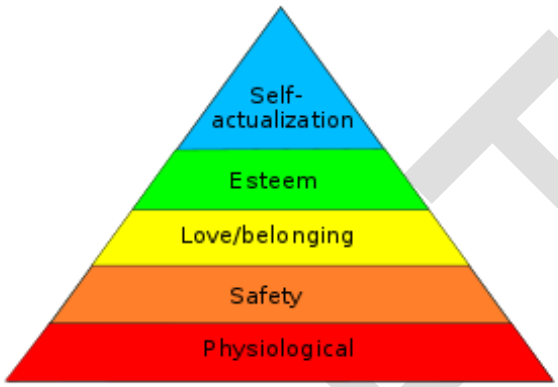
RECOMMENDATION: For Officers to proactively engage with external health partners by participating in meaningful meetings hosted by bodies such as the Clinical Commissioning Groups and Sustainability and Transformation Partnerships, including participating in the Surrey Health and Wellbeing Board 'Health Leads' group; and to report back by fully briefing the Portfolio Holder for Health, Wellbeing and Culture. In addition for the appropriate Officers and Members to be routinely conscious of the data that reflects the health and wellbeing of Waverley residents.

RECOMMENDATION: Be mindful of the Surrey Health Devolution deal for integrating health and social care that is due to come to fruition in April 2018 and monitor and scrutinise the new shadow working arrangements that will be put in place later this year, with particular attention on the impacts to health services used by residents within Waverley.

[25] Ibid.

3.15 Maslow's Hierarchy of Needs describes a five-tier model of human needs that are hierarchical in nature and that some needs take precedence over others. Maslow (1943) stated that individuals must reasonably satisfy lower level needs before progressing to meet high level growth needs and every individual is capable and has a desire and will to move up the hierarchy of needs, but progress is often disrupted by a failure to meet lower level needs.[26]

Figure 2: Maslow's Hierarchy of Needs[27]



3.16 Lower needs such as physiological needs describe the need for air, food, water, shelter, warmth, sex and sleep. Safety needs describe the need to be protected from elements, security, stability, law and order, employment and freedom from fear. As mentioned in para 4.10, the Council has a direct responsibility in House Building, Economic Development (which provides security in employment and income), but the Council also has a statutory responsibility to work with partners to deliver a Community Safety Partnership to reduce crime and disorder within the Borough. These are all services and activities delivered by the Council that are critical to 'reasonably satisfying' a persons physiological and safety needs in the first two tiers.

The Current Situation: Local Health Profile

3.17 Overall Waverley is a healthy Borough. Life expectancy for both men and women is higher than the England average at 81.8 (Male) and 84.8 (Female).[28] Generally, the borough has very low levels of deprivation and scores higher than average on most health indicators. Waverley is characterised by having a healthy, active and affluent population.

[26] https://www.simplypsychology.org/maslow.html
[27] Ibid.
[28] See Public Health England Health Profile for Waverley 2016 and https://fingertips.phe.org.uk/search/life%20expectancy#pat/6/ati/101/par/E12000008

3.18 However health challenges do exist. At the time of writing the most recent data shows that the disparity in life expectancy gap is 7.4 years lower for men and 11.8 years lower for women in the most deprived areas of Waverley compared to the least deprived.

NB: The Waverley Public health profile 2017 shows the life expectancy gap for men and women is 5.7 and 9.5 years respectively. Whilst the life expectancy gap has reduced, the gap remains significant for an affluent borough like Waverley.

Figure 3: Life expectancy gap for men and for women [29]

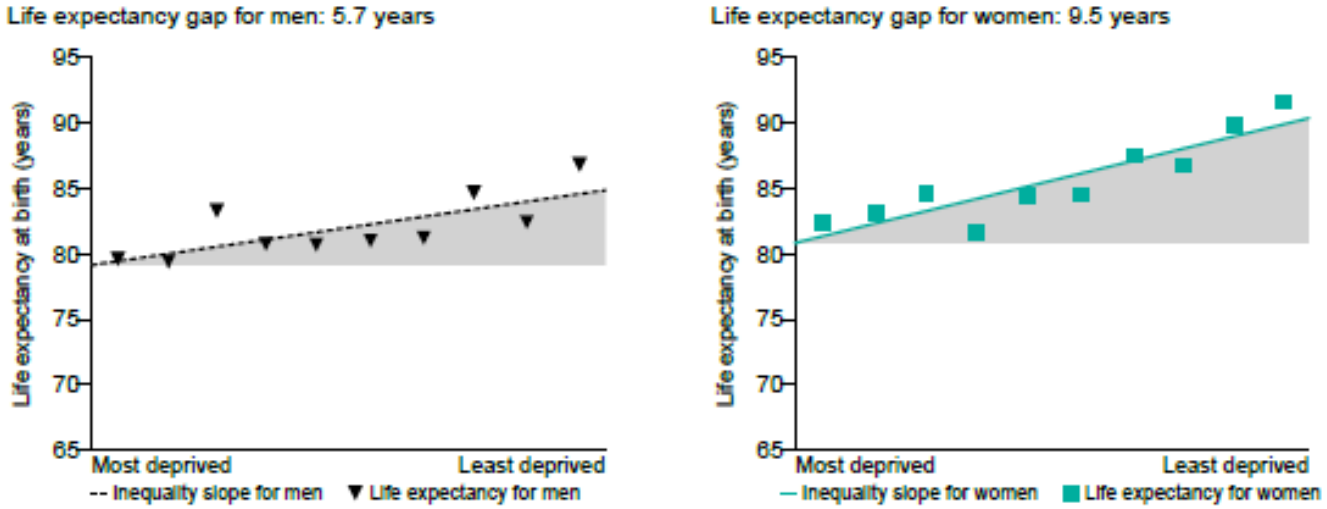
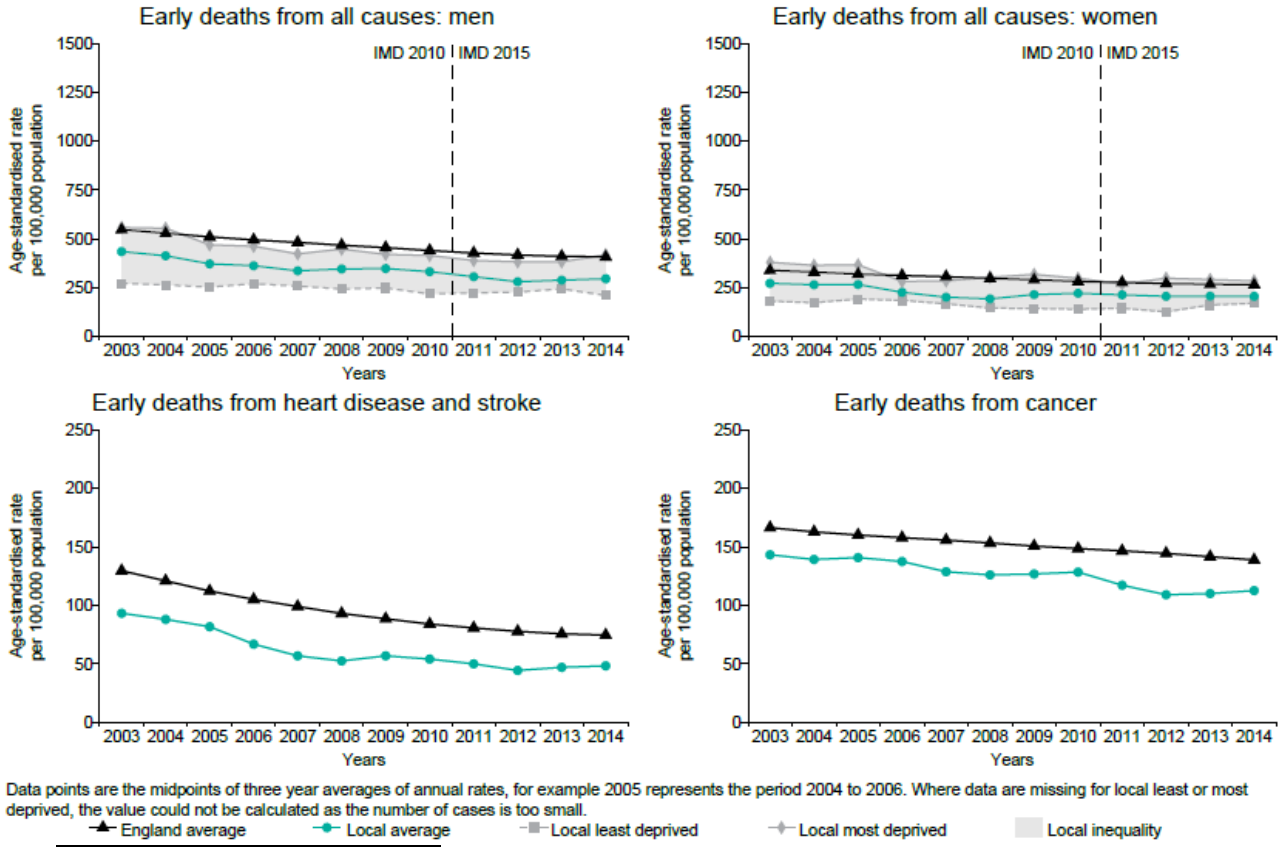


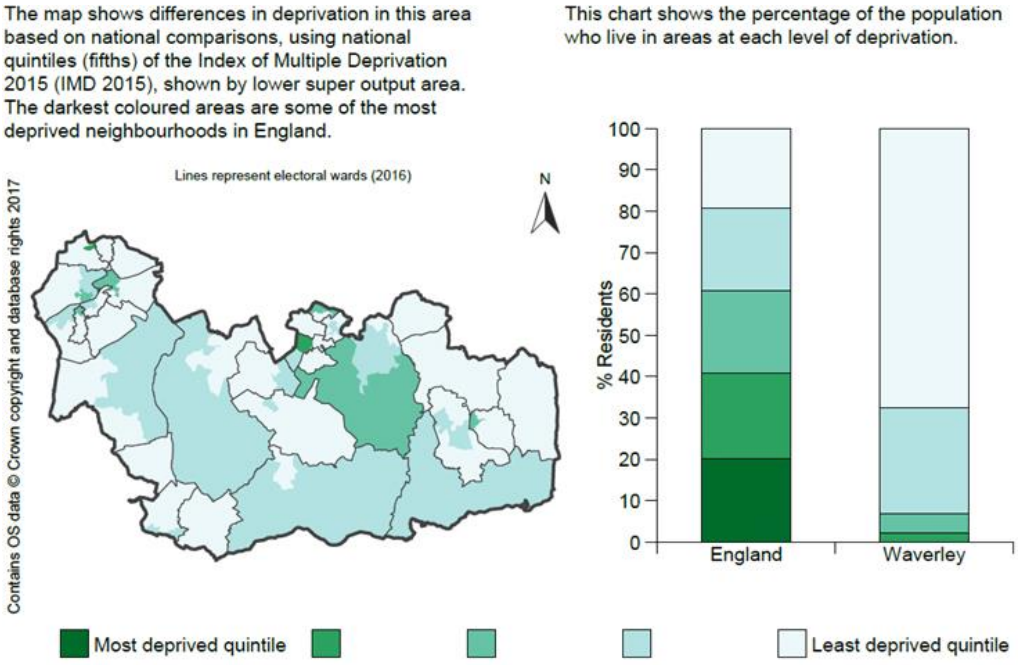
Figure 4: Early mortality rates in Waverley [30]



[29] http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf
[30] Ibid.

3.19 Nonetheless Waverley is one of the least deprived Local Authority areas in England, ranking 323rd out of 326 localities (Index of Multiple Deprivation 2015). Additionally Waverley is the least deprived authority out of the 11 Boroughs within Surrey. The Index of Multiple Deprivation (2015) is based on 7 indices; Income (22.5%); Employment Deprivation (22.5%), Education, Skills and Training (13.5%); Health deprivation and disability (13.5%); Crime (9.3%), Barriers to Housing and Services (9.3%); and Living Environment and Deprivation (9.3%).

Figure 5: Deprivation based on national comparisons using IMD 2015 data [31]



3.20 However, relative to Surrey as a whole, some areas in the Borough do face relatively high levels of deprivation, e.g. Aaron's Hill (Godalming) and Sandy Hill (Farnham). In no particular order the most overall relatively deprived locations in the Borough are as follows:

- Godalming Central and Ockford Ridge
- Alfold, Cranleigh and Ellens Green [32]
- Binscombe, Farncombe
- Farnham Upper Hale
- Milford
- Cranleigh West

Table 1 provides information from the 2011 census featuring output area-data showing the 20 output-areas in Waverley most likely to be affected by poverty. Poverty is defined as being at risk from the following factors: overcrowding, social rented properties, lone parent households with dependent children, no adults employed (dependent children), no cars or

[31] Ibid.
[32] Alfold, Cranleigh Rural & Ellens Green is particular rural and has a high risk to fuel poverty. Many residents are not connected to the mains gas, meaning winter fuel costs are higher.

vans in the household, private rented; one person in household with a long-term health problem or disability and no central heating. The data sample is made up of residents aged 41 - 71 NS-SEC 6,7,8 (semi-routine occupations, routine occupations, never worked and long-term unemployed). The full dataset can be found in Appendix D**.**

Table 1: Output Areas at risk of financial exclusion through poverty [33]

Rank	Lower Layer Super Output Area Code	Ward	Description	% of households
1	005C	Godalming Binscombe	Northbourne	76.85
2	010A	Godalming Central & Ockford	Aaron's Hill / Stonepit Close	71.47
3	002E	Farnham Upper Hale	Sandy Hill: St Marks / Trimmers Close / Toplady	64.94
4	005E	Godalming Farncombe & Catteshall	Wev Ct / Bramswell Rd / The Circle	63.68
5	017A	Haslemere Critchmere & Shottermll	Priors Wood / Vicarage Lane	62.29
6	003A	Farnham Castle	The Chantrys (W)	60.14

RECOMMENDATION: Work with Public Health to plan a range of targeted health interventions that have a universal underpinning for the LSOA's in table 1 of this report. Interventions should focus on preventable measures to reduce high risk taking behaviour that is susceptible to cancer and circulatory disease, particularly in women.

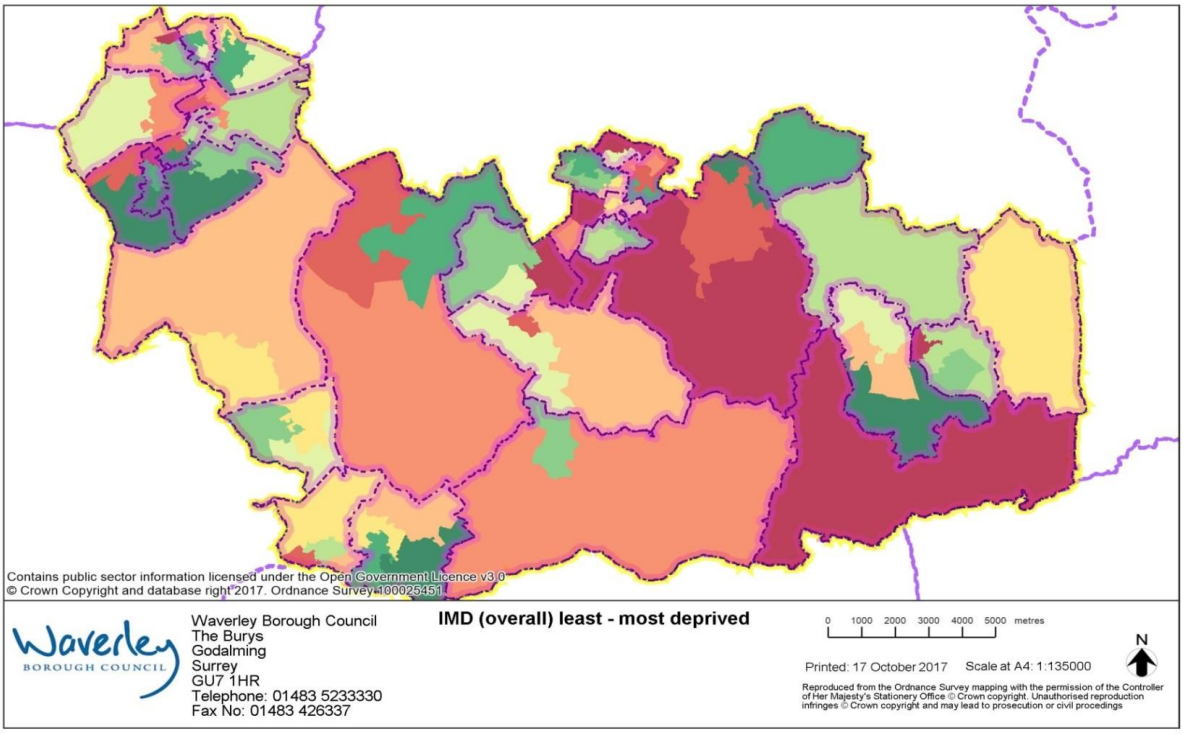
3.21 *This report recognises that the wards mentioned above and throughout this review do not reflect the totality of the ward described, but the Lower layer Super Output Area (LSOA). Therefore any ward mentioned in this report should be treated with caution and on the basis that the ward mentioned reflects the reporting of a small area statistic that does not represent the whole ward.*

3.22 The use of the IMD Maps were used to help the task group identify the clustering of health inequalities across a range of indices to help support and identify where further interventions were needed. The maps were created by layering IMD 2015 data in software called 'statmap – earthlight', a geographic

[33] Output Area-level data from the 2011 census is available at: http://www.neighbourhood.statistics.gov.uk/dissemination/

information system. The group adopted the principle of 'proportionate universalism' as an approach to study health inequalities; the aim being to make recommendations to improve the health of the whole population while focusing greatly on the health needs of the most disadvantaged to reduce inequalities.

Figure 6: Index of Multiple Deprivation (Overall) least – most deprived areas in Waverley [34]



Red indicates 1st decile most deprived and green equals the 10th least deprived.

3.23 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.

3.24 Proportionally Waverley has one of the highest populations of over 65s and 85s in Surrey.[35] It is predicted that by 2020 there will be a 14.3% increase in the number of residents aged 65+ and a 28.6% increase in the over 85.[36]Overall this represents 28,800 residents over the age of 65 in Waverley by 2020. An ageing population means that social isolation and the risk of

[34] Map data shows IMD 2015 per LSOA in Waverley. For further information please see: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

[35] Waverley Health and Wellbeing Strategy 2016-2021, https://modgov.waverley.gov.uk/documents/s8431/Draft%20Health%20and%20Wellbeing%20Strategy%202016-2021%20Annex%201.pdf and https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=707&pid=34

[36] Surrey Uncovered: Why local giving is needed to strengthen our communities, Community Foundation for Surrey, Sian Sangarde-Brown

dementia will continue to be a growing concern for the Council and partners. There is a high demand and low supply within the care sector, which has been made more difficult with the high cost of living in the Borough. The need to keep people healthier for longer to prevent additional pressure on Adult Social Care Services and the National Health Service is of high importance.

3.25 Smoking is still the leading primary cause of preventable illness and premature death. Whilst smoking prevalence is lower for Surrey as a whole, rates are much higher in more deprived communities, which has a significant impact on increasing the health inequalities overall. Compared to the Surrey Boroughs, Waverley is 10/11, with 11 being the worst performing Local Authority in the percentage of adults who smoke (2014 data). [37]

3.26 Broad measures indicate that Surrey has a statistically higher rate of alcohol-related hospital admissions compared with the South East with more than 1 in 5 people over the age of 16 engage in increasing risk drinking. While admissions rates in Surrey remain significantly lower than England, admission rates in Surrey have increased by 11% from 2008-9 to 2014-15.[38] Alcohol admission episodes specifically related to alcohol – i.e. those causally attributed to alcohol consumption has been increasing in Guildford and Waverley CCG at an apparent faster rate than the rest of Surrey, particularly for women.

3.27 In Waverley levels of physical activity are above the English average, yet approximately 1 in 5 people in Waverley are classified as physically inactive (not meeting the recommended 150 minutes of exercise per week).

3.28 In terms of children's health, Surrey has a significantly lower prevalence of obesity compared to the England average. However more than one in six 4-5 year olds and more than one in five 10-11 year olds are obese. For adults in Waverley, more than 60% carry excessive weight (overweight and obesity).[39] **RECOMMENDATION: Review the provision of healthy food choices in the workplace, e.g. the vending machines and catering facilities.**

3.29 The Joint Strategic Needs Assessment for Surrey notes that people who engage in negative lifestyle risk behaviours, such as smoking and alcohol misuse, are more likely to develop poor health and mental health (including hypertensions, risk of stroke, heart disease, depression, anxiety and insomnia). In Waverley, the causes of death contributing to the inequalities are more evenly distributed with close to a third due to circulatory disease, and a fifth due to cancer, followed closely by other causes, respiratory and mental and behavioural disease.[40] Compared to the 11 Surrey Boroughs, Waverley ranks 11/11, with 11 being the worst performing Local Authority for

[37] Data from Surreyi 2014 data set: https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38
[38] JSNA Chapter: Improving Health Behaviours (2016).
[39] Guildford and Waverley CCG Health Profile 2015, p. 51. Also see: https://www.theguardian.com/society/2014/feb/04/two-thirds-adults-overweight-england-public-health
[40] Guildford and Waverley CCG Health Profile 2015. Data dated from 2010-2012. For behavioural diseases please see: https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions

the population aged 65 or over predicted to have a long term health condition caused by stroke.[41]

3.30 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.

RECOMMENDATION: For a 'health in all policies' (HiAP) is taken by the Council and for the Council to advocate this approach to all place-based partners.

RECOMMENDATION: Carry out Equality Impact Assessments (EqIA) and Health Impact Assessments (HIA) on all major decisions with the inclusion of a policy statement which takes into account the potential health inequalities on residents and services users before decisions have been made.

3.31 Figure 7 shows data from the Community Foundation for Surrey: Surrey uncovered, Surrey JSNA, which reveals hidden needs in local communities. The Data also shows the stark inequalities and social disadvantage in Surrey County per Local Authority area.

Figure 7: Health & Well-being data, Community Foundation for Surrey: Surrey Uncovered[42]

Health & Well-being					
Select an indicator to see more details	**Local Authority Local value**	**Local Authority Rank**	**Local Authority Average**	**Local Authority Worst**	**Local Authority Best**
7. Rate of alcohol related hospital admissions (per 100,000) Financial Year, 2011/12 NHS North West Public Health Observatory	1,509.00	6 (11)	1,532.00 †	1,938.00	1,379.00
8. Estimated % of adults who smoke Calendar Year, 2014 Multiple	17.2%	10 (11)	14.5% †	18.6%	10.0%

[41] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38
[42] For a full dataset see: https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38

9. Obese children - Reception Year Academic Year, 2014/15 National Child Measurement Programme	6.0%	5 (11)	6.5% †	8.9%	5.0%
10. Obese children - Year 6 Academic Year, 2014/15 National Child Measurement Programme	9.9%	1 (11)	13.2% †	15.6%	9.9%
11. Teenage Conception Rates 3 Year Pooled Data, 2011-2013 Office for National Statistics (ONS)	9.2	1 (11)	18.8 †	34.7	9.2
14. Population aged 65 and over predicted to be unable to manage at least one self care task on their own (2014) Calendar Year, 2014 Projecting Older People Population Information System(POPPI)	9,081	11 (11)	73,082 †	9,081	4,562
15. Population aged 65 or over predicted to have a long term health condition caused by a stroke (2014) Calendar Year, 2014 Projecting Older People Population Information System(POPPI)	606	11 (11)	4,963 †	606	315
16. Population aged 18-64 predicted to have a Common Mental Disorder (2014) Calendar Year, 2014 Projecting Adult Needs and Service Information(PANSI)	11,165	8 (11)	111,793 †	14,506	7,521
17. Population 65 and over predicted to have Depression (2014) Calendar Year, 2014 Projecting Adult Needs and Service Information(PANSI)	2,279	11 (11)	18,499 †	2,279	1,180

3.32 The data shows that Waverley is ranked 8/11 (1 being the highest performing and 11 being the lowest performing) for Borough Council's in Surrey for those aged 18-64 years who are predicted to have a common mental health issue; and Waverley is ranked 11/11 for Borough populations those aged 65+

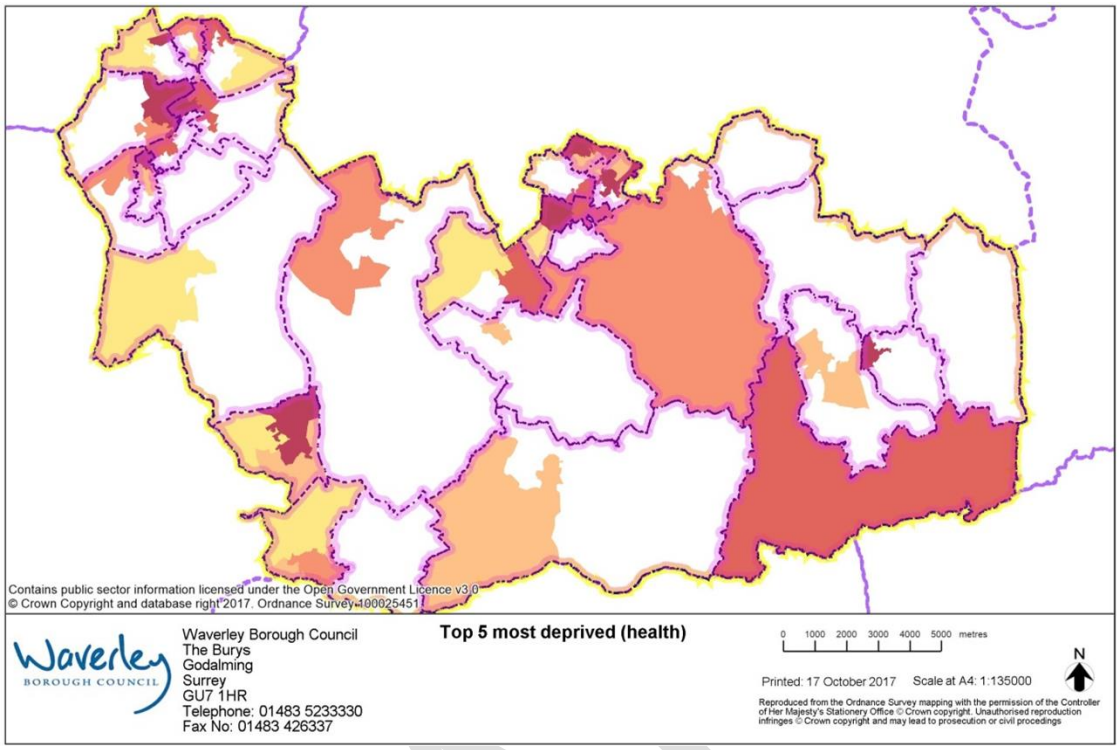
predicted to have depression.[43] Within Waverley, Godalming and Ockford Ridge ward has the highest level of recorded common mental illness within Surrey, and Farnham Moor Park is ranked 5th highest in the same category.[44] In addition, Farnham Castle has the second highest recorded levels of common mental illness within the County.[45] Data from North East Hampshire and Farnham CCG Joint Strategic Needs Assessment 2013 shows that the prevalence of depression is higher than the national average within this CCG area; however the exact prevalence for Farnham overall is unknown beyond the ward figures quoted.

3.33 The JSNA Surrey has reported common mental health needs in Surrey as being relatively low compared to England, but that Surrey is the highest among its CIPFA comparator groups for generalised anxiety and panic disorder and is higher than most for depressive disorder.[46] In addition data from the JSNA reports that for depression 18 +, Waverley (82.6%) has a higher modelled prevalence of depression per 1,000 population than for the Surrey PCT area as a whole (66.1%).[47] The England figure is 73.2%.[48]

3.34 Figure 7 shows a graph that illustrates health lower layer super output areas in Waverley (decile 1) for the Health Deprivation and Disability domain (IMD). This measures the risk of premature death and the impairment of quality of life through poor physical and mental health. This domain also measures morbidity, disability and premature mortality, *but not aspects of behaviour or the environment that may be predictive of future health deprivation*.[49] The LSOAs that feature in this map are: Godalming Central; Godalming, Binscombe; Godalming Central and Ockford, Farncombe & Catteshall; a pocket of Farnham Upper Hale; Upper Farnham Shortheath & Boundstone; western part of Farnham Castle; western Cranleigh West and Hindhead. Further analysis of this data will be required to determine the reasons these areas have been flagged.

[43] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38
[44] Waverley Health and Wellbeing Strategy 2016-2021.
[45] JSNA Chapter: Wellbeing and Adult Mental Health.
[46] Surreyi, JSNA Chapter: Wellbeing and Adult Mental Health.
https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1740
[47] JSNA Chapter: Wellbeing and Adult Mental health, p. 6.
[48] Ibid, p. 6.
[49] See file 2: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure 7: Most deprived for health and disability lower layer super output areas in Waverley



RECOMMENDATION: Review the health priorities for Borough identified by the Public Health Profile for Waverley 2017[50], the Guildford and Waverley Clinical Commissioning Group Health profile 2015, and the North East Hampshire and Farnham JSNA 2013.

RECOMMENDATION: To consider the benefit of reconvening the Waverley Health and Wellbeing Board with a renewed focus on tackling health inequalities in the Borough.[51]

RECOMMENDATION: For the Community Wellbeing Overview and Scrutiny Committee to review the 2018/2019 work programme to include key health priority issues for the borough; including older people's health & wellbeing (hip fractures and excess winter deaths), mental wellbeing and alcohol misuse[52]; and to explore the following topics such as: loneliness, economic wellbeing / financial inclusion, clustering of unhealthy behaviours that lead to health inequalities

[50] http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf Key priorities are older people's health and wellbeing (hip fractures and excess winter deaths), mental wellbeing and alcohol misuse.

[51] See https://www.local.gov.uk/sites/default/files/documents/First%20February%202018.pdf page 17 on 'A matter of justice: Councils have a key role to play in tackling health inequalities in their local areas'.

(smoking, diet, physical activity and alcohol consumption) and the provision of CAMHS in the Borough.

Waverley's Current Health and Wellbeing Offer

3.35 Waverley enjoys an excellent quality of life with a combination of relative prosperity, low crime rates, good environmental performance, and above average health. Waverley is one of the largest Borough's in the Country and is predominantly rural, making for good access to high quality green spaces. However the population of over 65's and 85's of age is one of the fastest growing in Surrey and there are increased numbers of residents with and at risk from neurological conditions such as stroke and dementia. Concerns regarding connectivity and social isolation among the elderly are also a key issue.

3.36 Included in the Health and Wellbeing Strategy is an aim to deliver on the following priorities and sub-themes:[53]

1. Develop a preventative approach
- Encourage healthy lifestyles
- Ensure healthy homes and living conditions
- Support residents to access information and services

2. Promote emotional wellbeing and mental health
- Raise awareness and tackle stigma and discrimination
- Reduce social isolation

3. Improve older adults' health and wellbeing
- Support the implementation of Waverley's Strategy for Ageing Well

4. Improve the health and wellbeing of children and young people
- Ensure families are supported to be happy and healthy
- Support and enable young people to access jobs and training
- Support opportunities for children and young people to participate in physical activity, sports and play

5. Safeguard the population
- Support the implementation of the Safer Waverley Partnership Plan
- Keep safeguarding policy and training relevant and up-to-date

3.37 Listed below is a summary of the Council's current Health and Wellbeing Support to residents. Please note this is not an exhaustive or comprehensive list, but a snapshot of key projects that promote the health and wellbeing of residents.[54]

[53] Waverley Health and Wellbeing Strategy 2016-21
[54] For a comprehensive list of health and wellbeing projects, please see the Action Plan attached to the Health and Wellbeing Strategy 2016-21, p 29 – 51.

- The development of an Ageing Well Strategy, which sets out the Council's aims for supporting older adults in all aspects of health and wellbeing
- £2.2million project to develop the Farnham Memorial Hall, which will host wellbeing-related services
- Delivery of accessible physical activity programmes such as walks for health, GP referral, cardiac and stroke rehabilitation and weight management programmes
- The development of wellbeing-related services within our leisure centres, such as NHS Health Checks, Access to Leisure discounts and Falls prevention.
- Delivery of activities to encourage young people to get active, including Xplorer, skate workshops and Surrey Youth Games training.
- Work undertaken with partners in the delivery of the successful Waverley Arts Wellbeing programme
- Major regeneration at Ockford Ridge, an area with some of the highest health needs in the borough.
- The EasyMove Scheme, which supports Council tenants to move to accommodation better suited to their needs
- Disabled adaptations to Council Homes
- The Delivery of the Waverley Training Services Study Programme, helping young people between the ages of 16-18 obtain additional qualifications to further their life opportunities
- Implementation of the Play Area Strategy to address current needs for play provision and also the future needs, including the refurbishment of playgrounds.
- Community Meals Service
- Befriending Service
- The refurbishment and expansion of Skate Parks.

RECOMMENDATION: Reflect on the findings of this scrutiny review and amend the Health and Wellbeing action plan as appropriate;

RECOMMENDATION: 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.

RECOMMENDATION: 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 and;

RECOMMENDATION: Work with the Officer with responsibility for health and wellbeing to present an annual synopsis (based on the local profiles developed for the Clinical Commissioning Group's and Sustainability and Transformation Partnerships by Surrey County

Council Public Health) of the health of the Borough; and for this report to be presented annually to both the Community Wellbeing Overview and Scrutiny Committee and to the Executive.

EVIDENCE TO THE TASK GROUP

LOCAL ECONOMY AND ENVIRONMENT

3.38 The term 'Local Economy and Environment' in this report refers to the general socio-economic, cultural and environmental conditions that influence health-outcomes. This section of evidence was concerned with the potential health impact of Planning Policy and Housing (both social and private). These are two areas that the Council has significant influence over.

3.39 The 'Local Economy' in this report is used to describe the general economic activities of the Council under the remit of Planning Policy. Planners are key players in encouraging adequate design, active commuting and the provision of green spaces, affordable housing and economic development for employment sites. The task group reviewed this area to ensure that the current and future health challenges were considered in the Local Plan Part 2. Local Plan Part 1 (LPP1) was also reviewed but due to its advanced stage, it was felt that this Scrutiny Review would not be able to recommend any changes that could, in the time allowed, be included. However, it must be recognised that, as a strategic issue, health and health inequalities would have a role in the strategic policies of a future Local Plan.

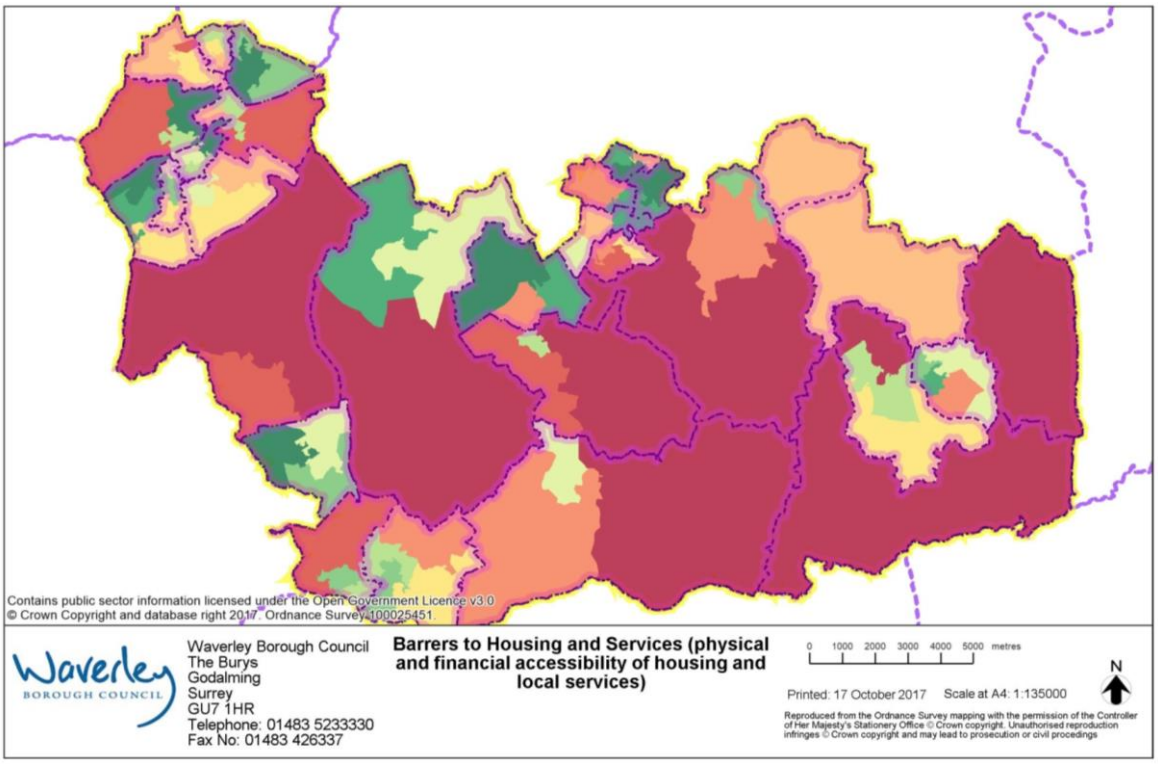
3.40 'Environment' in this report is used for a range of services such as the role of Planning Policy in the built and natural environment; the Council's role in supporting council tenants who live in homes provided by the Council, such as the duty to prevent homelessness; the duty to provide advice and information; and the enforcement of private sector housing. Housing is one of the few areas that affect each and every one of us. The link between housing and health and wellbeing is fairly established and has an important influence on health inequalities through the effect of housing costs, housing quality, fuel poverty, letting experience and over-crowdedness. The task group did not review in detail the Natural Environment as Waverley is predominately a rural borough and has a unique high quality natural environment. Approximately 92% of the Borough is rural with some 80% of the countryside being designated as an Area of Outstanding Natural Beauty.[55]

3.41 In preparation for this meeting IMD maps were produced to help the group identify the clustering of health inequalities across a range of indices to help identify where further health interventions were needed. A full documentation of the IMD Maps can be found in Appendix E. A preliminary conclusion the

[55] Statistics from Local Plan Part 1 (Draft) and Economic Development Strategy, 2017-22.

task group made was that there was no single factor for why there was a life expectancy disparity.[56]

Figure 8: Barriers to Housing and Services IMD domain (physical and financial accessibility to housing and local services) [57]



3.42 The barriers to Housing and Services IMD measures the quality of the local environment in terms of the physical and financial accessibility of housing and local services. NB this domain is divided into two sub-domains: 'geographical barriers', which relate to the proximity of services, and 'wider barriers' which includes issues relating to access to housing in terms of affordability and homelessness. Barriers to Housing and Services is relevant to this review in terms of Planning Policy, i.e. the proximity of services, and Housing, e.g. affordability of owner occupied homes and in the private rented sector.

3.43 The LSOAs that are categorised in the 1st decile most deprived are Bramley, Busbridge & Hascombe; eastern part of Witley and Hambledon; Chiddingfold and Dunsfold; Alfold Cranleigh Rural & Ellens Green; Ewhurst; northern part of Cranleigh West; Elstead and Thursley and Frensham, Dockenfield and Tilford. These LSOAs are predominately rural in geography and therefore it is little surprise that these locations feature in this data set. Due to the rural character of these localities house prices are higher in comparison to the urban settlements in the Borough, not least due to the additional fuel expense as local services will be fewer and farther between, but the

[56] Data used to inform this conclusion was from the uklocalarea profile, which uses the IMD 2015, Census 2011 data, School league tables and House prices (which are published quarterly) and data from Surreyi.

[57] For further information on this IMD domain, see: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

countryside continues to attract home owners who aspire to have greater open spaces, a cleaner environment and the prospect of a greater quality of life.[58]It may also be the case that residents who live in more rural parts of the Borough will experience higher winter fuel costs due to a proportion of older properties not being connected to the mains gas.

Planning Policy

3.44 Members of the Task Group heard from Graham Parrott, Planning Policy Manager, about the policies in Local Plan Part 1 that linked to Health and Wellbeing. He explained that the National Planning Policy Framework (NPPF) included a section on health and wellbeing, but this was limited to focusing on the use and development of land. Whilst Local Plan Part 1 does not have an overarching policy on health and wellbeing, there are a number of policies in the Plan that are linked to these issues, including:

- Policy SP1 – an overarching policy relating to the presumption in favour of sustainable development.
- Policy SP2 – the Spatial Strategy. This seeks to influence where new development takes place. This includes having regard to the hierarchy of settlements so that more development is directed to the larger settlements, with more facilities, compared with the smaller villages.
- Policy ALH1 – this sets out the overall housing target. The Examination Inspector required certain modifications to the Local Plan, including an increase in the housing requirement. This was partly in recognition of the issues of housing affordability and the local need for affordable housing.
- Policy ST1 – this seeks to locate development where opportunities for sustainable transport modes can be maximised. It includes support for walking and cycling.
- Policy IC1 – This relates to infrastructure and community facilities and includes support for the retention of key services and facilities.
- Policy AHN1 – this policy seeks to secure at last 30% affordable housing on development sites above certain thresholds.
- Policy AHN2 – this supports provision of rural exception schemes for affordable housing to meet local needs in rural settlements.
- Policy AHN3 – this policy relates to the mix of housing, including support for housing for older people and people with disabilities, including adopted higher Building Regulations standards in relation to accessibility requirements in all new dwellings.

[58] Information on the higher cost of living in the countryside: http://www.thisismoney.co.uk/money/news/article-2168084/Cost-living-rural-areas-rising-nearly-twice-fast-average-inflation-rate.html. In addition see ;http://www.thisismoney.co.uk/money/mortgageshome/article-2206566/Urban-vs-rural-house-prices-Average-country-home-comes-30-000-rural-premium.html Note the figure on Waverley, and https://www.express.co.uk/news/uk/733898/Cost-living-countryside-Brits-pay-43-thousand-live-rural-areas

- Policy AHN4 – this relates to meeting the needs for accommodation for Gypsies, Travellers and Travelling Showpeople.
- Policy LRC1 – this relates to the provision of new leisure and recreation facilities (indoor and outdoor) as well as the retention of existing facilities.
- Policy TD1 – this is an overarching policy on townscape and design. It sets out a number of ways in which the character and amenity of the Borough will be protected, including by maximising opportunities to improve the quality of life and health and well-being of current and future residents. It gives a number of examples of how this can be achieved.
- Policy CC1 – this seeks to address climate change issues.
- Policy CC2 – this seeks to promote sustainable design and construction.

3.45 Three aspects of health could be affected by planning policy. These are physical health: through the design and layout of developments providing opportunities for exercise; mental health: through ensuring safe neighbourhoods with places for people to meet and interact; and environmental health: through protecting people from pollution.

3.46 Opportunities for Members of the scrutiny review to influence Part 1 of the Local Plan were untimely as the plan was at an advanced stage with the inspector. Members were informed that the local Clinical and Commissioning Groups (CCG's) and Public Health colleagues were consulted on the policies within Local Plan Part 1 that relate to health and wellbeing. However, opportunities for Members to input into the Local Plan remained in Part 2. The group was advised that Part 2 of the Local Plan would pick up more detailed issues that could impact on health and wellbeing within the Development Management (DM) policies. However, crucially any scope for changes to the draft DM policies had to sit within the Local Plan Part 1 and would have to link to any one of the policies listed in point 3.44 of this report.

3.47 Members heard how the planning process included determining where development should take place through looking at the potential impacts on the environment. Policies were in place to secure affordable housing as part of developments; to protect and introduce open space into developments; and to ensure that any removal of leisure of community facilities is justified.

3.48 Cllr Ellis mentioned that the Government's drive to build houses should not be at the expense of employment opportunities and transport infrastructure when assessing prospective developments. The Community Infrastructure Levy (CIL) would help to secure funds for infrastructure, but a key concern from the group was that land that could have been used for employment was being used for housing. Karen Simmonds, Public Health Lead for Waverley, suggested that the Council work with the local Chambers of Commerce to try to keep employment sites viable. Damian Roberts, Strategic Director for Frontline Services, responded that the Economic Development Team was endeavouring to do this. However, the draft revised text to the National Planning Policy Framework[59] gives greater emphasis on converting existing

[59] Note at the time of writing the draft revised text of the NPPF is out for consultation.

planning permissions into homes to manage and meet the demand for additional housing in the country.[60]

3.49 Members heard that in addition to the physical premises, another potential barrier for businesses setting up in the Borough was the access to high speed broadband and 4G. However, Policy CC2 in LPP1 states that all new buildings will be provided with the highest available speed broadband infrastructure, which reflects a comment made from Public Health colleagues in the County during the LPP1 consultation.

3.50 Shannon Katiyo, Public Health Registrar, presented evidence on the links between health and the built environment. Further information on the intrinsic relationship between Health and Planning can be found in Appendix H. However, a useful discussion was held about the applicability and relevance of many of the suggestions to policy and planning decisions, particularly in a rural area such as Waverley where developments are relatively small and the focus of travel necessarily remains by private car. In addition, Officers stressed the need for extensive evidence of the issue in order to justify an additional requirement on the development industry.

3.51 A review had recently been undertaken by Public Health England which examined ways in which Spatial Planning could influence the environment and have positive impacts on health.[61]

- **Neighbourhood design:** compact neighbourhoods increase opportunities for social interaction; safe infrastructure enhances connectivity and access to services; and increasing opportunities for active commuting, e.g. walking and cycling, encourages physical activity.
- **Housing:** improving the quality of housing reduces the likelihood of respiratory disease caused by fuel poverty; a more diverse housing mix between private and social housing improves integration and improves the safety perceptions in the neighbourhood.[62]
- **Food Environment:** improving access to healthy food promotes healthy dietary behaviours and enhancing community food infrastructure provides opportunities for social connectivity.
- **Natural and Sustainable Environment:** reducing exposure to environmental pollution will improve general physical health outcomes and improving neighbourhood layout could result in general environmental improvements.
- **Transport:** increased provision of active travel infrastructure would encourage active mobility through walking and cycling and improving public transport infrastructure would enable all ages to become more mobile and increase their social interaction

[60] https://www.gov.uk/government/news/prime-minister-launches-new-planning-rules-to-get-england-delivering-homes-for-everyone.
[61] Spatial Planning for Health: An evidence resource for planning and designing healthier places, Public Health England, 2017: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625568/Spatial_planning_for_health_an_evidence_resource.pdf
[62] Ibid., page 24, point 2b.

3.52 Graham Parrott mentioned that Public Health colleagues had been consulted as part of the Local Plan development, via the Planning team at Surrey County Council who collate responses from internal teams. CCGs had also been consulted on the stages of Local Plan development, and had not raised significant issues to warrant substantial involvement.

3.53 It is important to continue to monitor and review progress against the data in the JSNA that Planning can influence, such as utilisation of green spaces for exercise; proportions of physically active and inactive adults; levels of air pollution; mortality from respiratory and circulatory diseases; and levels of fuel poverty, to decide the extent to which a public health intervention should be made to increase overall healthy life expectancy of the Borough; and to reduce differences in life expectancy and healthy life expectancy between communities.

3.54 The group heard how Planning Policy could use data from the Public Health Outcomes Framework (PHOF) to assist in the monitoring of the effectiveness of planning policies, which could be used to help inform health related policies in future Local Plan documents.[63] Alongside data from the JSNA, the PHOF focuses on the respective role of local government, the NHS and Public Health England, and their delivery of improved health and wellbeing outcomes for the people and communities they serve. Furthermore the PHOF sets the context for local areas to decide what public health interventions to make. The PHOF sets out two overarching outcomes:

- Increased healthy life expectancy; and
- Reduced differences in life expectancy and healthy life expectancy between communities.

Table 2 shows the relevance of PHOF to planning.

Table 2: PHOF Relevance for health and planning

Domain	Indicators relevant to planning
Improving the wider determinants of health	• Killed or seriously injured casualties on England's roads • Utilisation of green space for exercise/health reasons • Fuel poverty • Older people's perception of community safety
Health improvement	• Excess weight in 4-5 and 10-11 year olds • Excess weight in adults • Proportion of physically active and inactive adults • Self-reported wellbeing
Health protection	• Air pollution • Public sector organisations with board-approved sustainable development management plan

[63] Further information about the Public Health Outcomes Framework can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf and https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019 and https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Healthcare public health and preventing premature mortality	• Mortality from respiratory diseases

3.55 Shannon Katiyo, Public Health Registrar, mentioned that Public Health has a service plan objective to address the wider determinants of health by reducing the impact of environmental factors on health, including air quality and housing. Three areas had been highlighted by a public health working group led by the County to implement a strategic approach to address the environmental determinants of health and work to produce a Supplementary Planning Guidance for Health. These were:

- Improve air quality
- Promoting healthy weight; and
- Improving older people's health

3.56 Focusing on these three areas would enable all Boroughs in Surrey to take a joined up approach in order to influence the wider determinants of health through planning. However, it is worth noting that whilst these three particular issues (air quality, obesity and an ageing population) may be issues for Surrey County and Waverley, they are by no means unique to Waverley. These are national issues and require guidance from Government. The Government is currently consulting on the new National Planning Policy Framework (NPPF).
RECOMMENDATION: Develop Supplementary Planning Guidance which would address strategic priorities for health by working with Public Health to collect an evidence base

3.57 The task group later had the opportunity to work with Principle Planning Officers to input into Part 2 of the Local Plan on the Development Management Policies. Members recommended the following:

RECOMMENDATION FOR INCLUSION OF THE FOLLOWING STATEMENTS EITHER IN POLICY WORDING OR IN THE SUPPORTING TEXT INTO THE DEVELOPMENT MANAGEMENT (DM) POLICIES WITHIN LOCAL PLAN PART 2:[64]

DM1: Environmental Implications:

- **To include reference to flooding in this policy, recognising the impact that flooding can have on the health and inequalities of individual's in both the short and long term [65]**

DM2: Quality Places through Design:

[64] [64] Please note these additional suggestions from the Health Inequalities Task Group are not mandatory to the final wording of the DM polices and should only be seen as recommendations
[65] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/597846/NSFH_briefing_for_policymakers_and_practitioners.pdf

- **Regard will be had to the cumulative effects of development on the character of an area.**

DM3: Safeguarding Amenity

- **For new Housing developments to meet the Government's Technical Housing Standards – Nationally Described Space Standard for internal and external amenity space; and where possible to exceed these standards if financially viable.[66]**

DM4: Public realm and streets:

- **Improve legibility and links to a coherent wider network by promoting routes and signage between the development and local amenities to facilitate walking routes, including public transport stops.**

DM7: Accessibility and transport

- **Ensure that vehicle speed is managed**
- **Facilitates and promotes walking and cycling**

DM26: Development within Town Centres:

- **Include reference to street furniture and facilities for people walking and cycling such as benches.**

Chapter 7: *Delivering the Plan*

Monitoring and Review

It is recommended that:

Planning Policy Officers are aware of the Public Health's Outcomes Framework (PHOF) to assess the impact of planning policy on Health and Wellbeing outcomes with the assistance from Public Health Officers at Surrey County Council, for example:

Table 3

Theme/Policy	Relevant indicator Examples
Healthy weight	• Percentage of physically active and inactive adults • Utilisation of outdoor space for exercise / health reasons
Older people	• Social isolation

[66] https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard

Air Quality	• Mortality attributable to particulate air pollution • Mortality from respiratory and circulatory diseases

For Officers to access information from Surrey County Council Public Health on the following indicators for Waverley:

Table 4

Theme/Policy	Relevant indicator Examples
Healthy weight	• Excess weight in 4-5 and 10-11 year olds: I • Excess weight in adults • Self-reported wellbeing • Killed or seriously injured casualties on England's roads
Older people	• Fuel poverty • Excess winter deaths

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 3 to gather data to inform the revision of the Local Plan.

For Surrey County Council Planning – Health Group to write guidance on ways of considering health challenges in Strategic and Environmental Assessments (SEA) for plans and Environmental Impact Assessments (EIA's) for projects.

End of recommendations to Planning Policy

PLACE-SHAPING

IN THE CONTEXT OF CREATING DEMENTIA FRIENDLY COMMUNITIES IT IS RECOMMENDED THAT THE DIRECTOR WITH RESPONSIBILITY FOR PLACE SHAPING:

- **Discusses with Surrey County Council Highway and Transport Officers and Town and Parish Councils the prospect of working**

together to make existing towns 'dementia friendly' [67] **Prior to this to seek advice from the Planning – Health Group at Surrey County Council.**

- **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.**

- **It is suggested that partners should demonstrate understanding of the physical, sensory and neurological challenges experienced by people with dementia and take into 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.**

- **Include reference to all users, including the elderly in the policy 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.**[68]

- **Include clearly signposted street networks with destinations within x-x meters (5-10 minutes walk).**

- **For a cross reference to be added into the supporting text of the Local Plan Part 1 for new and improved footpaths**

3.58 The Group also discussed how the new Community Infrastructure Levy (CIL) could be used to benefit health and wellbeing for residents. As a side note in a meeting of the Waverley Borough Council Environment Overview and Scrutiny Committee on the 13th November 2017, members had suggested that the Regulation 123 List should include some provision for health facilities in respect of CIL.

[67] http://www.rtpi.org.uk/media/2213533/dementia_and_town_planning_final.compressed.pdf& https://www.alzheimers.org.uk/info/20079/dementia_friendly_communities

RECOMMENDATION: Work with 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.

Housing

Introduction

3.59 Further research was produced in advance of the task group session to aid understanding about the link between housing and health as a wider determinant. It is worth noting that in this section of the report the Task Group heard more evidence with respect to impact upon mental health and wellbeing. As access to Housing is a basic human need, issues being reported nationally such as overcrowding, affordability, security, and housing standards can have a profound affect on mental health and wellbeing.

3.60 Information provided by Shelter show a national overview of the extent to which housing can cause or exacerbate mental health problems:[69]

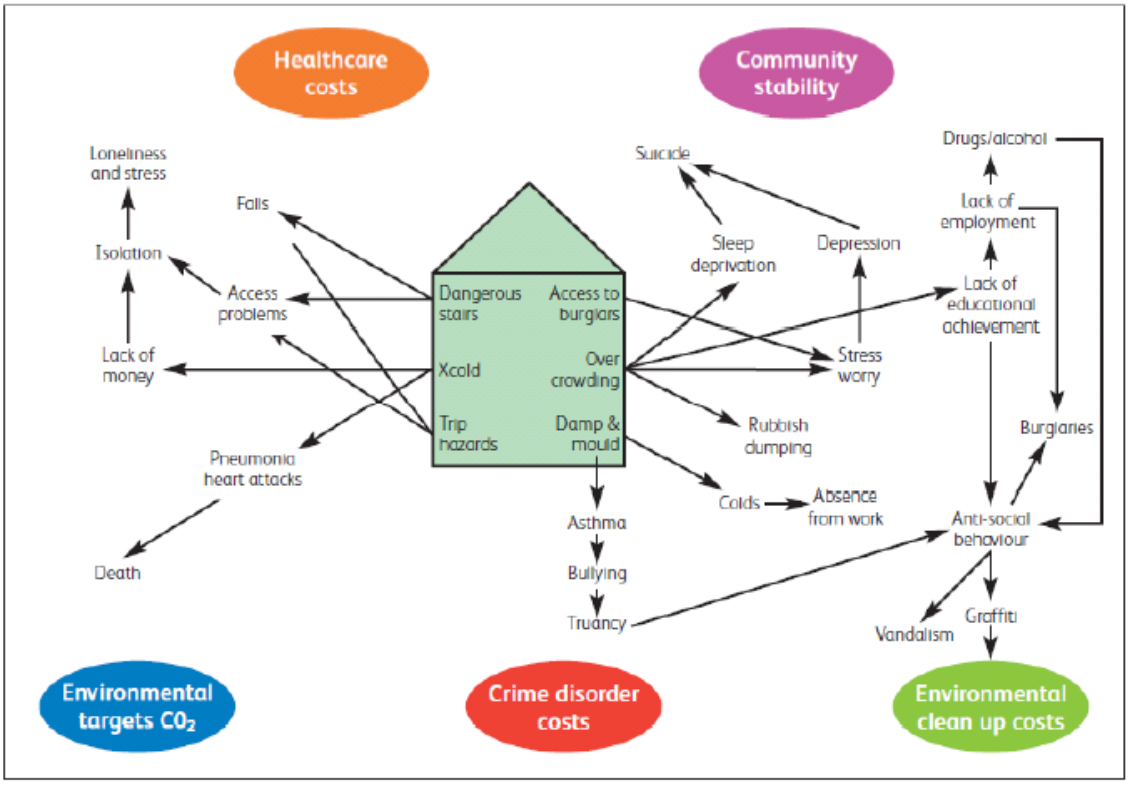
- Close to half (48%) of all adults have had a housing problem or worry at least once in their lifetime
- Housing affordability was the most frequently referenced issue by those who said housing pressure impacted negatively on their mental health followed by housing conditions.
- 26% adults surveyed who have experienced a housing issue said it had impacted negatively on their mental health. Nationally, this would count as 1 in 20 people, or 5% of the population at large, which scales into the millions.[70]
- The main housing problems or worries identified were affordability and conditions of the property. Where housing was seen as the sole cause of mental health conditions, the most citied mental health conditions were anxiety and depression.
- Only 1 in 4 adults surveyed who had a housing issue that impacted negatively on their mental health went to the GP about it, which indicates that there are many people currently going through housing-induced mental health issues.
- Housing not only exacerbates existing mental health issues, but also helps create new mental health problems. (1 in 3 surveyed said they had no pre-existing mental health condition or any history of mental health problems).

[69] The impact of housing problems on mental health, Shelter, 2017.

3.61 Low quality older housing can increase the risk of illness by exposure to damp, mould, cold and structural defects. Generally speaking older homes are harder to heat as a result of poorer insulation, which has a knock-on effect of higher fuel bills. The risk to health known as 'energy precariousness' is a term used to describe the choice to save energy and turn off heating.

3.62 However this behaviour increases the risk of damp and respiratory problems. In Waverley a high proportion of residents are over the age of 85, and risk susceptibility to respiratory problems as a result of cold and damp homes.[71]

Figure 9: Diagram from The Chartered Institute of Environmental Health showing the links between the home and health



Extracted from Good Housing Leads to Good Health, CIEH 2008

3.63 Waverley as a Local Authority Area equals the national English average for excess winter deaths (19.6).[72] *The statistic is the sum of the ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths).* The Public Health Profile for Waverley in 2016 shows that nationally there has been a rise in the number of excess winter deaths from 15.6 (2016) compared to 19.6 from the 2017 profile data. Worryingly, Waverley is following the national trend, going from 12.3 to 19.6 excess winter deaths in one year (2016 to 2017) and going from below the national average for excess winter deaths, to now equalling it.[73]

3.64 Furthermore aids and adaptations, especially for the disabled and elderly are very important in reducing the risk of accident. It is documented by the

[71] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=707&pid=34
[72] http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf
[73] Ibid.

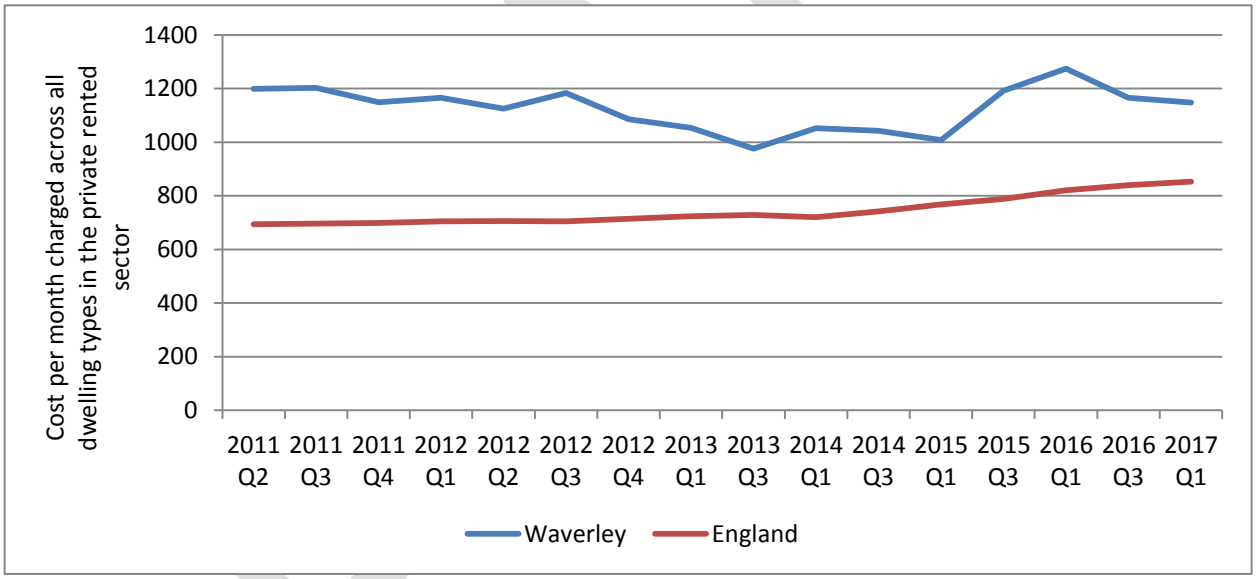
Housing Learning & Improvement Network that the annual cost to the UK Government from falls within their home from those aged 65+ is £1Billion with an average cost of a single hip fracture estimated at £30,000.[74]

3.65 Affordability of housing is a major issue in the South East and this has a knock on effect on access to truly affordable housing for people from all walks of life. Crucially, the demand for social care workers in Waverley is high and inhibited by the barrier to affordable housing in the Borough.

3.66 Using the Shelter Housing Databank the Group were able to highlight the issue of affordability in the Borough by comparing the average private rent (pcm) for all dwelling types; median house prices to median earnings, including the lower quartile figures; and median full time wages.

Figure 10: Mean private rented cost across all dwelling types

- These figures show the mean rent per month charged across all dwellings in the private rented sector in the twelve months to the end of the period specified. The VOA advise that this data is not to be used for reliable trending.



[74] Housing Learning & Improvement Network, Public health and housing: We can get it right, p. 16.

Figure 11: Median House price to median earnings ratio

- These figures show the ratio of the median house price to the median wage in the area.

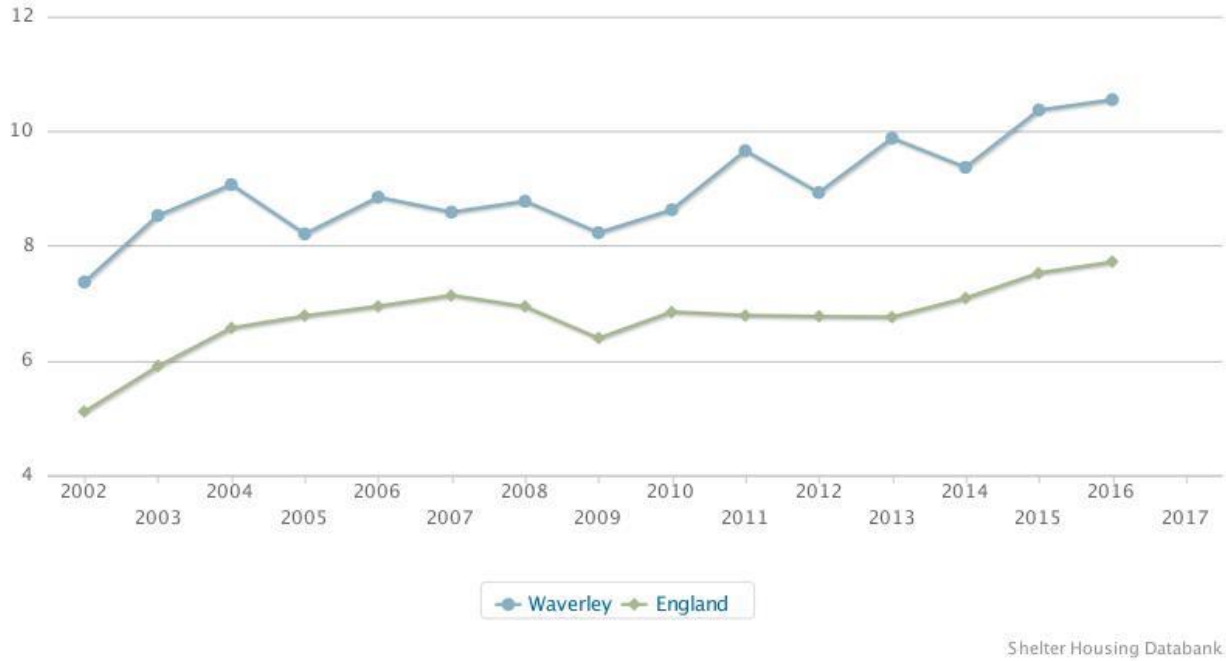


Figure 12: Lower quartile house price to lower quartile earnings

- These figures describe what multiple of the lower quartile income in the area the lower quartile house price in the area is.

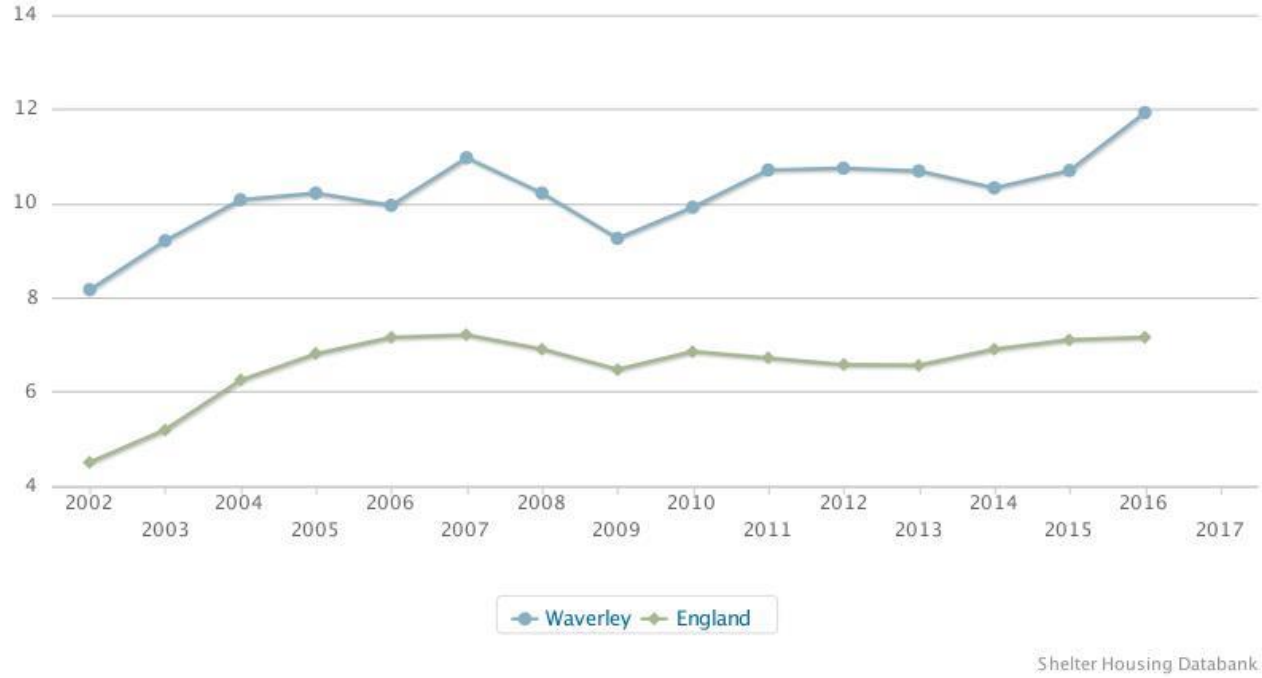


Figure 13: Median full time wages

- These figures show the median gross annual wage for full-time workers in the area.

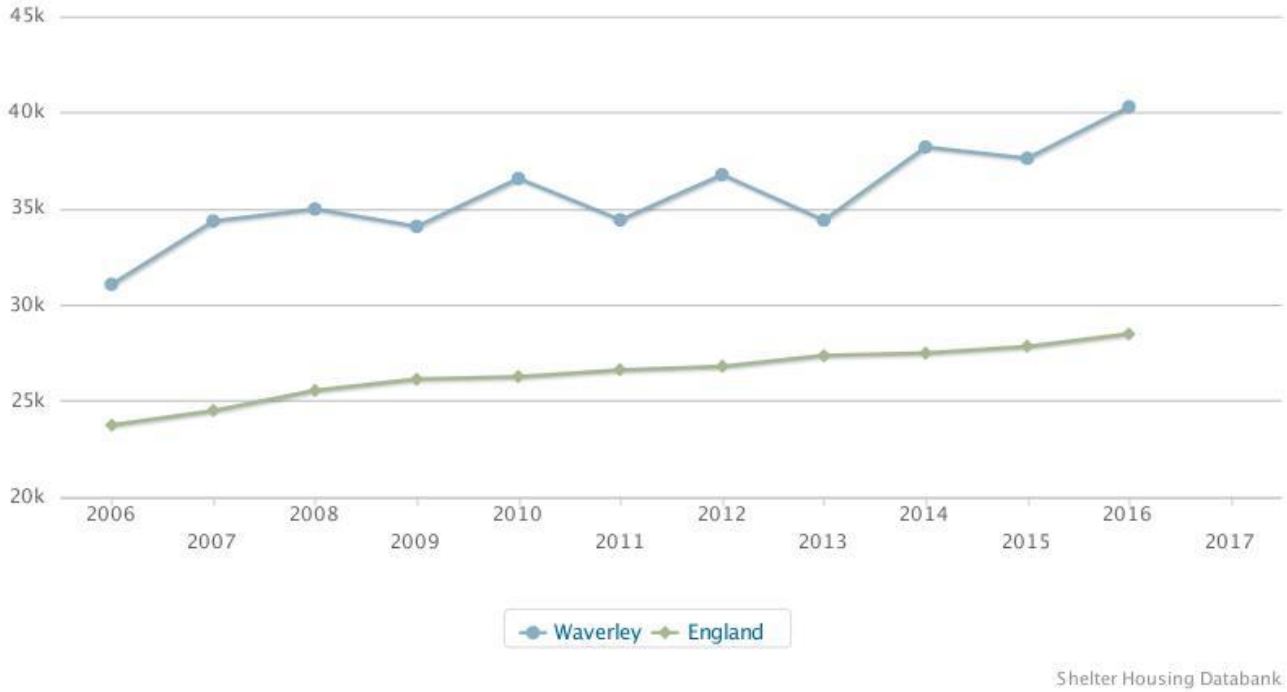
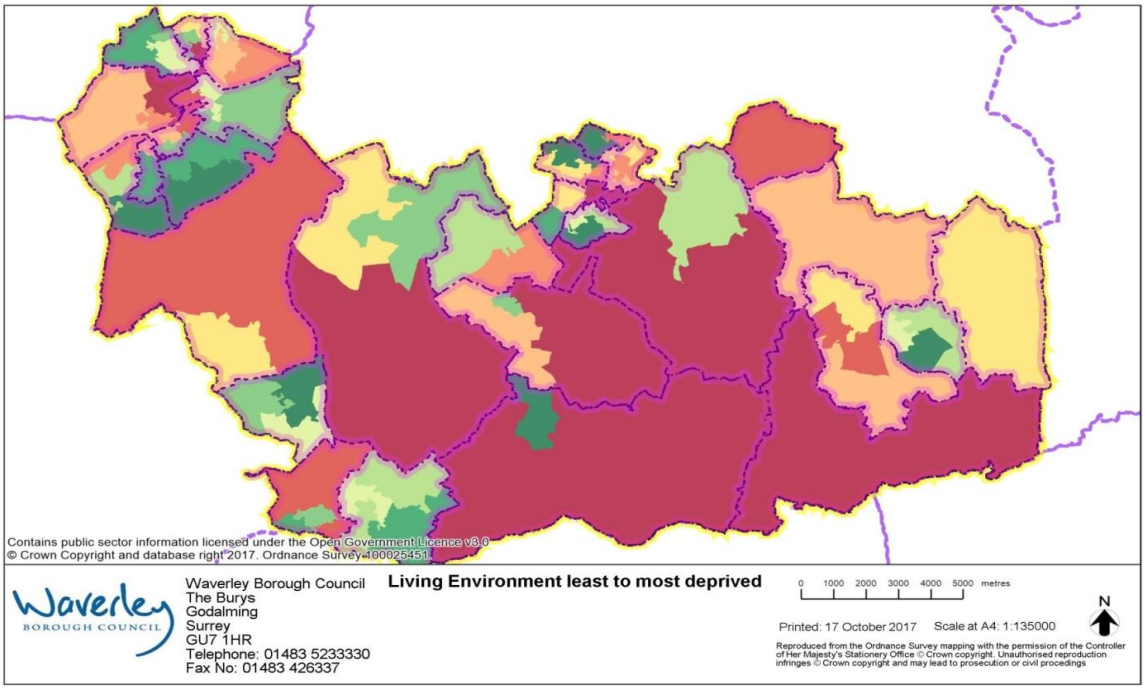


Figure 14: Living Environment IMD Domain (quality of local enviroment; housing, air quality and road traffic accidents) [75]



3.67 The Living Environment domain refers to the quality of the local environment in terms of the quality of housing, and air quality and road traffic accidents. For the purpose of this review this domain was used to partially aid the

[75] For further information on this IMD domain, see: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

group's understanding of the quality of housing in the Borough. However it is recognised that this data will be influenced by data from air quality and road traffic accidents data and therefore this map should be read in context.

3.68 The LSOAs that are categorised in the 1st decile as most deprived are Bramley, Busbridge & Hascombe; eastern part of Witley and Hambledon; Chiddingfold and Dunsfold; Alfold, Cranleigh Rural & Ellens Green; Elstead and Thursley; Godalming Central; eastern part of Farnham Castle; and southern part of Farnham Hale and Heath End.

Private Sector Housing

3.69 Members heard from Simon Brisk, Private Sector Housing Manager, that in Waverley the most common recorded issues raised were complaints about living conditions, landlord / tenant disputes and overcrowding.

3.70 Approximately one third of private rented properties in Waverley did not meet the decent homes standard and security of tenure is an issue as tenants were often too concerned with the risk of eviction to make a complaint.[76] Furthermore the increasing cost of energy meant that people often didn't heat their homes properly, increasing the risk of respiratory illness.

3.71 The group heard how there has been a large consecutive increase in the number of complaints about living conditions over the past 5 years. In addition data from the Waverley Citizens Advice Bureau (CAB) was submitted to the task group which showed the number of unique housing related cases from 2014 -2017. The data highlights that between 2014 – 2017 there had been 133 cases of clients reporting problems with private sector rents; 72 reports of problems with letting agencies; 75 reports of tenancy deposit protections; and 52 cases of possession action (not arrears). The full dataset can be found in Appendix I of this report.

3.72 Additional profile client information provided by CAB Waverley showed that there were 69 cases of threatened homelessness due to private landlord; 62 cases of security of tenure; 70 problems with letting; 65 cases of issues to do with the cost of deposits / rents; and 46 cases of possession action (not arrears). Selected data can be found in Appendix J.

RECOMMENDATION: 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.

RECOMMENDATION: Explore the possibility of introducing a mandatory registration / licensing of private landlords

3.73 The most frequently reported problems relating to living conditions in private rented properties were respiratory and circulatory diseases from excess cold

[76] Decent Home Standard: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7812/138355.pdf

or damp and mould; disrepair; risk of falls due to poor or unsafe layout; and general safety issues including fire hazards, electrical safety and defective appliances.

RECOMMENDATION: Raise awareness of the Environmental Health guidance on Private Sector Housing Standards

3.74 Members were informed that new legislation had been introduced to prevent retaliatory evictions, giving tenants more confidence when making a complaint. The legislation also required smoke alarms to be fitted in properties, as well as alarms where a solid fuel appliance was used.

RECOMMENDATION: Provide active signposting to landlords and tenants regarding rights and responsibilities

3.75 The Private Sector Housing Team carries out statutory HMO inspections, the majority of which are located in Farnham (student accommodation). There were currently 46 licensing HMOs in Waverley, but proposed legislation to remove the reference to three-storey houses means that properties that are 1 and 2 storey houses of multiple occupancy will require a HMO licence. As a result it was speculated that this figure would increase to around 500. It was also mentioned that in general the cap on benefits has increased the number of house-shares.

RECOMMENDATION: Provide an analysis of the type of HMOs in the Borough in light of the changes to HMO classifications from Government.

3.76 Members heard how the Private Sector Housing team also administer grants; these include disabled facilities grants for both private tenants and owner-occupiers; and energy efficiency grants, where the team was predominantly targeting mobile home sites. These grants helped to maintain resident's independence in their own home, preventing unnecessary hospital admissions.

3.77 Waverley had also received funding from the Better Care Fund to provide further grants to help residents to maintain their independence in their own homes. A new Home Improvement Policy was also in the process of being adopted (commenced January 2018); this would allow the Council to extend the range of assistance it is able to offer to vulnerable residents to help them remain living safely and independently in their own homes.

RECOMMENDATION: Continue to promote the Better Care Fund and advice from Action Surrey to help residents with their energy and fuel costs.

<u>Housing Options</u>

3.78 Annette Marshall, Specialist Advisor mentioned the Housing Options Team work with some of Waverley's most vulnerable residents and those most at risk from cyclical homelessness. For many, their perception of homelessness is the visible manifestation of street homelessness. However, street homelessness counts for a tiny percentage of real homelessness or potential homelessness. Many of the vulnerable people and households we deal with are continuously at risk of homelessness. These households include children,

domestic abuse victims, those with physical or mental health difficulties, households in financial difficulty, and those who have had alcohol or substance misuse issues. The aim is to prevent further homelessness or potential homelessness by providing support to those who need it to maintain their tenancies.

3.79 Annette also mentioned that her team continually assess the mental, physical and emotional wellbeing of clients and give appropriate advice to further this aim. The team work with a variety of external partners who are able to share a lot of information with agencies when appropriate; e.g. Social Services (adult and children), Police, Community Mental Health Services, Domestic Abuse Outreach, Educational Services, Private Landlords, Letting Agent's, CAB and Drug and Alcohol Teams.

3.80 The group heard how the Housing Options team deal with cases where domestic abuse is the primary issue for their potential homelessness and a large percentage of the team's cases are domestic abuse victims. Since April 2017 37 out of 76 cases that the support team has dealt with cited Domestic Abuse as the primary cause of their housing issue (close to 50% of the team's case work).

3.81 For victims of abuse, financial abuse and control are significant components of domestic abuse and it is often the case that managing money, bills and paying rent is made harder by their abuser, or indeed abusers will not allow their victims access to money at all. It was noted that domestic abuse statistics are as high in Waverley as other parts of Surrey and the UK.

3.82 There are also an increasing number of cases where the son/daughter of a family were unable to afford their own accommodation but were being asked to leave home by their parents.

3.83 As demand for acute housing and social housing far outweighs supply, it is by and large the case that people threatened with homelessness had to be placed in the private rented sector with a higher level of insecurity around tenure as the team has to rely on private landlords to provide a form of quasi-social housing. Often these families would lack life skills, being unable to manage their finances, which lead to high levels of rent arrears. In addition these families were not able to cook properly and as a result of not being able to cook healthy meals, unhealthy lifestyles would often lead to frequent contact with the NHS as preventative measures failed to reach these individuals.

3.84 Reasons why residents might be facing homelessness were that rental property in Farnham was unattainable for those on benefits as it was grouped as part of the Blackwater Valley for purposes of rent assessment, rather than the more expensive Guildford Area (the housing benefit rate does not meet the housing market assessment). Many people who were at risk of homelessness struggled to find secure work due to their lack of qualifications. These people were often on minimum wage, zero-hour contracts, meaning that they were not financially stable enough to secure private sector rentals. This links back to the risk of being in rear arrears and being susceptible to being homeless.

3.85 Case studies were provided to illustrate the diverse range of situations the Housing Options team worked with. The case studies reveal that cyclical homelessness is an issue and it was made apparent that often the team were working with different generations of the same family.

RECOMMENDATION: Work with the Benefits Team and Citizens Advice Waverley to promote the availability of budgetary advice with households at risk of cyclical homelessness.

Housing Options Case Studies [77]

Case Study 1 – Jason*

- Jason is a single male who has an enduring psychotic mental illness
- He has been living in a privately rented flat in Waverley for 8 years and his condition has been relatively stable and managed by his GP.
- Jason attends various voluntary groups such as Oakleaf and the Richmond Fellowship. Jason's GP has identified stress as a relapse trigger in regard to his mental health.
- Following changes in Housing Benefit rules Jason can no longer afford his rent and has received notice from his landlords.
- He is struggling to comprehend the situation and approached Housing Options for advice.
- He had also become confused when dealing with the benefit agency and had not been able to comply with the Employment and Support Allowance requirements.
- This has left him living solely on his Disability Living Allowance award.
- Jason presented as stressed and agitated about the situation and has not always demonstrated full understanding of what he needs to do.
- Recognising the impact the current situation is having on his mental health Jason has been signposted to his GP to be referred back to the Community mental health services.
- At the same time Jason has been assisted in applying for a short term discretionary top-up to his Housing Benefit to give him some time to make a long term plan.
- It was found that Jason had previously applied for social housing but had not kept up with the renewal paperwork and so his application had been cancelled.
- We have assisted Jason to appeal this decision successfully and he is now able to bid on suitable properties as they become available.
- Having shown that he can cope living in the community and managing his home and his mental illness with a minimum of support, we are hopeful

[77] * names have been changed

that Jason's housing situation will be resolved by a move to the cheaper and more secure option that is social housing.

Case Study 2 – Laura*

- Laura has approached Housing Options for assistance twice.
- In April 2016 she was pregnant and living with her parents.
- The father of her unborn child was no longer in her life.
- Her parent's home was overcrowded already and they could not accommodate her upon the arrival of her baby.
- Unable to work as the baby was imminent and with no savings or family who could help fund housing she faced homelessness.
- Laura was assisted financially with an interest free loan (repayable at an affordable rate) to secure a privately rented property through the rent deposit scheme.
- A year into her tenancy the landlord decided he required the property back for a family member.
- He issued a Section 21 notice (no grounds required) and Laura came back to our service as she was again facing homelessness, this time with an infant child in her household.
- Laura had maintained repayments toward her previous loan and was in receipt of Housing Benefit when she received the Section 21 notice.
- She was assisted to find another privately rented property and this time was eligible for a Discretionary Housing Payment (non repayable grant) to help in part with the start up costs of the tenancy.
- The new deposit was funded by the rent deposit scheme as another interest free loan.
- Laura has also applied to the Council's Homechoice scheme and she and her daughter are on the waiting list for social housing.

Case Study 3 – Bob and Sheila*

- Bob and Sheila have five children ranging in age from four to thirteen.
- Sheila has a Community Psychiatric Nurse as she struggles with bi-polar disorder and she spent much of her childhood as a looked after child.
- The five children are an open case to Children's Services due to concerns about neglect when Mrs Jones' mental health deteriorates, as well the children's poor attendance at school.
- The family were living in a privately rented four bedroom house in Godalming which had been sourced by them and the monthly rental partly funded by Housing Benefit
- Bob's father had acted as guarantor for the tenancy.
- The couple fell out with his father who then withdrew from the guarantor role leading to the letting agent issuing a Section 21 notice.

- Housing Options worked to find another privately rented property of a suitable size in Waverley however nothing presented itself within the family's timescale.
- They were advised of their right to remain beyond the end of the notice however they decided not to exercise this.
- They came to the Council on the last day to present as homeless having surrendered their house keys to the letting agent.
- Emergency bed and breakfast accommodation was arranged in Crawley and their belongings were placed in storage.
- The family made a formal homeless application and the Council accepted a duty to accommodate them.
- They were placed in temporary accommodation in Milford until a property of suitable size and affordable price became available.
- After two months living in temporary accommodation a three bedroom, two reception, privately rented property was sourced in Guildford. This was the closest property that could be found of an adequate size.
- The family now reside in Guildford - however they are unhappy about the location and appealed when the offer was made.
- The Council's decision was upheld by the Reviewing Officer upon appeal.
- The family have declared that they will do all they can to sabotage the tenancy and six months later they have received a Section 21 notice as they have not paid any of their contribution towards the rent.
- It is highly likely that they will face homelessness again and this time the Council may not have a duty to assist them.

Case Study 4 – Ella*

- Ella came to Housing Options whilst living in a privately rented property in Godalming with her partner and their two children.
- The children were open to Children's Services due to concerns about Ella being a victim of domestic abuse from her partner and her misusing alcohol.
- Ella was working part time.
- The couple were given a Section 21 notice by their landlord and meanwhile the Domestic Abuse continued.
- The abuse was so serious that Ella's case was discussed at a multi-agency risk assessment conference.
- During all of this she was being supported by Catalyst, Domestic Abuse Outreach and Children's Services as well as Housing Options.
- With Housing Options financial assistance and the ongoing support from multiple agencies Ella and her children were able to leave her abusive partner
- We sourced a privately rented tenancy for Ella and the children in a safe location.

- Being away from her abuser Ella was able to address her alcohol misuse issues and she has successfully maintained her tenancy.
- Ella no longer requires the support from Children's Services.
- Ella has maintained her employment throughout her ordeal.

Tenancy and Estates

3.86 Laura Dillon, Tenancy and Estates Officer, provided the group with an overview of the main health and wellbeing issues affecting Waverley's tenants.

3.87 The task group heard how many of the tenants may be in need of support to help manage their tenancy; to make and go to appointments; and to secure employment. Mental health, as well as drug and alcohol problems were of concern to the Tenancy and Estates team. Class A drugs such as heroin and cocaine were noted to have been discovered among tenants in Cranleigh. The tenants would only seek help as a last resort, where earlier intervention could have been more effective.

3.88 Laura mentioned that the team were having difficulties linking up with other agencies, and that Social Services and the Mental Health team at Surrey County Council didn't readily share information. Furthermore it was felt that the importance of the work the Tenancy and Estates team do around working with people with health and mental health difficulties were largely unknown to Surrey County Council; and that only when the value of this work was known would a relationship improve with Social Workers – but when staffing changes momentum would be lost.

RECOMMENDATION: Recognise the important work the Waverley Borough Council Tenancy and Estates Team do with respect of clients with multiple health needs.

3.89 The group also heard how Children's Services and Adult Social Care had high thresholds for opening new cases and sometimes would withdraw their support once a tenant reached a certain stage. This would leave the Tenancy and Estates team as the only service available to them.

Tenancy and Estates Case Studies

Cranleigh

- My main issues that I deal with within Cranleigh are mental health and anti social behaviour (ASB). I would say the majority of the tenants who have mental health issues also have a drink or drug addiction. Most don't have contact with any other professional services or if they do they don't engage, so it is left to me/WBC to feedback to the services that should be involved of any concerns. I am visiting these tenants in regards to ASB, property conditions or if property services can't get access.
- I work closely with the police, children centre, mental health and GP. I feel my tenants struggle with accessing services as most are based in Godalming or Guildford. Public transport is limited and expensive. I

believe that at certain points of the day if you catch the bus you have to go to Guildford, then change to get to Godalming.

- I have had some serious ASB which I have liaised with the criminal investigation department (CID). Examples of ASB: Knife crime, unexplained death, assaulting a police officer within their property, assaults and drugs. Other types of ASB are neighbour disputes which we try in most cases to refer to mediation.
- I also attend regular Team around the Family (TAF), Child In Need (CIN) and Child Protection (CP) cases. These meetings are led by Social Services. From experience families primarily attend one of these meetings in relation to rent, ASB and/or unresolved mental health issues.
- Mental Health – St Andrews I have dealt with two cases here with regards to hoarding and living with mental health problems. This has led me to liaise with CAMHS and Adult social services. You have two very different cases as one very much engages with the service provided and the other is struggling due to not being able to read and write. I have also had to call the RSPCA due to the dogs being in such a poor state.

Farnham

- Neighbourhood issues - I have a tenant whom lives alone that has caused some neighbourhood and community issues throughout the past few years. Tenant has previously been a victim of severe Domestic Abuse and has been supported by the outreach team who have assisted with making one of the bedrooms a safe room.
- Due to a complex background tenant turns to alcohol regularly and this is then often a path to destruction. Tenant has been arrested several times from the home and neighbours had been subject to verbal and physical abuse from her.
- When I became involved there was a high level of distrust in any form of authority and although I respected that, I could clearly see this was going to be a slow steps approach in order to make any headway.
- The tenant had made a suicide threat that was taken very seriously, was in significant amount of arrears, her benefits had stopped and she was offering sexual favours in exchange for money on her electric card.
- Although there were a mass of issues to sift through the tenant had volunteered to sign an Anti Social Behavioural Contract (ABC) and I have worked with neighbours, Surrey police, mental health, our rents team, housing benefit, DWP and floating support services in order to assist with keeping the tenant on the right path. I have completed monthly visits for the past 9-12 months and will continue to do this for as long as is needed.
- The tenant was seen last week as we had the final ABC update meeting and she has been accepted for a 2 year counselling course, her HB and

rent and benefits are all on track and she is on the correct medication for her mental health and she was taking positive steps for her future.

- No further complaints from neighbours have been reported and the tenant has reduced her alcohol intake.

Other issues:

- Lack of support from social services – only coming at the case from one point of view, lack of information sharing in the tenant's interest.
- The lack of tenant engagement and denial of problems in some cases.
- Inconsistent and/or temporary mental health support

RECOMMENDATION: For 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

RECOMMENDATION: For this information to be shared with the Community Safety Team at WBC.

RECOMMENDATION: Review the safeguarding pathways for referring vulnerable residents identified within the Borough by the WBC Housing teams, and others

RECOMMENDATION: As part of the corporate induction programme make all new frontline staff aware of mental health first aid training and 'making every contact count' (MECC) in order to signpost customers who show signs of deteriorating health; and for existing frontline Council staff, Voluntary and Community Groups who receive funding from the Council, and Leisure Centre reception staff to be made aware of mental health first aid training and MECC (cross reference recommendation 59).

LIFESTYLE BEHAVIOURS

3.90 Lifestyle behaviours in the context of this review refer to the activities which impact one's health, such as consumption of alcohol, drugs, tobacco, physical inactivity and being overweight. These behaviours play a major role in influencing health, wellbeing and the risk of developing chronic diseases such as cancer, heart disease, stroke, respiratory disease and liver disease. Behavioural change – i.e. altering behaviour to improve health, is vital to the prevention agenda to improve health outcomes. [78]

3.91 There is a social gradient between high-risk taking behaviours and deprivation - the lower a person's social class, attainment and status, the

[78] See https://publichealthmatters.blog.gov.uk/2016/09/02/our-support-for-population-behaviour-change/,

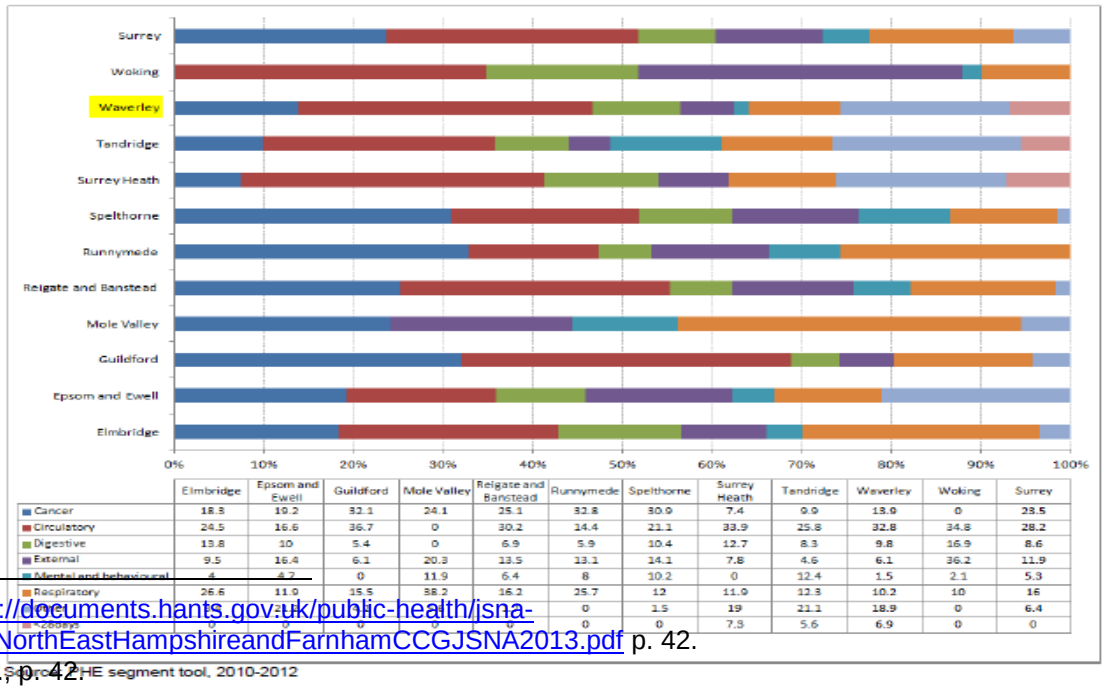
more likely he/she will engage in these high-risk taking behaviours. The task group also heard from Public Health that close to half of the burden of illness in developed countries is associated with four main unhealthy behaviours: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity – but also that the drivers of these behaviours are linked to factors that drive inequalities, such as deprivation, unemployment, poor educational attainment and housing issues.

3.92 It is estimated that within the North East Hampshire and Farnham CCG area 43% of new cases of cancer are linked to lifestyle and environmental factors with smoking accounting for almost 20% alone.[79] The biggest risk factors to cancer after smoking is dietary factors: being overweight, obese and consuming harmful amounts of alcohol.[80]

3.93 Data from GWCCG shows that in Waverley a third of deaths are due to circulatory disease, a fifth due to cancer, followed closely by other causes, respiratory and mental and behavioural disease.[81] Data from North East Hampshire and Farnham CCG (2013) state that cancer is now the leading cause of death, followed by circulatory disease and respiratory disease.[82]

3.94 Data presented in Figure 15 and 16 shows the rank of factors that contribute towards death in men and women per Local Authority area in Surrey[83] This data set is not to be confused with the potential years of life lost measurement (PYLL), which is introduced later on in this chapter.

Figure 15: Percentage of factors that contribute towards death in men (2010-12)

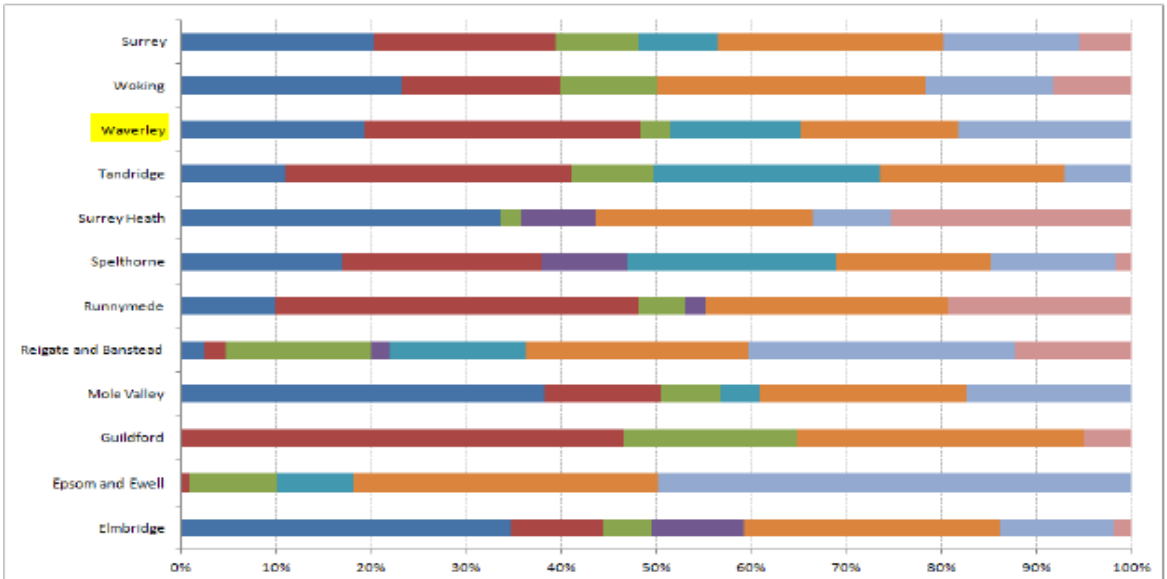


	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	Surrey
Cancer	18.3	19.2	32.1	24.1	25.1	32.8	30.9	7.4	9.9	13.9	0	23.5
Circulatory	24.5	16.6	36.7	0	30.2	14.4	21.1	33.9	25.8	32.8	34.8	28.2
Digestive	13.8	10	5.4	0	6.9	5.9	10.4	12.7	8.3	9.8	16.9	8.6
External	9.5	16.4	6.1	20.3	13.5	13.1	14.1	7.8	4.6	6.1	36.2	11.9
Mental and behavioural	4	4.7	0	11.9	6.4	8	10.2	0	12.4	1.5	2.1	5.3
Respiratory	26.6	11.9	15.5	38.2	16.2	25.7	12	11.9	12.3	10.2	10	16
Other	0	0	0	0	0	0	1.5	19	21.1	18.9	0	6.4
Ill-defined	0	0	0	0	0	0	0	7.3	5.6	6.9	0	0

Source: PHE segment tool, 2010-2012

[79] http://documents.hants.gov.uk/public-health/jsna-2013/NorthEastHampshireandFarnhamCCGJSNA2013.pdf p. 42.
[80] Ibid., p. 42.
[81] Data from Guildford and Waverley Clinical Commissioning Group (GWCCG) Health Profile 2015, p. 107.
[82] North East Hampshire and Farnham Clinical Commissioning Group, Joint Strategic Needs Assessment 2013, p.3.

Figure 16: Percentage of factors that contribute towards death in women (2010-12)



	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	Surrey
Cancer	34.6	0	0	38.2	2.4	9.9	17	33.7	10.9	19.4	23.1	20.2
Circulatory	9.8	0.9	46.5	12.1	2.3	38.2	21	0	30.2	28.9	16.8	19.2
Digestive	5.1	9.1	18.2	6.5	15.3	4.9	0	2.1	8.5	3.2	10.1	8.7
External	9.6	0	0	0	1.9	2.1	9	7.9	0	0	0	0
Mental and behavioural	0	8.1	0	4.3	14.3	0	22	0	23.9	13.6	0	8.4
Respiratory	26.9	32	30.3	21.7	23.4	25.6	16.3	22.8	19.4	16.7	28.4	23.7
Other	12	49.8	0	17.3	27.9	0	13.1	8.2	7.1	18.2	13.3	14.3
<28days	1.9	0	5	0	12.4	19.3	1.8	25.4	0	0	8.3	5.5

Source: PHE segment tool, 2010-2012

3.95 Circulatory disease is the single largest contributor to inequalities in life expectancy between the least and most deprived areas in the GWCCG area regardless of gender.[84] Addressing risk factors for circulatory disease in the most deprived areas is likely to have the most impact on health inequalities overall. [85]

3.96 Targeting cancer in women in Waverley may also reduce the health inequalities.[86] The large life expectancy gap in women within the Borough (9.5 years) is attributed by and large to the number of deaths of women who live in the most deprived areas in Waverley.[87] Furthermore the data presented in figure 16 may also help to understand what is happening in smaller pockets of our communities; and may help to explain why certain geographical areas have been flagged up in figure 6, page 33, which show the overall map of deprivation in the Borough.[88]

RECOMMENDATION: 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. In particular to consider ways of reducing the prevalence of high risk taking behaviours that leads to circulatory disease and

[84] GWCCG Health Profile 2015, p. 108
[85] Ibid., p. 108
[86] Ibid., p. 108
[87] Ibid., p. 108
[88] Ibid., p. 108

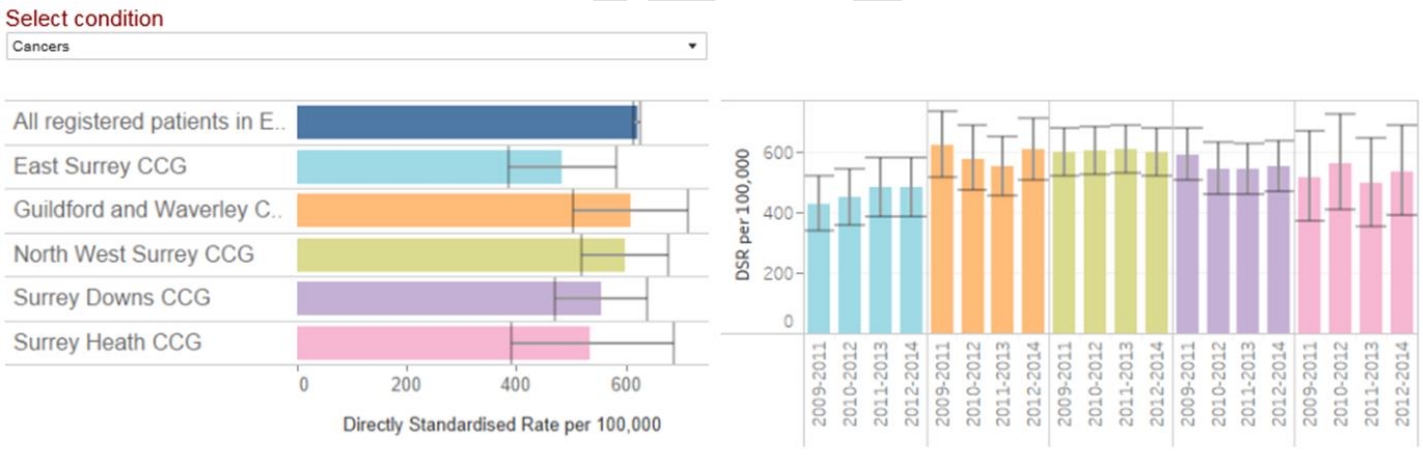
cancer, particularly in women in the most deprived areas of the Borough.

3.97 It should be noted however that although the prevalence of cancer is higher locally within the GWCCG area (2.5%) than compared to the English average (2.1%), mortality from cancer is substantially lower, indicating better survival locally.[89]

3.98 When examining the Potential Years of Life Lost[90], data from the Guildford and Waverley CCG Health Profile 2015 (data circa 2010-12), shows that in Waverley (excluding Farnham), the biggest underlying causes of potential years of life lost (PYLL) amenable to health care is cancer (one third) and coronary heart disease (one fifth).[91]

3.99 Figure 17 shows the PYLL for Cancer for GWCGG compared to the remaining CCG Surrey boundaries. While all CCG's in Surrey have a lower value in PYLL than the national average, figure 17 shows PYLL for cancer in the boundary for Guildford and Waverley CCG is the highest within all CCGs within Surrey.

Figure 17: Potential Years of Life Lost (PYLL)[92]



Drugs and Alcohol Misuse

3.100 The task group heard from Fiona Campbell and James Poole from Catalyst, a counselling service who work with people that are dealing with issues stemming from drug and alcohol misuse and mental health. Based in Guildford and operates across Surrey, Catalyst's aim is to reduce the harm

[89] Wording courtesy of GWCCG Health Profile 2015, p. 77
[90] The PYLL is defined as the years of potential life lost due to premature deaths, i.e. under the age of 75, due to causes of death which have been identified as amenable to prevention or delay through good healthcare.
[91] GWCCG Health Profile 2015, p.6
[92] Data extracted from Place-based profile, Surreyi: https://public.tableau.com/profile/alessandra1710#!/vizhome/PotentialyearsoflifelostGuildfordandWaverleyCCG/Potentialyearsoflifelost

that drug and alcohol cause to an individual, their family and the community at large. Members were made aware how the cases Catalyst receives are complex, as social problems are often involved with alcohol and drug addictions.

3.101 Data provided by Catalyst to aid this scrutiny review can be found in Appendix K. In respect of the data it was noted that there was a feeling that a majority of elderly people with addictions to alcohol were not being picked up / made known to Catalyst albeit a surge in the number of 65 + / retired being referred.

3.102 Members were made aware that many people with both substance misuse and mental health issues report having difficulty in accessing services due to issues around exclusion criteria. For example, someone may be excluded from accessing a mental health service such as IAPT due to their level of alcohol use, but may not meet the criteria for a service that supports people with substance misuse issues.
RECOMMENDATION: 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.

3.103 Alcohol and drug addiction are both a cause and an effect of social isolation; isolation occurs due to alcohol addiction and this in turn leads to further alcohol consumption due to feelings of isolation.

3.104 Members heard from Katie Webb, Community Services Manager, about alcohol and drug related domestic abuse. The definition of domestic violence is in accordance with the current cross - government definition as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to the following types of abuse:

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of

the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault".

3.105 The Community Safety Team receives A&E data from the Anti Social Behaviour Manager at Surrey Police – this data provides the team with information about:

1. Alcohol related incidents at licensed premises,
2. Number of domestic abuse incidents reported; and
3. The positive outcomes related to the above

3.106 Waverley has the highest number of domestic homicide cases compared to Surrey Borough Councils; since 2011 there has been 5 domestic homicide reviews. Members heard how a number of cases of domestic violence included mental health, as well as how alcohol and drugs consumption can act as a trigger. According to Surrey Uncovered, domestic abuse is higher than expected in Surrey and cuts across all areas of society.[93] Furthermore the task group heard how there have always been a high level of domestic abuse cases in Waverley, but now they were being reported. Chapter 1, the Outreach Service for Waverley, view that an increase in reported incidents is positive as it shows that victims are coming forward to services for help. However, Chapter 1 also measure the number of repeated reports and this is an area they would like to see go down.

RECOMMENDATION: 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

Smoking Prevalence

3.107 Members heard from Rachael Davis, Public Health Lead, Surrey County Council about tobacco control and smoking cessation. Members heard that smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. About half of all life-long smokers would die prematurely. It was also raised that there exists a social gradient between smoking and social status; the more disadvantaged a person is in terms of social status, the higher the likelihood that person will smoke; and therefore suffer from smoking related disease and premature death.

3.108 Nationally the rates of smoking prevalence is declining, however the decline in smoking rates has been significantly slower in disadvantaged groups. Smokers from the poorest communities tend to have higher nicotine dependency, lack social support and often have challenging life circumstances.

[93] http://www.cfsurrey.org.uk/wp-content/uploads/2016/04/2279_Surrey_uncovered_final_LR.pdf

3.109 The task group heard how smoking rates were higher amongst people in manual occupations, people with no qualifications, people who were unemployed and received income support, people who lived in rented housing and people with low mental wellbeing. Smoking rates were also higher among people with mental health problems.

3.110 Table 3 shows more up to date data for smoking prevalence in Waverley in 2016. Smoking prevalence nationally has reduced from 19% in 2014 (ONS data)[94] to 15.5%. Encouragingly prevalence has gone down in Waverley from 14.8% (2014) to 9.1% as of 2016 data.[95] However, in table 3 there are a handful of wards that are above the national average (15.5%): Godalming Central and Ockford (19.3%), Godalming Farncombe and Catteshall (17.6%), Farnham Castle (17.5%), Godalming Binscombe 16.8%), Farnham Upper Hale (16.7%) and Farnham Moor Park (15.7%). It appears that as the smoking prevalence rate is reducing nationally, Waverley's rate is falling at a faster rate.

Table 3: Smoking prevalence in Waverley (2016)[96]

Ward name	LA name	Estimated number smokers 18+	MidYear 2016 Adults 18+	Estimated smoking prev 18+
Godalming Central and Ockford	Waverley	753	3904	19.3
Godalming Farncombe and Catteshall	Waverley	750	4264	17.6
Farnham Castle	Waverley	643	3662	17.5
Godalming Binscombe	Waverley	557	3308	16.8
Farnham Upper Hale	Waverley	550	3300	16.7
Farnham Moor Park	Waverley	642	4089	15.7
Haslemere Critchmere and Shottermill	Waverley	654	4566	14.3
Godalming Charterhouse	Waverley	421	2954	14.3
Farnham Firgrove	Waverley	501	3516	14.2
Haslemere East and Grayswood	Waverley	756	5450	13.9
Farnham Wrecclesham and Rowledge	Waverley	477	3489	13.7
Cranleigh East	Waverley	722	5288	13.7
Farnham Weybourne and Badshot Lea	Waverley	481	3555	13.5
Farnham Shortheath and Boundstone	Waverley	424	3153	13.5
Alfold, Cranleigh Rural and Ellens Green	Waverley	233	1734	13.4
Farnham Hale and Heath End	Waverley	461	3465	13.3
Hindhead	Waverley	452	3498	12.9
Milford	Waverley	417	3244	12.8
Cranleigh West	Waverley	410	3274	12.5
Elstead and Thursley	Waverley	378	3189	11.8
Bramley, Busbridge and Hascombe	Waverley	436	3697	11.8
Witley and Hambledon	Waverley	360	3073	11.7
Chiddingfold and Dunsfold	Waverley	366	3159	11.6
Ewhurst	Waverley	196	1727	11.4
Shamley Green and Cranleigh North	Waverley	152	1373	11.1
Frensham, Dockenfield and Tilford	Waverley	343	3225	10.6
Godalming Holloway	Waverley	303	3202	9.5
Blackheath and Wonersh	Waverley	130	1411	9.2
Farnham Bourne	Waverley	274	3197	8.6

RECOMMENDATION: Work with the Waverley Borough Council Community Safety Team to stage a public health intervention aimed to

[94] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2014
[95] GWCCG Health Profile 2015, and information from PH 2017 submitted to the Task Group.
[96] Estimate smoking prevalence by ward – Mosaic 2016. See appendix M of this report.

reduce smoking prevalence in the wards identified in table 3 of this report.

3.111 When compared to the average smoking prevalence of Surrey (12.4%) as of 2016, over half of Waverley's wards exceed this figure. This may give some explanation why cancer contributes to one third of potential years of life lost [97] and why circulatory disease is the single largest contributor to inequalities in life expectancy between the least and most deprived areas in the GWCCG area.[98]

3.112 In light of the data above and the pronounced social gradient in smoking that affects health inequalities and life expectancy by premature death *(smoking and the health impacts are more probable to affect people in manual occupations; people with no qualifications; people who live in rented housing; and people with low mental wellbeing)*, the following recommendations are made:

RECOMMENDATION: Promote a community wide campaign to promote smokefree organisations by supporting Smokefree Alliances' campaign to go 'smokefree'; and

RECOMMENDATION: For a representative of Waverley Borough Council to join and attend the Smokefree Alliance.

RECOMMENDATION: Work with Human Resources 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.

RECOMMENDATION: 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, e.g. Quit 51, an organisation, commissioned by Surrey County Council public health, that helps people quit smoking.

Healthy Weight and Child Obesity

3.113 Nicola Mundy, Public Health, spoke to the group about the state of children's health and obesity in Surrey and Waverley. The presentation can be found in appendix N of this report. The group heard how recent data showed that whilst Surrey has a significantly lower prevalence of obesity compared to the English average, there are still 1 in 6 (16.67%) reception aged children (ages 4-5 years) either overweight or obese, compared to 1 in 5 (20%) for the rest

[97] See point 4.100, and p.6 of the GWCCG Health Profile 2015.
[98] See point 4.97 and p.108 of the GWCCG Health profile 2015.

of England. In addition to this 1 in 4 (25%) Year 6 (ages 10-11 years) are overweight or obese, compared to the 1 in 3 (33%) for England.[99]

3.114 The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (ages 4-5 years) and year 6 (ages 10-11 years) to assess overweight and obesity levels in children within primary schools. The NCMP was formed as part of the Government's strategy to tackle obesity and the key purpose of the programme is for the information to be used to inform local planning and to support the delivery of services for children.

3.115 In Waverley obesity prevalence for children in reception (ages 4-5) for 2016/17 is 5.3% (NCMP: Waverley 2007- 2017).[100] In comparison the Surrey Local Authority average is 6.3% (ward data from the NCMP 2013/14 to 2015/16).[101] Please note that at the time of writing the latest data informing the Surrey local authority average was not released (2014/17 data set) so NCMP 2013/14 to 2015/16 data was used. Obesity prevalence for children in year 6 (ages 10-11) in Waverley for 2016/17 is 11.48%, compared to the Surrey local authority average of 13.4% (NCMP: Waverley 2007-2017).[102]

3.116 Obesity prevalence is also higher among boys than girls in both age groups.[103] Like other health related behaviours such as smoking, a social gradient exists where the obesity prevalence increases with higher levels of deprivation.

3.117 In terms of the prevalence of children who are overweight (including obese), 14.74% of children in Reception age 4-5 are overweight. For children in Year 6 age 10-11, 24.38% are overweight (data quoted can be found in appendix O).

RECOMMENDATION: As part of the Health and Wellbeing strategy put an emphasis on encouraging healthy lifestyles alongside promoting access to Leisure Centres.

3.118 Recently the Health Related Behaviour Survey was carried out with young people of primary and secondary school age.[104] Please note that while the sample is Surrey wide (rather than refined to Waverley), and had only 22% coverage across Surrey schools at the time of writing, the Task Group were reassured that the data findings were statistically significant because over 10% of schools had been surveyed.

[99] See appendix N of this report.
[100] Data extracted can be found in appendix O of this report. This data also includes information for children in Year 6 aged 10-11.
[101] See appendix P of this report. The data extracted provides the Surrey Local Authority average for obesity across both age ranges (4-5 and 10-11).
[102] See appendix O and P respectively.
[103] See appendix N of this report (slide number 3).
[104] For the full set of questions and responses for children of primary school please see: https://www.surreyi.gov.uk/.../get/ShowResourceFile.aspx?ResourceID=1814 . For questions and responses for children of secondary school age, please see: https://www.surreyi.gov.uk/get/ShowResourceFile.aspx?ResourceID=1815

3.119 Nonetheless data had been highlighted that covers the Guildford and Waverley CCG area.[105] Data from the Surrey Children and Young People's Health and Wellbeing Survey 2017 recorded that 26% of pupils aged 8-11 would like to lose weight.[106] In addition 29% had a medium – low self-esteem score.[107] This is based on a composite self-esteem score.[108] More girls than boys scored themselves at the lower end of the scale, however more boys than girls scored themselves with a high self-esteem score.[109] Furthermore, 75% of pupils responded that they worry about at least one of the issues listed (e.g. exams and tests, their physical health, school-work problems, family problems and their mental health).[110]

3.120 Findings relating to Primary School (8 – 11 years of age: year 4 and year 6) are; 72% of pupils experienced at least one of the negative behaviours a few times a month – 29% responded that this feeling is often or everyday.[111] These negative behaviours range from being pushed/hit for no reason, been teased / made fun of, being called nasty names and had belongings taken / broken. A full list can be found in the 'Surrey Children and Young People's Health and Wellbeing Survey 2017'.

3.121 In addition 5% of year 10 girls (ages 15-16) in Surrey responded that they usually / always cut and hurt themselves when they have a problem that worries them or makes them unhappy.

3.122 Members heard how it was becoming hard to identify excess weight in children as the perception of a healthy weight had changed. The idea of what is a healthy weight was becoming more skewed and consistent levels of childhood obesity in recent years has normalised an unhealthy weight.[112] The task group heard that for a child aged 6-8 to be considered a healthy weight their ribs should be mildly visible when relaxed.

3.123 The task group also heard that from the health related behaviour survey 27% of Year 6 pupils (ages 11-12) wanted to lose weight and that the percentage of pupils that want to lose weight increases with age. Catalyst added that the consumption of large amounts of unhealthy food, despite the number of people knowing the harm and consequences, could be seen as an addiction. Sometimes the reason for overeating relates to underlying emotional stress.

3.124 Data from the Waverley Public Health Profile 2017 states that 58.6 of adults carry excess weight.[113] Moreover data from North East Hampshire and

[105] Data extracted from 'The Surrey Children and Young People's Health and Wellbeing Survey 2017: A report for NHS Guildford and Waverley CCG, The Schools Health Education Unit.
[106] Ibid., p. 5.
[107] Ibid., p. 39.
[108] Individual self-esteem items can be found on page 40 of the Surrey Children and Young People's Health and Wellbeing Survey 2017.
[109] The Surrey Children and Young People's Health and Wellbeing Survey 2017, p. 39.
[110] Ibid., p. 46.
[111] Ibid., p. 47.
[112] https://www.sciencedaily.com/releases/2014/11/141111133602.htm, also see: https://www.theguardian.com/society/2016/dec/14/parents-children-overweight-survey-obesity and https://www.birmingham.ac.uk/research/perspective/childhood-obesity.aspx
[113] http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf

Farnham show that up to 79% of children who are obese in their early teens are likely to remain obese in adulthood and have a higher risk of premature mortality.[114] This suggests unhealthy eating behaviours carry on into adulthood.

3.125 The group heard that there were a number of initiatives in place to address unhealthy weight in Surrey, including 'Alive N' Kicking', and 'Change 4 Life'. There is also a model of a whole school approach to support personal, social, health and economic education (PSHE) in schools delivered by the Surrey Healthy Schools Programme which is currently provided by Babcock 4S. There are also a number of strategies designed to contribute towards achieving a healthy weight such as the Healthy Weight Strategy and the Breastfeeding Strategy. It was noted that services were now being directed to those that needed their help and advice to encourage people to do more for themselves to manage their weight.

RECOMMENDATION: Improve children's healthy weight in schools 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.

3.126 Waverley's Leisure Centres run by Places for People have set up a GP referral scheme. Whilst people go to Leisure Centres to lose weight, physical activity can help to improve overall health and wellbeing, including mental wellbeing. However the task group heard that uptake was low and that GPs do not refer enough people to this type of scheme (known as social prescribing). It was added that more people were likely to self refer, than be referred by their GP.

RECOMMENDATION: Continue to work with the North East Hampshire and Farnham CCG and Waverley and Guildford CCG to promote the physical and mental health benefits of referral to Waverley's Leisure Centres and;

3.127 Places for People (PfP) work with the CCGs, PHE, GPs as well as; Frimley Park Hospital, the Royal Surrey County Hospital, Farnham Hospital, Milford Hospital and Haslemere Hospital to promote healthier lifestyles. PfP provide these hospitals with information about their Cardiac Phase IV, Stroke Rehabilitation, Falls Prevention Classes and Exercise on Referral Scheme. It was noted that in regard to Exercise on Referral Scheme, this was applicable to ages 11 and over.

3.128 PfP currently run three classes to promote healthier lifestyles within the Borough on a universal offer, and previously carried out weight management programmes in areas of deprivation.

RECOMMENDATION: Liaise with Places for People (PfP) to assess the benefit of exploring opportunities for community outreach work to encourage active lifestyles in areas of social deprivation.

[114] NE Hampshire and Farnham CCG JSNA 2013, p. 24.

ACCESS TO PRIMARY CARE

3.129 Members heard evidence from the Guildford and Waverley CCG (GWCCG) and Healthwatch Surrey regarding access to primary care, specifically the extent to which residents are able to access their GP services and what this has meant for health outcomes. Questions regarding access, provision and demand were posed to both guests, and in addition to the evidence heard by the task group, written submissions from both the GWCCG and Healthwatch Surrey can found in Appendix Q, S, T and U of this report.

3.130 After this meeting the Scrutiny Policy Officer wrote to the North East Hampshire and Farnham CCG to take account of Farnham, which falls under a different CCG boundary compared to the rest of Waverley. The same questions posed to Guildford and Waverley CCG was asked and answers to these questions have been paraphrased in the report. A full response from both the Guildford and Waverley CCG and the North East Hampshire and Farnham CCG can be found in Appendix Q & R respectively.

- *Has it become harder for patients to access GP practices in the last 7 years? (in making an appointment). And if so, what do you feel the reason for this is?*

3.131 Jane Williams, GWCCG, mentioned that the CCG had indications that the workload in primary care is continuing to increase and that demands on GP practices are high. Nationally and locally there is a drive to increase access to GP appointments, e.g. through online access, but also through the NHS England GP Forward View funding for appointments outside of core hours. In Guildford and Waverley for 2018/19, the funding allows for an additional 110 hours per week of clinical across 2 hubs. This is following initial pilots of increased provision over the Christmas and Easter periods. In addition Jane mentioned that the CCG works closely with its practices to identify ways they can work differently to increase access, e.g. through employing clinical pharmacists or diversifying skill sets through working with paramedics / nurses etc.

RECOMMENDATION: 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

3.132 The North East Hampshire and Farnham Clinical Commissioning Group mentioned that nationally, it has been recognised that the demand to access primary care has significantly increased over recent years and locally the GP practices have also experienced an increase in demand. In addition, people are living longer and are experiencing more complex health conditions. The recruitment challenges in primary care for both GPs and practice nurses have also had an impact on GP practices within the CCG area. However, to support GP practices in the increasing demand the CCG have been working to develop new ways of providing health care in the community.

- In Farnham there is a new Integrated Care Centre based at Farnham Centre for Health which will ease pressure on demand.

- There is extended access at GP practices including out of hours services available.
- E-consult is a new service which enables people to contact their GP online 24 hours a day, 7 days a week, which is proving to be very popular and is an excellent additional channel of access to primary care services.

➢ *Have GP's seen a rise in the number of patients requiring support for their mental wellbeing over the past 7 years?*

3.133 Jane Williams, GWCCG, responded the CCG receive anecdotal evidence that mental health can be a significant contributing factor in many patients wellbeing, and that many factors mentioned in the question (loneliness, housing pressures, work pressures, relationships etc.) may be responsible, but it was hard to identify specifically the cause for this. In addition mental health issues are becoming more common among patients and poor mental health also exacerbates diseases such as coronary heart disease.[115]

3.134 The North East Hampshire and Farnham CCG mentioned that while they do not have specific data on the number of attendances in primary care for mental wellbeing, anecdotally they think the number of patients requiring support for mental wellbeing has increased. There are a number of programmes and services to support mental health and wellbeing. These include three specific mental health crisis services, which are out-of-hours, reflecting the fact that many mental health service users found themselves particularly vulnerable in evenings and weekends, when conventional mental health services were unavailable. The three specific mental health crisis services are:

- Aldershot Safe Haven
- The Young Persons' Safe Haven
- The Oasis, Farnborough

(For further information please see appendix R).

RECOMMENDATION: 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.

➢ *How have the reductions in funding to the NHS affected GP practices in delivering its service? E.g. has waiting times significantly increased over the past 7 years? And if so, are you finding existing patients are finding alternative routes to access care and support?*

3.135 Jane Williams, GWCCG, mentioned that there is continued investment in primary care and there have not been reductions in overall funding to GP

[115] https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-mental-physical-health

practices. Members were told that there were significant investment through the GP Forward View, both in supporting service delivery and transformation. Nonetheless Jane mentioned that pressures on primary care are great in addition to the concern that many local GPs are approaching retirement age. However the CCG is actively participating in work streams to support recruitment, e.g. such as the international GP recruitment initiative. Members were told that they (the CCG) do not routinely collect data on waiting times for appointments in primary care. Jane went on to mention that appointments are generally available when populations want it as evidenced in the GP Patient Survey results from patients. However, the problem is that rather than appointments being harder to access, it is more the case that populations are accessing appointments at the same time during peak hours. The risk with seeing GPs at peak times was that patients would not get the continuity of care from their usually Doctor.

3.136 North East Hampshire and Farnham CCG mentioned that since its inception, the CCG has been committed to increasing the funding provided to GP practices to support the delivery of services for patients. More recently, the region of £13 million has been invested into collaborative working between primary and community care together with Frimley Park Hospital through the Vanguard programme for the delivery of new care models. These models include new workforce models; community based specialist services, and integrated care centres. The learning from these fast tracked projects is now being shared across the country to replicate the successes that have been seen.

- *Is there any indication that people are seeing their doctor for a range of issues, such as housing advice, debt advice, which could be dealt with outside of primary care?*

3.137 Jane Williams, GWCCG, said that the CCG have anecdotal evidence that the wider determinants of health are playing a part in many interactions, and that GPs may not be the best professionals to support these issues. There had been some Citizens Advice Bureau (CAB) pilot projects locally which have demonstrated that a significant number of patients can be supported by other services than the GP, e.g. through mental health, drug and alcohol services. Members were told that the CCG were continuing to support GP practices to work collaboratively with other professionals – e.g. through multidisciplinary team working (MDT) with other health and social care colleagues with different professional background and with the voluntary and community sector (VSC) when required.

RECOMMENDATION: 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.

3.138 However it was noted that GWCCG was challenged in the following areas: ambulance provision, as ambulances are located in populated urban town centres where there is more likely to be a demand for the service; ambulance

response times were not where they should be due to the rural characteristics of the Borough being more sparsely populated.

3.139 The North East Hampshire and Farnham CCG mentioned that patients see their GP for these issues (housing advice, debt advice etc) and they are often signposted to CAB and Borough councils for debt and housing advice. Patients are also referred to their primary care services, dieticians, Tier 2 weight loss services and exercise classes for obesity. However, they would welcome further input from county council public health services, together with joint working with the boroughs, for healthy lifestyle opportunities.

RECOMMENDATION: 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.

RECOMMENDATION: Make information about healthy food choices and dietary information available locally in all GP practices.

End of answers to posed questions

3.140 Members asked a question regarding the link between social isolation and mental health and Jane Williams, GWCCG, told the task group that there has not been a parity of esteem when it comes to investing in Mental Health Care nationally and it was an area that the NHS needed to invest in. However the CCG provide Care 24 provisions and there were now additional young people CAMHS in the area.

3.141 It was raised that the Council has had a low uptake from GPs referring patients to Council Leisure Centres and in response Jane Williams, GWCCG, mentioned that this model (called exercise referral) had different levels of support among GPs given the requirement for the patient to pay for access.

3.142 Members asked a question about the level of CCG support to planning applications and Jane Williams responded that the GWCCG are not required to provide estate expertise, but rather can advise on health implications of future planning applications. However, this has been identified as a new function of the Sustainability and Transformation Partnership (STP), so there would be more support and expertise to help advise with local planning considerations.[116] She did, however, recognise the CCG were not as engaged as they should be on this matter.

3.143 Jane Williams, GWCCG, told the group that suicide rates in the GWCCG boundary were higher than expected. Suicides were highest among middle aged men aged 40-50, but there were no specific hot spots in Borough; the reasons for suicide remain complex. The group heard how social isolation and loneliness were factors driving poor mental health in the Borough.

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3.144 After the meeting, Public Health (Surrey) provided additional information on suicide figures in Waverley, with particular reference to the peak in suicide among middle aged men:

- Suicide rates (2014-16) in Waverley (8.5) are similar to the Surrey average (8.4).[117] This data is sourced from Office of National Statistics (ONS) and is classified as all deaths with verdict of suicide (18+).
- Across the County there has been a peak in suicides in middle-aged men (45-65 years) who were either unemployed, self-employed and / or experiencing significant life events or transition e.g. relationship breakdowns (loss of home and changes in parenting role), job loss and loss of parent.
- Some significant life events and changes to circumstance are likely to occur during middle age (40-65) and may contribute to thoughts of suicide.

RECOMMENDATION: For Surrey County Council Adult Social Care 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.

3.145 Domiciliary care workforce provision remained a challenge in the Borough due to the high cost of living. New schemes of housing for both domiciliary care and social workers were being explored at the CCG. In some cases staff were coming up from Portsmouth on the bus. It was also added that stress leave was high among carers and that there had not been enough investment into the care profession from Government.

RECOMMENDATION: 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 in Domiciliary care in Waverley.

3.146 The task group also heard from Matthew Parris, Deputy CEO, Evidence and Insight Manager, Healthwatch Surrey, with regards to access to primary care (GP Practices) and on health inequalities. In addition to the evidence presented to the task group, Heathwatch Surrey provided written submissions that can be found in Appendix S, T and U of this report.

3.147 Healthwatch Surrey is an independent watchdog for health and social care that engages and empowers local communities by collecting information about user experiences. The information is then used to shape and improve services by providing a reliable and credible information source to influence decision makers.

[117] 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

3.148 Appendix S gives information submitted by Healthwatch Surrey about case studies regarding patient experience at GP surgeries across Surrey. Key issues were:

- Physical access barriers (transportation and communications)
- Filtering requests
- Poor mental health care advice
- The importance of continuity of care
- Selected GPs only wanting to treat illnesses, not signposting to specialist care

For case studies in relation to the health and social care services from people within the Borough in the last 12 months, see appendix T.

3.149 Matthew advised that GPs have a critical role in addressing health inequalities, but barriers in accessing the service could be preventing this. In the most recent GP patient survey from Healthwatch Surrey, 'My GP Journey', which explored the experiences of 120 people from seldom heard and disadvantaged communities, through in-depth interviews on issues such as: visiting their GP; from registering and booking an appointment, through to attending the GP surgery and getting treatment.[118]

3.150 Findings from the Ipsos Mori administered 'GP Patient Survey' for Waverley based on GP practices within Guildford and Waverley Clinical Commissioning Group area; found that 1 in 5 people said they found it hard to contact the doctors on the phone.[119] However, phone consultations have doubled in the past 5 years, which is a positive step towards improving access to GP services. Key findings were:

- 1 in 10 people would not see a doctor on the day of booking an appointment
- 1 in 4 people found it difficult to take time off work to see a doctor

3.151 Matthew stated that one of the findings within 'My GP Journey' report was that it is particularly important for people with complex health and long term conditions to have continuity of care and see the same GP, however this was not always happening (see appendix T for an example). However many people didn't mind as along they saw a doctor in a timely manner – this was especially true for minor ailments.

3.152 The study also found that most people used the phone to contact their GP surgery and many people said that they would like the option of booking a phone call with their doctor as this would save time and they wouldn't have to miss work.

[118] Full report: https://www.healthwatchsurrey.co.uk/wp-content/uploads/2017/06/My-GP-Journey-Healthwatch-Surrey-June-2017-web-version.pdf
[119] For the full report please visit https://www.gp-patient.co.uk/slidepacks2017 and download 'NHS Guildford and Waverley CCG'.

3.153 Furthermore there was a lack of signposting to specialist care to medical staff with a greater knowledge on a specific matter and that receptionists could have an important role to play in signposting patients to the appropriate professionals for their condition.

RECOMMENDATION: 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

3.154 However Matthew advised that there were physical access barriers to making appointments, both face-to-face and on the phone, for those with hearing impairments, aphasia, dementia and for the disabled. Matthew added that GP systems for booking an appointment are often not designed to effectively facilitate these people and that there was a perception amongst many of these communities that surgery staff did not have enough awareness or understanding of the conditions, particularly in the way in which it affected communication. In addition, Matthew mentioned that those that could use the phone to book GP appointments often found that phone lines were busy, which causes them to wait for long periods of time or in some cases could mean that people with mobility impairments need to attend the surgery in person to make appointments. Matthew advised the group that the enforcement of the Accessible Information Standard would help with many of the issues described.

RECOMMENDATION: 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.

RECOMMENDATION: 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.

3.155 In some instances when email was offered as an alterative method for accessing GP appointments for those who have hearing impairments and aphasia, messages could be left unanswered for up to 2 weeks.

RECOMMENDATION: Encourage GPs to carry out annual health checks for people with learning disabilities to mitigate deterioration in poor physical and mental health.

RECOMMENDATION: 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.

3.156 Matthew told the task group that there was considerable variation in online access for booking GP appointments. For example, an analysis of the most recent GP Patient Survey suggests that whilst 1 in 5 people in Cranleigh are using online services to book appointments and make transactions, this was only the case for 1 in 20 in people Binscombe.

RECOMMENDATIONS For the Guildford and Waverley CCG and the North East Hampshire and Farnham CCG to review their primary care strategy to ensure GPs are encouraged to promote online booking.

RECOMMENDATION: 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 and;

RECOMMENDATION: Explore and appraise the use of SMS messaging as a method for registered patients to book GP appointments.

3.157 As a final note on this section an article titled 'Struggle to find an NHS Dentist' in the Surrey Advertiser, November 24th 2017, heard from Godalming residents about their struggle to find appointments at NHS dentists. "Practices in Godalming, Farncombe and Milford are not accepting new NHS patients unless they have referred by other dentists". Ockford Ridge and Aarons Hill is one of the most relatively deprived areas in Waverley and is likely to have poorer oral health. A report from the Ockford Ridge Community Inclusion Group 2014 titled 'Ockford Ridge and Aarons Hill: A Community Health Needs Assessment' found that public transportation was a barrier in accessing NHS dentistry in the area due to issues with cost and reliability of the bus service.

5. Post Review Developments

4.1 The BBC reported on the 15th February 2018 that the life expectancy gap between the richest and poorest neighbourhoods in England continues to widen. Inequality was described as the biggest contributing factor to this gap.[120] It was noted that cancer survival rates were "at an all time high".

4.2 Cancer Research UK has found more than a third of all cases of cancer were avoidable through lifestyle changes. Smoking remains the biggest avoidable cause of cancer, followed by excess weight, overexposure to UV radiation from the sun and sunbeds, drinking alcohol, eating too little fibre and outdoor air pollution. It was added that more action was needed to tackle the "health threat" of obesity.[121]

4.3 Public Health England (PHE) calls for Britain to go on a diet. The Government agency is urging the food industry to start using healthier ingredients and to encourage the public to opt for lower calorie foods. It is part of a drive by PHE to cut calorie consumption by 20% by 2024 and comes as part of a programme to reduce sugar consumption and the sugary drinks levy.[122]

[120] http://www.bbc.co.uk/news/health-43058394. Report from the Longevity Science Panel (LSP).
[121] http://www.bbc.co.uk/news/health-43502144
[122] http://www.bbc.co.uk/news/health-43201586

4.4 New figures from the annual NHS Digital report suggest hospital admissions where obesity is a factor has more than doubled in England during the last four years. It is noted that obesity is linked to a range of health problems, including heart disease, diabetes and cancer. The study highlighted a growing obesity divide between children living in the poorest and richest areas. Noticeably the percentage of obese children between the poorest and richest areas has increased from 4.5% to 6.8% in children of reception age (4-5) and from 8.5% to 15% in children in year 6 (ages 10-11).[123]

4.5 Having as little as one alcoholic drink a day could shorten your life, according to a major study by the University of Cambridge. Drinking over the recommended unit limit (14 units of alcohol each week for both men and women) increases risk of stroke and several cardiovascular conditions. The study noted that many people in the UK regularly drink over the recommended limit.[124]

4.6 A report published by the Kings Fund in March 2018 presents lessons from tackling multiple unhealthy risk factors. Most services included in the report are local authority led and are integrated health and wellbeing services aiming to support people across a range of different behaviours, including smoking, weight management and physical activity.[125]

4.7 The LGA have stated that Rogue landlords in England who commit housing offences should be fined £30,000 magistrates to help drive up standards in the private rental sector. This would bring fines in the magistrates court in line with the sum of money councils can impose on landlords who commit civil offences. The English Housing Survey figures show 27% of privately rented homes fail to meet decent homes standards in 2016, and 8% had damp problems. The LGA said there should be more consistency across the magistrate courts, by using common sentencing guidelines. [126] It is noted that many councils are already tackling issues in the private rental sector by introducing landlord licensing schemes.

4.8 The Huffingtonpost reported that nearly four in five people said a housing situation had made their mental health problems worse. Housing issues can make mental health problems worse, or even cause them, according to a new study by the mental health charity Mind. Two in three people said they had experienced issues including damp, mould, overcrowding, or unstable tenancies.[127]

4.9 The NHS is working with councils to improve “housing health” to boost the wellbeing of vulnerable residents after a report found poor housing is costing the health services £1.4 billion a year. The NHS will join with councils to pool resources and budgets and will offer a range of services to improve living

[123] http://www.bbc.co.uk/news/health-43640575
[124] http://www.bbc.co.uk/news/health-43738644
[125] https://www.kingsfund.org.uk/publications/tackling-multiple-unhealthy-risk-factors
[126] http://www.dailymail.co.uk/wires/pa/article-5424713/Rogue-landlords-face-minimum-30-000-fine-housing-offences.html
[127] https://www.huffingtonpost.co.uk/entry/housing-issues-can-make-mental-health-problems-worse_uk_5ae890e0e4b02baed1be6f74

conditions. A report by the Kings Fund and National Housing Federation suggests bringing poor quality homes up to standard could cut NHS costs by £2bn a year.[128]

4.10 Shortages of nurses and healthcare assistants in hospitals and care homes are blamed for a sharp rise in the number of deaths attributed to falls. Whilst the ageing population is increasing, fatalities have risen much faster than the rise in the number of older people. Hip fractures have risen too, and access to support services has decreased as a possible combination of austerity, the defunding of health and social care, and the reduction in services.[129]

4.11 In April 20178 the Local Government Association (LGA) published a report providing an overview of the four key measures of self-reported personal wellbeing. These are: happiness, anxiety, life satisfaction and worthwhile. The data, which is from the ONS Annual Population Survey, scores Waverley well above average in all but one category. Link to data**:** http://lginform.local.gov.uk/reports/view/lga-research/lga-research-summary-report-personal-wellbeing-in-your-area?mod-area=E07000216&mod-group=AllDistrictInRegion&mod-type=comparisonGroupType

5. Financial, Legal and Other Implications

Financial Implications

5.1 The Council's responsibilities for public health are provided by many services therefore budget provision is difficult to identify. By ensuring the health of residents the public sector can benefit from reduced need for health services provided by the NHS, social care needs from County Council amongst many other benefits. Prevention of health issues and promotion of general public wellbeing can help ensure a more cost effective public health service provision.

5.2 A small corporate revenue budget of £5,000 has been approved for 2018/19 to enable the health and wellbeing agenda to be pushed forward.

5.3 Waverley has received over £600,000 Better Care funding in 2017/18. This funding has been used to enable a number of public health related projects such as the Warm Homes Project and Home Renovation Grants. These projects help enable Waverley residents to stay in their own homes safely with reduced intervention.

5.4 Currently, no further funding is received by Waverley to support public health services.

Legal Implications

[128] http://www.newsshopper.co.uk/news/16110771.nhs-works-with-councils-after-report-finds-poor-housing-costs-14bn-a-year/
[129] https://www.theguardian.com/uk-news/2018/apr/07/more-elderly-are-dying-after-falls-as-care-crisis-deepens

5.5 The Health and Social Care Act 2012 (HSCA 2012) provides the legal framework for the council's duties in respect of its public health functions. The council has a duty under section 12 of HSCA 2012 to take such steps, as it considers appropriate to improve the health of people in its area. In addition, under the Act, there is a duty on local authorities to reduce health inequalities in its area through the discharge of the Director of Public Health's duties (protective and preventative work on public health matters which require a national overview).

5.6 Section 31 of the Health and Social Care Act 2012 inserts a new section 73B into the NHS Act 2006, which gives the Secretary of State the power to publish guidance to which the local authority must have regard when exercising its public health functions. The council must have regard to those documents published, which includes the Department of Health's Public Health Outcomes framework (Public Health England). The Public Health Outcomes Framework 2016-2019 focuses on the respective roles of local government, the NHS and their delivery of improved wellbeing outcomes for the people and communities they serve.

5.7 The Council also has the power under the Local Government Act 2000 and the Localism Act 2011 to do whatever is required to improve the well-being of the inhabitants of its area.

Equality Implications

5.8 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. The Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function.

5.9 The Working Group report considered in detail the discrepancy in life expectancy across different groups in the Borough and the potential reasons for this. The equality and diversity implications are considered in the report and in particular the life chances of those residents within different areas of the Borough.

7. Acknowledgements

6.1 The Task Group Members would like to thank Karen Simmonds, Public Health Lead (ASC), Surrey County Council, who gave up a large amount of her time to support and provide guidance to the Task Group throughout the duration of this review.

6.2 Members would also like to extend their thanks to Shannon Katiyo, who at the time of this review worked as a Public Health Registrar at Surrey County Council. Shannon provided the group with guidance around Planning –

Health Policy. He has since secured a new position as a Public Health Consultant and Members wish him well in his new position.

6.3 The Task Group also called on support from a number of internal Council officers, officers from Public Health as well as a number of external organisations to help assist in the evidence gathering of this review. Members would like to thank each and every one of the people listed below for supporting the work of this group. They include:

Graham Parrott, Planning Policy Manager, Waverley Borough Council.

Gayle Wootton, Principle Planning Officer, Waverley Borough Council,

Shannon Katiyo, Public Health Registrar, Surrey County Council.

Simon Brisk, Private Sector Housing Manager, Waverley Borough Council.

Citizens Advice Bureau, for providing a range of data for this review.

Annette Marshall, Housing Options Specialist Advisor, Waverley Borough Council.

Laura Dillon, Tenancy and Estates Officer, Waverley Borough Council

Fiona Campbell and James Poole, Catalyst Group

Katie Webb, Community Services Manager, Waverley Borough Council

Rachael Davis, Public Health Lead, Surrey County Council (Smoking and Tobacco)

Nicola Mundy, Public Health, Surrey County Council (Children's Health & Obesity)

Jane Williams, Deputy of Clinical Commissioning, NHS Guildford and Waverley Clinical Commissioning Group

North East Hampshire and Farnham Clinical Commissioning Group

Matthew Parris, Deputy CEO, Evidence & Insight Manager, Healthwatch Surrey

8. **Summary of Appendices**

Appendix A – Executive Response to Scrutiny

Appendix B - Scoping report

Appendix C – Task Group Meeting notes

Appendix D – Output Areas at risk of exclusion through poverty 2014

Appendix E - IMD Maps

Appendix F – Social Isolation Map featuring Waverley

Appendix G – Data showing people aged 65+ predicted to have depression in Waverley

Appendix H – Health and Planning Presentation, Shannon Katiyo, Public Health Registrar, Surrey County Council

Appendix I - CAB Waverley Unique Clients – Housing (2014 – 2017)

Appendix J – CAB Waverley Additional Profile Information for Unique Clients by Child Dependants Over 14

Appendix K – Catalyst Case Study, Example Referrals and Waverley Client Demographics

Appendix L– Map showing smoking prevalence in Waverley by Ward (2013) – for illustrative purposes only

Appendix M – Smoking and Tobacco Control in Waverley Presentation

Appendix N– Child Obesity in Waverley Presentation

Appendix O – National Child Management Programme, Waverley 2007-2017

Appendix P – National Child Management Programme 2013/14 to 2015/16: Obesity and excess weight prevalence by school year and electoral ward of child residence.

Appendix Q - Written response to questions from Guildford and Waverley Clinical Commissioning Group

Appendix R – Written response to questions from North East Hampshire and Farnham Clinical Commissioning Group

Appendix S – Selected patient experience data in relation to health and social care services, Healthwatch Surrey

Appendix T – Written evidence submission: Insight into Primary Care and Inequalities, Healthwatch Surrey

Appendix U – Email from member of the public regarding inequalities in provision for health support to people with learning disabilities, Healthwatch Surrey

Glossary

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group:- Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.[130]

Fuel Poverty - A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and / or where they spend that amount and are left with a residual income below the official poverty line.

Health Inequality - Differences in health status or in the distribution of health determinants between different population groups. [131]

Health Inequity- The absence of avoidable or remediable differences among groups of people in attaining their full health potential through creating fair and equal opportunities.[132]

Healthy Life Expectancy – The average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health.[133]

IMD – Indices of Multiple Deprivations.[134]

Integrated Care Centres - A centre that coordinates and brings together health, social care, mental health and other voluntary and community services.[135]

Life Expectancy – The average number of years that an individual is expected to live based on current mortality rates.[136]

LSOA – Lower Super Output Areas are geographic areas designed to improve the reporting of small area statistics.[137]

Mental Health – Not to be confused with mental illness (a recognised, diagnosed disorder), mental health is defined as our emotional, psychological and social well-being.[138]

[130] https://www.nhscc.org/ccgs/
[131] http://www.who.int/hia/about/glos/en/index1.html
[132] http://www.who.int/healthsystems/topics/equity/en/ and http://www.health-inequalities.eu/resources/glossary/
[133] https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy#main-messages . The difference between life expectancy and healthy life expectancy is the average number of years lived in poor health.
[134] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464430/English_Index_of_Multiple_Deprivation_2015_-_Guidance.pdf
[135] http://mycaremyway.co.uk/integrated-care-centres/
[136] https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy#main-messages.
[137] https://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/l/lower_layer_super_output_area_de.asp?shownav=1

PYLL - Potential Years of Life Lost: The years of potential life lost due to premature deaths.[139]

STP: Sustainability and Transformation Partnership:- STPs are partnerships between local NHS organisations and councils to improve health and care in the areas they serve.[140]

Wider Determinants of Health –The conditions in which we are born, grow, live, work and age. These are a diverse set of social, economic and physical environmental factors that determine people's health.

[138] https://www.mentalhealth.gov/basics/what-is-mental-health. For the distinction between mental illness and mental health, see: https://capitaleap.org/blog/2016/08/12/mental-illness-vs-mental-health-the-difference-and-why-it-matters-in-the-workplace/

[139] https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1a-epidemiology/years-lost-life

[140] https://www.england.nhs.uk/systemchange/faqs/. Also see: https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained

Appendix A: Executive Response to Scrutiny

The following table sets out the Executive's response to the Overview and Scrutiny report

Introduction

Scrutiny Recommendation	Executive Decision	Progress/Action	Timescales

Waverley Borough Council

Scrutiny Review

Factors affecting health inequalities in the Borough

September 2017

SCOPING A SCRUTINY REVIEW

Background

Overview and Scrutiny by definition of the Local Government Act 2000 has the power to investigate and review an issue or concern by conducting an in-depth scrutiny review. Choosing the right topic for an in-depth scrutiny review is the first step in guaranteeing that the work of scrutiny adds value to the corporate priorities and benefits the Borough's residents. The Overview and Scrutiny Committee may wish to appoint a members task and finish group to undertake a majority of the research and to evaluate the evidence.

What makes an effective scrutiny review?

An effective scrutiny review must be properly project managed. The review must clearly state the aims & objectives, rationale and how the review will contribute to policy development / improve service delivery. To ensure the review goes well it is vital that the scope is robust and thorough and is treated as a project plan. The review should be SMART (Specific, Measurable, Achievable, Realistic & Time-bound) in its scope in order to have the most impact. The scoping template is designed to ensure that the review from the outset is focused exactly on what the members hope to achieve.

The scoping document should be treated as the primary source of information that helps others understand what the review inquiry is about, who is involved and how it will be undertaken. Once the scoping document is complete it should be circulated to relevant officers and key members of the Executive for comment before being agreed by the relevant Overview & Scrutiny Committee. The scrutiny review will be supported by the Scrutiny Policy Officer.

What happens after the review is complete?

It is important that the relevant Overview & Scrutiny committee considers whether an on-going monitoring role is appropriate in relation to the review topic and how frequent progress is reported back to the Overview & Scrutiny committee after completion. Overview & Scrutiny should be monitoring the progress and reviewing the changes that have been made as a result of a scrutiny review to ensure the work undertaken has been effective in achieving its objectives.

FOR COMPLETION BY MEMBERS PROPOSING THE REVIEW

Topic		
1.	Title of proposed review:	Factors affecting health inequalities in the Borough.
2.	Proposed by:	Cllr Macleod and Cllr Wheatley

Who is involved?		
3.	Chair of the task and finish group:	Cllr Macleod
4.	Members on the task group:	Cllr Andy Macleod Cllr Liz Wheatley Cllr Patricia Ellis Cllr Nabeel Nasir Cllr Nick Williams Cllr Sam Pritchard
5.	Scrutiny Policy Officer:	Alex Sargeson

Research programme	
6.	**Rationale / background to the review:** Why do you want to undertake this review? What has prompted the review? E.g. legislation, public interest, local issue, performance information etc. A starting point for this review was information from the Waverley Health Profile 2016, Public Health England, which reported life expectancy as being 11.8 years lower for women and 7.8 years lower for men in the most deprived areas of Waverley than in the least deprived areas. This data is of concern as Waverley is ranked the 323rd least deprived Local District Authority according to the gov.uk indices of multiple deprivation (IMD) 2015.[141] A report from the Kings Fund titled 'The role of District Council contribution to public health' states that our health is primarily determined by factors other than health care and lower tier councils have considerable scope to influence many of the factors that determine our health.[142]These are the wider determinants of health, such as factors that affect the local economy and the environment, e.g. levels of relative deprivation, unemployment, the built and natural environment

[141] https://mycouncil.surreycc.gov.uk/documents/s34285/Annex%203%20Waverley%20Health%20Profile%202016.pdf , p. 99. At the time of writing a new local health profile from Public Health England was released on July 13th 2017. This new profile reduced the disparity in life expectancy in women and men from the least to the most deprived areas to 9.5 years 5.7 years respectively. However while the gap in life expectancy has reduced in both genders from the 2015 data there is still nearly a 10 year gap for women.

[142] The Borough council contribution to public health: a time of challenge and opportunity: The Kings Fund, David Buck and Phoebe Dunn, p. 5.

(planning), social isolation, education, cost of living, housing conditions, the environment, fear of crime; lifestyle factors such as alcohol misuse and smoking; and the spatial environment to ensure the local population can access health and social care services.

The Joint Strategic Needs Assessment (JSNA)[143] notes that people who engage in negative lifestyle risk behaviours, such as smoking and alcohol misuse, are more likely to develop poor health and mental health (including hypertensions, stroke, heart disease, depression, anxiety and insomnia). Smoking is the primary cause of preventable illness and premature death and rates are much higher in the relatively deprived communities, which have a significant impact on increasing health inequalities by reducing life expectancy. Broad measures indicate that Surrey has statistically significant higher rates of alcohol-related hospital admissions compared with the south east region. In terms of Waverley, the JSNA notes that Godalming Centre and Ockford ward is one of a handful of wards across Surrey to feature high rates of local smoking prevalence (JSNA lifestyle chapter p4).[144]

The JSNA also mentions that these behaviours are influenced by the wider determinants of health. As a precaution the wards and data mentioned in this scope should be treated relatively and compared to the national average there are good levels of mental wellbeing within Surrey. Data from the (JSNA) and the UK local area profile report that the following wards perform worse on the Indices of Multiple Deprivation (IMD)[145] within Waverley; Godalming Central & Ockford Ridge (010A), Binscombe (005C), Farnham Upper Hale (002E) Cranleigh East (013C) and Farnham Castle (003B).[146] The latter ward (Farnham Castle) is mentioned in the JSNA summary for Surrey as the ward with the second highest recorded levels of common mental illness within the County.[147] According to Waverley's Health and Wellbeing Strategy 2016-2021 Godalming and Ockford ridge ward has the highest recorded level of common mental illness within Surrey and Farnham Moor Park is the 5th highest in the same table.[148] There does not appear to be one common factor as to why each of these wards features in this data. However it is noted that improvements in mental health are linked to improved health outcomes.[149]

Data from the (JSNA) mentions Surrey County has the highest group of people with high anxiety scores and national data points towards there being a considerably higher prevalence of mental health problems (generalised anxiety, panic disorder and depressive disorder) in the county *than people diagnosed or received treatment*.[150] While the JSNA has reported common mental health needs in Surrey are relatively low compared to England, barriers such as stigma, poor transport

[143] JSNA Chapter: Improving Health Behaviours (Surrey), p.1.
[144] The LGA has responded to the Government's new Tobacco Control Plan. Despite smoking levels decreasing to 15.5% nationally, there remains one in five still smoking and reducing this further is made more difficult by the Government's reductions to the public health budget, which councils use to fund smoking cessation services.
[145] The IMD takes into account income, employment, health and disability, education training and skills, barriers to housing and services, crime and living environment.
[146] http://www.uklocalarea.com/index.php?q=Waverley
[147] JSNA Chapter: Wellbeing and Adult Mental health: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1740&cookieCheck=true&JScript=1
[148] Health and Wellbeing Strategy 2016-2021, Waverley Borough Council, https://modgov.waverley.gov.uk/documents/s8431/Draft%20Health%20and%20Wellbeing%20Strategy%202016-2021%20Annex%201.pdf, p. 6.
[149] Overview and Scrutiny Committee Review of Inequalities: https://www.gateshead.gov.uk/DocumentLibrary/Care/JSNA/002.pdf
[150] This may be due to the stigma of having a mental health problem and thus making it harder for people to seek help from services. Or is this the case that people are unable to receive timely treatment?

	infrastructure and social isolation may be contributing factors for a higher prevalence of mental health problems whilst having relatively low recorded mental health needs.[151] For example data from the JSNA reports that for mental health (depression and anxiety for 18+) Waverley has a score of 8.2% of the population.[152] This is compared to a national average for England of 7.3% and an average for Surrey of 6.6%.[153] Furthermore Waverley is ranked third from bottom (8/11 District Councils in Surrey) for populations aged 18-64 predicted to have a common mental health illness in Surrey.[154] Moreover for populations aged 65+ predicted to have depression as of 2017 Waverley is ranked the lowest of the11 District Councils in Surrey.[155] It is hoped that taking action through tackling the wider determinants of health, lifestyle factors and improved access to health and social care to reduce health inequalities will reduce the disparity of life expectancy in the Borough.
7.	**Terms of reference:** What are your desired outcomes? What are the objectives for this review? (Linked to the research questions but are used to describe the general aims and outcomes of the review). Which research questions do you want to answer? (Questions upon which the review will be focused and for which timely and informed answers can be developed in accordance to the evidence collected) District councils have a key role to play in reducing health inequalities as part of their health and wellbeing responsibilities. The Kings Fund's acknowledges our health is primarily determined by factors other than health care. District Councils do have statutory health duties for the wider determinants of health such as, housing, leisure facilities, environmental health, economic development, the built and natural environment and enabling communities (among other factors affecting the local economy and environment).[156] **<u>Terms of reference</u>** **<u>Desired outcomes</u>** To understand the role of the Borough Council in improving the health and wellbeing of the local population by reviewing the reasons for the disparity in life expectancy between the least and most deprived areas within Waverley and using this understanding to inform policy. **<u>Objectives for the review</u>** • To review a selection of the wider determinants of health as identified by this scope and a selection of lifestyle behaviours to illustrate the impact these factors have in producing both health and mental health inequalities in the Borough. • To understand the relationship between the social determinants of health, negative lifestyle behaviours and the spatial environment on health outcomes. • To understand how the geography and rural nature of borough affects the health and mental wellbeing of residents and how this impacts access to health and social care services • Identify successful approaches to tackling health inequalities across wards by looking at case studies from other local authorities • To consider where direct investment is most needed to reduce immediate health inequalities,

[151] Again, mental health needs may be low due to the stigma of the issue and a lack of timely support and treatment being available.. or being unaware this care is 'out there' across a range of providers, including the voluntary and charitable sector.
[152] JSNA Chapter: Wellbeing and Adult Mental health, p. 6.
[153] Ibid.
[154] Data from Surreyi.
[155] Ibid.
[156] The district council contribution to public health: The Kings Fund, Buck and Dunn, p. 19-20.

	including applying proportionate univerisalism as a concept into policy • To make recommendations to the Executive and partners to reduce health (and mental health) inequalities and improve the lives and health of residents and communities within Waverley • To improve how Waverley Borough Council engages with Public Health and other health partners, such as the Clinical Commissioning Groups (CCG's) and the Sustainable and Transformation Partnership (STP), to tackle health inequalities by highlighting the health duties of the Borough Council through research and evidence of impact. • Work towards developing a local preventative approach to health and mental health in collaboration with Public Health England. **<u>Research questions / key lines of inquiry</u>** 1. What are Waverley Borough Council's health duties? 2. How do our current policies reflect our commitment to reducing the difference in health outcomes and life expectancy between the least and most deprived areas of the Borough? 3. How do the wider determinants of health (social, economic and environment), affect our health and mental health? 4. To what extent do negative lifestyle behaviours impact on health and mental health? 5. What is the existing role of the planning process in relation to providing for health and wellbeing and its contribution towards reducing inequalities? (e.g. through the National Planning Policy Framework, the Local Plan 1 and 2 and on planning decisions for existing applications). 6. How does housing and planning policy contribute to improved health and wellbeing? 7. Why is the inequality between the least and most deprived areas greater for women than men? 8. Do factors that increase health inequalities differ from ward to ward? And if so why? 9. How can the Council work with Public Health to promote the prevention of negative lifestyle behaviours (smoking and alcohol misuse) And what does successful prevention look like? 10. To what extent does having a common mental health problem reduce life expectancy? And how can negative lifestyle behaviours such as substance and alcohol misuse contribute to poorer mental health? *(according to Oxford University, serious mental illnesses reduce life expectancy by 10-20 years – a loss of years that's equivalent to or worse than for heavy smoking).*[157]
8.	**Policy development and/or service Improvement** How will this review add to policy development and / or service improvement **Policy Development:** This review has policy development implications for a wide-range of services that affect the wider determinants of health (housing, the built and natural environment, which includes planning; leisure, economic development). For instance this review will look into how the concept of proportionate universalism can be imbedded into the planning and delivery of council services to reduce health inequalities. There are also likely to be implications around ensuring all significant decisions consider the impact on the health and mental health of residents and service users before decisions are made; including taking into account how equitable services are / will be to the local population. In this respect, with the assistance of Public Health, it may be possible to identify where health equity audits and health inequality impact assessments would assist the Council to ensure it is seen to be more proactive in collating evidence on the health economics of its activities and considers the impact on residents' health (and mental health) in future decisions. Other outcomes expected from this review relate to preventing behaviours that damage a person's health (smoking and excessive

[157] http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking

	alcohol consumption), e.g. by encouraging behavioural change. Public Health will no doubt have an important role in this piece of work and it is anticipated that there will be a handful of recommendations that will require the Council to work with the Public Health team at Surrey County Council to implement the recommendations coming from this review. Therefore how the Council engages with Public Health and uses its Community Wellbeing function in the broadest sense to build resilient and healthy communities will be critical to ensure the findings and legacy of this review encourages greater partnership working with our health colleagues. In addition how Surrey County Council engages with the planning team at a local district level has important implications for ensuring future developments take into account the local health infrastructure need. Moreover the recommendations of this review may also help to inform where CIL monies can deliver transport infrastructure support to and from local health services in relation to future residential development sites. It is also likely that this review will encourage and advocate for a greater role from the Borough Council in the Surrey health devolution deal to ensure the future funding provision for local health and social care services within the Borough are protected at the very least.
9.	**Corporate priorities:** How does the review link with the corporate priorities? http://www.waverley.gov.uk/info/200009/council_performance/524/waverley_corporate_plan_2016_-_2019# Community Wellbeing – building resilient and healthy communities by addressing health inequalities that affect life expectancy disparity in the Borough.
10.	**Scope:** What is and what isn't included in the scope? E.g. which services does the scope cover? **NB:** Dahlgren and Whitehead's 1992 representation of the wider determinates of health illustrates factors that affect a person's health and wellbeing. This diagram was used to help scope this review. Figure 1: Model of wider determinants of health & wellbeing  The scope of this review is to explore three aspects of the wider determinants of health which are: 1. **Local economy and environment** 2. **Lifestyle behaviours** 3. **Equity of access to health and social care services**

	Local economy and environment This will include **housing services** (housing enabling; service improvement; housing development, private sector housing) and **the built and natural environment which will primarily focus on planning** (policy team and development control). These two areas were chosen to illustrate with evidence the impact the local economy and the environment has on health and wellbeing, including life expectancy. Housing was chosen because access to good quality housing, both in the public and private sector, is critical to good mental and physical health. Access to genuinely affordable housing (not the sector definition) is a prevalent issue not only in the Borough but across the whole county. Research from Shelter (2017) suggests the most common mental health problems amongst those experiencing housing worries are: stress, 64%, anxiety 60%, sleep problems, 55%, depression 48%, and panic attacks 30%. This in turn impacts on life expectancy. This review will focus equally on private sector housing standards as this is an area that has received little scrutiny in recent times. The built and natural environment was chosen due to its impact on the provision of services such as housing, the spatial environment, infrastructure and proximity of services. Within the area of planning this review will be focused upon how the planning policy context impacts on the indices of deprivation within certain wards and will use this information to understand how steps can be taken so that the Council's planning powers and role as a local developer can aid the health and mental wellbeing of the local population. **Lifestyle behaviours** To focus on the impact **smoking, alcohol misuse and obesity** has on health outcomes. **Equity of access to health and social care services** The extent to which people are able to access health and social care services (GP and community health and mental health services) due to a) increased demand, b) reduced funding and therefore reduced service provision and c) transport infrastructure barriers. This scope will not include: The role of social and community networks on an individual's health and 'activities', i.e. social capital. While this review recognises this is extremely important in affecting a person's mental wellbeing, it is not within the scope of this review to investigate this determinant of health. However this review will consider implicitly how the Borough's unique rural geography affects an individual's mental wellbeing, in particular around the problem of social isolation, as part of discussion around the built and natural environment.
11.	**Methodology and methods:** Your methodology underpins how you will undertake the review. For example what evidence will need to be gathered in-house and from external stakeholders / partners? Your research methods are the techniques used to gather knowledge and information. These include but are not limited to desk based research, interviews, site visits, engagement exercises, surveys, focus groups etc. How do these methods help you to answer your research questions in section 7? **Methodology:** **Preliminary / core evidence that will need to be collected to inform this review is as follows:**

	a) Local area profiling of the indices of multiple deprivation per ward to find out which determinant(s) of health contribute towards health inequalities. (It is recognised that it may not be possible to pin down a direct causation to one factor. Rather, health inequality is a result of a number of factors, but one or more determinants may be more prevalent than other factors; but there is no guarantee that this will be the case across all wards in the Borough that feature relatively higher than other wards on the IMD). b) Evidence to show that current policies in housing and planning take into account health inequalities. And if not, why not? c) Evidence from organisations such as Citizens Advice, Catalyst, Healthwatch Surrey etc. to show both qualitative and quantitative information of how determinants of health and lifestyle factors affect health and mental health. This may also include data to show access to health and social care services. d) To identify how other District/ Borough Councils have applied the concept of proportionate universalism into their housing and planning policies. e) To take evidence and advice from Public Health England and other councils about how to implement the prevention agenda into policy to reduce the impact of negative lifestyle factors on ill health. **Methods:** A series of Member task group meetings will be held to hear evidence from both internal and external guests. Members will hear information and statements from witnesses and then provide questions to probe additional information to answer the key research questions as set out in this scope. It is anticipated there will also be a collection of written evidence submissions from other witnesses to aid the evidence gathering for this review. Anecdotal evidence will also be welcomed to demonstrate evidence of need.

Council services expected to contribute		
Council Service		Reason / Intention for evidence
12.	Housing (Private Sector Housing Manager, Housing Support Officer, Housing Tenancy and Estates, Family Support Manager, Sheltered Housing and Community Development (Housing)	
13.	Planning Policy and Development Control	
14.	Community Wellbeing (health & wellbeing aspect)	
15.	Licensing enforcement (Alcohol)	

External Witnesses to be invited / submit evidence		
Organisation		Reason / Intention for evidence
16.	Public Health England, Surrey County Council.	
17.	Service Managers, Surrey County Council (Alcohol misuse and	

	smoking)	
18.	Adult Social Care representative, Surrey County Council.	
19.	Health and Wellbeing Board, Surrey County Council.	
20.	Guildford & Waverley Clinical Commissioning Group (CCG)	
21.	Citizens Advice Bureau	
22.	Catalyst – the welcome project Waverley	
23.	Healthwatch Surrey	
24.	Surrey and Borders Partnership NHS Foundation Trust	
25.	Safe Haven representative	
26.	Local GP's	
27.	Local authorities: Medway, Gateshead, South Somerset, Rotherham (written evidence submissions)	
28.	Housing Association representative	
29.	Shelter (housing charity)	
30.	Voluntary Action South West Surrey Guildford and Waverley Mental Health Forum	
31.	Healthy Minds Surrey	
32.	Richmond Fellowship	
33.	Acorn (Community Drug & Alcohol Services)	
34.	Alcoholics Anonymous (mid-Surrey Intergroup)	
35.	South West Surrey Compass Health sub-group	
36.	GP Out-of-hours service	

36.	**Project plan:** What is the proposed start and finish date? How many task and finish group meetings are anticipated to support this review? Are the task and finish group meetings going to be thematic in approach? If so, what themes / policy issues will the task group consider in each respective task and finish group?

Timescale	
Proposed start date:	September 2017
Proposed finish date:	January 2018
Task and finish group plan	
How many task and finish groups are anticipated to support this review? Fill in and strike through as appropriate.	5

Task group theme (1): Introduction and overview of topic

Aim

To gain an understanding about how the determinants of health affect life expectancy; and to learn about the factors that influence determinants of health.

Show case data to set the scene and go through the objectives of the review.

Visual data aids to show health inequalities across the borough.

Confirm research questions, task group structure and agree witnesses for future meetings.

Witnesses

- Karen Simmonds, Public Health, Surrey County Council.
- Damian Roberts, Strategic Director for Frontline Services (Waverley Borough Council)
- Fotini Vickers, health lead, WBC.

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Task group theme (2): Local economy and environment

Aim

To find out the extent to which housing, both public and private, and planning contribute to health inequalities and;

Identify the factors within housing and planning that contribute to poorer health outcomes and if this differs across wards, why?

To look at the extent to which current housing and planning policy takes into consideration reducing health and mental health problems

Witnesses

- Housing Officers (Private Sector Housing Manager, Housing Support Officer and Housing Tenancy and Estates)
- Planning Policy Officers, Waverley Borough Council.
- Karen Simmonds, Public Health, Surrey County Council.

- Citizens Advice Bureau.

Task group theme (3): Lifestyle behaviours

Aim

To investigate and hear evidence from witnesses regarding the impact of smoking, alcohol misuse and obesity on mental health and life expectancy;

To understand the extent to which poorer social determinants contribute to a rise in the population taking up negative lifestyle behaviours such as smoking and alcohol misuse.

To learn which demographic is most at risk in developing health risks as a result of smoking and alcohol misuse; and

To learn what successful prevention and intervention looks like.

Witnesses

- Public Health Officers with responsibility for smoking, and child obesity, Surrey County Council.
- Catalyst, (drugs, alcohol and mental health)
- Community Services, WBC (domestic abuse)

Task group theme (4): Equity of access to health and social care services

Aim

What is the local health and social care provision in the Borough?

What is the current need among the population for Tier 2 services? (Primary Community Services – where there is an identified health and mental health need).

JSNA states for Tier 2 primary community services the need is approximately 1 in 4 people

Has it become harder to access these services over time? And is this because more people are experiencing health and mental health difficulties? Following on from this to what extent has the local voluntary and charitable sector provided a psychological therapy, community and supported employment service? [158]

To understand if there are geographical trends between areas that have a relatively higher IMD as identified by the JSNA and Public Health England and local areas that struggle to access health and social care services.

Witnesses

- Adult Social Care representative, Surrey County Council

[158] What does this say about the level of demand v the level of need in the local population?

	• Local CCG's • Healthwatch Surrey
	Task group theme (5): Conclusions and Recommendations **<u>Aim</u>** To make conclusions and recommendations.
37.	Scrutiny resources: In-depth scrutiny reviews are facilitated and supported by the Scrutiny Policy Officer. Alex Sargeson, Scrutiny Policy Officer (research and policy support to task group with the responsibility to compile information and write the final report). Yasmine Makin, Graduate Management Trainee (research and policy support to the task group). Ema Dearsley, Democratic Services Officer (organisation of task group meetings and recording key points and actions in task groups)

For completion by Corporate Policy Manager		
38.	Corporate Policy Manager comments Will the proposed scrutiny timescale impact negatively on the scrutiny policy officer's time? Or conflict with other work commitments? The review is wide ranging and for this reason an additional resource has been brought into the Policy Team to support the Scrutiny Policy Officer on a short term basis. I would expect the outcome of the review will positively inform the policy context of the Council.	
	Name:	Louise Norie
	Date:	18/07/2017
For completion by Lead Director		
39.	Lead Director comments Scrutiny's role is to influence others to take action and it is important for the task and finish group to seek and understand the views of the Lead Director. Are there any potential risks involved that may limit or cause barriers that scrutiny needs to be made aware of? I welcome the review. The topic is a very important issue for Waverley and its residents and makes a vital contribution to Place Making. I am not aware of any significant risks other than the availability of staff in other organisations.	

	Are you able to assist with the proposed review? If not please explain why? Are you or Senior Officers able to provide supporting documentation to this task group via the coordination of the Scrutiny Policy Officer? Yes I have sufficient experience of this topic from my previous local government roles.	
	Name and position:	Damian Roberts, Strategic Director-Front Line Services
	Date:	11 August 2017
For completion by Executive Portfolio Holder		
40.	Lead Executive members comments As the executive lead for this portfolio area it is important for the task group to seek and understand your views so that recommendations can be taken on board where appropriate. The examination of this very interesting and important issue has my full support. The disparity between the respective life expectancies which has been identified is unacceptable and our Corporate Priorities certainly recognise the potential of the Council's ability to impact upon the wellbeing and general quality of life of our residents. Of particular interest for me within my Portfolio is the effect of social isolation contributing to a longevity outcome which is compromised. This is recognised in the approach of both Waverley's Health & Wellbeing and Cultural Strategies. The result of the study will, I hope, underpin the need for their stringent implementation and adjustment wherever possible. Please do not hesitate to include me in any aspect of this piece of work if it is thought that I may be of help.	
	Name and position:	Jenny Else Portfolio Holder Health & Wellbeing & Culture
	Date:	15/08/2017

Appendix C: Task Group Meeting Notes

HEALTH INEQUALITIES SCRUTINY TASK AND FINISH GROUP

5 October 2017

N O T E S

1 Welcome and Introductions

Cllr MacLeod chaired the meeting of the Task & Finish Group, and invited everyone to introduce themselves.

Cllr MacLeod welcomed Karen Simmonds, Public Health Consultant, Surrey County Council.

Alex Sargeson began the session by reminding Members that the starting point of the review was information from the Waverley Health Profile 2016 from Public Health England which reported differences in life expectancy between the most and least deprived areas of Waverley of 11.8 years for women and 7.8 years for men. This was despite Waverley being ranked the 323rd most deprived local authority in England (out of 326).

The review would look at the wider determinants of health, such as environment and lifestyle factors, and explore what the Council might do to make an effective contribution to reducing the disparity in life expectancy.

2 An overview of the factors that determine our health and wellbeing

Karen Simmonds gave a presentation that provided an overview of the factors that contribute to 'good health'.

A copy of the presentation slides is attached to these Notes.

Health is determined by a complex interaction between intrinsic factors (individual characteristics such as age, sex, genetics) and extrinsic factors (lifestyle, and physical, social and economic environment). Most experts agreed that these

‘broader determinants of health’ were more important than health care in ensuring a healthy population.

The importance of social and community networks to wellbeing was often overlooked, but the absence of such networks could have a significant impact: lack of social networks at a young age could have a long-lasting impact (hence the focus on Early Years Interventions), and avoiding social isolation for older people was an important aspect of them maintaining good health.

Clinical care only made a 20% overall contribution to health outcomes, compared to the contribution of socioeconomic factors (40%) and lifestyle behaviours (30%). However, there was a much higher emphasis put on investment in the NHS, rather than helping people meet foundational needs (Maslow’s hierarchy of needs).

Close to half of the burden of illness in developed countries is therefore associated with the four main unhealthy behaviours: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity. It is well known that each of these lifestyle risk factors is unequally distributed in the population and that these behaviours are differentially associated with income, educational achievement and social class. These lifestyle risks co-occur or cluster in the population - unskilled manual backgrounds were more than three times as likely to have all four risk behaviours than professionals; people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours in 2008, compared with only three times as likely in 2003.

District councils had potential to make a huge positive contribution to residents’ health outcomes:

They have a direct role in house building, homelessness prevention, housing adaptation and enforcement powers to improve the condition of private rented housing.

They provide leisure services and access to high-quality green spaces. These are important to mental as well as physical health and have been shown to reduce the impact of income inequalities on mental health and wellbeing.

They provide a range of environmental health services including tackling pollution, food safety inspections, pest control and emergency planning.

They have an important role in sustainable and equitable economic development through their role in local enterprise partnerships, economic growth teams and other functions.

Planners are key players in encouraging active commuting, adequate design and provision of green spaces, affordable housing and equitable economic development.

Well-connected communities are good for health. Those with strong social relationships have a 50% higher survival rate than those with poor social relationships. District councils are close to their communities, parish and town councils, and actively support volunteering, local voluntary groups and the development of community hubs.

District councils not only affect public health through their direct roles and functions but also through their power to influence other bodies such as county councils, the local NHS, and health and wellbeing boards.

District councils are not currently part of the mainstream public health policy discourse, and there is a risk that key functions may be centralised at county council level in order to create savings.

There were opportunities for district councils to take a more proactive role in addressing health and wellbeing inequalities, through the devolution of health and social care budgets, and the development of Sustainability and Transformation Partnerships.

Councillors discussed the broad scope of the review, and the challenge of how best to direct efforts in order to make an impact. Karen explained the principle of 'proportionate universalism' as an approach to addressing health inequalities – proportionate universalism aimed to improve the health of the whole population while simultaneously improving the health of the most disadvantaged fastest.

3 Providing local context: An introduction and discussion about Waverley's non-statutory health duties and how this review can add value to improving Waverley's health and wellbeing outcomes (45mins)

Karen demonstrated the wide range of local data available via the Surrey-i website (www.surreyi.gov.uk) including a variety of data visualisations and data tables showing data at different levels of granularity (district, ward, Lower Super Output Area, Clinical Commissioning Group).

Cllr Ellis told Members of a new initiative in Cranleigh "Cranleigh SMART Village" which was an innovative community concept focussed on increasing connectivity, wellbeing and positive, intergenerational living for all ages. She suggested that it might be of interest to invite one of the champions of the initiative to speak to the group at a future meeting. (https://interests.me/org/cranleighsmartvillage)

4 Forward programming to agree the structure of future task group meetings

Alex advised that the structure of the review would be to focus on a separate theme at each meeting, with the focus of the next meeting being *planning and housing*, and Waverley could use its powers in these areas to promote improved health and wellbeing outcomes.

The next meeting would be in 3-4 weeks.

Present:

Cllr Andy
MacLeod Cllr
Patricia Ellis Cllr
Nabeel Nasir Alex
Sargeson
Yasmine Makin
Fiona Cameron

HEALTH INEQUALITIES SCRUTINY TASK AND FINISH GROUP

8 November 2017

N O T E S

3 Welcome and Introduction

Cllr MacLeod welcomed members to the meeting and introduced Shannon Katiyo, Public Health Registrar from Surrey County Council, who would be talking to the Group about Health and Planning.

4 Data Mapping (15mins)

Alex Sargeson, Scrutiny Policy Officer, began by recapping the discussion from the last meeting. The Group had identified a range of factors that could lead to health inequality, such as housing, economy and lifestyle. The Group had gone on to identify planning and housing as areas where Waverley could have the most influence, and therefore these would be the focus of the session.

Alex had produced a series of maps showing the Indices of Multiple Deprivation (IMD) across Waverley. This was an overall relative measure of deprivation constructed by combining seven domains of deprivation according to their respective weight. The wards showing higher levels of deprivation were Alfold, Cranleigh Rural & Ellen's Green; Godalming Central & Ockford; and parts of Godalming Binscombe. Members were surprised to see the inclusion of Alfold, Cranleigh Rural & Ellen's Green, however noted that the area was very rural and many residents weren't connected to mains gas, meaning that winter fuel costs were higher.

Shannon Katiyo suggested that the Group also refer to the maps available on Surrey-i as these provided a description of the factors that were taken into account to produce a relative assessment of deprivation. Alex responded that these had been shared at the last session but agreed to circulate the links following the meeting for members who had been unable to attend.

Alex then moved on to present the more specific aspects of deprivation and the associated areas where these were most noticeable:

Health Deprivation and Disability – the wards most affected were the east of Farnham Castle; parts of Hindhead; Godalming Central & Ockford; Godalming Binscombe and Alfold, Cranleigh Rural & Ellen's Green.

Income Deprivation – the wards most affected were Godalming Central & Ockford; the north of Farnham Wrecclesham & Rowledge; a small pocket within Farnham Upper Hale; and the west of Milford.

Housing (Barriers to Housing and Services) – the wards most affected were in rural areas where there are minimal local services and housing is unaffordable. Examples were Frensham, Dockenfield & Tilford; Elstead & Thursley; Witley & Hambledon; and Chiddingfold & Dusfold.

Living Environment – the wards most affected were the west of Farnham Castle; Elstead & Thursley; and Chiddingfold & Dunsfold.

Employment – the wards most affected were the north west of Elstead & Thursley; the east of Milford; and Godalming Central & Ockford. It was noted that this indicator showed people who were of working age but were unable to do so due to unemployment, sickness or disability. Members again felt that this was indicative of the transport issues in more rural areas of the Borough.

Education – the wards most affected were the north of Farnham Wrecclesham & Rowledge; the south of Hindhead; Godalming Central & Ockford; Godalming Binscombe; and the north east of Bramley, Busbridge & Hascombe. The Group commented that in some cases, this could be attributed to the attitude of residents; in areas with poor transport and few employment opportunities, people would not feel motivated to invest in their education. Members felt that it was important nurture crafts and manual trades through volunteering and apprenticeships. Damian Roberts, Strategic Director – Front Line Services, added that Waverley Training Services was a useful way to support those who had left school but not completed learning, and help them to access work or further training.

4 Current health and wellbeing provision in planning policy

Graham Parrott, Planning Policy Manager, provided the Group with an overview of the existing health and wellbeing provision within planning policy from a Waverley perspective. He explained that the National Planning Policy Framework (NPPF) included a section on health and wellbeing however its scope was limited, focusing on the use and development of land.

Graham added that three aspects of health could be affected by planning. These were physical health, through the design and layout of developments providing opportunities for exercise; mental health, through ensuring safe neighbourhoods with places for people to meet and interact; and environmental health, through protecting people from pollution.

Waverley was in the process of replacing its Local Plan, with Part 1 close to being adopted. This would set out policies which would seek to provide inclusive designs that promote safe living environments. Local Plan Part 2, which would sit within the broad context of Part 1, would pick up more detailed issues that could impact on health and wellbeing. It would also include designations for local Green Spaces and more detailed design policies.

The planning process included determining where development should take place through looking at the potential impacts on the environment. Policies were in place to secure affordable housing as part of developments; to protect and introduce open space into developments; and to ensure that any removal of leisure or community facilities is justified. Graham commented that he found Public Health to be less involved in the planning process than other County departments, such as Highways but added that this relationship was improving.

The move towards CIL would also help to secure funds for community improvements. These improvements would include health, but as part of a larger list of other aspects which would need to be prioritised. Additionally, as more Neighbourhood Plans were adopted, health and wellbeing issues could also be picked up via this route.

Cllr Ellis highlighted that a number of large developments were being built in Cranleigh, while it was just a small part of the Borough. She felt that it was important to look at the associated employment opportunities and transport infrastructure when assessing developments. Members were also concerned that land that could be used for employment was being used for housing instead.

Officers responded that policies were in place to try to protect employment land, but when a site had been left empty for some time it was often difficult to argue the case for retaining the employment land, particularly when the Government and Inspectors were pushing housebuilding. Karen Simmonds suggested working with the local Chambers of Commerce to try to keep employment sites viable. Damian Roberts responded that the Economic Development Team was endeavouring to do this, but unfortunately the income from selling property for residential conversion was too attractive. Waverley would also be bringing forward a new Economic Strategy in the new year. The Group noted that in addition to physical premises, another key issue was ensuring that business had access to high speed broadband and 4G.

Shannon Katiyo, Public Health Registrar, presented evidence on the links between health and the built environment. He did, however, caution Members that the situation was very complex, with many different factors that could act cumulatively.

A review had recently been undertaken by Public Health England, looking at various ways in which environment could positively impact on health.

Neighbourhood design – Compact neighbourhoods increase opportunities for social interaction; safe infrastructure enhances connectivity and access to services; and increasing opportunities to walk and cycle encourage physical activity.

Housing – Improving the quality of housing reduces the likelihood of respiratory disease caused by fuel poverty; providing a more diverse housing mix improves integration; and increasing the provision of housing for groups with specific needs would make these people feel safer.

Food environment – Increasing access to healthy food would promote good dietary behaviours; and enhancing community food infrastructure would provide opportunities for social connectivity and physical activity.

Natural and sustainable environment – Reducing exposure to environmental hazards would lead to a range of general physical health outcomes; improving access to the natural environment would encourage physical activity; and improved neighbourhood layout could result in general environmental improvements.

Transport – Increased provision of travel infrastructure would encourage active mobility through walking and cycling; and improving public transport infrastructure would enable all ages to become more mobile and increase their social interaction.

The Group went on to discuss the opportunities for collaboration in relation to planning and health. The NPPF set out a duty to co-operate, and Shannon added that the Public Health team would be working with their district Planning colleagues to ensure that health is considered when developing Local Plan policies. Evidence set out in the Joint Strategic Needs Assessment (JSNA) could also be used to help inform Local Plan policies. The JSNAs would be useful in helping to meet the evidence base requirements in the NPPF under health and wellbeing.

Members noted that it was important to be able to monitor and review progress against these outcomes, and Shannon set out a framework produced by Public Health which provided some context for local areas to decide what public health interventions they may wish to make. The two overarching outcomes were increased healthy life expectancy; and reduced differences in life expectancy and healthy life expectancy between communities. Suggested indicators for measuring these that were relevant to planning included:

- Utilisation of green spaces for exercise/health reasons;
- Proportion of physically active and inactive adults;
- Levels of air pollution;
- Mortality from respiratory diseases; and
- Levels of fuel poverty

Shannon highlighted the three key areas that had been identified where strategies were in place and could have a significant impact on health. Focusing on these areas would enable all boroughs and districts within Surrey to take a joined up approach in order to address these issues. They were:

- Improving air quality;
- Promoting healthy weight; and
- Improving older people's health.

Cllr MacLeod felt that it was important to emphasise that all aspects of health weren't the responsibility of the NHS, and that the preventative agenda is key. He felt that this was not a sufficient priority with Government. Officers responded that the Department of Health was highly focused on infrastructure and reactive care and other agencies were key in bringing all aspects of health and wellbeing together. Prevention measures would often take a long time to have an impact, for example, the impact of the smoking legislation was only just starting to become apparent. However, due to the fluctuating political climate, Governments were often looking for quick wins.

Shannon concluded by setting out three recommendations for areas where more joined-up working could have a greater impact. These were:

- The use of Health Impact Assessment for planning applications meeting agreed thresholds;
- Developing local planning policies or Supplementary Planning Guidance which would address strategic priorities for health; and
- Monitoring Planning Policy against the Public Health Outcomes Framework.

5 The link between housing and health and wellbeing in the private rented sector

Simon Brisk, Private Sector Housing Manger, provided the Group with an overview of the work carried out by his team. Its remit was all tenures of properties except council-owned homes, but the majority of cases referred to them related to the private rental sector. The most common issues were living conditions, landlord/tenant disputes, and overcrowding. Approximately one third of private rented properties did not meet the decent homes standard and tenants were often too concerned with the risk of eviction to make a complaint. Furthermore, the increasing cost of energy meant that people often didn't heat their homes properly, increasing the risk of respiratory illness.

The most frequently reported problems relating living conditions in private rented properties were respiratory disease from excess cold or damp and mould; risk of falls due to poor or unsafe layout; and general safety issues including fire hazards, electrical safety and CO from defective appliances.

New legislation had been introduced to prevent retaliatory evictions, giving tenants more confidence when making a complaint. The legislation also required smoke alarms to be fitted in properties, as well as CO alarms where a solid fuel appliance was used.

The team carried out statutory HMO inspections, the majority of which were located in Farnham, as they were used for student accommodation. There were currently 46 licensed HMOs in Waverley, although proposed legislation would remove the reference three-storey houses, meaning that more properties may require licensing in the future.

Simon informed the Group that the Private Sector Housing team also administered grants. These included disabled facilities grants for both private tenants and owner-occupiers; and energy efficiency grants, where the team was predominately targeting mobile home sites. These grants helped to maintain residents' independence in their own homes, preventing unnecessary hospital admissions. Waverley had also received funding from the Better Care Fund to provide further grants to help residents to maintain their independence in their own homes. A new Home Improvement Policy was also in the process of being adopted; this would allow the Council to extend the range of assistance it is able to offer to vulnerable residents to help them remain living safely and independently in their own homes.

6 Evidence: Data and statistics (Pages 11 - 12)

A representative from Citizens Advice was unable to attend the meeting, however they provided some data (attached) that was considered by the Group.

7 Evidence: Case studies (Housing Options)

Annette Marshall, Housing Options Specialist Advisor, provided the group with an overview of the homelessness prevention work carried out by the Housing Options team. Many of the residents they worked with were at risk of cyclical homelessness.

The team was also dealing with an increasing number of cases where adult children were unable to afford their own accommodation but were being asked to leave home by their parents.

Annette added that the demand for social housing far outweighs supply, and therefore some people threatened with homelessness had to be placed in the private rental sector. Often these families would lack life skills, being unable to manage their finances, and not being able to cook properly. The Group noted that unhealthy lifestyles would often lead to frequent contacts with the NHS as preventative measures failed to reach these individuals.

The Group considered some of the reasons why residents might be facing homelessness. Annette informed the members that rental property in Farnham was unattainable for those on benefits as it was grouped as part of the Blackwater Valley for purposes of rent assessment, rather than the more expensive Guildford area. Many people who were at risk of homelessness struggled to find secure work due to their lack of qualifications, they were often on minimum wage, zero-hour contracts, meaning that they were not financially stable enough to secure private sector rentals.

Annette went on to provide the Group with some case studies illustrating the diverse range of situations the team worked with. Some of the case studies had positive outcomes but others illustrated the issue of cyclical homelessness and how the team often found themselves working with different generations of the same family.

The Group felt that helping people to get back onto their feet should be a priority as it would have a positive effect on other public services such as the NHS. Members also emphasised the importance of empowering people to take control of their lives and not be dependant on the state.

8 Tenants health and wellbeing + case studies

Laura Dillon, Tenancy and Estates Officer, provided the Group with an overview of the main health and wellbeing issues affecting Waverley's tenants. Mental health, as well as drug and alcohol problems were of key concern. She explained that tenants may be in need of health care, but choose not to access these due to their chemical dependencies. They would therefore only seek help as a last resort, where earlier intervention could have been more effective.

The Group was surprised to hear that the Tenancy and Estates team had difficulties linking up with other agencies, and that Social Services and the Mental Health team didn't readily share information. Members felt that this wasn't an efficient way of working as work would be duplicated and time would be wasted chasing for information from other agencies. Laura added that the relationship would improve once a social worker understood the valuable work undertaken by the team, but when staffing changed, they would encounter the same problems again.

Additionally, it was noted that Children's Services and Adult Social Care had high thresholds for opening new cases and sometimes would withdraw their support once a tenant reached a certain stage. This would leave the Tenancy and Estates team as the only service available to help them.

The Group agreed that the issues with other agencies needed to be clearly identified and firm recommendations needed to be developed and taken forward.

9 Next steps

Noted that the next meeting would be held at 10am on Thursday 30 November.

Present:

Cllr Andy MacLeod
Cllr Patricia Ellis
Cllr Nabeel Nasir
Cllr Sam Pritchard
Cllr Liz Wheatley
Cllr Nick Williams
Damian Roberts
Alex Sargeson
Simon Brisk
Graham Parrott
Annette Marshall
Laura Dillon

WAVERLEY BOROUGH COUNCIL

MINUTES OF THE HEALTH INEQUALITIES SCRUTINY TASK AND FINISH GROUP - 30 NOVEMBER 2017

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

Present

Cllr Andy Macleod, Cllr Patricia Ellis, Cllr Nick Williams

Apologies

Cllr Nabeel Nasir, Cllr Sam Pritchard and Cllr Liz Wheatley

1. WELCOME AND INTRODUCTIONS FROM THE CHAIRMAN (Agenda item 1)

The Chairman welcomed everyone to the meeting and the external representatives introduced themselves to the Group.

Alex Sargeson, the Scrutiny Officer for the Council, outlined to Members that the purpose of the meeting was to hear from representatives from particular organisations about the impact that negative lifestyle behaviours e.g. smoking, alcohol consumption, drug misuse and obesity had on health, wellbeing and life expectancy.

The questions to be asked were:

- To what extent did negative lifestyle behaviours impact on health and mental health. And, to what extent did having a common mental health problem reduce life expectancy?
- How could the Council work with Public Health to promote the prevention of negative lifestyle behaviours (smoking and alcohol misuse); and what did successful prevention look like?

2. APOLOGIES FOR ABSENCE (Agenda item 2)

Apologies for absence were received from Councillors Nabeel Nasir, Liz Wheatley and Sam Pritchard.

3. NOTES OF LAST MEETING (Agenda item 3)

The notes of the last meeting were not available but would be circulated following the meeting.

4. FIONA CAMPBELL AND JAMES POOLE, CATALYST GROUP (DRUGS AND ALCOHOL MISUSE) (Agenda item 4)

The Group first heard from Fiona Campbell and James Poole from the Catalyst Group. They offered support for people dealing with the challenges of their drug and alcohol us and is delivered as part of Integrated Services in Surrey (ISIS) and funded by Surrey County Council/Surrey Public Health. This aimed to reduce the harm that drug and alcohol caused to an individual, their family and the community at large.

The Group was advised that the service covered all of Surrey and was co-ordinated from hubs in Woking, Camberley, Redhill, Staines and Guildford to make support accessible and available. The service provided to an individual would be agreed at the initial meeting when they looked together at what change was important to that person and how they could work with them to achieve these goals. Anyone over 18 could access the service and people could self-refer. Catalyst was a non-profit organisation and worked closely with a variety of other support services in Surrey to deliver its work.

The Group discussed whether the price of alcohol and tobacco being relatively cheap made more people drink or smoke. It was noted that the Borough was affluent so probably would not make a difference. However, for some it could result in causing more problems with people turning to crime in order to feed their addiction.

5. KATIE WEBB, COMMUNITY SERVICES MANAGER, WAVERLEY BOROUGH COUNCIL, (ALCOHOL AND DRUG RELATED DOMESTIC ABUSE) (Agenda item 5)

Katie Webb, the Community Services Manager at Waverley Borough Council spoke to the Panel about alcohol and drug related domestic abuse. Members noted that the definition of domestic violence was in accordance with the current cross-government definition as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who aer or have been intimate parters or family members regardless of gender or sexuality. This can encompass, but is not limited to the following types of abuse:

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault".

The Team was just about to start the 5th domestic homicide review since 2011. These were attended by the lead authorities to try establish whether any of the statutory agencies missed anything by not following procedures. There appeared to be a common theme around mental health with domestic violence and alcohol misuse as a trigger too.

The Group was advised that the Team was now starting to collect data from A&E departments when there was an assault to find out more about them. Mental health was an increasing factor and the data would be useful to find out more. There were Domestic Violence Action Groups around Surrey delivering an outreach programme.

6. RACHAEL DAVIS, PUBLIC HEALTH LEAD, SURREY COUNTY COUNCIL (SMOKING AND TOBACCO) (Agenda item 6)

Rachael Davis, the public health lead for Surrey County Council spoke to the Group about tobacco control and smoking cessation. Members noted that smoking remained the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. About half of all life-long smokers would die prematurely and the more disadvantaged someone was, the more likely they were to smoke and to suffer from smoking related disease and premature death.

The Group was advised that smoking rates were higher amongst people in manual occupations, people with no qualifications, people who were unemployed and received income support, people who lived in rented housing and people with low wellbeing. Smoking rates were also higher among people with mental health problems. The priory groups in surrey were pregnant women, children and young people, black and minority ethnic groups, people with mental health issues, prisoners and hospital patients and people with long term conditions.

Smoking prevalence in surrey was below the national average sitting at 12.4% compared to 15.5%. Waverley's smoking prevalence was 9.1% in 2016. Less than 5% of quit dates were set in 2016/17 and improvement had been seen so far. Support available for this in Waverley were Springfield Surgery which had a one to one clinic, Downing Street Surgery which operated a group clinic and there were always GPs or pharmacies.

To support smokers in Waverley, the Group was advised to help promote Quit 51, promote Smokefree Surrey Alliance Campaigns and it was suggested that offices should be totally smoke free by not allowing smoking in the vicinity of the building.

7. NICOLA MUNDY, PUBLIC HEALTH, SURREY COUNTY COUNCIL (CHILDREN'S HEALTH & OBESITY) (Agenda item 7)

Nicola Munday from Public Health spoke to the Group about children's health and obesity. Members were informed that the National Child Measurement Programme (NCMP) measured the height and weight of children in reception class (aged 4-5yrs) and year 6 (aged 10-11yrs) to assess overweight and obesity levels in children within primary schools. The weight was taken as an age related BMI.

The Group was advised that Surrey had a significantly lower prevalence of obesity compared to the England average. In Surrey 1 in 6 of receptions were either overweight or obese. 1 in 4 year 6 compared to England where 1 in 5 receptions and 1 in 3 in year 6. Obesity prevalence was higher for boys than girls in both age groups and obesity prevalence increased with higher levels of deprivation. In Surrey 16.6% of reception children were classed as with excessive weight and for year 6 children 26.5%.

Recently a health related behaviour survey was carried out with children and 259 schools out of a total of 392 schools were contacted across Surrey to take part in the survey.This produced some interesting responses such as 41 pupils who smoked regularly 32% wanted to give up and figures in comparisons nationally of which the responses were similar.

The Group was advised that in Surrey they had a number of initiatives in place to address healthy weight in surrey. These included Alive n Kicking which was a lifestyle and weight management programme designed to support familites with children from 5 to 10 years old. Another initiative was Change 4 Life which people could sign up for and you would get free advice via text an email. There were also a number of Strategies in place such as the Healthy Weight Strategy and the Surrey Breastfeeding Strategy 2016-2021. Services were now being directed to those that needed their help and to encourage them to do more for themselves.

The Group asked what they could do with planning to not allow building of takeaway shops near to secondary schools. It was noted that this was a difficult area but it was something that Runnymead was looking at championing. The Group also asked about convenience foods and how more could be done to improve packaging although it was noted that they had little control over suppliers.

8. DISCUSSION: WHAT DOES SUCCESSFUL PREVENTION LOOK LIKE? (Agenda item 8)

It was agreed that they needed to work together and in partnership where possible to be more vocal on the preventative agenda. They needed to start doing things early on so children learnt about their health and wellbeing and how this would help them in later life.

It was suggested that officers should consider health and wellbeing when devising policies and put a standard clause into them when there was a health impact which doesn't cost anything to do. It was further suggested that staff in all service areas should be trained on mental health issues so that they could act as signposts.

Tamsin McLeod, the Leisure Services Manager indicated that the Council offered free swimming to children under 8 to encourage participation. Places for People did a fantastic job but it was difficult to access GPs in order to get referrals. The Council had written to all GP surgery's with a very poor response rate. The CCGs needed to make more of effort to influence them. It was also suggested Patient Participation Groups were another avenue to get in.

A meeting had been arranged between Shannon and the Planning Officers who would be discussing how to get a health strand into local policies as part of the Local Plan Part 2 consultation.

9. NEXT STEPS (Agenda item 9)

It was agreed that the next meeting would take place on Monday 15th January at 2pm.

HEALTH INEQUALITIES SCRUTINY TASK AND FINISH GROUP

15 January 2018

N O T E S

Present:

Cllr Andy MacLeod

Cllr Patricia Ellis

Cllr Nick Williams

Apologies:

Councillor Nabeel Nasir, Councillor Sam Pritchard and Councillor Liz Wheatley

1 Introduction and Context

The Chairman welcomed everyone to the meeting and Alex Sargeson outlined the objectives for the session.

2 Notes of the last two meetings

Noted.

3 Health and Wellbeing and the Local Plan

The Group was advised that Shannon Katiya had met with the planners to see whether there was an opportunity to insert some health and wellbeing statements in the Local Plan. It had been a productive meeting and whilst the Local Plan Part 1 did not have an overarching policy on health and wellbeing, there were a number of policies in the Plan that were linked to these issues already. Shannon advised that Public Health had drafted a supplementary planning guidance for health in surrey which would shortly be signed off formally by Surrey County Council.

Graham Parrott provided the Group with an update on the Local Plan Part 1 which had been submitted to the Planning Inspector and they would hear shortly if it was sound. The policies would be reviewed at regular intervals and, as long as statements were covered by evidence they could look at putting in more about health and wellbeing in the future. The Committee discussed how the new Community Infrastructure Levy (CIL) could be used to benefit health and wellbeing for residents.

Arising from discussions between Planning and Public Health, Alex had put together some draft recommendations for insertion into Local Plan Part 2 and these are noted below:

DM1 – Environmental implications

- Addition of flood plain development. Strengthening what was already there identifying mental health issues arising from flowing.

- Text on JSNA Air Quality Data

DM4 – Public realm and Streets

There was a lot of discussion about how streets could be improved for older people and particularly those with the onset of dementia.

- Clearly signposted street network
- Link to wider network designed to facilitate walking, including transport stops
- Link to DM9 to improve wording
- Clear entrances

DM7

- Facilitate and promote waking and cycling to increase peoples activity both on and off road/shared pavements
- Promote local access to health and other community facilities and employment although it was identified that this could be difficult as have to rely on Doctors surgeries purchasing land.

DM25

- Fresh and healthy food in town centres

DM2

- Positioning of Betting shops and Fast food outlets

DM25

- Addition of street furniture for people walking and cycle such as benches, toilets and conveniently located secure bike storage.

Other recommendations

- Workshop on issues and options with health providers (CCG)
- HIA/Strategic and Environmental Assessment (SEAs) guidance.

HEALTH INEQUALITIES SCRUTINY TASK AND FINISH GROUP

21 February 2018

N O T E S

Present:
Cllr Andy MacLeod
Cllr Nabeel Nasir
Cllr Liz Wheatley
Cllr Nick Williams

Apologies:
Councillor Patricia Ellis and Councillor Sam Pritchard

1. Introductions and welcome

Alex Sargeson, the Policy Officer, advised the Group that at this meeting they would hear evidence from external health partners regarding access to primary care in Waverley, specifically the extent to which residents were able to access their GP service and how current provision was meeting demand; how this had changed over time; and what the impact had been on health outcomes.

2. Jane Williams, Deputy Director of Clinical Commissioning, NHS Guildford and Waverley CCCG

Jane Williams, the Deputy Director of Clinical Commission for NHS Guildford and Waverley CCG provided the Group with answers to the following questions outlined below:

Has it become harder for patients to access GP practice's in the last 7 years? (e.g. in making an appointment) And if so, what do you feel the reason for this?, e.g. this could be lack of available public transportation, volume in appointments, lack of Nurses, GP's, etc.
Through its engagement with GP practices, the CCG has indications that the workload in primary care is continuing to increase and that the demands on GP practices are high. However, there is a real drive both nationally and locally to increase access to GP appointments and this is happening through a range of initiatives. For example, we have the GP Forward View funding for GP access, which will provide an additional 110 hours per week of clinical time across 2 hubs in 2018/19. There are also various initiatives in place to support access during times when this might otherwise be challenging, such as over the Christmas period and Easter. The CCG works closely with its practices to identify ways that they can work differently, for example through employing clinical pharmacists or diversifying skill sets through working with paramedics/nurses etc.

Have GP's seen a rise in the number of patients requiring support for their mental wellbeing over the past 7 years? (Do you have data on this asides from the JSNA information?) If so, are you able to give general conclusions for the decline in mental wellbeing? e.g. loneliness, housing pressures, work pressures, relationship problems etc? We do not hold any data on this. We receive anecdotal feedback that mental health can be a significant contributing

factor in many patients' wellbeing, and that many of the factors listed above may be responsible, but we are not able to comment specifically on this.

How has the reductions in funding to the NHS affected GP practices in delivering its service? E.g have waiting times significantly increased over the past 7 years? And if so, are you finding existing patients are finding alternative routes to access care and support? There is continued investment in primary care and there have not been reductions in overall funding to GP practices. There is significant investment through the GP Forward View, both in supporting service delivery (such as Extended Access £3.34/head, rising to £6/head from April 2019), and in supporting transformation (the £1.50 per head). The pressures on primary care are great, and many local GPs are approaching retirement, which is a cause for concern, but the CCG is actively participating in workstreams to support recruitment, such as the international GP recruitment initiative. We do not collect data on waiting times for appointments in primary care, but we continue to work with our practices to support them in service delivery.

Is there any indication that people are seeing their doctor for a range of issues, such as housing advice, debt advice, gaining weight (or weight loss), which could be dealt with outside of primary care? We have anecdotal evidence that the wider determinants of health are playing a part in many consultations, and that GPs may not be the best professionals to support with these issues. There have been some CAB pilot projects locally which have demonstrated that a significant number of patients can be supported by other services, such as housing and debt advice, so a range of other supporting services is definitely beneficial. The CCG continues to support GP practices to work collaboratively with other professionals – such as through MDT working with other health and social care colleagues, and with the voluntary sector where required.

Jane indicated that Clinical Commissioning Groups (CCGs) needed to:

- Review why awareness of NHS 111 was low, engage with patients and carers to initiate new plans to promote the full range of services it offered including access to out-of-hours GP appointments.
- Conduct further research into why people who already managed their time online do not know about or use online GP booking.
- Review their primary care strategy to ensure GPs were encouraged to promote online booking, make registration to the online system easy and to try to understand barriers to patient use.

The Group thanked Jane for the presentation. Members asked about ambulance response times. They were advised that it was noted that performance could be better but it was difficult in areas such as Waverley which was quite rural and places more difficult to get to. In terms of strokes, they had a high dependency unit at Ashford and St James as well as Frimley and there would be a new acute unit at the Royal Service so there were more options for people in more rural areas to receive treatment. The Group asked about access to GP surgeries in some areas such as Ockford Ridge. They were advised that it was difficult because GPs were private business and they had to build or purchase their surgeries. Consequently, they were reliant on them for where they were situated so physical access was a health inequality.

A question was asked regarding social isolation and whether this impacted on Mental Health. Jane advised the Group that it was a factor on mental health and it was an area that the NHS needed to work more on and invest in. They did have Care 24 provision and there were now additional young peoples CAMS in the area.

They were working with Age UK and were reviewing all schemes. It was noted that in London there had been a number of occasions where children visited the elderly which had been shown to give positive results.

It was raised that one of the difficulties the Council had experienced was getting GPs to consider referring patients to the classes being run at the local sports centres. They had experienced different levels of support and wanted to make this used more. Jane advised that they could attend the Frailty Forum and speak to the doctors who attended that meeting, the Practice Forum had an electronic newsletter and information could be placed in that. There was also the Practice Council but also they could attend patient participation groups and she would help facilitate this. Jane was asked about the CCGs being consulted on planning developments. She said that they would want to but they were lacking in estates expertise which was something that was being looked at.

At a previous meeting, it was identified that there had been an increase in domestic homicide reviews and if there was statistics for domestic violence kept by the CCG. Members were advised that there were some figures captured and she would forward this information to Alex.

A last question was raised in relation to dementia and she advised that treatment was not where they wanted to be but it also relied on people asking for help. Diagnosis was also difficult because it could be just memory loss and not dementia. She would send Fotini some statistics to use.

3. Matthew Parris - Deputy CEO, Evidence and Insight Manager, Healthwatch Surrey

Matthew Parris, the Deputy Chief Executive and Evidence Insight Manager for Healthwatch Surrey attended the meeting to speak to Members about his perspective on health inequalities. He advised Members that Healthwatch was an independent champion that gave the people of Surrey a voice to improve, shape and get the best from health and social care services by empowering local people and communities. They engaged with and listened to what people from all parts of the community say so that they could offer reliable evidence that could be trusted. That way they would have the credibility to speak with a voice that was heard and taken seriously be decision makers. They had a particular interest in reaching out to those who could be less well-heard.

Matthew advised that from the most recent GP patient survey they wrote a report called “My GP Journey” which explored the experiences of 120 people when visiting their GP, from registering and booking an appointment, through to attending the surgery and getting treatment. This survey found that 1 in 10 people would not see a doctor on the day of booking the appointment, 1 in 4 people found it difficult to take time off work to see a doctor (those in deprived areas found it the hardest), 17% were carers so was harder for them to go and 1 in 5 people said they found it hard to contact the doctors on the phone.

In relation to seeing the same doctor every time, most people wanted this, particularly if they had a complex health issue and did not want to keep repeating themselves however, some people didn't mind as long as they saw a doctor. Most people used the phone to contact their surgery and many people said that they would like the option of booking a task with their doctor and this would save time and they wouldn't have to miss work. However, it was difficult for those with hearing issues and were not all aware that there was an online system.

Healthwatch wanted GP surgeries to make their information more accessible. To regularly check their email and online systems so that people can book appointments via this method. Healthwatch wanted to encourage people to speak up at meetings about changes to health service and wanted to encourage health managers to listen more to patients. They wanted to help people to know about NHS 111 and GP online booking and to help patient participation groups and doctors to link with community groups.

4. Next Steps: Meeting to review draft report

Appendix D: Output Areas at risk of exclusion through poverty

Rank	SOA	OA	Ward	Description	% of h/h
1	005C	E00157598	Godalming Binscombe	Northbourne	76.84
2	010A	E00157619	Godalming Central & Ockford	Aarons Hill/Stonepit Close	71.47
3	002E	E00157549	Farnham Upper Hale	Sandy Hill: St Marks/Trimmers Close/Toplady Place	64.94
4	005E	E00157640	Godalming Farncombe & Catteshall	Wey Ct/Bramswell Rd/The Circle	63.68
5	017A	E00157677	Haslemere Critchmere & Shottermill	Priors Wood/Vicarage Lane	62.29
6	003A	E00157474	Farnham Castle	The Chantrys (W)	60.14
7	009B	E00157569	Farnham Wrecclesham & Rowledge	Beldham Rd/Greenfield Rd/Cobbetts Way	54.80
8	003A	E00157471	Farnham Castle	The Chantrys (E)	52.75
9	002E	E00157547	Farnham Upper Hale	Sandy Hill: McDonald Rd/Swift Rd/Perry Way area	51.39
10	013C	E00157417	Cranleigh East	Church Lane/Parsonage Rd area	51.13
11	016C	E00157702	Haslemere East & Grayswood	Peperham Rd/Weycombe Rd/Puckshott Way	51.05
12	005C	E00157593	Godalming Binscombe	Long Gore flats/Downer Meadow	50.23
13	001D	E00157559	Farnham Weybourne & Badshot Lea	Courtenay Rd/Newcome Rd/Mill Stream	50.04
14	013C	E00157410	Cranleigh East	Wyphurst Rd/Roberts Way/Thistley Lane	49.36
15	003E	E00157521	Farnham Moor Park	Dollis Drive/Hale Rd area	49.34
16	003E	E00157526	Farnham Moor Park	Woolmead/Dogflud Way area	48.95
17	016D	E00157704	Haslemere East & Grayswood	Parsons Green/Parsons Close/Kiln Ave. area	48.84
18	005B	E00157597	Godalming Binscombe	Redwing Ave., Badgers Close, Oak Mead area	48.54
19	016D	E00157685	Haslemere East & Grayswood	Fieldway/Pathfields Close	48.09
20	001A	E00157499	Farnham Hale & Heath End	Bricksbury Hill	47.54

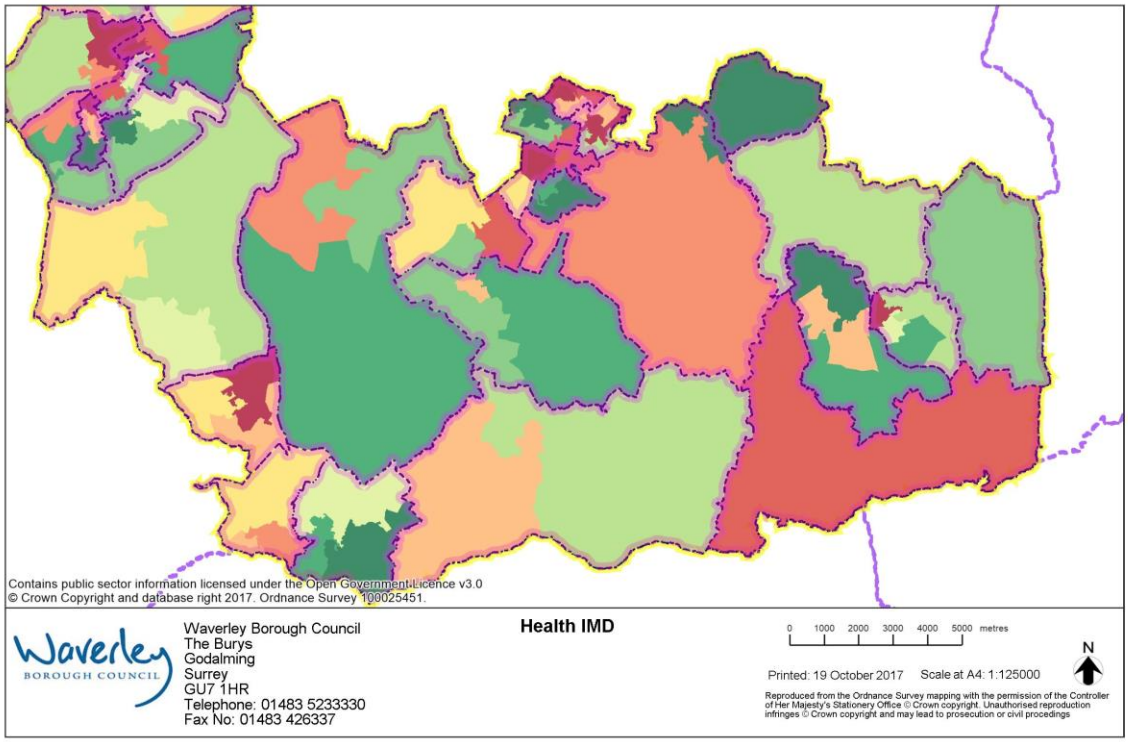
Based on the following data-sets drawn from the 2011 census:

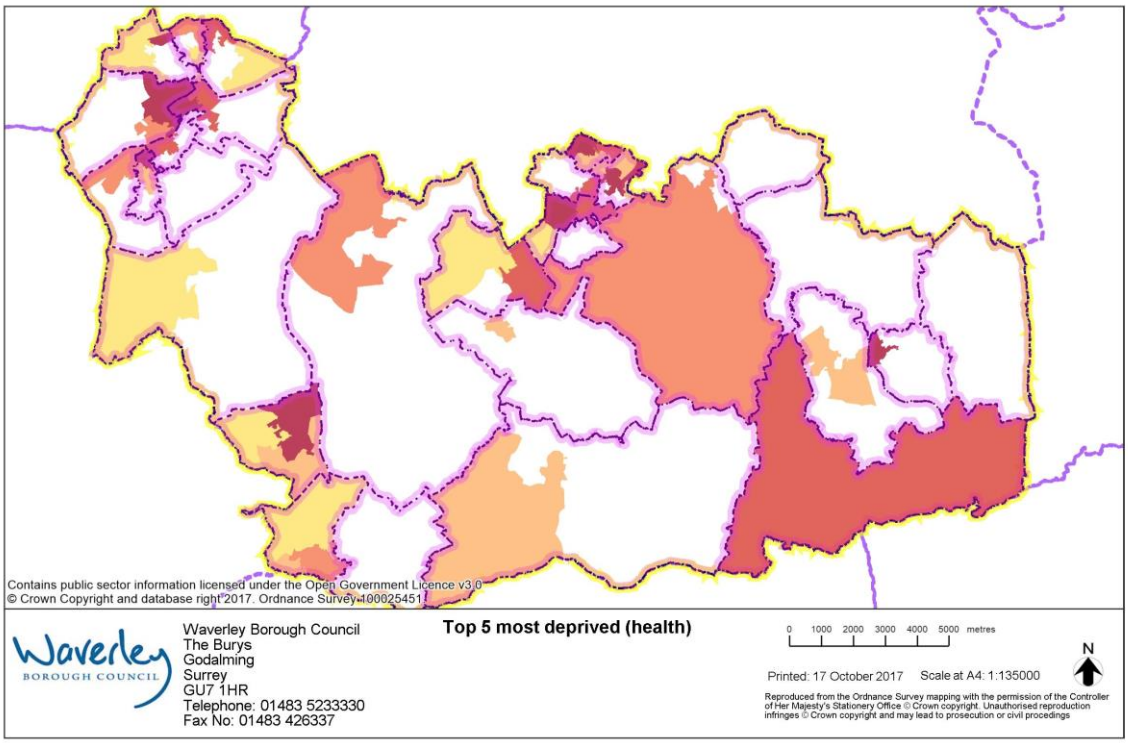
Overcrowding
Social rented
Lone Parent Households with Dependent Children

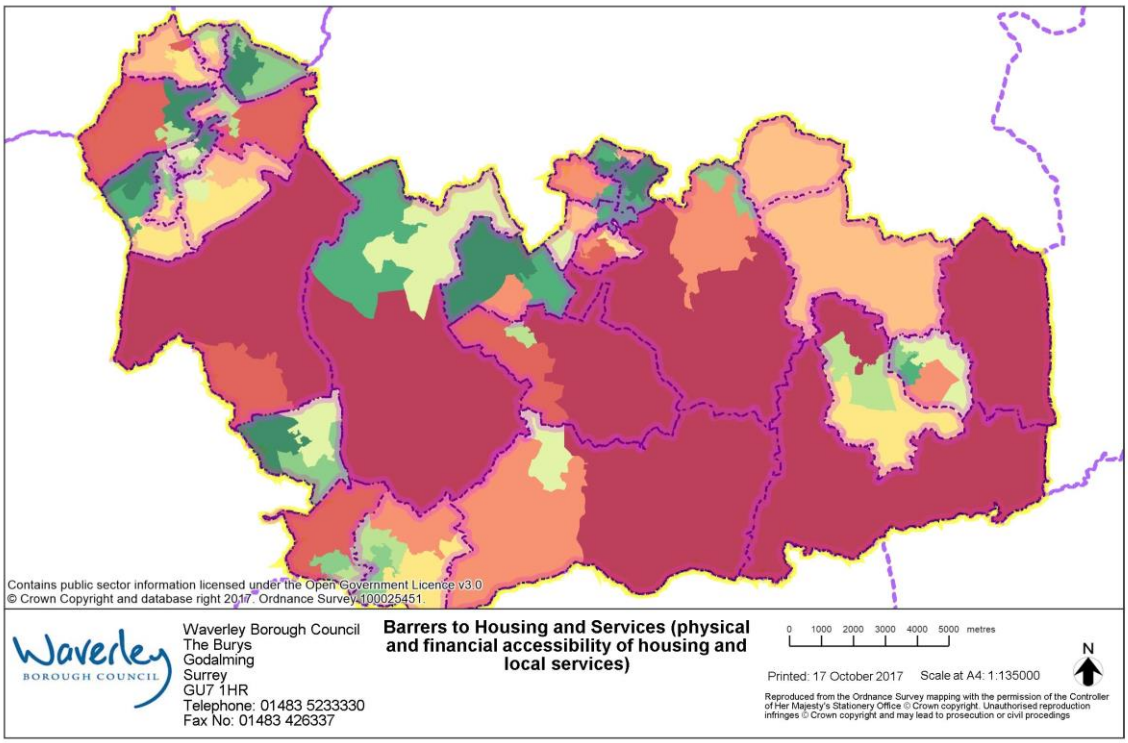
No adults employed (dependent children)*
No Cars or Vans in Household
Private rented
One Person in Household with a Long-Term Health Problem or Disability
No Central Heating *
All usual residents NS-SEC 6,7,8 *

For methodology see:
Poverty, wealth and place in Britain: 1968 to 2005 (D. Dorling et al.; Joseph Rowntree Foundation, 2007):
http://www.dannydorling.org/wp-content/files/dannydorling_publication_id0463.pdf

Appendix E: Indices of Multiple Deprivation Maps (2015) Waverley



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Waverley Borough Council
The Burys
Godalming
Surrey
GU7 1HR
Telephone: 01483 5233330
Fax No: 01483 426337
Barrers to Housing and Services (physical and financial accessibility of housing and local services)
0 1000 2000 3000 4000 5000 metres
Printed: 17 October 2017 Scale at A4: 1:135000
N
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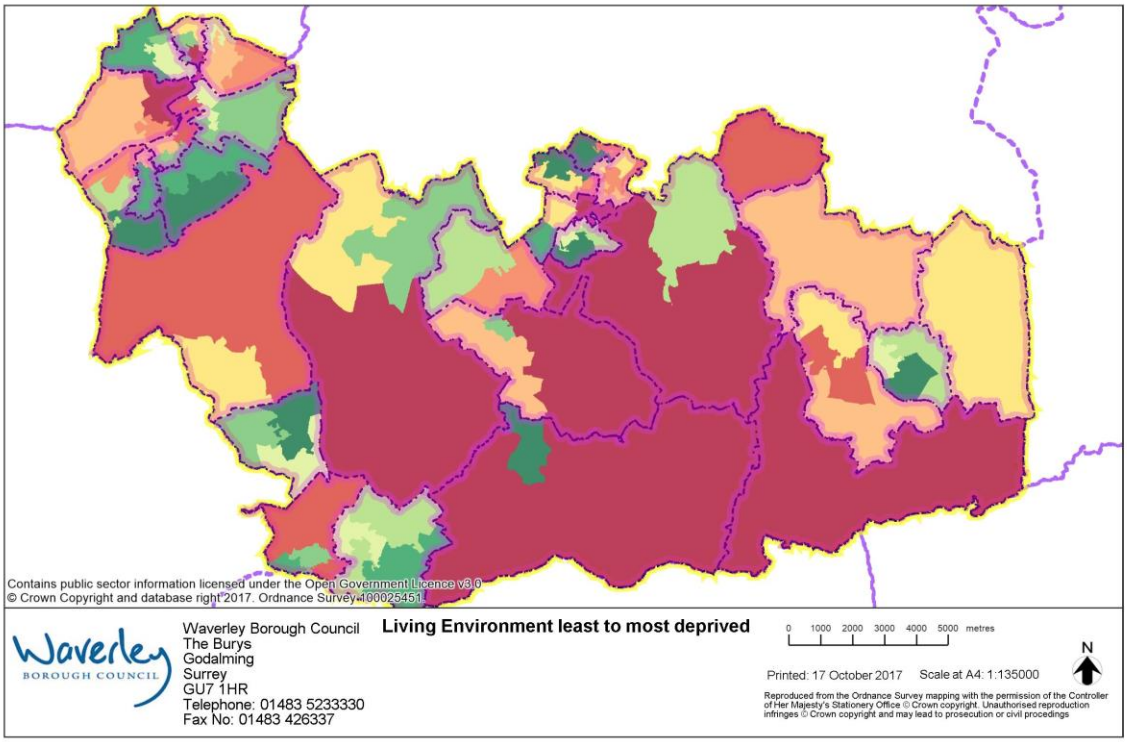
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Waverley Borough Council
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Godalming
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Telephone: 01483 5233330
Fax No: 01483 426337
Living Environment least to most deprived
0 1000 2000 3000 4000 5000 metres
Printed: 17 October 2017 Scale at A4: 1:135000
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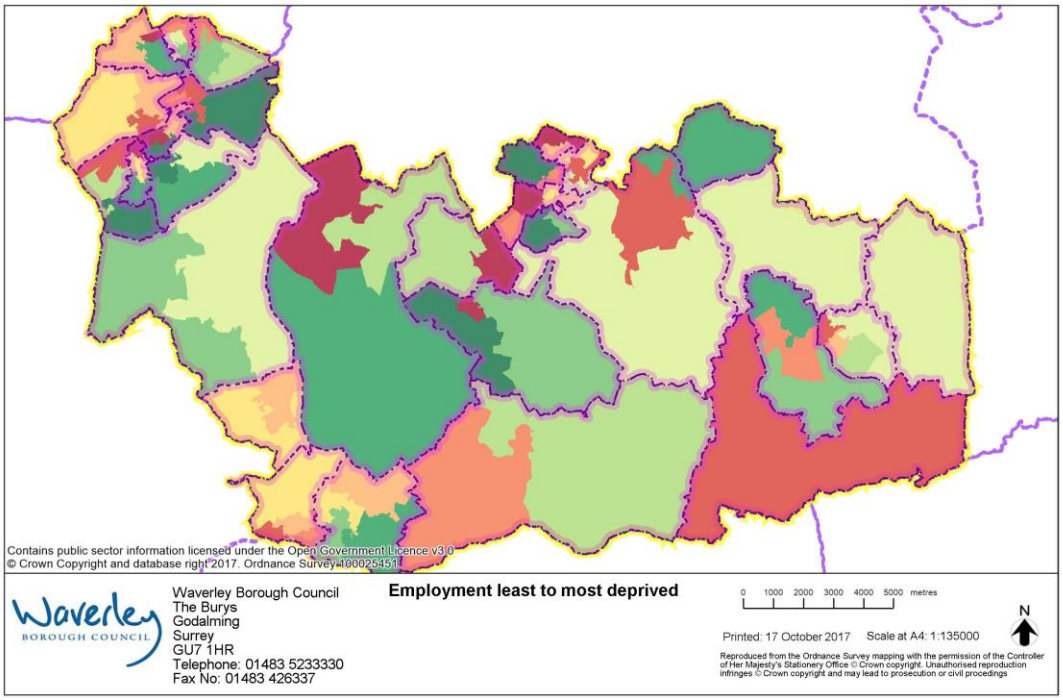
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Waverley Borough Council
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Telephone: 01483 5233330
Fax No: 01483 426337
Employment least to most deprived
0 1000 2000 3000 4000 5000 metres
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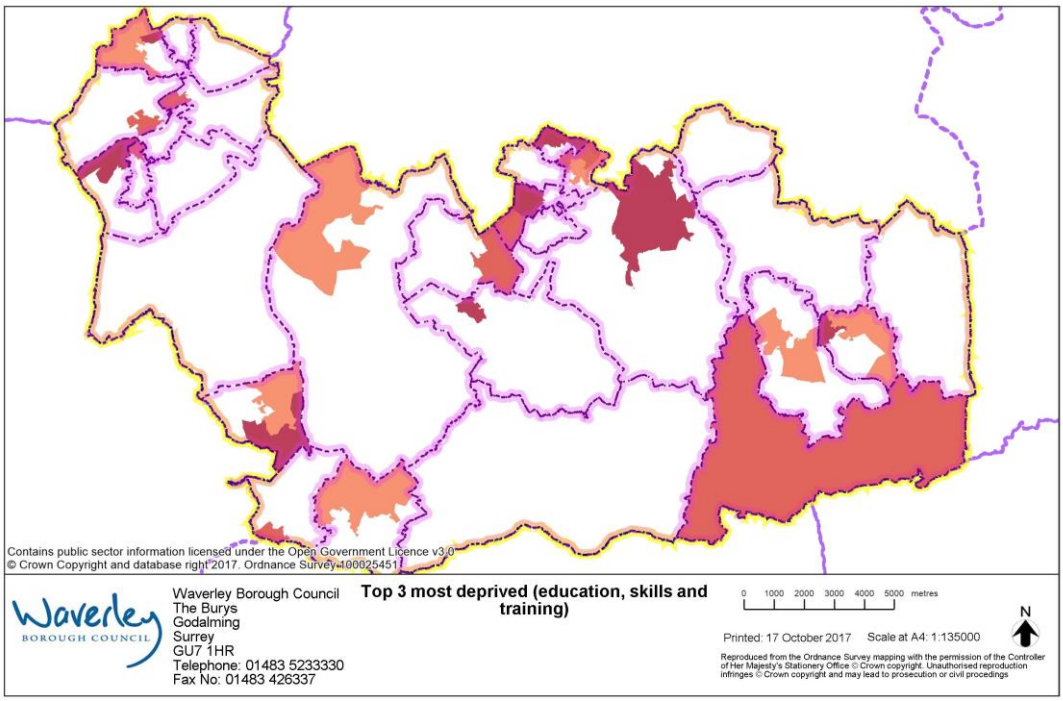
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Waverley Borough Council
The Burys
Godalming
Surrey
GU7 1HR
Telephone: 01483 5233330
Fax No: 01483 426337
Top 3 most deprived (education, skills and training)
0 1000 2000 3000 4000 5000 metres
N
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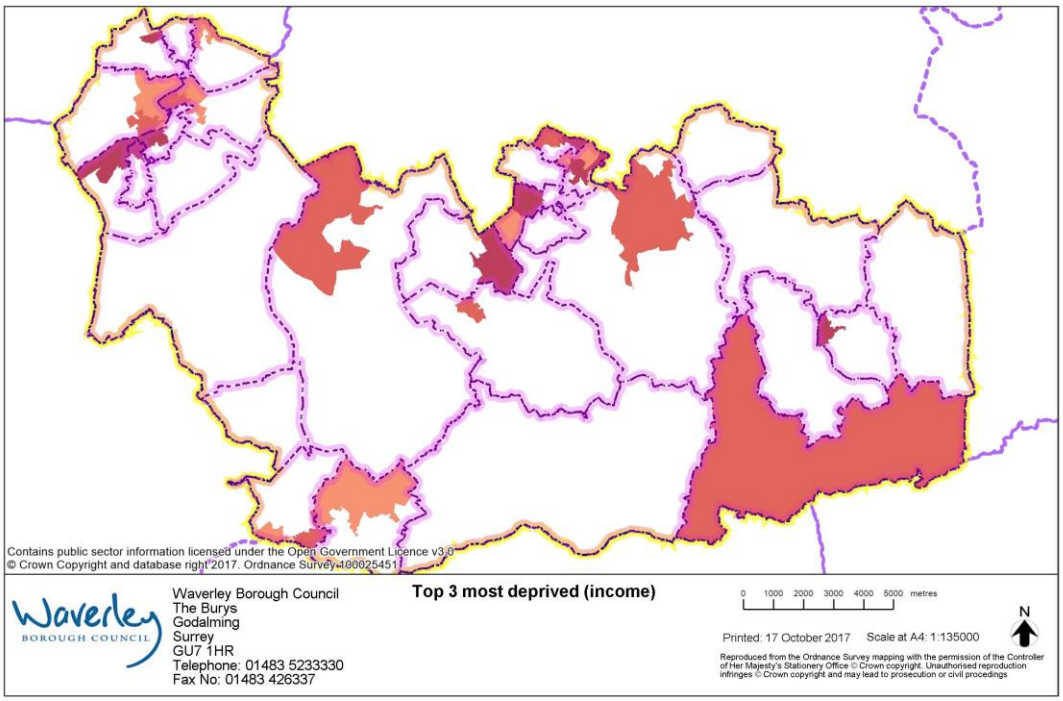
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Waverley Borough Council
The Burys
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Surrey
GU7 1HR
Telephone: 01483 5233330
Fax No: 01483 426337
Top 3 most deprived (income)
0 1000 2000 3000 4000 5000 metres
N
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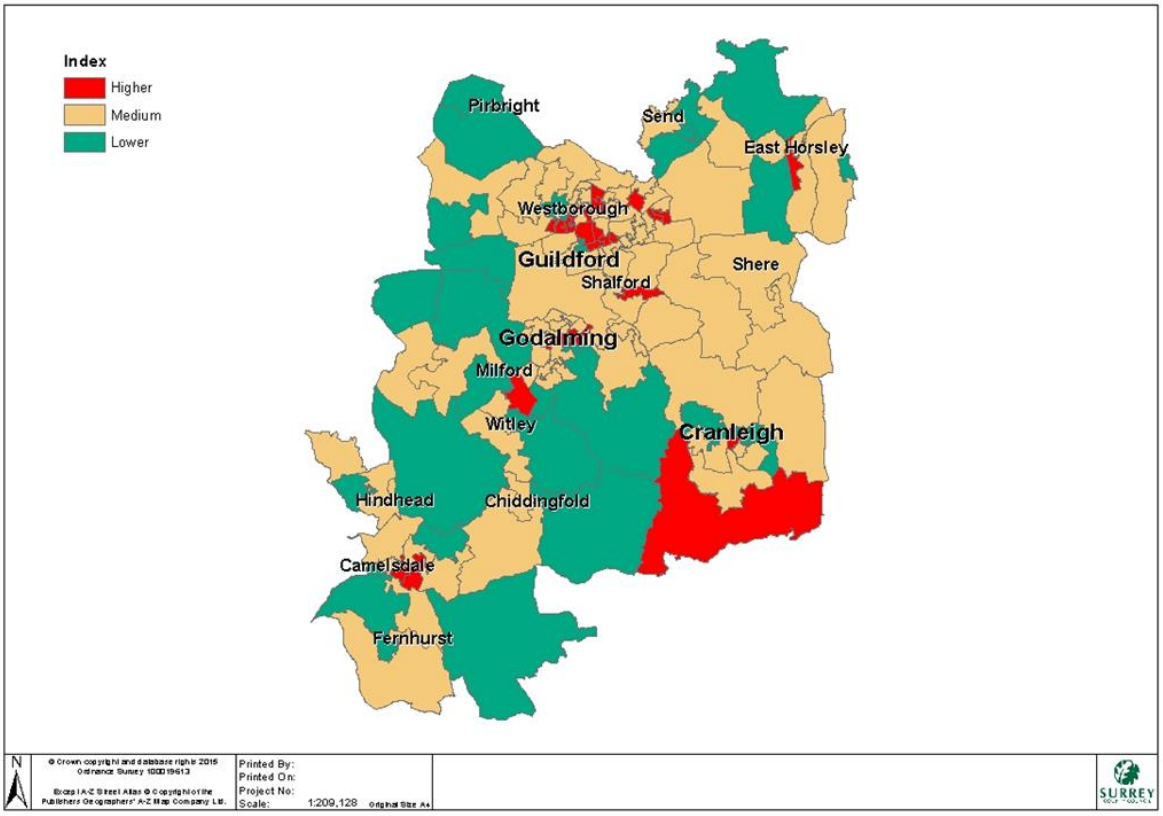
Appendix F: Social Isolation Map featuring Waverley



A variety of factors contributes to social isolation such as bereavement, unemployment or retirement, physical disabilities or sensory loss and can affect people of any age. However, these factors tend to converge in older age. The index of social isolation uses census data specific to those over 65, plus one Mosaic indicator related to all adults, to identify where people over 65 who are socially isolated are likely to live to identify where interventions to address social isolation should be targeted.[159]

Social Isolation score is based on the following indicators:[160]

- % all households: one person household aged 65 and over
- % people over 65 providing unpaid care
- % people over 65 widowed or surviving partner from civil partnership
- Older people in deprivation (IDAOPI) score (higher score is more deprived)
- % never talk to neighbours (Mosaic estimate)
- % of people 65+ resident in households with long term health problem or disability (limiting long term illness)
- % age 65 and over: no cars in household
- % of total 65+ population in area

[159] Surreyi
[160] Surreyi: predictive analytics social isolation index tool

Appendix G: Data showing people aged 65+ predicted to have depression in Waverley[161]
(Data produced in 2013 from www.poppi.org.uk)

People aged 65 and over predicted to have depression, by age and gender

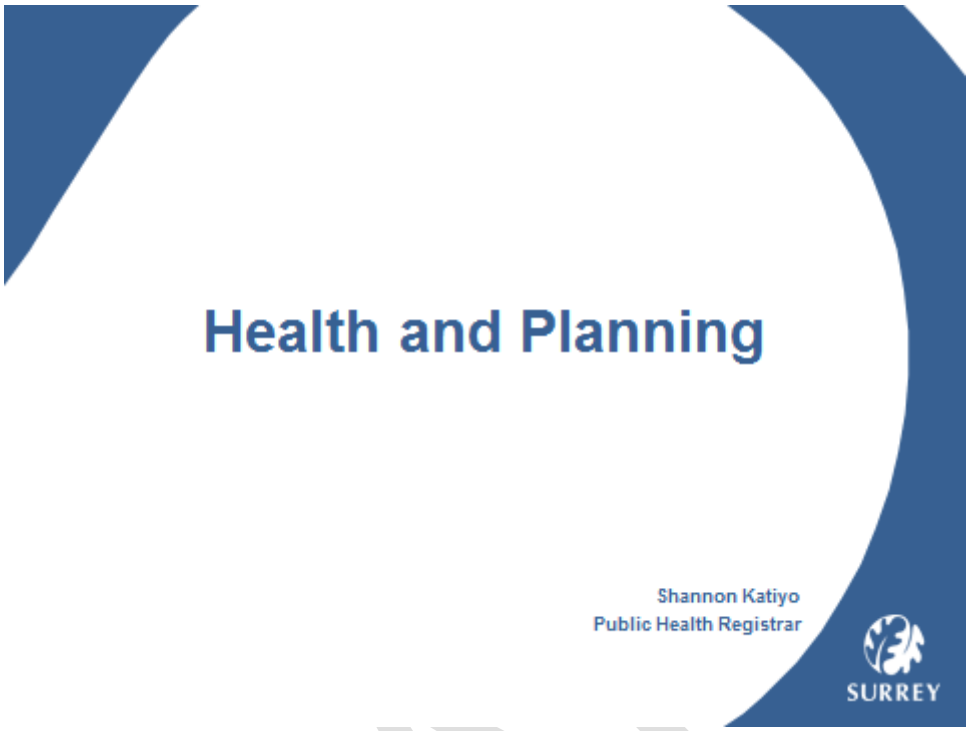
	2012	2013	2014	2015	2016	2020
Waverley: People aged 65-69 predicted to have depression	634	640	651	645	645	550
Waverley: People aged 70-74 predicted to have depression	439	455	481	497	530	605
Waverley: People aged 75-79 predicted to have depression	402	408	414	414	408	485
Waverley: People aged 80-84 predicted to have depression	330	348	358	367	386	415
Waverley: People aged 85 and over predicted to have depression	366	382	387	404	420	485
Waverley: Total population aged 65 and over predicted to have depression	2,170	2,233	2,290	2,327	2,389	2,540

People aged 65 and over predicted to have severe depression, by age

	2012	2013	2014	2015	2016	2020
Waverley: People aged 65-69 predicted to have severe depression	188	190	193	193	190	163
Waverley: People aged 70-74 predicted to have severe depression	85	88	93	98	104	117
Waverley: People aged 75-79 predicted to have severe depression	165	168	172	172	168	200
Waverley: People aged 80-84 predicted to have severe depression	105	111	114	117	120	132
Waverley: People aged 85 and over predicted to have severe depression	160	164	168	176	179	215
Waverley: Total population aged 65 and over predicted to have severe depression	702	721	739	754	761	825

[161] Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787-1795. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2020.

Appendix H: Health and Planning Presentation, Shannon Katiyo, Public Heath Registrar, Surrey County Council



Content

1. Health and the built environment: The Evidence
2. Opportunities for collaboration
3. Strategic Links
   a) Air quality
   b) Healthy Weight
   c) Older People
4. Recommendations: Areas for policy development

SURREY

1. Built Environment and Health

- Key determinant of health
- Long established link
- Increasing body of research
- Causal link is complex

Reference: PHE (2017) Spatial Planning for Health: An evidence resource for planning and designing healthier places

SURREY

Review of the Evidence

- Neighbourhood design
- Housing
- Healthier food
- Natural and sustainable environment
- Transport

Caution*

SURREY

Neighbourhood design

Enhance Neighbourhood Walkability

Build Complete and Compact Neighbourhoods

Enhance connectivity with safe and efficient infrastructure

Modifiable features	Impact	Health outcomes
Increase walkability Improve infrastructure to support walking and cycling Compact neighbourhoods Increased access to amenities and facilities Improved street connectivity Public realm improvements – e.g. street lighting	Social engagement Physical activity Mobility among older adults Social participation Pedestrian activity	Mental wellbeing Risk of CVD, type 2 diabetes, stroke, and some cancers Reduced BMI Risk of musculoskeletal conditions Road traffic collisions

Adapted from PHE Spatial Planning for Health , 2017

SURREY

Housing

Improve Quality of Housing

Increase Provision of Affordable and Diverse Housing

Increase Provision of Affordable Housing for Groups with Specific Needs

Modifiable features	Impact	Health outcomes
Energy efficient homes Removal of home hazards Housing refurbishment, retro-fitting Fuel Poverty Daylight and ventilation Provision of diverse housing types Provision of missed use affordable housing Provision of affordable housing for specific vulnerable groups, groups with long term conditions, or for the homeless	Social outcomes among older adults Damp proofing, re-roofing and new windows Warmth and energy installation Daylight exposure, Indoor air quality Physical activity, Safety perceptions, Social behavioural and health related outcomes, Engagement with healthcare services, employment	General health, Mental health, Asthma, Mortality, Fall-related injuries among older adults, health inequalities among low income groups, excess winter deaths, prevalence of chronic conditions, risk of CVD, respiratory symptoms, some cancers, Substance misuse, QOL, Risk of CVD

Adapted from PHE Spatial Planning for Health , 2017

SURREY

Food Environment

Provision of healthy, affordable food for the general population

Enhance community food infrastructure

Modifiable features	Impact	Health outcomes
Increase access to healthier food for the general population Decrease exposure to unhealthy environments Increase access to healthy food in schools Access to retail outlets selling healthier food Urban food growing Provision of and access to allotments and adequate garden space	Dietary fat intake, Dietary behaviours, Fruit and vegetable consumption Attitudes towards fruit and vegetable consumption Dietary behaviours among children in low income areas Opportunities for social connectivity, physical activity	Maintenance of healthy weight Reduced risk of CVD, Nutrition related outcomes among children and adolescents Mental health and wellbeing Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal problems

Adapted from PHE Spatial Planning for Health , 2017

SURREY

Natural and sustainable environment

Reduce exposure to environmental hazards

Access to and engagement with the natural environment

Adaptation to climate change

Modifiable features	Impact	Health outcomes
Improved air quality Exposure to air pollution Excessive noise Reduce impact of flooding Provision of access and engagement opportunities with natural environment Aesthetic park improvements Participation in physical activity in outdoor settings Prioritisation of neighbourhood tree planting Tackle climate change	Physical activity among older adults Exposure to particular matter and other gaseous matter Exposure to excessive noise Physical activity, Active Travel, Mobility, Social participation Motivation to engage with physical activity First-time park users Urban heat island effect, heat and cold extremes	Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions, mental wellbeing Cognitive function, improved birth outcomes, reduction in infant mortality, lung cancer, ischemic heart disease, risk of CO poisoning, physical health outcomes, improved bone health

Adapted from PHE Spatial Planning for Health , 2017

SURREY

Transport

Provision of active travel infrastructure | Provision of public transport | Prioritise active travel and road safety | Enable mobility for all ages and activities

Modifiable features	Impact	Health outcomes
Increase infrastructure for cycling and walking Encourage use of public transport Prioritise pedestrians and cyclists Traffic calming measures Public realm improvements Access to recreational spaces Active travel to work and school	Mobility, Physical activity, active travel Social participation Pedestrian activity	Risk of CVD, cancer, obesity and type 2 diabetes and some cancers. Promoting mental wellbeing. Risk of pedestrian injury, road traffic collisions

Adapted from PHE Spatial Planning for Health , 2017

SURREY

2. Opportunities for collaboration

- NPPF – Duty to cooperate
  – Local Plans
- Joint Health and Wellbeing Strategy
- JSNA, Health and Care Profiles
- Policy development process
- Supplementary planning document/guidance (SPD/SPG)

SURREY

Monitoring and Review of Impact

Public Health Outcomes Framework domains

Domain	Indicators relevant to planning
Improving the wider determinants of health	• Killed or seriously injured casualties on England's roads • Utilisation of green space for exercise/health reasons • Fuel poverty • Older people's perception of community safety (this is a 'placeholder' indicator, which means that major work is still required to develop the rationale and technical information)
Health improvement	• Excess weight in 4-5 and 10-11 year olds • Excess weight in adults • Proportion of physically active and inactive adults • Self-reported wellbeing
Health protection	• Air pollution • Public sector organisations with board-approved sustainable development management plan
Healthcare public health and preventing premature mortality	• Mortality from respiratory diseases

SURREY

Strategic links between Planning and Health in Surrey

a) Improving air quality
b) Promoting healthy weight
c) Improving older people's health

SURREY

a) Surrey Health Weight Strategy

- Surrey Local Plan making authorities will ensure that their respective spatial strategies seek to plan for new development in sustainable locations that offer the best access to a range of services and facilities by walking and cycling;
- Surrey Local Plan making authorities will seek to ensure that development plans and proposals are supported by adequate and accessible open space provision and green infrastructure to encourage sports, walking and recreation.

SURREY

b) Surrey Air Alliance Action Plan

Promote a 'healthy planning' approach to reducing the impact of poor air quality

SURREY

c) Older People's Health

- Health and Wellbeing Priority 4. Improving older adults' health and wellbeing - Support communities and care homes to be more **dementia friendly**
- Health Needs Assessment of Falls Prevention and Management (2016)– **promote exercise and reduce falls hazards**
- Accommodation with Care & Support Strategy - forms of accommodation that can assist more **vulnerable adults to live within their local community**

SURREY

4. Recommendations: Areas for Policy Development

1. Use of Health impact assessment for planning applications meeting agreed thresholds
2. Develop local planning policies or Supplementary Planning Guidance which address strategic priorities for health
3. Monitoring of Planning Policy against Public Health Outcomes Framework (slide 11)

SURREY

Appendix I: CAB Waverley Unique Clients – Housing (2014-2017)

Report Filter Criteria

Bureau	All
Member	Citizens Advice Waverley (member)
Outreach	All
Year	2014-15, 2015-16, 2016-17
Quarter	All
Month	All
Advice Event Type	All
AIC Part 1	Housing
National Funder	All
Local Funder	All
Local Authority	Waverley

08 Private sector rented property	AA Rents	47	43	45	133
	B Repairs/Maintenance	42	41	35	117
	C Quality of service	3	2	4	9
	D Suitability of accommodation	18	13	14	45
	F Problems with letting agencies	25	18	30	72
	HA Cost of deposits / rent in advance	31	21	19	71
	HB Tenancy deposit protection	23	20	33	75
	K Harassment by landlord	6	1	10	17
	KA Illegal eviction by landlord	2	4	4	10

	N Energy efficiency measures	0	1	0	1
	P Possession action (not arrears)	17	16	19	52
	PA Possession/eviction - landlord mortgage arrears	7	3	2	12
	Q Adaptations for disabled people	1	1	0	2
	R Disrepair Evictions	0	2	5	7
	S Immigration issues	0	0	1	1
	Z Other	43	37	50	129
	Not recorded/not applicable	29	28	20	76
		223	188	203	589

Appendix J: CAB Waverley Additional Profile Information for Unique Clients by Child Dependants Over 14

03 Threatened homelessness	A Relatives/friends unable/unwilling to house	52
	B Relationship breakdown (excluding divorce)	20
	C Domestic violence	9
	D Harassment/illegal eviction	4
	E Mortgage/secured loan possession	6
	F LA possession action	36
	G Housing association possession action	27
	H Private landlord possession action	69
	J Landlord's mortgage arrears	1
	K Delay's in HB claims	2
	M LA won't re-house permanently	2
	N Anti-social behaviour	2
	P Benefit cuts including cap	2
	Z Other	42
	Not recorded/not applicable	47
		270
05 Access to & provision of accomm.	A Emergency accommodation	21
	B Council/HA allocations/transfers/exchanges	89
	CA Finding and securing private rented sector accommodation	107

	CB Deposit schemes	20
	CC Refusal due to housing benefit	9
	D House purchase	1
	E Right to buy	3
	G Shared ownership	10
	H Sheltered & supported housing	17
	I Help to Buy	1
	Z Other	13
	Not recorded/not applicable	20
		243
08 Private sector rented property	AA Rents	125
	B Repairs/Maintenance	113
	C Quality of service	9
	D Suitability of accommodation	42
	E Security of tenure	62
	F Problems with letting agencies	70
	HA Cost of deposits / rent in advance	65
	HB Tenancy deposit protection	70
	K Harassment by landlord	15
	KA Illegal eviction by landlord	8
	N Energy efficiency measures	1
	P Possession action (not arrears)	46
	PA Possession/eviction - landlord mortgage arrears	11

	Q Adaptations for disabled people	2
	R Disrepair Evictions	7
	S Immigration issues	0
	Z Other	125
	Not recorded/not applicable	74
		555

Appendix K: Catalyst Case Study, Example Referrals and Waverley Client Demographics

Case Study example

CASE STUDY EXAMPLE FROM THE WELCOME PROJECT
Client had a long history of mental health issues and a diagnosis of Paranoid Schizophrenia. Client had been in and out of services for 6 years including drug and alcohol and mental health. Client was on his third episode of drug and alcohol treatment, when they self referred. At this point the client was mentally unwell as the substances they were using were exacerbating extreme paranoia. They were using a mixture of substances including alcohol, NPS (methadone), cannabis and misusing prescribed medication. When working with the client they disclosed being hospitalised due to mental health and addiction twice yearly over 6 years.

What did you do or change that made a difference
The drug and alcohol team worked with the client in promoting awareness of how substances can affect mental health and well-being. When the client was using drugs and alcohol their self care would be neglected and they would often become angry and confused. Early on in treatment the drug and alcohol team had mentioned the Welcome Project as a possible service to help deal with isolation and poor self care. At this point the client was not ready to engage and instead accessed the groups offered by the Drug and Alcohol team. They responded well to treatment and the guidance given, and started to attend Alcoholics Anonymous which they are still engaging with. The client progressed well and was referred to the Welcome Project. Due to the current nature of the Team we were able to do a fluid referral in which the same worker who had built a trusting relationship with the client could continue the wellbeing work.

What difference has been made
This has worked very well and the client is now engaged with Welcome Project with a worker whom has knowledge of both mental health and addictions. The client is now engaging with one to one support but moreover attending four of our activities including the football, running group, walking group and meeting point.

The groups and support have helped the client challenge their isolation while also giving a sense of self respect. They know that they can talk in confidence to the Team and get the support required.

They also continue to work with the CMHRS on mental health, and there have been no admissions to hospital since their engagement with the Teams. In addition they have not used alcohol for over a year and remains committed to their well-being recovery.

Did you get any feedback? If so, what was it?
"I found it difficult at first with attending the activities due to my anxiety, but now I feel most of the time OK as it is helping me with socialising and building relationships. I find Meeting Point has chilled out atmosphere." "I feel supported and can be honest with my worker." "The football has helped me be part of a team and it feels good being able to support each other." "I wish I had engaged with the Welcome Project before."

December 2017

Catalyst example referrals – for illustrative purposes only.

1) Referred by self. Mental Health teams involved, psychiatrist, GP, Catalyst, SMART and NA.Cannabis addiction, on a lot of prescribed medications, bipolar, manic behaviour, suicidal, depression. Have been supporting in a reduction plan, attending SMART group weekly.

2) Referred by self. Telephone counselling, GP, Catalyst, SMART, AA Alcohol, remission from cancer, suicidal thoughts, manic, going through divorce, loss of work/family. Have been supporting in an alcohol reduction plan. Initially referred to i-access but had reduced significantly so referral was not needed. Currently attending one to ones, SMART and AA.

3) Referred by Statutory Drug Service I- Access. Mental Health Teams are involved Home Treatment Team, recent psychiatric admission to hospital. Discharged. Long history of Drugs, Alcohol, eating disorder. Suicidal at times, going through a sex change, lost 10 stone in a year. Has recently engaged after failing to turn up to appointments. One to one support for reducing NPS- Spice

4) Referred by self. Previously with CMHRS - discharged, Catalyst for Alcohol, prescribed medication misuse Health issues, broken back, needs a walker to walk, cirrhosis of the liver

5) Referred by hospital. Had second alcohol detox from them. Long term problematic alcohol use. Client has mobility issues and hard of hearing, outreach visits are every two weeks. Client finds it hard to maintain motivation to continue sobriety. Working around understanding urges using SMART, and engaging with outside activities.

6) Referred by self. Using cannabis. When using cannabis engages in risky behaviour therefore was referred via CMHRS to look at drug use and how this affects them. Looking at a reduction plan and consequences of using and how it impacts mental health.

7) Social Services Referral - Cannabis/Alcohol Use Attending Core Group Meetings/Conference/Housing Support/DA Client has now reduced from smoking all day everyday and 1ltr Vodka per day, to no smoking for past 6 months and now occasional drinking, still reducing towards abstinence. Now has a part-time job and driving licence back.

8) Self Referral – Alcohol, Learning difficulties, living in Supported Housing/Tenancy at Risk through ASB, Theft, Alcohol Abuse/Risk to Other (has hit another tenant) is currently on an ABC (Acceptable Behaviour Contract) which is reviewed frequently through joint meetings with Key Worker.

December 2017

Catalyst Waverley Demographics (April 2017 – November 2017)

from April 2017 - Nov 2017

Ethnicity

Row Labels	Count of Client Id
Caribbean	1
Not Stated	32
Other Asian	1
Other Mixed	1
Other White	4
White and Black African	1
White British	141
White Irish	4
(blank)	11
Grand Total	**196**

Nationality

Row Labels	Count of Client Id
Britain (United Kingdom)	142
Hungary	1
Ireland	5
Italy	1
Not Stated	33
Philippines	1
South Africa	1
Spain	1
(blank)	11
Grand Total	**196**

Religion

Row Labels	Count of C Id
Agnostic	
Atheist	
Christian	
Church of England	
None	
Not Known	
Roman Catholic	
(blank)	
Grand Total	

Age Range at Referral

Row Labels	Count of Client Id
0	1
18	3
19-24	16
25-34	47
35-44	37
45-54	60
55-64	25
65+	7
Grand Total	**196**

Gender

Row Labels	Count of Client Id
F	73
M	123
Grand Total	**196**

Disability

Row Labels	Count of C Id
Behaviour and emotional	
Hearing	
Learning disability	
Mobility and gross motor	
No disability	
Progressive conditions and physical health	
Sight	
(blank)	
Grand Total	

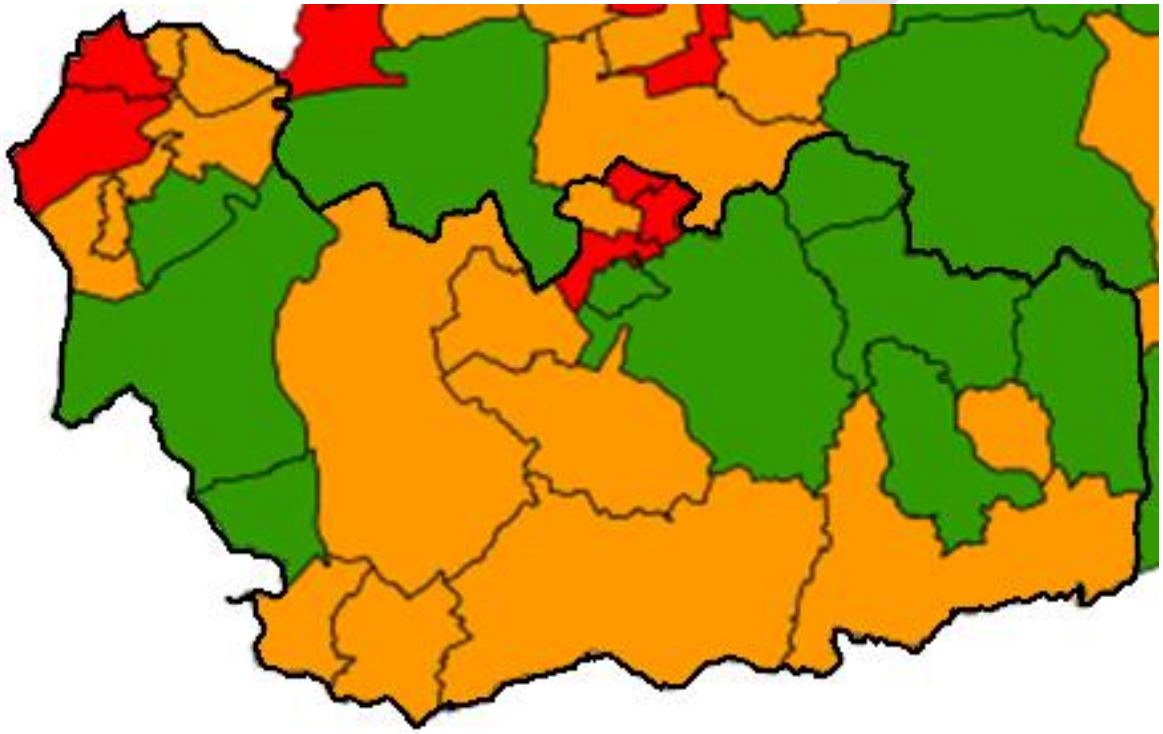
By Town/Village (Postal Address)

Row Labels	Count of Client Id
Bramley	2
Cranleigh	22
Dunsfold	2
Elstead	4
Farncombe	3
Farnham	78
Frensham	1
Godalming	39
Guildford	10
Haslemere	22
Hindhead	6
Milford	4
Witley	1
Wormley	1
Rudgwick	1
Grand Total	**196**

Main Drug

Row Labels	Count of C Id
Alcohol unspecified	
Cannabis Herbal (Skunk)	
Cannabis unspecified	
Cocaine Freebase (crack)	
Cocaine unspecified	
Diazepam	
Heroin illicit	
Ketamine	
Mephedrone	
Methadone unspecified	
NPS - predominantly hallucinogenic	
Opiates unspecified	
Grand Total	

Appendix L: Smoking prevalence in Waverley by Ward (2013) – for illustrative purposes only[162]



[162] https://www.surreyi.gov.uk/ViewPage1.aspx?C=Object&objectID=725. Despite the data being out-of-date, (2016 data was used in the report), the map is useful for illustrative purposes as the wards that have been flagged in red to show a high smoking prevalence are the same top 5 areas in the 2016 data set (Mosaic, 2016). In no particular order these are: Godalming Central and Ockford Ridge, Godalming Binscombe, Godalming Farncombe & Catteshall, Farnham Upper Hale and Farnham Castle.

Appendix M: Smoking and Tobacco Control in Waverley Presentation

Smoking and Tobacco Control in Waverley

Rachael Davis

Public Health Lead – Tobacco control and smoking cessation

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The facts

- Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England
- There are still 7.3 million adult smokers in England and more than 200 people a day die from smoking related illness which could have been prevented
- Smokers under the age of 40 have a five times greater risk of a heart attack than non-smokers
- Smoking causes around 80% of deaths from lung cancer, around 80% of deaths from bronchitis and emphysema, and about 14% of deaths from heart disease
- More than one quarter of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix
- About a half of all life-long smokers will die prematurely
- On average, cigarette smokers die 10 years younger than non-smokers

ASH 2016

Smoking and health inequalities

- Because smoking is so harmful, differences in smoking prevalence across the population translate into major differences in death rates and illness.
- The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.
- The decline in smoking rates has been significantly slower in disadvantaged groups. Smokers from the poorest communities tend to have higher nicotine dependency, lack social support and often have challenging life circumstances.

ASH 2016; Surrey Tobacco Control Strategy 2016

NCSCT *Stop Smoking Services and Health Inequalities*
www.ncsct.co.uk/usr/pub/NCSCT_briefing_effect_of_SSS_on_health_inequalities.pdf

ASH *Smoking Still Kills* www.ash.org.uk/smokingstillkills

Smoking and health inequalities

- Smoking rates are higher amongst:
  - people in manual occupations
  - people with no qualifications
  - people who are unemployed and receive income support
  - people who live in rented housing and people with low wellbeing
  - Smoking rates are also high among people with mental health problems
- Our priority groups in Surrey:
  - pregnant women
  - children and young people
  - Black and Minority ethnic groups including the Gypsy, Roma and Traveller community
  - people with mental health issues
  - prisoners
  - hospital patients and people with long term conditions

ASH 2016; Surrey Tobacco Control Strategy 2016

NCSCT *Stop Smoking Services and Health Inequalities*
www.ncsct.co.uk/usr/pub/NCSCT_briefing_effect_of_SSS_on_health_inequalities.pdf

ASH *Smoking Still Kills* www.ash.org.uk/smokingstillkills

Smoking in Surrey

- Smoking prevalence Surrey: 12.4% (2016)
  (England 15.5%)
- Routine and Manual smoking prevalence: 23.6% (2016)
  (England 26.5%)
- Waverley smoking prevalence: 9.1% (2016)

PHE, 2017

Ward name	LA name	Estimated number smokers 18+	MidYear 2016 Adults 18+	Estimated smoking prev 18+
Godalming Central and Ockford	Waverley	755	3904	19.3
Godalming Farncombe and Catteshall	Waverley	750	4264	17.6
Farnham Castle	Waverley	645	3662	17.5
Godalming Binscombe	Waverley	557	3308	16.8
Farnham Upper Hale	Waverley	550	3300	16.7
Farnham Moor Park	Waverley	642	4089	15.7
Haslemere Critchmere and Shottermill	Waverley	654	4566	14.3
Godalming Charterhouse	Waverley	421	2954	14.3
Farnham Frogmore	Waverley	501	3516	14.2
Haslemere East and Grayswood	Waverley	756	5450	13.9
Farnham Wrecclesham and Rowledge	Waverley	477	3469	13.7
Cranleigh East	Waverley	722	5266	13.7
Farnham Weybourne and Badshot Lea	Waverley	461	3555	13.0
Farnham Shortheath and Boundstone	Waverley	424	3155	13.5
Alfold, Cranleigh Rural and Ellens Green	Waverley	233	1734	13.4
Farnham Hale and Heath End	Waverley	461	3465	13.3
Hindhead	Waverley	452	3496	12.9
Milford	Waverley	417	3244	12.8
Cranleigh West	Waverley	410	3274	12.5
Elstead and Thursley	Waverley	575	5189	11.8
Bramley, Busbridge and Hascombe	Waverley	436	3697	11.8
Witley and Hambledon	Waverley	560	5075	11.7
Chiddingfold and Dunsfold	Waverley	566	5159	11.6
Ewhurst	Waverley	196	1727	11.4
Shamley Green and Cranleigh North	Waverley	152	1575	11.1
Fromham, Dockenfield and Tilford	Waverley	545	5225	10.6
Godalming Holloway	Waverley	505	5202	9.5
Blackheath and Wonersh	Waverley	130	1411	9.2
Farnham Bourne	Waverley	274	5197	5.6

Estimate smoking prevalence by ward – Mosaic 2016

Quit 51

- Waverley quit data
  - Less than 5% of quit dates set in 2016/17 were by Waverley residents
  - Improvement seen in 2017/18 so far

- Support available in Waverley:
  - Springfield surgery, Thursday 1500-1800 –one to one clinic
  - Downing street Surgery, Monday 1700-1800 – Group clinic
  - GP and Pharmacies

What can we do to support smokers in Waverley?

- Promote Quit 51
  - Training for frontline staff
  - Housing links?
  - Benefit payment support?
- Promote Smokefree Surrey Alliance campaigns
  - e.g Smokefree Homes campaign
  - Amplify national campaigns
- Attend the Smokefree Surrey Alliance
- Go smokefree
- Read and support the strategy

How to Refer

☎ 0800 622 6968

💻 www.quit51.co.uk

Text 'smokefree' to 66777

✉ contact.quit51@nhs.net

Q51 offer a free 12 week support program to smokers over the age of 12 years, who live or work in Surrey.

- Clinics take place across the community (e.g. libraries, supermarkets, sports centres) and take the form of one-to-one or group sessions.
- GP, Pharmacies
- Home visits and telephone support

Appendix N: Child Obesity in Waverley Presentation

Children's health including childhood obesity in Waverley

Surrey Public Health

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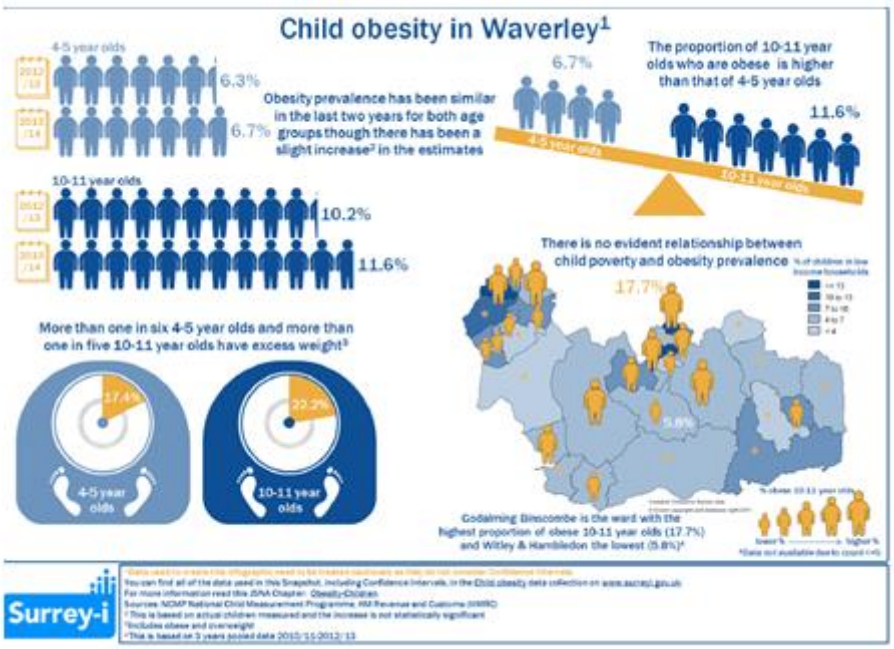
Children's weight in Surrey

The *National Child Measurement Programme* (*NCMP*) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools.

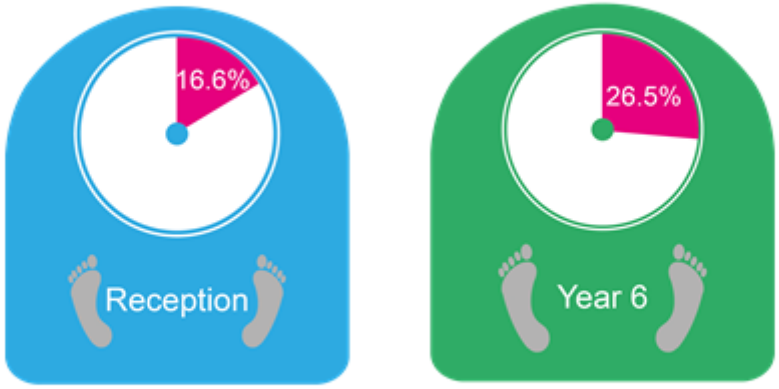
https://www.noo.org.uk/

Overview

- Surrey has a significantly lower prevalence of obesity compared to the England average.
- In Surrey one in six of receptions are either overweight or obese. One in four in Year 6 compared to England where one in five receptions and one in three in year 6.
- The prevalence of obesity has increased since 2012/13 in both reception and year 6.
- Obesity prevalence was higher for boys than girls in both age groups.
- Obesity prevalence increases with higher levels of deprivation



Children with excessive weight in Surrey
2015/16



What children are telling us about their health - The Health Related Behaviour Questionnaire findings 2016/17

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Introduction

- The Health-Related Behaviour Survey is developed by the Schools Health Education Unit
- Carried out with young people of primary and secondary school age
- Over 1 million school children have taken part and over 4000 schools and colleges have participated
- Results are confidential

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Who and How

Methodology

- 259 schools out of a total of 392 schools were contacted across Surrey.
- 2 briefing workshops held across the 2 quadrants covering:
  - confidentiality
  - pupil participation
  - data collection
  - reporting.
- Questionnaires were completed on paper or on line.

Sample

- 57 completed which is 22% coverage across Surrey.
- 43 primary and junior schools completed which is 25%
- 10 secondary schools completed which is 17%
- 4 special schools completed.

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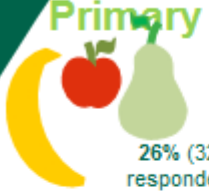
Guildford and Waverley CCG
Primary school summary findings



26% (32%) of pupils responded that they of pupils responded that the place where they can get school lunch is friendly..

38% (43%) of pupils responded that they can 'usually or always' say no when a friend wants them to do something they don't want to do.

37% (42%) of pupils responded that they washed their hands before lunch on the day before the survey.

25% of pupils responded that they would like to lose weight.

72% of pupils responded that they experienced at least one of **the negative behaviours a 'few times'** in the month before the survey, **while 29%** said they have done so **'often' or 'every day'. 68%** of pupils responded that they think their **school takes bullying seriously**, while **10%** don't think their school takes bullying seriously.

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Secondary school summary findings

Of the **41 pupils** who **smoke** regularly **32%** said they would like to **give up.**
68% of pupils responded that **no-one** ever **smokes** at **home.**

71% of pupils responded that they know an **adult** they **trust** who they can talk to if they are worried about something, while **9%** said they **don't know anyone**

5% of pupils responded that they usually/always **cut and hurt themselves** when they have a problem that worries them or makes them unhappy.

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V

2016-2017 Comparisons nationally

	Year 6		Year 8		Year 10	
	Surrey17	SHEU2016	Surrey	SHEU2016	Surrey	SHEU2016
Afraid to be in school because of bullying:	33	30	28	29	23	22
School takes bullying seriously	68	74	63	55	54	40
Been bullied - last 12 months	21	22	23	22	15	17
5+ Portions of fruit eaten yesterday	34	29	29	25	23	17
Wanting to lose weight	27	31	40	46	44	44
Smoking occasionally/regularly	0	0	1	2	3	5
Ever smoked	1	3	9	9	21	26
Pen/carer smoke	22	30	27	21	27	21
Smoke in rooms	5	7	7	6	6	6
Smoke in a car	4	7	6	5	7	10
Got drunk last week			2	1	6	7
Never drink alcohol (from parents know Q)	90	84	64	67	41	37
Ever used drugs			1	2	10	12
High Self Esteem	36	38	37	38	41	38
Lessons on Drugs Quite/very useful			43	47	33	40
Lessons on SRE Quite/very useful			39	37	39	36

What are we doing to address healthy weight in Surrey?

Healthy Weight Strategy

Healthy Schools
Healthier Living & Learning
Surrey

Alive n Kicking

Alive n Kicking is a lifestyle and weight management programme designed to support families and children from aged 5 to 19 years. The programme includes advice on eating well, moving more and lots of tips and tricks to persuade your children to make the change. If you are worried about your child's weight and want to join one of the free programmes call 01483 600 524 or email.

Surrey Breastfeeding Strategy: Building a Happy Baby 2016-2021

"No other health behaviour has such a broad-spectrum and long-lasting impact on public health." Unicef

Change 4 Life

If you would like more ideas on how your family can eat well and be healthier sign up to Change 4 Life. You will get free texts and emails and you can download the free Sugar SMART app.

Surrey Nurturing Links

Surrey Nurturing Links support children, families and professionals to deliver, HENRY, the 0 to 5s healthy eating programme.

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Contact details

For more information contact:

nicola.mundy@surreycc.gov.uk

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Appendix O: National Child Management Programme data, Waverley 2007-2017

Reception: Prevalence of obesity

Indicator Name	Parent Code	Parent Name	Area Code	Area Name	Area Type	Sex	Age	Category Type	Category	Time period	Value
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2007/08	6.41
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2008/09	5.53
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2009/10	6.10
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2010/11	5.34
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2011/12	5.89
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2012/13	6.27
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2013/14	6.67
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2014/15	6.03
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2015/16	5.62
Reception: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2016/17	5.30

Year 6: Prevalence of obesity

Indicator Name	Parent Code	Parent Name	Area Code	Area Name	Area Type	Sex	Age	Category Type	Category	Time period	Value
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2007/08	11.41
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2008/09	13.49
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2009/10	9.53
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2010/11	10.42
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2011/12	10.69
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2012/13	10.15
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2013/14	11.58
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2014/15	9.85
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2015/16	10.35
Year 6: Prevalence of obesity	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2016/17	11.48

Reception: Prevalence of overweight (including obese)

Indicator Name	Parent Code	Parent Name	Area Code	Area Name	Area Type	Sex	Age	Category Type	Category	Time period	Value
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2007/08	17.22
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2008/09	19.07
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2009/10	17.22
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2010/11	16.30
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2011/12	17.33
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2012/13	16.88
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2013/14	17.33
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2014/15	18.16
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2015/16	16.95
Reception: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	4-5 yrs			2016/17	14.74

Year 6: Prevalence of overweight (including obese)

Indicator Name	Parent Code	Parent Name	Area Code	Area Name	Area Type	Sex	Age	Category Type	Category	Time period
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2007/08
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2008/09
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2009/10
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2010/11
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2011/12
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2012/13
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2013/14
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2014/15
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2015/16
Year 6: Prevalence of overweight (including obese)	E12000008	South East region	E07000216	Waverley	District & UA	Persons	10-11 yrs			2016/17

Appendix P: National Child Management Programme 2013/14 to 2015/16 data: Obesity and excess weight prevalence by school year and electoral ward of child residence.

Obesity Prevalence for Reception, age 4-5 years

NCMP 2013/14 to 2015/16

Obesity and excess weight prevalence by school year and electoral ward of child residence

					Reception (age 4-5 years)				
					Number measured	Number obese	% obese	95% confidence limits	
Ward code	Old ward code	Ward name	LA code	LA name				Lower	Upper
		England	E92000001	England	1,823,298	169,362	9.3	9.2	9.3
		Surrey	E10000030	Surrey	35,674	2,253	6.3	6.1	6.6
E05007420	43ULGQ	Farnham Castle	E07000216	Waverley District	107	11	10.3	5.8	17.5
E05007426	43ULGX	Farnham Weybourne and Badshot Lea	E07000216	Waverley District	108	10	9.3	5.1	16.2
E05007423	43ULGT	Farnham Moor Park	E07000216	Waverley District	176	16	8.8	5.4	13.9
E05007422	43ULGS	Farnham Hale and Heath End	E07000216	Waverley District	159	12	7.4	4.2	12.5
E05007436	43ULHH	Hindhead	E07000216	Waverley District	92	7	7.3	3.5	14.5
E05007428	43ULGZ	Frensham Dockenfield and Tilford	E07000216	Waverley District	100	7	7.3	3.6	14.1
E05007427	43ULGY	Farnham Wrecclesham and Rowledge	E07000216	Waverley District	158	11	7.3	4.2	12.4
E05007433	43ULHE	Godalming Holloway	E07000216	Waverley District	181	12	6.6	3.8	11.2
E05007429	43ULHA	Godalming Binscombe	E07000216	Waverley District	157	10	6.5	3.6	11.5
E05007425	43ULGW	Farnham Upper Hale	E07000216	Waverley District	147	9	6.4	3.4	11.5
E05007424	43ULGU	Farnham Shortheath and Boundstone	E07000216	Waverley District	148	9	6.3	3.4	11.5
E05007434	43ULHF	Haslemere Critchmere and Shottermill	E07000216	Waverley District	208	13	6.3	3.7	10.4
E05007438	43ULHK	Shamley Green and Cranleigh North	E07000216	Waverley District	52	3	6.2	2.2	16.2
E05007412	43ULGG	Blackheath and Wonersh	E07000216	Waverley District	44	3	6.2	2.0	17.4
E05007413	43ULGH	Bramley Busbridge and Hascombe	E07000216	Waverley District	117	7	5.9	2.9	11.8
E05007430	43ULHB	Godalming Central and Ockford	E07000216	Waverley District	179	10	5.8	3.2	10.3

E05007432	43ULHD	Godalming Farncombe and Catteshall	E07000216	Waverley District	173	10	5.8	3.2	10.3
E05007435	43ULHG	Haslemere East and Grayswood	E07000216	Waverley District	181	10	5.5	3.0	9.9
E05007439	43ULHL	Witley and Hambledon	E07000216	Waverley District	109	6	5.4	2.4	11.3
E05007421	43ULGR	Farnham Firgrove	E07000216	Waverley District	184	10	5.2	2.8	9.4
E05007417	43ULGM	Elstead and Thursley	E07000216	Waverley District	112	6	5.0	2.3	10.7
E05007437	43ULHJ	Milford	E07000216	Waverley District	134	7	4.9	2.4	10.0
E05007419	43ULGP	Farnham Bourne	E07000216	Waverley District	154	7	4.6	2.3	9.2
E05007415	43ULGK	Cranleigh East	E07000216	Waverley District	198	9	4.3	2.3	8.1
E05007416	43ULGL	Cranleigh West	E07000216	Waverley District	103	4	4.3	1.8	10.2
E05007418	43ULGN	Ewhurst	E07000216	Waverley District	48	2	4.3	1.2	14.2
E05007414	43ULGJ	Chiddingfold and Dunsfold	E07000216	Waverley District	108	5	4.3	1.8	9.9
E05007411	43ULGF	Alfold Cranleigh Rural and Ellens Green	E07000216	Waverley District	32	1	4.3	0.9	17.6
E05007431	43ULHC	Godalming Charterhouse	E07000216	Waverley District	134	6	4.1	1.8	8.9

Obesity Prevalence for Year 6, age 10-11 years

					Year 6 (age 10-11)				
					Number measured	Number obese	% obese	95% confide limits	
Ward code	Old ward code	Ward name	LA code	LA name				Lower	U
		England	E92000001	England	1,590,113	307,544	19.3	19.3	
		Surrey	E10000030	Surrey	29,660	3,988	13.4	13.1	
E05007429	43ULHA	Godalming Binscombe	E07000216	Waverley District	93	17	18.2	11.7	2
E05007432	43ULHD	Godalming Farncombe and Catteshall	E07000216	Waverley District	66	12	18.2	10.8	2
E05007426	43ULGX	Farnham Weybourne and Badshot Lea	E07000216	Waverley District	140	20	14.5	9.6	2
E05007435	43ULHG	Haslemere East and Grayswood	E07000216	Waverley District	147	19	12.9	8.4	1
E05007420	43ULGQ	Farnham Castle	E07000216	Waverley District	84	11	12.9	7.3	2
E05007422	43ULGS	Farnham Hale and Heath End	E07000216	Waverley District	155	19	12.4	8.1	1
E05007430	43ULHB	Godalming Central and Ockford	E07000216	Waverley District	68	8	12.3	6.5	2
E05007433	43ULHE	Godalming Holloway	E07000216	Waverley District	143	18	12.3	7.9	1
E05007411	43ULGF	Alfold Cranleigh Rural and Ellens Green	E07000216	Waverley District	43	5	11.9	5.3	2
E05007414	43ULGJ	Chiddingfold and Dunsfold	E07000216	Waverley District	84	10	11.9	6.6	2
E05007418	43ULGN	Ewhurst	E07000216	Waverley District	41	5	11.9	5.1	2
E05007415	43ULGK	Cranleigh East	E07000216	Waverley District	161	19	11.6	7.6	1
E05007416	43ULGL	Cranleigh West	E07000216	Waverley District	88	10	11.6	6.5	2
E05007424	43ULGU	Farnham Shortheath and Boundstone	E07000216	Waverley District	84	10	11.5	6.3	2
E05007425	43ULGW	Farnham Upper Hale	E07000216	Waverley District	127	14	11.4	6.9	1
E05007439	43ULHL	Witley and Hambledon	E07000216	Waverley District	105	12	11.0	6.4	1
E05007413	43ULGH	Bramley Busbridge and Hascombe	E07000216	Waverley District	102	11	11.0	6.3	1
E05007412	43ULGG	Blackheath and Wonersh	E07000216	Waverley District	41	5	11.0	4.6	2
E05007438	43ULHK	Shamley Green and Cranleigh North	E07000216	Waverley District	41	5	11.0	4.6	2
E05007423	43ULGT	Farnham Moor Park	E07000216	Waverley District	128	14	10.5	6.3	1

E05007434	43ULHF	Haslemere Critchmere and Shottermill	E07000216	Waverley District	138	14	10.1	6.1	1
E05007421	43ULGR	Farnham Firgrove	E07000216	Waverley District	161	15	9.4	5.8	1
E05007417	43ULGM	Elstead and Thursley	E07000216	Waverley District	91	8	9.2	4.8	1
E05007437	43ULHJ	Milford	E07000216	Waverley District	118	10	8.3	4.6	1
E05007436	43ULHH	Hindhead	E07000216	Waverley District	93	7	8.0	4.0	1
E05007428	43ULGZ	Frensham Dockenfield and Tilford	E07000216	Waverley District	108	9	8.0	4.2	1
E05007419	43ULGP	Farnham Bourne	E07000216	Waverley District	162	13	7.9	4.7	1
E05007427	43ULGY	Farnham Wrecclesham and Rowledge	E07000216	Waverley District	s	s	s	s	
E05007431	43ULHC	Godalming Charterhouse	E07000216	Waverley District	s	s	s	s	

Appendix Q: Written response to questions from Guildford and Waverley Clinical Commissioning Group

Access to Primary Care

Jane Williams

Deputy Director of Clinical Commissioning - GWCCG

Key Issues

- **Has it become harder for patients to access GP practice's in the last 7 years? (e.g. in making an appointment) And if so, what do you feel the reason for this?, e.g. this could be lack of available public transportation, volume in appointments, lack of Nurses, GP's, etc**. Through its engagement with GP practices, the CCG has indications that the workload in primary care is continuing to increase and that the demands on GP practices are high. However, there is a real drive both nationally and locally to increase access to GP appointments and this is happening through a range of initiatives. For example, we have the GP Forward View funding for GP access, which will provide an additional 110 hours per week of clinical time across 2 hubs in 2018/19. There are also various initiatives in place to support access during times when this might otherwise be challenging, such as over the Christmas period and Easter. The CCG works closely with its practices to identify ways that they can work differently, for example through employing clinical pharmacists or diversifying skill sets through working with paramedics/nurses etc.

Key Issues

- **Have GP's seen a rise in the number of patients requiring support for their mental wellbeing over the past 7 years?** ***(Do you have data on this asides from the JSNA information?)*** **If so, are you able to give general conclusions for the decline in mental wellbeing? e.g. loneliness, housing pressures, work pressures, relationship problems etc**? We do not hold any data on this. We receive anecdotal feedback that mental health can be a significant contributing factor in many patients' wellbeing, and that many of the factors listed above may be responsible, but we are not able to comment specifically on this

Key Issues

- **How has the reductions in funding to the NHS affected GP practices in delivering its service? E.g have waiting times significantly increased over the past 7 years? And if so, are you finding existing patients are finding alternative routes to access care and support?** There is continued investment in primary care and there have not been reductions in overall funding to GP practices. There is significant investment through the GP Forward View, both in supporting service delivery (such as Extended Access £3.34/head, rising to £6/head from April 2019), and in supporting transformation (the £1.50 per head). The pressures on primary care are great, and many local GPs are approaching retirement, which is a cause for concern, but the CCG is actively participating in workstreams to support recruitment, such as the international GP recruitment initiative. We do not collect data on waiting times for appointments in primary care, but we continue to work with our practices to support them in service delivery.

Key Issues

- **Is there any indication that people are seeing their doctor for a range of issues, such as housing advice, debt advice, gaining weight (or weight loss), which could be dealt with outside of primary care?** We have anecdotal evidence that the wider determinants of health are playing a part in many consultations, and that GPs may not be the best professionals to support with these issues. There have been some CAB pilot projects locally which have demonstrated that a significant number of patients can be supported by other services, such as housing and debt advice, so a range of other supporting services is definitely beneficial. The CCG continues to support GP practices to work collaboratively with other professionals – such as through MDT working with other health and social care colleagues, and with the voluntary sector where required.

Health watch Surrey

Clinical Commissioning Groups (CCGs) should:

- 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.
- conduct further research into why people who already manage their time online do not know about or use online GP booking.
- review their primary care strategy to ensure GPs are encouraged to promote online booking, make registration to the online system easy and to try to understand barriers to patient use

Appendix R: Written response to Questions from North East Hampshire and Farnham Clinical Commissioning Group

North East Hampshire and Farnham Clinical Commissioning Group response to Waverley Borough Council's Scrutiny Review Panel Questions

Waverley Borough Council is leading a Scrutiny review panel which is composed of Elected Members, on Health Inequalities within the Borough of Waverley. The group have heard evidence from a range of external organisations on the matter, including on the topic of access to primary care (GP Practices). The Group received evidence to the questions listed below from the Guildford and Waverley CCG on this matter (via the Deputy Director of Clinical Commissioning), but the group has not yet written to Farnham and North East Hampshire CCG. I would like to use this email to invite you to provide the group who are doing this review with some answers to the following questions as listed below:

- *Has it become harder for patients to access GP practice's in the last 7 years? (e.g. in making an appointment) And if so, what do you feel the reason for this?, e.g. this could be lack of available public transportation, volume in appointments, lack of Nurses, GP's, etc.*

Nationally, it has been recognised that the demand to access primary care has significantly increased over recent years. Locally, our GP practices have experienced an increase in demand. In addition people have a longer life expectancy and are living with more complex health conditions. The recruitment challenges in primary care for both GPs and practice nurses have also had an impact on our GP practices.

Despite this, local patients report experiencing a good service at their GP practice. In the GP survey 2017 87% of patients reported that their overall experience of their GP practice was good and many GP practices achieved scores above the national average.

To support GP practices in the increasing demands they are experiencing and to ensure patients continue to have a good experience of care, we have been working to develop new ways of providing health care in the community. These are not only more convenient for people but also avoid people attending A&E who do not need to be there.

In Farnham we have a new Integrated Care Centre based at Farnham Centre for Health, where we have co-located teams of health and social care colleagues who look holistically at the patient's needs and are freed from being constrained by organisational boundaries.

The paramedic home visiting service enables a much faster response to patients requiring a GP home visit. Once triaged by a GP, a paramedic will be sent to the

patient's home much earlier in the day than was previously possible and provide treatment and reassurance to patients who may have ended up attending A&E before a GP could traditionally attend.

The Integrated Care Centre also allows patients of three Farnham GP practices to access urgent 'same day care' from a dedicated place and with a variety of relevant health care professionals, enabling routine appointments to be kept for long term conditions or where a patient wants continuity of care with their named GP. People are also being given more choice in which professional they see; now you can book direct to see a physio without having to see a GP first, and have an appointment with a clinical pharmacist to review medication and ensure you are being treated holistically and not just condition by condition.

Two other service changes are also improving access to GP services. Extended Access now means that you can book an appointment with a GP between 8am-8pm within Farnham during the week, and, as requested by patients, on Saturday morning. Out of hours services are also available for appointments at the out of hours provider based at Frimley Park hospital on Sunday morning. Econsult is a new service which enables people to contact their GP online 24 hours a day, 7 days a week and they will hear back by the end of the next working day. This service is proving very popular and is an excellent additional channel of access to primary care services.

- *Have GP's seen a rise in the number of patients requiring support for their mental wellbeing over the past 7 years? (Do you have data on this asides from the JSNA information?) If so, are you able to give general conclusions for the decline in mental wellbeing? e.g. loneliness, housing pressures, work pressures, relationship problems etc?*

We do not have any data about number of attendances in primary care for mental wellbeing. Anecdotally however we think that this has increased.

However we have implemented a number of programmes and services to support mental health and wellbeing. These include three specific mental health crisis services, which are out-of-hours, reflecting the fact that many mental health service users found themselves particularly vulnerable in evenings and weekends, when conventional mental health services were unavailable:

- The Aldershot Safe Haven (launched April 2014)
- The Young Persons' Safe Haven (launched early 2016)
- The Oasis, Farnborough (launched early 2017)

The Aldershot Safe Haven, being the longest established, has the greatest amount of validated performance data. Figures demonstrate a steady increase in the numbers of individual people attending the service, from 33 in its first month, to 100 in April 2017 (with a peak of nearly 200 in May and September 2015).

The actual number of attendances by the service users has risen from 130 in the month of April 2014, to nearly 400 in April 2017, with a peak of nearly 700 in April 2016.

Between August 2016 and July 2017, 670 service users visited the service on a combined total of 4,275 occasions. They stated that 2,411 (56%) of those attendances were to help them prevent a crisis, while 552 (13%) occurred because they were already in crisis. These attendances would be the most likely to impact on GP or emergency services in the absence of the Safe Haven.

The Young Persons' Safe Haven is based on the adult safe haven model. After a comprehensive survey at local schools, it was found that young people would welcome a service such as this in Aldershot. Attendances remain steady which feedback given that it has helped young people to return and stay in school, as well as being a 'life saving' service.

The Oasis, which provides out-of-hours mental health crisis support to the people of Farnborough, was visited by 32 people on 195 separate occasions in its third month of operation. This service was commissioned by Salus Medical Services Ltd, the North East Hampshire GP Federation, with support from NHS North East Hampshire and Farnham Clinical Commissioning Group. This demonstrates the awareness within Farnborough's primary care community of the need for dedicated local mental health crisis support.

- How has the reductions in funding to the NHS affected GP practices in delivering its service? E.g have waiting times significantly increased over the past 7 years? And if so, are you finding existing patients are finding alternative routes to access care and support?

Since its inception the CCG has been committed to increasing the funding provided to GP practices to support the delivery of services for patients. We intended to achieve this through a transfer of funding from secondary care into primary and community care with the development of a new model of care.

Most recently in the region of £13 million has been invested into collaborative working between primary and community care together with Frimley Park Hospital through the Vanguard programme for the delivery of new care models. These models include new workforce models, community based specialist services, and integrated care centres, as outlined above. The learning from these fast tracked projects is now being shared across the country to replicate the successes that have been seen.

- Is there any indication that people are seeing their doctor for a range of issues, such as housing advice, debt advice, gaining weight (or weight loss), which could be dealt with outside of primary care?

Patients see their GP for these issues and they are often signposted to CAB and borough councils for debt and housing advice. Patients are also referred to our primary care services, dieticians, Tier 2 weight loss services, exercise classes for obesity. However we would welcome further input from county council public health services, together with joint working with the boroughs, for healthy lifestyle opportunities

Appendix S: Selected patient experience data in relation to health and social care services, Healthwatch Surrey

What we've heard in Waverley Borough Council footprint					
July 2017					
A report to provide a rich qualitative insight into the 81 experiences we've heard about in relation to health and social care services from people within the borough in the last 12 months.					
Opened Date	**Interaction Number**	**Origin**	**Origin - Detail**	**What happened**	**Service Provider**
21/07/2016	91615	Event	GP Surgery	Client's son showed signs of mental health, saw many different psychiatrics every 6 months in XXXX all of which supported diagnosis of BDP. After newly qualified Psychiatrist started she listened to him and re-diagnosed as depression. After this GP listened to other symptoms and son was diagnosed with agnatic disorder 'hamatosis' which as undiagnosed caused irreversible liver, brain,+ other organ damage. Client's son felt very much better off anti-psychotic medication and as such had less mental health problems The client was consequently tested for the genetic disease and was found to be a carrier. She now believes from research that her relatives died young due to this disease. The client's son now regularly gives blood and taken medicines to reduce the symptoms oh haematosis. He is no longer treated for mental health symptoms as now he is diagnosed he feels heard, managed and in control of his care.	GP Surgery

21/07/2016	91601	Event	GP Surgery	Client has had a poor experience in Royal Surrey County Hospital (RSCH) in patient and follow up poor. Client has 2 sons. First son started showing signs of Mental Health problems at 14.Mum noticed he wasn't coping at 17 whilst doing A levels and took him to GP. They referred to counselling which took 6 months to get seen and was not helpful. Was then referred to psychiatric who was also not helpful. Her son is now 20 and has not got any support. He is coping by himself with mum's help.	GP Surgery
21/07/2016	91616	Event	GP Surgery	RSCH waited 4 hours to be seen at A&E and had fingers 'handing off 'from cutting self with saw. Client feels that if you are 'campus meatus 'you are deemed as being for discharged.	Royal Surrey County Hospital
21/07/2016	91603	Event	GP Surgery	Client had to wait 4 hours to be seen and was very ill then admitted. The care was good but she could have died waiting.	Royal Surrey County Hospital
21/07/2016	91609	Event	GP Surgery	Client is a health visitor. She believes there are loads of problems with mental health referral times as they are too long and Child & Adolescent Mental Health (CAMHS) services are 'batting back' referrals deemed not serious enough. This is frustrating as they have no where else to tum as health visitor's people needing help don't get it.	Mindsight Surrey CAMHS
02/08/2016	92062	Event	Listening tour-Waitrose-Godalming	Frimley park hospital is very good as their elderly units are very efficient. After care great. More needs to be done for teens with mental health problems as they shield is too high with CAMHS.	Frimley Park Hospital

02/08/2016	92081	Event	Listening tour	Client has 3 children.. Client's husband died couple of years ago and family did not receive any after care or follow up to make sure they were coping. Her daughter has been to the GP twice and the only GP that has finally listened to her is XXXX. Previously she had been given a number to ring CAMHS. When she has called it is either not open or she leaves a message and they don't return her call. XXXX has now given the daughter anti depressants to address the young lady's depression. Her son accesses class A drugs to deal with the death of his father. He gets these from affluent children at his school. His peer's father also died a few years before his father died, and recommended he takes drugs to numb his pain and cope alone. The son disclosed to his teacher hat he is doing drugs and teacher declined to refer the child to appropriate care such as social services or mental health. The client took her son to the GP and her son disclosed the same information The child was referred to CAMHS, and when he was there the receptionist advised him to 'wait until' you're older to do drugs'. Because of this child no longer feel it is appropriate to access this service. Client's youngest son has also tried class A drugs. The child can gain these from a dealer n [Village A] or [Village B]. The client states that she is in contact with the person that has dealt drugs to the children at her son's school and they have disclosed that they also supply drugs to a teacher (cocaine) 5 days a week.	Royal Surrey County Hospital

02/08/2016	9208#	Event	Listening tour	The client's husband was terminally ill with cancer a couple of years ago. He was XX years old when he died. The client's husband was hospitalized at RSCH with suspected infection. It was found that he had ecoli. The client was hospitalized during a bank holiday weekend Sunday. There was a cancer specialist due to return to work until Tuesday as Monday was a bank holiday. The nurses and other staff members commented many times to the client that 'it's a good job you're here or none of us would understand anything your husbands chart'. This severely shocked and alarmed the client. The client then explained that her husband was given a high dosage of an antibiotic he had never had before, and started to show signs of an allergic reaction in that he had a puffy face and eyes, his eyes were itchy, he felt his throat closing and couldn't breathe. The client explained this to the nurses and was told he's safe and that it was the cancer giving him symptoms The client asked if he could be put on a different antibiotic that she knew worked well and she was told that of he was on too many antibiotics they would not know which one was working well, but has since been told they can do a simple process of illumination in a petri dish to determine the successful antibiotic. The client was also told that there was no difference between two different blood thinners that her husband was swapped from. This has in fact been proven wrong, as one has adverse side effects compared to the other and can cause chemical reactions. The client's husband was seen on Tuesday morning by a cancer specialist but dies the same day. The client was told that her husband died for cancer. The client knows that her husband died because of an ecoli infection. The hospital supplied he r with a death certificate which stated her husband died for	Royal Surrey County Hospital

				cancer. She contested and got it re-written to say that he died of infection as this is criminally what he had when he died and has been verified with blood results. The client holds all paperwork to prove this.	
04/08/2016	92209	Event	GP Surgery	The client's husband committed suicide XX years ago and had many unresolved issues relating to her death. The client had not been able to stay at the home with her husband due to him being so mentally ill. The community mental health team visited her husband in the morning and he killed himself in the afternoon. The client's husband had been seeing a physician for XX years at XXXX who had not provided adequate diagnosis and care for the client's husband in her opinion. The client was so angry when her husband passed away she wished to sue to psychiatrist. When her husband died, the client learnt that prior to is death his GP at XXXX had doubled his dosage of anti psychotics to an inaccurate unusual dosage and this was very distressing as this could have contributed towards his suicide. The client met with the practice manager her GP and her husband's GP at XXXX and was told her husband had 'slipped through the cracks'. The client was prescribed an anti psychotic by her GP which caused her to have liver failure and almost killed her. The client has been given advocacy advice + leaflet as well as this literature and pen.	XXXX

04/08/2016	92205	Event	GP Surgery	More needs to be spent on mental health. A&E is very full and takes a long time to be at RSCH. Care at Haslemere GP is fantastic and client's mother is always treated and referred. Care in hospital @RSCH is always adequate for mother-she is treated for what she goes in for and gets better.	Haslemere Health Centre
04/08/2016	92210	Event	GP Surgery	Client has used RSCH A&E 3 times and was seen very quickly all times. The client feels more needs to be invested by the government in mental health and community mental health needs to be brought back to Haslemere as it no longer exists.	Royal Surrey County Hospital
24/05/2017	306	Event	Godalming Market	My sister has depression and I feel there is more that can be done for her Mental Health in Surrey.	
04/04/2017	53	I&A service	Waverley	Cl is vulnerable she tried to commit suicide XX weeks ago. Her attempt has left her with a broken back and arm as well as mental health issues. Cl's GP was unhelpful to the point of being rude and Cl cannot get access to mental health services without her referral – what to do next? Needs help to access counselling to help her recover. Cl mentioned several times that she shouldn't be here and had no idea what to do next. Didn't get to complaints process against GP although did discuss switching which Cl has tried already without luck.	Unknown GP

13/04/2017	59	I&A service	Waverley	Cl concerned that her father has twice attempted suicide and all his GP has done is give him a leaflet to read and offered a 3 month wait for a session with iTalk – which father has refused as he “doesn't feel there is anything wrong with him”. Clt feels her father is suffering from depression after his marriage breakdown but the GP didn't offer anti-depressants. Cl said that her father needed hospitalisation after the first attempted suicide, and he was referred to Social Services, but refused to engage.	Unknown GP
25/04/2017	95	I&A service	Waverley	Cl raved about the support he has had from his GP Dr S Clarke at the River Wey Medical Practice at Farnham Centre for Health. She was particularly sensitive when he was suffering a period of anxiety, arranged for him to have TalkPlus counselling which he found excellent, and she understood and addressed his specific issues and needs. He is now feeling much better.	River Wey Medical Practice
08/05/2017	243	I&A service	Waverley	Client said that she has found the communication with the Consultant with regard to medications in particular is poor. Dr XXXX at Frimley Park Hospital not very compassionate. Client has difficulty in getting a good service from her pharmacist. They do not seem to be able to deliver them to her. She hates being dependent on family members to get them but when she needs meds there is a real urgency. Until recently she did not have a blue badge and so with her COPD found getting the prescription exhausting. Client has found her nurse practitioner very supportive. She has a holistic approach and a specialism in COPD.	Frimley Park Hospital

09/05/2017	241	I&A service	Waverley	Cl who is homeless came in primarily to ask for help to get referred for free counselling, after having visited her GP recently for extreme depression. The GP recommended Cl find a private counsellor rather than indicate any options for a free counselling service. Cl is currently living in temporary accommodation in extremely difficult circumstances. She is staying with a friend and his disabled brother who has carers during the week, but Cl has found herself partially caring for him at weekends as he has significant toileting difficulties and needs cleaning up after him. She is not happy living there and this has been what has triggered her extreme depression. She has since visited her GP and found him helpful. She is to begin a course of counselling in c. 3 weeks. However, Talk Plus would not see her as her doctor is in XXXX even though she is currently living in YYYY.	Talk Plus
30/05/2017	252	I&A service	Waverley	Cl has suffered from mental ill-health since the premature death of his mother. Initially he was claiming JSA and was transferred to ESA in XXXX when depression, panic attacks and agoraphobia became too severe for him to work. He is on high doses of anti-depressants and medication to regulate his heart and control panic attacks. He is about to start a course of cognitive behaviour therapy. He has an appt with his GP on XXXX to review his medication and discuss next steps with regard to a XXXX that needs to be operated on. Cl. said that his doctor, XXXX, has been helpful.	GP Surgery

08/06/2017	337	I&A service	Waverley	Cl attended as her father had received poor treatment at Royal Cornwall Trust hospital. He has gone in for biopsies related to his prostate condition and had been sent home suffering from severe bleeding. After a few hours he called the Urology Dept who told him the bleeding was normal and he should not worry. After several more he called back to find they were closed and he had to call 111, who told him to go in to A&E. From there he was admitted and spent three days in hospital being treated. After discharge, he felt extremely weak and also depressed and was told by his Urologist that while she was sorry that he had experienced the problem he should see his GP for ongoing treatment. Cl's concern for her father is that he had been told to suspend mediation for his heart condition and he has had no information about for how long this is or what treatment is appropriate for his ongoing recuperation.	Hospital
06/06/2017	375	I&A service	Waverley	Cl attended appointment to discuss her dissatisfaction with the delay in her receiving hospital treatment and subsequent surgery as she believes her doctor delayed unreasonably. Cl had started suffering with back pain in XXXX. This became very bad in XXXX and she was forced to stop working. She was seeing her GP and given morphine for the pain. She ended up collapsing and was taken to hospital in XXXX. She had been referred to see a specialist at Royal Surrey and had an operation on XXXX. Cl asked what she wanted and what she wanted to achieve as regards complaining about the GP, and said that she really did not know, only that she felt very angry and let down as it had taken a huge toll on her life. Cl was unhappy with delay by GP in having her admitted to hospital as felt that this delay had been detrimental to her long term health. Cl felt angry that it had it had affected her life so drastically.	GP Surgery

				Cl was happy with treatment she received at Royal Surrey following her surgery.	

Appendix T: Written evidence submission: Insight into Primary Care and Inequalities, Healthwatch Surrey

23rd February 2018

This statement has been provided to the Waverley Borough Council Task & Finish Group on Health Inequalities by Healthwatch Surrey, an independent watchdog for health and social care, as part of a scrutiny session looking at the role of Primary Care in Health Inequalities.

Healthwatch Surrey

Healthwatch Surrey receives in depth feedback from local people which provides unique and valuable insight into people's lived experience of accessing services.

Rather than seeking to be representative, this evidence exists to promote consideration of the perspectives of people using services, complement existing data, and to highlight areas that may warrant further exploration through other methods.

Its methods of collecting feedback are varied, accessible to a wide population, and primarily rely on open and non-leading conversations with local people where we listen to people's feedback.

Insight into Primary Care and inequalities – recent Case Studies

The following experiences were reported to Healthwatch Surrey in the last 6 months and provide a unique insight into the experiences people can have of Primary Care. They have been selected in order to highlight the role Primary Care can play in reducing and, in some cases, sustaining health inequalities.

Names have been changed and some details redacted to protect personal identities.

- Telephone consultations overcoming transport barriers

Alice has recurrent chest infections.

Due to her very limited mobility she finds it difficult to access her GP. She is unable to drive or take public transport, however she does use a 'Care Car' service, although this requires 48 hrs notice. Obviously this is not possible for an emergency GP appointment.

Her only alternative is a private taxi, but this is costly.

She rang for an appointment on 10th January and was told the next available appointment was the 19th January. However **on this occasion a GP did telephone the same day, did a telephone consultation and arranged a prescription to be delivered to her.**

- Effectiveness of processes to manage demand – *'filtering'*

Bernie had been receiving annual flu jabs (due to a medical condition) until this year when reception staff told her that she did not qualify. When Bernie complained about this but she felt the doctor was condescending and took the side of the practice administration staff. The GP did then, however, offer her the flu jab as "an exception".

Bernie was annoyed by this as she felt this was not an exception as she had previously been receiving the vaccination annually. The client feels the main issue is with admin staff 'filtering' requests without adequate knowledge of the particular medical history related to the case.

- Physical access barriers and costs

"I have no sight and a moderate hearing impairment. Early in October I needed replacement batteries for my hearing aids. When on my last pack, I called [the hospital] asking why I had not received some replacements. I had not been informed about the increased postage requirements despite having previously handed my information needs over at the hospital.

The audiologist kindly told me that I needed to increase the postage. Some batteries were sent. **An emergency replacement to one of my hearing aids cost £31.50 in postage.**

As I live own my own, the cancellation of public bus services directly between my village and the Hospital forces me to pay at least £30+ for a taxi .

Another important issue is that should my GP have a supply of batteries? I could then walk there or for that matter one of the High Street Pharmacies and get the replacement pack."

- Person centered mental health care - *'don't do it'*

Claudia feels very frustrated as she feels the effects of her premenstrual tension upon her mental health are not being taken seriously by her GP. She has been refused for a referral for specialist investigation. **Claudia feels this is warranted as she has self-harmed and over dosed on the days before her period.**

Her Community Psychiatric Nurse is writing to the surgery. She has a care plan with her surgery highlighting her as a high risk patient. She described how her GP has told her "don't drink and don't self-harm".

- Importance of continuity of care – *'I don't know you'*

Deborah lives in a 5th floor flat with 4 year old child. She is physically disabled and suffers from depression. Her condition means she is unable to go out alone. Deborah was in receipt of DLA, but her PIP application was turned down and her disability payments have ceased. As a result she has debt problems and faces possible eviction.

She should have repeat prescriptions for her depression but she can't always collect them (due to not being able to go out).

She is put off going to the GP because she sees a different doctor each time and she finds it difficult having to explain her medical conditions every time. On one occasion a locum said 'I don't really know you' on a request for a referral [to a mental health service].

- Primary care and the third sector – **'***only wants to treat your illness'*

"My 5 year old son has Autism and a physical disability which stops him from walking; he gets tired going up the stairs at home and cannot do it so I have to help him. I applied through my GP to get a pushchair but when they closed and I registered at another surgery they didn't have the papers for the application.

I then contacted Family Trust and they sent a lady to my house; she said she would help me get a pushchair that is more age appropriate for my son as he is 5 and needs a specialist one. She called me to tell me that one would be delivered to me within 4 weeks but on week 4 she called to say that it wasn't coming and I couldn't have one. I don't know why. I cried for days because he needs it and it felt so bad; I was helpless.

I used to have such a good relationship with the lady GP at my original surgery. It wasn't a normal GP, it was special. Now, you can't get an appointment very easily and when you do the GP doesn't know you and doesn't want to hear about your concerns; **only wants to treat your illness but he won't tell me where to go if I need something related to my son's Autism".**

- The Gypsy Roma Traveller community

"Sometimes when they have things up to read it can be difficult because when you're an educated Gypsy you can read the words but sometimes still you don't understand what they mean, what the jyst is.

You'll stand there and ask the receptionist to explain the notice to you in plain English and they'll ask you stand aside and wait for someone to become available to explain it to you.

It can be embarrassing for people who can't read, so they don't ask for the help and they just don't get that message. It means they aren't as educated in health than someone who reads so yeah that does mean they don't get the same as others."

Appendix U: Email from member of the public regarding inequalities in provision for health support to people with learning disabilities, Healthwatch Surrey

Email from member of the public regarding inequalities in provision for health support to people with learning disabilities, Healthwatch Surrey

The inequalities in the provision of health support to people with learning disabilities (in particular adults) is well documented and you need look no further than the government sponsored Confidential Inquiry into Premature Deaths of People with Learning Disabilities (just google CIPOLD) or the Mencap report Death by Indifference: 74 deaths and counting, to see the devastating impact of these inequalities.

Such problems were anticipated by the Michael report (Healthcare for All: Independent Enquiry into Access to Healthcare for People with Learning Disabilities, 2008.). The report made a series of recommendations, many of which have, to a greater or lesser extent, been adopted by the NHS. CIPOLD and the establishment of a Learning Disabilities Public Health Observatory (IHaL) were outcomes of the Michael report.

At a more practical level, the report recommended the introduction of Acute Learning Disability Liaison Nurses at Acute Hospitals (Surrey has one at each of the main hospitals and a coordinating Liaison Manager) and the introduction of annual health checks for those with learning disabilities.

I have no experience of how well the liaison nurses are working in Surrey, but I would be very interested in any information that HWSy has. There is certainly the possibility of a fairly simple project around this.

In theory adults and young people aged 14 or above with learning disabilities, who are known to their local authority social services and who are registered with a GP, who knows their medical history, should be invited by their GP practice to attend for an Annual Health Check. In practice, although GPs receive a separate payment of £140 for each of these checks undertaken, there is no obligation to adopt the scheme and some practices choose not to.

The health benefits and economic effectiveness of annual health checks, if properly conducted, has now been established by several studies commissioned by IHal. Currently, however, less than 50% of adults who are eligible for the checks are receiving them and PHE is targeting 75% by 2020. Unfortunately Surrey appears to be performing very significantly behind the national average (I can't at present locate the 2015 PHE report which gives a breakdown by county, but it's out there somewhere).

Of equal concern is the quality of those checks that are being undertaken. I have anecdotal evidence of very cursory five minute checks, when the scheme is

supposed to be quite comprehensive and prescriptive. In this context, PHE has just come up with a fairly simple six question audit tool which could, I guess, be used, as it stands or adapted, for an HWSy project. I would quite understand, however, if you felt that, having just come to the end of the GP appointment project, you did not feel inclined to go back to survey GP practices on another topic.

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WAVERLEY BOROUGH COUNCIL

COMMUNITY WELLBEING
OVERVIEW & SCRUTINY COMMITTEE

26 JUNE 2018

Title:

PERFORMANCE MANAGEMENT REPORT QUARTER 4, 2017/18 (JANUARY – MARCH 2018)

[Portfolio Holders: Cllr Jenny Else,
Cllr Kevin Deanus]
[Wards Affected: All]

Summary and purpose:

The report provides an analysis of the Council's performance in the fourth quarter of 2017/18 in the service area of Community Services. Annexe 1 to the report details performance against key indicators.

How this report relates to the Council's Corporate Priorities:

Waverley's Performance Management Framework and the active management of performance information help to ensure that Waverley delivers its Corporate Priorities.

Equality and Diversity Implications:

There are no direct equality and diversity implications in this report. Equality impact assessments are carried out when necessary across the Council to ensure service delivery meets the requirements of the Public Sector Equality Duty under the Equality Act 2010.

Resource/Value for Money implications:

There are no resource implications in this report. Active review of Waverley's performance information is an integral part of the corporate performance management process, enabling the Council to improve Value for Money across its services.

Legal Implications:

Some indicators are based on statutory returns which the Council must make to Central Government.

Background

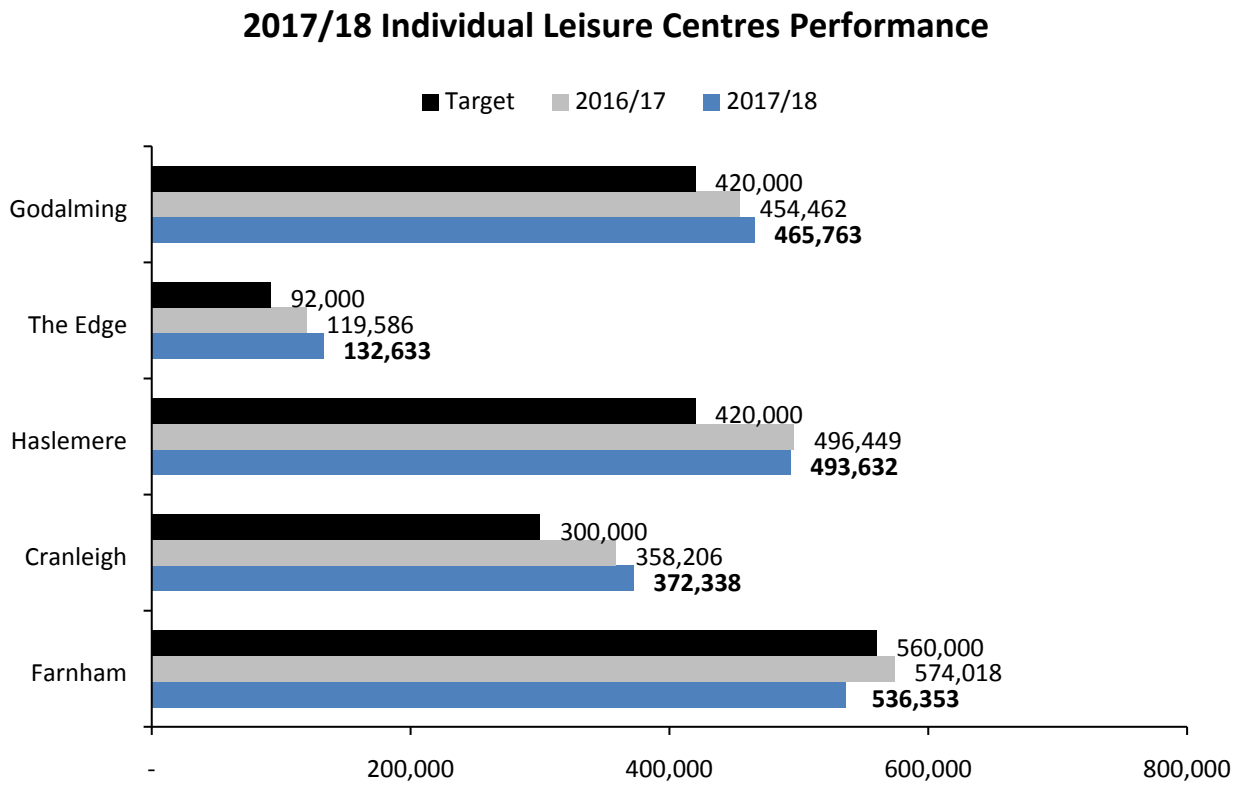
1. As agreed by the Committee at the 27 June 2017 meeting, performance indicators are reported on an exception basis only. Therefore this report will only focus on those PIs where performance is above or below target by more than 5% or where those PIs without a target are notable. The end of year analysis and the recommendations on future performance monitoring were also included. The graphic trend analysis report is set out at Annexe 1.

Performance in Quarter 4 and the Annual Performance Trends Analysis

2. All 6 performance indicators with associated targets performed on target, showing a great improvement over the preceding quarter.

Leisure

3. In the fourth quarter, all leisure indicators performed on target. When analysing annual trends all but 2 leisure centres [CS2, CS4] increased their visitor numbers from the year before.
4. [CS2] The number of visits to the Farnham Leisure Centre (FLC) has 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 annual performance in 2017/18 has dropped compared to the annual target and 2016/17 statistics, and a further decline in numbers is expected in the coming months, due to the imminent closure of Dogflud car park, which will have a direct influence on ease of parking for customers. It is worth noting that although the visitors' numbers have declined, this facility is still one of the best financially performing leisure centre facilities owned by the Council.
5. The annual figures for the Haslemere Leisure Centre [CS4] are slightly lower than in 2016/17, however the performance significantly exceeded the target every quarter in 2017/18. The dance studio has been closed during Q4 for the emergency work, which explains the slight reduction on last year's figures.
6. 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 graph below illustrates the aggregated performance data broken down per each centre.



Museum

7. The museums performed well in 2017/18 compared to the preceding year, with higher numbers overall for visits [CS7] and learning activities [CS8]. Farnham museum has seen an annual rise of visitors from 19,510 in 2016/17 to 21,760 in 2017/18, the learning activities number also increased from 2016/17 from 3,322 to 4,277 in 2017/18. Similar improvements in performance can be observed in Godalming museum with the visitors figure rising from 16,208 in 2016/17 to 19,363 in 2017/18. There were also 2,995 learning activities recorded in 2017/18 compared to 2,199 in 2016/17.

Careline

8. 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.

Future Performance Management Reporting

Leisure Indicators Review

10. In order to allow a more meaningful analysis of leisure performance, the officers have conducted the review of the current indicator set. It has 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 does not present a full picture about the health and wellbeing of our residents or participation at our leisure events.

11. The officers believe it would be more meaningful to have 1 joint indicator measuring the total number of visits for all Waverley leisure centres and to discontinue the number of Access to Leisure cards issued, as we have no control over this PI and this does not provide any evidence for actual participation. Further data regarding each individual leisure centre could be provided on an annual basis, at the end of the contract year, if required. In substitution, officers suggest the addition of two new indicators; measuring the number of attendees to the heath and wellbeing activities provided by the Council and annually measuring the number of participants attending our leisure events. The proposed changes to the indicator set are presented in the table below.

New Leisure performance indicators set for 2018/19

Code	Short name	Status
CS1	**Number of Access to Leisure cards issued**	Discontinue
TBC	**Total number of visits to Waverley Leisure Centres**	New - replacing CS2,CS3,CS4,CS5,CS6
CS2	Number of visits to Farnham Leisure Centre	Discontinue
CS3	Number of visits to Cranleigh Leisure Centre	Discontinue
CS4	Number of visits to Haslemere Leisure Centre	Discontinue
CS5	Number of visits to The Edge Leisure Centre	Discontinue
CS6	Number of visits to Godalming Leisure Centre	Discontinue
TBC	**Total number of attendees of the health and wellbeing activities**	New
TBC	**Total number of participants to Waverley leisure events**	New

12. The new health and wellbeing indicator would monitor a range of services and sessions including:
    - GP Referrals;
    - Phase 4 Cardiac Rehab;
    - Weight Management;
    - Stroke Rehab;
    - Cancer Rehab;
    - Walks for Health;
    - Falls prevention;
    - Health Checks;
    - Dementia friendly;
    - Learning Difficulties

    The data is already currently collected therefore the statistics can be brought to the committee from Q1 2018/19 if agreed.

13. The new events indicator would give a wider, overall picture of participation across the borough and reflect our target groups.

Museum

14. It is 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 is already managed by Farnham Maltings. In light of these changes, the performance monitoring through the current indicator set is no longer required and the officers suggest a discontinuation of these two KPIs:

    - [C7] Total number of visits to and use of museums (Farnham & Godalming);
    - [C8] Total users of learning activities (number of attendees to on-site and off-site learning activities (Farnham & Godalming);

    The officers will continue to monitor the performance through the Service Level Agreements in place.

Waverley Training Services

15. The set up of the new indicators for the Waverley Training Services is being finalised and the data will be brought to the committee from Q1 2018/19 with any retrospective data also included. The committee will be presented with the data for the following indicators:

    - Apprentice overall success rate per quarter (target of 75%) **ref. CS12**
    - Apprentice timely success rate per quarter (gaining qualification in the time expected) (target of 70%) **ref. CS13**
    - Number of learners on study programmes cumulative year to date (data only) **ref. CS14**
    - Quarterly apprentice enrolment number (between September and July) (data only) **ref. CS15**

Recommendation

It is recommended that the Community Wellbeing Overview & Scrutiny Committee:

1. Considers the performance figures for Quarter 4 and the 2017/18 outturn and agrees any observations or recommendations about the performance and progress towards target it wishes to make to the Executive.
2. Endorses the proposed changes to the current indicator set under the remit of this committee.

Background Papers

There are no background papers (as defined by Section 100D (5) of the Local Government Act 1972) relating to this report.

CONTACT OFFICER:

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Annexe 1

Community Wellbeing

Performance Management Report

Quarter 4, 2017/18

(January - March 2018)

RAG Legend		Graph Lines Legend	
On target	Green	Waverley 2017/18 (current year outturn)	
Up to 5% off target	Amber	Waverley 2016/17 (prior year outturn)	
More than 5% off target	Red	Waverley Target	– – –
Data not available	Not available		
Data only / no target / not due	No Target		

CONTACT OFFICER:
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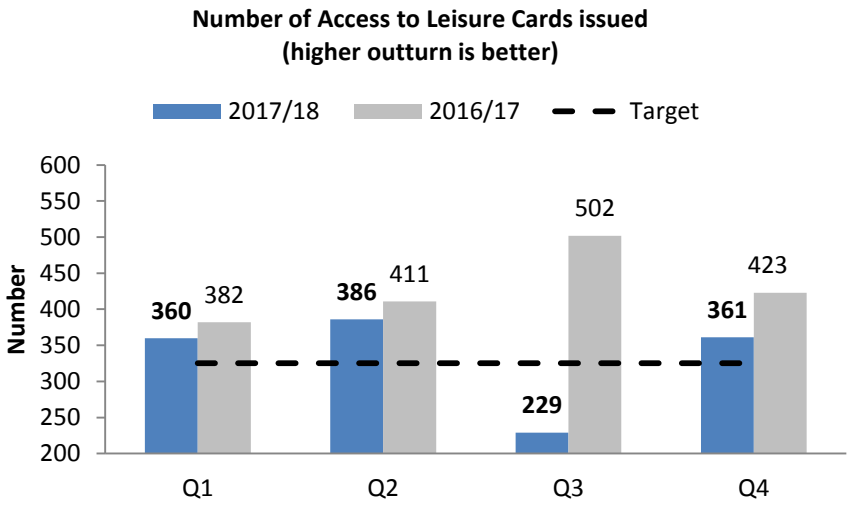
Email: nora.copping@waverley.gov.uk

COMMUNITY SERVICES:
CS1: Number of Access to Leisure Cards issued

GREEN



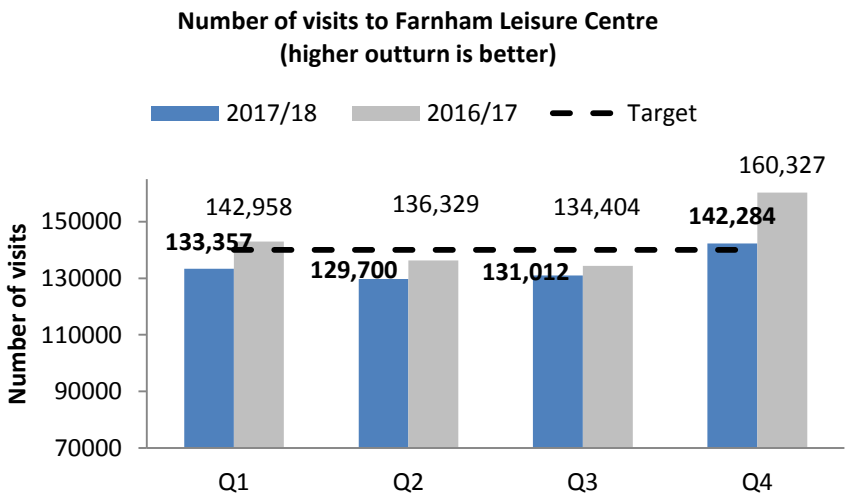
Quarter	2017/18	2016/17	Target
Q1	360	382	325
Q2	386	411	325
Q3	229	502	325
Q4	361	423	325

Comments

After a quarter in decline, the number of access to leisure cards issued has picked up again and has not only return to green status, but also exceeded the target by 11.08%. When comparing the annual trend, there were 382 less access cards issued in 2017/18 than in 2016/17.

COMMUNITY SERVICES:
CS2: Number of Visits to Farnham Leisure Centre

GREEN



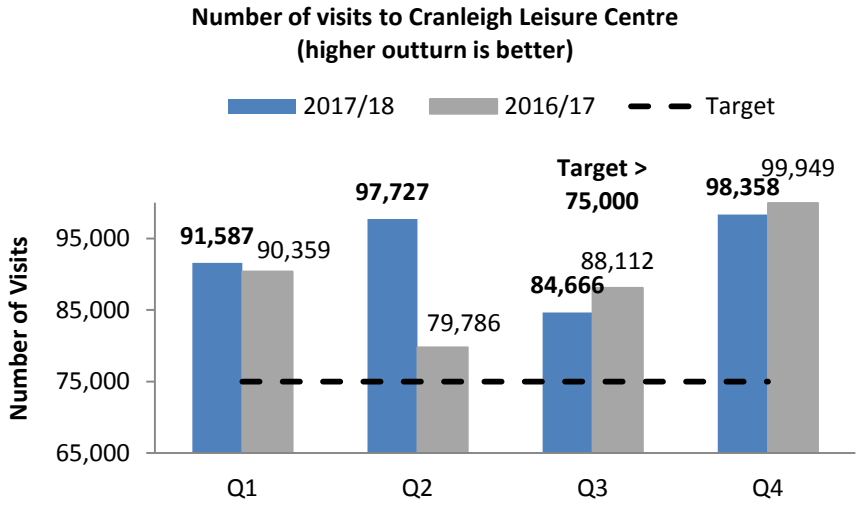
Quarter	2017/18	2016/17	Target
Q1	133,357	142,958	140,000
Q2	129,700	136,329	140,000
Q3	131,012	134,404	140,000
Q4	142,284	160,327	140,000

Comments

After a downward trend in the past 3 quarters, the performance in Q4 has improved significantly, exceeding the target by 1.63%. There were 37,665 fewer visits in 2017/18 than 2016/17 when analysing annual trends. This indicator is the subject of the annual indicator review.

COMMUNITY SERVICES:
CS3: Number of Visits to Cranleigh Leisure Centre

GREEN



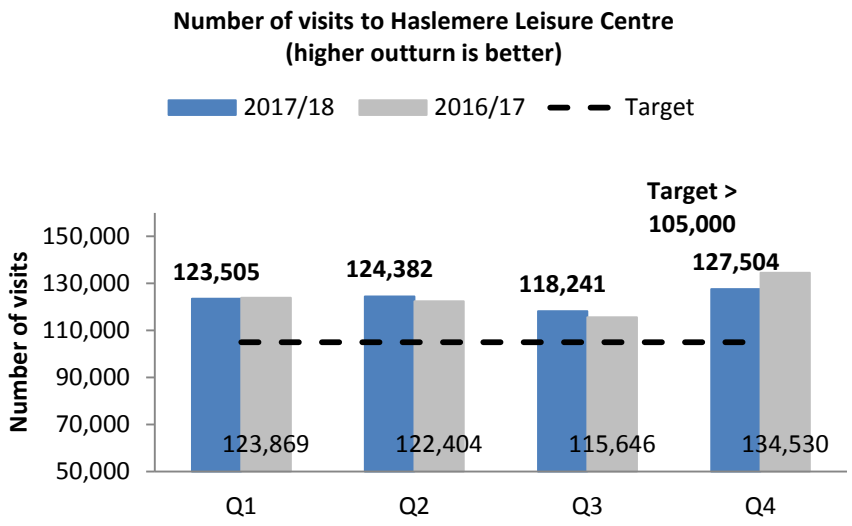
Quarter	2017/18	2016/17	Target
Q1	91,587	90,359	75,000
Q2	97,727	79,786	75,000
Q3	84,666	88,112	75,000
Q4	98,358	99,949	75,000

Comments

The fourth quarter has seen an increase in numbers and the performance exceeds the target by 31.14%. There were 14,132 more visits in 2017/18 when compared with the year before. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS4: Number of visits to Haslemere Leisure Centre

GREEN



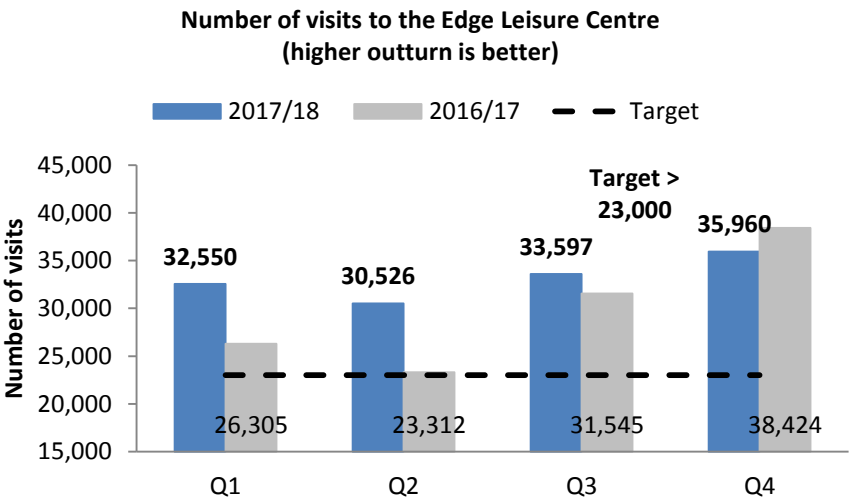
Quarter	2017/18	2016/17	Target
Q1	123,505	123,869	105,000
Q2	124,382	122,404	105,000
Q3	118,241	115,646	105,000
Q4	127,504	134,530	105,000

Comments

There was an improvement in the performance over the preceding quarter, with the Q4 figures exceeding the target by 21.43%. When comparing annual trends, there were 2,817 fewer visits this year than the year before. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS5: Number of Visits to The Edge Leisure Centre

GREEN



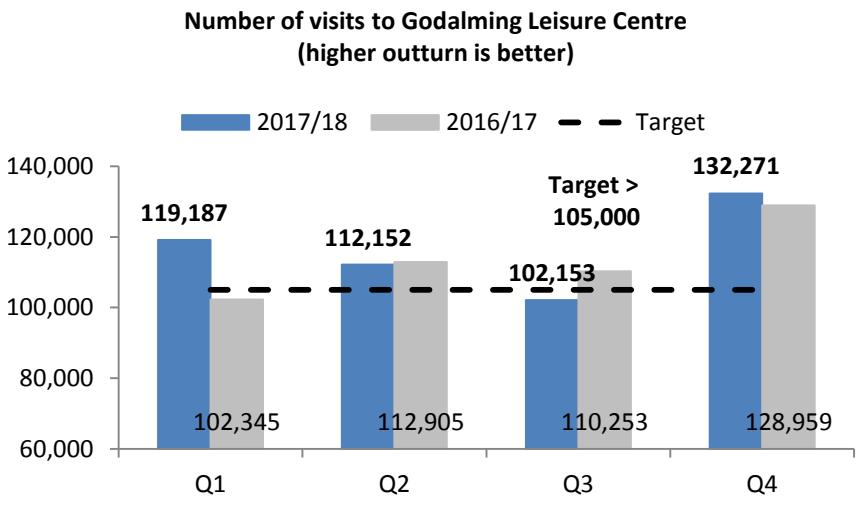
Quarter	2017/18	2016/17	Target
Q1	32,550	26,305	23,000
Q2	30,526	23,312	23,000
Q3	33,597	31,545	23,000
Q4	35,960	38,424	23,000

Comments

There were 2,363 more visits to the Edge centre in the fourth quarter and the indicator performs well within its target. When looking at the annual trend there were 13,047 more visits this year than in 2016/17. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS6: Number of Visits to Godalming Leisure Centre

GREEN



Quarter	2017/18	2016/17	Target
Q1	119,187	102,345	105,000
Q2	112,152	112,905	105,000
Q3	102,153	110,253	105,000
Q4	132,271	128,959	105,000

Comments

Q4 has seen very good performance with the highest numbers since the beginning of data collection in 2014, exceeding the target by 25.97%. There were 11,301 more visits in 2017/18 than in 2016/17. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS7: Total number of visits to and use of museums (Farnham & Godalming)

No target

Combined

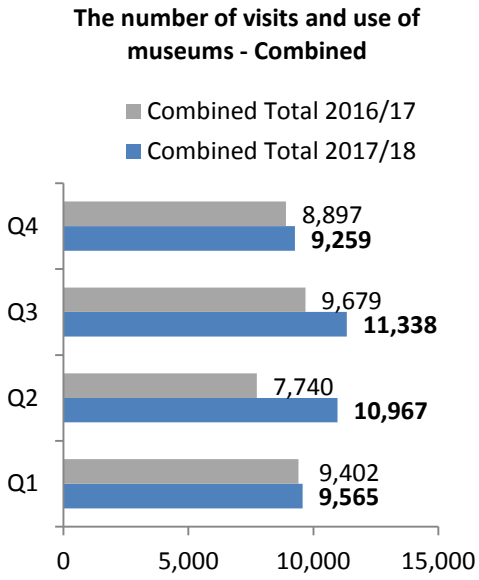
Quarter	Combined Total 2017/18	Combined Total 2016/17
Q1	9,565	9,402
Q2	10,967	7,740
Q3	11,338	9,679
Q4	9,259	8,897

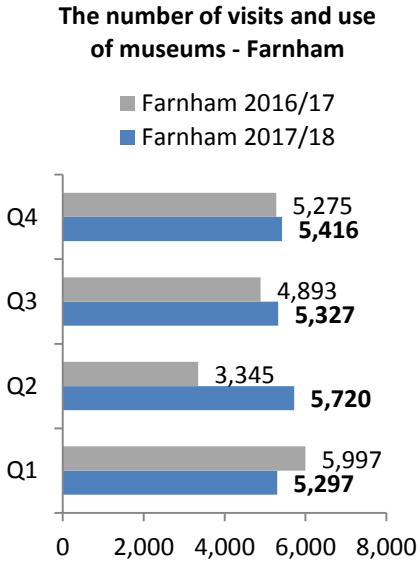
Farnham

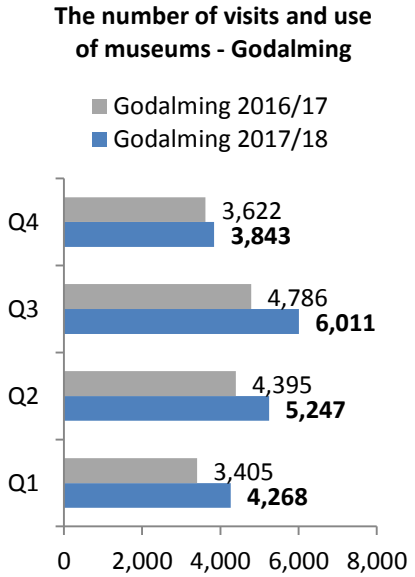
Quarter	Farnham 2017/18	Farnham 2016/17
Q1	5,297	5,997
Q2	5,720	3,345
Q3	5,327	4,893
Q4	5,416	5,275

Godalming

Quarter	Godalming 2017/18	Godalming 2016/17
Q1	4,268	3,405
Q2	5,247	4,395
Q3	6,011	4,786
Q4	3,843	3,622





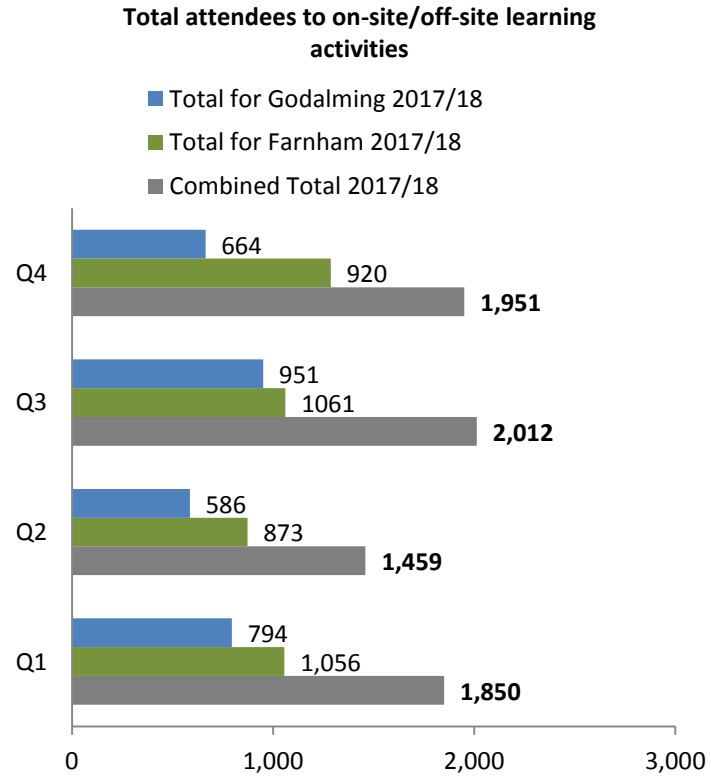


Comments

Both museums performed well in the fourth quarter and throughout 2017/18 with improvements in the number of visits. There were 2,250 more visits to the Farnham Museum in 2017/18 when compared to 2016/17, and 3,161 more visits to the Godalming Museum in 2017/18 when compared with the preceding year. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS8: Total users of learning activities (number of attendees to on-site and off-site learning activities)

No target



Quarter	Combined Total 2017/18	Total for Farnham 2017/18	Total for Godalming 2017/18
Q1	1,850	1,056	794
Q2	1,459	873	586
Q3	2,012	1061	951
Q4	1,951	1287	664

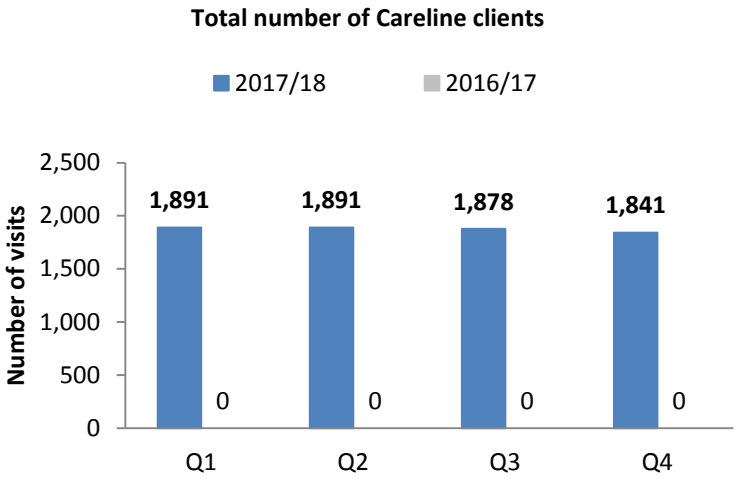
Comments

The fourth quarter has seen good performance with the loan boxes still being popular. There were also various successful marketing campaigns run in this period to promote events and make best use of the facilities. For example renting out the "Garden Gallery" for private events at Farnham Museum.

When analysing the annual trends,2017/18 has seen 1,845 more users of learning activities than the preceeding year. This indicator is included in the annual indicator review.

COMMUNITY SERVICES:
CS9: Total number of Careline clients

No target



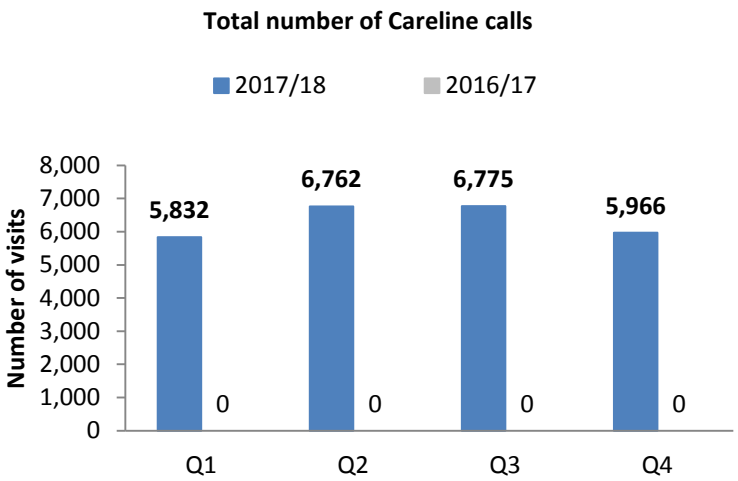
Quarter	2017/18	2016/17
Q1	1,891	N/A
Q2	1,891	N/A
Q3	1,878	N/A
Q4	1,841	N/A

Comments

This is the second quarter of reporting on the performance of this Careline indicator to the O&S Committee. The team has already been collecting data for the previous quarters and so they have been included in this trend analysis. 2017/18 has seen a steady numbers of clients and marketing brochures were sent with the council tax bills to promote the service with our residents.

COMMUNITY SERVICES:
CS10: Total number of Careline calls in a quarter

No target



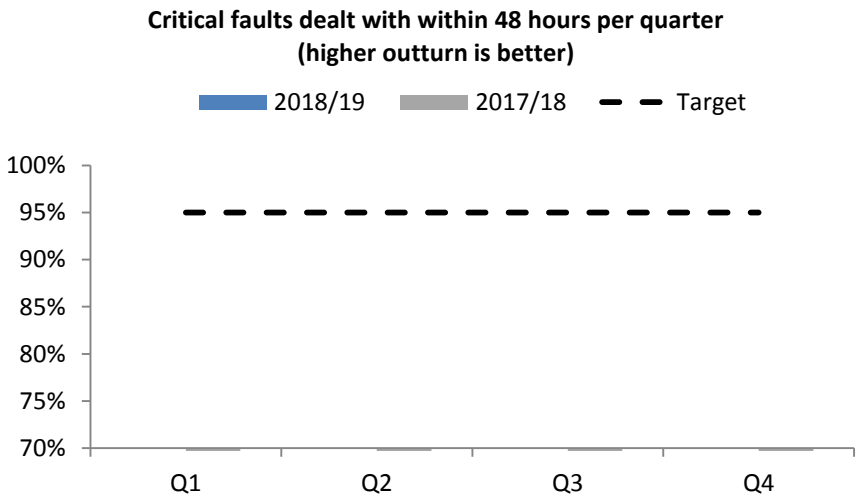
Quarter	2017/18	2016/17
Q1	5,832	N/A
Q2	6,762	N/A
Q3	6,775	N/A
Q4	5,966	N/A

Comments

This is the second quarter of reporting on the performance of this Careline indicator to the O&S Committee. The team has already been collecting data for the previous quarters and they have also been included in this trend analysis.

COMMUNITY SERVICES:
CS11: Critical faults dealt with within 48 hours per quarter (95% target)

To be collected from 1 April 2018



Quarter	2018/19	2017/18	Target
Q1		N/A	95%
Q2		N/A	95%
Q3		N/A	95%
Q4		N/A	95%

Comments

There is no retrospective data available for this new indicator and measuring and collecting methods are currently being revised. The data collection will start from the 1 April 2018.

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WAVERLEY BOROUGH COUNCIL

COMMUNITY WELLBEING

OVERVIEW & SCRUTINY COMMITTEE

26 JUNE 2018

Title:

SERVICE PLANS
ANNUAL OUTTURN REPORT FOR 2017/18

[Portfolio Holder: Cllr Jenny Else, Cllr Kevin Deanus]
[Wards Affected: All]

Summary and purpose:

Service Plans are devised each year in order to deliver the Council's corporate priorities. This report gives the Committee the opportunity to scrutinise the annual objectives outturn of the Communities Service Plan for 2017/18 and make observations and comments to the Executive.

How this report relates to the Council's Corporate Priorities:

Service Plans form an important part of Waverley's performance management framework and help to ensure that Waverley delivers against all of its Corporate Priorities.

Equality and Diversity Implications:

There are no direct equality and diversity implications in this report. Equality impact assessments are carried out when necessary across the Council to ensure service delivery meets the requirements of the Public Sector Equality Duty under the Equality Act 2010.

Financial Implications:

Service Plans were prepared as part of the budget process.

Legal Implications:

There are no specific legal implications arising from this report.

1. Background & Performance Summary

At the Joint O&S Committee in January 2017 Heads of Service presented the top level strategic actions for each of their service areas. This report sets out the progress made on each of the Service Plans under the remit of this Committee for the financial year 2017/18

The details are set out at Annexe 1, with the outturn report showing completion status and/or progress on each service action. The report has retained the format of the 2016/17 service plans for continuity reasons and provides a RAG rating (with the progress indicated in percentage terms) and any supporting comments against each action.

2. Performance summary

The annual analysis of the service objectives for the financial year 2017/18 shows an overall 75% completion rate for the Communities Service. The completion rate was mainly influenced by the delay of the Memorial Hall project, which now has a completion date set for the Summer 2018.

Out of 24 Service Plan objectives, 6 were not able to be fully achieved at this stage. The details of partially completed actions are listed below and their execution will continue on in the new financial year 2018/19.

Objective:	**CCS1. To successfully complete the Memorial Hall refurbishment creating a new multi-use community facility for Farnham and a new home for the Gostrey Centre and Waverley Training Services**		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS1.1	Management of Refurbishment project	80%	The additional work scope was required on the lower ground floor to enable the relocation of Waverley Training Services and to allow the building to act as an emergency office space in the event of The Burys being unavailable, and these changes were reflected in the project plan. The refurbishment project has been delayed as a result of adverse weather conditions and the impact upon the building. The necessary repairs are currently being undertaken and the new expected completion date has therefore moved from May 2018 to Summer 2018.
CCS1.2	Completion of works / snagging	70%	Works are progressing well and issues are being resolved as they arise. Snagging will not be able to be completed until the final stage of the project.
CCS1.3	Internal Fixtures & Fittings installed	50%	Internal fixtures and fittings have been chosen and where appropriate are being stored off site awaiting completion of the main refurbishment.
CCS1.4	New Centre opens	10%	Plans for the opening have been prepared, however the official opening dates cannot be confirmed until handover has completed.
CCS1.5	New users successfully moved into centre	10%	All users have been kept informed of progress and been made aware of the new expected dates. Tours will be arranged in the coming months.

Objective:	**CCS4. Maximise the usage and offering provided by our leisure centres by ensuring that residents are happy with the service and facilities offered by Waverley**		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS4.6	Options presented for consideration of Executive	80%	The report will be presented to the Executive in July 2018.

A notable success, and the culmination of a number of years' work, is the start of the major Brightwells regeneration scheme. In addition, the new Business and Marketing plans have been agreed for Waverley Training Services and Careline and these are now in the implementation phase.

Recommendation

It is recommended that the Community Wellbeing Overview & Scrutiny Committee:

1. Considers the progress against actions contained within the Service Plans set out in Annexe 1 to this report and agrees any observations or comments it wishes to make to the Executive.

Background Papers

There are no background papers (as defined by Section 100D(5) of the Local Government Act 1972) relating to this report.

CONTACT OFFICER:

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Service Plan Annual Outturn Report 2017/18

Community Wellbeing

(01/04/2017 – 31/03/2018)

Service : Communities	Head of Service : Kelvin Mills

Objective:	CCS1. To successfully complete the Memorial Hall refurbishment creating a new multi-use community facility for Farnham and a new home for the Gostrey Centre and Waverley Training Services		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS1.1	Management of Refurbishment project	80%	The additional work scope was required on the lower ground floor to enable the relocation of Waverley Training Services and to allow the building to act as an emergency office space in the event of The Burys being unavailable, and these changes were reflected in the project plan. The refurbishment project has been delayed as a result of adverse weather conditions and the impact upon the building. The necessary repairs are currently being undertaken and the new expected completion date has therefore moved from May 2018 to Summer 2018.
CCS1.2	Completion of works / snagging	70%	Works are progressing well and issues are being resolved as they arise. Snagging will not be able to be completed until the final stage of the project.
CCS1.3	Internal Fixtures & Fittings installed	50%	Internal fixtures and fittings have been chosen and where appropriate are being stored off site awaiting completion of the main refurbishment.
CCS1.4	New Centre opens	10%	Plans for the opening have been prepared, however the official opening date cannot be confirmed until handover has been completed.
CCS1.5	New users successfully moved into centre	10%	All users have been kept informed of progress and been made aware of the new expected dates. Tours will be arranged in the coming months.

Objective:	CCS2. To increase Waverley Training Services provision to offer increased apprenticeship opportunities and help young adults into employment or further education		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS2.1	Review the management structure of the Waverley Training Services team	100%	Restructure is now complete following an extensive recruitment process.
CCS2.2	Embed new operating processes for Levy Funding Stream	100%	Process completed following funding guidelines from agencies. Process communicated and rolled out to employers and sub-contractors.
CCS2.3	Implement new charging structure for employers and sub-contractors	100%	Competitor analysis carried out and new charges have been agreed and implemented.
CCS2.4	Write and implement new Business Plan	100%	The new Business Plan was presented to the O&S Committee. Implementation of the plan will happen over the next year.
CCS2.5	Write and implement new marketing plan	100%	Marketing plan completed and implemented with focus on levy apprenticeship growth for the public sector provision.
CCS2.6	Deliver Contract Funding Sum	100%	Academic year completed and funding provision delivered within allowed contractual variance.
CCS2.7	Increase direct delivery maximising income from the apprenticeship levy	100%	Direct delivery has increased, but work continues to improve levy organisations take up. Although nationally apprenticeships are around 60% down, Waverley's numbers have increased albeit lower than forecast.

Objective:	CCS3. Increased use of Waverley's Careline service to help more vulnerable adults in our community		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS3.1	Write and implement new Business Plan to increase use of the service	100%	Both the Business and the Marketing plans have been written with support from the Communications Team and have been implemented. The continued element of work will be carried forward beyond this financial year. The service has performed well and changes in technology offer further opportunities which are being explored.
CCS3.2	Write and implement new marketing plan to raise awareness and increase use of the service		

Objective:	CCS4. Maximise the usage and offering provided by our leisure centres by ensuring that residents are happy with the service and facilities offered by Waverley		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS4.1	Implement a more focused, efficient contract management system	100%	New online system implemented to improve monitoring of contracts and increase speed of rectifications. The centres performed well in 2017/18 with high usage figures.
CCS4.2	Work closely with Places for People to ensure their leisure management approach offers a high level of service for our residents and value for money		
CCS4.3	Tender for, and undertake detailed condition and structural surveys of our centres to inform and understand future lifecycle costs	100%	This is now complete. The work has been identified and scheduled for implementation within lifecycle costs for 2018/19.
CCS4.4	Procure and undertake detailed feasibility study for further investment in the leisure centres.	100%	The detailed feasibility study has been undertaken and completed. The findings were presented to the O&S Committee in October 2017.
CCS4.5	Findings presented to Portfolio Holders for analysis	100%	Complete.
CCS4.6	Options presented for consideration of Executive	80%	The report will be presented to the Executive in July 2018.

Objective:	CCS5. Regeneration of the East Street area of Farnham through the delivery of the Brightwells Scheme		
Ref	**Action**	**Annual Status**	**Annual Outturn - Final closing comments**
CCS5.1	Enter into Development Agreement with Crest Nicholson	100%	The Agreement has now gone 'unconditional' and work has begun on the regeneration scheme.
CCS5.2	Review pre-commencement planning conditions and create monitoring regime	100%	System of monitoring is in place giving clarity to the process. Planning meetings have taken place regularly with team to enable accurate and timely monitoring of conditions.
CCS5.3	Pre-commencement works start onsite (bat house/ sewage works / bridge construction)	100%	Pre-commencement works have now started.
CCS5.4	Site fully hoarded and main scheme starts onsite	100%	Plans for the hoardings have now been reviewed. The site will be hoarded at the end of May in line with agreed phasing plan.

INTRODUCTION TO WAVERLEY BOROUGH COUNCIL

OVERVIEW AND SCRUTINY WORK PROGRAMME

The programme is designed to assist the Council in achieving its corporate priorities by ensuring topics add value to the Council's objectives, are strategic in outlook, are timed to optimise scrutiny input and reflect the concerns of Waverley residents and council members. The programme is indicative and is open to being amended with the agreement of the Chair with whom the item is concerned. The work programme consists of three sections:-

- Section A – Lists items for Overview and Scrutiny consideration. It is not expected that the committee cover all items listed on the work programme and some items will be carried over into the following municipal year. In-depth scrutiny review topics for consideration by the respective Committee will also be listed in this section.
- Section B – Lists live in-depth scrutiny task and finish groups, including objectives, key issues and progress.
- Section C – Lists the Scrutiny tracker of recommendations for the municipal year.

Section A

Work programme 2018-19

Subject	Purpose for Scrutiny	Lead Member / Officer	Date for O&S consideration	Earliest date for Executive decision (if applicable)	Priority
Loneliness and Mental Health	To receive a presentation on loneliness within Surrey, the impact it has and ways in which to tackle it.	Surrey County Council, Public Health	June 2018	N/A	Medium
Health Inequalities review report	To receive the report, consider the recommendations and endorse to the Executive.	Cllr Andy Macleod / Karen Simmonds	June 2018	July 2018	High
Stroke service re-location	Update on the approach that will be taken including the potential impact of ambulance response times in the south and east of the Borough.	Cllr Jenny Else/ Kelvin Mills	June 2018	N/A	High
Performance reports	To consider the suggested changes to the indicators, receive the exceptional performance figures for Q4 and make any observations or recommendations to the Executive.	Cllr Jenny Else & Cllr Kevin Deanus / Nora Copping	June 2018	July 2018	Low
Service Plans	To receive the annual outturn report.	Cllr Jenny Else/ Louise Norie	June 2018	July 2018	Low

Subject	Purpose for Scrutiny	Lead Member / Officer	Date for O&S consideration	Earliest date for Executive decision (if applicable)	Priority
Community Safety Partnership (Safer Waverley)	To evaluate the effectiveness of the partnership and to consider the key issues; and to scrutinise the structural changes of the partnership and the implications and impact on Waverley. (Statutory responsibility to scrutinise the partnership annually).	Cllr Kevin Deanus / Kelvin Mills & Katie Webb	September 2018	-	Low
Financial Inclusion Strategy	To consider the Strategy and suggest any amendments to officers before it goes to the Executive.	Yasmine Makin	September / November 2018?	September / November 2018?	Low
Local health priority areas[1]	To explore the following by calling on external expertise on the areas highlighted: • Older people's health and wellbeing (hip fractures and excess winter deaths) • Mental health • Alcohol misuse.		TBC/ September 2018?	-	High

[1] http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf

Subject	Purpose for Scrutiny	Lead Member / Officer	Date for O&S consideration	Earliest date for Executive decision (if applicable)	Priority
Health Devolution deal	Key questions include what does this mean for services in Waverley? And what opportunities are there to scrutinise our local health services now that there is a shift towards local accountability for health and social care spending in the region?		TBC	-	High
Help for disabled and vulnerable adults	To explore the new local arrangements being made by Social Care Services including the MASH to support the needs of local vulnerable people.		TBC	-	High
Services for active & higher needs residents	Explore which services are on offer for older people to keep them in good physical and mental health. (Older Peoples Health is a priority issue for Waverley according to the Public Health England Health Profile for Waverley 2017.)		TBC	-	High
Sustainability & Transformation plans	To consider questions around the impact of national spending reductions in Health on local provision in Waverley.		TBC	-	High

Subject	Purpose for Scrutiny	Lead Member / Officer	Date for O&S consideration	Earliest date for Executive decision (if applicable)	Priority
Waverley Training Services	To receive an update on WTS following the Ofsted inspection. Elements to scrutinise include the level of GCSE attainment and the impact of the apprenticeship levy on the service delivery.	Kelvin Mills / Adele O' Sullivan	TBC following next Ofsted report in 2018		High
Leisure Centre Contract Management Scrutiny Review report	To receive an update on the recommendations from the scrutiny Review. (12 month progress update – January 2018?)	Cllr Jenny Else Fotini Vickers	TBC	-	Low
Cranleigh Leisure Centre investment	To receive an update on the preferred option and project milestones of investment for the Cranleigh Leisure Centre	Cllr Jenny Else / Kelvin Mills	TBC		
Memorial Hall usage	To track and monitor the usage of the Memorial Hall.	Kelvin Mills	TBC	-	Medium

Section B

Scrutiny Reviews 2017-18

Subject	Objective	Key issues	Lead officer	Progress
1. Health Inequalities	• To review a selection of the wider determinants of health as identified by this scope and a selection of lifestyle behaviours to illustrate the impact these factors have in producing both health and mental health inequalities in the Borough. • To understand the relationship between the social determinants of health, negative lifestyle behaviours and the spatial environment on health outcomes. • To understand how the geography and rural nature of borough affects the health and mental wellbeing of residents and how this impacts access to health and social care services • Identify successful approaches to tackling health inequalities across wards by looking at case studies from other local authorities • To consider where direct investment is most needed to reduce immediate health inequalities, including applying proportionate universalism as a concept into policy	• To review the reasons for the disparity in life expectancy between the least and most deprived areas within Waverley and between males and females (ref: Public Health profile for Waverley, 2016 & 2017) • The factors affecting health and mental health inequalities which includes the social determinants of health, lifestyle factors and access to health and social care services (including the VCS). • Bringing explicit attention to the health duties of the Borough Council. • Investigating the concept of proportionate universalism and looking at how the Council can apply the concept into policy.	Anne Righton / Alex Sargeson	The Health Inequalities review report is coming to the June Community Wellbeing OS meeting.

	• To make recommendations to the Executive and partners to reduce health (and mental health) inequalities and improve the lives and health of residents and communities within Waverley • To improve how Waverley Borough Council engages with Public Health and other health partners, such as the Clinical Commissioning Groups (CCG's) and the Sustainable and Transformation Partnership (STP), to tackle health inequalities by highlighting the health duties of the Borough Council through research and evidence of impact. • Work towards developing a local preventative approach to health and mental health in collaboration with Public Health England. • In addition to these objectives to examine the family support schemes funding and recommend a way forward.			

*NB: Some Members of the Community Wellbeing Overview and Scrutiny will be participating in the Budget Strategy Working Group, which is led by the Value for Money and Customer Service Overview & Scrutiny Committee.

Section C

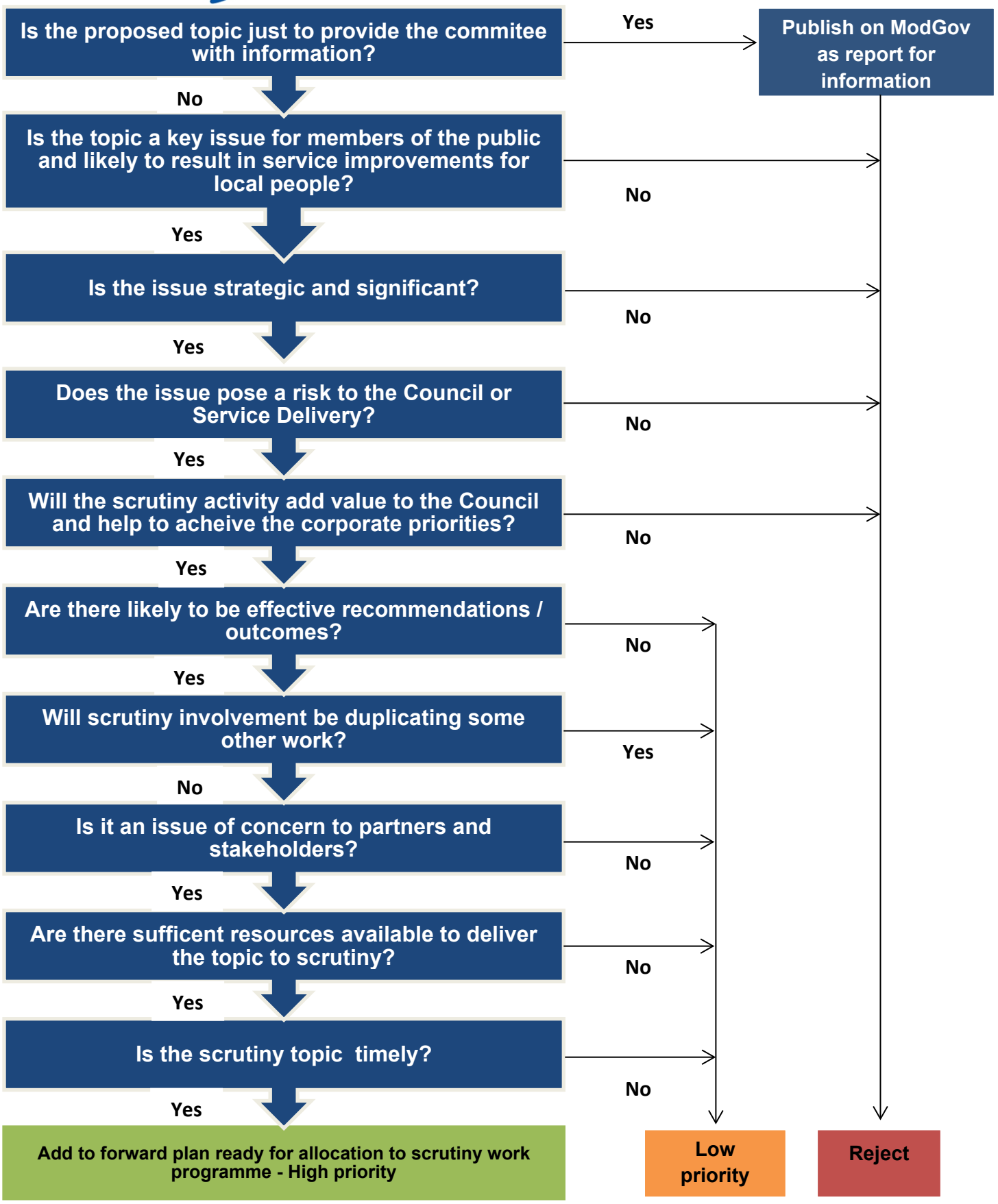
Scrutiny Recommendation and Action Tracker 2017-18

Meeting date	Item	Outcomes / Recommendations	Update / Response	Timescale
27 June 2017	Leisure Centre Contract Management Scrutiny Review report	**OUTCOME:** Members agreed and noted the recommendations set out in the Scrutiny review report. Needs to come back to O&S for recommendations update.	Executive accepted the recommendations contained within the final scrutiny report. Update scheduled in 6 months time.	To come back to scrutiny in 6 months time
12 September 2017	In-depth Scrutiny review: Health inequalities	**OUTCOME:** Members agreed the scope for the scrutiny review into health inequalities within the Borough.	Scrutiny Policy Officer will support the review fully. Task group has met twice and has two more evidence gathering sessions planned with the addition of a conclusions ands recommendations meeting.	September 2017 – March 2018.
20 November 2017	Feasibility Study	NB: To follow		
	Waverley Training Services	**RECOMMENDATION:** Members recommended there needed to be improved communication of the role of the service with key stakeholders and promotion in the community of the service's benefits for young people.	Executive agreed to improve communication of the role of WTS with key stakeholders and promotion of the service.	

Meeting date	Item	Outcomes / Recommendations	Update / Response	Timescale
		OUTCOME: To receive the Waverley Training Services Business Plan at the next meeting (January 2018) and for an update on WTS following the next inspection from Ofsted in 2018. Update as of 21/12/17 – WTS Business Plan circulated offline for members to view.	WTS Business plan circulated to Members offline. Update on WTS will commence following inspection from Ofsted.	
23 January 2018	Budget 2018/19 and Medium Term Financial Plan	**RECOMMENDATION:** Members recommended the Council needed to highlight the budget pressures it faces to Government and in doing so gain support from members of the public.		
	Service Level Agreements – report of informal working group	**RECOMMENDATION:** Help Hasleway to continue to support older people's services following changes with the Orchard Club and; that when the SLA grants are looked at again, to ensure there is a fair distribution and balance of grant allocation across the Borough.		
	Service Plans 2018/19	**RECOMMENDATION:** That the Head of Communities and Major Projects bring forward proposals in his Service Plan to identify issues of loneliness and isolation experienced by Waverley residents.		
	Performance Management Report Q2	**RECOMMENDATION:** reduce the target of 140,000 to 130,000 for PI CS2 (no. of visits to Farnham Leisure Centre) and; To review overall leisure Centre performance indicators and report back in March 2018.	Agreed	
	Prevent Strategy	**RECOMMENDATION:** endorsed the strategy's adoption to the Executive.		
		OUTCOME: Training on Prevent for all Councillors, including how to approach it and what to do an event.	Training for Councillors took place on 24 April 2018	

Meeting date	Item	Outcomes / Recommendations	Update / Response	Timescale
3 March 2018	Leisure Centre Contract Management Review update	**RECOMMENDATION:** For a policy / statement outlining the priorities for the Leisure Centres; and		
		OUTCOME: To work with local Clinical Commissioning Groups to encourage greater GP referrals to Leisure Centres in areas of higher need.		
		OUTCOME: For recommendation no. 15 to be changed to orange and await the findings and recommendations from the health inequalities scrutiny review and;		
		For an update on the progress of the recommendations to come back to the committee as and when appropriate (6 – 12 months time).	Scheduled in work programme	6 – 12 months time
	Performance Management Report Q3	**OUTCOME:** To review indicator CS1 to gauge physical activity.		

Selection Criteria for Overview and Scrutiny topics



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Waverley Borough Council
Key Decisions and Forward Programme

This Forward Programme sets out the decisions which the Executive expects to take over forthcoming months and identifies those which are key decisions.

A key decision is a decision to be taken by the Executive which (1) is likely to result in the local authority incurring expenditure or making savings of above £100,000 and/or (2) is significant in terms of its effects on communities living or working in an area comprising two or more wards.

Please direct any enquiries about the Forward Programme to the Democratic Services Manager, Fiona Cameron, at the Council Offices on 01483 523226 or email committees@waverley.gov.uk.

Executive Forward Programme for the period 1 July 2018 onwards

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
POLICY AND GOVERNANCE, HUMAN RESOURCES, BRIGHTWELLS AND LEP - CLLR JULIA POTTS (LEADER)						
Brightwells [E3]	To bring forward matters when necessary	Executive	No	Potentially every meeting	Kelvin Mills, Head of Communities and Major Projects	VFM and CS/Environ
Performance Management	Quarterly combined performance report	Executive	No	July 2018	Louise Norie, Corporate Policy Manager	All
Corporate Strategy	For approval	Executive	Yes	July 2018	Louise Norie, Corporate Policy Manager	All
Charter for Elected Member Development	To commit to achieving Charter Status	Executive, Council	No	July 2018	Robin Taylor	VFM and CS
People Strategy	To recommend the People Strategy to Council	Executive, Council	No	October 2018	Robin Taylor	VFM and CS
FINANCE AND COMMUNICATIONS - CLLR GED HALL (DEPUTY LEADER)						

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
Property Acquisitions	To bring forward opportunities for approval as they arise	Executive	Yes	Potentially every meeting	David Allum, Head of Customer and Corporate Services	VFM and CS
Budget Management [E3]	Potential for seeking approval for budget variations	Executive	Yes	Potentially every meeting	Peter Vickers, Head of Finance	VFM and CS
2017/18 Budget out-turn report		Executive	Yes	June 2018	Peter Vickers, Head of Finance	VFM and CS
Treasury Management Activity Report		Executive	Yes	June 2018	Peter Vickers, Head of Finance	
Medium Term Financial Plan Review		Executive	Yes	July 2018	Peter Vickers, Head of Finance	VFM and CS
COMMUNITY SERVICES AND COMMUNITY SAFETY - CLLR KEVIN DEANUS						
CUSTOMER AND CORPORATE SERVICES - CLLR TOM MARTIN						
Customer Service Review	To agree the Customer Service approach	Executive	No	October 2018	David Allum, Head of Customer and Corporate Services	VFM and CS
ECONOMIC DEVELOPMENT - CLLR JIM EDWARDS						
Economic Development Strategy	For approval	Executive, Council	No	July 2018	Kelvin Mills, Head of Communities and Major Projects	VFM and CS
ENVIRONMENT - CLLR ANDREW BOLTON						

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
Waste, Recycling and Street Cleaning Contract	To agree the procurement approach for waste, recycling and street cleaning services	Executive	Yes	July 2018	Richard Homewood, Head of Environmental Services	Environment
HEALTH, WELLBEING AND CULTURE - CLLR JENNY ELSE						
Leisure Centre Investment	To approve proposals for investment in Waverley's leisure centres	Executive, Council	Yes	July 2018	Fotini Vickers	Community Wellbeing
Overview & Scrutiny Review on the Factors affecting health inequalities in Waverley	To receive the report of the Community Wellbeing Overview & Scrutiny Committee and endorse the recommendations	Executive	No	July 2018	Yasmine Makin, Graduate Trainee, Louise Norie, Corporate Policy Manager	Community Wellbeing
HOUSING - CLLR CAROLE KING						
Electrical testing and re-wiring contracts	To approve the re-tender of the contracts	Executive	Yes	July 2018	Hugh Wagstaff, Head of Housing Operations	Housing
Housing Delivery Board [E3]	Potential to approve and adopt policies and make decisions to assist in the delivery of affordable homes in the Borough	Executive	Yes	Potentially every meeting	Andrew Smith, Head of Strategic Housing Delivery	Housing
Partnership with Developers or Housing Associations for new Affordable Homes	Give consideration to matters as they arise to assist in the delivery of affordable homes in the Borough	Executive	No	Potentially every meeting	Andrew Smith, Head of Strategic Housing Delivery	Housing

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
PLANNING - CLLR CHRIS STOREY						
Community Infrastructure Levy (CIL) - for adoption	For adoption	Executive, Council	Yes	October 2018	Graham Parrott, Planning Policy Manager	Environment
Community Infrastructure Levy (CIL) - governance arrangements	To agree governance arrangements	Executive	Yes	July 2018	Fiona Cameron, Interim Democratic Services Manager	VFM and CS
Local Plan Part II - Approval to Publish	Approval for publication	Executive, Council	Yes	October 2018	Graham Parrott, Planning Policy Manager	Environment
Local Plan Part II - Approval to submit	Approval to submit	Executive, Council	Yes	February 2019	Graham Parrott, Planning Policy Manager	Environment

Background Information

The agenda for each Executive meeting will be published at least 5 working days before the meeting and will be available for inspection at the Council Offices and on the Council's Website (www.waverley.gov.uk). This programme gives at least 28 days notice of items before they are considered at a meeting of the Executive and consultation will be undertaken with relevant interested parties and stakeholders where necessary.

Exempt Information - whilst the majority of the Executive's business at the meetings listed in this Plan will be open to the public and press, there will inevitably be some business to be considered which contains confidential, commercially sensitive or personal information which will be discussed in exempt session, i.e. with the press and public excluded. These matters are most commonly human resource decisions relating to individuals such as requests for early or flexible retirements and property matters relating to individual transactions. These may relate to key and non-key decisions. If they are not key decisions, 28 days notice of the likely intention to consider the item in exempt needs to be given.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of any of the Executive meetings listed below may be held in private because the agenda and reports or annexes for that meeting contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended), and that the public interest in withholding the information outweighs the public interest in disclosing it. Where this applies, the letter [E] will appear after the name of the topic, along with an indication of which exempt paragraph(s) applies, most commonly:

[E1 – Information relating to any individual; E2 – Information which is likely to reveal the identity of an individual; E3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information); E7 – Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime].

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