Waverley Borough Council

Scrutiny Review

Factors Affecting Health Inequalities in Waverley

A Review Report of the Community Wellbeing Overview & Scrutiny Committee

July 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.

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

[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.

burden of poor health.[6] Each of these lifestyle risk factors is unequally distributed in the local population. More disadvantaged groups are also more likely to have a cluster of unhealthy behaviours**.**[7]

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

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

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

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

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

Access to Primary Care

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.

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[6] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf, p. 2
[7] Ibid.
[8] Professional in this instance is defined as a profession which requires special training or qualifications.
[9] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf
[10] Data from Guildford and Waverley Clinical Commissioning Group (GWCCG) Health Profile 2015, p. 107.
[11] Ibid., p. 6.
[12] https://www.theguardian.com/society/2016/dec/14/parents-children-overweight-survey-obesity
[13] https://www.sciencedaily.com/releases/2014/11/141111133602.htm
[14] See appendix N of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report..
[15] http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking

Where research has been conducted, it has almost exclusively focused on the prevalence of the conditions on older demographics, and has largely ignored the development of the conditions amongst younger people. Evidence suggests that social isolation and loneliness exists in the Borough, exacerbated by the rural character of the area. Challenges exist in terms of identifying residents and the stigma around people asking for support.

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

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

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

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

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

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

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

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

[18] Ibid.

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

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

RECOMMENDATIONS FROM THE HEALTH INEQUALITIES TASK GROUP

It is recommended that the Executive:

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

Recommendations for Surrey County Council:

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

Commissioning Group to explore schemes of providing accommodation for key workers who work in Domiciliary care in Waverley.

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

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

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

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

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

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

15. Review why awareness of NHS 111 is low; engage with patients and carers to initiate new plans to promote the full range of services it offers including access to out-of-hours GP appointments.

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

DRAFT ACTION PLAN

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

	and Transformation Partnerships by Surrey County Council Public Health) on the health 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	Planning Policy Manager	December 2018

	prospect of working with Surrey County 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 landlords.	Private Sector Housing Manager	March 2019
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 active lifestyles in areas of social deprivation.	Head of Communities and Major Projects	December 2018
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 areas and received the scoping report which sets out the terms of reference for the task and finish group (please see the appendix).

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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

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

[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

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.

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.

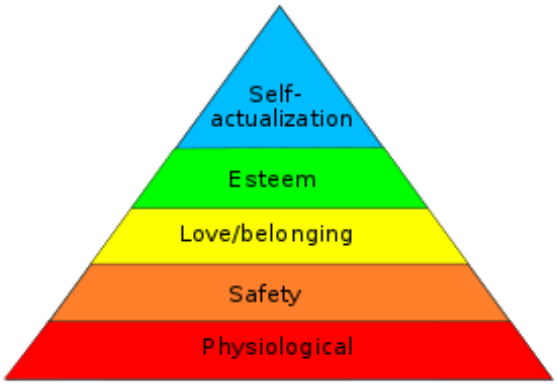
RECOMMENDATION: Be mindful of the Surrey Health Devolution deal for integrating health and social care that is due to come to fruition in April 2018 and monitor and scrutinise the new shadow working arrangements that will be put in place later this year, with particular attention on the impacts to health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

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

[25] Ibid.

(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.

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.

[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

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]

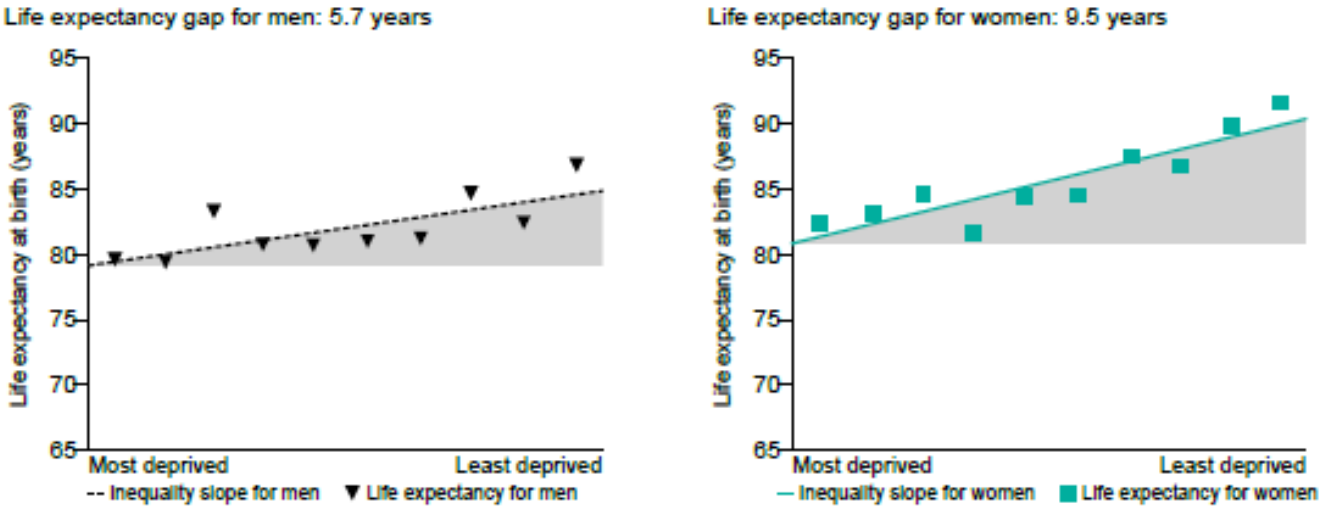
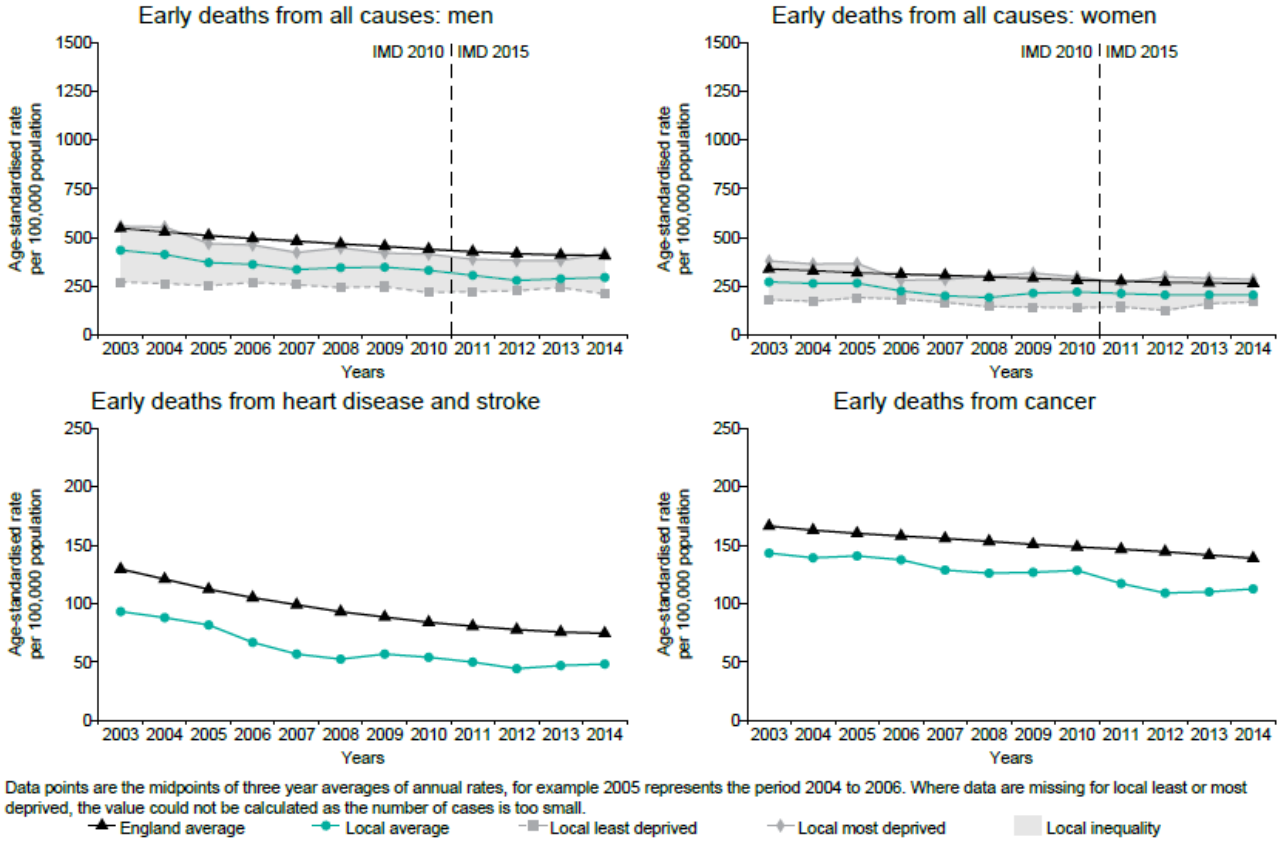


Figure 4: Early mortality rates in Waverley [30]

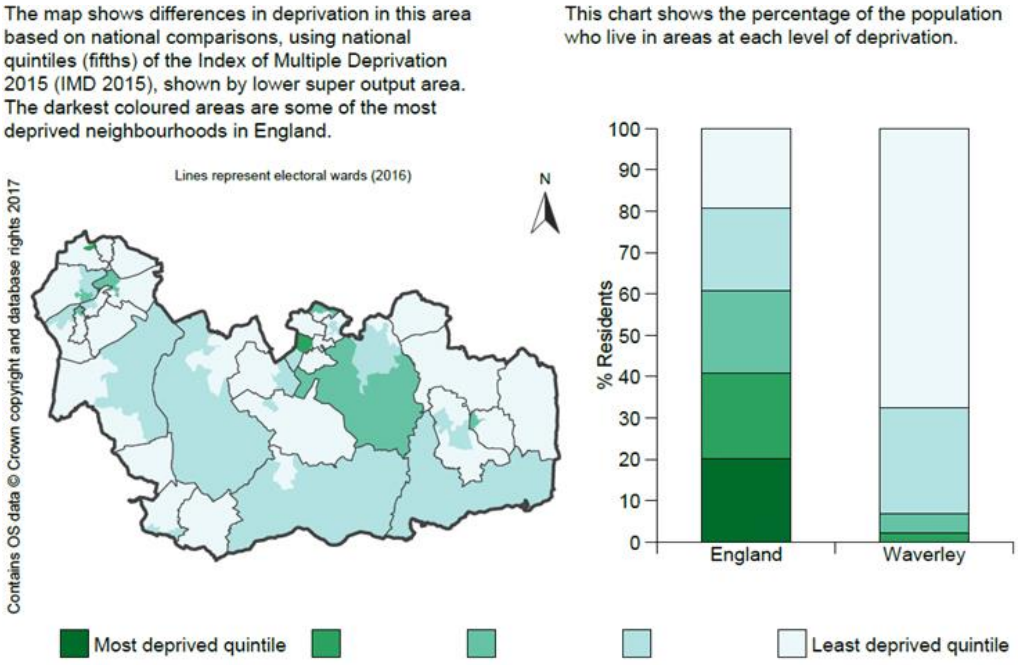


3.19 Nonetheless Waverley is one of the least deprived Local Authority areas in England, ranking 323rd out of 326 localities (Index of Multiple Deprivation 2015).

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

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 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

[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.

6,7,8 (semi-routine occupations, routine occupations, never worked and long-term unemployed). The full dataset can be found in Appendix D of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

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.

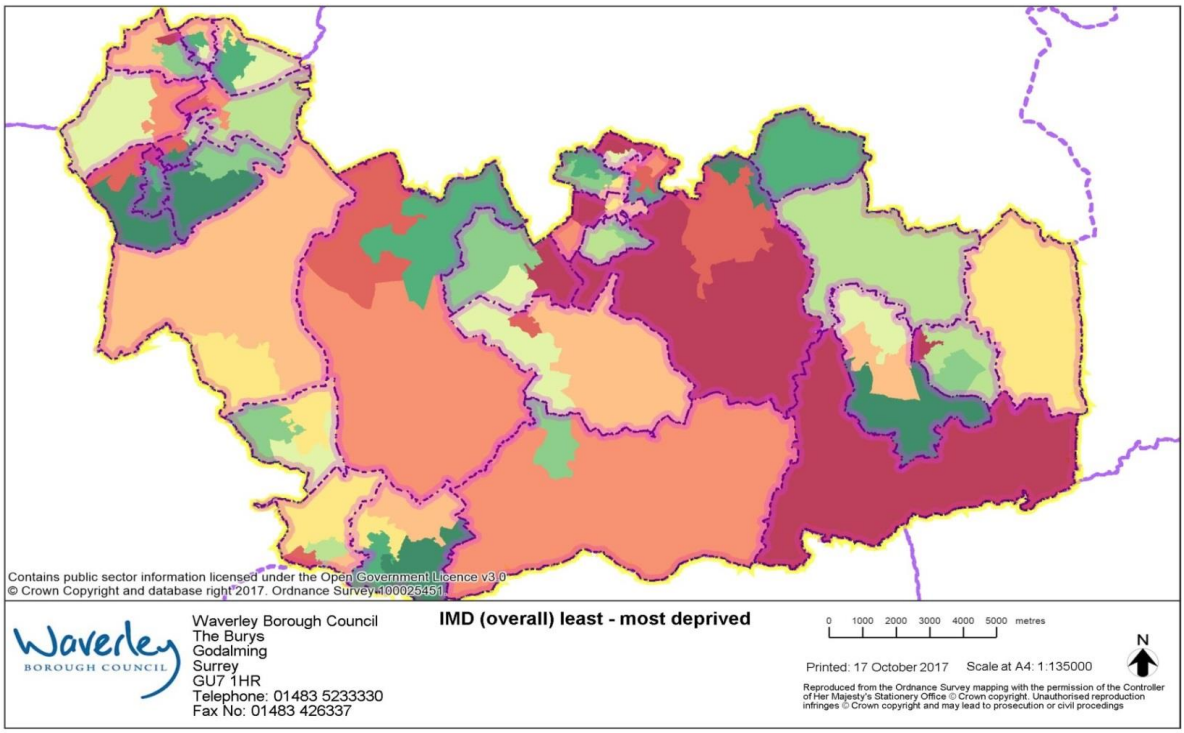
3.21 *This report recognises that the wards mentioned above and throughout this review do not reflect the totality of the ward described, but the Lower layer Super Output Area (LSOA). Therefore any ward mentioned in this report should be treated with caution and on the basis that the ward mentioned reflects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

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

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 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

[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

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 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

[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
[41] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38

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%
9. Obese children - Reception Year Academic Year, 2014/15 National Child Measurement Programme	6.0%	5 (11)	6.5% †	8.9%	5.0%

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

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

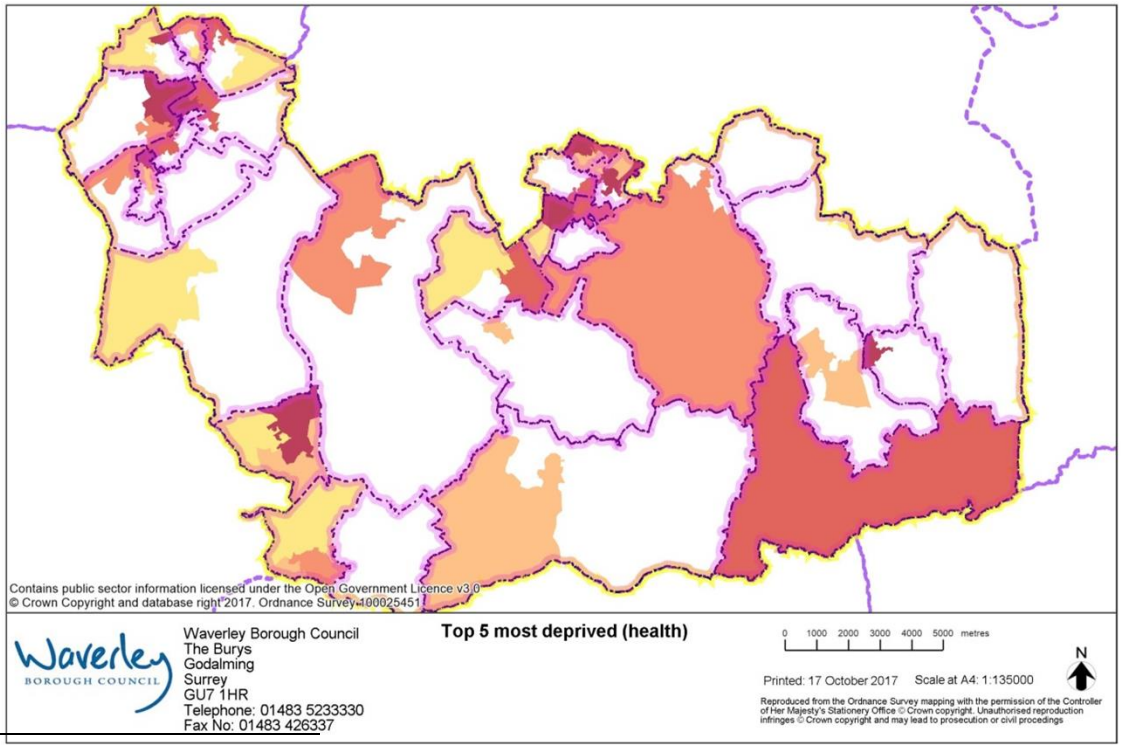
[43] https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38
[44] Waverley Health and Wellbeing Strategy 2016-2021.
[45] JSNA Chapter: Wellbeing and Adult Mental Health.

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.

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



[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

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 (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

[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'.

[53] Waverley Health and Wellbeing Strategy 2016-21

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]

- 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

[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.

- 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.

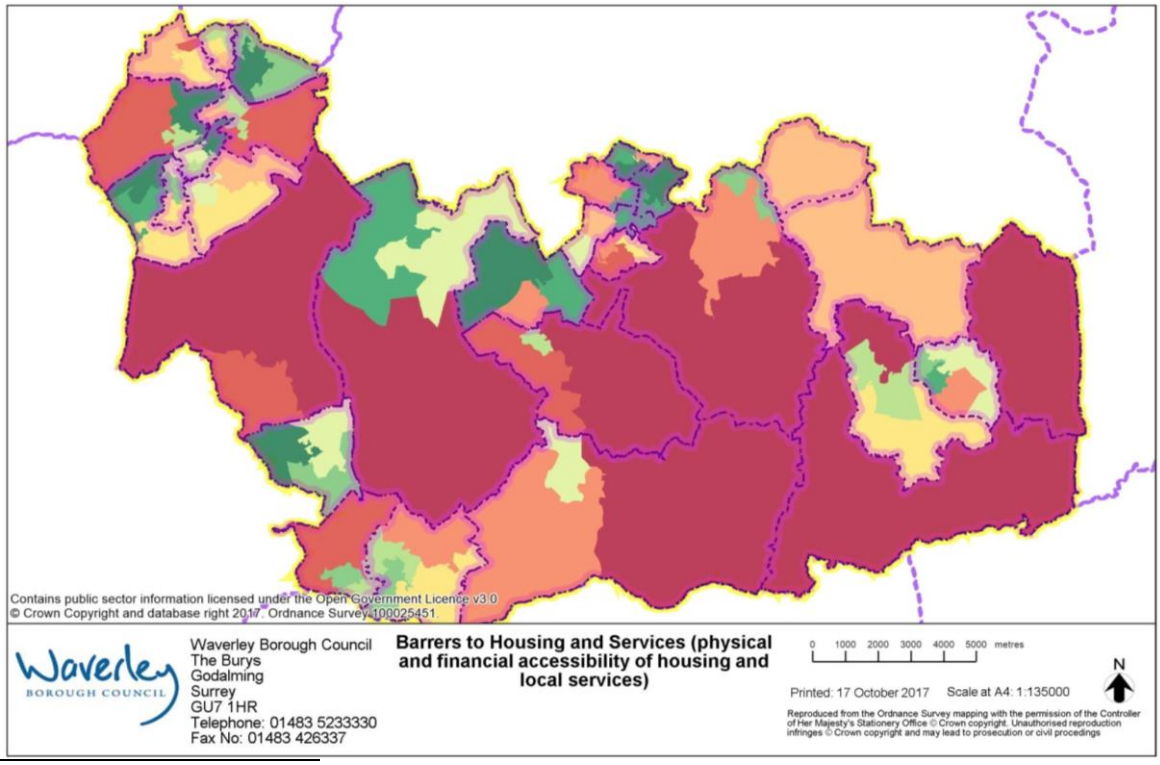
3.39 The 'Local Economy' in this report is used to describe the general economic activities of the Council under the remit of Planning Policy. Planners are key players in encouraging adequate design, active commuting and the provision of green spaces, affordable housing and economic development for employment 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report. A preliminary conclusion the 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]



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

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 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

[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

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.
- 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 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report. 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

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

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

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.

[62] Ibid., page 24, point 2b.
[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

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
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:

- **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

[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

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

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
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**

[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

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.

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.

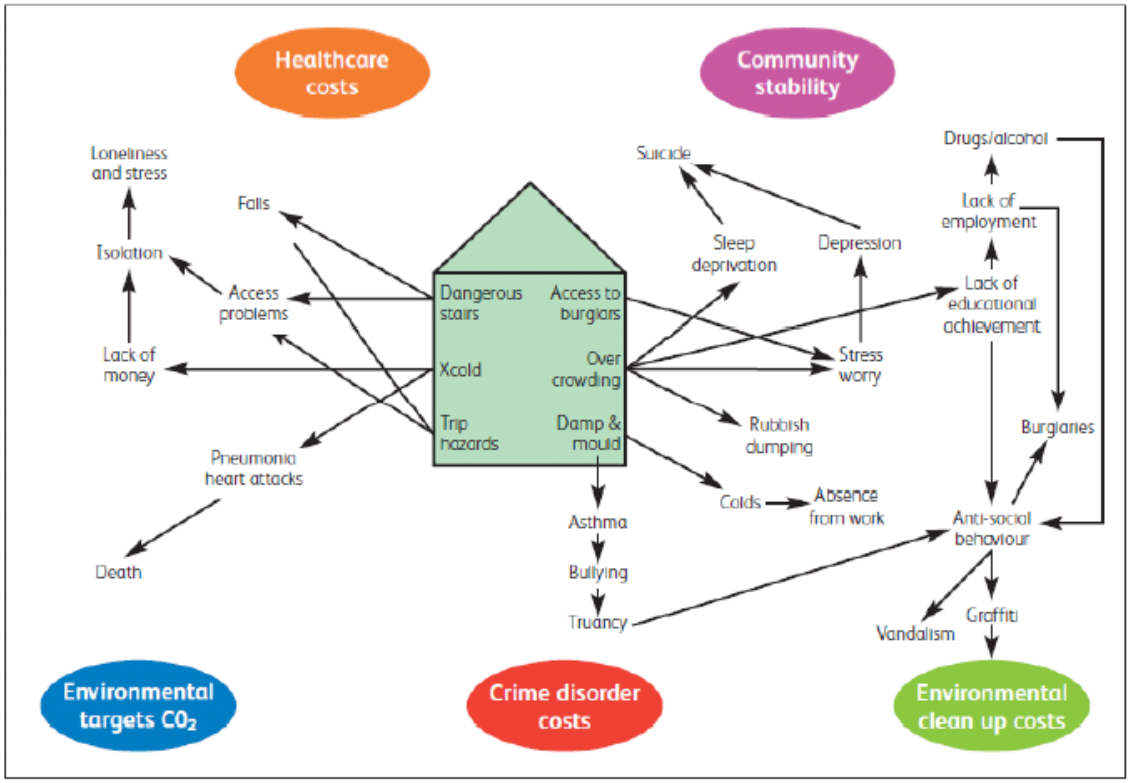
[69] The impact of housing problems on mental health, Shelter, 2017.

- 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).

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)

[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

and going from below the national average for excess winter deaths, to now equalling it.[73]

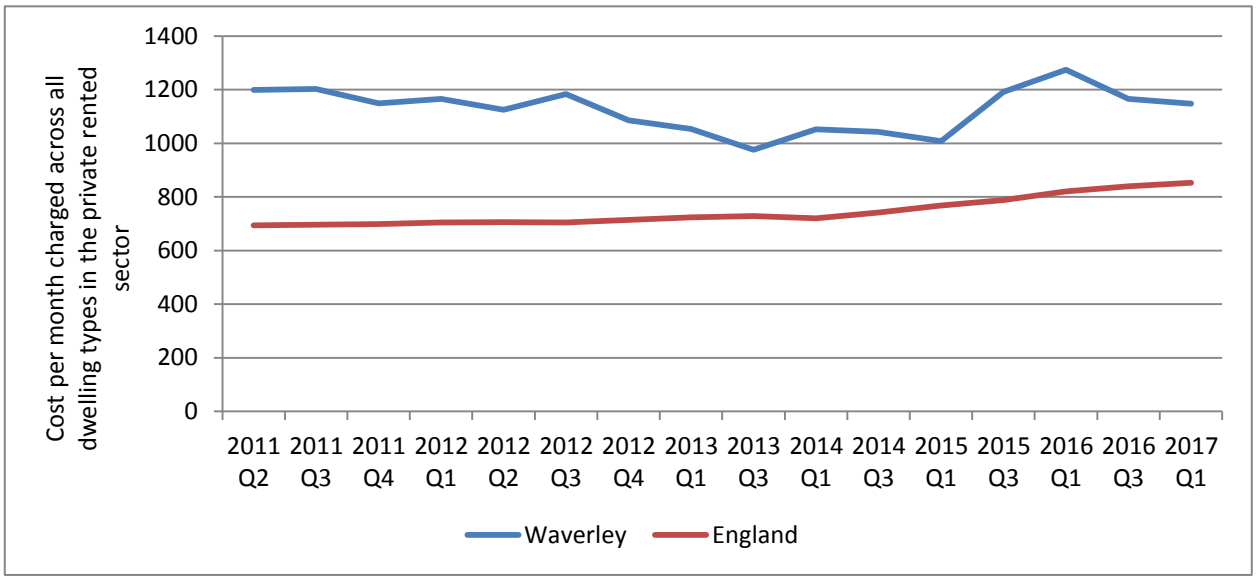
3.64 Furthermore aids and adaptations, especially for the disabled and elderly are very important in reducing the risk of accident. It is documented by the Housing Learning & Improvement Network that the annual cost to the UK Government from falls within their home from those aged 65+ is £1Billion with 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.



[73] Ibid.
[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.

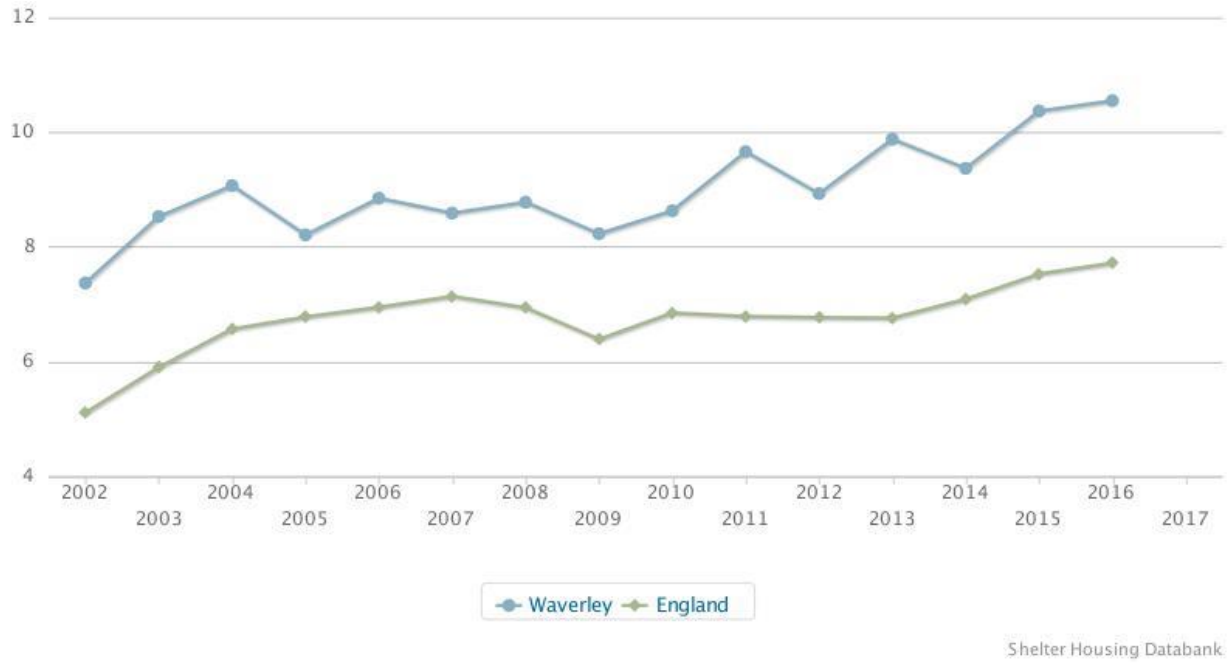


Figure 12: Lower quartile house price to lower quartile earnings

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

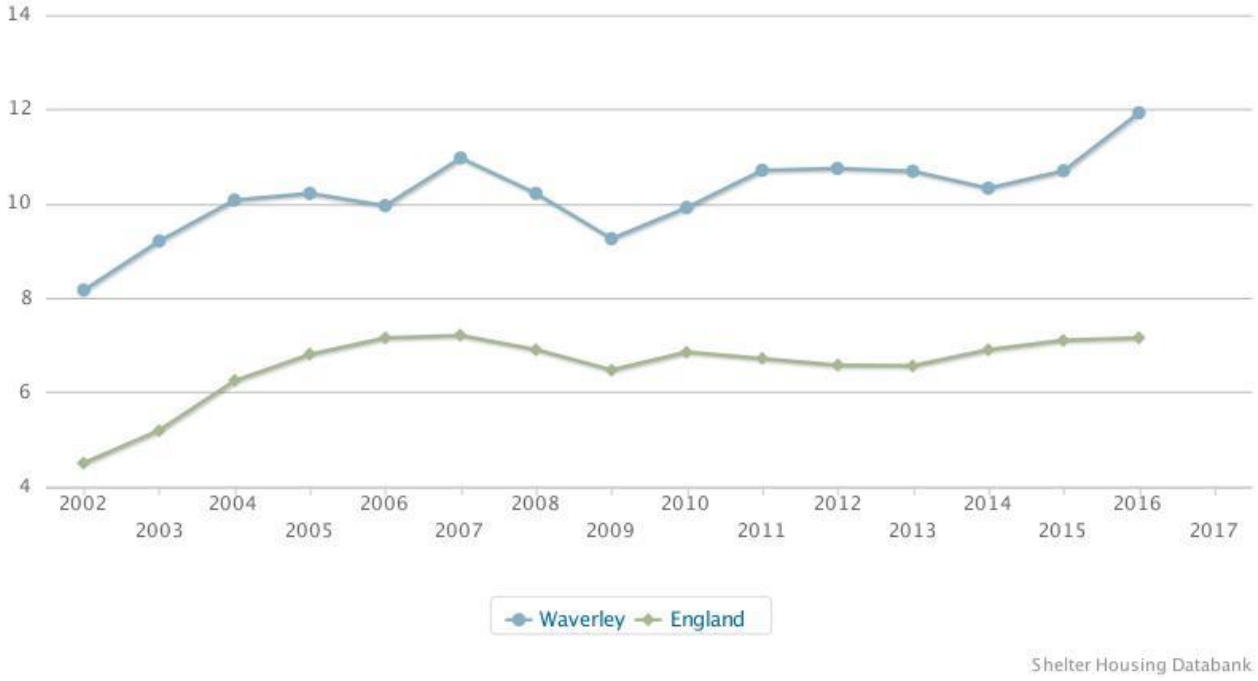


Figure 13: Median full time wages

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

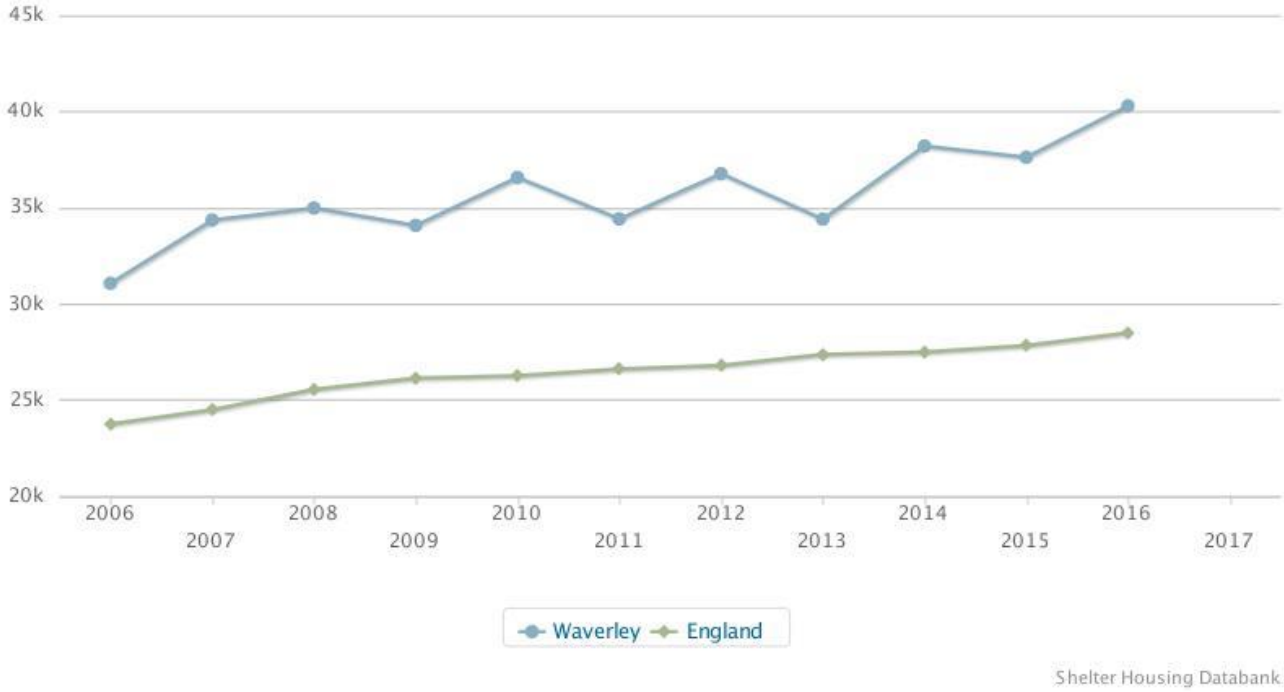
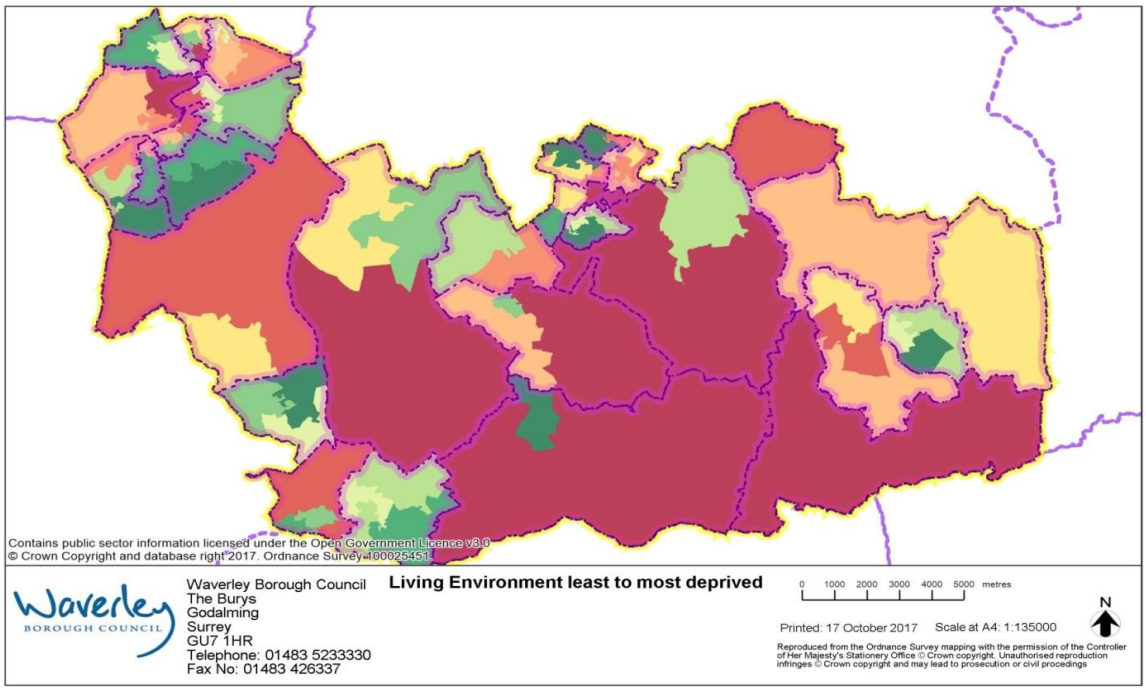


Figure 14: Living Environment IMD Domain (quality of local enviroment; housing, air quality and road traffic accidents) [75]



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

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 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 the 26 June 2018 Community Wellbeing Overview and Scrutiny version 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

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.

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

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 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 that

[77] * names have been changed

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 more likely he/she will engage in these high-risk taking behaviours. The task group also heard from

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

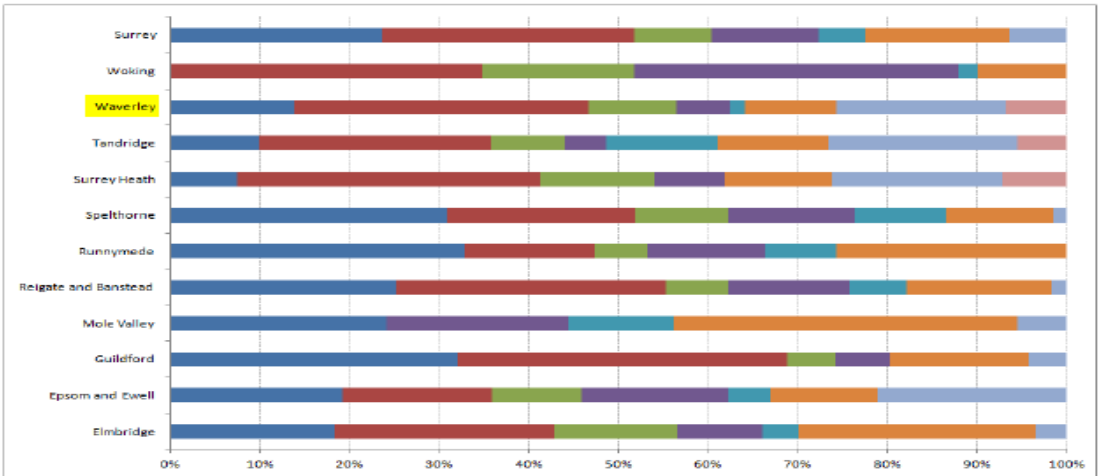
Public Health that close to half of the burden of illness in developed countries is associated with four main unhealthy behaviours: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity – but also that the drivers of these behaviours are linked to factors that drive 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)

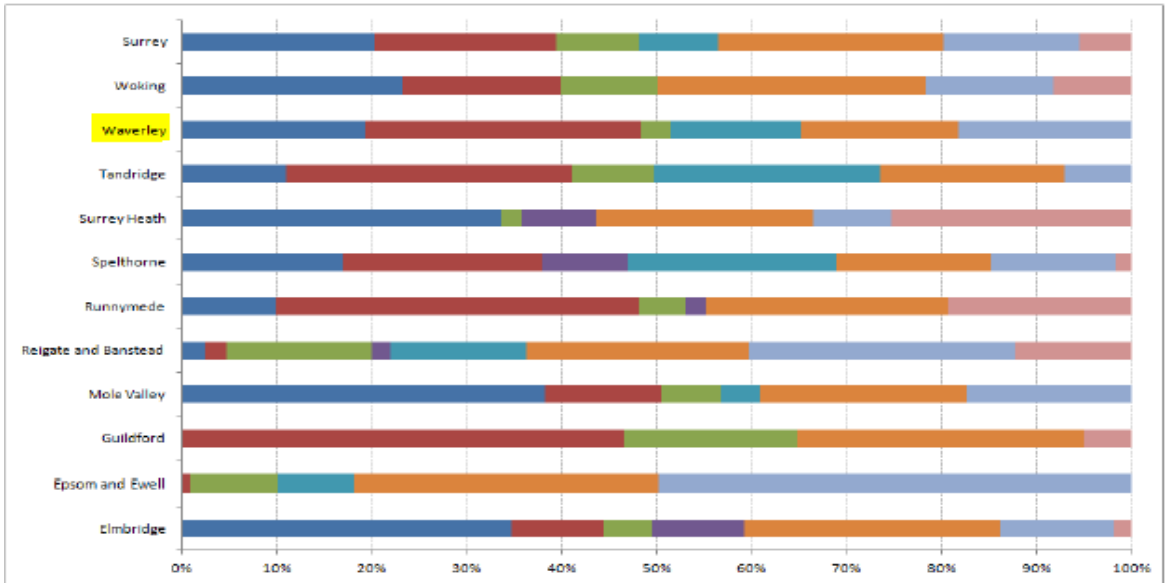


	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	Surrey
Cancer	18.8	19.2	32.1	24.1	25.1	32.8	30.9	7.4	9.9	18.0	0	23.5
Circulatory	24.5	16.6	36.7	0	30.2	14.4	21.1	33.9	25.8	32.8	34.8	28.2
Digestive	13.8	10	5.4	0	6.9	5.9	10.4	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	11.0	15.5	38.2	16.2	25.7	12	11.9	12.3	10.2	10	16
Other	3.4	21.2	4.2	5.6	1.7	0	1.5	19	21.1	18.9	0	6.4
<28days	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	0.5	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 cancer, particularly in women in the most deprived areas of the Borough.

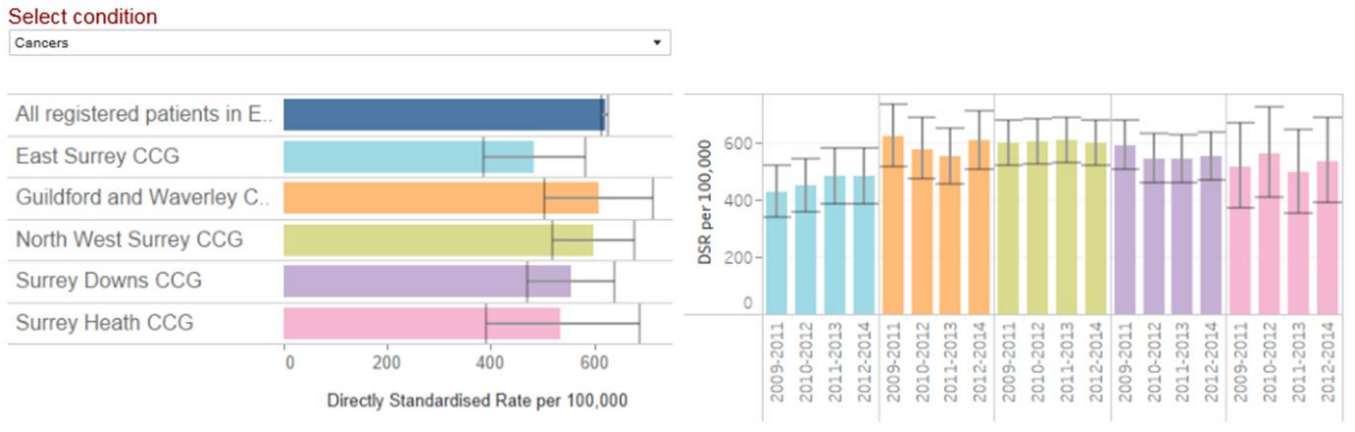
[84] GWCCG Health Profile 2015, p. 108
[85] Ibid., p. 108
[86] Ibid., p. 108
[87] Ibid., p. 108
[88] Ibid., p. 108

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 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.

[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

3.101 Data provided by Catalyst to aid this scrutiny review can be found in Appendix K of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report. 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.

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

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

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 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*

[96] Estimate smoking prevalence by ward – Mosaic 2016. See appendix M of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report..
[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.

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 the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

3.114 . 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 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]

3.115 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.

[99] See appendix N of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report..

3.116 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]

3.117 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.

3.118 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.)

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

3.119 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.

3.120 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

[100] Data extracted can be found in appendix O of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report. This data also includes information for children in Year 6 aged 10-11.
[101] See appendix P of the 26 June 2018 Community Wellbeing Overview and Scrutiny version 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 of the 26 June 2018 **Community Wellbeing** Overview and Scrutiny version of this report respectively.
[103] See appendix N of the 26 June 2018 **Community Wellbeing** Overview and Scrutiny version 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
[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.

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]

3.121 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'.

3.122 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.

3.123 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.

3.124 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.

3.125 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 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.

3.126 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

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

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.

3.127 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;

3.128 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.

3.129 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.

ACCESS TO PRIMARY CARE

3.130 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 the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

3.131 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report 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?*

3.132 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

3.133 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?*

3.134 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]

3.135 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.).

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?*

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

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

3.137 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?*

3.138 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.

3.139 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.

3.140 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

3.141 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.

3.142 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.

3.143 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.

3.144 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.

3.145 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.

116

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

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.

3.146 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.

3.147 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 the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

3.148 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.

3.149 Appendix S of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report.

3.150 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]

3.151 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

3.152 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 of the 26 June 2018 Community Wellbeing Overview and Scrutiny version of this report 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.

3.153 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.

3.154 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

3.155 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

[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'.

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.

3.156 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.

3.157 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.

3.158 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]

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

[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
[123] http://www.bbc.co.uk/news/health-43640575
[124] http://www.bbc.co.uk/news/health-43738644

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 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

[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
[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. 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

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

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]

[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/

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]

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

[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
[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

8. Appendix

SCOPING REPORT

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 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

[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?
[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.

	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] **Terms of reference** **Desired outcomes** 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. **Objectives for the review** • 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 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

[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.

	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 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

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

	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** **<u>Local economy and environment</u>** 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
- Local CCG's
- Healthwatch Surrey

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

	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