

# **Waverley Borough Council Scrutiny Review**

## **Factors Affecting Health Inequalities in Waverley**

### **A Review Report of the Community Wellbeing Overview & Scrutiny Committee**

**June 2018**

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## **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,<sup>1</sup> but they are not currently formally part of the funding stream for public health funding.
- 2.2 The evidence pointed to no one particular reason for the disparity in life expectancy, but there are a number of factors which may be contributing.

<sup>1</sup> Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

- 2.3 Overall Waverley is a healthy Borough. However, relative to Surrey as a whole, some areas in the Borough do face relatively high levels of deprivation. It is well known that health inequalities are unequally distributed among local populations and that there is a social gradient between deprivation and life expectancy. This is due to the clustering of high risk-taking behaviours, such as smoking, alcohol consumption, poor diet and low levels of physical activity, and that these risk taking behaviours are differentially associated with income, educational attainment, and social class. Underlying social, economic and environmental factors can affect a person's health and mental wellbeing, such as employment, education, housing, community and neighbourhood characteristics and access to health care services. In addition poor mental health contributes to and is a consequence of wider health inequalities and is also associated with increased health-risk behaviours.
- 2.4 Proportionally Waverley has one of the highest and fastest growing populations of over 65s and 85s in Surrey and there are increased numbers of residents with and at risk from neurological conditions such as stroke and dementia. Waverley is the highest Surrey District in terms of those aged 65+ predicted to have depression and fourth highest in terms of those aged 18-64 years who are predicted to have a common mental health issue. An ageing population also means that social isolation and the risk of dementia will continue to be a growing concern for the Council and partners. For this reason further work on creating 'dementia friendly towns' is recommended.
- 2.5 Key health priority issues for the borough are older people's health and well being and mental wellbeing and alcohol misuse. In addition it is recommended that further work is carried out on topics such as loneliness, economic wellbeing/financial inclusion, clustering of unhealthy behaviours that lead to health inequalities (smoking, diet, physical activity and alcohol consumption) and the provision of mental health services in the Borough.

### **Local Economy and Environment**

- 2.6 Planning Policy has a significant influence over the built and natural environment, e.g. in neighbourhood design, housing, healthier food access, the natural and sustainable environment and transport infrastructure. Planning Policy can improve healthy life expectancy of the local population by focusing on three strategic areas:
- Improve Air Quality
  - Promoting Healthy Weight
  - Improving Older People's Health
- 2.7 Planning policy and the place-shaping agenda can improve older people's health and wellbeing by supporting towns and communities to be dementia friendly.
- 2.8 There has not been sufficient input into Planning Policy Documents from Clinical Commissioning Groups nor Public Health and there is value in Planning Policy being monitored against the Public Health Outcomes Framework to help inform health related policies in future planning documents.

- 2.9 Income deprivation is consistently and systematically linked with life expectancy and healthy life expectancy. Children growing up in income deprived households experience a wide range of health-damaging impacts, negative educational outcomes and adverse long-term social and psychological outcomes. The poor health associated with child poverty limits children's potential and development, leading to poor health and life chances in adulthood.
- 2.10 A mix between social and private developer housing is beneficial to reduce clusters of deprivation in Lower Super Output Areas. In addition the housing number requirements per annum as set out in the Local Plan Part 1 should be balanced by securing future employment sites in the Borough to provide a place of local employment.
- 2.11 Barriers such as stigma around mental health, poor transport infrastructure and social isolation may be contributing factors for a higher prevalence of mental health problems in the Borough.<sup>2</sup> 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.<sup>3</sup>
- 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.<sup>4</sup>
- 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.<sup>5</sup>
- 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**

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<sup>2</sup> See 4.136 of this report under 'Access to Primary Care'.

<sup>3</sup> <https://www.surreyi.gov.uk/DrillDownProfile.aspx?rt=8&rid=716&pid=38>

<sup>4</sup> [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0005/1364063/Housing\\_and\\_mental\\_health\\_-\\_detailed\\_report.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0005/1364063/Housing_and_mental_health_-_detailed_report.pdf)

<sup>5</sup> Local action on health inequalities: Fuel poverty and cold home-related health problems, Public Health England, UCL Institute of Health Equity, p. 5.



- 2.15 Unhealthy lifestyle behaviours, e.g. excessive consumption of alcohol, poor diet, smoking and low levels of physical activity, are responsible for up to half of the burden of poor health.<sup>6</sup> 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.<sup>7</sup>
- 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.<sup>8</sup> 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.<sup>9</sup>
- 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.<sup>10</sup> In addition the Potential Years of Life Lost (PYLL) due to cancer may also be a significant factor driving this statistic.<sup>11</sup>
- 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.<sup>12</sup> Consistent levels of childhood obesity in recent years has normalised an unhealthy weight.<sup>13</sup> 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%).<sup>14</sup>
- 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.<sup>15</sup>

## Access to Primary Care

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<sup>6</sup> [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf), p. 2

<sup>7</sup> Ibid.

<sup>8</sup> Professional in this instance is defined as a profession which requires special training or qualifications.

<sup>9</sup> [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf)

<sup>10</sup> Data from Guildford and Waverley Clinical Commissioning Group (GWCCG) Health Profile 2015, p. 107.

<sup>11</sup> Ibid., p. 6.

<sup>12</sup> <https://www.theguardian.com/society/2016/dec/14/parents-children-overweight-survey-obesity>

<sup>13</sup> <https://www.sciencedaily.com/releases/2014/11/141111133602.htm>

<sup>14</sup> See appendix N of this report.

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

- 2.21 Social isolation in the Borough may be driving poorer mental health but there remains a stigma attached to asking for help. Loneliness and social isolation are complex conditions which have remained relatively under-researched until recently. Where research has been conducted, it has almost exclusively focused on the prevalence of the conditions on older demographics, and has largely ignored the development of the conditions amongst younger people. Evidence suggests that social isolation and loneliness exists in the Borough, exacerbated by the rural character of the area. Challenges exist in terms of identifying residents and the stigma around people asking for support.
- 2.22 GPs have a critical role in addressing health inequalities in reducing them, but barriers to accessing the service for people with disabilities, including hearing impairment, aphasia and dementia were preventing this.
- 2.23 Evidence suggests that the demand to GPs has been fairly stable over the past five years locally, but there is considerable variation in the type of access to GP appointments online between local GP surgeries.
- 2.24 The group heard anecdotal feedback from both the Guildford and Waverley Clinical Commissioning Group (GWCCG) and the North East Hampshire and Farnham Clinical Commissioning Group that there has been a rise in the number of patients visiting their GP about poor mental wellbeing, but the reason for this remains vague. One possible explanation may be more people are now seeing their GP about their mental health.
- 2.25 There is also anecdotal evidence that suggests patients are seeing their doctor regarding social issues to do with the wider determinants of health e.g housing advice and debt advice.
- 2.26 Suicide rates (2014-2016) in Waverley are similar to Surrey (8.4 compared to 8.5), but across the County there has been a peak in suicides in middle-aged men.<sup>16</sup> 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.<sup>17</sup> For comparison, the England directly standardised rate for Emergency Hospital Admissions for Intentional Self Harm is 185.3 per 100,000.<sup>18</sup> This figure is higher among women than men, yet self-harm is largely unreported as many people will not seek help or support.

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<sup>16</sup> 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>

<sup>17</sup> 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>

<sup>18</sup> 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. <a href="http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf">http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000216.pdf</a>	Corporate Policy Manager	December 2018
ii	Officers to proactively engage with external health partners by participating in meaningful meetings hosted by bodies such as the Clinical Commissioning Groups and Sustainability and Transformation Partnerships, including participating in the Surrey Health and Wellbeing Board 'Health Leads' Group; and to report back and fully brief the Portfolio Holder for Health, Wellbeing and Culture.	Head of Communities and Major Projects	On-going
iii	Ensure that all data that reflects the health and wellbeing of Waverley residents is routinely reported to the appropriate Officers and Members.	Corporate Policy Manager	On-going
iv	Ensure officers and Members are informed about the National and Local Health Arrangements and the on-going organisational change of the NHS; and understand what the implications are for Waverley residents.	Corporate Policy Manager	On-going
v	Monitor and scrutinise the new shadow working arrangements that will be put in place later this year following the Surrey Health Devolution deal for integrating health and social care due in April 2018, with particular attention to the impacts to health services used by residents within Waverley.	Head of Communities and Major Projects	April – December 2018
vi	Ensure all new frontline staff and voluntary and community groups who receive funding from the Council, and Leisure Centre reception staff are aware of mental health first aid training and 'making every contact count' (MECC) in order to signpost customers who show signs of deteriorating health.	HR Manager Learning and Development Officer	Include in each Induction session
vii	Review whether creating capacity within the workforce to support the delivery of broader health and wellbeing issues identified in this report should be made a priority.	Chief Executive	October 2018
viii	To present an annual synopsis (based on the local profiles developed for the Clinical Commissioning Group's and Sustainability and Transformation Partnerships by Surrey	Policy Scrutiny Officer for	Annually

	County Council Public Health) on the health of the Borough to both the Community Wellbeing Overview and Scrutiny Committee and to the Executive.	Community Wellbeing	
ix	Reflect on the findings of the scrutiny review and amend the Health and Wellbeing action plan as appropriate.	Head of Communities and Major Projects	September 2018
x	Work with Public Health to create specific actions in the Health and Wellbeing Strategy to address the health inequalities documented in the health inequalities scrutiny review report.	Head of Communities and Major Projects	October 2018
xi	Review the 2018/2019 Community Wellbeing O&S work programme to include key health priority issues for the borough including: <ul style="list-style-type: none"> <li>- older people's health and wellbeing (hip fractures and excess winter deaths)</li> <li>- mental wellbeing and alcohol misuse</li> </ul> and to explore the following topics such as: loneliness, economic wellbeing / financial inclusion, clustering of unhealthy behaviours that lead to health inequalities (smoking, diet, physical activity and alcohol consumption) and the provision of CAMHS in the Borough.	Policy Scrutiny Officer for Community Wellbeing	September 2018
xii	Develop Supplementary Planning Guidance which would address strategic priorities for health by working with Public Health to collect an evidence base;	Planning Policy Manager	March 2019
xiii	To include the recommended statements set out in section 4 of the Health Inequalities report either in policy wording or in the supporting text in the Development Management policies within Local Plan Part 2.	Planning Policy Manager	March 2019
xiv	Planning Policy Officers to be aware of the Public Health's Outcomes Framework (PHOF) and to assess the impact of planning policy on Health and Wellbeing outcomes with the assistance from Public Health Officers at Surrey County Council. To take into consideration the examples set out in table 1 and 2 of the Health Inequalities report.	Planning Policy Manager	March 2019
xv	Collect evidence on wider public health matters in time for the review of the Local Plan in 5 years time and monitor the indicators set out in Table 2 in the Health Inequalities report to gather data to inform the revision of the Local Plan.	Planning Policy Manager	Annually
xvi	To seek advice from the Surrey County Council Planning – Health Group on the prospect of working with Surrey County	Planning Policy Manager	December 2018

	Highway and Transport Officers and Town and Parish Councils to make existing towns 'dementia friendly'.		
xvii	Work with Surrey County Council Highway and Transport Officers on the placement of street signs in the ambition for Waverley's urban settlements to become Dementia Friendly; including street signage to sellers of fresh fruit and vegetables.	Planning Policy Manager	March 2019
xviii	Work to ensure partners have an understanding of the physical, sensory and neurological challenges experienced by people with dementia and take consideration for public spaces to be easily accessible and approachable; and easily navigable. E.g. public places and spaces should have: <ul style="list-style-type: none"> <li>- Wide enough pathways and even surfaces</li> <li>- Outside furniture and seating between locations</li> <li>- Appropriate signage, including colour coding for familiarity.</li> <li>- Available and accessible public toilets.</li> </ul>	Planning Policy Manager	On-going
xix	Include reference to all users in the policy, including the elderly, with reference in the supporting text to dementia friendly towns e.g. by ensuring that entrances are clear and accessible for older people and cross-reference to policy	Planning Policy Manager	March 2019
xx	Include clearly signposted street networks with destinations within x-x metres (5-10 minutes walk).	Planning Policy Manager	March 2019
xxi	For a cross reference to be added into the supporting text of the Local Plan Part 1 for new and improved footpaths.	Planning Policy Manager	August 2018
xxii	Work with the Benefits Team and Citizens Advice Waverley to promote the availability of budgetary advice with households at risk of cyclical homelessness.	Housing Needs Manager	November 2018
xxiii	Review the safeguarding pathways for referring vulnerable residents identified within the Borough by the WBC Housing teams, and others.	Head of Strategic Housing & Delivery	December 2018
xxiv	Appraise the value in setting Standards for Private Sector rented housing that go beyond the minimum legal standards for health and safety, gas, fire and electrical safety, to take into account housing conditions.	Private Sector Housing Manager	December 2018
xxv	Raise awareness of the Environmental Health guidance on Private Sector Housing Standards.	Private Sector Housing Manager	March 2019
xxvi	Explore the possibility of introducing a	Private Sector	March 2019



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

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