

Executive Report

Ward(s) affected: All

Report of: Director of Community Services

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Date: 27 June 2017

## **Guildford Health and Wellbeing Strategy Update**

### **Executive Summary**

This report sets out the outcomes of a review of the Guildford Health and Wellbeing Board's Health and Wellbeing Strategy (appendix 1).

The new strategy has been produced following consultation and has been presented to the Society, Environment, and Council Development Executive Advisory Board (EAB). It will run until 2022 and takes into account a review of the priorities and changes to NHS funding.

The main changes proposed are:

- combining the previous tobacco and alcohol misuse priority into a broader substance misuse priority which includes new psychoactive substances
- including mental health as a specific theme in the health inequalities priority
- including air quality in the road safety priority.

### **Recommendation to Executive**

That the Executive endorses the revised strategy and priorities.

#### Reason for Recommendation:

The Borough is key to the delivery of the Guildford Health and Wellbeing Board's Strategy and the Corporate Plan priorities recognise the importance of 'our society' and communities.

## **1. Purpose of Report**

- 1.1 The purpose of this report is to update the Executive on a review of the Health and wellbeing strategy. The review of the Strategy is an opportunity to:
- Review the priorities
  - Reflect on progress
  - Celebrate successes
- 1.2 The revised strategy will run from 2017 until 2022
- 1.3 The Executive is asked to support the Council's role in delivering the revised Strategy and the proposed changes.

## **2. Strategic Priorities**

- 2.1 The health and wellbeing of residents is a key theme across the Council's Corporate Plan.
- 2.2 Within that plan, the Our Society theme includes the following:
- Every person matters
  - Improving health and wellbeing
  - Improving provision for older people across the Borough and particularly in the town centre
  - Reducing social inequalities
- 2.3 The strategy sets out the priorities of the Guildford Health and Wellbeing Board. This is a multi-agency board which works together to set the health and wellbeing priorities for Guildford. These are based on the Surrey Health and Wellbeing Strategy, the Joint Strategic Needs Assessment (JSNA) and by identifying local priorities. Reducing inequalities and improving health and wellbeing across the borough are key priorities of the strategy and the partners on the board.

## **3. Background**

- 3.1 Guildford's first health and wellbeing strategy was set by the Guildford Health and Wellbeing Board in 2015 and runs until 2017. A review of the strategy has been undertaken following a public meeting of the Health and Wellbeing Board in 2016.
- 3.2 The Board consider that, in general, the priorities remain current and in line with those of the Surrey Health and Wellbeing Board but there are a number of emerging issues and these are reflected in the revised strategy. These include:
- Air quality
  - The use of new psychoactive substances (legal highs)
  - Mental health awareness
- 3.3 The way that health services are funded is also changing and this will present opportunities and challenges for us.
- 3.4 The review of the strategy also gave the Board an opportunity to reflect on progress and to celebrate success.

- 3.5 It is important to remember that the strategy is that of the Guildford Health and Wellbeing Board. The board is a partnership with representation from:
- Guildford Borough Council
  - Guildford and Waverley and Surrey Heath Clinical Commissioning Group
  - Surrey County Council
  - Voluntary Sector
- 3.6 Each of the partners contributes to the strategy and addressing the priorities but the Council has a key role to play in the board and improving the health and wellbeing in the Borough. This is recognised in the Corporate Plan.
- 3.7 By working with the Board we seek to:
- Influence nationally
  - Work with partners on cross cutting issues
  - Act locally
  - Facilitate change by:
    - Policy
    - Example
    - Design
    - Environment

#### **4. Context**

- 4.1 There have also been significant changes in health service delivery including:
- The introduction of Sustainability and Transformation Plans (STPs)
  - Increasing demands on budgets and resources
  - Moves towards integration of health and social care services
- 4.2 Guildford Borough is covered by two of three STPs that cover Surrey. They are:
- Surrey Heartlands
  - Frimley Health
- 4.3 The plans are for five years and are place based. With the objective, it brings together organisations that commission and provide NHS services to plan and develop services and solutions together. This is an NHS led planning process but local authority involvement is crucial, particularly Social and Community Care Services.
- 4.4 Prevention is a key theme of the Board, and is also one of the strategic objectives of the STPs. It will become increasingly important as the cost of services and the demand for those services goes up. We also face an ageing population. The STP plans include:
- Preventing the increase in Child and Adult obesity
  - Empowering citizens to remain independent in their own homes
  - Improve the health of working people through the development of workplace health and wellbeing programmes

## **5. Priorities**

5.1 The priorities have been reviewed to reflect the feedback from the public meeting and the emerging issues identified. The revised priorities are:

- Health inequalities and community wellbeing
- Health and wellbeing at work
- Physical Activity
- Road Safety and Air Quality
- Substances misuse

5.2 The substance misuse priority combines the previous smoking and alcohol priorities and includes new psychoactive substances and the high impact complex drinkers project.

5.3 Mental health is an emerging issue and is now included as a specific theme within the inequalities priority.

5.4 The Road Safety priority has been expanded to include air quality because transport is the major contributor to poor air quality in the Borough.

## **6. Monitoring progress**

6.1 Action plans have been devised for each of the priorities and the Board monitors the delivery of these.

6.2 The Board is carrying out an ongoing review of each of the action plans and the way these are presented in order to make them clearer and to celebrate success. The action plan for the inequalities priority is set out in Appendix 2 as an example.

6.3 Examples of success include:

- Get active 50+, a Surrey wide project with funding from the local authority and Sport England aimed at increasing physical activity in the over 50s. Guildford Borough has been a key partner in the project and has delivered each of the activities offered.
- Guildford First, a group set up to reduce stigma associated with mental health issues and to improve access to services. The group has successfully brought people including business and services together and is delivering a program of mental health first aid courses.
- The implementation of the Psychoactive Substances Act 2016. The Act made the sale and supply of psychoactive substances illegal. The sale of legal highs from the two known shops in Guildford ceased including the anti-social behaviour outside the shops. The group continues to monitor.
- The town has maintained its Purple Flag status. Purple flag is an accreditation process for towns and cities that meet or surpass the standards of excellence in managing the evening and night-time economy. It is a positive initiative that indicates an entertaining, diverse and safe night out.

- Adoption of the high impact complex drinkers pilot. The project was piloted in Guildford and has now been adopted by Surrey.
- The Safe Haven, the safe haven in Guildford offers a drop-in service for anyone experiencing a mental health crisis or their carers. The safe haven in Guildford is operated by Oakleaf in Walnut Tree Close.
- Workplace Wellbeing Charter. Guildford Borough Council has qualified assessors and is working as part of a Surrey Group to promote the Charter.
- Project Aspire. The Board and its members have supported a number of Aspire projects including the Ash Family Fun day.

## **7. Consultations**

- 7.1 A workshop was held at the Voluntary Action South West Surrey Inspire Conference on 4 April 2017. The workshop was attended by approximately 50 people. The workshops focused on the priorities, how they can be addressed and the barriers we face. Feedback has been used to inform the priorities in the Strategy.

## **8. Executive Advisory Board comment**

- 8.1 The changes to the strategy and the priorities were presented at the Society, Environment, and Council Development EAB on 23 February 2017.
- 8.2 The EAB commented on the proposed shift from acute hospital care with agencies working together to improve community care services and the crucial role of the Borough Council in this.
- 8.3 The EAB also requested further details about the successes of the health and wellbeing board and these are included in this report.
- 8.4 The EAB felt that it was important to recognise the importance of carers in the Strategy, and this will be addressed in the action plans for each of the themes.

## **9. Equality and Diversity Implications**

- 9.1 The public sector equality duty, as set out in the Equality Act 2010 section 149 requires the Council when exercising its functions to have 'due regard' to the need to:
- (a) eliminate discrimination, harassment and victimisation,
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
  - (c) foster good relations between persons who share a relevant 'protected characteristic' and persons who do not share it. The 'protected characteristics' are age, disability, race (including ethnic or national origins, colour and nationality), religion or belief, sex, sexual orientation, pregnancy and maternity and gender reassignment. Marriage and civil partnership are

also protected characteristics for the purposes of the duty to eliminate discrimination.

- 9.2 The reduction of inequalities in health across the Borough is one of the fundamental themes within the Strategy.

## **10. Financial Implications**

- 10.1 There are no direct financial implications as a result of this report. It is expected that the Council and its partners will deliver the proposed action plans within existing budgets.

## **11. Legal Implications**

- 11.1 The *Health and Social Care Act 2012* places a statutory requirement on upper-tier and unitary local authorities in England to establish a health and wellbeing board. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modify certain legislation as it applies to health and wellbeing boards and disapplies certain legislation in relation to the boards.
- 11.2 The Surrey Health and Wellbeing Board is treated as if it was a committee appointed under the *Local Government Act 1972 section 102*.
- 11.3 *The Local Government and Public Involvement in Health Act 2007* imposes a duty on health and wellbeing boards to involve district and borough councils in the development of Joint Strategic Needs Assessments. The legislation does not specify district or borough council involvement in developing Joint Health and Wellbeing Strategies, but it is in keeping with the spirit of the legislation and of a broad and inclusive approach to health improvement and to tackling health inequalities that districts and boroughs should be included in Joint Health and Wellbeing Strategies and in the work of boards in general.
- 11.4 The Guildford Health and Wellbeing Board aims to contribute to the aims of the Surrey Board through the Strategy and the associated action plans.
- 11.5 The *Crime and Disorder Act 1998 section 17* imposes a duty on the Council to consider in all its decision making the requirement to reduce crime and disorder. The reduction of crime and disorder associated with alcohol consumption is a key strand of the Action Plan.
- 11.6 The *Human Rights Act 1998* requires not only that the Council shall not infringe the convention rights but also (by inference) the Council is required to promote the convention rights in its decision-making.

## **12. Human Resource Implications**

- 12.1 There are no Human Resource implications.

### **13. Conclusion**

13.1 This report seeks to:

- raise awareness of the strategy and the review of the priorities.
- celebrate some of the successes of the board

13.2 The Borough is a key partner in delivering the priorities and endorsement of the revised strategy and priorities is important in taking these forward.

### **14. Background Papers**

- Guildford Borough Council Corporate Plan  
<https://www.guildford.gov.uk/corporateplan>
- Surrey Health and Wellbeing Strategy  
<http://www.healthysurrey.org.uk/about-us/health-and-wellbeing-strategy/%20>
- Surrey Joint Strategic Needs Assessment  
<http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=36&cookieCheck=true>
- Society, Environment, and Council Development Executive Advisory Board minutes 23 February 2017  
<http://www2.guildford.gov.uk/councilmeetings/documents/g450/Printed%20minutes%2023rd-Feb-2017%2019.00%20Society%20Environment%20and%20Council%20Development%20Executive%20Adviso.pdf?T=1>

### **15. Appendices**

Appendix 1: Revised Health and Wellbeing Strategy

Appendix 2: Health Inequalities and Community Wellbeing

Appendix 1

Guildford Health and Wellbeing Board – Health and Wellbeing Strategy 2017-2022



# Health and Wellbeing Strategy

Guildford Health and Wellbeing Board  
2017-2022



Guildford Health and Wellbeing Board is a partnership with representation from Guildford Borough Council, Guildford and Waverley and Surrey Health Clinical Commissioning Groups, Surrey County Council, and local voluntary groups. The Board is chaired by John Martin and supported by Guildford Borough staff. Other partners support the work of the Board through participation in delivering the Health and Wellbeing Strategy.

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- Appendix 3 – Life expectancy male and female by borough
- Appendix 4 – Percentage of physically active adults in Guildford Borough
- Appendix 5 – Smoking related deaths in Guildford Borough
- Appendix 6 – Smoking prevalence in Guildford Borough
- Appendix 7 – Smoking prevalence by ward
- Appendix 8 – Excess winter deaths
- Appendix 9 – Hospital stays for alcohol related harm
- Appendix 10 – Closing the Gap – our key priorities

# 1. Introduction

This is the second Public Health and Wellbeing Strategy of the Guildford Health and Wellbeing Board. It reflects the changes to the way public health is delivered.

This strategy and the associated action plans also celebrate the good work being undertaken by the board and its partners.

As well as contributing to delivering Surrey priorities, the strategy sets local priorities which focus on what we can do better together and will benefit all. It also identifies how partners will work together to co-ordinate to deliver a work plan for 2017-2022 through joint action plans.

The Board consists of representatives from:

- Guildford and Waverley and Surrey Heath Clinical Commissioning Groups
- Guildford Borough Council
- Surrey County Council
- Voluntary sector organisations

The Board recognises that improving public health and wellbeing and reducing inequalities is a shared responsibility.

The strategy should not be read in isolation as it feeds into a number of other strategies across all the partner organisations.

# 2. Principles

The Board sets the direction by identifying its priorities. These priorities will be translated into a deliverable action plan and monitored by new or existing groups with some areas being led by specific partners and some lead by the board as a whole.

We aim to:

- 1. Support people to take responsibility for their own health and wellbeing as much as possible**, including
  - eating well,
  - consuming alcohol in moderation,
  - not smoking or taking drugs, and
  - maintaining physical activity.
- 2. Provide a supportive environment in which local residents can look after their own health and wellbeing**

3. **Reduce health inequalities through ensuring access to support and services, as well as targeting help to those with the worst health outcomes.**
4. **Work together to make the best use of our resources** – This includes staff and money, and working together to get more things done safely for more people and more quickly. This means that organisations have to change the way they work and focus more on maintaining good health and **preventing** ill health, as well as **treating** it.
5. **To ensure support and services that people get should be of the best possible quality, and should keep them safe from avoidable harm.**

### 3. Current Public Health Overview

Guildford is a great place to live, work and play, and the health of people in Guildford is generally better than the England average. To stay that way we need to join up the services that contribute to good health and staying fit with those that provide support and care when our health is not so good.

The data sets in the appendices show the position of Guildford compared to our CIPFA family group as these are the closest comparator local authorities. They also show data for Guildford compared to England over time which gives an indication of the relative trend for each.

Out of 32 national key health indicators, Guildford scores significantly better than the national average in 23 indicators (appendix 1 Local public health profiles). Only in relation to road injuries and deaths is it significantly worse (appendix 2 Killed and seriously injured on the road).

The predicted life expectancy for men appears to be improving with the gap between the highest and the lowest ward reducing to 4.1 with the gap remaining static for women (appendix 3 Life expectancy Male and Female by Borough).

The percentage of physically active adults has increased at a faster rate than we see nationally so this is a positive change (appendix 4 Percentage of physically active adults in Guildford Borough).

There is a mixed picture in relation to smoking. Smoking related deaths have fallen slightly since 2000, mirroring changes nationally; however, since 2007 this reduction has not been in line with the national trend (appendix 5 Smoking related deaths in Guildford Borough). Adult smoking prevalence reduced to below the 2013 level and it is important that we continue this trend (appendix 6 Smoking prevalence in Guildford Borough). These averages mask a significant difference in rates between wards (appendix 7 Smoking prevalence by ward). The Surrey Smokefree Alliance seek to make Surrey the County with the lowest smoking rate in the Country.

The board continues to monitor excess winter deaths (appendix 8 Excess winter deaths) and Hospital stays for alcohol related harm (appendix 9 Hospital stays for alcohol related harm)

## 4. Our priorities for 2017-2022

The local priorities were derived taking into consideration the Surrey Joint Strategic Needs Assessment, the local health profile and the priorities identified by Surrey's Joint Health and Wellbeing Strategy ([www.surreyi.gov.uk](http://www.surreyi.gov.uk)).

These are:

- Improving children's health and wellbeing
- Developing a preventative approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding the population

Partners in the Health and Wellbeing Board participated in a consultation workshop to reflect on local needs and the local priorities on April 2016. At the workshop, partners considered those areas that have the greatest influence on health, as identified by the World Health Organisation's global burden of disease research.

Through discussion, we identified that although the priorities remained current it was important that the priorities were revised to take account of emerging issues such as reducing the stigma associated with mental health issues and air quality:

- Air Quality
- Alcohol Misuse
- Health inequalities
- Lack of physical activity
- Mental Health and wellbeing
- Obesity
- Poor diet
- Road injuries and deaths
- Tobacco control

It is important to note that these are not mutually exclusive, actions to address one, being effective in other areas. We recognise that improving mental health and wellbeing is universal, for example increasing physical activity is likely to have a positive impact on obesity and mental health.

The Board recognise that we must focus our resources in order to achieve the biggest impact on public health and wellbeing. If we attempt to tackle all of the targets identified

our resources will not be sufficient to achieve a significant impact. We have therefore focused on two key themes:

- Preventing premature deaths
- Reducing inequalities in health

By addressing these, we aim to achieve a positive, measurable outcome for the benefit of the community. By involving businesses, for example through the Workplace Well-being Charter, can have a leveraging effect and enhance the effectiveness of actions to improve health.

Whilst we support all activity that contributes to improving public health, we recognise that we need to focus on key themes in order to target resource and to make a difference. For this reason, we decided that our priorities for the next five years will be:

#### Preventing Premature Death

- Health and wellbeing at work
- Physical Activity
- Road Safety and Air Quality
- Substance Misuse

#### Reducing inequalities in health

- Health inequalities with a focus on wards with poorest health outcomes including Stoke, Westborough and Ash Wharf

We will work with new or existing groups to develop action plans, decide how best to deliver the key objectives. These plans will focus on best practice, be outcome based to achieve the measures of change highlighted in Appendix 10.

## 6 Reviewing our priorities

The priorities will be reviewed annually and a report made to the Guildford Health and Wellbeing Board.

## 7 Reporting

Each organisation will have its own arrangements for reporting progress against the strategy, for example Guildford Borough Council will report to the Society, Environment, and Council Development Executive Advisory Board.

The strategy should not be read in isolation as there are other strategies and plans and groups which impact on the strategy including:

- Community grants voluntary grants panel
- Community plan
- Community safety wardens
- Family support
- Gypsy and traveller strategy
- Homelessness strategy
- Housing strategy
- Later life strategy
- Leisure strategy
- Licensing policy
- Local plan
- Play Strategy
- Physical activity strategy
- Safer Guildford Partnership

Partner organisations will have other related strategies or plans.

Appendix 1: Public health profile for Guildford





# Guildford

District

This profile was published on 6 September 2016

## Health Profile 2016

### Health in summary

The health of people in Guildford is generally better than the England average. Guildford is one of the 20% least deprived districts/unitary authorities in England, however about 10% (2,300) of children live in low income families. Life expectancy for both men and women is higher than the England average.

### Health inequalities

Life expectancy is 5.9 years lower for men and 4.2 years lower for women in the most deprived areas of Guildford than in the least deprived areas.

### Child health

In Year 6, 14.0% (160) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 40.8\*. This represents 12 stays per year. Levels of teenage pregnancy, GCSE attainment and smoking at time of delivery are better than the England average.

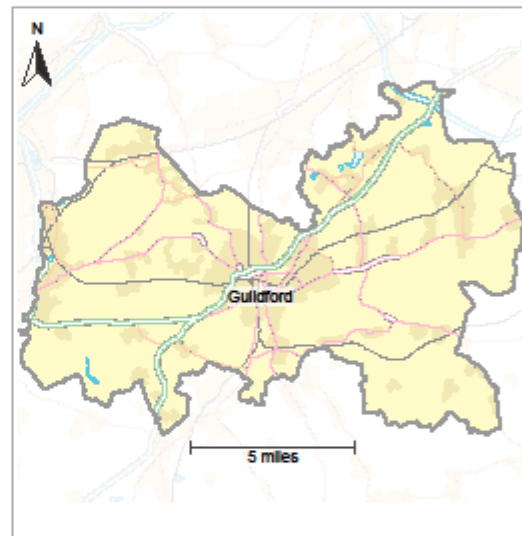
### Adult health

The rate of alcohol-related harm hospital stays is 528\*, better than the average for England. This represents 704 stays per year. The rate of self-harm hospital stays is 174.0\*. This represents 260 stays per year. The rate of smoking related deaths is 208\*, better than the average for England. This represents 153 deaths per year. Estimated levels of adult excess weight and physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. The rate of TB is better than average. Rates of violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

### Local priorities

Priorities in Guildford include physical activity, excess alcohol consumption, smoking, road traffic injuries, and mental health and wellbeing. For more information see [www.surrevi.gov.uk](http://www.surrevi.gov.uk) or [www.healthysurrev.org.uk](http://www.healthysurrev.org.uk)

\* rate per 100,000 population



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### Population: 143,000

Mid-2014 population estimate. Source: Office for National Statistics.

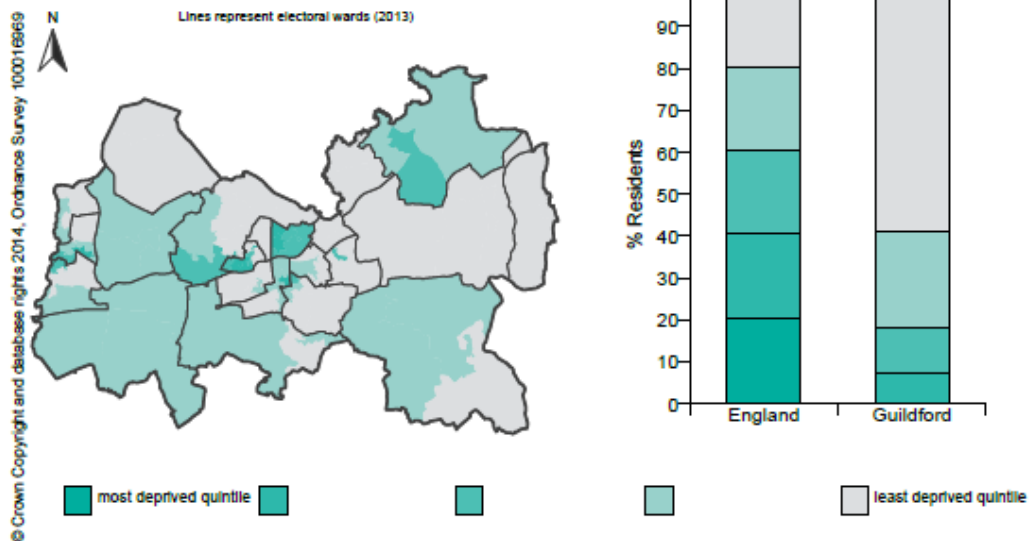
This profile gives a picture of people's health in Guildford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit [www.healthprofiles.info](http://www.healthprofiles.info) for more profiles, more information and interactive maps and tools.

Follow [@PHE\\_uk](https://twitter.com/PHE_uk) on Twitter

## Deprivation: a national view

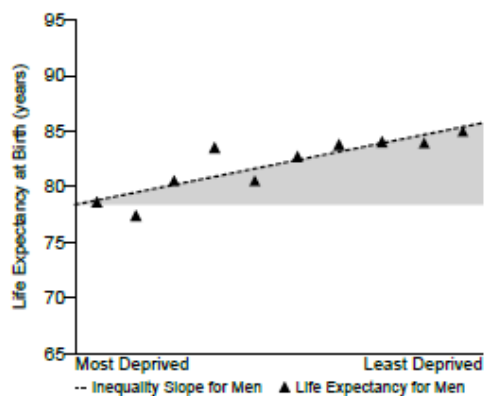
The map shows differences in deprivation levels in this area based on national quintiles (fifths) of the Index of Multiple Deprivation 2010 by Lower Super Output Area. The darkest coloured areas are some of the most deprived areas in England.



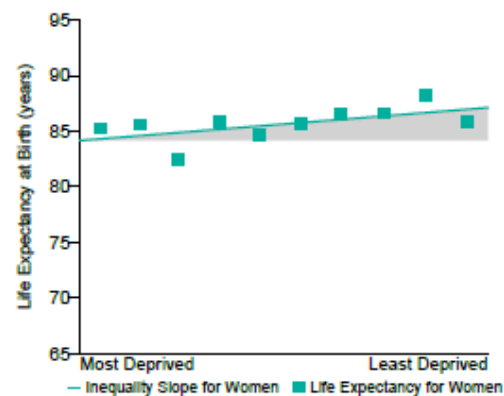
## Life Expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2010-2012. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life Expectancy Gap for Men: 7.3 years

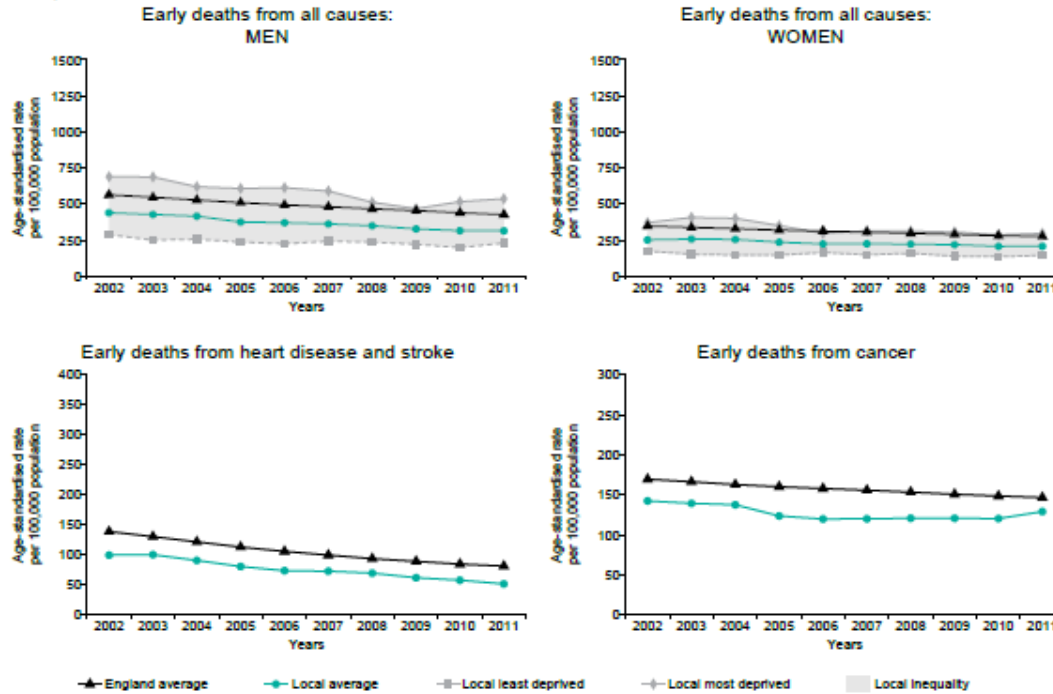


Life Expectancy Gap for Women: 3.0 years



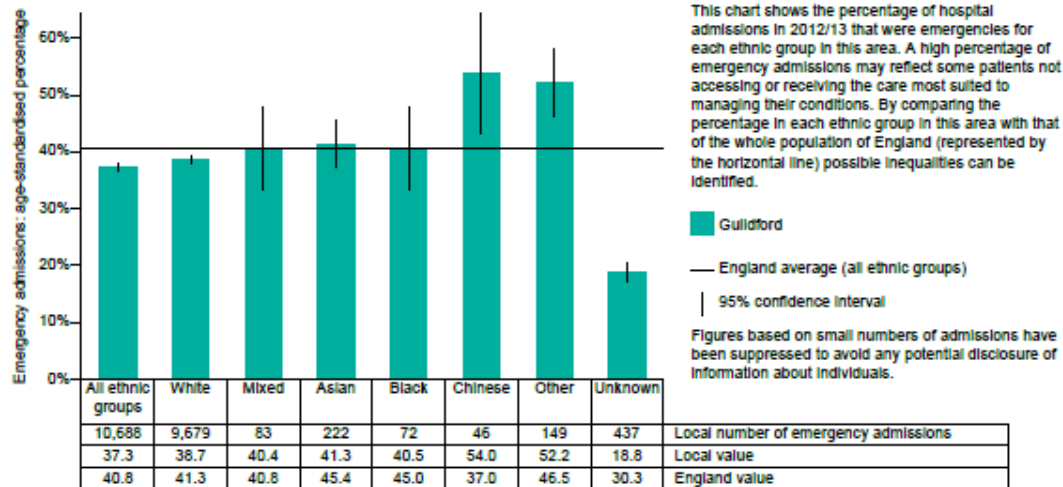
# Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



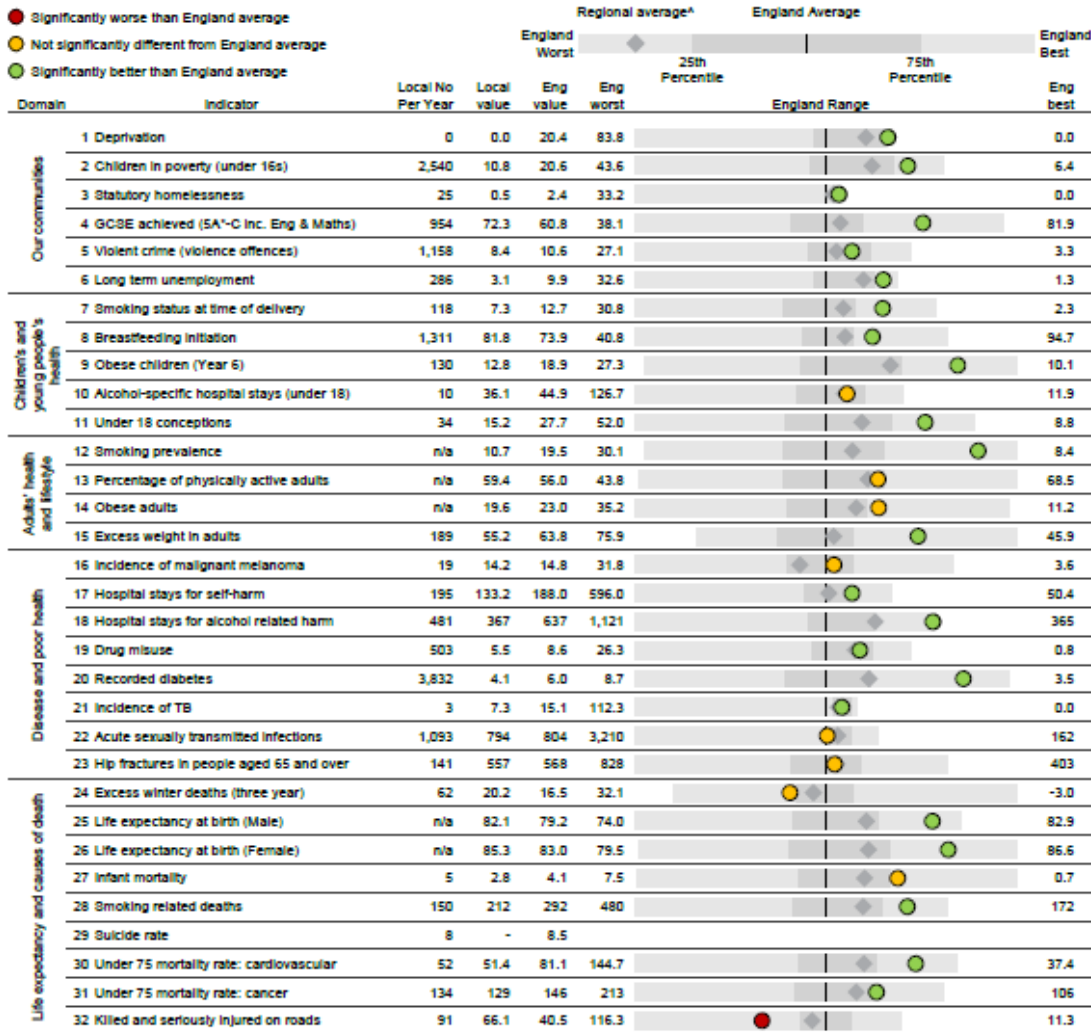
# Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group



# Health Summary for Guildford

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



**Indicator Notes**

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 \* "Regional" refers to the former government regions.

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info). Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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## Appendix 2: Killed and seriously injured on the road

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared \* a note is attached to the value, hover over to see more details

Recent trends: (in development) - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

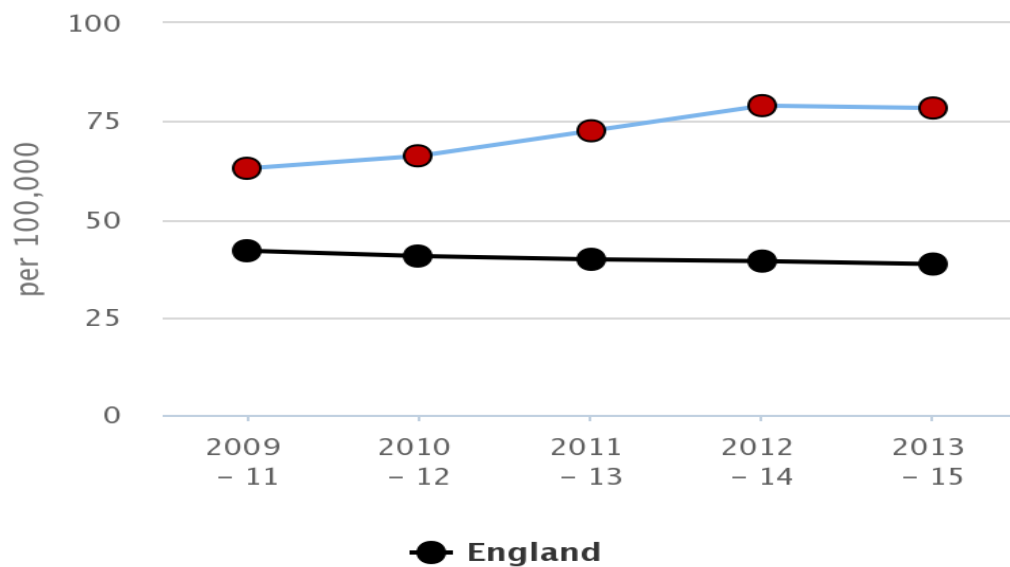
### Killed and seriously injured on roads 2013 - 15

Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	62,741	38.5	38.2	38.8
Guildford	-	-	336	78.3	70.2	87.2
Runnymede	-	1	172	67.8	58.0	78.7
Reigate and Banstead	-	2	197	45.9	39.7	52.8
Vale of White Horse	-	3	182	48.6	41.8	56.2
Wycombe	-	4	200	38.1	33.0	43.8
Woking	-	5	131	43.9	36.7	52.1
Spelthorne	-	6	145	49.3	41.6	58.0
Surrey Heath	-	7	134	51.0	42.8	60.4
Waverley	-	8	205	55.6	48.3	63.8
Winchester	-	9	278	77.7	68.9	87.4
Mole Valley	-	10	208	80.4	69.8	92.1
Epsom and Ewell	-	11	85	36.2	28.9	44.7
South Oxfordshire	-	12	231	56.2	49.2	63.9
Epping Forest	-	13	261	67.6	59.6	76.3
Elmbridge	-	14	184	46.2	39.8	53.4
Sevenoaks	-	15	208	58.9	51.1	67.4

Source: Department for Transport

### Killed and seriously injured on roads - Guildford



Appendix 3: Life expectancy male and female

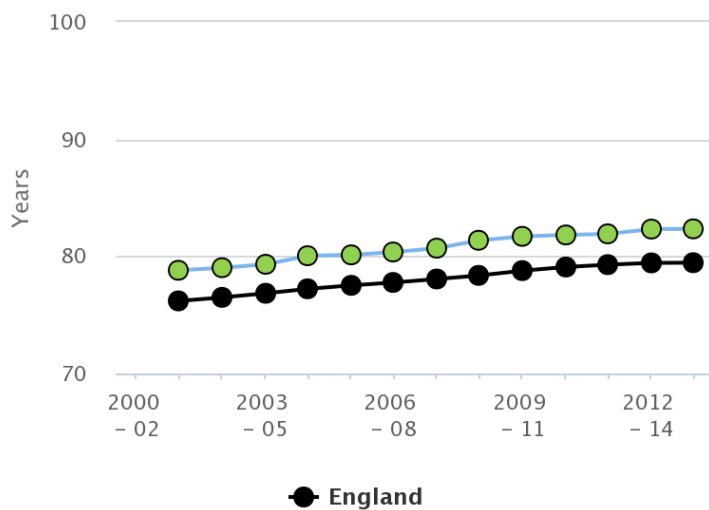
**Life expectancy at birth (Male)** 2013 - 15

Area	Recent Trend	Neighbour Rank	Count	Value
England	—	-	-	79.5
Guildford	—	-	-	82.3
Runnymede	—	1	-	81.3
Reigate and Banstead	—	2	-	80.5
Vale of White Horse	—	3	-	81.9
Wycombe	—	4	-	82.1
Woking	—	5	-	81.7
Spelthorne	—	6	-	80.3
Surrey Heath	—	7	-	81.5
Waverley	—	8	-	81.8
Winchester	—	9	-	81.6
Mole Valley	—	10	-	82.0
Epsom and Ewell	—	11	-	81.2
South Oxfordshire	—	12	-	81.8
Epping Forest	—	13	-	80.3
Elmbridge	—	14	-	82.3
Sevenoaks	—	15	-	81.7

Source:

<https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2013to2015>

Life expectancy at birth (Male) – Guildford



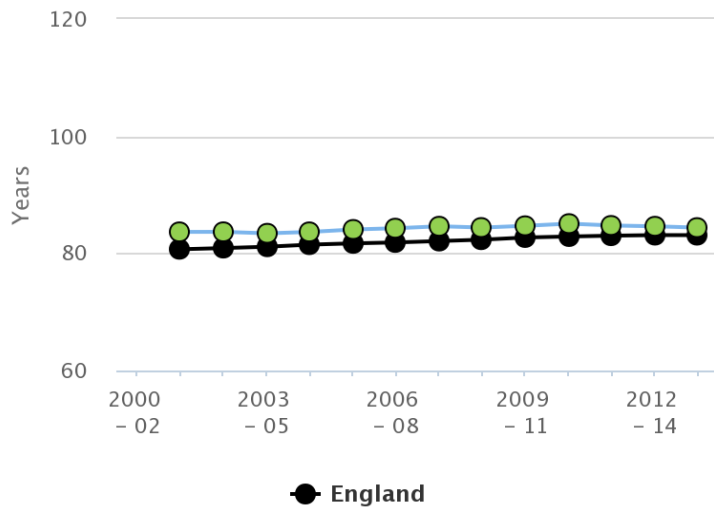
## Life expectancy at birth (Female) 2013 - 15

Area	Recent Trend	Neighbour Rank	Count	Value
England	—	-	-	83.1
Guildford	—	-	-	84.4
Runnymede	—	1	-	84.3
Reigate and Banstead	—	2	-	84.0
Vale of White Horse	—	3	-	84.7
Wycombe	—	4	-	84.9
Woking	—	5	-	84.3
Spelthorne	—	6	-	83.8
Surrey Heath	—	7	-	84.1
Waverley	—	8	-	84.8
Winchester	—	9	-	84.9
Mole Valley	—	10	-	84.7
Epsom and Ewell	—	11	-	85.5
South Oxfordshire	—	12	-	85.0
Epping Forest	—	13	-	83.8
Elmbridge	—	14	-	85.5
Sevenoaks	—	15	-	84.7

Source:

<https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2013to2015>

Life expectancy at birth (Female) - Guildford

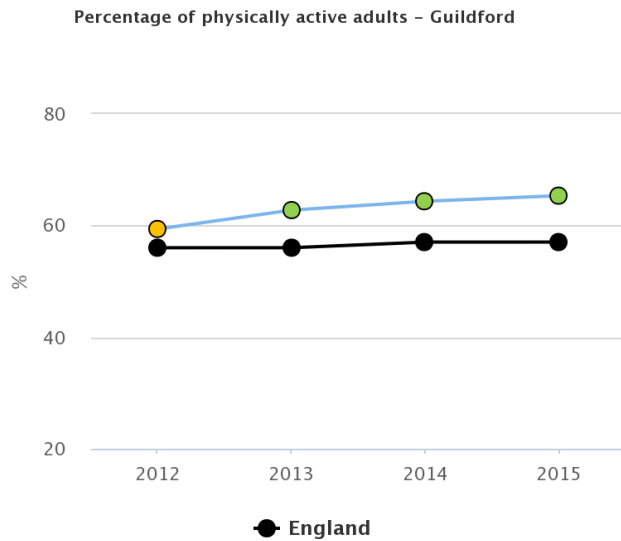


## Appendix 4: Percentage of physically active adults in Guildford Borough

**Percentage of physically active adults** 2015 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	57.0	56.8	57.3
Guildford	-	-	-	65.4	61.3	69.5
Runnymede	-	1	-	60.5	56.3	64.8
Reigate and Banstead	-	2	-	55.7	51.5	60.0
Vale of White Horse	-	3	-	61.8	57.6	66.0
Wycombe	-	4	-	62.8	58.7	67.0
Woking	-	5	-	61.6	57.4	65.8
Spelthorne	-	6	-	54.0	49.7	58.4
Surrey Heath	-	7	-	62.8	58.6	67.1
Waverley	-	8	-	69.4	65.4	73.3
Winchester	-	9	-	63.7	59.6	67.9
Mole Valley	-	10	-	61.9	57.7	66.1
Epsom and Ewell	-	11	-	61.7	57.5	65.9
South Oxfordshire	-	12	-	61.3	57.1	65.5
Epping Forest	-	13	-	60.5	56.3	64.7
Elmbridge	-	14	-	66.0	61.9	70.1
Sevenoaks	-	15	-	65.2	61.0	69.3

Source: Active People Survey, Sport England





## Appendix 5: Smoking related deaths in Guildford Borough

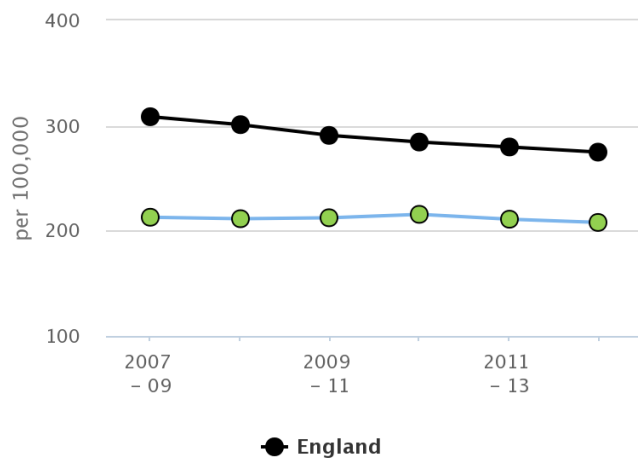
### Smoking related deaths 2012 - 14

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	238,374	274.8		273.7 275.9
Guildford	-	-	458	207.9		189.2 228.0
Runnymede	-	1	315	229.9		204.8 256.6
Reigate and Banstead	-	2	549	228.7		209.7 249.0
Vale of White Horse	-	3	443	199.9		181.6 219.5
Wycombe	-	4	502	185.6		169.6 202.6
Woking	-	5	305	197.4		175.5 220.8
Spelthorne	-	6	414	245.6		222.4 270.6
Surrey Heath	-	7	305	210.2		187.1 235.1
Waverley	-	8	465	187.9		171.0 206.0
Winchester	-	9	419	186.5		168.9 205.4
Mole Valley	-	10	369	205.5		184.7 227.5
Epsom and Ewell	-	11	248	194.2		170.4 219.8
South Oxfordshire	-	12	504	203.8		186.3 222.4
Epping Forest	-	13	606	262.6		242.0 284.6
Elmbridge	-	14	450	195.8		177.9 215.0
Sevenoaks	-	15	495	228.2		208.4 249.3

Source: ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey, relative risks from The Information Centre for Health and Social Care, Statistics on Smoking, England 2010.

Smoking related deaths - Guildford

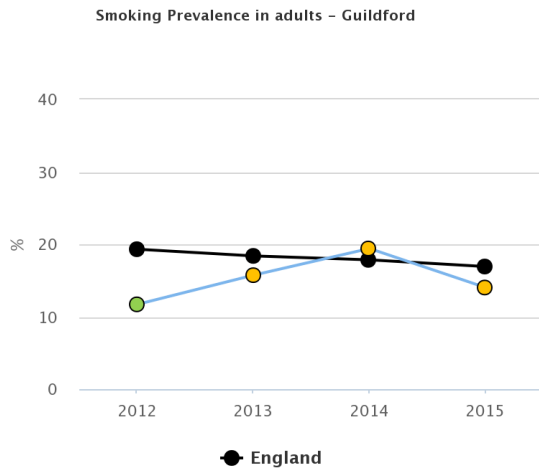


## Appendix 6: Smoking prevalence in Guildford Borough

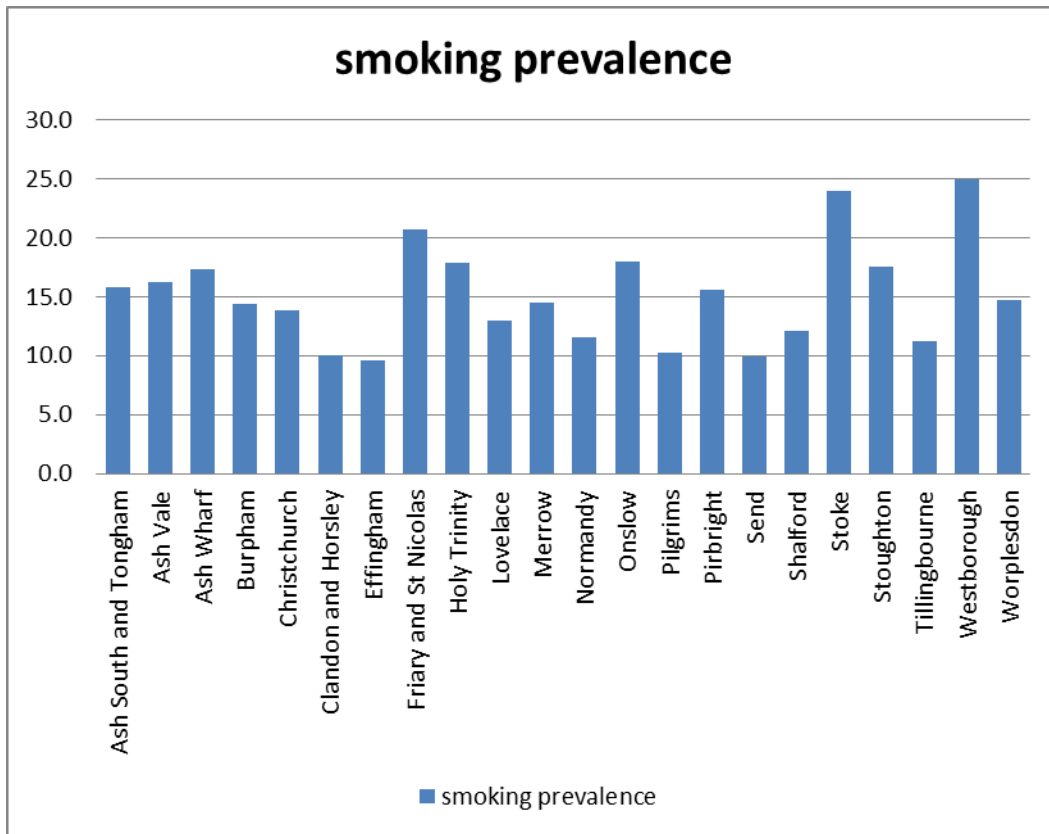
**Smoking Prevalence in adults** 2015 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	16.9	16.7	17.1
Guildford	-	-	-	14.0	9.4	18.6
Runnymede	-	1	-	11.1	6.2	16.1
Reigate and Banstead	-	2	-	15.2	10.5	19.8
Vale of White Horse	-	3	-	18.1	13.0	23.2
Wycombe	-	4	-	12.6	9.5	15.7
Woking	-	5	-	16.2	10.8	21.6
Spelthorne	-	6	-	15.2	9.9	20.6
Surrey Heath	-	7	-	12.7	7.7	17.8
Waverley	-	8	-	11.7	7.4	16.1
Winchester	-	9	-	11.2	6.5	15.8
Mole Valley	-	10	-	13.3	8.0	18.6
Epsom and Ewell	-	11	-	13.8	7.1	20.5
South Oxfordshire	-	12	-	9.5	6.0	13.1
Epping Forest	-	13	-	21.7	16.2	27.2
Elmbridge	-	14	-	12.9	8.7	17.2
Sevenoaks	-	15	-	15.6	9.9	21.3

Source: Annual Population Survey (APS)



Appendix 7: Smoking prevalence in by ward



\*Surrey smoking prevalence from PHE tobacco profiles and uses different methodology to ward estimates

Ward smoking prevalence estimates calculated from Mosaic population profiling data.

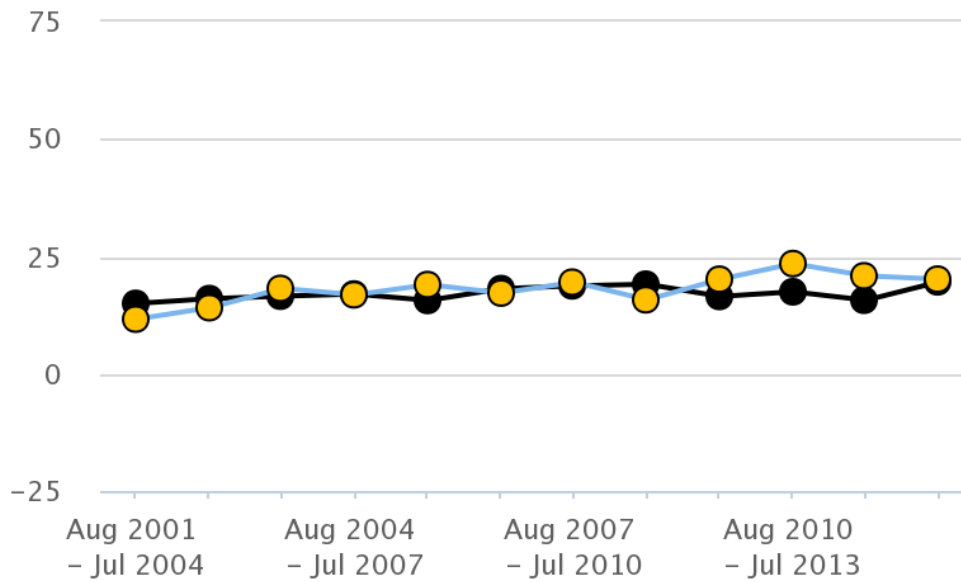
They are modelled estimates and should not be used for performance monitoring

## Appendix 8: Excess Winter deaths

Excess winter deaths					Aug 2012 - Jul 2015		Ratio	
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI		
England	-	-	87,401	19.6	19.2	20.0		
Guildford	-	-	197	20.1	11.7	29.1		
Runnymede	-	1	117	18.1	8.0	29.2		
Reigate and Banstead	-	2	284	23.0	15.4	31.2		
Vale of White Horse	-	3	117	11.4	3.6	19.7		
Wycombe	-	4	190	16.1	8.6	24.1		
Woking	-	5	112	15.6	6.1	25.9		
Spelthorne	-	6	148	17.8	8.9	27.5		
Surrey Heath	-	7	100	14.2	4.7	24.5		
Waverley	-	8	213	19.6	11.7	28.2		
Winchester	-	9	140	13.7	5.8	22.2		
Mole Valley	-	10	166	20.8	11.5	30.9		
Epsom and Ewell	-	11	90	15.7	5.2	27.4		
South Oxfordshire	-	12	265	24.3	16.2	33.1		
Epping Forest	-	13	286	24.7	16.8	33.1		
Elmbridge	-	14	193	19.0	10.8	27.8		
Sevenoaks	-	15	202	20.8	12.3	29.8		

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

### Excess winter deaths - Guildford



● England

## Appendix 9: Hospital stays for alcohol related harm

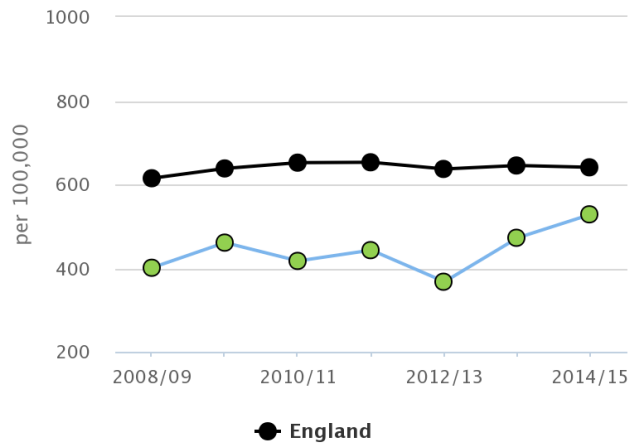
### Hospital stays for alcohol-related harm 2014/15

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	–	333,342	641	639	643
Guildford	–	–	704	528	490	569
Runnymede	–	1	356	449	403	499
Reigate and Banstead	–	2	727	529	491	569
Vale of White Horse	–	3	657	534	493	576
Wycombe	–	4	910	550	514	587
Woking	–	5	424	456	413	502
Spelthorne	–	6	567	592	544	643
Surrey Heath	–	7	436	512	465	563
Waverley	–	8	598	485	447	527
Winchester	–	9	528	447	409	487
Mole Valley	–	10	403	458	414	506
Epsom and Ewell	–	11	317	421	375	470
South Oxfordshire	–	12	713	525	487	565
Epping Forest	–	13	687	540	500	582
Elmbridge	–	14	494	400	365	438
Sevenoaks	–	15	516	439	401	479

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

### Hospital stays for alcohol-related harm – Guildford



## Appendix 10: Closing the gap

### Reducing premature death

#### 10.1 Health and Wellbeing at Work

##### The issue

While we are aware that the working population does not include the whole population sickness absence costs estimated £15 billion per year in the United Kingdom, including:

- Lost productivity/output
- Time spent on sickness absence management
- Healthcare costs

An estimated 1.8 million people suffered from an illness that they believed was caused, or made worse by, their current or past work, while 75% new work-related health problems are related to stress, depression and anxiety or musculoskeletal problems. Improving health and wellbeing at work, even in a limited number of local employers will contribute to better health outcomes for local people.

##### Desired Outcomes

To promote the Workplace Wellbeing Charter

<http://www.wellbeingcharter.org.uk/CubeCore/m/providers?provider=Health%40Work>

across the Borough and for 15 businesses in Guildford Borough to achieve the Workplace Wellbeing standard within five years

##### Headline milestones

- To create a project group to develop and deliver a project plan.
- To publicise with Guildford businesses and social enterprises the Workplace Wellbeing Charter which introduces a clear, easy to use wellbeing standard to:
  - Improve wellbeing and reduce absenteeism
  - Provide tools to measure and evaluate progress
  - Identify good practice
  - Show that workplace health and wellbeing is a worthwhile investment
- To achieve the health and wellbeing standard for Guildford Borough Council as an employer.
- To identify large employers in the town who willing to act as mentors to smaller companies.
- To create a support group for small and medium sized enterprises to help them achieve the standard, including developing tools for the BID members so that they are able to achieve the bid standards

##### Measuring the change

- Guildford Borough Council to achieve the Workplace Wellbeing Charter Standard as an employer.
- Improvement in health and wellbeing at Guildford Borough Council and reduced sickness absence
- number of organisation with the award
- number of organisations working towards the award

## 10.2 Physical Activity

### The issue

The public health profile shows that 65% of adults in the borough are achieving the recommended amount of daily physical activity while 35% of people were taking less than the recommended amount of physical exercise each week. There is strong evidence that low levels of physical activity and excessive sedentary activity are linked to poor physical and mental health.

Physical activity is the fourth leading risk for global mortality accounting for 6% of deaths globally. The estimated direct cost of physical activity to the NHS across the UK is over £1.6 billion per year. The Chief Medical Officer currently recommends that adults undertake 150 minutes of moderate activity per week. Achieving this can lower an individual's risk of coronary heart disease and stroke by up to 35% and decrease risk of depression by up to 30%. Increasing levels of physical activity can also decrease the risk of developing: obesity; type 2 diabetes; some cancers; osteoarthritis; dementia; and falls among older people.

### Desired Outcomes

- To increase the number of people achieving the recommended amount of physical activity (specific target to be set by the working group)
- To reduce the number of physically inactive adults (specific target to be set by the working group)
- To reduce the levels of childhood obesity (specific target to be set by the working group)
- To reduce social isolation (specific target to be set by the working group)

### Headline milestones

Building on the success of the existing joint physical activity group, the physical activity group will produce a plan to deliver project outcomes:

- Use existing mapping to identify areas of inequality of access
- Consider possible funding opportunities
- target:
  - inequalities
  - physically inactive adults
 by increasing the number of activities available to people locally through both organised sport and physical activities and changing the environment to encourage more physical activity

- feeding into the current Local Plan processes to maximise access and opportunities for physical activity

### **Measuring the change**

An action plan will be developed by the physical activity group.

The action plan will contribute to the Public Health Outcomes Framework (PHOF) indicators:

- Proportion of physically active and inactive adults
- Proportion of adults achieving the recommended amount of daily physical exercise
- utilisation of green space for exercise/health reasons

### 10.3 Road Safety and Air Quality

#### **The issue**

Guildford is a national outlier for number of people killed or seriously injured from Road Traffic Accidents, with 78 people per 1000,000 population killed between 2013-15 compared to the national average of 39.

Air Pollution is a significant public health issue. In Guildford, the key pollutants are specifically nitrogen dioxide (NO<sub>2</sub>) and fine particulates, these are principally from traffic emissions. Public Health England estimate that 5.7% of deaths in those over 25 years old are from long-term exposure to anthropogenic particulate pollution.

#### **Desired outcomes**

- To reduce the number of people killed and seriously injured on roads so that the Borough is not significantly different from the England average. (specific target to be set by the working group)
- Identify areas with high levels of pollution and introduce measures to improve air quality
- Encourage the use of lower polluting transport options

#### **Headline milestones**

- Further work to understand the causes and locations of deaths or serious injuries
- Implementation of the Local Area Committee Framework for assessing road traffic measures
- Implementation of the Guildford Town Centre movement study recommendations
- Undertake monitoring of NO<sub>2</sub> and particulates to identify areas with higher levels of pollutants



## Measuring the change

- Reduction in number of deaths from road traffic accidents
- Reduction in number of injuries to pedestrians or cyclists (specific target to be set by the working group)
- Implement measures to improve air quality
- Designate Air Quality Management Areas where necessary
- Introduce an action plan to reduce the level of NO<sub>2</sub> and particulates in areas where threshold levels are exceeded

## 10.4 Substance Misuse

### The issue

#### Alcohol:

Guildford has the highest level of higher risk drinking<sup>1</sup> in Surrey and has the third highest level increasing risk drinking<sup>2</sup> in Surrey, many of whom are consuming too much alcohol at home on a regular basis rather than drinking to excess in licensed establishments. Guildford does also have a significant night-time economy related to bars and clubs in the town centre as well as a large student population who often drink to excess. These both have an impact on crime and disorder as well as hospital attendances for alcohol-related problems. Increasing and higher risk drinkers are at an increasing risk of developing conditions such as cancer of the mouth, neck and throat, breast cancer, cirrhosis of the liver, high blood pressure and heart disease.

#### New Psychoactive Substances (NPS):

Prior to the implementation of the Psychoactive Substances Act which came into force in May 2016 there were 2 headshops in the borough selling legal highs. There was antisocial behaviour outside both shops. The Act makes it illegal to sell or supply psychoactive substances. This has led to a reduction in the anti-social behaviour however we will continue to monitor the situation through the Surrey NPS group.

#### Smoking:

Smoking remains the major preventable cause of premature death and disability. Smoking prevalence in Guildford overall is 14% this is in line with the Surrey prevalence of 14% and below the national prevalence of 17% however there are areas within Guildford where significantly higher rates are found. The highest prevalence is found in Westborough (25%), followed by Stoke (24%) and Friary and St Nicolas (20.7%). Reducing tobacco use is recognised as the single most effective means of improving public health.

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<sup>1</sup> Higher risk drinkers are:

- men who regularly drink more than 8 units a day (equivalent to four pints of 4% beer) or 50 units a week.
- women who regularly drink more than six units a day (equivalent to three 175 ml glasses of 13% wine) or 35 units a week.

<sup>2</sup> Increasing risk drinkers are:

- men who regularly drink more than 3-4 units a day (equivalent to a pint and a half of 4% beer)
- women who regularly drink more than 2-3 units a day (equivalent to a 175 ml glass of 13% wine)

## **Desired Outcomes**

### **Alcohol**

- Reduce the level of higher risk drinking. (specific target to be set by the working group)
- closer partnership working to achieve more effective and coordinated activity. (specific target to be set by the working group)
- Raise awareness of safe drinking levels in a way that is tangible and user friendly, especially amongst those involved in excess drinking at home.
- To work with the licencing team to promote sensible drinking and maintain Purple Flag status for the town and work with the Night Time Economy to address alcohol misuse issues.
- To continue the high impact complex drinkers initiative.

### **New Psychoactive Substances**

- Monitor the use of NPS and associated anti-social behaviour.

### **Smoking**

- To reduce the prevalence of smoking in Stoke, Westborough and Friary and St Nicolas where smoking prevalence is highest
- Reduce sales of illicit tobacco
- Reduce the number of children taking up smoking

### **Headline milestones**

- Work with the Surrey Smokefree Alliance by participating in any smoke free initiatives and to promote the stop smoking services.
- Work with partners to identify barriers and opportunities for the delivery of Stop Smoking Services in targeted areas.
- carry out a campaign focusing on the sale of illicit tobacco
- carry out a campaign focusing on smoke free vehicles

### **Measuring the change**

- A reduction in higher and increasing risk drinking in the Borough.
- Reduction in crime and disorder associated with alcohol consumption
- Reduction in alcohol-related hospital admissions (specific target to be set by the working group)
- Take up of the stop smoking service and the number of quitters

## Reducing inequalities in Health

### 10.5 Health inequalities and community wellbeing

#### **The issue**

Different wards within Guildford have considerable differences in health outcomes and some of the behaviours which we know cause ill-health. The wards with the lowest life expectancies are Stoke (significantly lower than the national average life expectancy), Ash Wharf, Westborough, and Stoke have higher estimated rates of smoking in Guildford. Stoke has a higher rate of teenage conception than neighbouring wards and the second highest percentage of adult obesity in Guildford Borough. Reception year children in the Spinney Children's Centre have the highest rate of obesity in the Borough. There are also a number of food banks across the Borough including Ash and Park Barn which are indicative of family poverty which we would seek to address.

#### **Desired Outcomes**

To use the health needs assessment to improve the health of people in Stoke and Westborough. These include:

- improving access to health information
- reduce the prevalence of smoking and obesity
- increase the numbers of people eating healthily
- reduce numbers of teenage conception
- increase the number of adults achieving recommended levels of physical activity.
- Improve mental health and wellbeing

(specific target to be set by the working group)

#### **Headline milestones**

Building on the existing work of the Stoke and Westborough Action Group (SWAG) and Ash Action Group. Refresh the S&W action plan in light of the agreed priorities of the Health and Wellbeing Board

- Work with partners to Make every Contact Count to reduce smoking and increase physical activity in these areas
- Work with the Smoking Cessation Service to ensure that stop smoking services are delivered in an accessible way for local residents in the areas of highest smoking.

#### **Measuring the change**

- improvements in health indicators
- improvement in life expectancy

## Action plan 5 – Health Inequalities & Community Wellbeing

(Version April 2017)

<b>Recent Achievements</b>		
<b>Project</b>	<b>Date</b>	<b>Outcomes/next steps</b>
• <b>Community grassroots network established in North Guildford</b>	October 2015	Improving co-ordination of cross-agency work to tackle socially isolated people in North Guildford area
• <b>Stoke Senior Resident's Forum set-up</b>	October 2015	Identify and address gaps in service/ensure clients are known to key agencies
• <b>Project Aspire established</b> <ul style="list-style-type: none"> <li>○ <b>Community Grants funding allocated</b></li> <li>○ <b>Environmental improvements underway</b></li> </ul>	November 2015	New project to tackle social inequality in Guildford's less advantaged communities. Improving health and wellbeing is a key outcome through empowered communities developing local solutions
• <b>Men in Sheds extended to Park Barn</b>	2016	Successful project at Shawfield Rd Day Centre (Ash) helping socially isolated men access support/advice, now extended to Park Barn Centre
• <b>Walk and Live Confidently (WALC) in Ash</b>	2016	Falls prevention initiative delivered through Ash Vale GP practice
• <b>GP Advice Service established at surgeries at Park Barn, Send/Merrow, Womersley and Stoughton</b>	January 2016	Measure no. of users/expand service and secure long-term funding
• <b>Continuation of GAS Network (Guildford Advice Services)</b>	April 2016	Network continuing in post-lottery funded phase, to lead-on work linking up local advice services
• <b>Safe Haven opened at Oakleaf</b>	April 2016	Evaluation complete – budget identified and three years funding mainstreamed
• <b>Guildford First Group established</b>	June 2016	New Guildford multi-agency group looking at ways to increase awareness and reduce the stigma of mental health. Focus is on businesses and young people
• <b>Dental Health Awareness campaign commenced in Ash</b>	June 2016	Increased access to NHS dental services in Ash area by disadvantaged groups
• <b>North Guildford Foodbank providing online access for clients</b>	July 2016	Foodbank at St. Clare's now has free Wi-Fi and three laptops with volunteer support for clients to job search, apply for benefits or seek advice online

## Recent Achievements

<i>Project</i>	<i>Date</i>	<i>Outcomes/next steps</i>
• <b>Time to Change (Surrey) event – Ash</b>	July 2016	'Flashpoint' play, highlighting mental health awareness and wellbeing and aiming to reduce stigma and discrimination.
• <b>Homeless Health Needs Audit carried out.</b>	September 2016	Evaluate data and agree local action plan in consultation with homelessness services – now being progressed through Surrey Health & Wellbeing board
• <b>Timebanking launched in Guildford</b>	October 2016	Allows people to exchange their time and skills in return for 'time credits' to spend with others in the community – helping tackle social isolation. Currently building-up membership and volunteer strength
• <b>Successful joint bid for additional government funding to tackle mental health issues among rough sleepers</b>	December 2016	Partnership of Guildford, Waverley and Woking BCs. Project using specialist outreach workers in set-up phase, in liaison with Surrey & Borders NHS Trust

## 1. IMPROVE ACCESS TO CORE HEALTH SERVICES

Project	Focus	Lead	Tasks	Outcomes/current status
<b>A. Promote wider access to NHS health checks/ screening/ promotion in community settings</b>	Places/ people	CCG/ Community Care/ Public Health	<p>Increase use of day centres, sheltered housing, hostels, community halls, leisure centres, pharmacies, shopping centres, stores etc. for health checks, screening and health promotion.</p> <p>For example</p> <ul style="list-style-type: none"> <li>NHS screening checks e.g. Blood pressure checks</li> <li>Flu Jabs</li> <li>Falls prevention</li> <li>Diabetic Clinics/roll-out of national diabetes programme</li> <li>Smoking cessation groups</li> </ul>	<ul style="list-style-type: none"> <li>No. of facilities opened-up for use</li> <li>Range of venues providing services</li> <li>Range of health initiatives/checks available</li> <li>Number of clinics set up /sessions carried out</li> <li>Attendance level /increase in take up of service</li> <li>£££ - potential funding issues</li> </ul>
<b>B. Single homeless access to health services</b>	People/ Places	Public Health/ Housing Advice	<p>Ensure access to health services for single homeless working closely with hostels, HOST. GA etc.</p> <ul style="list-style-type: none"> <li>Agree Action Plan and priorities</li> </ul>	<p>Will depend upon actions agreed</p> <p>SCC currently reviewing housing related services for socially excluded groups, including single homelessness services.</p>

## 2. IMPROVE ACCESS TO HEALTH ADVICE AND SUPPORT

Project	Focus	Lead	Tasks	Outcomes/current status
<b>A. Social prescribing</b>	People	CCG/GAS	<p>Wider range of support services offered through GP practices/ health settings. Making interventions count</p> <ul style="list-style-type: none"> <li>Citizens Advice</li> <li>Neighbourhood Connections</li> </ul>	<ul style="list-style-type: none"> <li>Take up of services</li> <li>Range of services provided</li> <li>Bid in for DCLG funding</li> </ul>
<b>B. Thriving community support infrastructure</b>	People/ Places	All/ GAS / Community Connectors	<p>Support the implementation of the new Community Connections contract.</p> <ul style="list-style-type: none"> <li>Publicise and promote new service</li> </ul> <p>Promote and expand community networks for professionals and volunteers</p> <ul style="list-style-type: none"> <li>Guildford Advice Services Network</li> <li>Guildford/Waverley Mental Health Stakeholder Group</li> </ul> <p>Encourage and support development of groups that promote health and well-being or address social isolation among vulnerable groups, such as older people, young people, those with disabilities or health conditions.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>Promote awareness of support groups</li> <li>Offering advice and assistance to enable groups to thrive and be self sufficient</li> <li>Attendance and participation by relevant statutory agencies or offering speakers to present information on key topics/issues</li> <li>Help to establish new support groups where a need is identified</li> <li>Invite representatives of support groups to relevant community meetings/ events/workshops</li> </ul> <p>There are various groups that offer support so it is not possible to detail these in this action plan, but this would include among others</p>	<ul style="list-style-type: none"> <li>The contract is currently out to tender and will be announced after the end of January 2017. This will include the continued delivery of a 'Safe Haven' for those in crisis</li> <li>Contract awarded to The Welcome Project (Catalyst) and commenced 1 April 2017</li> <li>Statutory agency attendance at the G&amp;W MHSG</li> <li>Public information about groups on websites</li> <li>Community grants and funding provided</li> <li>New groups set up</li> </ul>

			<ul style="list-style-type: none"> <li>• Safe Spaces - YA Youth Theatre, peer-led support groups with Surrey University</li> <li>• Community grass roots network (North Guildford, Mellow, Ash)</li> <li>• Stoke Senior Resident's group</li> <li>• Men In Sheds (Ash and Park Barn)</li> <li>• Tea and Memories Groups</li> </ul>	
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### 3. REDUCING STIGMA AND IMPROVING ACCESS TO MENTAL HEALTH SERVICES (NEW ACTION)

Project	Focus	Lead	Tasks	Outcomes/current status
<b>A. Increase access for self-referral for mental health interventions</b>	People	CCG/ ASC commissioning	Promote potential for self-referral, via existing channels and new digital services/Skype/online to deliver interventions for mental health assistance <ul style="list-style-type: none"> <li>• <b>First Steps (## not recommissioned, 31 March 17)</b></li> <li>• IAPT (Improved Access to Psychological Therapies)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in referrals/ take up of services</li> <li>• Reduced need for higher cost interventions</li> </ul>
<b>B. Guildford First</b>	People	GF Steering Group	Develop a range of initiatives and opportunities to reduce stigma and increase understanding and awareness of mental health in the community. <ul style="list-style-type: none"> <li>• Mental Health 'First Aid' Courses (targeted wide range of individuals and organisations including businesses)               <ul style="list-style-type: none"> <li>○ 'light' – for all</li> <li>○ targeted at young people</li> </ul> </li> <li>• Local public awareness events initiatives               <ul style="list-style-type: none"> <li>○ World Mental Health day</li> <li>○ Mental health fortnight</li> </ul> </li> <li>• Better information for people - develop directory and website</li> </ul>	<ul style="list-style-type: none"> <li>• Number attending courses/ background of participants/ businesses involved</li> <li>• Awareness events arranged</li> <li>• More MH First Aid courses arranged into 2017</li> <li>• To support WMH day 10 Oct, Castle/Guildhall/Yvonne A and other buildings 'turned purple'</li> <li>• 'Time to Talk Day' event at GBC on 2 Feb, supported by Time to Change Surrey/Guildford First</li> <li>• Positive media coverage about people with MH problems</li> <li>• Directory published &amp; Website set up/ No. of hits/ feedback</li> </ul>
<b>C. Public mental health</b>	People	Public Health	<ul style="list-style-type: none"> <li>• Support the implementation of the new <b>First Steps (## not recommissioned, 31 March 17)</b> contract and tier one self-help services e.g.</li> <li>• Emotion Gyms</li> <li>• Making Every Contact Count Resource Directory (MECC)</li> <li>• Time to Change (Surrey), promoting initiatives to tackle stigma and discrimination - rollout 'time for change' play throughout the borough, delivered in Ash needs to roll out in Guildford</li> <li>• Mental Health Awareness Training - ensure training opportunities available, support uptake of training courses with local partners, target training to meet needs of staff/volunteers in different sectors</li> </ul>	The contract is currently out to tender and will be announced after the end of January 2017. <ul style="list-style-type: none"> <li>• Take up of services</li> <li>• Publicity and promotion for Directory</li> <li>• No of sessions, attendance</li> <li>• Report back on take-up rates/agencies involved</li> <li>• New Dementia Alliance formed in Ash</li> </ul>

### 4. PROMOTE HEALTHY EATING

Project	Focus	Lead	Tasks	Outcomes/current status
<b>A. Mapping healthy eating initiatives</b>	People/ Place	Public Health/ NHMS (wardens)	<ul style="list-style-type: none"> <li>• Map existing provision of healthy eating initiatives and providers, identify gaps in areas/services</li> <li>• Agree local actions and target areas of higher concern</li> <li>• Promoting 'Change for Life' for adults as well as children, via social media</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback to HWB on current provision and identify gaps in areas, services, seek potential 'Champions'</li> </ul>
<b>B. Ash Healthy Eating Plan</b>	Place	Public Health	Targeted work in Ash (red-rated area for obesity) Agree Local action plan for Ash to tackle Childhood obesity. <ul style="list-style-type: none"> <li>• Establish local healthy eating champions</li> <li>• Train key community workers/officers</li> </ul>	<ul style="list-style-type: none"> <li>• Need to identify key individuals as well as dietician and training resources</li> <li>• <b>£££</b> - potential funding issues</li> </ul>

			<ul style="list-style-type: none"> <li>• Cook and Eat Classes aimed at low income families</li> <li>• Promote HENRY (Health, Exercise, Nutrition for really young)</li> <li>• MAD week in June 2017, health &amp; wellbeing event</li> </ul>	
<b>C. Increase access to healthy eating training / advice</b>	People/ Place	Public Health	<ul style="list-style-type: none"> <li>• Develop programme for local healthy eating champions (e.g. Community Wardens)</li> <li>• Wardens visiting schools in their areas (Wharf, Shawfield, Ash Grange, Boxgrove, Weyfield and Bushy Hill so far) with healthy eating advice. Will later approach three children's centres</li> <li>• Increase take up of HENRY training</li> </ul>	<ul style="list-style-type: none"> <li>• Need to identify key individuals as well as dietician and training resources</li> </ul>
<b>D. Schools healthy eating/recipe competition</b>	People	Public Health/ Schools	<ul style="list-style-type: none"> <li>• Target primary schools in Ash and other areas, children to develop tasty healthy recipes for high profile awards event</li> </ul>	<ul style="list-style-type: none"> <li>• Support schools to promote initiative, build links to local businesses for prizes/tie-ins</li> <li>• Project for Aspire, will work up proposals in time for summer-term</li> </ul>

## 5. EMPOWER PEOPLE AND INCREASE OPPORTUNITIES

<i>Project</i>	<i>Focus</i>	<i>Lead</i>	<i>Tasks</i>	<i>Outcomes/current status</i>
<b>A. Project Aspire</b>	Place/ People	Community Development	New project to tackle social inequality in Guildford's less advantaged communities. Improving health and wellbeing is a key outcome through empowered communities developing local solutions <ul style="list-style-type: none"> <li>• Community Grants Scheme</li> <li>• Voluntary Grants Scheme</li> <li>• Building intergenerational links</li> <li>• Focus on young people</li> </ul>	<ul style="list-style-type: none"> <li>• Take-up of grants and outcomes from funded projects (mainly Westborough / Park Barn)</li> <li>• Expansion of Project Aspire to include new areas of social inequality beyond Westborough/ Park Barn</li> <li>• Latest Community Grant bidding round complete in Jan 2017</li> </ul>
<b>B. Promote education, training and employment</b>	People	Employment Group	<ul style="list-style-type: none"> <li>• Positivity in Progress</li> <li>• Guildford Works Directory</li> </ul>	<ul style="list-style-type: none"> <li>• Positivity in Progress teaming up with Future World of Work and Guildford Children's Centre, through Project Aspire</li> <li>• Revised Edition released in Jan 2017 including Wi-Fi/broadband advice for jobseekers</li> </ul>
<b>C. Enable people to meet the challenges of welfare reform</b>	People	Council WR Group	<ul style="list-style-type: none"> <li>• Maintain overview of effects of ongoing WR changes and initiate responses</li> </ul>	<ul style="list-style-type: none"> <li>• No. of benefit capped claimants assisted, signposted for further advice</li> </ul>
<b>D. Digital Inclusion</b>	People	Employment Group	<ul style="list-style-type: none"> <li>• Wi-Fi and Broadband - Mapping sources of free Wi-Fi and broadband access and publicising</li> <li>• Hardware - Promote project offering laptops to low income families and affordable broadband packages</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of Parishes/Community Facilities complete summer 2016, further tasks to follow</li> <li>• No. of laptops/families assisted, and no. of laptops acquired for refurbishment</li> </ul>
<b>E. Timebanking</b>	People	VASWS	<ul style="list-style-type: none"> <li>• Promote the new Guildford Timebank and recruit new members</li> <li>• Allows people to exchange their time and skills in return for 'time credits' to spend with others in the community – helping tackle social isolation</li> <li>• Currently building-up membership and volunteer strength</li> </ul>	Launch 18 October 2016 at The Boiler Room. <ul style="list-style-type: none"> <li>• Number of members and hours accrued</li> <li>• Range of 'activity' offered through time bank</li> <li>• Take up rates</li> </ul>

## 6. HEALTHY HOMES

<i>Project</i>	<i>Focus</i>	<i>Lead</i>	<i>Tasks</i>	<i>Outcomes/current status</i>
<b>A. Safe and suitable homes</b>	People	Community Care (Private)	Improve living environment in people's homes to ensure it meets their needs, and target the most vulnerable	<ul style="list-style-type: none"> <li>• No of safety audits</li> <li>• No of homes improved in the private sector (Owned and</li> </ul>



		Sector Hsg Team)	<ul style="list-style-type: none"> <li>Promote safety audits</li> <li>Increase take up of handyman service</li> <li>Promote Disabled Facilities Grants (DFGs)</li> <li>Increase access to telecare</li> <li>Promote fires safety checks and installation of smoke alarms</li> <li>Increase understanding and awareness of hoarding and use of 'hoarding toolkit'</li> </ul>	Private Rented) <ul style="list-style-type: none"> <li>Increased take-up of DFGs/telecare</li> <li>Increased no. of fire prevention visits</li> <li>Promotion of hoarding toolkit</li> <li>Will ask Ted Wainhouse/Stuart Taylor to update for future meeting. Outcomes may also carry across to Housing Strategy</li> </ul>
<b>B. Fuel poverty</b>	People	Community Care (Private Sector Hsg Team) Surrey Community Action/Action Surrey	Improve energy efficiency in people's homes. <ul style="list-style-type: none"> <li>'Warmth Matters' project run by Surrey CA, project officer is Claire Dawson. Visits community groups and can offer 1-2-1 advice. Already working with Community Wardens</li> <li>Community initiative to increase awareness of energy efficiency measures available</li> <li>Promote energy audits Increase in households taking up energy saving measures</li> <li>Promote switching to achieve most cost effective tariffs</li> </ul>	Private sector house condition survey identified thermal inefficiency as the most serious factor affecting the condition of people's homes <ul style="list-style-type: none"> <li>No of community initiatives</li> <li>No of energy audits</li> <li>No of homes improved in the private sector (Owned and Private Rented)</li> <li>Households helped to switch (Citizens Advice/Surrey Community Action)</li> </ul>
<b>C. Severe weather</b>	People	Public Health / CCG / Action Surrey	<ul style="list-style-type: none"> <li>Cold weather and heatwave planning</li> <li>Preventing excess winter deaths and illnesses</li> <li>Cold Weather Alerts, Heat-Health Watch Alerts, NHS Choices advice</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of advice/support available for vulnerable during severe weather</li> <li>Ensure agencies prioritise severe weather risks e.g. discharging patients to warm homes etc.</li> <li>Martyn Munro has supplied some new data on unexpected deaths</li> <li>Awaiting latest official Winter-deaths data</li> </ul>

*Please ensure the following service areas have signed off your report. Please complete this box and do not delete*

<b>Service</b>	<b>Sign off date</b>
<i>Finance / 151 Officer</i>	
<i>Legal / Governance</i>	
<i>HR</i>	
<i>Equalities</i>	
<i>Lead Councillor</i>	
<i>CMT</i>	
<i>Committee Services</i>	