



Health and Wellbeing Strategy

Guildford Health and Wellbeing Board
2015-2017

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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1. Introduction

This is the first Public Health and Wellbeing Strategy of the Guildford Health and Wellbeing Board. It reflects the changes to the way public health is delivered following the introduction of the Health and Social Care Act 2012.

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 2015-2017 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.

Out of 32 national key health indicators, Guildford scores significantly better than the national average in 23 indicators. Only in relation to road injuries and deaths is it significantly worse.

Despite a positive overall picture there are however some significant inequalities. For example, life expectancy is **7.3** years lower for men and **3.0** years lower for women in the most deprived areas of Guildford than in the least deprived areas.

Detailed information about health indicators is set out in the appendices.

4. Our priorities for 2015-2017

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).

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 27 June 2014.

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 local areas of concern:

- 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 positive, measurable outcomes 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 three years would be:

Preventing Premature Death

- Alcohol misuse
- Health and wellbeing at work
- Physical Activity
- Road Traffic Accidents
- Smoking

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 5.

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 Customer and Community Scrutiny Committee.

The strategy should not be read in isolation as there are other strategies, 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
- Physical activity strategy
- Safer Guildford Partnership

Partner organisations will have other related strategies or plans.

Appendix 1 Public health profile for Guildford



Public Health
England

Guildford

District



This profile was produced on 8 July 2014

Health Profile 2014

Health in summary

The health of people in Guildford is generally better than the England average. Deprivation is lower than average, however about 10.8% (2,500) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 7.3 years lower for men in the most deprived areas of Guildford than in the least deprived areas.

Child health

In Year 6, 12.8% (130) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 36.1*. This represents 10 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

Adult health

In 2012, 19.6% of adults are classified as obese. The rate of alcohol related harm hospital stays was 367*, better than the average for England. This represents 481 stays per year. The rate of self-harm hospital stays was 133.2*, better than the average for England. This represents 195 stays per year. The rate of smoking related deaths was 212*, better than the average for England. This represents 150 deaths per year. Estimated levels of adult excess weight and smoking 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 statutory homelessness, violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities

Priorities in Guildford include road injuries and deaths, alcohol, smoking and physical activity. For more information see www.surrexi.gov.uk or www.healthysurrey.org.uk

* rate per 100,000 population



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Population: 140,000

Mid-2012 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 to improve people's health and reduce health inequalities.

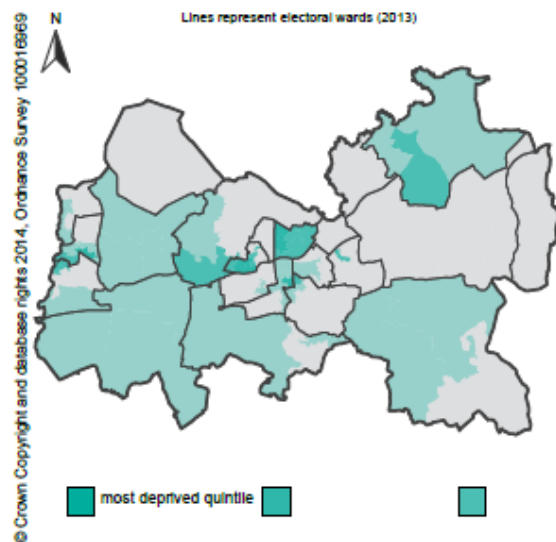
Visit www.healthprofiles.info
or scan this Quick Response code:
for more profiles, more information
and interactive maps and tools.



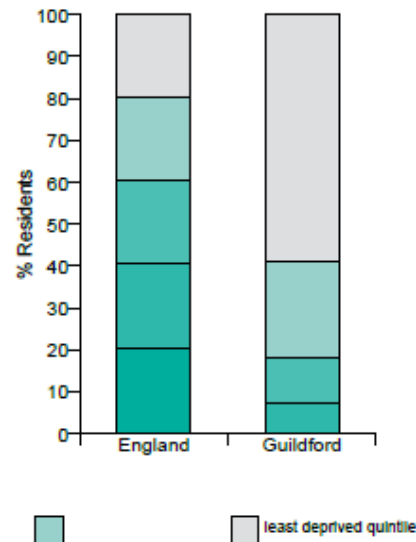
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Deprivation: a national view

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.



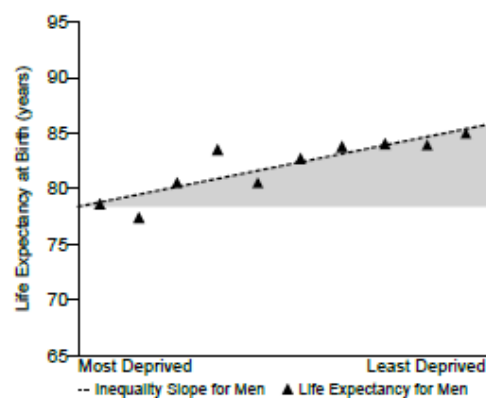
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



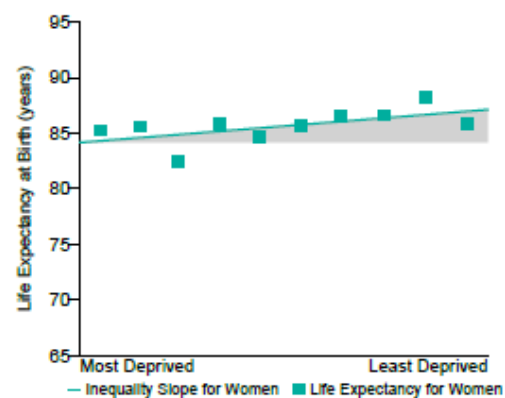
Life Expectancy: inequalities in this local authority

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

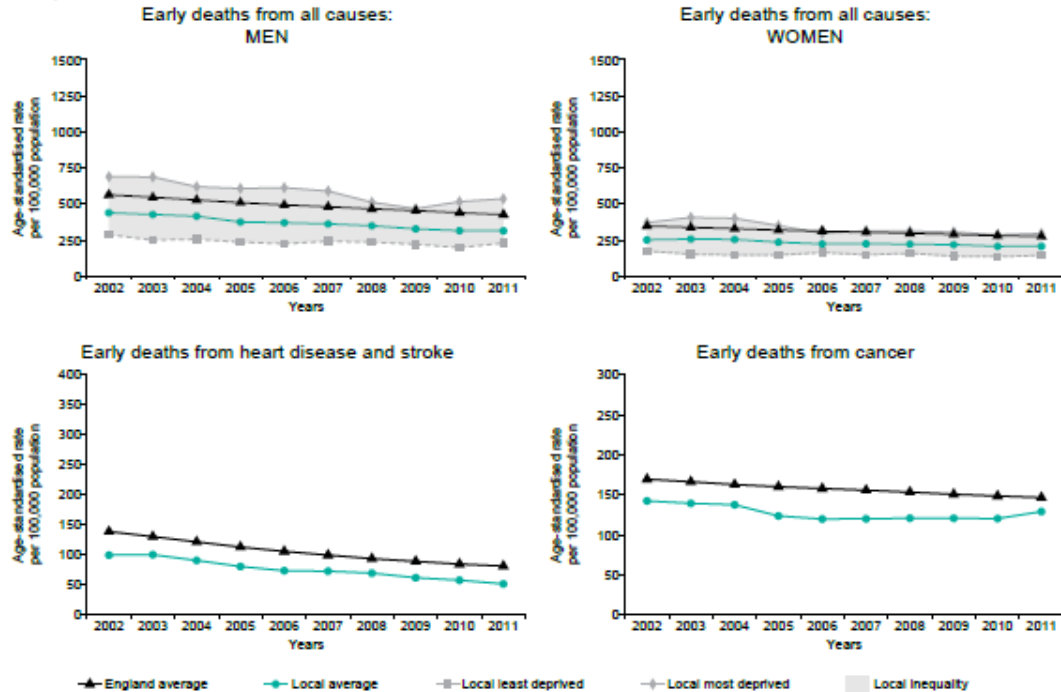


Life Expectancy Gap for Women: 3.0 years



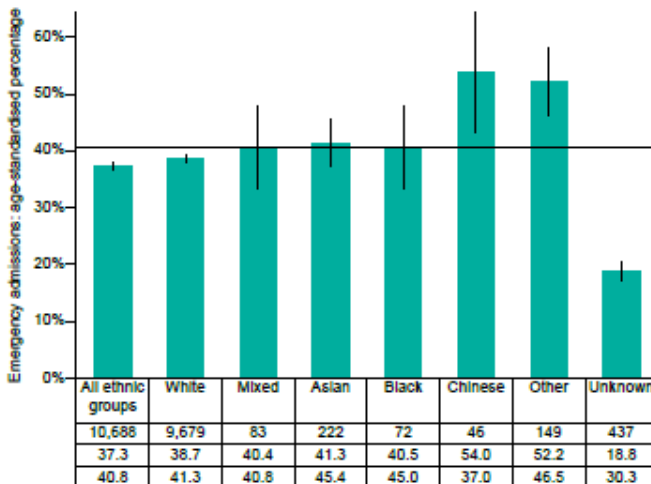
Health inequalities: changes over time

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



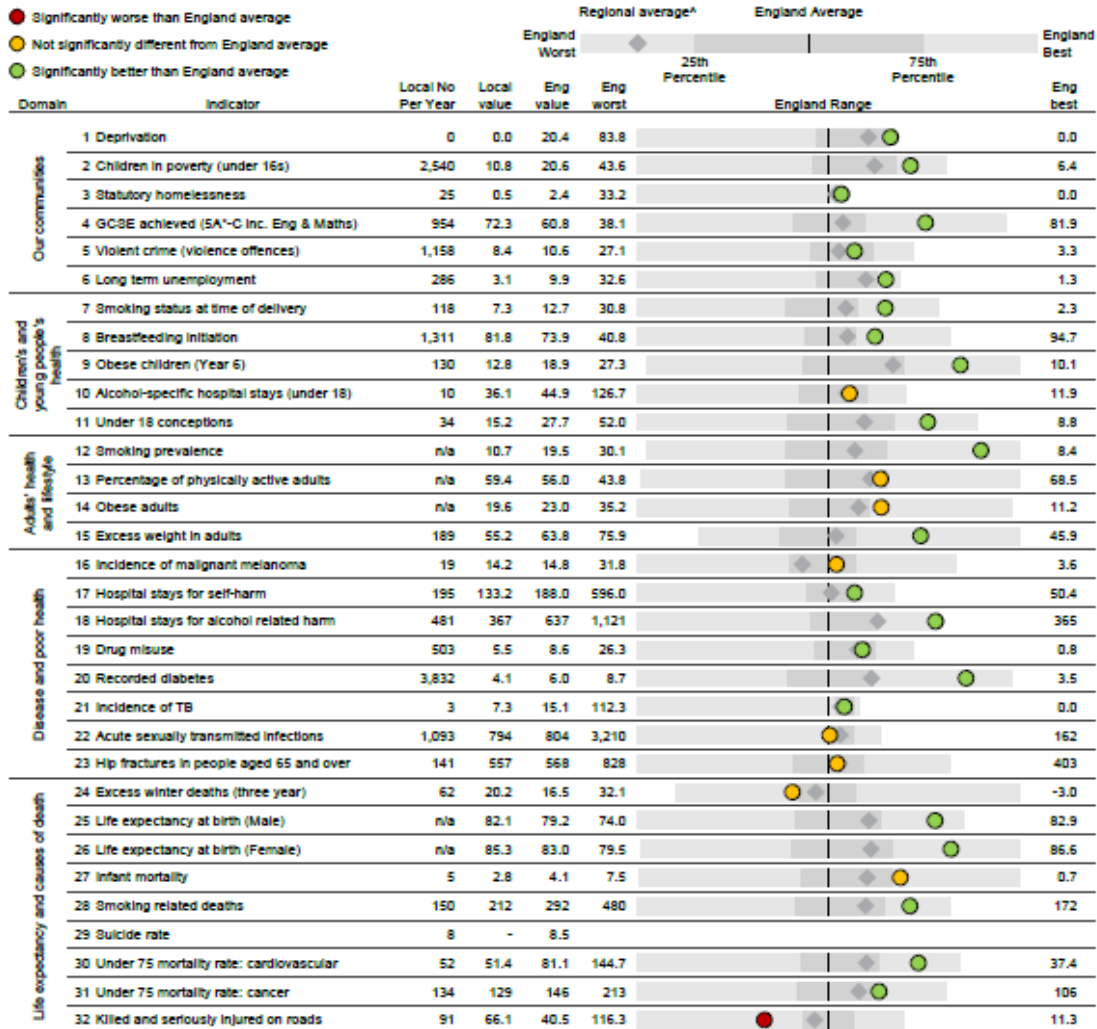
This chart shows the percentage of hospital admissions in 2012/13 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

■ Guildford
 — England average (all ethnic groups)
 | 95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

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.



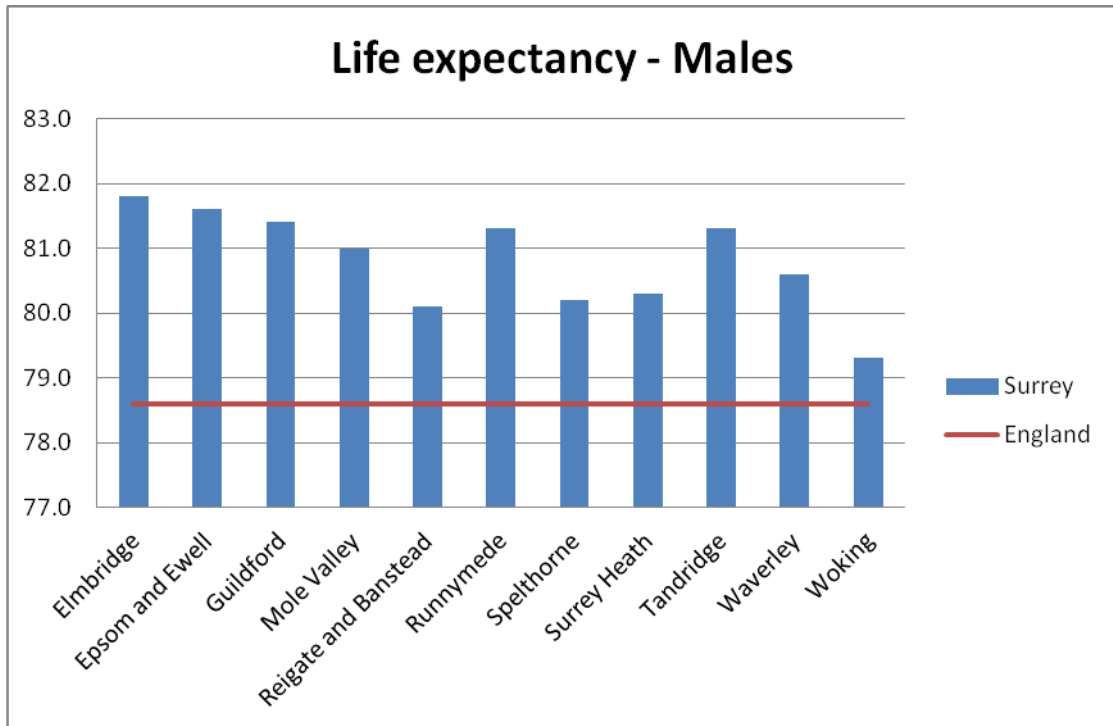
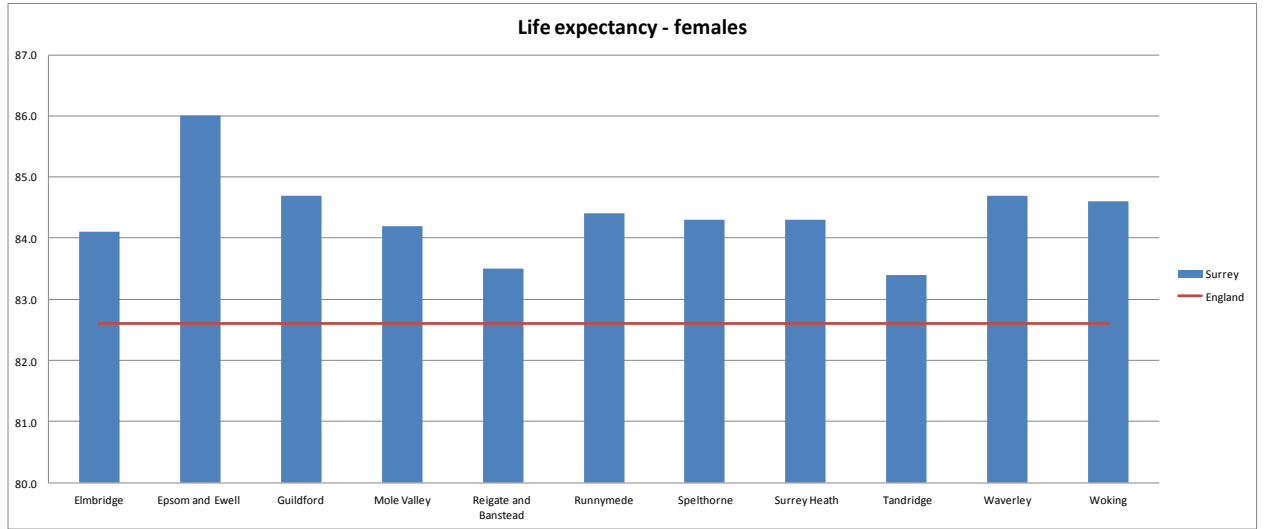
Indicator Notes

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 breastfed 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, 0.9-31.07, 1.2 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 ^A "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

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Appendix 2 Life expectancy Surrey male and female by borough



Appendix 3 life expectancy by ward Guildford

Borough	Ward	Male	Female
Guildford	Ash South and Tongham	80.8	85.4
Guildford	Ash Vale	81.3	87.4
Guildford	Ash Wharf	79	83
Guildford	Burpham	85.6	88.9
Guildford	Christchurch	84	86.6
Guildford	Clandon and Horsley	82.9	86.5
Guildford	Effingham	83.5	88.1
Guildford	Friary and St Nicolas	80.6	84.8
Guildford	Holy Trinity	83.4	86.3
Guildford	Lovelace	80.8	88.8
Guildford	Merrow	83.6	85.6
Guildford	Normandy	84.2	85.8
Guildford	Onslow	84.6	87.4
Guildford	Pilgrims	81.8	82.5
Guildford	Pirbright	85.1	86.4
Guildford	Send	81.7	83.8
Guildford	Shalford	79.7	81.7
Guildford	Stoke	78.6	85.9
Guildford	Stoughton	80	84.2
Guildford	Tillingbourne	85.4	86.2
Guildford	Westborough	79.8	87.8
Guildford	Worplesdon	81	85.9

Appendix 4 Smoking prevalence in Guildford Borough

Ash South and Tongham	Guildford	18
Ash Vale	Guildford	18.4
Ash Wharf	Guildford	21.2
Burpham	Guildford	13.7
Christchurch	Guildford	10.3
Clandon and Horsley	Guildford	9.4
Effingham	Guildford	10.2
Friary and St. Nicolas	Guildford	19.1
Holy Trinity	Guildford	17.1
Lovelace	Guildford	15.6
Merrow	Guildford	14.9
Normandy	Guildford	13.4
Onslow	Guildford	17.9
Pilgrims	Guildford	10
Pirbright	Guildford	11.6
Send	Guildford	10.4
Shalford	Guildford	12.9
Stoke	Guildford	25.5
Stoughton	Guildford	18.4
Tillingbourne	Guildford	10.8
Westborough	Guildford	27.2
Worplesdon	Guildford	16.9

Reducing premature death

5.1 Alcohol misuse

The issue

Guildford has the highest level of higher risk drinking¹ in Surrey and has the third highest level increasing risk drinking² 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 city 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.

Headline milestones

- Raise awareness of safe drinking levels in a way that is tangible and user friendly, especially amongst those involved in excess drinking at home.
- Delivery of a specific Guildford alcohol awareness project. The project is divided into two parts. The first part was a questionnaire that was carried out in the town centre and on line. The questionnaire was designed to raise awareness of increasing and higher risk drinking and to establish an understanding drinking habits in people over 40 and their understanding of increasing and higher risk drinking levels. This was carried out in November 2013. The second part of the project is to raise awareness of the numbers of units people are consuming and how many units their drinks contain.
- Achieve Purple Flag status for the town and work with the Night Time Economy to address alcohol misuse issues.

Desired Outcomes

¹ 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.

² 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)

- 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)

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)

5.2 Health and Wellbeing at Work

The issue

While we are aware that the working population does not include the whole population, sickness absence costs an 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

- 5% of Business Improvement District members (Experience Guildford) to achieve the Workplace Wellbeing standard within three years
- Reduction in sickness absence due to stress, depression or anxiety (specific target to be set by the working group)

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

5.3 Physical Activity

The issue

The Independent Annual Report of the Director of Public Health – Surrey County Council 2014 showed that while 59% of adults in the borough were achieving the recommended amount of daily physical activity 23% of people were taking less than 30 minutes 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

5.4 Road Traffic Injuries

The issue

Guildford is a national outlier for number of people killed or seriously injured from Road Traffic Accidents, with 91 people killed last year compared to the national average of 40 and range of 40 to 116.

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)

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

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)
- Increase in number of 20 mph zones or areas covered by 20 mph

5.5 Tobacco control

The issue

Smoking remains the major preventable cause of premature death and disability. Smoking prevalence in Guildford overall is 10.7% this is below the Surrey prevalence of 17.4% and below the national prevalence of 22.2% however there are areas within Guildford where significantly higher rates are found. The highest prevalence is found in Westborough (27%), followed by Stoke (25%) and Ash Wharf (21%) Reducing tobacco use is recognised as the single most effective means of improving public health.

Desired Outcomes

- To reduce the prevalence of smoking in Stoke, Westborough and Ash Wharf 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

- Changes in smoking prevalence in Stoke, Westborough and Ash

Reducing inequalities in Health

5.6 Inequalities

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, Shalford and Westborough. Stoke, Westborough, and Ash wharf 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 food banks in 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

Appendix 6 – Workplace wellbeing charter Link

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

Appendix 7 – Stoke and Westborough Strategic needs analysis Link

<http://www.surreyi.gov.uk/resource.aspx?resourceid=931&cookieCheck=true>