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Wednesday, 25 March 2015

To: The Members of the **Community Services Scrutiny Committee**  
(Councillors: Audrey Roxburgh (Chairman), Valerie White (Vice Chairman), David Allen, Bill Chapman, Ian Cullen, Paul Deach, Tim Dodds, Heather Gerred, Liane Gibson, Beverley Harding, Josephine Hawkins, Paul Innicki, Adrian Page, Joanne Potter and Alan Whittart)

**In accordance with the Substitute Protocol at Part 4 of the Constitution, Members who are unable to attend this meeting should give their apologies and arrange for one of the appointed substitutes, as listed below, to attend. Members should also inform their group leader of the arrangements made.**

Substitutes: Councillors Glyn Carpenter, David Hamilton, Edward Hawkins, Wynne Price, Pat Tedder and Judi Trow

Dear Councillor,

A meeting of the **Community Services Scrutiny Committee** will be held at Surrey Heath House on **Thursday, 2 April 2015 at 7.00 pm**. The agenda will be set out as below.

Please note that this meeting will be recorded.

Yours sincerely

Karen Whelan

Chief Executive

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## AGENDA

	<b>Pages</b>
<b>1 Apologies for Absence</b>	
<b>2 Minutes</b>	<b>3 - 8</b>
To confirm and sign the minutes of the meeting held on 5 February 2015.	
<b>3 Declaration of Interests</b>	
Members are invited to declare any interests they may have with respect to matters which are to be considered at this meeting. Members who consider they may have an interest are invited to	

consult the Monitoring Officer or the Democratic Services Officer prior to the meeting.

<b>4</b>	<b>Care Co-ordinator Pilot in Lightwater - verbal update from Nigel Drury</b>	
<b>5</b>	<b>Sustainable Community Strategy 2015</b>	<b>9 - 50</b>
<b>6</b>	<b>Air Quality Report</b>	<b>51 - 66</b>
<b>7</b>	<b>Traveller Site Management</b>	<b>67 - 68</b>
<b>8</b>	<b>Work Programme</b>	<b>69 - 70</b>

**Minutes of a Meeting of the  
Community Services Scrutiny  
Committee held at Surrey Heath House  
on 5 February 2015**

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+ Cllr Audrey Roxburgh (Chairman)  
+ Cllr Valerie White (Vice Chairman) – (to part way through min 15/CY)

+ Cllr David Allen	+ Cllr Beverley Harding
+ Cllr Bill Chapman	+ Cllr Josephine Hawkins
+ Cllr Ian Cullen	+ Cllr Paul Innicki
+ Cllr Paul Deach	Cllr Adrian Page
+ Cllr Tim Dodds	- Cllr Joanne Potter
- Cllr Heather Gerred	+ Cllr Alan Whittart
+ Cllr Liane Gibson (from min 14/CY)	

+ Present  
- Apologies for absence presented

Substitutes: No substitutes in attendance

In Attendance: Tim Pashen, Lee Brewin, Clive Jinman, Jenny Rickard and Cllr Bruce Mansell (Clive Jinman and Jenny Rickard to min 15/CY)

### **13/CY Minutes**

The minutes of the meeting held on 4 December 2014 were confirmed and signed by the Chairman subject to the following amendment:

- At minute 11/C, 'Civil Enforcement Officer' on page 6 at the end of the first paragraph should read 'Community Warden'.

Some Members also asked about the progress of the Dog Fouling Reduction Members' Panel. The Committee was advised that some Members of the Panel had twice accompanied the Community Warden to observe any incidents of dog fouling. Unfortunately none had been seen. A further observation would be set up for about 8 weeks' time.

Members were also advised that a podcast relating to dog fouling had been published that afternoon and already there had been 400 viewings.

Figures relating to dog fouling incidents would be forwarded to Members.

### **14/CY Housing Services**

Members received a report on the work of the Housing Services Team. The following issues were discussed.

#### **Bed and Breakfast**

- It was noted that the Council had had no persons in Bed and Breakfast over the last few weeks.
- Although there had been some people in the borough in bed and breakfast, the length of time in this accommodation had decreased from 7 weeks to 5 weeks.

### **Welfare Reform**

- Welfare Reform would continue to impact on residents but the Council had tried to mitigate this by working closely with Housing Benefit colleagues, Citizens Advice Surrey Heath, Jobcentre Plus and Accent Housing Association.

### **Homelessness**

- The reasons for homelessness were discussed, including the considerable number of young people being evicted by parents. This could be due to a breakdown in the relationship, overcrowding or financial issues. Some Members asked what the figures were for under 18 year olds being evicted by parents. These figures would be forwarded to the Committee. It was commented that the burden of proof that the eviction by parents was genuine was on the Housing Services Team. Members were also advised that this age group was now better served especially with the work of the Youth Support Service.
- There had been a lot of work carried out in partnership in 2014 with a successful joint HomeSwap event held in August 2014. This had helped tenants to find exchanges. It was proposed that a similar event be held in partnership with Hart District Council and Rushmoor Borough Council.
- Grant funding of £21,000 had been received by the Council to work with the single homeless. This would also be used to co-ordinate a team of people around the homeless person to improve long term prospects. An additional £5,000 had been received to fund an online advice tool. This tool would give advice, display an online application form, give access to other options available, and advice to help keep people in their own home etc. In addition it was hoped to incorporate a 'red light' system for the online tool. This would discontinue the application should the information given indicate that they did not meet the criteria to be an eligible applicant. The Council's IT department was working on this. The challenge for the Council would be to keep the homeless figures down, in particular those in bed and breakfast.
- The Council had recruited a Lettings Negotiator specifically to liaise with the private rental sector to help rehouse residents. The Lettings Negotiator had come from a private housing background and would work closely and proactively with companies and landlords.
- Homeless prevention was a key objective for the Team. This would be carried out by giving advice and help regarding arrears, disrepair and crisis;

there was also a social fund available in qualifying cases to help with short term rent arrears.

## **Social Housing**

- It was noted that housing supply was the biggest problem for the Team and the shortage of social housing in the borough had compounded this.

### **Resolved that**

**i) the excellent work of the Housing Services Team be endorsed and noted;**

**ii) a further report be submitted to the December 2015 meeting; and**

**iii) further work on exploring issues of affordable housing supply be investigated.**

## **15/CY Independent Living**

The Committee received a progress report on independent living in the borough.

It was noted that the number of older people in the borough was higher than in other Surrey areas and dementia was also on the increase. Members were reminded that the services for this sector of the community was discretionary but was an important service to provide. The new interim Community Services Team Manager was looking into ways of improving the way the service was delivered.

Members discussed the following:

- **Windle Valley** – the Saturday Club was for the ‘cared for’ and the carers of all ages. There had been various trips organised including a visit to the Tower of London to see the poppies. The library would also be opened on a Saturday once a month just for the customers of Windle Valley. The Centre currently worked at 80% capacity. Some Members urged other Members to visit the Centre to see how successful it was. It was also noted that some older people would like activities/places to meet with people of all ages.
- **Well Being Centre** – an advice centre for the elderly. There had also been the formation of a Dementia Garden; the official opening was yet to be arranged. The dementia advice was available for all ages and not just the elderly.
- **Community Transport** – the scheduling of the vehicles was undertaken by Runnymede Borough Council; this was a more cost effective way than employing an extra person for this role. (It was noted that at paragraph 5 c), on the third line of the report the date should read March 2015.) Additional ways of using the community buses was being looked into.

- **Community Alarms** – the telephone system was connected to the control centre and cost £252 a year; the Telecare service was free. The number of customers for this service was increasing.
- **Meals at home** – it was noted that high quality food was used for the meals. The choice was quite limited but there were plans to improve this. Members were advised that meals were heated on the vans and there were also fridges on board to keep summer meals cool. It was felt by some Members that the Meals at Home service needed re-branding; the promotions seemed uninspiring, particularly the advert on the web.
- **Home Improvement Agency** – helped to facilitate adaptations to properties to help older residents stay in their homes.

Some Members asked how the Council was made aware of the needs of the elderly in the borough. They were advised that referrals made by Social Services were received; the services were constantly being promoted and the work of the Care Connections Co-ordinator would help with streamlining the service and providing other options for customers e.g. training befrienders.

The Committee was advised that the Council subsidised the services for Independent Living by £804,000. The aim was to increase numbers receiving the services whilst reducing the subsidy.

**Resolved that**

- i) **the wide range of services provided by the Council to promote independent living be noted;**
- ii) **the opening of the Wellbeing Centre at the Windle Valley Centre be noted;**
- iii) **the increased number of customers receiving the Community Alarm and Meals at Home services be noted;**
- iv) **the number of properties which have been adapted to meet the needs of disabled and frail residents be noted;**
- v) **the aim to increase the numbers of people receiving these valuable services while at the same time decreasing the Council's subsidy be noted.**
- vi) **ideas for rebranding the services be explored.**

**16/CY Emergency Planning**

Members received a report on the Council's resilience to respond to emergencies. The Civil Contingencies Act 2004 placed a duty on the Council to ensure critical services were resilient to emergencies.

A Corporate Resilience Policy had been drafted and was due to be considered by the Executive.

Voluntary organisations had been approached to see how they could assist in an emergency. Some of the rest centres in the borough in the case of an emergency were the Camberley Theatre, the Arena Leisure Centre and the Ian Goodchild Centre.

Some Members were concerned about what plans were in place should someone try to drive a 4x4 car through the reception area, referring to the recent incident in South Oxfordshire. A review was due to take place regarding this.

In addition the Committee sought assurances that all the vulnerable people in the borough could be identified in case of an emergency. Members were informed that a database was kept by the Council and was kept up to date, information being received from various sources.

The last emergency exercise had been carried out in May 2011. Two exercises were planned for this year and together rest centre exercises.

It was noted that the word 'maintain' in paragraph 11b) of the report should read 'remain'.

**Resolved that:**

- i) **the Council's updated plans and policies, so it is able to respond to emergencies efficiently and effectively, be noted.**
- ii) **critical activities identified by the Council and steps taken to ensure that these remain resilient during disruptive events be noted.**

**17/CY Work Programme/Members Panels**

The Committee considered the work programme. It was agreed that a report on Traveller Site Management be added to the 2 April 2015 work programme.

**Resolved that the work programme at Annex A be agreed.**

**Annex A**

<b>2 April 2015</b>	1.	<b>Air Quality Report</b> <u>Purpose</u> To provide a report on the air quality in the borough	Tim Pashen
	2.	<b>Traveller Site Management</b> <u>Purpose</u> To provide a report on the management of Traveller Sites in the borough.	Tim Pashen

	3.	<b>Sustainable Community Strategy</b> <u>Purpose</u> Provide a progress report to include details of the Care Co-ordinator pilot in Lightwater	Tim Pashen/Sarah Groom
	4.	<b>Work Programme/Members' Panels</b> <u>Purpose</u> To consider the work programme for the year 2015/16	Lee Brewin

### Unallocated Topics

1. Housing Services – annual reports – due in December 2015
2. Youth Issues – December 2015
3. Museum/heritage
4. Waste and Recycling Action Plan
5. Supported Families Project
6. Flooding and Drainage
7. Community Transport
8. Social Networking
9. Public Conveniences and Street Cleansing
10. Environmental Health
11. Energy Efficiency and Climate Change
12. Camberley Theatre
13. Community Centres
14. Car Parking

Chairman



**Sustainable Community Strategy Update**

Portfolio:	Leader
Ward(s) Affected:	All

**Purpose**

**To update the Community Services Scrutiny Committee on the projects supporting the Sustainable Community Strategy.**

**Background and Current Position**

1. The Surrey Heath Partnership (SHP) combines the Local Strategic Partnership and the Community Safety Partnership. Since October 2013 it now also includes the Surrey Heath Health and Wellbeing Board in its reporting structure.
2. The SHP has six statutory partners plus representatives of the private and voluntary sectors. The statutory partners are Surrey Heath Borough Council, Surrey County Council, Surrey Police, the Surrey Heath Clinical Commissioning Group, the Sussex and Surrey Probation Service and Surrey Fire and Rescue Service.
3. The SHP's vision and objectives are set out in the Sustainable Community Strategy. The Strategy was first published in 2009 and is intended to be a 25 year vision for the Borough. The vision is:
  - To sustain and constantly improve Surrey Heath as a desirable place to live, learn, work and play; and,
  - To support individuals to achieve their full potential as a part of the local community.
4. During 2013, a new Surrey Heath Health and Wellbeing Board was established that aims to harness opportunities for promoting and encouraging good health and an active lifestyle. The Board currently comprises the Surrey Heath Clinical Commissioning Group, Surrey County Council Adult Services Team, Surrey County Council Public Health Team and Surrey Heath Borough Council. The Board agreed its five key priorities in December 2013, which mirror those of the Surrey-wide Health and Wellbeing Strategy, amended to reflect the Surrey Heath context.
5. A partnership action plan ensures that the vision and objectives for the SHP and Surrey Heath Health and Wellbeing Board are delivered on the ground. Annex A contains a copy of the partnership action plan which is updated and reported to the SHP quarterly. This action plan progress report was reported to the SHP on 4 February 2015 and it includes the Surrey Heath Preventing Avoidable Illness and Death Plan actions agreed by the Surrey Heath Health and Wellbeing Board on 5 March 2015.

**Options**

6. The Committee can note, comment or make recommendations regarding the matters discussed in the report.

Proposal

7. The Community Services Scrutiny Committee is requested to note the update on the projects supporting the Sustainable Community Strategy.

Resource Implications

8. The Community Safety Partnership element of the Surrey Heath Partnership has a reserve to help fund projects that deliver the objectives. In recent years the funds have for example, helped support the use of street angels and taxi marshals in Camberley Town Centre to reduce crime and disorder; the Young Citizens programme in Schools to improve the safety of young people; the Surrey Heath Youth Council to engage with harder to reach groups and domestic violence campaigns to help reduce domestic abuse.

Recommendation

9. The Community Services Scrutiny Committee is requested to note the update on the projects supporting the Sustainable Community Strategy.

Background Papers:

Annex A – Surrey Heath Partnership Action Plan

Annex B – Surrey Heath Preventing Avoidable Illness and Death Plan

Author:

Sarah Groom, Transformation Team Manager 01276 707263

Head of Service:

Richard Payne, Executive Head of Transformation 01276 707150

Version 1 20150210

**Surrey Heath Partnership**  
**Action Plan 2013 – 2016**  
**February 2015 Update**

## Agenda Item

### **The Surrey Heath Sustainable Community Strategy**

The Sustainable Community Strategy vision for our area is:

- To sustain and constantly improve Surrey Heath as a desirable place to live, learn, work and play; and,
- To support individuals to achieve their full potential as a part of the local community.

Our objectives support our vision and are borne out of our consultation with the local community. They encapsulate the things the people of Surrey Heath told us were important to them and which we will work towards. They are:

- To live in attractive towns and villages;
- To feel safe in our homes and on our streets;
- To have a range of diverse leisure facilities and good access to well-maintained open spaces;
- To have good public transport systems available;
- To have safe facilities for young people;
- Opportunities for promoting and encouraging good health and an active lifestyle;
- Good quality accessible learning for all ages;
- Improved traffic flow;
- To have safe provision for older people;
- Good recycling opportunities in the area;
- Affordable housing built to enhance not crowd communities; and
- Businesses supported in the area and demonstrating their corporate social responsibilities.

The following action plans set out the targets we will deliver to help achieve these objectives.

## Agenda Item

**COMMUNITY SAFETY (1):** To feel safe in our homes and on our streets.

	<b>OUTCOME REQUIRED</b>	<b>ACTION</b>	<b>MEASURE</b>	<b>LEAD PARTNER</b>	<b>ACHIEVEMENTS</b>
1	Clearer reporting and resolution of anti-social behaviour complaints	Explanation of ASB. New information provided in a suite of leaflets/on-line information	Satisfaction measure with SHBC and Police (separately)	SHBC: Community Safety	New Crime and Policing Bill in place. Staff training and new info completed.
2	Reduce domestic abuse/violence	Awareness Campaigns (consider military families and Schools). Funding of Your Sanctuary	Reduction in number of Domestic Abuse incidents / Increase in reporting	SHBC: Community Safety	Events held in DA week 13-18 <sup>th</sup> October 2014 at Frimley Park Hospital and Children's Centres.
3	Cultural Engagement	Enhancing cultural cohesion. Counter-terrorism ("Prevent") training.	Faith Lunches  Front line staff training	Churches Together in Camberley SHBC	Faith Forums being led by Camberley Churches together.
4	Reduction in anti-social driving and incidents of road deaths and injuries	Deliver the joint SCC/Police Drive Smart Programme, including outside Schools and Road Enforcement and Education Days	Delivery of Safe Drive Stay Alive. Multi-agency REED days & community/School Speed-watches.	SCC: Drive Safety Team	Community speed watches continue. 2 School Watches held. REED day on 1/10/14 65 vehicles stopped.
5	Eradication of under-age sales of banned substances.	Deliver the Test Purchasing Scheme. Prosecution of irresponsible retailers.	Maintain no. of tests: 8 events in 2012/13. Less prosecutions: 12 in 2012/13.	Surrey Police	5 Test Purchasing operations held since 14/5/14, 52 premises inspected 43 passed

## Agenda Item

**COMMUNITY SAFETY (2):** To feel safe in our homes and on our streets.

	<b>OUTCOME REQUIRED</b>	<b>ACTION</b>	<b>MEASURE</b>	<b>LEAD PARTNER</b>	<b>ACHIEVEMENTS</b>
6	Multi-agency approach to detect and prevent arson & wildfire.	Delivery of the Wildfire Proactive Operational Plan.	Delivery of YES Scheme. Radio Campaigns. Young Citizens Event. Staff Training	SCC: Surrey Fire and Rescue Service	Action Plan in place and operating. Promoting wildfire prevention and safety advice through the SHBC webpage and social media
7	Reduce Crime and Disorder at Frimley Park Hospital and raise confidence levels of users	Deliver FPH Proactive Plan	Please refer to details in the Plan: e.g. Vehicles. Enhanced awareness of embedded PC. Media.	Surrey Police	Anti-social behaviour issues continue to be addressed.
8	Safe and Welcoming Camberley Night Time Economy	Maintain agreed actions which have proved successful to date	Further reduction in evening incidents in the Town Centre from the 32% reduction in 2012/13	Surrey Police	Police patrols, road closures, Street Angels, Licensing reviews, Pub Watch and Taxi Marshals all in place.
9	Safe and Welcoming Frimley Town Centre	Implement lessons learnt from Camberley Radio Scheme. New Roundabout Scheme.	Further reduction in incidents in Town Centre and Hospital. Frimley Radios. Ease congestion.	Surrey Police	Police patrols. Shopkeepers radio scheme introduced in March 2014. Licensing reviews. Pub Watch.

## Agenda Item

**HEALTH AND WELLBEING:** The Surrey Heath Health and Wellbeing Board has agreed a new Surrey Heath Preventing Avoidable Illness and Death Plan.

The priorities within the plan have been chosen based on assessment of the health and wellbeing needs of the Surrey Heath population including:

- Smoking
- Alcohol (to be updated to include drug misuse)
- Healthy Weight: Physical Activity and Diet
- Winter Mortality and Morbidity
- Immunisation
- Unintentional Injuries
- Domestic Abuse
- Self-harm (to be developed)
- Self-care

The plan also includes a section on cross-cutting services that address a range of health issues (e.g the Family Support Programme or NHS Healthchecks) plus a section called “Active and supportive communities” that looks at ways in which organisations and communities can work together to help and support vulnerable people.

It is a multi-agency plan, contributed to by Surrey County Council, Surrey Heath Borough Council, Surrey Heath Clinical Commissioning Group and wider partners. It will be monitored by the Surrey Heath Health and Wellbeing Group.

Copies are available from Catherine Croucher. Feedback from the Surrey Heath Partnership would also be welcome (please email comments to [Catherine.croucher@surreycc.gov.uk](mailto:Catherine.croucher@surreycc.gov.uk)).

## Agenda Item

### COMMUNITY COVENANT To enhance cohesion between civilian and military communities in Surrey Heath

	<b>OUTCOME REQUIRED</b>	<b>ACTION</b>	<b>MEASURE</b>	<b>LEAD PARTNER</b>	<b>ACHIEVEMENTS</b>
22	Enhanced cohesion between civilian and military communities in Deepcut	Set up Committee. Completion of Deepcut Community Action Plan	Deepcut community actions to be implemented	PRB Deepcut, Deepcut Civ/Mil Community Committee, SHBC	Committee set up in June 2013. Next meeting 3/3/15 aiming to encourage greater community participation.
23	Enhanced cohesion between civilian and military communities in Camberley	Completion of RMA/Camberley Community Action Plan	RMA/Camberley community actions to be implemented	RMAS, SHBC (Lunch organised by SHBC, RMAS Deepcut Station and other LA's.)	Working to host an event promoting reservists in early 2015.
24	Support to the community at a local level (SHBC and local military authorities)	Completion of SHBC and local military authority's Actions	SHBC and local military authority's actions to be implemented	RMAS, PRB Deepcut, SHBC, SCC	SH Community Covenant Group is managing grants for each round and the new Housing Pack has been agreed.
25	Improved youth provision for Armed Forces children/young people	To improve youth provision for Armed Forces children/young people	Youth provision for Armed Forces children/young people actions to be implemented	Windle Valley Youth project (WVYP), Army Youth Worker, RMAS, PRB, SHLP, SCC	WVYP have set up a Deepcut youth club. Schools now linking Family Support Workers with new service families. 'Being Me' induction booklet in place.



## Agenda Item

**YOUNG PEOPLE:** “Every young person will be safe, healthy and have the personal confidence, skills and opportunities to enable them to participate and contribute to their communities.” (Every Child Matters)

	<b>OUTCOME REQUIRED</b>	<b>ACTION</b>	<b>MEASURE</b>	<b>LEAD PARTNER</b>	<b>ACHIEVEMENTS</b>
26	Engaged Young People	Support Surrey Heath Youth Council activities	Active Surrey Heath Youth Council	SHBC	Projects supported by all partners e.g. New Youth Forum & Local democracy Week
27	Safe Young People	Deliver Young Citizens event to Surrey Heath Schools	Event delivered	SHLP/SHBC	Successful event held in November 2014 with Kings, Collingwood & Carwarden Schools
28	All young people who are unable to live at home, safely and appropriately housed.	Supported Lodgings Scheme for age 16+ Agreement to extend scheme to SH. Presentation at SHP on 16 October 2013	Introduce New Scheme. Monitor numbers. Ensure safeguarding.	SCC: YSS	Two articles have been in Heathscene with a positive response from each
29	All young people participating in employment, education and training.	Deliver youth unemployment Initiatives: SPLASH, Skills Centre, Apprenticeships, Young Enterprise	Join –up existing schemes. Reduction in NEETS. Increase in PETES.	SCC:YSS	Working with 82 young people including NEETS currently 26. PETES currently 56.

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# Health and Wellbeing in Surrey Heath

## Preventing avoidable illness and death

### 2014/15 – 2015/16

Update: March 2015



*Surrey Heath*  
**Clinical Commissioning Group**



# Contents

Introduction: Why Prevention

Cross-cutting programmes that improve health and wellbeing

Section 1: Healthy Lifestyles

Smoking

Alcohol

Healthy Weight: Physical Activity

Healthy Weight: Diet

Section 2: Protection from Harm

Winter Mortality and Morbidity

Immunisation

Unintentional Injuries (falls)

Domestic Abuse

Self-care

Section 3: Active and supportive communities

Appendices:

Metrics

Data/Information Sources

# Why prevention

Health, ill-health and health inequalities are the consequence of a wide range of factors that operate at a number of different levels., as demonstrated in the diagram below



The Determinants of Health (1992) Dahlgren and Whitehead

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Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. The Global Burden of Disease 2010 study is the largest study of its kind ever undertaken. According to the survey, the top 5 risk factors are:

- Tobacco smoking
- Raised blood pressure
- Obesity
- Physical inactivity
- Alcohol

Together with improving emotional wellbeing and mental health, this represents a key opportunity to improve health and wellbeing by targeting these behaviours through a prevention strategy.

Prevention can happen at different stages:

**Primary prevention:** preventing healthy people from developing a disease or experiencing an injury in the first place.

**Secondary prevention:** halt or slow the progress of disease (if possible) in its earliest stages

**Tertiary prevention:** helping people manage complicated, long-term health problems to prevent further physical deterioration and maximizing quality of life

Prevention can also take place in a variety of settings including:

- Healthcare settings: primary, community or secondary care
- Schools and other educational settings
- Community settings: Community Centres, Leisure Centres etc
- Workplaces

This prevention plans describes services, programmes and activities taking place (or planned) within Surrey Heath that contribute towards prevention of avoidable illness and death. It is a multi-agency plan, contributed to by Surrey County Council, Surrey Heath Borough Council, Surrey Heath Clinical Commissioning Group and wider partners. It will report to the [Surrey Heath Health and Wellbeing Group](#).

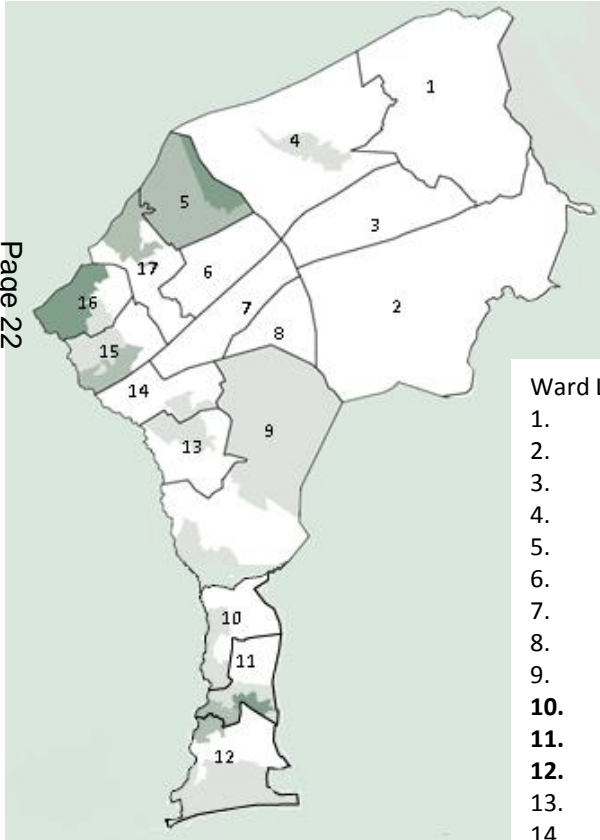
The priorities within the plan have been chosen based on assessment of the [health and wellbeing needs](#) of the Surrey Heath population. Further information on these needs is given in the appendices of this document (list of resources to be provided).

All the prevention activities described here should give consideration to [inequalities](#) within Surrey Heath, whether on a socio-economic basis or inequalities between particular population groups. The activities will be linked to other plans that aim to address inequalities such as the Old Dean priority group.

# Surrey Heath: Geography

There are boundary differences between Surrey Heath CCG and Surrey Borough Council. The maps below indicate these differences (ward names in bold indicate differences)

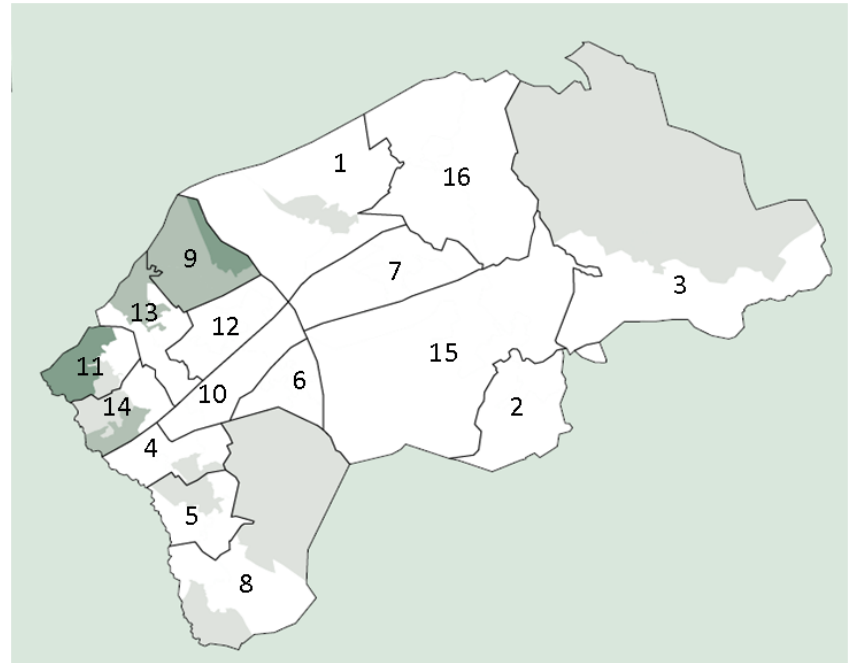
## Surrey Heath CCG Ward Boundaries



- Ward Legend:
1. Windlesham
  2. West End
  3. Lightwater
  4. Bagshot
  5. Old Dean
  6. St Paul's
  7. Parkside
  8. Heatherside
  9. Mythcett and Deepcut
  - 10. Ash Vale**
  - 11. Ash Wharf**
  - 12. Ash South and Tongham**
  13. Frimley Green
  14. Frimley
  15. Watchetts
  16. St Michael's
  17. Town

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## Surrey Heath Borough Council ward boundaries



- Ward legend: 1. Bagshot 2. Bisley 3. **Chobham** 4. Frimley 5. Frimley Green 6. Heatherside 7. Lightwater 8. Mythcett and Deepcut 9. Old Dean 10. Parkside 11. St Michael's 12. St Paul's 13. Town 14. Watchetts 15. West End 16. Windlesham

Handling these differences will use the following principle:

- 1) Actions that fall under the responsibility of the CCG will cover the wards within the CCG boundary e.g including the "Ash" wards but excluding Chobham (which is part of North West Surrey CCG)
- 2) Actions that fall under the responsibility of the Borough will cover the wards within the Borough boundary e.g including Chobham but excluding the "Ash" wards (which are part of Guildford & Waverly BC)

# Cross-cutting programmes that improve health and wellbeing: 1

The following four slides describe services and programmes available within Surrey Heath that address a range of health and wellbeing issues.

## Sure Start Children's Centres

The core purpose of Sure Start children's centres is to improve outcomes for young children and their families, with a particular focus on those in greatest need. They work to make sure all children are properly prepared for school, regardless of background or family circumstances. They also offer support to parents.

There are five Children's Centres in Surrey Heath (details available [here](#)), including one within the Old Dean Estate, an area with a high proportion of children living in poverty.

Achieving a Healthy Children's Centre status means meeting standards on:

- Healthy weight (childhood and maternal obesity)
- Improving the oral health of children
- Improving mental health/emotional health and wellbeing
- Reducing teen pregnancy rates and supporting teenage parents
- Reducing alcohol and substance misuse
- Increasing smoking cessation and smoke free homes
- Increasing coverage rate of childhood immunisations

Children's Centres are provided by Surrey County Council. Public Health are currently working on a pilot with selected Children's Centre's (not in Surrey Heath) to achieve Health Children's Centre status. Once this pilot is complete (due July 2015) then Children's Centres within Surrey Heath can be identified as being part of the county-wide roll out of this scheme.

## Health Visiting

Health visitors support and educate families from pregnancy through to a child's fifth birthday (the Health Child Programme 0-4 years) Common tasks include:

- offering parenting support and advice on family health and minor illnesses
- new birth visits which include advice on feeding, weaning and dental health
- physical and developmental checks
- providing families with specific support on subjects such as post natal depression.

The Health Visiting Service is currently commissioned by NHS England. In October 2015 the commissioning responsibility will transfer to Surrey Public Health. In Surrey Heath, Health Visiting is provided by Virgin Care Ltd.

## School Nursing

School nurses, with their teams, co-ordinate and deliver public health interventions for school-aged children. The service leads on the delivery of the Healthy Child Programme for 5 – 19 year olds. Public Health priorities for the school nursing service are:

- Emotional health and wellbeing
- Dental decay
- Obesity and weight management
- Teenage Conception
- Sexually Transmitted Infections
- Smoking
- Drug and Alcohol misuse

Public Health commission the school nursing service and in Surrey Heath the school nursing service is provided by Virgin Care Ltd.

## Personal, Social and Health Education in schools

PSHE is the planned provision in schools for promoting the emotional, social and health development of children and young people. It is a National Curriculum subject which contains several specialist areas:

- Drug Education
- Economic Well-being and Financial Capability
- Emotional Health and Well-being (including [Targeted Mental Health Promotion Service](#) and Social and Emotional Aspects of Learning Programme (SEAL))
- Staying Safe and Sex and Relationships Education (SRE).

## Services for Young People

Within Surrey Heath there are a range of services for young people (16 to 18 years); from universal programmes such as Youth Engagement or Duke of Edinburgh programme through to the Youth Support Service which uses a case management approach to support vulnerable young people.

There are two youth centres in Surrey Heath, Frimley Green and Old Dean Youth Centre plus Ash Youth Centre in Guildford Borough.

[We are Surge](#) is a Surrey based group of young people, online in a forum, sharing things that are interesting and important to them. The site also has advice and information on issues young people care about.

# Cross-cutting programmes that improve health and wellbeing: 2

## Healthy Work places

The [Workplace Wellbeing Charter](#) is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.

Surrey Public Health and Surrey Heath Borough Council are represented on the Surrey Workplace Wellbeing Charter implementation group.

## NHS Healthchecks



The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. Successfully implementing NHS Health Checks may help reduce chronic illnesses and avoidable premature mortality, as well as the health and social care costs related to long-term ill health and disability.

The NHS Healthcheck is currently available in three pharmacies and three GP practices within Surrey Heath (including Touchwood Pharmacy within the Old Dean Estate). More GP Practices are signed up and preparing to deliver the service. There will also be a focus on workplace health checks and groups most at risk of CVD (including carers, BME groups, smokers, and people in areas of socioeconomic deprivation).

## Primary Care

Primary care health professionals, including GPs, practice nurses, and pharmacists have many opportunities to offer brief interventions to support behaviour change, such as smoking cessation or reducing alcohol consumption. They encounter patients at times when they may be open to change – before an operation, after a health scare, when they are feeling ill, or are pregnant. There are several priority areas within this prevention plan that depend on the support of primary care, including:

- Delivering NHS Health Checks
- Delivering and referring to Smoking Cessation
- Alcohol misuse Early Identification and brief advice
- Identifying physical inactivity and obesity
- Delivering immunisations
- Identification of domestic abuse
- Early identification of mental health issues including suicide risk and self-harm
- Falls prevention
- Self-care and Carer's health

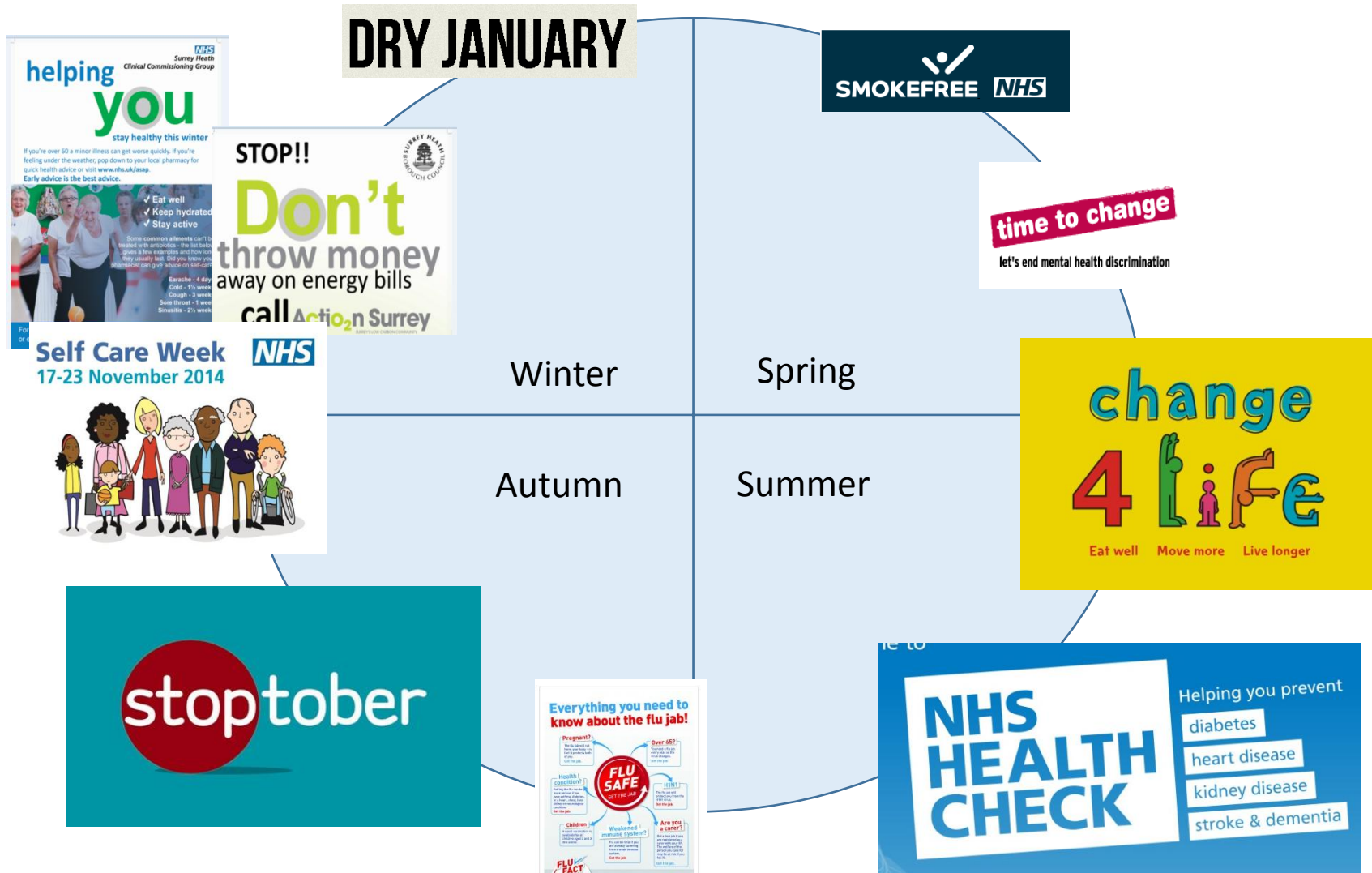
The individual actions surrounding each of these areas are described in each section but all will be supported by the general principle of the CCG, Public Health and Primary Care working together to ensure primary care professionals have the understanding, capacity and motivation to fully engage in the prevention agenda.



# Health Improvement Campaigns

Surrey Public Health support three major [Public Health England campaigns](#) (Change 4 Life, Stoptober and NHS Health Check) that aim to raise awareness amongst the general public about healthy lifestyles and other preventative activities. Borough councils and CCGs can also promote healthier lifestyles, by signposting local support services and encouraging residents to take greater responsibility for their own wellbeing. The Surrey Health and Wellbeing Communications Group have produced a Communications toolkit to support these organisations in doing this. Some of the minor campaigns supported within Surrey Heath are also shown below.

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# Cross cutting services: Action Plan 1

Cross-cutting area	Action(s)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress (Nov 2014)
PSHE / School Nursing	Ensure that teachers and school nurses have access to health improvement training including the Drug and Alcohol toolkit, Smoking toolkit and healthy weight information.	Public Health / Education Area Officer / Providers (Babcock4S & Virgin Care)	Ongoing activity	Currently all secondary schools in Surrey Heath (except Portesbury) have received the Drug and Alcohol and Smoking toolkits. All schools will participate in the Health Related Behaviour Questionnaire in 2015.
Workplace Health	Support businesses within Collectively Camberley Business Improvement District to achieve the Workplace Health Charter. Combine with pilot project for delivering NHS Healthchecks in workplaces.	Public Health / SHBC / CC BID	Achieve Charter: 2015/16 Develop NHS Healthcheck pilot: 2015/16	The Workplace Health Charter team are preparing for presentation of the programme to Collectively Camberley. A controlled roll-out of Healthchecks would need to stay in line with HC delivery capacity
Increase the number of NHS Healthchecks offered and delivered	Support GP practices and pharmacies with training, documentation, POC testing equipment and guidance. Deliver workplace and targeted community healthchecks. Deliver communications campaign	Public Health / Primary Care / SHBC	HC delivery: Ongoing activity Campaign: summer 2015	<i>See metrics section</i>
Health Improvement Campaigns	Use guidance available from Surrey Health and Wellbeing Communications Group toolkit and meetings to support campaigns including Healthchecks, Stoptober and Change4Life.	SHBC and SH CCG Communications leads	Ongoing activity	The Stoptober and Self-Care week campaigns have been supported locally.
Primary Care	To work in partnership to identify barriers and opportunities for primary care to become fully engaged in the prevention plan. Engagement meetings to be held with General Practitioners, Practice Nurses and allied health professionals, Practice Managers.	SHCCG and Public Health	Meeting dates to be confirmed	Proposal: Public Health lead to present Prevention Plan at May Governing Body. An engagement programme with practice nurses, managers and GPs to be planned after this.

# Section 1: Healthy Lifestyles

# Smoking

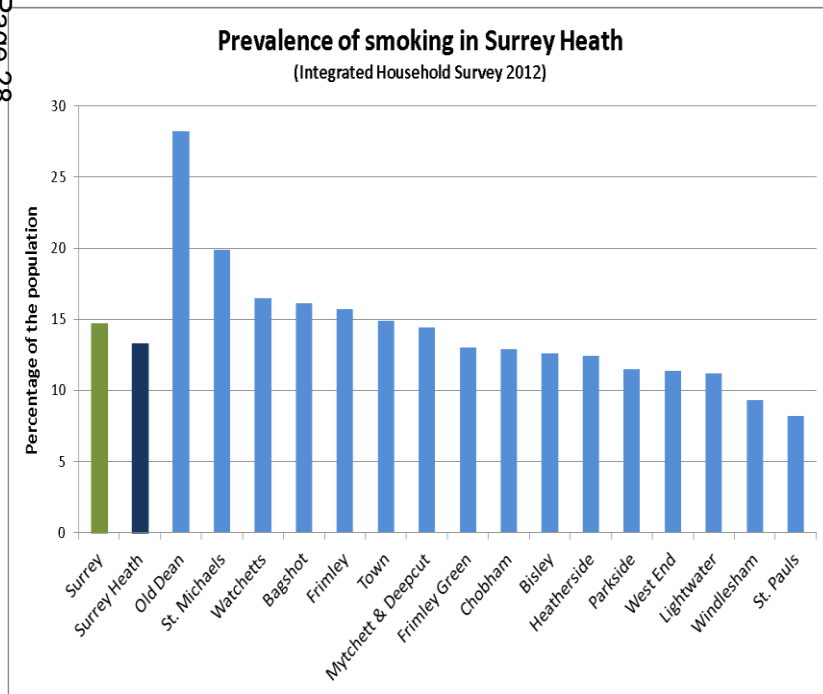
## Why is smoking a public health problem?

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 100,000 deaths a year in the United Kingdom. As a result, reducing tobacco use is the single most effective means of improving public health. For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease. The top three smoking related conditions are; respiratory disease, lung cancer and heart disease.

Public Health England has set a national ambition to achieve a smoking prevalence of only 5% amongst those aged 11-15 years by 2025.

## Smoking in Surrey Heath

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## Effective prevention

NICE guidance recommends brief stop smoking interventions, behavioural support and pharmacotherapy as cost effective interventions. Evidence shows that people who access Stop Smoking Services and pharmacotherapy are 4 times more likely to quit than attempting quitting alone. Although the health benefits are greater for people who stop at earlier ages, quitting smoking is beneficial at all ages.

It is recommended that all GPs and Practice nurses provide very brief stop smoking advice (VBA) to all patients aged over 16. When time is very limited, 30 seconds of advice from those who have regular contact with people who smoke is effective in triggering a quit attempt. Brief advice from a healthcare practitioner can double the natural quit rate for smokers (West R, 2000). A VBA training module is available on the National Centre for Smoking Cessation and Training website [http://www.ncsct.co.uk/publication\\_very-brief-advice.php](http://www.ncsct.co.uk/publication_very-brief-advice.php)

There is evidence that ASSIST (a school-based smoking prevention programme) could reduce adolescent smoking prevalence.

## Services available in Surrey Heath

Surrey Stop Smoking Service (SSS) offer intensive face-to-face, group support and telephone support and advice, over a number of weeks, to any smoker wanting to stop. Behavioural support, along with the use of stop smoking pharmacotherapy, is provided by an advisor who has received training and supervision that complies with the DH 'Standard for training in smoking cessation treatments'.

The public health team commissions stop smoking services via Public Health Agreements from General Practice and Pharmacies. Nine GP Practices and 4 Pharmacies have signed up to the PHA. There is currently one specialist one-to-one stop smoking clinic running at Frimley Green GP practice.

GP practices can also prescribe pharmacotherapy without referral to Surrey Stop Smoking services but the patient is much less likely to be able to quit without behavioural support.

# Smoking: Action Plan

Health and Wellbeing Outcome: A reduction in smoking prevalence in Surrey Heath

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress (Nov 2014)
Local implementation of Smoke Free legislation	<ul style="list-style-type: none"> <li>•Ensure SH representation on Surrey Tobacco Control Alliance</li> <li>•Local promotion of SF campaigns</li> <li>•Underage sales: mystery shopping</li> <li>•Smoking litter fines</li> <li>• Smokefree work vehicles</li> <li>•Provision of evidence-based info on NV</li> </ul>	Surrey Tobacco Control Alliance supported by local environmental health, trading standards and police.	Ongoing work	Richard Haddad represents Surrey Heath on the Surrey TCA. Work on smoking litter fines and smokefree work vehicles is pending the results of pilots on both within Woking BC. Statement on NV published. A Smokefree playgrounds project is being developed
Reduce the uptake of smoking amongst children	<ul style="list-style-type: none"> <li>•Ensure Stop Smoking training is available for professionals working with children</li> <li>•Review and update Smoking Toolkit and ensure distribution to SH schools</li> </ul>	Public Health Babcock 4S	Ongoing work	Stop smoking training is readily available to front-line professionals including school nurses. Nurses offer brief intervention alongside the smoking toolkit delivered in PSHE lessons. Smoking toolkit has been updated. Nurses can not deliver pharmacotherapy.
Increase provision of Stop Smoking Services within primary care	<ul style="list-style-type: none"> <li>•Increase provision of brief advice training for primary care staff</li> <li>•Ensure patients offered pharmacotherapy are also offered referral to SSS</li> </ul>	Public Health Primary Care	Ongoing work	See metrics sections for activity data.
Increase Stop Smoking Services in areas with high smoking prevalence	Deliver Stop Smoking services within areas identified with a high smoking prevalence (Old Dean and St Michaels)	Public Health	To be confirmed	There is a pharmacy within the Old Dean that is signed up to the smoking PHA. Delivery of specialist clinic within the area is currently an aspirational objective.

# Alcohol

## Why is drinking too much alcohol a problem?

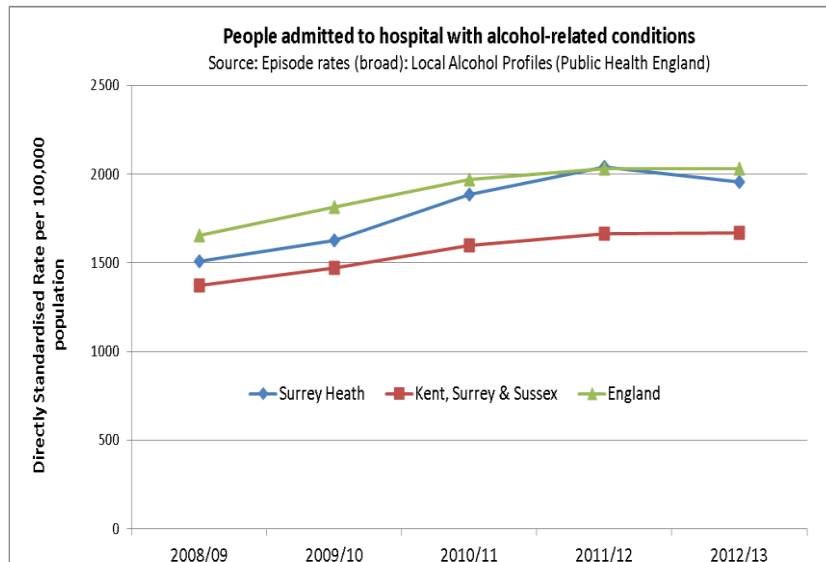
Liver problems, high blood pressure, increased risk of various cancers, heart attack and mental health problems are some of the numerous harmful effects of regularly drinking more than the recommended levels. There is also a social cost due to anti-social behaviour, drink driving and domestic violence.

## How much is too much?

Men should not regularly drink more than 3-4 units a day and women not more than 2-3 units a day. To find out more about safe drinking levels please visit the [Healthy Surrey website](#)

## Prevalence of harmful alcohol consumption in Surrey Heath

Surrey Heath hospital admissions for alcohol related conditions have been increasing at a faster rate than the national average and are higher than the regional average.



It has been estimated that the annual cost of harmful alcohol consumption to Surrey Heath Clinical Commissioning Group is nearly £7.3 million.

## Evidence of effective prevention

One of the most effective approaches to reducing alcohol harm is to reduce the availability and affordability of alcohol at a national level. However, at a local level the National Institute for Health and Clinical Excellence state that the most effective strategies to reduce alcohol related harm are multi-agency, delivered in partnership and cover the three domains of:

- Prevention and early identification
- Treatment and Recovery (including Integrated Care Pathways for alcohol)
- Safer communities.

Further information on the evidence base for preventing alcohol-related harm is available in the Surrey Substance Misuse Strategy

## Current alcohol-misuse prevention and treatment services available in Surrey Heath

Current services range from prevention activities (e.g awareness campaigns or alcohol education within PSHE curriculum), Tier 1 activities such as early identification and brief advice within primary care, Tier 2 services (more targeted advice and extended brief interventions) through to Tier 3/4 services which are treatment and recovery services for those with more serious alcohol-related problems.

# Alcohol: Action Plan

Health and Wellbeing Outcome: A reduction in alcohol-related hospital admissions for Surrey Heath

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress
Ensure early identification of alcohol misuse among the general population through delivery of alcohol identification and brief advice (IBA) within primary care	<ul style="list-style-type: none"> <li>•Promotion of Dry January and implementation of Don't Bottle it up, a web-based screening tool</li> <li>• Interrogate current provision of alcohol Directly Enhanced Scheme to understand activity and make service improvements</li> <li>• Develop and implement a new Public Health Agreement for delivery of alcohol IBA in primary care</li> </ul>	Public Health / SH CCG / SH BC Primary Care	DES: 2014/15 PHA: 2015/16	<p>See metrics section. Quarter 3 data requested from NHS England.</p> <p>Primary care IBA Public Health Agreement is currently a pilot in East Surrey.</p> <p>Dry January campaign delivered by Surrey Heath CCG and Surrey Public Health.</p>
<p>Page 31</p> <p>Ensure there is effective management of people who misuse alcohol</p>	<ul style="list-style-type: none"> <li>• Work with partners on commissioning alcohol liaison services within Frimley Park Hospital</li> <li>• Support the development of a care pathway for alcohol-related repeat attenders to FPH A&amp;E</li> <li>• Map current pathway for alcohol patients requiring detox and make service improvements</li> </ul>	Public Health / SH CCG / Frimley Park Hospital / SABP	AL nurse: 2014/15 Care pathway: 2015/16 Detox pathway: 2015/16	Hampshire and Surrey PH and NE Hants and Farnham and Surrey Heath CCGs have agreed to jointly fund a 6 month alcohol intervention pilot at FPH (due to start March 2015). The results will inform how to implement integrated identification, treatment and referral for alcohol misuse within the Frimley system.
To prioritise public health in licensing decisions	Ensure health data (including A&E assault data) is shared with Surrey Heath Community Safety Partnership and used as intelligence in police licensing reviews, representations and targeted community safety activity	Public Health / FPH / SHBC Community Safety Officer	Ongoing activity	<p>Public Health producing an options appraisal on data and capacity needed to implement a licensing toolkit to support police licensing reviews.</p> <p>FPH A&amp;E assault data group to become a broader groups looking at alcohol related violence and domestic abuse. SHBC to Chair this group.</p>

# Healthy weight: Physical Activity

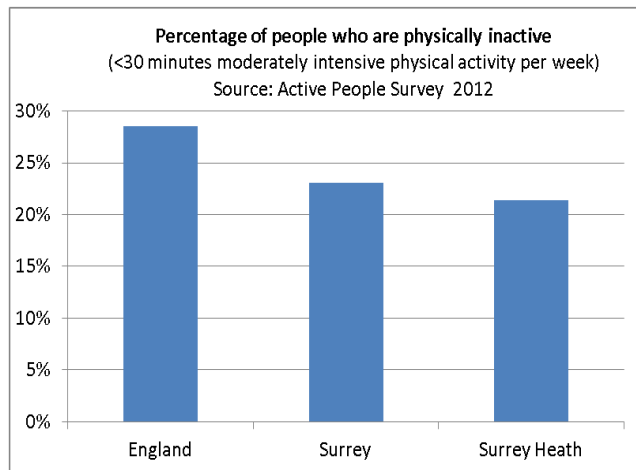
## Why is Physical Inactivity a public health problem?

According to the 2013 Global Burden of Disease Study physical activity is the fourth leading cause of death worldwide. There is strong evidence that regular maintained physical activity can alleviate the risk of over twenty chronic conditions including, including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers (NICE, 2013). It is important to note that increasing physical activity levels can elicit these health benefits irrespective of whether weight loss is present or not.

The cost of physical inactivity in Surrey Heath is estimated to be £1.35 million per year.

**Recommended levels** Guidance from the Chief Medical Office (CMO) is that adults should undertake 150 minutes of moderate intensity physical activity a week which can be built up in short 10 minute bouts throughout the day. A full breakdown of the guidelines can be found [here](#).

## Physical Inactivity in Surrey Heath



## Evidence of effective prevention

Evidence suggests that the most significant health benefits will be elicited by an inactive individual doing no physical activity starting to some physical activity, highlighting the importance of working with the least active individuals. There are currently six NICE guidance papers for increasing physical activity, focusing on a range of different settings, these can be found [here](#)

## Physical Activity Services in Surrey Heath

6 GP practices are currently signed up to the Exercise Referral Scheme. GPs and Health Professionals refer appropriate patients to a qualified exercise specialist. The specialist devises and delivers a 12 week tailored exercise programme for the patient, at a reduced price.

The Mychett Centre runs a Stroke Clinic and a Cardiac Rehabilitation group.

There are a wide range of exercise and cultural activities available through the Borough Community Centres (list available on request) plus many opportunities for sport and physical activity through the leisure centres and other organisations operating within the [Borough](#)

## Building physical activity into everyday lives

The way that our transport systems and buildings are designed can influence the amount of physical activity people have in their daily routine. For example, cycle lanes, green spaces, signage for walking times, stairs etc. Local planning departments can work in partnership with public health professionals to ensure that plans discourage unhealthy behaviours and encourage healthy behaviours.



# Healthy weight: Diet

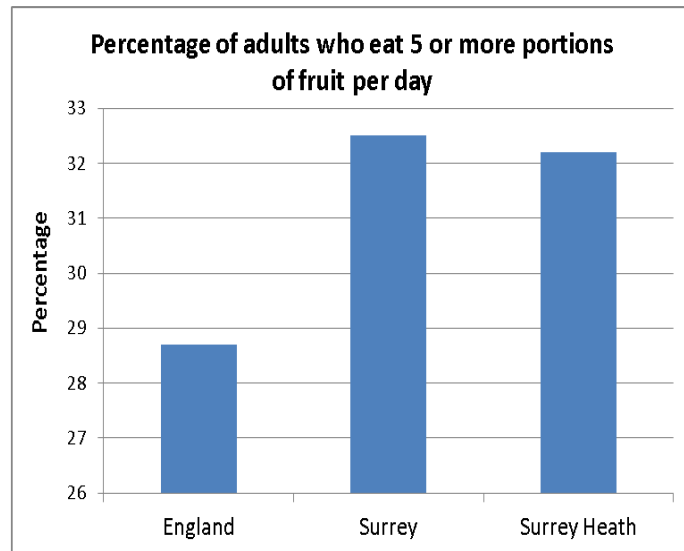
## Why is healthy eating important for public health?

Good nutrition is important to maintain health and in the prevention and management of diet-related conditions such as cardiovascular disease, cancer, diabetes, obesity and malnutrition. Being over weight (BMI >25) or obese (BMI>30 is linked to the diseases outlined above and, in addition, is associated with poorer psychological and emotional health. Whilst diet is of course crucial in prevention and management of obesity, as with physical activity good nutrition is related to is important for the prevention of other conditions such as malnutrition and vitamin D deficiency

## Recommended levels

National dietary recommendations have remained consistent for some years and the [Eatwell Plate](#) provides a pictorial representation of the recommended balanced diet for people over 2 years of age.

## Healthy eating in Surrey Heath



## Evidence of effective ways of improving diet nutrition

There are currently four NICE guidance papers for increasing improving diet and nutrition intake and managing overweight and obesity across the lifespan, focusing on a range of different settings, these can be found [here](#) .

## Health eating initiatives in Surrey Heath

Specific population groups have been identified as being at greater risk of poor diet and require targeted interventions based on their needs. Partnership working is crucial for developing an environment that enables people to make positive behaviour changes in respect of their food choices. The following community nutrition initiatives involve a range of partners from many sectors and most are targeted at people at greater risk of poor diet.

The HENRY (Health Exercise and Nutrition for the Really Young) programme is available for children under five and their families from groups at high risk of obesity. Families can self-refer or be referred by health and care professionals to HENRY groups or one-to-one sessions run by 0 – 19 teams and children’s centres. Please visit the [Surrey Nurturing Links](#) website for more information

To eat a healthy diet it is important to be able to cook. Cookery leader training is available (through [Surrey Joint Training](#)) for staff and volunteers working with families and other adults in the borough. The trained ‘cookery leaders’ offer cook and eat activities for the people in the groups they work with who need to increase their knowledge and skills.

# Healthy Weight: Action Plan

Health and Wellbeing Outcome: An increased proportion of people in Surrey Heath who are of a healthy weight

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress
Reduce the number of children entering Reception year of school who are obese or at risk of obesity	Increase referrals to HENRY programme: Signposting information made available in: •GP newsletter, Children's Centres, Libraries, Health visiting services, Early Years settings	Public Health / SHCCG and SHBC comms leads	On going activity	Comms plan to be developed
Increase physical activity levels amongst patients identified as inactive or with a condition that would benefit from exercise.	•Explore current referral levels to the EWMRS, Stroke and Cardiac Rehab sessions with the aim of increasing referrals •Increase the number of GP practices registered with the Surrey Exercise and Weight Management Referral Scheme (EWMRS).	Public Health / SH CCG / Primary Care/ SHBC Leisure lead	Mar 2015: data exploration 2015/16: Referral increase and GPPAQ project	Public Health lead for physical activity is setting up a Surrey-wide network for PA/Sport leads within Borough Councils. SHBC lead linked in to this work.  SH CCG, SHBC and Public Health to meet to discuss the Exercise on Referral scheme.
Transport and planning processes within Surrey Heath take into account opportunities to increase physical activity	Public Health to identify a key link to provide planning teams with evidence, best practice and support to incorporate prevention into plans	SHBC / Public Health	2015/16	PH lead identified and linked SH Transport plans commented on by PH
Increase opportunity for physical activity	Develop plans for increasing physical activity including a cycling strategy, development of the Walking for Health Scheme, PPP projects and use of green spaces	Public Health/SHBC		Physical activity plans to be reviewed as part of Surrey network described in first objective.  Public Health are working with Surrey Nature Partnership on the use of green spaces to promote health.  Windle Valley Youth Project have developed the Doorstep Sports programme

# Section 2: Protection from Harm

# Excess Winter Mortality and Morbidity

## Why is winter an important public health problem?

Seasonal variations in temperature can seriously affect health and cause death in high risk groups such as the very old, the very young, those with a disability and those living in fuel poverty. Excess winter deaths (an increase in number of deaths over what is normally expected) occur between December and March. The main causes of seasonal illness or death are respiratory and cardiovascular diseases such as influenza, asthma, pneumonia and heart attacks. Indirect effects of cold include mental health illnesses such as depression, and risk of carbon monoxide poisoning if boilers, cooking, and heating appliances are poorly maintained or poorly ventilated. In the recent past, the rate of excess winter deaths in England was twice the rate observed in some northern European countries, such as Finland.

## Excess winter deaths in Surrey Heath

Each year, there are on average **28** extra deaths in Surrey Heath during the winter period. The Excess Winter Mortality Index for Surrey Heath is **12.9** which is better than the figure for England as a whole (**16.5**). The EWM index enables comparisons to be made different areas, and is calculated as the number of excess winter deaths divided by the average non-winter deaths.

[Data](#) for 2012 shows that over 2,000 households (6%) in Surrey Heath were in fuel poverty (i.e they are unable to heat their home at a reasonable cost, given their income). This is lower than the figure for Surrey (7%) and the South East region (8%). However, there are areas of Surrey Heath with Fuel Poverty levels above 10%.

## Effective prevention of excess winter mortality

The [Public Health England Cold Weather plan](#) recommends a series of steps to reduce the risks to health from cold weather for:

- NHS, local authorities, social Care, and other public agencies
- Professionals working with people at risk
- Individuals, local communities and voluntary groups.

There is a list of National Top Interventions listed in the Surrey JSNA Chapter for [Excess Winter Deaths - What works](#)

## Current services available in Surrey Heath that help to reduce risk of winter death

[Action Surrey](#): helping homes and business reduce energy consumption through the implementation and installation of energy reducing works and advice via the various grants and offers available from the Government and energy companies.

The Flexible Grant from Surrey Heath Borough Council is available to qualifying residents to help with installation costs of works such as new doors and windows.

[One Stop Surrey](#): an onward signposting and referral process for use by anyone in proximity to the vulnerable individual operated by Age UK Surrey.

Flu Immunisation: increasing uptake of flu and pneumococcal vaccinations among priority groups is important for reducing winter illness. Please see Immunisation section for further details.

# Excess Winter Mortality: Action Plan

Health and Wellbeing Outcome: Reduce the number of excess winter deaths amongst Surrey Heath residents

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress
Improve the thermal efficiency of dwellings occupied by vulnerable people	<p>Ensure all social housing meets the decent homes standard, especially in respect to insulation. Investigate how standards of private housing may be improved.</p> <p>All single walled properties adjacent to roads identified and contacted to offer financial help with wall insulation</p>	SHBC Environmental Health	Completed Winter 2015	All social housing currently meets decent homes criteria
Reduce the number of households in fuel poverty	Increase awareness of benefits and entitlements that can increase income and reduce fuel bills (through energy efficient boilers, loft insulation etc).	SHBC	Ongoing activity	The Living and Aging well programme has developed a referral form for One Stop Surrey.
Targeted reduction of the negatives effects of cold stress (both in and outdoors)	<p>Deliver winter warmer packs to households identified as being occupied by people vulnerable to effects of the cold</p> <p>Develop and deliver wheelie bin hangars giving advice on staying warm and well this winter</p> <p>Provide information to the public, GPs and Social Care Professionals on Cold Weather Advice</p>	SHBC Environmental Health  Surrey Public Health/ NHS England	January 2015	Completed January 2015

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# Immunisation

## Why is Immunisation a public health problem?

Immunisation against infectious diseases is one of the most effective ways to protect the populations' health. Maintaining high vaccine coverage is essential to prevent the spread of disease which may lead to more serious complications and death amongst more vulnerable individuals.

Immunisations are given during our childhood years and also throughout life to protect us from seasonal influenza, lifestyle, travel and occupational related infections. Therefore it is essential that the population has access to all required vaccinations to protect themselves and their families.

## Recommended levels

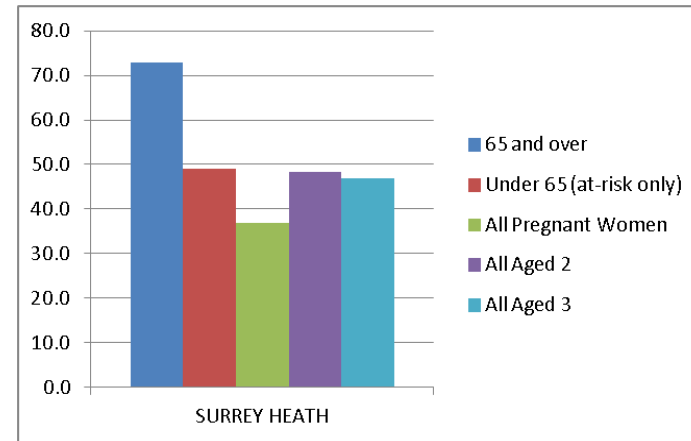
A given percentage of the population (95%) needs to have been immunised against a specific disease in order to prevent its spread and outbreaks, this is known as herd immunity.

In Surrey as a whole there is an urgent need to work to improve the overall immunisation coverage and specifically low levels of uptake amongst certain groups such as the Gypsy and Traveller community and in places such as practices and schools where uptake is also known to be lower. Further details of groups where low levels of uptake is more likely is available in the [immunisations chapter](#) of the Surrey Joint Strategic Needs Assessment. [NICE guidance](#) also provides recommendations on how to reduce the variation in uptake in immunisation programmes

## Immunisation uptake in Surrey Heath

The percentage of children immunised in Surrey as a whole in accordance to the national vaccination and immunisation schedule are lower than regional and national rates. Recent 2014 practice data for Surrey Heath indicates that, for example, the average MMR uptake (first and second dose) was at 82% at age five. While this is an improvement on previous years it is still below the national average of 88% and the target of 95%. Significant variation between practices also suggests efforts should be focused in certain areas and practices.

Another focus alongside the child immunisation programme is the influenza vaccination programme which includes vulnerable groups of all ages. While Surrey Health perform reasonably well when compared to other local areas, further work is needed to reach the 75% immunisation target particularly in those under 65 who are at risk (see figure 1).



## Current Immunisation services available in Surrey Heath

GP practices provide a range of vaccination programmes. Each practice decides how they will operate their immunisation service, for example having immunisation clinics on set days and at set times. Local school nurses and immunisation teams also immunise eligible young people against the national childhood immunisation programme via school based programmes.

The seasonal influenza programme is an annual programme for people aged 65 and over and those in the identified clinical at risk groups. Those who wish to have this vaccine must attend each year to take into account evolving strains of the influenza virus. GP practices organise and plan their own seasonal flu programme for example ordering vaccine in the April of every year. Call and recall of patients is carried out by the practice and is done by sending individual letters or via telephone call.

## Immunisation: Action Plan

Health and Wellbeing Outcome: To increase the uptake of immunisations by Surrey Heath Patients

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress Blue: Not started (planned) Red: Poor progress/failed Amber: Progress as planned Green: Successfully completed
Improve data reporting	Encourage practices to report immunisation information to appropriate bodies and identify areas for improvement	NHS Area Team	Ongoing	The Local Area Team who commission this service believe that vaccination coverage is low due to recording issues. They are in the process of piloting a data extraction tool, which they believe will give a truer picture of immunisation uptake in Surrey.
Increase provision of immunisation	Work with the area team to support practices falling below the target thresholds to establish plans for improvement.	SH CCG Area team	Ongoing	Information and data on imms uptake included in CCG update for GP practices.
Increase uptake amongst vulnerable groups	Support awareness of immunisation programmes through the use of local services that already reach vulnerable groups 1) Refuse bin fliers	SHBC / SH CCG	2014/15	Completed Jan 2015
Increase uptake amongst pregnant women	Work with maternity services to increase uptake (flu for pregnant women and childhood imms)	Public Health / SH CCG / FPH	Ongoing	
Increase uptake amongst frontline health and social care professionals	Review and encourage the consistent vaccination of front line staff in key local organisations	SHBC social care teams / SH CCG / Primary Care	Ongoing	Healthcare staff uptake this year was very low across Surrey. Plans for increasing uptake next winter to be developed.

# Unintentional Injuries (falls)

## Why are unintentional injuries a public health problem?

Unintentional injuries are defined as predictable and preventable injuries and associated events. It is estimated that unintentional injuries account for approximately 13% of emergency admissions and 4.5% of all Surrey hospital admissions. Most unintentional injury hospital admissions are for falls, followed by injuries on the roads. Smoke, fire and flames, drowning and poisoning injuries also result in admissions to hospital but are less common.

Over half of all hospital admissions for unintentional injuries are adults over 65 years of age, and out of those aged under 65, children aged four years and under are the most likely age group to be admitted to hospital. Children whose parents are long-term unemployed are 13 times more likely to die from an unintentional injury compared to children whose parents are in higher managerial or professional occupations. This social gradient is particularly steep in relation to deaths caused by household fires, cycling and walking.

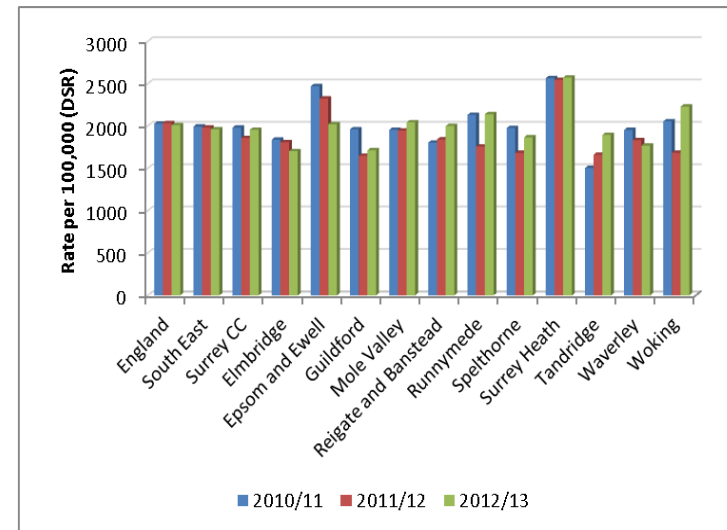
## Evidence of effective prevention

It costs £349 per person to put a person through a falls prevention programme, yet the average cost of hospital treatment per fall is £3,320 (A Health and Wellbeing Framework for England – PHE). The National Institute for Health and Care Excellence has published guidance on assessment and prevention of falls in older people which identified recommended programmes

## Prevalence of Unintentional Injuries in Surrey Heath

Surrey Heath has lower rates of unintentional injuries in children and young people when compared to other areas but the gradient in rates of unintentional injuries between socio-economic groups must be considered i.e the rate is likely to be higher in areas of deprivation.

In contrast, the number of falls in over 65s is particularly high in Surrey Heath which had the highest rate of emergency hospital admissions due to falls injuries in Surrey in 2012/13 at 2573 per 100,000 population. Data from this same year suggests the numbers of falls in those over 80 are also particularly high when compared to other local areas.



## Current services to prevent unintentional injuries available in Surrey Heath

Falls services in Surrey are provided in hospitals and in the community and there is a Surrey-wide falls group which aims to reduce falls in the county.

Surrey Drive SMART road safety and antisocial driving strategy is a joint strategy between Surrey County Council (including Surrey Fire and Rescue) and Surrey Police which aims to tackle anti-social driving and reduce unintentional road injuries.

Surrey Fire and Rescue Service offer a wide range of services to prevent unintentional injuries due to fire as well as the partnership work for road safety. These include: targeted educational work with children and young people; targeted work for adults most at risk from fire injury; and offering support to all residents by providing home assessments and adjustments as appropriate.

When a child under 5 years of age attends A&E, local health visitors are informed. They subsequently work with families to reduce the risk of injury by providing guidance, raising awareness of risk and promoting the use of safety equipment e.g. stair gates.



## Unintentional Injuries (falls) : Action Plan

Health and Wellbeing Outcome: Reduce the number of Surrey Heath residents experiencing falls

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress (Nov 2014)
Prevent and reduce the impact of falls  Page 41	Complete Unintentional Injury Needs assessment Mapping of current falls services and falls prevention	Surrey PH	March 2015	UI Needs Assessment Falls section complete (apart from falls service mapping section).
	Further development of Thirst for Life Train the Trainer programme for roll out to front-line staff working with frail elderly	Surrey PH	Development of programme: Mar 2015 Roll-out: 2015/16	This is dependent on the service mapping above as we don't wish to duplicate any existing hydration training being delivered.
	Increase referrals of older people to Exercise Referral Scheme. Leisure providers to support Older People Exercise Referral qualification Increase provision of Strength and Balance exercise programmes	Primary Care Surrey Heath Leisure providers SH CCG	2015/16	Investigate funding of training qualification S&B programmes depends on service mapping
	Incorporate primary prevention into the Frimley Park Falls Pathway (i.e. Exercise, hydration and nutrition, alcohol awareness)	Surrey PH	2015/16	Pathway received by PH. Meeting with NEH&F falls prevention lead booked to discuss primary prevention

# Domestic Abuse

## **Why is Domestic Abuse a public health problem?**

Domestic Abuse is associated with an increased risk of physical injury, increased substance misuse, mental health problems, self harm and sometimes death.

## **Prevalence of Domestic Abuse in Surrey Heath**

There is limited data available on the prevalence of domestic abuse and there is a significant issue with under-reporting. The Crime Survey for England and Wales reports that 7.3% of women aged 16-59 years have experienced DA. Applying these rates to the relevant population of Surrey Heath indicates that there could be over 6,000 women in the area who have experienced DA. Data from Surrey Adult Social Care indicates that 22% of safeguarding referrals for over 65s were initiated because of alleged abuse committed by a partner or family member.

In July 2012 to June 2013 there were 968 DA incidents reported to police (Surrey Single Strategic Assessment: Priorities for 2014-17). In 2013/2014 there were 182 referrals from the Surrey Heath area to local domestic abuse outreach services. These figures show that of the DA incidents reported to police (which in themselves are likely to be under-reported), only a small proportion are referred to DA services.

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. The MARAC for Surrey Heath and Woking reported that in 2013/14 they considered 133 cases, 51 of which were repeat cases. There were 137 children associated with these cases.

## **Evidence of effective prevention**

There is published [NICE Guidance \(PH50\)](#) on how health services, social care and the organisations they work with can respond effectively to the needs of those suffering from domestic abuse

## **Current Domestic Abuse services available in Surrey Heath**

The [Your Sanctuary Domestic Abuse Outreach service](#) covers Woking, Runnymede and Surrey Heath

Your Sanctuary also run a Surrey wide 24 hour helpline 01483 776822

## Domestic Abuse: Action Plan

Health and Wellbeing Outcome: To reduce the incidence and impact of domestic abuse

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress (Nov 2014)
Increase co-ordination between organisations who deal with domestic abuse	<ul style="list-style-type: none"> <li>•All relevant service providers to be signed up to the Multi Agency Sharing Protocol</li> <li>•All prevention plan partners to be members of the Surrey Heath Partnership (community safety)</li> <li>•Ensure health representation on the Surrey Heath MARAC</li> </ul>	SH CCG / SHBC / Public Health	March 2015	Surrey Child Safeguarding lead for health subgroup is considering suitable health representation to the MARAC.
Increase referrals into DA outreach services by improving health professionals understanding of DA	Make DA awareness training available to front line health and social care professionals	Surrey Domestic Abuse Development Group	2015/16	DA awareness training is available generally through Surrey Joint Training. DA group to consider incorporating training into GP education programme
Improve identification of DA within primary care	Commission the IRIS (Identification and Referral to Improve Safety) programme	SH CCG / Surrey Domestic Abuse service commissioners	To be confirmed	Action yet to be planned
Increase referrals into DA outreach services for members of the Gypsy, Roma and Traveller community	Commission Domestic Violence Advisor time to work with primary care and the GRT community	SH CCG / Surrey Domestic Abuse service commissioners	To be confirmed	Action yet to be planned

# Self-care

## **Why is self-care important?**

In the past patients have had very little opportunity to safely self-manage their long term but stable medical conditions at home. Consequently the patient has had to be managed within the healthcare system, requiring travel to hospital or local provider creating further dependency on the system. However new technologies, Telehealth and Telecare, are providing safe home based services that allows for the patient to monitor their condition themselves and have technologies that support them to keep well in their own home.

In many cases the patient will have carer support, to aid a holistic approach to patient care in Surrey Heath, carer health and support is recognised as being essential to the wellbeing of the carer and patient.

## **Available programmes to support self-care**

**Telehealth** – The patient puts their daily or weekly health information into a hand held device, this information is monitored by the provider's clinical staff and clinical decisions are made to ensure the patient remains at optimal health. In the event of sub-optimal health the patient is flagged to their GP for remedial action to ensure only appropriate admissions to hospital are made.

**Telecare** – The patient is provided with a number of self-care technologies from personal alarm, falls detectors, motion detectors, house temperature detector, medication reminder, hydration reminders etc. This allows a patient who wants to remain in their own home to have the technical support and response centre monitoring to ensure the patient is safe and to alert social care if the technology indicates a problem.

**Carer Support** – The carer is provided with an opportunity to register as a carer with their GP to ensure their health needs are managed appropriately, they can also apply for carers' breaks via Action for Carers.

## **Current services to support self-care available in Surrey Heath**

The Telehealth and Telecare projects are led by Surrey County Council. The Telehealth project provider is Medvivo. People with stable medical conditions (Currently COPD and HF) can be referred by their GP, Community Heart Failure or Respiratory Team to Telehealth so that they can remain in their own home with remote care monitoring. The Telehealth project allows for up to 200 patients between 2014 and 2016 to be referred into the remote care monitoring service.

The Telecare project is currently partly delivered via the borough council and is under review. The outcome of the review is likely to recommend a procuring the service as a Surrey wide contract to deliver technology based support e.g. medication reminder, falls or movement detection and alarms etc. on a means tested basis across Surrey. They also work with Accent Peerless to provide sheltered housing across the borough.

The Carers Support Service is provided via Action for Carers who manage and award the carers breaks requests. Carers register with their GPs.

Surrey County Councils Housing - Related Support Services also provide support to disabilities, Homeless and Socially excluded Groups.

The CCG will also promote NHS Self Care Week in November this year (17<sup>th</sup> to 23<sup>rd</sup> November) to encourage people to be healthy this winter.

## Self-care: Action Plan

Health and Wellbeing Outcome: To increase the number of people able to live independently in their own home

Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Who will do this (Lead / Organisation)	When will we do this by (Milestones / Timescale)	Current progress Blue: Not started (planned) Red: Poor progress/failed Amber: Progress as planned Green: Successfully completed
Increase the number of patients receiving telehealth	Identify new patients via GPs and community respiratory and heart failure teams suitable for assessment for Telehealth	SH CCG	2014/15	Currently 23 patients out of an identified 44 receiving telehealth (March 2015 update has been requested)
Ensure that Surrey Heath patients have access to Telecare	Work with SCC Telecare lead to deliver the review and procurement of Telecare for the Surrey Heath area	SH CCG / SHBC	Mar 2015: procurement plan From Apr 2015: implementation plan to be developed	Part of larger review of equipment and adaptations within the Surrey Joint Telecare Strategy
Increase support to Carers	Support the identification and registration of carers to meet the Surrey Heath target of ?%	SH CCG	To be confirmed	This work is part of the Commissioning Incentive scheme.  A meeting of Carer's organisations has been planned to look at how to increase effectiveness of support to Carers

# Section 3: Active and Supportive Communities 1

## Information and advice

The **Community Connector** role is part of the Diocese of Guildford Communities Engagement Team. The role:

- Builds relationships with the voluntary, community and faith based groups as well as statutory health and social care providers and commissioners in Surrey Heath.
- Explores and notes the services and activities available for vulnerable people across Surrey Heath building on existing information in order that there is a shared understanding across all organisations and groups of what support is available.
- Facilitates and promotes the exchange of information, between voluntary, community, faith and statutory sectors for the people of Surrey Heath.
- Engages statutory health and social care services to introduce them to the wider perspective of what is happening in communities and to promote the opportunities presented in the parishes and wards of Surrey Heath
- Has a view to good practice and successful models in other locations within Surrey and across county borders.

The **Social Care Development Co-ordinators** for Surrey Heath, works alongside the Community Connector to provide support to front-line practitioners by taking responsibility for identifying, developing and organising services to support people in a particular locality or geographical area.

Surrey Heath CCG has recognised the value of **social prescribing** in their planning toward Integrated Care. The CCG is developing a proposal to offer a single point of access programme whereby patients and carers with physical, mental health or social care needs can be referred to community and voluntary groups who are well placed to address the wider relational and practical needs of the individual, carer or family. The programme will be co-ordinated by Community Voluntary Support liaison officers from Voluntary Support North Surrey (Surrey Heath team).

Surrey Heath CCG also commission several voluntary including Outline (support for the Gay, Lesbian, bi-sexual and trans-gender community), Headway (support for people following brain injury) and the Stroke Association (support for people following stroke).

**Neighbourhood hubs:** The Community Connector is engaged with local communities to provide neighbourhood contact points or 'hubs'. To begin with, the Lightwater village community have assembled representatives of the majority of village social and activity groups, including representation from the parish council, the business association, the PPG and the church. Together they are manning a contact point in the village centre and the group would be called Lightwater Information centre for Vulnerable and Elderly (LIVE). This initiative has found support and encouragement from Adult Social Care commissioners and project leaders, and from the CCG. 'LIVE' will access Surrey Information Point and signpost to appropriate agencies. They will also provide contact with very local neighbourhood helps. This approach of providing information through neighbourhood groups also lays a foundation for effective Timebanking arrangements.

## Active and supportive communities

**Befriending and Visiting:** The Community Connector has been involved in the development of the Befriending for Dementia pilot in the Heatherside ward of Camberley. This is joint working between SHBC, SHCCG and Adult Social Care, with AgeUK Surrey managing the pilot. It is hoped that other groups will be able to replicate the the work in other wards and parishes on a long-term sustainable basis. This is a project also being followed by the community matrons and the parish nurses.

The CC has facilitated relationships in Chobham village which will support befriending. Crossroads Care and local leaders have started a social group for the cared-for, whilst providing respite for the carers.

## Section 3: Active and Supportive Communities 2

**Community Asset Mapping:** Community Connectors identify, map and share with other organisations information on services and activities to ensure appropriate support can be offered to people in a timely way. As part of the role in Surrey Heath, the CC has sourced activities, support and services that are offered to older and vulnerable people and has begun to identify potential “community champions” within communities.

Groups such as Lightwater ‘LIVE’ with their village contact point will themselves engage in mapping the local resources. It is clear that there is a high level of professional acumen and experience of caring within the community. The CC suggests that discussion around asset mapping can be useful, possible approaches weighed up, but it will be for the community themselves to decide what they are comfortable doing. In Lightwater a number of representatives of the active groups have knowledge of the village over 30 or 40+ years and between them have a wealth of information that guides any approach to mapping.

**Dementia Friendly:** A dementia friendly community has been described as one that enables those with the condition to:

- Find their way about and be safe
- Access the local facilities that they are used to and where they are known, such as banks, shops, cafes, cinemas and post offices
- Maintain their social networks so they feel they continue to belong

Dementia Friendly activity within Surrey Heath includes the following:

- Dementia Friends Training available through the Borough Council
- Windle Valley Wellbeing Centre in Bagshot provides a variety of sessions, advice and activities for those living with dementia and their carers
- Saturday Club at Windle Valley Centre caters for those living with dementia and their carers
- Camberley Alzheimer Café opened in September 2014 and meets monthly

### **Reducing stigma and discrimination for those with mental illness**

Mental health problems are common - but nearly nine out of ten people who experience them say they face stigma and discrimination as a result. This can be even worse than the symptoms themselves. Fear of discrimination can lead to delay in a seeking help, prolonged or increased severity of the condition and poor treatment adherence. The impact of mental health stigma and discrimination on important life areas e.g. people’s dignity, social status, employment opportunities or job security, marriage, family relationships and friendships can be devastating.

Time to change Surrey is a local programme of work supporting the aims of the national time to change campaign to reduce stigma and discrimination around mental health. Following a pilot project in East Surrey, it is now proposed to roll out the programme to the rest of the county. This will include training for front line professionals (including primary care), mental health ambassadors and drama events, all co-ordinated by appointed voluntary sector staff.

### **Action plan**

Surrey County Council are looking to establish local partnership forums focusing on these community activities in each Borough and District, or to build on existing forums if appropriate. These forums will bring together ASC (front line staff and commissioners), Public Health, CSF, Borough Council, CCG, CVS and other local partners. Once such a forum is established for Surrey Heath, the group can develop an action plan around developing and improving the activities described in this section.

# Appendix 1: Metrics

Public Health Topic	Indicator	Latest Reporting Period	Progress
Alcohol	Alcohol Education and Brief Advice Initiative (AEBAI) in Frimley Park Hospital	2014/15 Q3: 2566 patients screened (1060 Surrey)	Activity in line with normal quarterly performance
	Number of GP practices signed up to Alcohol DES	8	
	Number of patients screened	300 (Qtr1-2)	
Smoking	Number of practices signed up to deliver Stop Smoking Services	9	
	Number of pharmacies signed up to deliver Stop Smoking Services	4	
	Number of quit date set	30(GP only qtr 1&2)	Quarterly average for 2013/14: 46
	Number of quits	19	
	Target:	5% of smoking population	
NHS Health Checks	Number of practices signed up to deliver NHS Healthchecks	7 (3 delivering)	
	Number of pharmacies signed up to deliver NHS Healthchecks	3	
	NHS Health Checks Offered	Not available	
	NHS Health Checks Delivered	402 (GP only. Qtr1-2)	Improvement
	Target	20% of eligible population	
Healthy Weight	Number of Surrey Heath organisations trained to deliver HENRY weight management programme	Data requested	
	Number of HENRY programmes delivered in Surrey Heath	Data requested	
	Number of GP practices signed up to Exercise Referral Scheme	6	
	Number of referrals to Exercise Referral Providers	Not available	
	Number of people starting Exercise on Referral Programmes	On average 6 per month	
	Exercise on Referral completion rates	Data requested	



## Appendix 2: The Health and Wellbeing Needs of Surrey Heath

The weblinks below lead to a range of datasets relating to the health-related needs of Surrey Heath. The list will be updated as new sources of data become available.

Surrey Joint Strategic Needs Assessment

<http://www.surreyi.gov.uk>

Resources for Surrey Heath CCG including the CCG Health Profile

<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1361>

Public Health England Health Profiles

<http://www.apho.org.uk>

National General Practice Profiles

<http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Public Health Outcomes Framework

<http://www.phoutcomes.info/>

Local Alcohol Profiles

<http://www.lape.org.uk>

Local Tobacco Profiles

<http://www.tobaccoprofiles.info/>

National Obesity Observatory

[http://www.noo.org.uk/data\\_sources](http://www.noo.org.uk/data_sources)

Mental Health Profiles

<http://www.nepho.org.uk/cmhp/>

## Appendix 3: Reporting process for Surrey Heath Prevention Plan

The Prevention Plan will be updated on a quarterly basis with the following timelines:

6 weeks prior to HWB: Catherine Croucher to request update from those leading on each action (with two week deadline)

4 weeks prior to HWB: CC to incorporate updates

1 week prior to HWB: Updated Prevention Plan circulated to HWB membership with Quarterly Highlight Report.

Annual Review: All objectives within Prevention Plan reviewed alongside outcome data.

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**AIR QUALITY RESULTS**

Ward(s) Affected: All

**Purpose**

**To inform of Air Quality Monitoring Results.**

Background

1. European concern over the health and environmental effects of pollution from industrial and road transport sources gave rise to the European Union Directive on Air Quality. This was adopted by the UK in the form of the Environment Act 1995. This introduced the concept of National Air Quality Strategies.
2. Part IV of the Environment Act 1995 introduced the Local Air Quality Management system, which requires local authorities to undertake regular review and assessment of air quality, with respect to the standards and objectives set in the Air Quality Strategy, and enacted through the Air Quality Regulations. In 1995, in accordance with the Environment Act, the Council began monitoring air quality.
3. There are currently 35 locations throughout the Borough where pollutants are measured utilising either diffusion tubes or a continuous analyser. Nitrogen dioxide diffusion tubes are used for ambient air monitoring and are capable of providing long term assessments at low cost. The continuous analyser provides real time measurements of both nitrogen dioxide and dust.
4. The Council is statutorily required to submit an annual report to central government on air quality throughout the Borough based on a number of factors including the results of monitoring. The latest Progress Report was submitted in July 2014 and included progress made with the Air Quality Action Plan relevant to the AQMA. It concluded full compliance at long term publicly accessible areas of the Borough with all of the seven pollutants identified in the Air Quality Objectives (Annex A).
5. Members will be aware that in 2002, as a result of studies that determined potential exceedence of the objectives for nitrogen dioxide and dust, the Council designated an area of land adjacent to the motorway an Air Quality Management Area. (AQMA). The AQMA is comprised of a 20m wide strip both sides of the edge of the M3 from J4 from the Frimley Road flyover to just north of the Ravenswood Roundabout. The Air Quality Action Plan was implemented in 2005 detailing measures that would help bring down the pollution levels in this area adjacent to the motorway. In regards to this the July 2014 report also concluded that there are no areas within it identified as now exceeding any of the Air Quality Objectives at locations of relevant exposure.
6. The report utilised actual monitoring results in reaching its conclusions.

7. A summary of the air quality monitoring results over the past fifteen to twenty years for our diffusion tubes and five for our continuous analyser is contained within this report (Annex B Charts 1 and 2).

#### Health Impacts of Air Pollution

8. Despite improvements in air quality over many decades poor air quality continues to impact upon public health and the environment. It has been estimated that poor air quality causes up to 50,000 deaths per year nationally and probably causes more mortality and morbidity than passive smoking, road traffic accidents or obesity. The equivalent to 29000 deaths and an average loss of six months life expectancy is also attributable alone to Particulate Matter (dust) air pollution.
9. The financial burdens from the health, economic and social impacts in the UK are considerable with additional costs to the NHS from respiratory hospital admissions triggered for conditions such as Asthma and Chronic Obstructive Pulmonary Disease (COPD). Air pollution is considered to be one of the potential causes and exacerbating factors for COPD
10. The UK like many other EEC Member States is having difficulty meeting EU Air Quality standards and is also at significant risk of infraction, especially with regard to nitrogen dioxide exceedence. This exceedence in part is caused by the poor abatement performance of euro standards for certain vehicle classes and increased use of diesel fuel by fleets.

#### Results of Monitoring

11. The Council uses two methods of measuring air pollution – passive and active.
12. Passive monitoring is carried out by way of diffusion tubes and Active by means of a continuous analyser.
13. Active Automatic Monitoring Data; Nitrogen Dioxide (NO<sub>2</sub>) and Dust (PM<sub>10</sub>)

#### Nitrogen Dioxide.

14. Since 2008 the council has undertaken continuous monitoring at the Camberley Castle Road site for NO<sub>2</sub>. The site is located at the end of the Castle Road cul-de-sac next to the M3 motorway. The monitoring site is 17 m closer to the motorway than the nearest relevant residential receptor. Monitored NO<sub>2</sub> concentrations at this site are therefore worst-case and higher than NO<sub>2</sub> concentrations at the locations of relevant residential exposure in the vicinity.
15. The measured annual mean NO<sub>2</sub> concentration for this site in 2013 was 42.0µg/m<sup>3</sup>, which is above the annual mean NO<sub>2</sub> objective of 40µg/m<sup>3</sup>. Further analysis of the site, with the appropriate façade and distance calculations applied, identified that both the annual mean and one hour air quality objectives for nitrogen

dioxide were not exceeded at the nearest locations of relevant exposure (35.7µg/m<sup>3</sup>). A trend chart of NO<sub>2</sub> annual mean concentrations at the Camberley Castle Road site over the past five years (2009-2013) is shown within Annex B as Chart 2. Measurements from the past five years show an upward trend in measured concentrations.

16. Monitoring results determine that there have been no exceedences of the hourly mean NO<sub>2</sub> standard during 2013 or at any time since NO<sub>2</sub> monitoring commenced at the site in 2008. The one hour NO<sub>2</sub> objective was achieved in 2013 and has not been breached at any time since monitoring began at the site.

#### Particulate Matter (Dust PM10)

17. The Council has been monitoring PM10 since October 2006 at the Castle Road site. Between 2009 -2013 there were no exceedences of the annual mean PM10 objective of 40µg/m<sup>3</sup>. In 2013 the measured annual mean PM10 concentration was 18.0µg/m<sup>3</sup>.

18. Results of the latest annual mean and daily exceedences indicate that PM10 concentrations are well below the corresponding PM10 objectives of no more than 35 incidences of levels above 50ug/m<sup>3</sup>. As the nearest relevant exposure façade is located 17 metres further back from the road than the monitoring site, exceedences of the PM10 objectives at locations of relevant exposure are unlikely.

19. Passive monitoring sites have been scattered throughout the Borough since 1995 representing urban, rural, road and kerbside locations.

#### Passive Monitoring Results

20. Assessment of the 2013 results showed there to be nine sites (SH7, SH9, SH10, SH16, SH23, SH30, SH33, SH34 and SH15) where the annual mean objective for nitrogen dioxide (NO<sub>2</sub>) was exceeded. The locations of the tubes are shown at Annex A Table 1.

21. Site SH7 is a motorway roadside site at which there is no relevant public exposure. Monitoring at a second site (site SH8) in the same locality as site SH7 however, indicates that the annual mean NO<sub>2</sub> concentration was well below the annual mean NO<sub>2</sub> objective at a distance of 62 metres from the roadside. Given that the nearest location of relevant exposure to site SH7 is located further back still from the roadside than site SH8, it is considered that the annual mean NO<sub>2</sub> objective was not exceeded at this location.

22. Sites SH9, SH23, SH33 and SH15 are also not at locations of relevant residential exposure. At locations of relevant exposure closest to these four sites, the calculated concentrations were well below the annual mean NO<sub>2</sub> objective. Site SH23 is however located on the east side of the road, while the nearest receptor is on the west side of the road, therefore estimated concentrations at the location of relevant exposure are less.

23. Sites SH10 and SH30 are located 100 metres from the nearest location of relevant exposure and as a result concentrations at this distance are unable to be calculated. These tubes have now been relocated closer to the nearest relevant receptor. Based on historical data these locations are not expected to exceed the objectives.

24. The remaining sites that exceeded the annual mean objective for nitrogen dioxide (SH16 and SH34) are located in the current Air Quality Management Area. No other likely exceedences of the annual mean air quality objective were identified.

### AQMA

25. Under Section 84(2) of the Environment Act 1995, the Council was required to prepare an Air Quality Action Plan. The aim of this Action Plan was to identify a package of relevant measures for reducing levels of NO<sub>2</sub> within the AQMA

26. Since publishing the AQAP the Council has reported annual progress to Defra detailing how each measure is being progressed as well as reporting on those measures which have been successfully completed.

27. Of the original actions described in the 2005 Plan, most are now reported as either completed, or discontinued. The Council committed to continuing to implement the remaining actions in line with the relevant stakeholders, in pursuit of further improving air quality within the Borough although it should be noted that there are no local measures that can be carried out to reduce traffic emission levels on the M3 other than to support a speed restriction proposal.

### M3 Widening and effect on Air Quality

28. In February 2014 the temporary and permanent air quality effects of the M3 Scheme were considered within an Environmental Impact Assessment that was submitted to the Council on behalf of the Highways Agency

29. The method of assessment utilised a dispersion model to predict pollutant levels at identified sensitive receptors. Modelling was undertaken for the effects in years 2015 and 2019 with and without a speed reduction in place. Also assessed were the temporary air quality effects of the construction work itself.

30. The recommendations of the assessment included the implementation of a speed restriction during the period of the widening works in order to reduce the impact of the change in pollutant levels. This mitigation measure was predicted to reduce the change in NO<sub>2</sub> levels at those Frimley receptors identified as exceeding the objective to an imperceptible one.

31. In the 2015 scenario within Surrey Heath, without the temporary speed limit of 60mph in operation during construction work, there were receptors in Wood Road, Newlands Road, Old Pond Close, James Road and Pans Gardens predicted to experience a detrimental change of more than 1% of the limit value that exceed the annual average NO<sub>2</sub> air quality objective. (See Map 1)

32. Officers of the Environmental Health Department reviewed the air quality sections of the Environmental Assessment and concluded to support the mitigation measure.

33. In spring 2014 the Government minister decided not to approve the Highways Agency proposal of a temporary speed limit as a mitigation measure and instead instructed them to rigorously investigate alternatives.

34. When completed and operational, the Highways Agency predicts that in 2019 there will be no receptors in the Borough within 200m of the M3 that exceed either the annual or one hour NO<sub>2</sub> limits and hence no need to consider mitigation measures. (See Map 2)

35. It is predicted that in 2019 the annual average PM<sub>10</sub> and 24 Hour PM<sub>10</sub> air quality objectives will be met at all locations in the Borough with or without the widening scheme.

36. To date no alternatives to the speed reduction have been proposed and it may well be that at the identified properties in Frimley there will be a short term worsening of air quality during the widening work. However the speed limit within the scheme is restricted to 50mph, some 10mph slower than that proposed as a mitigation measure.

37. Overall in the longer term after widening work has been completed local air quality effects are considered to be insignificant as the benefits of less congestion and smoother lane running take effect.

#### Summary and Proposals

38 An assessment of the current air quality situation within Surrey Heath Borough Council has been undertaken. The report has assessed all available air quality monitoring data within the Borough against national air quality objectives as well as any significant changes that have occurred within the Borough since the last round of review and assessment that could impact on local air quality.

39. Surrey Heath Borough Council monitors for NO<sub>2</sub> and PM<sub>10</sub> at one continuous monitoring station. NO<sub>2</sub> monitoring in the Borough is supplemented by a network of diffusion tubes. Surrey Heath Borough Council has examined the results from the monitoring in the Borough.

40. Continuous NO<sub>2</sub> monitoring data for 2013 showed NO<sub>2</sub> concentrations above the annual mean NO<sub>2</sub> objective, however there were no exceedences of the hourly NO<sub>2</sub> standard of 200µg/m<sup>3</sup>. The annual mean NO<sub>2</sub> concentration at the nearest relevant receptors (17 metres further back from the road than the analyser) is calculated to be below the objective (35.7µg/m<sup>3</sup>).

41. Assessment of the NO<sub>2</sub> diffusion tube network in 2013 showed concentrations within the AQMA that exceeded the annual mean objective for NO<sub>2</sub> at five sites (SH16, SH30, SH33 and SH34 and SH15). Concentrations at these sites appear to be higher in 2013 than in previous years.

42. Sites SH7, SH9, SH10 and SH23 are outside of the AQMA, but also showed exceedences of the annual mean objective. Resulting concentrations at nearby locations of relevant exposure however are below the air quality objective.

43. The monitoring results showed that exceedences of the relevant PM10 objectives are unlikely.

44. Overall the results indicate that air quality in the Borough is generally very good. There are no exceedencies at locations where residents may be exposed for any length of time.

45. The Council is confident that the work carried out as part of the Air Quality Action Plan has been sufficient in helping to achieve a reduction in traffic pollutants given that in 2010 a modelling study of pollution levels from the motorway was undertaken. Its findings are in keeping with our current air monitoring results which show that all nitrogen dioxide and dust annual means to be below the 40ug/m<sup>3</sup> limit at relevant receptors.

46. As there is no clear trend in annual mean NO<sub>2</sub> concentrations, our proposal, in the knowledge of forthcoming and ongoing widening work on the M3, is to continue with the current continuous monitoring programme, retain the existing AQMA, and review the situation in the future Air Quality Updating and Screening Assessment/Progress Reports.

#### Annex A

##### National Air Quality Objectives

Table 1. Diffusion tube locations.

#### Annex B

Chart 1. Graph of 21 Year Pollution Level Trends

Chart 2. No<sub>2</sub> trends from auto site

Table 2. Diffusion Tube Results 09-13

Map 1. Receptor Locations and levels during M3 work.

Map 2. Receptor Levels in 2019

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**Objectives included in the Air Quality Regulations 2000 and (Amendment) Regulations 2002 for the purpose of Local Air Quality Management.** This table shows the objectives in units of microgrammes per cubic metre  $\mu\text{g}/\text{m}^3$  with the number of exceedences in each year that are permitted (where applicable).

<b>Pollutant</b>	<b>Air Quality Objective Concentration</b>	<b>Measured as</b>
Benzene		
All authorities	16.25 $\mu\text{g m}^{-3}$	running annual mean
Authorities in England and Wales only	5.00 $\mu\text{g m}^{-3}$	annual mean
1,3-Butadiene	2.25 $\mu\text{g m}^{-3}$	running annual mean
Carbon monoxide		maximum daily running 8-hour mean
Authorities in England, Wales and Northern Ireland only	10.0 $\text{mg m}^{-3}$	
Lead	0.5 $\mu\text{g m}^{-3}$	annual mean
	0.25 $\mu\text{g m}^{-3}$	annual mean
<b>Nitrogen dioxide</b>	<b>200 <math>\mu\text{g m}^{-3}</math> not to be exceeded more than 18 times a year</b>	<b>1 hour mean</b>
	<b>40 <math>\mu\text{g m}^{-3}</math></b>	<b>annual mean</b>
<b>Particles (PM<sub>10</sub>) (gravimetric)<sup>b</sup></b>	<b>50 <math>\mu\text{g m}^{-3}</math> not to be exceeded more than 35 times a year</b>	<b>24 hour mean</b>
<b>All authorities</b>	<b>40 <math>\mu\text{g m}^{-3}</math></b>	<b>annual mean</b>
Sulphur dioxide	350 $\mu\text{g m}^{-3}$ not to be exceeded more than 24 times a year	1 hour mean
	125 $\mu\text{g m}^{-3}$ not to be exceeded more than 3 times a year	24 hour mean
	266 $\mu\text{g m}^{-3}$ not to be exceeded more than 35 times a year	15 minute mean

**Table 1**

<b>REFERENCE</b>	<b>LOCATION OF TUBE</b>
SH1	A30 Bagshot
SH2	Windle Valley Daycare Centre
SH3	Snows Ride School Windlesham
SH4	Shaftesbury Road Bisley
SH5	Chestnut Avenue
SH6	Church Lane Bisley
SH7	M3 Brickhill roadside
SH8	M3 Brickhill 150m back
SH9	A30 Jolly Farmer
SH10	A30 Homebase
SH11	Watchetts School Camberley
SH12	High Street Camberley
SH13	Le Marchant Road
SH14	Badgers Copse
SH15	Castle Road AQM
SH16	Wood Road
SH17	Guildford Road, Bisley
SH20	Deepcut Bridge Road
SH21	Benner Lane
SH22	Castle Road AQM
SH23	Red Road/Maultway
SH24	High Street, Chobham
SH25	Castle Road AQM
SH26	College Ride, Camberley
SH27	361 Guildford Road, Bisley
SH28	Queens Road, Bisley
SH29	Classic Joinery, Bisley
SH30	Focus, Frimley Road
SH31	Old Pond Close
SH32	Two Hoots, Old Pond Close
SH33	Wood Road Garages
SH34	Brackendale Road
SH35	Prior End
SH36	Youlden Drive
SH37	Crawley Drive
SH38	Swift Lane

Pollution Levels in Surrey Heath over Time

Chart 1

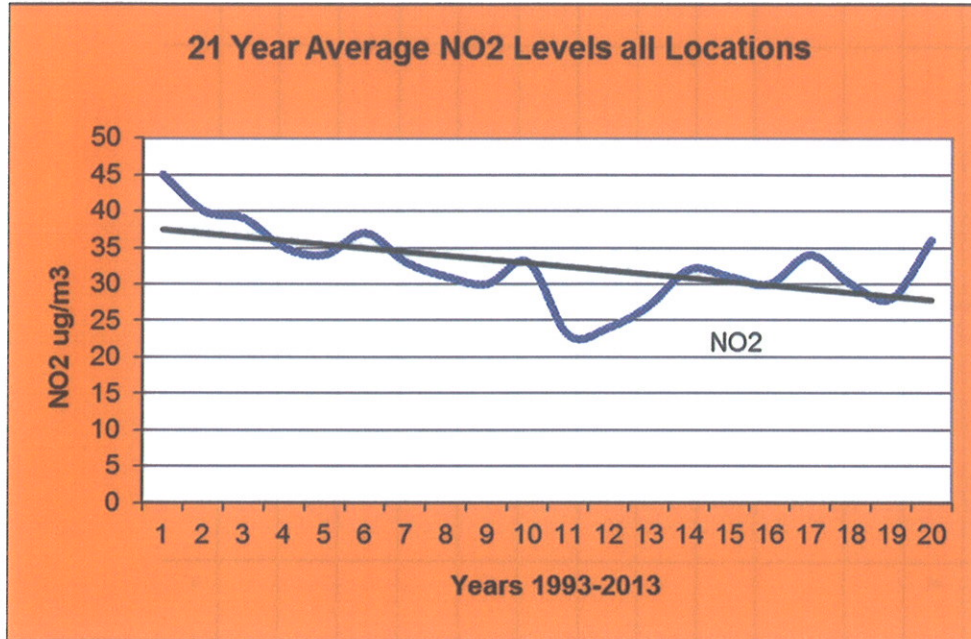


Chart 2. Trends in Annual Mean NO2 Concentrations Measured at Automatic Monitoring Site

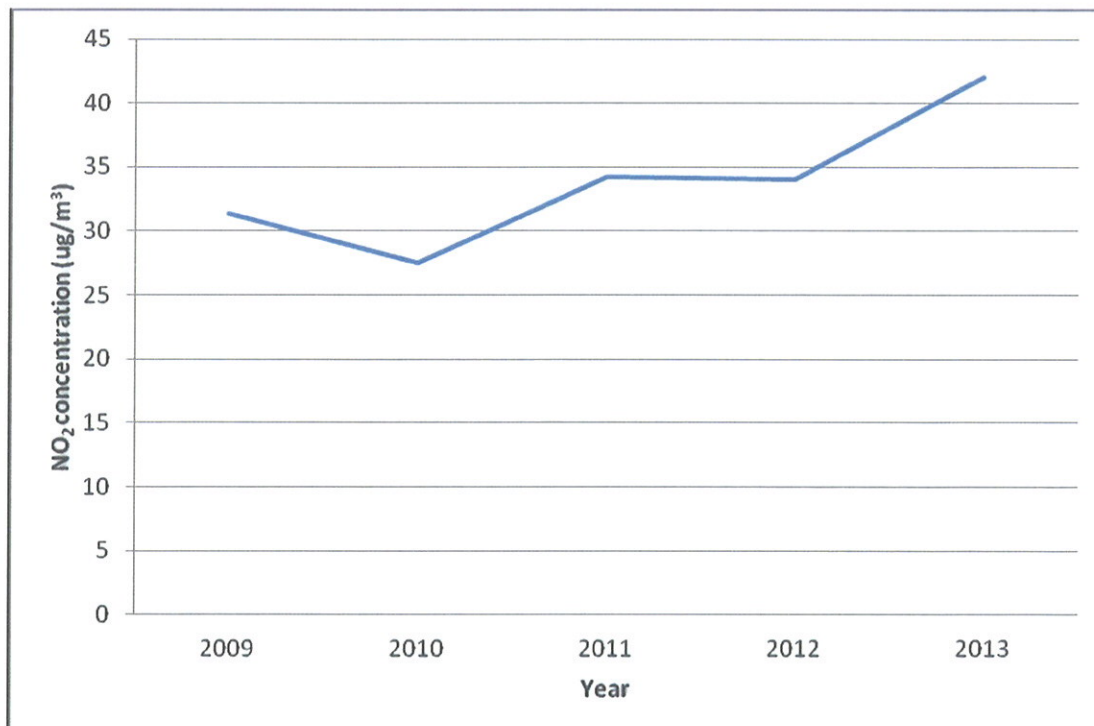


Table 2 NO2 Diffusion Tube Results 2009

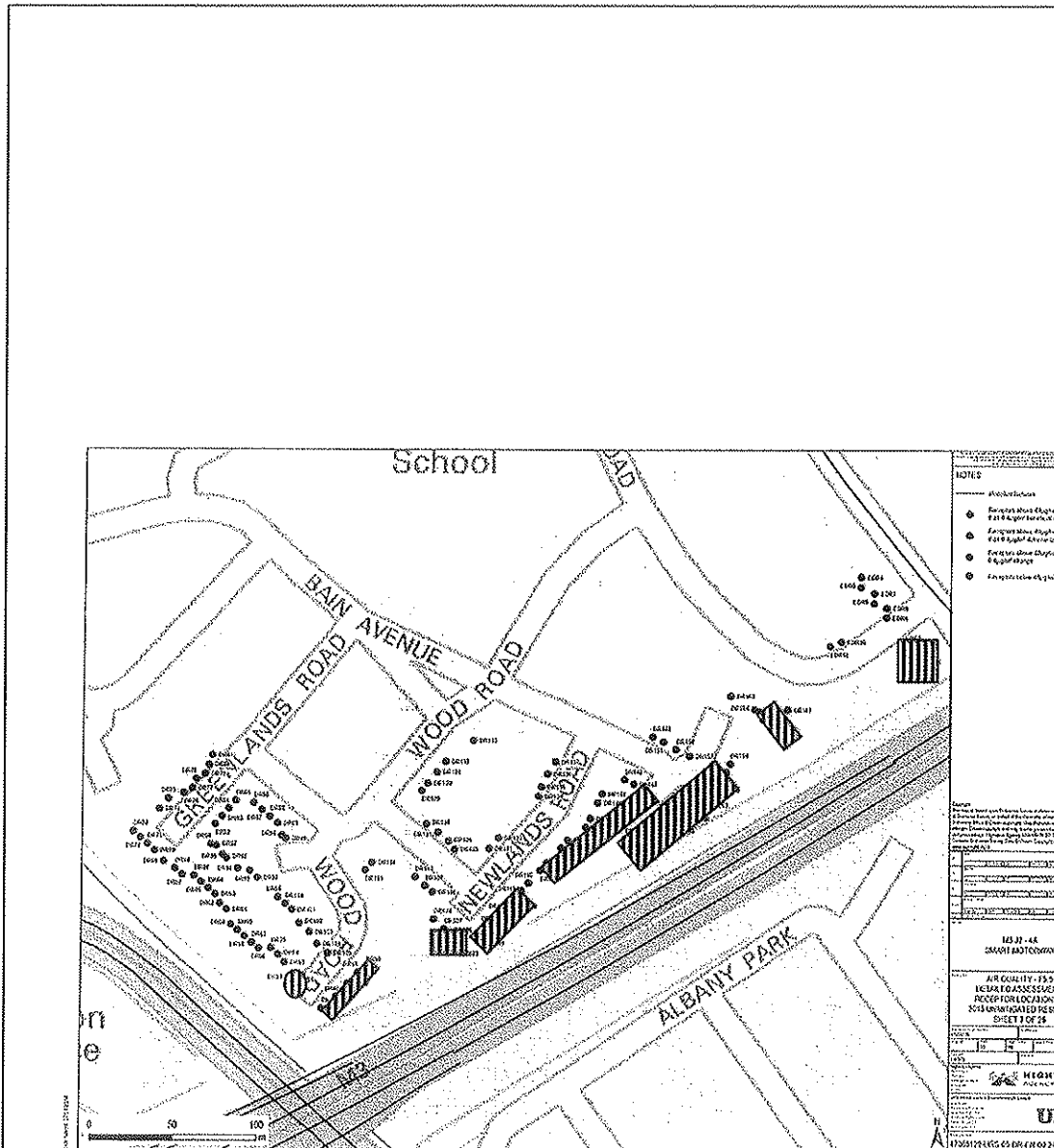
Site ID	Site Type	Within AQMA?	Annual Mean Concentration (µg/m <sup>3</sup> ) - Adjusted for Bias				
			2009 (Bias Adjustment Factor = 1.02)	2010 (Bias Adjustment Factor = 1.06)	2011 (Bias Adjustment Factor = 1.06)	2012 (Bias Adjustment Factor = 0.91)	2013 (Bias Adjustment Factor = 1.06)
SH1	Kerbside	N	23.7	28.5	29.6	23.4	31.1
SH2	Roadside	N	21.8	27.2	23.3	22.5	30.5
SH3	Urban Background	N	17.8	22.3	19.1	17.6	23.9
SH4	Roadside	N	16.0	27.0	16.3	15.3	19.4
SH5	Roadside	N	18.5	27.1	32.4	28.1	37.8
SH6	Roadside	N	28.7	30.3	25.7	23.5	37.5 <sup>a</sup>
SH7	Kerbside	N	60.0	71.8	71.4	59.7	41.1 <sup>a</sup>
SH8	Roadside	N	24.0	31.0	32.2	28.0 <sup>b</sup>	31.7 <sup>b</sup>
SH9	Roadside	N	40.5	34.9	25.3	35.5	47.3
SH10	Kerbside	N	30.5	41.7	32.9	32.2	46.1
SH11	Roadside	N	29.2	34.9	30.3	28.9	35.5
SH12	Kerbside	N	30.0	32.9	31.0	25.5	34.0
SH13	Kerbside	N	37.8	47.8	23.7	26.2	32.7

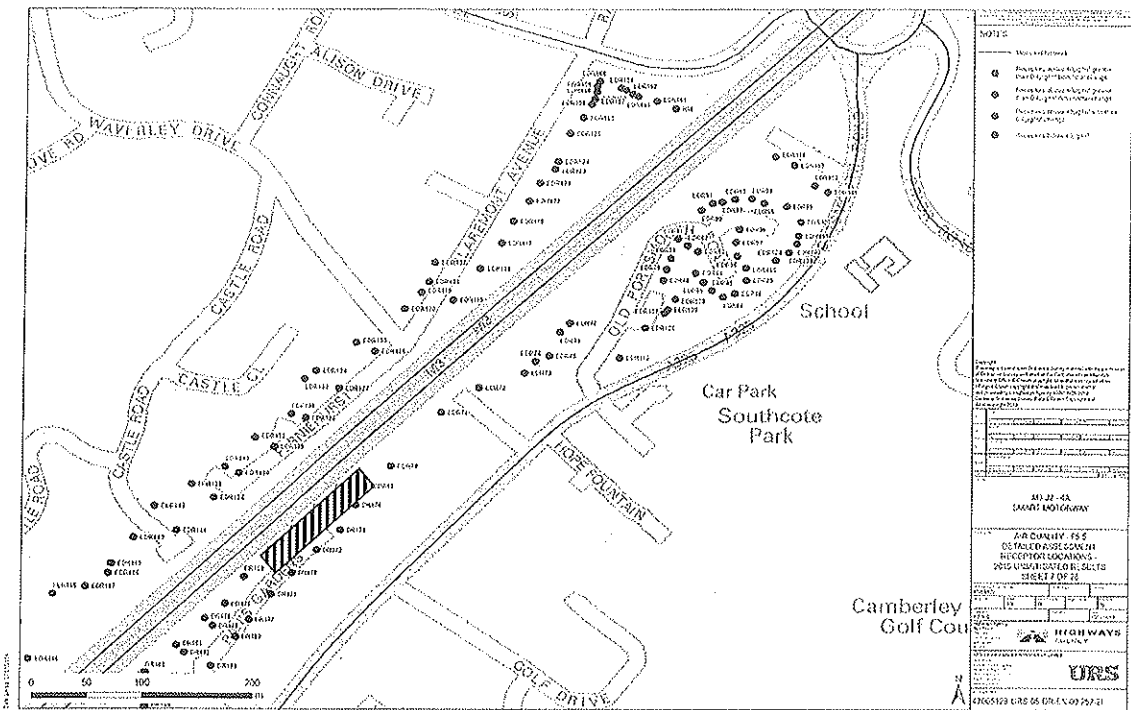
Table 2 NO2 Diffusion Tube Results 2009 to 2013 continued

Site ID	Site Type	Within AQMA?	Annual Mean Concentration ( $\mu\text{g}/\text{m}^3$ ) - Adjusted for Bias				
			2009 (Bias Adjustment Factor = 1.02)	2010 (Bias Adjustment Factor = 1.06)	2011 (Bias Adjustment Factor = 1.06)	2012 (Bias Adjustment Factor = 0.91)	2013 (Bias Adjustment Factor = 1.06)
SH14	Kerbside	Y	29.9	34.3	30.2	29.9	39.5
SH16	Roadside	Y	35.8	37.1	37.7	32.2	40.8
SH17	Kerbside	N	39.8	45.1	23.3	20.1	26.4
SH20	Kerbside	N	25.1	26.7	24.7	23.1	29.8
SH21	Urban Background	N	19.4	24.1	19.7	18.2	26.8
SH23	Kerbside	N	30.0	37.9	35.2	34.0	44.0
SH24	Kerbside	N	28.9	34.4	27.6	24.2	34.2
SH26	Urban Background	N	23.6	29.7	28.6	26.2	29.8
SH27	Kerbside	N	38.9	34.9	21.6	20.5	28.4
SH28	Kerbside	N	23.8	30.9	25.4	27.6	31.9
SH29	Kerbside	N	25.1	25.8	17.2	16.8	22.3
SH30	Roadside	Y	37.3	40.6	37.1	38.7	44.0
SH31	Roadside	Y	31.3	35.0	33.3	27.4	37.6
SH32	Roadside	Y	30.8	27.7	27.8	29.7	34.7
SH33	Roadside	Y	35.8	23.2	33.5	31.6	47.3

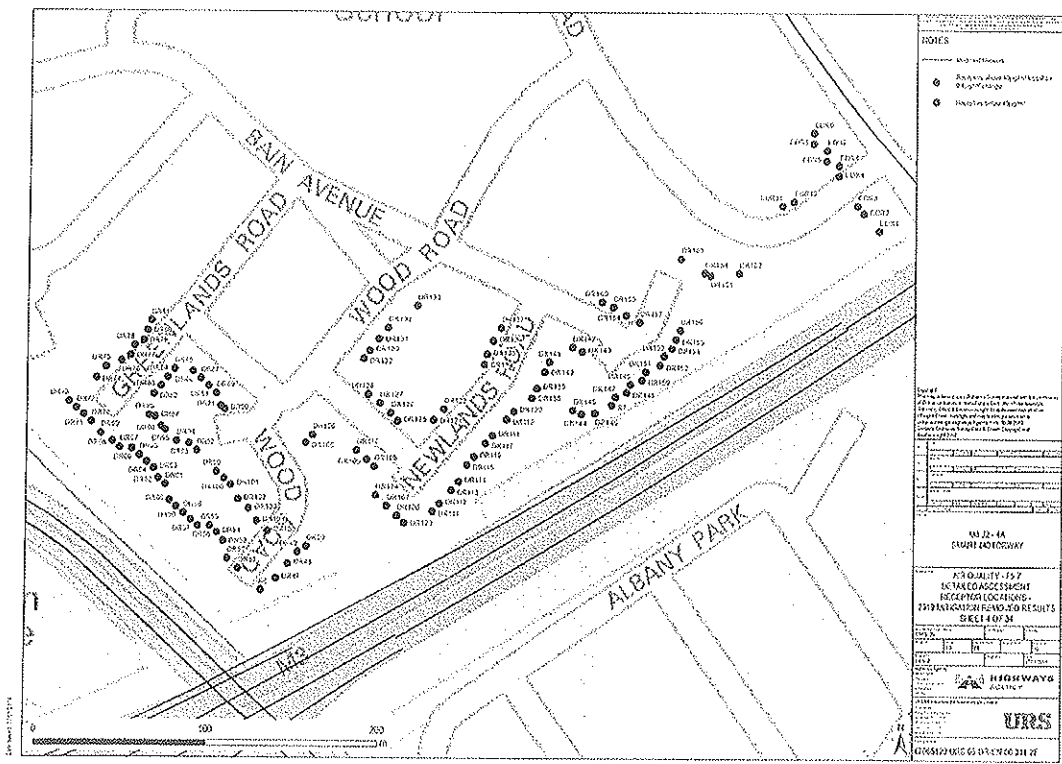
Site ID	Site Type	Within AQMA?	Annual Mean Concentration ( $\mu\text{g}/\text{m}^3$ ) - Adjusted for Bias				
			2009 (Bias Adjustment Factor = 1.02)	2010 (Bias Adjustment Factor = 1.06)	2011 (Bias Adjustment Factor = 1.06)	2012 (Bias Adjustment Factor = 0.91)	2013 (Bias Adjustment Factor = 1.06)
SH34	Roadside	Y	27.8	32.3	29.6	26.4	46.4 <sup>a</sup>
SH35	Kerbside	Y	28.5	33.7	26.6	26.2	32.9
SH36	Roadside	Y	27.2	32.1	29.2	26.8	33.7
SH37	Roadside	Y	31.1	35.7	33.0	31.4	34.5
SH38	Urban	N	28.6	36.5	29.3	26.8	36.4
SH15	Roadside	Y	30.7	35.2	32.3	36.6	42.0
SH22	Roadside	Y	33.9	35.6	42.2	33.5	40.9
SH25	Roadside	Y	27.2	34.6	38.6	34.7	42.6
SH15, SH22, SH25	Roadside	Y	30.6	35.1	37.7	34.9	41.8

Map 1 <sup>1</sup> Frimley Receptor Locations 2015. No Speed Limit.  
 Greater than 40ug/m<sup>3</sup> with more than 0.4ug/m<sup>3</sup> detrimental  
 change to those levels before scheme starting.

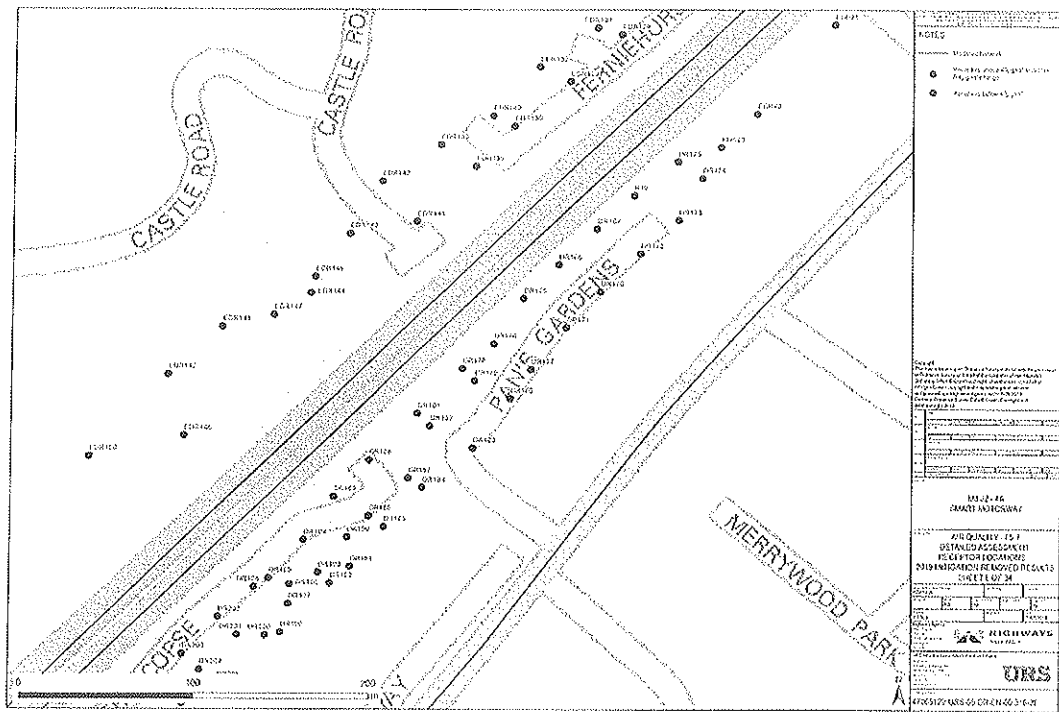








Map 2  
 2019 Speed Limit Removed; No exceedence of  
 40ug/m3 limit



**Map 2 continued**  
 2019 Speed Limit Removed: No exceedence  
 of NO2 limit.

**Traveller Site Management**

Portfolio	Community
Ward(s) Affected:	Chobham and Bagshot

**Purpose**

**To provide a report on the management of Traveller Sites in the borough.**

Background

1. There are two official traveller sites in the Borough each with 15 pitches. One is located in Swift Lane in Bagshot and the other is located at a site known as Kalima in Chobham.
2. The Swift Lane site is owned by the Council and is leased to Surrey County Council. The Kalima site is owned by Surrey County Council. Both sites are managed by the Council under a management agreement which expires in April 2016.
3. The agreement clearly specifies duties for Surrey Heath Borough Council and those of Surrey county Council. Essentially, Surrey County Council is responsible for the maintenance of the sites and Surrey Heath is responsible for the collection of rents; collection and payment of utility charges; and liaison with tenants.
4. Electricity at both sites is supplied to individual pitches by card meter. The cards are purchased from Chobham Post Office, Guildford Rd, Lightwater Post Office and Brons Newsagent, Guildford Road. The retailers retain 10% for the selling of the cards.

Current Position

5. Swift Lane was built in 1981 and apart from window replacements in 2010 there has been no substantial refurbishment. Kalima opened in 1990; it has not had any substantial refurbishment since this date. Both sites are now very tired and require continual maintenance.
6. A major redevelopment scheme has been planned for the Kalima site. This will include the provision of a 16<sup>th</sup> pitch .This is currently going through the planning application process.
7. Swift Lane is imminently awaiting the change over onto new electricity key meters therefore handing over the responsibility for their domestic electricity to them, the tenants. This should happen before the 31<sup>st</sup>

March 2015. Eventually tenants will be able to choose their own supplier and tariff. Surrey Heath will then be no longer for electricity charges at Swift Lane.

8. There are currently 18 families on the Surrey Heath waiting list. Vacant pitches for applicants on the waiting list to move into come up very rarely. In the last 5-years only 3 pitches have become available.

#### Options

9. The Community Services Scrutiny can note the report; request further information or make recommendations to the Executive.

#### Proposal

10. It is proposed that the Committee notes the report and requests a progress report on the redevelopment of Kalima in 12-months' time.

#### Resource Implications

11. The agency agreement with Surrey County Council funds a Neighbour Officer for 15-hours per week and contributes towards the management and support costs. In addition the Council receives an agency fee of 10% of the income which amounts to £14,809.

#### Recommendation

12. It is recommended that the community services scrutiny committee:
  - a. Notes the arrangements for managing the two permanent traveller sites in Surrey Heath.
  - b. Requests the Executive Head – community to provide a progress report in 12-months' time on the redevelopment of the site in Kalima.

#### Annexes Nil

#### Background Papers: Nil

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**Work Programme**

Portfolio:	Leader
Ward(s) Affected:	n/a

**Purpose**

**To consider any issues for inclusion in a work programme to any successor committee in the municipal year 2015/16.**

**Background**

1. The Constitution, at Article 6 and in the Terms of Reference in Part 3 Section E, requires each Scrutiny Committee to produce a programme each year, identifying the service reviews it proposes to undertake in the forthcoming year.
2. Annual Council on 20 May 2015 will establish the Council Committees. The final structure of the overview and scrutiny committees is not known at this time, though Full Council will give consideration to this at its meeting on 15 April 2015.
3. The Committee is asked what topics it feels should be considered at any successor scrutiny committee.

**Work Programme**

4. The Committee Work Programme of this or the successor committee will develop through each year, to meet new demands and changing circumstances.

**Proposal**

5. It is proposed that Members consider issues to be included in the work programme of this or any successor Committee.

**Recommendation**

6. The Scrutiny Committee is advised to agree any topics to be included in a work programme for this or any successor committee, dependent on the outcome of the Council's deliberations on 15 April 2015.

**Background Papers:** None

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