

# Health and Wellbeing in Surrey Heath Preventing avoidable illness and death 2014/15 – 2015/16

**Update: June 2015**



*Surrey Heath  
Clinical Commissioning Group*



# 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

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

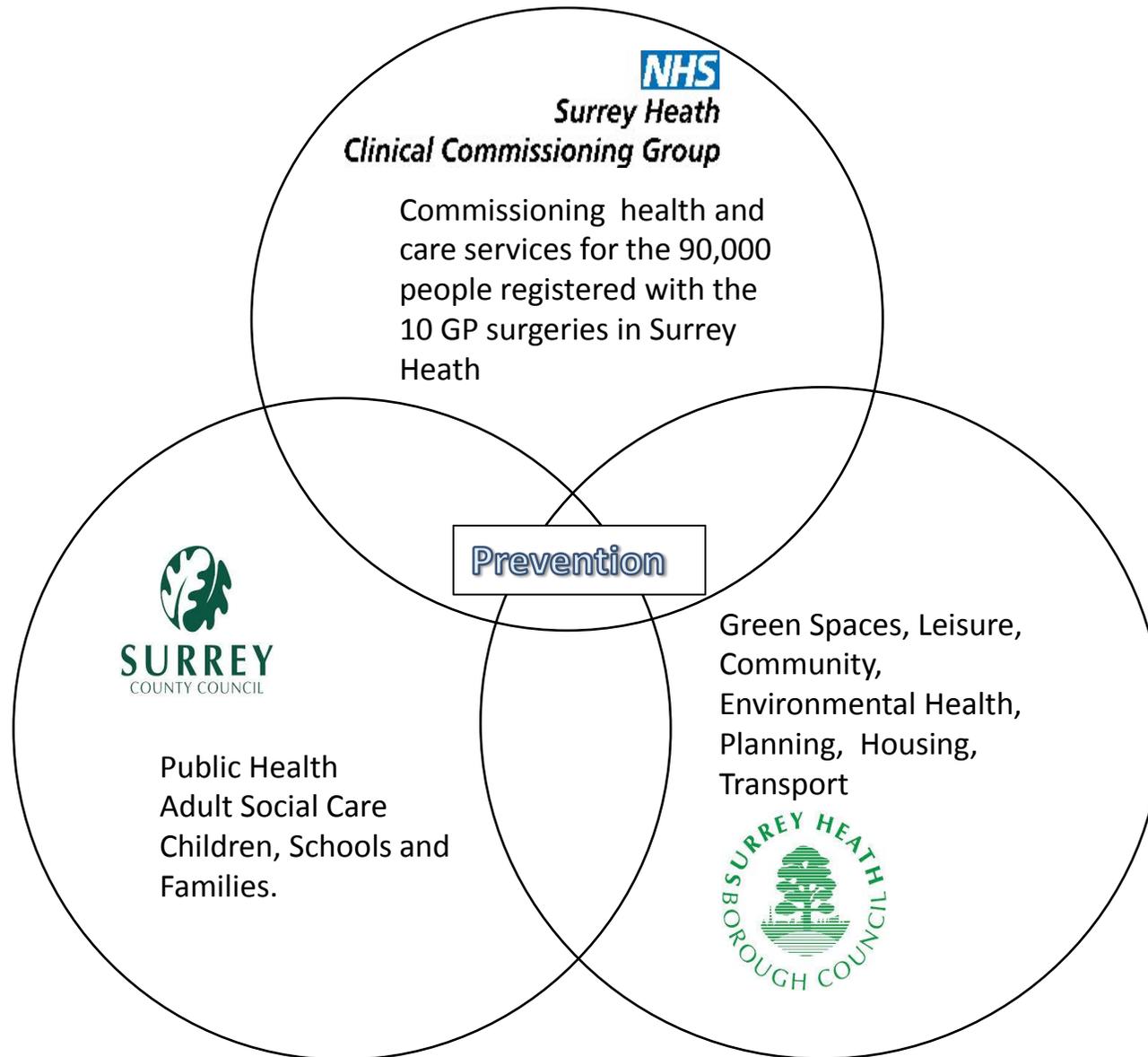
Prevention can also take place in a variety of settings including:

- 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 as well as based on what added value each of the three main partners could bring to services to address these needs.

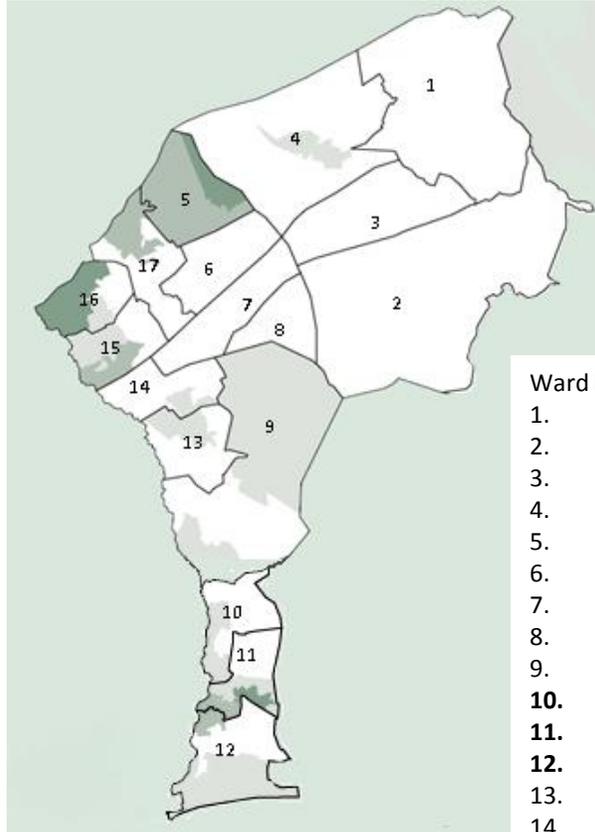
# Surrey Heath HWB Partners: Contribution to Health and Wellbeing



# 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)

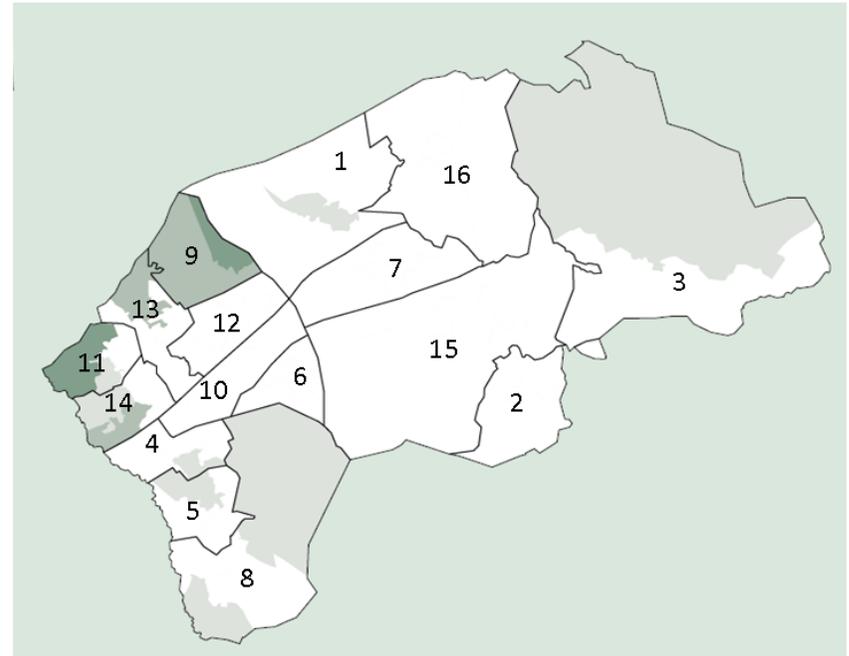
## Surrey Heath CCG Ward Boundaries



### 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

## 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)

# Smoking

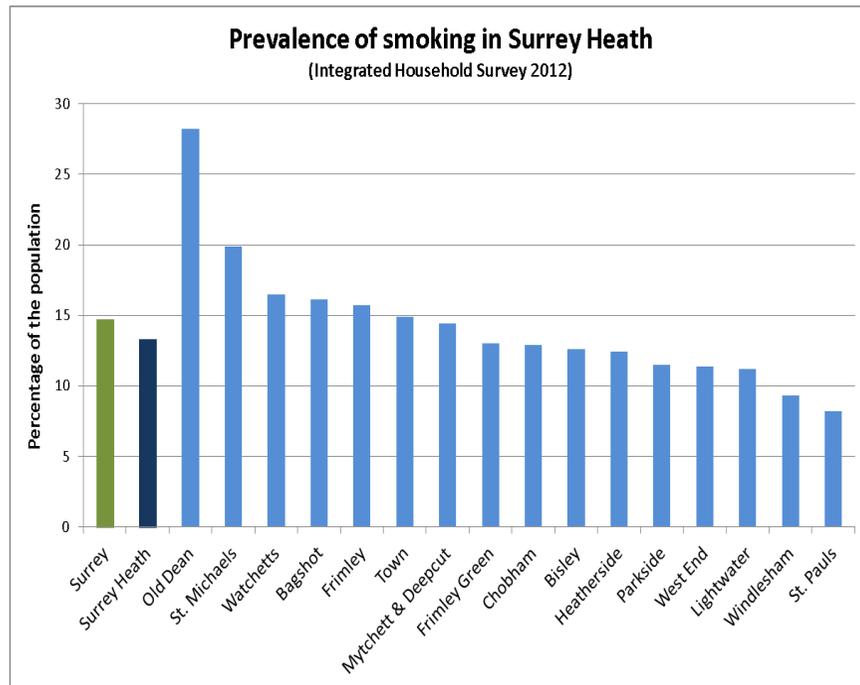
## Why is smoking a public health problem?

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

Overall smoking prevalence in Surrey Heath is 13% (compared to 18% for England). However, there are areas of much higher prevalence.



## 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)

## Services available in Surrey Heath

The Surrey Stop Smoking Service (SSS) offers 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'.

**Call 0845 602 3608/01483 519 616 or email [stop.smoking@surreycc.gov.uk](mailto:stop.smoking@surreycc.gov.uk).**

As well as directly providing the services described above, Surrey Public Health team commissions stop smoking services via Public Health Agreements (contracts) with 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.

# 1. Smoking: Action Plan 2015/16

Health and Wellbeing Outcome: To reduce smoking prevalence in Surrey Heath areas identified as having high prevalence (Old Dean, St Michaels)

Lead HWB Partner	Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Milestones	Current progress (June 2015)
1a) Surrey Heath Borough Council	Local implementation of Smoke fee legislation	Implementation of Smokefree playgrounds initiative	Q2: Poster competition run Q3: Winning poster design used as Smokefree signage in public playgrounds in high prevalence areas.	All schools across Surrey have been invited to take part in the poster competition during the summer term.
1b) Surrey Public Health	Increased provision of Stop Smoking Services within primary care and pharmacies	Continue to develop smoking Public Health Agreements with local GPs and pharmacies.	Q4: Identify and provide additional support to practices and pharmacies in higher prevalence areas Q4: Recruit and train 3 additional pharmacies to deliver SSS focused in priority wards (high prevalence areas)	The Stop Smoking Service is currently out to tender. The service specification has KPIs around outcomes for people from lower socio-economic groups, those with mental health problems, pregnant women, BME groups and young people. Public Health recently held an engagement event for pharmacies to support them in delivering Stop Smoking Services. Follow-up actions from this event include increased support and training.
1c) Surrey Heath CCG	Increase provision of Stop Smoking Services within primary care	Facilitate increased provision of and referrals to Stop Smoking Services within primary care through promotion and support of Stop Smoking Services and NHS Health Checks.	Q2: Review Maternity Service Specification to establish what KPIs currently exist around helping pregnancy women make healthier lifestyle choices. Q4: Work with the new smoking cessation provider and local GP practices on implementing solutions to increase referrals to Stop Smoking Services. For example, automatic referral systems.	Public health have recently presented at the CCG Clinical Planning and Delivery Group. Feedback from primary care will help to facilitate better identification, brief advice and referral pathways.  The new Stop Smoking Service provider is due to start Feb 2016

# Alcohol

## Why is drinking too much alcohol a problem?

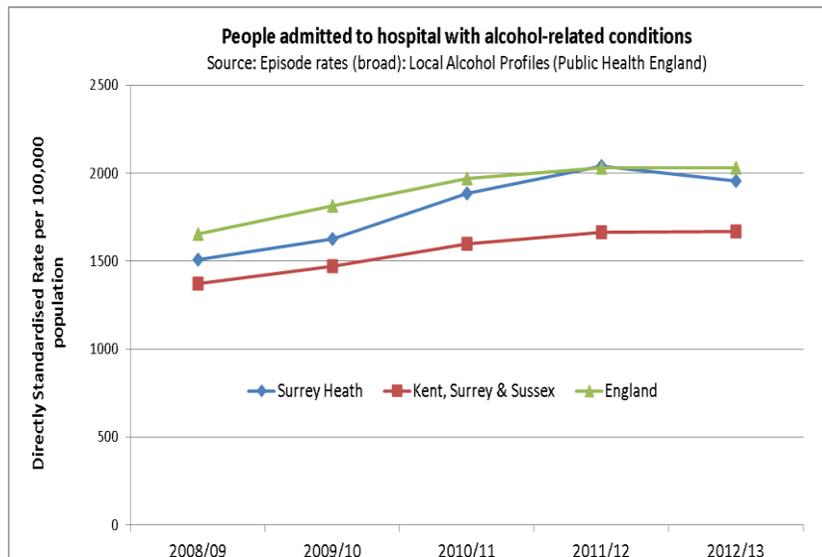
Liver problems, high blood pressure, increased risk of various cancers, heart attack and mental health problems are some of the numerous harmful effects of regularly drinking more than the recommended levels. There is also a social cost due to anti-social behaviour, drink driving and domestic violence.

## 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.

<https://dontbottleitup.org.uk/>

**Surrey Drug and Alcohol Care helpline: 0808 802 5000.**

## 2. Alcohol: Action Plan 2015/16

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

Lead HWB Partner	Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Milestones	Current progress (June 2015)
2a) Surrey Heath Borough Council	To reduce the negative impact of alcohol on community safety	Ensure A&E alcohol-related violence data is shared with Surrey Heath Partnership and used as intelligence in police licensing reviews, representations and targeted community safety activity	Q2: FPH A&E data group to review Terms of Reference and establish aims and objectives	SHBC now chair the FPH A&E alcohol-related violence data project. A focus on domestic violence was discussed at the last meeting but aims and objectives need to be established.
2b) Surrey Heath CCG and Surrey Public Health	Reduce the number of hospital admissions due to alcohol	<p>Joint commissioning of the Frimley Park Hospital Alcohol Intervention pilot</p> <p>Identify “High Impact Complex Drinkers” and develop a more integrated (multi-agency) response to those more chaotic problem drinkers who have a much higher than average contact with a range of services including primary care, secondary care, criminal justice and other services.</p>	<p>Q2: Implementation of the FPH pilot Q4: Report on the outcomes of the FPH pilot.</p> <p>Q2: To use the G&amp;W HICD project plan (see progress column) to establish a similar model within Surrey Heath.</p> <p>Q3: To have established mechanisms to identify 10 “High Impact Complex Drinkers” and facilitate their engagement with appropriate agencies to reduce their use of emergency services.</p> <p>Q4: report on number of High Impact Drinkers helped to engage with appropriate services and associated reduction in inappropriate service use.</p>	<p>The FPH alcohol intervention pilot is scheduled to launch on July 1st.</p> <p>PH have begun a project looking at High Impact Complex Drinkers, focusing on partnership working, information sharing and pathways. The approach will be piloted in G&amp;W CCG before county-wide roll-out.</p> <p>Public Health are carrying out an analysis of FPH alcohol attendances and admissions which will help local implementation of similar work in Surrey Heath.</p>

# Physical Activity

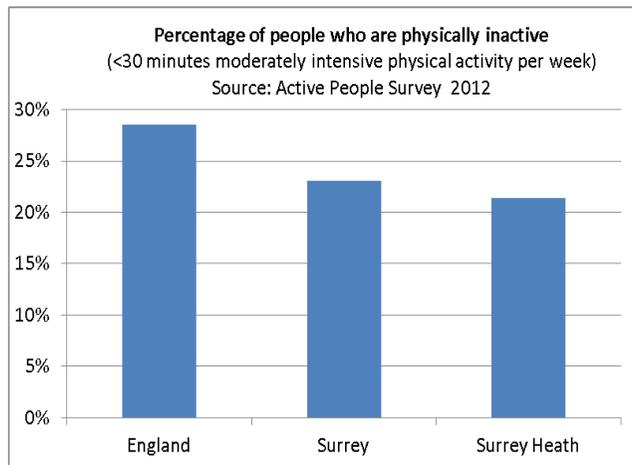
## Why is Physical Inactivity a public health problem?

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.

Pulmonary/COPD rehab sessions are run by FPH physiotherapists at the Arena centre. Stroke sessions are also run by FPH and Stroke Association.

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.

### 3. Physical Activity: Action Plan 2015/16

Health and Wellbeing Outcome: An increased proportion of people in Surrey Heath who are physically active

Lead Health and Wellbeing Partner	Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Milestones	Current progress (June 2015)
3a) Surrey Heath Borough Council	<p>Increase opportunities for physical activity and access to green space.</p> <p>Increase physical activity levels amongst patients identified as inactive or with a condition that would benefit from exercise</p>	<p>Work with leisure providers to develop and improve the provision of the Exercise on Referral Scheme (ERS).</p> <p>Develop plans for increasing physical activity including a cycling strategy, development of the Walking for Health Scheme, PPP projects and use of green spaces.</p>	<p>Q2: to have reviewed uptake of existing programme and established plans for expansion/development of the ERS</p> <p>Q3: to have implemented plans for ERS e.g. Staff have attended specialist training courses.</p> <p>Q4: Report on uptake and outcomes of new ERS</p> <p>Q2: Report on the WVYP Doorstep Sports Programme/Street Games</p>	<p>SHBC, CCG and Public Health are developing a re-launch of the ERS scheme (next mtg July 9<sup>th</sup>). SCBC have been successful in bidding for PPP funding to expand ERS. This extra funding is most likely to be put towards specialist training for physical trainers so they can deliver specialist COPD/Falls/Stroke exercise programmes</p> <p>Windle Valley Youth Doorstep Sports programme and Street Games running in St Michaels and Old Dean area</p> <p>SHBC run a wide range of physical activity projects (see highlight report for June 2015 HWB).</p>
3b) Surrey Heath CCG and Surrey Public Health	<p>Increase physical activity levels amongst patients identified as inactive or with a condition that would benefit from exercise</p>	<p>Work with BC partners on developing the ERS scheme and plans described above.</p>	<p>Q2-Q4: ERS development (as above)</p> <p>Q3: to have re-launched the ERS with primary care.</p>	<p>Public Health are supporting the ERS project through advice on referral protocols and evidence for effective approaches. The CCG is investigating referral mechanisms used by SH practices and also how the ERS can be incorporated into the Integrated Care Teams MDT approach and referral protocols.</p>

# Older People

## **Why is older peoples health important to Public Health**

The aging population raises specific challenges for healthcare; whilst living longer is a positive result of high quality healthcare service provision, many are living with a long term condition in an climate where resources are limited.

Helping people live well for longer not only reduces some of the financial pressures of an aging population, but also increase independence, reduces frailty, reduces risk of long term conditions and the worsening of long term conditions.

Two key areas where prevention programmes have shown to be effective are in Falls Prevention and Excess Winter Deaths.

## **What is the level of need in Surrey Heath?**

In 2013 there were approximately 15,200 over 65's living in Surrey Heath. This is expected to rise to 16,000 in 2015, and continue to rise to 17,500 by 2020. This equals a 15.10% increase in those aged 65+ from 2013 to 2020 and a 45% increase of residents aged 85+ from 2013 to 2020

## **Falls Prevention:**

According to NICE (2013) "falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year." A&E attendances resulting from a fall have been predicted to double over the next 25 years.

Falls are also a major reason for 40% of care home admissions and the incidence of falls in nursing homes and hospitals is almost three times the rate for people aged over 65 living in the community.

Surrey Heath has the highest rates of falls and hip fractures in Surrey. There are continued rising trends in falls rates in Surrey Heath.

## **Effective Evidence of Prevention**

An effective falls and fracture prevention service can generate savings for commissioning groups. It costs on average £349 per person to put a person through a falls prevention programme, yet the average cost of hospital treatment per fall is £3,320 and it is estimated that the health and social care costs of a hip fracture is £20,000.

## **Excess Winter Deaths**

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.

## **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](#)

# 4. Older People: Action Plan 2015/16

## Health and Wellbeing Outcome:

Lead HWB Partner	Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Milestones	Current progress (June 2015)
4a) Surrey Heath Borough Council	Reduce social isolation , excess winter deaths and help people live independently in their own home	<p>Through delivery of the Personalisation and Prevention Partnership Fund Initiatives including:</p> <ul style="list-style-type: none"> <li>• Care connections co-ordinator and OT post</li> <li>• Grass roots innovation fund for 3<sup>rd</sup> sector</li> <li>• Community transport vehicle costs</li> <li>• Handy Person vehicle costs</li> <li>• Promotion of “Action Surrey” (bin hangars)</li> <li>• Dementia befriending scheme</li> </ul>	To be confirmed following June HWB meeting	The PPP fund has it’s own monitoring process which reports to the HWB. Plans for 2015/16 PPP initiatives are being finalised.
4b) Surrey Heath Integrated Health and Social Care team	Support older people to live independently in their own home	<ul style="list-style-type: none"> <li>•Work with partners on developing the prevention element of the Frimley System Falls prevention programme (WALC).</li> <li>•Implement other falls prevention activities including: <ul style="list-style-type: none"> <li>Specialist Falls Exercise on Referral programme e.g. Safe and Strong</li> <li>Carers support</li> <li>Telecare/self-care initiatives</li> <li>Support for relevant campaigns such as flu immunisation, heatwave/cold weather plans</li> </ul> </li> </ul>	<p>Q2: Continued publicising of WALC in GP Practices and other community settings</p> <p>Q4: Report on uptake and outcomes of WALC and other falls prevention activities e.g. Falls ERS</p> <p>Carers:  Q2 Develop (with SCC) “Find the 1200” programme for identifying Young Carers  Q3 Deliver the Carers Self Management programme  Q4 Deliver a joint working programme via the Carers Organisations Group</p>	<p>Surrey Public Health have identified capacity to carry out an evidence review to form part of a business case for primary prevention of falls.</p> <p>CCG is working with telehealth provider and hospital discharge team to identify patients suitable for Telehealth. Working with SHBC community services to identify opportunities for joint working with Telecare</p> <p>Carer support continues with the offer of health checks, respite breaks, access to psychological therapies etc.</p>

# Workplace Health and a health promoting workforce

## Why is workplace health important?

With people spending up to 60 per cent of their day at work, it is an ideal place to contribute to their health. Also, with an ageing population, many businesses are seeing an increase in the number of employees in aged 45 to 65-years. This age group is particularly susceptible to the risks of obesity because as people get older they tend to exercise less and don't compensate by reducing the amount they eat. Being overweight increases the risk of developing serious illnesses including heart disease, type two diabetes and stroke.

**The working population:** Around 70 per cent of 16 to 74 years are employed in Surrey Heath, with 15 per cent self employed and the majority in full time employment.

The biggest employers in Surrey Heath are Siemens, S C Johnson Ltd flooring, Toshiba, Eli Lilly Pharmaceuticals, Flour Ltd engineering services and consultants Merrill Lynch who have an information centre in Camberley.

Frimley Park Hospital, Surrey Heath Borough Council and Surrey County Council will also employ significant numbers of local people

## The Workplace Wellbeing Charter

Workplace charters provide employers – of all sizes and sectors – with an easy and systematic way of driving improvements in workplace health. There are eight charter standards:

- leadership,
- sickness and absence management,
- health & safety,
- alcohol and substance abuse,
- smoking and tobacco,
- mental health,
- healthy eating
- physical activity

Further information on the charter can be found here:

<http://www.healthysurrey.org.uk/your-health/workplace-wellbeing-charter/>

## Making Every Contact Count

Every contact with a patient or service user should be seen as an opportunity to encourage healthier lifestyle choices. However, tackling sensitive issues such as weight loss, smoking cessation or alcohol abuse requires expertise, confidence and knowledge in order to deliver the message effectively.

Making every contact count (MECC) is an approach to improving health and reducing health inequalities developed by the NHS and local government. MECC encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health.

Further information on the training and resources available within the MECC programme can be found here:

<http://www.makingeverycontactcount.co.uk/>

# 5. Workplace Health: Action Plan 2015/16

## Health and Wellbeing Outcome:

Lead HWB Partner	Objective (what do we want to happen)	Action(s) (what will we do to make it happen)	Milestones	Current progress (June 2015)
5a) Surrey Heath Borough Council	Surrey Heath Borough Council to achieve the Workplace Wellbeing Charter and become an exemplar of healthy workforce strategies	Implementation of Surrey Heath Workplace Health Charter (WWC)	<p>Q2: To have established an implementation plan for the WWC</p> <p>Q4: To have achieved Commitment status of the WWC for Surrey Heath House (SHBC, ASC Locality Team, SH CCG)</p>	The first WWC local implementation group held in June 2015. Project plan to be established.
5b) Surrey Public Health	<p>The staff working for SHBC, the CCG and police are offered the opportunity to have the NHS Health Check in their place of work.</p> <p>Engage the wider public health workforce through Making Every Contact Count Principles</p>	<p>Deliver workplace NHS Health Checks to staff working at Surrey Heath House</p> <p>Facilitate the implementation of MECC in health and social care services.</p>	<p>Q4: To have delivered an NHS Health Check event at Surrey Heath House.</p> <p>Q2: To have established an implementation plan for MECC</p>	<p>Public Health are in discussion with SHBC about running a NHS Health Check event.</p> <p>Public Health are conducting a scoping exercise on the implementation of MECC. It is proposed that an organisational change approach is adopted to embed MECC effectively, initially within the local authority but utilising a framework that can be duplicated in the NHS.</p>
5c) Surrey Heath CCG	Facilitate clinical engagement in Making Every Contact Count Principles	<p>Participate in WWC project</p> <p>Work with Public Health on the implementation of MECC in health and social care services, including through commissioning levers</p>	To be confirmed pending public health scoping exercise described in progress column.	As above

# Health Promotion Campaigns

Public Health Communications Schedule 2015-16 – Dynamic document					
April	<b>Health checks prep</b>	August	<b>C4L – physical activity Health Checks (prov date)</b> BCOC (PHE)	December	Winter preparedness <b>Health Checks (prov date)</b> PHE Live well campaign
May	<b>Health checks prep</b>	September	<b>Stoptober – prep;</b> Flu vaccination awareness;	January	<b>Health Checks (prov date)</b> PHE Live well campaign
June	<b>C4L – physical activity Health Checks</b>	October	<b>Stoptober – live</b> Winter preparedness Change in law – smoking in cars Multi-cancer campaign (PHE)	February	C4L – healthy Eating
July	<b>C4L – physical activity</b> Be Clear On Cancer (PHE) Summer health advice Smokefree Playgrounds project (D&B publicity launch)	November	Winter preparedness	March	C4L – healthy Eating

# Appendix 1: Metrics

Note: Public Health are developing a CCG metrics dataset across Surrey that will include relevant service, Public Health and CCG Outcomes indicators. The aim is to publish this dataset for quarter 2 2015/16

Public Health Topic	Indicator	Surrey Heath	
		Latest Reporting Period	Previous reporting period
Alcohol	Alcohol Education and Brief Advice Initiative (AEBAI) in Frimley Park Hospital	2014/15: 10,243 patients screened.	2013/14: 13,983
Smoking	Number of practices signed up to deliver Stop Smoking Services	8	
	Number of pharmacies signed up to deliver Stop Smoking Services	4	
	Number of quit date set	35(GP only qtr 1-3)	Quarterly average for 2013/14: 46
	Number of quits	21 (GP only qtr 1-3)	
	Target:	5% of smoking population	
NHS Health Checks	Number of practices signed up to deliver NHS Healthchecks	7 (5 delivering)	
	Number of pharmacies signed up to deliver NHS Healthchecks	4 (3 delivering)	
	NHS Health Checks Offered	Not available	
	NHS Health Checks Delivered	2014/15: 1117 (170 through pharmacy)	Improvement
	Target	20% of eligible population	
Physical Activity	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.

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)

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

### Reporting responsibilities

Priority	Reporting Lead
Smoking 1a	<a href="mailto:nicola.thorntonbryar@surreycc.gov.uk">nicola.thorntonbryar@surreycc.gov.uk</a>
Smoking 1b	<a href="mailto:Rhiannon.Hardyman@surreycc.gov.uk">Rhiannon.Hardyman@surreycc.gov.uk</a>
Smoking 1c	<a href="mailto:cyane.sullivan@nhs.net">cyane.sullivan@nhs.net</a>
Alcohol 2a	<a href="mailto:Sarah.Groom@surreyheath.gov.uk">Sarah.Groom@surreyheath.gov.uk</a>
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Physical Activity 3a	<a href="mailto:cyane.sullivan@nhs.net">cyane.sullivan@nhs.net</a>
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Workplace Health 5b	<a href="mailto:Jackie.Marsh@surreycc.gov.uk">Jackie.Marsh@surreycc.gov.uk</a>
Workplace Health 5c	To be confirmed