

Minutes of the meeting of the  
**Elmbridge LOCAL COMMITTEE**  
held at 4.00 pm on 24 September 2018  
at Council Chamber, Elmbridge Civic Centre, High Street, Esher, KT10 9SD.

**Surrey County Council Members:**

- \* Mr John O'Reilly (Chairman)
- \* Dr Peter Szanto (Vice-Chairman)
- \* Mr Mike Bennison
- \* Mr Nick Darby
- \* Rachael I. Lake
- \* Mrs Mary Lewis
- \* Mr Tim Oliver
- \* Mr Ernest Mallett MBE
- Mr Tony Samuels

**Borough / District Members:**

- \* Cllr David J Archer
- \* Cllr Steve Bax
- Cllr Andrew Davis
- \* Cllr Peter Harman
- Cllr Malcolm Howard
- \* Cllr Mary Marshall
- \* Cllr Christine Richardson
- \* Cllr Chris Sadler
- Cllr Mrs Mary Sheldon

\* In attendance

---

**OPEN FORUM**

The questions and responses to the matters raised in the Open Forum are attached to the minutes.

**28/18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies for absence were received from County Councillor Tony Samuels and Borough Councillors Andrew David and Mary Sheldon. Cllrs Christine Elmer and Ian Donaldson substituted.

**29/18 DECLARATIONS OF INTEREST [Item 2]**

There were no declarations of interest.

**30/18 CHAIRMAN'S ANNOUNCEMENTS [Item 3]**

There were no Chairman's announcements.

### **31/18 WRITTEN PUBLIC QUESTIONS AND STATEMENTS [Item 4]**

Two questions were received. The questions and responses are set out in the supplementary agenda for the meeting.

Question 1 – Mr Woolgar asked if it would be possible to add information to the County Council website in respect of providing paper copies of the agenda to members of the public. It was agreed that this would be done.

Question 2 – Mr Woolgar asked whether the 500 pieces of feedback had been received as part of the consultation and whether the work will be concluded before December. The Chairman responded that he hoped that divisional members could consider the feedback with officers shortly and that all feedback had been received during the consultation period.

### **32/18 PETITIONS [Item 5]**

**Declarations of Interest:** None

**Officers attending:** Nick Healey, Area Highways Manager

**Petitions, Public Questions/Statements:** 1 petitions was received

The petitioner presented the petition and explained that the noise from speeding lorries at night is causing disturbance and the vibration is causing damage to property. A reduction in the speed limit would help to mitigate this.

**Member discussion** –key points

Members expressed their support for the petition to bring the speed limit in line with other local roads and noted that speeding vehicles make it a very dangerous road for cycling. The Area Highway Manager responded that a decision to make a previous change to the speed limit had been taken on the basis of an old speed limit policy and a different decision may have been made if it had been assessed against the current policy which is based on mean speeds as there are high levels of congestion at some times of day. Highways England have been asked to review the speed in line with the current policy, however it is possible that a reduction, if agreed, will not impact on driver behaviour particularly at night. Highways England also have funding available for cycling schemes and they have been asked to consider possible routes in this area.

The Committee noted the officer response.

### **33/18 MINUTES OF PREVIOUS MEETING [Item 6]**

Confirmed as a correct record

### **34/18 MEMBER QUESTION TIME [Item 7]**

No member questions were received.

### **35/18 HIGHWAYS UPDATE [EXECUTIVE FUNCTION - FOR DECISION] [Item 8]**

**Declarations of Interest:** None

**Officers attending:** Nick Healey, Area Highways Manager

**Petitions, Public Questions/Statements:** None

**Member discussion –key points**

The Chairman expressed his gratitude for the amount of maintenance work which has taken place in the Borough recently.

The divisional member asked on behalf of a resident what the rationale was behind the works taking place at Danes Hill School, funded by the school and why residents had not been consulted. The Area Highways Manager responded that where works on the highway are proposed by a third party these would only be agreed if the benefits are thought to be of benefit to the community. The local member is informed of the proposals as well as those directly affected, although in this case only the school is a frontager. The school had undertaken to inform local residents.

Members discussed the bollards in Sunbury Lane, Walton and were supportive in seeking a new Traffic Regulation Order so that they do not need to be removed.

Mrs Lewis reported that all members had received an allowance of £7,500 to spend on individual projects. She had spent £500 on signs which accounts for the slightly lower figure for her area appearing in Annex D of the report.

The Area Highways Manager confirmed that the resurfacing of Elm Road would take place in this financial year, but it is not listed yet as it has not been formally programmed.

**Resolved:**

- (i) To approve the provisional allocation of budgets for 2019-20 as shown in Table 3 of the report;
- (ii) To add five schemes as set out in paragraph 2.14 of the report to the forward programme for feasibility studies, to be funded from the parking surplus;
- (iii) [On a motion proposed by the Chairman and seconded by the Vice-chairman it was unanimously agreed]

To allocate funding from the Committee's budget for a new traffic regulation order, so that the bollards that currently prevent vehicular access to the end of Sunbury Lane, Walton can be retained;

- (iv) To authorise the Area Highway Manager in consultation with the Chairman, Vice Chairman, and relevant Divisional Member(s) to undertake all necessary procedures to deliver the agreed programmes.

Reasons: Recommendations are made to facilitate development of Committee's 2019-20 Highways programmes, while at the same time

ensuring that the Chairman, Vice Chairman and relevant Divisional Members are fully and appropriately involved in any detailed considerations.

Committee is asked to provide the necessary authorisation to deliver its programmes of work in consultation with the Chairman, Vice Chairman and relevant Divisional Member without the need to revert to the Committee as a whole.

**36/18 PRESENTATION FROM SCC LEAD CABINET MEMBERS FOR PEOPLE AND PLACE [SERVICE MONITORING AND ISSUES OF LOCAL CONCERN - AGENDA ITEM] [Item 9]**

**Declarations of Interest:** None

**Officers/members attending:** Tim Oliver, SCC Lead Cabinet Member for People; Sarah Parker, Director of Transformation, Surrey Heartlands Health and Care Partnership

**Petitions, Public Questions/Statements:** None

**Member discussion –key points**

Tim Oliver and Sarah Parker gave a presentation on changes to support the health and wellbeing of residents. As is well known, the County Council has significant budget pressures, arising from increased costs in adult social care and special educational needs, which account for a significant portion of the budget. In order to manage cost a process of transformation is underway to focus on early help and prevention, whilst maintaining front line services. Members have already seen the vision and going forward the County Council will be looking to have a greater understanding of residents priorities and be more transparent. Tim Oliver will also be presenting some of this information as part of a series of events for local residents which he is attending as Leader of the Borough council

Only 20% of health needs are influenced by health care, the remaining 80% are influenced by other factors. He reported that 51.9% of Elmbridge residents are recorded as being overweight or obese and that this can affect the demand for services. Members requested more information on the obesity statistics. Although Elmbridge is the 2<sup>nd</sup> least deprived of the 11 Surrey Boroughs and Districts there are still significant pockets of deprivation.

In 2011, 73% of Elmbridge households were owner-occupiers, whilst 15% rented-privately. The amount of social rented housing is limited, at 10%, well below the national rate of 18% so there is a challenge to provide affordable housing in the Borough. There is also a need to improve public transport in order to reduce the reliance on car use.

Surrey Heartlands is looking at changing systems so they are not centred around hospitals and integrating with other agencies by joining up computer systems and co-locating staff. The emphasis will be on partnership and working together rather than on competition between providers.

Members were concerned that the Citizens Advice Bureau which provides an important service is having to relocate from its current premises. It was reported that their current office is located in a building which has come to the

end of its life. They have been offered limited space in the Civic Centre and at outreach venues around the Borough, but it is for them to decide how and where they wish to operate.

Members were aware that many GP practices and NHS dentists were full and not accepting new patients and how this would be addressed with a growing population. It was acknowledged that there is a shortage of qualified staff to fill posts, however consideration is being given to changes in processes to allow GPs to spend more time with patients. It was raised that a GP practice is being relocated to a premises with limited parking and no bus service and it being suggested that patients should walk or cycle. This was not thought to be helpful. Sarah Parker was unable to comment on the reasons behind the decision, but acknowledged that primary health services should be accessible.

The Committee thanked Tim Oliver and Sarah Parker for the presentation.

**37/18 LOCAL COMMITTEE DECISION TRACKER [FOR DECISION] [Item 10]**

The Committee noted the completed actions and agreed to remove these from the tracker.

**38/18 FORWARD PLAN [FOR INFORMATION] [Item 11]**

Noted the forward plan for the Committee,

Members suggested that the Committee consider reports on the recycling strategy and air quality. Air quality measurement is a matter for the Borough Council although the County may be involved in implementing measures to reduce emissions and improve air quality.

**39/18 DATE OF NEXT MEETING [FOR INFORMATION] [Item 12]**

Monday 26 November at 4pm in Elmbridge Civic Centre.

Meeting ended at: 5.49 pm

---

**Chairman**

This page is intentionally left blank



**SCC LOCAL COMMITTEE IN ELMBRIDGE – 24 September 2018**

**OPEN FORUM IN ADVANCE OF FORMAL MEETING  
VERBAL PUBLIC QUESTIONS**

**Question 1: Mark Sugden**

Mr Sugden asked about the planning for the upcoming resurfacing work in Oaken Lane, Claygate. He asked about the liaison with public transport providers, the County Councils influence on diversion routes and the notification of local schools of disruptions to bus services.

**Response:**

The Area Highways Manager responded that the closure is only planned to take place between 9.30am and 4.00pm to avoid disruption at peak times. Bus operators are notified of the plans and it is for them to decide whether to cancel services or reroute them. It is impossible to identify and notify all schools which may be affected, but those directly affected by the work will be told

**Question 2: Jason Ray**

Mr Ray raised the issue of safety for children crossing Walton Road to get to Hurst Park School. This is a very busy road where many cars exceed the speed limit and there are some blind spots. He would like to see a speed camera installed and signs to alert drivers that children may be crossing. He noted that the LED signs which it had been agreed previously would be installed on Hurst Road were still not working although they had been installed.

**Response:**

The Area Highways Manager responded that the Local Committee is funding a feasibility study in the current financial year on possible improvements along the Walton Road corridor and the concerns expressed can be fed into this study. The study will conclude towards the end of the financial year and subject to its findings a bid may be developed for submission to the Borough Council for CIL funding for improvements. He felt that it was important to look holistically at the area and not to put in short term measures which may not be effective. The only immediate action which could be taken is to request greater enforcement activity by the police. He indicated that the signs on the Hurst Road should be operational in the next week. A member asked whether barriers could also be considered in Hurst Road outside the school.

This page is intentionally left blank

# **The Wider Determinants of Health**

How District and Borough Councils support the health and wellbeing of their residents.

Page 3

Cllr Tim Oliver, Cabinet Lead for  
Health and Wellbeing, Surrey  
County Council

# Content

1. Context- 2030 vision
2. Understanding the wider determinants of health
3. The role of local authorities
4. Evolving health and care systems in Surrey
5. Surrey Heartlands- case study
6. Discussion and questions

# 1. Context- 2030 vision

# THE VISION FOR THE PEOPLE OF SURREY

BY 2030...



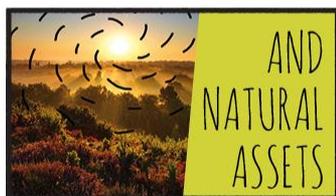
Page 6

WE WANT SURREY TO BE A UNIQUELY SPECIAL PLACE

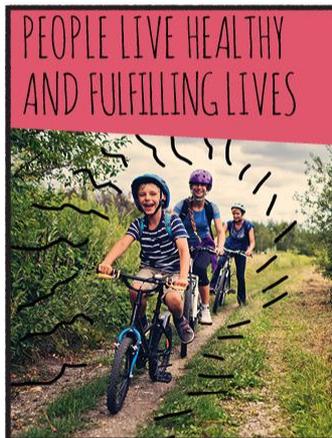
THAT BUILDS ON ITS LOCATION



AND NATURAL ASSETS



PEOPLE LIVE HEALTHY AND FULFILLING LIVES



WHERE EVERYONE HAS



A GREAT START TO LIFE

EVERYONE ACHIEVES THEIR FULL POTENTIAL



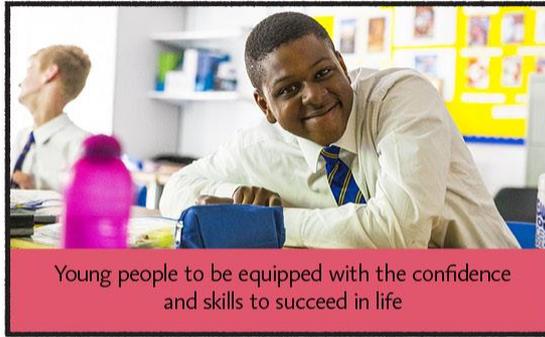
AND CONTRIBUTE TO THEIR COMMUNITY...



...NO ONE IS LEFT BEHIND

# OUR VISION IS FOR...

Children and young people to be safe and feel safe, healthy and make good choices about their wellbeing



Young people to be equipped with the confidence and skills to succeed in life

Surrey people to live healthy, active and fulfilling lives, independently in their local community with choice and control



Surrey people to access the right health and social care at the right time in the right place



Surrey people to access information and services to help prevent, reduce and delay the need for care and support

# THE VISION FOR SURREY AS A PLACE

BY 2030...



WE WANT OUR COUNTY'S  
ECONOMY TO BE...



SURREY IS SEEN  
AS A GREAT  
PLACE TO...



...LIVE, WORK  
AND LEARN

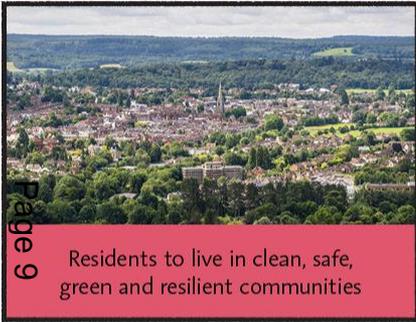
COMMUNITIES  
FEEL  
SUPPORTED



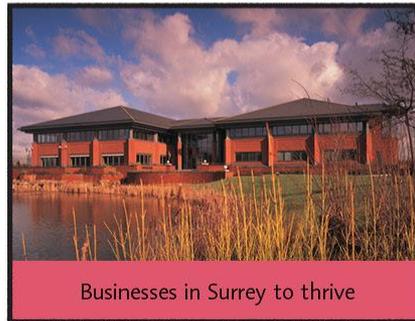
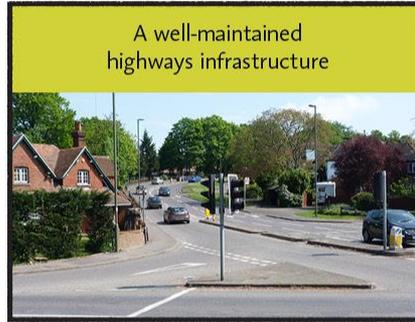
AND PEOPLE  
ARE ABLE TO...

...SUPPORT EACH OTHER

# OUR VISION IS FOR...



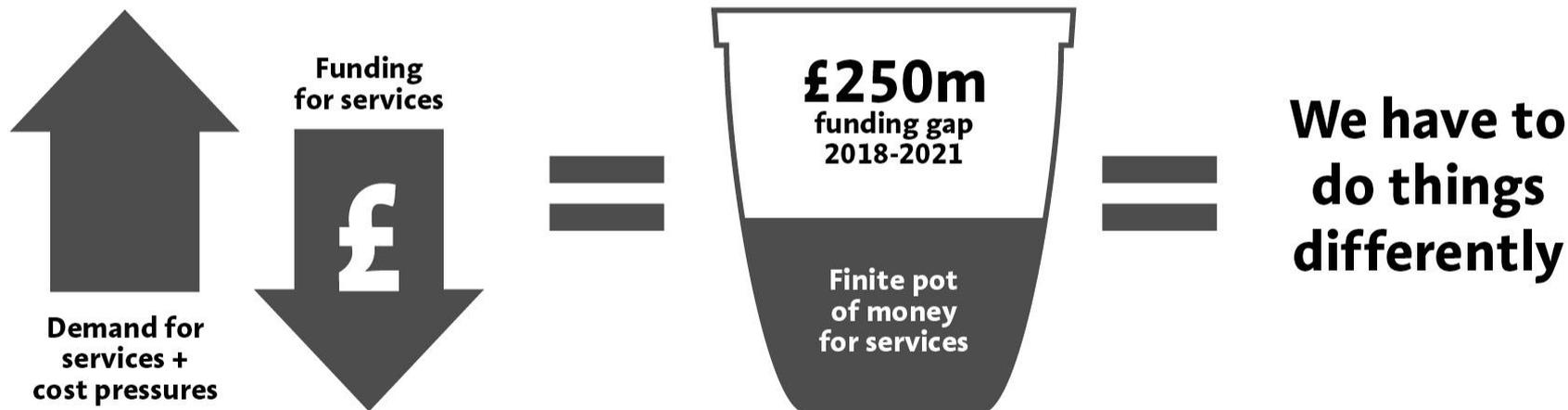
Page 9



Minute Annex

# FINANCIAL FACTS ARE STARK

Page 10



## 2. Understanding the wider determinants of health in Surrey

# Contributors to health outcomes



Page 12

**We have to concentrate action on all fronts**



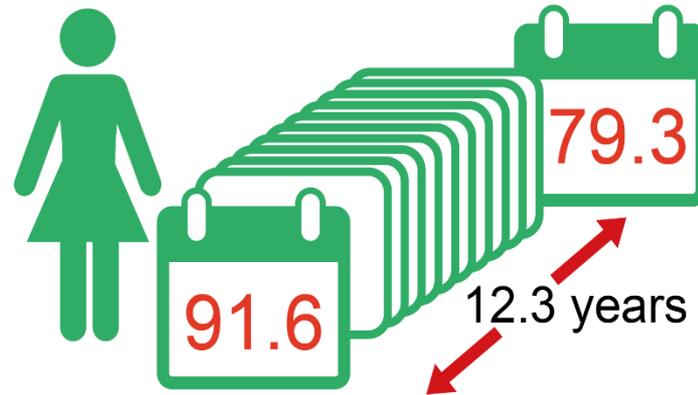
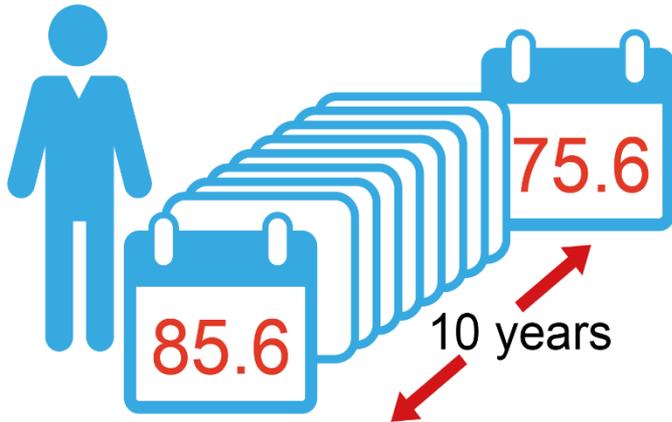
# Life expectancy



Page 13

Life Expectancy gap for **males** living in **Haslemere East and Grayswood ward** (Waverley) which has the highest life expectancy and **Court ward** (Epsom and Ewell) which has the lowest.

Life Expectancy gap for **females** in **Godalming Holloway ward** which has the highest life expectancy and **Hindhead ward** which has the lowest (both in Waverley).



# The wider determinants influence the proximate causes of ill health



# 3. The role of local authorities

Page 15

# The role of local authorities



Source: Adapted from Campbell F (editor) (2010) [The social determinants of health and the role of local government](#)

# Neighbourhood design



Enhance Neighbourhood Walkability



Build Complete and Compact Neighbourhoods



Enhance connectivity with safe and efficient infrastructure

Page 17

| Modifiable features  | Impact  | Health outcomes   |
|--|---|---|
| <p>Increase walkability<br/>                     Improve infrastructure to support walking and cycling<br/>                     Compact neighbourhoods<br/>                     Increased access to amenities and facilities<br/>                     Improved street connectivity<br/>                     Public realm improvements – e.g. street lighting</p> | <p>Social engagement<br/>                     Physical activity<br/>                     Mobility among older adults<br/>                     Social participation<br/>                     Pedestrian activity</p> | <p>Mental wellbeing<br/>                     Risk of CVD, type 2 diabetes, stroke, and some cancers<br/>                     Reduced BMI<br/>                     Risk of musculoskeletal conditions<br/>                     Road traffic collisions</p> |

Minute Annex

# Housing



Improve Quality of Housing



Increase Provision of Affordable and Diverse Housing



Increase Provision of Affordable Housing for Groups with Specific Needs

| Modifiable features   | Impact   | Health outcomes  |
|---|--|--|
| <ul style="list-style-type: none"> <li>Energy efficient homes</li> <li>Removal of home hazards</li> <li>Housing refurbishment, retro-fitting</li> <li>Fuel Poverty</li> <li>Daylight and ventilation</li> <li>Provision of diverse housing types</li> <li>Provision of mixed use affordable housing</li> <li>Provision of affordable housing for specific vulnerable groups, groups with long term conditions, or for the homeless</li> </ul> | <ul style="list-style-type: none"> <li>Social outcomes among older adults</li> <li>Damp proofing, re-roofing and new windows</li> <li>Warmth and energy installation</li> <li>Daylight exposure, Indoor air quality</li> <li>Physical activity, Safety perceptions, Social behavioural and health related outcomes, Engagement with healthcare services, employment</li> </ul> | <ul style="list-style-type: none"> <li>General health, Mental health, Asthma, Mortality, Fall-related injuries among older adults, health inequalities among low income groups, excess winter deaths, prevalence of chronic conditions, risk of CVD, respiratory symptoms, some cancers, Substance misuse, QOL, Risk of CVD</li> </ul> |

# Food Environment



Provision of healthy, affordable food for the general population



Enhance community food infrastructure

Page 16

| Modifiable features  | Impact   | Health outcomes   |
|--|--|---|
| <p>Increase access to healthier food for the general population</p> <p>Decrease exposure to unhealthy environments</p> <p>Increase access to healthy food in schools</p> <p>Access to retail outlets selling healthier food</p> <p>Urban food growing</p> <p>Provision of and access to allotments and adequate garden space</p> | <p>Dietary fat intake, Dietary behaviours, Fruit and vegetable consumption</p> <p>Attitudes towards fruit and vegetable consumption</p> <p>Dietary behaviours among children in low income areas</p> <p>Opportunities for social connectivity, physical activity</p> | <p>Maintenance of healthy weight</p> <p>Reduced risk of CVD, Nutrition related outcomes among children and adolescents</p> <p>Mental health and wellbeing</p> <p>Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal problems</p> |

Minute Annex

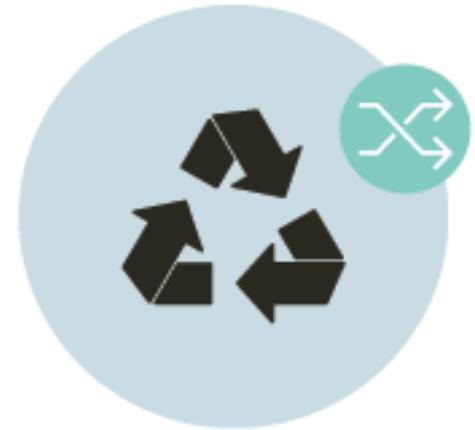
# Natural and sustainable environment



Reduce exposure to environmental hazards



Access to and engagement with the natural environment

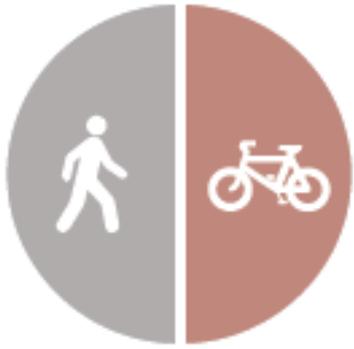


Adaptation to climate change

Page 20

| Modifiable features   | Impact  | Health outcomes   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Improved air quality</li> <li>Exposure to air pollution</li> <li>Excessive noise</li> <li>Reduce impact of flooding</li> <li>Provision of access and engagement opportunities with natural environment</li> <li>Aesthetic park improvements</li> <li>Participation in physical activity in outdoor settings</li> <li>Prioritisation of neighbourhood tree planting</li> <li>Tackle climate change</li> </ul> | <ul style="list-style-type: none"> <li>Physical activity among older adults</li> <li>Exposure to particular matter and other gaseous matter</li> <li>Exposure to excessive noise</li> <li>Physical activity, Active Travel, Mobility, Social participation</li> <li>Motivation to engage with physical activity</li> <li>First-time park users</li> <li>Urban heat island effect, heat and cold extremes</li> </ul> | <ul style="list-style-type: none"> <li>Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions, mental wellbeing</li> <li>Cognitive function, improved birth outcomes, reduction in infant mortality, lung cancer, ischemic heart disease, risk of CO poisoning, physical health outcomes, improved bone health</li> </ul> |

# Transport



Provision of active travel infrastructure



Provision of public transport



Prioritise active travel and road safety



Enable mobility for all ages and activities

Page 21

| Modifiable features   | Impact  | Health outcomes  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Increase infrastructure for cycling and walking</li> <li>Encourage use of public transport</li> <li>Prioritise pedestrians and cyclists</li> <li>Traffic calming measures</li> <li>Public realm improvements</li> <li>Access to recreational spaces</li> <li>Active travel to work and school</li> </ul> | <ul style="list-style-type: none"> <li>Mobility, Physical activity, active travel</li> <li>Social participation</li> <li>Pedestrian activity</li> </ul> | <ul style="list-style-type: none"> <li>Risk of CVD, cancer, obesity and type 2 diabetes and some cancers. Promoting mental wellbeing.</li> <li>Risk of pedestrian injury, road traffic collisions</li> </ul> |

Minute Annex

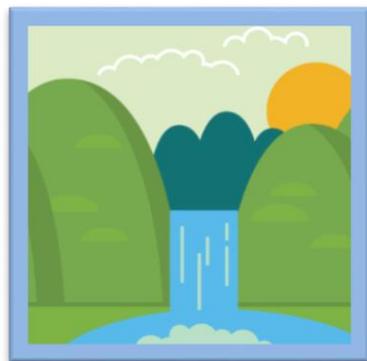
# Preventative approach

Upstream



- Preventative
- Increase the length and quality of life
- Address health inequalities
- Reduce emergency admissions
- Promote self-care
- Sustainable services

Downstream



- Reactive
- Pressure on services
- Worse health outcomes for citizens

# 3. Evolving health and care systems in Surrey

# Health and Wellbeing Board

Duties of the Health and Wellbeing Board:

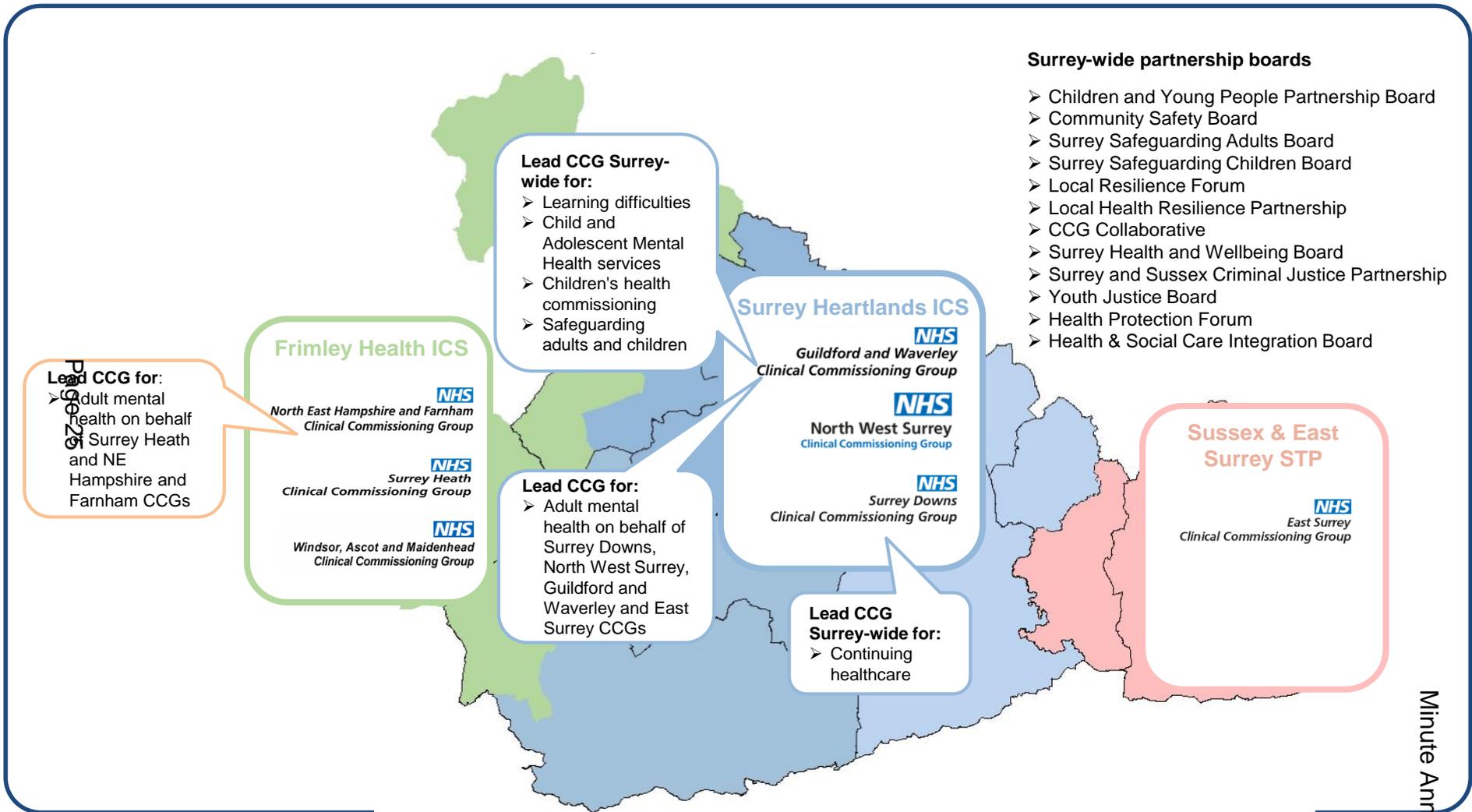
1. *Duty to prepare a joint strategic needs assessment (JSNA)*
2. *Duty to prepare a joint health and wellbeing strategy*
3. *Duty to encourage integrated working*

Page 24

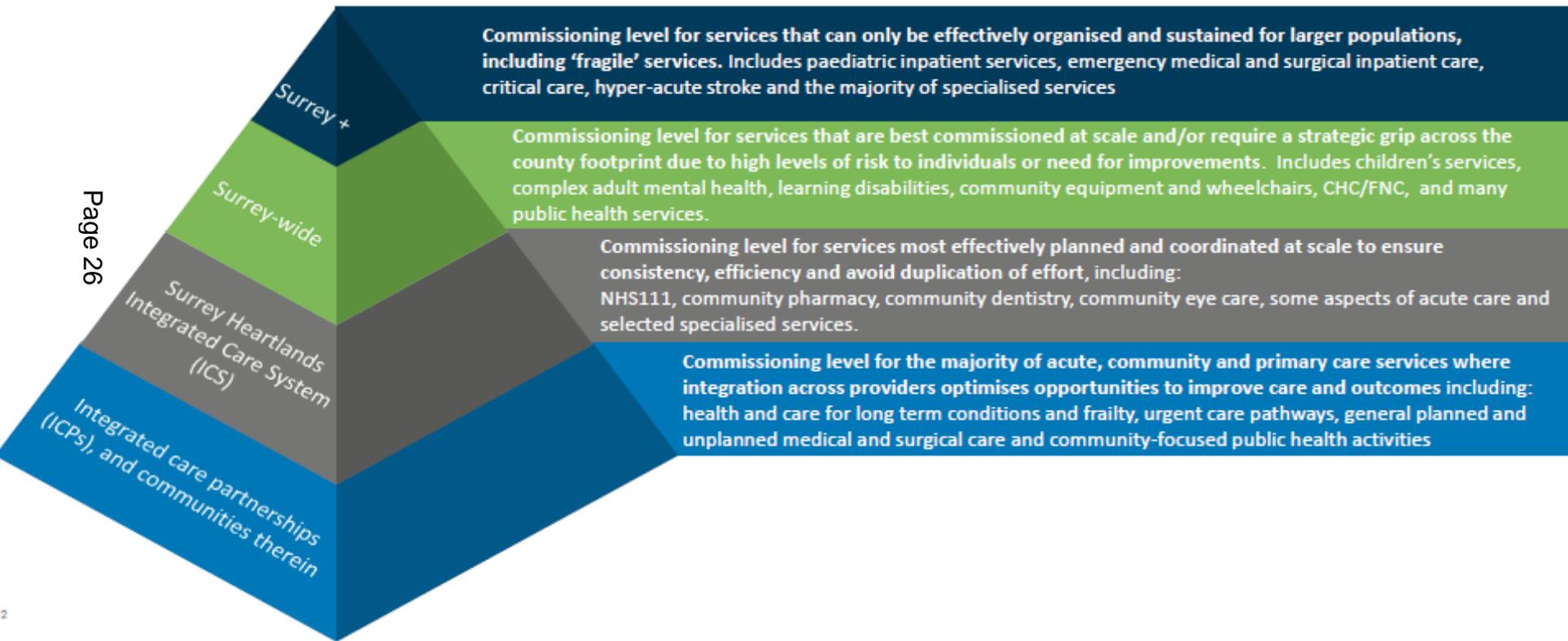
**JOINT  
STRATEGIC  
NEEDS  
ASSESSMENT**



# HEALTH AND SOCIAL CARE PARTNERSHIPS IN SURREY

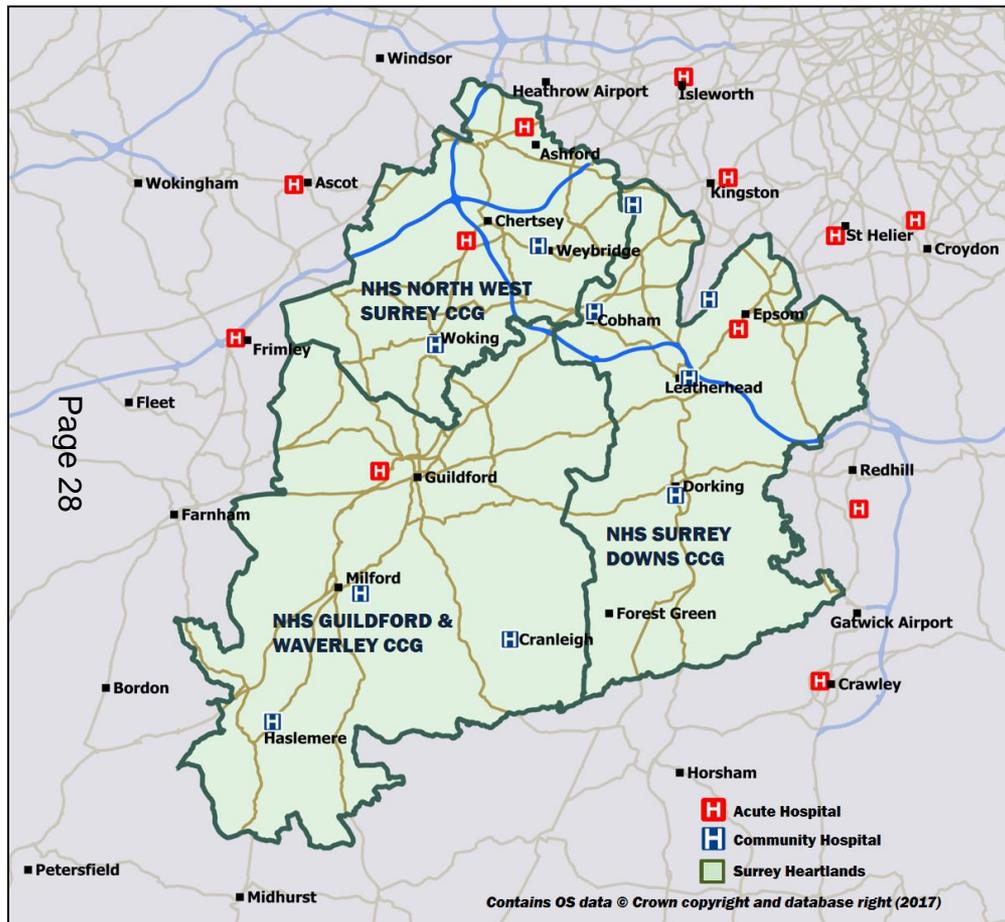


# Population footprints



# 4. Case study: Surrey Heartlands

# Our partnership in more detail



- Serving 850,000 people across nine district/borough councils
- With health funding of c. £1bn and combined social care and public health budget of £328m
- 3 CCGs across eight GP-led localities
- 684 GPs in 95 practices
- **H** 4 acute hospital sites
- **H** 11 community hospital sites
- 1 community services provider
- 1 mental health provider (four in-patient sites and 22 community sites)
- 1 upper tier local authority (Surrey County Council) - social care and public health

There are three elements that really set our partnership apart:



**Devolution**



**Surrey Heartlands Clinical Academy**



**Citizen-led Engagement and Communications**

Page 29

Minute Annex

# Our priorities 2018/19

## Generational Change

- Better births programme
- Children & young peoples mental health
- system wide commitment to improving health of the next generation

## The role of the citizens of Surrey Heartlands

- Prevention and the wider determinants of health
- Self-care; shared decision making
- Citizen ambassadors and deliberative research & co-design
- Role of carers

## Working as one team

- Workforce (via SHWAB)
- Clinical (via the Academy) - GIRFT & RightCare opportunities, quality improvement & innovation & research
- Corporate and back office services; clinical support services

## Devolution & New Models of Care

- Integrated strategic commissioning and enabling workstreams e.g. digital, estates
- Becoming an integrated care system and creating integrated care partnerships
- Development of the new care model (including frailty / last 1000 days)

## National Priorities

- Mental health; Cancer; Urgent care; Primary care; Diabetes; Continuing healthcare

# An integrated system

- Surrey Heartlands is one of fourteen 'Integrated Care Systems' – a more evolved partnership where health and local Government are taking a collective responsibility for health and social care
- And through our devolution agreement, we are developing our specialist integrated commissioning role (across health and social care) to maximise benefits for local people



# Developing local partnerships

- At a more local level, we are developing three local partnerships – known as Integrated Care Partnerships – across the current CCG areas
- These are alliances of local health and care organisations, including CCGs, GP federations, our borough colleagues, the voluntary sector and others
- To make the changes needed at local level – in this first year their focus is on strengthening out of hospital services and ultimately reducing reliance on the acute hospital system

Page 32



# Recent successes (1)

- **Our 24/7 Maternity Advice line** – v successful start - 4716 calls taken in the first month, with 3500 answered within 60 seconds. **42 ambulance attendances were avoided.**
  - **Perinatal mental health** – successful bid totalling c£970k for 2018/19 with a new service due to start this autumn
- Working with the Academic Health Science Network on **cardiovascular prevention**, in particular to detect and treat hypertension and atrial fibrillation - both major contributors to strokes and heart attacks



## Recent successes (2)

- **MSK** - tool to support GPs in decision making and offer self-help advice to patients piloted in East Elmbridge, with roll out across Surrey Heartlands by April 2019
- **Diabetes** – new integrated diabetes specialist nurses now supporting patients at Ashford & St Peter's, Royal Surrey County and Epsom hospitals and in the community
- Collaborative working with adult social care to improve hospital discharge e.g. Home First at RSCH



## Recent successes (3)

---

- **Surrey Care Record** – first phase to go live from 29 August enabling sharing of GP records with local A&E departments
- Part of a successful bid for £7.5m investment to scale up digital records programme across Surrey Heartlands/Thames Valley
- **Woking Family Hub** – agreement with Woking BC to fund a large retail space in Woking town centre for a children/families hub to include health, social care, mental health services as part of our *Better Births* programme
- Further £6 million of transformation funding for local initiatives for 2018/19

## More information

- Look out for **monthly Surrey Heartlands newsletters**
- More information is available at:  
[www.surreyheartlands.uk](http://www.surreyheartlands.uk)

Page 36



# *Questions*

This page is intentionally left blank